Our ONA/SAB negotiation team met with the hospital again today and many nurses were able to join us this morning to observe. The hospital attorney began by expressing his frustration at our concerted activity. Jaqqi Herrera, RN (med/surg) replied with a passionate reading that she had prepared overnight. Many nurses were very moved and thanked Jaqqi for her statement. Jaqqi has agreed to share it with all of you and it is included on page 2 of this newsletter. Please thank Jaqqi for speaking so eloquently on behalf of our nurses.

While progress was slow, we met with management’s team several times over the course of our long day. Our conversations were tough and we reiterated many times our bargaining unit’s priorities. The negotiation team is proud to announce that we did reach another tentative agreement with the hospital.

We are also relieved to report that the majority of the gains we made during the first negotiations in June were retained.

Following is a summary of the improvements from the previous agreement:

- We are going to return to current contract language on bonus shifts. This means that nurses will still be able to decline to be put on call for these shifts.
- Wage increases totaling 12.5 percent over four years. With step increases each year, nurses will be making a total of 22.5 percent more at the end of this contract period.
- The hospital agreed to delete the language that allowed them to cancel the low census guarantee program with 30-day notice.
- A letter of agreement committing the hospital to negotiate a policy on sitting and to improve restful space around the hospital. This is currently focused on break rooms, but could be expanded to other areas in the hospital.
- We will also add language to protect the call phone for the surgical call crew.

The following gains from the first agreement remain in place:

- Increases to on-call, weekend, and shift differentials.
- Better protections for schedules and vacation approvals.
- Longer period to request vacation and a draft schedule process which will allow for better transparency in the scheduling process.
- New language guaranteeing that if agency nurses are working in a unit, a position will be posted for that unit.
- Inclusion of passport and agency/travel nurses in the low census rotation.
- Pay for the negotiation team.
- Recognition of professional non-direct care nurses.
Tentative Agreement Reached! (continued from page 1)

- Hospital paid short- and long-term disability for full- and part-time nurses (previously only full-time nurses had this benefit).
- The ability to combine one of your rest breaks with your lunch period.
- Increased orientation period for new graduate nurses.
- Ability to take bereavement leave over non-consecutive days.

The hospital reiterated time and again that there was no room to make changes to the paid time off (PTO) program, so we focused on the areas where we could make impacts and improvements for nurses while at work.

A full copy of the tentative agreement will be posted and dates for a ratification vote will be announced soon. Please reach out to a member of the negotiation team if you have questions.

Letter to Trinity
by: Jaqqi Herrera, RN (med/surg)

Good morning,

My name is Jaqqi and I am an RN on the med/surg floor here at Saint Alphonsus Baker City. I am *more than* that. I am also a mother of four, a wife, a student, a quilter and an unapologetic fan of trashy paranormal romance novels. Yesterday, we presented to you the main issues the nurses we have been tasked to represent had with the contract presented to them in June. The decrease in paid time off (PTO) was an over-arching theme of their discontent.

You ask us to accept less PTO because it is "program" that is in every other Trinity hospital. We asked who developed this program? Did you have input from frontline clinical staff? Did you ask nurses directly? If you had, here are some of the stories you might have heard.

A few years ago, we had a series of infant deaths related to co-sleeping. They brought some of them to the emergency department. We had an accident where a child was sucked under the tires of a semi-truck, his broken body was brought to the emergency department. Drug overdoses, heart attacks, strokes - all cared for by the amazing nurses of the emergency department.

Moving to the intensive care unit and the med/surg floor you will find a cornucopia of patients. Alcohol detox patients who abuse our nurses verbally and at times physically. We care for people from all walks of life, putting our whole selves into our job, into the care of our patients. The need to decompress, to unplug from the hospital, is vital to our physical and mental well-being. With a nurse suicide rate that is on the rise, it is imperative to give nurses the ability to practice self-care. For people who don’t work holidays or weekends to tell us that it is good policy to take away when we can use 56 hours of PTO and the amount we can accrue is an insult to the people who work 365 days of the year. We are not asking for these changes to not take place to be flippant or to be disrespectful. We ask to preserve our PTO, to safeguard our sanity, and to protect the mental and physical health of the people who give all of themselves to make patients better.

As nurses, we educate patients to advocate for themselves, to question if the treatment they are receiving is truly in their best interest. As nurses, we are now advocating for ourselves. You ask us to swallow this bitter pill without question, which is just bad medicine.