Seeking Volunteers!

**NEED BARGAINING TEAM MEMBERS**

We are seeking nurses to serve as additional bargaining team members to join our executive committee in negotiations this bargaining round. Our contract expires June 30, 2024. We expect to begin preparations for bargaining immediately.

Bargaining a new successor contract takes a significant time commitment. It is not unusual for us to meet weekly preparing proposals, rounding the units, negotiating directly with the employer, and developing strategy and tactics to move the employer.

Each team member is expected to attend all planning meetings and all negotiation sessions. Further, each team member carries their share of the work, including assuming a role in bargaining and assignment of a specific contract article. This involves researching, developing, writing, and advocating proposals.

The term for at-large bargaining team members expires when we have a printed contract, and it is delivered to the membership.

Those interested must be ONA dues-paying members and complete the consent to serve form by clicking the link below or scanning the QR code.

https://www.surveymonkey.com/r/2023ONA-SPCH-At-Large-BargTeamMembNoms

Please be prepared to describe your participation in ONA or other union activities and why you want to serve on the bargaining team.

For more information, contact or our labor rep, Gary Aguiar, text/call 503-444-0690, Aguiar@OregonRN.org.
Our current contract expires on June 30, 2024. We plan to begin negotiations early next year. This newsletter features the first in a series of articles to prime us for that experience.

Negotiating a labor contract is a complex and often messy process. Initially, each side prepares and presents bargaining proposals to change the language of our existing contract. Thus, it is often called “bargaining a successor agreement” as compared to the situation where newly represented employees bargain a first contract.

Many people suggest bargaining a labor contract is similar to buying a house or a car. The seller sets their price high, and the potential buyer lowballs their initial offer. With the sale of a single asset, the marketplace is full of potential buyers and many commodities are available for sale.

In a labor contract, we are a monopoly, the sole provider, or seller of nurse labor. And, the employer holds a monopsony position, they are the sole purchaser of our nurse labor skills. Economists characterize this relationship as “imperfect market conditions,” where normal pricing pressures are absent.

Moreover, we also negotiate a myriad of non-economic working conditions, like scheduling, hiring, PTO. Perhaps, a better analogy is a marriage, where the two parties are wedded together. We have had a labor contract with Samaritan Pacific Communities Hospital for many years.

Alternately, our contracts could be conceptualized as a series of temporary compromises. Every time we bargain each side gets some—but not all—of what it wants.

A second misconception that may people bring is that the work is only done at the negotiation table. Our bargaining team does hard work at the table but spends more hours outside the negotiating room before and during the bargaining round. They listen to nurses, develop and draft proposals, research facts and arguments, ask questions of the employer, and try to find resolutions.

Our experience teaches us that the best bargaining team, the smartest lead negotiator, and well-researched proposals are not enough to move the employer. We know that when a bargaining unit comes together in visible solidarity actions, the employer responds.

Restated, to move our employer we need to show our unity in job actions like wearing buttons or stickers, displaying car signs, showing up at the bargaining table, sharing selfies/groupies of why we support our proposals, and unity breaks. When workers unite, we move the employer.

Will you commit to participating in our job actions so we can show the employer we are unified? Are you willing to encourage others to become active in our job actions?
Regional News

Samaritan Case Managers

Last year, case managers at Samaritan Albany General Hospital have voted to join ONA. More recently, they were followed by case managers at Good Samaritan Regional Medical Center (GSRMC) who also voted to join ONA. Teams at each bargaining unit composed of executive committee members and case managers are bargaining independently with the employer to bring them in. At both facilities, Samaritan Health System (SHS) has proposed a separate, lower wage scale for case managers than other nurses. The employer says their wage proposal is based on a market analysis of case managers in our region. In both cases, we rejected their wage proposal.

All nurses in a bargaining unit must be on the same wage scale. This is a fundamental principle of unions; all workers in a job classification are paid the same. We will not allow Samaritan to violate this principle.

Over the last two decades, we have worked hard to bring Albany and Newport nurses to nearly the same wage scale as GSRMC. We will not permit SHS to undo that work by dividing nurses.

Providence Strikes Pressure Employer

The 1,800 ONA caregivers’ strike made it clear to Providence that working three years with the same contract through the pandemic and then having to wait nine months of bargaining for a sensible agreement is unacceptable. Our negotiating teams across three units (Providence Portland, Providence Seaside, and Providence Home Health & Hospice) met with the employer over forty times before our strikes, offered dates during the ten-day notice period that Providence illegally declined, and proposed dates for the two weeks immediately following the strike. The power we built during our strike, with incredible participation on the strike lines and massive community and political support, puts pressure on Providence to agree to deals that make the largest health system in Oregon the best place to work for its caregivers and patients. Learn more here: https://www.oregonrn.org/Providence

Our Sacred Heart Team Is In Mediation

Our negotiating teams at Sacred Heart Medical Center and Sacred Heart Home Care Services worked extremely hard on Thursday, July 27, 2023, to get to a tentative agreement with the assistance of a federal mediator. During the 12-hour session, the team came up with many creative ideas that could show bargaining unit members they are respected by the employer. We discussed increases in the wage scale, paid time off (PTO) in lieu of ratification/longevity

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Our own Jessica Maldonado is quoted in this great article about the strong financial situation of our hospital.

Samaritan’s two Lincoln County hospitals emerge from pandemic in strong financial shape, but face persistent staffing issues • YachatsNews.com (https://yachatsnews.com/samaritan-hospital-finances-in-lincoln-county/)

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recognition, a 15-year call exemption for labor and delivery nurses who are being mandated to be on call, and transparency around any changes to our medical plans. But we did not reach a final agreement.


McKenzie-Willamette

In June, our McKenzie-Willamette Medical Center bargaining unit elected Staffing Committee representatives from one-half of the departments to two-year terms. The terms are staggered so that the other one-half of the representatives’ terms will expire next year. For the first time, every department—but one—has a direct care rep on the committee.

Recently, the employer implemented clocking in and out for lunches. Since several departments do not have them, we asked for time clocks to be installed. McKenzie-Willamette refused, but they made it possible to clock in and out from any workstation! Tracking lunches and breaks will be a net win for our nurses.

We are currently holding elections to choose the seven nurses who will serve on our executive committee. Our contract expires June 1, 2024. We expect to begin bargaining early next year.

McKenzie-Willamette nurses have been represented by ONA for nearly fifty years. The facility is located in Springfield and has 400 nurses in our bargaining unit. Our contractual language on seniority job bidding and shared governance is best in the state.

Cascade Health

Many nurses who work for Cascade Health have raised concerns about workload/staffing and managerial bullying. This 50-member bargaining unit has nurses in home health/hospice outpatient and the 14-bed Pete Moore Hospice House based in Eugene. We are hosting membership meetings August 8 and 14, off-campus, to listen to members and develop an action plan.