Preparing For Bargaining

What changes would you like to see in our contract?

Our executive committee is preparing for bargaining by listening to other nurses. We will have a pre-bargaining survey available soon. Our team will also decide whether to seek additional volunteers to round out our team.

Our executive committee comprises:

- Chair: Peter Davis (ICU)
- Vice Chair: Rex Payne (ED)
- Treasurer: Glen Babcock (ED)
- Membership Chair: Terri McCulley (PACU)
- Grievance Chair: Shari Suchy (L&D)
- PNCC Chair: Leanne Chavez (OR)

We are seeking a secretary and possibly additional members to our negotiations committee. If you know someone who is interested, please contact any executive committee member or our labor rep.

A Bargaining Primer: Part One

In this issue, we begin a series of articles to share information about the bargaining process. Our current contract expires June 30, 2021. We expect to set bargaining dates for later this spring.

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, the employer holds a monopsony position, they are the sole purchaser of our nursing skills. We are a monopoly—the sole provider—or seller of nurse labor. Economists characterize such relationships as imperfect market conditions, where normal pricing pressures are absent.

Moreover, we also are bargaining a myriad of non-economic working
In recent months, our stewards and labor rep have been busy supporting our coworkers who have been mistreated by our employer. Obviously, we protect the identity of those involved, but below we briefly summarize the cases:

- In a successful grievance, a nurse received backpay for being cut when a traveler was allowed to work. Peter Davis served as the steward to highlight our contractual provision that requires bargaining unit nurses to be paid if a traveler is working.

- In a second successful grievance, a nurse was cut even though the nurse expressed availability and willingness to float to another unit where another nurse was working overtime. The nurse was already oriented to that unit, but the nurse’s shift was still cancelled. As a result of the grievance, the nurse received backpay for being sent home inappropriately.

In two other cases, our labor rep supported and advised about non-contractual matters:

- A nurse who politely advocated for a patient was inappropriately scrutinized by her manager in several interactions. The manager provided misinformation to human resources and other staff. Our labor rep worked closely with the nurse to educate on contractual rights and offered helpful recommendations. This nurse will continue to need our support with this particular manager.

- In another case, a nurse sought out assistance on FMLA/OFLA information and advice. Once our labor rep provided timely and helpful information that empowered the nurse, the nurse was able to self-advocate successfully with our employer.

When workers unite, we move the employer. In future articles in this series, we explain the formal process and terms used in bargaining as well as late stage negotiations and ratification.

**Grievance Log**

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**We Support SEIU!**

Recently, our coworkers in SPCH clinics have filed a petition to be represented by a union. They selected Service Employee International Union (SEIU) as their collective bargaining agent. We are glad to see these healthcare colleagues move to become represented by SEIU!