NLRB Hearing

NLRB Hearing Will Define Our Bargaining Unit.

Last week, the National Labor Relations Board (NLRB) held a hearing to determine who should be eligible to vote in our union election. Hearings like these are not always needed; an employer can easily agree to proceed with an election for the group of employees a union petitions for, provided it meets the legal standard for an appropriate bargaining unit.

A bargaining unit is defined as a group of employees with a clear and identifiable community of interests. The NLRB petition we filed includes “all registered nurses employed at Unity Center for Behavioral Health.” It excludes “supervisors, managers, and confidential employees,” who are not legally allowed to unionize.

We believe our petition represents the most appropriate bargaining unit for us and that it meets NLRB standards.

Unfortunately, the employer has decided to try to throw a wrench in our efforts by arguing that all nurses who work under the license of Legacy Emanuel Hospital and Health Center should be included in our bargaining unit. This includes Randall Children’s hospital, Legacy Emanuel Medical Center, clinics, and satellite locations. We don’t disagree that nurses at those facilities would likely benefit from being represented by the Oregon Nurses Association (ONA); however, those nurses do not work at our hospital. We do not believe they would be an appropriate addition to our bargaining unit.

When a union petitions for employees at a single facility and the employer seeks to include employees at other facilities, the NLRB holds a hearing to sort it all out.

An NLRB hearing officer collects testimony and evidence from both sides and provides a comprehensive record of that hearing to the NLRB regional director, who evaluates the case and issues a decision.

While it’s annoying to have our process slowed in this way, it’s not uncommon for employers to muddy a bargaining unit in order to try and prevent employees from organizing.

Thus, ONA’s legal counsel, Tom Doyle (from the firm of Bennett Hartman Morris & Kaplan) has been working with us over the last several months to gather evidence and testimony that supports our position.

The NLRB hearing, which began last Tuesday, May 21, took three whole days to complete.

On the first day, the employer’s attorney relied primarily on managers, administrators, and executives to make their case. No floor nurses attended or testified in support of the employer.

Several of our coworkers took time out of their lives to attend the hearing and offered testimony on our behalf:

(Left to right) Christine Allen, Unit 5; Tamara Kniepp, Unit 2; Sarah Mittelman, PES; Kristen Sharp, Unit 2; Zoe Arends-Derning, Unit 1 West; Tracie Henry, Unit 6/Adolescents; Jeff Ferrier, PES.

Elisha Gonzales, PES and Amanda Piraino, Unit 5

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Jeff Ferrier (PES), Sarah Mittelman (PES), Elisha Gonzales (PES), Amanda Piraino (Unit 5), Christine Allen (Unit 5), Zoe Arends-Derning (Unit 1 West), Tracie Henry (Unit 6/Adolescents), Julianne Christopherson (Unit 6), and Kristen Sharp (Unit 2). Tamara Kneipp (Unit 2) and Sherrie Neff attended but had to leave before they could testify.

An NLRB regional director will evaluate the case based on the following factors: (a) central control over daily operations and labor relations, including the extent of local autonomy; (b) similarity of skills, functions and working conditions; (c) degree of employee interchange; (d) distance between locations; and (e) bargaining history, if any.

While we are confident in the merits of the case, we’ve made, we also know that there’s a possibility the NLRB will not rule in our favor. In that case, our effort will obviously be slowed - but it won’t stop.

If you see any of the nurses who testified on our behalf, please take a moment to thank them for their bravery and commitment to our cause!

Nurse Spotlight: Sarah Mittelman

Sarah Mittelman has worked at Unity since it opened in 2017. She came to the organization after spending 16 years working in the emergency department and 1NW (the adult inpatient psych unit) at OHSU. She currently works in psychiatric emergency services (PES). She was born and raised in Portland, and has two young children. When she’s not at work, Sarah spends most of her time appreciating the joy in all things family.

We sat down with Sarah to talk with her about her experience as a nurse, as an ONA member (while at OHSU), and about why she supports a union for nurses at Unity.

Q: What originally motivated you to become a nurse?

I know the expected answer is “the patients.” It’s true that I would have found another career if I didn’t enjoy the population I work with; however, I come to work every day to be part of a great team of nurses. These nurses work so hard every day carrying out nearly impossible tasks outlined in poorly written policies. While working under policed conditions they still smile, they still offer support to one another, and they still manage to deliver well-thought-out nursing interventions utilizing therapeutic use of self that consistently moves our patients through a disorganized system of care. I am in awe of how much cumulative knowledge and expertise the nurses of the PES have. I can’t even imagine what we could accomplish if we were allowed to have a voice.

Q: What is the most challenging part about being a nurse?

These two years working at Unity have provided many challenges to me as a nurse at Legacy and as a person. I have felt since the beginning that nursing has not had a voice at Unity. We don’t have a true shared governance, we are not able to participate in any process improvement. Also, for the first time in my career, I don’t feel safe. It’s not the patients or the physical environment, it’s the intimidation, the language, the “cautionary tales” used by management to make me feel uncomfortable and unsteady in my own plan of action whether that pertains to how I want to take care of a patient or how I want to lead the team.

Q: Have you been part of a union before? What was that experience like?

I was represented by ONA while working at OHSU. Through contract negotiations, ONA was able to advocate for RNs to get better wages, more robust healthcare coverage with less out-of-pocket costs to employees, and increase to our sick time and vacation hours. Of personal importance to me, ONA was instrumental in increasing our staff development fund and staff development educational leave.

Q: What is your favorite (or the most rewarding) part about being a nurse?

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The Anti-Union Playbook: Threats

Although it’s illegal, making threats or implying adverse consequences if employees choose to unionize is one of many tried and true strategies used by employers to attempt to turn the tables on organizing drives.

Take, for example, the issue of Unity float pool nurses. In the monthly charge nurse meeting on 1W/5 on May 23, nurses were told by a unit manager that they feared that “the union will take away our resource nurses, physical therapist/occupational therapist (PT/OT), and wound care nurses that come over from Emanuel.”

The unit manager was immediately challenged about this assertion by the charge nurses in attendance. They asked whether they were saying that, if nurses unionize, they would no longer have resource pool nurses, PT/OT, and wound care nurses at Unity.

“I’m sorry,” said the unit manager, “Not PT/OT, but yes for resources nurses. Because they’re non-union nurses and will not be allowed to work here. It’s a possibility.”

The charge nurses pressed on, asking whether that meant that the handful of Unity float pool nurses who are currently only allowed to pick up shifts at Unity would also be affected.

“Yes,” said the unit manager. “They are hired by Emanuel, so their cost center is different.”

Assertions like these can be concerning to those who hear them. The truth is, that’s the exact point of this kind of strategy - to cause anxiety, fear, and confusion in the weeks leading up to a union election.

Under Section 8(a)(1) of the National Labor Relations Act, it’s an unfair labor practice for an employer “to interfere with, restrain, or coerce employees in the exercise of the rights guaranteed in Section 7” of the act.

For example, an employer may not “threaten employees with adverse consequences, such as closing the workplace, loss of benefits, or more onerous working conditions, if they support a union, engage in union activity, or select a union to represent them.”

As we move forward in our fight for a union at Unity, it’s very likely that the employer will continue spreading mistruths. Be on the lookout for them, and contact ONA immediately if you believe your rights under the National Labor Relations Act are being violated.

For the record, nurses at Legacy Silverton are represented by ONA, and they make regular use of the Legacy float pool.

We’re on OPB’s Think Out Loud!

Oregon Public Broadcasting’s tremendously popular talk show Think Out Loud, recently featured our effort to organize in a 17-minute segment. Tracie Henry (Unit 6/Adolescent) and Sarah Mittelman (PES), were interviewed by Dave Miller, the host of the show, about the important work we all do at Unity and our reasons for wanting to organize. Tracie and Sarah did a fantastic job representing our effort, and articulated a clear, positive message about our desire to have a real, tangible voice in improving care for our patients and safety in our facility.

Thank you to Tracie and Sarah for being thoughtful and articulate spokespeople on our behalf!

To listen to the podcast, Click Here or go to www.spreaker.com and search on the story Unity Center nurses vote to unionize.
hours which allowed nurses to cover the fees associated with attending a conference or seminar, and paid hours, which contributed to overall FTE and eliminated the need to use vacation hours to attend the conference. Additionally, ONA negotiated the disciplinary process, which included language around use of time entry and nurse locator systems. I also believe ONA to be instrumental in giving RNs the voice needed to participate in all areas of process improvement whether that is about nurse staffing, achieving better patient outcomes, or participating in policy and procedure development and maintenance. Overall, ONA helped us through negotiations to get the tools, resources, and autonomy needed to do our job.

Q: Why are you voting YES to join ONA?

I want a voice. I want to be part of the solution. I want to make Legacy a better organization.

We were all taught in nursing school how to write a care plan. We all hated it too. Writing those care plans helped patients but also helped us. Nursing school and writing care plans provided us unique skills to understand, evaluate, and repair complex problems. We are able to tease out what is relevant, meaningful and evidence-based. We make plans to fix and pledge to ourselves to make it better.

I believe we have a unique opportunity to help Unity be the mental health delivery system it was designed to be. Collectively, we have the knowledge and chutzpah to effectively collaborate and tend to the complex issues that Unity staff and our patients face every day. We have the opportunity to make Legacy a better organization by addressing those concerns raised by your peers. A yes vote is a vote to help our future, Unity and the future of our patients.

Thank you, Sarah, for sharing your thoughts!

Nurse Spotlight: Sarah Mittelman (continued from page 2)