



# We are united as the KP Union Coalition to improve standards

When RNs at Group Health organized and formed our union in 1983, they did so to solve patient care problems and to have a voice in shaping their workplace standards. Since 1983 our union has grown to 30,000 members statewide and we've been able to raise standards throughout GHC and now KPWA with wins like the Multi-Employer Training Fund, Low Census Fund and wage parity across all geographies of our state. What started as 1,400 RNs at Group Health has grown to more than 2,600 members in multiple jobs at Kaiser. We have fought hard for the gains we have won in our contracts, always with the values that an injury to one is an injury to all and that our unity is what makes us strong. In 2015 bargaining, when we knew Group Health was considering acquisition by a larger system, we bargained for and won successorship language so that we would have a seamless transition to KPWA, and would not have to reapply for our jobs or renegotiate new contracts.

## Short Bargaining History

In January, our union leaders, along with representatives from UFCW 21 and OPEIU 8 met extensively for three months with Kaiser management to negotiate the terms of entering the National Agreement between Kaiser Permanente and the Coalition of Kaiser Permanente Unions representing 125,000 healthcare workers. This agreement, with a 20-year history of labor-management partnership, included important partnership structures and frontline activities as well as enhanced benefits. We were unsuccessful in finalizing the bargaining primarily in the areas of these enhancements including a retiree medical plan, protections on subcontracting, improved pension access and commitments on staffing.

Since the National Agreement was expiring in September, those of us at KPWA determined that the best way to achieve those improvements was to include them in the Coalition bargaining already scheduled to begin at the end of March.

In a surprise and disappointing move on the eve of negotiations, local unions representing a minority of the represented workers (total membership of 45,000) withdrew from the Coalition and formed their own group called the Alliance of Healthcare Unions. This includes Local UFCW 21 who represents pharmacy, pro-tech and, optical at KPWA. As a result, Kaiser delayed bargaining with the larger and more powerful Coalition for months, working to get concessions from the smaller group to drive a wedge between us.

Our SEIU members, along with OPEIU Local 8 members, remain with the 80,000+ members of the Coalition.

On September 24 the smaller minority Alliance of Healthcare Unions reached a tentative National Agreement with Kaiser Permanente that included a much weaker Partnership Agreement. It also includes a tentative agreement on wages and benefits. Their members are currently voting on the package. Most of the changes in the new agreement do not impact us at KPWA. It includes increases to medical benefit costs for most of the Alliance members, and raises that vary depending on the region you work in. Other changes that do impact KPWA include a minor retiree medical benefit and a phased in contracting-out provision.

**When Kaiser wanted to buy GHC one of the points they promoted was the National Labor Management agreement.**

This was one of the key reasons we supported the acquisition and did what we could to make the transition a smooth one. The Partnership was intended to improve deteriorating national labor relations with Kaiser and establish a new way of working together to make Kaiser the best place to work and receive care. Now Kaiser isn't living up to their commitments to make us part of the National Partnership Agreement.

## Moving Onward

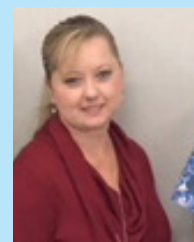
Despite months of delays by Kaiser, Coalition Union leaders' number one priority remains getting back to the bargaining table with KP and securing a new National Agreement for Coalition members. Although contracts with KPWA expire on October 31, 2019 we still need to be covered by the National Agreement.

The Coalition of Kaiser Permanente Unions, over 80,000 members strong, is focused on and committed to securing its own National Agreement that will meet the specific needs and best interests of our Coalition Union members.

We are united to win a new National Agreement that:

- Secures equity in wages
- Protects our benefits and wages
- Ensures the newly added Washington State unions enjoy the same standards and provisions of the National Agreement
- Protects our union jobs and ensures job security

**Stay tuned for bargaining dates and updated information.**



"Our unity is our strength. The strength of the Coalition over the past 20 years is what has helped us win the best contract in healthcare in the

United States. We are confident that our unity and strength will get Kaiser Permanente to come back to the table and negotiate a new National Agreement that our members deserve."

**Jamie Vanden Bos, MA, Silverdale**



**SEIU Healthcare 1199NW National Coalition Bargaining Team**

(left to right) Jamie Vanden Bos (MA, Silverdale), Kevin Carter (Custodian, Tacoma), Teri Murray (Liaison RN, Harrison), Phoebe Rounds (SEIU Healthcare 1199NW), Denise Bischoffberger (RN, Capitol Hill), Chris Barton (SEIU Healthcare 1199NW)

# We're preparing for bargaining wins in 2019

Our local contracts expire in 2019 along with the contracts of over 16,000 of our fellow SEIU Healthcare 1199NW members including Providence Swedish Medical Center and UW Medicine Harborview Medical Center. We live in a society shaped by racism, significant economic pressures, and staffing in our healthcare systems that is profit driven. In order to overcome these pressures, we must come together across race, identity, and job class and stand united for the issues that we care most about. Hundreds of 1199NW members came together on September 29<sup>th</sup> to discuss these issues and strategies for bargaining at our union wide Bargaining Conference. On December 1 our delegates and leaders will come together again to discuss and vote on our plan and budget for 2019 at our annual Delegate and Leadership Assembly.



“I’m excited to make our union more inclusive for everybody. It was great to meet union members from many other 1199NW hospitals and clinics and to hear that we have many of the same concerns and issues. Being unified is going to be the key to everything—we must stand together in order for all of us to rise up. United we stand and divided we fall.”  
**Teri Lindsay, Medical Assistant, Anesthesia Pain Clinic, Bellevue Medical Center**

## Raising MA Standards to Improve Recruitment and Retention

### Big Shortage of MAs Leads to New Bargaining

We know that wages and benefits, as well as having sustainable staffing and a satisfying work environment, directly contribute to our ability to recruit and retain staff at KPWA. Currently, we have 60 vacant MA positions. MA wage scales are very low. Since bargaining in 2015, we have been raising this issue with KP management and pushing for MA wage increases. Lack of KPWA MAs is interfering with patient access to clinic appointments.

As union members, we have always had a guiding principal that if you do the same work for the same employer, the pay needs to be the same. Unfortunately, every proposal KPWA has put on the table for an MA wage increase leaves someone out, whether it’s MAs in eastern WA, MAs with over 6 years of service or MAs at clinics outside of the Seattle area. This is just unacceptable. We have high turnover at every level and we can’t solve that problem unless all MAs get a wage increase. KPWA management is trying to drive a wedge between MAs and set a very dangerous precedent by trying to pay MAs at one location differently than another location.

We clearly remember when Group Health management paid Western Washington union members more than Eastern Washington—though in both locations workers were doing the exact same work in the exact same jobs. We went on strike to fix that inequity.

Our MA bargaining team is committed to a wage increase that includes all MAs and doesn’t leave anybody out. KPWA can’t grow without us, and they can’t thrive with 60 vacant MA positions. We will not go backwards or be divided. We will keep standing together until we get a wage increase that includes us all.



“I’ve been an MA at KP for 49 years. We can only win on the issues that we care about when we stick together, when we’re united. When we allow ourselves to be divided, we all fend for ourselves and we all end up with less. MAs need to be recognized for all the great work we’re doing. KP is successful because of all the great MAs that care for our patients. We all deserve to be included.”  
**Joy Osaki, Medical Assistant, Capitol Hill Primary Care**



“As a union we all should be paid equally for equal work. If we start creating a tiered system, who’s next? It’s not going to stop with MAs in Eastern Washington – next it’ll be different wage scales for the different clinics in Western Washington. Different health benefits for different workers. We can’t let this happen. We’re growing in Eastern Washington. We just doubled our staff when KP bought Columbia Medical Associates. We’re adding specialty services. We need to be able to recruit the best staff and retain the great staff that we have already. We stood united for many years to bring Eastern Washington up equal to Western Washington and we must stay united to keep us from going backwards.”  
**Marie Neumayer, Medical Assistant, South Hill Clinic, Spokane.**

## New Position Improves MA Staffing

In order to provide the highest quality care to our patients we need to have the staff to do the work. Medical Assistants are a critical part of our patient care team so when we are short MAs, everyone suffers. Through bargaining with KPWA management we have created a new job classification intended to improve our ability to recruit and retain MAs; the MA-R job class. Upon completion of a Medical Assistant program, which includes an externship, Medical Assistants may wait 90 days to receive the MA-C or MA-I after passing their exam. Externs who work at KPWA are unable to be hired until they have their MA-C or MA-I, and they often leave KPWA for whichever organization hires them first. The MA-R position will bridge this timeframe. We will hire the MA-R position for 90 days until they get certified, at which point the MA-R will be converted and they will have a permanent position on our team.



**Our 2018 SEIU 1199NW MA Bargaining Team**  
(left to right) Le’Nae Jackson (Olympia), Carmen Diaz (Renton Anti Coag), Jamie Vanden Bos (Silverdale), Joy Osaki (Capitol Hill), Teri Lindsey (Bellevue), Marie Neumayer (Spokane- S. Hill), Tami Elefson (Lynnwood)

## When We Fight, We Win



“Our contract is strong, but it’s only strong if we’re willing to enforce it. For several years my fellow Lead Medical Assistants and I at Northgate were not getting paid the Lead MA premium even though we were doing the work, the managers referred to us as leads and the contract clearly stated that we should be paid. We all came together and told management that they were violating our contract and we won retroactive pay totaling \$17,821.78, an average of \$1370 each, for over a dozen MAs, as well as the lead MA premium for those of us currently doing the work. We are an important part of the team so management needs to respect us and our contract.”  
**Francesca Balogh, Medical Assistant, Northgate Medical Center**