

Quality Care Depends On Healthy Caregivers

In the healthcare field having affordable, quality, accessible health insurance is an essential protection which enables us as healthcare workers to do our jobs. Healthcare workers must be healthy in order to provide quality care to our patients. The healthcare environment presents unique hazards, including risks of injury, vicarious trauma, and the danger of acquiring communicable diseases that we can bring home to our vulnerable family members.

As a self-insured healthcare employer, Providence is both the insurer and the provider, which means they are negotiating with themselves the rates that we are charged when we are sick or injured. There is no transparency and no accountability.

It's totally unacceptable that we, the Providence-Swedish healthcare workers who have dedicated our lives to providing quality care to our patients, struggle to afford healthcare for ourselves or our families.

Providence



Providence

A Better Way — We Have a Plan to Improve How Providence Provides Health Benefits

Countless recent studies cite a more effective, innovative path. We invited Providence-Swedish to form a partnership to jointly design and implement a new approach to employee healthcare. Working together, we could create a health plan which offers ALL employees and our dependents quality, affordable, accessible healthcare and creates healthier, more productive workplaces.

By creating a better plan and a jointly designed institute for health initiatives, such a partnership could be a highly successful win-win-win for the health of workers, patients, and the system overall. **Working together, we can ensure that Providence-Swedish truly fulfills its stated value that "Health Is a Human Right."**

Our proposal for quality, affordable, accessible medical benefits:

- Remove cost barriers to getting care
- Lower the premiums we pay each week out of our pay checks
- Expand our healthcare network, including behavioral health
- Eliminate the penalty for not completing Virgin Pulse points"
- More alternative care visits
- Prescription cost protections
- Bring back employee health clinics



workers can seek medical care where we live."

Jane Wakamatsu, Biller, Family Medicine, Cherry Hill



we want a plan that is easy for us to get care when we need it."

Carmencita Smith, EVS Tech, Environmental Services, First Hill



piling up and losing my apartment, and everything I work hard for. Our proposal speaks to what is going to benefit our whole community, all of us as employees and in turn, our patients."

Sabrina Rasch, NAC, Medical/Orthopedics, Edmonds

Washington's Largest Healthcare Employer Not Providing Affordable Health Benefits

We agree with the values in Providence-Swedish's expensive ad campaign stating that "Health Is a Human Right." Unfortunately, **3,732 Providence employees and dependents throughout Washington state had to rely on Apple Health**, the state's Medicaid plan, for their healthcare last year. Providence had the most employees and dependents on Apple Health of any other Washington health system by far. In fact, Providence was the sixth worst employer in any industry in the entire state in terms of the number of employees and dependents on Apple Health, and cost Washington taxpayers \$25 million over the past three years.

We all deserve a plan that is affordable for everyone.



"On-site employee health clinics are the most effective way of taking care of employees' health care issues that present at

work. This is a win-win for both employees and the organization for the following reasons: Studies have shown on-site clinics reduce healthcare costs, reduce ER visits, offer a return-on-investment, and immediate savings. Onsite clinics also create an increase in attraction and retention of employees as well as reduction in lost work days. Our bargaining team has a solution for the future overall health of Swedish employees and the organization."

Myrna Lipman, RN, Employee Health, Cherry Hill



"We have always been willing participants in doing all that we can to stay healthy, to be here at our best for our patients, and

to promote health in our families and our communities. We give our all to provide the best healthcare for our patients! We present today a positive vision for an alternate healthcare plan for Providence employees. Our proposal lifts all recognized current barriers to keeping ourselves, our families and our communities healthy and assures we can be our healthiest and whole selves for our patients."

Georgia Bakke-Tull, Mammo Tech, Mobile Mammography, First Hill



"When we find ourselves needing care we stall, often fearing bills for a large deductible or embarrassed that we may have to explain

to colleagues that we cannot afford the coinsurance for the test. This level of care is unacceptable. We dedicate our lives to providing for patients, and cannot do so adequately when we are waiting months to receive needed therapies or when spending multiple hours on the phone attempting to determine what our health benefits are. Our proposal allows us to seek healthcare without fear that we will be ending up in collections. It will allow us to seek care for our chronic health conditions or the most recent virus making the rounds, and know what our care will cost. It will create a larger network for people to seek care for behavioral health, creating more resilient employees who will be able to better care for our patients that are depending on us."

Angela Castillo, RN, Medical Specialty Unit, Issaquah



SEIU Healthcare
United for Quality Care

We Need to Be Fully Valued for Our Important Work, So Our Patients Get the Best Care

We are committed to our patients and dedicated to making Swedish the best place to get care in our community. We are worth fair wage increases for every job class and this will recruit and retain the best staff. When we see executive compensation skyrocket, we know that Providence can afford to invest in us!

We're not asking for a 157% compensation increase like Providence's CEO. All we are asking for are reasonable wage increases that will respect and value our commitment; allow us to provide decent lives for ourselves and support our families; and help Providence-Swedish recruit and retain the best staff so our patients get the highest quality care.

We proposed fair wage increases for every job class and step because we are all impacted by these trends and each of our roles is essential:

↑ 7% raise year 1

↑ 6% raise year 2

↑ 5% raise year 3

Providence-Swedish is very financially healthy, and so are their executives' bank accounts. Providence had **\$24.4 BILLION** in operating revenue last year and **CEO Rod Hochman had a 157% increase** in total compensation to **\$10.5 MILLION** in 2017.

Providence's Profits

\$24.4 BILLION
in operating revenue in 2018

\$11.2 BILLION
in cash reserves in 2018

\$165 MILLION
in operating profits in 2018

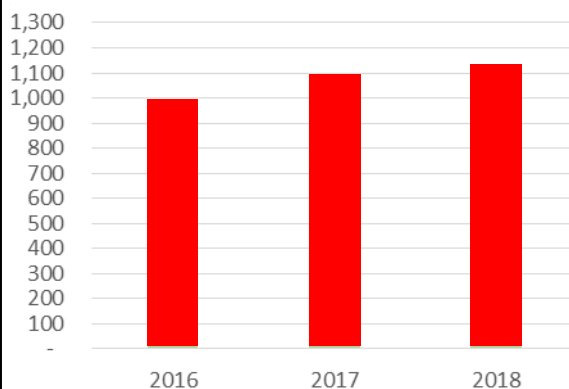
\$10.5 MILLION
in total CEO compensation for 2017,
a 157% increase

\$41 MILLION
in total compensation for the top 15
Providence executives in 2017

Source: Providence's fiscal year 2018 audited financial statement and 2017 IRS Form 990s

But as frontline healthcare workers, we're struggling to just make ends meet and provide for our children. The cost of everything is going up, including housing, gas, groceries and utilities. This means that Providence-Swedish is having difficulty recruiting and retaining qualified staff. We've seen our co-workers leave to hospitals that are closer to home or have to move further out because of the increased cost of living in the Puget Sound area.

Turnover



Our bargaining survey showed:

- We are commuting an average of 84 minutes a day.
- Over 58% of us are not able to afford to live near where we work.
- Over 47% of us struggle to pay our rent or mortgage.



"Being young in the city of Seattle is really hard. It's really hard to afford to live here and try to pay off student loans. A lot of my co-workers struggle with this same

concerns. They struggle to pay rent and feel they can't ever own a home. My co-workers are saying, 'It won't be possible for me.' They don't think they can ever afford to have kids — 'that's not a possibility for me.' Where I work, four years is considered to be experienced. Right now is a difficult time in Seattle — we don't make enough to afford basic expenses let alone dream of having a family or owning a house."

Brittany Brannock, RN, CVICU, Cherry Hill



"I am a part time student, I work two other jobs as a per diem. I also support my family overseas. With the help of the Training Fund I was able to go back to school and do pre-

requisites for nursing school. I finished my prerequisites and got accepted in nursing school. I start in the Fall. I'm more scared than being happy because I don't think I can afford to go to school and become a nurse without working these three jobs. It's scary staying at Swedish and not being able to afford anything I do. I really hope this contract means we can live in this area, work in this area, and go to school in this area, and survive in this area"

Kulwinder Jaswal, NAC, Float Pool, First Hill



"Since joining the Swedish team I have seen many of my long term co-workers leave for better pay. We need a wage scale that ends discrimination on the basis of gender

and race. We need the equity that comes with a pay scale."

Ana Eusse, Social Worker, Emergency Department, Cherry Hill and Issaquah



"We have Master's degrees and Bachelor's degrees and \$50,000 to upwards of \$100,000 of debt and we know that other social workers are being paid dollars an hour more per hour. The behavioral health community is getting sicker and our jobs are getting harder. We have been trying to negotiate fair pay for multiple years and we are receiving massive disrespect. The way

our work and our patients have been treated is insulting."
Rose Coleman, Social Worker, Emergency Department, Ballard



"When I was hired on in 2010 with experience as an NAC and substance abuse counselor I was told that 'your experience is great, however you're an MA and you've never worked as an MA before.' Other clinics have similar stories. Either they are an NAC and become an MA or they're LPNs and come NACs. We are not recognized. This proposal will help HR and the

employee understand that there's recognition for past experience and it isn't arbitrary. The way it is now seems like racial and gender disparity."

Lauren Armstrong, MA, Sleep Medicine Clinic, Issaquah
Approved

Safe Standards for Floating

The top priority and consideration in floating assignments must be the safety of our patients and floating should be a last resort. We need enough staff in all of our departments and the float pool to cover last minute needs. We presented a proposal regarding floating that reflects our values and the needs of our patients.

Our proposal includes:

- The creation of new multi-campus float pools;
 - Multi-Campus Outpatient Float Pool for RNs, MAs/ PSC-II Licensed, Sleep Lab Techs and Mammography Techs
 - Multi-Campus Respiratory Therapy Float Pool
 - Multi-Campus Emergency Department Float Pool for RNs and ED Techs
 - Multi-Campus Social Worker Float Pool
- The creation of floating workgroups for NACs, Social Workers and Respiratory Therapists.
- Limiting mandatory floating of critical care nurses outside of ICUs.
- Updating our floating workgroups to better reflect our current patient populations.
- Empowering members to determine the number of unit based multi-campus floats instead of leaving it in the hands of the manager.
- In recognition of the changing scope and expectations for our float pool staff, we proposed an increase in the premium for RN and NAC/HUC float pools.



"NACs are being floated from their home unit to work somewhere else which is totally out of their element. I am going to miss something if I don't know what I am supposed to be looking for and it's dangerous. We are not interchangeable like your socks and NACs are leaving because of the way we are being treated. We need to get this rectified and that's why we proposed floating workgroups for NACs. We need recognition for the valuable role we play to care for our patients"

Sheron Ray, NAC, Surgical Telemetry, Cherry Hill