

# Our bargaining team stands up for our contract and healthcare

Our bargaining team met with management on August 26 to begin contract negotiations. These are times of uncertainty and we are all making sacrifices, but we are standing in unity with our bargaining team as they fight to maintain standards and ensure that our voices as frontline caregivers are represented.

## Big win at the healthcare table

We have a tentative agreement with management to maintain the 85/15 healthcare cost share and benefits coverage.

“Many of us have had to put our own health on the back burner during this COVID-19 crisis as clinics, hospitals, and our workplaces adjust to rapid changes. Winning a tentative agreement on maintaining our healthcare costs at this time means that we could move forward knowing that the proposal to roll over our contract, and to stand firm against takeaways, would ensure that we can continue to provide for the safety of all of our most vulnerable populations as well as maintain stability for ourselves and our patients during this pandemic and into the future.”

**Nancy Schroff, RN, CTSC**



“As a bargaining team, our goal is to maintain safe staffing levels and safe patient care at a time when resources seem to be drying up. We as nurses are trained to engage in all levels of community to promote health and safety. As a group, we as RNs care for clients through the whole process of healthcare from children to adults. All of our lives are impacted both professionally and personally by the consequences of these proposals.”

**Onnika Merkle, RN3, ESH**

### Our proposals

- Retain our step wage increases and forgo general wage increases on July 1, 2021, and July 1, 2022
- Reopen negotiations if the state receives federal funding or additional revenue
- Quarterly meetings to review up-to-date financial projections and discuss revenue options

### Management’s proposals

- No general wage increases July 1 2021, or July 1, 2022
- No step wage increases for one year July 1, 2021 – July 1, 2022, with no intent to make whole at the end of the fiscal year
- Continue furloughs one day per month for the duration of the contract, July 1, 2021 – June 30, 2023, with no guaranteed shared work or unemployment option
- No reopening of the contract, except to adjust furloughs days if needed

#### Additions to the contract from previous MOUs

- Bid for direct care ward and float pool positions: With added language further limiting the bid process and allowing reassignments of nurses to different shifts and schedules without notice.
- Shift exchange: Opening language to all 24/7 facilities.

#### Removing language from our previous agreements that ensures protections and collaboration

- Work-related travel for nurse consultants
- Leave, attendance and overtime workgroup



“These proposals have no consideration for our safety, our patient’s safety, or the safety of our communities.

We will stand together as professional RNs to send the message to management that these proposals are unacceptable.”

**Valerie Boyd, RN3, WSH**



“We need to have a critical eye on how they are changing and sunsetting our MOUs. The MOU for travel safety is the only

language in our contract that protects us and shows their responsibility for nurse’s safety when traveling to and from various work locations. There are ongoing issues that need to be addressed in these MOUs. We need to keep this language in our contract.”

**Tricia Terry, IMT and Tumwater**

# We cannot accept management's proposals

We had questions:	Management's Answers
<ul style="list-style-type: none"><li>• Do the wage freezes affect retirement and those who plan to retire soon?</li><li>• We believe this will negatively impact staffing which is already at crisis levels, was that a consideration in this proposal?</li><li>• Have you considered that injuries and assaults will almost certainly increase?</li><li>• Where else has the state looked to cut from the budget?</li><li>• How do you expect to retain nurses let alone recruit and hire new nurses, when they can work elsewhere for more money and less risk of personal injury?</li></ul>	

## Demonstrating our unity and strengthening our commitment to safe care



“Right now we are having a hard time recruiting and retaining, we are in a huge crisis. We need to be an attractive employer, which is hard with assaults that the public are well aware of. We are looking to open new wards/cottages, and all of these will require nursing staff. If we cannot compete with other hospitals and bring people here now, how are we going to maintain staffing, let alone open new spaces with these proposed takeaways? We are all signing the unity petition to show management we won't accept these proposed takeaways.”

**Becky Bailey, RN3, CFS, WSH**

## Unity Petition

We are calling on management to agree to rolling over our contract with no takeaways so that we can continue to serve our patients, clients, and communities.

Sign the petition at: [1199nw.org/34AfLqq](http://1199nw.org/34AfLqq)



“We are all standing together to sign this petition to show our unity. Every RN needs to sign it. When we deliver this petition to management, it will show that we are willing to take action in order to have the best contract for our clients, ourselves and our families.”

**Fikirte Setargew, RN3, Fircrest School**



“Management needs to understand how unsafe their planned proposal is for both the staff and the clients we serve. History has shown that without proper nursing care, patients tend to have more complications and poorer prognosis with an increase in mortality. As professional nurses, we cannot stand by and watch this take place. Each of us must take action to ensure the safety of both staff and patients. United We Stand.”

**Sharon Stephens, RN Nurse Consultant, RCS, Kent**

## Message to management from Jane Hopkins, Executive VP SEIU Healthcare 1199NW



“When I look at the full picture, I notice that in times of crisis, management doesn't hesitate to implement cuts and propose takeaways to our wages, benefits and staffing. But they are not even willing to have a

discussion when the crisis passes. We are not seeing their willingness to sit down with nurses and talk about compensation, about recruitment and retention, about patient and community safety, if there is a positive change in the financial forecast. How will they retain quality caregivers if our bargaining team members cannot go back to their coworkers and say that management is willing to work with us?”

**Jane Hopkins, RN, Executive Vice President of SEIU Healthcare 1199NW**