



UW Needs to Value Our Work and Value Our Patients

We are who provides care to our community, and we need to be valued so we can recruit and retain new and highly qualified coworkers. The cost of living in Seattle continues to rise, yet our wages are behind many other area hospitals. We have a staffing crisis and we need better wages and premiums to be able to fill our vacancies and decrease the number of us finding other healthcare jobs. We proposed parity with our UW coworkers and across-the-board wage increases so that we can recruit and retain our coworkers and improve our staffing for better patient care.

Our Bargaining Team

Ademola Adeyoma, Surgical
Liv Brakstad, Pharmacy
Rochelle Brooks, Outpatient Therapies
James Brown, Plant Engineering
Giang Cao, Echocardiography
Patrick Cassidy, Radiology
Tijan Drammeh, Medical
Faith Eastwood, Inpatient Therapies
Jessica Hawtree, Hepatology Clinic
Oksana Kurkov, Primary Care Issaquah
Rose Long, OR
Rosie Perez, Primary Care Ballard
Jessica Riddle, Adult Psych
Genevieve Sanford, Ultrasound
Jenny Slater, Care Management
Judy Sohl, The Sports Medicine Clinic
Kim Williams, Primary Care Woodinville

Our Proposals for Competitive Wages:

Across the Board Raise July 1, 2021: 5%
Across the Board Raise July 1, 2022: 5%
Premiums and Differential Parity with Harborview
Evening Shift Differential: \$1.75 - \$2.50
Night Shift Differential: \$2.50 - \$4.00
Weekend Premium: \$2.25 - \$4.00
Preceptor Premium: \$1.00 - \$2.00
Certification Pay: \$.50 - \$1.25
Standby and Callback* Pay: \$3.75 - \$6.00
(\$7.00 if standby >36 hours in a pay period)
*proposed callback pay for each time an employee leaves work and is called back
**NEW* Float Pay:*
Floating outside home department/clinic: \$3.75
If transportation must be used (clinics only): \$6
If outside of your region (clinics only): \$8
**New* Modality Pay:*
Training for new modality: \$1.25
Working in additional modality: \$1.50
Precepting a new modality: \$2.00
**New* Compensatory Time*
This allows an employee who works overtime to voluntarily accrue their 1 ½ OT hours into a new leave bank called “compensatory time” in lieu of payment.



“In the last month alone, I know of at least 5 people in the OR who have left to go to someplace that pays more. Why would they stay if somewhere a few miles away they are getting paid more for the exact same thing? They say, ‘We want to stay with you. We love our coworkers. We love working at Northwest Hospital, but we just can’t say no to the dollar amount.’ We aren’t trying to get paid more than anyone else—we just want to be even. We can’t do anything about our coworkers leaving and it’s heartbreaking!”
Rose Long, Anesthesia Tech, OR



“When we are hired, we are hired at a specific location and clinic with expected job responsibilities. Unfortunately, some clinics are so understaffed that they need a float every day. And then clinics with adequate staff are short staffing themselves to loan someone out. This is not a great way to solve the staffing issue. That’s why we proposed to recruit volunteers if you wanted to handle staffing that way.”
Jessica Hawtree, PSS 2, Hepatology Clinic



“There has always been a difference in differential pay between contracts, and that is not right. The idea of a differential is rewarding people for working the off hours. By having this discrepancy between contracts, it is an issue of equity. The majority of people in lesser-paid roles are people of color and immigrants, and this is a way that systemic racism is built into operations at places like UW. This is the time to get rid of that inequity in our contracts and pay all coworkers regardless of job title the same differentials.”
Genevieve Sanford, Ultrasonographer, SEIU Healthcare 1199NW Executive Board Member



“Through the pandemic, Northwest proved it was no longer a small backwater hospital. We reconfigured patient rooms in the tower for negative ventilation, and we took the brunt of initial cases early in the outbreak. It’s time we take care of our own. Across the board wage increases would help retention and would help management buy time to recruit more FTEs to fill our staffing shortages.”
James Brown, Senior Maintenance Engineer

Respect Us, Protect Us, Pay Us

We are Creating a Culture of Belonging at Northwest

We are united for a workplace culture in which we all feel that we all belong. We want to be able to provide for ourselves and our families and be great at our jobs. Whether we are white, Black, or Brown, we all deserve to be treated the same at work. Some of us are treated differently, supervised more closely, given less opportunity than others or made to feel like we don't belong. That is why we made a proposal that will create a process for us to be part of finding solutions to address this.

When some of us are treated differently based on the color of our skin, our gender, our sexual orientation, our jobs or other identities, it impacts us and our patients, and perpetuates othering.

“Othering is a set of dynamics, processes and structures that engender marginality and persistent inequality across any of the full range of human differences based on group identities. Important distinction: The opposite of ‘othering’ is not ‘saming.’ ‘We the people’ never included all people.”
jon powell, Othering and Belonging Institute

Othering has become a part of our everyday work life and is embedded in our society. This struggle belongs to all of us and in order for us to win on issues like safe staffing or higher wages, we have to stand together across the differences that are usually used to divide us against each other. It is time for all of us to take an active role to ensure we address the ways in which othering and systemic oppressions that exist both within and outside of Northwest.

So far management has rolled out their plans for addressing racism at UW without involving those of us who are impacted by that racism. We proposed an organizational equity and inclusion committee where we would work together with management to foster belonging and a more inclusive workplace at UW, so that everyone feels that they truly belong.



“I’ve been a delegate for almost 11 years, and in that time have sat in on a lot of investigatory meetings. The overwhelming majority of individuals called into these meetings are people of color. I’ve seen what allegations are leveled against them, and I know for a fact there are lots of coworkers that get sent to HR even though their white counterparts in the same job under the same supervisor are doing the same thing. Whether purposeful or not, it’s something that has been happening for a long time, and it has got to change. Creating this committee and collaborating with labor and management together can bring some form of true change for the better.” **Patrick Cassidy, Radiology Tech, SEIU Healthcare 1199NW Executive Board Member**



“We had a patient on nights come in with an extended stomach. On nights, for our 36 patients, we stock just two sandwiches. He asked for a sandwich, which I gave him, and when he asked for another, I just couldn’t say no, so I gave it to him also. Then we were out, and there was nothing else I could give him, so he got upset. He was white and began calling me all kinds of names. He threatened that he would report me. The nurse said, ‘For what? He is doing his job.’ The next morning, I got called in for an investigation with HR. After the meeting, the nurse came to me and said, ‘What happened? It was my patient. How come I didn’t know?’ The manager and HR should have asked him about it as a part of the investigation, but they didn’t. They treated me this way because I am a person of color – they assumed I was guilty, and I had to stand up there and defend myself alone. This happens every day, every minute to people of color. This kind of committee will help us begin to address these kinds of issues.” **TJ Drammeh, CNA, Medical**

We are the Experts in Patient Care

Currently the law requires that staffing plans for CNAs and RNs are created by a staffing committee with only nurses and management. We proposed that a CNA from each floor is represented on the staffing committee, which creates the staffing matrix for the hospital.



“Staffing is so short right now at the hospital, and the decisions about how to better staff for the safety of everybody are being made without any CNAs. People are leaving because they are getting frustrated because of these staffing issues. We know what is going on, we know how many patients each CNA should have for quality care. If we are a part of the decision-making, we will understand properly what is expected and be able to provide better care.” **Ademola Adeyemo, CNA, surgical**

We Need Credit for Our Experience

We proposed that when we are hired and placed on our wage scales our full experience will be counted, and that existing employees can have our experience reviewed and potentially be placed where we truly belong on the scale.



“We have been short staffed for almost two years in urgent care. We had an exceptional candidate with years of experience in urgent care. She declined the job offer because the wage she was offered was way below what she was currently making. The only people accepting these jobs are the ones right out of school which does not help much when we are a super busy clinic. Then the patients suffer because they have to wait around.” **Rosie Perez, CMA, Ballard Urgent Care**

“When the clinics became union, management placed us on the wage scales based on our rate of pay at the time and refused to account for our years of experience. I have coworkers who were paid so low by Northwest before we were union, that even though they had 7 years experience, they were put on step 1 - which was a raise for them - but their experience wasn’t taken into account. Those people need their work history reviewed so they can be placed appropriately on the wage scale and be rewarded for their loyalty.” **Judy Sohl, CMA, The Sports Medicine Clinic**



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