



# We're Ready to Fight for Harborview's Mission



We face the fight of our careers to save the mission we hold close to our hearts. Together, with elected officials, community groups and our patients we won't let UW lose its way and change Harborview's mission. That's why we're taking the fight to the community and public we have served to let them know, our fight is their fight. *Join us in voting to take action and save Harborview's mission from UW mismanagement.*



"We have been so short staffed for years in inpatient Social Work. Sometimes we have caseloads up to 50-60 patients which means we can't give our best care to our mission population.

UW has only proposed 1% and 1% wage increases for Social Workers, and that won't recruit and retain. We need significant wage increases to recruit and retain and that's why we have to vote Yes and all come out to the picket line." **Miranda Carruth, Inpatient Social Work, Bargaining Team Member**



"This last year and a half has brought so much hardship, COVID, furloughs, extreme short staffing, and the burnout is real. We are at a pivotal point where staff are leaving, care is suffering. UW not investing in staff is UW not investing in patients. Our treatment of always being given less than our sister campuses sends the message our patients deserve less. We cannot tolerate Harborview becoming known as the impoverished understaffed hospital where the poor and forgotten come to die. There is so much at stake, we all must be accountable. It is so important that we take a stand, in a united voice let us say this is not ok. Come vote and I will see you on the picket line." **Katy Brehe, RN, TSICU, Delegate and Bargaining Team Member**

## We know what's at stake

UW is failing its responsibility to our community and us. For years UW administrators have been making decisions at odds with Harborview's mission, but we endured short staffing and below-market wages because we care deeply for our patients. An unprecedented pandemic exposed the stark divide between our mission and UW's goal of maximizing profit. We all know coworkers with years of experience who help train us who left due to the current state UW has allowed to fester.

Our path is clear, we will use every tool we have to ensure all who come to Harborview, will receive world class care.

We have put hours into our proposals and had hundreds of conversations across our union to determine how to fix staffing. In mere minutes, seemingly without thought, management rejected nearly all of our proposals to address staffing.

Our proposals reflect the solutions needed to provide excellent patient care. Management's proposals reflect no interest in collaborating on solutions to solve our staffing crisis.

## Safe Staffing:

Our Union Proposals	Management's Response
End illegal mandatory call and increase staffing in areas that take call	<b>NO</b>
Prescheduled double time for all job classes to fill holes in our schedules	<b>Yes! However, it is not automatic and is packaged with multi-campus floating and multi-campus stand-by*</b>
Post all vacated jobs once notice is given and backfill for extended protected leave	<b>NO</b>
RT Staffing Committee with guaranteed staffing	<b>NO</b>
Expand Break Relief to 4WH, ICUs, ED	<b>NO</b>
Expand availability of part time positions	<b>NO</b>
Commit to not close ALNW bases without offering double time to cover sick calls	<b>NO</b>
Guarantee breaks for all workers	<b>NO</b>
New APP Residency to support new colleagues	<b>A commitment to a conversation, but no guarantee</b>
Ability to reduce FTE so we don't lose coworkers who need to work part-time	<b>NO</b>

## Respect Us, Protect Us, Pay Us

Wages, market adjustments, and premium parity:

Our Union Proposals	Management's Response
5% in year 1, 4% in year 2	1% in year 1, 1% in year 2
Market adjustments for all job classes between 6%-11%	Recruitment and retention wage increases for: <ul style="list-style-type: none"><li>• RT 3%*</li><li>• Pharmacy Techs 3%*</li><li>• CT and Angio 5%</li><li>• MRI 4%</li><li>• Imaging Tech Leads 2%</li><li>• RN 3%</li><li>• If your job is not listed, you are only eligible for 1% and 1% Across the Board</li></ul>
ECMO premium for RNs and RTs = \$4/hr	<del>NO</del>
Standby Premium up to 36 hours = \$6/hr	<del>NO</del>
Standby Premium above 36 hours = \$7	<del>NO</del>
Preceptor Premium \$2/hr for all job classes	<del>NO</del>
Weekend Differential for all job classes = \$4/hr	<del>NO</del>
Night Shift Differential for all job classes = \$4/hr	<del>NO</del>
Evening Shift Differential for all job classes = \$2.50/hr	<del>NO</del>
Year for year credit for past experience for all job classes	<del>NO</del>
PA/ARNP Residency Mentorship Premium \$4/hr	<del>NO</del>
Charge Nurse Premium = \$2.75	<del>NO</del>

*\*If there is an asterisk, that means management “packaged” the proposal with the following proposals, meaning if we don’t accept the whole package, they can withdraw the proposals listed above:*

- Mediation to create multi-campus floating for all job classes
- Voluntary multi-campus standby float pool
- Voluntary low-census

COVID Relief and Recovery:

Our Union Proposals	Management's Response
\$2,000 Hero Bonus for everyone	<del>NO</del>
2 additional COVID Relief Days	<del>NO</del>
Process to ensure time off for everyone	<del>NO</del>
Commitment to provide mental health resources at work	<del>NO</del>

Organizational Equity and Inclusion:

Our Union Proposals	Management's Response
Dedicated resources and time for the EDI committee	<del>NO</del>
Third Party Racial Justice Facilitator to aid in EDI work	<del>NO</del>
Commitment to create a structure for mediating and remedying instances of racism	<del>NO</del>

We will vote as a union for an informational picket action July 13-19.  
You must be a dues-paying member to cast your vote to take action  
for a patient-centered contract. Join us at [joinseiu1199nw.org](https://joinseiu1199nw.org)!



Look out for the vote flyer with vote times and make a plan with your bargaining team member, delegate, or organizer to vote!