**SEIUHealthcare** 199NW United for Quality Care Bargaining update

### We Won't Be Divided! Management's Proposed Takeaways Would Move Us Backwards

Your bargaining team met with the Federal Mediator and MYMH management bargaining team for our sessions and the end of August and this week to move us closer to an agreement. We have another bargaining dates set for September 26, and we plan on making continued progress to move management.

Historic wages are on the horizon and our work is not done. We won't accept any takeaways! The changing pay practices to align with Workday would lead to economic setbacks regarding:

- Rest between shifts
- 🗙 Majority shift differential pay
- X Separate max accruals for holiday and vacation to our PTO bank
- X Changes in callback
- Changes in BNP
- Other language that would affect how we currently get paid

#### Workday needs to work for us!

MYMH is trying to break our unity between our Services and Nurses unit. but our bargaining team is committed to standing together to get a contract that reflects our values and recruits and retains us. We won't be divided! We have fought hard to win contract language over the past 40 years, and we're sticking together for even better language. Contact Memorial leadership to stop the takeaways.

Remember, when you become a member you're letting management know you stand with your union for a better Memorial. Join today!



## What do management's takeaways look like?

Do you work 16 hour shifts? Do you enjoy getting double time for those four extra hours? Do you like getting RBS (time and a half premium) on your full shift? Do you enjoy working day shifts with the added shift differentials when your shift is before 7am or after 3pm? That will be gone with management's proposal for majority shift pay!

Here are some examples of the losses that are at stake:



Pam Bernhardt, OB Tech/L&D **Top Step** 

Retroactive loss and loss of evening shift differential in wages since January (8 months):

- \$6,071.04 base pay (reflects 20% MYMH proposal)
- \$768.00 shift differential (reflects removal of evening shift differential as MYMH proposed)

Total loss: \$6,839.04 in 8 months of no agreement and agreement of removal of evening shift differential for day shift employees due to majority shift differential proposal by MYMH.



Kaiden Swan, ED Tech Step 1

Retroactive loss and loss of evening/night differential in wages since January (8 months):

- \$5,593.60 base pay (reflects 20% MYMH proposal plus market adjustment)
- \$640 shift differential (reflects removal of evening shift and night shift differential as **MYMH proposed**)

Total loss: \$6,233.60 in 8 months of no agreement and agreement of removal of evening/night shift differential for day shift employees due to majority shift differential proposal by MYMH.



Jaime Erikson, Cath Lab, RN Step 12

<u>Total loss:</u> **\$12,700** lost - \$6,300 in double time in 2022, \$5,400 in rest between shifts and \$1,100 for evening shift differential.



Kienna Richards, ED RN Step 2 Total loss: \$7,277.20 in 8 months of no agreement.

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\$2,995.20 reflective of MYMH's year one RN proposal, and \$4,282 loss in agreement of RBS new language.



"After seeing the email that was sent out by Kim, I was completely disappointed in the way management misleads the narrative around our union. It really shed light on the fact that Memorial, who turned into MultiCare, is still trying to union bust. It's easy to just see one side of things, but you also don't see the countless hours that we give to this bargaining, to ensure we get everything that we deserve with minimal takeaways. We are bargaining unpaid in our free time. We do this to make sure we ALL get what we deserve. All we really ask is that we have the support and camaraderie of our fellow coworkers and mutual respect that we are in this together. Let's do it right the first time so we don't have to deal with minimum wage compression on our wage scales." - Deshawn Oursland, NSL Phlebotomist

"As frontline workers we work hard to ensure the safety of our patients each day by providing the best care we can with the resources that we have. The last ten months we are seeing countless safety events due to fentanyl exposures. This has caused many of our coworkers being exposed and injured. When we come to work we expect to be safe at work. When a safety issue occurs we look to the Hospital to reassure us that the Hospital has safeguards in place to make sure we are protected and to prevent further injuries to any of our coworkers. Our community has been greatly impacted by the Fentanyl epidemic. And now we are seeing that carry over into our hospital where patients and/or their families are using while in our facility. We have consistently raised our concerns at Nurse Practice Committee about these exposures and yet, they are still happening and our coworkers continue to be dangerously exposed. Our concerns are falling on deaf ears. We need action, we need our voice heard. We want to meet with you and our CNO to discuss protocols that can be immediately implemented for when (not if) an unknown drug exposure happens." - Elise Kelly, 3EW RN



"We have lost well over 50% of our staff. It is so hard to fill staff holes. Incentives are not there for people to work holes where they will be working understaffed in the busiest ER in the state of Washington. This is very dangerous!!! If MultiCare cannot pay a competitive wage for our area, how will we retain employees? I have worked in this ER for 18 years. To see some of our most skilled people leave has impacted our department immensely. This affects safety and quality of care for our patients. After shouldering a global pandemic, changing ownership for the second time and being the only hospital in our community, the least we deserve is a fair wage, safe staffing and enough time off to care for ourselves and our families. We deserve better, our community deserves better!!" - Gema Aguilar, ED RN

# We Marched on the Boss!

On August 16, we made our collective voice heard for a say in how we keep our patients and coworkers safe by limiting our chemical exposures. We stood united with our injured coworkers in front of the CNO. We deserve to have a say in our working conditions!









### What is mediation?

During mediation, a commissioner from the Federal Mediation and Conciliation Service (FMCS) can work with both management and our coworkers on the bargaining team to reach an agreement. Mediation is helpful, but it is no substitute for action in our workplace. Please check in with your delegate or bargaining team representative to learn more about next steps.

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