

After 13-year struggle, workers at Kentucky River Medical Center triumph

According to USW International President Leo W. Gerard, the 13-year struggle of workers at Kentucky River Medical Center in Jackson, KY, is “the perfect example” of why the process of how workers form unions must be streamlined.

During the four-month organizing campaign, Kentucky River utilized every anti-union tactic possible. They intimidated employees in one-on-one meetings with managers, disseminated misinformation about employees’ legal rights, hired a union-busting lawyer from New York, and fired known union supporters. Despite these tactics, employees won their union in a decisive vote in June 1998.

However, rather than accept the vote and the voice of their employees, the hospital only reformed their anti-worker and anti-union campaign. The employer denied the union necessary information, refused to bargain, and even fired every single member of the union’s bargaining committee.

At the end of May, the U.S. Court of Appeals for the District of Columbia vindicated the health care workers at Kentucky River. The Courts found the hospital in civil contempt for a number of reasons including failing to and refusing to bargain

in good faith, refusing to reinstate three employees to their former jobs, unilaterally changing the terms and conditions of employment for represented employees, refusing to provide information to the union, and indefinitely suspending a bargaining team member because of union activities.



Eileen Jewell



Maxine Ritchie

Member leaders at Kentucky River Medical Center whose jobs the USW/HCWC won back through successful labor board charges.

The court order clearly details the employer’s requirement to bargain in good faith from this point forward: The medical center must agree to bargain in sessions of at least seven hours for a minimum of 54 hours per calendar month for up to a year, or until a settlement is reached. For the first 163 hours of bargaining, the corporation must compensate bargaining unit

employees for work hours spent in negotiations. Further, the hospital had to reinstate the organizing and bargaining committee members who were terminated because of their union involvement to their former jobs or similar positions, without loss of seniority or any other right, and with full back pay and lost benefits totaling more than \$300,000.

“This is a great victory for our union and its members,” said USW District 8 Director Ernest “Billy” Thompson. The reinstated employees agree and are happy that “the hospital must finally recognize the union and its members.”

NLRB proposed rule changes to streamline union election process

While the court order requiring Kentucky River Medical Center to bargain in good faith with its union employees is a definite win for those union members, their struggle is also a testament to why the laws that govern how workers form unions must be reformed. In June of this year, the NLRB proposed changes to the current process workers face when they try to form a union.

As exemplified by Kentucky River, the current process is often painfully delayed and continues to empower anti-union employers. The NLRB says their proposals would make the process “more uniform, transparent, predictable and efficient.” The proposed rule would:

- Provide for a predictable, fixed schedule for hearings, both pre-

and post-election, when necessary, in order to promptly resolve issues in dispute when the parties cannot reach agreement.

- Allow for better management of the hearing process by discouraging the litigation of frivolous and irrelevant issues and by deferring, until after workers have had a chance to vote, the litigation of the eligibility or

Member Spotlight: SANDY TESSIER



Sandy Tessier is the brand new Bargaining Unit President of St. Vincent de Paul Nursing Home in Berlin, NH. She became involved in the union just this past winter and has had her first contract negotiations as well.

1. *Why did you want to be more involved in the union?*

Because I saw that becoming more involved in the union and building a stronger union was the only way to implement positive change. It's not easy and it takes time, but it's so important.

I also felt responsible for teaching the younger employees the importance of becoming involved and that we all have to work together to improve the conditions at St. Vincent's not only for all of the workers, but most importantly, for our residents.

2. *What was the hardest part of being on the bargaining committee?*

The process. Learning that it takes never-ending patience and ongoing conversation not only with the employer, but also building consensus among the bargaining committee can be difficult.

3. *What part of the contract makes you most proud that we won?*

Getting the encouragement and incentive pay for people to cover holes in the schedule. Staffing has

been a major concern of workers at St. Vincent's since we organized our union a decade ago and finally having the power to make an improvement gives us all the ability to take the best care of our residents.

Winning wage increases that recognize the increased expenses of day-to-day living and that reflects the self-worth of the entire bargaining unit is something that we are all proud of.

4. *Why do you think it's important for health care workers to be union?*

When there are cutbacks, it always seems to come off the back of the workers — the people who are the nuts and bolts of St. Vincent's. Those cutbacks shouldn't come out of the paychecks of those workers making the least amount of money and it shouldn't damage patient care. It's about everyone — without the kitchen the residents wouldn't eat; without the laundry they wouldn't have clean linen; without housekeeping the place would be a mess; and without maintenance we'd have broken equipment and colder winters and stifling summers . . .

It's about having a voice in the decision-making process of how money is spent and where our resources — monetary capital and human capital — are distributed.

5. *Any advice to members who are thinking about becoming more involved?*

Just do it. It's hard, but it's worth it.

NLRB proposed rule changes to streamline union election process *(Continued from page 1)*

inclusion of individual employees affecting less than 20% of the bargaining unit. Hearings will proceed on consecutive days; oral arguments will be encouraged and the filing of briefs discouraged.

- Consolidate appeals on election-related issues by eliminating the pre-election request for review and accompanying 25-day waiting period; all pre-election rulings remain subject to post-election review, unless rendered moot. Board review of a regional director's resolution

of post-election disputes will be discretionary.

- Modernize the form and time line for providing voter contact information currently required by the employer to the petitioning union. Shortening the time for production from 7 days to 2 days (given the efficiencies of electronic recording keeping, retrieval and transmission) and including employees' email addresses and phone numbers, if available, will promote an informed electorate;

providing their work locations, shifts and job classifications will facilitate prompt resolution of voter eligibility issues. The proposed rule would bar use of this information for any purpose other than the representation proceeding and related proceedings.

- Promote the use of electronic technology to communicate with the parties to achieve economies of time and resources for the parties and the Board.

Workers at St. Vincent de Paul Nursing Home ratify strong contract

After several weeks of tough negotiating and the decision to extend the current contract, members at St. Vincent de Paul Nursing Home in Berlin, NH, ratified a very strong contract. Through months of strong organizing work and recruiting and training new leaders, the membership revitalized their union and headed into negotiations with renewed strength. However, the brand new negotiating committee had very serious challenges, which included high expectations of the membership and a nursing home with plummeting reimbursement rates.

Strong unions win stronger contracts and the unity of the membership at St. Vincent's is why the bargaining committee was able to win a strong contract that includes the following highlights:

- \$1.25 per hour in raises over 3 years, which translates to a 3.75% increase each year for the average worker

and up to a 5.6% raise each year for those workers in lower paid classifications.

- No increase in employee's share of the premium until April 2012 and then minimal increases for the next two years.
- A well-funded incentive program for staff to pick up extra shifts in order to reduce the number of shifts where staff work short.
- A more fair attendance policy that includes an additional paid sick day and recognizes that health care workers should not come to work with a communicable illness.
- A more efficient grievance procedure with a reasonable time line for filing and responding to grievances and the mandatory education of all disciplined employees of their right to grieve.

Legislation Proposed for Safe Staffing Levels at Health Care Facilities

In conjunction with National Nurses Day, Rep. Jan Schakowsky (D-IL) announced new federal legislation that sets mandatory nurse-to-patient staffing standards to protect patients in health care facilities. The *Nurse Staffing for Patient Safety and Quality Care Act of 2011* (H.R. 2187; <http://www.govtrack.us/congress/bill.xpd?bill=112-2187>) establishes minimum staffing levels for different hospital units. Once these minimums are met, hospitals will be required to develop staffing plans, in consultation with staff, to meet patient needs in the hospital. Adequate staffing is the number one issue for the more than 3.5 million nurses around the country and has long been the focus of reform and lobbying efforts by the United Steelworkers and other labor organizations.

Many hospitals have too few nurses caring for too many patients, leading to thousands of preventable patient deaths and injuries. In partnership with the AFL-CIO, the National Consumer League (NCL) released a poll that investigated the relationship between nurse staffing and patient safety. The survey found 45 percent or nearly half of those who have had direct hospital experience in the past two years believe that their safety or that of a family member was compromised by inadequate nurse staffing levels. More than one-third report not receiving important elements of care in a timely fashion and more than three-quarters support legislative action to improve nurse-to-patient staffing standards.

"Nurses are leaving the profession due to inadequate -- and frequently, unsafe -- staffing," said Holly Celaschi, RN,

of the United Steelworkers. "Short staffing puts both the patients and the nurses at risk; only through this type of legislation can we ensure our patients' safety. This truly demonstrates the role of unions in the health care arena and how they enable us to actively work as advocates for our patients and our profession."

Several states are pursuing safe staffing standards legislation in response to this critical issue being spotlighted by labor unions to help recruit and retain nurses. Since staffing standards went into effect in California, the number of people applying for nurse certification in the state rose by 18 percent. Kaiser Permanente voluntarily enacted ratios in July 2001 and as a result, the Northern California branch of Kaiser hired 71 percent more new nurses and the number of nurses quitting declined by 47 percent from January to October 2002.

Through the efforts of health care unions, such as the Health Care Workers Council of the United Steelworkers, lawmakers are finally taking notice.

Representative Schakowsky's bill establishes minimum direct care Registered Nurse-to-patient ratios, the key to reducing nurses' excessive workloads and improving patient outcomes.

The burden now rests with members of Congress to support federal legislation that protects patients in every state.

Our Health Care Workers Council is growing! If you'd like to be more involved in the growth of our Council, or to ensure you receive important updates on conferences, training opportunities, legislative changes and more, please email Mandy Craig at mcraig@usw.org.

• First and last name • Home mailing address • Home email address • Employer name • Job title

Health Care Bargaining Checklist

Health care contracts often include articles on the subjects below. Because each hospital, nursing home, pharmacy, and ambulance service is unique and each employs different means to best meet the needs of our patients and residents, there are not "one size fits all" examples of language for these various issues. However, the following questions will help you devise language that best meets the needs of your members and your patients. These questions help you identify areas in need of improvement within each issue category so that you can work with your bargaining committee to write language that works for your bargaining unit.

What to ask your membership:

Safe Staffing

- Does the employer schedule an adequate number of staff to safely care for our patients and residents?
- Are some shifts/units safely staffed while others are understaffed?
- Do we have an efficient process to replace call offs?
- Is there monetary incentive for employees to pick up extra shifts or fill in holes?

Mandatory Overtime

- Does the employer use mandatory overtime (MOT) ("mandatory holdover") as a substitute for safe staffing levels?
- What are the steps the employer must take before they resort to MOT?
- When employees are mandated, are they adequately compensated?
- How much notice does the employer give mandated employees?
- Is there a fair and equitable process for deciding which employee gets mandated? Is it on a rotating basis?

Bargaining Unit Work

- How much does the employer rely on agency or temporary employees? Is this appropriate?
- Do we have a say in when the employer can utilize agency or temporary employees?
- Do supervisors do bargaining unit work? If so, how often and in what capacity? Is this appropriate?
- Do we have language to protect ancillary services such as dietary and housekeeping from outsourcing?

Scheduling

- Is the process for choosing days and shifts fair and equitable?
- How much control do employees have to self-schedule?
- How far in advance are schedules posted?
- Is there reasonable opportunity to trade or switch shifts?
- Is the process for choosing vacation fair and equitable?

Health & Safety

- Do we have a health and safety committee?
- How are members of the committee chosen?
- What input does the union have in building the agenda?
- How much power does the committee have in implementing change?
- Is there a mechanism for addressing "emergency" health and safety situations?

Training & Education

- Does the employer provide education opportunities like Continuing Education classes (CEs) on a regular basis?
- Who pays for educational requirements necessary for keeping your license/ certification?
- Does the employer utilize online classes? Does the employer rely too heavily on online classes?
- How can we improve the overall educational program?



By a margin of better than 3-to-1, more than 450 workers at *American Medical Response in Redlands and Rancho Cucamonga, CA*, voted to form their union and join the United Steelworkers. The diverse bargaining unit includes paramedics, emergency medical technicians, mechanics as well as office employees who believe that their upcoming contract negotiations will enable them to win get a handle on the high turnover rate, which has a negative effect on the quality of patient care they are able to provide.



Health care workers in four Rural Care units of *Armstrong County Memorial Hospital in Western, PA*, won their union and will join their USW brothers and sisters in the main hospital who have had the right to collectively bargain since the 1990s. Our new members overcame the employer's intimidation tactics that included one-on-one meetings and weekly captive audience meetings with Human Resources when they voted to form their union and are awaiting NLRB decisions on several charges.