The Service Employees International Union (SEIU) made national news on July 25th when we joined the Teamsters in disaffiliating from the A.F.L.-C.I.O. The two joined five other unions, representing nearly 6 million workers, who have united to form the “Change to Win Coalition” in an effort to help millions more workers form unions in their industries. The Coalition includes The United Food and Commercial Workers, UNITE HERE, Laborers, United Farm Workers, and the Carpenters’ Union.

Why did this happen and what does this change at the top mean for union members? Will tomorrow be different for healthcare workers, state workers, and other SEIU members now that we’re not part of the A.F.L.-C.I.O.?

The best answer to these questions is contained in SEIU President Andy Stern’s letter announcing the disaffiliation to John Sweeney, President of the AFL-CIO. The following is an excerpt from Andy Stern’s letter:

“Fifty years ago, when the AFL-CIO was founded and 1 in 3 workers had a union, the union movement was an essential vehicle that helped millions of working families fulfill the American dream… Today, our world is undergoing the most rapid transformation in history. The economy is changing, employers are changing, technology is changing, and as a result, workers’ lives are changing…More than at any time in recent history, America’s workers need unions to help ensure that this transformation allows them and their families, and not only stockholders and company executives, to share in the rewards of their hard work. But to do that, 21st century unions need to be more innovative, dynamic, flexible and responsive to the needs of American workers and the realities of global employers…

In SEIU, we have undergone a massive rethinking of our goals and roles, and developed new strategies and priorities to ensure that workers in our sectors of the economy have their hard work valued and rewarded.

We have focused on uniting the 9 out of 10 workers in America who have no union, and on new strategies to engage our employers in effective ways to raise pay and benefit standards in whole industries, markets or states.”

“…..In the past nine years, we have helped more than 900,000 workers, most of them low-wage people of color and working women--to join our movement, and in so doing to gain health coverage for their families,
THE UNION TALKS
PCC STAFFING ARBITRATION DECISION SETS
IMPORTANT PRECEDENT

On June 27th, the PCC received notice that a decision had been reached regarding the arbitration on patient care staffing. We had met last November over a three day period to present our proposals in front of an arbitrator. We had brought five proposals to the table, but ultimately discussed four of them, having settled on CCC to return to the original staffing plan of 2003.

First and foremost, we had a decision in favor of the union regarding contract language on whether or not the decision by the arbitrator was legal and binding. The employer felt from the beginning that the decision in this matter was to be only a “recommendation.” The California Corporate Law and Hospital bylaws do not give control of a decision such as this to an arbitrator. However, our contract language leaves no room for any misunderstanding or conflict. CHW and the Union mutually agreed that the decision would be final and binding. We both have the right to appeal any decision by an arbitrator in a court of law. Any changes to this must be dealt with at the bargaining table. This reinforces the point of how important contractual language is and the need for providing this language in our contract.

Of the four proposals discussed, the arbitrator found in favor of the Union for the staffing plan of 2 East-Medical Telemetry. The remaining three proposals for 2 South, MICU and Acute Rehab were awarded to the Employer.

We are pleased with the decision that the arbitrator made in regards to 2 East. He stated that “There is little doubt that the use of LVNs and CNAs and other staff members results in a greater utilization of RN and LVN resources in direct patient care.” He also noted “The Union’s proposal recognizes the value of its membership in the overall process of delivering quality patient care.” It should also be mentioned that this does not diminish the value of all other staff that takes part in the care of our patients. Laboratory, Pharmacy, Imaging, Respiratory, Patient Registration and Environmental Services personnel, to name a few, all play a vital role in the delivery of patient care.

It seems that the hospital’s argument was that “the Union’s proposals be rejected—even if better conceived—so long as the hospitals proposals were themselves adequate.” The Arbitrator further writes “This seems to me to be a formula for mediocrity and hardly the objective of institutions desirous of improving health care in this country.”

The hope with this decision is that it may allow us to resolve the outstanding units---4 East and PCU. These two still have to be brought before the Joint Practice Committee after months of waiting to meet. The Arbitrator’s wish was that the discussion at arbitration could be used as a guideline to resolve these pending staffing issues.

As of this writing, the staffing proposal changes have yet to be implemented. We are awaiting a response from the Employer.

Lorenza Clausen served as Patient Care Committee spokesperson from the creation of the PCC at MGH through the arbitration procedure.

Lorenza Clausen-Staff Radiology Technologist

“All of Us at Every Level” is a bumper sticker phrase that well describes the activity of our union in this time of global change. At the worksite level, we are celebrating an Arbitrator’s decision on the staffing grid on a hospital unit. At the regional level, we will be voting to support SEIU-UHW healthcare workers in a contract fight at Sutter hospitals in the Bay Area. At the executive level, SEIU has just disaffiliated from the AF-CIO and formed the “Change to Win” coalition in order to focus on organizing workers and expanding access to affordable healthcare.

Winning an arbitration was made possible by the tenacity and skill of worksite union members in the PCC, but they, in turn, had to be backed by decision-makers at the executive level. Both levels get their power from the contracts we’ve bargained, labor laws that unions fought for, and from the united strength of the union’s membership. The more committed union members there are, the greater the ability to win positive changes at the worksite.

There have been times in our union’s history when I’ve thought “Why are we spreading ourselves thin organizing others when we have problems here in our own workplace?”

The answer is, it all works together. We need people at the worksite handling grievances and participating

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THE UNION TALKS

SOLIDARITY WITH SUTTER WORKERS

“Our Brothers and Sisters are Under Attack!
What Do We Do?
Stand-Up, Fight Back!”

Union employees at fourteen Sutter Hospitals in the Bay Area set aside plans to go on strike August 1, when the CEO’s at each Sutter hospital agreed to meet at one bargaining table with SEIU UHW. Sutter employees have been without a contract for over a year and bargaining efforts to get a contract that is the same as we have at CHW had stalled. Sutter, despite tremendous profits over the past year, had refused to meet and negotiate a decent contract for some 4,500 workers in the Bay Area. Some of these workers not only have to pay for their dependents’ health care, but also for their own. 8,000 Bay area workers, including CNA’s, Engineers’ Local 39, UNITE-HERE Local 2850, and Teamsters Locals 78, 665, and 6856 had planned to support the strike.

Though the strike has been called off, our union will continue with a planned vote to authorize increasing the strike fund if a Sutter strike becomes necessary.

We will be asking all of our members at SEIU UHW-represented CHW hospitals throughout the state to donate one hour of pay per month to help our Sutter brothers and sisters stay on strike if needed to get a contract. If we vote to authorize the donation and there is no strike, the money won’t be deducted from our paychecks.

You may ask, but what is this doing for me? Several things: 1) When and if we are in trouble, Sutter members will be there for us. 2) When we were organizing at MHS, other union members helped us --now it’s our turn to help. Kaiser union members voted to help our organizing effort financially and by coming out to talk to employees about the union. When we were out on strike at CHW hospitals in SF, Sutter workers in the Bay Area came out to walk the lines with us and backed us 100% in our demand for a fair contract. Now it is our turn to stand up for them. 3) Getting Sutter members in the Bay area a good contract raises the standards for all healthcare workers. This will give Sutter employees here in our area a better idea of what being in a Union is all about. It will give them more of an incentive to organize, raising the standards for all of us in the Sacramento area. We will gain more bargaining power and a more level playing field in the Sacramento area.

Give up a few lattes and say YES to Sutter Solidarity, sending a message loud and clear to all Sutter, CHW, Kaiser and any other healthcare corporation that WHEN YOU TAKE ONE OF US ON, YOU TAKE ALL OF US ON!!!

--Sharon Martinez, PAC

Authorization Vote

A vote at MGH to authorize the donation through payroll of one hour’s pay/month in the event of a strike by SEIU UHW healthcare workers at Sutter Hospitals in the Bay Area will take place as follows:

Date: August 3, 2005
Wednesday
Location: MGH cafeteria

The vote will be taken at CHW hospitals state-wide.

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retirement benefits, and the training, staff and tools to provide quality service.

“...We know that all the leaders of the AFL-CIO would like to see a world where workers’ efforts are valued and rewarded. For many years, and particularly in the past nine months, our members have concluded that there are sincere, fundamental, and irreconcilable disagreements about how to accomplish that goal.... There comes a time where if we can’t reach agreement on basic principles, we should each devote our efforts and resources to pursuing strategies we believe will help working people navigate the rough waters of the global economy while supporting each other's efforts wherever we can.

Now is that time.

After discussion and decisions by members, the elected local union delegates to the last SEIU International Convention, an overwhelming majority of rank-and-file executive boards of SEIU local unions, and our International Executive Board, the SEIU hereby notifies you of our decision to disaffiliate from the nation A.F.L.-C.I.O., effective immediately.

In doing so, we believe it is the right and honorable path to do everything possible within our power to cooperate and coordinate with individual unions and the A.F.L.-C.I.O. and focus or efforts on the 88% of American workers who are trying to achieve economic security in a very insecure time in history.

We intend to seek agreements with other unions to cooperate on strategies to help workers unite their strength in their core industries or occupations—regardless of whether the cooperating unions are in or out of the A.F.L.-C.I.O......”

“We believe that the next decade can be a time of innovation, new strategies, new energy, new growth, and new ideas that will bring to life a new 21st century American Dream. Working with others, the 1.8 million members of SEIU intend to do everything in our power to help make that dream come true.” —(Andy Stern, President, SEIU)

*The whole of Andy Stern’s AFL-CIO disaffiliation letter can be read on the SEIU website at seiu-uhw.org

What will leaving the A.F.L.-C.I.O and joining the Change to Win coalition mean for SEIU-UHW healthcare workers?

In brief, it means that more SEIU resources will be directed towards organizing. It means organizing workers in a single union by industry (as opposed to having unions competing against each other within an industry) to better enable successful negotiations with large corporations. It means developing an independent political voice for working people based on economic issues rather than party affiliation, and it means winning access to affordable healthcare for everyone in America.

Locally, this translates to:

1)Uniting more healthcare workers into our union.

2) Endorsing, working for, and voting for political candidates who share our economic views rather than our traditional party affiliation.

3) Maintaining healthcare benefits for ourselves and our dependents in our contracts.

4) Successfully bargaining medical retiree benefits in our 2006 contract reopener.

5) Joining with community groups to advocate for accessible, affordable health care for all.

—E. Dillinger, Imaging