

The Voice of SEIU Local 250 Members working at Mercy Hospitals in the Sacramento area.

"The boss doesn't listen when one guy squawks, but s/he's gotta listen when

THE UNION TALKS

WOODLAND HEALTHCARE ENGINEERS JOIN LOCAL 250

September 2003
Volume 2, Issue 9

This is an MHS employee-produced monthly newsletter. It will report union activities and issues from facilities represented by SEIU Local 250.



Letters and suggestions are welcome-
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Ellen Dillinger, Editor

INSIDE

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An online copy of this newsletter as well as information and photographs of Sacramento union events can be seen at
<http://dillingertoons.net>

Ten engineers at Woodland Healthcare joined Local 250 in August, adding their strength to the already organized healthcare workers at Woodland Memorial and Woodland Clinic.

"I'm happy to be part of Local 250," said Ramon Sosa, a Woodland Healthcare engineer. "It happened quick, and that was due to the efforts of other Local 250 members."

When was the engineers' Union election? Well, there wasn't one. The engineers joined Local 250 by means of a "card check," which is another method by which employees can signify their choice to be part of a union. Woodland management had previously agreed with SEIU to accept the outcome of a card check and the result was a strong

"YES" for Local 250. After one day of bargaining, their contract was settled on August 25th.

It can't get much easier than that!" Woodland Clinic Chief Shop Steward Annette Hendrix remarked when the results were in. "We are delighted to have them join us—We are getting close to being all Union here." Woodland Clinic employees joined Local 250 in 2001, followed by Woodland Hospital in 2002.

We congratulate the Woodland engineers on ratifying the contract, which will bring them an across-the-board 9% raise now and to within 9.5% of Kaiser at the



Woodland Clinic Chief Shop Steward Annette Hendrix attending "New Day" SEIU/CHW meeting on 8/25.

start of the first pay period in November, 2003.

Other benefits such as a voice in the workplace and job security contract language of course apply.

--Ellen Dillinger, MGH

LABOR DAY PICNIC: EDUCATIONAL FUN

The annual Labor Day picnic at William Land Park is getting bigger every year. The event is fun, but it's also a chance to hear state and local politicians speak on issues of interest to Labor. Hearing them and our various union leaders is a reminder that workers' rights and labor laws exist because of the efforts of many dedicated people. Labor day is a chance

to think of those people and continue their work.

Like the picnic, our own union is expanding--Local 250 has more than 30,000 healthcare workers in 60 acute-care hospitals state-wide. We've made gains in wages, benefits and a voice in the workplace that we would've

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Sharon Martinez, MGH at Labor Day picnic.

An injury

A NEW DAY FOR SEIU LOCAL 250 AND CHW?

SEIU Chief Shop Stewards, field reps and MHS Hospital Leadership Teams met at MGH for five hours on August 25 to discuss a roadmap to a better working relationship between our Union and CHW. The current relationship is the result and cause of many disputes between the two entities, and does not make good use of anyone's resources.

Led by John Borsos, Administrative VP, Director of the Hospital Division for SEIU Local 250, and William Hunt, Group VP, Operations, CHW, the meeting started with a reflection on the idea that repeatedly going down the wrong road will repeatedly cause the same mistakes. One must instead acknowledge what personal fault there is and fix the road or change course.

It was the goal of this meeting to look at ways to change course. To this end, a training session for all Union shop stewards, CHW managers and supervisors is being planned that will occur before the end of the year. The session is intended to provide instruction in both process and attitude.

As one of the exercises in this preliminary meeting on August 25th, everyone was asked to write on a flipchart their feelings about this plan to achieve better collaboration between the Union and CHW. Feelings ranged from optimistic to anxious and both of those feelings are quite realistic to have.

In the two years that employees have been organized at MHS, I have often wondered if thwarting the Union



Ellen Dillinger,
chief steward, MGH

was a CHW administrative policy, one that managers were rewarded for following. I was pleased to hear Bill Hunt emphasize that this is clearly not a current goal. We all, both Union and management, were called upon to fully commit and engage in this process "that will help insure our success."

This commitment to a new direction comes at an interesting time. CHW is proposing workplace changes and layoffs that do not inspire trust in employees. Is this a good moment for us to commit to collaborative coexistence?

In some ways, it may be the best time to do it. We will be bargaining these changes whether we have a good relationship or not. If we proceed with a joint commitment that the results be in keeping with the stated values of both the Union and CHW, we stand a better chance of achieving an agreement we can live with. The Union does not want employees to be ruthlessly thrown overboard, and CHW does not want to be halted at every attempted change. We need to figure out ways to accommodate change without needlessly eliminating our co-workers.

And then there is the question of how to live in the interim before improved collaboration has occurred.... There are situations in our workplace that contradict the stated goal of management working with the Union. In these cases, contract violations will continue to be handled through the grievance process until such time as "resolving differences at the lowest level" (in the Units and departments) can reasonably occur.

One assignment during the August 25th meeting between SEIU and CHW was to answer the question of what our workplace might look like if successful collaboration were achieved.

In thinking about it subsequently, I decided that in a successful Union/Employer collaboration, you wouldn't distrust discussions of change. Currently, such discussions involve getting ever fewer people to do an expanding amount of work. In a successful collaboration, the discussion might well include creating new jobs and increasing staffing if that were the best answer to a problem.

We are asked by both CHW and the elected leadership of our Union to proceed in good faith with this process of collaboration. Given some elements in the past, we have reason for doubt. However, the endless repetitive argument that is the alternative is not a good road, and if there's a better one at hand, we should consider taking it.

--Ellen Dillinger, MGH

A REPORT FROM A FOREIGN CORRESPONDENT

Mercy Redding Hospital reports a favorable solution to a common problem.

Short staffing occurred in the Respiratory Therapy department when three employees were off on medical leave. Their slots weren't filled and the patient load was increasing. "Objection to Assignment" forms were turned in to alert the manager that all was not well in the department, but when nothing changed, Local 250 shop steward Ray Armstrong organized a meeting with management to discuss the staffing issues.

Eighteen respiratory therapists (from a group of approx. 30) attended the

meeting with their department manager, the nursing supervisor, field rep Debbie Fairbanks and SEIU Hospital Division Assistant Director, Morgan Gay.

The respiratory therapists cited patient safety issues in their proposal for increasing staffing. Log books from the department showed that patients had missed scheduled therapy sessions because no one was available to provide them.

As a result of the meeting, two new supplemental employees were hired in the department. In addition, an incentive pay plan has been re-instituted "to provide recognition and pay incentives for hospital employees

working extra hours during periods of high patient volume."

Thanks goes to Local 250 Shop Steward Ray Armstrong, Morgan Gay, and the respiratory therapy staff for making these workplace changes that improve patient care!

NOTE: Medical transcribers at Mercy Redding already get incentive pay but a change in how it works has been proposed. Eligibility for incentive pay starts at a certain line count and management wants to raise that number. Bargaining is in progress!

Thanks to Local 250 Field Rep Debbie Fairbanks for this story.

PARKING PROBLEMS? HERE'S YOUR CHANCE TO FIX THEM!

Tired of arriving at work "just in time" and discovering that there's no parking space for you?

Want to leave work during lunch but can't leave the campus because your car's blocked by another valet-parked vehicle?

Wish a limousine would pick you up at home and drive you to work?

OK, the last one's dreaming, but the first two are problems that many experience and now YOU can help solve!

Union Vice Chief Shop Steward Debra Patton and Parking Garage (and EVS) manager Ron Kampling are looking for a few good Union employees to serve on a task force designed to solve some of MGH's



Employees such as this one may find their parking problems solved once the Parking Committee takes action.

parking problems.

The committee has three members from the P.M shift and is looking for

three more, preferably from a different shift, to round out the Union's team. If you are interested in such a project, contact Debra Patton at 453-4171.

is an injury

UNION HEARS CHW OPERATIONAL IMPROVEMENT PLAN

The day was August 15th and the place was a windowless auditorium deep in the bowels of Mercy General Hospital. It was the SEIU/MGH Operational Improvement Meeting, formerly known as "Productivity Standards" . . . CHW code for staff reductions. Administration brought ideas of what they feel will bring the company a "better bottom line" in this time of increased capital expenditures. Denny Powell, Mercy General's President, explained the need to spend more money at the facility to update equipment and services, and to expand and retrofit the campus to meet oncoming earthquake standards. He said that the new Heart Center will help us challenge our competition and keep us viable in the Sacramento market - and so, if we build it, they will come.

After a brief and slightly interrupted caucus led by Morgan Gay of SEIU, the meeting was begun, as is the tradition at Mercy General, with a reflection presented by Mr. Powell. The reflection, given in front of a room full of employees waiting to hear about the possibility of layoffs, focused on change and the good that may come of it. It began with "job security is a thing of the past." OUCH. Just what we needed to hear.

Next was a review of "Operations Improvement" plans, beginning with MGH finance. Income in the years 2000-2003 varied from 8.2 million in 2000, 21.3 million in 2001, 6.9 million in 2002 and 11.4 million in 2003. Then came a review of new building plans and other projected "capital expenditures." Following that, was a breakdown of revenues by payer mix, or ***How We Get Our Money, 101***. Powell then talked about the amount



The auditorium at MGH was packed with Union members interested in questioning management's proposed operational changes. Similar events occurred at the other MHS hospitals.

There was a parade of administrators and managers making proposals. The Human Resources Director and the Manager of Environmental Services talked of a more collaborative relationship between employees and the hospital.

of money salary increases take from the total expenditures for the hospital. At this point in time, \$95 million of the \$230 million in payout goes for payroll, or 41.7%. That's down from the "more than 50% of our expenses" reported in a letter he wrote to Mercy General Employees on May 30, 2003. He declined an answer beyond "very little" when asked how much of that labor cost went to pay the salaries of administration and management.

The "Case For Change" was then made. It's based on a CHW "benchmarking" idea: You take a top performing CHW hospital (performance standards not described), and bring other hospitals to within 25% of the benchmark hospital's performance. This is seen as consistent with the CHW value of Stewardship, positions MGH for access to greater capital to fund construction and earthquake retrofit, and funds the nurse staffing ratio changes scheduled for 2004. It also allows for the possibility of financial repositioning to increase CHW's bond rating above the "junk bond" rating it now possesses. His words, not mine.

Sounds good to me. How many does it take to tango?

The list of proposed changes is extensive and some of them have even begun to be implemented, despite the fact that NO BARGAINING HAS TAKEN PLACE. For a copy of the proposals, see your Shop Steward. Oh, and by the way, our Union Contract requires that any change in wages, benefits, or working conditions be bargained. Article 4 states: "Insofar as practicable, the Employer will make every effort to avoid displacing employees, i.e., reductions in force, reduction in hours, daily cancellations, and job elimination on a temporary, indefinite or permanent basis." Keep that in mind.

There was another short caucus, and then Mr. Powell answered questions. Some of the questions with their answers follow:

Q: Do benchmark standards for CHW hospitals include issues of employee

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to all.

ARBITRATION SUCCESSFUL IN WINNING RIGHTS:

In February of 2003, several grievances went to arbitration. Two employees (one former) describe their experience below.

I started working for MGH in January of 2002, until I was wrongfully terminated in June 2002. During that time, Local 250 was bargaining the contract for Union members of the hospital.

After I was terminated, I was referred to the Chief Shop Steward (Bill Watson), by one of my co-workers who wanted to help. I hesitated at first, but she went out of her way to talk to the Chief Shop Steward, so I called just to see what Local 250 could do for me.

At the time of my first meeting, I brought all the documents that I had noted in my computer—vacation requests and notes to the manager of the department. I also brought my schedule, showing days I'd worked and days that I'd had off. The rea-

son given for my termination was 3 unscheduled absences. On one of those days, I actually was at work, the second was a day that I had been given off, and on the third day, my child was sick.

I was on what at the time was the new-hire 6 month probationary period. The Chief Shop Steward informed me that that contract had been ratified in April, 2002, which under the terms of the new contract, meant a 3 month probationary period, which I had already passed.

I then filed a grievance and went to my first meeting with HR. I was denied my job after the first meeting, and the second meeting (Steps I and II of the grievance process). Finally we went to arbitration in February of 2003. The arbitrator ruled in my

favor, stating that the probationary period in the contract was 3 months, and I had passed it. (Editor's Note: After employees pass the probationary period, they can't be terminated without just cause. During the probationary period, they can be).

I am very thankful that my coworkers insisted that I fight for this. I am especially thankful to everyone in Local 250 who stood by my side. During this year, the Union has been with me all way—they weren't going to give up! If we stay together, we're strong together. And because of what Local 250 has done for me, I've been able to get back on track with my life and continue to provide for my family. Thank you to every person in Local 250 and God Bless You All!

Caroline Fonseca

My name is Carla Fabiani, and I am a former employee of Mercy General Hospital in Sacramento. I recently had an experience which educated me as to how hard the Union works to resolve employee's grievances.

I had been working at my job for almost three months, when during one of my shifts, I suffered appendicitis and was rushed to the Emergency Room. Both my department and the Human Resources Dept. were notified right away.

To my surprise, after I recovered and came back to work, I found a check

and notice of termination in my box. I was frustrated and angry until one of my fellow coworkers directed me to the Union.

The Union showed immediate interest in my case. They explained to me my rights and made me feel like my voice and case mattered. Union members treated me with respect during the entire process of handling my case. They were persistent in keeping the pressure on where they needed to, and in the end were very successful.

I am very thankful for all the hard work and determination that the

Union has demonstrated. I am also grateful to my coworkers for staying by my side during this difficult process. They presented letters and gathered signatures testifying that this termination was unfair and to the fact that I was a valuable employee.

I now have new confidence that when unjust situations occur, there is a constant support system that can help resolve problems such as these.

With sincere appreciation,
Carla Fabiani

RETIREE HEALTH INSURANCE #1 ON MOST-WANTED LIST

On the survey for the 2004 contract negotiations, retiree health insurance scored #1 on the "most-wanted" list.

To employees, it is an abomination that we are employed in healthcare but have no health insurance after we retire. I retired in January at age 60 and that is when I experienced the reality of our current health insurance plan.

If you retire before age 65, you will be responsible for your own health insurance. Our MHS benefits package offers COBRA as interim health insurance for 18 months after retirement, but the out-of-pocket cost to the ex-employee for that is \$261.63 per month. (It was for me.)

This COBRA cost consumes 23% of my after-tax pension. When COBRA stops, the premium for my health insurance will require 50% of my pension.

What can you expect from the government? When you turn 65, currently Medicare takes \$59.00/month out of your Social Security check. You still must get a supplemental healthcare policy.

The choices with Medicare are two:

1) Traditional and 2) Managed care.

Traditional: At 2004 rates, Kaiser Senior Advantage costs \$270/month. Blue Shield costs \$319/month (for supplemental policy).

Managed care such as Secure Horizons is currently \$60/month.

These plans are disappearing fast and all plans have little if any prescription drug benefits.

A look at the contract recently bargained by the RN's demonstrates a better option: With the RN contract, "an RN who retires on or after age 55 shall be entitled to continue employee-only health insurance at the then-existing COBRA rate for current employees until age 65, or until the RN is eligible for Medicare." Retiree payment for COBRA under this arrangement varies from 100% (if you've worked for 10-15 years) to 25% (if you've worked for 25 years). To qualify for this benefit, the RN must have accrued at least 5 years of continuous service on the date of retirement.

Our SEIU Local 250 contract is up next year. We need to be looking at a benefit package in the 2004 con-



Albert McConkie retired in January of 2003 and now works per diem in Imaging Services at MGH.

tract that includes medical insurance for retirees.

And, when thinking about improvements for Contract 2004, it is important to remember that unlike wages, benefits are not taxable—you'll get all you bargained for with no tax deducted.

Al McConkie, Sr. Special Procedures Rad Tech, MGH

SERVICES HELD FOR LOCAL 250 OFFICE STAFFMEMBER

One of our brothers at local 250 has passed away. Jim Airheart who many of you have met at our local 250 office or spoken to on the phone died Monday night. Services are being

held in Roseville on Friday at 11:00. Jim was a great guy, helping at the office and getting the job done. He also performed many services for others within the community. He will be

sincerely missed by all of us.

Sharon Martinez, MGH

GOOD REASONS TO VOTE "NO" ON GOVERNOR'S RECALL

This recall is not about Governor Davis, it is about **YOU AND ME...UNION MEMBERS OF SEIU LOCAL 250** and all Union members and working people in California. We have fought hard and long to get where we are.

Everyone needs to understand the repercussions of not having a governor in California who believes in overtime after 8 hours, Paid Family Medical Leave, the right to collective bargaining, the right to organize a union, fair Workers Compensation Laws and many other issues. Republicans have not been in favor of unions, no matter who they are or where they are from, be it Hollywood or Texas. Unions represent the working people in our country and our right to be treated fairly and justly.

Please think about the REAL issues in this recall. Think of how much it is costing all of us and where these tax

dollars could have been better spent.

Do you really think anyone who opposes Unions would represent us fairly and justly? Would they sign into law bills that would keep us working and keep our collective bargaining process intact? Would we keep our raises or would they take them away through some corporate-favoring loophole? How about dependent healthcare coverage? Money spent on this recall would have been better spent on education and healthcare. It would have helped put more children on Healthy Families and hundreds of other programs we fought hard to get.

So, before you go out and vote for recall, think of the rights and benefits we won as Union members. Would we be able to maintain and increase these with an anti-Labor governor? Think about your families and yourselves and what is best for all of us.



Sharon Martinez, MGH
Cardiopulmonary Dept.

NO! ON RECALL

“Operational Improvements meeting,” continued from page 4

morale?

A: Seems not.

Q: In reference to “silent implementation of change” and cited examples, are changes being implemented already?

A: Powell denied this.

Q: You are eliminating jobs by attrition already. Aren't we supposed to discuss these issues before implementing anything?

A: This is not attrition. Those jobs are just “on hold.”

Q: We made \$100 million + last year according to your statements. What happened to that money?

A: It went to CHW

Q: How much came back to MGH?

A: “I don't know exactly.”

More comments and questions came and then the meeting ended. A closing statement by the HR Director addressed the ability of all employees to participate in discussions about these proposed changes.

The meeting was a great opportunity to discover the other side to these “Operational Improvements.”

Let me be clear about the position taken by the employees that make up our union: We have not agreed to ANY changes in the workplace. A proposal has been made and we will respond at the bargaining table. Any

conversation with management as to how any changes might be implemented would be jumping the gun, as no changes have been agreed to. Check out the flier this paragraph was taken from.

The next meeting is September 4th, 2003 at 2 PM. It will be held at Mercy San Juan Medical Center in the Lukens Building. This is important stuff. Shop Stewards will be released and all others are strongly encouraged to attend.

Remember, we are stronger together. See you there.

Bill Watson, MGH

THE UNION TALKS

WE NEED MORE SHOP STEWARDS!

CHIEF SHOP STEWARDS

MGH: Ellen Dillinger
Home: 441-3468
Work: 453-4138

METH: Chris Kurpies
Work: 423-6176

Bruceville Terrace:
Christine Thomas
684-9265

MSJH: Sherri Macias
Home: 971-0654
Work: 537-5037

Woodland Clinic:
Lydia Bone
(On union leave.
Refer to union
bulletin board for
stewards' phone
numbers.)

SEIU Local 250 Field Representatives:

Josie Summers: 275-6342
(MGH, METH, BVTERR)

Mary Henegan 275-2659
(MSJH, FOL, WOOD)

STEWARDS MEETINGS

Methodist/Bruceville meets
3rd Wed. 1530-1630 hours.
Location: Methodist Hospital

Mercy General meets 2nd
Wed. at 1630 - 1730 hours.
Location: MGH Green-house

Mercy San Juan meets 3rd
Thursday, 1800-1900 hours
Location: MSJH Conference
Room.

Woodland Clinic and Hospital
meets 1st thursday, 1730-
1830 hours.
Location: DCR 3 and 4

Mercy Folsom meets 2nd
Tues. 1330 - 1530 hours
Location: MHF Conference
Room



Jill Dibert, LVN, Shop steward and member, Patient Care Committee.



Sylvia Star, new shop steward in Patient Registration, speaking at the Operational Improvement meeting at MGH on 8/15. It appears that some changes have been implemented without bargaining.....

LABOR DAY PICNIC, continued from page 1

been surprised at when we started organizing five years ago.

These improvements are valuable to us, but they also improve the community we live in. Workers with Union representation

set the standard in wages, benefits and working conditions for everyone else in the industry.

As healthcare workers, we have the added responsibility of advocating for improvements in patient care,

including better access for those with no health insurance.

This last goal, universal health care, is one our Union shares with CHW. Perhaps this could be one of our first joint projects. Ellen Dillinger, MGH



Local 250 members at the Labor Day picnic. Jason Johnson, Joe Pasqualini, and Paul Romero (foreground).

SEIU/CHW MEETING

Purpose: To discuss CHW proposals for change

WHERE: MSJH, Lukens Bldg.

WHEN: September 4, 2003

TIME: 2 P.M.

WHO: Shop stewards will be released to go to this meeting, other employees can attend on their own time.

action