On January 23, we held our second negotiations of this year with management. At previous sessions, since our one-day strike in November, we were glad to see some progress. In December, we signed off on a new Continuing Education benefit that’s a significant win for those of us with certification and license requirements, and earlier this year we began to see progress on Health and Welfare Benefits. Unfortunately, we didn’t see that same level of progress at our January 23 session.

We presented a new comprehensive economic proposal: one that would guarantee us fair raises, lower premium costs for the PPO and EPO (in line with what our colleagues at other PSJ hospitals in Northern California pay), and fair increases to PTO and retirement.

After making this proposal, we focused on Wages. Our wage scale proposal would bring us up to what our colleagues at Santa Rosa are paid for the same work, guarantee fair increases every year (5.5 percent effective July 2019, and another 4.5 percent in July 2020 and future years of the contract), and would include retro pay through July 2019.

In response, management stated that “parity across the region” is “not [their] goal.” In other words, management doesn’t think they should provide equal pay for equal work. They also made clear they didn’t like our proposal for retro pay, even though the NLRB found them at fault this past December for the delay they caused by failing to recognize and bargain with our union after we formed in 2016.

Throughout this process, we’ve been clear: we’re going to stand up for what we and our patients deserve. We’re fighting for Providence to invest in us and in improving patient care at Queen of the Valley, and we’re not about to give up in that battle.

One important outcome from bargaining: we are scheduled for four bargaining dates in February — double the number of sessions we had for January — and hope it is a sign of progress to come.

Upcoming negotiations will be on February 10, 21, 25, and 28. As always, all members are encouraged to attend.