

## Response to the Hospitals' March 4, 2019 "Update on CRONA Negotiations"

The Hospitals sent out an "Update on CRONA Negotiations" on March 4, 2019. The following responds to that Update. Negotiations continue this week and CRONA will be evaluating and responding to the Hospitals' proposals at the bargaining table.

### Wages

- The Hospitals say our wages are "highly-competitive" even **without any increase**. We don't agree.
- **"Close enough" is not good enough.** If we want to make a dent in **chronic understaffing** and keep pace with the costs of living and housing in the Bay Area, we need significant improvements to our wages and retirement benefits.
- The Hospitals propose only a 6% wage increase over three years – meaning increases of only 2% each year. But, as the Hospitals' own chart shows, these increases would not match the percentage wage increases in our competitors' recent contracts.

### Retirement and Retiree Medical

- The Hospitals don't understand how insufficient our retirement and retiree medical benefits are. We cannot recruit and retain Nurses when our overall wage and benefits package lags behind our competitors.
- The Hospitals proposed making **no improvements at all** in our retirement benefits.
- Currently, Regular Nurses in "Group D" (everyone hired after 1997) receive a **one-time** payment at retirement to pay for medical coverage for the rest of their life. The amount depends on the Nurse's age and years of service at retirement.
  - For example, a Nurse who retires at age 61 with 15 years of service receives only one payment of \$5000.
  - The *maximum* benefit under the current Group D plan is a payment of only \$30,750 to a Nurse who retires at age 70 with at least 30 years of continuous service.
- These lump-sum amounts **haven't changed for at least a decade**, and have not kept pace with the increasing costs of medical care.

- The Hospitals propose increasing these one-time "Group D" payments by only \$3,000, and only for a Nurse who retires at age 65 or over.

### Preceptor Program

- The Hospitals propose increasing the current preceptor differential by \$0.50 per hour (from \$2.50 to \$3.00 per hour). At the same time, **they want to make precepting mandatory**.
- Precepting is a demanding job and it simply does not work when Nurses are forced to do it. We need to create more incentives for precepting to encourage Nurses to participate, not impose precepting on already overworked Nurses.

### Other Working Conditions

The Hospitals' March 4 "memorandum" does not mention other topics that affect our working conditions.

- We need to be able to take time off when we are sick without fear of punishment. The Hospitals *do not want to continue* the Side Letter that prevents them from changing current protections for Nurses in the Attendance Policies.
- We need pre-approved vacation and pre-approved education days. The Hospitals *do not want to continue* the Side Letter that protects our ability to schedule pre-approved vacation and education.
- We need part-time positions. When there is a vacancy because a part-time Nurse leaves, that position should be reposted as a part-time position if the unit needs to hire. The Hospitals *do not want to continue* current Side Letter language that requires reposting of part-time positions if the unit needs to hire.

✓ Share your stories with your Negotiation Team by writing us at [crona@crona.org](mailto:crona@crona.org)

✓ Keep up to date with negotiations by checking your email and attending membership meetings.