PORTLAND AREA WORKERS’ RIGHTS BOARD
Hearing On Safe Staffing & Collective Bargaining
for Nurses In Legacy Health System

MAY 31, 2007 • PORTLAND COMMUNITY COLLEGE • PORTLAND, OR

The Portland Area Workers’ Rights Board
is a community-based project
of Portland Jobs with Justice

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Members of the hearing panel

The Reverend Alcena Boozer is Reverend of Saint Philip the Deacon Episcopal Church. Elected President of the Ecumenical Ministries of Oregon in 2006, Reverend Boozer has previously served on the boards of United Way, the Greater Portland Trust in Higher Education and Tri-County Metropolitan Transportation District (Tri-Met). A distinguished educator, Reverend Boozer had a 26-year career in Portland Public Schools as a teacher, counselor, vice-principal at Grant High School, assistant director of Alternative Education and principal of Jefferson High School.

Barbara Dudley is Adjunct Professor of Public Administration at Portland State University. She is co-chair of Oregon's Working Families Party, and a leader in the movement for fusion voting in Oregon. She has served as Executive Director of Greenpeace, USA; as Executive Director of the Unitarian Universalist Youth Program (a charitable foundation) and is a former director of the National Lawyers' Guild.

Dr. Karen Erde has practiced medicine in Portland for the past thirty years and has been on staff at five hospitals in the metropolitan area. In addition to her primary care practice, Dr. Erde has worked in chemical dependency treatment. She currently serves low income and homeless clients at Central City Concern's Old Town Clinic, and sits on the board of Will Art Institute, Casting for Recovery, and Stonewall Maidens (a fishing club).

Maribeth Healey has been Executive Director of Oregonians for Health Security since its inception in 2002. Oregonians for Health Security is a coalition organization working to improve access to and reduce the cost of healthcare. In 2005, she was appointed to serve on the Oregon Medical Insurance Pool Governing Board as a public member. In 2006 she served on the Senate Commission on Health Care Access and Affordability that presented Senate Bill 339 to the Oregon Legislature.

Rep. Tina Kotek represents Oregon's 44th House District. Before her election to the Oregon House of Representatives, Tina worked as the Policy Director for the non-profit, non-partisan organization Children First of Oregon. She has advocated for working families and for a strong human services budget. She also served as Vice-Chair of the House Health Care Committee this year.

Joice Taylor is the CEO of Global Management Strategies, Inc. She chairs the Board of the North/Northeast Business Association, and serves as Secretary of the Alliance of Portland Neighborhood Business Associations. Previously, she was a consultant for the Multnomah County Pace-Environmental Health Coalition's Assessment Committee and was the Community Services Director for the Albina Community Development Corporation.

The Panel heard testimony from these Legacy RNs

Annie Berger, Meridian Park, Med/Surg, 13 yrs
David Herzfeld, Emanuel, Cardiac, 5 yrs
Kathy Sharp, Good Samaritan, 30 yrs
Teri Cummings, former Meridian Park Family Birth Center, 29 yrs
David Rohr, Emanuel, West Wing Intensive Care, 19 yrs
Linda Boly, Good Samaritan, Ambulatory / Short Stay, 32 years
Deborah Peters, former Good Samaritan Post-Anesthesia Recovery, 26 yrs
Leanne Park, Emanuel, Telemetry, 5 yrs

The Panel heard testimony from these Kaiser RNs

Toren Brolutti, Kaiser Permanente OB, 18 yrs
Karey Whitten, Kaiser Permanente ER, 7 yrs

The Panel also heard testimony from

Dr. Gordon Lafer, University of Oregon Labor Ed. & Research Center
Report & Recommendations

Background

In early 2007, nurses from Legacy Health Systems brought their concerns about safe staffing and collective bargaining to the Portland Area Workers' Rights Board, a project of Portland Jobs with Justice. The nurses have been working to build their organization for several years and have been working to ensure safe patient care.

The United Nurses of Legacy Mission Statement is:

We, the United Nurses of Legacy, are organizing our union with AFT Health Care.

Our goals are to:

UNITE our voices to secure the necessary balance between clinical excellence, patient safety and cost-containment.

PARTNER with Legacy Health Systems to foster an environment of professionalism and respect where nurses have a real voice in decision-making.

ADVOCATE for our patients and our profession, through community outreach, legislative involvement and professional development.

ENSURE a safe staffing environment which meets our patients' physical, emotional, and spiritual needs.

PROMOTE competitive benefits and healthy working conditions for nurses in all clinical settings to improve retention and recruitment.

The United Nurses of Legacy remain dedicated to serving our patients, their families, our communities, and the future of professional nursing.

The United Nurses of Legacy's concerns included...

- RN Staffing levels that do not allow RNs to provide safe patient care
- Nurses being disciplined for refusing unsafe patient care assignments
- Lack of training on new equipment
- Health and safety concerns in the hospitals
- Past interference by the Legacy system in unionization attempts by nurses

The Portland Area Workers' Rights Board convened a panel to investigate the situation. After meeting with nurses and organizers with AFT-Health Care Northwest, the panel decided to hold a public hearing to listen to the nurses' stories. The Workers' Rights Board invited Legacy CEO Lee Dominico to attend the hearing and provide his perspective, but he chose not to attend.

“By decreasing staff turnover, we can actually improve the hospital profitability. Training new nurses is very expensive; poor service and loss of patients to other hospitals ultimately means lost revenue. Hospitals that choose safe staffing will be given the competitive advantage.”

—Annie Berger, RN, Legacy Meridian Park, Med/Surg, 13 yrs
Summary of Issues Raised in Testimony

NURSING SHORTAGE MYTH: IMPACT OF SHORT STAFFING ON NURSES & PATIENTS

Dr. Gordon Lafer, a researcher at the University of Oregon Labor Education and Research Center, testified that currently there is no nursing shortage; there is a shortage of nurses willing to work under the conditions currently offered by the hospital industry. His research shows that nurses constitute the single most dissatisfied profession in the United States; nurse dissatisfaction in the US is higher than in any other country surveyed and is 3 to 4 times higher than for the average US worker.

Eighty-seven percent of nurses who are considering leaving the profession say the most effective strategy for recruitment and retention of nurses is establishing better staffing ratios. Nurses make huge personal sacrifices as they attempt to provide decent care to their patients: regularly skipping meals and breaks and working overtime. Even with all their individual efforts, nurses report that there are delays in basic patient care, patients discharged with adequate preparation, and increased medication errors.

Short staffing has a huge negative impact on patient care. Recently, Lafer testified, the Chicago Tribune published results from an investigation in the relationship between short-staffing of hospitals and medical errors leading to patient deaths. The newspaper’s staff found that since 1995, at least 1,720 patients have been accidentally killed and 9,584 others injured from actions or inaction of registered nurses across the country, who have seen their daily routine radically altered by cuts in staff and other belt-tightening in US hospitals: deteriorating, oppressive workplace conditions...have made hospital jobs less appealing...nurses sometimes [are] too overworked to adequately care for patients.

Lafer further testified that hospital decisions to inadequately staff have hidden costs. The failure to recruit and retain sufficient numbers of RNs creates significant costs. One study shows that the annual national turnover of approximately 200,000 nurses cost the hospital industry a total of nearly $10 billion per year. Another study concludes that higher nurse staffing ratios result in shorter lengths of stay and reduce both direct and indirect costs.

There are only two solutions, according to Lafer: legislation mandating minimum nurse/patient ratios and unionization.

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1 Linda Aiken et al, "Nurses Reports on Hospital Care in Five Countries", Health Affairs 20(3): 43-53 May June 2001
2 Federation of Nurse and Health Professionals, The Nursing Shortage, p. 24.
PATIENT SAFETY

Nurse testimony reinforced Lafer's point that short staffing is dangerous for patients. Both Linda Boly and Annie Berger testified about the Joint Commission for Accreditation of Health Care Organization's 2002 report that short staffing is a factor in one out of every four unexpected hospital deaths or injuries.

Linda Boly summarized a 2001 Harvard study: "A higher number of hours of care per day provided by registered nurses is associated with shorter lengths of stay, lower rates of urinary tract infections and upper gastrointestinal bleeding, pneumonia, shock or cardiac arrest as well as lower rates of "failure to rescue" patients."

Teri Cummings told a story about Legacy Meridian Park's non-compliance with the immediate post anesthesia care standards. She said that her head nurse knew that the hospital was not in compliance but she was expected to keep nursing staff hours extremely low. Teri went to the safety committee and reported that nursery nurses routinely carried newborn babies back to the recovery room and left them, expecting the recovery room nurse to take over the breastfeeding, assessments and vital signs. This was happening because nursery nurses were assigned to other patients without providing time for one on one immediate newborn care...[Once] I was alone in the back room when my post anesthesia patient went into violent seizures. I had nowhere to put the baby and it seemed like forever before help arrived... There were nurses scheduled to work that day who were kept home on call in order to keep staffing hours low. The Safety Committee had to decide what was more important, maintaining safe patient care standards or profits from short staffing. The situation was left unchanged, except nursery nurses started bringing along the crib when they left their babies with the recovery nurse.

Kathleen Sharp, a 28 year nurse at Good Samaritan told a story about the introduction of new equipment.

The situation I want to share with you describes an example of the failure to properly orient staff to new equipment, leading to an environment that at most is dangerous and at least is highly ineffective in providing care. A family came in to have a baby. It was the middle of the night when a Caesarean was required and the father, being a sales person for a medication delivery pump, wanted that equipment used for pain relief for his wife after surgery. The OB tech and the circulating nurse had never worked with the medication pump. The father of the baby instructed the OB tech in the surgery room in how to set up the pump before the caesarean. This is certainly not best practice.

"Two years ago, while being forced to work twelve hour shifts consistently without breaks of any kind, I sustained a back injury. I was denied my request to return to eight hour shifts, and realizing that I could not return to a working environment of compromised patient care and long hours without breaks, I successfully landed a job at Kaiser. I ended up with better hours, a raise, and the most impressive benefit package I could have imagined, because we are organized, have a contract, and we have a voice!"

—Toren Brolutti, RN, Kaiser Permanente OB, 18 yrs

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“By requiring me to be in two places, inadequate staffing endangers my patients needing one to one care, the patients left to fend for themselves, and my nursing license. I am faced with an impossible decision...which patient deserves my nursing care? This situation is unsafe, unethical, and unnecessary. By fully staffing nursing units and by assigning patients to units that match their acuity, the danger and dilemma can be eliminated.”

—Leanne Park, RN, Legacy Emanuel, Telemetry, 5 yrs

Following this incident, an email was sent to the staff stating we would be using this new equipment. I replied to the email that I wanted an inservice where I could work with the equipment in advance of using it.

The next Monday morning I was assigned the scheduled caesarean birth. The physician had ordered the new medication pump. Surgery was scheduled at 7:30. At 7 am I was asked to attend a quick five minute inservice on the new medication pump. During the immediate pre-operative time the final checks are made on pre-op labs, final orders are given by the anesthesiologists and surgeon, final medications are given. I did not leave the family during this important time. Meanwhile, the OB tech was in the operating room being shown by the OB tech from the night shift who had been taught by the previous husband how to set up the medication pump.

The orientation was given to six of the staff. It was never repeated. We have 14 staff who scrub and 60 RN staff who would potentially be working with that equipment. The equipment was never successfully used on our unit, because of the lack of familiarity with this equipment. (Once it was never even turned on correctly). The hospital standard is that equipment is approved and staff trained before it even gets to the unit. That is the hospital standard and common sense. Anything else is dangerous practice.

It is essential that Legacy provide thorough and adequate instructions to all equipment including the recommended doctor’s orders and the documentation required for its use. My license and more importantly the well-being of my patient are at risk here. I wish I could say this was a rare occurrence. It is not. Introductions to new pieces of equipment are brief and not offered to everyone on the unit. Staff has even been told to “just read the manual”.

This is where having a union at Legacy Health System will make the difference. All of us together can be strong at getting the hospitals to follow their own procedures.

Leanne Park testified about the way hospitals respond to the studies which show patient safety is improved when nurse to patient staffing ratios are improved:

A lot of administrators dismiss the studies that say increased nurse staffing and lower nurse/patient ratios improve patient outcomes because they say things like, “we don’t see higher levels of incident reports...we don’t see increased falls...we don’t see increases in these negative outcomes, so that research must be bunk or skewed in a pro-nurse way. The reason we don’t see those numbers is that nurses are stretching themselves. We don’t want to let our patients suffer the fallout of what’s going on in health care today. We spread ourselves thinner and thinner and try to plug as many holes in the dyke as physically possible and when it becomes impossible we leave. And that’s why we see the shortage that we have today.
Health and Safety for Nurses

A related issue is the health and safety of nurses at work. David Rohr, a 19-year veteran ICU nurse at Emanuel, testified in detail about his attempts to get the hospital to pay attention to threats to nurses’ health. He told a story about a patient who had attempted suicide by drinking weed killer and then crashing his truck. When he was moved into the ICU from the ER, the odor became intolerable to the staff. Many nurses after being in the room less than one minute had problems with headache, coughing, nausea and dizziness. The safety officer was contacted and about 90 minutes later called back. The only solution management could come up with was to get some painter’s masks from Legacy Good Samaritan Hospital. The masks were not adequate but helped some. This process took at least two hours or more. The smell was what you would get if you poured weed killer into a bucket and stuck your head in it. ... Afterwards I attempted to address this issue with the manager of the ICU many times over several months. I asked that the problem of not having a plan to protect the staff in any future exposures of this type or others needed to be discussed. I was ignored and informed the manager I felt it necessary to go outside the hospital if they would not even discuss the issue. I had no other choice but to call OSHA and get some help from them. They came into the hospital unannounced and made sure that adequate contamination equipment and policies were in place. Their comment to me was that the hospital could have called them and discussed the issue with them to come to a satisfactory solution.

Rohr gave several other examples of unsafe working conditions which hospital management refused to discuss and solve. He ended his testimony by concluding that the only ongoing way to deal with nurses’ safety concerns was to organize and bargain collectively.

“A few years ago, I went to a Safety Committee meeting at Legacy Meridian Park to discuss a very unsafe situation at the Family Birth Center. The Safety Committee had to decide what was more important, maintaining safe patient care standards or profits from short staffing.”

—Teri Cummings, RN, former Legacy Meridian Park Family Birth Center, 29 yrs

4 In September 2006 Emanuel Hospital was cited by OSHA for seven violations, four of which OSHA deemed “serious”. The serious violations include one citation where 25 people were exposed to anesthia chemicals such as nitrous oxide and halothane. Additionally, OSHA has an open investigation at Emanuel, dated 4/16/07, of two violations involving Sodium Hydroxide.
Staffing and the Hospital Budget

Several nurses testified to their observation that staffing levels seemed more tied to attempts to save money than to patient care. Annie Berger said, “Our staffing matrix seems to change with the budget, not with patient acuity. It is neither uncommon nor unexpected that day shift nurses will care for five acutely ill patients at one time. The nurses know that when the nursing supervisor says to the nurse that she is sorry but she has to give you a fifth patient, that even they know it’s wrong. I’ve seen the night shift nurses trying to care for eight acutely ill patients at a time.” David Herzfeld, a cardiac nurse at Emanuel, testified,

Two years ago, Legacy management raised the patient ratios on my unit from two to three patients per RN to four to five patients per RN...
At the time Legacy’s newest hospital, Salmon Creek, was not meeting budgetary expectations. According to the Moody’s Investor Services, operating losses at Salmon Creek exceeded $27 million in the first year of operation. I believe the Legacy decided to change our matrix to help balance the budget. Then after 6 months of what I believe to be an unsafe patient ratio, 99% of the nurses on the unit signed a petition to put the patient ratio back to the two or three patients per RN, citing patient safety concerns. As a result, the matrix was quickly changed back... our official matrix on the unit is still the four or five patients per RN and, due to the petition, we are just going over budget.

No Nursing Shortage

Many nurses echoed Dr. Lafer’s testimony that there is no real nursing shortage. Annie Berger put it this way: “I’d like to say that currently in the Portland Metro area there is no shortage of nurses. We have at least seven nursing schools putting out a fresh batch of new nurses every year. The real problem is purposeful short staffing, combined with nurses with very little experience. Legacy chooses to allow their experienced nurses to quit rather than show flexibility in requiring the twelve-and-a-half hour shifts. On the medical surgical units where I work, there has been a nearly 50% turnover rate in the past three years. It is now not uncommon to find the most experienced nurse on the floor with a total of three years of experience.”

*Legacy Health System was profitable in 2005-2006. The LHS 2006 Community Report shows that system wide revenues exceeded expenses by over $27 million.
THE IMPACT OF CUTS IN OTHER HOSPITAL JOB CLASSIFICATIONS

Leanne Park painted a clear and devastating picture of what cuts in ancillary staff positions have meant to nurses. She said

Just in the three years I’ve been at Legacy, there have been three major revampings of the housekeeping department to where housekeepers are expected to clean almost double the number of rooms as when I came in the same amount of time. They aren’t allowed breaks or lunches either and if they work overtime they get in trouble. So we have rooms that are not completely clean because it’s physically impossible for these housekeepers to meet the cleaning standards, so as nurses we end up doing in after them even though they’re doing the very best job that they can, going in after them with our little SaniWipes, wiping everything down again just to be sure that there’s no blood from the last patient that’s going to be meeting the new patient.  

She went on to say that the secretary on her unit was cut so that her unit now shares a secretary with another department. This means that in addition to managing two critically ill patients, Leanne has to answer all the phones. Because it’s a locked unit, every family member who wants to visit has to call in. In addition, she is trying to get all the physicians’ orders for medications, tests, etc. into the computer.

Because of cuts in CNA staffing, nurses end up doing those tasks as well. As she described the expectations physicians have of nurse care in this untenable situation, she said, “it’s no wonder that people leave the nursing profession. I’m really sad to say that, having put so much time and energy and heart into becoming a nurse, but I can definitely understand leaving so quickly.”

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As a priest in the community, I go in and out of all the hospitals and it is my sad observation that families feel they must organize round the clock watches to be with their loved ones when they are in a hospital. My own sister died three years ago and we spent that time around the clock. The nurses were valiant but they simply couldn’t give her the care and tend to everybody else. We applaud what you do, we have heard very clearly what you have said. My final point: I always believe that clergy have the right to exercise the prophetic office in the community. We will not stand in the community for the quality of health care to sacrificed on the altar of profit.

—The Reverend Alcena Boozer, Saint Philip the Deacon Episcopal Church

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*An analysis of Good Samaritan cost reports supports this anecdote. From 2003-2005 Good Samaritan has cut housekeeping expenditures for cost centers across the board, except in two categories: Physicians’ Private Offices and "Nonpaid workers." For example, housekeeping expenditures for the Adult Care and Pediatrics cost center was reduced by 7% from 2005 to 2005. Housekeeping expenditures for both Operating Room and Electroencephalography costs centers were cut 16% over the same period. These cuts were made despite the fact that Good Sam’s patient days increased by 4% from 2003-2005. Furthermore, an analysis of housekeeping hours reported to the above cost centers shows that hours of service remained almost constant from 2003-2005, except for physicians private offices and nonpaid workers.

*Assuming that the cost center called “Nursing Administration” includes nursing support staff, an analysis of the cost reports confirms this anecdote. From 2003-2005 Good Samaritan cut total nursing administration expenditures by 25%. Major cost centers where Nursing Administration was cut significantly include Delivery Room & Labor Room, which was cut by 35%, and Adult and Pediatrics, cut by 25%. Again, Good Sam’s patient days increased by 4% from 2003-2005.

*Good Sam contract labor increased by 266.62%, from $5,156,187 to $1,996,564, between 2004 and 2005. Contract labor is defined as direct patient care services, including nursing, diagnostic, therapeutic and rehabilitative services associated with contracts. It also includes management services limited to the personnel costs of those individuals who are working at the hospital in the capacity of CEO, COO, CFO or nursing administrator. Good Sam could have spared both Housekeeping and Nurse Administration from all the cuts made to those two designations from 2003-2005. Instead they allocated over $1 million extra to high-priced contract labor.
Thank you for educating us about your issues and your hospitals. Thank you for your comments regarding the nurse shortage, looking at your senior nurses. We understand what we heard tonight, that senior nurses are leaving from stress, staffing ratios, patient ratios. We heard from you that one person answers the phone while doing medications and other care. This is not efficient or cost effective, and we’re talking about lives, so we support you very much.

— Joice Taylor, CEO, Global Management Strategies, Inc

**Professional Liability for Nurses**

Leanne Pack explained why JHACO—the hospital accreditation organization—was unable to be very helpful. She said that every year JHACO creates policies and lets the institutions decide how to meet the policies. There are several focuses for improvement for hospitals each year. Leanne gave an example of improving hand-washing inside hospitals as a JHACO policy. Legacy put out a very detailed, carefully delineated policy and posted notices in every room urging patients to ask their staff members if they washed their hands, including examples of how to ask and how staff should respond. She went on to talk more generally. She said

Legacy has a big huge book of standards of care for everyone who is admitted to the ICU, exactly what will happen is carefully delineated in these policies—these things will be done in the first hours, these things in the second, these in 12. In theory, that’s a wonderful way to guide nurses, these are our standards for every patient in the ICU. But what happens is you get two or three patients and then suddenly you’re just putting out fires. It’s physically impossible to do what’s on the standard. It opens up this new area of liability for nurses. A nurse gets sued for something she did not do and the hospital says, “well, look at our policy. They were outside of our policy and so were no longer acting as our agent because they were not following hospital policy.” So even though that nurse was in saving the life of a critically ill patient that required two nurses one on one with one patient and she didn’t get that hourly vital sign on that other critically ill patient, she is outside of policy. There is currently no legislation to hold facilities responsible for their crucial role in the staffing nightmare that we have right now.

**Retaliation for Speaking Out**

Nurses testified that there was retaliation by the hospitals when nurses spoke up about staffing issues or unionization. Teri Cummings, an RN with 29 years of experience said, “I am not afraid to speak openly because I no longer work for Legacy. Two years ago I was laid off a few months after voicing concerns that unsafe staffing and working without breaks was affecting my health.”

Debbie Peters was fired after working at the Post Anesthesia Care Unit at Good Samaritan Hospital for 19 years. She had functioned as the department educator, mentoring new nurses for 10 years. She explained in detail how the Society of Post Anesthesia Nurses sets standards of one-on-one care for the first thirty minutes on the PACU units. She said that her job on that unit is to literally save a life with every admission and constant monitoring was required for all kinds of reasons. Debbie explained what happened:

My direct supervisor demanded that I admit a second new post-op patient when I was still getting report from the anesthesiologist on my first new admit from OR. I protested three times by reminding her that
I had just gotten a new patient. Each time I was told, ‘It’ll be OK.’ I was subsequently fired for protesting an unsafe patient assignment. On the day that I was fired, my evening charge nurse went with me to the meeting. When she learned that I was to be fired, she begged them not to do it, stating that I was a much valued, experienced and needed nurse for our department. My peers at GSH PACU have told me that I am the “gold standard” for PACU nursing and that I always give 110% to my patients and my job...I was fired from a job that I loved for speaking up for safe patient assignments and care.

LEGACY’S ANTI-UNION ACTIVITY

Toren Brolutti, a 30-year nurse who now works for Kaiser Permanente, but worked for the Legacy system for 17 years, talked about what happened when there were previous organizing attempts in the Legacy hospitals:

While management was thinking it was saving so much money by leaving us consistently short-staffed, it was spending thousands of dollars on union-busting consulting firms every time we attempted to gain a voice by forming a union. I saw nurses and organizers escorted off the campus while passing out informational leaflets and told not to return. Management stuffed our mailboxes with propaganda against the union and took those appearing as union activists aside for intimidating one on one talks.

David Herzfeld describes the current anti-union activity at Legacy this way, “So far Legacy’s tactic in opposing unionization has been to temporarily exceed the stated budget in the patient matrix, hire Kenexa, a marketing firm to take surveys of RN satisfaction, and have “shared governance” committees.”

THE DIFFERENCE BETWEEN WORKING UNION AND NON-UNION

Two nurses who currently work for Kaiser Permanente, after working many years for the Legacy system, described the difference between working under an union contract and working without a collective voice.

Karey Whitten described how she made the decision to leave a job she loved with a great team of people to go to Kaiser for only one reason—a decision she said any rational and intelligent person would also make—because of the union.

She said that working union meant safer staffing ratios, getting breaks (at Legacy with a 12 hour shift she was lucky to get one 30 minute break), better health care and retirement benefits. “Probably the most important difference I can tell you is that I now have a voice in my workplace and I am not in fear of being fired for expressing concerns which directly affect my patients or how I provide care as a nurse”.

She went on to describe a staffing project for her department which she is currently part of, which “is comprised of labor...nurses, CNAs, secretaries and other
workers that are directly affected by the decisions made about staffing...along with management. I think this is so exciting to be able to have a direct voice in how my workplace functions and to have management listen to my concerns and together to come up with solutions to help meet our mutual goals of providing quality care for our patients."

Toren Brolutti described her transition to Kaiser and what she found there.

Two years ago, while being forced to work twelve hour shifts consistently without breaks of any kind, I sustained a back injury. I was denied my request to return to eight hour shifts, and realizing that I could not return to a working environment of compromised patient care and long hours without breaks, I successfully landed a job at Kaiser. I ended up with better hours, a raise, and the most impressive benefit package I could have imagined. Why? You guessed it! They are organized! We have a contract! We have a voice! I have to tell you, it is not first and foremost about empowering the nurses. It is first and foremost about empowering nurses to provide the best patient care. It’s about giving us a voice in the decisions that are made about staffing issues.

"I pride myself on being an advocate for my patients, my co-workers, and yes, for myself if needed. My job as a Post Anesthesia nurse is to literally save a life with every admission, my patients are absolutely dependent on me, the bedside nurse, for their survival."

—Debbie Peters, RN, former Good Samaritan Post-Anesthesia Recovery Unit, 26 yrs

"Thank you all for sharing your stories. It really is impactful to me, not being a health professional. I was at the hearing for your legislation. Tonight helped clarify for me the real differences between 2800 and 3416. I appreciate your hard work on that. It may not happen this legislative session but we will have opportunities to educate not only the community, but other law makers."

—Maribeth Healey, Executive Director, Oregonians for Health Security
Panel Recommendations

1. The Legacy WRB panel will request a meeting with Legacy CEO Lee Domanico in order to communicate the following:
   - We have heard compelling testimony from the RNs who work at Legacy on their concerns for safe patient care.
   - This testimony reinforces two things:
     - The restructuring of health care over the last 20 years has put growth and profits ahead of safe patient care in hospitals across Portland.
     - Registered Nurses are the first line of defense against these detrimental changes. RNs are under pressure everyday to compromise their oath to protect patients.
   - We have been convinced that minimum staffing ratios legislated and/or enforced through collective bargaining are the best guarantee for safe patient care.
   - We have concluded that fair collective bargaining and a contract that provides nurses with a voice in patient care standards will benefit the community.
   - We call on management to meet with the Legacy nurses as constituted by The United Nurses of Legacy to establish fair election ground rules for organizing for union representation.
   - These ground rules should be based on the following principles:
     - open discussion in the hospitals with nurses free to meet in non-patient care areas and allowed access to factual information;
     - promoting truthful and positive communications;
     - protecting employees from intimidation tactics or forced anti-union meetings with their supervisors;
     - no expenditure of health care resources on anti-union consultants;
     - avoidance of unnecessary delays and legal tactics to prevent fair elections.

2. The WRB will write a letter to legislative leaders supporting safe staffing legislation.

3. The WRB will distribute this report to help educate the public about the issues faced by nurses and patients in our community.

4. The WRB will encourage congregations in the faith community, particularly in the Lutheran and Episcopalian traditions, to hear the Legacy nurses’ stories and take action to support the recommendations of the WRB.

"One Institute of Medicine study estimated that at least 44,000 Americans die each year as a result of hospital medical errors... The most comprehensive study linking staffing levels to patient outcomes was conducted by the Harvard School of Public Health. The researchers found a strong and consistent relationship between nurse staffing and five major outcomes... there are only two real paths to improving staffing levels—legislation mandating minimum nurse/patient ratios and unionization."

—Dr. Gordon Lafer, Researcher, University of Oregon Labor Education and Research Center
I have always thought of health care as a human right. What you’ve talked about tonight has made it very clear that decent working conditions for all health care workers is the key to that human right actually being realized in this country. The insanity of this system really came home to us tonight. That we would sacrifice very good nurses on the altar of profit is just unconscionable.

— Barbara Dudley, Adjunct Professor of Public Administration Portland State University

The Portland Area Workers’ Rights Board

Sam Adams | Portland City Council
Michael Arkin | Assoc. of Retired Americans
Bill Bigelow | Rethinking Schools
The Reverend Alcena Boozer
St Philip the Deacon Episcopal Church
Dr. Johanna Brenner
Portland State University
Dr. Barbara Byrd
Labor Education Research Ctr
Margaret Carter | State Senator
Valerie Chapman
St. Francis Catholic Church
Serena Cruz
Former Multnomah County Commissioner
Rev. David Dornack
Rose City Park Presb. Church
Barbara Dudley | Portland State University
Veronica Dujon | Portland State University
Jonah Edelman | Ex. Dir., Stand for Children
Dr. Karen Erde | Central City Concern
Ron Fortune
Retired, NW Oregon Labor Council
Nellie Fox-Edwards | Senior Advocate
Dan Gardner | Labor Commissioner
Cassandra Garrison | Anti-poverty activist
Bobbi Gary | Gray Panthers
Jill Ginsberg | Family Physician
Steven Goldberg | Attorney
Armando Gonzales | MeCHA
Martin Gonzalez | Portland Schools Alliance
Avel Gordly | State Senator
Dr. Martin Hart-Landsberg
Lewis and Clark College
Rabbi Aryeh Hirschfeld
Congregation P’Nai Or
Maribeth Healey
Exec. Director, Oregonians for Health Security
Brian Hoop
Bureau of Neighborhoods, City of Portland
Dr. Mary King | Portland State University
Maureen Kirk | OSPIRG
Rev. Mark Knutson
Augustana Lutheran Church
Tina Kotek | State Representative
Fr. Robert Krueger
St Francis Catholic Church
Randy Leonard | Portland City Council

“Each day that I go to work, I know that there’s a good chance that we will be working short staffed. Only when nurses are protected by a union are we able to tell our employer about unsafe conditions such as too few nurses taking care of too many patients.”

— Linda Boly, RN, Legacy Good Samaritan, Ambulatory / Short Stay, 32 years
David Leslie  
Exec. Director, Ecumenical Ministries of Oregon

Raleigh Lewis  | Coalition of Black Men

Fr. Chuck Lienert  
St Andrew Catholic Church

Richard Loudd  | Diversity trainer

Diane Linn  | Former Multnomah Cty Chair

Rev. Hector Lopez  | United Church of Christ

Rev. Terry Moe  | Redeemer Lutheran Ch.

Judy O'Connor  | NW Oregon Labor Council

Don Oman  | Owner, Casa Bruno

Dr. Jose Padin  | Portland State University

Lolenzo Poe  | Coalition of Black Men

Verna Porter  | Council of Senior Citizens

Rev. Cecil Prescod  | United Church of Christ

Halim Rahsaan  | Education Crisis Team

Anita Rodgers  | McKenzie River Gathering

Diane Rosenbaum  | State Representative

Rev. Pat Ross  | 1st Cong. United Ch. of Christ

Rev. Gene Ross  | United Church of Christ

John Schweibert  
Metanoia Peace Community

Denny Scott  
United Brotherhood of Carpenters

Rev. Dr. Marilyn Sewell  
First Unitarian Church

Frank Shields  | State Senator

Rev. Lynne Smouse Lopez  | Ainsworth UCC

Dick Springer  | Former state senator

Erik Sten  | Portland City Council

Kathleen Sullivan  | Former director, NARAL

Anne Sweet  | Workforce development

Joseph Tam  | Former school board member

Joice Taylor  | Chair, North/NE Bus. Assoc.

Randy Tucker  | 1000 Friends of Oregon

Ann Turner, MD  | Virginia Garcia Clinic

Geri Washington  | MESD

Nancy Weed  | OR Human Rights Coalition

Rev. Steve Witte  | United Farmworkers

Chris Wold  | Lewis and Clark Law School

Rabbi Joseph Wolf  | Havurah Shalom

Elliott Young  | Lewis and Clark College

"Although we can agree that many factors directly impact nursing performance...which translates into patient care...I can think of only one word that has directly impacted how I function as a nurse and the level of care I am able to give my patients and that is Union."

—Karey Whitten, RN, Kaiser Permanente ER, 7 yrs

"The introduction to new pieces of equipment are brief and not offered to everyone on the unit. Staff has been told to “just read the manual”. I wish I could say this was a rare occurrence. It is not."

—Kathleen Sharp, RN, Legacy Good Samaritan, 30 yrs
About the Portland Area Workers’ Rights Board

The Workers’ Rights Board is a public forum for workers to bring complaints against employers for violating their human and legal rights in the workplace. The Board is drawn from a broad spectrum of community leaders and can intervene with employers and the public to help resolve situations that threaten workers’ rights. Safe, living-wage jobs, where workers are not discriminated against for speaking up for their rights, are the backbone of any healthy community.

The Portland Workers’ Rights Board will attempt to resolve issues in a variety of ways, including: investigating complaints, meeting with workers and their employers, holding public hearings or press conferences, and participating in community events to raise awareness about workers’ rights, including the right to organize. Issues that the Board might address include:

- Patterns of arbitrary and unfair treatment by supervisors
- Support for workers exercising their right to organize
- Illegal firing of workers during an organizing drive
- Creation of a living wage policy for publicly-funded jobs
- Health and safety complaints
- Rights and treatment of Workfare participants
- Working conditions in low wage industries

About Portland Jobs with Justice

The Portland Area Workers’ Rights Board is a project of Portland Jobs with Justice. Portland Jobs with Justice is a coalition of 85 labor organizations and community groups dedicated to protecting the rights of working people and supporting community campaigns to build a just society for everyone.

We work to:

- Protect workers’ rights in the workplace and in the community
- Create family-wage jobs
- Support the right to organize here and throughout the world
- Demand corporate responsibility and accountability

To support these campaigns and to build rank-and-file and grassroots power, we use a wide range of tactics from letter writing to educational forums and from rallies to peaceful militant direct action. We give priority to struggles involving the most vulnerable workers in our community, including low wage workers, people of color, immigrants, women, and young workers.

For information about Portland Jobs with Justice or the Workers’ Rights Board, contact us at 503.236.5573, or at info@jiuipdx.org.