As details of the sellout deal emerge, Oregon nurses union cynically claims “historic” victory in Bend medical technicians strike

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9 April 2021

The Oregon Federation of Nurses and Health Professionals (OFNHP) Local 5017 has succeeded in imposing a sellout contract on the 156 health care workers at St. Charles Medical Center in Bend, Oregon whose strike was called off after just 11 days by the union on March 15. The contract addresses none of the concerns of the medical technicians and imposes a “market-based” pay structure completely in line with the hospital administration’s demands.

This has not stopped the OFNHP from calling the deal a “massive victory” and a “historic new contract.” However, the union’s version of the deal is not corroborated by hospital management. If there was anything “historic” in this contract, it is just how sharply the hospital and OFNHP disagree on what it contains.

The sellout deal was worked out between St. Charles and the OFNHP over the weekend of March 27-28. Significantly, the *Bend Bulletin* reported on March 29 that the federal mediator requested that neither side discuss the details of the agreement until after the members had voted on the contract, which would happen on March 31. This was a transparent attempt to keep workers in the dark over terms of the sellout.

The OFNHP was keenly aware of the role played by the WSWS in providing information and analysis of the strike, and terrified of the eruption of mass opposition that they might not be able to contain.

Significantly, while a reported 94 percent of the workers voted to authorize the strike that began on March 4, the number of workers who voted for the contract has not been made public by the union.

While the union claims that the workers got an average pay increase of 25 percent, the hospital says that the average increase is 11 percent. In a written statement, published by Oregon Public Broadcasting (OPB), the hospital states: “The contract provides general wage increases and market adjustments for the first year that will bring the technical caregivers to the same wage level as St. Charles techs at other campuses.” The OFNHP has not refuted this claim but maintained that somehow this was a “concession” given to workers by St. Charles through the efforts of the union.

As reported on Channel 21, hospital spokeswoman Lisa Goodman challenged the union’s version of the wage increase: “We would like to understand how the union is coming to the 25 percent increase, too, because that is not what is in the contract. Individual caregivers are receiving wage increases that range from 0 to 25 percent. Only one person is getting a 25 percent increase. The average increase for the group is 11 percent, which is consistent with increases received from 2019 through the first quarter of 2021 for non-contracted technical caregivers. The wage package brings the technical caregivers up to the level of wages they would have already received if they had not voted to unionize in September 2019. Most OFNHP members did not receive wage increases during the bargaining process.”

In an official statement released on April 1, Hillary Forest, director of human resources for St. Charles and a member of the management bargaining team, stated, “The wage proposal that was ratified by yesterday’s vote is the same proposal St. Charles put on the bargaining table before the technical caregivers went out on strike.”

She further underlined the union’s failure to provide

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any “concession” to the workers while in the same breath approving the union’s actions in calling off the strike on March 15, giving them time to work out the sellout. “As we have said multiple times, no one wins in a strike situation. We are pleased that OFNHP was willing to return to work so we could negotiate the last items in the contract to ensure no future disruptions to patient care.”

Under the terms of the agreement, the hospital remains an open shop, with union membership not mandatory. St. Charles did not provide back pay for the unionized workers who lost out on the wage increases the hospital provided for workers in other non-unionized units.

Forest said in the hospital’s official statement, “Our bargaining philosophy has been to ensure that all St. Charles caregivers are treated fairly—regardless of if they are unionized… We did not provide retroactive pay for the technical caregivers, and we achieved our goal of ensuring this group of caregivers is compensated with the same processes and general increases as caregivers who are not part of a union.”

The article the OFNHP posted on its web page fails to mention that the hospital is an open shop. It only quotes one technician, who claims that the contract “raises our wages an average of 25 percent.” However, all evidence suggests the union is lying on its Facebook page and covering up in its official organ.

From beginning to end, the hospital took the lead in all aspects of the negotiations, with the union acting as its lapdog, providing crucial support in demoralizing workers, preventing them from learning the details of the sellout, and now claiming victory when in actuality, it was a defeat.

Lessons must be drawn. As the WSWS warned in its analysis of the struggle of the Bend health care workers, victory requires that workers establish an independent rank-and-file committee to take the control of the contract fight out of the hands of the union.

With the virus again spreading rapidly in Oregon, the fight of health care workers for safe conditions takes on even greater significance. The state has seen an increase from a seven-day case average of 274 on March 20 to 466 on April 6. OPB reported in early March that Brian O’Roak, co-director of the SARS COV-2 Genome Sequencing Center at Oregon Health & Science University, discovered a new variant in Oregon that combines the B.1.1.7 variant with an additional mutation known as E484K.

To carry this struggle forward, health care workers in Bend and across the Pacific Northwest should form rank-and-file safety committees, democratically controlled by workers themselves and independent of the Democrats, Republicans and unions. Educators, who are the natural allies of health care workers, have already formed rank-and-file committees in Oregon and many other states.

Unlike the unions, which keep workers divided, the purpose of rank-and-file committees is to forge the unity of all workers across health care, education, transportation, manufacturing, logistics, retail and other sectors, to prepare collective action to defend their basic interests.

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