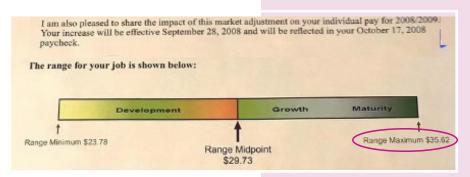
# RGH: BIG MONEY FOR EXECS, LITTLE FOR NURSES AND PATIENTS

In 2008 RGH administration sent this communication to nurses, stating that the high range for base pay was \$35.62. However, nearly fourteen years later in Feb. 2022, many of the senior RGH nurses continued to be told that they had been "capped" at an amount lower than this. Over this time inflation increased by 32%. With some of the lowest pay in the state and



no compensation for experience, is it a surprise that RGH cannot retain and recruit nurses?

# While compensation for RGH nurses remained capped, hospital administrators became millionaires

	% Raise (Total)	2019 Salary
CEO (Clement/Bieber)	243.3%	\$3,640,012
EVP/COO (Nesselbush)	618.27%	\$3,282,709
CAO (Hugh Thomas)	354.7%	\$1,647,057
CFO (Tom Crilly, 2010–2019)	234.5%	\$1,359,841

This chart represents CEO pay increases from 2008-2019, the last year data was available.

Last year, management made a big deal about how hard we had all worked during the pandemic, but then November came around and many nurses only got a few cents in raises. Others got nothing because they were 'capped. What was unusual was what happened in March, when RGH offered additional raises, in many cases larger than November's. Although RGH has no history of adjusting nurses base pay in March, it coincided with administration learning that the nurses were forming a union.

RGH can afford to pay hospital administrators astronomical raises, pay nearly \$100/ hr more on travel nurses who work side by side with us but aren't invested in our hospital, \$40k to train every nurse that walks through RGH's door.\* Why haven't they paid dedicated staff nurses to stay at RGH and make the hospital safer for everyone?

#### WHAT'S THE IMPACT ON PATIENT CARE?

Some units have lost close to 100% of their staff over the last few years. The result is that one emergency room nurse can be tasked with caring for 37 patients, a med surg nurse can have 10 patients and an ICU nurse can be responsible for 3 patients who should be 1:1s. This is not a safe situation for our patients and it puts our licenses at risk.

"For me it's more than just the money. There is so much more than that. It's the value they place on us as people. our patients. The money was good for a little bit but I still wouldn't go work on a unit. Not under those conditions. Where were all these people before this week to help nurses and staff. Pizza and coffee and candy carts don't pass meds, give a person time to go to the bathroom, hydrate, wash a patient, toilet a patient, etc. etc. Sure I want to get paid what I'm worth, what we are worth! But there's more! I want control over what happens to me, to us, to this profession moving forward."

-CHRISTINE ROTHROCK

 ${\it ``www.nsinursingsolutions.com/Documents/Library/NSI\_National\_Health\_Care\_Retention\_Report.pdf}$ 



# KNOW YOUR UNION-BUSTERS: HEALTHCARE LABOR SOLUTIONS

By forming our own union, we know it is just about having a seat at the table to be on a more equal footing with management as they make decisions that affect us. In order to prevent us from having a meaningful and binding voice, RGH has invested tens of thousands of dollars in an anti-union persuasion firm to stop our efforts. DON'T BE FOOLED!

#### WHO ARE JUDY AND ASHLEY?

By now, most of us have met Judy and Ashley. They are calling themselves "Know Your Rights Educators" and have told us that they are not for the union or against it—that they are simply here to "advise us of our rights."

When RGH nurses asked Judy and Ashley what company they worked for in the anti union meetings, the presenters refused to tell us.

#### **HEALTHCARE LABOR SOLUTIONS: WHO'S WHO**

#### **DEBORAH LONG,**

President of Healthcare Labor Solutions, has been paid over \$960,000 since 2018 for her role as President of the company. JUDY AND ASHLEY are currently working together at RGH as "direct persuaders"—they are paid approximately \$3,000 per day to talk directly to the nurses of RGH to convince us against forming a union. Ashley has worked on anti-union campaigns for Healthcare Labor Solutions since 2019—at Jersey Shore University Medical Center and HMH Nursing & Rehab in New Jersey and Anesthesia Consulting & Management in Michigan.

Make no mistake: these union busters, and the anti-union consulting company they work for, are not neutral. They are hired by the hospital at an enormous cost to persuade nurses into voting against having a union, often through misinformation and intimidation.

## HOW MUCH DOES HEALTHCARE LABOR SOLUTIONS GET PAID TO FIGHT RNS?

In addition to Judy and Ashley, who are talking directly to nurses (\$3,000/day each) there are usually several other consultants behind the scenes—making the flyers and training managers on what to say. That's about \$12,000–15,000/day they are spending—or about \$450K/month to fight the nurses of RGH.

Healthcare Labor Solutions, Inc. has been paid millions of dollars to fight nurses and healthcare workers' organizing efforts. Since 2014, they received **\$14.6 million** in total payments from the hospitals and healthcare institutions that hired them—including RGH.

# HOW MUCH DO DEBORAH, JUDY AND ASHELY GET PAID FROM STOPPING NURSES IN HAVING A VOICE IN THEIR HOSPITAL:

While they haven't disclosed this information to RGH nurses who have asked, in 2019, Healthcare Labor Solutions made **over \$5 million** for providing "persuasion" services to hospitals fighting their employees

union organizing

efforts.



### Healthcare Labor Solutions at Johns Hopkins: MISINFORMATION AND INTIMIDATION

When the RNs of Johns Hopkins decided to organize, Healthcare Labor Solutions was brought in for \$2.5 million to intimidate and coerce the RNs into voting no. The National Labor Relations Board found that, under the guidance of Healthcare Labor Solutions, Johns Hopkins violated the law in multiple ways:

- Illegally restricted nurses from speaking about the union in hospital break rooms. One supervisor told pro-union RNs "We just cannot entertain any union activity on the unit."
- · Interrogated RNs about their union activity
- Barred off-duty RNs from accessing break rooms to talk with their colleagues about forming a union

Helen Paik, a medical ICU RN at Johns Hopkins, said it best:

"Our patients deserve the best patient care from us but instead of investing in the nurses that provide the direct care, our hospital has diverted patient care dollars to professional union busters. It is a shame that my colleagues are subjected to misinformation and intimidation by labor consultants who roam our units falsely claiming to be neutral."

Instead of wasting hundreds of thousands of dollars on union busters, RGH could invest in:

PATIENT CARE

MORE RNS TO PROVIDE SAFE STAFFING
MORE AIDES, UNIT CLERKS, AND OTHER ANCILLARY STAFF