

**THERE IS POWER IN NUMBERS.  
UNIONS WINS SO FAR:**

- Free parking!
- \$2 raises!
- Increasing the wage cap!
- Charge pay increase!
- More travelers!

The truth is the hospital could have made these changes long before we started organizing a union this spring. The only way to ensure that these positive changes stay is to vote YES for our union.

*“After working for 23 years at RGH I can’t even explain the difference working at Geisinger in Wyoming Valley which is unionized. My ratio on a med surg floor is 4:1, when I left RGH on a med-surg floor I averaged double that 8:1 and was charge. I go to work less stressed and more relaxed. They have to keep the ratio under 5:1 because that’s what the nurses here negotiated through their union. I have not seen any nurse mandated other than during snow emergencies which was less than an hour. The nurses on the floor I am currently on just negotiated a raise ( a large amount) as well as an extra week of vacation after 10 years. I have seen the difference and would not want to work at a non unionized hospital.”*



—NINA FRONCZAKI, former RGH nurse

*“I came to RGH from Buffalo General, where I was a union member and worked as a nurse in the ED. I came to RGH with 3 years of experience, as a Level 2 on the clinical ladder, and still made \$5/hour less than in Buffalo. My pension at Buffalo was also better funded and vested in 3 years, not 5. We paid less than half as much for health insurance every month, with lower co-pays and more options. Our staffing grids were respected, and while staffing wasn’t perfect, it was much better and we had a say. While our manager absolutely could help us out if needed, that was very rare as we were better staffed and had an RN float pool to fill holes. Nurses and managers were able to focus on doing their jobs well! Our union reps were just trusted coworkers from our floors that we all picked, and they checked in with us regularly and helped if there were any issues. Once I was pulled in front of HR and my coworker who was a union rep came in to support me and tell them why what they were doing was inappropriate. When I told my old coworkers in Buffalo what was happening at RGH, they said ‘you gotta tell them they need a union!’ This is about all of us coming together to win better pay, better benefits, better staffing, and safe and fair working conditions. We deserve it!”*



—OLIVIA MCMAHON (IR)

**WAYS TO GET INVOLVED**

Sign a union authorization card:  
[RUNAP.org/card](https://runap.org/card)



ROCHESTER UNION OF NURSES AND ALLIED PROFESSIONALS

# WE ARE STRONGER TOGETHER

## What will happen after the election and how will Contract Negotiations work?

The reason why we are forming a union is to make sure that as nurses we have a greater say over our working conditions. We will be transforming our relationship from at-will individual employees to a strong collective voice advocating for the safety of ourselves and our patients.

We will improve our wages, staffing, benefits, hours of work and other parts of our work lives. We'll be able to protect the great things about RGH and improve others by having an equal seat at the table.

### HOW DOES IT WORK?

Co-workers are elected to act as bargaining committee along with an experienced union negotiator. Our goal is to have the interests of all nurses represented: per diems, salaried, all shifts and units.

- After the election, every nurse will fill out a bargaining survey to indicate their priorities: what is important to keep and protect in our contract (pension) and what can be improved: staffing, wages, preceptor pay, etc.
- On the survey, you will be able to self nominate or nominate co-workers to be on the bargaining committee. Bargaining committee members will be elected by nurses in their unit or department.
- You will elect co-workers to serve on the bargaining committee through unit-based elections. The goal is to have one bargaining committee member for every ten nurses.



**Q: I have been told I could lose my pension. Is this true?**

**A:** No, in fact, our pensions are much more protected with a union than without because once we are unionized, it becomes unlawful for the hospital administration to make any cuts or changes to our pension without negotiating with us first. And, as a union, we can also make improvements to our pension! For example, since 2015, RGH pension liability has nearly doubled to \$642 million thanks to Rochester Regional's risky investment strategy and failure to make contributions. Today, the RGH plan is just 63.2% funded, compared to the average of large private sector pensions being 87%.\*

To have a truly safe retirement, we need a collective voice through a union, not just hope that RGH management won't make any negative changes to how things are currently.

*"At our union hospital, management can't make any cuts or changes to our pension—it's locked in and legally protected in our contract. What's more, as more hospitals in our system unionized, those nurses were able to join our pension. Winning strong, guaranteed benefits at the bargaining table means nurses want to come and work, and stay, at our hospital."*

**—JOAN BALLANTYNECU RN  
St. Elizabeth Hospital (Brighton, MA)**



\*"Strong End to 2020 Puts DB Plan Funded Status Back to Where It Started the Year." Rebecca Moore, Plan Sponsor. January 11, 2021.

# ANATOMY OF A WAGE SCALE

The Nurses at Mercy Medical Center in Springfield, MA won the following base wage scale in their new contract:

Step	Year	2% Increase ATB Effective 1/1/21	2% Increase ATB Effective 1/1/22	2.5% Increase ATB Effective 1/1/23	2.5% Increase ATB Effective 1/1/24
1	0<2	\$36.66	\$37.39	\$38.33	\$39.28
2	2	\$37.75	\$38.51	\$39.47	\$40.45
3	3	\$38.88	\$39.66	\$40.65	\$41.67
4	4	\$40.04	\$40.84	\$41.86	\$42.90
5	5	\$41.64	\$42.47	\$43.53	\$44.62
6	6	\$43.71	\$44.58	\$45.70	\$46.84
7	8	\$45.02	\$45.92	\$47.07	\$48.25
8	10	\$46.37	\$47.30	\$48.48	\$49.69
9	12	\$47.77	\$48.72	\$49.94	\$51.19
10	15	\$49.19	\$50.18	\$51.43	\$52.72
11	18	\$50.66	\$51.68	\$52.97	\$54.29
12	20	\$52.19	\$53.24	\$54.57	\$55.93
13	25	\$53.75	\$54.83	\$56.20	\$57.60
14	30	\$55.36	\$56.46	\$57.87	\$59.32
15	35	\$57.04	\$58.18	\$59.63	\$61.12

Every year, all nurses get an additional "across the board" raise to keep up with cost of living.

As nurses advance in their career, they move up a step on the wage scale.

Nurses move diagonally across the scale. For example, an RN with two years of experience would start at \$37.75 in January 2021. By January 2024, that RN will have 5 years of experience and will be making \$44.62.

Nurses at this hospital also negotiated a \$10,000 retention bonus, to ensure the hospital was able to retain its experienced nursing staff.

# Other wage scale examples

Nurses across the northeast have won competitive wage scales at the bargaining table. The following examples are averages of 10 union contracts in cities where the cost of living is similar to Rochester:

- Mercy Hospital of Buffalo
- Buffalo General Medical Center
- UMass University Hospital in Worcester, MA
- Pottstown Hospital in Pottstown, PA
- Baystate Franklin Hospital in Greenfield, MA
- Mercy Medical Center in Springfield, MA
- Wilkes-Barre General Hospital in Wilkes Barre, PA
- Butler Memorial Hospital in Butler, PA
- Copley Hospital in Morristown, VT
- Cooley Dickinson Hospital in Northampton, MA

Years of RN Experience	Average Base Rate from 10 union contracts
0	\$34.31
2	\$35.60
5	\$38.81
10	\$43.72
15	\$47.06
20	\$49.86
25	\$51.23
30	\$52.34
35+	\$52.90

### In addition to base rate...

These contracts contain differentials for evenings, nights, weekends, precepting, charge, etc. For example, the nurses at Cooley Dickinson Hospital receive a \$2.25 differential for evenings, \$7 for nights, \$3 for precepting, and \$2 for charge. In addition, Per diems make more because they don't use hospital benefits. For example, the per diem nurses at Copley Hospital make an additional 15% above the wage scale. The per diems at Mercy Medical Center make between \$44.52 for a new nurse and \$63.13 after 20 years.

Nurses at some of these hospitals, and others around the region, also have clinical ladders. Union nurses have a say over the requirements and rates for each clinical ladder step.

Before coming to RGH I worked at a union hospital in NYC. I remember during orientation one of our union reps, also a full time PACU nurse at our hospital, came to go over the contract with us. She spent about an hour explaining the pay scale, benefits, etc. In addition to pension, 403b, education reimbursement, and more, we had a standardized pay scale with yearly cost of living raises, experience pay, and education/certification stipends. We left that meeting with her cell number and were encouraged to text her with any questions. To me, being part of a union was more than just better pay and better benefits, we had a contract to define all of our expectations and working conditions and a team of RN union reps that helped support us when any questions or issues arose and advocate for us when changes were needed. At the start of the COVID pandemic, we came together and were able to negotiate additional hazard pay for all the bedside staff. Things were definitely not perfect at my previous work place and having a union does not instantly

solve all problems, but it does allow our voices to be heard. Our contract will protect all the things that are most important to us, the RNs at RGH.

**—LAUREN SMITH, OR**

