

RUNAP TECHNICAL WORKERS UNITED!

Technical Employees and LPNs at RGH are forming a union!

We are: Respiratory Therapists, Surgical Technologists, Radiology Technologists, CT Technologists, Interventional Technologists, MRI Technologists, Nuclear Medicine Technologists, Sonographers, Cardiac Sonographers, Cath Lab and EP Technologists, IntraAortic Pump Technicians, Medical Lab Technicians, Licensed Practical Nurses, and Physical and Occupational Therapy Assistants (including Lead/Senior titles for all roles).

We are joining together to:

- ✓ Win fair and competitive compensation
- ✓ Improve benefits and push back against cuts
- ✓ Protect our pensions (like the union RNs have)
- ✓ Improve retention

- ✓ Improve staffing levels and patient care
- ✓ Prevent unilateral changes made without our say
- ✓ Gain a voice for all of our specialties, because no one knows how to do our jobs better than we do!

Right now, all the big decisions about our jobs are made by RRH executives who do not even work in the hospital and who do not understand what we do every day. Staff are rarely consulted and do not have any kind of formal decision-making power. We are organizing to change that!

Join us to learn more! Meetings for the next week:



RUNAP office (367 Titus Ave, Irondequoit)

Fri 1/16, Mon 1/19, Tue 1/20, Wed 1/21, Thu 1/22

8am, 5:30pm, 8pm*

*Want to talk at another time? Text or call RUNAP organizer

Will McMahon at 917-239-7558

UNION FAQ

Q: What is a union? And what union are we joining?

A: **A union is just a group of coworkers coming together to advocate for each other.** We are joining together to form our union as a local of RUNAP, the union originally formed by the RNs in 2022. RUNAP will then be an umbrella organization made up of multiple “locals”: the RNs will have one local union and we will have another. We will elect our own reps from every area, our own officers, and will jointly run the larger organization with the RNs. No one makes decisions for us other than ourselves, but by working together with other groups at RGH, we will have more power when dealing with a common employer. The RNs will be going back to bargaining later this year, so we are timed well to work together for maximum power!

Q: How will administration respond to our organizing?

RRH spent \$1.3 million on anti-union consultants when the RNs organized, making RRH the #3 spender nationally in 2022! They have already started doing the same for us. These consultants spread misinformation, fear, and even sometimes impersonate “neutral” educators or labor board agents. Their goal is for us to just put our heads down and shut up. They’ll spread a lot of lies, but remember: if you hear something will happen because we form a union, and it doesn’t sound like something we would agree to, then it isn’t true! **And if administration didn’t think we stood to gain by organizing, why would they spend so much to fight it?**

Q: Why are these specific job titles grouped together?

A: Our right to form a union is federally protected by the National Labor Relations Board, which groups all job titles in an acute-care hospital into eight “bargaining units”—or groups that organize unions and bargain contracts together. RNs constitute their own bargaining unit due to size, but most jobs are grouped with others, like in the Technical bargaining unit, which is all jobs that require a 1- or 2-year degree or certification. Other groups can organize as well, they’d just need to get together and hold their own votes!

Every group will elect its own reps and make its own decisions, but by doing it together we gain power!

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UNION FAQ (cont.)

Q: What will change when we form a union? Can we lose flexibility or things we currently have? What about our relationship with our managers?

A: **Nothing changes automatically except that we gain power.** Administration legally must maintain the “past practice” (not necessarily what is written policy but what has been the actual practice) and can no longer make unilateral changes without our agreement. So things will continue to work the way they work right now until and unless we agree to a change. Remember, if it doesn’t sound like something we’d agree to, it isn’t true!

Many of us have good relationships with our supervisors and managers and that doesn’t need to change. In fact, they will benefit from us advocating for more resources for our departments. RRH has already forced our managers to go to “trainings” with multi-million dollar anti-union consultants to be given misinformation and be asked probing, inappropriate questions about their staff. This isn’t about our managers; it’s about all of us currently having no voice in decisions about our work. When we win our election, the anti-union consultants will go away, and we will continue working closely with our managers to provide excellent patient care.

Q: How do negotiations work? How do we make sure our contract reflects our needs?

A: Once we win our union, we will fill out surveys to identify everyone’s priorities, nominate and elect coworkers for our bargaining committee, and hold meetings to collectively write our proposals. Every job title and area, no matter how small, should have representatives on the bargaining committee, and for larger areas we want a minimum of one per ten employees—but there is no upper limit on the bargaining committee. We will hold open bargaining, meaning any member can attend!

At the end of the process, the tentative agreement made by our committee is put up to a ratification vote by ALL members. When the RNs won their first contract, over 95% voted Yes to ratify it! If we have a large, representative committee, we can make sure all members are engaged and all needs included.

Q: How do union dues work? How do they compare to potential wage increases?

A: Dues for RUNAP are 1.25% of our base rate for hours worked. We don’t pay union dues until we negotiate our first contract, everyone gets a vote on whether to approve it, and any wages, benefits, and other improvements go into effect. We each pitch in a bit of what we’ve won in order to fund our organization and hold RRH accountable to our contract. Our coworkers we elect as reps and officers manage the money and set our union’s budget and priorities. Unlike RRH, there’s no millionaire CEO partying at Richard Branson’s island on top, just us and our elected coworkers.

When the RNs won their first contract, the median raise was 11% in Year 1 of the contract and over 30% over three years (October 2023-2026)—not counting the raises they got during organizing to try to buy them off. **Even after accounting for union dues, that RN will have cumulatively made \$42,400 more in the 3.5 years between October 2023 and April 2027 than they would have with pre-union wages!** As a result, retention has improved since the RNs formed their union, and RGH has gone from 838 staff RNs to 1,072 and growing!

Q: What are our rights? Can we talk about this at work?

A: Our right to organize a union and to advocate for our coworkers is protected by federal law, which overrides any RGH “policy.” As long as we do not directly interfere with someone’s work, union conversations can happen anywhere any non-work related conversations (about family, weather, sports, holidays, etc) normally happen, and union materials can be passed anywhere anyone would pass a girl scout cookie form, birthday card, or other non-work document. Anywhere management posts anti-union materials are fair game for posting union materials, and anywhere they spread their scripted anti-union talking points is fair for us to talk about organizing.

If you believe your rights are being violated, document the situation and contact an organizing committee member or RUNAP organizer. We can file charges with the National Labor Relations Board, and the union RNs will also support us in pushing back against administration. We have each other’s backs!

Want to get involved?

Come to a meeting or get in touch! Details on the front.