

# ENVISION

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OUR PURPOSE IS TO EDUCATE, ENCOURAGE AND ENERGIZE ENLOE EMPLOYEES. *ENVISION* WILL SHOW UP BIWEEKLY. *SEIU-UHW...ENLOE*

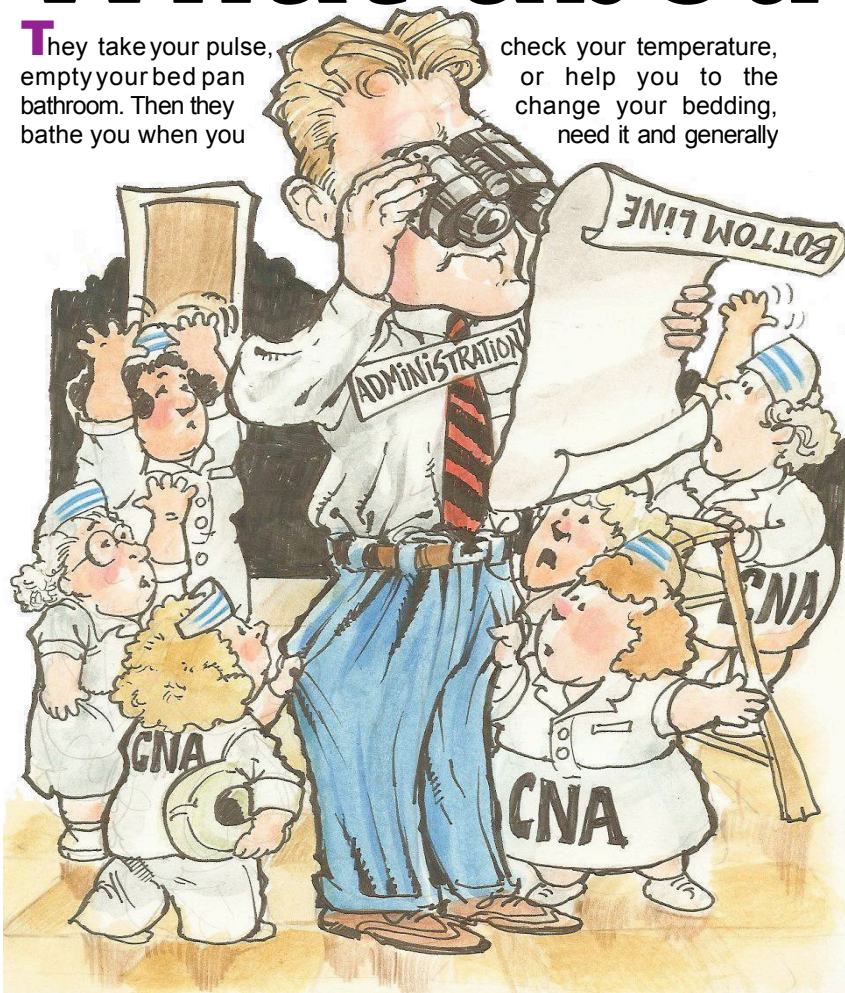
Certified Nurse Assistants are happy for our nurses, but wonder...

## What about us!?

**T**hey take your pulse, empty your bed pan bathroom. Then they bathe you when you

check your temperature, or help you to the change your bedding, need it and generally

help you feel comfortable. They are Enloe's busy Certified Nurse Assistants as they care for you and your family when hospitalized at Chico's only acute care hospital.



They can be seen on Enloe's floors scurrying about from patient room to patient room, rarely finding time to sit down for a brief rest. Yet they are invisible to our Enloe senior management. Our administration can't – or won't – hear or see their worries and concerns. Our Sr. Mgmt. ignores their concerns about patients and staffing, let alone job security.

In the hospital setting, CNAs have more contact with patients than any other staff member, including doctors or nurses. If a hospital wanted more patient safety, more thorough patient care, you'd think its Sr. Mgmt. would constantly be asking for its CNAs' advice. But the ones who spend the most time with patients get mostly ignored.

Why would a hospital's Sr. Mgmt. ignore such a valuable resource in

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I see an America where the workers are really free, and through their great unions...can take their proper place at the council tables with the owners and managers of business.

– FRANKLIN DELANO ROOSEVELT

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the always ongoing effort to improve patient care? MONEY. A Sr. Mgmt. with a “bottomline” mentality wants to cut costs somewhere, and that somewhere is usually at the lower end of the patient-care totem pole.

Doctors have licenses, and so do nurses. And now, thanks to a strong nurses’ union, nurses all over California enjoy a healthful and safe patient-to-nurse ratio. State law protects our nurses, and status protects our doctors. As for the CNAs, they only have mere certificates.

A Sr. Mgmt. that is looking to generate monies for its ill-conceived expansion, and its selfishly conceived raises, will feel confident exploiting their unprotected CNAs. Sr. Mgmt. tells our CNAs that money is tight, and who doesn’t want to believe their leaders? So, another patient or two is added onto their workloads. When they suggest a change or ask for more help, they are told to learn how to prioritize. They try. And...so it goes.

### A CNA’s work is never done...

At the end of her hectic workday, how does a CNA feel? Does she go home feeling she has adequately cared for the patients under her watch? That she might have done better if she had more help and a better patient-to-CNA ratio? She’ll go home frustrated and quite *poooped*.

And at home, she’ll start another “workday” looking after her own family. She’ll prioritize all right: what bills to pay this month. Rent? Groceries? The doctor? Forget about the dentist.

### What’s wrong with this picture?

What does a CNA have to do to become “visible” to Sr. Mgmt.? Maybe she should go back to school, as some management types suggest. Get a PhD in nursing assistance... Nah. She’s valuable enough just as she is. She works hard for her money, and doggone it, she actually helps save lives. **E**

### I know what you're thinkin'...

### 'What can I do to help our hardworking CNAs?'

Stand together and speak with one voice for realistic standards for them, which includes:

- wages and benefits like Mercy’s in Redding.
- a ratio of 8 to 9 patients for one CNA. Now it’s 10 to 12 patients for one CNA, with two CNAs taking care of 30 or more patients before they can call for relief. Sometimes they are not able to take breaks or lunches.

## A good time was had by all

Last Saturday, May 6<sup>th</sup>, about a dozen SEIU-UHW/Enloe workers from the service unit and the outsourced Compass folks went on a little field trip to Oakland for a ‘state-of-the-union’ conference. At the union’s Oakland complex there were representatives from Redding to Santa Cruz, from San Francisco to Sacramento. Southern California was present via closed-circuit television.

The main topic of discussion was organizing and the importance of sticking together. Your Chico reps were amazed by the nice contracts won by our fellow-hospital workers throughout the state. Workers at the Kaiser hospitals have set the “gold standard” in contracts with the highest wages and best benefits in the state. Kaiser proves that management doesn’t have to fight its employees in their efforts to get better than paycheck-to-paycheck working situations.

### We are workers, they are bosses...at the next election, let’s not vote against ourselves

An unexpected extra was when candidate for governor, Phil Angelides, arrived and spoke. He has proven himself a pro-worker politician. Most who were present said they would support him.

FOR YOUR INFORMATION

FOR YOUR INFORMATION

FYI

FOR YOUR INFORMATION

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## How long IS a full-day’s work?

### In a democracy, as long as WE say it is.

April 27, 1825 – The carpenters of Boston staged their first strike...for a 10-hour day.

May 1, 1886 – The American Federation of Labor (AFL) called for nationwide strikes to establish the 8-hour workday.

February 22, 1888 – Workers in San Francisco celebrate passage of California’s 8-hour law.

## You may be curious to know what CNAs earn per hour at Mercy in Redding...

Position	May 2006		Nov. 2006		May 2007		Nov. 2007	
	Starting	Max’d out	Starting	Max’d out	Starting	Max’d out	Starting	Max’d out
CNA	13.65	15.33	13.92	15.64	14.47	16.26	15.94	17.91
Unit Secretary	14.16	16.09	14.45	16.41	15.02	17.07	16.54	18.78

Twice a year they get raises, and these raises are guaranteed by a contract.

## ENVISION OPINION

### Confidence man?

We'd like to have confidence in our leaders. But, if you have a leader who seems to only be looking out for himself, and could care less about you...well, it's hard.

We all know how much our Chief Enloe Officeworker cares for his employees and their working conditions. You can ask our outsourced Compass workers if our CEO cared enough about them, when a few years back they were given away to a foreign company. Ask our service unit how much the CEO cared about them when he had the chance to negotiate with them over better pay and benefits, but didn't, not once but three times. You can ask our nurses how the CEO cared so much about them, that they had to threaten a walkout before he was forced to agree to improving their lot.

And now, you can ask the many doctors who have left Enloe because they can no longer take the CEO's arrogance, control and self-centered decision making.

Chief Enloe Officeworker



No Confidence

Doug Benson, a local doctor, has so little confidence in our CEO, that he put an expensive half page ad in the local daily, asking hospital staff to vote on a web site whether or not they had confidence in the leader. The results of the vote were published May 10<sup>th</sup>.

The results of the vote: 8 to 1 for "no confidence."

## THE CALO COMMENTARY

### Due to 'da' dues...

Our union means more than just dues, and whoever doesn't understand this has missed the whole point. Have we worked this hard for these three years just so we can pay dues? It wasn't for safe staffing, but for dues? Not for job security, nor freedom from harassment, but simply so we can pay dues? Let's not obsess about the dues, a mere 2% of our wages. Besides, there'll be no dues to pay until a contract is signed.

So many victories have been won by unions and their dues-paying members. Most of you probably know well the following accomplishments won by the hard work of unions, but occasionally we need a reminder of their value:

- the 40-hour work week
- overtime pay, at time-and-a-half, or more
- the minimum wage
- vacations...with pay
- health insurance
- some type of retirement

The above are just a few of the basic standards all of us now take for granted. NONE of the above has been given to us by the generosity of a wise administration. That's just not how they think. The above are gains for you the worker. But administrators always think of these as losses or costs. They believe, "The employees' gain is the administrators' loss."

### We get...you give

They don't want to "give" you anything, because they "know" you don't deserve it. They truly believe, that because of their "bottomline-based" business school education, THEY are the ones who deserve a bigger piece of the pie. After all, aren't they the ones saving the money, cutting the corners, trimming the "fat," getting rid of "unnecessary" employees?

If administrations had their way, they would "rollback" our gains. Where there is no union, they have done just that. Remember how our administration "convinced" us that we needed to pay more copay and a bigger deductible with our health insurance? How they told us that our PTO wasn't really ours, and so we could not cash it in as much, and had to give up 10% to...WHO? to...WHAT? Remember how they privatized our retirement in order to "give us more control over it"? They're creative in their destruction of our standards.

Let's not fight unions because of dues. They have given us so much, and if we pitch in, our unity – and our dues – can get us even more. How about...job security and retraining? Sound good?

•PC•

**Please take the time** to fill out the form inserted in this newsletter, then give it to a department rep or mail it to us (or e-mail or call us). Please involve yourself in any way you can. As we work together, our voice WILL be heard. **WE are not going away.**

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VISIT THESE WEBSITES: [www.enloewatch.org](http://www.enloewatch.org) AND [www.enlomedicen.org](http://www.enlomedicen.org)

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Uncovered...unveiled...uncensored...

## Where's the money gonna come from?

Even a not-for-profit hospital like our Enloe has got to pay its bills. But in its efforts to collect revenue, just how much should a not-for-profit be charging its patients?

You'd think a not-for-profit would not – and should not – make much of a profit. After all, charity is a big part of the government's reasons for allowing not-for-profits special breaks – like paying no property taxes. If profit was not a motive for a hospital, it could then charge just a little over its costs, and pass on a low cost to their patients. However, most not-for-profit hospitals are actually very profitable. Our Enloe is no exception.

A website called HospitalVictims is devoted to fair hospital pricing [see the chart on the right for its internet address]. The site allows you to make comparisons of most hospitals in the nation. It also provides you with other information about hospital overcharging.

The worst part of any medical bill is not the doctor bill, but the hospital bill. What a hospital charges its patients is decided by an executive who has little actual contact with patients. The executive is always a professional administrator, who has most likely been recruited from out of town, and who will at some point move on to a better career opportunity. Unabashedly, these executives get unbelievably high salaries. Their salaries are not determined by patient satisfaction, or employee satisfaction, but by bottomline "blackness." Their priority is not the patient, but their résumés, and the way they appear to the boards of directors that hired them.

Sound a little bit like our situation at Enloe? Our Chief Enloe Officeworker has about two more years to his contract. Will he quietly slip out of Chico to greener pastures, without a hospital going-away party, like his predecessor? The former CEO created a huge bank account for our not-for-profit. Our present CEO hopes his résumé includes his misplaced tower and parking structure.

Where do such CEOs get this kind of money?

### How do we compare?

[http://hospitalvictims.com/hv\\_state.asp?STATE=CA&ZI=](http://hospitalvictims.com/hv_state.asp?STATE=CA&ZI=)

<u>ON THE AVERAGE</u>	Mark up over hospital's costs	Times more than J.Hopkins
<b>Compared Hospital</b>		
Johns Hopkins Hospital	124%	—
Enloe Medical Center	427%	3.4
<b>Other No. Calif. hospitals</b>		
Seneca District Hospital	135%	1.1
Glenn Medical Center	207%	1.7
St.Elizabeth - Red Bluff	334%	2.7
Mercy Medical Center - Redding	386%	3.1
Mercy Medical Center - Shasta	244%	2.0
Oroville Hospital	320%	2.6
Feather River Hospital	502%	4.1
Rideout Memorial - Marysville	278%	2.2
Woodland Memorial	379%	3.1
UC Davis Medical Center	441%	3.6
Stanford Hospital	335%	2.7
Medical Center-UCSF	331%	2.7

Of course you'd be right if you said "on the backs of their underpaid workers." True. But in our CEOs cases, they also greatly overcharge our patients.

The powerful insurance companies refuse to pay a hospital's exorbitant prices. But the poor folks without insurance, who need the most help, must fight the hospital's collection agency on their own. And do THEY pay.

The number one authority in this country on fair hospital pricing is Dr. Gerard Anderson of Johns Hopkins Hospital School of Medicine in Baltimore, Maryland. He testified before Congress that 25% more than Medicare pays would be a reasonable price for an uninsured individual to pay. Johns Hopkins, ranked as the finest hospital in America, charges, on the average, only 124% over what it costs them to provide a service. Enloe Medical Center charges 3.4 times what Johns Hopkins charges. **E**



## Reception for Dan Neumeister and consolidated Board of Directors

All invited to an informal reception at the Enloe Conference Center  
 Friday, June 2, 2006 • 3 pm to 6 pm  
 Being held to welcome Enloe's new Board of Directors  
 and President and CEO Dan Neumeister