

Strike Vote FAQs

Answers to Some Frequently Asked Questions About Strike Votes

What is the status of negotiations?

Because we are negotiating several different contracts, with both common language and language that is specific to each contract, this can be a lengthy process. However, we are making steady progress. While we began negotiations in March, the first economic proposals were not exchanged until late June. **At no time, however, has bargaining stalled or reached an impasse, which is usually when a strike vote is called.**

Why is the Union holding a strike vote?

It's unclear why the Union is calling for a strike vote. **Several of the issues they raised in their August 26 communication are inaccurate, don't tell the whole story, are nearing resolution, or are in active discussions.** We do not believe a strike vote is necessary. Bargaining is progressing, and there is a clear path toward reaching a tentative agreement. We want this contract to be settled as much as you do. A strike would stop that progress.

How does a strike vote work?

A strike vote is determined by a simple majority of those who vote. For example, if 500 people vote and 251 vote "yes," all 2,000 CWA-represented associates at Mercy Hospital will be bound by that decision. **Not voting has the same effect as voting "yes" for a strike. If the vote passes, the Union can launch a strike without any further input from its members.** Don't give away your power to decide whether bargaining should continue.

Does a strike authorization guarantee a strike will take place?

No, but it does create the very real possibility of one. Many people did not think a strike would happen at Mercy in 2021. Once authorization is given, we must

immediately begin preparing for a strike. By law, the Union is required to provide a 10-day strike notice before a strike can begin. Even if the Union presents a strike notice and later withdraws it, our first priority is to ensure continuity of care for our patients.

What should I do if I don't want a strike?

Remember, you pay dues for the Union to represent your interests. **If you don't want a strike, you have every right to speak up and tell your Union leaders and representatives to cancel the strike vote.** You can also express your opposition to a strike by making sure you vote "NO!"

If there is a strike, how long would it last?

We do not know. The last strike at Mercy Hospital lasted 40 days. Since a strike is a possibility, we have a team working on a contingency plan to ensure continuity of care for our patients. We would prefer to settle this contract without the threat of a strike.

Will associates be paid during a strike?

No. The hospital will not pay striking associates, and they will not be able to use PTO unless it has already been scheduled. In addition, health insurance will end. You will need to ask the Union if they will provide any financial support during a strike and under what conditions, such as being required to walk a picket line.

What seem to be the main sticking points?

We continue to have discussions on wages, health insurance, attendance, and staffing, and are moving in the right direction. If you are considering voting "yes" for a strike, please ask yourself: ***What am I truly voting for? Is a strike necessary? What am I willing to strike over and what am I willing to lose?***

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Wages

Maintaining competitive wages is essential to attract and retain skilled associates. In fact, we increased wages during the last contract—above what was originally negotiated—to remain competitive.

Service, Technical & Clerical: We proposed **upgrades to 45 STC positions** to ensure associates in these critical roles remain competitive with others in our community.

Registered Nurses: The new RN wage scale proposed by Catholic Health starts at \$41.79 for new hires (Step 1) and increases to \$57.84 at Step 10—**both of which exceed Kaleida's rates**. Additionally, **we proposed a clinical ladder program multiple times. To date, the Union has rejected the proposal and has not offered a counter, despite claiming a willingness to discuss it**. Clinical ladders are widely respected in the nursing community as a way to recognize and reward professional growth, clinical expertise, and leadership. Under our proposal RNs could earn **an additional \$1,000 to \$8,000 annually** through this program.

The wage increases and upgrades we are proposing are highly competitive with Kaleida Health and other area providers. We will continue to negotiate competitive wages as we have done throughout this process.

Health Insurance

Area insurers are requesting premium increases of 20-30% for 2026. **If we do nothing, that's how much your premiums could go up each pay period.** To get an idea of what your cost would be, take the cost you now pay from your paycheck and multiply it by 120%. The main driver of these increases is the rising cost of prescription drugs. Our projected prescription costs for 2025 will be more than \$36 million—a 12% increase from 2024.

Right now, many associates are already using the Sisters Hospital Specialty Pharmacy for the 11 high-cost medications we've been discussing. They benefit from lower co-pays and the convenience of home or workplace delivery. Because of certain government programs, we can purchase these medications at a much lower cost than commercial pharmacies—saving us hundreds of thousands of dollars each year. These savings help us keep our annual premium increases down, lowering the portion you pay.

If keeping premiums down is important to you, the Sisters Hospital Pharmacy is the best option for filling these 11 medications. **While we've proposed other co-pay increases to high cost prescriptions, we believe keeping premiums down offers the biggest long-term savings for you.**

Attendance

Our Attendance Policy is very old, developed before the many other state programs offering PTO for family and personal needs. It's also very lenient, which results in associates calling off, coming in late, and/or leaving early on numerous occasions with no significant consequences. For example, under the current policy, an associate can show up late or leave early up to nineteen (19) times AND call off an additional eight (8) times before their employment is in jeopardy. This affects staffing and burdens associates who show up to work as scheduled.

Because of our commitment to maintain appropriate staffing levels, we are proposing changes to our Attendance Policy. Under this new approach, all attendance occurrences would be treated consistently:

- **Unexcused absences** would count as **1 point**
- **Tardiness** would count as **½ point**
- **Leaving early** counts as **½ or 1 point**, depending on how early in the shift someone leaves
- **Attendance points expire after 12 months**

We also suggested to the Union that **each associate's current attendance record be reset to 0, and all prior attendance discipline would not count when transitioning to the new policy.** While this is not a formal proposal, we believe this approach would help ease the transition for both associates and managers.

Safe Staffing

Since the last contract, we've made great strides in meeting our staffing ratios. Our retention rates are the highest they've been in years, and job openings are at their lowest. Our new staffing proposal adds positions where they are needed most. **Our latest staffing incentive pay proposal included \$18 for RNs, \$12 for Technical, and \$10 for Service/Clerical**—on top of your hourly rate and any applicable overtime.

Why not just give the Union what they want and avoid a strike?

Catholic Health has limited resources, especially in the current economic climate. Reimbursement dollars are shrinking, and the government is threatening further cuts. Nevertheless, in order to remain competitive, our latest proposal adds an **additional \$91 million** in wage/benefit costs over the next four years. **You have every right to ask the Union what your wage increases will be under our proposal.** We simply ask the Union to be reasonable when making their demands and threatening another strike.