



FOR IMMEDIATE RELEASE

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CNA agrees to declaration of impasse and UC's request for state-assisted mediation

After six months of bargaining, UC and CNA agreed to jointly declare impasse and request the assistance of a mediator to assist the parties in reaching an agreement. UC is hopeful that a mediator will avoid future labor disruptions.

“UC has made continuous efforts to reach agreement with CNA in the past six months of bargaining,” said UC’s executive director of labor relations Howard Pripas. “We value our nurses and the role they play in providing excellent patient care, and we put forth proposals that reflected our appreciation for their work. We are hopeful that bringing in an independent mediator will help us resolve any remaining issues.”

Once PERB certifies the negotiations to impasse, mediation will begin as soon as possible. The University intends to work hard to resolve the impasse. During the thirty-one bargaining sessions, UC has proposed:

- **Market-competitive wages for nurses.**
UC offered market-based salary increases for nurses at each of its five major medical centers and ten student health clinics. UC presented CNA with salary information from published salary surveys conducted by third-party consultants that showed UC either leads or is at the market average for RN wages in most locations.
- **The same high quality healthcare benefits enjoyed by all UC employees.**
UC proposed that nurses receive the same healthcare benefits provided to all University employees. These benefits provide a number of healthcare plans at affordable cost to employees. In fact, employees in some plans will see a decrease in costs from 2007.
- **No Substantive Changes in the Retirement Program**
UC guaranteed that nurses will not have to make contributions to the University’s excellent retirement system through September 2008, and again agreed that the University will not make substantive changes to the system.

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- **A flexible program for Paid Time Off (PTO).**

The University's proposal would allow nurses to take more days as scheduled vacation than the current program, providing nurses greater flexibility with their time. Six days of sick leave are put into this bank each year, along with all vacation accrual days; if the six single-day instances of sick leave are not used by the nurse, they remain in the PTO bank for future use as either sick leave or vacation leave. Nurses who use more than six instances of single-day sick leave a year, or who have illness of more than 24 work hours would have access to short-term leave for illnesses. Current nurses will be able to choose to remain in the current sick/vacation program or enroll in PTO.

Realizing that the parties remained far apart on a number of issues, on October 16th, UC proposed that both parties to return to current contract language on all issues except wage increases, benefits and parking, in an effort to ensure that nurses receive the proposed wage increases in October. This proposal was not accepted by the union, and the University formally proposed a package that includes a number of offers that address CNA issues. CNA rejected this package, and agreed that the parties are at impasse.

As has been reported in the news recently, CNA has called strikes at several non-UC hospitals in California. UC has stated that any strikes before the completion of the entire bargaining process, including mediation and fact-finding with a state-appointed neutral third party, are presumptively illegal. In fact, CNA was legally barred by court order from conducting such a strike against UC hospitals during 2005 contract negotiations, and the Public Employment Relations Board, the state agency governing public sector labor matters, also issued a complaint against CNA. A final ruling on this matter is expected soon.

Even though UC was successful in restraining the union from striking in 2005, the strike threat alone cost the University medical centers a total of approximately \$9 million in emergency arrangements (e.g., contracting for temporary additional staffing and other emergency operational provisions).

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