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## Ohio experiment offers lessons for task force

by Jerry Filteau



John M. Starcher Jr.

As the bishop-union-health care task force discussed ways to do a better job of dealing with union-organizing drives and representation elections in Catholic hospitals, one of the things the group studied was a recent experiment in an Ohio Catholic hospital.

In December 2007 Community Health Partners Regional Medical Center in Lorain, Ohio, which is part of the Cincinnati-based Catholic Healthcare Partners system, held union representation elections under an employer-union agreement that followed many of the principles and mechanisms now recommended in the task force's final statement.

John M. Starcher Jr., Community Health Partners' senior vice president for human resources, said the Service Employees International Union, which already represented the nurses at the hospital, was seeking to organize other employees there.

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The union and Community Health Partners agreed to an expedited, nonconfrontational process by which the employees, divided into five potential bargaining units, could vote their preference in an atmosphere free of pressures from either side.

Three of the five [units] voted not to be represented by SEIU. Two of the five voted to be represented. But more importantly, all of the ground rules, principles and procedures that we put in place throughout the campaign period -- which was an abbreviated two-week campaign process -- were followed by both parties," Starcher told *NCR*.

Not one grievance was filed. Not one unfair labor practice was filed. So there was no litigation that arose from it," he said. "And at the end of the day we are quite confident that the employees' wishes were honored in a very professional, mature way."

After the election, he said, Community HealthPartners brought in leaders of a think tank on labor relations, the Institute for Employee Choice, to evaluate the Lorain process through individual interviews and focus-group sessions with managers and employees.

They had heard about it, I think were a little bit incredulous ... and just were amazed at the response from our employees and managers about how pleased they were with the process, how well they thought it worked," he said. "They got over a 99 percent approval rating from the employees and managers alike in terms of their satisfaction with the process."

Based on the results, in March 2008 Community Health Partners prepared to have similar elections at Catholic hospitals in its system in three other Ohio cities -- Cincinnati, Lima and Springfield -- Starcher said.

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It's a two-week process, and about 10 days into the campaign the California Nurses Association launched dozens of organizers into Ohio to disrupt the campaign, and really spoiled the laboratory conditions we'd set out to create, and in the end, oddly enough, running an anti-union campaign, encouraging employees to vote "No" against SEIU," he said. At the time, the nurses' association and Service Employees International Union both had about 80,000 registered nurses as members.

Because the "fair and balanced information" premise behind the expedited voting had been severely compromised, the elections were called off the day before they were to take place, Starcher said.

We came up with a practice that worked, that was validated by this third party and that respected Catholic social teachings and who we are as an organization," he said. "We had looked forward to putting it into play, and to have it disrupted in that manner was very disappointing."

A year later the two unions hammered out an agreement aimed at avoiding such jurisdictional disputes in future organizing drives.

But there are still some other unions that aren't playing in the sandbox, if you will, as it relates to their

organizing strategy and the respect of boundaries that unions should have," Starcher said. He said Community HealthPartners hopes to be able to resume the expedited election practice at its facilities when those problems are ironed out.

Several task force participants said the Ohio experience, which Starcher reported to the group, helped them develop organizational details of their statement, including a caution to unions to work out their jurisdictional disputes in advance to avoid undermining the proposed cooperative approach.

Charity Sr. Carol Keehan, president and CEO of the Catholic Health Association, said the success of the pilot program in Lorain encouraged the task force, but "we were very disappointed" at the subsequent events. "It was an opportunity for people to express their opinion without any pressure, and all of a sudden you had people showing up on their units, people pinning them down in the parking lot, all kinds of point and counterpoint being made between two unions. It denied the people an opportunity for an election," she said.

"But the pilot program worked," she added. "So it said to us that a lot of the ideas that we were thinking about had been tested and could work. But it can only work if there is goodwill on the part of everyone and real interest on the part of the employees."

She cited the canceled representation elections in Ohio as an example of the need for all parties to buy into the kind of local agreements envisioned in the task force's statement in order for those agreements to work.

"These are dialogue fruits. They're offered with some experience, they're offered with a lot of reflection, but they're not offered as policy and they're not binding," she said.

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