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**GOVERNMENT OF THE DISTRICT OF COLUMBIA
PUBLIC EMPLOYEE RELATIONS BOARD**

In the Matter of:)
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)
)
Health and Hospital Public) PERB Case Nos. 97-UM-05
Benefit Corporation,) and 97-CU-02
) Opinion No. 559
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 Agency,)
)
)
 and)
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)
All Unions Representing Bargaining)
Units in Compensation Units 12, 20,)
21, 22, 23 and 24 and employees)
employed by the Health and Hospital)
Public Benefit Corporation,)
)
)
 Labor Organizations.)
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)
)

**DECISION AND ORDER ON UNIT MODIFICATION,
COMPENSATION UNIT DETERMINATION AND
DIRECTION OF ELECTION**

On January 30, 1997, the Board initiated the instant Petition for Modification of Compensation and Non-Compensation Units and Compensation Unit Determination pursuant to the statutory mandate of the Health and Hospital Public Benefit Corporation Act of 1996, D.C. Law 11-212 (Act), as codified under D.C. Code Sec. 32-262.8(j). The Act created the Health and Hospital Public Benefit Corporation (PBC). The Act further provided, in relevant part, the following:

Nothing in this section or §§ 1-618.1 to 1-618.17, shall preclude the establishment of an appropriate bargaining unit, within the [PBC] by the District of Columbia Public Employee Relations Board. Within 120 days of the first meeting of the [PBC's] Board, in accordance with § 32-262.4(h), the District of Columbia Public Employee Relations Board shall investigate and render determinations regarding the establishment of the appropriate unit for working conditions and

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compensation within the [PBC] and, pursuant to applicable statutory and regulatory provisions, certify labor organizations as the exclusive bargaining agents for these units.

D.C. Code Sec. 32-262.8(j). ^{1/}

Following the Board's investigations, on July 24, 1997, the Petition was referred to a Hearing Examiner. Hearings were held and a Report and Recommendation (R&R) was issued by the Hearing Examiner on March 21, 1998.^{2/} Exceptions were filed by the PBC; AFSCME, D.C. Council 20; the Doctors' Council of the District of Columbia; the American Federation of Government Employees; and the D.C. Nurses Association.^{3/} The findings, conclusions and recommendations of the Hearing Examiner, and the parties' Exceptions to same, are now before the Board for review and final disposition.

The PBC is a separate legal entity within the District of Columbia government. D.C. Code Sec. 32-262.2. The purpose of the PBC is to provide comprehensive community-centered health care and medical treatment for residents of the District of Columbia. To achieve this objective the Act mandated that "the health care functions presently performed by the D.C. General Hospital and the community clinics of the Commission of Public Health [CPH] of

^{1/}The first meeting of the PBC's Board of Directors occurred on December 17, 1996. Pursuant to D.C. Code Sec. 32-262.8(h), the Board should have made a determination within 120 days of that date, i.e., April 16, 1997. Unfortunately, due to a 33% cut in our FY 97 budget, the Board was unable to schedule hearings necessary to making the unit determinations until September 5, 1997. We previously held that the time table under the Act contemplated unit determinations and attending certifications of bargaining unit representatives by the Board before the PBC's obligation to bargain under the CMPA over new terms and conditions of employment arose. DCDCGH v. DCGH and DCDC and HHPBC, Slip Op. 525, PERB Case No. 97-U-24 (1997).

^{2/} The Hearing Examiner's Report and Recommendation is attached as an appendix to this Opinion.

^{3/}DCNA's document styled "Exception to the Hearing Examiner's Report and Recommendation" does not actually raise any exceptions, but rather offers a technical correction to the stipulation between it and the PBC which was referred to by the Hearing Examiner in her Report.

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the Department of Human Services [DHS] must be transferred to the public benefit corporation." D.C. Code Sec. 32-261.1. Also transferred to the PBC from DHS's Commission on Public Health were the Bureau of Dental Health Services, Bureau of Maternal and Child Care Administration, and certain functions of the Long-Term Care Administration.

THE HEARING EXAMINER'S RECOMMENDATIONS:

The Hearing Examiner made the following recommended modifications to the existing units transferred into the PBC.

Non-compensation Bargaining Units⁴/

1. An existing unit of medical officers located at D.C. General Hospital (DCGH) and part of a separate unit of medical officers located at community health clinics (formerly under DHS/CPH) would be consolidated and become a single wall-to-wall unit of medical officers employed by the PBC. Each unit is represented by a different union, i.e., the Doctors' Council of DCGH (DCDCGH) and the Doctors' Council of the District of Columbia (DCDC). The identity of the labor organization that would represent the consolidated unit of medical officers would be determined by a Board election that would be limited to a choice between the two Doctors' Council unions.

2. The existing unit of registered nurses located at DCGH and part of a separate unit of registered nurses located at the former DHS/CPH community health clinics would become consolidated and become a single wall-to-wall unit of registered nurses employed by the PBC. Both units are represented by the same union, i.e., District of Columbia Nurses Association (DCNA).

3. The existing unit of security guards located at DCGH would be modified to reflect a unit of security guards employed by the

⁴/There are 14 existing non-compensation bargaining units affected by the creation of the PBC. The recommendation establishes 8 non-compensation units at the PBC. The net result city-wide is to reduce the 14 existing units to 10. This is because the unit of medical officers represented by DCDC includes medical officers employed by the Department of Public Works, the Department of Corrections and components of DHS that are not part of the PBC. Similarly, the registered nurses at the community health clinics, that would be consolidated with the registered nurses at DCGH, are part of a larger unit of registered nurses not transferred to the PBC.

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PBC. Currently, there are no D.C. government employees employed as security guards at other locations of the PBC. This unit is represented by the International Brotherhood of Police Officers (IBPO).

4. A unit of interns and residents located at DCGH would become a wall-to-wall unit of interns and residents at all locations of the PBC. Currently, there are no D.C. government employees employed as interns and residents at other locations of the PBC. This unit is represented by the Committee of Interns and Residents (CIR).

5. The existing unit of licensed practical nurses (LPN) located at DCGH and a single LPN, that is part of a larger unit of non-professional/ technical employees located at the community health clinic, would form a single unit of LPNs employed by the PBC. Currently, the unit of LPNs at DCGH is represented by the Licensed Practical Nurses Association (LPNA). The single LPN at the clinic is represented by the American Federation of Government Employees (AFGE), Local 2978. Representation of the unit would be maintained by LPNA unless AFGE requests an election. AFGE did not make such a request.^{5/}

^{5/} We note that employing traditional labor law principles of accretion is inappropriate to any of our determinations of appropriate units at the PBC under the Act. The Board's authority to "render determinations regarding the establishment of appropriate units" at the PBC is statutory. D.C. Code Sec. 32-262.8(h). An accretion analysis is essentially a contractual one. It is employed to assess whether the terms of a bargaining unit's effective collective bargaining agreement can be extended to employees that heretofore were not covered by that agreement. If certain factors exist, the previously uncovered employee(s) would become subject to the agreement. See, e.g., Borden Inc. v. International Brotherhood of Teamsters, Local 222, 308 NLRB 113 (1992) and Public Service Co., 190 NLRB No. 68 (1971). This effectively would expand the unit by accreting the employee(s) in question into the existing unit by contract extension. Under the Act, however, the PBC is required to "assume and be bound by all existing collective bargaining agreements with labor organizations that have been duly certified by the District of Columbia Public Employee Relations Board to represent employees transferred to the Corporation until successor agreements have been negotiated." D.C. Code Sec. 32-262.8(h). Resort to an accretion analysis is unnecessary since the Board's authority to form appropriate units from existing units under the PBC is

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6. The existing unit of skilled wage-grade maintenance employees located at DCGH would become a wall-to-wall unit of skilled wage-grade maintenance employees employed by the PBC. Representation of this unit would be maintained by AFGE, Local 631.

7. A unit of wage-grade service employees working in food, laundry, supply, warehouse, and housekeeping and a wage grade unit of transportation service employees located at DCGH would become a wall-to-wall unit of wage-grade service employees employed by the PBC. Representation of this unit would be maintained by the American Federation of State, County and Municipal Employees (AFSCME), D.C. Council 20, Local 2097.

8. A single unit will be created by consolidating the following existing units: (1) allied health professional and non-professional employees located at DCGH (represented by AFSCME, D.C. Council 20, Local 1033); (2) allied health non-professional employees located at the community health clinics (represented by AFGE, Local 2978); (3) dental hygienist located at the community health clinics (also represented by AFGE, Local 2978); (4) allied health professional employees located at community health clinic represented by Service Employees International Union (SEIU), Local 1199-E; and (5) non-professional mental health employees located at community health clinic (represented by AFGE, Local 383).

The recommended allied health care employees unit found appropriate would be a single wall-to-wall unit of all salaried health professionals (excluding medical officers and registered nurses) and all salaried non-professional and technical health employees (excluding LPNs) employed by the PBC. However, a majority of the professional employees must vote for inclusion in a unit of professional and non-professional employees as required under D.C. Code Sec. 1-618.9(b)(5). Otherwise, the Hearing Examiner recommends the establishment of two wall-to-wall units of salaried health employees employed by the PBC, i.e., one professional and one non-professional (including technical). Since the establishment of this unit gives rise to a question

⁵(...continued)

expressly accorded by law. We note, however, that notwithstanding our consolidation of units and parts of units transferred to the PBC to establish appropriate units under the PBC, the existing collective bargaining agreement of various units that comprise the newly created unit are maintained until successor agreements are negotiated. D.C. Code Sec. 32-262.8(h).

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concerning who would be the prevailing representative of the new unit, the Hearing Examiner recommended that this question be resolved by a Board election limited to a choice of one of the unions that currently represent the existing units affected.

Compensation Bargaining Units ^{6/}

The Hearing Examiner recommended that the employee categories under current compensation units established under DCGH be maintained and extended to all components agency-wide under the PBC. This would modify the unit descriptions of the existing Compensation Units listed below to read as follows:

Compensation Unit 12: All medical and dental interns, residents and fellows who have their compensation set by the Health and Hospital Public Benefit Corporation and are paid pursuant to an educational program in which they are scheduled to be or are on payroll at the PBC for at least six (6) months during a residency year, including interns, residents and fellows in the Obstetric/Gynecology Department who are being paid by the PBC.

Compensation Unit 20: All career service professionals, technical, administrative and clerical employees who currently have their compensation set in accordance with the District Service (DS) under the personnel authority of the Health and Hospital Public Benefit Corporation. Except medical officers (physicians, dentists and podiatrists), registered nurses and licensed practical nurses.

Compensation Unit 21: All career service trade and craft employees who currently have their compensation set in accordance with the regular wage (RW) and (LWS) under the personnel authority of the Health and Hospital Public Benefit Corporation.

Compensation Unit 22: All registered nurses under the personnel authority of the Health and Hospital Public Benefit Corporation.

Compensation Unit 23: All licensed practical nurses under the personnel authority of the Health and Hospital Public Benefit Corporation who currently have their compensation set in accordance with the Special Rate District Service Schedule.

^{6/}The number of compensation units, i.e., six, would remain the same under the Hearing Examiner's recommendations since she has recommended that the existing compensation units be modified to reflect a change in only the name of the personnel authority, i.e., from DCGH to the PBC.

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Compensation Unit 24: All qualified medical officers (physicians, dentists and podiatrists) employed by the Health and Hospital Public Benefit Corporation.

The recommended units of registered nurses, security guards and interns and residents were reached by stipulations between the PBC and the respective representatives of these units, i.e., DCNA, IBPO, and CIR, respectively. (See unit descriptions set forth above in items 2, 3 and 4 under Hearing Examiner's recommendations.) The remaining recommendations were based on findings and conclusions that met the essential criteria for determining appropriate units under the Comprehensive Merit Personnel Act (CMPA) and the mandates of the Act. The criteria under the CMPA essential to all units found appropriate is: (1) that employees in the unit share a community of interest and (2) the unit promotes effective labor relations and efficiency of agency operations. D.C. Code Sec. 1-618.9(a).

The Hearing Examiner appropriately deferred to the Act where incongruity existed between it and the CMPA. The most critical difference that the Hearing Examiner found between the CMPA and the Act was in how appropriate units were to be established under the Act. The Board has held that under D.C. Code Sec. 1-618.9(a), petitioning parties need only propose an appropriate unit, not necessarily the most appropriate unit, in order to meet the CMPA's requirement for appropriate units. AFSCME, D.C. Council 20, AFL-CIO and DHS, CMHS, 38 DCR 5039, Slip Op. No. 278, PERB Case No. 90-R-01 (1991). However, the Hearing Examiner found that D.C. Code Sec. 32-262.9(j) of the Act calls for establishing "the appropriate unit." (R&R at 22.) In pertinent part, the Act provides that "... the District of Columbia Public Employee Relations Board shall investigate and render determinations regarding the establishment of the appropriate units for working conditions and compensation within the Corporation..." (Emphasis added.) The Hearing Examiner concluded that the Act's use of the word "the" rather than the word "an" (as prescribed under D.C. Code Sec. 1-618.9(a)), to describe appropriate units under the PBC was an expressed change from language used in the CMPA and thereby deferred to the Act's apparent change in criteria. The Hearing Examiner, nevertheless, concluded that "the criteria in Section 1-618.9(a) for determination of an appropriate unit ... should be applied with respect to each grouping of employees or employee classifications in light of the PBC's mandate to provide a comprehensive community-centered health care system and the PERB's mandate to determine, as to all former DCGH and clinic employees, the appropriate bargaining units for their representation as PBC employees." (R&R at 23.)

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Finally, the Hearing Examiner concluded that in determining the appropriate units at the PBC, there was no need to strictly adhere to NLRB precedent for determining bargaining units in health care facilities under the District government.^{7/} The Hearing Examiner recognized that while the Board has looked to NLRB precedent to resolve analogous issues, the rationale underlying NLRB precedent is not appropriate to the determinations of health care units under the CMPA. NLRB precedent is guided by a recognized need to avoid a proliferation of units in a health care industry that can resort to strikes to resolve labor disputes. Minimizing the number of units under a single employer reduces the opportunity for strikes or other job action and thereby, the disruption of critical and vital services in this particular industry. The NLRB's objective was to balance the rights of employee groups to organize against the potentially disruptive impact numerous bargaining units may have on the sensitive mission of health care facilities, i.e., patient care.

Under D.C. Code Sec. 1-618.5 of the CMPA, "it is unlawful for any District employee or labor organization to participate in, authorize, or ratify a strike against the District". Consequently, the Hearing Examiner found no compelling reason to ascribe to NLRB precedent to determine PBC unit determination for health care providers, e.g., the PBC, under the CMPA.

All the recommended unit modifications (compensation and non-compensation) expand the jurisdictions of the existing units (limited to one agency) to cover all component agencies of the PBC, i.e., DCGH, the community health clinics and other community health facilities noted above. The recommended modifications to the units of medical officers, registered nurses, security guards, interns and residents, licensed practical nurses, and the two wage grade units, does not change the scope of employee classifications included in the unit, but rather extends their jurisdictional scope from either DCGH or DHS to the PBC which encompasses both. Only the recommended consolidated unit of allied health professional and non-professional and technical employees involves a modification that expands the classification of employees included under the original units.

The Hearing Examiner thoroughly and carefully canvassed the evidence in reaching her findings and conclusions. With the

^{7/} The Board expressly held that NLRB precedent for determining health care industry units under the CMPA was inappropriate to District labor relations law. AFSCME, D.C. Council 20, AFL-CIO and DHS, CMHS, 38 DCR 5039, supra.

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exception of the recommended non-compensation LPN unit, her recommended unit modification to both non-compensation and compensation units under the PBC are well supported by the record and governing provisions of both the Act and CMPA and should be adopted. For the reasons discussed below, there appears to be no merit to any of the exceptions filed by the parties.

EXCEPTIONS

Doctors' Council of the District of Columbia

The recommended bargaining unit consolidates a unit of medical officers at DCGH with a much smaller unit of medical officers assigned to the former DHS community health clinics that were transferred to the PBC. It presents the most sensitive unit determination in this case. The two units are currently represented by different unions, i.e., the DCDCGH and DCDC.

DCDC, the representative of the smaller unit of medical officers, objects to the recommendation of a single bargaining unit of all medical officers employed by the PBC. DCDC excepts to the Hearing Examiner's use of "the appropriate unit" rather than "an appropriate unit" as the standard for establishing appropriate units at the PBC and, specifically, her use of that standard to determine that DCGH and clinic medical officers should be in a single unit. DCDC also excepts to the Hearing Examiner's failure to find that the PBC is the successor to DCGH. Finally, DCDC asserts that the Hearing Examiner erred by deciding that National Labor Relations (NLRB) precedent is inapplicable to a determination of appropriate units at the PBC.

The arguments raised by DCDC's exceptions were considered and rejected by the Hearing Examiner. The mandate for these unit determinations stem from the Act. By its exceptions, DCDC fails to take into account this overarching factor that distinguishes these proceedings from unit determinations ordinarily considered by the Board. Under the Act, the Board, not any particular labor organization or the PBC, is charged with determining, *ab initio*, appropriate units at the PBC. The parties' participated in these proceedings not as petitioners but rather to assist the Board's statutorily mandated investigation and to assist with the development of a full record upon which to render these unit determinations. Therefore, common law principles of labor law concerning the survivorship of existing bargaining units under a successor employer, are not controlling to the Board's statutory

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mandate to determine, de novo, the initial appropriate bargaining units at the PBC.

Assuming, as DCDC contends, that the Act does not compel the Board to find the appropriate units at the PBC, we find a single unit of medical officers meets the arguably more minimal standard of "an appropriate unit" under the now single agency structure of the PBC as created by the Act. An appropriate unit under the CMPA is a unit that: (1) possesses a "community of interest" among the employees and (2) "promotes effective labor relations and efficiency of agency operations". DCDC's argues that two units of medical officers are appropriate. Assuming that each unit of medical officers separately meets the criteria of "an appropriate unit" as well, the Act calls for the Board's, not the parties', determination among appropriate units. In the limited context of establishing appropriate units among alternatives meeting the criteria under the CMPA, the Board is singularly directed and accorded the authority under the Act to decide what constitutes appropriate units at the PBC.
Public Benefit Corporation

The PBC asserts that it was erroneous to (a) order a separate election for the professionals in the unit of health employees and (b) to exclude licensed practical nurses from the recommended consolidated unit of all allied health professionals and non-professionals. D.C. Code Sec. 1-618.9(b)(5) proscribes the establishment of units of both professional and non-professional employees unless a majority vote for inclusion in a consolidated unit. The basis of the PBC's contention is essentially twofold: (1) a majority of the professional employees had previously voted for inclusion in a consolidated unit of professional and non-professional employees and (2) the possible creation of three units (LPNs, professional health employees and non-professional health employees and technicians), ignores the mandate to avoid a proliferation of units in a health care facility.

The PBC correctly states that a majority of 570 professional employees affected by this proposed modified unit have previously voted for inclusion in a consolidated unit; however, that consolidation was limited to a unit of non-professional employees at DCGH. Moreover, there are approximately 80 allied health professionals at the community health clinics who were never provided the opportunity to vote for inclusion in a unit with non-professional employees. However, if only these 80 professional employees are ordered to vote for inclusion and vote not to be included, we find that a separate unit of professional allied health employees located at the PBC's community clinics

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would not be an appropriate unit at the PBC. The appropriate unit of professional allied health employees is a single unit of all allied health professionals employed by the PBC. Therefore, since the recommended consolidated unit of professionals and non-professional health employees is a newly created unit under the Act, all professional employees in the newly formed single unit of professional health employees should be afforded an opportunity to vote as a unit on the question of inclusion in a consolidated unit of professional and non-professional health employees employed by all components of the PBC. For reasons previously discussed, we find the PBC's contention concerning a proliferation of units inapplicable to our determination of appropriate units under the CMPA and the Act.

With respect to the separate unit of LPNs, bargaining history and the statutory recognition of pre-CMPA bargaining units as presumptively relevant was the basis of the Hearing Examiner's recommended determination. Adherence to the CMPA's recognition of pre-CMPA units, however, conflicts with the Board's statutory mandate to make initial determinations of appropriate units at the PBC. As previously noted the Act expressly prescribes that "[n]othing in this section or Sections 1-618.1 to 1-618.17, shall preclude the establishment of an appropriate bargaining unit, within the [PBC] by the ... Board." D.C. Code Sec. 32-262.8(j).

However, factors for determining an appropriate unit under the CMPA that are consistent with the Act remain applicable. Under the CMPA, and common law principles of labor law, bargaining history of a bargaining unit is recognized as a factor in establishing a bargaining unit, although not necessarily determinative.^{8/} However, the recommended unit of LPNs have no bargaining history with the recently created PBC. Bargaining history notwithstanding, the Act clearly accords the Board the authority to determine which unit to establish among alternative appropriate units. In view of the clear community of interest that LPNs share with all other categories of employees in the recommended consolidated unit of all non-professional health employees and technicians, we find that they are appropriately included in that unit. While there are no significant distinctions in the non-compensation working conditions of LPNs

^{8/}D.C. Code Sec. 1-618.9(a) provides in pertinent part: "No unit shall be established solely on the basis of the extent to which employees in a proposed unit have organized; however, membership in a labor organization may be considered as 1 factor in evaluating the community of interest in a proposed unit."

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from other non-professional and technical employees, we conclude that the LPNs' "Special Rate District Service" compensation schedule that was statutorily and specifically established for LPNs, justifies their recommended maintenance in their own compensation unit. (See Compensation Unit 23 description.)

The PBC next objects to the establishment of two wage grade service employee units as appropriate. The evidence supports the Hearing Examiner's recommendation that the appropriate unit determinations for wage grade employees be two non-compensation units (skilled and service) and one compensation unit. Their lack of a community of interest with each other in training, certification, supervision and other working conditions warrants two separate non-compensation units for these two groups of employees. The one significant factor these wage grade employees have in common, compensation system, is appropriately accommodated by their continued placement in one compensation unit.

Finally, the PBC contends that the Hearing Examiners erred by not providing employees in units that have to vote for their representative with an option for other unions or "no union" on the ballot. As noted above, under the Act the PBC was "bound by all existing collective bargaining agreements with labor organizations that have been duly certified by the ...Board to represent employees transferred to the [PBC] until successor agreements have been negotiated. Negotiations between the [PBC] and the labor organizations that have been certified to represent its employees shall commence not later than 180 days after the first meeting of the [PBC's] Board." D.C. Code Sec. 32-262.9(h). Underlying the establishment of appropriate units under the Act, is the maintenance of the bargaining relationship of labor organizations representing employees transferred to the PBC. The election in the unit of medical officers and the unit of allied health employees, recommended by the Hearing Examiner serve only to determine who will represent employees in units formed by the consolidation of existing units that are represented by different labor organizations. The establishment of any of these new units from represented bargaining unit employees does not give rise to a question concerning whether PBC employees want to be represented or not. Where the identity of the bargaining representative for a recommended unit is not an issue, an election is not proper. Therefore, the PBC's objection to the absence of other unions or "no union" on election ballots for the two units in issue clearly conflicts with the Act's recognition of the existing collective bargaining agreements with the incumbent labor organizations representing employees transferred into the PBC.

American Federation of State, County and Municipal Employees and
American Federation of Government Employees

AFSCME and AFGE object to the Hearing Examiner's conclusion that the Act alters the CMPA's standard for finding appropriate units from "an appropriate unit" to a standard requiring "the most appropriate unit" at the PBC. For the reasons discussed under the Doctors Council's Exceptions, these objections do not raise grounds that require the Board to adhere to a standard that would compel the establishment of an appropriate unit under the PBC advanced by a party.^{9/}

AFSCME also objects to the Hearing Examiner's findings and conclusions that an agency-wide unit of allied health professional and non-professional is not appropriate. AFSCME's exception is based on its contention that the evidence failed to establish that the allied health employees had a community of interest with their counterparts at the community health clinics. AFSCME asserts that absent a community of interest between these two groups, a default finding should be made that its current unit consisting of allied professional and non-professional employees at DCGH should be found appropriate.

AFSCME did not demonstrate how working conditions for these two groups of employees are so different that factors for finding appropriate units under D.C. Code Sec. 1-618.9(a) are not met. AFSCME disputes the probative value and overall weight of the evidence upon which the Hearing Examiner based her recommendations. The Hearing Examiner found that the evidence established that employees occupying identical positions and performing similar functions are at both DCGH and the community health clinic. (R&R at 29.) Moreover, as the Hearing Examiner noted, some dissimilarity among employees in a proposed units does not preclude a finding that it is appropriate. See, e.g., AFSCME, D.C. Council 20 and UDC Law School, 36 DCR 8203, Slip Op. No 235, PERB Case No. 89-R-03 (1989).^{10/}

^{9/}We note that the Hearing Examiner did not adopt a standard of "the most appropriate unit", as asserted by AFSCME and AFGE; rather, she determined that the Act prescribed that the Board determine "the appropriate unit.." as oppose to "an appropriate unit". (R&R at 22.)

^{10/}AFSCME also excepts to the establishment of an LPN only unit. The issues raised by AFSCME's objections are fully
(continued...)

With the exception of the recommended separate LPN unit, the Hearing Examiner's findings, conclusions, recommendations and determinations of appropriate units at the PBC are adopted. The descriptions of the unit determinations set forth in our Order below appear as modified to conform with statutory requirements and to more accurately identify certain employee groups.^{11/}

ORDER

IT IS HEREBY ORDERED THAT:

1. The appropriate units for non-compensation bargaining at the Health and Hospital Public Benefit Corporation (PBC) are as follows:

Unit Descriptions:

a. All qualified medical officers (physicians, dentists and podiatrists) employed by the Health and Hospital Public Benefit Corporation (PBC); but excluding all management officials, confidential employees, supervisors, employees engaged in personnel and labor management relations work in other than a purely clerical capacity and employees engaged in administering the provisions of Title XVII of the District of Columbia Comprehensive Merit Personnel Act of 1978, D.C. Law 2-139.

b. All registered nurses employed by the Health and Hospital Public Benefit Corporation (PBC); but excluding all management officials, confidential employees, supervisors, employees engaged in personnel and labor management relations work in other than a purely clerical capacity and employees engaged in

¹⁰ (...continued)
addressed under the discussion of this same exception by the PBC.

^{11/}We also note the DCNA's correction to the Hearing Examiner's Report which inadvertently referred to RNs that were "employees of PBC since October 1, 1977". (R&R at 9.) Reference in that statement should have been made to "DCGH" not "PBC" in discussing the stipulation between the PBC and DCNA for the unit of RNs.

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administering the provisions of Title XVII of the District of Columbia Comprehensive Merit Personnel Act of 1978, D.C. Law 2-139.

c. All security guards employed by the Health and Hospital Public Benefit Corporation (PBC); but excluding all management officials, confidential employees, supervisors, employees engaged in personnel and labor management relations work in other than a purely clerical capacity and employees engaged in administering the provisions of Title XVII of the District of Columbia Comprehensive Merit Personnel Act of 1978, D.C. Law 2-139.

d. All medical and dental interns, residents and fellows who have their compensation set by the Health and Hospital Public Benefit Corporation (PBC); but excluding all management officials, confidential employees, supervisors, employees engaged in personnel and labor management relations work in other than a purely clerical capacity and employees engaged in administering the provisions of Title XVII of the District of Columbia Comprehensive Merit Personnel Act of 1978, D.C. Law 2-139.

e. All allied health professional employees (excluding medical officers and registered nurses) and non-professional and technical allied health employees employed by the Health and Hospital Public Benefit Corporation (PBC); but excluding all management officials, confidential employees, supervisors, employees engaged in personnel and labor management relations work in other than a purely clerical capacity and employees engaged in administering the provisions of Title XVII of the District of Columbia Comprehensive Merit Personnel Act of 1978, D.C. Law 2-139.

f. All skill trade wage-grade employees employed by the Health and Hospital Public Benefit Corporation (PBC); but excluding all management officials, confidential employees, supervisors, employees engaged in personnel and labor management relations work in other than a purely clerical capacity and employees engaged in administering the provisions of Title XVII of the District of Columbia Comprehensive Merit Personnel Act of 1978, D.C. Law 2-139.

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g. All wage-grade employees (excluding skill trade wage grade employees) employed by the Health and Hospital Public Benefit Corporation (PBC); but excluding all management officials, confidential employees, supervisors, employees engaged in personnel and labor management relations work in other than a purely clerical capacity and employees engaged in administering the provisions of Title XVII of the District of Columbia Comprehensive Merit Personnel Act of 1978, D.C. Law 2-139.

2. Compensation Units Nos. 12, 20, 21, 22, 23 and 24 are modified to reflect a change in the identity and statutory authority of the employing agency from the District of Columbia General Hospital Commission (DCGH) to the PBC as reflected in the attached modified Authorizations.

3. The labor organizations representing the non-compensation units established under paragraph 1 are as follows and as set forth in the attached Certifications Nos. 99, 100, 101, 102 and 103, respectively.

a. The District of Columbia Nurses Association (DCNA) is the certified representative of the unit of all registered nurses.

b. The International Brotherhood of Police Officers (IBPO) Local 446, is the certified representative of the unit of all security guards.

c. The Committee of Interns and Residents (CIR) is the certified representative of the unit of all medical and dental interns, residents and fellows.

d. The American Federation of Government Employees (AFGE), Local 631 is the certified representative of the unit of skill trade wage grade employees.

e. The American Federation of State, County and Municipal Employees (AFSCME), D.C. Council 20, Local 2097 is the certified representative of the unit of all non-skill trade wage grade employees.

4. Elections are directed, in accordance with Board Rules, to determine, among recognized labor organization, the exclusive certified representative for the following non-compensation units:

Decision and Order

PERB Case Nos. 97-UM-05

and 97-CU-02

Page 17

a. An election between the Doctors Council of the District of Columbia and the Doctors Council of the District of Columbia of the General Hospital is directed to determine the representation of the unit of medical officers.

b. An election between the AFSCME, D.C. Council 20, Local 1033; Service Employees International Union, Local 1199-E; AFGE, Local 2978; Licensed Practical Nurses Association (LPNA); AFGE, Local 383, is directed to determine the representation of all allied health professional employees (excluding medical officers and registered nurses) and non-professional and technical allied health employees. Professional employees will also be polled on the question of whether or not they wish to be included in a consolidated unit of both professional and non-professional employees. Any labor organization designated above as authorized to appear on the ballot who no longer maintain an interest in the bargaining unit employees they represent in the consolidated unit shall provide notice of its desire not to appear on the ballot of participate in the election proceedings same within 15 days of issuance of this Order.

BY ORDER OF THE PUBLIC EMPLOYEE RELATIONS BOARD

Washington, D.C.

June 25, 1998

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
PUBLIC EMPLOYEE RELATIONS BOARD**

In the Matter of:)	
)	
)	
)	
The Health and Hospital	)	PERB Case No. 97-UM-05
Public Benefit Corporation,	)	and PERB Case 97-CU-02
)	
Agency,	)	Certification No. 102
)	
and	)	Opinion No. 559
)	
All Unions Representing Bargaining)	
Unit Employees employed by the)	
Health and Hospital Public Benefit)	
Corporation and Bargaining Units in)	
Compensation Units 12, 20, 21, 22,)	
23 and 24,)	
)	
Labor Organizations.)	
)	
)	

CERTIFICATION OF REPRESENTATIVE ^{1/}

A representation proceeding having been conducted in the above-captioned matter by the Public Employee Relations Board (Board) in accordance with the District of Columbia Merit Personnel Act of 1978 and the Rules of the Board and it appearing that an exclusive representative has been designated;

Pursuant to the authority vested in the Board by D.C. Code §§ 1-605.2(1) and (2), 1-618.9(c); Board Rule 504.1(d) and 504.5(e); and the Health and Hospital Public Benefit Corporation

^{1/} By virtue of the Board's modification of unit in a Decision and Order issued simultaneously herewith (Slip Op. No. 559), this Certification supersedes the Certification of the American Federation of Government Employees (AFGE), Local 631, as the exclusive representative of the unit set forth in AFGE and D.C. General Hospital, BLR Case No 8R005 (1978).

**Certification of Representative
PERB Case Nos. 97-UM-05 and
97-CU-02**

Act of 1996, D.C. Law 11-212 (Act), as codified under D.C. Code
Sec. 32-262.8(j),

IT IS HEREBY CERTIFIED THAT:

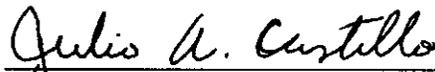
The American Federation of Government Employees (AFGE),
Local 631, has been designated by a majority of the employees of
the above-named public employer in the consolidated unit
described below, as their preference for its exclusive
representative for the purpose of collective bargaining
concerning both compensation and terms-and-conditions matters
with the employer.

Unit Description:

All skill trade wage-grade employees employed by the
Health and Hospital Public Benefit Corporation (PBC);
but excluding all management officials, confidential
employees, supervisors, employees engaged in personnel
and labor management relations work in other than a
purely clerical capacity and employees engaged in
administering the provisions of Title XVII of the
District of Columbia Comprehensive Merit Personnel Act
of 1978, D.C. Law 2-139.

BY ORDER OF THE PUBLIC EMPLOYEE RELATIONS BOARD
Washington, D.C.

June 25, 1998



Julio A. Castillo
Executive Director

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
PUBLIC EMPLOYEE RELATIONS BOARD**

In the Matter of:)	
)	
)	
)	
The Health and Hospital	)	PERB Case No. 97-UM-05
Public Benefit Corporation,	)	and PERB Case 97-CU-02
)	
	)	Certification No. 101
Agency,)	
	)	Opinion No. 559
and)	
)	
All Unions Representing Bargaining)	
Unit Employees employed by the)	
Health and Hospital Public Benefit)	
Corporation and Bargaining Units in)	
Compensation Units 12, 20, 21, 22,)	
23 and 24,)	
)	
Labor Organizations.)	
)	

CERTIFICATION OF REPRESENTATIVE ^{1/}

A representation proceeding having been conducted in the above-captioned matter by the Public Employee Relations Board (Board) in accordance with the District of Columbia Merit Personnel Act of 1978 and the Rules of the Board and it appearing that an exclusive representative has been designated;

Pursuant to the authority vested in the Board by D.C. Code §§ 1-605.2(1) and (2), 1-618.9(c); Board Rule 504.1(d) and 504.5(e); and the Health and Hospital Public Benefit Corporation

^{1/} By virtue of the Board's modification of unit in a Decision and Order issued simultaneously herewith (Slip Op. No. 559), this Certification supersedes the Certification of the Committee of Interns and Residents (CIR) as the exclusive representative of the unit set forth in CIR and D.C. General Hospital Commission, PERB Case No. 89-R-02, Certification No. 59 (1990).

Certification of Representative
PERB Case Nos. 97-UM-05 and
97-CU-02

Act of 1996, D.C. Law 11-212 (Act), as codified under D.C. Code
Sec. 32-262.8(j),

IT IS HEREBY CERTIFIED THAT:

The Committee of Interns and Residents (CIR), has been designated by a majority of the employees of the above-named public employer in the consolidated unit described below, as their preference for its exclusive representative for the purpose of collective bargaining concerning both compensation and terms-and-conditions matters with the employer.

Unit Description:

All medical and dental interns, residents and fellows who have their compensation set by the Health and Hospital Public Benefit Corporation (PBC); but excluding all management officials, confidential employees, supervisors, employees engaged in personnel and labor management relations work in other than a purely clerical capacity and employees engaged in administering the provisions of Title XVII of the District of Columbia Comprehensive Merit Personnel Act of 1978, D.C. Law 2-139.

BY ORDER OF THE PUBLIC EMPLOYEE RELATIONS BOARD
Washington, D.C.

June 25, 1998



Julio A. Castillo
Executive Director

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
PUBLIC EMPLOYEE RELATIONS BOARD**

In the Matter of:)	
)	
)	
)	
The Health and Hospital Public Benefit Corporation,	)	PERB Case No. 97-UM-05 and PERB Case 97-CU-02
)	
Agency,	)	Certification No. 99
)	
and	)	Opinion No. 559
)	
All Unions Representing Bargaining Unit Employees employed by the Health and Hospital Public Benefit Corporation and Bargaining Units in Compensation Units 12, 20, 21, 22, 23 and 24,)	
)	
Labor Organizations.)	
)	
)	

CERTIFICATION OF REPRESENTATIVE ^{1/}

A representation proceeding having been conducted in the above-captioned matter by the Public Employee Relations Board (Board) in accordance with the District of Columbia Merit Personnel Act of 1978 and the Rules of the Board and it appearing that an exclusive representative has been designated;

Pursuant to the authority vested in the Board by D.C. Code §§ 1-605.2(1) and (2), 1-618.9(c); Board Rule 504.1(d) and 504.5(e); and the Health and Hospital Public Benefit Corporation

^{1/} By virtue of the Board's modification of unit in a Decision and Order issued simultaneously herewith (Slip Op. No. 559), this Certification supersedes the Certification of the District of Columbia Nurses Association (DCNA) as the exclusive representative of the unit set forth in DCNA and D.C. General Hospital, BLR 9R011 (1980).

Certification of Representative
PERB Case Nos. 97-UM-05 and
97-CU-02

Act of 1996, D.C. Law 11-212 (Act), as codified under D.C. Code
Sec. 32-262.8(j),

IT IS HEREBY CERTIFIED THAT:

The District of Columbia Nurses Association (DCNA), has been designated by a majority of the employees of the above-named public employer in the consolidated unit described below, as their preference for its exclusive representative for the purpose of collective bargaining concerning both compensation and terms-and-conditions matters with the employer.

Unit Description:

All registered nurses employed by the Health and Hospital Public Benefit Corporation (PBC); but excluding all management officials, confidential employees, supervisors, employees engaged in personnel and labor management relations work in other than a purely clerical capacity and employees engaged in administering the provisions of Title XVII of the District of Columbia Comprehensive Merit Personnel Act of 1978, D.C. Law 2-139.

BY ORDER OF THE PUBLIC EMPLOYEE RELATIONS BOARD
Washington, D.C.

June 25, 1998



Julio A. Castillo
Executive Director

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
PUBLIC EMPLOYEE RELATIONS BOARD**

In the Matter of:)	
)	
)	
The Health and Hospital	)	PERB Case No. 97-UM-05
Public Benefit Corporation,	)	and PERB Case 97-CU-02
)	
Agency,	)	Certification No. 100
)	
and	)	Opinion No. 559
)	
All Unions Representing Bargaining)	
Unit Employees employed by the)	
Health and Hospital Public Benefit)	
Corporation and Bargaining Units in)	
Compensation Units 12, 20, 21, 22,)	
23 and 24,)	
)	
Labor Organizations.)	
)	
)	

CERTIFICATION OF REPRESENTATIVE ^{1/}

A representation proceeding having been conducted in the above-captioned matter by the Public Employee Relations Board (Board) in accordance with the District of Columbia Merit Personnel Act of 1978 and the Rules of the Board and it appearing that an exclusive representative has been designated;

Pursuant to the authority vested in the Board by D.C. Code §§ 1-605.2(1) and (2), 1-618.9(c); Board Rule 504.1(d) and 504.5(e); and the Health and Hospital Public Benefit Corporation

^{1/} By virtue of the Board's modification of unit in a Decision and Order issued simultaneously herewith (Slip Op. No. 559), this Certification supersedes the Certification of the International Brotherhood of Police Officers (IBPO) as the exclusive representative of the unit set forth in IBPO and D.C. General Hospital Commission, PERB Case No. 82-R-09, Certification No. 16 (1982).

Certification of Representative
PERB Case Nos. 97-UM-05 and
97-CU-02

Act of 1996, D.C. Law 11-212 (Act), as codified under D.C. Code
Sec. 32-262.8(j),

IT IS HEREBY CERTIFIED THAT:

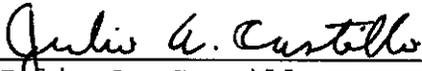
The International Brotherhood of Police Officers (IBPO), has been designated by a majority of the employees of the above-named public employer in the consolidated unit described below, as their preference for its exclusive representative for the purpose of collective bargaining concerning both compensation and terms-and-conditions matters with the employer.

Unit Description:

All security guards employed by the Health and Hospital Public Benefit Corporation (PBC); but excluding all management officials, confidential employees, supervisors, employees engaged in personnel and labor management relations work in other than a purely clerical capacity and employees engaged in administering the provisions of Title XVII of the District of Columbia Comprehensive Merit Personnel Act of 1978, D.C. Law 2-139.

BY ORDER OF THE PUBLIC EMPLOYEE RELATIONS BOARD
Washington, D.C.

June 25, 1998



Julio A. Castillo
Executive Director

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
PUBLIC EMPLOYEE RELATIONS BOARD**

In the Matter of:)	
)	
)	
Health and Hospital Public	)	PERB Case No. 97-UM-05
Benefit Corporation,	)	and PERB Case 97-CU-02
	)	Opinion No. 559
Agency,)	
)	
and)	
)	
All Unions Representing Bargaining)	
Units in Compensation Units 12, 20,)	
21, 22, 23 and 24,)	
)	
Labor Organizations.)	
)	

AMENDED AUTHORIZATION ^{1/}

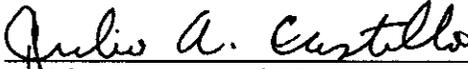
Pursuant to the District of the Columbia Merit Personnel Act of 1978, as codified (D.C. Code §§ 1-605.2 and 1-618.16(b)); and the Health and Hospital Public Benefit Corporation Act of 1996, D.C. Law 11-212 (Act), as codified under D.C. Code Sec. 32-262.8(j), the Public Employee Relations Board (Board) has determined that the unit described below which the Board has determined appropriate in Opinion No. 559 on June 25, 1998, shall constitute a unit for the purposes of compensation bargaining:

Compensation Unit No. 22

All registered nurses employed by the Health and Hospital Public Benefit Corporation (PBC); but excluding all management officials, confidential employees, supervisors, employees engaged in personnel and labor management relations work in other than a purely clerical capacity and employees engaged in administering the provisions of Title XVII of the District of Columbia Comprehensive Merit Personnel Act of 1978, D.C. Law 2-139.

**BY AUTHORITY OF THE PUBLIC EMPLOYEE RELATIONS BOARD
Washington, D.C.**

June 25, 1998



Julio A. Castillo
Executive Director

^{1/}This Authorization amends the compensation unit description set forth in All Unions Representing Bargaining Units in Compensation Units 1, 2, 13, 14 and 19 and the D.C. General Hospital Commission, Slip Op. No. 241, PERB Case Nos. 90-R-03 and 07 (1990).

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
PUBLIC EMPLOYEE RELATIONS BOARD**

In the Matter of:)	
)	
)	
Health and Hospital Public	)	PERB Case No. 97-UM-05
Benefit Corporation,	)	and PERB Case 97-CU-02
	)	Opinion No. 559
Agency,)	
)	
and)	
)	
All Unions Representing Bargaining)	
Units in Compensation Units 12, 20,)	
21, 22, 23 and 24,)	
)	
Labor Organizations.)	
)	

AMENDED AUTHORIZATION ^{1/}

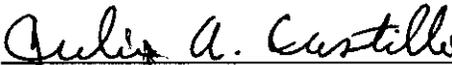
Pursuant to the District of the Columbia Merit Personnel Act of 1978, as codified (D.C. Code §§ 1-605.2 and 1-618.16(b)); and the Health and Hospital Public Benefit Corporation Act of 1996, D.C. Law 11-212 (Act), as codified under D.C. Code Sec. 32-262.8(j), the Public Employee Relations Board (Board) has determined that the unit described below which the Board has determined appropriate in Opinion No. 559 on June 25, 1998, shall constitute a unit for the purposes of compensation bargaining:

Compensation Unit No. 21

All career service employees, including trade and craft, who currently have their compensation set in accordance with the Wage Grade (WG) Schedule.

**BY AUTHORITY OF THE PUBLIC EMPLOYEE RELATIONS BOARD
Washington, D.C.**

June 25, 1998



Julio A. Castillo
Executive Director

^{1/}This Authorization amends the compensation unit description set forth in All Unions Representing Bargaining Units in Compensation Units 1, 2, 13, 14 and 19 and the D.C. General Hospital Commission, Slip Op. No. 241, PERB Case Nos. 90-R-03 and 07 (1990).

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
PUBLIC EMPLOYEE RELATIONS BOARD**

In the Matter of:)	
)	
)	
Health and Hospital Public	)	PERB Case No. 97-UM-05
Benefit Corporation,	)	and PERB Case 97-CU-02
	)	Opinion No. 559
Agency,)	
)	
and)	
)	
All Unions Representing Bargaining)	
Units in Compensation Units 12, 20,)	
21, 22, 23 and 24,)	
)	
Labor Organizations.)	

AMENDED AUTHORIZATION ^{1/}

Pursuant to the District of the Columbia Merit Personnel Act of 1978, as codified (D.C. Code §§ 1-605.2 and 1-618.16(b)); and the Health and Hospital Public Benefit Corporation Act of 1996, D.C. Law 11-212 (Act), as codified under D.C. Code Sec. 32-262.8(j), the Public Employee Relations Board (Board) has determined that the unit described below which the Board has determined appropriate in Opinion No. 559 on June 25, 1998, shall constitute a unit for the purposes of compensation bargaining:

Compensation Unit No. 24

All qualified medical officers (physicians, dentists and podiatrists) employed by the Health and Hospital Public Benefit Corporation (PBC); but excluding all management officials, confidential employees, supervisors, employees engaged in personnel and labor management relations work in other than a purely clerical capacity and employees engaged in administering the provisions of Title XVII of the District of Columbia Comprehensive Merit Personnel Act of 1978, D.C. Law 2-139.

**BY AUTHORITY OF THE PUBLIC EMPLOYEE RELATIONS BOARD
Washington, D.C.**

June 25, 1998



Julio A. Castillo
Executive Director

^{1/}This Authorization amends the compensation unit description set forth in All Unions Representing Bargaining Units in Compensation Units 1, 2, 13, 14 and 19 and the D.C. General Hospital Commission, Slip Op. No. 241, PERB Case Nos. 90-R-03 and 07 (1990).

Amended Authorization
PERB Case Nos. 97-UM-05
and 97-CU-02

Schedule; but excluding all management officials, confidential employees, supervisors, employees engaged in personnel and labor management relations work in other than a purely clerical capacity and employees engaged in administering the provisions of Title XVII of the District of Columbia Comprehensive Merit Personnel Act of 1978, D.C. Law 2-139.

BY AUTHORITY OF THE PUBLIC EMPLOYEE RELATIONS BOARD
Washington, D.C.

June 25, 1998



Julio A. Castillo
Executive Director

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
PUBLIC EMPLOYEE RELATIONS BOARD**

In the Matter of:)	
)	
)	
)	
Health and Hospital Public	)	PERB Case No. 97-UM-05
Benefit Corporation,	)	and PERB Case 97-CU-02
	)	Opinion No. 559
Agency,)	
)	
and)	
)	
All Unions Representing Bargaining)	
Units in Compensation Units 12, 20,)	
21, 22, 23 and 24,)	
)	
Labor Organizations.)	

AMENDED AUTHORIZATION ^{1/}

Pursuant to the District of the Columbia Merit Personnel Act of 1978, as codified (D.C. Code §§ 1-605.2 and 1-618.16(b)); and the Health and Hospital Public Benefit Corporation Act of 1996, D.C. Law 11-212 (Act), as codified under D.C. Code Sec. 32-262.8(j), the Public Employee Relations Board (Board) has determined that the unit described below which the Board has determined appropriate in Opinion No. 557 on June 12, 1998, shall constitute a unit for the purposes of compensation bargaining:

Compensation Unit No. 12

All medical and dental interns, residents and fellows who have their compensation set by the Health and Hospital Public Benefit Corporation (PBC); but excluding all management officials, confidential employees, supervisors, employees engaged in personnel

^{1/}This Authorization amends the compensation unit description set forth in All Unions Representing Bargaining Units in Compensation Units 1, 2, 13, 14 and 19 and the D.C. General Hospital Commission, Slip Op. No. 241, PERB Case Nos. 90-R-03 and 07 (1990).

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
PUBLIC EMPLOYEE RELATIONS BOARD**

In the Matter of:)	
)	
Health and Hospital Public	)	PERB Case No. 97-UM-05
Benefit Corporation,	)	and PERB Case 97-CU-02
	)	Opinion No. 559
Agency,)	
)	
and)	
)	
All Unions Representing Bargaining)	
Units in Compensation Units 12, 20,)	
21, 22, 23 and 24,)	
)	
Labor Organizations.)	

AMENDED AUTHORIZATION ^{1/}

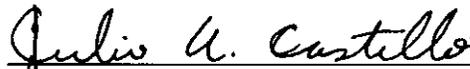
Pursuant to the District of the Columbia Merit Personnel Act of 1978, as codified (D.C. Code §§ 1-605.2 and 1-618.16(b)); and the Health and Hospital Public Benefit Corporation Act of 1996, D.C. Law 11-212 (Act), as codified under D.C. Code Sec. 32-262.8(j), the Public Employee Relations Board (Board) has determined that the unit described below which the Board has determined appropriate in Opinion No. 559 on June 25, 1998, shall constitute a unit for the purposes of compensation bargaining:

Compensation Unit No. 23

All Licensed Practical Nurses employed by the Health and Hospital Public Benefit Corporation (PBC) who currently have their compensation set in accordance with the Special Rate District Service Schedule.

**BY AUTHORITY OF THE PUBLIC EMPLOYEE RELATIONS BOARD
Washington, D.C.**

June 25, 1998



Julio A. Castillo
Executive Director

^{1/}This Authorization amends the compensation unit description set forth in All Unions Representing Bargaining Units in Compensation Units 1, 2, 13, 14 and 19 and the D.C. General Hospital Commission, Slip Op. No. 241, PERB Case Nos. 90-R-03 and 07 (1990).

CERTIFICATE OF SERVICE

This is to certify that the Decision and Order on Unit Modification and Compensation unit Determination, Certification of Representative and Amended Authorization in PERB Case Nos. 97-UM-05 and 97-CU-02 was mailed (U.S. Mail) to the following parties on this the 24th day of June 1998.

Michael L. Stevens, Esq.
Arent Fox Kinter Plotkins & Kahn
1050 Connecticut Ave., N.W.
Washington, D.C. 20036-5339

John Axelrod, Esq.
Beins, Bodley, Axelrod
and Kraft
1727 Mass. Ave., N.W., Suite 704
Washington, D.C. 20036

Kofi Boakye, National Representative
AFGE, AFL-CIO, District 14
80 F Street, N.W., 11th Floor
Washington, D.C. 20001

Michelle D. Thompson, Esq.
SEIU Eastern District 1199E
611 N. Eutaw Street
Baltimore, MD 21201

John Word, Executive Director
Licensed Practical Nurses Assoc.
226 Rhode Island Ave., N.W.
Washington, D.C. 20001

Thomas Wachter, Deputy Director
D.C. Nurses Association
5100 Wisconsin Avenue, N.W.
Suite 306
Washington, D.C. 20016

David R. Levinson, Esq.
1835 K Street, N.W.
Suite 950
Washington, D.C. 20006

Wendy Kahn, Esq.
Zwerdling, Paul, Leibig
Kahn, Thompson & Wolly
1025 Connecticut Avenue, N.W.
Suite 712
Washington, D.C. 20036

Edward J. Smith, Esq.
317 South Patrick Street
Alexandria, VA 22314

Gloria P. Clement, Esq.
Associate General Counsel
AFSCME, District Counsel 20
1101-17th Street, N.W., Suite 210
Washington, D.C. 20036

Ronald Neilly, Administrator
1511 K Street, N.W.
Suite 312
Washington, D.C. 20005

Roscoe Ridley, Jr.
Chief of Labor Relations
D.C. Health & Hospitals
Public Benefit Corporation
19th & Mass., Ave., S.E., Suite 1505
Washington, D.C. 20003

Courtesy Copies:

Joseph Smith
AFGE, Local 631
P.O. Box 54585
Washington, D.C. 20032

Nathaniel Nelson
National Representative
14th District, AFGE
80th F Street, N.W., 11th Floor
Washington, D.C. 20001

Evelyn Sommers
D.C. Nurses Association
5100 Wisconsin Ave., Ste 306
Washington, D.C. 20016

John Fairman
General Manager/CEO
D.C. Health & Hospital
and Public Benefit Corporation
19th & Mass. Ave., S.E., Suite 1455
Washington, D.C. 20003

Dr. Cheryl Williams
Doctor's Council of D.C.
300 I Street N.E., Suite 5
Washington, D.C. 20002

Dr. Kenneth Dais
Doctor's Council of DCGH
19th & Mass. Ave., S.E., Rm# G266
Washington, D.C. 20003

Toni Sawyer, President
AFSCME, Local 2097
3115 11th Street, N.W.
Washington, D.C. 20010

Marla Holder
AFSCME, Local 383
P.O. Box 1277
Laurel, Md. 20725-1277


Sheryl Harrington
Secretary

Patricia O'Malley
D.C. Nurses Association
Department of Human Services
2611 Randolph Street, N.E.
Washington, D.C. 2001

Joann McCarthy
AFGE, Local 2978
3352 Chillum Road
Suite 103
Mt. Rainier, Md. 20712

Mark Levy
Committee of Interns & Residents
Local 1957
386 Park Ave., South, Rm.# 1502
New York, NY 10016-8852

James Baxter, Director
office of Labor Relations Division
and Collective Bargaining
441 4th Street, N.W., Suite 200
Washington, D.C. 20001

Stephen Cook, Director
D.C. Health & Hospitals
and Public Benefit Corporation
19th & Mass., Ave., S.E., Suite 1505
Washington, D.C. 20003

Robert Moore, President
Service Employees International
611 N. Eutaw St.
Baltimore, Md. 21201

Lorretta Owens, President
AFSCME, Local 1033
19th & Mass., Ave., S.E.
Washington, D.C. 20003



Public
Employee
Relations
Board

Government of the
District of Columbia



415 Twelfth Street, N.W.
Washington, D.C. 20004
[202] 727-1822/23
Fax: [202] 727-9116

NOTICE

TO ALL EMPLOYEES OF THE DISTRICT OF COLUMBIA HEALTH AND HOSPITAL BENEFIT CORPORATION, THIS OFFICIAL NOTICE IS POSTED BY ORDER OF THE DISTRICT OF COLUMBIA PUBLIC EMPLOYEE RELATIONS BOARD PURSUANT TO ITS DECISION AND ORDER IN SLIP OPINION NO. 558, PERB CASE NOS. 97-U-16 and 97-U-25 (June 24, 1998).

WE HEREBY NOTIFY our employees that the District of Columbia Public Employee Relations Board has found that we violated the law and has ordered us to post this notice.

WE WILL cease and desist from interfering, restraining or coercing employees in the exercise of rights guaranteed by the Labor-Management subchapter of the Comprehensive Merit Personnel Act (CMPA) to freely: (a) form, join, or assist any labor organization and (b) bargain collectively through representatives of their own choosing.

WE WILL cease and desist from discriminating in regard to hiring or tenure of employment or any term and condition of employment to discourage membership in any labor organization by transferring bargaining unit employees Ann Marie Terry-Haley and Robin Burns in violation of D.C. Code Sec. 1-618.4(a)(3).

WE WILL NOT, in any like or related manner, interfere, restrain or coerce, employees in their exercise of rights guaranteed by the Labor-Management subchapter of the CMPA.

Health and Hospital Public Benefit
Corporation

Date: _____ By: _____
General Manager/
Chief Operating Officer

This Notice must remain posted for thirty (30) consecutive days from the date of posting and must not be altered, defaced or covered by any other material.

If employees have any questions concerning the Notice or compliance with any of its provisions, they may communicate directly with the Public Employee Relations Board, whose address is: 415-12th Street, N.W. Room 309, Washington, D.C. 20004. Phone: (202) 727-1822.

BY ORDER OF THE PUBLIC EMPLOYEE RELATIONS BOARD
Washington, D.C.
June 24, 1998

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
PUBLIC EMPLOYEE RELATIONS BOARD**

In the Matter of:)	
)	
)	
The Health and Hospital	)	PERB Case No. 97-UM-05
Public Benefit Corporation,	)	and PERB Case 97-CU-02
)	
Agency,	)	Certification No. 103
)	
and	)	Opinion No. 559
)	
All Unions Representing Bargaining)	
Unit Employees employed by the)	
Health and Hospital Public Benefit)	
Corporation and Bargaining Units in)	
Compensation Units 12, 20, 21, 22,)	
23 and 24,)	
)	
Labor Organizations.)	
)	
)	

CERTIFICATION OF REPRESENTATIVE ^{1/}

A representation proceeding having been conducted in the above-captioned matter by the Public Employee Relations Board (Board) in accordance with the District of Columbia Merit Personnel Act of 1978 and the Rules of the Board and it appearing that an exclusive representative has been designated;

Pursuant to the authority vested in the Board by D.C. Code §§ 1-605.2(1) and (2), 1-618.9(c); Board Rule 504.1(d) and

^{1/} By virtue of the Board's modification of unit in a Decision and Order issued simultaneously herewith (Slip Op. No. 559), this Certification supersedes the Certification of the American Federation of State, County and Municipal Employees (AFSCME), D.C. Council 20, Local 2097, as the exclusive representative of the unit set forth in AFSCME and D.C. General Hospital, PERB Case Nos. 93-R-03 and BLR Case No. 0R007, Certifications Nos. 71 and 72 (1993).