

March 26th, 2025

To the members of the Community Review Board and the OHA:

I have been a clinician with many Legacy Medical Group primary care clinics for 12 years now. I have been watching closely the developments regarding the OSHU-Legacy merger and I would like to share my feedback about two important topics at the heart of what you do.

1. How the transaction will benefit the public good by increasing access to services in medically underserved areas and for disadvantaged populations.

There are about 26 Legacy primary care clinics around Portland-Vancouver Greater Metropolitan area, all the way from Silverton, OR to Vancouver/Camas WA and Firwood, OR to St Helens, OR. These clinics serve a large variety of populations: rural populations, large ethnic/immigrant groups, people with a broad social-economic status. Primary care (family care) clinics provide the bulk of outpatient care services throughout continuum of care and represent the main contact point between patients and healthcare systems.

I see about 12-16 patients a day and about 50-70% of them are Medicare and Medicaid patients. They have multiple barriers to access to medical care: age, social-economic background, distance (rural) etc. Many of my patients get also care at OSHU, for example cancer care, specialty care such nephrology etc. I can personally testify that these patients' access to services is challenging when having to deal with two systems: two types of scheduling processes, two types of billing departments, referral departments, two different patient healthcare portals etc. There are many barriers to access to care and many studies that can be quoted as a backing argument. I truly witness from a practical standpoint of view that even a simple thing like navigating two different phone trees from two different organizations is a barrier to access to care for populations in medically underserved areas.

Therefore, I strongly believe that the merger would improve access to care for people from underserved areas by removing the above-mentioned barriers. One system, one scheduling process, one referral process, one billing process, one patient facing workflow, all in one: one streamlined experience that will improve access to care especially for people from underserved areas. Not to speak, that even for me as clinician, collaborating with other healthcare professionals in one streamlined healthcare system instead of two, would improve the outcomes for these patients and avoid delays or errors throughout continuum of care.

2. Discrepancy between the employment protections afforded to union-represented employees compared with unrepresented employees.

At the crux of this topic stays the Letter of Agreement Between Labor Partners and Oregon Health and Science University (1). There have been a lot of feedback about this topic. Some of the feedback comes from Legacy Unrepresented Employees group. As a Legacy employee myself, I have been concerned about the discrepancies outlined in the Letter of Agreement mentioned above. It is worth to note that OSHU is a heavily unionized institution so the Letter of Agreement would apply to a vast majority of OSHU employees. On the other hand, Legacy has been traditionally one of the least unionized major healthcare systems in Portland-Vancouver area.

Nevertheless, there has been a great unionizing movement at Legacy even before this Letter of Agreement. One simple case search on National Labor Relation Board (NLRB) website would indicate that there have been thousands of Legacy employees who have unionized during last few years specifically during last 12 months. As a Legacy employee who recently participated in a unionizing campaign at Legacy, I can testify that there are thousands more willing in the process to unionize soon. All these unionized and future to unionize Legacy employees would benefit from the Letter of Agreement stipulations, including physicians. Of note, as of now, majority of physicians at Legacy have unionized.

However, while Legacy management argues about the unfair treatment of unrepresented Legacy employees versus represented ones per Letter of Agreement stipulations, the exact same Legacy management has embarked into an aggressive anti-union campaign and therefore denying an important option for unrepresented Legacy employees to benefit from the Letter of Agreement by unionization. It has been spending tens of thousands if not hundred of thousands of dollars on lawyers to fight Legacy employee union petitions at NLRB. It has been organizing meetings and sending communications to employees about the downsides of unionizing. This ambivalent stance questions the true motive of some Legacy management members of arguing about the unfair treatment caused by Letter of Agreement. Specifically, the motive of Legacy Unrepresented Employees group (2) who themselves state on their website that they are as few as 30+ Legacy employee group. How many of these employees are mid, low level management employees? Versus how many are in non-management, non-supervisory position? It is well known that management employees cannot be part of a union. It is also reasonable to assume that the merger would put in question many redundancies of managerial positions between the two systems. Can this group truly speak in the name of all unrepresented Legacy employees? Especially when most of Legacy unrepresented employees have been working to unionize or have unionized while under pressure from Legacy management employees who, at least some, are members of this Legacy Unrepresented Employee group?

Considering that thousands of unrepresented Legacy employees have unionized by now, that vast majority of physicians have unionized, and many more thousands are ready to drop union cards or file for union elections in very close future, the argument about unfair treatment of unrepresented Legacy employees becomes a moot point by the day. Especially when this argument is raised by managers at Legacy who do everything they can to prevent employees from unionizing.

I have been until recently an unrepresented Legacy employee. Considering the information shared above, I have regarded OSHU decision to sign a letter of agreement with main unions representing vast majority of employees at both institutions as a testament for commitment to wellbeing of employees. I am looking forward to becoming a member of such institution and strongly support this merger.

Respectfully,

A Legacy Employee

(1) - [039-HCMO-Notice-Question-13-Exhibit-1.pdf](#)

(2) - [About Us — UNREPRESENTED EMPLOYEES](#)