Our Goals

We are a group of experienced, dedicated, and highly capable clinicians who practice at the top of our licenses in a uniquely demanding and high-risk environment. We are expected to maintain multiple advanced certifications, function with a high degree of autonomy, and make time-critical decisions and interventions with minimal oversight — often in challenging, unpredictable conditions. That level of responsibility and expertise matters, and it deserves to be recognized with compensation that reflects both the complexity of our work and the cost of living where we live.

Our current compensation does not align with the financial realities of living in Reno and Northern Nevada. Reno's cost of living is well above the national average, driven largely by elevated housing costs, transportation expenses, and everyday necessities. Housing prices are significantly higher than national norms, with typical home values approaching the mid-$500,000s and common monthly mortgage payments in the $3,000+ range.

Our organization includes many divisions that operate under very different workforce models. Some areas, especially parts of ground EMS and dispatch, are built around early-career staff and naturally high turnover. Care Flight is different. We are a late-career, highly specialized, and retention-dependent workforce. Our value to the organization, in terms of safety, stability, institutional knowledge, reputation, and financial contribution, depends on experienced clinicians staying long term, not on frequent replacement.

We should not have to rely on excessive overtime or multiple jobs simply to meet the cost of living. We should be able to support our families, buy a home, provide for our children, and plan for the future without chronic financial stress. This work is not "just a job", it is a profession and a long-term career. Fair compensation, aligned with local cost-of-living realities and structured to reward experience and responsibility, is essential for us to continue serving our community safely, sustainably, and at the high level our patients deserve.

To the crews we represent, "fair pay" means:

- Compensation aligned with local cost of living and specialty clinical demands
- Transparent and predictable pay scales (no opaque or discretionary adjustments)
- Pay progression tied to experience, certifications, and years of service
- Recognition of the unique demands of Care Flight compared to other divisions

- A comprehensive clinical ladder to foster continuous education and support engaged employees
- Wage adjustments that keep pace with inflation and housing cost changes

Benefits

Overall, our benefits package is sufficient, and many elements are competitive and appreciated by our crews. However, there are two areas where the current structure falls short of adequately protecting employees and their families, particularly given the nature of our work: disability coverage and death benefits. These benefits exist specifically to provide financial security in worst-case scenarios, and it is precisely in those scenarios that our current benefits are least aligned with the realities of our schedules, our risks, and our financial obligations.

Misrepresentation of Disability Benefits

Our disability insurance is advertised as paying 66.6% of salary, tax-free. However, the way "salary" is defined and reported significantly reduces the actual benefit for Care Flight crews specifically. Because our reported salary is calculated based on a 40-hour work week (even though we are scheduled and paid for 48 hours) a substantial portion of our regular earnings is excluded from the benefit calculation. When the 66.6% benefit is applied to that reduced number, it results in only about 51% of our true income being replaced in the event of a disability.

This creates a meaningful gap between how the benefit is described and how it functions in practice for Care Flight employees. While the benefit is presented as replacing two-thirds of income, it actually replaces just over half of what we regularly earn, and even less for those who rely on differentials, incentive pay, or additional shifts. This is not simply a technical detail; it directly affects financial security for employees in the event of illness or injury.

Role	Top Hourly	Annual Pay	66.6% Benefit	Reported Salary	66.6% Benefit	% of Actual Income	Monthly Net Loss
Flight Nurse	$48.22	$130,387	$86,837	$100,298	$66,798	51.2%	$1670
Flight Medic	$33.81	$91,424	$60,888	$70,325	$46,849	51.3%	$1169

Death Benefits

The organization currently provides a death benefit of approximately $100,000 for line-of-duty deaths. While we appreciate that this benefit exists, it does not reflect

the financial reality facing most families in the event of a catastrophic loss. particularly in a high cost-of-living area like Northern Nevada, and particularly for households that depend primarily on one income.

For many families, $100,000 would cover only a limited portion of immediate and long-term needs, such as:

- Funeral and burial expenses
- Outstanding medical bills
- Mortgage or rent obligations
- Childcare, education, and daily living costs
- Loss of long-term income and retirement contributions

For a Flight Nurse earning approximately $130,000 per year or a Medic earning approximately $90,000 per year, a $100,000 benefit represents less than one year of income, and does not come close to replacing the financial support that person would have provided to their family over time.

This means that in the worst-case scenario, the very moment this benefit is meant to provide protection, families are left financially vulnerable at exactly the time they are least able to manage financial stress.

Given the inherent risks of our work, the environments we operate in, and the reality that aviation and critical care transport carry higher-than-average occupational hazards, it is reasonable and appropriate that our death benefits meaningfully reflect those risks. These benefits should be structured to provide true financial security for families, not just symbolic support. This is not about expecting tragedy, it is about acknowledging risk honestly and ensuring that if the unthinkable does happen, our families are protected in a way that reflects both the danger of our work and the value of the people doing it.

Education and Professional Development

As clinicians, we are deeply committed to providing excellent care to the sick and injured. To do that safely and effectively, our knowledge and skills must remain current in a rapidly evolving clinical and operational environment. Ongoing education including hands-on training, simulation, virtual learning, and exposure to national best practices- is not optional in this profession, it is essential.

Our organization benefits directly from a highly educated workforce. Up-to-date clinicians improve patient outcomes, enhance safety, strengthen our reputation, and reduce risk and liability. For that reason, education and professional development should be treated as a core benefit and a strategic investment — not as a personal expense borne primarily by employees.

Currently, our education reimbursement is significantly lower than that of comparable local healthcare employers. Our program provides:

- $1,000 in the first year of employment
- $2,000 for years 1–3
- $3,000 after three years

By comparison, local hospitals average approximately $7,000 per year in education and tuition reimbursement. This gap limits access to meaningful continuing education, discourages pursuit of advanced degrees, and places our clinicians at a disadvantage relative to peers in other healthcare settings.

We also face barriers to attending national conferences and specialty training. While registration fees are sometimes approved, travel and lodging are often denied, requiring employees to use personal time and money to attend events that directly benefit the organization by keeping our practices aligned with, or ahead of, national standards.

Our organization should actively encourage and support ongoing professional development, including advanced certifications, specialty training, and higher education. These efforts strengthen clinical quality, improve retention, and build long-term institutional expertise. We should not have to wait a decade for meaningful access to these benefits, nor should we be expected to self-fund education that primarily serves organizational goals.

Due Process

No one comes to work intending to do the wrong thing. We work in a complex, high-stakes environment where good people are required to make difficult decisions, often with limited information and under significant pressure. In that context, it is essential that employees are treated fairly when questions arise about performance or conduct.

We should not have to fear that the at-will nature of employment could be used to take away someone's livelihood without a fair and transparent process. Every employee deserves the right to understand the concerns raised, to respond to them, and to have those concerns reviewed in an objective and consistent way. Due process is not about protecting wrongdoing — it is about protecting fairness, professionalism, and trust within our organization.

Our goal is a culture where people feel safe to do their jobs well, speak up about concerns, and learn from mistakes without fear of arbitrary or unjust consequences. Fair expectations, clear standards, and meaningful job security are foundational to a healthy, high-performing workforce.

To the crews we represent, "due process" means:

- Clear, written standards for performance and conduct
- Timely notice of concerns or allegations
- The opportunity to respond and provide context or evidence
- An impartial review process
- Progressive discipline where appropriate, rather than immediate termination
- Protection from retaliation for speaking up or raising safety concerns

Retention

Every one of these goals is ultimately about retention. The strength of our organization is built on its people; on their experience, their judgment, and their commitment to each other and to our patients. To remain strong, we must be able to attract highly qualified clinicians and, just as importantly, provide them with a meaningful career and future within the organization.

We cannot afford to lose dedicated and talented staff because of inadequate compensation, insufficient support, or a lack of opportunity for professional growth. When experienced clinicians leave, the organization loses not only staffing capacity, but also institutional knowledge, mentorship, team cohesion, and clinical excellence; all of which take years to build and cannot be quickly replaced.

Retention benefits everyone. Employees gain stability, professional fulfillment, and the ability to build a long-term career. The organization gains a skilled, committed workforce that delivers safer care, stronger performance, and a better reputation within the healthcare community.

We cannot grow if we cannot retain our people, and we cannot retain our people without a meaningful investment in them.

The Company and Our Future

At the core of our beliefs is the idea that this organization can only succeed if it is able to hire, support, and retain the very best clinicians, and provide them with a genuine long-term career pathway in transport medicine. Stabilizing and investing in our workforce is not just a moral imperative; it is a strategic one. It is how we maintain clinical excellence, protect safety, and remain competitive in a demanding and evolving industry.

Over time, many of us have tried to address these concerns through existing internal processes. Despite those efforts, meaningful progress has not occurred. Important issues have been delayed, minimized, or left unresolved, while the challenges facing our crews and our program continue to grow.

We are choosing to unionize not out of conflict, but out of commitment; commitment to our profession, to our patients, to each other, and to the long-term health of this organization. We are seeking a voice that is constructive, durable, and impossible to overlook. A voice that allows us to advocate effectively for the conditions that make excellent care possible and sustainable. Unionization is not a rejection of this organization, it is an investment in its future.

Our Patients

At first glance, many of these goals may appear to focus on the workforce. In reality, they are fundamentally about patients.

A growing body of research shows that improvements in working conditions, staffing, and professional support for clinicians are directly associated with better patient outcomes. Studies have demonstrated improvements in nurse-sensitive outcomes such as reduced rates of infection, complications, and in-hospital mortality following successful unionization and workforce advocacy efforts (Dube, Kaplan, & Thompson, 2016; McHugh et al., 2016).

In California, nurse-led advocacy through the California Nurses Association resulted in the passage of mandatory nurse-to-patient ratios. Subsequent research has shown that these changes were associated with lower patient mortality, reduced clinician burnout, and improved nurse retention compared to states without similar protections (Aiken et al., 2010).

While there are no large-scale studies yet focused specifically on air medical or HEMS programs, the underlying principle remains the same: when clinicians are supported, resourced, and able to practice safely and sustainably, patients benefit.

We have the opportunity to be leaders in this space, to build a system that supports clinicians and, in doing so, elevates the care we provide. That is what drives us. That is why this matters. And that is what lies at the heart of our work: the privilege and responsibility of caring for people at their most vulnerable moments, and the desire to do that work as well as we possibly can.

References

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