



# HealthWire

THE NATIONAL PUBLICATION OF AFT HEALTHCARE PROFESSIONALS

## disturbing behavior



**A FEW YEARS AGO**, Kelly took on a promising position at the University of Connecticut Health Center. But thanks to a workplace bully, none of that promise has been fulfilled.

Kelly, not his real name, endures weekly grilling by his supervisor who often questions the quality of his work. Unlike his co-workers, he is often assigned to work without a colleague and he has no real job description. He considers himself to be in an “untenable situation.”

“My job changes at will,” Kelly says. “My first year was rough, and the situation has been going downhill ever since then.”

His union has been “a lifesaver,” Kelly says, and the employee assistance program also has helped. “I have the support of my family, and I have sought out mental health counseling, but the situation is bad for my health,” says Kelly, who has trouble sleeping and increased anxiety. “I am working very hard to keep a happy face.”

But the damage is already done; Kelly is actively looking for another job. “I will leave on the best terms I can and do the best work I can until I leave.”

Kelly is not alone. Workplace bullying is a growing concern for health professionals nationwide.

### **Making life miserable**

“The disproportionate dumping on employees by workplace bullies can make life miserable,” says Gary Namie, founder of the Workplace Bullying Institute (WBI), an advocacy

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## Keeping healthcare reform on track

RANDI WEINGARTEN, AFT President

EVEN BEFORE President Obama signed the Affordable Care Act into law, opponents were erecting the scaffolding of their plans to repeal the landmark healthcare legislation. The passage of the law and the implementation of its initial provisions have set the law in motion. Yet many politicians who made opposition to the law a central theme of their campaigns in last November's midterm elections feel newly emboldened to derail this vital reform.

With a new majority in the U.S. House of Representatives, House Republicans will have little trouble securing votes to erode, and even repeal, the Affordable Care Act. But Republicans do not have a majority in the U.S. Senate, and they would have a heavy lift overriding a presumptive veto of any effort to repeal the law. Some Republican leaders in Congress, however, have been clear about their hope to chip away at key provisions in the legislation, and to defund whatever sections they can.

Some of the most hostile territory for the healthcare law now is in the states, at the very time the legislation requires states to enact key provisions of the reforms. Twenty states shifted to complete Republican control in the midterm elections (up from eight states before the elections). While states must defer to federal law, the health law gives them considerable flexibility in areas such as structuring new insurance exchanges, expanding enrollment in Medicaid and pressuring insurers to contain costs. Many observers expect this change of party control to usher in a less

regulatory and more market-driven approach to healthcare in the states.

The state movement to undermine the healthcare legislation is led, in many ways, by Florida and its newly elected governor, Rick Scott. A former executive of the largest for-profit hospital chain in the world, Scott spent

For all the **noise** about repealing the Affordable Care Act, **opponents** have been very **quiet** about what, if anything, they would **propose** in its stead.

more than \$5 million of his own money to wage a national advertising campaign against the healthcare reform effort. And the state of Florida has initiated a lawsuit challenging the constitutionality of the law. Twenty states have joined the Florida suit.

No law is perfect. But the Affordable Care Act is a huge leap toward making healthcare more affordable, holding insurers more accountable, expanding coverage to all Americans and making our health system sustainable.

This makes the claims underpinning many of the arguments against healthcare reform all the more troubling. The scare tactics and

misinformation that polluted the debate leading up to passage of the healthcare law ranged from deceptive to downright disturbing. While the costs—and cost-savings—remain to be seen, other claims—such as that the law would require rationing and “death panels”—have been roundly denounced as mistruths.

For all the noise about repealing the Affordable Care Act, opponents have been very quiet about what, if anything, they would propose in its stead. Reverting to the pre-reform status quo is hardly an answer. America's broken healthcare system was taking a bigger bite out of the economy and hurting more people with each passing day. Doing nothing was neither economically sustainable nor morally defensible.

No one knows this better than those of you on the frontlines of our healthcare system. You see the effects when emergency rooms are overrun with patients who have neither health insurance nor regular healthcare providers; when patients are unable to get care for minor conditions, which grow into serious and costly health problems; and when health systems must absorb the cost of caring for patients who lack insurance or are unable to pay for services.

The AFT—and thousands of members like you—worked hard for the passage of healthcare reform. Our commitment to making America's healthcare system work for all is as strong today as ever. We must continue to raise our voices for affordable, accessible care until that dream is realized.



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# Stealing time

## Violation of overtime rules is a big problem in healthcare

THE U.S. LABOR DEPARTMENT recently launched an initiative focusing on pay practices throughout the healthcare industry to ensure compliance with minimum wage and overtime provisions of the Fair Labor Standards Act (FLSA).

The FLSA requires that covered employees be paid at least the federal minimum wage of \$7.25 for all hours worked, and time and a half their regular rates of pay for hours worked beyond 40 in a week. But this is not happening in hospitals and nursing homes nationwide.

A recent *New York Times* article notes that “hospitals around the country have paid millions in back wages to settle claims by the government and their employees. And many more hospitals are fighting class-action lawsuits that raise the same issues.”

“The issue of members working through meal periods or staying after work and not being paid has been a concern for as long as I have been a union president,” says Candice Owley, president of the Wisconsin Federation of Nurses and Health Professionals and an AFT vice president. “Some facilities work very hard to make sure everyone is either paid or relieved, and others turn a blind eye to the problem.”

A recent survey of nurses in the Milwaukee area revealed that this is a widespread problem in the nonunion hospitals. “I think more FLSA lawsuits are the answer, so employers will work harder to make sure workers are paid or relieved,” says Owley. “We have won many grievances at different facilities. Fifteen years ago, one of our represented hospitals had to pay \$500,000 in a settlement because the nurses were not getting duty-free lunch periods.”

Owley says one of the biggest challenges is getting employees to insist on their contractual and legal rights.

Dona Frazee, president of the Federation of Nurses and Health Professionals Albany Visiting Nurse Association in New York, says overtime violations have been “a long-standing problem” at her agency. Nurses are expected to get supervisory approval to work overtime if they can’t complete their work during a shift or if they need to work through lunch, Frazee says. She adds that some supervisors will readily approve the overtime, while some won’t.

“We’ve had reports that a supervisor would deny the approval for overtime, telling the nurse that there will be time the next day” to catch up on the paperwork, Frazee says. “The next day comes, things get busy, and there is no time to get caught up. Then the nurse gets frustrated and does the paperwork on his or her own time.”

When Harry Rodriguez, who is president of AFT Local 5123 at Lawrence & Memorial Hospital in New London, Conn., discovered that employees were working off the clock, he approached the hospital’s CEO. “The hospital was in violation of FLSA, and I told him the hospital was going to get hit for a huge sum of



THOMAS GUIROIR

money if the practice didn’t stop.”

Rodriguez also had to inform employees about the consequences of working off the clock. “In the end, the hospital is not getting a true and accurate picture of workers’ productivity.”

To avoid being taken to task for the overtime violations, the hospital president and the human resources department worked with the local union to encourage employees to stop working off the clock. Some workers will continue the practice—and some managers will look the other way when they do—but Rodriguez says that the overall number of people who work overtime and don’t get paid is minimal.

“Labor and management worked together to fix the problem,” he says.

**Harry Rodriguez, president of Local 5123 at Lawrence & Memorial Hospital in New London, Conn., encourages his members to stop working off the clock.**

### SPEAK OUT

We asked online:

**Have you ever worked overtime or through a lunch break at your facility without pay?**

ONLINE POLL RESULTS

94% YES

6% NO

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Look for the semifinalists online starting Feb. 14 so you can cast your vote.

# disturbing behavior

*Continued from page 1*

group based in Bellingham, Wash.

Although bullying, especially in schoolyards across the country, has garnered national attention, bullying in the workplace for the most part has been a silent epidemic. According to a 2010 survey by WBI, 35 percent of workers have experienced bullying; an additional 15 percent witness it.

Bullies can be a boss, co-worker or supervisor. Sixty-two percent of bullies are men, while 58 percent of targets are women, according to the survey. Surprisingly, women target women 80 percent of the time.

*According to a 2010 survey, 35 percent of workers have **experienced** bullying on the job; an additional 15 percent **witness** it.*

The death of a colleague forced members of the Oregon Federation of Nurses and Health Professionals (OFNHP) to confront the issue of workplace bullying head-on.

By all accounts, their colleague was an excellent nurse. She was bright and well-respected, and she had more than 30 years of nursing experience under her belt when she committed suicide last fall.

According to co-workers, the nurse had been the target of a workplace bully and although no one can say her death was a re-

sult of the treatment she received on the job, many people believe the disruptive behavior took its toll on her.

Her death spurred fellow employees into action. "It was the catalyst that brought us together as a group," says Melissa Pond, a nurse case manager and an OFNHP member.

"Supervisors and managers can do whatever they want but when abusive, over-the-top conduct is brought to someone's attention, it is often written off as a personality conflict," says Namie. It shouldn't be.

People may not realize it but bullying in the workplace is an act of violence, explains

Namie, who has been working with his wife, Ruth, to put a stop to workplace bullying since the early 1990s. "It is repeated, health-

harming abusive mistreatment committed by bosses and co-workers. And employers are letting down their workers by refusing to address the problem; it is an organizational abdication of responsibility. We don't tolerate domestic abuse or child abuse. Why is abuse in the workplace tolerated? People have to stop accepting this kind of behavior."

Unlike schoolyard bullying, targets aren't singled out for being weak, they are targeted because they pose a threat to the bully, says Namie. According to the WBI, targets are

often independent; more technically skilled than their bullies; are better liked and have more social skills than their bullies; and are nonconfrontational. When they are bullied, nearly 40 percent of targets never tell their employers that they are being bullied for fear of retaliation or reprisal.

## Managing unacceptable behavior

In an effort to address the growing problem in the field of healthcare, in 2009 the Joint Commission required its accredited hospitals to come up with a code of conduct that defines acceptable, disruptive and inappropriate behaviors, and to implement a process for managing unacceptable behaviors.

There currently are no state or federal laws that address workplace bullying. Namie's organization has crafted model legislation, the WBI Healthy Workplace Bill, that compels employers to prevent workplace bullying. The WBI legislation has been introduced in California, Connecticut, Hawaii, Illinois, Kansas, Massachusetts, Missouri, Montana, New Hampshire, New Jersey, New York, Oklahoma, Oregon, Utah, Vermont, Washington and Wisconsin.

Even though there are no state or federal protections against workplace bullying, the problem can still be addressed, says Namie. Unions in particular are in a good position to help members who are being bullied.

Namie suggests that union members who are interested ask to be trained to become "internal experts" on bullying so they can help their co-workers.

"Unions can take the lead in defining the problem," he says.

## Taking a stand

In October 2010, in the aftermath of the member's suicide, OFNHP filed a class action grievance citing a hostile work environment on behalf of a unit of nurse case managers working in various Kaiser facilities in the Northwest region. That same month, nurses and other health professionals wore "No Bullying" buttons and handed out fact sheets on the topic during Freedom from Workplace Bullies Week.

The case managers came to discover that their colleague was not alone in her maltreatment. Many of the nurses shared stories of

## What you can do

*If you feel you are **being targeted** by a bully, you can:*

- **Break your silence.** Tell co-workers, friends and family. Ask for help.
- **Put your health first.** Schedule an appointment with a mental health professional who understands bullying.
- **Read the voluminous research** on health problems that are related to the stress from bullying.
- **Talk to an attorney** to see if you have any legal recourse.
- **Refuse to believe the lies** told about you. It is not about you; bullying is about the perpetrator's need to control others.
- **Commit to either finding a new job** or planning a fight-back strategy to reclaim your dignity.

SOURCE: WORKPLACE BULLYING INSTITUTE



MICHAEL HALLÉ

how they were being demeaned, yelled at, called names, ignored and not given guidelines on how to do their work.

“There was shame in the treatment they were receiving, and people were keeping it quiet,” says Traci D’Andrea, who is also a nurse case manager and OFNHP member.

“By taking on the issue, it brought to light what was going on in the unit,” says Pond. “That’s when we understood how widespread the problem was.”

After the nurses filed their grievance, they issued a request to meet with management; so far there has been no response.

“We rocked the boat and took a strong stand, but the nurses don’t feel that we have been completely heard because management has declined to hear our grievances,” says OFNHP president Linda Rohman. “They think if they just ignore us, we will forget about the problems.”

But OFNHP members won’t let that happen.

“There needs to be some kind of response from [management] because this is a very critical topic,” says OFNHP member and nurse Kathryn Thompson.

“They are putting this off, believing it is an emotional reaction to the nurse’s death, but that is not the case,” notes Pond.

“The bottom line is that all healthcare workers want to create an anti-bullying environment that is free of harassment,” says Rohman. “To achieve that goal, there needs to be robust discussion about bullying. If supervisors refuse to cooperate, the case

managers are ready to ramp up their actions,” she adds. Right now, there is an uneasy calm and the nurses, with the help of the OFNHP, are still working on a reasonable outcome.

“We haven’t had all of the desired action, but we have seen some improvements,” says D’Andrea. For instance, the case managers have listened to suggestions from a counselor with the employee assistance program that the nurses get together on their own to talk about their concerns. “We are moving toward not being so isolated,” says Pond.

In the meantime, the nurses are continuing to push for clearer communication from their managers. They also want workplace bullying training and a workplace bullying policy at Kaiser.

“Our actions brought the issue of workplace bullying to the forefront” and have gotten people to talk about the problem, says Pond. “If nothing else, our members are better educated on what bullying is and that it should not be accepted.”

Thompson agrees, noting that the anti-bullying actions resonated with her colleagues. “Everyone was very open, understanding and sympathetic to what we were trying to do. I believe it opened some eyes to the problem.”

**Nurses, from left, Kathryn Thompson, Evie Bello, Melissa Pond, Traci D’Andrea, Bev Saum and Juliana G. Butler, along with OFNHP staffer Jocelyn Pitman, are working to establish a bullying policy in their hospital.**

—ADRIENNE COLES

## Banishing bad behavior

*The presence of intimidating and disruptive behaviors in an organization erodes professionalism and creates an unhealthy or even hostile work environment—one that is readily recognized by patients and their families. In an effort to put an end to bad behavior, here are few suggestions the Joint Commission has asked its accredited hospitals to consider implementing.*

- Educate all team members on appropriate professional behavior and include training in basic business etiquette and people skills.
- Hold all team members accountable for modeling desirable behaviors, and enforce the code consistently and equitably among all staff.
- Develop and implement policies that include “zero tolerance” for intimidating and/or disruptive behaviors; protection from retribution for those who report or cooperate in the investigation of disruptive and other unprofessional behavior; and a determination for how and when to begin disciplinary actions.
- Create and implement a reporting system (possibly anonymous) for detecting unprofessional behavior.
- Make use of mediators and conflict coaches when professional dispute-resolution skills are needed.
- Encourage dialogues as a proactive way of addressing ongoing conflicts, overcoming them, and moving forward through improved collaboration and communication.
- Document all attempts to address intimidating and disruptive behaviors.

SOURCE: THE JOINT COMMISSION

AFT VOICES



**To reduce errors, more hospitals are using checklists to ensure proper protocols are followed. If your facility uses checklists, has patient care improved? If not, how do you think checklists would improve care in your facility?**

**IT’S YOUR VOICE** We want to hear from you! Visit [www.aft.org/voices](http://www.aft.org/voices) to respond to this question and to others throughout the year.



# Rethinking nursing

Nurses can and should contribute to reshaping healthcare, experts say

TRANSFORMING the nursing profession is a crucial component in achieving the nation's vision of an effective, affordable, accessible healthcare system, says a new report from the Institute of Medicine (IOM).

Nurses' roles, responsibilities and education must change significantly to meet the increased demand for care that will be created by healthcare reform, and to advance improvements in the health system, the report suggests. "Nurses are critical to carrying out the core goals of quality care," says IOM president Harvey Fineberg.

The report, "The Future of Nursing: Leading Change, Advancing Health," contains recommendations from the Robert Wood Johnson Foundation Initiative on the Future of Nursing committee, which was launched by the foundation and the IOM in 2008.

The committee's report highlights four key messages:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training.
- Nurses should be full partners with physicians and other health professionals in redesigning healthcare in the United States.
- Effective workforce planning and policy-making require better data collection.

## Cooperation and collaboration

"This important report recognizes the crucial role that nurses will continue to play as the nation implements healthcare reform and millions of new patients gain access to the healthcare system," AFT president Randi Weingarten says.

"The report is a huge milestone in the nation's journey to improve healthcare," says Risa Lavizzo-Mourey, president and CEO of the Robert Wood Johnson Foundation. "It marks the difference between what nursing used to be and what it is going to be," says Lavizzo-Mourey.

"The difference is like night and day. The bottom line is that we can do it—with cooperation and collaboration."



**"Nurses should be allowed to expand the scope of their practice to the full extent of their education and training."**

— RANDI WEINGARTEN, AFT president

The report notes that states, federal agencies and healthcare organizations should remove scope-of-practice barriers that hinder nurses from practicing to the full extent of their education and training. These barriers are particularly problematic for advanced-practice registered nurses. With millions more patients expected to have access to coverage through healthcare reform, the healthcare system needs to tap the capabilities of advanced-practice nurses to meet the increased demand for primary care, the committee says.

"Nurses, who make up the largest segment of the healthcare workforce, should be allowed to expand the scope of their practice to the full extent of their education and training—and we applaud the report's support for that goal."

Nurses can bridge the gap caused by the

shortage of primary care doctors, says committee member Dr. John Rowe. "There are certain primary care services that physicians and nurses can provide with similar efficacy. It is an idea whose time has come," says Rowe, a professor at Columbia University's Mailman School of Public Health in New York City.

To handle greater responsibilities and the increasing complexity of healthcare, nurses should achieve higher levels of education and training, the report says. The goal is to have 80 percent of nurses earn bachelor's degrees in the next decade, says committee chair Donna Shalala, president of the University of Miami. "This is a call to action for re-creating nursing in America."

Michael Bleich, dean of the school of nursing at the Oregon Health and Science University in Portland, notes that the committee is not recommending eliminating the many paths to nursing, but rather creating a more educated workforce. "We need more nurse academics, and you can't get nurses to higher levels of education without a bachelor's degree," says Bleich.

The report also notes that healthcare organizations, including nursing associations and nursing schools, should look for ways to give nurses more opportunities to gain leadership skills.

AFT Healthcare will be working with Congress and state legislatures over the next several months to ensure that Americans have the access to quality healthcare that the new law envisioned.

A promotional graphic for the 2011 AFT Healthcare/AFT Public Employees Joint Conference. It features the AFT logo (a blue shield with 'aft' in white) and the tagline 'A Union of Professionals'. The main text reads 'Hold the date! March 31-April 2, 2011' in a red, cursive font. Below that, it says '2011 AFT Healthcare/AFT Public Employees Joint Conference' in a bold, black font. At the bottom, it lists 'Harrah's Las Vegas Hotel • Las Vegas'. On the right side, there is a large, colorful neon sign that says 'WELCOME TO Fabulous LAS VEGAS NEVADA'.

## Improper injection practices threaten patient safety



A SURVEY PUBLISHED in the December issue of the *American Journal of Infection Control* reveals that some health professionals are not using syringes, needles and medication vials properly—a practice that could result in patient-to-patient transmission of bloodborne pathogens.

The study examined the injection practices of 5,446 health professionals to identify trends and target opportunities for education on safe practices.

Researchers found that nearly 1 percent of respondents admitted to sometimes or always reusing a syringe on more than one patient after only changing the needle. Six percent admitted to sometimes or always using single-use vials for multiple patients. Fifteen percent reported using the same syringe to re-enter a multiple-dose vial numerous times; of this group, about 7 percent reported saving these vials for use with other patients. Such injec-

tion practices are an ongoing threat to patient safety. Ensuring safe injection practices in all healthcare settings will require a multifaceted approach that focuses on surveillance, oversight, enforcement and continuing education, the study concludes.

### First do no harm

A NEW STUDY by the Office of the Inspector General (OIG) estimates that one in seven Medicare patients was harmed by the care received in a hospital during one month (October 2008) studied by the agency.

According to the Consumers Union, the study shows that hospital patients are harmed much more frequently than previously estimated and points to the need for mandatory public reporting of medical errors.

“When mistakes are made in hospitals, the consequences can be serious and too often deadly,” says Lisa McGiffert, director of Consumers Union’s Safe Patient Project. “This report shows that hospital patients are being harmed by medical errors at an alarming rate.”

The OIG study was based on a physician review of the medical records of a nationally representative sample from all Medicare patients discharged during October 2008. Physicians determined that 44 percent of all of the errors were preventable.

## Porter Scholar hopes to grow as a professional

TROY KREPSKY IS HONORED to be the recipient of a Robert G. Porter Scholars grant. The award means a lot to Krepsky,



KREPSKY

who is working toward a master’s degree in counseling at Lakeland College in Sheboygan, Wis.

Krepsky is a mental health specialist for the Sheboygan County Health and Human Services Department, and he has been a member of the Sheboygan Federation of Nurses and Health Professionals for nearly 15 years. Throughout his tenure with the department, Krepsky has worked with adults diagnosed with severe and persistent mental illness.

“I have a passion for working with this population,” says Krepsky. “Improving my skills as a counselor by completing my graduate degree will improve the lives of the adults I serve.” Krepsky decided to continue his education because he wanted to grow as a professional. “I would be considered more valuable due to the higher level of service I could provide within my agency,” he explains. “In this era of ever-increasing caseloads, obtaining a graduate degree will allow me to continue providing high-quality services to my clients.”

JOHN SALLER

## Salem RNs vote yes

AFTER THREE MONTHS of delays by the national hospital chain that owns Memorial Hospital of Salem County (N.J.), nurses there have finally won the right to form a union. The vote count was delayed by continued appeals from Community Health Systems, the hospital’s corporate owner. CHS repeatedly lost its appeals before the National Labor Relations Board.

When the votes were counted in December 2010, the final tally was 73 to 48 in favor of the Health Professionals and Allied Employees, an AFT affiliate. The unit has 140 registered nurses.

“The nurses spoke loud and clear for their right to speak up for their patients and their profession,” says nurse Linda Serata. “It is past time that CHS and hospital management sat down to negotiate a fair contract that offers respect and fairness to the RNs working here, rather than continue expensive legal delays and objections to our rights.”

Nurses had filed to hold an election in May 2010, but were initially blocked by CHS, which claimed that a substantial number of the RNs were supervisors and therefore ineligible to vote. The NLRB ruled against CHS in August, and the election was held in September.



## AFT offers scholarships and grants

APPLICATIONS FOR the 2011 Robert G. Porter Scholars Program are now available. AFT members and their children are eligible to participate in the program, which awards four \$8,000 scholarships to graduating high school seniors and \$1,000 grants to AFT members who are continuing their education.

### TO APPLY:

- Download the application from the AFT website at [www.aft.org/aftplus/scholarships](http://www.aft.org/aftplus/scholarships).
- E-mail an application request to: [porterscholars@aft.org](mailto:porterscholars@aft.org).

**APPLICATION DEADLINE  
IS MARCH 31, 2011.**

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AFT Porter Scholar



## A master of disaster

Retired nurse uses her skills to provide relief to those in need

JANET JORDAN SAYS she doesn't miss nursing, and it's because even in retirement she's still actively involved in the profession. "I am just able to do it at my own pace now," says Jordan, a psychiatric nurse and retired member of the New York State Public Employees Federation from Binghamton, N.Y.

Jordan, who was a nurse for 32 years, retired nearly five years ago. She had spent all of five days in retired splendor when she decided to become a volunteer for the American Red Cross disaster relief team. Her first assignment was in Biloxi, Miss., a month after Hurricane Katrina hit in August 2005.

"I came home realizing how fortunate I was," says Jordan. "It was a reality check."

Since then, it has become an annual activity for her to spend weeks away from home working 12-hour days in shelters and helping victims of natural disasters. Over the years, Jordan's work as a Red Cross volunteer has taken her to Beaumont, Texas, to help flood victims; San Diego, Calif., to help wildfire victims and more recently to Memphis, Tenn., to work with flood victims there. Jordan has provided nursing care as well as mental health support. Her Red Cross work has taken her "to places in this country that I would not have seen otherwise."

Closer to home, the AFT retiree has worked as a member of her county's Medical Reserve Corps, and she helps out at a local community health clinic once a week.

As difficult as Jordan's volunteer work can be, she has many positive memories of her accomplishments. One tragedy, however, really frightened her: the mass shooting at the Binghamton (N.Y.) American Civic Association in April 2009.



"I was scared to death, because I wasn't sure what I could do," says Jordan. "Then I caught on that my mere presence seemed to help. It was a feeling I will never forget."

Although her work can be emotionally draining, it holds an air of excitement. "I tried to work as a substitute nurse for a while, but I found I lost my love for it. It is much more rewarding to do the volunteer work," she says.

Now Jordan waits "champing at the bit" for a phone call that will drop her in the middle of the next disaster area. To Jordan, there is nothing better than the work she does as a volunteer. "I would be lost without it," she says.

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