



# HealthWire

THE NATIONAL PUBLICATION OF AFT HEALTHCARE PROFESSIONALS



## Back from the brink

### Creative thinking by employees helps a hospital get through its financial difficulties

FACED WITH financial difficulties, hospitals across the country are making significant changes to weather the economic storm—including cutting administrative costs, reducing staff and curtailing services.

In 2007, Bayonne Medical Center in New Jersey was on the brink of closing. To the dismay of the community and the hospital's employees, many of whom lived in Bayonne, the hospital had fallen on hard times and filed for bankruptcy.

Donna Benjamin, a pediatric nurse at Bayonne, remained optimistic about the hospital's future, nonetheless. "I never felt that the hospital would close. Failure was not an option. This hospital was needed," says Benjamin, who is president of Health Professionals and Allied Employees Local 5185, which represents the 850 nurses and health professionals at the medical center.

And just as Benjamin expected, Bayonne Medical Center found new life when the hospital was bought by



From left, union activists Mary Mack, Donna Benjamin and Nanette Rivera say commonsense proposals for change have helped keep their hospital open.

new owners in 2008. Even so, Bayonne, like many other facilities, is struggling in this tough economy.

According to the American Hospital Association, hospitals across the country continue to be adversely affected by the lingering economic recession. A recent AHA survey noted that 70 percent of hospitals are reporting fewer patient visits and elective procedures.

In addition, more patients and families are enrolling in programs for low-income populations like Medicaid and the State Children's Health Insurance Program, which places even more financial strain on healthcare facilities.

These changes present a unique set of challenges for many AFT healthcare members, who are fighting against furloughs, layoffs, pressure for union contract givebacks, and proposals to freeze raises and pensions.

Bayonne, which has suffered from a low patient census, is also making

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building futures together  
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**AFT + Member Benefits Booklet**  
 INSERT





## Making hospitals safer for us all

RANDI WEINGARTEN, AFT President

THERE IS A TERRIBLE irony surrounding healthcare personnel—that those who work in what is often called the “helping profession” or “healing profession” run a higher-than-average risk of being assaulted on the job.

According to the U.S. Bureau of Labor Statistics, the healthcare sector leads all other industry sectors in incidents of non-fatal workplace assaults. Statistics vary as to

healthcare workers and all who enter healthcare settings.

Members of the Health Professionals and Allied Employees in New Jersey led the successful fight to set statewide standards for violence prevention programs in hospitals. In 2008, then-Gov. Jon Corzine signed a law that requires healthcare facilities in the state to create programs to combat violence against employees. In addition, facilities must estab-

lish a violence prevention committee that includes direct patient-care workers and those experienced in violence prevention. The Wisconsin Federation of Nurses and Health Professionals has put in place systems to help members who have been assaulted by patients and also has focused on preventing workplace violence. WFNHP has established a safety assurance committee to make sure hospitals are following policy and procedures, and adopting new policies when needed. The union also worked with Milwaukee County to implement training programs that include sessions to teach de-escalating techniques to control violent behavior. Since these changes were implemented, assaults on staff by patients have substantially declined.

The Federation of Nurses/UFT in New York City negotiated protections such as escorts who accompany nurse members from the Visiting Nurse Service of New York on home care visits in designated high-risk areas. In addition, visiting nurses who are answering calls during non-work hours are provided with a car, driver and an escort.

Healthcare workers achieved a significant victory recently when the federal Occupational Safety and Health Administration (OSHA) issued a \$6,300 penalty against Danbury Hospital in Connecticut for “failing to provide its employees with adequate safeguards against workplace violence.” (See story on page 3.) The OSHA citation also requires the hospital to address problems that the Danbury Nurses Union earlier had pointed out. The relatively small dollar amount of the penalty pales in comparison to the affirmation that hospitals have a legal and enforceable responsibility to create safe working conditions.

Healthcare facilities must do what they can to prevent, prepare for and deal with workplace violence. And healthcare unions can do much to ensure that employers do the right thing. Part of doing the right thing is involving staff and their unions in plans to enhance workplace safety. Programs to address workplace safety cannot be top-down. Unions can help members exercise employees’ existing rights to consult their hospital’s or healthcare facility’s OSHA injury and illness log to gather data on injuries that result from incidents of violence; this is one way to assess the frequency and severity of the problem. These data can be used to support the need for a comprehensive workplace violence program. The next step could be to develop a report with recommendations on how the hospital can take action. If the hospital or facility does not respond, the report can be used to put pressure on the administration to make needed changes.

The positive side effects of such measures are many. Healthcare facilities become safer for everyone in them. And healthcare personnel can do their work with the assurance that their well-being is a priority, allowing them to give their patients the high-quality care they deserve and need.

### A number of AFT Healthcare unions are **leading the way** to create **safer** conditions for **workers** and **all** who enter healthcare settings.

the number of assaults on healthcare workers, but experts who study the phenomenon estimate that the actual number of assaults far exceeds even the highest reported figures.

Violence in hospital settings can stem from a variety of factors. Patients may become frustrated and agitated over long waits for needed health services; units may be short-staffed; staff sometimes examine or treat patients in isolation, making them more vulnerable to violence; and many healthcare workers are not trained to recognize and manage dangerous behavior.

The struggling economy has exacerbated the problem. State hospitals have been closed, programs cut, mental health jobs eliminated, and services directed at low-income patients trimmed. And, due to continued cuts, patients who otherwise might have been admitted to specialized programs for substance abuse or mental illness increasingly are seen in regular hospital settings.

These changes are harmful on many levels, one of which is that they can contribute to unsafe conditions for healthcare workers.

A number of AFT Healthcare unions are leading the way to create safer conditions for



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# Putting an end to a history of violence

## Nurses' efforts result in OSHA citation of hospital

WHAT DO YOU DO when confronted with unsafe working conditions? You take action. That's what members of the Danbury (Conn.) Nurses Union did when concerns were raised about violence in their workplace. In July, those concerns were finally heard when the Occupational Safety and Health Administration (OSHA) issued a citation to Danbury Hospital "for failing to provide its employees with adequate safeguards against workplace violence."

The hospital is expected to pay a proposed penalty of \$6,300 for the citation—"a pittance to the hospital" says union president Mary Consoli, but priceless to the union because now the problems the union has pointed out must be addressed.

Workplace safety has been a major concern for the nurses at Danbury Hospital for years, says Consoli. The federal agency's findings echoed those concerns. In a March 2010 union survey of Danbury members regarding workplace safety, a majority of respondents said they did not feel safe from violence at work, nor did they feel prepared to respond to or prevent violent behavior on the job.

Marie Athans, a registered nurse who works the night shift on the psychiatric unit at Danbury, became a unit representative because she saw that things were getting worse. "I don't feel any safer than my colleagues. I know that an act of violence could happen to anyone."

The 26-year veteran has taken a lead on improving safety at Danbury. Fed up with the hospital's inattention to the safety problems on her psychiatric unit, Athans and her colleagues compiled a wide-ranging list of safety issues they wanted the hospital to address. These included understaffing; not having an adequate number of security guards; and patients being admitted to the unit with knives, needles, drugs and other dangerous items in their possession.

"We used to deal with the mentally ill, but now we are a place for drug addicts and the homeless," says Athans. "The unit has gone from a psych unit to a behavioral health unit, and the change in patient mix has created a need for more security."

To that end, the hospital devised a plan to have the nurses search visitors. "We told our members to say 'no,'" says Consoli. "It's absurd to ask nurses to perform security checks.

That's a security function; it's not the job of nursing."

Registered nurse Debbie Morton has been at Danbury for 23 years. She has spent the last four of them working in the psychiatric unit. "The problem with violent patients is not exclusive to the psychiatric unit," she says. "Unfortunately, we can all say that we have been victims of workplace violence—we've been punched, hit, pinched, shoved [by patients]—and we dismiss it by saying 'oh well, they are old' or 'they are sick.' I think for too long we have accepted this behavior, and it shouldn't be accepted."

### 'I told you so'

When a colleague was punched and consequently fell and broke her hip last fall, the Danbury nurses decided to take their complaints to OSHA. Then in March 2010, an elderly patient wielding a shotgun wounded a nurse supervisor.

The shooting reignited the safety factor, says Athans. "It was like 'I told you so.'" Danbury Nurses president Consoli agrees. "It was an accident waiting to happen."

Consoli believes the shooting also pushed the hospital over the edge. "We had been pressing for an OSHA investigation for a while, but I believe the shooting in March may have brought things to a head." Soon after the incident, the hospital hired a safety consultant, says Consoli.

**"Unfortunately, we can all say that we have been victims of workplace violence—we've been punched, hit, pinched, shoved [by patients]—and we dismiss it."** —DEBBIE MORTON, registered nurse, Danbury (Conn.) Hospital

The consultant told the hospital administrators the same thing the nurses had been telling them: "The hospital is too open," says Consoli. "Everything that we had approached the hospital about regarding security was in that consultant's plan," says Athans. "They had to hire a third party to tell them what we already knew."

When OSHA visited the hospital, the agency identified several instances in which violent patients had injured employees in the hospital's psychiatric ward, emergency ward and general medical floors. In addition, there were 25 cases over the past five years in which



Psychiatric nurse Marie Athans has taken a lead in preventing workplace violence at Danbury Hospital.

hospital employees lost workdays or were put on restricted duty after being injured by patients. The agency also found that the hospital's workplace violence program was incomplete and ineffective at preventing these incidents.

Athans cried when she saw the OSHA citation posted at the hospital. "I felt validated," she says. People had told the nurses that their efforts would be in vain, but "I wasn't going to give up," Athans says. "We have been working on this issue for so long, trying to get someone to listen to us. The OSHA citation justified everything we have been saying. And now, our claims can no longer be denied."

Today, the Danbury Nurses Union is making sure that no one considers workplace violence to be "part of the job." The union is

sponsoring a workshop on violence in the workplace for AFT Connecticut's healthcare workers in September. With the state federation's help, the nurses also plan to lobby for legislation in Connecticut.

Athans says the union's effort has significantly helped the nurses to unite, and she continues to encourage her colleagues to file grievances. "Some nurses don't want to talk about the violence they endure daily, but it is up to us to speak up or nothing will change," says Athans. "As nurses, we have to fight for a more secure workplace. It's not just for us; it's for the patients and the visitors."



# Voting Record

This AFT voting record provides a summary of how your elected legislators in Congress have voted on key issues and should be helpful in evaluating their records. Votes are listed as Right (R) or Wrong (W), according to the AFT position on each issue. Party affiliations (D = Democrat, R = Republican, I = Independent) are listed next to each member's name. The voting record was prepared by the AFT department of legislation. The full voting record is available online at [www.aft.org/votes](http://www.aft.org/votes).



MICHAEL CAMPBELL

## HOUSE VOTES

**1. Lilly Ledbetter Fair Pay Act:** Lilly Ledbetter, who worked for the Goodyear Tire & Rubber Co. for more than 20 years, was paid less than her male counterparts for doing the same work. After Ledbetter had retired, she discovered the pay differential and filed suit. The Lilly Ledbetter Fair Pay Act overturned a 2007 U.S. Supreme Court ruling that limited workers' ability to sue employers for illegal pay discrimination under the 1964 Civil Rights Act. The bill, ultimately signed into law by President Obama, was passed Jan. 9, 2009, by a vote of 247-191. **A yes vote is a right vote.**

**2. Economic Stimulus Passage:** The House version of the economic stimulus package was designed to jump-start the economy by providing \$819.5 billion in tax cuts and new spending. The bill included \$100 billion for education to save jobs and to support states and school districts. The package also included support and additional funding for priority programs such as Title I, IDEA, Head Start, the Child Care and Development Block Grant, Pell Grants and other forms of financial aid. The House version of the bill also provided significant financial support to help make infrastructure improvements in public schools and universities and to increase funding for the Federal Medical Assistance Percentages (FMAP) to the states. The bill passed 244-188 on Jan. 28, 2009, and was signed into law Feb. 17, 2009. **A yes vote is a right vote.**

**3. Economic Stimulus Conference Report:** The final version of the economic stimulus bill, the American Recovery and Reinvestment Act, as agreed to by the House and Senate, provided \$787 billion in critical aid to children, students and workers, as well as investments to create and save jobs and jump-start the economy. This assistance helped avert cuts that would have led to job loss, larger class sizes, and higher tuition rates at public colleges and universities. The package also included additional funding for Title I, IDEA, Pell Grants and early childhood education programs, and a significant increase in the Federal Medical Assistance Percentages (FMAP) to the states. The bill also included several discretionary programs to be administered by the Department of Education, including Race to the Top and School Improvement Grants, about which the AFT had concerns. The bill was adopted by a 246-183 vote on Feb. 13, 2009, and signed into law on Feb. 17, 2009. **A yes vote is a right vote.**

**4. Affordable Health Care for America Act:** This bill would overhaul the nation's health insurance system and require most individuals to buy health insurance by 2013. It included a government-run public health insurance option to

allow individuals without coverage to purchase insurance. Employers would be required to offer health insurance to employees or be subject to a penalty tax. It also would bar insurance companies from denying or reducing coverage based on pre-existing medical conditions. The bill passed 220-215 on Nov. 7, 2009. **A yes vote is a right vote.**

**5. Health Care and Education Reconciliation Act:** On March 21, 2010, the House passed H.R. 4872, the Health Care and Education Reconciliation Act, by a vote of 220-211. The president signed this bill into law on March 30. The law moves the nation toward the goal of affordable, high-quality healthcare for all Americans by allowing over 30 million more Americans to receive healthcare coverage. Seniors will be able to purchase affordable medications because the legislation eliminates the "doughnut hole" in coverage under the Medicare prescription drug program by 2020. And insurance companies will not be able to deny benefits because of pre-existing conditions or cancel policies because of illness. In addition, the bill mitigates (but does not permanently eliminate) the excise tax on benefits and delays its start until 2018. Unfortunately the final bill does not contain a "public option" strongly supported by the AFT. H.R. 4872 also includes provisions to modify the student aid program to make higher education more accessible and affordable for students and their families. **A yes vote is a right vote.**

**6. Tax Extensions Motion to Concur:** On May 28, 2010, the House considered the American Jobs and Closing Tax Loopholes Act of 2010, a bill to create and protect jobs by providing an extension in unemployment benefits to Americans struggling to find work. The bill also provided fiscal relief to overburdened state governments, including \$27 billion in temporary Federal Medical Assistance Percentages (FMAP). In addition, the bill included tax deductions for college tuition and deductions for classroom supplies purchased by educators. The bill passed 215-204 on May 28, 2010. **A yes vote is a right vote.**

**7. Education Jobs and Medicaid Assistance (Final Passage):** Upon Senate passage of H.R. 1586 on Aug. 5, 2010, House Speaker Nancy Pelosi called the House back into session for a vote on this important bill. H.R. 1586 provides \$10 billion to save education jobs and \$16 billion in additional Medicaid assistance. Without this funding, students in the fall would face larger class sizes, shortened school days and weeks, cuts in classes and programs, and fewer teachers. The House approved H.R. 1586 by a vote of 247-161 on Aug. 10, 2010. The president signed this bill into law on the same day. **A yes vote is a right vote.**

### VOTE KEY:

**R** Member's position agrees with AFT position  
**X** Member did not cast a yea or nay vote  
**P** Member voted present

**W** Member's position disagrees with AFT position  
**I** Member was ineligible to vote

	Lilly Ledbetter	Economic Stimulus Passage	Economic Stimulus Conference	Healthcare Passage	Healthcare Reconciliation	Tax Extenders	Jobs Passage
Vote Number:	1	2	3	4	5	6	7
AFT Position:	Y	Y	Y	Y	Y	Y	Y
<b>CALIFORNIA</b>							
Baca (D)	R	R	R	R	R	R	R
Becerra (D)	R	R	R	R	R	R	R
Berman (D)	R	R	R	R	R	R	R
Billbray (R)	W	W	W	W	W	W	W
Bono Mack (R)	W	W	W	W	W	W	W
Calvert (R)	W	W	W	W	W	W	W
Campbell (R)	W	W	X	W	W	W	W
Capps (D)	R	R	R	R	R	R	R
Cardoza (D)	R	R	R	R	R	R	R
Chu (D)	I	I	I	R	R	R	R
Costa (D)	R	R	R	R	R	R	R
Davis, S. (D)	R	R	R	R	R	R	R
Dreier (R)	W	W	W	W	W	W	W
Eshoo (D)	R	R	R	R	R	R	R
Farr (D)	R	R	R	R	R	R	R
Filner (D)	R	R	R	R	R	R	R
Gallegly (R)	X	W	W	W	W	W	W
Garamendi (D)	I	I	I	R	R	R	R
Harman (D)	R	R	R	R	R	R	R
Herger (R)	W	W	W	W	W	W	W
Honda (D)	R	R	R	R	R	R	R
Hunter (R)	W	W	W	W	W	W	W
Issa (R)	W	W	W	W	W	W	W
Lee (D)	R	R	R	R	R	R	R
Lewis, Jerry (R)	W	W	W	W	W	W	W
Lofgren (D)	R	R	R	R	R	R	R
Lungren (R)	W	W	W	W	W	X	
Matsui (D)	R	R	R	R	R	R	R
McCarthy, K. (R)	W	W	W	W	W	W	W
McClintock (R)	W	W	W	W	W	W	W
McKeon (R)	W	W	W	W	W	W	W
McNerney (D)	R	R	R	R	R	W	R
Miller, George (D)	R	R	R	R	R	R	R
Miller, Gary (R)	X	W	W	W	W	X	
Napolitano (D)	R	R	R	R	R	R	R
Nunes (R)	W	W	W	W	W	W	W
Pelosi (D)	R	R	R	R	R	R	R
Radanovich (R)	W	W	W	W	W	W	X
Richardson (D)	R	R	R	R	R	R	R
Rohrabacher (R)	W	W	W	W	W	W	W
Roybal-Allard (D)	R	R	R	R	R	R	R
Royce (R)	W	W	W	W	W	W	W
Sanchez, Linda (D)	R	R	R	R	R	R	R
Sanchez, Loretta (D)	R	R	R	R	R	R	R
Schiff (D)	R	R	R	R	R	R	R
Sherman (D)	R	R	R	R	R	R	R
Solis (D)	R	R	I	I	I	I	I
Speier (D)	R	R	R	R	R	R	X
Stark (D)	R	R	R	R	R	W	R
Tauscher (D)	R	R	R	I	I	I	I
Thompson, M. (D)	R	R	R	R	R	R	R
Waters (D)	R	R	R	R	R	R	R
Watson (D)	R	R	R	R	R	R	R
Waxman (D)	R	R	R	R	R	R	R
Woolsey (D)	R	R	R	R	R	R	R

	Lilly Ledbetter	Economic Stimulus Passage	Economic Stimulus Conference	Healthcare Passage	Healthcare Reconciliation	Tax Extenders	Jobs Passage
Vote Number:	1	2	3	4	5	6	7
AFT Position:	Y	Y	Y	Y	Y	Y	Y
<b>COLORADO</b>							
Coffman (R)	W	W	W	W	W	W	W
DeGette (D)	R	R	R	R	R	R	X
Lamborn (R)	W	W	W	W	W	W	W
Markey, B. (D)	R	R	R	W	R	W	R
Perlmutter (D)	R	R	R	R	R	R	R
Polis (D)	R	R	R	R	R	W	R
Salazar, J. (D)	R	R	R	R	R	W	R
<b>CONNECTICUT</b>							
Courtney (D)	R	R	R	R	R	R	R
DeLauro (D)	R	R	R	R	R	R	R
Himes (D)	R	R	R	R	R	W	R
Larson, J. (D)	R	R	R	R	R	R	R
Murphy, C. (D)	R	R	R	R	R	W	R
<b>DELAWARE</b>							
Castle (R)	W	W	W	W	W	W	R
<b>GUAM</b>							
Bordallo (D)	I	I	I	I	I	I	I
<b>ILLINOIS</b>							
Bean (D)	R	R	R	R	R	W	R
Biggett (R)	W	W	W	W	W	W	W
Costello (D)	R	R	R	R	R	R	R
Davis, D. (D)	R	R	R	R	R	R	R
Foster (D)	R	R	R	R	R	R	R
Gutierrez (D)	R	R	R	R	R	R	R
Halvorson (D)	R	R	R	R	R	R	R
Hare (D)	R	R	R	R	R	R	R
Jackson, J. (D)	R	R	R	R	R	R	R
Johnson, Timothy (R)	W	W	W	W	W	W	W
Kirk, M. (R)	W	W	W	W	W	W	W
Lipinski (D)	R	R	P	R	R	R	R
Manzullo (R)	W	W	W	W	W	W	W
Quigley (D)	I	I	I	R	R	R	R
Roskam (R)	W	W	W	W	W	X	
Rush (D)	R	R	R	R	R	R	R
Schakowsky (D)	R	R	R	R	R	R	R
Schock (R)	W	W	W	W	W	W	W
Shimkus (R)	W	W	W	W	W	W	W
<b>KANSAS</b>							
Jenkins (R)	W	W	W	W	W	W	W
Moore, D. (D)	R	R	R	R	R	R	R
Moran, Jerry (R)	W	W	W	W	W	W	W
Tiahrt (R)	X	W	W	W	W	W	W
<b>LOUISIANA</b>							
Alexander, R. (R)	W	W	W	W	W	W	W
Boustany (R)	W	W	W	W	W	W	X
Cao (R)	W	W	W	W	W	R	R
Cassidy (R)	W	W	W	W	W	W	W
Fleming (R)	W	W	W	W	W	W	W
Melancon (D)	R	R	R	W	W	X	R
Scalise (R)	W	W	W	W	W	W	W
<b>MAINE</b>							
Michaud (D)	R	R	R	R	R	W	R
Pingree (D)	R	R	R	R	R	R	R
<b>MARYLAND</b>							
Bartlett (R)	W	W	W	W	W	W	W
Cummings (D)	R	R	R	R	R	R	R
Edwards, D. (D)	R	R	R	R	R	R	R
Hoyer (D)	R	R	R	R	R	R	R

	Lilly Ledbetter	Economic Stimulus Passage	Economic Stimulus Conference	Healthcare Passage	Healthcare Reconciliation	Tax Extenders	Jobs Passage
Vote Number:	1	2	3	4	5	6	7
AFT Position:	Y	Y	Y	Y	Y	Y	Y
<b>MINNESOTA</b>							
Kratovil (D)	R	W	R	W	W	W	R
Ruppersberger (D)	R	R	R	R	R	R	R
Sarbanes (D)	R	R	R	R	R	R	R
Van Hollen (D)	R	R	R	R	R	R	R
<b>MONTANA</b>							
Bachmann (R)	W	W	W	W	W	W	W
Ellison (D)	R	R	R	R	R	R	R
Kline, J. (R)	W	W	W	W	W	W	W
McCollum (D)	R	R	R	R	R	R	R
Oberstar (D)	R	R	R	R	R	R	R
Paulsen (R)	W	W	W	W	W	W	W
Peterson (D)	R	W	W	W	W	R	R
Walz (D)	R	R	R	R	R	R	R
<b>NEW JERSEY</b>							
Adler (D)	R	R	R	W	W	R	R
Andrews (D)	R	R	R	R	R	R	R
Frelinghuysen (R)	W	W	W	W	W	W	W
Garrett (R)	W	W	W	W	W	W	W
Holt (D)	R	R	R	R	R	R	R
Lance (R)	W	W	W	W	W	W	W
LoBiondo (R)	W	W	W	W	W	W	W
Pallone (D)	R	R	R	R	R	R	R
Pascrell (D)	R	R	R	R	R	R	R
Payne (D)	R	R	R	R	R	R	R
Rothman (D)	R	R	R	R	R	R	R
Sires (D)	R	R	R	R	R	R	R
Smith, C. (R)	R	W	W	W	W	W	W
<b>NEW YORK</b>							
Ackerman (D)	R	R	R	R	R	R	R
Arcuri (D)	R	R	R	R	W	R	R
Bishop, T. (D)	R	R	R	R	R	R	R
Clarke (D)	R	R	R	R	R	R	R
Crowley (D)	R	R	R	R	R	R	R
Engel (D)	R	R	R	R	R	R	R
Hall, J. (D)	R	R	R	R	R	R	R
Higgins (D)	R	R	R	R	R	R	R
Hinchey (D)	R	R	R	R	R	R	R
Israel (D)	R	R	R	R	R	R	R
King, P. (R)	W	W	W	W	W	W	W
Lee, C. (R)	W	W	X	W	W	W	W
Lowey (D)	R	R	R	R	R	R	R
Maffei (D)	R	R	R	R	R	R	R
Maloney (D)	R	R	R	R	R	R	R
Massa (D)	R	R	R	W	I	I	I
McCarthy, C. (D)	R	R	R	R	R	R	R
McHugh (R)	W	W	W	I	I	I	I
McMahon (D)	R	R	R	W	W	W	R
Meeks, G. (D)	R	R	R	R	R	R	R
Murphy, S. (D)	I	I	I	W	R	W	R
Nadler (D)	R	R	R	R	R	R	R
Owens (D)	I	I	I	R	R	R	R
Rangel (D)	R	R	R	R	R	R	R
Serrano (D)	R	R	R	R	R	R	R
Slaughter (D)	R	R	R	R	R	R	R
Tonko (D)	R	R	R	R	R	R	R
Towns (D)	R	R	R	R	R	R	R
Velazquez (D)	R	R	R	R	R	R	R
Weiner (D)	R	R	R	R	R	R	R

# SENATE VOTES

	Lilly Ledbetter	Economic Stimulus Passage	Economic Stimulus Conference	Healthcare Passage	Healthcare Reconciliation	Tax Extenders	Jobs Passage
Vote Number:	1	2	3	4	5	6	7
AFT Position:	Y	Y	Y	Y	Y	Y	Y
<b>OHIO</b>							
Austria (R)	W	W	W	W	W	W	W
Bocchieri (D)	R	R	R	W	R	R	R
Boehner (R)	W	W	W	W	W	W	W
Driehaus (D)	R	R	R	R	R	W	R
Fudge (D)	R	R	R	R	R	R	R
Jordan (R)	W	W	W	W	W	W	W
Kaptur (D)	R	R	R	R	R	R	R
Kilroy (D)	R	R	R	R	R	R	R
Kucinich (D)	R	R	R	W	R	R	R
LaTourette (R)	W	W	W	W	W	W	X
Latta (R)	W	W	W	W	W	X	W
Ryan, T. (D)	R	R	R	R	R	R	R
Schmidt (R)	W	W	W	W	W	W	W
Space (D)	R	R	R	R	W	R	R
Sutton (D)	R	R	R	R	R	R	R
Tiberi (R)	W	W	W	W	W	W	W
Turner (R)	W	W	W	W	W	W	W
Wilson, Charlie (D)	R	R	R	R	R	R	R
<b>OREGON</b>							
Blumenauer (D)	R	R	R	R	R	R	R
DeFazio (D)	R	R	W	R	R	R	W
Schrader (D)	R	R	R	R	R	R	R
Walden (R)	W	W	W	W	W	W	W
Wu (D)	R	R	R	R	R	R	R
<b>PENNSYLVANIA</b>							
Altmire (D)	R	R	R	W	W	R	R
Brady, R. (D)	R	R	R	R	R	R	R
Carney (D)	R	R	R	R	R	R	R
Critz (D)	I	I	I	I	I	R	R
Dahlkemper (D)	R	R	R	R	R	R	R
Dent (R)	W	W	W	W	W	W	W
Doyle (D)	R	R	R	R	R	R	R
Fattah (D)	R	R	R	R	R	R	R
Gerlach (R)	W	W	W	W	W	W	W
Holden (D)	R	R	R	W	R	R	R
Kanjorski (D)	R	W	R	R	R	R	R
Murphy, P. (D)	R	R	R	R	R	R	R
Murphy, T. (R)	W	W	W	W	W	W	W
Murtha (D)	R	R	R	R	I	I	I
Pitts (R)	W	W	W	W	W	W	W
Platts (R)	W	W	W	W	W	W	W
Schwartz (D)	R	R	R	R	R	R	R
Sestak (D)	R	R	R	R	R	R	R
Shuster (R)	W	W	W	W	W	W	W
Thompson, G. (R)	W	W	W	W	W	W	W
<b>RHODE ISLAND</b>							
Kennedy (D)	R	R	R	R	R	R	R
Langevin (D)	R	R	R	R	R	R	R

	Lilly Ledbetter	Economic Stimulus Passage	Economic Stimulus Conference	Healthcare Passage	Healthcare Reconciliation	Tax Extenders	Jobs Passage
Vote Number:	1	2	3	4	5	6	7
AFT Position:	Y	Y	Y	Y	Y	Y	Y
<b>TEXAS</b>							
Barton (R)	W	W	W	W	W	W	W
Brady, K. (R)	W	W	W	W	W	W	W
Burgess (R)	W	W	W	W	W	W	W
Carter (R)	W	W	W	W	W	W	W
Conaway (R)	W	W	W	W	W	W	W
Cuellar (D)	R	R	R	R	R	R	R
Culberson (R)	W	W	W	W	W	W	W
Doggett (D)	R	R	R	R	R	W	R
Edwards, C. (D)	R	R	R	W	W	W	R
Gohmert (R)	W	W	W	W	W	W	W
Gonzalez (D)	R	R	R	R	R	R	R
Granger (R)	X	W	W	W	W	W	W
Green, A. (D)	R	R	R	R	R	R	R
Green, G. (D)	R	R	R	R	R	R	R
Hall, R. (R)	W	W	W	W	W	W	W
Hensarling (R)	W	W	W	W	W	W	W
Hinojosa (D)	R	R	R	R	R	R	X
Jackson Lee (D)	R	R	R	R	R	R	R
Johnson, S. (R)	W	W	W	W	W	W	W
Johnson, E. (D)	R	R	R	R	R	R	R
Marchant (R)	W	W	W	W	W	W	W
McCaul (R)	W	W	W	W	W	W	W
Neugebauer (R)	W	W	W	W	W	W	X
Olson (R)	W	W	W	W	W	W	W
Ortiz (D)	R	R	R	R	R	R	R
Paul (R)	W	W	W	W	W	W	W
Poe (R)	W	W	W	W	W	W	W
Reyes (D)	R	R	R	R	R	R	R
Rodriguez (D)	R	R	R	R	R	R	R
Sessions, P. (R)	W	W	W	W	W	W	W
Smith, Lamar (R)	W	W	W	W	W	W	W
Thornberry (R)	W	W	W	W	W	W	W
<b>VERMONT</b>							
Welch (D)	R	R	R	R	R	R	R
<b>WISCONSIN</b>							
Baldwin (D)	R	R	R	R	R	R	R
Kagen (D)	X	R	R	R	R	R	R
Kind (D)	R	R	R	R	R	R	R
Moore, G. (D)	X	R	R	R	R	R	R
Obey (D)	R	R	R	R	R	R	R
Petri (R)	W	W	W	W	W	W	W
Ryan, P. (R)	W	W	W	W	W	X	W
Sensenbrenner (R)	W	W	W	W	W	W	W

## VOTE KEY:

- R** Member's position agrees with AFT position
- X** Member did not cast a yea or nay vote
- P** Member voted present

- W** Member's position disagrees with AFT position
- I** Member was ineligible to vote

**1. Lilly Ledbetter Fair Pay Act:** The Lilly Ledbetter Fair Pay Act (S. 181) restores long-standing protections against pay discrimination that were eliminated in the 2007 *Ledbetter v. Goodyear Tire & Rubber* decision. Lilly Ledbetter, a Goodyear employee, did not realize until she had retired that she was being paid less than her male counterparts. The bill amended the 1964 Civil Rights Act to clarify time limits for workers to file employment discrimination lawsuits; it passed the Senate 61-36 on Jan. 22, 2009. **A yes vote is a right vote.**

**2. Economic Stimulus Passage:** Passage of this bill was the Obama administration's first priority. The American Recovery and Reinvestment Act (ARRA) provided approximately \$838 billion for spending and tax cuts to stimulate the economy, including a provision to exempt additional taxpayers from the alternative minimum tax in 2009. It provided funds for a State Fiscal Stabilization Fund that helped prevent job loss in education and other programs, and temporarily increased federal Medicaid matching payments for states by an estimated \$87 billion. The Senate passed the stimulus package by a 61-37 vote on Feb. 10, 2009, and the bill was signed into law Feb. 17, 2009. **A yes vote is a right vote.**

**3. Economic Stimulus Conference Report:** The final version of the economic stimulus bill as agreed to by a House and Senate conference committee provided \$787 billion in tax cuts and spending increases to stimulate the economy. This included the State Fiscal Stabilization Fund and increases for Title I, IDEA, higher education and other crucial education programs. The final package also included significant additional funding for Federal Medical Assistance Percentages (FMAP). Although the money was a lifeline that has helped preserve hundreds of thousands of jobs during the recession, the bill also created several discretionary programs to be administered by the Department of Education, including Race to the Top and School Improvement Grants, about which the AFT had concerns. The Senate passed the conference report on Feb. 13, 2009, by a vote of 60-38, and the bill was signed into law Feb. 17, 2009. **A yes vote is a right vote.**

**4. Fiscal 2010 Budget Resolution Conference Report:** Adoption of the conference report on the concurrent resolution that would allow up to \$1 trillion in non-emergency discretionary spending for fiscal year 2010, plus \$130 billion in fiscal 2010 for operations in Iraq and Afghanistan. The resolution allows modest increases in funding to education, job training, and health and safety programs. It also includes an extension of the 2001 and 2003 tax cuts for households earning less than \$250,000 annually. The resolution was adopted by a 53-43 vote on April 29, 2009. **A yes vote is a right vote.**

### 5. Patient Protection and Affordable Care Act

**Act:** This was a vote to invoke cloture (60 votes [three-fifths of the total Senate] are required to invoke cloture and thus end debate) on a motion to proceed to consideration of H.R. 3590, the Patient Protection and Affordable Care Act. The bill would expand coverage to 30 million Americans, put new rules on insurance companies and provide subsidies to help middle- and low-income families and small business to purchase coverage through market exchanges. Although the legislation fell short in several critical areas—including lack of a public option and a new tax on benefits—allowing debate to proceed was a critical step in the process to enact healthcare reform. (A subsequent reconciliation bill was signed into law in March 2010. It strengthened the “fair share” for business requirements and significantly reduced the tax on benefits.) On Nov. 21, 2009, the Senate voted to end the filibuster and move to consideration of the bill by a vote of 60-39. **A yes vote is a right vote.**

### 6. Health Care and Education Reconciliation Act

**Act:** On March 25, 2010, the Senate passed H.R. 4872, the Health Care and Education Reconciliation Act, by a vote of 56-43. The president signed this bill into law on March 30, 2010. The law moves the nation toward the goal of affordable, high-quality healthcare for all Americans by allowing over 30 million more Americans to receive healthcare coverage. The legislation eliminates the “doughnut hole” in coverage under the Medicare prescription drug program by 2020, and it prevents insurance companies from denying benefits because of pre-existing conditions or canceling policies because of illness. In addition, the bill mitigates (but does not permanently eliminate) the excise tax on benefits and delays its start until 2018. Unfortunately the final bill does not contain a “public option” strongly supported by the AFT. H.R. 4872 also includes provisions to modify the student aid program to make higher education more accessible and affordable for students and their families. **A yes vote is a right vote.**

### 7. Education Jobs and Medicaid Assistance (Final Passage)

**(Final Passage):** This vote was a motion to concur with a House amendment to H.R. 1586. The legislation provides \$10 billion to save education jobs and \$16 billion in additional Medicaid assistance. Without this funding, students in the fall would face larger class sizes, shortened school days and weeks, cuts in classes and programs, and fewer teachers. Every member of the Senate Democratic Caucus and two Republicans voted for this bill, and it was approved by a vote of 61-39 on Aug. 5, 2010. **A yes vote is a right vote.**

PHOTOS BY MICHAEL CAMPBELL



Vote Number:	1	2	3	4	5	6	7
AFT Position:	Y	Y	Y	Y	Y	Y	Y
<b>CALIFORNIA</b>							
Boxer (D)	R	R	R	R	R	R	R
Feinstein (D)	R	R	R	R	R	R	R
<b>COLORADO</b>							
Bennet (D)	R	R	R	R	R	R	R
Salazar, (D)	I	I	I	I	I	I	I
Udall, Mark (D)	R	R	R	R	R	R	R
<b>CONNECTICUT</b>							
Dodd (D)	R	R	R	R	R	R	R
Lieberman (I)	R	R	R	R	R	R	R
<b>DELAWARE</b>							
Biden (D)	I	I	I	I	I	I	I
Carper (D)	R	R	R	R	R	R	R
Kaufman (D)	R	R	R	R	R	R	R
<b>ILLINOIS</b>							
Burriss (D)	R	R	R	R	R	R	R
Durbin (D)	R	R	R	R	R	R	R
<b>KANSAS</b>							
Brownback (R)	W	W	W	W	W	W	W
Roberts (R)	W	W	W	W	W	W	W
<b>LOUISIANA</b>							
Landrieu (D)	R	R	R	R	R	R	R
Vitter (R)	W	W	W	W	W	W	W
<b>MAINE</b>							
Collins (R)	R	R	R	W	W	W	R
Snowe (R)	R	R	R	W	W	W	R
<b>MARYLAND</b>							
Cardin (D)	R	R	R	R	R	R	R
Mikulski (D)	R	R	R	R	R	R	R
<b>MICHIGAN</b>							
Levin, C. (D)	R	R	R	R	R	R	R
Stabenow (D)	R	R	R	R	R	R	R
<b>MINNESOTA</b>							
Franken (D)	I	I	I	I	R	R	R
Klobuchar (D)	R	R	R	R	R	R	R

**VOTE KEY:**

- R** Member’s position agrees with AFT position
- X** Member did not cast a yea or nay vote

- W** Member’s position disagrees with AFT position
- I** Member was ineligible to vote

Vote Number:	1	2	3	4	5	6	7
AFT Position:	Y	Y	Y	Y	Y	Y	Y
<b>MONTANA</b>							
Baucus, M. (D)	R	R	R	R	R	R	R
Tester (D)	R	R	R	R	R	R	R
<b>NEW JERSEY</b>							
Lautenberg (D)	R	R	R	R	R	R	R
Menendez (D)	R	R	R	R	R	R	R
<b>NEW YORK</b>							
Clinton (D)	I	I	I	I	I	I	I
Gillibrand (D)	I	R	R	R	R	R	R
Schumer (D)	R	R	R	R	R	R	R
<b>OHIO</b>							
Brown, Sherrod (D)	R	R	R	R	R	R	R
Voinovich (R)	W	W	W	W	X	W	W
<b>OREGON</b>							
Merkley (D)	R	R	R	R	R	R	R
Wyden (D)	R	R	R	R	R	R	R
<b>PENNSYLVANIA</b>							
Casey (D)	R	R	R	R	R	R	R
Specter (D)	R	R	R	W	R	R	R
<b>RHODE ISLAND</b>							
Reed, J. (D)	R	R	R	R	R	R	R
Whitehouse (D)	R	R	R	R	R	R	R
<b>TEXAS</b>							
Cornyn (R)	W	W	W	W	W	W	W
Hutchison (R)	R	W	W	W	W	W	W
<b>VERMONT</b>							
Leahy (D)	R	R	R	R	R	R	R
Sanders (I)	R	R	R	R	R	R	R
<b>WISCONSIN</b>							
Feingold (D)	R	R	R	R	R	R	R
Kohl (D)	R	R	R	R	R	R	R



# building futures together

2010 AFT NATIONAL CONVENTION

## Our responsibility to strengthen public institutions

AFT president's keynote address emphasizes building common cause with communities

THE AFT and our 1.5 million members—yes, 1.5 million—have work to do. We need to build common cause with communities, AFT president Randi Weingarten said in her keynote address to the more than 3,000 members gathered in Seattle July 7-11 for the 81st AFT convention.

Under the banner “Building Futures Together,” Weingarten noted that the labor movement’s connection to average working people “is being frayed by the economic upheaval that’s affecting all of us.”

“The great irony is that this very movement, organized labor, which is largely responsible for elevating millions of workers and their families into the middle class, which has provided a counterweight to the exploitative and arbitrary practices of governments and corporations, the movement that has won a measure of economic stability and protection for all workers, not just our members, is now under assault for doing the very job it was conceived to do.”

The labor movement’s noble achievements, including healthcare and secure retirement benefits, she said, now separate us from our communities.

“Connecting with community means reminding people that we need their support and that they need our support,” Weingarten said. “And it means reminding ourselves, particularly in tough economic times, that we have a responsibility to join with communities to strengthen the institutions in which we work and upon which they depend.”

To this end at the national level, the AFT is joining the One Nation march in Washington, D.C., on Oct. 2, which is being organized by a broad range of civil rights, labor, faith and other progressive organizations. The union is encouraging all 3,300 locals to join this effort.

“I am horrified by the immense threats to public services that exist in the corridors of power in this country,” said Weingarten. Despite the challenges, the AFT president is “hopeful because no one else does what we do, rain or shine, good economy or bad. Hopeful because we are going to make common cause with community.”

### Building communities

As strong and cohesive as AFT locals are, they still need to work with other groups and individuals to achieve their goals. At a general session and video presentation on building community, AFT delegates saw inspiring examples of community coalition building and outreach, including the efforts of the nurses and health professionals who responded to the devastating January earthquake in Haiti.

Affiliates from Connecticut, New Jersey, New York and Vermont were among those that quickly answered the call.

With two visiting Haitian union leaders by her side, Jennifer Henry, president of the Vermont Federation of Nurses and Health Professionals, movingly described how her members rose to the challenge of getting into the ravaged area to set up clinics, care for the injured and arrange regular infusions of medical personnel.

“We have used our union to bring members together to face many challenges over the years, so it was natural to reach out to our members to see if there were people who were willing to serve on union-sponsored medical relief teams,” said Henry. The response was overwhelming. (See story on page 12.)

### Membership milestone

During the convention, Weingarten announced that the AFT formally topped the 1.5 million-member mark.

“There have been 69,000 members added in a period of unprecedented economic turmoil,” she said. “We’ve enjoyed organizing victories across the country and in every division.”

Since the last convention in 2008, the AFT has chartered 53 locals and won 85 organizing victories.

### Delegates back per capita increase

Convention delegates approved a 55-cent per capita dues increase; the new revenues



Vermont healthcare president Jennifer Henry with Haitian union leaders.

**“Connecting with community means reminding people that we need their support and that they need our support.”**

—RANDI WEINGARTEN, AFT president



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CONVENTION PHOTOS BY ELLEN BANNER, MICHAEL CAMPBELL AND RUSS CURTIS

will fund efforts to help locals facing crises and will increase the amount going to the AFT's Solidarity Fund. These two amendments to the AFT bylaws together raised the national per capita rate from \$16 per member per month to \$16.55, effective Sept. 1, and to \$17.10, effective Sept. 1, 2011.

Twenty-five cents of the increase will be dedicated to a special "AFT crisis fund." The amount going to the Solidarity Fund, which helps states defeat anti-union legislation and ballot initiatives, will increase by 20 cents per member per month, 12 cents to the national fund and 8 cents to the state funds.

Delegates also approved increasing the number of vice presidents serving on the AFT executive council from 39 to 43.

## Delegates seek to improve working conditions

### Healthcare resolutions pass unanimously

**AFT CONVENTION** delegates passed three resolutions aimed at promoting safe staffing policies, preventing workplace violence and involving nurses in the implementation of new information technology in the healthcare industry.

Speaking in favor of a resolution on the "next step in health reform," AFT Healthcare program and policy council chair Candice Owley, who is an AFT vice president, noted that passage of historic healthcare reform legislation is just a first step. The resolution calls for elimination of the excise tax on health insurance and urges creation of "Medicare for all," but the main focus is on healthcare staffing.

It is devastating when there is an increase in the number of patients that nurses have to care for, she said. A patient is "more likely to die when that happens." The resolution calls on the AFT to continue to work for legislation and regulations that require staffing standards for nurses and other health professionals in hospitals, schools and other settings.

A resolution on workplace violence in healthcare facilities notes that healthcare workers suffer injuries associated with workplace violence at almost twice the rate of all other private sector workers.

Bernie Gerard from the Health Professionals and Allied Employees (New Jersey) said

violent behavior against staff has risen as waiting times in hospitals have increased. Violence against staff "is not tolerated in schools, so it should not be tolerated in healthcare institutions."

The AFT should advocate for "an effective and comprehensive federal Occupational Safety and Health Administration standard" on workplace violence, as well as for national and state legislation that mandates workplace violence prevention programs in healthcare settings, the resolution says.

The third healthcare resolution addresses concerns about how information technology is being implemented in the industry. "For the potential benefits of new healthcare technologies to be fully realized, nurses and other members of the clinical team must have a meaningful voice in the selection of equipment, design of the system, training and implementation plans."

Resolutions regarding workplace programs to control the spread of H1N1 and seasonal flu, recognition of National Board Certification for school nurses, and home care patient visits were approved by the Healthcare Committee and referred to the AFT executive council.



**Jemma Marie-Hanson** of the New York State Public Employees Federation speaks about the workplace violence resolution.

### SPEAKERS AT A GLANCE



**JUAN ANDRADE JR.**, *president of the United States Hispanic Leadership Institute*: "The thing I like best about the AFT is that it is a union that advocates, not abdicates. You are a union of action."



**MARIA CANTWELL**, *U.S. senator, Washington*: "Whether you are an education professional, a public employee or a healthcare professional, you all make a positive impact on your community."



**CHRISTINE GREGOIRE**, *governor of Washington*: "What you do for the children and the adults you serve matters to us all."



**BEN JEALOUS**, *NAACP president*: "If we're going to put this country back to work, we have to pull this country back together."



**PATTY MURRAY**, *U.S. senator, Washington*: "I know what it is like when somebody tells you that you can't make a difference. But I know from my own experience that that's the time you stand up. You work hard. You believe in yourselves. You fight back."



**RICHARD TRUMKA**, *AFL-CIO president*: "We are all in this together. If you want to build better lives for yourselves and a better chance for your children, then stand together."

## Tough economic times still yield victories

### AFT Healthcare celebrates legislative, organizing successes

**TWO YEARS AGO**, when the healthcare division met in Chicago, there was energy and excitement over the upcoming election, Candice Owley, chair of AFT Healthcare's program and policy council, told attendees at the AFT Healthcare divisional meeting on July 8. Today, much of that energy and excitement has been diminished by the recession, said Owley, who is also an AFT vice president. And in a time when high-quality public services are needed like never before, public sector employees are being vilified and demonized.

Even in the face of very tough times, however, some amazing things have happened in the past two years. "We have had some important victories, starting with the passage of historic healthcare reform legislation," Owley said. She pointed to organizing wins in Colorado, Connecticut, New Jersey and Vermont.

She also noted the legislative successes that many healthcare affiliates have had, citing examples, such as passing a ban on mandatory overtime in New York and Pennsylvania, improving staffing through public disclosure in Connecticut and Vermont, and establishing staffing committees in Connecticut. "We have been able to negotiate good contracts and grow the division by adding new members to our ranks," Owley added.

The division also made a global impact through its work with earthquake victims in Haiti this year. There is hope for turning things around despite all of the struggles, said Owley.

Working in partnership with our communities may be one way to move things in the right direction, she said. "We will be a better, stronger union by establishing links in our communities."

# Everyday HEROES

*In May, the AFT solicited nominations for Everyday Heroes, members whose extraordinary contributions—both on the job and in the community—deserved special recognition. The result: 220 members were nominated by colleagues. In online voting, more than 5,000 people cast votes among the 30 finalists. The winners, who come from all six AFT constituencies, were honored at the AFT convention in July in Seattle.*



MICHAEL CAMPBELL

## Healthcare

LANISE SANDERS' FIRST job out of nursing school was working in a hospital emergency department. After six years there, she decided to become a school nurse. Little did she know that her work in the ER would be an excellent training ground for the job of a school nurse. "I thought it would be a great job in retirement," she says. "But school nursing is not exactly a job for a retiree."

Sanders, a member of the Chicago Teachers Union, has been a certified school nurse in the Chicago Public Schools for the last 14 years. In between caring for her students, Sanders has been a public relations machine, lobbying to defeat legislation that would require unlicensed school personnel to administer insulin to diabetic children in schools.

"I have seen the damage insulin can do in unskilled hands," says Sanders. "The potential harm to our children is great, and people need to know this."

Sanders led the Chicago school nurses in a campaign to alert union members, parents and the public about the dangers of this legislation. She also traveled hundreds of miles to the state capital to lobby lawmakers to vote against the legislation.

Her relentless efforts are what led to her nomination for the AFT's Everyday Heroes award for the Healthcare division. Measures, like the legislation Sanders and her colleagues challenged, gain a foothold because some people feel it's cheaper than hiring more school nurses, says Sanders. But, "they don't know how dangerous it is to put certain medications in the hands of unlicensed personnel."



BRENT NICASTRO

## Higher Education

Andy Czerkas, an information systems instructor at Madison Area Technical College (MATC) in Wisconsin, started the River Food Pantry in a remodeled warehouse in Madison with his wife, Jenny, nearly five years ago. The pantry provides groceries, hot meals, clothing, household goods, furniture—and encouragement to those in need. River Food Pantry is the busiest food pantry in Madison and surrounding Dane County. Czerkas is a member of the MATC Full-Time Teachers' Union.



NJUME RINALDI-NUN

## Paraprofessionals and School-Related Personnel

Iris Landry, a paraeducator at Grace King High School in Metairie, La., has made a specialty of educating students with profound disabilities. Landry retired in 2003 but was called back into service in 2005 to help her colleagues work with an exceptionally challenging child. Landry is a member of the Jefferson Federation of Teachers.



BRUCE GILBERT

## Teachers

Christine Rowland works with English language learners at Christopher Columbus High School in the Bronx. The school's student population is considered to be one

of the most challenging in New York City, with students coming from many countries, including some who have never set foot in a classroom. Rowland's dedication to academic excellence has led to impressive results: Many of her students have passed the rigorous New York state regents exams, and some have earned full scholarships at four-year colleges. Recently, when the high school was slated for closure by the city's mayor, she spearheaded the campaign to keep it open. Rowland is a member of the United Federation of Teachers.



BRUCE GILBERT

## Public Employees

Psychiatric nurses Barbara Serafin, Sciencia Torchon, Loise Louis, Marlene Bastien and Sylvie Pierre, all members of the New York State Public Employees Federation, traveled to Haiti to volunteer their skills, time and medical supplies to help those devastated by the Jan. 12 earthquake. The nurses worked in makeshift clinics, treating scores of patients with injuries related to post-earthquake living conditions.



JOE PESAVENTO

## Retirees

Betty Martuscello's philanthropy knows no bounds. This New York State United Teachers retiree's causes include raising money for books for local libraries and schools, new playgrounds for elementary schools and a local scholarship for graduating seniors. Martuscello also helps her church prepare and distribute holiday food baskets to the needy and works with the local Lion's Club on its scholarship fund. Martuscello is a member of the Marlboro Faculty Association.

# Back from the brink



*Continued from page 1*

adjustments. Last summer, the hospital announced plans to lay off nearly 50 employees. Even though Benjamin and her members took steps to stop the layoffs, 35 people either were let go or had to take per diem positions. Within a month of these cutbacks, the hospital announced a plan for a second round of layoffs, but this time the union was one step ahead of the hospital.

“Because we had organized around this issue before, we were ready,” says HPAE staff representative Karen Szczepanski who works closely with members. The unionists demanded a meeting with the CEO and the hospital’s owners where they told management: “We can be your best friends or your worst enemies.”

The local members warned the hospital administrators that if they continued to pursue layoffs, the union would consider it to be an act of war against employees. “The economy isn’t good and people are nervous, but it doesn’t mean even in this environment that we have to take everything management dishes out,” says Szczepanski.

The hospital administrators ultimately relented, scrapping the proposed layoffs, but the workers at Bayonne wanted one more commitment: to implement a staffing committee that members had negotiated in their most recent contract. Little did they know that the committee not only would create opportunities to alleviate staffing problems but also would ease some of the hospital’s economic and financial pressures.

## Where to begin?

Last fall, HPAE and the hospital administration agreed to meet every week to discuss staffing, scheduling and revamping job descriptions. Mary Mack, a post-anesthesia care unit nurse, was selected to chair the committee.

“There were so many different problems to address at the hospital that it was difficult to know where to begin,” says Mack.

One of the biggest concerns for the Bayonne health professionals is “down staffing,” which is a practice that has managers send workers home when the patient census is low. It’s a practice, says Mack, that “saves the hospital money but jeopardizes patient care.”

The staffing committee worked with employees in the units where this practice was used repeatedly.

For example, the hospital’s dietary unit had a variety of positions in which employees performed only certain duties such as making sandwiches, or working as a cook. These members were “down staffed” frequently. To mitigate the reduced staffing, the committee suggested that each worker be cross-trained for each of the jobs in the unit, and that some positions be combined.

“The compromise benefits the employees and the hospital,” says Nanette Rivera, vice president of the service unit for the local. “Our members are trained to learn new job skills, and the hospital doesn’t have to hire new workers,” she says. “So far, the process is working well for us.”

## Unexpected benefits

The committee used the dietary unit as a model for other units. Nurses who work in units that have a chronically low patient census can volunteer to be cross-trained to work in other areas. So, instead of sending a nurse home because of a lack of patients, the nurse can be sent to work on another unit that has more patients.

Six months ago, Benjamin cross-trained to work on the medical-surgical unit and the behavioral health unit.

“It’s good to be learning something new, and I get to maintain my work hours,” she says, adding that there are still things that need to be worked out to improve the process—and she never hesitates to share her suggestions with management.

“Members are encouraged to talk with management at these meetings and share the commonsense proposals for changes to take care of problems,” says Mack, who heads the committee.

For example, members of the housekeeping unit created a checklist of duties completed during each shift so housekeepers won’t duplicate work. “These are solutions that [the committee] never would have thought of on its own,” says Mack.

The solutions also are making areas of the hospital more efficient and saving the hospital money.

The union is seeing an unexpected benefit as well. Members, who had not been active with the union in the past, are volunteering to serve on the committee. These

members became involved “when they began to see some of their issues resolved from the work of the committee,” says Mack.

Hospital staff are more aware of problems and more willing to speak up when they see something that should be changed, even if it’s in a different department, she says.



BRUCE GILBERT

“Before the committee was established, if there was a problem in a unit or department, people wouldn’t say anything because they didn’t want to make waves,” says Mack. “Now, they come to me because they know the committee can do something about it.”

In addition, Mack says the staff is noticeably happier. She is quick to point out however, that what they have at Bayonne isn’t nirvana. “We still have problems to iron out. We still have grievances. But at least there is a mechanism in place to resolve problems.”

— ADRIENNE COLES

“So far, the process has worked for us,” Nanette Rivera says about the staffing committee established by the union.

## AFT VOICES



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## Vermont local to establish a clinic in Haiti

AFL-CIO grant will help build clinic, train health workers



PHOTO COURTESY MARI CORDES

WHAT BEGAN AS an effort by members of the Vermont Federation of Nurses and Health Professionals to help the Haitian community after it was devastated by the January earthquake has evolved into a long-term commitment to contribute to Haiti's healthcare needs.

"From the beginning, when the AFT helped our local to send weekly medical relief teams immediately after the earthquake, our group agreed that our mission must include a long-term vision of capacity building," says nurse and VFNHP member Mari Cordes. "We are in it for the long haul."

Cordes and VFNHP president Jennifer Henry recently traveled to Port-au-Prince to assess the healthcare needs of the community and scout locations for a union-run health clinic. They were accompanied by members of the global union federation, Public Services International, and its affiliate in Haiti, the Confederation of Public and Private Sector Workers, which also are involved in establishing the clinic.

VFNHP president Jennifer Henry, left, meets with nurses from the state university hospital of Haiti to discuss establishing a clinic in Port-au-Prince.

Cordes is president of the Vermont Medical Response Team, an organization established by medical volunteers and the union to coordinate relief efforts. In the last seven months, more than 110 nurses, doctors, paramedics, respiratory therapists, emergency medical technicians and other volunteers have gone to Haiti with the team to provide medical assistance. The organization recently received a \$50,000 grant from the AFL-CIO's Solidarity Center to help with

the creation of the clinic, aptly named the Workers' Solidarity Clinic.

"The Solidarity Center grant will be instrumental in providing the infrastructure necessary for the clinic," Cordes says, "from the actual building and utility work to establishing training programs for Haitian healthcare workers." The clinic's initial focus will be on maternal and infant care, including immunizations, with the provision of primary care to follow.

"Our members responded to the desperate calls for help after the earthquake," says Henry. "Now we want to continue to assist with Haiti's healthcare needs as the nation moves forward from this tragedy."

# 10.2.10

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