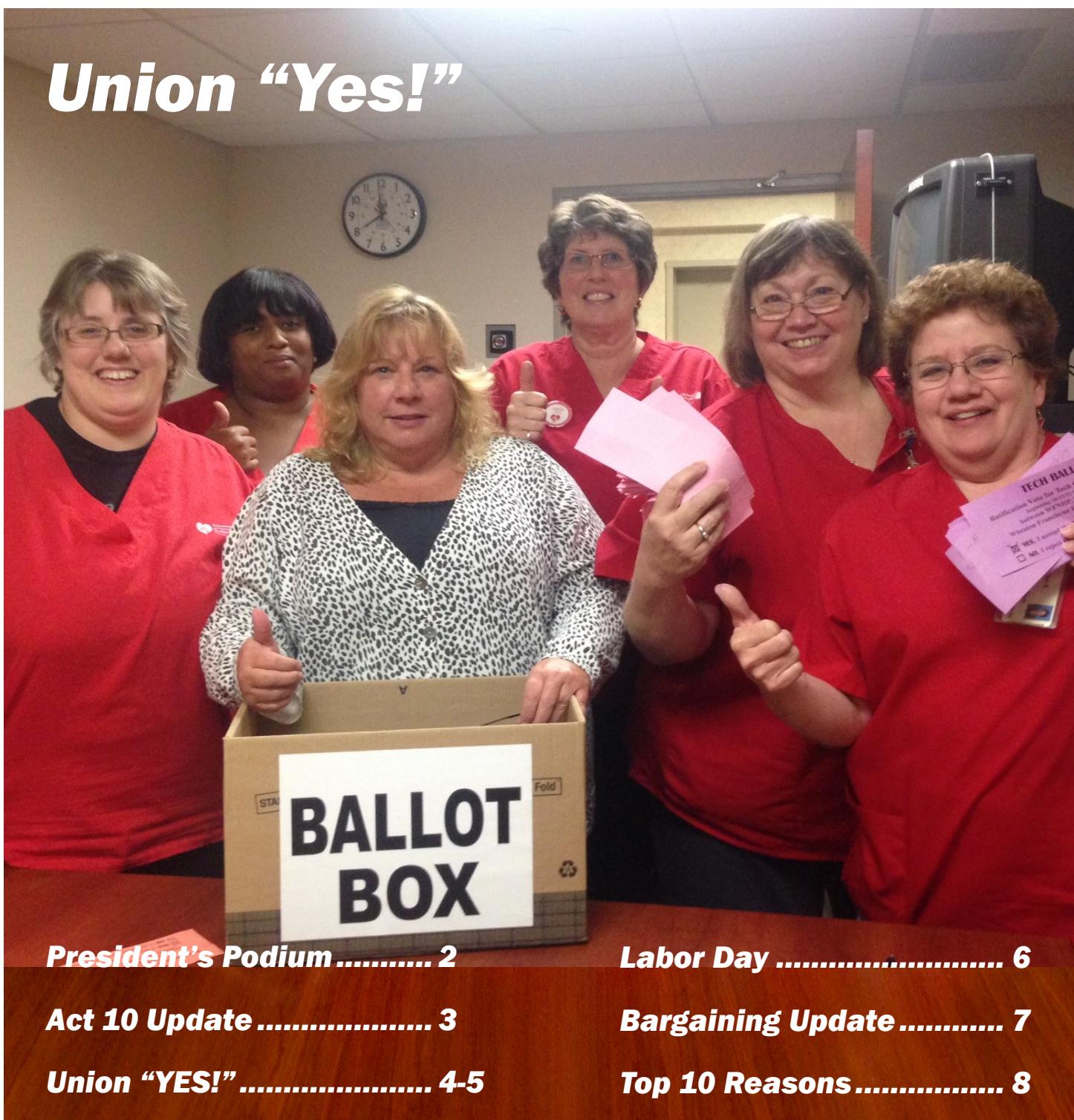


# NETWORK

A PUBLICATION OF THE WISCONSIN FEDERATION OF NURSES & HEALTH PROFESSIONALS, AFT, AFL-CIO

## Union “Yes!”



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## ACA Problems and Potentials

The long awaited sign up for the Affordable Care Act (ACA) finally arrived on October 1st. Unfortunately, it was not without major problems, causing serious concern as to whether the millions needing insurance will, in fact, be able to sign up by the December deadline. In spite of the computer problems associated with the enrollment, it is important to take a moment to remember how much good has already come from the ACA and what the promise is for the future.

Because of the ACA, adult children up to age 26 may stay on their parents' insurance, lifetime caps on insurance were eliminated, 100% coverage for primary and preventive care is a fact for everyone with insurance, including those on Medicare; and, no one can be denied insurance because of a pre-existing condition. Sex discrimination in insurance was ended so that women could no longer be charged higher rates than men, just because they are women.

The health delivery system has also begun to change causing restructuring of the industry into coordinated care organizations, called Accountable Care Organizations or ACO's. Aurora Accountable Care is one such system and most hospitals are now in discussions with other hospitals and insurance companies to establish these arrangements. Payment is also moving away from fee-for-service into a more holistic payment focused not just on disease, but on health promotion.

The next phase of health reform is the dramatic expansion of insurance and Medicaid coverage (BadgerCare in Wisconsin). Unfortunately, this change has been full of problems. First, Governor Walker has done all in his power to prevent proper implementation of the ACA . He refused to let the state participate in developing the system for citizens to sign up for insurance in what is now called the Exchange or Marketplace. That meant the federal government had to set up the Wisconsin Exchange with no cooperation from our state, making things much more difficult for thousands of uninsured in our community. Second, Walker, over the strong objection of all of the hospitals and advocates, refused the federal dollars that would have expanded BadgerCare, even though it would have provided 100% coverage of the costs. The result was tens of thousands of individuals currently on BadgerCare were kicked off and told to find their own insurance, plus thousands more who would have received BadgerCare are now being directed into the private insurance system.

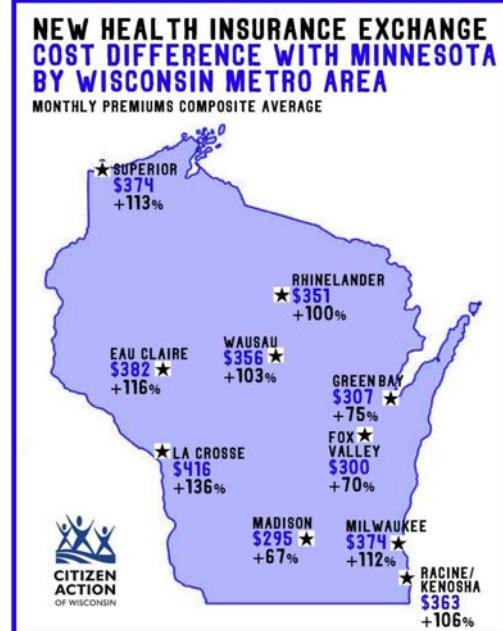
On October 23rd, a new report, *A Tale of Two States: Why Wisconsin's Health Insurance Individual*

*Marketplace Premiums are Dramatically Higher than Minnesota's,* was released by Citizen Action of Wisconsin that includes local health insurance rates and data, which provides tangible evidence that Wisconsin's approach to implementation has put our citizens at a costly disadvantage.



### Key report findings:

- ♥ Wisconsin health insurance premiums for single coverage will be on average 79% to 99% higher than premiums in Minnesota, before tax credits are applied. That is a difference of \$1,800 a year.
- ♥ The health insurance cost differential will be even worse for some major Wisconsin cities:



- ♥ Wisconsin has the opportunity to bring down rates by accepting enhanced federal Medicaid funds and using state powers such as reviewing and rejecting excessive rates to make health insurance more affordable.
- ♥ Two key decisions in Wisconsin's ACA implementation play a substantial role in raising health insurance rates in Wisconsin relative to Minnesota: the decision to reject enhanced federal Medicaid dollars, and the decision not to implement rigorous review of health insurance rates.

- ♥ Wisconsin's rejection of a state-based Marketplace strips policymakers of additional tools for moderating health insurance rates.
- ♥ The cost gap with Minnesota has the biggest impact on middle class Wisconsinites, because ACA tax credits mitigate the impact on lower income people who buy insurance on the Marketplace.

To download a full copy of the report go to:  
[http://www.citizenactionwi.org/report\\_wisconsin\\_mn\\_wi](http://www.citizenactionwi.org/report_wisconsin_mn_wi)

"For the first time in our nation's history, Americans can receive the healthcare coverage they deserve, regardless of their socioeconomic status or pre-existing conditions. It is shameful that Governor Scott Walker is seemingly doing everything in his power to prevent proper implementation of the Affordable Care Act," said Congresswoman Gwen Moore.

It is important to remember that the goals of the ACA are to end abusive insurance practices, create incentives for primary care and expand affordable coverage to millions of uninsured Americans. Goals we all support. When we look back at the start of Medicare, many condemned the program; but, today, the program provides universal health coverage for all of our senior citizens who no longer live in fear of losing their homes and ending up in bankruptcy as a result of medical bills. Many of us would have preferred a health reform that over time moved everyone into the Medicare system, which allows seniors choice of hospitals and doctors, with limited to no out-of-pocket costs; but, that was called socialized medicine and rejected by our political leaders. Today, Medicare is so popular with seniors that it is considered politically untouchable. As the ACA moves forward and more and more people finally have insurance coverage, we may someday find that the goal of affordable, accessible healthcare is a promise fulfilled. Only time will tell, but let's all hope for the best, because our friends, family and community are in desperate need of this program.

## What's Happening With Act 10?

by Candice Owley, WFNHP President

Act 10, the anti-union legislation that ended the right to bargain over all but base wages for public employees continues to be challenged in the courts. Many, many months ago a Madison based Judge, Juan Colas, ruled that four



major parts of Act 10 were unconstitutional. Normally, a judge's ruling is considered the law until it is overturned; but, unfortunately, many cities and counties took the position that the ruling only applied to Dane County where the case came from. The case has been appealed to the Wisconsin Supreme Court with a decision likely early in 2014.

Not only did many cities and counties refuse to honor the Colas decision, but the state agency that oversees public sector labor relations, the Wisconsin Employment Relations Commission (WERC), also took the same position applying the ruling only to Dane County. As a result, our union along with AFSCME, and the teachers union had our attorneys file a Contempt of Court against the WERC asking the judge to force them to comply with the Colas decision. In late October we won our case but, of course, we expect the WERC to appeal in hopes of stalling until the Supreme Court rules.

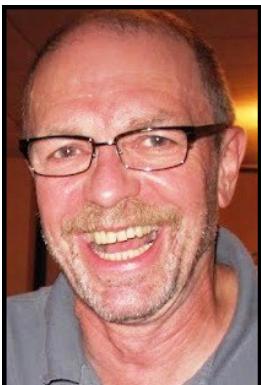
So what does all this mean? There are four parts of the law the Colas ruling outlawed: forced decertification, restricting bargaining to only base wages, elimination of dues deduction, and elimination of fair share agreements. If the WERC complies with the contempt order, all the forced decertification efforts will stop and for sure all bargaining units currently certified will stay certified and not have to go through elections. If the WERC refuses to comply, then any of our currently certified units will have to file for a new election by the end of January or be decertified. They will also then have to win new elections by a positive vote of 51% of the unit.

The new ruling also means that the counties should be required to bargain over all issues related to wages, hours and working conditions, and also dues and fair share agreements. Given this new ruling, I will send a letter to our certified units requesting to bargain over these items. Frankly, I am not optimistic. They can drag their feet and we can file a complaint, but it will go to the WERC which may not aggressively follow up. On the other hand, if there is a cooperative county that now wants to bargain a 2014 contract covering more issues and restoring dues, that would be completely legal according to this new ruling, so there is no harm in making the request.

The fact is we will all remain in limbo until the Supreme Court rules. While we always hope for the best, this is not a worker friendly Court, so we will continue to do the work to build our union regardless of what the final outcome may be.

For more information, you can read the October 1st Milwaukee Journal Sentinel news article at this link: [bit.ly/1b7Od6r](http://bit.ly/1b7Od6r)

# WFNHP Locals Say “Union YES!”



## Statewide Public Sector (Local 5000)

by Leigh Ullman, President

### The Value of Union Membership

**M**embership—Recently, I had the opportunity to meet with our state president, Candice Owley, and the members of Local 5068 in Manitowoc County. Among the many issues discussed were the pluses and minuses of union membership in a post-

collective bargaining world. Although, I’m now the president of WFNHP’s statewide public employee Local 5000, I was previously president of Sheboygan, Local 5011. Our last pre-Act 10 contract expired in December 2012. We asked ourselves a host of questions, e.g., what, if any value will we derive from union membership? Why should we pay dues? As you’re well aware, our state has undergone many regrettable changes. However, our experiences since December 2012 have reaffirmed the value of continued union membership.

Previously, union activism was largely confined to union officers’ problem solving or bargaining on behalf of members. Now, activism has become more widespread and it seems to be growing. The early sense of impotence and despair has given way to a guarded sense of optimism. People are starting to see that, as we come together over workplace issues, we can, and do exert real influence. In the past ten months, via a variety of strategies, we have improved our lot—meet and confer sessions, petition drives, and member attendance at County Board committee meetings have all proven to be successful. And, we’ve found that when we partner with our AFSCME brothers and sisters, we greatly enhance our power. We mitigated draconian changes to a new sick leave policy, secured a weapons ban from all County buildings, and exerted influence to protect longevity pay. Further, members now maintain contact with state politicians to insure that no one raids our state pension fund.

Many issues remain to be resolved—better case load sizes for public health nurses, improved nurse-to-patient ratios at the County nursing home, and better treatment for non-member, limited-term employees. Those are only a few of the issues we must tackle, yet it’s clear that member activism is replacing early member apathy. Together, we can and will succeed.

## St. Francis Hospital (Local 5001)

by Donna Marie Harrer,  
Service Chapter President

### It Pays to Know Your Contract

**C**ontract—That’s exactly what a member in ED Transport at St. Francis Hospital learned when they wanted to return to a position as In House Transport. The member read the contract and knew that, as the most experienced and senior person in the hospital, they should be awarded the position over another member who applied, but did not have experience in the position nor the seniority. The member filed a grievance with the help of a union officer, and after some investigation by the union and HR, the ED Transport member won their grievance and was moved into the In House Transport position.



After getting into a sticky situation with a co-worker, a housekeeper at St. Francis Hospital recently learned the value of a union contract after reading it and contacting union leadership in her chapter. A co-worker had accused and was harassing her, which led to her termination. The union came to her assistance and filed a grievance to get her job back. She won the grievance and is now back on her job.

Members in Food Service weren’t getting their schedules posted on time, and brought this to the attention of their union leaders. As it happened, bargaining was taking place and the issue was brought up at the bargaining table. Management’s answer was not satisfactory, so the union filed a grievance on behalf of the members in the Food Service department. The union was successful, and management will now be posting the schedules on time. As you can see, it pays to know your contract!

## VA Medical Center (Local 5032)

by Jamie Lucas, Organizer

**U**nion Victories at the VA—There are big things brewing at the Milwaukee VA. Aside from bargaining a new contract for the first time in 21 years, the RNs serving the Veteran population of the Milwaukee area have united to make real change and take control over their workplace.

As a nurse or healthcare provider, you are most likely aware of the many difficulties that accompany working in the Emergency Room. The ER is a unit where the

commonplace problems of working in a hospital are complemented with the challenges of working in a complex, fast-paced environment. WFNHP members in the ER at the VA were recently going to be tasked with performing contraband searches on incoming patients on top of their other day-to-day responsibilities, due to a proposal that management had put forth.

We see this often; management wants to make a change in policy without the consent of the people it would impact. These nurses knew exactly how they had to respond. With the help of their local president, Christine Nevinski, they had a discussion about the impact that this policy would have on their jobs; and, in turn, their lives. They decided to write a petition describing the negative impact this policy would have on the care they provide in the ER. The unmanageable workload and impracticality of the policy were highlighted, and 26 nurses signed their names in support.

The petition was presented to management, and it made quite the impact. As of this moment, the RNs in the ER are not required to perform contraband searches. This is only due to the fact that a majority of these nurses united together to make their voice heard, because, after all, they would be living and working with the consequences of this proposal and they deserved to be heard.

A final decision has not been made on this proposal, but we know that the unity demonstrated by this group has staved off the implementation of a troublesome policy. There is real power in banding together. Just ask the nurses in the ER at the Milwaukee VA.

In other exciting news from the VA, Enssaf Bassiouni was recently recognized as Employee of the Month! Enssaf has been involved in the Union at the VA for many years now, and she is truly an advocate for every single RN within the hospital. Enssaf is currently the VASNC Local 5032 Vice President and represents the nurses at the bargaining table in our ongoing negotiations. On behalf of all of WFNHP, Congratulations, Enssaf!

## Milwaukee County (Local 5001)

by Jeff Weber, Chapter President

**Working to Uphold Your Rights**—As chapter president I often receive calls from members, and sometimes former members, regarding contract language issues and how Milwaukee County has interpreted and applied this language.



Our 2012 contract has expired, but the County has stated they will honor it in its entirety until there is a working ordinance in its place. For the most part, Milwaukee County has been true to its word and has followed the language of our 2012 contract with one notable exception.

In early September, I received a call from a recently retired, long time WFNHP member asking for clarification on his retirement benefit, specifically his vacation payout upon his retirement. He was paid out for the remainder of his 2013 vacation allotment which he had not used, but had not been paid his accrued vacation time for next year. Our vacation time is accrued for the next year as we work, so this retiree had accrued most of his vacation time for 2014 and should have been paid for this accrual upon his retirement. This language is very clear in our contract. When he inquired on his own with payroll, he was told that Milwaukee County's policy has changed and they no longer would be paying out accrued vacation, just the remaining balance of the current year in which an employee leaves County service. Because he was getting nowhere with payroll, he called me and asked for help.

I contacted payroll myself and discovered there were several former employees who were not paid their accrued vacation when they left County service after May 2013. I also learned that the County changed their policy in June 2013 without notifying WFNHP. I then contacted the Milwaukee County Comptroller and stated our position that because the County agreed to honor our 2012 contract that they could not make changes to the contract language, and must follow the language in the 2012 contract. Also, these changes were put into place without proper notification to WFNHP and all of its members. I shared with the Comptroller the names of known, impacted former employees which included a retiree, an employee who changed status from regular employee to pool, and people who resigned.

The Comptroller reviewed our 2012 contract and agreed County erred by not following the contract language and also by not notifying WFNHP and its members of the proposed changes. He agreed that these former members should have been paid their accrued vacation time and also agreed to a complete audit of all WFNHP members that left County service or changed their employment status since 1/1/2013. Once the audit is complete, all impacted former WFNHP members will be paid their accrued vacation time in full.

This serves as a powerful reminder that we must stand together as the power of many outweighs the power of one.

# Labor Day



# Fall Bargaining Update

While our County bargaining units continue the fight to restore their right to bargain, Local 5001's three chapters from St. Francis Hospital ratified a new one-year contract October 11th, and Local 5032, Zablocki VA Medical Center, exchanged proposals on October 23rd.

## Milwaukee—St. Francis Hospital (Local 5001)

has three bargaining units—RN's, Technical and Service. In many ways the new contracts are really one-year extensions of the current contracts. The hospital and the union teams agreed there is a significant amount of uncertainty about the income for the hospital next year, especially with all the massive changes in BadgerCare, Medicaid and Obamacare taking place. As a result, both sides agreed it was best to have just a one-year contract which expires on 10/14/14, and return to the bargaining table next fall, when we have greater knowledge of what to expect. In fact, dates have already been selected for next September.

One of the most important victories was getting the hospital to drop their proposal to remove 40 members from the union. Those were the employees in HIM and Patient Registration. These employees collected signatures from the majority of workers in the area urging the hospital to drop this proposal and, in the last days, the hospital relented and agreed to leave these members in the union.

**Wages and Benefits**—a \$.50/hour increase effective 11/1/2014 for all pool and SST employees, and the PEP increase for 2014 will be 1% for partially meets, 2.5% for meets expectations, and 2.8% for exceeds expectations, with modification of Patient Satisfaction to make a ranking of "meets expectations" more attainable. With health insurance premiums increasing, it was agreed that premium cost for employees is not to exceed 25%; and, deductibles and co-pays will remain the same, plus total premium can be reduced if an employee participates in the new wellness program run by Humana. All employees will pay the lower premium until 4/1/2014 when the premium will increase if not participating in wellness.

**RN Career Ladder**—a new ladder will be developed by a joint committee with four nurses appointed by management and four by the union, plus the RN union president and head of nursing. Meetings will begin in January 2014, and the new ladder will take effect 5/1/2014. RN members will vote on any changes prior to implementation.

**Mandatory Overtime**—the hospital agreed there have been violations of the contract and committed to comply with current language: no MOT for shifts open more than 24 hours in advance, MOT is generally four hours but not more than six, management must show they have



St. Francis Hospital Bargaining Team from L-R Front: Mary O'Toole, Jaci Ranft, and Donna Harrer. Middle: Rafael Patino, Katherine Ford, Connie Smith, Vanessa Jones and Sharon Taylor. Back: Elaine Tombari, Ann Homsey, Mark Cuyler and Candice Owley.

exhausted alternatives before MOT and must have departmental manager or their designee approve. Also clarified bargaining unit employees including charge nurses and techs CAN NOT MANDATE. Only management can order an employee to stay. Union leaders will work with any area that has violations and assist them to file a grievance to make sure the rules are followed. Will revisit this issue in a year if situation does not improve.

**Staffing**—the hospital agreed they will staff to the agreed upon grids and that holes will be posed to make sure the units are staffed to the core staffing requirement. Staffing grids are to be posted and available for all staff in all work areas. Core staffing measures are also to be provided to the union leaders and posted on all units, so that staff knows whether the grid is being followed and holes posted. Core staffing is the number of staff needed for average daily census. The staffing grid shows staff to be added or sent home based on changes from the average daily census, with no change in grids unless first brought to union with at least 30 days' notice to allow staff to have input. The union reps can also ask for grids to be reviewed if members feel the recommended staffing number does not provide for quality care.

**Other changes**—Flu shot will be mandatory effective 2014 throughout the Wheaton system, as it is already in Aurora, Children's and Froedtert health systems. An employee can be excluded with appropriate medical or religious objections. Pool in all three bargaining units will now be required to be available for one winter and one summer holiday. Agreement to reduce number of labor/management meetings to 10 per year (currently 12), and reduce bargaining teams to four per bargaining unit (currently five). Addition of two union reps to

*continued on page 8*



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## Top 10 Reasons to Be A Union Member

1. And MOST important! The more members we have as a COLLECTIVE VOICE, the more power we have to protect our jobs and working conditions and make needed changes.
2. You will have representatives to help you resolve issues with management, staffing, communication etc. You will never be ALONE with your problems.
3. If you ever have to attend a disciplinary action or termination, you will be eligible for paid legal representation.
4. As a dues-paying member, your union provides Liability Insurance and pays for legal representation in cases of work-related lawsuits.
5. Without the constant presence of a strong union and strong voice, management will be more compelled to change the rules at any time.
6. With a strong voice, we can do what we need to do to advocate for our patients to prevent unsafe or inappropriate care.
7. With a strong voice, we can advocate for safe staffing ratios, as well as safe and better working conditions.
8. With a strong union, we can join with other unions and make our voices heard on a state or federal level to preserve our rights or to help elect candidates who will fight for democracy and stand up for the middle class and underprivileged.

9. Being active in a strong union is like being part of a large, close family. We are all working together for a common cause and, when successful, it promotes amazing pride, energy, friendship and the feeling that you can do anything with the strength of many.
10. Last but not least! Being an active member in your union gives you the opportunity to do something positive for yourself, your co-workers, your community, your state or even the whole country. You will always have friends, support and people who will listen to your point of view.

Please get involved and experience the many benefits your union can offer you!

## Bargaining Update... *from page 7*

Infection Control, Patient Safety and Environment of Care hospital committees. Establishment of a joint task force to review the role of HUC/PCA's. Also agreed to look for more ways for staff to meet education requirements by calling in or reading information on their computer, so less need to come in on off day. Agreed that employees must be paid for work related to required education and competency, even if work is done at home on computer. Agreed that those in Radiology and Endo, or any other department, who talk to patients on the phone from home must be compensated.