Another budget attacks working families
Governor Walker signed the two-year state budget into law last month and, unfortunately, it includes some very negative provisions for working families and the healthcare of our community.

Bad for healthcare
Despite overwhelming opposition from healthcare advocates, hospitals, healthcare professionals, Wisconsin’s business community and even some Republican representatives, the budget includes Walker’s rejections of the federal money to expand Medicaid/BadgerCare. The impact of this policy is to kick approximately 84,700 Wisconsinites off of BadgerCare and to increase the cost for taxpayers by an estimated $150 million dollars in the next two years, both because of rejecting the federal money and because of a budget provision that will provide some added money to hospitals expected to see an increase in uninsured patients. What is truly disturbing is that none of this had to happen. This rejection of money is clearly not about patients or taxpayers, but about ideological opposition to the Affordable Care Act. It is noteworthy, however, that even some of the most conservative Governors, such as Chris Christie in New Jersey and Jan Brewer in Arizona, made the logical and responsible decision to accept funds to expand Medicaid in their states.

Fight for healthcare will continue
Although the budget is adopted and the opportunity to include the federal money in the budget has passed, the fight is not over. Our state organization is part of a very large coalition that is fighting for reversal of this policy. The fact is that the state could change its position and take the money at any time, which is why we will continue to urge state legislators to change their minds and support healthcare coverage for the working poor in Wisconsin; and, save hardworking families the taxes that would be covered by the federal government. It is a win-win for everyone, so we must keep up the fight.

Massive expansion of private school vouchers
The budget includes additional funding of private school vouchers by at least $77 million over the next two years, even though the well respected, non-partisan Public Policy Forum found that in the voucher schools the students performed slightly worse on standardized tests in math and reading, and that one-third did not have specialized art or music teachers. At the same time, the public school system will continue to struggle financially as they will not have an increase in support to sufficiently cover the cost of inflation.

Cuts to unemployment insurance
A number of changes amount to harming workers when they are most in need—when they have lost their job. Included in the changes are: reduced payments, change in definition of “misconduct” making it easier to deny benefits for some alleged work rule violation, elimination of many of the “quit exceptions” that allowed a worker to terminate and still receive benefits, plus many more negative changes. This issue is critically important from our union’s standpoint, because many times we work out agreements with employers that allow employees facing termination to resign and get unemployment, rather than both our union and the employer going to court to win reinstatement. It is better for the employee, union and employer so these type of changes can be worse for everyone. For many decades, changes to unemployment compensation were only made after they were “negotiated” between labor and management representatives on the state unemployment compensation committee. This process has been described as a model for the country and historically led to changes that everyone would support. Just as the Walker administration abandoned bargaining for public employees after more than 50 years, so too did they abandon this decade long process. Sad, really.

Income inequality will get even worse
Included in the budget are a number of tax cuts. There is no doubt that working families are struggling with so many things such as job loss, cut hours, high costs of gas, etc. The outrage of this budget is not so much the tax cuts, but that they will be modest to non-existent for working families, yet substantial for the very rich who do not need them. Those with income under $50,000 per year will see only about $45 in tax cuts, but those with incomes of $300,000 or more will see a cut of $1,400 or more. Who needs that $1,400 more? The other impact of the tax cut is that it removes $651 million from state money that could be used to pay for healthcare for working families or for public school programs.

Other concerns
While it is not possible to list all the budget provisions that may impact our members and their families, a few concerns stand out. The budget includes the ability for the state to sell or lease nearly all state-owned property including power plants, UW-buildings, highways and
rest stops through a no-bid process—literally putting Wisconsin up for sale and setting up the potential for political payback on a large scale. Even some wealthy individuals that donate to the university expressed concern that the plan could have a detrimental impact on the community.

The budget also continues to starve local cities of needed resources by keeping funding flat while municipalities are still struggling to make ends meet from the deep cuts in the last budget. The freeze in aid will likely lead to a decrease in essential public services on which communities rely.

Where are we going?
This budget did not lead to the massive demonstrations of 2011 when bargaining was destroyed, but it continues the path of reducing public services and enacting policies that are harmful to the health of our communities. It is hard to know what will happen next in our state, but we should all be concerned that these policies are also not creating jobs. Governor Walker promised he would create 250,000 new private sector jobs. His term is now half over and Wisconsin is 44th out of 50 in job growth, (plus he has eliminated public sector jobs, so we may have even fewer jobs now than when he took office). Wisconsin is worse by almost all measures of job creation and economic strength than our neighboring states of the rust belt. It is important to understand that those states chose not to destroy bargaining, reject federal Medicaid money or shift money to private schools, and their economies are in better shape.

We have another year until the next election for Governor. More time to see where our state is going but, from my vantage point as an advocate for bargaining rights and economic justice for working families, the next election cannot come soon enough.

Act 10 Update
As of this newsletter, the future of Act 10, the Walker law virtually eliminating all public employee bargaining rights, is in the hands of the Wisconsin State Supreme Court. The last legal challenge that we know of is the ruling of late last year by Judge Colas which declared major parts of Act 10 unconstitutional. The sections specifically declared illegal are the requirement for yearly elections to preserve legal recognition, refusal to collect dues and the limit on bargaining to only base wages.

Unfortunately, the majority of counties have taken the position that the Colas decision only applies to Dane County (Madison), so have ended dues deduction and refused to bargain over more than base wages. The Colas decision was appealed to the State Appeals Court, but that court decided to send it directly to the State Supreme Court, which agreed to take up the issue a few weeks ago. There is no way to know when the Court will rule, but it is likely to be this year and no one is optimistic that it will uphold the Colas ruling.

New Elections
The Wisconsin Employment Relations Commission (WERC) has decided to take the position that the ruling does not apply, and is moving forward to resume yearly elections. We have just received notice that rules are in drafting that will require all certified unions to file for election in January 2014 and win those elections by 51% of the entire unit in order to continue to represent members in any legal proceedings. It is possible one of the unions may sue to try to stop the WERC, but our public sector locals (5000 and 5001) should be ready to move forward with elections early next year.

The Affordable Care Act
Are you confused by all the rumors about Obamacare? Here are some resources to help you understand fact from fiction:

- Citizen Action of Wisconsin’s Affordable Care Act Video Series:
  http://www.gothealthcarewi.com/aca_video_series

- How will Obamacare change the way care is delivered and paid for? And healthcare workers’ jobs?
  Here’s a link to five short videos explaining the changes you’re beginning to see:
  http://www.aft.org/yourwork/healthcare/videos.cfm

- Health Reform—The Facts:
  http://www.aft.org/issues/healthreform/

- 10 Good Things About Obamacare:
  (from U.S. News & World Report)
  http://owl.li/n0Xwa

- U.S. Department of Health & Human Services:
  https://www.healthcare.gov/

- Costs are going down and more Americans are now receiving regular primary care:
  (from Center for American Progress)
  http://bit.ly/1aQJg68

- Kaiser Family Foundation:
  http://kff.org/health-reform/
I Was Assaulted at Work

Jeff Weber, RN, and president of the Milwaukee County Chapter of Local 5001 stepped up to the podium and began, “I was assaulted at work.” This was one of the many reasons over 300 health professionals from WFNHP, SEIU, and AFSCME gathered in Madison on May 7th. As a care provider, you’re well aware of the many dangers you face on a daily basis. Workplace bullying, long and demanding hours of overtime on top of your regular shift, too many patients to care for with too few staff, and the risk of physical violence while at work are all very real threats that not only make your shift worth dreading, but negatively affect the patients you care for and leaves them at risk when they’re most vulnerable.

The morning began with breakfast, coffee, and a panel of union members who told their personal stories to the group to set the tone for the day. Representative Sandy Pasch pledged her support for the ‘Patient Safety’ legislative package, that includes banning mandatory overtime, setting safe staffing ratios and safe patient handling standards, and lays out a plan to end workplace violence and bullying. Rep. Pasch reminded the group that, “The most powerful tool you have in your toolbox is your own story, and that story is one of the few things that can sway the opinion of a legislator to do what we know is right and necessary.”

Sound advice in hand, the hundreds of healthcare members set out to speak to their state representatives and senators. The message in each meeting was clear: Stand with us to protect the people of Wisconsin, and stand for safe, quality care for every patient.

The day culminated in a press conference at noon to publicly announce the bills. Healthcare members stood behind the podium holding dozens of scrubs donning the signatures of supportive members from around the state who were working and unable to attend. It was a powerful showing of support for commonsense legislation, but we understand the road is long before it becomes law. That’s why we need your involvement now and in the future.

Candice Owley, RN, WFNHP President & Dian Palmer, RN, SEIU Healthcare WI President

In the coming months, there will be more information on how you can get involved and become a driving force in improving the quality of care in Wisconsin. Weren’t able to make it? Ask one of your co-workers how it went, and we’ll see you next time.

What you can do

❤️ Sign WFNHP’s Patients’ Rights postcard. Cards will be available at our booth on Labor Day. The cards will be presented to Wisconsin legislators as our campaign to end unsafe practices in the Wisconsin healthcare system progresses.

❤️ Join our Patient Safety e-Activist network. Be among the first to hear the latest on our Patient Safety campaign and upcoming events. Email us at info@wfnhp.org.

❤️ Follow the campaign at: www.wfnhp.org www.facebook.com/wfnhp www.twitter.com/wfnhp
Lobby Day

State Rep Sandy Pasch, RN, pledges support for safe patient legislation.

Above: John Epple & Irene Emmer, Local 5001 Dynacare Labs Chapter, join in the Solidarity Sing-a-long.

Left: Constituents with Senator Chris Larson
WFNHP delegates convened on Saturday, April 20th, in West Allis, Wisconsin for their biennial convention. Delegates heard from speakers including, Candice Owley, WFNHP President, Stephanie Bloomingdale, Secretary-Treasurer of the WI State AFL-CIO, State Representative Jon Richards, AFT Healthcare Director, Mary MacDonald, and AFT Research Associate, Amy Clary.

Delegates debated and adopted resolutions on Patient Safety and Quality Care, which includes legislation focused on ending mandatory overtime, safe staffing ratios, safe patient handling, and a healthy workplace free from bullying, intimidation and violence. Also adopted were resolutions on: Assaults on Healthcare Professionals, Support for Expansion of Medicare, Support for Reasonable Gun Violence Prevention, Commonsense Immigration Reform, Opposition to Chained CPI for Social Security, and Support for the Ruth Moore Act.

The last order of business was administering the oath of office to 17 members elected to a two-year term on the WFNHP State Council.

**Convention Highlights**

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Summer Bargaining Update

While our County bargaining units continue the fight to restore their right to bargain, two of our other locals have recently ratified contracts, Local 5001’s three chapters from St. Francis Hospital are preparing to exchange proposals on September 4th, and Local 5032, Zablocki VA Medical Center, is still bargaining ground rules.

Burlington—Aurora Health Care
The Nurses and Techs of Local 5012, led by their bargaining team, Pam Mueller, Deb Koehnke, Kim Twardosz, Carrie Trimberger, Patty Sime, Sandy Clark and Stephany Welch, reached an agreement with Aurora Burlington Hospital for a new two-year contract that will expire May 31, 2015. The bargaining was at times long and difficult, especially because management wanted the right to change schedules and weekends without approval of the employees. In addition, they wanted to change some pay provisions regarding low census, call pay, and Extra Shift Premium Pay (ESPP) at the end of the shift, because these practices ended years ago at other Aurora Hospitals. The union team, of course, argued against all of these proposals. The final day was also very emotional because a group of nurses from both Med-Surg and ICU came to the bargaining session and made powerful and passionate presentations to management about many of the unsafe staffing practices they are now seeing on their units. On a positive note, the hospital presented new clinical ladders for a number of positions that, when implemented, will result in an increase for the employees who advance on the ladder, of a combined $280,000 over the next two years, in addition to the merit pay raise. In the end, both sides compromised on a number of the issues and the tentative agreement was positively ratified.

The following are some of the key provisions of the new two-year contract:

♥ **Wages**—Merit of 0%-4% with no less than 2% for competent for the first year of the agreement and a guaranteed minimum of 1% for the second year, but this could be higher as that is what happened this year. Payment for those over the max of 100% the first year, but reduced to 50% in second year unless rest of Aurora increases to 100%.

♥ **Clinical ladders**—for RNs, Respiratory Therapists, Surgical Techs and Imaging Techs that can lead to 5% higher per step (only RNs have two additional steps, others have one).

♥ **Disciplinary hearings**—hospital agreed to notify employees of right to representation at any meeting where discussion could lead to discipline. Currently, representation right is triggered only if employee knows their right and makes a request. Now, management must tell them of this right.

♥ **Educational requirements**—hospital agreed to provide current list of competencies and mandatory training opportunities which will be placed in binder in each department and allow employees who might be low censed to instead complete educational requirements. In addition, the hospital will work with union leadership to develop a process for facilitating mandatory education and training in most efficient and reasonable manner to avoid employees having to come to programs on off days.

♥ **Free weekend**—saved language that provides employees who complete one year of employment are allowed one weekend off without requiring replacement and two weekends after five years.

♥ **Staffing**—agreed that there are legitimate staffing concerns in ICU and Med-Surg, but no new language needed. Instead, the hospital committed to work more closely with the union leaders on staffing issues, plus agreed to add a new .9 position of float pool to provide some additional coverage. The union leaders also agreed that they needed to work with members to develop a pressure campaign to deal with staffing issues in general.

♥ **Scheduling and Posting**—issues were also discussed with changes to language to improve the processes making them more efficient and more fair.

Antigo—Aspirus Health Care
In June, the members of Local 5033 unanimously voted to ratify their new contract with Langlade. The contract is in effect from 7/1/2013 to 6/30/2014. One of the major themes discussed in relation to the agreement was the fact that this coming year holds great uncertainty, not only for the hospital, but for the entire healthcare system. The Affordable Care Act will be closer to full implementation at the end of the year, and it could have major impact on reimbursement for healthcare systems and for many of citizens the system services. Unfortunately, part of the financial uncertainty is a result of the Governor rejecting federal money that would have greatly expanded Medicaid/BadgerCare which would have reduced the uncompensated care that burdens many hospitals.

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All Wisconsin hospitals are worried about more uninsured arriving at their emergency rooms and Langlade Hospital is known as a “critical access” hospital, which means they function as an emergency facility for much of the region. With these concerns in mind, the members agreed it was best to have a one-year contract to provide some security and certainty and plan to return next spring to negotiate another agreement.

The union bargaining team, Christin Strong, Beth Imrie, Nancy Stimac and Eileen Mercer (see cover photo), had as their goal to make progress in reducing the wage difference between outpatient clinic nurses and hospital nurses, clearing up some important issues around seniority, job postings, breaks and educational offerings, and getting a guaranteed raise. The team was pleased to accomplish all of these goals.

Some of the details include:

- **Wages**—2.6% increase for clinic RNs including Diabetic Educator, Triage RN and Speech Pathologist, plus 1% raise for all other RNs and professionals.

- **Seniority**—clarified to deal with management employees returning to the bargaining unit so that it only counts as one month for each year of management service.

- **Education**—agreed that each department will have funds for both mandatory and non-mandatory programs.

- **Breaks**—add two breaks for those working 12-hour shifts.

- **Scheduling**—clarify language regarding 8, 10 and 12-hour shifts.

- **Posting**—agreed to process for posting extra hours to increase status so they are filled by seniority rather than who happens to find out. Also agreed that in addition to posting union notices on staff bulletin boards, there will be a clearly identified site on the internal WEB system where members can go for information on the union.

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