



# HealthWire

THE NATIONAL PUBLICATION OF AFT HEALTHCARE PROFESSIONALS

## retirement Ready

'Retirement is a great destination' but requires lots of planning

**IN THE WORLD OF FINANCE,** Jean Fisch would be considered a late bloomer. Like many women, Fisch stayed home to raise her family and then worked part time. As a result, Fisch started preparing for retirement a little later than most and needed to work a little longer.

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Retired nurse Jean Fisch worked until she was 70 in order to build a comfortable retirement nest egg.

### Healthcare reform now!

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### Raising our collective voice

2009 AFT Healthcare and Public Employees Joint Conference

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### Lockouts over:

New Jersey health professionals back on the job

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## Real healthcare reform needs staffing ratios

RANDI WEINGARTEN, AFT President

NURSES HAVE TOLD ME that even patients with good health insurance have sometimes received inadequate care because proper staffing levels were not in place in their hospital. That's an important lesson to keep in mind as healthcare reform is being considered by the nation's lawmakers. It's not enough simply to expand access to healthcare. All Americans deserve access to safe and effective health services, and that's where safe staffing levels and other provisions that improve care come into play.

Such improvements must be mandated by law. Increasingly, hospitals have sought to cut costs by cutting staff, which means cutting corners on patient care. Healthcare workers report that this trend has resulted in late or missed doses of medication or painkillers, delayed meals, and hurried or incomplete care, among other concerns for their patients.

The safeguards we seek must be disclosed to the public. Hospitals and other types of healthcare facilities should publicly disclose

and joint problems when staffing levels are too low. Poor work conditions also contribute to healthcare workers experiencing high levels of work-related stress, low morale and family problems.

The improvements we seek will have another valuable benefit: They will greatly reduce the burnout and dropout of America's frontline healthcare providers. Numerous studies have proved a link between staffing ratios and the turnover of hospital personnel. The bottom line is that healthcare workers forced to work in conditions that make it impossible to provide adequate patient care are far more likely to leave the profession.

This leads me to a very different bottom line. Much of the resistance from the healthcare industry centers around cost. But there is ample evidence that safe staffing and other quality measures not only improve patient care but also are cost-effective. Staff turnover, which can cost an average-size hospital millions of dollars each year, can be greatly reduced. And enhanced patient well-being can lead to shorter hospital stays and fewer cases of patients who need to be readmitted.

The possibility of finally achieving meaningful healthcare reform has ignited disagreements that will be difficult but necessary to resolve. But there are certain issues that should be beyond dispute: that safe staffing helps patients, keeps good professionals in the field and can save vital resources. Such provisions belong in healthcare reform legislation, and AFT Healthcare will work mightily to make sure that happens. I hope we can count on your support.

There is ample evidence that **safe staffing** and other quality measures not only **improve patient care** but also are cost-effective.

The AFT and AFT Healthcare are working with other unions and advocacy groups to address the shameful fact that 47 million Americans lack healthcare insurance. In addition, we are calling for any healthcare reform legislation that moves forward in Congress to include provisions to improve not just coverage, but the safety and effectiveness of healthcare.

We are asking lawmakers to include three specific safeguards in healthcare reform legislation: establish nurse-to-patient staffing ratios, prohibit mandatory overtime for nurses, and pass safe patient-handling laws to reduce nurse and patient injury rates. These three steps will improve patient safety, reduce medical errors and thereby reduce costs, and help prevent healthcare workers from leaving the profession.

their staffing levels for every unit and every shift. The public should be aware of which facilities have inadequate staffing levels, in order to make informed decisions regarding care.

As healthcare workers know, the stakes for failing to address these issues are high. A study published in the *Journal of the American Medical Association* concluded that preventable hospital deaths increase when nurses are assigned more than four patients, yet many nurses report caring for as many as 15 to 20 patients at a time.

In addition to their concern for the patients in their care, nurses and healthcare personnel themselves are at risk from inadequate workplace safety provisions. Healthcare providers suffer from greater incidence of occupational injuries such as back problems, needlesticks



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# Thousands swarm U.S. Capitol for healthcare reform

Union, community activists call for affordable, quality healthcare—now!



IF ONE MESSAGE came out of the June 25 healthcare reform rally on Capitol Hill, it was that reform cannot wait. The demand from the crowd of nearly 10,000 was for affordable, high-quality healthcare with the choice of a public or private option—now!

Union members, healthcare advocates and community activists from across the country gathered in the shadow of the U.S. Capitol, to hear not only from members of Congress and union leaders but also from nurses, small-business owners, workers and parents who told compelling stories about why we need healthcare reform.

“Healthcare should be a right. I’ve seen too many patients coming into the hospital who have waited too long for care because they don’t have insurance or they are underinsured,” said Charlotte Crowe, a medical surgical nurse from Jersey City, N.J., who traveled by bus to attend the rally.

“We need accessible healthcare with a public option,” said Crowe, who is a member of the Health Professionals and Allied Employees (HPAE)/AFT, Local 5186. Staffing should be a part of the reform, she added. “We need staffing ratios, not just for nurses. Every area of the hospital needs an adequate staffing mix.”

While hundreds of AFT members and staff joined the colorful crowd, even more AFT activists back home were calling their members of Congress—and especially their U.S. senators—to urge them to support comprehensive healthcare reform based on key principles that the AFT has outlined. AFT members made more than 1,350 calls during the day.

Many rally participants also spent the afternoon at town hall meetings and on Capitol Hill lobbying members of Congress. The rally and lobby day were sponsored by Health Care for America Now (HCAN), a coalition that includes the AFT.

“I talk to patients every day who failed to have follow-up treatment because they couldn’t afford the co-pays,” Claudia Storicks, an HPAE member who works at Virtua Memorial Hospital in Mount Holly, N.J., said during a town hall meeting following the rally. “We need a more affordable option for healthcare. Private insurers and our present system have failed to come up with it.”

In addition to the strong turnout of union members and representatives of various community organizations, groups includ-



Nearly 10,000 union members, healthcare advocates and community activists from across the country rallied in Washington, D.C., to demand healthcare reform.



PHOTOS BY MICHAEL CAMPBELL

The present system lacks affordable options, says nurse Claudia Storicks at a town hall meeting following the rally.

ing Working America and Democracy for America brought tens of thousands of signatures collected from people nationwide who say we’ve waited long enough for healthcare reform.

Healthcare reform is “a fight that has been fought for decades against powerful interests,” said Sen. Charles Schumer (D-N.Y.). “The strong national support for healthcare reform is a sign that now is the time.” But, he added, pointing to the Capitol building, “We can’t do this alone. We need all of you to hold everybody in that building’s feet to the fire.”

Other rally speakers included union presidents Gerald McEntee of AFSCME and Larry Cohen of the Communications Workers of America, members of the U.S. House and Senate, actress Edie Falco, and former Vermont Gov. Howard Dean.

## PRINCIPLES FOR HEALTHCARE REFORM

THE AFT STRONGLY SUPPORTS a reform plan guaranteeing high-quality and affordable healthcare for all Americans. Effective reform will:

**Establish a robust public plan** that will make healthcare accessible and affordable to every person, family and business—while ensuring that individuals have the choice of selecting a public plan or keeping their private plans.

**Ensure that employer-provided healthcare benefits are not taxed.** Workers, and their unions, weigh the cost of healthcare benefits when negotiating for wages and benefits—frequently forgoing pay increases in exchange for maintaining affordable healthcare coverage. An additional tax will unfairly penalize workers who have employer-provided coverage.

**Require standards for appropriate hospital staffing levels** that will improve patient safety, reduce medical errors and prevent healthcare workers from leaving the profession.

**Recognize that tackling healthcare reform,** including reducing the cost, is key to building our economic strength. Family budgets, American businesses, and federal and state governments are being squeezed by the current healthcare system. Reform can enhance choice and competition in healthcare, while also creating jobs, spurring innovation and investing in our country.

# What it takes to be retirement Ready

*Continued from page 1*

"I started investing for retirement in my 40s," she says. Fisch retired from nursing a year ago, at age 70.

"Financially, we are holding our own," says Fisch, who spent 34 years as a registered nurse, most of them in the medical surgical unit at Danbury Hospital in Connecticut. She says staying on the job for so long was the right decision for her. "To be able to accrue 30 years toward my pension was just enough incentive to work as long as I could."

## Where's your map?

Working members all will face the day when they must retire. The question members should ask themselves well before that day is: "Am I retirement-ready?"

"Retirement is a great destination, but you need a road map to get there," says pension adviser Jim Lehan. "Retirement requires planning."

According to Lehan, when planning for retirement, you should assume you'll live a long time, recognize that time is your friend, and develop sound financial discipline. And once your plan is in place, you must take the time to monitor it.

You should understand how much, realistically, you will need in retirement—before you retire. "One of the biggest myths of retirement is that you will need 60 percent of your spendable income to retire," says Lehan. That's not true. "If you want to be active and comfortable in retirement, you will need 70 to 80 percent. If you have debt, make that 80 to 90 percent."

Because Fisch planned well, she hasn't had to worry about earning extra income during her retirement. "I had quite a few job offers after my retirement. I could have gotten another job, but I decided to enjoy myself." In addition to her hobbies of gardening and swimming, Fisch still holds the position of grievance chair for the Danbury Nurses Union.

To maintain a comfortable retirement, Fisch now relies on her defined-benefit pension, Social Security, an individual retirement



**"When you are younger and building a family, you don't think about [retirement], but it's better to plan as much as you can because things can change so quickly."**

— STEVE FORSTENER, Health policy analyst and AFT Healthcare-Maryland member

account and other savings.

Her advice to young health professionals is to start investing as soon as they can. "Discipline yourself to do the maximum each year. It's how I built my nest egg."

In healthcare, defined-contribution plans, or 403(b) plans (personal retirement accounts similar to 401[k]s), are the norm. Defined-contribution plans generate retirement income through investment, allowing workers to invest in the stock market as they wish. However, this freedom involves more risk and increases workers' responsibility for their retirement.

"About half of AFT Healthcare members have access to defined-benefit plans," says Rachel Quinn, an assistant director in the AFT research and information services department. And, "virtually 100 percent of members have access to a supplemental 403(b) tax-sheltered annuity plan."

The AFT believes that defined-benefit plans are the best vehicle for a secure retire-

ment. However, if a defined-contribution plan is your only option, to make the best of it, Quinn suggests that members take the time to find out the rules of those plans, so they can be prepared for the future.

"You should know how long you have to work to receive benefits, and if your employer offers a contribution and whether the contribution is matching or automatic. You should also know if your employer offers healthcare for retirees," says Quinn.

## Don't forget about healthcare

While it's important to know how much you can expect from Social Security, pensions and other retirement sources, it is equally important to understand what your medical benefits will be and what they will cost.

A 2007 survey of nurses by Fidelity Investments found that 90 percent of nurses are concerned about the affordability of medical costs in retirement. In that same survey, 63 percent said that they will continue to



work because they will need employer-sponsored health insurance.

The cost of medical care is a constant worry for 73-year-old Steve Forstenzer. A member of AFT Healthcare-Maryland, Forstenzer is a health policy analyst for the Maryland Health Care Commission and has worked for the state for 22 years. His plans to retire must wait a few more years because of his healthcare coverage concerns.

"My wife and I are currently covered, and we both have pre-existing conditions," says Forstenzer. He worries that it will cost him more to shift from his employer-based policy to Medicare because of these conditions.

However, a review of Medicare rules reveals that you can sign up for Medicare even if you do not plan to retire at age 65. If you are 65 or older and are covered under a group health plan, the rules allow you to enroll in Medicare Part B anytime while you are covered, without penalty. This brings up another important point: Know how Medicare will affect you and your spouse before you retire.

When he retires, Forstenzer wants to stay active by working as a health advocate. "I would like to help people navigate the health insurance system, especially when they run into problems," he says. "When you are younger and building a family, you don't think

about these things, but it's better to plan as much as you can because things can change so quickly."

### Life after retirement

Nancy Miller is making up for lost time. Miller worked as a registered nurse before she came to Staten Island University Hospital, but she didn't have a pension plan.

"Right now, I contribute the maximum to my retirement, and I try as much as I can to have other investments," says Miller, who is a recovery unit nurse at the hospital in Staten Island, N.Y. Thanks to her union, the Federation of Nurses/UFT, nine years from now when she turns 60, Miller will be eligible for healthcare benefits in retirement. That will help her stretch her 403(b), which is doing surprisingly well in this economy, she says.

Miller serves on the hospital's fiduciary committee. The committee is responsible for making investment decisions for the hospital's pension fund as well as monitoring the investments. "The committee seat is an advantage because I am able to advocate for members who may not know much about how decisions are made about our pensions. It's like being a financial watchdog."

Miller stays on top of her 403(b) plan and knows where to put her money. Since retirement is "the one thing most nurses know nothing about," she encourages new nurses to take advantage of the seminars the hospital offers—which were negotiated by the union—on how to maintain 403(b) plans.

When Dolores Oestreicher retired from nursing at Danbury Hospital five years ago, she was prepared; the extra time on the job had given her more time to save. "The best thing I ever did was not taking early retirement when it was offered to me."

During her 37-year nursing career, Oestreicher saved diligently and stayed away from the risky stock market. "Every time I got a raise, I put it away."

Now her biggest worry is healthcare. She and her husband depend on his health insurance. "Every year I worry that those health benefits will go away. I don't know how I could have retired without them."

Like Jean Fisch, Oestreicher has a defined-benefit pension plan. She is grateful that, as a member of the Danbury Nurses Union's negotiating team, she was able to help bargain for that type of plan. "It makes me feel lucky. I'm very proud that I was able to help negotiate the benefits I enjoy today."

— ADRIENNE COLES



DAVID GROSSMAN

Nancy Miller, a nurse at Staten Island University Hospital, serves on the hospital's fiduciary committee, which makes decisions about investment choices for hospital employees.

## What sources of income will you rely on in retirement, and do you expect them to be sufficient?

"If I can enjoy good health until age 70, and work until age 70, then my Social Security and state pension should suffice."

LEIGH ULLMAN

Wisconsin Federation of Nurses and Health Professionals

"These are three sources that might work in combination with each other: Social Security, my pension plan from work (it's a mandatory plan; I put in 5 percent and work puts in 8 percent), and staying on the good side of my daughter and her husband."

CORINNE SWASS-FOGARTY

Health Professionals and Allied Employees (New Jersey)

"The source of income I will rely on for my retirement will be my annuity, pension, Social Security and savings. Yes, I do expect for this to be sufficient for me. I started saving as a teen. I expect money I have had deducted from my pay since being employed to be there to support me. I have always been a planner, and my mother taught me and my siblings not to wait until you need money but to already have it for opportunities."

MARSHA ALLEN

Chicago Teachers Union

"I have a defined-benefit plan from my hospital, a private 401(k) and an annuity. If Social Security is still viable, I will have that. I hope it is enough. As with all of us, it depends on the stock market. The issue is medical care before I reach 66. My husband will retire two years before I do, and he carries our medical. I will need to pay some form of COBRA until I can retire. Maybe Obama and the Democrats will have a plan in place before then!"

MARY CONSOLI

Danbury Nurses Union (Connecticut)

## Should flu vaccines be mandatory for healthcare workers?



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

# After lockouts, health professionals return to work

New contracts bring staffing improvements, economic stability

WHEN CONTRACT NEGOTIATIONS got bad, two New Jersey hospitals found a way to make them even worse. Hospital administrators locked out more than 1,500 health professionals represented by Health Professionals and Allied Employees (HPAE) in June.

hospital, only to be locked out and replaced with temporary workers. During the lockout, Bayonne members held informational picket lines to alert the public to their issues.

Nearly 30 miles away, in Englewood, N.J., 650 nurses at Englewood Hospital and Medical Center faced a similar situation when they were locked out after negotiations faltered.

Although HPAE and Bayonne were “close at times” to a settlement, outstanding issues, as well as new demands by management to allow supervisors to set pay and offer bonuses without objective standards, led to the end of talks.

Under management’s proposals, “no nurse or healthcare worker could speak up for patient care or against cost-cutting policies without fear for their job or pay,” says HPAE president Ann Twomey, who is an AFT vice president.

Three days into the lockout, the hospital relented and asked its workers to return to the job and the union to return to the bargaining table. The end of the lockout essentially was management’s “admission that they were unable to run the hospital without

the real healthcare workers; and that replacing dedicated healthcare workers with replacement workers was a terrible idea from the very inception,” says Twomey, who claimed a victory for the union’s members and the hospital’s patients. HPAE and the hospital ratified a new three-year contract that maintains seniority rights and severance pay in case of layoffs.

At Englewood, bargaining between HPAE and the hospital broke down over the failure of the hospital to address staffing concerns. HPAE proposed staffing improvements that would require the hospital to hire an additional nine nurses over the next two years.

The nurses scrapped a plan to strike in hopes of continued negotiations, but when nurses reported for work, they were told, “There is no work for you today.”

There was no work for the nurses for two weeks. When HPAE and the hospital returned to the bargaining table, they reached an agreement that ended the lockout and contained many of the staffing improvements the nurses had been seeking. In addition, the agreement contained new policies that would help them retain qualified nurses.



HPAE PHOTO

Nurse Noreen Malloy was one of 850 health professionals locked out of Bayonne (N.J.) Medical Center in June.

Nearly 850 health professionals at Bayonne Medical Center withdrew a strike notice in order to continue negotiations with the

## Finding common ground

Catholic hospitals, labor agree on guidelines for organizing

THE RESULT OF more than a decade of talks between unions representing healthcare workers—including AFT Healthcare—and Catholic healthcare employers is a new set of guidelines for labor organizing in Catholic hospitals.

“Respecting the Just Rights of Workers: Guidance and Options for Catholic Health Care and Unions” spells out how to create and maintain a fair and just workplace within Catholic hospitals that is in keeping with Catholic social teaching.

This marks an unprecedented and giant step forward in positive labor-management relations, and creates a fair and balanced process for workers to choose whether or not to form a union, say AFT Healthcare leaders.

“Although we came to the table with differing perspectives, the unions and Catholic healthcare employers reached common ground so that the workers, patients and communities we serve will be the true ben-

eficiaries,” says Candice Owley, an AFT vice president and AFT Healthcare chair.

Owley was one of four union leaders who worked with representatives from Catholic healthcare institutions on a special subcommittee put together by the United States Conference of Catholic Bishops (USCCB). “The bishops and Catholic healthcare showed extraordinary leadership in shaping this document, which levels the playing field to prevent conflict, tension and misinformation that can mire an organizing campaign.”

AFT President Randi Weingarten says, “The USCCB has taken a bold step toward a new and positive way of thinking about labor-management relations that everyone can use as a strong guidance. The process outlined in this document will create an atmosphere where employees will no longer face threats and intimidation when they consider forming a union.”

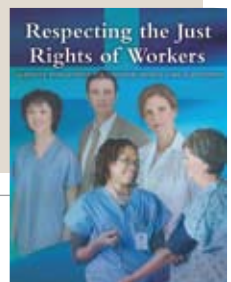
The document offers seven principles for management and union representatives

to follow to ensure employees can make an informed decision without undue influence or pressure from either side. They are:

- Respect. No negative campaigning.
- Equal access to information.
- Truthful and balanced communications.
- Pressure-free environment.
- Fair and expeditious process.
- Meaningful enforcement of the local agreement.
- Honoring employee decisions.

### A fair and just workplace

“Respecting the Just Rights of Workers: Guidance and Options for Catholic Health Care and Unions” can be found at [www.usccb.org/sdwp/national/respecting\\_the\\_just\\_rights\\_of\\_workers.pdf](http://www.usccb.org/sdwp/national/respecting_the_just_rights_of_workers.pdf).



# In the right place at the right time

## Joint conference kicks off just as healthcare reform heats up

THE TIMING OF THIS year's joint conference of the AFT Healthcare and Public Employees divisions held June 11-14, in Washington, D.C., couldn't have been better.

With healthcare reform being central to the nation's economic recovery, much of the conference focused on what shape the reform—which currently is being drafted in Congress—should take. There are key disputes over a public plan option, which the AFT supports, and taxation of employer-provided healthcare benefits, which the AFT strongly opposes. More than 180 conference participants, representing 19 states, took the AFT message to Capitol Hill, where they met with more than 75 lawmakers and staff during a daylong lobbying event.

AFT president Randi Weingarten implored the more than 350 union activists in attendance to mobilize and organize to ensure that the AFT's collective voice is heard as policymakers at all levels of government respond to the nation's economic crisis.

"We have a legitimate economic crisis, [and] our foes will use it to try one more time to shift the ground from under us," Weingarten warned. She asked conference participants to talk about what they do—the services they provide every day to strengthen our communities. She also urged activists to use the crisis to move the union's agenda on such critical issues as healthcare reform, adequate funding for public services and organizing rights for all workers.

William Garrity, a nurse and member of University Health Professionals, Local 3837, said the focus in the debate over healthcare reform should be on people not money. "We've been saying how important healthcare reform is, and all I hear is how are we going to pay for it," says Garrity, who participated in the conference's lobby day. "What scares me is that people are talking about money and not patients."

There is a huge positive side to ensuring that a public healthcare system is created, says Pamela Malakis, a member of Health Professionals and Allied Employees, Local 5091. "Imagine a day as bargaining unit members, when we are no longer held hostage over health insurance issues; when we can focus bargaining on the real work quality issues such as adequate staffing, adequate supplies, continuing education, safety and pay."

A chorus of speakers, including U.S. Labor Secretary Hilda Solis and Delegate Eleanor Holmes Norton (D-D.C.), spoke of the need for healthcare reform and greater union density. Norton noted that "organized employees



PHOTOS BY MICHAEL CAMPBELL



GREGG A. ADAMS - MARVIN T. JONES & ASSOCIATES

have always led our country in demanding for all Americans what they themselves have gotten at the bargaining table."

"This is an interesting time for all of us: one filled with great challenges and great hope. We are seeing tremendous threats to our benefits and wages. We are faced with layoffs and, in healthcare, staffing is being cut to the bone," says Candice Owley, chair of the AFT Healthcare program and policy

council. "But we do see a way forward. We have already seen [positive] changes to our labor laws and health and safety policies. And for the first time since the 1990s, there is a real possibility to make changes to our healthcare system."

**More than 350 union activists came to Washington, D.C., to take part in the AFT's joint conference for healthcare professionals and public employees. The conference included a lobby day during which members took the healthcare reform message to Congress. Participants also heard from AFT president Randi Weingarten, above left.**



Taking time out to lend a hand: During their conference in New Orleans, school health professionals spent an afternoon prepping a local gym for a new coat of paint.

NUMIE RINALDI/UNION

## Finding their niche

### School health professionals seek visibility in school setting

CREATING COMMUNITY in schools was a major focus of the annual leadership development meeting of school health professionals in May. This year, 50 school nurses, social workers and guidance counselors met in New Orleans to discuss how to increase their visibility in a school setting that can sometimes feel isolating.

Getting involved in the union raises awareness of our issues, says Juanita Hogan, a school nurse member of the Pittsburgh Federation of Teachers and a member of the AFT Healthcare school nurse subcommittee. "We have to continually make ourselves visible."

Guest speaker Pat Cooper, an advocate for coordinated school health services, discussed the importance of school health professionals in any community school.

"Zero-tolerance policies and high-stakes tests won't work," says Cooper. "We need people in the schools who can build relationships with students. They must have at least one adult they can rely on. We've got to create families in every school."

Cooper, who is head of the Early Childhood and Family Learning Foundation, based in New Orleans, says focusing on the physical and emotional health of students will help not just them but broader society as well. He described the vicious cycle that begins when children come to school unprepared. "If they don't come to school ready to learn, the public school system fails. When that system fails, all of the other public sys-

tems get overloaded and they fail. It is a drag on the economy that is ruining our society."

Cooper's goal is to turn the school into a safe place where students "are loved and can build self-esteem and therefore be motivated to learn." And he's seen it work. When he was superintendent of schools in McComb, Miss., Cooper implemented a successful plan that incorporated using school nurses and therapists to work with students. "We know it works. High-stakes-testing curriculum won't make a difference to students caught in the cycle of poverty, single parenthood and school-readiness deficit."

School health professionals are in a perfect position to encourage the vision of community schools, says school nurse Jeanne Sedgwick, a member of Education Minnesota who is on the AFT Healthcare school nurse subcommittee with Juanita Hogan.

While in New Orleans, the school health professionals took part in the effort to rebuild the city. Members prepared a gymnasium for a new coat of paint; the gym had been flooded with more than eight feet of water during Hurricane Katrina.

**School health professionals like Mandy Pilla say that union activism increases their visibility and helps them feel less isolated in school.**



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