



# HealthWire

THE NATIONAL PUBLICATION OF AFT HEALTHCARE PROFESSIONALS

## Beware big bad bully

New standards should help hospitals put an end to workplace harassment



**LESLIE BELFANTI**, a registered dietitian, worked happily in her self-described “dream job” for eight years. But when a newly hired dietitian began harassing her, her dream job became a nightmare.

“It got to where I hated my drive in to work, knowing that she would start my day off with another nasty e-mail or phone call. She went out of her way to make some negative statement or accusation against me almost every single day,” Belfanti says of her bully.

In the beginning, Belfanti thought she could talk with her co-worker and address the problem one on one. “That’s why I didn’t go to my boss immediately.” But each time she confronted the bully, Belfanti felt intimidated. “She had a threatening tone and way about her.”

Belfanti endured daily harassment for eight months until she decided to go to her boss. When she finally explained the situation to him, she was disappointed to find that he didn’t believe her colleague’s behavior was harassment. “When he did not support me, I knew I was going to leave.”

After a year and a half of mistreatment, Belfanti left the small hospital in rural Oregon for another job. “She pretty much ran me off,” says Belfanti. She is currently a registered dietitian for Kaiser Skyline Medical Office in Salem, Ore., and now a member of the Oregon Federation of Nurses and Health Professionals (OFNHP).

Until recently, there were few or no consequences for the kind of workplace bullying Belfanti experienced. There wasn’t much that bullied healthcare workers could do to stop a colleague’s hostile behavior. But now, the Joint Commission—a national hospital accrediting agency—has introduced new standards to ad-

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FIRED.

FREEDOM DENIED



## Challenges and opportunities for our new president

RANDI WEINGARTEN, AFT President

BARACK OBAMA'S PRIORITIES, policies and personal experiences all point toward the possibility of hopeful changes in the American healthcare system. But given the fragile state of the economy and the many challenges confronting the nation, we know that our expectations must remain within the bounds of the new fiscal realities.

The new president inherits challenges that he acknowledges are the "greatest of our lifetime." But he has sounded an optimistic and inclusive call, saying that "we as a people will get there," that the results of the November elections provide a "chance for us to make that change," and that such change "cannot happen without you."

I share Obama's optimism. With challenges come opportunities. That belief and the American can-do, must-do way of thinking underlie our country's determination to constantly move forward. That outlook is most resolute in the face of our greatest trials.

And the state of America's health system certainly presents many challenges that I, like you, hope Barack Obama can successfully address. Obama has laid out comprehensive plans that demonstrate his understanding of the issues surrounding the access, affordability and quality of healthcare. Just as important, in my opinion, is his belief that supporting nurses and other health professionals in the workplace leads to better healthcare outcomes. Starting with his time in the Illinois

State Senate and continuing during his years as a U.S. senator, Obama worked to ensure that hospitals and other facilities implemented policies such as safe nurse-patient staffing ratios and limiting mandatory overtime to true emergency situations. As president, Obama has pledged to sign such policies into law.

And Barack Obama has fought efforts by the National Labor Relations Board to strip workers of their right to organize. He is a co-sponsor and strong advocate of the Re-Empowerment of Skilled and Professional

The state of America's health system presents **challenges** that I, like you, hope Barack Obama can **successfully** address.

Employees and Construction Tradeworkers (RESPECT) Act, which will overturn the NLRB's *Kentucky River* decisions classifying hundreds of thousands of nurses and other workers as "supervisors" who are not protected by federal labor law.

But in such difficult economic times, Obama's priorities are likely to face calls for less sweeping changes and stiff resistance from determined opponents. Many important priorities will be competing for scarce resources, and the pressure to cut, not expand, investments in healthcare will be tremendous.

Attacking healthcare would be a monu-

mental mistake. From the growing number of Americans who are unemployed, to the rise in bankruptcies resulting from unmanageable medical costs, to small businesses struggling to provide the health benefits they want to offer employees, to the rising strain on government budgets to keep up with runaway healthcare costs—the human and financial toll of the healthcare crisis is mounting. Inaction simply is unacceptable. I have never been more convinced of the interconnectedness of the economy and the vital services—like high-quality, accessible healthcare—on which the public depends. The AFT will continue to press for policymakers at every level to reinvest in healthcare, public education and other vital public services, not to cut their way out of the current economic fiasco.

President-elect Obama's campaign for the presidency had the feeling of a movement, which is familiar territory for us because we are part of America's labor movement. You know that a movement is not about one point in time. It is organic and ongoing. So I want to thank you for the hard work so many of you did to help elect a president who truly stands on our side. And I want to urge you to stay involved. The new administration and the new Congress present a good opportunity to bring about real healthcare reform. I hope we can count on you, the frontline health professionals, to give voice to the importance of reinvesting in healthcare.



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# Bans on mandatory overtime gain momentum

## Pennsylvania is latest state to pass legislation

HEALTHCARE WORKERS are winning the battle to end mandatory overtime state by state. In the last eight years, 15 states either have banned mandatory overtime in health-care facilities or have restricted its use. Just last year, two states, New York and Pennsylvania, won bans after protracted lobbying efforts.

The most recent win, in Pennsylvania, came after nurses and health professionals spent eight years trying to persuade lawmakers to pass the legislation. In October, the bill banning mandatory overtime finally passed and was signed by Gov. Edward Rendell.

Pennsylvania's new law prohibits its hospitals and health-care facilities from forcing nurses and other direct patient-care workers to work overtime, except in emergencies or during unforeseen staffing shortages. The ban goes into effect in July 2009.

"This is a boon for all health-care workers who would have a hard time getting this type of legislation passed for their job descriptions, but who suffer from the same abuse of overtime as nurses," says Terry Myers, president of the Armstrong Nurses Association and vice president of Health Care-PSEA (Pennsylvania State Education As-

sociation), an AFT Healthcare affiliate.

"Getting this legislation passed was a long and difficult process," says state Rep. Dan Surra, the bill's sponsor. "It would not have happened without the support and advocacy of this state's nurses and other health-care workers, who came to the Capitol year after year to make their voices heard and ensure lawmak-

ers knew that mandatory overtime was unsafe and unfair for both nurses and their patients. This is a huge victory for both."

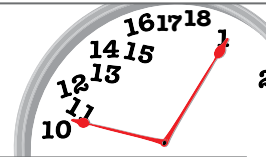
Over the years, nurses and health professionals have had to dispute the state hospital association's claims that hospitals could not remain open or provide patient care without the use of overtime, says Beth Pardee, president of Health Care-PSEA.

The health-care workers provided testimony and information on alternatives to mandatory overtime that would preserve safe patient care and maintain safe working conditions.

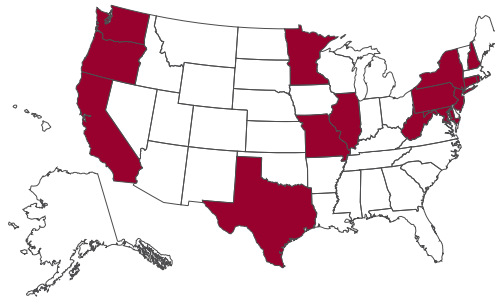
Pardee notes that the committed efforts of a variety of unionized health-care workers helped get the bill passed. "In Pennsylvania, several unions represent various classifications of employees, so it was important to address all workers," she says. "While we often think of nurses at the patients' bedside, there are many other disciplines that are part of the health-care team. We worked together to accomplish this goal."

The victory gives health-care workers much needed recognition, says Pardee. Now that the ban on mandatory overtime has become law in Pennsylvania, "we feel that others realize the importance of providing safe, quality care to our patients."

Healthcare workers are winning the battle against mandatory overtime.



Since 2000, 15 states have either banned or restricted the use of mandatory overtime.



**CT, IL, MD, MN, NH, NJ, NY, OR, PA, RI, WA and WV** have enacted legislation. **CA, MO and TX** have enacted state regulations.

# California ruling makes the case for more school nurses

## AFT supports judge's decision to strike down school plan for diabetic students

THE AFT IS APPLAUDING a California Superior Court decision to overturn an agreement between the state Department of Education and the American Diabetes Association that allowed unlicensed school personnel to administer insulin to students with diabetes.

In his ruling, the judge found that the Education Department has no authority over the administration of medications and cannot override the state's Nurse Practice Act. The act clearly specifies that only a licensed nurse or physician may administer medication in a school setting, except when a student self-administers medication, when a parent or parent-designee administers medication, or

in the event of a public disaster or epidemic.

"This decision has implications that far outreach school nurses," says Jeanne Sedgwick, chair of AFT Healthcare's school nurse subcommittee. "This decision speaks to the integrity of the Nurse Practice Act for all nurses. The most effective way to ensure the health and safety of our children is to ensure each child has a school nurse."

The AFT had opposed California's agreement with the American Diabetes Association because it was not in the best interest of students with diabetes. Allowing a parent to administer insulin to his or her child is very different from delegating this job to a teacher

or school employee, who may be responsible for dozens of children at one time. While parents, who are not medical professionals, can be trained to care for their diabetic children, a parent has much more invested in the care of that child and performs the tasks daily. To expect an employee to perform medical procedures after only a few hours of training is both unfair and unsafe.

The AFT will continue to advocate for the best possible health-care for students with chronic conditions, including diabetes. This can only be achieved by hiring adequate numbers of school nurses—not only in California, but across the country.

*"I can't believe that one professional would do this to another professional."*

**LESLIE BELFANTI,**  
registered dietitian,  
Kaiser Skyline Medical Office in Salem, Ore.



RANDY RASMUSSEN

# Beware big bad bully

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dress workplace bullying that, among other things, will require healthcare workers to be held accountable for their behavior.

Starting in January 2009, hospitals accredited by the Joint Commission must create a code of conduct that defines acceptable behaviors, disruptive behaviors and inappropriate behaviors, and that sets up a process to manage unacceptable behaviors. The Joint Commission also recommends that healthcare facilities educate staff about professional behavior, establish zero-tolerance policies for disruptive behavior and develop a system for reporting unprofessional behavior.

*"Professional etiquette should be common sense, but—because of the level of stress that comes with working in healthcare these days—sometimes etiquette just goes out the window."*

**MARY TWITCHELL,**  
New York State Public Employees Federation

Unfortunately, incidents of bullying and disruptive behavior in healthcare settings are all too common. The bad behavior is not just among physicians and nurses; any health professional can be subject to intimidating and disruptive behavior, whether it's

nurse to nurse, doctor to resident, or aide to housekeeper.

"I'm still angry about how I allowed her to treat me, damage my reputation, and call my integrity into question with my boss and my peers," says Belfanti. "Thankfully, everyone knew better, but that didn't stop her from harassing me. There seemed to be no consequence for her behavior."

## **New standards can make a difference**

When bullying occurs in unionized facilities, members often turn to their union for help. Mary Twitchell, Region 5 coordinator for the New York State Public Employees Federation (PEF), often hears from members who have been berated and threatened by their peers or supervisors. She believes the disruptive behavior in healthcare settings stems from the stress of having to do more with less due to constant budget cuts.

"Over the past 10 years, our facilities have changed in many ways. We have moved away from the personal part of healthcare because of budget constraints and changes in the patient populations. This has caused resentment and stress among all healthcare workers, from the top down," Twitchell says. "Professional etiquette should be common sense, but—because of the level of stress that comes with working in healthcare these days—sometimes etiquette just goes out the window."

In her union work, Twitchell has investi-

gated incidents of bullying with mixed results. "Sometimes [an investigation] halts the behavior, sometimes it has caused retribution," says Twitchell. She believes having a policy in place, "especially one that is supportive of workers," will be good for everyone.

Dianne Felblinger, a professor at the University of Cincinnati's College of Nursing and a women's health practitioner, says the Joint Commission's new standards "can make a difference if hospitals want them to. However, everyone must be involved. They have to become part of the healthcare culture."

Felblinger believes that healthcare workers can benefit from creating their own etiquette that includes a clear definition of inappropriate behavior. The bottom line, she says, is that "civility matters. It is possible to build a culture of safety and caring if there is a system in place that protects the person who reports the problem and that makes an effort to deal with it. Workers who are bullied need to know they are not alone and that it's okay to ask for help."

## **A healing environment**

The direct targets of workplace bullying are not the only ones who suffer. Healthcare facilities are beginning to recognize that bullying of workers is also a threat to patient safety and the overall quality of care. Verbal abuse, condescending attitudes, refusal to perform assigned tasks and physical threats create breakdowns in the teamwork, communication and collaboration necessary to provide high-quality patient care.

"Patients pick up on negativity," says Heidi Rolfs, an oncology nurse at Kaiser Sunnyside Medical Center in Clackamas, Ore., and a member of the OFNHP. "At some level, if there is tension, it affects the way we all work, and it trickles down to the patient." Rolfs would know. She returned to Sunnyside after spending a miserable year at an oncology clinic in Portland. The source of her misery: a nurse manager Rolfs worked with.

"She rubbed people the wrong way from the beginning," says Rolfs, who describes the nurse manager as an underhanded and intimidating person who created dissension among the nurses. "There was just so much tension in that clinic that the environment was not conducive to doing our best work. Patients need a healthy environment. And I believe that it starts with us. If we are going to give good care, we need to be kind to each other."



Need more info on bullying? Visit the Workplace Bullying Institute at [bullyinginstitute.org](http://bullyinginstitute.org).



Rolfs, who was a union steward at the time, knew the avenues to take to handle her bully. After trying—unsuccessfully—to deal with the problem personally, Rolfs took her complaint to the union, which set up a meeting with the manager.

Rolfs says her manager didn't respond until she realized she might be in some trouble. But, even then, the hostility remained; instead of ending her behavior, she took it underground. "She just got more sneaky about it."

Eventually, the experience took a physical and emotional toll on Rolfs. "I was having chest pains, and I'm a pretty healthy person. So I left. I thought it just wasn't worth it."

Rolfs wanted to stay and help get the manager fired, but, she says, she didn't have it in her. "Sometimes it's just more sensible to leave a toxic environment." When Rolfs left, however, she insisted on an exit interview. "I just let them have it. I'm sure it helped to expedite her firing and it was therapeutic for me."

*"No one knows how alone you feel when you are being bullied. You have to have someone on your side. Fortunately, I had the union."*

**HEIDI ROLFS,**  
oncology nurse,

Kaiser Sunnyside Medical Center in Clackamas, Ore.

Even though Rolfs is still raw about the experience, she says she learned a great deal. She is confident she would be better able to handle such a situation if it happened today. "I wouldn't get so worked up about it. I would be more assertive." Looking back, Rolfs feels she used the right approach by going through the union and is glad she stood up for herself.

Leslie Belfanti, in Oregon, is still emotional about her experience as well. "I can't believe this happened to me and that one professional would do this to another professional," she says. "It took me more than a year after leaving to feel better about my decision. I was basically devastated to leave what was an otherwise great job," says Belfanti, but she felt she had no other choice. "I became depressed, gained weight and lost sleep."

Rolfs says it's important for victims of bullying to stand up for themselves. "I know people fear losing their jobs, but I encourage people to speak up. If you have a good reputation as a worker, you have rights—take advantage of the resources that are out there," she advises. "No one knows how alone you feel when you are being bullied. You have to have someone on your side. Fortunately, I had the union."

As for the Joint Commission's new standards, Rolfs hopes hospital management will support them. "I still believe you cannot have a healing environment without supportive, trusting colleagues. If this leads to a better environment for patients, I'm all for it."

— **ADRIENNE COLES**

**The Joint Commission recently issued new standards for hospitals to address workplace bullying. What do you think should be done to address disruptive or abusive behavior by a colleague?**

"I certainly think workplace bullying should NOT be tolerated. I think anyone (no matter what their title) who is bullying should be confronted by management and given a warning letter. After (let's say) three warnings, if the bullying continues, I think the person should be dismissed. I guess the hard thing may be to come up with a specific definition of 'bullying.' What one person thinks is bullying may not be seen as bullying to another person."

**RAMONA ST. JAMES**  
Danbury (Conn.) Nurses Union

"I think we have to be careful with this as someone could be accused of bullying and be railroaded out of work. It seems as if we should be mature and professional enough to confront our peers. At Kaiser Sunnyside, nurses are not afraid to address physicians who are abusive, and some have chosen to seek other employment opportunities. We are lucky to have the union support us when this occurs."

**NANCY AMSTAD-HITE**  
Oregon Federation of Nurses and Health Professionals

"I would hope that an administration would have the expertise to call the problem employee in and explain the situation and the consequences in a diplomatic way. That would possibly embarrass [the employee] somewhat to straighten out the situation. Using the word 'harassment' usually seems to stimulate alertness!"

**JORJA DOHERTY**  
Sheboygan (Wis.) Federation of Nurses  
and Health Professionals

## workplace Bullying

**37%** of American workers have been **bullied at work.**

**45%** of bullied targets report **stress affects their health.**

**40%** of bullied workers **voluntarily leave their jobs.**

**23%** of bullies experience **negative consequences for their actions.**

**60%** of bullies are **men.**

**40%** of bullies are **women.**

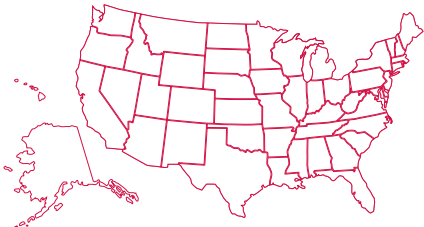
SOURCE: THE WORKPLACE BULLYING INSTITUTE, 2007 U.S. WORKPLACE BULLYING SURVEY

**The AFT believes that every child needs a school nurse. Why is it important for schools to have a school nurse?**

**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.



Learn more about the Joint Commission's recommendations at [www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea\\_40.htm](http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm).



**NJ** More than 500 members of the Health Professionals and Allied Employees, Locals 5089 and 5094, at the University of Medicine and Dentistry of New Jersey (UMDNJ) in Newark turned out in October to protest a potential pay cut.

HPAE nurses and health professionals are in negotiations with UMDNJ for a wage reopener for the final two years of a four-year contract. They are upset over manage-



HPAE PHOTO

Health Professionals and Allied Employees members protest proposed pay cuts and premium increases at the University of Medicine and Dentistry of New Jersey.

ment's 0 percent wage increase and a new requirement for staff to pay 1.5 percent of their salary for health insurance premiums. "You don't need a CPA to know that 0 percent increase and 1.5 percent payroll deduction adds up to a pay cut for all of us," says Molly Varghese, Local 5089 co-president.

Members rallied in front of the university and hand-delivered a petition, signed by over 2,000 members, to UMDNJ president William Owen to demonstrate the unity and concern of members. Owen accepted the petition, but did not commit to making a reasonable offer in negotiations. HPAE's bargaining committee walked out of the last negotiation session after 15 minutes because management failed to make a real counterproposal.

"We have major fight ahead of us. This rally is just the beginning," says Tom Murphy, Local 5094 co-president. Both locals plan to keep the pressure up until a settlement is reached.

**NY** Brookhaven Memorial Federation of Nurses and Health Professionals, Local 5077, recently negotiated and ratified new agreements for the nurses and health professionals at Brookhaven Memorial Hospital Medical Center in Patchogue, N.Y. The contract is a three-year deal that includes a 3 percent increase in salary for every year of the contract, as well as longevity increases for two years.

The contract also includes a \$1,000 certification bonus for additional, relevant certification. Brookhaven also was able to expand its healthcare insurance coverage by adding an employee-plus-one option to the individual and family coverage. Under the new coverage, employees can get insurance for themselves and another person—an inexpensive alternative to family coverage.

**OR** The Oregon Federation of Nurses and Health Professionals renewed its effort to pass safe-staffing legislation in Oregon by holding a public forum in November. Hundreds of health professionals and community members attended to express their support. Several nurses testified about unsafe and stressful working conditions and the need for better nurse-to-patient ratios.

## The right to unionize: A basic human right

### Labor-backed bill protects the freedom to choose

UNIONS AND WORKERS have made passage of the Employee Free Choice Act (EFCA) their top legislative priority. So, what exactly is EFCA, and why is organized labor determined to see it become law?

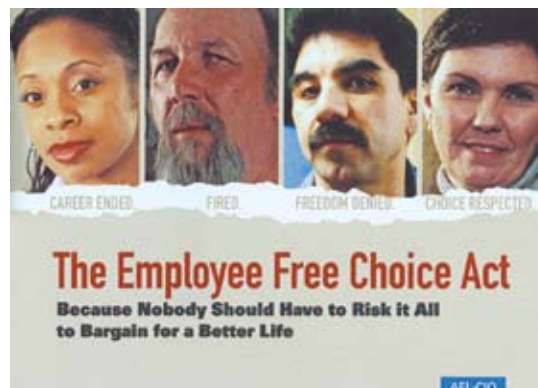
EFCA would put the choice of whether to form a union back in workers' hands by giving them the option of using majority sign-up. If the majority of a company's employees sign union authorization cards, and this is validated by the National Labor Relations Board, the employer would have to recognize the union.

The legislation would put real teeth in the laws that are supposed to bar companies from intimidating, harassing—even firing—workers who want to form unions, and it would strengthen penalties for companies that violate the law during organizing and contract campaigns. The law also would require arbitration to end corporate foot-dragging when workers try to get a first

contract. And, contrary to the claims of its opponents, EFCA would not take away so-called secret ballot elections. It simply would give workers another option—majority sign-up.

The freedom to form unions and bargain for a better life is a basic human right, and it makes a difference: Union members make 30 percent more than workers without a union, are 59 percent more likely to have health benefits and are four times more likely to have pensions. More than three-quarters of Americans (77 percent) say it is important to enact strong laws that give employees the freedom to choose whether to have a union in their workplace without interference from management, according to a poll by Peter D. Hart Research Associates in December 2006.

Unfortunately, managers do interfere. Figures from the AFL-CIO indicate that employees are fired in one-quarter of private sector



union organizing campaigns. When there is a campaign, more than three-quarters of employers require supervisors to deliver anti-union messages to the workers they supervise. Workers who manage to successfully organize, despite the obstacles, aren't even able to get a contract one-third of the time.

EFCA doesn't only matter for workers who are trying to form a union. When more workers join unions, they have the strength in numbers to demand good wages, good benefits and a voice in the workplace. That helps all workers bargain for better contracts.



# What our members are saying

We asked you, "Now that Barack Obama has been elected the next president of the United States, what do you think his administration's top priority should be and why?" Here's what some of you had to say:

"Universal single-payer healthcare. With the economy as it is, it is only a matter of time before the number of uninsured rises. Single payer would help control costs. Also, with the Democratic majority, legislation can be passed."

**DAVID FLORES**

Wisconsin Federation of Nurses and Health Professionals, Local 5001

"Affordable healthcare for everyone, with a focus on preventive care like we deliver at Kaiser Permanente, including our labor-management partnership that gives frontline workers the opportunity to improve patient care every day through the workers' voice. We can do this!"

**ESTHER HABERMAN**

Oregon Federation of Nurses and Health Professionals

"The economy and clean energy. Creating jobs in clean energy would help both the economy and the environment."

**NANCY ROHRIG**

Danbury (Conn.) Nurses Union Unit 47

"I think President Obama should quickly and diligently work toward aiding millions who are in jeopardy of losing their homes. Second, produce jobs here in the States to alleviate the rise in unemployment while lowering the cost of food. These are three of the basic human needs that have severely devastated so many American lives, the core of human existence. Healthcare and education reform would be my next hope for Obama to change and strengthen. The global economy [and] energy ramifications will take time to repair, but let's address the core immediate needs of our country."

**ELMER DANIELS**

Health Professionals and Allied Employees, Local 5089 (N.J.)

"The top priority must be the economy. Without an improving economy, the rest will be nearly impossible. Too many people are losing their jobs and their ability to provide the basics for their families. If the bleeding doesn't stop, we will all find it more difficult to pay for the basic needs of life. Tax increases on the 'working class' won't solve the problem as 'our' job market shrinks daily!"

**LINDA RAY**

Oregon School Employees Association

"This is really difficult, because education, healthcare, the economy and the war are all priorities. I think I would begin with healthcare. There are so many people not getting preventive healthcare in this country, it winds up impacting everyone. If we take care of health, we can move on to the other problems that need attention. Healthy people are more productive and resilient. They have one less thing to worry about."

**JENNIFER BOVA**

Teachers' Association of Lindenhurst (N.Y.)

"Create jobs. People want work, not handouts. A stimulus package should go to repairing our nation's infrastructure, putting people to work. People still talk about FDR's work projects. Fix the healthcare crisis. Unemployment equals no health insurance."

**BING WONG**

Oregon Federation of Nurses and Health Professionals

"I think that Barack Obama's top priority should be to repeal the \$700 billion bailout. Give the money to the people and ... pay the government debt to Social Security."

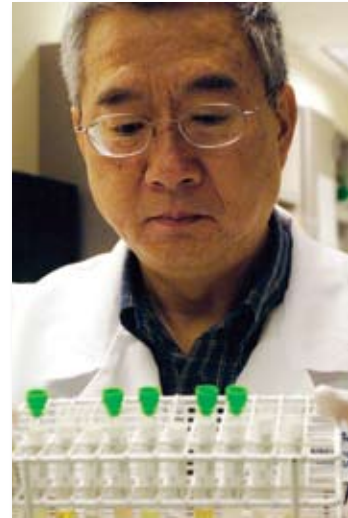
**SANDRA STOKES**

The Association of University of Wisconsin Professionals



"The opportunity to improve patient care every day through the workers' voice."

**ESTHER HABERMAN**



"People want work, not handouts. ... Repair our nation's infrastructure, put people to work."

**BING WONG**

"Aid millions who are in jeopardy of losing their homes ... [and] produce jobs here in the States."

**ELMER DANIELS**



## ETC. & THE UNION VOTE ROCKS!

UNION MEMBERS MADE the difference in the presidential election. Here's how:

- Union voters supported President-elect Barack Obama 67 percent to 30 percent over Sen. John McCain.
- Union volunteers helped Obama win by 16 points in Michigan, 10 points in Minnesota, 11 points in Pennsylvania and 13 points in Wisconsin.
- AFT affiliates made more than 4 million contacts with our members across the country through phone calls, mail, leaflets and direct member-to-member contact at home and at the workplace.
- More than 5,000 AFT members nationwide, many retirees, volunteered their time to assist affiliates and the AFL-CIO in member education and get-out-the-vote efforts.

## Room for improvement

HOW DO PATIENTS FEEL about the care they receive? A recent study by Harvard School of Public Health researchers found that though patients are generally satisfied with their care, there is substantial room for improvement.

Researchers used data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, which asked patients about their hospital experiences. Researchers looked at communication with doctors and nurses, communication about medications, quality of nursing services, how well hospitals prepared patients for discharge, and pain management. The results showed that patients were more satisfied with hospitals that had a better ratio of nurses to patients, which wasn't surprising to the researchers. The fact that nearly one-third of patients did not give high ratings for pain management did surprise researchers, however. Pain management has been the target of both accreditation and quality-improvement initiatives for many years.

"As medicine becomes increasingly high-tech, sometimes the basic needs of patients have gotten lost. Our hope is that by measuring and publicly reporting on how patients experience their care, hospitals will be inspired to better meet the needs of their patients," said lead author Ashish Jha, assistant professor of health policy at Harvard.

The study appears in the Oct. 30, 2008, issue of the *New England Journal of Medicine*.

## New TB blood test more accurate than skin test

A NEW BLOOD TEST, called ELISpot, is 1.5 times more accurate at diagnosing tuberculosis than a traditional skin test, according to a study published in the Dec. 2 issue of the *Annals of Internal Medicine*, Reuters reports.

The current TB skin test can produce false positives and can sometimes show TB carriers to be infection-free. The blood test is more reliable than the skin test and does not react with strains used in the TB vaccine.

Ajit Lalvani, a researcher at Imperial College London, and his colleagues studied 908 healthy children in Turkey exposed to tuberculosis. According to the Reuters report, the skin test showed that 550 children required drugs to ward off active TB, but the blood test pointed to just 380. Twelve children developed active TB even with treatment.

Without preventive treatment, "you could have expected about 50 or 60 cases," Lalvani told Reuters. "By using the blood test, you only need to treat 380 children instead of 550 children to prevent the same number of active cases."

The next steps, said Lalvani, are to make the new test even more accurate and to establish its use in the developing world.

## Flu vaccination challenge

JOINT COMMISSION RESOURCES has launched a Flu Vaccination Challenge to increase flu vaccination rates among healthcare workers.

According to the Centers for Disease Control and Prevention (CDC), in the 2005-06 flu season, only 42 percent of surveyed healthcare workers received a flu vaccination. The vaccination of healthcare workers may decrease the chances they will get the flu and pass it on to their patients.

The Flu Vaccination Challenge began in the fall and will continue through the flu season until May 2009. Hospitals that achieve a vaccination rate of 43 percent or more will be recognized for their dedication to helping keep their employees healthy and to protecting their patients.

For more information on how healthcare workers can improve their flu vaccination rates, visit [www.FluVaccinationChallenge.com](http://www.FluVaccinationChallenge.com).

## AFT launches AIDS-awareness Web site

BUILDING ON THE AFT'S work in the fight against AIDS, both domestically and internationally, over the past 25-plus years, the union has just launched a new AIDS-awareness Web site, [www.aft.org/topics/aids](http://www.aft.org/topics/aids).

"Although we now live in extraordinary times, where financial cuts everywhere are a harsh reality, the AFT stands firm in its commitment to combat this deadly epidemic," says AFT president Randi Weingarten. "We know that those who suffer from the complications that come with AIDS need our support now more than ever."

The AFT's new Web site has tools and resources that can be used in AIDS-education and AIDS-awareness campaigns and projects.



A Union of Professionals  
AFT Healthcare ♥

## Hold the date!

AFT Healthcare/  
AFT Public Employees  
Joint Conference

Come join us in Washington, D.C.

