



HealthWire

THE NATIONAL PUBLICATION OF AFT HEALTHCARE PROFESSIONALS

H1N1 IS RETURNING

READY OR NOT

TWO WEEKS BEFORE the influenza virus now known as H1N1 turned deadly in Mexico, Bill Kojola briefed Congress on an AFL-CIO report that said U.S. hospitals were not prepared for pandemics. The report “got no traction,” says Kojola, an industrial hygienist for the AFL-CIO. “Pandemics were off the radar.”

What a difference a flu outbreak makes.

“Within a week of H1N1 hitting Mexico, we were seeing it in the U.S. and it became a front page issue,” says Kojola. “This shows you how quickly things can happen, especially if we’re not prepared.” As an industrial hygienist, Kojola’s job is to protect people from health hazards at work. That’s why he is encouraging union members to get actively involved in plans to prepare for a pandemic.

“The lack of comprehensive preparedness is scary,” says Kojola. “We have a long way to go in terms of preparedness, but right now we have a window of opportunity.”

The World Health Organization already has declared H1N1 a global pandemic, and public health officials are virtually certain that the spread of the virus will intensify this fall. The question many healthcare workers should be asking themselves is, “Will my hospital be ready?”

Kojola says, if you don’t know, you’d better find out.

This is the right time

Now is the time to work with your employers to create a plan or review current plans, says Kojola.

The first step is to ask your employer if the hospital has an infection control plan. “Either it does or it doesn’t,” he says. If there isn’t one, the union needs to let management know that a plan is essential. “You will have a strong argument because we already have had a wake-up call.”

If the hospital already has a plan, ask to see it. Review the plan and make sure it’s comprehensive. The plan should include training and education on pandemics, and offer protective equipment (N95 respirators, for example). In addition, the hospital should have isolation rooms with negative pressure available for infected patients.

Continued on page 4

We need to use this **‘window of opportunity’** to prepare




Election victory for technical professionals in Vermont PAGE 3



AFT + Member Benefits Insert
INSIDE



Helping retirees with the cost of healthcare
PAGE 7



With us, not to us

RANDI WEINGARTEN, AFT President

HEALTHCARE WORKERS TOO OFTEN are on the receiving end of management's latest edict on staffing, overtime, safety measures or various other protocols. And, too often, nurses and other health professionals find that the directives they are required to carry out lack the insight and practicality that come from involving the real authorities—the people who actually do the work.

This cooperative climate is a refreshing change from the past eight years. Nevertheless, the Obama administration ultimately will make its own decisions, and, no doubt, we will not agree with them on everything. But our voices will be heard, and already we have seen tangible results from our engagement on important issues affecting our members.

wisdom, experience, voice and abilities of our members to the table.

When we engage in a meaningful way, we may find ourselves in difficult conversations about controversial matters. We must be the ones to search for common ground on issues that have been battlegrounds. And, sometimes, we must stand our ground when that is the right and the necessary thing to do.

Healthcare reform such as the legislation being considered in Congress right now provides a good example of an issue that requires the informed input of frontline healthcare workers. Nurses and other personnel have unique insights about ways to safely lower costs, reduce medical mistakes and improve the delivery of health services. And they can speak authoritatively about the urgent need to expand access so that all Americans receive the health services they need.

Another emerging issue that requires the input of nurses and other health professionals is the introduction of health information technology. For this technology to work effectively, healthcare workers—the people who actually are going to be using it—should be consulted on the selection of hardware and software, and on their implementation.

Whether the issue is national healthcare policy or matters concerning your hospital, clinic, lab or office, decisions affecting our work and our ability to best serve our patients must be made with us, not imposed on us. That's what we're working for at AFT Healthcare, and we will support you in your efforts to achieve that goal in your workplace.

I've heard a **common plea** from many AFT members, whether they work in healthcare, education or other professions: When it comes to **decisions** affecting our work, we want management to do these things **with us, not to us**.



I've heard a common plea from many AFT members, whether they work in healthcare, education or other professions: When it comes to decisions affecting our work, we want management to do these things *with us, not to us*.

At the national level, the Obama administration has been encouraging in this regard. The administration has welcomed our input on healthcare reform, invited AFT Healthcare leaders to participate in high-level forums, and kept lines of communication open between the unions that represent frontline workers and the government authorities that oversee their workplaces.

I know that some of the toughest challenges and barriers to engagement are found not at the national level, but in our members' workplaces, where work rules are set and contracts are enforced. We must insist that we have a seat at the table and the opportunity to engage. And then, when we do, we must seize that opportunity.

We must be ready to raise our voices, to advise and advocate, and to accept an appropriate share of responsibility. We must be the engine of real change, providing the ideas, the guidance and the people who can get the job done. That's what a strong, forward-looking union does. We bring the collective



HEALTHWIRE (USPS 011536) is published five times a year in January, March, May, July and September by the American Federation of Teachers, 555 New Jersey Ave. N.W., Washington, DC 20001-2079. Phone: 202/879-4400. www.aft.org

Periodicals postage paid at Washington, D.C., and additional mailing offices.

POSTMASTER: Send address changes to HEALTHWIRE, 555 New Jersey Ave. N.W., Washington, DC 20001-2079
MEMBERS: To change your address or subscription, notify your local union treasurer or visit www.aft.org/members.

HEALTHWIRE is mailed to all AFT Healthcare members as a benefit of membership. Subscriptions represent \$2.25 of annual dues and are available only as a part of membership.

Although advertisements are screened as carefully as possible, acceptance of an advertisement does not imply AFT endorsement of the product or service.

© 2009 AMERICAN FEDERATION OF TEACHERS, AFL-CIO.

RANDI WEINGARTEN
President
ANTONIA CORTESE
Secretary-Treasurer
LORRETTA JOHNSON
Executive Vice President
KRIS KEMMERER
Communications Director
ROGER S. GLASS
Editor-in-Chief
ADRIENNE COLES
Managing Editor

JANE FELLER
Copy Editor
LAURA BAKER
MARY POWER BOYD
DANIEL GURSKY
ANNETTE LICITRA
BARBARA MCKENNA
MIKE ROSE
KATHY WALSH
Contributing Editors
CHARLES GLENDINNING
Art Director

JENNIFER CHANG
PAMELA WOLFE
Graphic Designers
SHARON WRIGHT
Production Manager
SHARON FRANCOUR
Production Coordinator
SHAWNITRA HAWKINS
ALICIA NICK
Production Support

Technical professionals say yes to union

Yearlong campaign culminates in victory for Vermont unit

TECHNICAL PROFESSIONALS at Fletcher Allen Health Care in Burlington, Vt., have voted for union representation by the Vermont Federation of Nurses and Health Professionals/AFT. The vote, which took place in June, was 160 to 87 for a unit of 305.

"We organized to let Fletcher Allen know that we care about our community, the reputation of the hospital and patient safety," says Chele Webber, a certified surgical technologist at the hospital. "We want the hospital to be a place where people want to come to work, and a safe place for people in the community."

Webber became a member of the organizing committee when the techs began their organizing campaign last summer. They wanted to address a number of issues, but the quality of patient care was a primary concern.

The hospital's use of temporary workers hampered patient care because many of the workers were inexperienced. "It took time to train them, which gave us less time with patients," Webber says. "We asked management for more staff, and we were told there was not enough money in the budget, yet they spent millions to bring in temporary workers."

The techs also wanted more professional development opportunities. "I felt that the



ANDY DUBACK

union could [help me] work with management to ensure better coverage for education," says Sara Root, a professional coder at Fletcher Allen who is required to renew her certification each year. "I am responsible for paying for my continuing education credits. Fletcher Allen should be responsible," Root says. "People should respect us and recognize that what we do is specialized."

The techs hope to follow the example set by Fletcher Allen's nurses, who organized in 2002. "All of the departments that work with the nurses see how much better they're treated and respected," Webber says. "This is our chance to be treated as the professionals we are."

Nurse Marley Skiff reacts to the election victory for technical professionals at Fletcher Allen Health Care in Burlington, Vt.

Rule to cut funding for school-based Medicaid services rescinded

A long-awaited victory for school health professionals



JANET CENTURY

OVER THE SUMMER, the federal government lifted the weight of a threat to Medicaid-eligible students that had loomed for nearly two years. The U.S. Department of Health and Human Services rescinded regulations that would have eliminated reimbursement for school-based administrative and transportation costs.

"If left in place, [the regulations] would have potentially adverse consequences for Medicaid beneficiaries," says HHS Secretary Kathleen Sebelius. "By rescinding these rules, we can expect that children will continue receiving services through their schools."

The rule to prohibit federal Medicaid reimbursement for administrative activities provided by school employees or contractors, and for student transportation to and from school, was rescinded because it would have limited school Medicaid outreach and hampered states' ability to offer Medicaid services to students.

The decision by HHS to rescind the rule was a

victory for the AFT and our school health leaders who lobbied for this action for two years. Aurelia Barney, a school nurse from Cleveland and member of the AFT's school nurse subcommittee, says the decision should encourage policymakers and lawmakers to take a closer look at school health issues.

"Many school superintendents believe that school healthcare costs should not be funded with education dollars, but that is a result of the current system," says Barney. School districts always have been required to pick up the cost of providing healthcare during school hours to students who are Medicaid-eligible.

Educators are well aware that federal programs like the Individuals with Disabilities Education Act are not fully funded, Barney adds. "That's why children need access to comprehensive healthcare that is not contingent upon race, ethnic background, socioeconomic status or their parents' ability to navigate the healthcare system."

READY OR NOT

"We are still getting H1N1 cases. It hasn't disappeared. And it could be **a much nastier beast** in the fall."

— **BILL KOJOLA**, industrial hygienist, AFL-CIO

Continued from page 1

"There is a two- to three-month window to get ready. The fall flu season will hit in mid-October, early November. We can't squander this opportunity to prepare, because the question is when, not if, the pandemic will hit. We are still getting H1N1 cases. It hasn't disappeared. And it could be a much nastier beast in the fall," Kojola warns. "Hopefully, we will be lucky."

Are we ready?

"We are preparing more than 3,000 home health nurses who work in the community for the H1N1 virus," says Christine Mooney, a nurse and education coordinator for the Visiting Nurses Service of New York (VNSNY) in New York City.

Mooney knows H1N1 is likely to return. That's why the Federation of Nurses/UFT, which represents the VNSNY nurses, is working with the International Chemical Workers Union's health and safety program to educate members about H1N1.

The union, in agreement with VNSNY, is offering training on looking for signs of the

flu, and using personal protective equipment, cough etiquette and hand washing to prevent the spread of H1N1 in the community.

"The union is very much about workers' safety as well as the safety of our patients and the community," says Mooney.

Nurses will be able to take the hourlong course on their work laptops at their own pace. "There is so much information out there regarding H1N1," Mooney points out. "It's wonderful to have access to an education program tailored to the home health nurse from a trusted source. We can get the most up-to-date information right at our fingertips."

As a group, VNSNY nurses make more than 30,000 visits a day. With access to educational information, and by sharing it with others, the nurses hope to better protect patients and their families.

Sick on the job

As of August 2009, officials at the Centers for Disease Control and Prevention (CDC) had counted nearly 44,000 H1N1 cases in the United States and its territories. To date, 82 healthcare workers have been infected with the virus. The CDC concluded that half of those cases could be traced back to the healthcare setting—in other words, the workers got sick on the job. If you step back and look at why, says Kojola, it is likely there was



MICHAEL CAMPBELL

no program in place to ensure proper protections for workers.

Darryl Alexander, the AFT's health and safety expert, agrees. So far, "hospitals have not risen to the occasion." According to Alexander, health hazard evaluations by healthcare workers revealed a lack of programs, training, proper procedures and communication. "Facilities were not prepared, and workers were not given good guidance or the necessary training," she says.

We have a long way to go in terms of preparedness, says Bill Kojola of the AFL-CIO.

USING TEAMWORK TO TACKLE H1N1

THE SWINE FLU has been in the news since mid-April, when the H1N1 virus emerged in Mexico and quickly circled the globe. Behind the scenes, members of the New York State Public Employees Federation (PEF) who work

at the Wadsworth Center's Griffin Laboratory in Slingerlands, N.Y., were among the first to independently test the H1N1 virus. Griffin was approved for testing by the federal Centers for Disease Control and Prevention.

"This was a brand new test for our staff to implement," says PEF member Kirsten St. George, chief of the Laboratory of Viral Diseases at the state health department. "To make it operational, we had to train staff and write new software. It was a huge undertaking."

Griffin sees about 50 samples a day, unlike the avalanche of samples some labs in other states have experienced. Wadsworth Center tests samples from cities across the state, except New York City, which has its own testing facility. In New York state, local health departments use strict screening criteria before allowing samples to be sent to Wadsworth. Once the samples get to Wadsworth, the highly serious testing begins.

PEF member Meghan Fuschino, a research scientist, says it takes about eight hours to discover if a sample is positive or negative. The sample goes through a slew of tests, and everything is double-checked. "We are extremely careful to validate any individual result," Fuschino says.

The state health department staff at the Wadsworth Laboratories study a range of public health issues, from drug resistance to emerging infections and environmental exposures. PEF members also work in other labs with diverse testing methods for various diseases and respiratory illnesses.

Fuschino is proud to be part of a staff that works as a team. "Everyone is doing a great job," she says. "We are here to respond to public health threats and are dedicated to what we do."

— **DEBORAH A. MILES**

Deborah A. Miles is a reporter/writer for The Communicator, PEF's magazine.



PEF members like Meghan Fuschino perform tests at Griffin Laboratory to determine if specimens carry H1N1.

DEBORAH A. MILES



Read the CDC's guidance for care of patients with H1N1 in a healthcare setting at www.cdc.gov/h1n1flu/guidelines_infection_control.htm.



At the AFT Healthcare and Public Employees joint conference in June, healthcare workers shared stories about their facilities running out of test kits, N95 respirators being used on patients instead of workers, and state and local health departments not following CDC guidelines.

“Clear procedures need to be in place to protect workers,” says Alexander. That would include providing personal protective equipment that workers have been trained to use and that has been fit-tested, as well as policies stating that workers with fever and respiratory symptoms be sent home and encouraged not to come back until healthy.

Unfortunately, when it comes to airborne diseases like H1N1, healthcare workers have no federal protections. There are no OSHA standards regarding airborne diseases, only guidelines that are voluntary, says the AFL-CIO’s Kojola.

Some controversy exists as to whether H1N1 is spread through droplet contact or through airborne transmission. That controversy raises questions about what constitutes sufficient respiratory protection for healthcare workers.

According to the CDC, those in close contact with infected patients should be using N95 respirators that have been individually fit-tested. Others believe that a more effective respirator such as the P100 should be the standard for preventing respiratory transmission. In fact, the AFT and other labor unions met with the CDC, as well as representatives from the Occupational Safety and Health Administration (OSHA) and the National Institute for Occupational Safety and Health, to urge reconsideration of existing guidelines and to address the conflicting messages that exist at the local, state and national levels.

An ad hoc committee of the Institute of Medicine, sponsored by the CDC and OSHA, has been created to discuss the controversy. The committee, along with the AFT and other labor organizations, met in August to discuss recommendations. The committee is expected to produce a report that includes its recommendations in September.

The vaccination debate

Dr. Michael Bell, the associate director for infection control at the CDC, says the single most important factor is that infectious patients be identified at the front door. “Whether these patients are coming in through the emergency department or the ambulatory care clinic, identifying them up front is essential, so healthcare personnel can know when they should be doing the things we recommend,” said Bell during a summer press briefing on H1N1.

Bell also recommended healthcare workers get vaccinated for H1N1 as well as the seasonal flu. “An infectious healthcare provider can come into the hospital early in the course of the disease and spread a potentially dangerous virus to very vulnerable individuals in hospital settings. So vaccination protects not only the healthcare provider, but also that provider’s patients,” said Bell.

The CDC says all healthcare workers, as well as those in training for healthcare professions, should be vaccinated annually against the flu. But a CDC survey of healthcare workers during the 2005-06 flu season revealed that only 42 percent received a flu vaccination.

Recently, the AFT, along with other unions (United American Nurses, Service Employees International Union, and American Federation of State, County and Municipal Employees), weighed in on the Department of Health and Human Services National Vaccination Program, which makes a case for mandatory vaccination.

The unions told the agency that mandatory vaccination programs, standing alone, are not effective. A better approach, for example, would be a written occupational health program that provides for training, education and protective equipment, and offers voluntary immunization as part of the program.

Although the CDC has stopped short of calling for mandatory vaccinations for healthcare workers, there has been a push by hospitals to require flu shots for their staff. Last year, Providence Alaska Medical Center in

Continued on page 7

“An **infectious** healthcare provider can come into the hospital early in the course of the disease and **spread** a potentially dangerous virus to very **vulnerable** individuals in hospital settings.”

— DR. MICHAEL BELL,
associate director for
infection control, CDC



Should flu vaccines be mandatory for healthcare workers?

“I tend to not be in favor of anything that is mandatory. I think that the employer should make a compelling reason to do something and always allow the employee the choice.”

BARBARA JANUSIAK

Wisconsin Federation of Nurses and Health Professionals

“NO! That is a personal decision that is made by each individual for various reasons. It is fine to offer, to recommend or strongly suggest, but wrong to make mandatory.”

JERRI LONGACRE

AFT-Healthcare Maryland

“I think the vaccines should be voluntary. But we need a strong educational campaign to educate healthcare workers as to the vaccine’s value, safety and efficacy. The vaccine should be available at little or no cost.”

HELEN RAMIREZ-ODELL

Chicago Teachers Union

“Yes, flu vaccines should be mandatory for healthcare workers, but it should not pose any financial burden on the workers.”

JUDITH CUNHA

Health Professionals and Allied Employees (N.J.)

“I don’t think flu vaccines should be mandatory for healthcare workers. It is the job of the healthcare facility to adequately educate their workers about the facts and functions of any vaccine so they can make an informed decision to be vaccinated. Because of widespread misunderstanding of the flu vaccine, some healthcare workers may refuse. The remedy is better education, not intrusive and invasive employer mandates.”

EMILY PLEC

Western Oregon University Federation of Teachers

Will mandated staffing ratios in hospitals improve or impede patient care?

IT’S YOUR VOICE We want to hear from you! Visit www.aft.org/voices to respond to this question and to others throughout the year.



What to wear

PUTTING HOSPITAL NURSES in brightly colored, unconventional uniforms makes children more comfortable and parents more confident, according to a study in the *Journal of Clinical Nursing*.

Researchers from the University of Florence surveyed 112 children on two pediatric wards at Meyer Children's Hospital in Florence, Italy, before and after nurses started wearing colorful new uniforms. Before the uniforms were introduced to the wards, the nurses wore conventional single-colored pants and tops.

In interviews, the researchers asked the children to give them one word that described their nurse: 96 percent used positive words to describe the nurses after the new uniforms were introduced, compared with 82 percent before. The parents also gave the nurses in the new uniforms higher scores on a one-to-five scale.

"Our study showed that parents and children alike preferred to see the pediatric nurses in brightly colored,

nonconventional uniforms," says lead author Filippo Festini, professor of nursing science at the University of Florence. "The children told us they felt more positive about the nurses who were caring for them, and a particularly significant result was that the parents did not see the new uniforms as less professional. In fact, it increased their positive perceptions of the nurses."

What's on your cell phone?

HEALTHCARE WORKERS BEWARE: Your cell phone may carry more than calls; it probably carries germs that could contribute to hospital-acquired infections, according to a recent study published in the *Annals of Clinical Microbiology and Antimicrobials*.

Researchers at Ondokuz Mayıs University in Turkey tested the cell phones of 200 hospital staff who work in operating rooms and intensive care units, and found that 95 percent were contaminated with different types of bacteria, including the one that causes methicillin-resistant *Staphylococcus aureus* (MRSA) infections.



The study noted that only 10 percent of healthcare workers bothered to clean their phones routinely, while most, 90 percent, never cleaned their phones.

The researchers suggest that hospitals and healthcare workers focus on developing active preventive strategies, like routine decontamination of cell phones with alcohol, to reduce cross-infection.

AFT's professional issues survey

WE NEED YOUR PARTICIPATION in our online survey, which will be available from Sept. 15 through Oct. 16 at www.aft.org/healthcare.

The survey will help us gather information about professional and workplace issues important to members across all divisions of the AFT. This information will help us plan for the 2010 AFT Healthcare Professional Issues Conference and will be shared with state federations and locals that are planning their own continuing education programs.

Look for more information about the survey in AFT publications and on our Web site within the next month. Your input is eagerly anticipated!



Pediatric patients and parents alike prefer colorful nurses' uniforms.

Labor secretary: Educate lawmakers about the labor movement

Study shows employers' anti-union behavior has intensified

PLEDGING TO WORK WITH the AFT on the issue of workers' rights, U.S. Labor Secretary Hilda Solis had one request when she addressed a crowd of more than 2,500 AFT members in July. She urged them, as people who know the value of union representation, to tell their elected leaders in Congress why passage of the Employee Free Choice Act (EFCA) is so important.

"You're the best salespersons to do that with [lawmakers] who don't know what the labor movement is all about," Solis said to the group gathered in Washington, D.C., for the AFT's Quality Educational Standards in Teaching (QuEST) conference. Solis said she and President Obama are strongly behind the legislation, which could help expand collective bargaining rights to more workers.

Anti-union tactics getting worse

For those who question the need for EFCA, a study by Cornell University professor Kate Bronfenbrenner provides a sobering argument. Her research shows that employers en-

gage in punitive campaigns of intimidation—and their tactics are getting worse.

Bronfenbrenner is director of labor education research at Cornell's School of Industrial and Labor Relations. In *No Holds Barred: The Intensification of Employer Opposition to Organizing*, she analyzes employer behavior in union representation elections.

Bronfenbrenner finds that it is standard practice for workers to be subjected to threats, interrogation, harassment, surveillance and retaliation for their union activity.

The big picture

Private sector representation campaigns differ markedly from those in the public sector. Survey data from the public sector describe an atmosphere in which workers may organize relatively free from intimidation and retaliation.

Though most members of the AFT work in the public sector, passage of the Employee Free Choice Act is an AFT priority. "America's economic well-being is directly tied to that of its



MICHAEL CAMPBELL

SOLIS

workforce," says AFT president Randi Weingarten. "Strong unions, like investments in crucial programs and increased access to healthcare, are central to the future of the country."

EFCA was introduced in both the U.S. House of Representatives and the U.S. Senate in March. Contact your elected officials to enlist their support. Visit www.aft.org/efcacall or www.aft.org/efcaletter.

To date, more than 225 U.S. representatives out of 435 were co-sponsoring the legislation; 39 senators out of 100 were co-sponsors.

READY OR NOT



JOHN SALLER

Continued from page 5

Anchorage required its employees to get a flu shot or face losing their jobs. In 2004, Virginia Mason Hospital in Seattle also mandated flu shots for its healthcare workers; however, their union successfully fought the policy the following year.

If healthcare workers are not covered by a collective bargaining agreement, they may be required to show proof of vaccination in order to keep their job, according to the AFT. Instead of forcing workers to get vaccinated, both Alexander and Kojola agree, the focus should be on education.

"We need a comprehensive program that includes education on why it's in healthcare workers' best interest to get vaccinated to protect themselves and their patients. That is a more effective way to boost vaccination rates," says Alexander.

Carol Braund, United University Professions/AFT chapter president at the State University of New York medical campus in Syracuse, knows educational programs work.

Braund was chair of the Red Dot Flu Vaccine Campaign last

year. Its goal was to get as many of the 7,000 doctors, nurses and other medical personnel who staff the hospital vaccinated as was possible, after which they'd have a red dot on their hospital IDs.

The vaccination was free, and although it was not mandatory, healthcare workers had to sign a form if they refused. In the end, 58 percent of healthcare workers got their shots. The previous year's compliance rate was 42 percent. "So we felt reasonably good about the response," Braund says.

"I suspect we will have to do something a little different this year," says Braund, referring to the H1N1 vaccine. "Trying to get people to get two vaccinations will be tricky, but we are looking forward to working on a new vaccination campaign."

Three shot dilemma

Barbara Knippel, a primary care nurse case manager at Zablocki VA Medical Center in Milwaukee, hopes that healthcare workers will take advantage of the H1N1 vaccine. Knippel is a member of the Wisconsin Federation of Nurses and Health Professionals, and she also is a member of the flu vaccination committee at her hospital. The committee is focused on getting patients and healthcare workers vaccinated for the seasonal flu and H1N1—when the vaccine becomes available.

An H1N1 vaccine is currently in production and may be ready by mid-October, according to the CDC. It is expected to be administered in two doses, three weeks apart. Experts say it probably will take an additional two weeks after the second shot before individuals will have some level of immunity. So vaccinated healthcare workers likely won't have protection until late November.

Like Braund, Knippel anticipates that persuading people to get both vaccinations may be especially challenging. Convincing someone to get one shot can be difficult, but three, well, that will be interesting, says Knippel. Still, she is hopeful that the majority of healthcare workers will get the H1N1 vaccination as well as the seasonal flu shot.

As a former infection control nurse, Knippel believes in the efficacy of vaccinations. "If you can prevent a disease, why not go for it?"

"We should be taking it and setting an example," she says. "I'm sure there are a million reasons why people don't get vaccinations, but if healthcare workers aren't doing it, why would the public do it?"

— ADRIENNE COLES

Helping retirees with healthcare costs

Union establishes medical trust to provide funds for out-of-pocket extras

WHEN CORINNE SWASS-FOGARTY thinks about retirement, she also thinks about healthcare. In order to get healthcare coverage in retirement, Swass-Fogarty needs to have worked for her employer for 25 years. That means 14 more years for Swass-Fogarty, who is an administrative coordinator for the continuing dental education program at the University of Medicine and Dentistry of New Jersey, and a member of the professionals unit of Health Professionals and Allied Employees Local 5094.

HPAE established a Retiree Medical Trust for members like Swass-Fogarty who see retiree healthcare as a priority.

"At least two-thirds of our members have no retiree healthcare," says Mike Slott, educational director for HPAE.

Membership surveys revealed that retiree healthcare was a key issue for bargaining, so Slott began to research ideas to see how the union could help.

The union decided to create a medical reimbursement program. In 2007, HPAE began receiving contributions from hospitals that wanted to participate in the trust. Currently, nine HPAE hospitals

are part of the trust.

Each month, a fixed amount of money is available to retirees for reimbursement. Retired members who are at least 55 years old can submit medical bills not covered by insurance, such as co-pays or deductibles, for reimbursement. The reimbursements are paid through the trust.

Last year, relatively few benefits were paid out because only a handful of HPAE members retired. As a result, the trust's assets have increased despite the stock market's end-of-the-year plunge.

Conservative investing also helped the trust, according to Slott. "We got lucky and avoided the terrible hit that pension funds took last year due to the collapse of the market."

HPAE's goal is to increase the amount of money that goes into the trust and so provide a higher monthly benefit to members, says Slott.

"We did this to meet a need for our members. A lot of private hospitals don't have retiree healthcare. This will be a nice supplemental benefit for our retired members."

FIRST PERSON

Reflections on
a trip to India

Neonatal nurses
share their skills
with peers overseas

IN JULY 2009, Marianne Neptin, Kate Ireland, Kathy Miller and Renee Addy, members of University Health Professionals at the University of Connecticut Health Center traveled to Hyderabad, India, to share their knowledge with 40 nurses at an international conference on neonatology, held at the NICE (Neonatal Intensive Care and Emergencies) Institute for the Newborn.

According to NICE, India delivers the highest number of babies in the world, but has one of the weakest maternal and neonatal care infrastructures. The following is Neptin's snapshot of the group's 10-day trip.

PHOTO COURTESY OF KATHY MILLER



WE ARRIVED IN INDIA after two days of travel. Included in my luggage was a mannequin of a newborn I was asked to bring so that physicians attending the neonatal procedures workshop could use it for training. Although there were a few tense moments, I had no problem getting it through customs. But just in case, I had two letters stating that I was carrying a specialized doll for teaching resuscitation skills.

We were housed at the hospital, which had opened less than a year ago. On our first full day at the hospital, we toured the Neonatal Intensive Care Unit, which looked much like our facility at UConn, with up-to-date equipment. I was surprised to hear that parents have to pay for medical care for their infants, because there is no insurance for mothers and babies in India.

Several times throughout my stay, I heard the phrase "it is up to nature to decide" when it comes to survival.

The following day was our initiation to teaching on a large scale. Kathy Miller started off with a general session on hand-washing technique, then we divided up into our respective areas for hands-on topics such as ventilator care, development, IV therapy and the premature infant. We ended the day with an inauguration ceremony followed by a dinner.

During our stay, Kathy gave a lecture to 200 physicians on developmentally supportive care. It was wonderful to see her up at the podium delivering an informative presentation that we had less than a month to prepare.

We wanted to make ourselves available to the nurses who were not able to attend the workshops, so we ventured into the NICU and the step-down nursery to answer questions and deliver bedside teaching at different times to cover all three shifts. We were asked to give recommendations, and many of our suggestions were implemented immediately.

It was not all work while we were in India. Our hosts provided ample time for sightseeing and shopping. Lucky for me, I was leaving the five-pound mannequin in India, so I had plenty of room for gifts in my luggage. We visited several historic sights around Hyderabad, including Hussain Sagar, Qutub Shahi Tombs and the Salarjung Museum.

Our trip went quickly, and we returned home with plans to continue the friendships with our nursing colleagues in Hyderabad.

From left to right, NICE guide, Kathy Miller, Kate Ireland, NICE guide, Renee Addy and Marianne Neptin during their trip to India.

The **time** is now!



**The time to reform
healthcare is now!**

Contact your members of
Congress today: Call **866/327-8670** or
visit **www.aft.org/fight4america**.