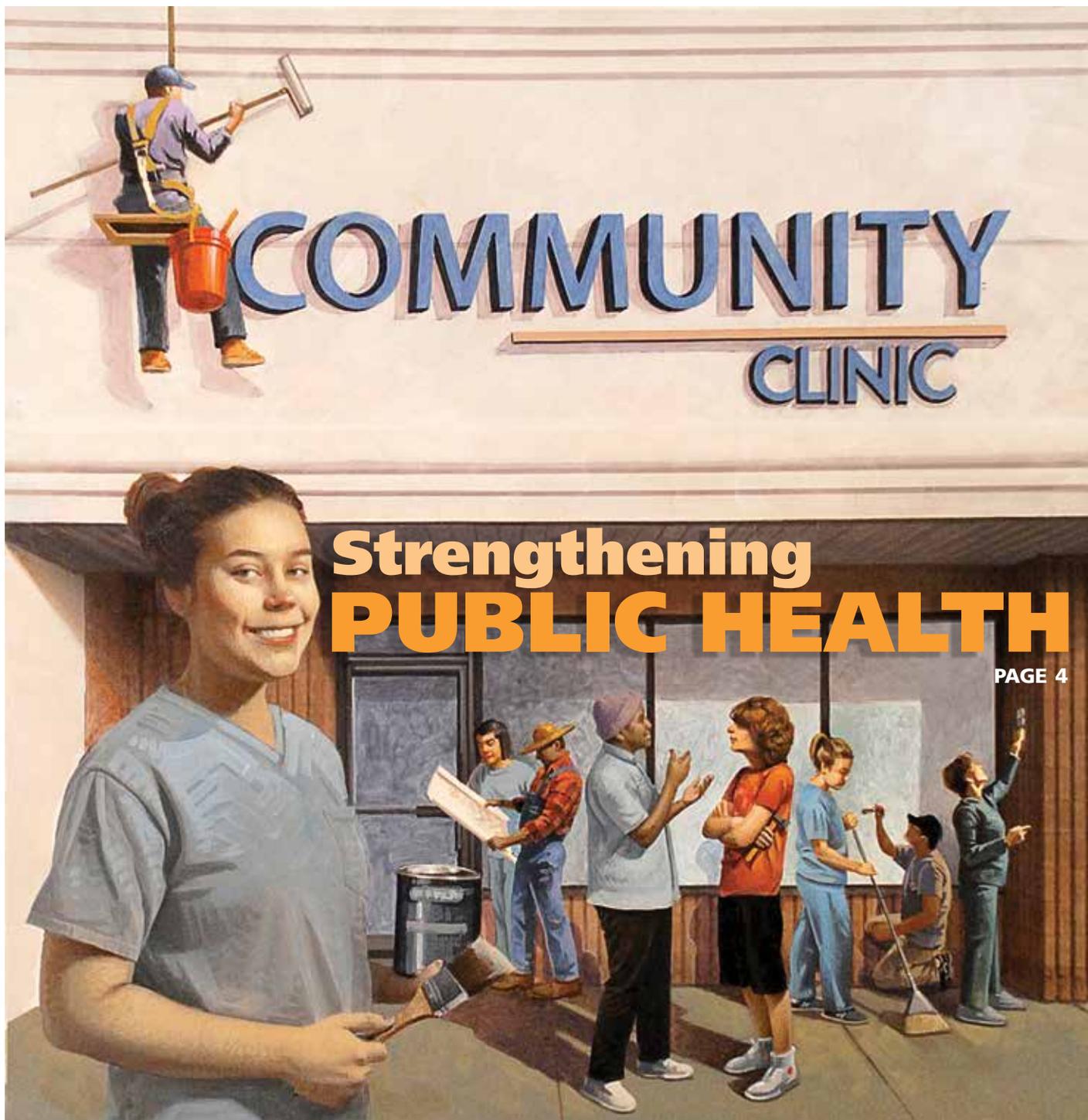




# HealthWire

THE NATIONAL PUBLICATION OF AFT HEALTHCARE PROFESSIONALS



**ONA**  
Nurses Organization of America

**We Support  
Improved Staffing  
at Sacred Heart**  
SacredHeartNurses.org

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**OUR MISSION**

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Cover Illustration: JOE KOVACH

# Nurses, hospitalists go public with concerns

## ONA launches campaign to improve patient care

THE NURSES AND HOSPITALISTS working at PeaceHealth Sacred Heart Medical Center in Eugene and Springfield, Ore., have launched a campaign to bring their long-standing concerns about staffing to the community through Sacred Heart Caregivers United, an Oregon Nurses Association (ONA) coordinated effort aimed at putting public pressure on PeaceHealth administration.

The decision to go public with concerns about staffing wasn't taken lightly by nurses or hospitalists, who often go to great pains to ensure that their patients are never aware of the problems behind the scenes. For Tore' Murvin, a night-shift nurse on the general medical unit, the decision to speak out didn't come easily. "There is a culture of silence in nursing. The last thing I want is to alarm the public that their loved ones are in a potentially unsafe situation because of staffing issues."

Sacred Heart Medical Center was one of Oregon's most profitable healthcare facilities in 2014; nonetheless, for four years in a row, it has led the state in incidents of insufficient staffing as documented by caregivers in Staffing Request and Documentation Forms.

Murvin, who has been employed at Sacred Heart for 10 years, says things at the facility used to be different. "I remember the days when the sisters were involved in the day-to-day workings of the organization. I was proud and excited to be a part of Sacred Heart." Since then, she's witnessed changes that have moved the organization away from the nuns' original mission. "There has been a revolving

door of administrators," she says. "The majority of nurses I work with feel a disconnect between upper management and the reality at the bedside."

Nurses and hospitalists at Sacred Heart traditionally have focused on resolving their disagreements with administration more privately—through labor-management cooperation, staffing committees, collective bargaining and so forth. However, after more than two years of frustrating efforts to address staffing concerns internally, caregivers decided that a less conventional approach was necessary to draw attention to the issue.

The campaign, which launched in November, garnered a flurry of media coverage.

Meanwhile, a public petition has been circulating in support of improved staffing at Sacred Heart, and lawn signs supporting the campaign are beginning to sprout up around the community.

As momentum continues to build, PeaceHealth nurses from Alaska and Washington state have gotten involved, and a coordinated effort in support of improved staffing at sister facilities in three states is underway. Locally, an increasing number of frontline caregivers have decided to speak up and lend their voices to the campaign, including Matthew Calzia, a nurse who works 12-hour shifts in the ICU. "I think it's vital" that community members know what is happening in the place they may end up in when they are more vulnerable than at any other time in their lives. "It's our ethical obligation as patient advocates to speak up."

"I see the amazing work that nurses and my fellow clinicians do on a daily and hourly basis; I see the pressure they're under," says Rajeev Alexander, a Sacred Heart hospitalist who went on record with the media about his concerns. "For the sake of the health of my patients and for the health of the larger institution, I felt I had to say something."

More than two dozen ONA members from Sacred Heart plan to take their stories to lawmakers in Salem this legislative cycle to lobby for improvements to Oregon's Nurse Staffing Law. For some nurses, speaking publicly about the problems they see at the bedside can feel intimidating. But Calzia is ready: "When you speak truth, and you have a good union behind you, you need not be afraid."

*This story was written by ONA staffer Lydia Hallay.*



Lawn signs in support of Oregon nurses and hospitalists' campaign to improve staffing are sprouting up in the state.

OREGON NURSES ASSOCIATION PHOTO



## Paid sick leave should be a right for all workers

RANDI WEINGARTEN, AFT President

FLU SEASON THIS WINTER was particularly pernicious, with thousands of people suffering from fever, aches and fatigue. Those who don't have paid sick leave have faced a terrible dilemma—stay home and get better but lose wages, or go to work and possibly infect colleagues and the people they serve. Unions, including those that represent our healthcare workers, have championed and negotiated paid sick leave through their collective bargaining contracts. As a result, many of our healthcare workers and the communities they serve don't face that predicament.

Approximately 40 percent of people who work for private sector companies do not get paid sick leave for their own illnesses or injuries. That's wrong. It should be a right for all workers.

Without the opportunity to have a voice at the table, employees are too often deprived of something as important as earning a few days a year of paid sick time. President Obama understands this and announced support for the Healthy Families Act, which would allow employees to earn up to seven days of paid sick leave per year to care for themselves or a family member. This isn't just humane; it makes good economic sense. Going to work sick can make a lot of other people sick, which will mean less productivity, less profits and less goodwill—a big problem for anyone's bottom line.

The Graduate Teaching Fellows Federation—an affiliate of AFT-Oregon—went on strike late last year over the right to have paid sick and parental leave. The University of Oregon graduate workers fought to stop the Hobson's choice between their academic careers and starting a family or taking care of their health.

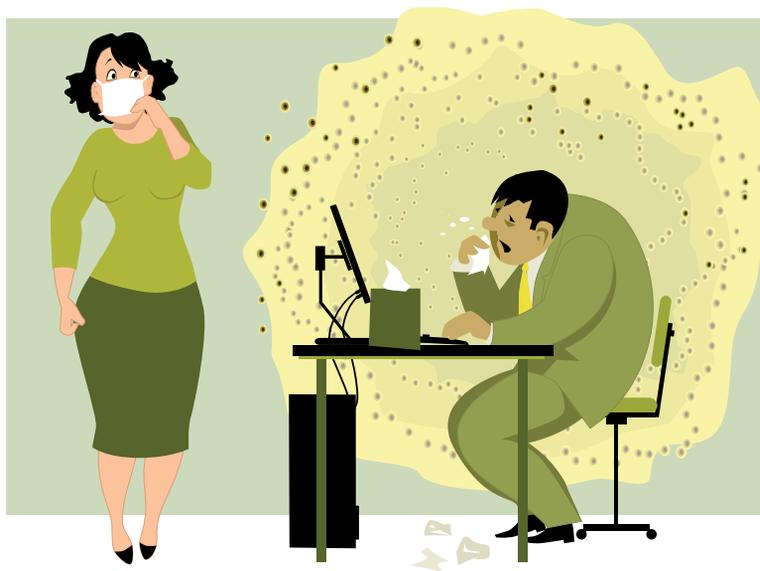
Graduate teaching fellow Katie Jo LaRiviere has given birth twice during her career at the University of Oregon. "After each birth, I returned to work on the following Monday. I did not have paid leave in either situation, and my family could not afford a short paycheck," Katie explains, "so I did not cancel any classes as a result of giving birth, and only

missed one graduate seminar. I was having a baby that night."

The irony of the University of Oregon situation is that the president of the university is an outspoken advocate of paid paternity leave and he, himself, took advantage of it. Yet, Scott Coltrane's own employees had to strike for automatic paid parental and sick leave. He wrote in *The Atlantic*, "I suspect that any costs associated with taking parental leave will be outweighed by potential

wouldn't have had a voice at the table to even begin the discussion.

I spoke last month at the Albert Shanker Institute conference about a new model of unionism—one that makes community our new density. In this renewed American labor movement, we are bargaining for the common good—both to represent our members at the negotiating table and to stand up for the communities we serve. Our advocacy for health issues—something we do routinely in collective



**"Our advocacy for health issues—something we do routinely in collective bargaining contracts—is good for the whole community, especially so, perhaps, in hospitals and other healthcare facilities."**

gains. ... And corporations and governments, who want to see a more resilient and equal-opportunity work force, will realize it is in their best interests to help balance work and family obligations for everyone."

Obviously, it's one thing to talk the talk; it's another thing to walk the walk. The strike was eventually settled and an agreement worked out on a leave policy.

If workers didn't have a union, they

bargaining contracts—is good for the whole community, especially so, perhaps, in hospitals and other healthcare facilities.

Right now, 82 percent of union workers have paid sick leave, compared with 63 percent of nonunion workers. In this renewed American labor movement, we must join with community and fight for all workers—whether or not they're in a union—to have access to paid sick leave.

# Strengthening PUBLIC HEALTH

Chronic underfunding has created ongoing gaps that public health nurses are doing their best to fill

PAM KEEN has been a public health nurse in Akron, Ohio, for 23 years. In that time, she has seen services dwindle and programs for her community pared down because there isn't money to fund them. "When I first started working, we were able to give our clients supplies like diapers and baby wipes, but that has changed," says Keen, who works for Summit County Public Health. She works with a program called Bureau for Children with Medical Conditions that is run by the Ohio department of health. She is a member of the Ohio Nurses Association.

Public health departments at all levels of government have been chronically underfunded for decades, which has created ongoing gaps in services. No one knows this better than nurses like Keen. States rely on a combination of federal, state and local funds to support public health services like immunization programs, infectious disease prevention efforts, and other prevention programs. Funding for public health is discretionary in many states, which means funds are often at risk when budget cuts are necessary.

**"We want the community to understand the advantages of focusing on public health. ... We have to focus on prevention."**

—PAM KEEN, RN, Ohio Nurses Association

Stable and sufficient funding is crucial to ensure that communities across the country have the basic capability to keep their residents healthy. The Ebola cases diagnosed in the United States last year should have been a wake-up call about the need to increase funding for public health. Looking beyond Ebola, there are many other emerging diseases that are on the radar of public health officials—pandemic flu, Enterovirus D68, and MERS-CoV—which shows that the threat of infectious disease can arise with no warning; in addition, there was a nationwide outbreak of measles and whooping cough this winter.

Inconsistent and inadequate funding weakens the system and the ability of public health workers to respond to outbreaks. Today, health departments are doing more with less; and public health workers are forced to be more innovative to get and maintain funding for programs that serve their communities.

In written testimony for a U.S. Senate Committee on Appropriations hearing last November titled, "U.S. Government Response: Fighting Ebola and Protecting America," AFT President Randi Weingarten noted that layoffs and attrition have reduced the number of public health employees "at a time when additional trained public health professionals are urgently needed in our communities."

"We are now witnessing the shortsightedness of these disinvestments," Weingarten wrote. "Underfunded state and local health departments and an under-resourced Centers for Disease Control and Prevention complicate local efforts to respond effectively to crises. This also makes it difficult for hospitals and other healthcare institutions to follow and implement CDC guidelines and ensure that nurses and health professionals have the training and equipment they need to keep themselves, their patients and their communities safe."

## Building healthier communities

A big part of the work that public health workers do is building

healthier and stronger communities through prevention programs. But their work often is hampered due to a lack of funding. In Ohio, Pam Keen's health department also is contending with cuts to nurses and other staff. "The cutbacks on the number of nurses have increased the caseload from 200 to 300," says Keen. "I used to be able to provide more hands-on service, but now I do more of my work over the phone."

The inability to have the necessary time with clients makes the job of being a public health nurse more difficult. In-person contact with clients is essential, says Keen. "How do you assess a child over the phone? How do you help clients better understand the needs of their child if I can't see what's happening in the home? I can learn a lot just from being in the home environment."

For the time being, nurse visits are often farmed out to medical assistants or social workers. That means the clients will not get the patient education they need, says Keen. "As an RN, I can give the support, time, comfort and care that's needed."

The Ohio Nurses Association has worked with its members to fight for the resources they need—lobbying state lawmakers for increased public health funds and focusing on grant funding. "We have tried to show the administration that we want to be part of the cure," says Keen.

Keen and her colleagues also make it a point to be visible in the community. "Clients understand our role in their lives, but we want the community as a whole to understand the advantages of focusing on public health. We can't wait until there is a crisis to fix the system; we have to focus on prevention."

## Communities for public health

Last year, public health nurses in Seattle's King County, many of whom are represented by the Washington State Nurses Association,



# Healthcare on the go

learned that four public health clinics in the county were slated for closure in 2015 because of a budget shortfall. The nurses knew the impact that the elimination of these services would have on the community, especially on its most vulnerable populations. So the nurses began mobilizing WSNA members and engaging others in the community to save the county's public health services through a coalition campaign they called Communities for Public Health.

The loss of the clinics would have been devastating, says WSNA member Hanna Welander. The proposed budget cuts put a range of services for King County residents in jeopardy, including clinics that provide adult and pediatric primary care services; disease prevention programs that track and respond to outbreaks of tuberculosis, whooping cough, measles and other public health threats; maternity support services; and vaccination clinics.

"Our public health nurses stave off health problems that can show up down the line by addressing health issues from the start," says Welander. "We have been doing this work for decades. The programs we run are preventive, and they work. To see these programs being chipped away is tragic."

As a part of their Communities for Public Health campaign, the nurses began to show up in large numbers at City Council meetings, county fairs, weekend farmers markets—wearing red T-shirts that said "Danger! These Cuts Can Kill." The nurses educated the community about the possible clinic closures and what their absence would mean to residents who relied on the clinics' services. The nurses also used their lunch hours to demonstrate, wearing their red T-shirts, holding signs and gathering signatures for petitions to save the clinics.

"People were stunned that these services were going to be eliminated," says Welander.

Several weeks into the campaign, the tide began to turn.

One of the clinics slated for closure was provided additional money to keep its doors open. In turn, all of the public health workers—including managers and directors—voted to freeze their longevity and step increases for two years in exchange for a guarantee that at least one more clinic would be saved. In the end, the campaign managed to save all four facilities.

"Public health funding should never be cut; but it's seen as expendable. It's not," says Welander. "I understand the importance of public health programs, so that has put the fire in my belly to try and save them."

Welander believes the campaign worked because the community and its officials were committed to keeping the clinics open. "People saw that the programs were not about a handout" but instead offered a way "for people to help their families and themselves."

A campaign by WSNA public health nurses saved four public health clinics slated for closure in Seattle's King County community.



WSNA PHOTOS



Mobile clinics visit schools in Cleveland daily.

ACCESS TO CARE is a priority in public health. Thanks to a program initiated by the Cleveland Teachers Union's school nurses, hundreds more Cleveland Metropolitan School District students in need of medical care are getting it. The nurses worked closely with the school district and MetroHealth, a hospital system in the area, to provide primary care to students at risk of not receiving care.

Students in need of care did not have access to the healthcare system, says Patricia Forrai-Gunter, CTU's school nurse chapter chair and member of the executive board. "We chose to work with this system because 85 percent of our student population who do receive care get it from emergency rooms in the hospital system."

Two mobile clinics have come to the rescue. The mobile clinics are equipped with two exam rooms that are used daily by MetroHealth medical professionals who travel to schools to provide care for kids during the school day. Students whose parents give consent can receive primary and preventive healthcare, including sports physicals, routine check-ups and immunizations. The program also helps students manage chronic diseases like asthma and diabetes, and offers referrals for additional services, including behavioral health. The school nurse coordinates appointments for clinic visits. "This is an amazing partnership between the educational and medical setting where the school nurse keeps the focus on a balance between a student's health needs and education," says Forrai-Gunter. The program is expected to expand to as many as 22 Cleveland schools in the next two years, which will give more than 5,800 students access to both primary and preventive care.

A partnership between the Cleveland Teachers Union and MetroHealth brings primary and preventive care to students via mobile clinics.



PHOTOS BY JANET CENTURY





Nurses at Porter Medical Center in Vermont, who unionized a year ago, have ratified their first contract.

**VERMONT NURSES RATIFY FIRST CONTRACT** After voting to form a union a year ago, nurses of the Porter Federation of Nurses and Health Professionals reached a tentative agreement with Porter Medical Center in December, which they ratified by an overwhelming margin. “Two years of planning, dreaming and hard work ended up to be a great accomplishment,” said RN Janet Mosurick, celebrating the vote. “It led to a first nursing contract for the hospital where I am proud to work.”

“The delivery of healthcare is better for a community when workers and management can bargain over issues affecting patients, and that’s what happened here,” said AFT President Randi Weingarten, upon hearing of the contract approval. The issues addressed in this first contract were the catalyst for the RNs to form a union so they would have an avenue to discuss ways to improve patient care and working conditions.

Ensuring patient safety is a top priority for all nurses, including those at Porter Medical Center, Weingarten noted. “Forced overtime and chaotic schedules put patients and nurses at risk. The agreement will minimize that risk, ensuring that nurses work under safe and sane working conditions and

patients get the high-quality care they deserve.” The contract took effect upon ratification and will continue through September 2017.

**THE “NATION’S DOCTOR” IS IN** As the last days of the 113th Congress came to a close, Vivek Murthy was narrowly confirmed as surgeon general. President Obama nominated Murthy in November 2013, a few months after Regina Benjamin left the job. Murthy’s nomination faced strong opposition from the National Rifle Association because of his support for gun-control laws and from Republicans who felt he wasn’t qualified for the public health job. Filling the vacant position became a priority when the Ebola virus reached the United

Congress has confirmed the appointment of Vivek Murthy to be surgeon general.



States. AFT Nurses and Health Professionals called on Congress to confirm Murthy, with AFT President Randi Weingarten noting in a letter, “In times of crisis, strong leadership is essential. As the ‘nation’s doctor,’ the surgeon general provides the public with clear, evidence-based information and helps us discern fact from fiction during complex and emotional public health crises.”

**HOSPITALS’ HANDLING OF HAI SLOW BUT PROGRESSING**

Although hospital-acquired infections are on the decline, there is still work to be done, according to a report from the Centers for Disease Control and Prevention. Significant reductions were reported at the national level in 2013 for nearly all infections, although hospitals did not reach the goals set by the U.S. Department of Health and Human Services. “More action is needed at every level of public health and healthcare to improve patient safety and eliminate infections that commonly threaten hospital patients,” the report states. The full CDC report is available at [bit.ly/reportHAI](http://bit.ly/reportHAI). Starting in fiscal year 2015, one-quarter of U.S. hospitals—those with the poorest performance on error and infection rates—will face a 1 percent cut to their Medicare inpatient reimbursements as a penalty.

**AFT URGES CONGRESS TO VOTE “NO” ON ACA 30-REPEAL**

A bill in the House of Representatives to raise the 30-hour full-time employment threshold for Affordable Care Act eligibility to 40 hours is wrong and unfair, AFT President Randi Weingarten says. “Contingent workers, including college and university adjunct faculty, make up an increasing share of the workforce,” she points out. If the threshold for coverage is raised from 30 to 40 hours, many of these workers will lose a hard-fought opportunity for employer health coverage. “Rather than

embracing the spirit of the ACA to help expand healthcare for all working families,” she says, “this unwarranted change would subvert the law’s intent to cover more Americans and would close off a much-needed health insurance option.” Read the letter to members of Congress at [go.aft.org/ltr\\_aca010815](http://go.aft.org/ltr_aca010815).



**AFT URGES VACCINATIONS**

The AFT joined with the Obama administration, the Centers for Disease Control and Prevention (CDC), state and local leaders, and public health advocates in calling for individuals and parents to vaccinate themselves and their children amid a new outbreak of measles.

“We need to keep our kids, our families and our communities safe. That means staying current with childhood immunizations according to CDC recommendations,” said AFT President Randi Weingarten. “Nurses and healthcare providers know that childhood immunizations are essential to the well-being of children and the broader community. The recent measles outbreak is another blatant reminder of the importance of vaccinations.

“Our members are on the frontlines,” Weingarten continued. “We are urging our teachers, paraprofessionals, public employees and healthcare workers—who all could be at greater risk—to consult with their healthcare providers on possible boosters and reimmunizations.”

As part of our efforts to keep the public safe, the AFT has issued “Stopping Measles in Its Tracks,” [go.aft.org/stopmeasles](http://go.aft.org/stopmeasles), a fact sheet about the current outbreak and the importance of vaccinations.

# AFT supports LGBT Healthcare Bill of Rights

Effort raises awareness and empowers patients to demand high-quality care

THE AFT HAS SIGNED ON as a proud partner of the LGBT Healthcare Bill of Rights, joining more than 80 LGBT and progressive organizations that support the initiative to raise awareness of the rights of lesbian, gay, bisexual and transgender people and to empower LGBT patients to demand high-quality care.

Many LGBT people are unaware of the laws that protect them and guarantee equality in healthcare. As the second-largest nurses union in the country, the AFT believes that all people deserve access to good healthcare. Queer people often experience discrimination and denial of equal access to healthcare, and the AFT is committed to helping turn this around. Our work on LGBT issues spans all AFT constituencies and includes innovative work from our affiliates. The LGBT Healthcare Bill of Rights site includes downloadable wallet-sized cards and a fact sheet explain-

ing LGBT healthcare rights, which include privacy, protections from discrimination, and affirmation of identity and respect, among others. The full site and bill of rights go into detail about where these rights come from and how to take action.

For many years, lesbian, gay, bisexual and transgender people have been denied hospital visitation for their partners and families. But because of action from the Obama administration, hospitals now are required to allow visits from anyone a patient chooses. The rules were written to be specifically inclusive of LGBT patients. Over the past few years, LGBT healthcare rights have expanded, but public understanding and often hospitals' understanding of these protections and rights lag behind. For instance, under the Affordable Care Act, discrimination on the basis of sex is prohibited. If a medical provider refuses to recognize a person's gender

Download the LGBT Healthcare Bill of Rights at [bit.ly/lgbt\\_health](http://bit.ly/lgbt_health). See more at [go.aft.org/lgbthealthcare](http://go.aft.org/lgbthealthcare).



identity, the patient can file a discrimination complaint with the Department of Health and Human Services.

The AFT's many efforts to support equality include the Vermont Federation of Nurses and Health Professionals' efforts to achieve inclusive healthcare for transgender people in the state. The AFT has recently become a member of a coalition fighting for an employment nondiscrimination act; and AFT President Randi Weingarten has spoken out about counseling for LGBT youth.

## Techs vote 'Union Yes'

260 technologists join forces with nurses for quality care

SURGICAL AND RADIOLOGY technologists, licensed practical nurses and respiratory clinicians at Danbury Hospital and New Milford Hospital voted on Nov. 21 to join AFT Connecticut.

The caregivers cast their ballots several weeks after achieving majority status and seeking voluntary recognition of their union from the Western Connecticut Health Network. Its refusal to voluntarily recognize the union led to lengthy and costly delays, a federal labor board hearing in October 2014 and, ultimately, the secret ballot vote in November.

"My decision to vote 'Union Yes' was always about quality

care for our patients and their families," says Renee Stefanko, a certified surgical technologist with 13 years of experience at Danbury Hospital. "We needed a voice not just to advocate for ourselves but also for those who depend on us," she says. "Now we can join forces with our nurses" to make sure our community can count on the vital care residents need."

The vote has brought a new bargaining unit of approximately 260 technical professionals into AFT Connecticut, which represents the nonprofit network's registered nurses at both acute care facilities. The labor federation also represents nurses, technicians and healthcare workers at seven additional hospitals in the state, including the University of Connecticut Health Center in

Farmington, and Lawrence + Memorial in New London.

"I voted 'yes,' because when hospital workers form unions it's good for our patients," says Patty Rose Farrell, a surgical technologist who has worked at Danbury Hospital for 17 years. "Having a union is about more than better wages and working conditions for us as workers. It's also about having a seat at the table with management so we can collaborate to make improvements and improve the quality of care."

"Our state elected officials were right when they pointed out that the loyalty of management and employees to each other reflects on a hospital's reputation," says Melodie Peters, an LPN, former state senator and president of AFT Connecticut. "We couldn't agree more, and look forward to a more collaborative relationship."

State lawmakers have urged the Western Connecticut Health Network's chief executive officer and AFT Connecticut to abide by the election results. The legislators also pointed out that "wages, benefits and conditions are stronger among unionized employees" resulting in a workforce with higher "loyalty and productivity."

Danbury techs and LPNs gather for their first post-election meeting.



AFT CONNECTICUT PHOTO

## Weighing in on the 40-hour workweek

### Definition of 'full-time work' in question

REGISTERED NURSES Irene Jadge and Janice Stauffer, members of the Danbury (Conn.) Nurses' Union, traveled to Washington, D.C., in January to speak out against a Republican proposal to redefine who qualifies as a full-time worker under the Affordable Care Act.

Legislation that would allow employers to cut workers' hours to just below 40 per week to avoid providing them with health insurance was passed earlier in January by the House of Representatives. The Senate Committee on Health, Education, Labor and Pensions held a hearing on the matter titled "Examining Job-Based Health Insurance and Defining Full-Time Work."

Prior to the hearing, Jadge and Stauffer, who both work in the intensive care unit at Danbury Hospital, Western Connecticut Health Network, had a chance to meet with U.S. Sen. Christopher Murphy (D-Conn.), a member of the committee. They shared their concern about losing healthcare benefits should the 40-hour bill pass in the Senate.

A change to a 40-hour workweek would be a hardship on both nurses, who now work 12-hour shifts three days a week for a total of 36 hours and are considered full-time employees.

Under their current contract, the nurses are entitled to full-time benefits because they are scheduled for more than 32 hours per week. If the industry standard were to shift to 40 hours, the hospital could reallocate staffing hours and possibly not offer benefits to employees who traditionally have been considered full-time. Both women say their families depend on their

employer-provided medical plan for care.

If the measure passes and the nurses decide not to pick up a shift to cover the hours, they will see their healthcare costs more than double. "I pay \$5,000 to cover my family of four," says Jadge. "I would have to pay \$10,000 or more if I am not considered full time. "And the nurses say it's not as simple as picking up another shift, as one Republican member of the HELP Committee suggested during the hearing. "What about our families?" Jadge asks. "I can't work overtime at my own hospital, so it would mean more time away from home to travel to another hospital."

Jadge and Stauffer wouldn't be the only ones affected. Nearly 80 percent of the nurses and health profes-

sionals at their hospital work 12-hour shifts, as is the case with many others nationwide, Stauffer says. "You would have to restructure the whole healthcare industry if this takes place."

During the hearing, Sen. Murphy noted that "the bill actually creates the problem it pretends to solve. If passed into law, this plan would make it harder for workers to gain health coverage through their jobs, increase the deficit by \$50 billion and cause half-a-million Americans to go uninsured."

Murphy also took a moment to acknowledge Stauffer and Jadge, saying that "if this bill passed, more than a million Americans with demanding schedules like Janice and Irene would be in jeopardy of losing access to the healthcare they count on and have earned."

"Being able to come to Washington and meet with our senator and be at the hearing was an adrenaline rush," says Stauffer. "I feel like we really can make a difference."



Nurses Irene Jadge and Janice Stauffer meet with U.S. Sen. Christopher Murphy (D-Conn.) to discuss changes to the 40-hour workweek.

**"If passed into law, this plan would make it harder for workers to gain health coverage through their jobs."**

—SEN. CHRISTOPHER MURPHY, (D-Conn.)

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