



# STAT facts

HEALTH CARE WORKERS COUNCIL OF THE UNITED STEELWORKERS

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## What Cuts in Medicaid mean for us

Hospitals and nursing homes are pursuing a myriad of cost reduction measures, many of which have severe consequences to healthcare workers. Unorganized workers have little recourse in the wake of these employer-imposed cuts. Union health care workers, at the very least, have a contractual say in how our employers make changes. Employers cannot implement unilateral changes to mandatory subjects of bargaining. That means they can't make changes to wages, benefits and working conditions until our membership ratifies those changes.

It is more important than ever for us to engage our members, organize around important issues, and take a proactive approach to bargaining. Use Labor Management meetings to ask questions about how your employer is planning to deal with budget cuts, submit information requests well ahead of contract expiration, build active and effective CAT teams and – if you expect an unusually difficult round of contract negotiations – contact Strategic Campaigns and the Health Care Workers Council for assistance.

As the majority of states – 40 according to a Kaiser Commission report (October, 2011) – institute freezes or cuts to Medicaid reimbursement rates, 2012 is already proving an economically challenging year for healthcare providers, workers, and consumers. Nursing homes are especially hard hit. For the average 100-bed nursing facility where approximately 63 percent of residents rely on Medicaid, cuts in reimbursement rates present a very real challenge to simply meet seniors' long-term care needs.

The annual study released by the American Health Care Association (AHCA) in December predicts a national average shortfall of \$19.55 per patient, per day. "Cutting back during tough economic times isn't easy, especially when state underfunding leaves care providers to pick up nearly \$20 each day for approximately two of every three individuals who rely on Medicaid for the nursing facility care they need," said Mark Parkinson, President & CEO of AHCA.

Twenty dollars per patient per day adds up. And it adds up quickly. That average 100-bed nursing facility can expect an additional – unreimbursed – cost of \$1,230 per day.

### Our 2012 Health Care Workers Council Conference is right around the corner!

Planning for our HCWC conference next fall is under way and we're looking for ideas. If you have any topics you'd like to propose, trainings you'd like to receive, or speakers you'd like to present, please email Mandy Hartz at [mhartz@usw.org](mailto:mhartz@usw.org). We're also recruiting members to join our planning committee so, if you'd like to take a more active role in mapping the direction of our conference, please let us know.





## Member Spotlight: TENA SWANN

**W**hile she has held all three leadership positions in her Union at Butler County Care Home, Tena is currently the Unit Chair. She has been a Ward Clerk at the home for 17 years and Tena's positive working relationship with management of the Home was instrumental in securing a strong contract during very tenuous economic times.

**1. *Why are you involved in the union?***

First and foremost to help the other employees; to be their voice with management and to help them understand that we are all here to work together to make sure Butler County Care becomes an even better nursing home.

**2. *What was the hardest part of being involved with the bargaining committee?***

Doing right for everyone and the membership as a whole. It can also be very difficult to recruit people to do their part in building a strong union and winning a strong contract. Everyone is busy and everyone has other commitments so some people are quick to ask, "What have you done for me?" but slow to say, "What can I do for the Union?" Making sure that everyone is not just a member, but an active member, is extremely hard. But, when you win the strongest contract possible, it's worth it.

**3. *What part of the contract makes you most proud that we won?***

The way we worked together to make sure everyone in the

bargaining unit will get a raise. That is in part to the Union working together with Management to solve the financial issues our nursing home is facing. (We're very thankful for the assistance of the Health Care Workers Council for helping us get there!)

**4. *Why do you think it's important for health care workers to join a union?***

Health care workers need the support of the Union because we are all touched by health care workers in one way or another, but we are only thought of by the public as an afterthought. We are the ones that have to deal with the severe cuts that are being made to our system and constantly pushed to do more with less. We have to pay for working without enough staff to do the job that we want to do. I'd like to ask elected officials – the ones making these cuts – to take care of Grandma at home without the resources they need to do so. The people who receive our care, who need us the most, need someone to speak up for them and that is what the Union does: We advocate for our residents.

**5. *Any advice to members who are thinking about becoming more involved?***

Remember that we are in this together and your Union is only as strong as YOU make it. If you're not involved, you're hurting yourself and your coworkers. It just takes everyone doing a little bit to build a stronger Union.

## USW Remakes NLRB Law in Two Landmark Cases

The United Steelworkers (USW) Union, through the joint efforts of its Organizing and Legal Departments, has won two landmark cases before the National Labor Relations Board (NLRB), ensuring the ability of workers to more freely exercise their right to organize a labor union.

In *Specialty Health Care*, the USW successfully prevailed upon the Board to permit unions to more freely choose the types of bargaining units they wish to organize, specifically allowing the USW to organize a certified nursing assistant (CNA)-only unit at a non-acute care nursing home facility.

In *Lamons Gasket Company*, the USW successfully prevailed upon the NLRB to overrule its Bush-era case of Dana Corp. which, in contravention of 50 years of prior NLRB and court law, had made it more difficult to obtain voluntary recognition from an employer. In *Lamons Gasket*, the NLRB has now placed the law back in conformity with the original intent of Congress in passing the National Relations Labor Act (NLRA) to promote union organizing and collective bargaining by workers."

"These cases represent monumental victories, not just for unions, but for all workers as well when they attempt to organize in support of better wages and benefits and safer working conditions," said USW International President Leo W. Gerard. "These cases will now permit workers to more freely exercise their rights to organize and collectively bargain – rights enshrined not only under the National Labor Relations Act, but also under the International Labor Organization's (ILO) core Conventions."

**Contract Win:**

**Butler County Care Home (Butler County, Ohio)**

**E**arly last fall, Butler County Care Home ratified a strong contract in the midst of serious economic challenges. Butler County Care, like many nursing homes across the country, is under attack. Changes in Medicare and Medicaid reimbursements were exacerbated by deep state and county budget cuts to nursing homes in the state and county commissioners proposed balancing the budget on the backs of employees.

USW Research Analyst confirmed the need for economic concessions, but significantly narrowed the scope of those concessions. To this end, the bargaining committee agreed to transition to an unpaid half hour lunch while protecting longevity increases and removing the need for layoffs. The new contract also includes a detailed Quality Improvement Incentive Program which establishes joint responsibility between the Union and Management to increase the quality patient care delivered at the Home and to thereby increase revenues and regain financial stability.

This program solidifies possible wage increases of up to 8% over two years for bargaining unit employees. The program includes finite measurable quality indicators that are both attainable and necessary. For example, through the facilitation of the program, when the Home attains the statewide averages for quality indicators, bargaining unit employees will receive a 3% wage increase August 1, 2012. For bargaining unit employees who are facing their fourth year without a wage increase and this transition to an unpaid lunch, the bargaining committee sees this program as a “light at the end of the tunnel.”

In addition to the realistic possibility for significant increases to hourly wages, the contract also includes several non-economic improvements. Many of these improvements increase the role of the Union in important decisions and limit management rights to unilaterally implement changes in the Home.



*l-r: USW Organizer Randy Pidcock; David O'Brien Suetholz  
L.U. Pres. Roger McGinnis; USW Organizer Sam Elliot*



*Dinner Organizing Meeting and Training*



**Organizing Win:**

**Mary Breckinridge Hospital**

**E**mployees at Mary Breckinridge Hospital in Hyden, Kentucky, know how to run an effective organizing campaign. Within weeks, they put together an organizing committee, achieved consistent turnout to organizing meetings and won their right to organize with an overwhelming majority. Now in the beginning of contract negotiations, the members are unified in their intention to win a first contract that respects the rich history of Mary Breckinridge as the only major care provider to their rural community and also recognizes them as the newest hospital owned by the Appalachian Regional Healthcare (ARH) chain. ARH is one of the oldest healthcare locals in the United Steelworkers.



*L.U. President of ARH, (Harlin, Kentucky) Roger McGinnis  
with USW Organizer Sam Elliott*

# USW's Official Position on Flu Vaccination for Healthcare Workers

“ We strongly support policies and practices that promote safe and healthful healthcare environments for the benefit patients, the workforce, visitors and others. A multi-faceted and comprehensive infection control program that protects these personnel from exposure to agents including the influenza virus is critical for patients and healthcare workers alike. Among the features of such a program are appropriate personal protective equipment (including respiratory protection that is protective for aerosolized viral transmission); procedures to identify and isolate infected patients; vaccination of healthcare workers; effective sick leave policy that supports and in no way penalizes workers for staying home themselves or with family members exhibiting symptoms of influenza-like-illness; housekeeping; information and education for all workers; and program evaluation. In order to achieve effective design and implementation of such a program, the involvement of healthcare workers in every aspect is critical.

The USW supports effective, voluntary programs for influenza vaccination of healthcare workers that include culturally sensitive information and education in the languages and literacy levels of

the workforce, and vaccinations that are free and offered at accessible locations and times. Meaningful worker involvement in the design and elements of the vaccination program are essential to promote effective outreach to diverse populations including those who may have concerns about the influenza vaccine.

Studies have demonstrated that such comprehensive, voluntary vaccine programs can achieve levels over 90% coverage without a coercive component that threatens healthcare workers with disciplinary action including job loss if they choose to forgo influenza vaccination<sup>1</sup>.

To read more on the study of the “Strategies to Achieve the Healthy People 2010 Annual Goal of 90% Influenza Vaccine Coverage for Health Care Personnel,” developed by the National Vaccine Advisory Committee (NVAC) Adult Influenza Working Group’s Health Care Personnel Influenza Vaccination Subgroup (HCPIV). Please visit our website at: <http://www.usw.org/resources/hcwc>.”

<sup>1</sup>National Foundation for Infectious Diseases (NFID) “Immunizing Healthcare Personnel Against Influenza: A Report on Best Practices” p. 9.

**Our Health Care Workers Council is growing! If you'd like to be more involved in the growth of our Council, or to ensure you receive important updates on conferences, training opportunities, legislative changes and more, please email Mandy Hartz at [mhartz@usw.org](mailto:mhartz@usw.org).**

- First and last name
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