



HealthWire

THE NATIONAL PUBLICATION OF AFT HEALTHCARE PROFESSIONALS

Health IT our work our voice

THE FEDERAL GOVERNMENT is poised to spend \$19 billion to implement electronic medical records and other forms of health information technology (HIT) over the next five years.

The government's goal is to provide every American, by 2014, with an electronic health record that can be safely and securely shared with healthcare providers, which will mean big changes for the healthcare workforce. Health information technology can significantly improve the quality of care, prevent medical errors, reduce healthcare costs, increase ad-

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Hospital rooms at Fletcher Allen Health Care in Vermont have desktop computers or workstations on wheels for health professionals like RN Karen Quill.



Healing Haiti
AFT volunteers return home exhausted but hopeful
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Montana visit highlights 'Work That Matters'
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On the job learning
PAGE 7



Making the case for quality

RANDI WEINGARTEN, AFT President

THERE ARE COUNTLESS SAYINGS about the importance of well-being. “The greatest wealth is health,” advises one timeworn adage. “He who has health, has hope,” promises another. But hope is wearing thin for the major changes needed in America’s system for insuring its people, as certain lawmakers effectively stifle attempts to expand access to high-quality, affordable healthcare.

are proof positive (to those who don’t already know) that our unions and our members are about far more than members’ wages and working conditions.

In New Jersey, the Health Professionals and Allied Employees has launched a new campaign called “Back to Basics.” Motivated by the “consequences of the mismanagement, misplaced priorities and misguided strategies

The union produced brochures and posters, and used member-to-member contact to spread a powerful message: “Management claims they can’t afford safe staffing or the wages and benefits that will recruit and retain qualified and experienced staff. Yet we see mismanagement and waste costing precious patient care dollars.”

The brochure included a response card members could use to “say something” about practices that needed to be fixed at their hospital. Members responded with concrete examples ranging from unused supplies that are thrown out, to excessive numbers of managers and executives, expensive consultants, and gross energy inefficiency.

These campaigns have shed light on hospital practices that take much-needed resources away from patient care. And they have heightened awareness of the union’s focus on quality and putting patients ahead of profits.

AFT members who work in other professions also are pursuing similar efforts to increase quality in the services they provide while saving on costs, a crucial goal especially in the current economic climate.

America must make major changes to our system of insuring and providing healthcare to our people. But our members are not waiting for politicians to break their impasse. We are fighting for healthcare reform at the same time we make the case for quality—every day, in each and every workplace in which AFT Healthcare members do their important work.

AFT unions—in healthcare, public education, higher education and government service—are **engaged** in efforts to improve **quality** and find cost **savings** in the institutions in which they work.

The American Federation of Teachers and AFT Healthcare have made real healthcare reform a top priority, and we remain committed to achieving this goal. But, as lawmakers play political football with this key to the health of our people and our economy, AFT Healthcare members and leaders have forged ahead with ways to improve quality and reduce costs throughout our healthcare system. And they are putting frontline healthcare workers at the center of discussions about how to strengthen our system.

AFT unions—in healthcare, public education, higher education and government service—are engaged in efforts to improve quality and find cost savings in the institutions in which they work. These quality campaigns

of hospital executives, and failed oversight by state regulators,” and inspired by a desire to refocus on patient care, the campaign has identified a number of priorities.

HPAE is challenging hospitals to “get back to basics” by: putting patient care and safety first; recruiting, training and retaining qualified staff; and identifying and eliminating waste and mismanagement.

The union also launched a campaign called “See Something? Say Something.” HPAE asked members to suggest opportunities to cut hospital waste and improve hospital operations. The union then used these credible ideas as a tool to pressure hospital administrators to settle contracts and make changes that improve patient care and working conditions.



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Haiti

Healing Haiti

AFT members volunteer to help earthquake victims

“EN SOLIDARITÉ”—or in English, “in solidarity”—is a common expression often seen spray-painted on the walls in Haiti.

“That phrase cannot describe any better the spirit of the Haitian people,” says emergency medical technician Brian Cunningham. Cunningham was part of a team of healthcare workers from Vermont that traveled to Haiti

in this country to have an incredible wealth of resources, and workers with significant experience. How could we not go?”

In addition to the Vermont contingent, nurse Jessica Patti and retired nurse Mary Vendetto, both from Lawrence & Memorial Hospital Registered Professional Nurses, AFT Local 5049, in Connecticut, traveled to Haiti to provide medical care. Cathie Goldfischer and Arlene Keys, Health Professionals and Allied Employees members from Englewood Hospital and Medical Center in New Jersey, also volunteered in Haiti.

“We have all been touched by this tragedy, and the generous and heartfelt response from our members—from healthcare professionals to educators—has been overwhelming,” says AFT president Randi Weingarten. “We are proud of these workers ... and the many others across the country who have stepped up to the plate to contribute in any way they can.”

Good samaritans

More than 75 members of the VFNHP volunteered to be part of the medical relief effort in Haiti, and teams of Vermont volunteers are expected to rotate in and out of the country for several months, VFNHP president Jennifer Henry says. The AFT helped with logistical support and travel arrangements to enable the first team to get on the ground within the first few days after the earthquake.

The Vermont teams are working out of a medical compound in Jimani, Dominican Republic, called the Good Samaritan Hospital, or Buen Samaritano. The small healthcare

Vermont Haiti Project was created in 2007 to help develop healthier communities in Haiti and to provide cultural exchange opportunities.

The organization hosts volunteer trips to Haiti several times a year. Volunteers—from college students to working professionals and retired people—spend one to two weeks in Haiti. The project also helps Haitian citizens to travel to the United States for professional development and to educate Americans about Haiti. To learn more, visit www.vermonthaitproject.org.



Vermont Federation of Nurses and Health Professionals member Jason Garbarino cares for an injured Haitian.

facility, which is on the Haiti-Dominican Republic border, was built 12 years ago and is run by American volunteers.

Good Samaritan was inactive at the time of the earthquake, says Cordes, but “the systems and supplies sprang up almost immediately, and were ever-evolving as more patients and volunteers arrived.” Initially, the volunteers worked seven 12-hour shifts in a row. “We hit the ground running,” she says, “and were incredibly grateful to be able to do what we came to do—help.”

A progression of healing

“When we first arrived, the nature of the injuries were more raw, open wounds. Most of the patients had crush injuries and amputations,” Cordes reports.

In the weeks that Cordes was in Jimani, she saw a progression of healing. “By the end of my time there, some of the amputees were exhibiting humor,” she says. “It was a joy to watch them heal and become mobile for the first time in a while. The Haitian people are amazing. They model for us over and over incredible perseverance and hope.”

For most of the earthquake victims, “the future is unknown. And still, they gave us such grand affection and love, and grew to trust us,” adds Cordes. “This alone was a magnificent gift and honor, one that I will treasure for the rest of my life.”



RN Mari Cordes with a Haitian patient.

to provide much-needed medical assistance for the victims of the Jan. 12 earthquake. The team was made up of nurses, paramedics and EMTs who are members of the AFT-affiliated Vermont Federation of Nurses and Health Professionals (VFNHP).

“When healthcare providers hear the desperate call for help, our first impulse is not even to ask ‘How can we help?’ but to take action,” says Mari Cordes, a registered nurse and one of the coordinators of the trip. “We are fortunate

The Vermont-Haiti connection

SOME MEMBERS of the Vermont Federation of Nurses and Health Professionals have a long-standing connection with Haiti. Kimball Butler, an RN and a VFNHP member, is the co-coordinator of the Vermont Haiti Project, an extension of Project Haiti, which provided humanitarian services in a rural mountain region north of Port-au-Prince for 18 years. The

Health IT our work, our voice

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ministrative efficiencies, decrease paperwork and expand access to affordable care. However, as more hospitals implement their HIT systems, complaints about the technology are rising. Many health professionals report that electronic health records decrease patient contact, are poorly designed and difficult to use, and actually add to charting time.

Those who study how HIT is working say many of the problems could be solved if healthcare workers were involved in the technology's design and implementation.

"If we can step in now to change how HIT is being implemented, it will serve us well down the road," says Charley Richardson, the former director of the Labor Extension Program at the University of Massachusetts, Lowell. Richardson, who continues part-time at the university, works with unions like AFT Healthcare to provide training and strategic support on issues of changing technology and work restructuring.

Electronic medical record systems are not designed by health professionals; they are designed by those who are thinking about the

needs of the larger institution, says Richardson. "When health information technology is introduced in hospitals, workers are usually the last to know. By then, it's too late to have any input. As workers, we have a history of being out of the loop," Richardson says.

That has to change.

A huge undertaking

One place where union members were involved with the implementation of its health information technology is Fletcher Allen Health Care in Burlington, Vt. However, the transition to electronic health records in the summer of 2009 was still difficult for the nurses and health professionals, says Karen Quill, a registered nurse in the pediatric intensive care unit and member of the Vermont Federation of Nurses and Health Professionals. "It was a huge undertaking for the staff, and some really struggled with the implementation."

The hospital planned for two years before it went live with its electronic health record project, called PRISM (Patient Record and Information Systems Management). The union and its members worked with the hospital to implement the new technology, but there was no way to foresee problems before going live with it, says Quill.

"Since none of us had been through this before, we had no idea of the impact," she says. One of the biggest changes for the staff has been the additional time it takes to document patient care. According to Quill, the new technology requires more detail than when everything was on paper.

Never too late

Charley Richardson says that having a labor-friendly government overseeing the allocation of the federal funds for HIT provides an opportunity for health professionals to draw attention to the impact the technology will have on workers.

"I would like to see resources go to the workforce so they can play an active and effective role in this conversation," he says.

Richardson points to the U.S. Department of Veterans Affairs system as a good example of how HIT should be implemented in hospitals. "The system is built around care, not payment, and workers shared their experiences and needs before IT was brought in."

Because HIT changes the conditions of employment, unions need to bargain over technological change at the workplace. "When you have changes in working conditions, employers are supposed to sit down with the union and bargain those changes," says Richardson.

"Negotiators and workers need to know about the technology," he says. "They need to understand that the electronic medical record is just the digital backbone of a whole series of changes to healthcare delivery."

He points out that workers can't participate effectively in HIT-related discussions with employers unless they learn about the technology and its implications. But unions can help, he says, by training workers so they will be better prepared to take part in the HIT conversation.

"It's always too late, and it's never too late—meaning it's an ongoing process. Even if we are late getting started, it doesn't mean we shouldn't get started," says Richardson.

Technology's potential

How can unions get ready for these change? How can we ensure health professionals have a voice in the implementation of technology? One way is to create permanent labor-management committees where HIT issues and strategy are discussed. Last year, AFT Healthcare established a health information technology work group to help locals determine what they should focus on when HIT is implemented in their workplaces.

The group is in the beginning stages of its work, and members are crafting best practices to guide HIT implementation, including a call for training and education for union members to help them contribute meaningfully to the process. The work group also plans to craft model contract language as well as track the impact on the quality of patient care as the HIT system evolves.

Marie Hamilton, a registered nurse and a unit-based team resource specialist at Kaiser Sunnyside Medical Center in Clackamas, Ore.,

WEIGH IN!

If HIT has been introduced in your facility, have you received adequate training and support? Take our "Speak Out" poll, www.aft.org/yourwork/healthcare.



Health professionals need to be part of the HIT discussion, says Charley Richardson.

MICHAEL CAMPBELL



saw the need for continuing training of staff when she became involved with HIT in 2003. Hamilton, who is a member of the Oregon Federation of Nurses and Health Professionals, helped her facility implement Kaiser Permanente's electronic health record system, KP HealthConnect. In the initial stages of implementation, she worked with Kaiser officials, union members and frontline staff to develop a support structure and workflows, deliver training and test software.

"In order to fully understand and utilize health information technology, health professionals need to have continual involvement in the process," says Hamilton. "Unfortunately, when you are dealing with something as complex as HIT, people are often taught what they need to know to get started, but most don't ever learn about the potential of the technology."

Hamilton believes that health professionals can influence patient outcomes with advanced knowledge of HIT.

Hamilton adds that we need to be more aware of HIT's true impact. "Just because we 'go live' doesn't mean we are through with the technology. We need continued, active involvement and vigilance."

Everyone is on a learning curve

The need for support and safeguards makes it critical to have health professionals' involvement, says Dawn Thomas, a systems manager in the IT department at the University of Connecticut Health Center in Farmington, Conn. "Having that other voice at the table is important because, most of the time, clinical people aren't helping to put information in the system—it's the IT people," says Thomas, who is a former MRI tech and a member of the AFT-affiliated

University Health Professionals (UHP).

"We all care that our institution provides high-quality patient care. When there is a new system, everyone is on a learning curve.

If everyone is on the same page, it's beneficial down the line."

UHP negotiated for new positions such as RN informatics (nurses who train staff to use equipment and complete documentation) and extra support staff, which Thomas says was invaluable.

Having people inside the hospital working to support implementation is necessary, she adds. "They know the process and how it works. You can always

teach a clinical person IT, but you can't teach an IT person the clinical."

We are not anti-technology

Unions and their members are not anti-technology, Richardson wants the public to know.

"All we are saying is that, as decisions are being made, a range of people—patients and workers—who should have a voice are being excluded. Technology decisions are made by people. We just want to make sure the right people have their say, because the decisions made today are going to impact the workforce for decades to come," Richardson warns.

"Whenever we can have a voice and band together to develop a strategy so that we are not left behind, we can have a positive impact," says Marie Hamilton.

Vermont's Quill says her union brought a lot of issues to management and many changes have been made, but there is still a lot of work to do. That work, however, will be addressed by contract language in the near future, she says.

"Our members worked tremendously hard, and the implementation would not have worked without them. Management sometimes forgets that."

Quill does see HIT's benefits however.

"We have information at our fingertips. It is great to be able to look at the patients' histories before they come to us. We can review records, and the admissions process goes much smoother. I believe it is positive for patients," she says. "I can't speak for anyone on my unit, but I wouldn't want to go back to paper."

"Just because we 'go live' doesn't mean we are through with the technology. We need continued, active involvement and vigilance."

— MARIE HAMILTON
Oregon Federation of Nurses
and Health Professionals

What impact has health information technology had on the work that you do?

"The Internet has been very helpful with my job, with finding meds, procedures for better understanding and information to pass on to our patients. More technology on our new computer system at work gives more access to more doctors, so they have information on their patients readily available without always relying on mailed information about follow-ups."

JUDY GIBERSON

Health Professionals and Allied Employees (New Jersey)

"It's made it easier to communicate with the other medical staff at work; patient care has improved because of that."

ELEX TENNEY

Oregon Federation of Nurses and Health Professionals

"As a school nurse, the health information technology has helped tremendously. With computer access to health issues, I am able to keep abreast of the current information out there, educating myself as well as my students and staff. Gaining access to students' statewide immunization records via computers helps a great deal as it cuts down on the constant telephone calls, phone tagging and faxing. This prevents a lot of parent frustration also, for those parents that have lost the paper documentation."

STEPHANIE SMITH

Cleveland Teachers Union

"Our organization is currently phasing in EMRs, and I am on the design team building it. As staff nurses, we know how this will impact our practice, and we have been very verbal as to how to streamline the documentation and focus on workflow. We have run into some roadblocks because we are not empowered to make final decisions."

PRISS SEARFROSS

Health Professionals and Allied Employees (New Jersey)

Have you had problems in your facility with the implementation of HIT?

HOSPITALS ARE RAPIDLY adopting electronic medical records and other forms of health information technology to cut costs, reduce medical errors and modernize healthcare. We want to know what's happening in your facility. Visit www.aft.org/voices/submitcomment.cfm?qid=29 to tell us your story.

Have you been trained in cultural competency (sensitivity)? Should it be required in order for healthcare providers to receive or maintain licensure? Why or why not?

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.



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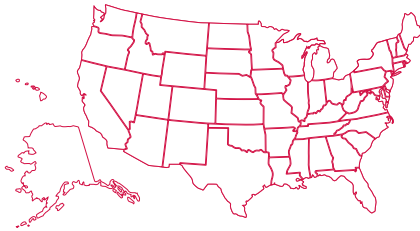
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STATE LINES



THOMAS GIROIR

CT The nurses at Rockville (Conn.) General Hospital are in the early stages of bargaining their first contract, which they hope to have in place by the summer. The nurses voted to form a union in December 2009.

RNs Sharon Thompson and Lynn DeYoung supported the effort to unionize Rockville Hospital.

It has been a long road for the nurses at Rockville General Hospital. Last May, they held an election to form a union with AFT Connecticut but lost by one vote. AFT Connecticut filed an objection with the state labor board, which sided with the union and directed that a new election be held. The National Labor Relations Board upheld that decision—after an appeal by the Eastern Connecticut Health Network, the hospital system that runs Rockville—and ordered a second election to be held in December.

“In the first election, nurses were afraid to talk about changes that need to be made at the hospital,” says Sharon Thompson, a registered nurse in the maternity unit. “This time, nurses were ready to sit down with management and make decisions as a group, together.”

“Part of having a union is the ability to negotiate over changes that directly impact our working conditions,” says Sharon Palmer, president of AFT Connecticut. “The power to have a voice in the workplace is exactly why the nurses at Rockville General Hospital voted ‘union yes.’”

AFT Connecticut has represented the nurses at Manchester Memorial Hospital for 40 years. The nurses at Rockville wanted to have a unified voice on the issues that concerned them, just like the

nurses at Manchester, says Thompson. “We want to be treated fairly and to be consulted on changes that will affect our personal and work life.”

“Rockville Hospital has always been seen as a community hospital,” says Lynn DeYoung, a per diem registered nurse in the medical/surgical unit. “With all the nurses joining together, we will be able to make sure it stays that way.”

NY The New York State Public Employees Federation has released comprehensive research that reveals the state can save \$656 million over three years by implementing PEF’s cost-savings recommendations. The research also includes examples of irresponsible, uncontrolled spending by some state agencies, a complete disregard of state law by others, and sloppy and incomplete record keeping by many.

“At a time when the state is facing severe fiscal constraints, spending on consultants rose to \$2.9 billion—a \$100 million increase,” says PEF president Kenneth Brynien, who is an AFT vice president. PEF estimates that the biggest savings can be made by replacing information technology and engineering consultants with state employees.

TX AFT president Randi Weingarten praised a Texas jury for its Feb. 11 decision to acquit a nurse who was tried on a felony charge of “misuse of official information.” Anne Mitchell, a nurse at Winkler County Memorial Hospital in Kermit, Texas, was charged—and dismissed from the hospital nursing staff—following her anonymous report to the state medical board of allegations of bad practice by a physician.

“It is outrageous that any nurse anywhere could face the loss of livelihood and even personal freedom for doing what nurses must do every day: stand up for the safety and well-being of patients,” says Weingarten. “The nurses and healthcare workers represented by the AFT throughout the nation understand that their profession requires nothing less.”

VT More than a hundred members of the Vermont Federation of Nurses and Health Professionals gathered in Montpelier to call on state lawmakers to lead the way in establishing healthcare as a basic public good for all Vermonters. The VFNHP’s lobby day on Jan. 29 was part of a growing grass-roots effort called the Healthcare Is a Human Right Campaign, which is coordinated by the Vermont Workers’ Center.

“As nurses, we see the effects of our broken healthcare system every single day,” says Jennifer Henry, president of the VFNHP. “How many more stories of pain and suffering must be told before real change occurs?”

Save the dates!

Mark your calendar for these upcoming events

The Good Jobs, Green Jobs National Conference, May 4-6, in Washington, D.C., will bring together union members, environmentalists and others for three days to discuss building a green economy that creates jobs, reduces global warming, and preserves America’s economic and environmental security. For more information, visit www.greenjobsconference.org.

On **May 8**, **Help Stamp Out Hunger** by donating to the National Association of Letter Carriers National Food Drive. Simply place a box or bag of nonperishable food next to your mailbox before your mail is delivered on May 8, and the carrier will do the rest.

College at work

Union-sponsored program helps nurses earn degrees without leaving the job

NATALIE MELTZER HAS BEEN a registered nurse for 10 years and has two associate degrees. Two years ago, she decided to get her Bachelor of Science degree in nursing (BSN). A union-sponsored program that allows her to take courses at the healthcare facility where she works played a big part in the decision, Meltzer says.

Meltzer is one of more than 40 nurses who are students in the on-site BSN degree program set up by the New York State Public Employees Federation in 2008.

"This program is a great thing that the union has to offer," says Meltzer, who has worked at Creedmoor Psychiatric Center in Queens Village, N.Y., for six years in the medical stabilization and treatment unit. "It's so convenient," she says. "PEF realized that this is exactly what the nurses need."

Many of the nurses in the program have associate degrees or nursing diplomas.

"This program really motivates our nurses to continue their education, and it enhances nurse practice," says Jemma Marie-Hanson, coordinator for PEF Region 11. "Our nurses deal with clients with serious social problems, and it is extremely important that they be able to deal with these challenges."



Janet Bagley worked with her union to create a work-site BSN program for nurses.

DAVID GROSSMAN

To get the program going, Hanson used an \$80,000 grant to partner with St. Francis College in Brooklyn Heights, N.Y. The program's funding is covered by the union contract. Students take courses taught by a nursing instructor from St. Francis one night a week. Elective or non-nursing courses are taken on the St. Francis campus. The Federation of Nurses/UFT, working with Empire State College, also has its own on-site BSN program

for its members at Lutheran Medical Center in Brooklyn.

'Divine intervention'

Janet Bagley, a registered nurse at South Beach Psychiatric Center in Staten Island, N.Y., always wanted to earn a bachelor's degree in nursing. Like many health professionals, she wanted to take her skills to another level. Bagley approached administrators at her facility about offering courses to its nurses, but they said no. She did not give up, however.

While at an open house at St. Francis College, Bagley met the chair of the nursing department, Susan Saladino. Bagley shared the story of her efforts to get courses offered at her workplace. Saladino thought it was a great idea. At the same time, Hanson was searching for a school to help expand the BSN program. It wasn't long before Bagley, Saladino and Hanson got together and persuaded the healthcare facilities to get on board.

"It was divine intervention," says Bagley. "To see labor and management work together is a good thing." She hopes the good will continue, especially since she's already thinking of a way to start a program to help nurses get their master's degrees.

Weingarten sees 'Work That Matters' firsthand in Montana

Campaign emphasizes the work of public employees

AFT PRESIDENT RANDI WEINGARTEN spent Jan. 21 and 22 in Montana, where she met more than 50 public employees who do work that is often "invisible" yet "indispensable" to the public.

The purpose of the visit was to highlight "Work That Matters," MEA-MFT's campaign emphasizing the work that Montana public employees do for the benefit of the state's residents—and economy.

The tour started in Bozeman, where Weingarten met with officers and bargaining team members for the Associated Faculty of Montana State University. From there, she headed to Boulder, where she toured Jefferson County facilities, including the jail, the historic courthouse and the treasurer's office.

There is no "substitute for being in the work site and seeing the work you do," Weingarten told members of the Jefferson County Public Employees union.

In Helena, Weingarten met with Gov. Brian Schweitzer and State Superintendent of Public Instruction Denise Juneau, who is an AFT member.

She also visited the state's environmental lab, where she met a team of chemists who test water samples for harmful chemicals, nutrients, metals, bacteria and pesticides. The next stop was the state's public health lab, where clinical lab scientists who specialize in microbiology test and track everything from the H1N1 outbreak to molds that infect the human body.

The environmental and public health labs are doing work that the public doesn't actually see, Weingarten observed. "Yet without the labs, Montana would be at risk."

The last stop on the tour was the State Historical Society. A half-dozen society employees discussed their work—collecting and preserving the history of Montana.



JASON SAVAGE

The union members noted that the society has been hard-hit with vacancies not being filled. Weingarten pointed out that the work they do "is not a frill" for Montanans. It's Work That Matters.

Montana public health lab worker Kim Newman with AFT president Randi Weingarten.

PULSE POINTS

Health workers more likely to turn down TB care

IT'S NOT CLEAR WHY, but healthcare workers who are infected with latent tuberculosis often decline drug therapy to prevent the disease from becoming active, a new study published in the medical journal *Chest* suggests.

Of 720 patients in the study, 17 percent refused drug therapy to ward off active TB. Compared with other study patients, healthcare workers were nearly five times as likely to decline treatment, according to findings.

One explanation is that the healthcare workers feel their risk of developing active TB is not significant, according to lead researcher Robert Horsburgh of the Boston University School of Public Health. The standard therapy for latent TB calls for a four- to nine-month regimen of medication. Shorter courses of therapy could encourage more patients to comply, the study notes.

'Never events' not always preventable

SOME SO-CALLED "NEVER EVENTS" in hospitals are not necessarily preventable, according to a report published in the February issue of *Archives of Surgery*.

Analysis of some 890,000 surgeries performed in 1,368 hospitals showed that patient age and pre-existing conditions greatly increased the risk of "never event" complications, including surgical site infections and decubitus ulcers, researchers reported.

The researchers argued that the findings demonstrate the unfairness of Medicare's policy, increasingly followed by private insurers as well, to deny all reimbursement for costs associated with treating "never events."

AFT applauds new initiative against childhood obesity

THE AFT PRAISED first lady Michelle Obama's leadership in drawing attention to and helping combat the increasing rates of childhood obesity. The White House announced a new task force on childhood obesity on Feb. 9.

"We look forward to working with Mrs. Obama to further advocate for physical education as well as healthy meals and snacks in schools, and to extend the positive message of the importance of a healthy lifestyle to parents and communities," AFT president Randi Weingarten says.



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