



HEALTH NETWORK

THE VOICE OF HEALTH CARE WORKERS IN THE TWIN CITIES

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EXTRA

UMH LPN's Demand Democratic Representation

INTRODUCTION: THE NEED FOR WORKER ORGANIZATION

UMH LPN's are tired of the lack of voice they have in the conditions under which they have to work. For years the UMH administration, together with the Board of Regents, has paid UMH LPN's only as much as LPN's in other community hospitals. It's no different this year. UMH LPN's were told that the hospital could not give them a raise until after Local 113 representing LPN's in Twin Cities hospitals completes their new contract. As everyone is well aware, LPN's wages have fallen far behind the rate of inflation. LPN's also know that UMH has taken advantage of their labor by encouraging them to become more highly skilled and perform functions at UMH that they would not ordinarily perform under regular LPN licensure. There are countless examples of LPN's carrying the floor because the majority of the nursing staff was inexperienced. Yet LPN's who specialize, or perform specialized chemotherapy functions are not compensated for their skills. Recently, however, the administration reversed and began closing off more challenging areas of nursing to LPN's. Adding insult to injury,



the U has created a new job description for LPN's which eliminated charting and medication responsibilities.

Tired of these problems and lacking any organization to represent their collective interests to the hospital management, LPN's began a drive to gain union representation in February of this year. Now in December, the LPN's who had begun this drive will be voting to decertify the union which eventually came to represent them--though by no choice of their own. This special article for Health Network

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will examine the events leading to the upcoming decertification election; and why LPN's may very well choose to remain without union representation for the present time.

UPDATE:

Unknown to many workers, the Minnesota Legislature passed a bill in April which reclassified all state and university employees. LPN's were classified in the bargaining unit called "Health Care, Non-Professional & Service", while the RN's received their own "Nursing, Professional" bargaining unit. This was felt to be a slap in the face, given the level of skill and responsibility that many UMH LPN's have been demonstrating. As a consequence to the new classification, they would now receive membership in AFSCME Local 1164, a union which LPN's involved in unionizing had ruled out earlier in the year. But most importantly, their membership did not come as a result of union election. For instead of a democratic election for the union of their choice, LPN's were faced with the choice to either stick with AFSCME or vote them out and have no representation for at least another year. Moreover, the legislation split nursing at UMH, dividing the RN's from the LPN's--while at the same time it forced LPN's into AFSCME. Given the history of LPN's having no organized voice to change their working conditions, the legislative action was just more of the same. LPN's still had no say.

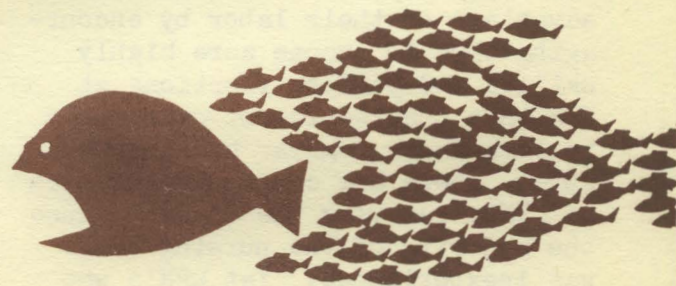
In September, UMH LPN's held several meetings to discuss the new legislation and its effects. During these meetings LPN's made the decision to stick with AFSCME for the time being. At that time LPN's felt that getting some kind of representation was essential. AFSCME did not represent the ideal choice, but since it was in place, LPN's believed that they could make the union serve their needs.



WHY UNIONIZE?

UMH LPN's had been seeking to organize all nurses into an 1199 local. What unions are to millions of other working people, 1199 is to UMH LPN's the tool to collectively demand a decent living wage and other essential job improvements from UMH management.

In the last year working people have seen inflation reach 18%. UMH LPN's have seen the legislature make budget cuts in education and other social programs. Without their own independent organization, LPN's must be dependent on the bargaining strength of the Twin City Hospitals' LPN's and finally the good graces of the board of regents and UMH management to at least give LPN's the same raise as the LPN's in other hospitals receive. Working people need their own insurance policy against next year's inflation and rising food and energy prices. The union is that insurance policy.



In order to perform these functions the union must be democratic and it must consistently reflect the concerns and the needs of the people it represents. What happens when a union doesn't protect the needs of the people it was elected to serve?

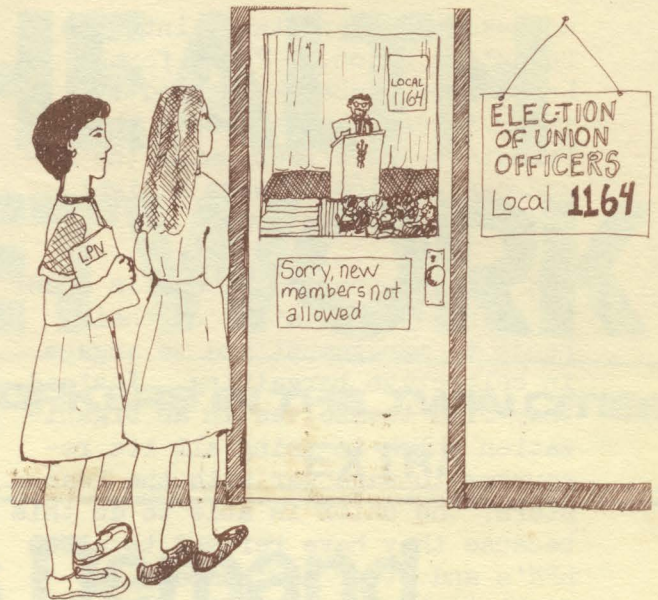
This type of union is useless; furthermore, it violates the whole purpose for which the workers elected it. Under these conditions the union members must use objective criteria to evaluate the union's actions. Union members have the right to vote out any union which doesn't serve their interests.

UMH LPN's are seeking the right to vote out AFSCME. Soon there will be an election where LPN's will choose between no union or continued membership in AFSCME.

REPRESENTATION VS. NON-REPRESENTATION: How has AFSCME served the interests of UMH LPN's? The following criteria will be used to evaluate their performance.

CRITERIA FOR EVALUATING A UNION:

1. The union must have a good record in standing firm to management when management violates the contract. The union must demonstrate a commitment to carrying grievances to arbitration.
2. The union must show that it is not organizing nurses just for the sake of increasing its income through dues.
3. The union must show an openness to input and criticism from the members to create an atmosphere of cooperation in solving work and contract-related problems.
4. The union must have won wage increases in proportion with the level of inflation and NOT have a record of defending bad contracts. The union must recognize the economic realities of continuing double-digit inflation, and ever-increasing food, shelter and energy costs, and be willing to fight hard for a living wage in the face of these realities.
5. The union must have a consistent record in taking the fight with management beyond just increased wages, but to negotiate for improved hours and staffing as well.



6. Rank-and-file nurses must comprise national and local leadership of the union.

7. The union must use its dues for a variety of services to the rank-and-file membership. For example, does the union take initiative in community fights to save or improve health-care services? Does the union use its dues to upgrade the educational level of the individual members? Does the union provide a cultural program for its membership?

AFSCME is not specifically a health care employees union. Rather it is a union for state and government employees. In Minnesota there are very few nurses covered by AFSCME contracts; to date, it is only the nurses in the reformatories that are under AFSCME contracts.

RANK-AND-FILE NURSE PARTICIPATION:

To our knowledge there are no nurses in the local or national leadership of AFSCME. On the local level at the University Hospital, the union held an election for officers in October. LPN's and other new members of the union were disqualified from running for office in the union because they were new. Instead, individuals who were no longer considered to be part of the hospital union were re-elected to leadership positions. (The same state law had forced the hospital

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Housekeeping Department into the Teamsters Union.) These former Local 1164 members--angered by their forced entrance into the Teamsters--have been using the resources of 1164 to wage a fight against the Teamsters.

LPN's had supported AFSCME in order to gain representation of their needs to management and to engage in collective bargaining. Instead, they find themselves in an organization which is using all its resources to wage war with the Teamsters; the union is able to do this because they have refused to allow LPN's and other new members the right to be a part of the union leadership.

There are other examples of AFSCME's failure to encourage LPN involvement in the union. Between the time that the new law was passed and the labor board issued the certification for AFSCME, the union took almost no initiative to contact LPN's and other new members to inform them of the upcoming changes and get them involved in the union. Secondly, when LPN's held meetings in September to make a decision on whether to make a commitment to AFSCME, several meetings were held where a representative from AFSCME was invited to come and present information. Nobody from the union even bothered to show up.

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CONCLUSION:

LPN's have correctly recognized the need to have union representation as an essential weapon to gain ground in the war against inflation. However, using the above criteria we do not see that AFSCME has made a commitment to providing representation for LPN's and other new members of the union. By its action AFSCME has shown that it is not willing to make a commitment to LPN's and other new members by actively seeking their involvement and input at all levels of union activity and promoting rank-and-file nurse leadership. In fact, the union's actions disrespect the seriousness of the problems of low pay, shortstaffing, and lack of job security which LPN's daily struggle with at work. A union which lacks the input and united voice of its members cannot be very strong. Negotiating a contract without the leadership and input of the rank-and-file members is like building a house on sand. This type of weak structure is easily swayed and manipulated by management.

Based on this evaluation, decertification is the correct step for LPN's to rid themselves of a union which refuses to represent their interests. Once having taken this step, LPN's will be able to democratically elect the union which will best represent their interests.

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