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'Gives Me Hope': How Low-Paid Workers Rose Up Against Stagnant Wages

Alina Selyukh - NPR.org - March 1, 2020

Kim Thomas felt drawn to being a home health aide after caring for her own ailing mother. Human dignity, she says, can be simple, like a bath and a favorite snack.

When Thomas first started visiting homes to care for patients, she made $7 an hour. That was in North Carolina about 16 years ago. Her pay inched up over time, to $10.50. To try to make ends meet, she sometimes would work through the night, dozing in patients' homes.

That's when Thomas, 55, discovered and joined the Fight for $15 movement, which had galvanized workers around the U.S. to march and rally for higher pay.

ECONOMY

Minimum Wage Hikes Fuel Higher Pay Growth For Those At The Bottom

Initially, in 2012, it started with mainly fast-food and retail workers. But within years, the campaign drew in low-wage workers from all over, including those with jobs in airports, child and health care, even universities. It grew into one of the largest waves of labor activism in recent history.

And it was unusual. Though rallies were funded and organized by labor unions — including the prominent Service Employees International Union — the tens of thousands of workers who showed up did not belong to a union, nor could they join one. But he didn't limit his leadership to his Union.

Pettengill was involved in local politics for many years, with friends on both sides of the aisle.

The demonstrations grabbed headlines as they gained momentum across the country. Sit-ins, arrests for civil disobedience and call-outs like "Hold the burgers, hold the fries, make our wages supersized" made the evening news.

Their chants and posters started melding with other movements like Black Lives Matter and #MeToo. High-profile politicians like Bernie Sanders began joining the rallies.

The campaign started to see results as over half of U.S. states and more cities went on to raise minimum wages, a few of them to $15. This, in turn, helped propel an extraordinary change in the U.S. economy: A few years later, wages started growing faster at the bottom than the top.

The National Employment Law Project, which advocates for low-wage workers, estimates that new state and local wage laws gave some 22 million workers a collective raise of $68 billion.

"I was just talking to a friend recently, like, 'bro, we would still probably be making 7, 8 bucks an hour if we never stood up and fought,'" says Terrence Wise, 40, who's now with McDonald's. He has testified before Congress and spoken at the White House as one of the faces of the movement.

Wise was working two jobs — at Burger King and Pizza Hut — in Kansas City, Mo., when the Fight for $15 arrived there. It was one the first few cities where low-wage workers rallied within months of the original 2012 strike of New York's fast-food cooks and cashiers. Within years, demonstrations ballooned to over 200 cities.
The timing proved instrumental. The economy was recovering from the Great Recession and unemployment was falling, which meant that employers were finding it more difficult to draw workers. And even though corporate executives were getting bonuses, low-wage workers had not seen raises in years.

The federal minimum had been stuck since 2009 at $7.25 an hour, where it remains today. Businesses have long argued that higher wages risk hurting workers overall because their cost forces employers to weigh cutbacks on hours or even staff.

$15 Minimum Wage Would Boost 17 Million Workers, Cut 1.3 Million Jobs, CBO Says

Eventually, some of the nation's largest employers including Target, Walmart and Amazon made splashy announcements about lifting their lowest wages. Amazon and Walmart even began advocating for a higher federal minimum.

Economists including Federal Reserve Chairman Jerome Powell have acknowledged that higher minimum-wage laws on the state and local level played a role: Pay grew faster in places that raised their minimums, Powell said in Congress this month.

"But really it's much broader than that," he added. "A bigger factor really just is very low unemployment and a strong labor market, high job creation, that's the main driver."

Nonetheless, workers in the Fight for $15 attribute their pay increases to their movement. Rosa Calderon, 49, is one such worker who thanks the labor organizing for recent pay bumps she and her son both got at McDonald's in Santa Clarita, Calif.

"Before, I used to have to share an apartment with another family," Calderon told NPR in Spanish, "but now I have my own apartment for my own family."

But the marches haven't stopped. That's because for all the states that did raise their pay minimums, many didn't. Neither did Congress.

The campaign did not spur a surge of unionizing. The value of $15 is worth less and less every year. Workers say they still join the campaign to push for the right to unionize, to get collective bargaining for better pay and benefits.

"I don't want to live payday to payday — that's not a life to live," says Ronald Franklin, 49, a former U.S. Navy veteran who's now a warehouse and ramp agent for a contractor at Chicago's O'Hare Airport. He says he commutes for about three hours to work and makes $14.10 an hour.

Health aide Thomas says she lives "a promise-to-pay to promise-to-pay" life, by covering what she can when bill collectors call about her cellphone or car insurance payments.

Thomas now cares for the sick and dying as a hospice aide in South Carolina, starting her days around 4:30 a.m., visiting up to a dozen people a day. For many, she's the first person they see, helping them get up, shower, dress and eat. "I truly feel like this is where god wants me to be," Thomas says, and later adds: "When I started hearing how many states are actually winning the $15 an hour, it gives me hope."

She says she now makes $13 an hour — still fighting for the elusive $15.
In Memoriam: Former Rochester Labor Council
President Ronald G. Pettengill
by The Rochester AFL-CIO Central Labor Council - March 1, 2020

(ROCHESTER, NEW YORK) - Ron Pettengill served as President of the Rochester AFL-CIO Central Labor Council from 1985 until 1996, leading the effort to build one of the strongest of New York's Central Labor Councils. He passed away peacefully on Friday (February 28th).

Pettengill (Pictured above, serving as Grand Marshall of the Rochester Labor Day Parade in 1997) is being remembered as a giant among his peers and a fearless leader and advocate for all in the Labor Movement, who spoke on behalf of those who had no voice.

Ron Pettengill first arrived in Rochester in 1950 as a young man without many prospects or even a roof over his head and slept on a bench in Washington Square Park.

He spent his first years doing odd jobs like washing dishes at the old 25 Club.

Ron's break came in 1955 when he got into Rochester Carpenter District Council Local 72's Apprenticeship Training Program.

He took to the work immediately, taking pride in learning the craft well.

It was a tough, hard-working time, according to Pettengill, but one that changed his life, providing opportunities that he would have otherwise never had.

It was during this time that he met and married his wife, Mary Lou.

A year later, their son, Ron Jr., was born.

Even as an Apprentice, Pettengill got involved with his Union, attending every meeting and speaking up often.

A Journeyman Carpenter since 1959, Pettengill served as an Officer in his local Union in the mid-60s and in 1968 he first ran for Business Representative, losing a hotly-contested race.

Undeterred, he ran again the next year and won.

Pettengill served as Business Agent until 1976 and as General Agent from 1978 until retiring in 1996 after a quarter century of leadership of the Local that he loved.

Under Pettengill's stewardship, Rochester Carpenters Local Union 85, grew to represent more than 1,300 Members.

He was also deeply committed to the United Brotherhood of Carpenters (UBC), with many friends throughout the country.

Pettengill served on the New York State Council of Carpenter's Executive Board and was involved in several elections at the International level.
He served at many levels of the Democratic Party and was especially proud of the role he played in helping elect Mario Cuomo Governor and Louise Slaughter to Congress.

When Pettengill retired in 1996, he helped to found the Ronald G. Pettengill Labor Education Fund that was established in 1997 to inform and educate the Greater Rochester community on Labor issues and Labor History, to further the Labor Movement, to enhance the skills and knowledge of area Rank-and-file Members, and to develop local Labor Leadership

With his decades in the Labor Movement and politics, Pettengill never lost sight of the needs of everyday, Working People.

It was this vision that helped him to create a better world for Working People today.

The Pettengill Family has informed the Rochester Labor Council of the following funeral arrangements: Calling hours will be held on Wednesday, March 4th between the hours of 4 p.m. and 7 p.m., at the Anthony Funeral and Cremation Chapels at 1031 Ridge Road in Webster. A Mass will be held on Thursday, March 5th at 10 a.m. at the Church of the Holy Trinity at 1460 Ridge Road, which is also in Webster.
Federal Employee Retirement Benefits ‘Would Be Cut Under’ 
2020 Budget

Mike Theiler/Reuters - Outline.com - March 2, 2020

(WASHINGTON, D.C.) – Republican President Donald Trump has again proposed reducing the value of Federal Retirement Benefits, while requiring most Federal Employees to pay more toward those benefits. In some cases, the benefits would be reduced only for future retirees, but in other cases, those already retired would face a cut, as well.

The proposals, outlined in Trump’s 2020 Budget release, would require changes in law. They are likely to face opposition from Democrats in Congress and Federal Employee Unions that have thwarted them in prior years.

The budget also proposes a 1% pay increase for Federal Employees - while recommending 3% for Military Personnel. Trump had recommended pay freezes in his prior two budgets, though he ultimately agreed to an average 1.9% raise for 2019 and an average 3.1% raise for 2020, with some variation by locality. In 2017, he’d recommended a 1.9% average raise for 2018, which Congress accepted.

Legislation already has been introduced in the House and Senate by several Democrats for an average 2021 raise of 3.5%. Trump’s proposals would “align Federal compensation with the private sector,” a budget book says, referring to a 2017 Congressional Budget Office (CBO) study that found salary to be comparable on average between the two sectors - but the study also found the Federal Benefits package to be superior, resulting in a “total compensation” advantage of 17% for Federal Workers.

“The disparity - which varies significantly by education level - is overwhelmingly attributable to benefits,” the budget proposal says. “CBO found that, in comparison to the private sector, the Federal Government continues to offer a very generous package of retirement benefits, even when controlling for certain characteristics of Workers.”

An annual comparison by a Federal Salary Advisory Council that does not take benefits into account finds Federal Employees are substantially underpaid - by 27% on average in the most recent report. The two reports use different methods and different sets of data, however.

The CBO report further cautioned comparisons of benefits are difficult, especially regarding retirement.

National Treasury Employees Union (NTEU) President Tony Reardon said in a statement: “For the fourth year in a row, President Trump's budget proposal would starve Federal Agencies to the point of paralysis, pick the pockets of Middle Class Federal Workers and their families, weaken our Nation's nonpartisan, merit-based Civil Service, and deprive Americans of the basic services and protections they expect from their government.”

The Budget Plan, for the fiscal year starting October 1st, again calls for requiring Employees covered by the Federal Employees Retirement System to increase the amount they must pay toward their retirement benefits.

The required amount would increase by one percentage point per year until the employer and employee contributions are equal. For most Employees, that would mean an increase of about six percentage points.

Employees hired since 2012 already pay at somewhat higher rates, so the increase would not be as large for them. That proposal would not affect those under the Civil Service Retirement System, who were hired before 1984 and who now account for less than a tenth of all Federal Worker
A majority of the National Labor Relations Board’s 26 regional offices have at least one vacancy or temporary appointment in leadership, creating top-level personnel gaps that some observers say can hinder the agency’s work and sap employee morale.

Effective management at the regional level is crucial to the agency’s mission because of the sheer volume of work that the offices handle, former NLRB officials and staffers said. The regional offices are responsible for processing unfair labor practice charges and representation petitions, investigating cases, issuing complaints when charges have merit, authorizing union elections, and litigating matters before administrative law judges.

Last month alone saw the promotion of Baltimore regional attorney Sean Marshall to serve as the area’s regional director, while Dennis Walsh retired as regional director of Philadelphia. Although Richard Heller was named acting regional director of Philadelphia, his and Marshall’s former spots as regional attorneys remain vacant.

Staffing and management of regional offices have been especially hot points of contention at the NLRB since Peter Robb became the agency’s general counsel in 2017. Robb considered reorganizing regional operations, but he eventually abandoned that plan after regional directors expressed “grave” concerns over it. Robb has since downplayed that proposal, repeatedly saying there was no specific plan and he was simply soliciting suggestions for improvements.

The regional offices are suffering a “staffing crisis,” the union representing regional NLRB employees said last year. The agency’s regional workforce stood at 825 employees as of September 2019, representing an 11% drop from 2017 levels and a 27% decrease since 2011, according to the union’s most recent estimates.

The agency encouraged staffers to leave by instituting early retirement and buyout programs in 2018. With rising labor costs and a flat budget, the NLRB can afford fewer workers, Robb has said. Meanwhile, the agency failed to spend $5.7 million of its budget for fiscal year 2019, which triggered an inspector general investigation.

“The Agency’s Division of Operations-Management is constantly assessing the needs of each Region based on caseloads,” NLRB spokesman Ed Egee said in an email.

Evidence shows the NLRB is aggressively enforcing federal labor law, he said, pointing to statistics showing that the agency improved its case processing time by 17.5%, nearly meeting its goal of a 20% reduction by 2022 in just one year.

Regions on the Front Line

The NLRB is a decentralized agency, with decision-makers distributed around the country and close to the communities where the cases originate, former agency staffers and officials said. Regional offices handle the vast majority of cases filed with the NLRB, settling nearly 6,000 cases in fiscal year 2019, or 99% of the cases that came before them.

The traditional leadership structure at the NLRB’s field offices features a regional director (RD), who wields power delegated from both the board and the general counsel; an assistant to the regional director (ARD), who acts as a chief of staff and oversees representation cases; and a regional attorney (RA), who manages litigation.
Offices with vacancies or temporary appointments:

Acting Regional Directors – Regions 1 (Boston), 4 (Philadelphia), 8 (Cleveland), 9 (Cincinnati), 10 (Atlanta), 14 (St. Louis)
No Assistant to the Regional Director – Regions 1 (Boston), 2 (New York), 8 (Cleveland), 14 (St. Louis), 18 (Minneapolis), 31 (Los Angeles)
No Regional Attorney – Regions 4 (Philadelphia), 5 (Baltimore), 6 (Pittsburgh), 12 (Tampa), 14 (St. Louis), 16 (Fort Worth), 20 (San Francisco), 28 (Phoenix)

“Anytime there’s a significant number of vacancies, it has the potential to have real adverse impacts on case handling, which is not good for the employers, unions, and individual employees who come before the agency,” said Marshall Babson, a former Democratic NLRB member who represents management for Seyfarth Shaw.

Two of the six acting regional directors also head other regions. Buffalo RD Paul Murphy serves as acting regional director in Boston, while Indianapolis RD Patricia Nachand handles that temporary leadership role in Denver.

Six regional offices have no ARDs and eight offices have no RAs.

The regional office in St. Louis, which covers labor disputes and union elections across areas in five states, is the hardest hit, with an acting regional director and no assistant regional director or regional attorney. Cindy Flynn is set to take over for Mary Taves as acting RD, according to Egee, the NLRB spokesman. Flynn would be the office’s third temporary chief in less than a year.

The NLRB’s inability to fill the open spots casts doubt on the political leadership’s commitment to the agency’s mission to administer the National Labor Relations Act, said Michael Duff, a former NLRB attorney who worked in the Philadelphia and Minneapolis regions.

“It’s very hard to accept that you would allow this state of affairs to continue if you have serious intentions of enforcing the act in good faith,” said Duff, a labor law professor at the University of Wyoming.

NLRB Has Posted Open RD Positions

Congress addressed the NLRB’s staffing vacancies, including those in regional leadership positions, in the government funding bill that was finalized in December. The measure contains language directing the agency to post announcements of vacant positions “to restore critical field staff capacity and to more aggressively fill vacancies in fiscal year 2020, including the remaining open regional director positions.”

The NLRB is also required to brief lawmakers on its plans to fill staffing vacancies and report on staffing and resources at regional offices.

Democrats on the House Committee on Education and Labor focused on Robb’s plan to restructure the regional offices. That plan has left important positions unfilled for too long, said Committee Chairman Bobby Scott (D-Va.).

“If these positions remain vacant, it will significantly hinder the Board’s ability to swiftly remedy unfair labor practices and will undermine workers’ right to organize,” Scott said in a statement.

The NLRB has posted announcements for the regional director position for St. Louis and the hiring process is ongoing, according to Egee. Announcements for RDs for Cleveland and Cincinnati should be posted this week, he said.
‘Process is Seriously Compromised’
The union representing regional NLRB employees says the agency’s refusal to fill regional staffing vacancies makes it less effective because the quality of the decision-making process primarily relies on managers and staffers expertise and institutional knowledge.

“When they chip away at the people throughout the decision-making tree, from Administrative Professionals and Board Agents to Regional Directors, when they saddle us with additional duties outside of our roles, and when they bark at us to do more with less, the entire process is seriously compromised, and the institution is undermined,” NLRBU President Burt Pearlstone said in a statement.

The impact of leadership gaps in regional offices, however, depends on how busy they are and the experience level of the staff overall, said Terry Potter, a former NLRB field attorney now with the management-side firm Husch Blackwell. Having an ARD or RA could be “overkill,” Potter said.

Regional directors should ideally have ARDs and RAs to assist in offices that have caseloads of about 1,000 per year, said Joseph Frankl, former regional director in San Francisco.

Yet regardless of office size, those ARDs and RAs play important roles in the collaborative work of processing cases and developing litigation strategies, said Patrice Tisdale, a former NLRB field attorney in Philadelphia and Cincinnati. Gaps in regional office leadership pose significant challenges in light of political leadership in Washington demanding that offices close cases faster, said Tisdale, who represents unions at Curtin & Heefner.
Rosalind P. Walter, 95, First ‘Rosie the Riveter’ and a PBS Funder, Dies

Joseph Burger - NY Times - March 4, 2020

Rosalind P. Walter grew up in a wealthy and genteel Long Island home. Yet when the United States entered World War II, she chose to join millions of other women in the home-front crusade to arm the troops with munitions, warships and aircraft.

She worked the night shift driving rivets into the metal bodies of Corsair fighter planes at a plant in Connecticut— a job that had almost always been reserved for men. A newspaper column about her inspired a morale-boosting 1942 song that turned her into the legendary Rosie the Riveter, the archetype of the hard-working women in overalls and bandanna-wrapped hair who kept the military factories humming.

Written by Redd Evans and John Jacob Loeb and popularized by the Four Vagabonds, the bandleader Kay Kyser and others, “Rosie the Riveter” captured a historical moment that helped sow the seeds of the women’s movement of the last half of the 20th century. It began:

All the day long whether rain or shine
she’s a part of the assembly line
She’s making history,
working for victory —
Rosie, brrrrr, the Riveter
Keeps a sharp lookout for sabotage
Sitting up there on the fuselage
That little frail can do, more than a male can do —
Rosie, brrrrr, the Riveter.

Other women went on to become models for Rosie posters and magazine covers as well.

But Rosie was just Ms. Walter’s first celebrated act. At her death on Wednesday at 95, she remained something of a public presence as a major philanthropist and one of PBS’s principal benefactors, her name intoned with others on programming like “Great Performances,” “American Masters,” “PBS NewsHour,” “Nature” and documentaries by Ken and Ric Burns.

She was the largest individual supporter of WNET in New York, helping to finance 67 shows or series starting in 1978.

Her friend Richard Somerset-Ward said she died at her home in Manhattan.

Ms. Walter had been drawn to public television in part to compensate for lost opportunities during the war, said Allison Fox, WNET’s senior director for major gifts. In serving her country, Ms. Walter had sacrificed a chance to attend either Smith or Vassar College, Ms. Fox said, and found that public television documentaries and other programs helped fill in the gaps in her education.

“She cared deeply about the public being informed and felt that public television and media is the best way to accomplish this,” Ms. Fox said.

Ms. Walter had two sources of wealth. Her father, Carleton Humphreys Palmer, was president and then chairman of E.R. Squibb and Sons, the Brooklyn-based drug company that helped mass produce the early doses of penicillin distributed to the troops during World War II. (It is now a subsidiary of Bristol Myers Squibb.)
Her second husband, Henry Glendon Walter Jr., was president and later chairman and chief executive of International Flavors and Fragrances, which provides the scents and tastes for 38,000 products, from perfumes to snacks to laundry detergents; for many years it was the world’s largest company of its kind.

Henry and Rosalind Walter gave generously to the American Museum of Natural History, the Pierpont Morgan Library, Long Island University, the college scholarship program of the United States Tennis Association and the North Shore Wildlife Sanctuary on Long Island.

Some gifts came through what is known today as the Rosalind P. Walter Foundation. The Walters served as trustees or directors of many of the organizations they gave to.

Rosalind Palmer Walter — friends called her Roz, not Rosie — was born on June 24, 1924, in Brooklyn, one of four children of Carleton and Winthrop (Bushnell) Palmer. Her mother was a professor of literature at Long Island University.

Rosalind grew up on her family’s estate in Fairfield, Conn., and her parents sent her to the Ethel Walker School in Simsbury, Conn., one of the first college preparatory boarding schools for upper-class women.

By the time she graduated, Europe was at war, and after the attack on Pearl Harbor in 1941 spurred the United States to declare war on Japan, Germany and Italy, she was recruited, at 19, as an assembly line worker at the Vought Aircraft Company in Stratford, Conn., not far from Fairfield. (The family later settled in Centre Island, a village in the town of Oyster Bay on Long Island.)

Ms. Walter’s story caught the attention of the syndicated newspaper columnist Igor Cassini, who wrote about her in his “Cholly Knickerbocker” column. And that, in turn, inspired the songwriters.

A year after the war’s end, Ms. Walter, by then working as a nurse’s aide at Bellevue Hospital in Manhattan, married Henry S. Thompson, a lieutenant with the Naval Reserve and a graduate of Stanford University, at the Fifth Avenue Presbyterian Church. They had a son, also named Henry, before the couple divorced in the 1950s.

Her second husband, Mr. Walter, whom she married in 1956, had a son from a previous marriage, Henry G. Walter III, who died in 2012. Ms. Walter is survived by her son, Henry S. Thompson; two grandchildren; four step-grandchildren; and several step-great-grandchildren.

Ms. Walter was not the only Rosie the Riveter. There were at least four other women who became models for the character as the War Production Board sought to recruit more women for the military factories.

Norman Rockwell drew his version of Rosie for the cover of the May 29, 1943, issue of The Saturday Evening Post — a grimy-faced, muscular woman in denim overalls, work goggles perched on her forehead and a copy of Hitler’s Mein Kampf trampled underfoot. His model was a Vermont woman, Mary Doyle Keefe, who died in 2015.

And J. Howard Miller drew a Rosie poster for Westinghouse war factories. He portrayed her in a red and white polka dot bandanna as she flexed a biceps under the words “We Can Do It!” The image became a feminist symbol starting in the 1980s, reprinted on T-shirts and coffee mugs. The model for that Rosie was most likely Naomi Parker Fraley, a California waitress who died in 2018.

So Rosalind Walter cannot alone claim the crown of being the real Rosie the Riveter. But she was there first.
1199 SEIU-Represented Workers Employed At Six Absolut Care Facilities Across Western New York Reach Tentative New Contract Agreement

by 1199 SEIU News - March 6, 2020

(ACROSS WESTERN NEW YORK) – Earlier this week, more than 600 Health Care Workers represented by 1199 Service Employees International Union (SEIU) United Healthcare Workers East at six Absolut Care facilities across Western New York reached a tentative one-year agreement with RCA Healthcare Management, LLC.

The agreement is subject to ratification by Union Members. Voting will be held on a rolling schedule beginning March 16th, 1199 SEIU Representatives said. Upon ratification, specific details of the agreement covering Certified Nursing Assistants (CNAs), Licensed Practical Nurses (LPNs), Rehab Aides, Service and Maintenance, Dietary and Housekeeping Workers in primarily rural areas of Western New York will be available for distribution.

RCA Healthcare Management, LLC, CEO Edward Farbenblum recently entered into an administrative services agreement with Absolut Care of Three Rivers, Westfield, Allegany, Gasport, Aurora Park and Orchard Brooke following a Chapter 11 Bankruptcy.

Health Care Workers are hopeful the new agreement, which includes higher start rates and across the board wage increases, will help to address recruitment and retention issues at these nursing homes, Union Officials said.

The parties also agreed to improve training and education around resident care and work together to address staffing problems at each of the Absolut facilities, they added.

"Providing quality care to our residents has always been our priority," CNA Valerie Ackley of Absolut Nursing and Rehab Center at Allegany said. "Someday we will all be residents of this facility and we want it to be the best it can be."

“We have always been and continue to be proud of our partnership with 1199," RCA Healthcare Management CEO Farbenblum said in a statement.

"It is quite evident that exceptional care is delivered when Employees are content, happy and most importantly are earning a fair wage. We therefore made our first order of business a meeting with the Union Delegates and are extremely

1199 SEIU United Healthcare Workers East – whose mission is to achieve quality care and good jobs for all, represents more than 400,000 Nurses and Caregivers throughout the states of Massachusetts, New York, New Jersey, Maryland, Washington, D.C. and Florida.

Across Western New York, 1199 SEIU represents more than 11,800 Nursing Home and Hospital Workers.
The world’s largest labor group is suing to try to block a Trump administration rule likely to make it harder for unions to organize.

The AFL-CIO on Friday asked a federal district court in Washington, D.C. to shoot down a new National Labor Relations Board regulation that would revise the union election process.

The rule, slated to take effect April 16, is expected to slow down union elections at private workplaces by giving employers more power to oppose the contests on legal grounds before workers go to the ballot box and after the votes are cast.

“Should it take effect, the 2019 election rule will make it more difficult for AFL-CIO unions to obtain elections, will delay those elections, will prejudice unions’ ability to campaign in those elections, will delay the counting of ballots after those elections, and will delay the certification of unions as the representative of employees,” the AFL-CIO said in the complaint.

The slowdown, in turn, will “delay employers’ legal duty to bargain when a majority of employees chooses a representative to engage in bargaining in those elections,” the organization said.

The AFL-CIO says the board violated federal law by enacting the rule without going through the public notice and comment process. The NLRB has said it has the authority to make procedural changes through a more streamlined process that doesn’t allow the public to first weigh in.

There are so many reasons why Labor Unions are important.

Many of the rights we enjoy at work have been won because of Union Campaigns.

Here are just 10 reasons:

In Unity There Is Strength - Unions provide Workers with a powerful, collective voice to communicate to management their dissatisfaction and frustration.

Unions Negotiate Better Terms & Conditions - All aspects of working life should be the subject of discussion and agreement between employers and Employees under the protection of a Union. Trained Representatives of the Union lead these negotiations on behalf of Employees.

You Get More Annual Leave Working In A Unionized Workplace - Unions won the right for Workers to have paid holidays.

You Earn More Working In A Unionized Workplace - Union Members earn more than Non-Unionized Workers.
You Get More Maternity, Paternal & Sick Leave - Unionized workplaces are much more likely to have these policies in place which are more generous than the statutory minimum.

Better Job Security- Union Members are more likely to stay in their jobs longer, on average five years more than Non-Unionized Workers.

You Have Someone On Your Side When You Need Them- By being a Union Member, you are always part of something bigger and have the support of the Union when you need it.

Unions Fight For Equal Opportunities In The Workplace - Unions stand for equal pay and treatment and against discrimination

Union Workplaces Are Safer - There are fewer accidents in Unionized workplaces.

And, Unions Offer Legal Services & Advice.
During the monthly Buffalo AFL-CIO Central Labor Council meeting that was held on Tuesday (March 11th), those Labor Leaders and Representatives in attendance were made aware of the National AFL-CIO’s efforts to secure the health and safety of Union Members across the country in the wake of the growing Coronavirus Pandemic.

WNYLaborToday.com was made aware of a Bill - H.R. 6139/The COVID-19 Health Care Worker Protection Act of 2020 - that would direct the U.S. Secretary of Labor to issue an Emergency Temporary Standard that requires certain employers to develop and implement a comprehensive Infectious Disease Exposure Control Plan to protect Employees in the Health Care Sectors and other Employees at elevated risk from exposure to infectious diseases, as well as for other purposes.

Last week, the U.S. Occupational Safety and Health Administration (OSHA) received two petitions calling on OSHA to issue an Emergency Temporary Standard to protect Workers from COVID-19, the Coronavirus.

An Emergency Temporary Standard is necessary to ensure the immediate protection of Workers in health care workplaces and other high-risk workplaces identified by the Centers for Disease Control (CDC) and Prevention and the Occupational Safety and Health Administration from infection related to COVID-19.

Therefore, the National AFL-CIO is asking all Union Members to call your U.S. Representatives in Washington, D.C. and to tell them to support H.R. 6139 - the COVID-19 Health Care Worker Protection Act of 2020 - in order to ensure Workers will be protected from all infectious diseases, including COVID-19.

To Be Connected To Your Representatives in Washington, Go To https://actionnetwork.org/forms/hr6139?source=website and Use The Form On The Right.
Governor Cuomo Calls on President Trump to Take Comprehensive Federal Action to Combat Novel Coronavirus Now

by National AFL-CIO & WNYLaborToday.com Staff - March 11, 2020

In Open Letter to President Trump, Governor Calls for Aggressive National Strategy for Testing, School Closures and Hospital Surge Capacity to Slow and Mitigate Impacts of COVID-19

Directs Nonessential State Workforce in Hotspot Areas - Rockland, Westchester, NYC, Suffolk, Nassau - to Work From Home for Two Weeks

Governor Asks Chief Judge Janet DiFiore to Develop Plan to Reduce Density in Court System, Including Limiting Nonessential Proceedings

Tasks SUNY Empire State College President Jim Malatras with Developing Contingency Plans in Preparation for School Closures

Directs DMV to Move to Appointment Only to Limit Person to Person Contact

Confirms 69 Additional Coronavirus Cases in New York State - Bringing Statewide Total to 729; New Cases in 9 Counties.

Governor Andrew M. Cuomo today called on President Trump to take comprehensive federal action to combat the novel coronavirus, or COVID-19, including developing an aggressive national strategy for testing, school closures and hospital surge capacity.

In an open letter to President Trump, the Governor urged Trump to deploy the U.S. Army Corps of Engineers to leverage its expertise, equipment and people power to retrofit and equip existing facilities - such as military bases or college dormitories - to serve as temporary medical centers.

The Governor called on the President, through the Food and Drug Administration and Centers for Disease Control and Prevention, to authorize states to certify a wider array of testing labs and methods in an effort to maximize testing capacity to identify and isolate positive cases faster.

The Governor also called for a uniform federal standard for when cities and states should shut down commerce and schools, or cancel events.

The Governor directed nonessential State employees in Rockland, Westchester, NYC, Suffolk, Nassau - current hotspot areas - to work from home for two weeks.

The Governor also directed DMV to move to appointment only to limit person to person contact and revert to regular hours rather than the extended hours the state implemented in recent weeks to help reduce lines.

Governor Cuomo asked Chief Judge Janet DiFiore to develop a plan to reduce density in the court system, including limiting nonessential proceedings, without disrupting criminal justice system.

The Governor also tasked SUNY Empire State College President Jim Malatras with working with counties to develop contingency plans in preparation for school closings, including how to provide meals to food insecure children and ensuring families have adequate access to childcare.
"Our goal is to slow the spread of the virus to a rate that the healthcare system can manage, and we're doing that through aggressive testing and strong social distancing protocols. But the anticipated wave of new cases threatens to crash our healthcare system, and we need national action from the federal government to address the quickly-evolving situation now," Governor Cuomo said. "In short, the Trump administration needs to localize testing, federalize shutdowns and task the Army Corps of Engineers to expand hospital capacity. While again I want to remind people that the facts do not warrant the level of anxiety that is out there, we will continue working closely with every level of government to mitigate the impact of this virus and protect the public health."

Finally, the Governor also confirmed 69 additional cases of novel coronavirus, bringing the statewide total to 729 confirmed cases in New York State. Of the 729 total individuals who tested positive for the virus.
A Request From The National AFL-CIO To All Union Members: Call Your Federal Representatives In Washington And Tell Them To Support H.R. 6139 - The COVID-19 Health Care Worker Protection Act of 2020

by National AFL-CIO & WNYLaborToday.com Staff - March 11, 2020

During the monthly Buffalo AFL-CIO Central Labor Council meeting that was held on Tuesday (March 11th), those Labor Leaders and Representatives in attendance were made aware of the National AFL-CIO’s efforts to secure the health and safety of Union Members across the country in the wake of the growing Coronavirus Pandemic.

WNYLaborToday.com was made aware of a Bill - H.R. 6139/The COVID-19 Health Care Worker Protection Act of 2020 - that would direct the U.S. Secretary of Labor to issue an Emergency Temporary Standard that requires certain employers to develop and implement a comprehensive Infectious Disease Exposure Control Plan to protect Employees in the Health Care Sectors and other Employees at elevated risk from exposure to infectious diseases, as well as for other purposes.

Last week, the U.S. Occupational Safety and Health Administration (OSHA) received two petitions calling on OSHA to issue an Emergency Temporary Standard to protect Workers from COVID-19, the Coronavirus.

An Emergency Temporary Standard is necessary to ensure the immediate protection of Workers in health care workplaces and other high-risk workplaces identified by the Centers for Disease Control (CDC) and Prevention and the Occupational Safety and Health Administration from infection related to COVID-19.

Therefore, the National AFL-CIO is asking all Union Members to call your U.S. Representatives in Washington, D.C. and to tell them to support H.R. 6139 - the COVID-19 Health Care Worker Protection Act of 2020 - in order to ensure Workers will be protected from all infectious diseases, including COVID-19.
WASHINGTON—With the number of confirmed coronavirus cases in the U.S. nearing 1,200 on Mar. 11, Sen. Lamar Alexander (R-Tenn.) stalled an attempt to expedite a bill that would require employers to give workers 14 days of paid sick leave in case of a public-health emergency.

Alexander, chair of the Health, Education, Labor, and Pensions Committee, blocked a procedural move by Healthy Families Act sponsor Sen. Patty Murray (D-Wash.) to bring the bill to the Senate floor without a hearing by his committee.

“It’s not a cure for the coronavirus to put a big new expensive federal mandate on employers who are struggling in the middle of this matter,” Alexander said during debate. He argued that if the federal government was going to require paid sick leave, it should pay employers to provide it.

The bill’s 14-day mandate matched the 14-day period that the federal Centers for Disease Control recommends that people “self-quarantine” if they have symptoms of infection by the COVID-19 coronavirus.

The number of confirmed cases in the U.S. has increased roughly fifteenfold in the past 10 days, with 31 deaths reported. The United Nations World Health Organization officially declared the disease a pandemic Mar. 11, with more than 118,000 confirmed cases and more than 4,000 deaths worldwide.

“In the face of the COVID-19 pandemic, it is unconscionable that Senate Republicans have blocked an emergency paid-sick-leave bill from coming to the Senate floor,” Eileen Appelbaum, codirector of the Washington-based Center for Economic and Policy Research, said in a statement. “Refusing to allow it to get a hearing on the Senate floor shows a callous disregard for the well-being of Americans.”

The AFL-CIO urged Congress to pass the bill as part of a bigger package of measures to protect workers. “Workers who are sick, or who are affected by quarantine orders, must receive paid sick leave,” federation government-affairs director William Samuel wrote in a letter to House members earlier in the day. “The COVID-19 virus has highlighted the inadequacy of our system of paid sick leave, workers’ compensation, and unemployment insurance, which must now be modernized and improved to address the crisis.”

The letter also called for legislation to require the Occupational Safety and Health Administration to issue an emergency temporary standard to protect health-care workers; making testing for the virus free; giving unemployment benefits to workers who lose their jobs because of the disease’s economic impact; providing aid to state and local governments to mitigate that impact; and expanding nutritional-aid programs such as food stamps, school lunches, and the Women, Infants, and Children program.

It called President Donald Trump’s proposal for cutting the Social Security payroll tax “a stealth attack on Social Security” that wouldn’t help laid-off workers, and said any response should not scapegoat immigrants, because “the virus will not discriminate in who it makes sick.”

Republicans object that paid sick leave would cost employers too much. “Job creators do not need additional Washington-knows-best, federal mandates weighing them down,” Rep. Bradley Byrne (R-Ala.) said at a House Subcommittee on Workforce Protections hearing, citing National Federation of Independent Business claims that its requirements—in normal times, workers would be able to earn up to seven paid sick days off, at the rate of one day for every 240 hours worked—could cost 43,000 jobs a year.
The vast majority of workers at large restaurant chains report they do not get paid sick leave, except in the minority of states and cities where it is required by law.

The list of malefactors includes the giants of fast food, like McDonald’s, Subway and Chick-fil-A, as well as sit-down restaurants like Cracker Barrel, Outback Steakhouse and the Cheesecake Factory.

And it’s not just restaurants. The data also shows most workers at the supermarket chains Wegmans, Kroger, Meijer and Giant Eagle reported that they did not get paid sick leave. So did workers at retailers including American Eagle, Victoria’s Secret and the Gap.

Some major retailers, though, like Costco, Home Depot and the supermarket chain Aldi, have long offered paid sick leave as a standard benefit. Since the coronavirus arrived in the United States, however, only one major retailer, Darden Restaurants, which owns chains including Olive Garden and Longhorn Steakhouse and employs 170,000 hourly workers, has taken the lesson and announced that it will henceforth provide paid sick leave on a permanent basis.

After an employee at a Canton, Georgia, Waffle House tested positive for the coronavirus, the company said it would continue to pay the employee and quarantined co-workers.

But a spokeswoman, Njeri Boss, said the company would not commit to offering similar benefits to other workers affected by the coronavirus.

The company declined to comment on its existing paid sick leave policy, but 99 percent of surveyed Waffle House workers said that they don’t get paid sick days.

As asked whether customers might reasonably be concerned about eating at a restaurant that refuses to pay sick workers to stay at home, Ms. Boss said the company expected sick workers to stay at home. And would Waffle House commit to paying workers for acting responsibly? “That’s a matter between us and our associates,” she said.

Importantly, large numbers of workers at companies that offer paid sick leave reported that they did not get paid sick leave. At Chipotle, for example, workers are eligible to take up to three paid sick days beginning the day they are hired, but 20 percent of surveyed Chipotle workers said they could not take paid sick days. Walmart, by far the nation’s largest private employer, extended paid sick leave to all employees in February 2019, but only 73 percent of the Walmart workers surveyed since then said that they could take paid sick days.

Mr. Schneider and Ms. Harknett said that workers often are unaware of sick leave policies, or feel unable to take advantage of them.

Managers exercise considerable power over scheduling and hours, and the researchers said that workers, in interviews, often expressed concern about the consequences of requesting a sick day.

Chipotle conceded in 2017 that a norovirus outbreak centered on a Chipotle in Sterling, Va., was caused by a sick employee who should have been sent home. New York sued Chipotle last year for violating worker protections, including the city’s sick leave law, at five locations in Brooklyn.

In February, New York fined Chipotle for firing a worker who took three sick days. “It’s not enough to have an official policy,” Ms. Harknett said. “It has to be a policy that people feel they can use.”
He called for “flexible and personalized solutions” such as the 2017 tax-cut law’s tax credits for employers who give workers at least two weeks of paid family and medical leave, and the longstanding Republican proposal to let private-sector employers offer workers paid time off instead of time-and-a-half pay for overtime.

Byrne also accused Democrats of politicizing the issue. “The vast majority of employers are already responding to their employees’ needs,” he said. “According to the Bureau of Labor Statistics, 73% of all private-industry workers and 83% of full-time workers have access to paid sick leave,” including 73% of full-time workers at small businesses, according to the NFIB.

That paid time off, however, is not evenly distributed around the workforce. According to the Center for Economic and Policy Research, 93% of the highest-paid workers have access to paid sick days, but only 30% of the lowest-paid do.

“Many workers in jobs with the greatest exposure to the public are among those least likely to have access to paid sick days,” Appelbaum said. “Workers in jobs ranging from aides in nursing homes to retail clerks to child-care workers are unlikely to be able to afford to lose a week’s pay and may be unable to take time off from work.”
COVID-19 – time for governments, brands and employers to protect supply chain and precarious workers from hardship and infection

by Sharan Burrow and Phil Bloomer - Workrs Rights - March 13, 2020

Steps should be taken to protect workers and business, write Sharan Burrow and Phil Bloomer.
As the economic and human rights impacts of the COVID-19 outbreak come into view, we are again seeing supply chain and frontline workers, alongside those in precarious and informal jobs, bear the worst impacts of a crisis. The ITUC and Business & Human Rights Resource Centre are receiving increasing and worrying reports of mass lay-offs without social protection; little or no sick pay for self-isolation; and service workers not receiving the same protective measures as customers.

Workers in Asia are reporting accelerating mass lay-offs through factory shut-downs, and slow-downs, as the epidemic worsens. There are reports of factories using COVID-19 shut-downs to dodge union disputes, and health workers left vulnerable to infection through inadequate precaution by employers.

Businesses also face contraction, with UNCTAD reporting the top 5000 transnational corporations revising their 2020 earnings down by an average of nine per cent. Automotive companies and airlines estimate shrinkage of over -40%, and energy and raw materials industries -13%.

The initial evidence points to a cluster of leading companies acting promptly to protect their own employees by offering flexible work options, and some committing to pay hourly and subcontracted workers their regular wages despite reduced demand for services. Equally, leading governments are adopting early measures to mitigate the hardship faced by sick or laid-off workers and their families – measures that are also likely to reduce disease transmission rates. But we are not yet seeing similar considerations offered lower down supply chains where many millions of workers, often predominantly women, eke out a livelihood and will usually be the main carers for the sick in their families and communities.

For instance, the Cambodia Labour Confederation reported last week that 33 factories have already temporarily halted production and suspended the contracts of over 17,000 workers. If raw material shortages worsen, hundreds more factories could close by the end of March affecting thousands of workers. This is exacerbated by reduced orders by buyers as the virus has spread to major export markets in Europe and the USA.

In response to closures, the Cambodian Government has announced that factories will be given tax holidays if they can demonstrate that their business has been affected by COVID-19 (or the EU's Everything But Arms trade preference withdrawal), and that suspended workers will receive 60% of their pay, with 20% coming from the Government. This is a welcome move. But with most workers relying on overtime to even get close to a wage to live on, a 40% pay cut will worsen workers' privation. Worse still, there is a considerable risk that factories won't suspend production, but simply shut in order to avoid any payment of reduced wages.

In line with governments extending support to business, ITUC is calling on governments and international institutions considering vital stimulus packages to learn the lessons of the 2008/2009 financial crisis and design income support that working families need and business will benefit from, rather than merely bailing out banks and financial institutions. These would be moves towards the redesign of more sustainable and equitable economies. Meanwhile, the most responsible brands that source from countries like Cambodia may be taking action to protect their supply chain workers, but so far very little has been said publicly. And for the less scrupulous brands, the supply chains are designed to ensure that companies can cut and run, passing the costs down to workers and manufacturers.
The same pattern is emerging across Asia, with reports of large numbers of factories threatening closure in Philippines, Myanmar (20 in Yangon as of last week), Bangladesh, and Sri Lanka (50 factories or more threatened with temporary closure as of last week). In these countries, both governments and brands are eerily quiet on the measures to be taken to protect workers from the epidemic and from worsening poverty.

Workplaces are frontlines in the battle against the spread of COVID-19. The ITUC is calling for urgent measures to ensure that workers who display symptoms can receive free health care and take sick leave without fear of losing their jobs or incomes. Equally, companies need to ensure a duty of care for all their workers, including migrant workers. In Vietnam, an estimated 5,000 workers at a stuffed-animal manufacturer staged a strike for three days over concerns that several of their Chinese co-workers were not being properly quarantined on return from their Chinese New Year. In Nepal, the government has issued an advisory to migrant workers not to travel for jobs in South Korea and the Middle East. Thirty-eight Nepali workers travelling to Bahrain via Dubai have been deported on the grounds that Nepal is designated as a country vulnerable to a disease outbreak by the WHO.

Gig economy workers, usually misclassified as ‘self-employed’, also face serious consequences, as one UK worker summed up: “If I catch something I’m screwed…Gig economy workers can’t afford to be ill. My bank balance is literally £4 something right now”. The danger lies in the possibility that workers in these circumstances will feel compelled to work with the virus, imperilling their own health and the health of those they come into contact with.

But there is also good news emerging. Hubei, the province at the centre of the COVID-19 epidemic in China, is scheduled to resume normal production on Wednesday 11 March. This gives hope to workers around the world that with adequate measures taken by governments, and with the full cooperation of employers and brands to protect their workers, this epidemic can be beaten – and while the unnecessary suffering of workers and their families is substantial, it could be temporary.
IBEW Local 103 & NECA Enter Into New Sports Marketing Partnership With The NHL Boston Bruins & TD Garden
by IBEW Local 103 News via Western NY Labor Today - March 13, 2020

(BOSTON, MASSACHUSETTS) - The International Brotherhood of Electrical Workers (IBEW) Local 103 and the National Electrical Contractors Association (NECA) of Greater Boston have officially entered into a new sports marketing partnership with the National Hockey League’s (NHL) Boston Bruins. Now, while cheering on the Bruins at a TD Garden home game, fans will notice something new: Local 103 and NECA contractors' names written on the ice.

"We're ‘thrilled to kick off this partnership’ with the Boston Bruins," of IBEW Local 103 Business Manager/Financial Secretary Lou Antonellis said. "They ‘represent the same toughness, heart and sense of teamwork that our own IBEW Local 103 Members carry with them wherever they go - both on the job and out in the community.’ The Bruins ‘work hard, train hard, and do what it takes, individually and as a team, to be the best in the league, and our Members really respect and relate to that.'"

"We ‘couldn't be more excited’ to partner with the Boston Bruins and our friends at TD Garden," said Glenn Kingsbury, executive manager of NECA Greater Boston. "Our Union Contractors ‘have powered the iconic venue since we helped build it twenty five years ago.’ We ‘feel fortunate to play an integral part in creating what is truly a staple of the Boston experience’ - for locals and visitors alike. This partnership ‘is an exciting and special way to honor our longstanding relationship.’"

"The Bruins ‘are committed’ to the Greater Boston community and are proud to partner with the city's Union Electricians," Bruins’ President Cam Neely said. "These are organizations ‘that share our values and do a lot of good for our communities.’ ‘It will be great to see their logos featured on our ice.’"

Since its grand opening in 1995, TD Garden has been the official home of the Bruins and Boston's NBA team, the Boston Celtics.

IBEW Local 103 and NECA Greater Boston completed the electrical portion of TD Garden's construction, beginning in 1993, and have since remained the sole providers of the venue's electrical service and maintenance.

Most recently, IBEW Local 103 and NECA contractors did the entire electrical portion of TD Garden's new, 50,000 square-foot addition, which wrapped up in 2019 after two years of construction. The addition includes a new facade, entryway and front lobby, in addition to new elevators, parking, dining and entertainment sections and luxury suites for guests.

With the renovation completed, Union Electricians and Technicians remain on site at the Garden each day, powering top-notch fan experiences for the venue's variety of events.
President Donald Trump on Friday announced a new series of measures to combat the coronavirus and treat those who are affected, while pushing back on criticism that his administration was unprepared to confront the pandemic.

Speaking in the White House Rose Garden, Trump declared a national emergency that could free up $50 billion to help fight the pandemic and said that he was empowering the secretary of Health and Human Services to waive certain laws and regulations to ensure the virus can be contained and patients treated.

"To unleash the full power of the federal government … I am officially declaring a national emergency," Trump said.

"Two very big words," he added.

Trump said the action would "open up access" to up to $50 billion "for states and territories and localities in our shared fight against this disease."

Flanked by Vice President Mike Pence, Health and Human Services Secretary Alex Azar and other top federal officials and corporate executives from companies such as Walmart, Trump said that the ability to waive certain laws and regulations would allow for easier admission to nursing homes and end limits on the length of hospital stays and the number of beds available.

He announced that 1.4 million new tests for the coronavirus would be available next week and that 5 million would be available within the next month — although he added that "I doubt we'll need that" quantity. He also said there were plans to allow "drive-thru" virus tests.

In an unusual and lengthy news conference, a parade of business leaders took turns speaking after Trump — before the president and other federal officials made additional key announcements related to the administration’s coronavirus response.

Trump shook hands with several of those business leaders as he introduced them at the lectern — a breach of best practices recommended by public health experts across the United States.

After the corporate leaders spoke, Trump and other officials finally announced additional measures to confront the pandemic, which included the waiving of interest on federal student loans and the purchase of “large quantities” of oil for the U.S. strategic oil reserve. Officials also said they would be offering guidance to suspend all visitations to nursing homes, with exceptions being made only for end-of-life situations.

Nevertheless, the stock market — which had in recent days fallen 20 percent from its latest high, delving formally to bear territory — reacted favorably to the announcement.

The Dow Jones Industrial Average rose steadily as Trump spoke and closed for the day up nearly 2,000 points, or 9.4 percent.
Trump, seen in photographs to have been in close proximity with people who have since tested positive for the coronavirus, also suggested Friday he would “most likely” get tested for the disease.

"Not for that reason, but because I think I will do it anyway," Trump said, when questioned by a reporter about standing next to an aide to Brazilian President Jair Bolsonaro at his Mar-a-Lago resort last weekend.

Trump had hinted Thursday that he was strongly considering taking emergency action, telling reporters in the Oval Office that he was thinking of invoking the Stafford Act to declare a national emergency.

A national emergency declaration from the president would effectively create access to billions in federal aid to help with the pandemic. Plans for the emergency declaration were first reported by Bloomberg News.

Under the Stafford Act, an "infectious disease emergency declaration" by the president would allow the Federal Emergency Management Agency to provide disaster relief funding to state and local governments, as well as federal assistance to support the coronavirus response. The law allows the agency to circumvent legal barriers to more quickly distribute such aid.

Emergency declarations are most often used in the event of natural disasters, but can also be applied to disease outbreaks.

The president had tweeted earlier about the Friday press conference amid the rapid spread of the virus and as the White House has scrambled to craft a strategy to shift Trump's response to the outbreak, which had been focused on downplaying the threat and accusing the media of creating undue concern.

Trump has come under increasing fire in recent weeks over his response to the outbreak while his administration weathered criticism for the lack of coronavirus testing being done compared with other countries.

Asked Friday at his press conference by NBC News' Kristen Welker whether he should take responsibility for the failure to disseminate larger quantities of tests earlier, Trump declined.

"I don't take responsibility at all," he said.

Trump also responded testily to a question from another reporter about a decision made by the administration in 2018 to disband the White House's National Security Council Directorate for Global Health Security and Bio-defense — a unit sometimes referred to as the White House pandemic office.

Trump called the question “nasty” and replied, “I didn't do it.”

“You say we did that, I don't know anything about it,” Trump said.

In addition to having insisted for weeks that he had the outbreak under control, Trump has also propagated personal beliefs about the coronavirus that contradict those of veteran health officials and experts.

As panic began to set in over the outbreak, Trump tried to quell the fears of Americans across the country by giving a speech from the Oval Office on Wednesday night.

He announced that he would ban many foreign travelers from Europe for the next 30 days and offered a series of economic relief actions to help workers and companies deal with the outbreak. But his speech was met with swift pushback after he misstated several aspects of the policy and failed to propose any new action to combat the outbreak domestically.
Health officials in recent days have sounded the alarm, warning the public that the outbreak is likely to get worse. Many major public events, including all NBA, NHL, MLB and Major League Soccer preseason games and Broadway shows, have been canceled this week, and Thursday saw the Dow's worst day since the 1987 crash.

Wall Street, however, rallied Friday, bouncing firmly back after lawmakers and the White House appeared close to finalizing an economic relief package to address the coronavirus pandemic.
Correction Dept. And Health Partners Gird For COVID-19 in Jails

Richard Khavkine - The Chief Leader - March 13, 2020

With the COVID-19 virus menacing city residents, the Department of Correction and its partner agencies are preparing for its emergence in city jails, but are intent on keeping the respiratory illness from spreading.

Although the number of confirmed cases in the New York City area is multiplying by the day, no inmates or staff were known to have contracted the virus as of March 13, according to DOC officials and the head of the Correction Officers union.

‘Expectations’

Given that jail environments involve close contact among inmates, as well as staff, and therefore could prove especially prone to the spread of the coronavirus, members of the Board of Correction requested details from DOC and Health and NYC Health + Hospitals’ Correction Health Services agency representatives on their preparations and planning for the virus’s arrival within the system.

“Should the virus keeps reaching into the population, the city can expect to see it reach the jails,” the board’s interim Chair, Jacqueline Sherman, said at the BOC’s March 10 meeting.

Patricia Feeney, the DOC’s Deputy Commissioner for Quality Assurance and Integrity, told the board that the department had been working “very closely” with CHS during the past few weeks and had completed various walk-through emergency scenarios.

“Part of our plan has been to implement training and increase our sanitation in various areas,” she said. Cells, dayrooms and common areas were being cleaned and sanitized daily, with shower areas scrubbed three times a day, she told the board. Vehicles, including transportation buses, were also being disinfected daily.

“And we’re stressing handwashing correctly,” she said. “We are ensuring that everybody knows our expectations.”

Need ‘Proper Tools’

The head of the Correction Officers’ Benevolent Association, Elias Husamudeen, recalling past rashes of contagious illnesses, such as the H1N1 swine flu of a decade ago, said he was confident the DOC and its partner health agencies would remain prepared and vigilant.

“We’ve had outbreaks in the past and we’ve gotten through them, and hopefully we’ll get through this,” he said March 11. “These types of crises are not new to Correction Officers.”

Still Mr. Husamudeen said he wanted to ensure that his members had the appropriate means to do their jobs.

“My concern today...is that my member Correction Officers are being provided with the proper tools—gloves, masks, sanitizer, soap and access to water so they can do the things [the World Health Organization] and [the Centers for Disease Control and Prevention] are saying we should do to protect ourselves,” he said. “We have supplies but our opinion is that we need more, and they are in the process of getting us more.”
Dr. Ross MacDonald, CHS’s Chief Medical Officer, said screening procedures at the jails, including for detainees, allow medical staff to assess would-be inmates “before a person would come into custody.”

Staff is also updating screening questions “in real time” as recommendations and assessments from medical experts change, he said.

‘General Awareness’

“There has been additional communication to DOC officers to expedite anyone who’s experiencing symptoms at any point along the process,” he said.

Dr. MacDonald added CHS was well-equipped, both in terms of medical expertise and with regard to hardware. Health and Hospitals, he said, employed the country’s foremost experts “at dealing with communicable disease such as this.” It also is among the best-equipped in terms of physical plants, with a communicable-disease unit where inmates can be isolated while remaining under observation.

Dr. MacDonald, though, said the responsibility to identify inmates who are potentially ill fell not just to medical staff.

“There’s a general awareness that we all need to have in these situations,” he said in response to a question from Board Member James Perrino, a former DOC Warden. “It’s not necessary for a doctor to be doing that evaluation. I think all people in New York City need to use common sense and get help and raise a flag and know what to do if they’re concerned about someone.”

But in answering concerns from Board Member and physician Robert Cohen, Dr. MacDonald emphasized that medical staff is always present. “CHS is available in the jails 24/7 to respond to any concern,” he said, “and there has been communication to the officers to raise those concerns as quickly as possible.”
The Companies Putting Profits Ahead of Public Health

By Bob Hennelly - The Chief Leader - March 13, 2020

While firefighter-union leaders called the FDNY decision to order their members not to respond to medical emergencies that might be linked to coronavirus a prudent move to avoid infecting entire firehouses, Emergency Medical Service union officials said the decision made their case in recently begun contract talks for substantial pay raises for their troops. Beginning March 6, the department directed fire units to not respond to fever, asthma, respiratory-distress, anaphylactic shock or unconscious-patient calls. These calls will now be handled exclusively by EMS.

Where They’ll Still Go

“Firefighters continue to respond to the highest-priority medical calls, whether they are potential COVID-19 calls or not, including all segment 1 incidents (life-threatening), cardiac and respiratory arrests, choking, and trauma incidents,” Frank Dwyer, the FDNY’s Deputy Commissioner for Public Information, said in a statement. “This order only removes Firefighters from other call types that are rarely potential COVID-19 calls and it allows the Department to prioritize call types and send our resources where they are needed most, as is done during extreme weather, natural disasters, or periods of very high call volume.”

Union officials praised the strategy as a way to head off the possible loss of neighborhood fire coverage in the event firefighters came down with the virus, forcing entire firehouses to go under quarantine.

That’s what happened in Washington State, where Gov. Jay Inslee declared a state of emergency March 7, after a man in a nursing home died from COVID-19, the first such fatality reported in the country. Twenty-five local firefighters, who helped patients at the senior citizen facility, had to self-quarantine.

Reduces Our Exposure’

Uniformed Fire Officers Association President James Lemonda said the FDNY move was just common sense. “Fire companies have several missions—medical calls and fire responses—and management acted proactively and responsibly,” he said. “This scaling back of the medical responses reduces our exposures, and can you imagine if we had to shut down half of the city’s firehouses to self-quarantine?”

“The department is just trying to reduce the exposure here and maintain the level of fire protection the city has to have,” said Uniformed Firefighters Association President Gerard Fitzgerald.

“As it is, on these kinds of calls it was the EMTs actually treating the patient, and we never transported them in any circumstance. If we got sick, we would just become part of the problem.” The unions representing the department’s EMS workforce also supported the FDNY move, but said it underscored the serious understaffing of EMS and the need for pay parity to encourage retention which they said has been a problem because of a $35,000 salary gap between firefighters and EMS workers.

‘Highlights Our Risks’

“We understand the department’s position in that the fewer people on a response scene, the lower the risk for contamination,” said Oren Barzilay, president of District Council 37 Local 2507, which represents EMTs and Paramedics. “But at the same time, they have to acknowledge the risks and dangers we face every day like from an infectious disease, which may not be as apparent as a wall of fire yet are still significant for our members.”
“EMTs and Paramedics are medical professionals trained in how to deal with infectious diseases like coronavirus, and members of EMS will always step up and protect and serve the people of New York,” said Vincent Variale, president of DC 37 Local 3621, which represents EMS officers. “Our main concern is that historically EMS has been understaffed and under-supported, and even in a case like this we continue to see the Mayor insist on not recognizing EMS as the critical first-responder agency it is.”

Mr. Barzilay said the FDNY could use an additional 1,000 EMTs “because right now the overtime we are working is unsustainable and they are pulling crews from all the other boroughs just to cover the Bronx.”

The EMS unions are in the midst of contract talks with the de Blasio administration.

Fewer Crews Available

At a Jan. 28 City Council hearing, FDNY brass testified the department’s policy of “promoting” Emergency Medical Technicians to become Firefighters had produced a major gap in Emergency Medical Service staffing.

As a consequence, they conceded that even as the city continued to set records for EMS call volume, and response times for those calls were rising, there had been a decline in the number of ambulance crews available, a circumstance they said would take “a couple of years” to rectify.

Administration officials cited a confluence of factors: the physical limitations of the FDNY’s Queens training facility at Fort Totten that’s slated for a multi-million-dollar upgrade; a national shortage of EMTs and Paramedics; and “a churn” of 1,200 EMS members into firefighting jobs every four years when a promotion exam began being used.

Claim Race, Gender Bias

The EMS unions have argued that the vast pay-and-benefit disparity between their members and Firefighters meant a mass exodus by those who passed the Firefighter promotion exam, resulting in a less-experienced workforce, debilitating overtime for those who stayed and fewer ambulances on the street.

Both EMS unions are suing the city for race- and gender-based pay discrimination because a majority of their rank and files are made up of people of color and women whose pay is well below that of the other uniformed services. The most commonly cited disparity is that between Emergency Medical Technicians and Firefighters. After 5½ years, maximum EMT pay is $50,604, compared to a Firefighter maximum of $85,292.
The Companies Putting Profits Ahead of Public Health

By Editorial Board - NY Times - March 14, 2020

As the coronavirus spreads, the public interest requires employers to abandon their longstanding resistance to paid sick leave.

The vast majority of workers at large restaurant chains report they do not get paid sick leave, except in the minority of states and cities where it is required by law. The list of malefactors includes the giants of fast food, like McDonald’s, Subway and Chick-fil-A, as well as sit-down restaurants like Cracker Barrel, Outback Steakhouse and the Cheesecake Factory.

And it’s not just restaurants. The data also shows most workers at the supermarket chains Wegmans, Kroger, Meijer and Giant Eagle reported that they did not get paid sick leave. So did workers at retailers including American Eagle, Victoria’s Secret and the Gap.

Some major retailers, though, like Costco, Home Depot and the supermarket chain Aldi, have long offered paid sick leave as a standard benefit. Since the coronavirus arrived in the United States, however, only one major retailer, Darden Restaurants, which owns chains including Olive Garden and Longhorn Steakhouse and employs 170,000 hourly workers, has taken the lesson and announced that it will henceforth provide paid sick leave on a permanent basis.

After an employee at a Canton, Georgia, Waffle House tested positive for the coronavirus, the company said it would continue to pay the employee and quarantined co-workers. But a spokeswoman, Njeri Boss, said the company would not commit to offering similar benefits to other workers affected by the coronavirus. The company declined to comment on its existing paid sick leave policy, but 99 percent of surveyed Waffle House workers said that they don’t get paid sick days. Asked whether customers might reasonably be concerned about eating at a restaurant that refuses to pay sick workers to stay at home, Ms. Boss said the company expected sick workers to stay at home. And would Waffle House commit to paying workers for acting responsibly? “That’s a matter between us and our associates,” she said.
Working people are on the front lines to keep us safe, but they too need our assistance

NYS AFL-CIO News - March 15, 2020

Albany - The continued spread of the novel coronavirus and unprecedented actions in response, are jarring to say the least, but also demonstrate the best in all of us. Our capacity for good and compassion for one another is no more evident than the selflessness and professionalism demonstrated by union members across the state, but we cannot lose sight of the fact that they too will need support as this pandemic develops.

The work of our members across all trades and sectors has been inspiring. Health care workers are monitoring, testing, and treating patients; direct-care workers are caring for at risk populations and doing all they can to keep them safe; teachers and child care workers are putting our children’s minds at ease as they themselves worry about what lies ahead; supermarket and retail workers are making supplies available to our families in the face of insatiable demand; police officers, fire fighters, EMTs and other first responders are answering our calls for help; transit workers are laboring day and night to keep our systems safe and the hardworking people that utilize them moving; and maintenance and cleaning workers are trying their best to prevent the spread of this disease. The list goes on and on, and we could never cite all the workers who are involved in this unprecedented response.

But make no mistake, working people are also hurting and bearing a disproportionate share of the burden caused by this crisis. Certainly, many workers and their families are sick or will become ill, some as a direct result of their jobs. But we cannot forget that as more and more individuals refrain from the actions typical of their daily life and as difficult but necessary choices are made to reduce public gatherings and postpone events, there is a potential for the loss of our members’ own livelihood. Hospitality, transportation, entertainment, retail, and construction workers and their families are just some of the working people that are placed in a precarious position. They need our help.

Throughout this public health crisis, the New York State AFL-CIO has been and will continue to be laser focused on ensuring the safety of our members on the front lines. We are equally committed to ensuring paid leave for those who become ill or are quarantined, as well as enhanced eligibility for critical worker benefits for those whose income is interrupted as a result of COVID-19.

Workplace safety and health and assisting our sisters and brothers in times of need are the bedrock of our labor movement, and they will be our guiding principles in the weeks and months ahead.
**Viewpoint: Employment-Based Health Care Is an Anchor around the Neck of the U.S. Working Class**

Mark Dudzic - Labor Notes - March 15, 2020


A right-wing congressman with a 7 percent lifetime voting score from the AFL-CIO crying crocodile tears for union health care plans can easily be dismissed as just another absurdity of America’s political dysfunction.

But when Sen. Joe “The Working Man’s Friend” Biden repeats the charge almost word for word, and when AFL-CIO President Rich Trumka insists—on Fox News, no less!—that “if there isn’t some way to have our plans integrated into the system, then we would not support [Medicare for All],” something is up.

Talking points, after all, don’t appear out of thin air. They’re carefully crafted and disseminated by lobbyists and publicists, often on behalf of corporate interests.

Trumka was soon joined by Teachers (AFT) President Randi Weingarten. Six months earlier she had given Medicare for All a full-throated endorsement. But in a September 23 Politico article, she walked that back in favor of a fictitious system where “employer-based insurance would be allowed to exist to the extent that plans met or exceeded the standards set by the Medicare plan.”

It’s mind-boggling to see national labor leaders defend a system that’s the biggest cause of strikes, lockouts, and concession bargaining. For a generation, U.S. unions have traded wages and other benefits for ever-shrinking coverage from employers, or for the ever-increasing employer contributions required to maintain similarly shrinking benefits from union-sponsored health and welfare funds.

**ACCIDENT OF HISTORY**

Linking health care to employment makes the U.S. unique among industrialized countries.

Our system emerged as an accident of history, when President Franklin Roosevelt’s promise to enact a post-World War II “Second Bill of Rights” was stopped dead by a resurgent employer class.

In 1946, the American Medical Association led the fight to defeat the Wagner-Murray-Dingell Bill, which would have created a publicly funded national health insurance program. The following year Congress passed the Taft-Hartley Act. This, combined with an orgy of anti-communism and race-baiting, set the powerful postwar labor movement into a long retreat.

Unable to raise the common standard of living by making health care a basic right for all, labor helped craft a “second-best” solution, linking it to employment. Corporate America piled on and offered elaborate benefits to recruit employees and to keep unions out.

This system was flawed from the beginning. It created tiers of coverage that reinforced job-based race and gender disparities. It produced massive “churn” that disrupted continuity of care even for the best-insured.
Particularly after the 1970s, when for-profit insurance and health care providers began to expand, more and more administrative inefficiency was built into the system to facilitate profits. By this century the U.S. health care system was twice as expensive as the OECD average.

Nonetheless, in the post-World War II period many unions were able to negotiate a robust “private welfare state” that provided health care security for tens of millions of people.

These benefits were almost never handed to workers. Unions had to wage tough fights to expand and defend employer-based health care.

By the 1980s, in almost every contract negotiation, employers demanded to reduce coverage and transfer more costs to the worker. Nonunion workers fared even worse.

Unlike attempts to cut Social Security or Medicare, which almost always fail due to massive popular opposition, cuts to employment-based benefits happen company by company and arouse little popular opposition.

Today, even the few union members who have been able to preserve good benefits find themselves as islands in a sea of inadequate and precarious health care coverage.

A SYSTEM IN CRISIS
Like it or not, employment-based health care is unsustainable. The Milliman Medical Index reported that in 2018, health care costs for a family of four with decent coverage exceeded $28,000 per year.

The employer paid $15,000 of that. The other $13,000 was paid by the worker through co-insurance, out-of-pocket charges, co-pays, deductibles, and so on. The percentage paid by the worker has gone up nearly every year since it was first tracked in the 1990s.

Every worker trades wages for health care. This puts unions at a huge bargaining disadvantage. It goes a long way toward explaining why wages are stagnant despite low unemployment and rising profits.

And even the best employment-based health care is not there when we need it most: when we lose our jobs, change jobs, go on strike, or struggle with long-term illness.

What was once a source of pride in the “union advantage” has become an anchor around the necks of the U.S. working class.

That is why unions representing a majority of organized workers now support HR 1384, The Medicare for All Act of 2019. And it’s why the AFL-CIO’s 2017 convention unanimously voted to support policies to “move expeditiously to a single-payer Medicare for All system.”

THE OBVIOUS SOLUTION
Medicare for All would take health care off the bargaining table and increase union bargaining leverage in nearly every negotiation.

It would allow union-sponsored health and welfare funds the opportunity to reallocate revenues that are currently sunk into the world’s most expensive and inefficient health care system.

Savings could be applied to new “union advantage” programs, such as enhanced disability benefits, supplemental unemployment, tuition and training programs, legal services, or childcare and eldercare. Some revenues could be reallocated to shore up endangered pension plans.
Medicare for All would also provide better coverage than any employment-based plan in existence today.

Don’t confuse the constricted benefits offered under today’s Medicare program—after more than 50 years of underfunding and privatization attempts—with the greatly expanded and improved benefits that we’re proposing under Medicare for All.

HR 1384 would cover hospital services, prescription drugs, mental health and substance abuse treatment, reproductive, maternity, and newborn care, oral health, and more—all without a single co-pay, deductible, or out-of-pocket cost.

Nonetheless, too many national labor leaders continue to sing the praises of employment-based benefits. Too many others give merely rhetorical support for Medicare for All; they pass resolutions to please union activists, but devote most of their mobilizing and legislative efforts to incremental and defensive fixes.

Only a few national unions have begun to commit the kind of resources and organizing needed to defeat the concentrated power of the medical-industrial complex.

**UNION BACKPEDALING**

As momentum for Medicare for All builds, we are witnessing more backpedaling—and even outright opposition—within the labor movement.

What is driving this opposition? In union-dense states, some union leaders still think they have a seat at the table. They may sincerely believe that they can bargain better, more secure benefits that won’t be vulnerable to annual budget debates.

Many union leaders may also believe that “the members aren’t ready” to support Medicare for All. Behavioral scientists have observed that people are more motivated by the fear of losing something than by the prospect of gaining something. Fear of losing health insurance is a major driver of working-class insecurity.

**A HEATED DEBATE**

The debate within the labor movement over Medicare for All has drawn headlines over the past week, after Nevada’s politically powerful Culinary Union distributed a flyer to members warning that the Medicare for All plan backed by Senator Bernie Sanders would “end Culinary health care.”

The Culinary Union is the largest UNITE HERE local, representing 60,000 hotel, casino, and restaurant workers in Nevada, where caucuses will take place on February 22. Its multi-employer health fund provides medical, dental, vision, and pharmaceutical benefits for 130,000 participants. The union is seen as a kingmaker in state politics.

Meanwhile, seven UNITE HERE locals with members in California, Arizona, and Texas have endorsed Sanders.

In a USA Today op-ed, the co-presidents of UNITE HERE Local 11 in Southern California, which jointly endorsed Sanders and Senator Elizabeth Warren, wrote, “If health care were treated as the basic human right that it is, unions like ours could get back to fighting for the other needs of working people, such as organizing the unorganized, winning wages that can keep up with soaring rents, securing a pension to enable a retirement with dignity, and ending discrimination of all kinds. That is what we think a movement that represents all workers should stand for.”
WHY ELSE?

Some unions have raised the specter of job loss as a reason to oppose Medicare for All. This is a legitimate concern. Studies have shown that close to 2 million workers will be displaced by new administrative efficiencies.

While both the House and Senate bills include funding for transition benefits for these workers, people are rightly skeptical of promises, after decades of the working class bearing the cost of environmental-, trade-, and automation-related job losses.

We must center these worker concerns in the political and legislative battles to come. Failing to do so will give our opponents the opportunity to divide workers against each other.

Unions have also expressed concern that employers will get to keep all the wages that unions have traded away over the years to maintain decent private insurance coverage. This assumes that, in the transition to Medicare for All, unions will be so weak or incompetent that they can’t recapture those already bargained monies.

A number of institutional factors can also discourage union support for Medicare for All. Union health and welfare funds often have substantial investments in union facilities and provide a range of member services. There’s a vast web of relationships between union officials and health care vendors, brokers, intermediaries, attorneys, and various hangers-on.

A BETTER WAY

However, the biggest factor by far is many union leaders’ fear of disrupting their own relationships with the establishment politicians who oppose Medicare for All.

Unions are multi-issue organizations. Many of their bargaining and organizing goals are affected by local and national political concerns. So unions routinely pull their punches to maintain these relationships.

This political practice engenders cynicism and apathy among members, and provides the space for right-wing populism to take root in some sections of the working class. Medicare for All can be an important wedge issue in building out an independent working-class politics.

As Washington State Labor Council President Larry Brown put it, “Unions do not serve their members well by trying to circle the wagons around an unsustainable model of employment-based health care.” Our labor movement will thrive when we express the aspirations of all workers and speak on behalf of the entire working class.
BUFFALO, N.Y (WKBW) — Coronavirus in New York State is forcing the closure of many amenities we use frequently.

Gyms, movie theaters and casinos will be closed, statewide, effective 8:00 p.m. Monday.

Restaurants and bars will be takeout and delivery only.

"Our primary goal right now is to slow the spread of this virus so that the wave of new infections doesn't crash our healthcare system, and everyone agrees social distancing is the best way to do that," Governor Cuomo said. "This is not a war that can be won alone, which is why New York is partnering with our neighboring states to implement a uniform standard that not only keeps our people safe but also prevents 'state shopping' where residents of one state travel to another and vice versa. I have called on the federal government to implement nationwide protocols but in their absence we are taking this on ourselves."

Any mass gathering is now being limited to 50 people.

These closures and new actions affect people in New York, New Jersey and Connecticut.

Governor Andrew Cuomo says he's taking this action to reduce the spread of coronavirus.

These closures are in effect until further notice.

Statewide, there are 729 positive cases of coronavirus.

Seven people have tested positive for coronavirus in Erie County.
Nurses Blast CDC's Call to Substitute Face Masks for Respirators for Virus
Crystal Lewis - The Chief Leader - March 16, 2020

The New York State Nurses Association March 11 slammed a U.S. Centers for Disease Control and Prevention directive that loosened its recommendations for protective equipment worn by health-care workers to prevent them from being infected by coronavirus. Until recently, the CDC recommended that health-care staff treating patients with the novel coronavirus should wear N95 respirators, which are masks that filter airborne particles. But on March 10, it changed its recommendations due to concerns that there will be a shortage of N95 respirators nationwide.

‘Face Masks Acceptable’

The CDC website states that instead, “face masks are an acceptable alternative,” and that “respirators should be prioritized for procedures...that pose the highest exposure risk,” such as intubation.

Judy Sheridan-Gonzalez, an Emergency Room Resident Nurse at the Bronx’s Montefiore Hospital and President of NYSNA, said that having the proper protective gear was necessary to prevent hospital staff from becoming infected. “We cannot have the Federal Government saying that the standards can be reduced because of scarcity. It should be based on science,” she said at a press conference held at the union’s New York City headquarters in Midtown. Lisa Baum, NYSNA's Occupational Health and Safety Representative, explained that face masks “do not protect the wearer from exposure because there’s not a seal around the face, so air can get in.”

N-95 Offers ‘Good Seal’

“An N-95 respirator is made from different material, which is more filtering, and you have to be fit-tested to wear it to make sure you have a good seal, and that will protect you from exposure,” she said.

NYSNA Executive Director Pat Kane believed that finding other supply chains of N95 respirators, such as those used in the construction industry, would be a better solution. “The first thing you have to do in any kind of epidemic is protect the health-care workers, because they’re going to be taking care of folks who do get this,” she said.

CDC spokesman Richard Quartarone said that keeping nurses and all healthcare workers safe and healthy was “a priority for CDC.” “Based on what we now know, we are making recommendations that are appropriate for infection control in healthcare settings and offer pragmatic options to deal with the very real challenges faced by our healthcare systems as they navigate the current supply chain disruptions,” he said.

In a survey of NYSNA members that was released two days earlier, 49 percent of the nurses who responded said that their facility does not have enough respirators to treat potential coronavirus cases. Thirty-nine percent said that their facility expected staff to reuse the respirators, a policy the union opposes. NYC Health + Hospitals, the city’s public hospital system, disproportionately serves uninsured and low-income patients, who have higher rates of diseases such as diabetes and asthma. Conserving Respirators

Judith Cutchin, president of NYSNA's Health and Hospitals Executive Council, said that staff have been conserving respirators. “We do have large populations that we serve in Health + Hospitals that are vulnerable—they’ve got a lot of co-morbidities that would make them at-risk—so we want to make sure that we have stock of the N95s, that we have the space, which I believe we do, and that we continue our protocols,” she said.
Conserving Respirators

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NYC H+H President and Chief Executive Officer Mitchell Katz has stated that the public-hospital system has been finding spaces beyond the 376 negative-pressure rooms that can be used to isolate coronavirus patients.

Beyond equipment and rooms that can be used to isolate suspected coronavirus patients, the union called for safe-staffing, which it has advocated for years.

“We have other sick patients, so we can’t devote everybody just to the COVID-19,” Ms. Cutchin said. “We need to make sure that we have adequate staffing so we can have a COVID-19 team and then we have a team to take care of the rest of the illnesses.”

Harsh Words for Hospital

Kathy Santoiemma works at Montefiore New Rochelle in Westchester, which is where 108 of the state's initial 173 coronavirus cases were located. She stated that the hospital’s emergency department was short-staffed, and that nurses sometimes had to take care of 15 patients or more. Making matters worse, Montefiore plans to close its nearby hospital in Mount Vernon, which was already medically underserved.

“We are disgusted how Montefiore in the face of this pandemic can possibly justify the closing of a hospital in the second-most densely populated city in New York State,” she said.
From The Economic Policy Institute: Union Workers ‘Are More Likely To Have’ Paid Sick Days & Health Insurance As Covid-19 ‘Sheds Light On Our Country’s Least-Empowered’ Workers

EPI News - March 16, 2020

(WASHINGTON, D.C.) - The COVID-19/Coronavirus pandemic highlights the vast inequalities in the United States between those who can more easily follow the Center for Disease Control’s (CDC) recommendation to stay home and seek medical attention when needed and those who cannot.

High-wage earners are more likely to be able to stay home and have health insurance to seek medical care than low-wage earners.

And, those in certain sectors - for example, information and financial activities, are more likely to have paid sick days or can work from home than those in other sectors - such as leisure and hospitality.

COVID-19 also sheds light on another difference in economic security and access to medical care among Workers: the benefits to being in a Union.

Union Workers are more likely to have access to paid sick days and health insurance on the job than Non-Union Workers.

Figures that show the significant differences in those rates using the National Compensation Survey appear above and can be directly accessed at: www.epi.org/blog/union-workers-are-more-likely-to-have-paid-sick-days-and-health-insurance-covid-19-sheds-light-on-inequalities-among-the-poorest-and-least-empowered-workers/

Only two-thirds of Non-Union Workers have health insurance from work compared to 94% of Union Workers.

Having health insurance means Workers are more able to seek and afford the care they need.

We know in that the United States, millions of people delay getting medical treatment because of the costs.

Without health insurance, many do not have a regular source of care and simply won’t go to the doctor to get the attention and information they need to not only get better but reduce the spreading of disease.

Union Workers are also more likely to be able to stay home when they are sick because they are more likely to have access to Paid Sick Leave - 86% of Unionized Workers can take paid sick days to care for themselves or family members while only 72% of Non-Union Workers can.

Having a Union allows Workers and their families access to more tools to help them withstand the Coronavirus Pandemic.