Researchers, techs back at the bargaining table

Since the new year, UPTE-CWA’s newly-elected technical and researcher (TX/RX) bargaining team has been hard at work, preparing for a return to negotiations in early March. Top priorities include protecting benefits for both employees and retirees, as well as pensions and compensation.

“Last year, we were able to fight off UC’s unjustified demand that we forfeit our 2% contribution to our defined contribution plan,” said Kevin Rooney, the team’s chief negotiator this year, and an EH&S tech at UC San Francisco who served as a bargainer last year. “We also held off a two-tier HMO plan, and argued against UC’s proposed double-digit increases to our monthly health care premiums,” added Rooney. That was a big win, resulting in average 4% lower health care premiums for UPTE-represented workers.

Building on these victories, union bargainers hope to make more gains this year by actually negotiating health care benefits.

Until this year, UC could unilaterally determine health care plans because of a contractual “waiver” it had insisted upon for years. Because UC health benefits were generally good, UPTE went along with the waiver. “But we’re in a new period now, with health care premium increases that threaten to undermine salary gains,” says Rooney.

Eliminating the health care waiver will mean that UPTE will negotiate which plans are offered and how much they cost.

Other priorities include moving closer to market pay for all job titles, special equity increases for those that are paid below market, stronger health and safety protections, financial assistance for child care, and addressing parking and transportation issues.

Union’s team prepares

Meanwhile, UPTE’s 14-member elected rank-and-file bargaining team has been hammering out proposals to bring to the first bargaining session, March 5-7 in Berkeley.

“UPTE is a great organization,” new Irvine bargainer Ling Morgan told the Update. She ran for election because she said she “would like to make the effort to get better benefits for all our members.”

Others, such as Davis alternate bargainer Zachary Stelly-Riggs, a senior scene technician at UC Davis, have specific knowledge they can draw on to improve working conditions. “The contract is written as if all employees have a regular schedule. What happens if you don’t, like myself?” Stelly-Riggs hopes his involvement will help change that for the better.

This will be a challenging year for the bargainers as they address several key issues. “I see and hear of a lot of changes going on within the UC system, and this may be the hardest contract that we will be fighting for,” said bargainer Bob Stevenson, an electronics tech at UC Santa Barbara.

“We hope our hard work will be supported by members showing up to demonstrations and engaging in other support work so we can win a great contract,” said bargainer Victor Vicky Barberini, an EH&S tech at UC San Francisco.

UPTE’s bargainers will be regularly updating members on the progress of bargaining. Check out <www.upte.org/bargaining.html> for bulletins, and watch for meetings at your location.

Petitioning the faculty

One of the first actions members can help with is the union’s petition to faculty. It asks UC faculty to support UPTE’s efforts to keep quality benefits affordable, fund the pension plan without cutting pay, and bring tech and researcher salaries up to market.

“Faculty and supervisors value retaining quality staff, but don’t always see how difficult it is to survive on our salaries,” noted Tanya Smith, UPTE’s TX/RX mobilizer and an editor at UC Berkeley. “They need to hear from us about how far we lag behind market pay, despite our recent wage increases.”

The petition is being distributed by union activists systemwide. Copies are available at all UPTE locals, and from your local steward or zone contact.

Critical year for benefits, wages

Regents raise executive salary 26% in face of budget cuts, fee increases

January’s Board of Regents meeting brought troubling news of a projected $417 million gap in state funding for next year, stemming from the state’s projected budget deficit of $14.5 billion.

Yet minutes after discussing the dire predictions – which could lead to student fee increases of up to 10%, freezing staff and faculty salaries, slashing programs, and turning away as many as 5,000 eligible students – the regents voted to give a $61,000 annual raise to an executive who had not even been on the payroll a year.

The executive is Secretary/Chief of Staff Diane Griffiths, whose annual salary was boosted to $295,000, a 26% increase.

“Even a small fee increase would have negative effects. ‘That is two months of groceries for us or 162 loads of laundry,’ she said. ‘It may sound petty, but it really is a huge part of our lives.’

Meanwhile, the Western Association of Schools and Colleges, which accredits the UC system, issued a special report recently criticizing top university officials for a confusing governing structure and inadequate controls on business practices.

While the association’s report doesn’t jeopardize UC’s accreditation, it cautioned that UC’s executive problems could ‘threaten the reputation’ of the 10-campus system. Among the problems, the association cited decisions made by executives without approval by the Board of Regents, which led to violations of compensation policies.

Berkeley: “The culture of privilege doesn’t seem to be changing at UC,” said Jelger Kalmijn, UPTE’s president and a staff research associate at UC San Diego. “This latest vote shows again how out of touch the regents are with the day-to-day needs of the university’s students and staff.”

Student fees up again

UC tuition has nearly doubled since 2002, including a 7 percent hike last year. Undergraduates currently pay an average of $7,350 per year in fees, plus thousands more for living expenses and books.

UC Berkeley student Mona AarYoung told the regents that even a small fee increase would have negative effects. “That is two months of groceries for us or 162 loads of laundry,” she said. “It may sound petty, but it really is a huge part of our lives.”

Meanwhile, the Western Association of Schools and Colleges, which accredits the UC system, issued a special report recently criticizing top university officials for a confusing governing structure and inadequate controls on business practices.

While the association’s report doesn’t jeopardize UC’s accreditation, it cautioned that UC’s executive problems could “threaten the reputation” of the 10-campus system. Among the problems, the association cited decisions made by executives without approval by the Board of Regents, which led to violations of compensation policies.
Attention, UC retirees

Can we trust UC to keep our pensions safe? Will we continue to get health care benefits from UC? If so, will they be affordable?

Every day, more employers are turning their backs on retirees, by raising health care costs or eliminating them all together. A new federal ruling exempts employers entirely from providing retiree health care (see story on page 4).

The UPTE Retirees’ Club is working to safeguard these hard-earned benefits. Its activities include representing retired members’ concerns in bargaining with UC, and tracking federal and state legislation affecting retirees. Additional benefits include a subscription to the CWA News, and participation in CWA’s Union Privilege program of services and discounts. Club membership costs $15 annually.

UPTE retirees will elect representatives this spring, including one voting representative on UPTE’s executive board. To join, contact your local or info@upte-cwa.org.

Bargaining for safety

At the last systemwide technical (TX) and researcher (RX) bargaining conference, members identified health and safety as the most important issues after salaries and benefits.

This is a milestone. It means UPTE will have the opportunity to negotiate improved health and safety rules with UC for thousands of union-represented employees.

Now we have to put the “U” into union. Everyone needs to be involved. It will take a major mobilizing effort to succeed in bargaining a contract with strong health and safety protections.

Room for improvement

The article UPTE’s bargaining team will propose includes some very new features, among them:

Employer responsibility for health and safety. UC will be clearly responsible for the health and safety of its employees, and will be required to implement a safety program that meets or exceeds all state, federal and local laws, standards, and regulations.

Compliance: The university will correct unsafe conditions brought to its attention within a specified time, including hazards for which there are no laws, standards, or regulations (and may affect only employees with chemical sensitivities or compromised immune systems, such as cancer survivors).

A joint health and safety committee on each campus, with equal numbers of union and UC representatives, will ensure that the university actually carries out an effective illness and injury prevention program. (This program is required by state law, but UC rarely follows it.) UPTE will participate in developing, implementing, and evaluating the committee.

Right to refuse and to stop hazardous work. UPTE will have a right to negotiate to define what is a hazard, and employees will have a good-faith right to refuse hazardous work without loss of pay or benefits, and without reprisal. An UPTE-designated steward or officers will be among the people authorized to stop hazardous work.

Education and training: No employee will be permitted to perform any work until he or she has received a job safety analysis; training, to include emergency procedures, exposure to chemical, biological, and nuclear materials, and ergonomics training; as well as training in safely maintaining, handling, and using the materials, facilities, and equipment at the workplace.

A new return-to-work policy and expanded accommodation: Employees who are or become injured or ill will have greatly expanded opportunities to remain at or return to work.

When our team begins bargaining, they will be ready with a completely rewritten health and safety article. It will take all of us pressuring UC to get even some of these provisions into the new contract. Where will you be? – Joan Lichterman

Joan Lichterman is UPTE’s health and safety director and works as an editor at UCB. She can be reached at <lichterman@mindspring.com>.

Working for real health care reform

In February, the “mandatory insurance” health care plan proposed by Governor Arnold Schwarzenegger and Assembly Speaker Fabian Núñez was defeated in the state’s Senate Health Committee.

The plan fell far short of the kind of health care reform California needs. While providing insurance to some of the state’s poorest residents, there were no cost controls on what insurance companies could charge for coverage Californians would be forced to purchase, and no minimum standards on what the insurance would cover.

“Impediment to real reform by strengthening the insurance industry, the most powerful opponent of real change and the greatest profiteer of the current system,” noted UPTE’s president Jelger Kalmijn.

UPTE supports a Canadian-style “single-payer” system, that would ensure coverage for all regardless of income level, employment or citizenship status. In such a system, delivery of care remains mostly privately-run, but a single public or quasi-public agency administers all health care financing, replacing private insurance companies and dramatically reducing costs.

UPTE has published a primer about health care reform and the different types of plans under consideration nationwide, which you may obtain through your local, on the web at www.upte.org/healthcare. Multiple copies are available if you’d like to distribute the health care primer in your workplace.

Take the national health care survey

So far, some 15,000 people have taken part in the AFL-CIO’s national health care survey, including more than 4,000 who shared personal experiences.

The Bush administration has proposed cuts of $91 billion for Medicare and $14 billion for Medicaid, the safety nets for millions of low-income Americans and the elderly.

The results of the survey will be given to presidential, congressional, and state and local candidates to ensure that they understand the difficulties working people experience with their health care.

If you haven’t yet filled out the survey, you can find it at <http://www.aflcio.org/issues/healthcare/survey/>. You can also access it at <http://www.unionplus.org/healthcare/survey/>. You will have a good-faith right to refuse hazardous work without loss of pay or benefits, and without reprisal. An UPTE-designated steward or officers will be among the people authorized to stop hazardous work.

Education and training: No employee will be permitted to perform any work until he or she has received a job safety analysis; training, to include emergency procedures, exposure to chemical, biological, and nuclear materials, and ergonomics training; as well as training in safely maintaining, handling, and using the materials, facilities, and equipment at the workplace.

A new return-to-work policy and expanded accommodation: Employees who are or become injured or ill will have greatly expanded opportunities to remain at or return to work.

When our team begins bargaining, they will be ready with a completely rewritten health and safety article. It will take all of us pressuring UC to get even some of these provisions into the new contract. Where will you be? – Joan Lichterman

Joan Lichterman is UPTE’s health and safety director and works as an editor at UCB. She can be reached at <lichterman@mindspring.com>.

Working for real health care reform

In February, the “mandatory insurance” health care plan proposed by Governor Arnold Schwarzenegger and Assembly Speaker Fabian Núñez was defeated in the state’s Senate Health Committee.

The plan fell far short of the kind of health care reform California needs. While providing insurance to some of the state’s poorest residents, there were no cost controls on what insurance companies could charge for coverage Californians would be forced to purchase, and no minimum standards on what the insurance would cover.

“Bad reform would have been an impediment to real reform by strengthening the insurance industry, the most powerful opponent of real change and the greatest profiteer of the current system,” noted UPTE’s president Jelger Kalmijn.

UPTE supports a Canadian-style “single-payer” system, that would ensure coverage for all regardless of income level, employment or citizenship status. In such a system, delivery of care remains mostly privately-run, but a single public or quasi-public agency administers all health care financing, replacing private insurance companies and dramatically reducing costs.

UPTE has published a primer about health care reform and the different types of plans under consideration nationwide, which you may obtain through your local, on the web at www.upte.org/healthcare. Multiple copies are available if you’d like to distribute the health care primer in your workplace.

Take the national health care survey

So far, some 15,000 people have taken part in the AFL-CIO’s national health care survey, including more than 4,000 who shared personal experiences.

The Bush administration has proposed cuts of $91 billion for Medicare and $14 billion for Medicaid, the safety nets for millions of low-income Americans and the elderly.

The results of the survey will be given to presidential, congressional, and state and local candidates to ensure that they understand the difficulties working people experience with their health care.

If you haven’t yet filled out the survey, you can find it at <http://www.aflcio.org/issues/healthcare/survey/>.
CORRECTION
Wages of UC's 99s lag inflation by 51.4%, much higher than previously calculated

An article in the December 2007 UPDATE asked the question, “How much do administrative professionals’ (99s) salaries lag behind inflation?” It included a chart comparing the last eleven years of UC's “target figure” for salary increases with the state’s yearly Consumer Price Index for the same time period, resulting in a cumulative salary lag of nearly 33.8%.

One reader, however, noticed an error in our methodology, as explained in the letter below. The salary lag behind inflation since 1996 is actually 51.4%. To bring salaries back to the level they were at 12 years ago would require a pay increase of 38.5%.

We'd like to thank Gene Kazinets, a professional statistician in the 99 unit, for correcting our calculations.

Dear Editor,

I found the table “How much do administrative professionals’ salaries lag behind inflation?” in the last issue (December 2007) of the UPDATE newsletter interesting. Although the presented difference of -33.8% between the percent of UC salary increase and the California CPI looks striking, it will become even more impressive if we take into consideration the percent’s “cumulative effect.”

The increase of the salaries in 12 years (from 1996 through 2007) should not be the sum of the annual percentage points but the product: 1.021*1.035*1.039*1.035*1.049*1.051*1.060*1.030*1.053*1.051*1.049*100% = 133.6%.

And the increase of the prices for the same period of time should also not be the sum but the product: 1.028*1.034*1.032*1.038*1.069*1.044*1.043*1.050*1.072*1.079*1.070*1.000% = 185.0%.

So the actual lag of the salary due to inflation in the last 12 years is not 33.8% but 185.0% - 133.6% = 51.4%.

If we believe that CPI properly reflects the inflation, then to bring the salary back to the level at which it was 12 years ago we need to increase today’s salary by (51.4/133.6)*100% = 38.5%.

Regards,
Gene Kazinets, Ph.D.
Statistician, Center for Family and Community Health, School of Public Health (UCB)

HX bargaining: got equity?

UPTÉ’s health care professionals’ (HX) contract negotiated last year provided equity increases for many, but not all, titles. This spring, the contract provides another opportunity to discuss additional equity increases.

“UC has been discriminating against the members of our unit who work at campus locations,” reports Wendielson, a UCSC health care professional who serves as the unit’s HX coordinator. “It takes various forms, such as having campus employees on a lower-paid step than medical center workers. Or UC will count the total years of experience for the medical center employees, while only counting years of UC service for the campus employees.”

UC’s rationale is that medical centers have a different budget than campus locations. UC ties the raises of the campus employees to state funding, even though they are not paid primarily by the state.

“The student health centers and grants that cover campus health care employees have adequate budgets to pay fair wages,” says Wendielson, “and campuses have millions of dollars of discretionary funds that we can use toward compensation.”

A success story: UCSD health care professionals get raises

Through local organizing, UPTÉ activities at UCSD have gained equity increases for both medical center-funded and campus-funded employees. Sheila Stittiams and Mercedes Garcia-Mohr, both licensed clinical social workers, were instrumental in making it happen. Sheila sits on her local union executive board; Mercedes is UPTÉ’s San Diego vice president and a bargainer for the current HX contract. We asked Sheila to describe how the increases were won.

What's happened at UCSD around HX equity pay?

Over the last year, we have reported our years of experience in our careers and demanded that we receive pay commensurate with our experience. The university’s bargaining team refused to grant this demand on a statewide basis despite that pay for experience is essential, at the very least, for equity and retention reasons.

Here at the UCSD medical center we finally got management to begin collecting the data on our experience themselves once they knew we had assembled the information. I am happy to report that recently we met with UC representatives, who have agreed to implement a plan to pay us for experience.

How will the plan be implemented?

The plan will start immediately following our next step increase, July 2008. At that time, those affected will be adjusted two “catch up” steps, then another “catch up” step on January 2009, followed by the rest of the “catch up” steps during the last pay period of June 2009.

We are currently examining UC’s proposal for each and every person to ensure it agrees with our data and look for any anomalies, and to make sure that everyone’s experience has been counted correctly. We will be holding meetings to discuss the results.

Many of us have spent time making this happen and it’s heartening that UCSD listened to us. We are asking members to take the time to thank key medical center administrators, since UCSD has agreed to implement this plan for both medical center-funded and campus-funded health care professionals. Congratulations to all for a job well done and a just reward!

Sheila Stittiams and Mercedes Garcia-Mohr

HX bargaining: got equity?
Unions out of UC’s new “wellness” program

The latest manifestation of the health care crisis has come to UC. The university recently rolled out its “personal health management program,” administered by StayWell Health Management, Inc. Offering a $75 gift certificate for participating, StayWell promises a personalized risk analysis and health counseling program.

Driven by increasing health care costs, insurance companies have been promoting such programs, which seek to change employees’ behavior or health conditions — typically, smoking, weight, blood pressure, and cholesterol. They offer incentives for employees to enroll in programs that bring these conditions down to target levels specified by the program.

Employers may force employees to meet health targets that, for genetic or other reasons, may be unattainable or even medically unwise. But they also signal a seismic shift in employer-based health insurance by introducing premium differentials customized for the employees’ insures, which could have negative consequences if the employee ever left UC or sought other insurance. StayWell says that it will not forward information to an employee’s insurer without the employee’s permission. UC has already given StayWell the names and Social Security numbers of all non-union-represented employees, without their consent.

StayWell is not prevented from giving aggregate data from the surveys to UC, and has said it will do so. Wellness programs commonly forward group data to the employer, ostensibly to allow them to tailor health benefits to meet the needs of their employees. However, the information could also be used to identify ways to reduce benefits and shift additional costs to employees.

UC presented the StayWell program to UPTE and other UC unions as a non-negotiable package and with no advance notice. Warned by the California Nurses Association about its negative experiences, UC unions demanded written guarantees to safeguard employee information and ensure that health premiums would not be increased. Receiving only unsatisfactory responses from UC and StayWell, every union at the university refused to allow UC to implement the StayWell program for 2008.

Of course we want UC employees to be healthy,” said UPTE president Jelger Kalma, “but we should not be coerced into a program that may not serve us well in the long run. Ultimately, workers in this country need national health care like single-payer, not programs that cherry-pick health conditions and are motivated by the employers’ wanting to cut their costs.”

Employers can cut retiree health benefits, say feds

The Federal Equal Employment Opportunity Commission ruled in late December that employers could reduce or eliminate health benefits for retirees when they turn 65 and become eligible for Medicare.

The ruling allows employers to establish two classes of retirees, with more comprehensive benefits for those under 65 and more limited benefits — or none at all — for those 65 and over. The new policy could affect more than 10 million retirees who rely on employer-sponsored health plans as their primary coverage or as a supplement to Medicare.

While the commission said its ruling wasn’t intended to eliminate the retiree health benefits currently being provided, critics say the rule gives employers free rein to gut retiree health care programs, explicitly exempting them from age-discrimination laws with regard to health benefits.

The American Association of Retired Persons, which represents millions of older Americans, had sued to block the final regulation. The AARP argued that the new rule was in conflict with the federal Age Discrimination in Employment Act of 1967, and has asked the Supreme Court to take up the case.

Solidarity works: writers win strike

The Writers Guild of America (WGA), representing TV and movie writers, settled its 14-week walkout on February 12 in one of the highest-profile strikes in recent years. The struggle pitted the union against an umbrella group representing corporate studios such as CBS, Walt Disney, Sony Pictures, and more.

The main issue was “internet residuals.” A 2007 strike had been won by forcing the studios to give in. On February 12, WGA members voted 92.5% in favor of the settlement. The agreement allows the studios a window of up to 1 year to resolve disagreements about specific shows and series, and also guarantees that the studios will continue to make and distribute the shows according to the agreement.

The agreement includes provisions that give writers residual payments for their work, and also guarantees that the studios will continue to make and distribute the shows according to the agreement. The agreement includes provisions that give writers residual payments for their work, and also guarantees that the studios will continue to make and distribute the shows according to the agreement.