

aaup
UCHC

HEALTHCARE, EDUCATION, RESEARCH

SPRING NEWSLETTER!

**In our glorious fight
for civil rights, we must
guard against being
fooled by false slogans,
such as 'right to work.'**

Its purpose is to destroy
labor unions and the
freedom of collective
bargaining by which
unions have improved
wages and working
conditions of
everyone."

**The Rev. Martin
Luther King, Jr.**

Let's stand together in the face of a possible national 'right to work' decision by the Supreme Court!

By Cindy Polinsky, Executive Director

Last week we commemorated the 50th anniversary of the death of Martin Luther King, Jr. (assassinated the day after he supported striking sanitation workers). His words still ring true and wise. The quote in the photo above is about so-called right to work states, the slogan that means that everyone in the union receives the same benefits whether they pay dues or not. Unions are much weaker in the divisive environment of 'right to work' states. The upcoming Janus decision threatens to weaken public sector union across the country. We're asking everyone to stick together by signing new membership forms. The new forms will provide members an annual window in which you can withdraw your membership. Of course, we want to encourage everyone to stay in the union! To see more information about the impact 'right to work' legislation, click [here](#). (click [here](#) to download a card. After you sign it, contact me at executive.director@uchc-aaup.org and I will come pick it up!)

How much are Union Dues, Anyway?

Union dues are set by a vote of the membership. Union dues are 0.63% of gross pay, with a salary cap of \$250,000, which would be a maximum of \$1,575. Said AAUP Liaison Alexander Lichtler about conversations with members about signing our new form;

“Like me, no one had seen their paycheck stub in years, and most didn’t know how to access it. Some thought as much as 5% of their paycheck was taken out in union dues. I didn’t think it was that much, but I wasn’t sure. I asked an executive council member, Alix Deymier, and she pointed out that it had just gone down to 0.63%, which everyone agreed wasn’t that much, but some were skeptical that it was that little. A couple of us called the help desk and managed to get our usernames and passwords set, and got our pay stubs, and sure enough, the amount taken out for union dues was 0.63%, calculated after other withholdings were taken out. When it was pointed out that the union has negotiated an average of 2.7% raises per year since 2010, with over 5% per year expected in 2019 and 2020 people began to sign new forms!”

Our union is vibrant and busy. We have openings on our Executive Council and our Collective Bargaining Council. We also seeking volunteers to be union liaisons for their departments. We invite you to run for an open position or give me a call if you’re interested in volunteering in another capacity!

RETIREMENT/SEBAC NEWS INFORMATION SESSION

WITH DANNY LIVINGSTON

April 25, 2018

Massey Auditorium

5:00-7:00 pm

Refreshments Provided

RSVP Susan

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“A Cautionary Tale: The Aronow Case”

Connecticut Commission on Human Rights Rules Against UConn Health

Sometimes, the wheels of justice turn slowly. On February 14, 2018, after a seven-year battle, the State of Connecticut Commission on Human Rights and Opportunities ruled in favor of Dr. Michael Aronow in his whistleblower complaint against the University of Connecticut Health Center (UCH).

In September of 2011, Dr. Aronow filed a grievance with the Health Center Appeals Committee (HCAC). The state tribunal agreed that, subsequent to his filing of that appeal, Dr. Aronow was subjected to several retaliatory actions by UCH that resulted in damage to his career and his finances. Those actions also resulted in disruption to the care of patients. The final decision rendered by the tribunal can be found [here](#). It documents instances in which UCH treated Dr. Aronow prejudicially, kept crucial information hidden from him, ignored the orders of the tribunal, and undermined the clear language of the by-laws and grievance process by, among other actions, conducting an extra-judicial investigation, arranging ex-parte meetings, and failing to provide a neutral liaison to Dr. Aronow throughout the proceedings.

The state tribunal concluded that UCH “showed resentment, animosity, and contempt” for Dr. Aronow’s grievance while UCH “harbored impermissible retaliatory animus” toward him. This stemmed from what the tribunal characterized as, “an air of retaliatory animus that permeated the [Health Center’s] corridors.” Further, they found that the actions of UCH “were against their own (hence the taxpayers [sic]) financial interest, and against past practices and policies.”

An understanding of what occurred provides an extremely powerful argument for the necessity of union representation. It demonstrates, unfortunately, that even when bylaws, policies, and procedures are in place and codified, adherence to them is not a foregone conclusion, much less guaranteed. The good news is that, as a faculty member, you need not “go it alone.”

Our union contract provides for ‘just cause’ in discipline and a grievance and arbitration process. In cases involving discipline and contract violations, faculty can elect a route of due process rather than utilizing internal UCH processes (e.g., the Health Center Appeals

Committee). The external grievance and arbitration process involves the assignment of a neutral third party to rule in cases of discipline or contract violations. Especially in light of the case discussed above, we urge members to consider seriously the contractual grievance and arbitration process vs internal UCH processes whenever a choice is possible. At minimum, we urge you to contact the union to discuss your options. Remember, the UCHC-AAUP is here to support you and your interests and to ensure that all faculty receive a fair shake. Do not hesitate to contact us for representation and assistance concerning UCH administrative matters.

Here is a [link](#) to our union contract and another to the [Aronow](#) Decision.

EPIC Bargaining Update:

Do you know we can bargain over changes to our working conditions? As the result of concerns brought to our attention over the EPIC launch, we are bargaining with UCH. Surveys sent to us allowed us to prioritize our proposals. Here is a summary of our proposals:

1. Time off for training that you do outside of regular work hours.
2. A mechanism to import data from old patient records.
3. Support during the rollout.
4. Remedies for impact on RVUs related to FMPs or ABPs.

Bargaining is moving slowly, and we need to raise our voices to be heard. Our executive council sent Dr. Agwunobi a letter with our concerns about the manner in which bargaining is being conducted by UCH. We also met with him and we're hopeful that the process will move forward more productively now. Our next session is this Friday.

We need to hear from you! Have you had to participate in training outside of normal work hours? Please let us know how that has impacted you. We will share your concerns and keep you posted!



We need your help!

Please consider running. Our Union is looking for members who are willing to get involved by running for elected office. This is a tremendous opportunity to make a real impact on the quality of life of our faculty. The union's elected officers work with the Executive Director and office staff to set union priorities, negotiate and enforce contracts, represent and advocate for members, work with UConn Health administration and state officials, and much more. No experience is needed, just energy and a desire to get involved. A variety of viewpoints and perspectives are needed so the union can better reflect the diversity of our membership.

Please step up and make your voices heard! Nominate yourself or one of your colleagues by contacting [Santhanam Lakshminarayanan](#), chair of the Elections Committee, by April 13, 2018. The elections committee will reach out to potential candidates and help with the process. Membership will meet May 24, 2018 at 5 pm in the Onyuike Dining Hall to discuss candidates and the election will be held at the end of May. Terms of office will begin July 1, 2018. Note that current elected officers are eligible to run for re-election.

Don't Go It Alone! Contact our Grievance
Committee!

A message from a member.

“A few weeks ago, I was involved in, what I thought to be, a minor disagreement over patient scheduling issues with another hospital employee. This disagreement took place with the clinic supervisor present, who requested my attendance and input. A few days later I was informed that this disagreement was not so minor from the perspective of the other party involved and I was going to be formally investigated by the supervising authorities at UConn Health. The clinic supervisor supported my position and refuted the false claim made against me, but her support did not result in a closure to this matter.

I immediately found myself in a defensive position. I then further learned that the supervising authorities have experts in law and regulations supporting them, had access to my personnel file, and were already conducting a full investigation by interviewing witnesses and other staff members of my department. I felt that the deck was definitely stacked against me.

I decided to get help by contacting Kevin Claffey and Cindy Polinsky, President and Executive Director, respectively, of UCHC-AAUP and they both went to work right away to help me resolve this issue. I was immediately given an overview of my situation and the challenges I would be facing, then Cindy conducted a mirror investigation by meeting with all witnesses and advocated at my meeting with the supervising authorities at UConn Health. This matter was subsequently closed a few days later in my favor but could have easily gone another way without the great help and advice provided to me by the executive members of UCHC-AAUP.
-Anonymous

UCHC---AAUP Grievance Committee:

President---Kevin Claffey

Vice President---Ibrahim Elali

Former UCHC---AAUP President Dr. Laks

UCHC---AAUP Executive Director Cindy Polinsky

Thoughts on Physician Burnout.

By Ibrahim Elali

As a physician, I am inundated with articles talking the burnout rate among physicians, yet few solutions have been offered in those articles. In the era of the electronic medical record, the data- collection marathon, and never-ending piles of paperwork, burnout seems to be the norm among physicians.

Whenever solutions to burnout are considered, the numbers always fall in favor of the system with disregard to the physicians' well-being. The healthcare system is turning into a productivity-oriented machine with less focus on physicians' well-being.

The healthcare system was the only growing area in the last financial crisis, consuming more than 2 trillion dollars, "yes trillions" of the country's GDP.

In my opinion, physician burnout results from physicians having to deal with many projects at the same time. Those projects are called "clinical encounters" that we see in the clinic or in the hospital. We deal with those on a daily basis and the outcomes are totally dependent on the physician him/herself. Very often they are time-sensitive or have a "deadline".

Adding more tasks like training, research, or any other project without careful attention to the time required will result in more burnout and, eventually, decrease productivity.

Other industries have figured it out and research has established that creativity is most active when the person is bored or another 'over-rested.'

Based on such findings, industries, such as Information Technology (IT) have allocated free thinking time in the office to foster the development of new ideas.

Unfortunately, few physicians have this luxury and we can see in the last few decades that the innovation among physicians is shrinking.

Burnout is a real problem affecting physicians' day-to-day quality of life. It stems from more time away from loved ones, by asking physician to take more responsibilities to the already long to do lists, will add to the problem.

I think physicians must speak out, and stand for our patients, by keeping better quality of life and decreasing their burnout rate so we can do what we do best "patient care."

UCH can address these issues and could take initial steps immediately by providing clinicians with the break room we've requested and providing time off when we volunteer to work during "off- hours" for EPIC training.

The UCHC-AAUP and UCH instituted a new labor/management committee on work/life balance. According to our contract, this committee will "jointly make recommendations to the Deans and the Board as the best practices and strategies to enhance work/life balance. If you are interested in participating, please contact [me](#)!

Our Union's Proud History

by Bruce Mayer

In November 2009, UConn Health faculty voted 223-221 to unionize as a chapter of the American Association of University Professors (AAUP). (If one pro-union voter had changed his or her vote, unionization would have failed!) With that early ringing mandate faculty set out to write and ratify a constitution, and to elect officers. It was like putting several hundred opinionated doctors, dentists, and researchers in a room and telling them to build a space ship—what could go wrong? But after an exciting and contentious year-long process, a constitution was adopted, and the first elections held. Success!

The next order of business for the neophyte union was to negotiate its first contract. Adding to the drama, the coalition of all state employee unions (SEBAC) had just been asked by the new governor to come to the table to renegotiate pension and healthcare benefits. National AAUP and our colleagues at UConn Storrs pitched in with advice and seed funding to get things rolling. Thanks to the efforts of our negotiating team, and of SEBAC representative Kevin Claffey (who spent countless hours holed up in Hartford with other state union leaders), we were rapidly able to come to agreement on a ‘bare- bones’ contract that secured a retroactive raise long promised to faculty, in addition to future compensation increases tied to the SEBAC framework. The contract also provided a mechanism for some members (typically in high-revenue clinical specialties) to have specialized, incentive-based compensation plans—alternative bonus plans (ABPs). The union agreed to this arrangement after feedback from members and administration, who argued that such contracts were important to recruit and retain faculty in some specialties.

With a contract in place, the union was finally able to hire staff and set up an office, which opened at the Exchange in the spring of 2012. The next challenge was to negotiate a plan to distribute the compensation increases agreed to in the 2011 contract. We saw this as a tremendous opportunity for faculty to work together with administration on a rational and fair way to compensate faculty, across the diverse missions of the health center. From the beginning, the union's goal was to increase equity (our data showed there were enormous salary disparities among faculty at the same rank and specialty), while at the same time providing incentives for those doing outstanding work. The union team developed an innovative “equity-adjusted general wage increase (EAGWI)” mechanism, which tied the size of each member's wage increases to how their current salary compared to national medians for their rank and specialty. The plan, ratified in 2013, also includes a merit component (the Faculty Merit Plan or FMP) tied to yearly Academic Merit evaluations, and to clinical productivity measures for physicians. The plan also includes mechanisms to limit the number of ABPs, and to ensure that base salary increases are comparable for faculty with ABPs and their FMP colleagues. This overall framework was perpetuated in our latest contract, covering members through June 2021.

It's hard to believe that it has been nearly 10 years since the drive to form UCHC- AAUP. Now 80% of faculty belong to the union. While we are justifiably proud of our efforts to ensure that members are fairly compensated for their work, perhaps the most important change has been ensuring that all faculty have real, meaningful input on issues that affect our teaching, research, and clinical work. The days when the administration could make unilateral changes to our working conditions are over, and collectively we have a powerful voice that cannot be ignored. Given the rapid changes now occurring in academic health care, we are in the rare and enviable position of being able to shape how those changes affect us as faculty. Please consider getting involved in this important work!

Says President Kevin Claffey, "Our union represents faculty leadership and dedication to the mission of UConn Health. Our contract has improved compensation on par with national standards, productivity-based merit pay and equity. We continue to make strong efforts to improve working conditions and retention for all faculty. Please contact us with concerns or ideas to help us help you!"

Contact Us!

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**Executive Council
Representatives:**

Basic Science

Leslie Bernstein
John Carson

Clinical Medicine

Anthony Luciano
Sanjay Mittal

Dental

Aditya Tadinada
John Agar

At-Large

Bruce Mayer
Alix Deymier

Since we are all thinking about Tax Day...

UCHC-AAUP wanted to make membership aware of changes to withholding due to the SEBAC agreement and the tax reforms recently enacted by congress. We encourage you to act now to mitigate possible future consequences.

1. The 2017 SEBAC agreement decreased the employer contribution for members in the Alternate Retirement Plan (ARP) from 8% to 7.25%. Unfortunately, the ARP plan does not allow employees to automatically increase their contributions to make up the difference. Thus, total ARP contributions have gone down. Members should be aware, however, that they are free to set up a supplemental 403b or 457b plan to increase their retirement contributions. This can be done through the Prudential online site, and contact information is provided for advisors if you have specific questions. See <https://health.uconn.edu/human-resources/services/benefits/retirement/>
2. You may have noticed that starting in February, your paycheck totals went up because new federal tax withholding rules were implemented incorporating the new lower tax rates. However, many members may be in a situation where the new lower withholding amount will result in a considerable underpayment of taxes, meaning a potential large tax bill next April. The IRS has provided a tax calculator that you can use to estimate your 2018 taxes and adjust your withholding accordingly. The calculator can be found at <https://apps.irs.gov/app/withholdingcalculator/>