

THE PUBLIC SECTOR

Official Publication of The Civil Service Employees Association
Local 1000, AFSCME, AFL-CIO

4
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WESTCHESTER

CSEA / AFSCME

COUNTRY!

Government works because public employees, the very backbone of good government, make the system work. Dozens of Westchester County employees, represented by CSEA Local 860, recently were honored for completing 25 years of service to the public.

Honored were Ed Carafa, Joseph Arbore, Renault Rossignol, Samuel Schnitta, Leonard Scampoli, Leonard Martone, Neil DiBeneditto, Jeffrey Sootin, Richard Shost, Charles Reda. Also, Joseph Alston, George Conklin, Leslie Rice, Beverly Brown, Philena Koch, John McCarthy, Thomas Miles, Idella Parker, Roy Pettiway, Hilda Potillo, Juanita Thompson. Also, Nancy Walsh, William Walsh, Carol Slivka, Cornelia Blackwell, David Krumlauf, Elnathan Carpenter, Helen Clark, Leroy Fields, Robert Hamlyn, Theresa Holmes. Also, Barbara Lewis, William Mairs, Lucille McLee, JoAnn Minor, Phylis Morris, Albert Newkirk, Matthew Pittman, Joseph Potter, Bonnie Riley, Gerald Rosmarin, Sandra Samuels, Joyce Thomas and Elizabeth Wright.

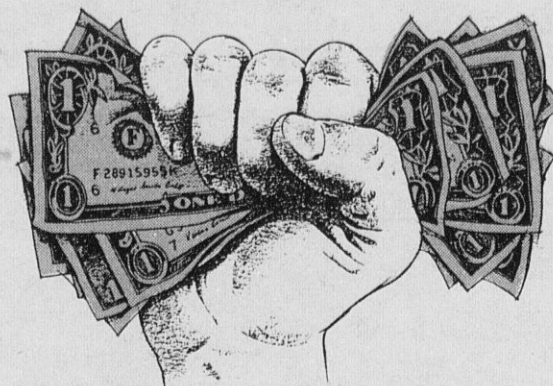


INSIDE NEWS YOU CAN USE

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When police solve a crime, it's often because CSEA members were a lot smarter than the criminals involved.

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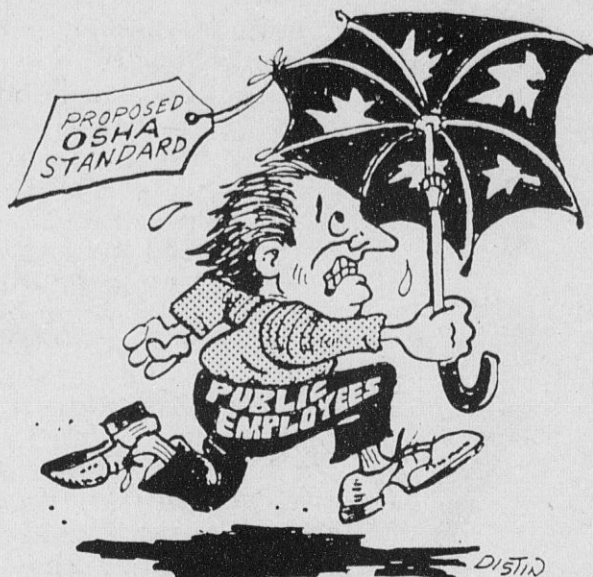


CSEA wins back pay and on-call pay for some county probation officers. And the union convinces an arbitrator to restore some leave accruals improperly reduced by an employer.

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CSEA forces Orange County to stick to civil service laws.

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CSEA wins a seniority arbitration issue in Schoharie County and will sue Saratoga County on an overtime issue.

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AIDS IN THE WORKPLACE

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Details on vision care benefits available to VDT operators. And a reminder that the health insurance option transfer period has been extended.

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THE PUBLIC SECTOR UNION YES

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Laboratory detectives

CSEA members fight crime in forensic lab

By Anita Manley
CSEA Communications Associate

VALHALLA — Police may have a handle on crime in Westchester County, but it is the CSEA/AFSCME members in the county's forensic laboratory who help convict the perpetrators.

Their tools are microscopes, test tubes and state-of-the-art equipment that fills the laboratory on the Grasslands Reservation.

"We're detectives also," said Forensic Science Specialist Chris Chany. "But we don't interview people, we interview the evidence."

The 15 forensic scientists who work at the lab each have specialties ranging from body fluid analysis to drugs and DNA analysis to the investigation of

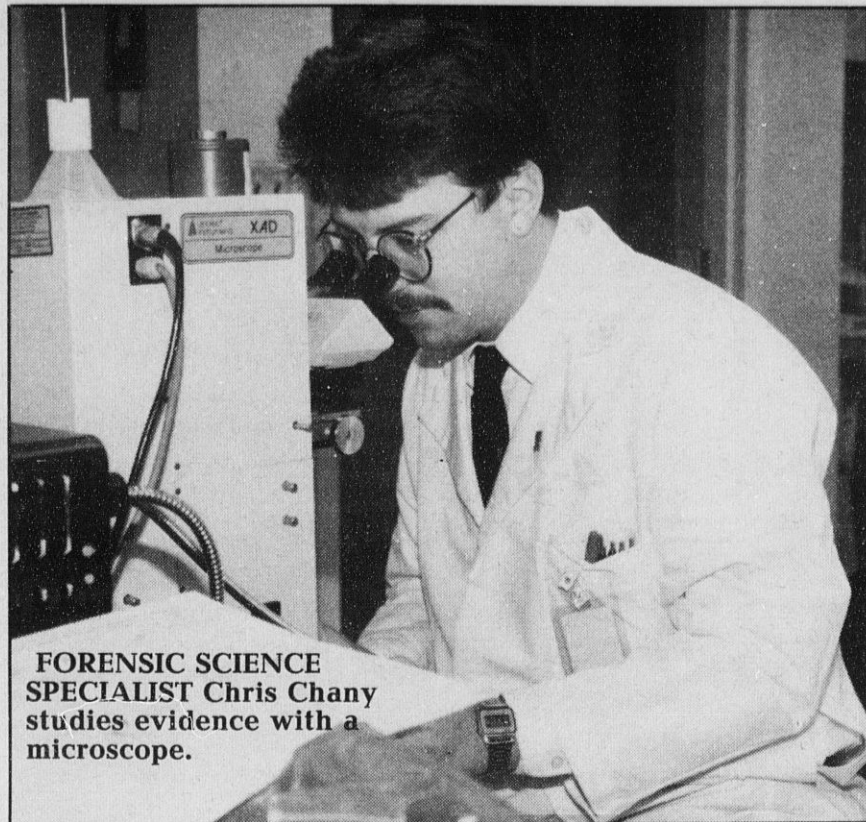
hair and fibers.

While television depicts a clever criminal wiping fingerprints off furniture and changing clothing, Chany said evidence is still present at the scene of the crime.

"Every person leaves something at the scene of the crime, whether it's hair or fibers from clothing," he said.

Many cases are investigated in the forensic laboratory. About 48 police departments including the State Police, the district attorney's office, the Department of Corrections and the Metro-North Police use the services to determine factors that will eventually convict — or acquit — the accused.

"We're involved in everything from arson cases, shootings, burglaries and



FORENSIC SCIENCE SPECIALIST Chris Chany studies evidence with a microscope.

We don't interview people, we interview the evidence

property damage to caustic substances and explosives," he said.

One of his most interesting cases involved a hit-and-run accident victim, he said. A small chip of red paint was found on the body.

By analyzing the paint, Chany determined what make of car it was from. Police were notified and later found the vehicle — cut up into pieces. They located the owner of the car thanks to information provided by the trunk lock.

Other cases Chany assisted with include the Stouffer Hotel fire and the Jean Harris murder case.

Chany must also testify in court and noted that while some of his co-workers find the experience unnerving, he doesn't mind.

"Ninety-nine percent of the defense attorneys are fair," he said. "They're doing their job. If you've done everything right, you have nothing to worry about."

Chany became interested in forensic science while still in high school. Later he earned a bachelor's and master's degree in forensic science. He is now working on his doctoral degree in criminal justice with a specialty in forensic science.

The technology has changed and Chany notes that this is "a field you have to keep up with."

"It used to take 12 minutes to analyze cocaine on an instrument," he explained. "Now you can do an instrumental analysis in three seconds and a complete analysis in three minutes."

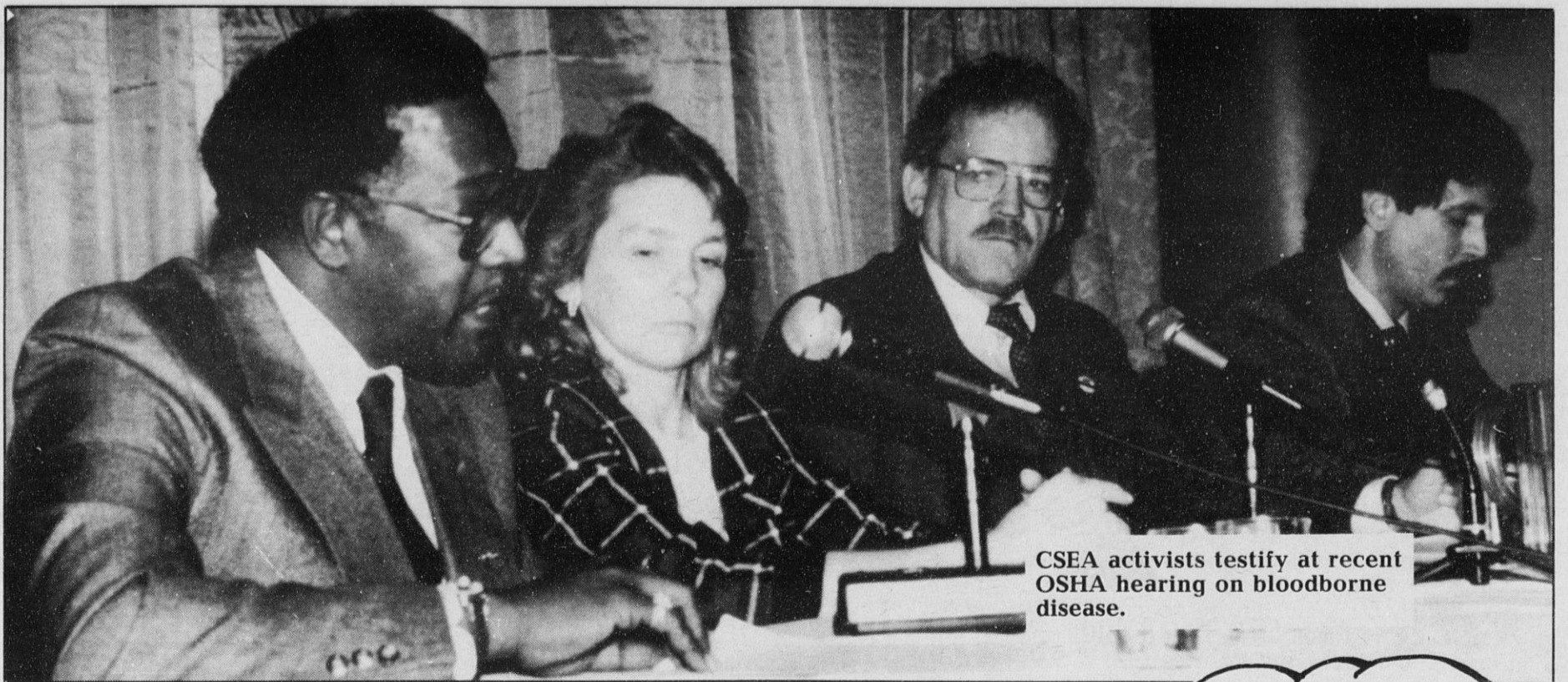
In all, Chany said he finds his job "most rewarding."

"I always say I should write a book," he said. "But I'll probably forget everything by the time I retire."

Every person leaves something at the scene of the crime



TRACKING CLUES — Forensic Scientist Karen Lamminen checks an accused burglar's glove for microscopic pieces of glass which may match glass from a broken window.



CSEA activists testify at recent OSHA hearing on bloodborne disease.

CSEA pushes for

New measure of protection

By Stephen Madarasz
CSEA Communications Associate

If all goes according to schedule, new guidelines to protect workers against exposure to blood-borne disease will have the force of law early next year.

The standards being proposed by the federal Occupational Safety and Health Administration (OSHA) would set a precedent for protecting workers outside industrial settings.

The proposal came about because CSEA's international union, the American Federation of State County and Municipal Employees (AFSCME), petitioned the federal government for the standards.

"These standards represent a giant step in the right direction," said CSEA President Joe McDermott. "They're based on the *potential* for exposure, not job title and that's a healthy dose of reality."

To reinforce the need for the standards, a trio of CSEA members recently testified at OSHA hearings in New York City in support of key aspects of the standards (see testimony excerpts on page five).

Among other things, the standard requires that universal precautions, recommended by the Center for Disease Control (CDC), be taken whenever handling blood. That means

that any exposure be treated as potentially infectious: gloves, goggles and protective clothing should be worn; appropriate clean-up procedures and follow-up testing should be followed in these circumstances.

The proposal includes: ongoing education and infection control programs; work practices to reduce hazards, safer housekeeping practices; and better record-keeping.

It also requires a hepatitis B vaccination at the employer's expense for all employees exposed to blood more than once a month. CSEA state employees in the Institutional Service Unit (ISU) already have a similar provision in their contract.

"It's clear that many employers are just not taking safety and health seriously enough," said CSEA Director of Occupational Safety and Health James Corcoran. "These standards send a strong message that it can't be taken lightly."

CSEA and AFSCME are, however, critical of parts of the standard that put a higher priority on personal protective equipment instead of building in or engineering safeguards.

For example self-sheathing hypodermic needles which reduce the chance of accidental needlesticks are available, but they are not required under the new standards.



Kathy Martinez
Vice President
Nassau County Medical Center Unit
CSEA Local 830

Twenty years ago I contracted hepatitis B after an accidental needlestick while working at M.V. Anderson Hospital in Houston, Texas. I received a gamma globulin shot at the time, but contracted the disease anyway.

It was not a pleasant experience.

Two years ago I went to work at Nassau County Medical Center. Sadly, I've found that the priority placed on safety and health hasn't improved much in these past 20 years.



While it would not be fair to say that NCMC ignores safety and health guidelines, it is my experience that there is inconsistency that leaves employees at risk.

I am a medical technologist assigned to the chemistry and hematology lab. We handle all blood work on a "stat" basis. This means there is constant pressure to conduct the tests and forward the results as quickly as possible.

As a result, time-consuming and inefficient safety and health procedures are often lost in the shuffle.

Gloves and other protective equipment are available but employees rarely wear them.

Many employees wear their soiled lab coats on breaks, eating and drinking in them and exposing co-workers along the way.

Caps taken off vials are often sloppily discarded in the rush to get the job done. Some of the samples spill onto the floor. There is rarely a thorough clean-up.

There is inconsistency in the markings on the samples we receive — sometimes they're indicated as potentially infectious, sometimes not.

Universal precautions have been advised, but no one checks to make sure they're followed.

There's no excuse for this laxity. Nassau County Medical Center is a major regional medical facility employing about 4,000 people and serving thousands of patients.

Safety and health procedures should be a top priority at a place like NCMC, not something that's only available to employees on request and at their own initiative.

Robert Nurse
President
Kingsboro Psychiatric Center
CSEA Local 402

A psychiatric center is different from a general hospital. Employees never know when they might be exposed to bodily fluids because the behavior of patients isn't always predictable and you never know what might set them off.



It's satisfying to see that the new blood-borne disease standards apply to workers based on potential or reasonably anticipated exposure, not job title.

The CSEA ISU contract has two very important provisions to reduce employees risk of exposure to

communicable disease — required posting of visible indicators when patients have disease and testing/immunization of employees against hepatitis B at the employer's expense.

While it is my understanding that many of the state psychiatric centers follow these provisions very carefully, the same cannot be said about Kingsboro.

It's rare that visible indicators are posted unless the patient is involved in an incident and by then it's too late.

Grieving this is difficult because patient confidentiality rights preclude union access to detailed medical information.

Safety and health grievances are also not arbitrable.

The facility does make testing and immunization available on request. But little is done to educate the employees about medical practices or to encourage them to take advantage of these services for their own protection.

The experience of one of our members makes the point.

This employee contracted hepatitis B after he was attacked by a patient.

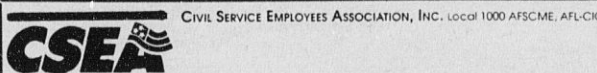
Although the patient's history and the fact he was a hepatitis B carrier was known to medical staff, no one ever shared it with direct care staff who handled the patient most of the time.

The patient would frequently slam himself against walls. He would spit, slobber and scratch anyone who came in contact.

While restraining him following a violent outburst, the employee was severely scratched. He did not seek immediate medical attention, nor did the facility encourage him to do so.

The employee lost 40 pounds, was hospitalized and was out of work for several months. He'll never be fully healthy again.

This case may be more dramatic than most, but it is not an isolated example. Direct care staff get sick and hurt on the job every day.



CSEA MEMBER TESTIMONY

OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION

PROPOSED RULE ON OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

Monday, November 13, 1989
The Roosevelt Hotel
New York, New York

Testimony by:

Robert Nurse
 President
 CSEA Kingsboro Psychiatric Center
 Local 402

Thomas Earl
 Vice President
 CSEA Cossackie Correctional Facility
 Local 162

Kathy Martinez
 Vice President
 Nassau County Medical Center Unit
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Thomas Earl
Vice President
Cossackie Correctional Facility
CSEA Local 162

I am a dental hygienist at Cossackie Correctional facility, a maximum security facility housing about 1,000 inmates.

We are supplied with gloves, disposable gowns and face shields. But the only training I've ever received from the facility about blood-borne disease consisted of a 45-minute film strip about seven to eight months ago. It was primarily a hospital administrator telling us that AIDS was no cause for concern and that too many people are trying to wear rubber gloves. There was no one there to answer questions or talk with us further.



On Wednesday October 11, I was assisting a dental surgeon at the facility as he operated on an inmate. The doctor was getting very irritated at the inmate because he was complaining about how much pain he was in.

The inmate kept complaining and finally the doctor got so mad he threw an instrument down on the table and a suture needle stuck into my finger.

He had just finished suturing up the inmate's mouth and about one half the length of the suture stuck into me.

Moments before, the inmate had been commenting how the anesthesia needle reminded him of when he used

to do drugs out on the street.

It should be noted that according to the New York State Department of Health about 44 percent of all prison inmates with a history of intravenous drug use test HIV positive prior to admission to the system.

The doctor tried to laugh off my concerns.

I finally went to the hospital part of the facility while encouraging bleeding of the wound. The nurse administrator applied betadine and gave me a band-aid. She told me the inmate could not be tested and I was not entitled to any post-exposure procedures. If I wanted any tests I would have to pay for them myself. I was then sent back to work.

Administrators told me they had asked the inmate if he would be tested. He agreed. The test came back negative.

I know of several similar exposures, no one has received the kind of follow-up that I think is necessary and that this regulation would require.

AIDS IN THE WORKPLACE

The following is a reproduction of the contents of a new educational booklet entitled "AIDS in the workplace," produced for The New York State Joint Labor/Management Committee on AIDS. The booklet

was prepared by the Professional Development Program of the Rockefeller College of Public Affairs and Policy of the State University of New York at Albany.

FOREWORD

AIDS is clearly one of the most serious public health crises of our time. As of July 1, 1989 more than 100,000 individuals in the U.S. have been diagnosed with AIDS since the condition was first recognized. Out of those individuals, 57,094 adults and adolescents and 920 children (who were under 13 years old when diagnosed) have died of AIDS since 1981, according to the Centers for Disease Control. Until a cure for HIV infection is found, the most immediate defense in the workplace against the disease is prevention—through education and sharing information.

"AIDS in the Workplace" is an educational effort that is a result of a combined labor and management initiative to provide New York State employees with accurate and timely information about AIDS. The production of this booklet is sponsored and funded by the joint labor and management safety and health committees of the Civil Service Employees Association (CSEA), the Public Employees Federation (PEF), Council 82, and the Governor's Office of Employee Relations (GOER). This joint effort is an outstanding example of cooperation between labor and management to address a very sensitive and complex issue.

New York State labor and management representatives agreed early on to take a cooperative approach to addressing the issue of AIDS in the workplace. Since 1984, during the initial stages of public awareness of AIDS, we have carried out our agreement to meet and discuss the effects of AIDS in the workplace and to devise ways to ease those effects. This ongoing, mutual problem-solving effort has enabled us to meet the challenge of AIDS head on, thus averting many potential problems and avoiding crisis intervention as a method of resolving conflicts. Together, we recognized that AIDS would have a significant impact on New York State and its

public and private work forces. As a result, we devised a proactive approach to meeting the challenge. Through this ongoing cooperative effort and preventive education initiative, New York State's work force has continued to function effectively in the face of this difficult situation.

Education about AIDS—its cause, methods of transmission, and appropriate health and safety precautions—will help prevent the further spread of this devastating illness. It will also help reduce the many myths and unnecessary fears that have developed in response to AIDS and will assist our efforts to work appropriately and humanely with a growing number of individuals with AIDS. As these numbers increase, both within our work force and in the general public, it is essential that we learn the facts about AIDS. By doing so we will be better able to confront the many challenges this illness presents in our personal and professional lives.

This booklet contains accurate information about AIDS and HIV infection and the potential for exposure in the workplace. It is another step in the ongoing, collaborative effort to develop and maintain an AIDS education process that fosters our understanding of this disease and those who are living—and working—with it.

Joseph E. McDermott, President, CSEA

Rand Condell, President, PEF

Joseph P. Puma, Executive Director, Council 82

Elizabeth D. Moore, Director, GOER

September 1989

INTRODUCTION

With the help of improved treatments and therapies, increasing numbers of people in New York are today living with HIV infection and its related illnesses, including AIDS. HIV infection is increasingly a chronic, manageable condition. New AIDS treatments are being devised that, in the absence of a cure or vaccine, enable people with HIV-related illness to live longer. These new treatments are extending and improving the quality of the lives of people with HIV illness and enabling them to remain in or return to their workplaces.

The following information is designed to give employees factual, accurate information about HIV and to help them better understand the effect AIDS will have on them both personally and professionally.

Acquired immune deficiency syndrome (AIDS) is a disease characterized by the collapse of the body's natural immunity against disease. Because of this breakdown of the immune system, people with AIDS are vulnerable to rare cancers or unusual infections (commonly known as opportunistic infections) that usually pose no threat to a person whose immune system is working normally. Investigators have discovered a virus that is linked with AIDS. It is called human immunodeficiency virus (HIV). Infection with HIV does not necessarily lead immediately to AIDS, and researchers are investigating whether other co-factors may be necessary to trigger the disease.

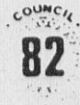
HIV infection is chronic—that is, people who contract the virus are infected for life, although it may take years for illness to appear. Initially, most people infected with HIV have no symptoms and may not know they are infected. Others may develop illness varying in severity from mild to extremely serious. AIDS is the most severe result of HIV infection. With or without symp-

toms, any infected person may transmit the virus to another person by participating in specific behaviors that place one at risk.

There is no single test for AIDS itself. A blood test has been developed that can detect antibodies (substances produced in the blood to fight disease organisms) to HIV, the virus linked with AIDS. Presence of HIV antibodies in the bloodstream means that a person has been exposed to the virus and presumably is infected. A positive test does not mean the person will immediately develop symptoms. Most people infected with HIV develop antibodies to the virus within a few weeks, but it can take as long as three months.

In New York State, HIV screening is voluntary and must be preceded and followed by counseling. The process involves a sensitive blood test—called the ELISA—for antibodies produced in response to HIV infection. If the result of that test is positive, another antibody test, the Western Blot, is used to confirm it.

Again, these methods test only exposure to HIV. AIDS, the most severe result of HIV infection, is a specific diagnosis made by a physician. AIDS is diagnosed only after clinical testing confirms the presence of one or more opportunistic infections.



HOW HIV IS NOT TRANSMITTED

HIV is *not* an easily transmissible virus. It is a blood-borne virus, not an airborne virus like the cold or flu. There is no evidence that HIV can be transmitted through air, water, food, or casual body contact.

HIV is *not* transmitted by casual contact between people. For example, everyday contact in the workplace, in schools, day care centers, foster care settings, in public transportation systems, or among people in the same household who are in nonsexual relationships or who don't share IV drug needles poses no risk for HIV exposure. Safety protocols have been developed—and *must be followed*—for health care workers and other occupational groups who may come into contact with blood and body fluids in their work. These protocols are called "universal precautions" and have been developed to protect health care workers from a number of disease-causing agents, including HIV.

HIV is very fragile and doesn't survive long in the environment. Common household products such as bleach and alcohol will kill the virus. HIV transmission does not occur as a result of contact with saliva, sweat, urine, or tears.

There is no danger in visiting people with AIDS or helping them with daily tasks. Good hygiene practices, such as cleaning blood spills with a 10 to 1 solution of water to household bleach, provide full protection from exposure to HIV and other infectious agents.

AIDS IN THE WORKPLACE

HOW HIV IS TRANSMITTED

It is a person's *behavior* that puts him or her at risk for HIV exposure—not his or her race, moral or religious beliefs, sexual orientation, or societal label.

HIV is transmitted from one person to another by direct exposure to infected blood, semen, vaginal secretions, and breast milk. These infected fluids must come in contact with an individual's blood

system in order for infection to occur.

Specifically HIV is transmitted

... via sexual intercourse (anal, vaginal, oral) between an infected person and an uninfected person

... through sharing IV drug equipment with an infected person

... from an infected mother to her unborn child

WORKING WITH PEOPLE WITH AIDS NEW YORK

People with HIV infection, including those with AIDS and other related illnesses, have a right to work and may be perfectly capable of doing their jobs. They need and want to work for the same reasons anyone else does, but, like anyone else, some days they are unable to do so. They have the right to be treated the same as anyone who has a life-threatening illness.

There is no evidence that HIV can be transmitted in the work environment through casual contact with someone who has been diagnosed with AIDS, who has HIV-related symptoms, or who tests positive for HIV antibodies.

Knowing the facts about AIDS, HIV, and the potential for exposure to HIV in the workplace enables workers to be supportive of their coworkers with HIV. The goal of this collaborative and joint effort is to relieve workers' fears.

Education and training will help employees understand that there is no reason to be afraid of anyone with HIV.

When a coworker has HIV infection, he or she needs support, not only from loved ones, but from fellow employees. Shunning or avoiding a person with HIV infection because of needless fear or discomfort about the disease will only make him or her feel rejected. On the other hand, offering help or the opportunity to talk about the disease without feeling judged or ashamed can relieve some of the stress the person may feel about coworkers' reactions to the disease. HIV infection often occurs in people who were previously strong, healthy, and energetic. The idea of having a debilitating disease probably never occurred to them until they received a positive HIV-antibody test result.

For information about working with people with AIDS, consult a supervisor, employee relations officer, union representative, or employee assistance program representative. For additional information, see the "Resources" section of this booklet.

PREVENTING HIV INFECTION

The key to preventing HIV infection is to avoid the sexual and drug-using behaviors that place a person at risk. Individuals who have been in a monogamous sexual relationship with an uninfected person for 10 years or more or who have never shared IV-drug equipment are not considered at risk. Specific recommendations to reduce the risk of HIV infection are:

- ◆ Don't have sexual contact with any person whose past history and current health status is not known.
- ◆ Don't have sexual contact with multiple partners or with anyone who has had multiple partners.
- ◆ Use a latex condom and nonoxynol-9 spermicide during all sexual intercourse.
- ◆ Don't use intravenous (IV) drugs.
- ◆ Don't share needles or syringes, or "works."

STATE'S POSITION AND PRACTICES ON AIDS

It is New York State's position that people with AIDS have the same protections, rights, and benefits as anyone with any other disability or illness.

New York State agencies are expected to develop and regularly review and update their internal policies and procedures on AIDS to make sure they are current. Employees should be educated regularly on appropriate workplace behavior around people with AIDS and HIV infection.

Work environment

U.S. and state laws require that employees have a safe and healthful workplace. AIDS is not spread through normal work activities, so AIDS does not make a workplace unsafe.

Employees who routinely work with body fluids that may contain HIV (blood, semen, vaginal fluids, breast milk, or other body fluids with visible blood) should receive guidance from their employers on how to appropriately handle such fluids. In these circumstances they should follow guidelines established by the federal Centers for Disease Control.

The New York State Department of Health's Bureau of Communicable Disease Control offers assistance in developing and updating guidelines for employees who routinely work with body fluids. For information, call 518-474-4284.

For information on legal requirements regarding rules and regulations that apply to occupational health and safety concerns, contact your New York State Department of Labor Public Employee Safety and Health Administration (PESHA) local office or your local federal office of the Occupational Safety and Health Administration (OSHA).

Confidentiality

No one has a right to information about whether a coworker has HIV or any illness related to HIV infection, including AIDS. People with HIV infection or any other disease have a right to confidentiality regarding their conditions.

New York State law also guarantees the confidentiality of HIV test results and any other HIV-related information including whether or not an individual has had a test. The law generally prohibits the disclosure of a person's HIV-antibody status (whether positive or negative) but allows a physician to notify sex partners of an infected person—should the physician feel it necessary—without revealing the person's identity.

Disclosure of an employee's medical condition to unauthorized individuals constitutes an unwarranted invasion of privacy under the Freedom of Information Act (Public Officers Law Section 89 (2) (b) (i); Op. State Comptroller 82-204). Such disclosure also violates the New York State HIV Confidentiality Law (Chapter 584 Laws of 1988), the New York State Human Rights Law, and the New York State Personal Privacy Protection Law. A breach of this confidentiality could result in criminal penalties or would give the employee grounds to sue his or her employer for damages (Public Officers Law Sections 96 and 97).

Supervisors can inquire into the physical well-being of an employee only if they feel the employee's physical condition is affecting or interfering with his or her reasonable job performance. It is as improper to ask whether an employee has HIV infection as it would be to ask if he or she has any other specific physical condition.

consent. The person who orders the test must certify that consent has been obtained and that pre-test counseling has occurred. In New York State, counseling before and after testing for HIV antibodies is part of the testing procedure.

The requirements for consent do not apply in the following circumstances: testing related to procuring, processing, or use of a human body or human body part; research in which the identity of the test subject is not known; testing of a deceased person to determine cause of death or for epidemiologic research purposes. Informed consent for HIV testing for insurance purposes is governed by Insurance Law Section 2611 (See also "Nondiscrimination" below).

Education and Training

Federal and state regulations require employers to provide education and training to all workers whose jobs require that they come in contact with blood and body fluids, and these workers should follow federal guidelines on workplace safety.

New York State agencies are encouraged to provide education and training to all workers.

Nondiscrimination

The term "discrimination" includes segregation and separation. AIDS is a medical condition considered a disability under the New York State Human Rights Law. Complaints are accepted by the Division of Human Rights Office of AIDS Discrimination from people who have HIV infection, are perceived to have HIV infection, belong to a group perceived to be particularly susceptible to HIV infection, are perceived to be particularly susceptible because they are related to or live with someone who has AIDS, or who have tested positive for HIV antibodies.

Discrimination based on HIV infection is prohibited by the state Human Rights Law

- ◆ in employment, apprenticeship programs, and labor organizations
- ◆ in places of public accommodation, resort, or amusement
- ◆ in all credit transactions
- ◆ in housing, land, and commercial space rental, lease, or sale, except the (1) rental of an apartment in an owner-occupied two-family house and (2) rental of a room by the occupant of a house or apartment
- ◆ in educational institutions (nonsectarian, tax-exempt)
- ◆ in advertising and applications relating to employment, real estate, places of public accommodation, and credit transactions

For information on these laws, call the Division of Human Rights at (212) 870-8624 or contact the division's nearest regional office.

AIDS IN THE WORKPLACE

Right to employment

Employees who have AIDS or HIV infection have a right to continue their normal job duties and assignments as long as they can reasonably perform their work. New York State agencies need to make reasonable accommodation in an employee's schedule, work assignment, etc. if these will help the employee continue to work.

Testing

Employers are prohibited from use of the HIV antibody test as a pre-employment or employment requirement. The test cannot be required as a condition of employment or continued employment.

New York State law requires that written, informed consent must be obtained before an HIV-related test is done. Consent can be obtained from the subject of the test or, if that person lacks capacity to consent, from an individual legally allowed to

AIDS IN THE WORKPLACE

The following list contains some of the many state and national resources for employees and managers who need more general information about AIDS and workplace policies. Contact the AIDS Institute for a more complete listing of resources in New York State.

For information specifically concerning your workplace consult a supervisor, employee relations officer, union representative, or employee assistance program representative.

Legal Assistance & Discrimination Issues

New York State Division of Human Rights
Office of AIDS Discrimination
55 West 125th St., 12th Floor
New York, N.Y. 10027
212-870-8624

Lambda Legal Defense and Education Fund, Inc.
666 Broadway
New York, N.Y. 10012
212-995-8585

Pursues litigation to counter discrimination against gay men and lesbians, as well as educational projects to raise public awareness of gay legal rights. Lambda is non-profit, tax-exempt, and licensed to practice law by New York State and is involved in cases across the country.

The Fund for Human Dignity
666 Broadway, Suite 410
New York, N.Y. 10012
212-529-1604

Oversees the National Gay & Lesbian/AIDS hotline (800-SOS-GAYS). Provides education about gay and lesbian rights. Provides resources and publications to libraries, universities, and individuals.

Education and Training Programs

AIDS Education Project
Professional Development Program
Rockefeller College
State University of New York, University at Albany
135 Western Avenue
Albany, N.Y. 12222
518-442-5731

AIDS Institute
New York State Department of Health
Bureau of HIV Prevention
Education and Training Section
Room 729, Corning Tower, Empire State Plaza
Albany, N.Y. 12237
518-474-3045

AIDS Community Service Programs

For counseling and assistance:

AIDS Council of Northeastern N.Y.
518-434-4686

Western N.Y. AIDS Program Inc.
716-847-4520

Long Island Association for AIDS Care Inc.
516-385-AIDS

AIDS Related Community Services
(Mid-Hudson Valley)
914-993-0606

Central N.Y. AIDS Task Force
315-475-AIDS

Southern Tier AIDS Program
607-723-6520

Gay Men's Health Crisis
212-807-6655

Information and referral

AIDS Institute
New York State Department of Health
Empire State Plaza, Corning Tower, 3rd Floor
Albany, N.Y. 12237
212-340-3388
518-473-0641

New York City Department of Health Division of Health Promotion
125 Worth St., Box 46
New York, N.Y. 10013
212-566-8170

Provides a catalog of brochures, fliers, and wallet cards in English and Spanish in single copies or in bulk to community agencies.

Office of Gay and Lesbian Health Concerns
New York City Department of Health
125 Worth St., Box 67
New York, N.Y. 10013
212-566-4995

Health policy consulting; clearinghouse for AIDS resources and for lesbian and gay health resources.

AIDS Center of Queens County
718-896-2500

Bronx AIDS Community Service Project
212-665-4906

Brooklyn AIDS Community Service Program
718-596-4781

AIDS Rochester Inc.
716-232-4430

National AIDS Clearinghouse (NAIC)
P.O. Box 6003
Rockville, Md. 20850
800-458-5231, M-F 9 a.m. to 7 p.m. (EST)

Provides free copies (bulk copies available) of pamphlets on AIDS topics. Reference specialists will conduct a custom computer search to find specific materials for special-target audiences.

National AIDS Hotline
800-342-AIDS (24 hours, 7 days a week)
SIDA hotline (Spanish): 800-344-7432;
AIDS TTY hotline (for the hearing impaired):
800-243-7889

Funded by the Centers for Disease Control. Over 8,000 AIDS service listings through a computer data base. Can search by area code for local organizations. Also provides pamphlets in conjunction with the National AIDS Clearinghouse (NAIC).

Statewide AIDS Hotline
800-541-2437

New York City Department of Health AIDS Hotline
718-485-8111

National Gay & Lesbian/AIDS 800
800-SOS-GAYS

For HIV Testing & Counseling

HIV Counseling and Testing Hotline
1-800-872-2777

Counseling and testing centers

New York City
718-485-8111

Bronx
212-665-9622

Queens
718-262-9100

Harlem
212-694-0884

Brooklyn
718-797-9100

New Rochelle
914-632-4133

Suffolk County
516-348-2999

Nassau County
516-535-2004

Albany
518-473-7633

Rochester
716-423-8081

Syracuse
315-475-7514 ext. 353

Buffalo
716-847-4520



WESTCHESTER COUNTY EMPLOYEES TELL

“WHY I’M VOTING FOR CSEA/AFSCME AND WHY YOU SHOULD ALSO.”



“We stand to lose a lot of the things we have... without CSEA/AFSCME.”

Mary Williams — Westchester County Medical Center

“I work very hard to earn my paycheck,” says Mary, “and frankly, things like job protection, and my benefits, and holidays, are very important to me.”

“CSEA/AFSCME is big and strong and they’ll continue to fight for those things. But we don’t know what will happen with those independent groups.”

Ken Kaufman, of the County Social Services Department, sums it up this way: “You need a large, powerful union behind you...with the financial backing, and the staff...especially when you’re dealing with a county as rich and powerful as Westchester!”

If you work for Westchester County, listen to Mary and Ken...vote CSEA/AFSCME!

VOTE **CSEA/AFSCME**
Experienced leadership taking charge.

“The professionals from CSEA/AFSCME are concerned about us, they’re working very hard for us. This is a large organization, and they’re the ones that can get us better benefits.”

— Louise Toombs

“I have no hesitation that we should go CSEA/AFSCME. We come under the umbrella of a very large and strong organization. We need to be under that umbrella ... we need to be part of that.”

— Carmen Matthews

“You need a large, powerful union behind you ... with the financial backing, and the staff ... especially when you’re dealing with a county as rich and powerful as Westchester.”

— Ken Kaufman

“We’re being danced around with those independent groups. With CSEA/AFSCME, you know what you’ve got. You don’t know what you’re going to get from those other groups.”

— Roger Williams

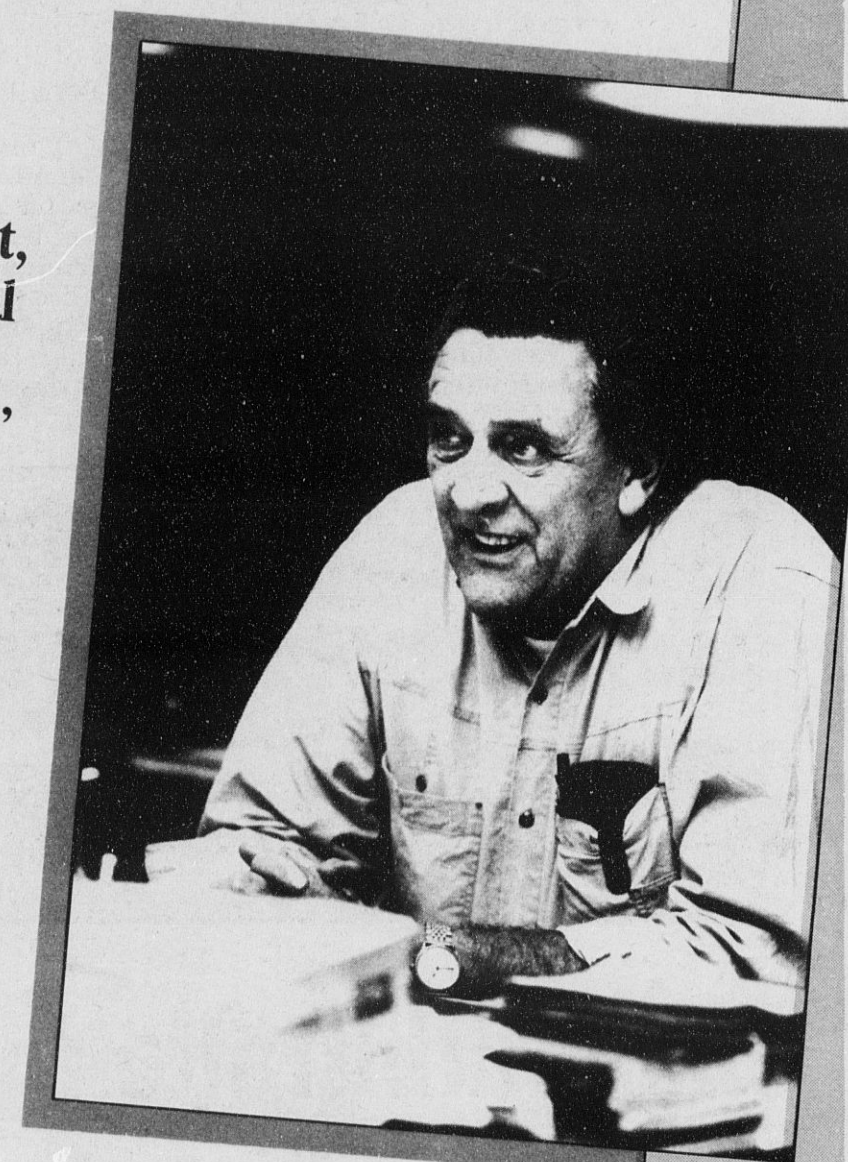
“I think you get more clout, with a national union like CSEA/AFSCME.”

Ernest Bauer —
Department of Environmental Facilities
Westchester County

“I think we’re all foolish if we don’t go with CSEA/AFSCME,” Ernie advises his fellow union members in Westchester County. “We have more research, more lawyers, more people to support us and get us the things we need, with a national union, than with any of those independents.”

Carmen Matthews, of the Westchester County Medical Center, agrees: “I have no hesitation that we should go CSEA/AFSCME. We come under the umbrella of a very large and strong organization. We need to be under that umbrella...we need to be part of that.”

If you work for Westchester County, listen to Ernie and Carmen...vote CSEA/AFSCME!



VOTE **CSEA/AFSCME**
Experienced leadership taking charge.

CSEA/AFSCME

EXPERIENCED LEADERSHIP TAKING CHARGE

CSEA negotiates back pay, on-call pay for Genesee County probation officers assigned to electronic monitoring cases

CSEA has negotiated back pay and on-call pay in the future for Genesee County probation officers who are required to be on stand-by on weekends and after normal working hours to respond to electronic monitoring system alarms.

Genesee County senior probation officers and probation officers received a total of \$2,800 in back pay under terms of a settlement of an improper practice charge CSEA filed against the county, according to CSEA staff attorney Paul S. Bamberger. As part of the agreement, probation officers now receive on-call pay for assignments to the special duty.

CSEA had charged the county with illegally changing terms and conditions of employment when the county implemented a program in September 1988 requiring probation officers to stand by after their normal hours of work to receive telephone calls activated by the electronic monitoring system attached to some probation clients.

Bamberger and CSEA Labor Relations Specialist Penny Bush successfully negotiated the settlement on behalf of the CSEA members.

CSEA filed the charge because, Bamberger said, the county's unilateral action illegally extended and increased the work day for probation officers while restricting their freedom of movement.



UNION LEGAL SERVICES

ANOTHER IMPORTANT BENEFIT FROM

CSEA / **AFSCME**

Union arbitration win forces Red Cross to restore illegally-reduced accruals

By Daniel X. Campbell
CSEA Communications Associate

ALBANY — An arbitrator has agreed with CSEA that the Albany Chapter of the American Red Cross illegally reduced annual and sick leave accruals Red Cross employees had earned prior to joining CSEA in 1988.

Arbitrator David Randles directed the Red Cross Chapter management to "restore the annual and sick leave accrual levels that were in existence prior to the adjustment, and negotiate over this term and condition of employment" with CSEA. CSEA took the matter to arbitration after management refused to correct the

illegal action.

"This is a great victory for us," said Janet Keefe, president of American Red Cross CSEA Local 890. "This settles the last remaining battle of the long union organizing effort."

CSEA organized the Red Cross employees after a long and bitter campaign. Under terms of the local's first contract, the work week was reduced effective July 1, 1988, hours to 37.5 hours per week and the hourly rate for salaries was increased by 6.67 percent so employees would maintain their status quo.

Red Cross management, however, adjusted leave credit accruals earned prior to July 1 downward based on the

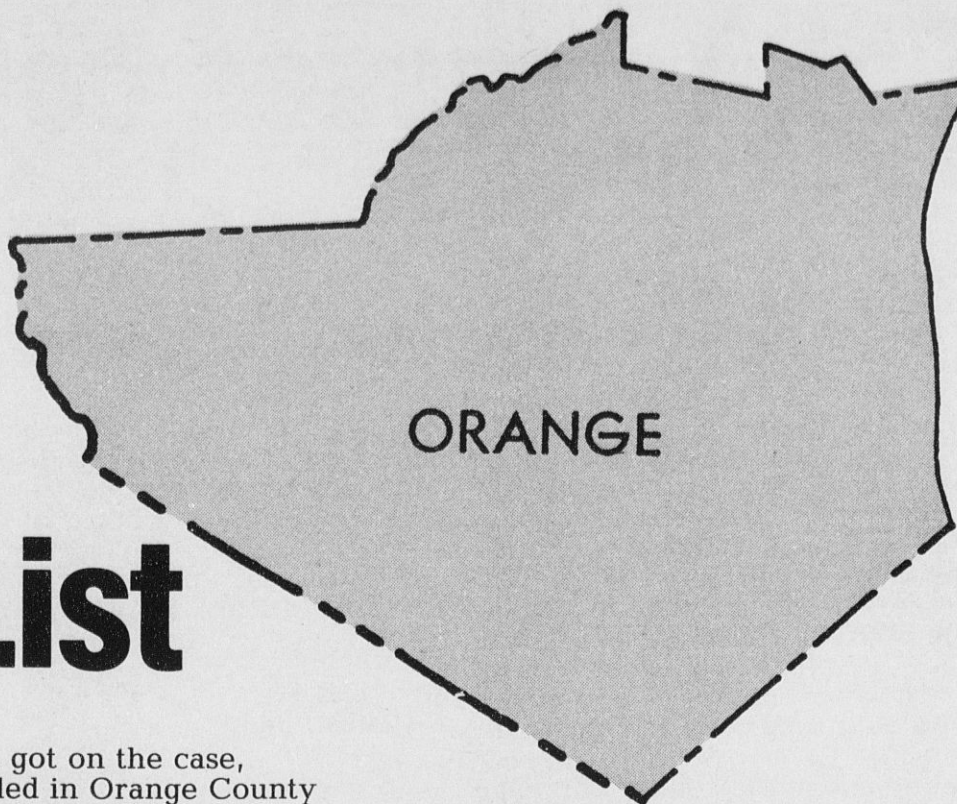
new 37.5 hour work week, resulting in workers losing accrual time.

"Management knew we would never agree to any diminishment of benefits in our contract, but they insisted on pushing the issue to see how far CSEA will go," said CSEA Collective Bargaining Specialist Donald F. McCarthy Jr. "And they found out — CSEA will go all the way to back up its members and their contract."

"We attempted to resolve this issue through a variety of means, but Red Cross management just refused to see the justice of our argument," said CSEA Labor Relations Specialist Greg Davis. "Now, I guess, they recognize it."

Court agrees with CSEA

County must hire from Civil Service List



GOSHEN — Rather than let Orange County officials "twist the law to suit their convenience," CSEA filed and won a lawsuit that requires the county to stick to the law and hire from a civil service list.

The county had appointed a provisional administrative officer in the Department of Mental Health because no valid list for the job existed. The civil service exam was given and the list was established. The provisional employee did not make the list.

Instead, the county extended the provisional employee's appointment and then rewrote the job specifications in an attempt to reclassify the job as management. That would have removed it from the competitive class and the county would have been able to keep the employee in the position without his having to pass a civil service exam.

Orange County CSEA Unit Treasurer Alexis Geis, an employee in the mental health department, knew the county was wrong. She contacted Jim Farina, then a collective bargaining specialist, who is now CSEA Region III acting director.

"I don't like the way they twist the law around to suit their convenience," Geis said. "Other people go through the same process and they lose their jobs (if they don't make the list). So what makes this different?"

Farina and Barton Bloom, CSEA's

regional attorney, got on the case, which was then filed in Orange County Supreme Court. CSEA's victory was complete. First, the judge declared that the county's attempt to reclassify the position was null and void.

"The judge also ordered that the post be vacated and that the county fill the position according to the law and use the list," Farina said.

'CSEA was very professional . . . and they followed through.'

"It's a huge victory because this is one of the most abused sections of civil service law," Bloom said. "The New York state Constitution mandates that positions be filled by merit and fitness. You can't have government go around and make appointments to suit individual purposes."

It was a personal victory for Ardyce Haring, Local 836 second vice president and a shop steward in the mental health department. She was one of six people who made the list for the position. She also signed the court papers in the case.

"I was pleased to see that management was obliged to follow the rules that they make," she said. "I certainly appreciate the union pressing this lawsuit. It's not the first time the union has gone to bat for employees when no one else would."

Orange County CSEA Local 836 President Dave Score agreed that the victory was important and said CSEA did a good job in representing the members.

"It just goes to show that you've got to be forever vigilant," he said. "CSEA was very professional, very open to us and they followed through."

'I don't like the way they twist the law around to suit their convenience.'



A GOOD DECISION — CSEA regional attorney Barton Bloom, left, discusses the court decision that requires Orange County to follow civil service law in filling a job with Dave Score, Local 836 president.

CSEA presses county for OT pay

BALLSTON SPA — CSEA is adamant about pressing forward with a lawsuit against Saratoga County for breach of contract.

The union claims that the county owes as much as \$100,000 in overtime pay to about 100 CSEA-represented deputy sheriffs and corrections officers.

"CSEA obtained a federal government order forcing Saratoga County to comply with the overtime standards of the Fair Labor Standards Act and pay the deputy sheriffs and corrections officers for all overtime incurred during the past two years," said C. Allen Mead, CSEA Region IV president.

"However, on advice of counsel and with tacit support of the chairman of the Saratoga County Board of Supervisors, John Simoni, the county only paid the employees for any period over 43 hours per work week, not the 40 hours as established by the CSEA-negotiated contract," Mead said.

All of the workers received substantially less money than is due them, and the county is refusing to make any more payments, he said.

According to CSEA Saratoga County Deputy Sheriffs Unit President William Marshall, the deputy sheriffs and corrections officers received about \$67,000 in overtime pay as a result of the federal court order. CSEA has calculated that the county still owes the

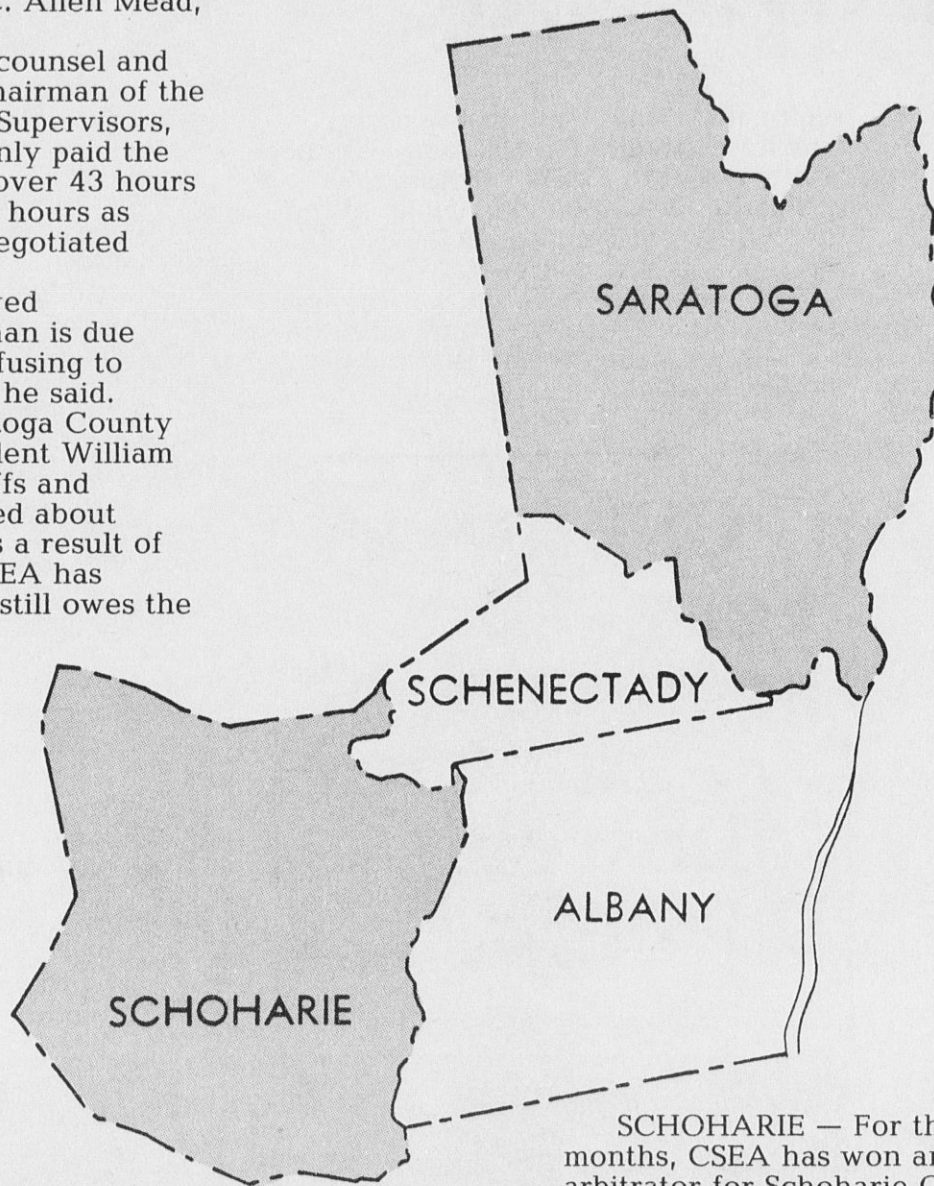
workers an estimated \$70,000 to \$100,000.

"We feel that the county is just forcing us to take them to court to drag this matter out rather than comply with the contract and the federal order," Marshall said.

"The county has basically told us that we were working three hours per week for two years for free," he added. "That's 312 hours of overtime that is still owed deputy sheriffs and corrections officers who worked overtime during that period."

The county is now paying time and a half for overtime after 40 hours as is called for in the CSEA contract, Marshall noted.

Regional President Mead said CSEA will vigorously pursue legal means to force the county to pay the overtime still outstanding. He called the county's refusal "a strategy designed to procrastinate and frustrate efforts to obtain legitimate overtime pay due the deputy sheriffs and corrections officers, a strategy that will not succeed."



SCHOHARIE — For the second time in less than three months, CSEA has won another favorable decision from an arbitrator for Schoharie County employees.

Arbitrator Jerome Thier ruled that Schoharie County violated provisions of the CSEA contract by promoting a worker to the position of motor equipment operator II over Keith Foland, the most senior employee to apply for the job.

The Schoharie County Department of Public Works posted the job in January. Of the 11 applicants, the county promoted the third most senior candidate.

CSEA then filed a grievance because Foland, as the most senior employee who applied, should have gotten the promotion.

CSEA staff attorney Steven Crain argued that Foland was not only the most senior but also the most qualified candidate. The appointment by Commissioner of Public Works Henry F. Bray completely ignored all objective standards and was without reasonable foundation, Crain argued.

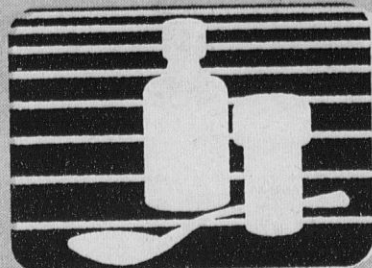
The arbitrator directed the county to promote Foland to the position of motor equipment operator II retroactive to the date the less senior employee was promoted, including full back pay for that position.

CSEA is working to be sure the county complies with the arbitrator's ruling and is prepared to go to court to have the ruling upheld if necessary.

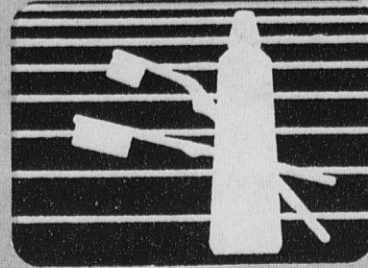
Union scores another win for Schoharie members

CSEA

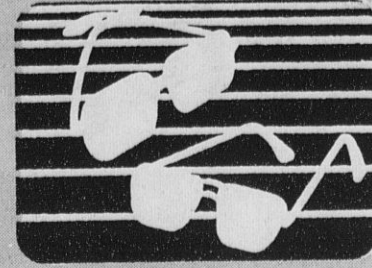
EMPLOYEE BENEFIT FUND



PRESCRIPTION
DRUG



DENTAL
CARE



VISION
CARE

The CSEA Employee Benefit Fund (CSEA EBF) is a negotiated program providing drug prescription, dental and vision care benefits for more than 125,000 CSEA-represented employees in six statewide and more than 260 local government bargaining units. For the benefit of the membership, *The Public Sector* will periodically publish information concerning the CSEA EBF.

CSEA Employee Benefit Fund

(518) 463-4555 or 1-800-342-4274

A special vision program for VDT users

Just what is the story on those VDT glasses everyone is talking about?

For one thing, they are not really new — they've been available through the CSEA Employee Benefit Fund (CSEA EBF) for the past year. Many CSEA-represented state employees have been taking advantage of the CSEA EBF Occupational Vision Benefit program since it was first offered.

This unique benefit is available to CSEA members in the state Operational Services Unit, Institutional Services Unit, Administrative Services Unit and the Division of Military and Naval Affairs Unit. Employees in those units who spend 50 percent or more of their workday using a video display terminal (VDT) are eligible to be tested under this program to determine whether specially prescribed eyeglasses are needed.

The VDT eyeglass benefit is available to eligible members every two years, at the same time as the

regular benefit is provided. The determination whether VDT glasses are required is at the discretion of the CSEA vision care provider.

Following extensive research, specifically prescribed glasses have been developed to offset the effects of frequent VDT usage. Testing of VDT users by the CSEA vision care provider will determine what lens distance is correct for the individual member in order to reduce eye strain from prolonged video terminal usage. Concentration on the VDT screen can produce a slight muscle spasm when vision returns to normal distances.

Tinting the lens is another factor in the development of VDT glasses. Grey or rose tints, for instance, are used to help reduce glare — not from the terminal screen, but from the reflection of outside light sources. Correct lens distance and tinting combine to make concentrated use of a VDT less tiring, less stressful and more productive.

To obtain the Occupational Vision

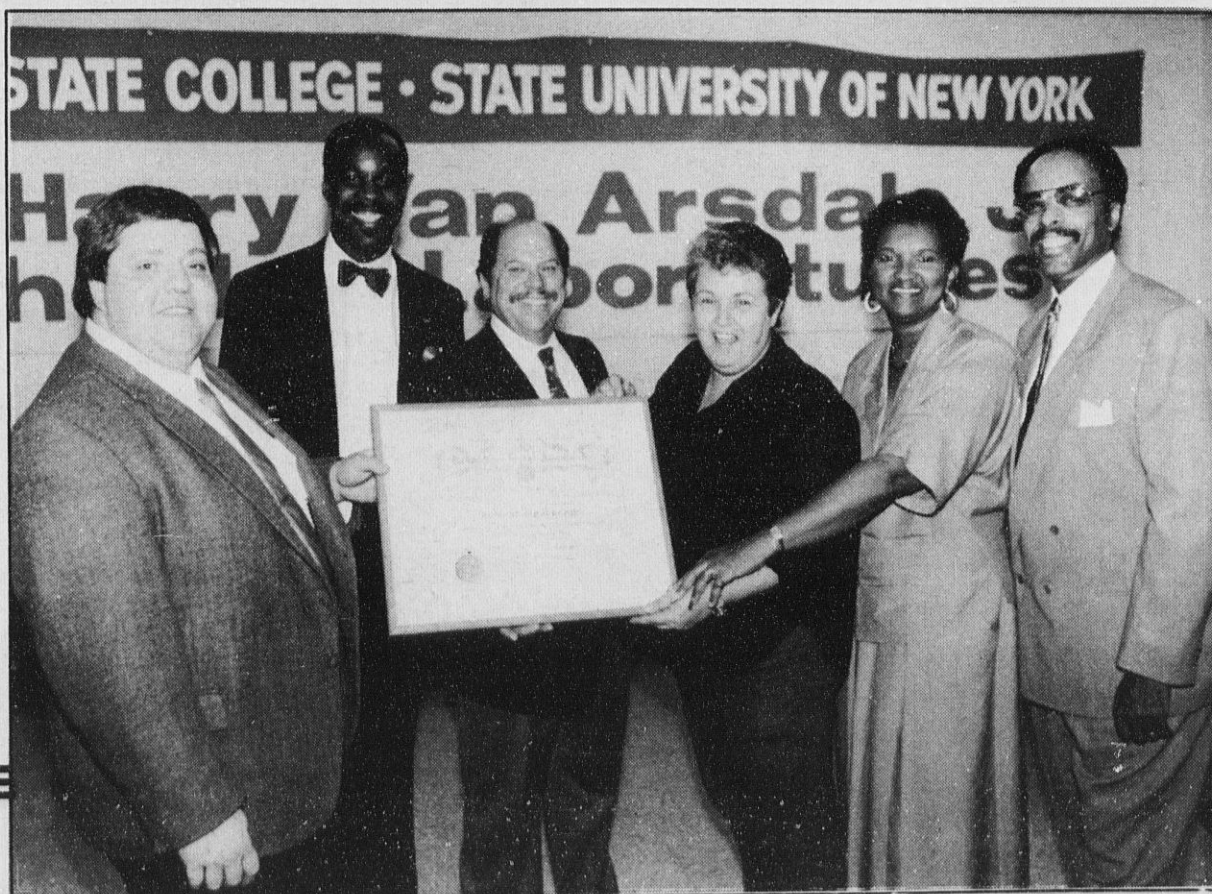
Benefit an employee must also be eligible for a regular vision benefit examination (one every two years.) When you request and receive your vision care voucher you will also receive a questionnaire which can be used to certify your eligibility for the extra testing and the VDT glasses, if necessary. The regular exam and the additional VDT testing must be given at the same visit. Prescriptions for both sets of glasses, if needed, will be determined at that time.

The VDT benefit glasses must differ from the member's standard eyeglasses, can only be single vision and must be obtained from a CSEA EBF provider. Contact lenses are not a part of the VDT benefit. Also, the VDT vision benefit is for eligible employees only and does not include dependents.

The CSEA EBF VDT vision benefit is made possible through special funding negotiated by CSEA to ensure that the entire benefit is free of cost to the employee.

Local 711 gets its charter

THERE WERE SMILES all around when CSEA Metropolitan Region II President George Boncoraglio, left, presented the official CSEA charter to representatives of one of CSEA's newest locals. National Benefit Fund CSEA Local 711 President Lorraine Bottaro, center, and First Vice President Eldra Drew, second from right, accepted the charter on behalf of the 350 members of Local 711. Others participating in the charter presentation were CSEA Region II Director Alan Jennings, second from left, Collective Bargaining Specialist Harold Krangle, third from left, and Labor Relations Specialist Charles Bell, right. Negotiations are currently in progress for Local 711's first contract.



Grievance reps can attend training programs

CSEA's Education and Training Department has announced a tentative schedule of training programs for union grievance representatives.

Educational programs will be conducted in CSEA's six regions over the next few months. Same day programs will include grievance representative orientation sessions for new union grievance representatives and grievance handling seminars for experienced representatives.

In addition, officer training programs have been scheduled in three regions.

In most instances, the grievance training programs will be conducted from 6:30 to 9 p.m. on the dates indicated below. Registration is set for 6 p.m.

In Region IV, training on Jan. 9 and 10 in Plattsburgh will follow the same schedule.

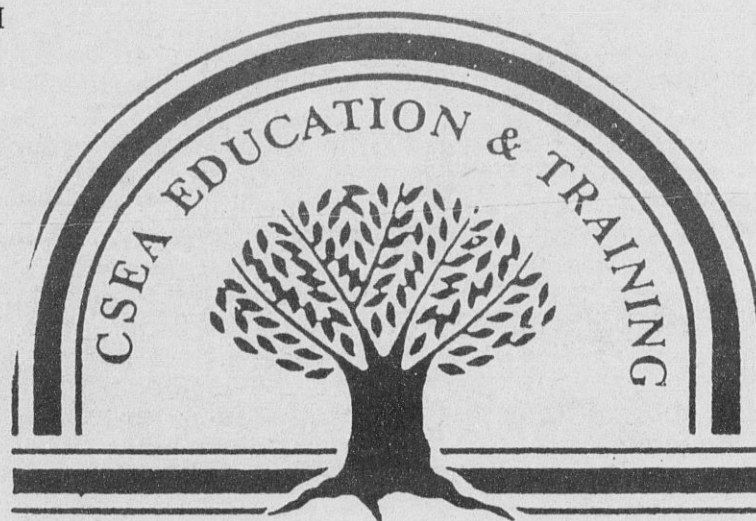
However, the Region IV trainings on Dec. 9, Dec. 13 and Feb. 24 in Albany

and on Jan. 20 in Glens Falls will run from 9 a.m. to 4 p.m. Registration will be at 8:30 a.m.

The Region IV training dates are finalized. However, the dates and locations of the remaining trainings are tentative.

CSEA members interested in attending any session should contact the appropriate CSEA regional office for information.

Date	Location	Region	Officer Training	
12/6	Buffalo	VI	1/17	III
12/7	Rochester	VI	1/23	VI
12/9	Albany	IV	1/31	II
12/12	Utica	V	2/1	II
12/13	Albany	IV		
1/9-10	Plattsburgh	IV		
1/20	Glens Falls	IV		
1/24	Binghamton	V		
1/30	Suffolk	I		
1/31	Nassau	I		
2/6	Fishkill	III		
2/7	Middletown	III		
2/14	Nassau	I		
2/15	Suffolk	I		
2/20	Syracuse	V		
2/21	Oneonta	V		
2/12	Albany	IV		
2/27	Fredonia	VI		
2/28	Hornell	VI		
3/8	Watertown	V		
3/10	Lake Placid	IV/V		
3/14	Poughkeepsie	III		



Nassau Local helps child



NASSAU COUNTY CSEA LOCAL 830 has been pitching in to help leukemia victim Peter Henry, 9. Local President Rita Wallace, center, threw out the first pitch during a recent benefit softball game. Peter's father, Lynbrook CSEA Unit Corresponding Secretary Vincent Henry, is second from left.

LYNBROOK — Peter Henry has had a difficult life, but the members of the Lynbrook CSEA Unit and Nassau County CSEA Local 830 have been working hard to make it a little easier.

For the last five years, nine-year-old Peter has battled leukemia. He is the son of Vincent Henry, recording secretary for the Lynbrook Unit.

Peter recently underwent his second life-saving bone-marrow transplant in Seattle, Wash., where his mother has rented an apartment to stay close to him.

He is currently recuperating from the transplant but won't be able to come home for a while yet.

The Lynbrook CSEA Unit has set up a variety of fundraisers to help the Henry family pay the astronomical costs of medical bills, rent and transportation.

The most recent event was a charity softball game between the Lynbrook Fire Department and Nassau County Police Department.

Vincent Henry said he is very grateful for the help his co-workers and friends in CSEA have offered.

If you would like to make a contribution to help Peter Henry, send a check to:

St. Mary's Children's Leukemia Fund
78 Hempstead Avenue
Lynbrook, New York 11563

Directions

Prepare for the future



Directions is a pre-retirement education program developed and conducted by the state Office for the Aging with joint labor/management funding from New York state and CSEA, the Public Employees Federation and AFSCME Council 82.

Directions conducts pre-retirement planning seminars across the state and has written the "Self-Help Guide to Pre-Retirement Planning" for employees of state agencies.

Directions will answer some important questions about pre-retirement planning for all public employees through this column.

Special information from Dept. of Civil Service for state employees considering retirement in 1990

State employees have until Dec. 20 to select a health insurance option for 1990. If you plan to retire next year and are eligible to continue your health insurance in retirement, consider your needs carefully when making this choice.

The option you select will not change in 1990 just because you retire. Under most circumstances, your next chance to change your option will be next fall.

If you want to keep your current option, you don't need to do anything — your 1989 option will continue automatically.

Here are some points to help you weigh which option will be best for you as both an employee and a retiree in 1990.

- Under the state Health Insurance Program, you may choose either the Empire Plan or the approved health maintenance organization (HMO) in your area. All options are open to retirees and all accept Medicare-eligible enrollees.
- Your benefits will change somewhat when you retire. For example, once you retire, your prescription drug

coverage will be provided by the Empire Plan or your HMO, not by the CSEA Employee Benefit Fund. There are other differences. Ask your agency health benefits administrator for information on Empire Plan benefits for retirees, and ask the HMO how retirement could affect your coverage.

- If you plan to move permanently when you retire, you'll want to take that into consideration. (A permanent move is the only basis on which an option change is allowed outside the annual option transfer period.) If you are enrolled in an HMO and move out of your HMO's service area, you may enroll in the Empire Plan or an HMO that participates in the state health insurance plan and serves your new area. If you move into an area served by a new HMO, you may change options to be covered by the newly available HMO.

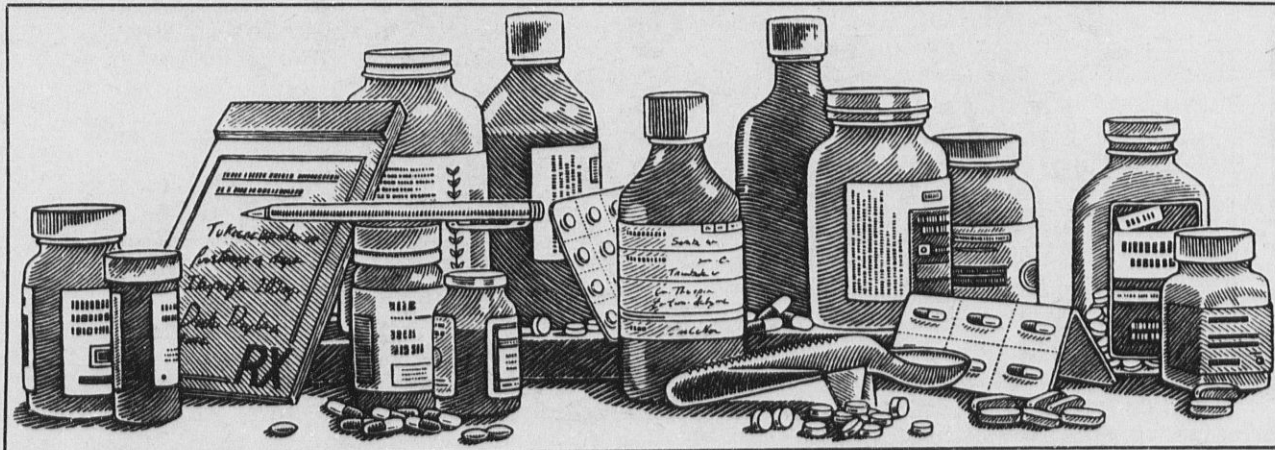
If you don't want to face the combination of retirement, a new area and an option change all at once, you could select an option that is available where you live now and

where you will be living once you retire. For example, you might choose an HMO that serves both your current area and your new area. If you are moving to the sunny South — to Florida, for example — the Empire Plan is an option that would serve you in both your current and your new home.

- If you plan to travel extensively or divide your time between homes once you retire, ask the HMO to explain limitations on out-of-area coverage. All HMOs cover emergency treatment outside their service area, and some can arrange for care outside their service area. The Empire Plan offers coverage nationally and worldwide.

Continuing health insurance in retirement is not automatic. You have to meet certain requirements and ask your agency to change your health insurance enrollment. Check with your agency health benefits administrator before you retire. Be sure you understand your choices so that you will have the coverage that is best for you in the coming year.

If you plan to retire next year, choose your health insurance option carefully.



CSEA stops Onondaga County from 'brushing off' dental hygienists

By Mark M. Kotzin
CSEA Communications Associate

SYRACUSE — When CSEA prevented the layoffs of 15 Onondaga County employees recently, the union sent a powerful message to the county legislature.

CSEA will not tolerate attempts to balance budgets on the backs of public employees nor at the expense of health care services, said CSEA Central Region President Jim Moore.

In his budget proposal, the county health commissioner had recommended reducing the county Dental Bureau staff from 21 to six, eliminating most of the dental hygienists who are represented by Onondaga County CSEA Local 834.

Hygienist Supervisor Christina Huegerich didn't believe the health commissioner's claim that hygienists spend up to 70 percent of their time on educational duties. She set out to prove the commissioner was wrong. Using weekly reports, Huegerich found that hygienists actually spend most of their time on dental screening programs, flouridation and other programs for the community's children, elderly and poor and creating and maintaining dental clinics throughout Onondaga County.

While the budget proposal was on its way from the county executive to the county legislature, Huegerich was seeking help from CSEA.

"I don't think we would've known what to do with the legislature," she said. "CSEA let us know what to do and what not to do."

Down to the grassroots

CSEA had to act fast. There was less than a month until a legislative vote on the budget which included the proposed layoffs. Onondaga County CSEA Local 834 President Dale King worked with CSEA Region V and statewide headquarters staff to mount an effective

grassroots political action campaign to save the threatened jobs.

While hygienists and other CSEA members went door-to-door to raise public awareness and organize supporters to appear at a public hearing, other CSEA members were getting people to write letters and phone their legislators, asking them to reinstate the positions into the budget.

"Our biggest problem was the lack of time to gather support," Huegerich said. "We had it out there, it was just a matter of getting it together."

Massive show of support

A week before the legislative vote, a public hearing on the budget was held. More than 200 people, most supporting retention of the hygienists, packed the legislative chambers. Nineteen people spoke, including teachers, parents, community leaders and CSEA members.

CSEA Local President King spoke, and read aloud a letter from CSEA statewide President Joe McDermott which urged the legislators to reconsider the budget proposal. He also gave each of the legislators a CSEA toothbrush, to echo the final line of McDermott's letter: "I am sending this letter along with complimentary toothbrushes in order to remind you that dental health is everyone's concern."

The people have spoken

With all the public support generated by CSEA's effort, it was clear to the legislators what the public wanted. When the budget vote came up a week later, legislation was introduced and enacted to reinstate all 15 positions. King attributed the victory to hard work, dedication and effective political action.

"People often say that political action is the wrong place to put our efforts," King said, "but without it, we wouldn't have gotten our foot in the door."

Huegerich, citing public support as the reason the union won the campaign, said she was grateful for CSEA's help.

"CSEA was always available," she said. "Whenever we needed help they were there."



BIG MOUTH — Dental hygienist and CSEA Local 834 member Gail Murphy gives a demonstration of proper brushing technique to three-year-old Nicole Mulpagano of Liverpool.

State employees have more time to change health insurance

State employees have some extra time to decide whether to change their health insurance coverage.

The option transfer period has been extended for active state employees to Dec. 20 because of a delay in distribution of information to state agencies.

If your agency has not received its supply of information, they should immediately contact the Employee Benefits Division of the state Department of Civil Service.

Important notice

Two options, Travelers Health Network Health Maintenance

Organization (HMO) (Code 071) and Healthnet HMO (Code 250 through 258) are no longer available to employees under the state Health Insurance Program.

To avoid a lapse in coverage, state employees enrolled in Travelers Health Network HMO and Healthnet HMO **must select another option during the option transfer period**. Other options include the Empire Plan or a different HMO. Further information and assistance can be obtained from your agency personnel office.

Employee biweekly health insurance deductions for both the Empire Plan and the HMOs are listed in the Option Transfer Guide available at your agency personnel office. Empire Plan deductions will remain the same for 1990 as they were in 1989. HMO rates vary according to each HMO.

Effective dates for any change in coverage or deductions are as follows for option transfer requests received by the Department of Civil Service by Dec. 20: for the Institutional payroll, the effective date is Dec. 28, 1989; for the Administrative payroll, the effective date is Jan. 4, 1990.



YOUR UNION BENEFITS

AT YOUR SERVICE

A handy reference guide to CSEA member services and benefits

CSEA Toll-Free

The union's toll-free telephone number — **1-800-342-4146** — is your direct link to CSEA Headquarters.

When you call the toll-free number, a recorded message describes the choices to put you through to the right place for the help you need.

You need a touch-tone telephone to complete your call without operator assistance. If you aren't calling from a touch-tone telephone, an operator will pick up and complete your call at the end of the message.

If you know the extension number of the individual that you're trying to reach, you can press "0" plus the extension number on your touch-tone telephone at any point during the recorded message and be connected.

If you don't know the extension, the message will give you the following choices:

* For Field Operations or the Empire Plan/Health Benefits Committee, press number 1.

* For disciplinaries, grievances and other legal matters, press number 2.

* For Communications, the Executive Offices or Political Action, press number 3.

* If you have a question concerning dues, membership or agency shop, CSEA group insurance other than health or need to talk to the Finance Department, press number 4.

Employee Benefit Fund

The CSEA Employee Benefit Fund is a CSEA-administered trust fund which provides certain supplemental negotiated benefits for state employees and participating local government employees. It currently administers Dental Care, Vision Care, Prescription Drug, and Package 7 Benefits Plans.

For questions regarding any of the benefits or for assistance with negotiating any plan(s), call: **1-800-342-4274** or **(518) 463-4555** or write:

CSEA Employee Benefit Fund
14 Corporate Woods Boulevard
Albany, NY 12211

Education and Training

CSEA can help you prepare for civil service exams with low-cost study booklets and free-to-borrow video tapes. A small selection of audio tapes are available to the visually impaired.

CSEA also provides educational workshops for union activists eager to learn more about their union responsibilities.

To request booklet order forms or to obtain information on union workshops, call CSEA headquarters at **1-800-342-4146**. For information on videotapes, contact your CSEA regional office.

Grievances, Disciplinaries

If you believe you have a grievance, immediately contact your Local grievance representative or shop steward. If they are unavailable, contact your CSEA Unit or Local President, or your CSEA Labor Relations Specialist at the appropriate regional office (see adjacent map). Do not delay if you believe you have a problem; grievances must be filed on a timely basis.

Current Issues Update

To find out what's new and to get information about items of general interest to CSEA members, call toll-free **1-800-342-4146** and press number 5.

AFSCME Advantage Credit Card

The AFSCME MasterCard has one of the lowest interest rates around — 5 percent above the prime lending rate. There is no annual fee.

To obtain an application form, call your CSEA regional office (see adjacent map).

The card is issued by the Bank of New York. If you apply for a card and there is no response within four weeks, call the bank toll-free at **1-800-942-1977**.

Insurance

CSEA offers several insurance programs at low group rates and provides the convenience of automatic payroll deduction.

These voluntary group plans include: Basic Group Life, Supplemental Life, Income Protection Program, Hospital Indemnity Plan, Family Protection Plan, Auto Insurance and Homeowners Insurance. **For more details, call 1-800-366-5273 or (518) 381-1600.**

AFSCME Advantage Travel Services

Helps you get where you're going, fast. And saves you money in the process!

You can stretch your dollars with the cost-free travel benefits that include guaranteed lowest available airfare, car rental discounts, hotel and motel discounts and a vacation hotline.

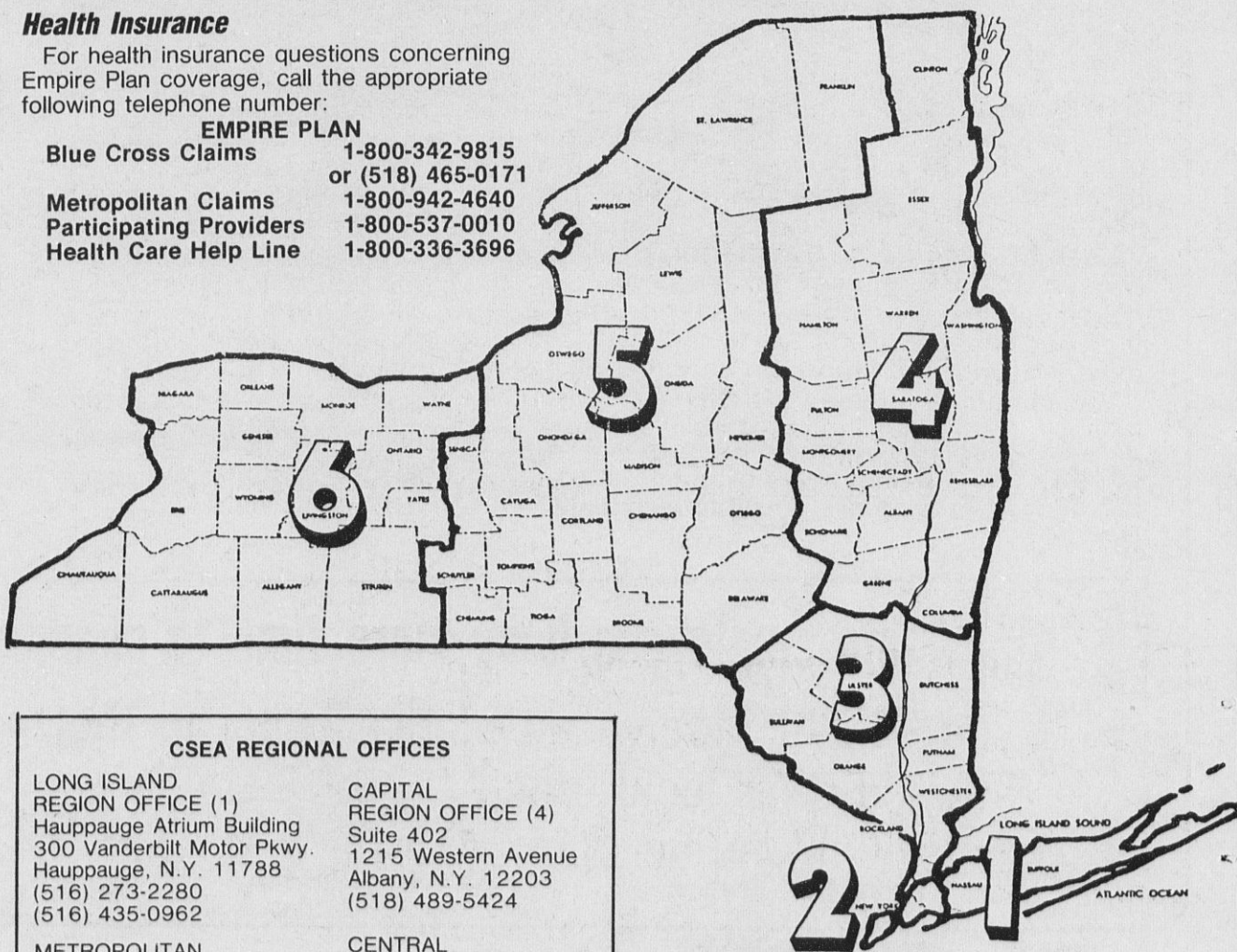
For a free starter kit call 1-800-522-8727.

Health Insurance

For health insurance questions concerning Empire Plan coverage, call the appropriate following telephone number:

EMPIRE PLAN

Blue Cross Claims 1-800-342-9815
or (518) 465-0171
Metropolitan Claims 1-800-942-4640
Participating Providers 1-800-537-0010
Health Care Help Line 1-800-336-3696



CSEA REGIONAL OFFICES

LONG ISLAND REGION OFFICE (1)
Hauppauge Atrium Building
300 Vanderbilt Motor Pkwy.
Hauppauge, N.Y. 11788
(516) 273-2280
(516) 435-0962

METROPOLITAN REGION OFFICE (2)
Suite 1500
11 Broadway
New York, N.Y. 10004
(212) 514-9200

SOUTHERN REGION OFFICE (3)
Rural Route 1
Box 34, Old Route 9
Fishkill, N.Y. 12524
(914) 896-8180

CAPITAL REGION OFFICE (4)
Suite 402
1215 Western Avenue
Albany, N.Y. 12203
(518) 489-5424

CENTRAL REGION OFFICE (5)
Suite 308
290 Elwood Davis Road
Liverpool, N.Y. 13008
(315) 451-6330

WESTERN REGION OFFICE (6)
482 Delaware Avenue
Buffalo, N.Y. 14202
(716) 886-0391

Retirement

If you are retiring soon, it's important that you select the proper option from the Employees' Retirement system.

By using the services of a CSEA-provided retirement counselor, you'll be able to plan for a lifestyle in your retirement years that takes into account your anticipated expenses.

For more information, call 1-800-366-5273.

General retirement information is available by contacting CSEA's Retirement Department, CSEA Headquarters, 143 Washington Avenue, Albany, N.Y. 12210. **(518) 434-0191** or **1-800-342-4146**.

United Buying Service

Get big savings on consumer products through the union's official discount buying service. UBS combines the power of millions of members to negotiate discounts on a whole range of major name discount products.

Everything from automobiles to major appliances, video to home furnishings and more. The program is free to CSEA members and carries no service charges. **To place an order or for pricing information, call 1-800-336-4UBS or 1-800-877-4UBS.** UBS has also set up a hotline for information on limited special monthly offers available only to CSEA members. **For a listing of specials, call the hotline at 1-203-967-2980.**

Safety

To report unsafe or unhealthy working conditions or serious accidents, call your CSEA labor relations specialist. For occupational safety and health information, call CSEA headquarters at **1-800-342-4146**.

**WESTCHESTER
COUNTY
EMPLOYEES**

VOTE

CSEA / **AFSCME**

Westchester County employees will have the opportunity to vote for CSEA/AFSCME as their collective bargaining agent beginning with the mailing of ballots Nov. 27.

Look for your ballot to vote for CSEA/AFSCME, the largest and best public employee union in the state. It's your opportunity to let experienced leadership take charge.

You should receive an official ballot in the mail at home. **If you don't receive a ballot, you can call the CSEA/AFSCME local office**

(428-0292) for a replacement ballot. The American Arbitration Association (AAA) will be advised and a replacement ballot will be mailed directly to your home by AAA.

AAA is an independent election agency appointed by the Westchester County Public Employment Relations Board (PERB) to tally the election results.

CSEA/AFSCME has supported the use of the agency and of a mail ballot to protect your right to vote in privacy and without any outside pressure from anyone.

The election is by secret ballot. Your ballot lists four choices for union representation with a box for you to check your preference.

To be represented by CSEA/AFSCME, mark the third box.

Once you mark the ballot, you place it in the "secret ballot" envelope provided. Then you place the envelope in the business envelope addressed to the American Arbitration Association.

You must put your name, address and signature on the front of the business envelope as indicated. This allows AAA to be sure you are eligible to vote. Before the secret ballot envelope is opened, it is separated from the business envelope so that no one will know how you voted.

The vote ends Thursday, Dec. 14. Your ballot must be mailed for receipt by the American Arbitration Association by 2 p.m. Dec. 14.

Ballots will be counted Dec. 15. If you have any questions, call CSEA/AFSCME at 428-0292.

REMEMBER:

- ★ Mail Ballots go out Nov. 27.
- ★ If you do not receive an official ballot in the mail at home, call the CSEA/AFSCME local office (428-0292).
- ★ Ballots must arrive at AAA by 2 P.M. Dec. 14.

CSEA / **AFSCME**