

STEEL VOICE



UNITED STEELWORKERS LOCAL 1999

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Ten Reasons to Support Health Care Reform

The health reform debate is in full swing and proposals are taking shape. Even though key decisions are still being made, it is clear we have gained significant ground. There is much to be excited about in these proposals:

Millions more people will gain health insurance, coverage will be more affordable, and people will have access to the health services they need. These provisions will improve the lives of millions of Americans and give us the peace of mind that comes with knowing that we have coverage no matter what. But the road ahead will not be easy. We must continue to work for improvements and we must ensure that we do not lose the gains we have made so far—they are worth fighting for.



Union activists from several International unions attend a health care rally on capital hill earlier this year.

What we'll get from health reform: over one-third of the uninsured (more than 17 million people).

1. A major expansion of Medicaid coverage—fully federally funded—for millions of low-income working families who currently fall through the cracks.

What's in the bills:

- The national floor for Medicaid eligibility would be set at at least 133 percent of poverty (\$24,352 for a family of three in 2009), which could expand coverage to well

Why this change is needed:

- Contrary to popular perception, the Medicaid program does not provide coverage for all low-income people. In fact, in 43 states, adults without dependent children cannot enroll in Medicaid today, even if they are penniless.
- Only 16 states and the District of Columbia cover parents up

**HEALTH CARE
FOR AMERICA
NOW!**

See Reasons Page 5.

My View

Bruce Reed, Local Union Representative



Brothers and Sisters:

In the last couple of editions of our newsletter I have discussed in brief the Employee Free Choice Act and Health Care Reform. Both of these issues are important factors in our working lives and impact all of us, either at the bargaining table, or in our family and friends wellness. It's not too late to contact your House Representative or both of our Senators concerning these important issues, in fact it is imperative that we do contact them. In many ways our standard of living depends on our action.

The EFCA will enable all workers to choose, either to have a secret ballot vote on becoming Union, or by signing up a majority of the workers in the shop to accept Union Representation and use card check recognition to become Union. This is very important legislation to the unorganized, as everyone knows the period of time between the petition to organize a plant and the secret ballot election as it stands

now, is filled with horror stories of employees being threatened with their jobs, threats of plant closure if it goes Union and good employees being discharged for trumped up charges. We that are Union have the protection of our Collective Bargaining Agreements, and have "just Cause" language covering all discipline and discharge cases for our protection. Clearly, most of the illegal discharges during an organizing drive are overturned by the National Labor Relations Board, but the board's action will be much later in the process and in all likelihood after the vote, the impact on the workforce will have been an effective tool to intimidate the workers.

As I have discussed before, Health Care Reform is the hot topic in Washington and locally as well. Do not be fooled by the TV commercials and scare tactics of the opponents. The opponents are saying let's go slow and do it right! Where have they been for the last eight years? For the last eight years slow would have been a welcome blessing, in fact any thought of help for the American worker would have been a blessing. They effectively put it out of their minds and left all Americans to deal with the problem on our own. Let them know you want action now on both of these issues.

It's almost Halloween so I will share some scary health care facts with you:

Every 12 minutes an American dies because they do not have health insurance! (45,000 annually).

46.3 million of our fellow Americans are without health insurance.

62% of all bankruptcies in 2007 are linked to medical expenses

(80% had health insurance); the cost of healthcare and treatment in 2009 causes a bankruptcy in America every 30 seconds.

Some in Washington are saying let's go slow and get it right, we can't afford to go slow and play the same game in Washington as they have done in the past. In the next twelve minutes quite possibly a member of our own extended family or friends will die. **This is not a scare tactic; this is a statistical truth, every twelve minutes an American without coverage will die. 12 minutes,** about the length of a work break.

Contact your legislators and let them know in no uncertain terms more Americans dying without health care and a fighting chance to live is not acceptable, and you will hold them accountable in their next election. To quote a good friend of Labor Ted Kennedy on the future of universal health care, he said:

"The work begins anew, Hope rises again, and The dream lives on."

Let's make sure the dream finally happens, send your letters and emails and make the phone calls now. □

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Government Influence

This morning I was awoken by my alarm clock powered by electricity generated by the public power monopoly regulated by the U.S. Department of Energy.

I then took a shower in the clean water provided by a municipal water utility.

After that, I turned on the TV to one of the FCC-regulated channels to see what the National Weather Service of the National Oceanographic and Atmospheric Administration determined the weather was going to be like, using satellites designed, built, and launched by the National Aeronautics and Space Administration.

I watched this while eating my breakfast of U.S. Department of Agriculture-inspected food and taking the drugs which have been determined as safe by the U.S. Food and Drug Administration.

At the appropriate time, as regulated by the U.S. Congress and kept accurate by the National Institute of Standards and Technology and the U.S. Naval Observatory, I get into my National Highway Traffic Safety Administration – approved automobile and set out to work in the roads built by the local, state and federal departments of Transportation, possibly stopping to purchase additional fuel of a quality level determined by the Environmental Protection Agency, using legal tender issued by the Federal Reserve Bank.

On the way out the door I deposit any mail I have to be sent out via the U.S. Postal Service and drop the kids off at the public school.

After spending another day not being maimed or killed at work thanks to the workplace regulations imposed by the Department of Labor the Occupational Safety and Health Administration, enjoying another two meals which again do not kill me because the USDA, I drive my NHTSA car back home on DOT roads, to my house which has not burned down in my absence because of the state and local building codes and Fire Marshall's inspection, and which has not been plundered of all its valuables thanks to local police department.

And then I log on to the internet – which was developed by the Defense Advanced Research Projects Administration –and post on Freepublic.com and Fox News forums about how SOCIALISM in medicine is BAD because the government can't do anything right.

Updated Federal Rule For Workers' Protective Equipment Takes Effect

WASHINGTON (PAI)--It's taken union pressure, but a new Occupational Safety and Health Administration rule spelling out and updating the standards for protective equipment firms must buy for their workers takes effect on Oct. 9.

But even with that win, the AFL-CIO, which led the fight for federal protective equipment rules, had to stage one last battle to make sure it was as tough as possible.

The new rule covers workers in general industry, shipyards, longshoring, and marine terminals, and spells out requirements for eye-protection, such as goggles, and facial protection devices, plus head and foot protection. Construction workers are not covered by the new rules -- because OSHA said it lacked the "resources" to do so.

"Some commenters questioned the decision not to include construction...OSHA responded at the hearing that it decided not to include the construction industry because of the size of the undertaking and OSHA's limited resources," the agency said.

The new OSHA rule for protective equipment for workers says employers "will be able to continue to use the same equipment they have been using to meet their compliance obligation under the existing standards' design-criteria requirements." One difference, which led to the long fight, is that employers will now have to buy the equipment for almost all workers.

"The final rule provides employers

with additional options for meeting the design-criteria requirement -- options most employers already are using. Therefore, this final rule does not alter the substantive protection that must be provided to employees and the compliance burdens on employers," OSHA added.

And employers will have "increased flexibility in choosing personal protective equipment" (PPE) for workers. "The final rule does not require an employer to update or replace its PPE solely as a result of this rule if the PPE currently in use meets the existing standards" to protect workers, the agency stated.

The final fight came over language OSHA proposed that replaced specific references to consensus national standards for protective equipment for workers -- be they boots, protective aprons, goggles or anything else -- with a requirement that the protective equipment be of "good design" and "performance-oriented."

The AFL-CIO did not like that at all. Nor did others who commented, including three state labor departments. The federation "noted the proposal was confusing, that it removed a 'baseline' level of protection from the standards, that the criteria defining a good-design standard were too vague and subjective, and that the proposal could result in less employee protection," OSHA admitted.

"In addition, the AFL-CIO asserted OSHA could alleviate the administrative and practical difficulties

associated with outdated national consensus standards by updating the OSHA standards through direct-final rulemaking," covering protective items.

OSHA still thought it was right, but yielded to the protests. "OSHA believes the widespread opposition to the 'good-design' provision indicates possible misapplication of the standard if adopted as proposed. In addition, the widespread support for continued incorporation of national consensus standards convinces OSHA that using direct-final rulemaking to update references to national consensus standards may alleviate the administrative and practical problems that arise. Accordingly, OSHA is not adopting the proposed good-design approach."

OSHA requires that personal protective equipment "be safely designed and constructed for the tasks performed," acting OSHA administrator Jordan Barab, a former union safety and health specialist, said in a statement.

"Workers exposed to occupational hazards requiring head, foot, or eye and face protection will now be provided protection based on a standard that reflects state-of-the-art technology and materials. This final rule is another step in OSHA's efforts to update or remove references to outdated national consensus and industry standards," he said. □

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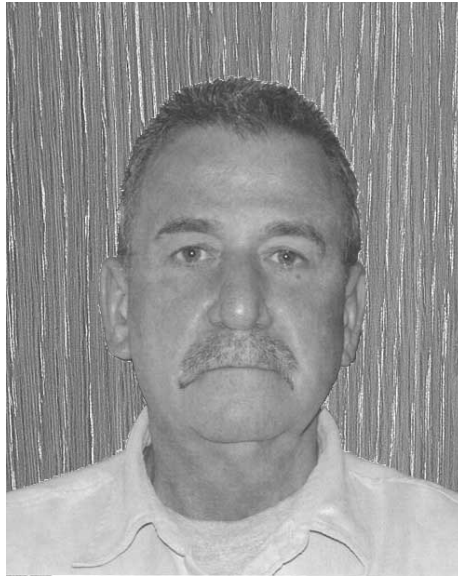
Public Option A Must

Chuck Jones, President

Health Insurance is basically about peace of mind. If you have good insurance, you don't have to worry about an accident or sudden illness, you know that whatever happens you and your family will be taken care of.

As the country debates Healthcare Reform and our government officials continue to squabble about what is and what isn't acceptable or necessary, we need to remember that there are 45.7 million people uninsured in the United States.

I think everyone agrees that there needs to be Healthcare Reform. But one of the main issues with Healthcare Reform is a Public Option. A lot of people don't under-



stand what public option means. Having a public option would be a choice of insurance for people that couldn't afford the higher priced

insurances, it would be similar to Medicare and Medicaid. It would be managed by the government and since there would be so many people to choose this option it would be larger than the Insurance Companies, therefore more able to negotiate lower healthcare cost and better coverage. You would be able to choose your own doctors, make your own decisions, you couldn't be dropped if you get sick, or denied for pre-existing conditions. With Healthcare Reform having a public option is a must. Without a public option there really is no reform, just another revised way for us to pay our money to benefit the big insurance companies. □

Reasons From Page 1.

to the poverty level; nationally, the median eligibility level for parents is a mere 67 percent of the poverty level (\$12,268).

- Medicaid is designed to meet the health care needs of people with very low incomes. It has a comprehensive benefits package, strict limits on out-of-pocket costs, and strong consumer protections to make sure that people who can't otherwise afford health care get the care they need.

2. A regulated marketplace that clamps down on insurance company abuses so people can no longer be denied coverage.

What's in the bills:

- Health reform will bring long-overdue regulations to the private health insurance market so that

people can no longer be denied coverage or charged exorbitant premiums because of pre-existing health conditions, health status, gender, or age.

- The new market (the "exchange" or "gateway") will offer standardized plans so that consumers can clearly understand the terms and coverage of their plan choices.

Why this change is needed:

- In all but five states, most insurance companies in the individual market are free to deny coverage to applicants because of health problems, health risks, or age.

3. Requirements that insurance companies spend more of the premium dollars they collect on patient care.

What's in the bills:

- Health reform will require health insurers to spend a minimum amount

of their premium dollars—85 percent in the House bill—on medical care. If they do not spend a large enough proportion of the premiums collected on medical care, they must issue refunds to consumers.

Why this change is needed:

- In the majority of states, there are no protections to ensure consumers' premiums will be used for medical services rather than for excessive insurance company administration, advertising, and profit. In fact, without adequate consumer protections, insurance companies sometimes spend only 60 cents of every premium dollar on actual health care.

4. Sliding-scale subsidies so middle-class, working families can afford the coverage they need to keep their families healthy.

House Votes, 331-83, To Extend Jobless Benefits In Most States

WASHINGTON (PAI)--By a 331-83 margin, the House voted on Sept. 22 to extend jobless benefits to millions of unemployed people in at least 28 states, plus D.C., who were facing the end of their unemployment checks.

With joblessness at 9.7% and rising -- analysts say it will climb above 10% next year -- Democrats voted overwhelmingly (227-17) for financially strapped workers and families, while Republicans backed the extension by a smaller margin (104-66). The bill went to the Senate, which as of Sept. 25 had not scheduled it for debate and votes.

The bill extends unemployment benefits by up to 13 weeks for over 300,000 workers who reside in high-unemployment states and who are projected to run out of compensation by the end of September. It would also aid more than 1 million workers whose benefits would be exhausted by the end of 2009.

The longer benefits would go to workers in 28 states, plus D.C., with jobless rates of 8.5% or more. The states include California, Illinois, Massachusetts, Maine, Michigan, Missouri, New Jersey, New York, Ohio, Oregon, Pennsylvania and Washington. If joblessness rises from its present 8.2% in Minnesota, Delaware and Alaska, to 8.5% or more, workers in those states would get the aid, too. Workers in Maryland, Mississippi, Louisiana and Hawaii would get the extra aid if their state legislatures adopt a "trigger" to draw down all federally funded jobless benefits.



Supporters of extending benefits said the economy "is slowly improving" after the collapse in late 2007 under then-GOP President George W. Bush. But joblessness lags behind and "there are still nearly six unemployed Americans for every available job and long-term unemployment is at an historically high level. One-third of unemployed -- 5 million -- have been without work for longer than six months," a bill summary says.

The debate was even more one-sided than the vote, with only Rep. John Linder, R-Ga., speaking out against extending benefits. He claimed doing so encourages people to stay unemployed rather than take even low-paying jobs, an old canard.

Typical comments came from lawmakers whose constituents feel the pinch of joblessness. "Competition for jobs is intense. 50% of unemployed individuals have been jobless for more than 6 months... We must protect those who still cannot find work and whose benefits are about to run out," said Rep. Pete

Stark, D-Calif., citing the Golden State's 12.2% jobless rate -- one of every eight workers.

"In total, 1 million workers around the country will exhaust benefits by the end of the year. We cannot allow that to happen. While the economy begins to recover and the economic stimulus starts to take hold, Congress has an obligation to ensure families can put food on their tables and pay their bills," Stark said.

"For the families I represent this loss of benefits comes at a time when Michigan is continuing to struggle with over 15% unemployment," said veteran Rep. John Dingell, D-Mich., whose area southwest of Detroit has been clobbered by the collapse of the auto industry. "In the metro Detroit area unemployment is even higher at 17.1%. These are not families looking for a handout, rather they are relying on these benefits to pay their mortgage and put dinner on the table. I can think of thousands of workers in my district alone who can confirm that \$310 a week does not stretch far."

Georgia Republican Linder said unemployment insurance leads to people staying unemployed: "Government cannot solve all ills, and sometimes makes things worse by trying to...Extending benefits to 21 months undermines return to work incentives, leaving workers worse off, and employment prospects more depressed going forward." □

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JOIN THE HEALTH CARE FIGHT



Health Insurance Reform – Where We Stand

"You can't even think about negotiating for a wage increase because the whole negotiation is about trying to keep the benefits you already have. That's not just the fault of the employer. It's the fault of a broken health care system that's sucking up all the money." – President Obama

Our union believes health care for all is the civil rights issue of our time. And the moment for action is now.

We support a plan with these essential components:

- ✓ Affordable options and reform of insurance practices that will result in health care for all Americans.
- ✓ A public option that will lower costs by competing with the private sector and offer coverage for Americans who cannot afford alternatives.
- ✓ No taxation for employer-provided insurance and rules to ensure big employers retain coverage.
- ✓ Shared responsibility by requiring all employers to provide coverage, also known as "pay to play."
- ✓ Significant cost containment to help families, retirees, businesses and our governments.
- ✓ A federally funded catastrophic reinsurance program to help employers and VEBAs that provide benefits for pre-Medicare retirees ages 55-64.

For more information, visit www.usw.org/healthcare



"The picture explains why I am for a single payer or public option national health care plan. My wife and I have decent (but expensive) coverage through my retirement benefits. But neither of our grandsons, nor our daughter and son-in-law, nor my other two adult children have any health insurance. Financial disaster could happen any time for them." - **Gary Gaines, Retired Steelworker, SOAR 7-34-2**



Our Bottom Line for

Health Care Reform

FOR ALL AMERICANS, it's great news that we are closer than ever to winning comprehensive health reform that brings down costs, improves the quality of care and guarantees coverage for all—something so many have dreamed about and worked for a lifetime to achieve. Good, affordable health care is an economic and moral imperative, and we are working hard to make it a reality.

But we aren't there yet. The Senate Finance Committee bill is deeply flawed.

A public health insurance plan option is essential to reform. A quality public option will lower premiums for everybody and reduce the cost of health reform by over \$100 billion, independent studies confirm. That's because nothing less than a public plan option sets up the competition to break the stranglehold of a handful of big insurance companies that have made 96 percent of metropolitan areas uncompetitive. A public health insurance option means coverage will always be there, even as private plans change benefits, contract with different providers and move in and out of markets. And a public plan can introduce quality advancements into the system that private insurers have no incentive to implement. No wonder 73 percent of voters support providing the choice of a public health insurance option.

Health care reform has to ease the cost burden on individuals and families, not worsen it. Americans whose health care premium costs have gone up 300 percent—while insurance company *profits* have gone up 1,000 percent—should not be asked to pay money we do not have. Penalties on individuals who cannot obtain coverage should not be more than what employers are required to pay.

Employers have to pay a fair share of costs. Over 160 million Americans get health care at work, but more than \$1,000 of each family plan premium paid by employers and employees actually goes to cover the cost of the uninsured—mostly those whose employers do *not* pay. The only fair way to cover the cost of care for all is to include an employer responsibility provision that requires all employers to provide health coverage or contribute a truly meaningful sum to help pay for subsidies.

Health care can't be paid for by a new tax on middle class benefits. The Senate Finance Committee health reform bill slaps a 40 percent excise tax in 2013 on plans valued at more than \$8,000 for individual coverage and \$21,000 for family coverage (with some adjustments). The congressional Joint Committee on Taxation estimates that this enormous tax would soon hit 40 percent of all plans. Most likely to be hit: plans with people who are older or sicker or those who work for small employers. That's not the change America voted for. A new tax on the middle class is unacceptable.

Real health care reform. Nothing less. Unless the bill that goes to the floor of the U.S. Senate makes substantial progress to address the concerns of working men and women, we will oppose it.

AFL-CIO
AFSCME
Air Line Pilots Association
Amalgamated Transit Union
American Federation of Government Employees
American Federation of Musicians
American Federation of School Administrators
American Federation of Teachers
Association of Flight Attendants
Brotherhood of Locomotive Engineers and Trainmen
Communications Workers of America
International Association of Fire Fighters
International Association of Machinists and Aerospace Workers
International Union of Bricklayers and Allied Craftworkers

International Union of Painters and Allied Trades
International Union of Police Associations
National Federation of Federal Employees
National Postal Mail Handlers Union
Operative Plasterers' and Cement Masons' International Association
Professional Employees Department, AFL-CIO
Sheet Metal Workers International Association
Transportation Communications International Union/IAM
UAW
UNITE/HERE
United Mine Workers of America
United Steel Workers
Utility Workers Union of America

Obama Tire Ruling Cheers Steelworkers

PITTSBURGH (PAI)--Democratic President Barack Obama's decision to invoke a special section of U.S. trade law and impose tariffs for three years on subsidized imported Chinese tires cheered the Steelworkers, who predicted it would save U.S. tire industry jobs.

Obama decided on Sept. 11, and announced late that evening, that he would impose tariffs of 35% the first year, 30% the second year and 25% the third year on the Chinese tires. China's tire exports to the U.S. have quadrupled since 2004, says USW, which represents tire workers nationwide and which marshaled the case for the tariffs.

USW sought quotas on the Chinese tires. But the U.S. International Trade Commission, which agreed with USW's case that a sudden surge in Chinese tire imports harmed the U.S. industry and cost U.S. workers jobs, recommended tariffs instead, though at higher levels than Obama set.

"It's our union's responsibility to defend our members and to do it in a way that is within the law and that's what we have done," USW President Leo Gerard said. "We're not against trade. We want a level playing field.

"President Obama rightly rejected groundless retaliation threats and imposed relief based on the merits of this case," Gerard continued. Obama, the union leader said, correctly explained today that "enforcing trade agreements is part and parcel of maintaining an open and free trading system."

Obama slammed the tariffs on Chi-

nese tires under a special section of U.S. law passed -- during the anti-worker GOP Bush government -- agreeing to China's bid to join the World Trade Organization in 2001.

China agreed that other WTO members, including the U.S., could, within 12 years, "impose safeguard relief on goods from China when imports of those goods increased rapidly and caused injury to domestic industries," USW pointed out. "We are within our complete total 100% right under the safeguard to ask for the remedy that we did," Gerard said.

Though Obama acted under specific law governing trade with China, USW and other unions still say overall U.S. trade law needs a giant rewrite.

Specifically, they support the Trade Act, introduced by Sen. Sherrod Brown, D-Ohio, and Rep. Mike Michaud, D-Maine -- an union member -- to set new standards for U.S. trade negotiators. The standards would require negotiators to include enforceable labor rights and environmental protections in the texts of trade pacts. The Trade Act would also let Congress determine if individual countries met set labor rights standards -- before the U.S. could start talking with those nations. "We need a trade policy that works for American workers as well as multinational corporations and Wall Street," Gerard said. □

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A Chinese worker loads tires onto a truck trailer at a tire factory in Hefei, Anhui province China.

Court Cases Affirm Or Curb Workers' Rights

By Mark Gruenberg, PAI Staff Writer

CHICAGO (PAI)--If you want to know the importance of courts to workers, just ask Elizabeth Hunter, William Garraughty, Tasha Joshaway, Michael Yurkowski and Debbie Goin, all of them members of the Amalgamated Transit Union in Chicago.

They've had to go to court there, in a class-action case, to try to get their jobs back -- after their employer fired them for allegedly flunking criminal background checks, and didn't give them hearings on the issue that were legally required.

The case involving the bus drivers symbolizes the role of courts for workers. While the U.S. Supreme Court wrestles with binding arbitration of worker grievances, in a case pitting the Brotherhood of Locomotive Engineers against the Union Pacific Railroad, dozens of other cases in lower courts affirm or curb workers' rights, in detail.

And those rulings, later cited as precedents, can have as much -- or more -- effect on working men and women than many rulings the High Court hands down.

In the Chicago case, the bus drivers filed a suit, through ATU, on Oct. 5, in U.S. District Court. They charged two school bus firms, First Student and First Transit, illegally fired them by not giving them a chance to contest allegations -- from an outside company hired to perform background checks -- that the workers had criminal records.

"Under the Fair Credit Reporting Act, employers must notify employ-

ees of any adverse actions anticipated as a result of a background check, and to give employees a reasonable opportunity to dispute the accuracy of the information," ATU said.

"First Group has been trampling the rights of workers," added union President Warren S. George. "Now we see they have been trampling U.S. law as well. That's why the ATU has retained counsel to represent the legal rights of not just our members - but all employees and job applicants at First Group."

While the Chicago bus drivers' suit is only starting its way through the courts, other courts -- mostly appeals courts -- have handed down recent rulings on a wide range of issues, giving workers a mix of wins and losses.

The most high-profile of those rulings, and the one that may well have the greatest impact on workers nationwide, involves the Eugene, Ore., Newspaper Guild, and its former president, Register-Guard copy editor Suzi Prozanski.

Almost nine years ago, Prozanski sent two union-related e-mail messages to her TNG colleagues, using the company's computers. The Register-Guard disciplined her arguing it had sole control over e-mail messages. Years later, the GOP Bush-named majority on the National Labor Relations Board agreed. But the U.S. Circuit Court of Appeals in D.C. didn't.

It said the NLRB and the Register-Guard were wrong. The ruling frees up e-mail, somewhat, for union use.

The problem, the judges said, was the company's e-mail policy was a flat ban on non-job-related messages -- but it didn't follow its own rules. And when the paper enforces the rules only against the union, that's illegal, the judges ruled.

"Throughout the relevant time period, the Register-Guard was aware employees also used e-mail to send and receive personal messages... e-mails such as baby announcements, party invitations, and the occasional offer of sports tickets or request for services such as dog walking," they noted. Nobody was disciplined for those e-mails.

Other notable recent cases for workers included:

When is a medical exam under the Americans With Disabilities Act not a medical exam? Georgia-Pacific in Oregon said "when we say so." The 9th U.S. Circuit Court of Appeals, sitting in Portland, said "nuts."

The case involved G-P worker -- and union member -- Kris Indergard, a 22-year veteran, almost, of the company. In late 2003, she had to undergo extensive knee surgery for job-related disabilities and was out for almost two years. Before letting her come back as either a Napkin Operator or a Napkin Adjuster in its mill, G-P gave her an extensive "physical competency exam" including stress tests, lifting 45-lb. bags of sand from the floor to the table, kneeling, squatting and crawling. She flunked. G-P, saying it had no alternative

Unit 09 Quemetco

Business is still good here at Quemetco. Despite the poor economy we are doing very well.

We will be heading into negotiations at the end of the year. Our current contract expires at the end of February. We will be getting contract surveys out to the membership the first part of November.

We had a State of the Company meeting last month. Everything that we were told was positive. The company is making money and plans to add more employees, both hourly and salary in the future.

In Solidarity,
Kelly Ray Hugunin
Unit 09 President

Unit 13 Diamond Chain

Safety

To be or not to be?

How safe are we?
How safe do you want to be?

Why turn in safety reports to the safety man if nothing is done about it. There are continuing hazards that need to be addressed and they will be. We have approached the company with our concerns. We have been 213 days without a lost time injury! Jeff Reinke, the company Safety Rep. Is making a diligent effort to work with the union on our issues. Keep your self safe. Be

aware of safety problems in your work area and throughout the plant.

In Solidarity,
John Hamby
Unit 13 Safety Chairperson

Unit 17 Mid America Extrusions

Business is still slow and down a bit from last month. In July we shipped 745,840 pounds of aluminum. In August we shipped 764,000 pounds of aluminum. Space in September we shipped 621,500 pounds of aluminum.

We have no new grievances to report. We sent one member to the conference in Jeffersonville Indiana to receive the grievance training.

We are currently in contract negotiations no need to say what that is like giving economic climate we are all experiencing.

In Solidarity,
Howard W. Davis
Unit 17 President

Unit 27 ASC (Air System Components)

Brothers and Sisters of Local 1999:

Even though we are experiencing a downturn in the economy and we are entering our slow season at ASC, things have been going good for us. We've been staying busy

in most departments and working overtime in other departments.

Some of our brothers and sisters throughout the local are not so fortunate. Some of the other units within our local are experiencing further layoffs and short work weeks. Many consider themselves lucky to be working 40 hours per week.

The holidays are rapidly approaching. We need to consider those in our unit and throughout the local in need of food and other items. We have had good participation doing food drives within our unit in the past and hopefully we can continue to provide help to families in need.

I have had several people ask me when we will begin negotiations for our new contract. The exact date has not been established but negotiations for our new contract will begin in less than a year.

New contract negotiations is going to be an important time for all of us. It will provide us an opportunity to negotiate changes we consider important in our workplace. So over the next month or two we need to start making notes of any changes we would like included in our next contract.

I would like to emphasize the negotiating committee needs your thoughts and ideas as we go into new contract negotiations. Sometime soon we will distribute questionnaires to the membership to solicit your thoughts and ideas about changes you would like to occur in our workplace.

We will request that you document anything you consider important to be included in our next

Court From Page 10.

positions open for her, let her go in 2006, despite the union contract.

She sued, saying the exam was illegal and, in so many words, rigged to violate the Americans With Disabilities Act, because it tested applicants for acts that weren't job-related. Indergard lost in lower courts, and won at the 9th Circuit.

The judges noted the act permits "physical agility tests," but it adds they "must be given to all similarly situated applicants or employees regardless of disability." If the test "screens out or tends to screen out an individual with a disability... the employer would have to demonstrate the test is job-related and consistent with business necessity and that performance cannot be achieved with reasonable accommodation," the judges ruled. G-P failed those requirements, they decided.

You can't pass over a female police officer for promotion just because she's a woman. That's what the 6th U.S. Circuit Court of Appeals said the Royal Oak Mich., police department -- which has 14 women among 60 members and one woman in its 16 supervisors -- did to Karyn Risch three times in five years. Risch's 17 years on the force pushed her ahead of male applicants for lieutenant and detective, though she finished slightly behind them on exams. The chief passed her over three times.

That not only hurt her but the trial showed it dissuaded other female officers in Royal Oak from trying for promotions the trial showed. The appellate judges ruled for Risch and sent the whole case back over for retrial under federal discrimination laws.

"Evidence that the plaintiff was more qualified than the successful applicant can in some circumstances be sufficient to raise a genuine issue of material fact," they said.

You can't fire an older supervisor because she refuses to fire older workers. That breaks federal age discrimination law, the 8th U.S. Circuit Court of Appeals ruled in a case involving the Silver Oak nursing home in Nevada, Mo. That's what nursing home superiors did to supervisor Kathy Baker, herself aged 53, in 2005.

They also said "Silver Oak "needed



people who were young and vivacious, not slow and old," that Baker "needed to get rid of 'dead wood.'" And they told Baker herself to "change her appearance because she "dressed like an old lady." When Baker refused to fire the other older workers, she got fired. The judges ruled on Sept. 14, reversing the lower court, that Baker was fired illegally, and ordered a new trial for her

If you're going to challenge your union's discipline, you'd better go all the way through its procedures before going to court. That's what the 8th U.S. Circuit ruled in a case involving IBEW Local 53 members Gerald McPhetridge, Larry Stevens

and Willie Choate. In 2003, the union discovered they were working for a non-union contractor in Springfield, Mo. They didn't show up for their union trial board hearing, were found guilty and fined \$5,000 each. They could have appealed the ruling to IBEW's international vice president. Instead, they sued, first in state court -- which threw out the case -- and then federal court. They said the fines violated their free speech and due process rights. The U.S. District Court and the appeals judges both said they had to go through IBEW's appeals procedures first, and dismissed the case.

If the NLRB orders a firm to raise workers' base pay, as the firm did in the past, that hike must stay in the workers' base pay in

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contract. As we approach contract negotiations, the negotiating committee will review and seriously consider all thoughts and ideas submitted for consideration.

I would also like to emphasize it is very important everyone cooperates and supports our negotiating committee while your new contract is being negotiated. It is understandable each member may have different opinions about the importance of various information to be included in our new contract. However, it is important everyone realizes we are on the same team with a common goal of getting a good agreement between the company and the membership.

In Solidarity
Dustin Martin
Unit 27 President



*"Your checkbook is balanced perfectly, Ms. Hadley....
It's the bank that has insufficient funds."*

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the future. That's what the 7th Circuit in Chicago said on Sept. 2 in the second case involving the NLRB, the independent United Electrical Workers, and the Aluminum Casting and Engineering Co.

Because the firm's 381 workers wanted to unionize in 1995, the company did not grant its long-time across-the-board end-of-the-year wage increase. The UE took the case to the NLRB, which ruled for the union. But the board gave the company a chance to show it could dump the 25-cents-an-hour hike in 1996 and future years.

After a later investigation, the board's administrative law judges said Aluminum Casting had to make the workers whole for their lost increase at the end of 1995, but didn't have to build it into their base for 1996 or future years. The NLRB agreed with that, but UE didn't -- and neither did the federal appeals court judges.

"Because it violated the law, the company did not compute correctly the 1995 base wage of each worker. Because it violated the law, the company is not in a position to show whether the pool of funds available for the 1996 merit increases" -- which replaced the across-the-board hikes -- "included

all of the money that it would have distributed in 1995 had it acted legally," the appellate court ruled.

"Because it violated the law, the company is unable to show whether, in 1996 and subsequent years, every wronged employee received a wage increase equal to the raise wrongfully denied him in 1995 and the amount that would have been awarded him under the merit- and training-based program. The company, not the workers, must bear any loss for the company's illegal activity," the judges said. □

Press Associates, Inc. (PAI)

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What's in the bills:

- Although it is unclear how the subsidies will be structured, one thing is apparent: Health reform legislation will include significant subsidies to help middle-class, working Americans purchase health coverage.

Why this change is needed:

- Insurance premiums are rising steeply, making private insurance unaffordable for many Americans. Between 1999 and 2008, average job-based family health premiums grew from \$5,791 to \$12,680, an increase of 119 percent.
- Today, middle-class, working families who are not eligible for Medicaid or Medicare do not receive any federal assistance to help them purchase insurance. As a result, millions of people go without the coverage and care they need.

5. A strong public plan option that will provide choice, stability, and an honest yardstick to keep costs down

What's in the bills:

- A public insurance option would be created to compete with private insurance plans to help make health care affordable for families and small businesses.

Why this change is needed:

- Insurance premiums are rising steeply, making private insurance unaffordable for many Americans. Between 1999 and 2008, average job-based family health premiums grew from \$5,791 to \$12,680, an increase of 119 percent.
- Public plans have the purchasing power needed to negotiate lower prices, and they have lower administrative costs. Private insurers will have to com-

pete with these lower costs.

- Currently, many private insurance companies devote substantial portions of premium dollars to administration, marketing, and profits. Some insurance companies earn billions of dollars in profits. The public plan would deliver quality, accessible care, and constrain costs—not earn profits for shareholders.

6. Limits on out-of-pocket spending, giving Americans real health security and peace of mind.

What's in the bills:

- Health reform will include caps on how much individuals are required to pay out of pocket for their health expenses.

Why this change is needed:

- Even when people have coverage, the high cost of health care can—and does—send millions of people into debt every year.
- In 2009, an estimated 53.2 million Americans with insurance will spend more than 10 percent of their income on health expenses.
- Nearly two-thirds (62.1 percent) of bankruptcies in 2007 were due, at least in part, to medical causes.

7. Much-needed relief for small businesses so they can afford to offer coverage to their employees.

What's in the bills:

- Health reform will provide tax credits to a growing number of small businesses to make coverage more affordable.

Why this change is needed:

- More than half of the uninsured—26 million Americans—are small-business owners, employees, or their dependents.
- Small businesses pay

higher premiums than their larger counterparts, and many cannot afford to offer coverage as a result. Among firms with 3 to 9 workers, fewer than half are able to offer health benefits to their workers.

- Our current system, where some employers offer coverage and others do not, promotes so-called “job lock,” which happens when people stay in a job just for the health insurance. Leveling the playing field so that all workers have coverage no matter what will increase job mobility, labor market efficiency, and economic growth.

8. Improvements to Medicare that will help seniors and people with disabilities afford their drugs and their cost-sharing.

What's in the bills:

- It is likely that health reform will eliminate or significantly reduce the so-called “doughnut hole” in the Part D Medicare prescription drug benefit. This will help ensure that seniors and people with disabilities get the medications they need without breaking the bank or going without other necessities.
- Health reform will expand and simplify eligibility for the Medicare Savings Programs and the Medicare Part D low-income subsidy, which should substantially increase enrollment of low-income seniors and people with disabilities they are intended to serve.

Why this change is needed:

- In 2009, the gap in Medicare Part D prescription drug coverage—the so-called “doughnut hole”—begins after beneficiaries incur a total of \$2,700 in drug costs. Coverage does not resume until they have spent



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The Latest Fallacy—The Positive Aspects Of Recession

By Sam Pizzigati, Editor, Too Much, Special to PAI

PITTSBURGH (PAI)--Plutocracy, cloaked in the niceties of diplomatic discourse, was a part -- a small part -- of the meeting of world leaders, called the G-20, in Pittsburgh last month. Several European nations proposed modest curbs on the banker bonuses that ignited the Great Recession. But they didn't gain any traction.

This sobering reality makes the latest conventional wisdom sweeping global corporate-owned mass media — that the world's rich have taken quite a hit over the last year and that the crash may actually have some positive aspects — utterly astonishing.

Job worries got you down? Bills piling up? Nothing left in your retirement stash? You need a reason to feel a bit better about the Great Recession, and major media outlets, over the last few weeks, energetically endeavored to give one to you.

This cascade of media retrospection began -- where else? -- with a front-page Wall Street Journal article, picked up steam with a front-page Washington Post piece, and revved into worldwide overdrive after a top wealth management consulting firm released a new report on the impact of the global economic crisis on the world's rich.

The basic message that all this coverage is shouting: The Great Recession hasn't been all bad. Inequality, the claim goes, is finally easing. The gap that divides the rich from the rest is shrinking — because the rich, amid the worst economic times since the 1930s, are losing significant money and power.

The wealthy are losing money, the story continues, as asset bubbles pop and crash the value of their investments. And they're losing power as angry lawmakers move to rein in rich people's capacity to rebuild their grand fortunes.

Unequivocally worded headlines, the world over, are propagating this narrative of rapidly ebbing inequality: "Recession hits super-rich hard" "Wealth inequality shrinks during financial crisis, study says" "World's wealthy pay a price in crisis" "Nations raise taxes, tighten regulations." The narrative, in fairly quick order, seems to be hardening into a global consensus, at least in the corporate-controlled mass media.

"If the financial crisis has achieved one small goal," as one Australian daily summed up, "at least it has slightly narrowed the gap between rich and poor." So do we now have, at long last, a real reason to stop worrying and love the Great Recession (also known as the Bush Crash)?

Not hardly. Inequality isn't ebbing. It's regrouping for a nasty upsurge. The world's affluent have certainly lost net worth. But for the super rich, that loss has been far more of an inconvenience than a calamity. Average working families in the U.S. and throughout the world lost far more that matters -- such as jobs and homes.

The rich, as Yale School of Management senior faculty fellow Bruce Judson observed, are "suffering relative to the past." But average households are undergoing wrenching life

changes. "With each job loss or foreclosure," Judson points out in a powerful critique of the Wall Street Journal's new take on the Great Recession, "another family joins the ranks of the former middle class." (Note the key word: "Former.")

Actual losses the super rich have "suffered" remain inconsequential. The Boston Consulting Group study on global wealth released last week reports households worth at least \$5 million saw their net worths drop 21.5% in 2008. But this hefty figure mixes in together merely rich worth \$5 million and super rich who consider \$5 million just an ordinary year's income.

To get a more accurate picture of what's happening to super rich fortunes, we need to look deeper into the data, to the Boston Consulting Group study's stats on assets held in "offshore" tax havens like Switzerland. The merely rich don't stuff much cash in offshore tax havens. The super rich do. In 2007, offshore accounts held \$7.3 trillion. Read that figure again. In 2008, the new Boston Consulting Group data show, the value of the wealth "stowed away in money-havens" only dropped 8%.

Average working people, for their part, don't have "money-havens" at their disposal. They have homes, and homes, not financial investments, make up the bulk of their household net worth. Home values, notes former Labor Secretary Robert Reich, have "taken a far bigger beating than stocks and bonds."

On average, U.S. home prices

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have fallen by a third since the housing bubble popped, and, Reich adds, they're "still falling."

Stocks, meanwhile, rallied considerably since they "hit bottom earlier this year," he points out. That's been good news for the richest 1% of Americans — who own over one-third of the nation's shares of stock — but not much solace to average families struggling through hard times. And you don't have to have had your home foreclosed or your job eliminated to feel how hard these times can be.

Seventeen percent of U.S. employers, the Economic Policy Institute reports, recently "imposed furloughs on their workers," and 20% "suspended their contributions to 401(k)s and similar pension plans." A 1-week unpaid furlough, EPI adds, is also a 2% percent yearly pay cut.

"The Great Recession," suggests Yale analyst Judson, "may be creating an even less economically equal society." Adds filmmaker Michael Moore, whose devastating movie, *Capitalism*, opened at the AFL-CIO convention in Pittsburgh:

"We're at a point now, in this country, where the richest 1%, the very top 1%, have more financial wealth than the bottom 95% combined." □

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a total of \$6,154—a gap of \$3,454. In these tough economic times, seniors and people with disabilities with significant drug costs—generally those with more serious health care needs—may be unable to afford the medications they need.

- Medicare's out-of-pocket costs have risen significantly. Median out-of-pocket spending on health care for Medicare beneficiaries increased from 11.9 percent of income in 1997 to 16.1 percent in 2005. From 2008 to 2009 alone, Part D premiums increased by 25 percent.

9. Better access to coverage for uninsured children so they can get the care they need.

What's in the bills:

- Health care reform will expand Medicaid eligibility for parents that will allow whole families to qualify for Medicaid together. Research shows that when parents and kids have the same coverage, kids are more likely to get enrolled and get necessary care.
- Reform efforts include a guarantee that all babies born in this

country start life with health coverage.

- Uninsured children in middle-class working families with incomes that make them ineligible for Medicaid and CHIP will be able to get coverage with their families in the exchange. Subsidies for families with moderate incomes will help families with incomes as high as 400 percent of the federal poverty level (\$88,200 for a family of four in 2009) afford coverage.

- Improved outreach and retention policies will make it easier for families get their children covered and keep them covered.

Why this change is needed:

- 8.6 million children are uninsured. CHIP reauthorization is expected to cover approximately 4 million of these children, but many uninsured children live in families with incomes too high to qualify for CHIP. Health reform will help uninsured children get coverage by providing new assistance to moderate-income families.

10. Long overdue steps to modernize the system, improve the quality of care provided, and curb unnecessary spending so

our American health care system delivers the best possible care.

What's in the bills:

- Health reform will bring down the cost of health coverage by making sure doctors and patients have the information they need to work together and decide on the most appropriate course of care.
- To improve quality of care, doctors and hospitals that provide better-quality care and demonstrate improved health outcomes will be rewarded.
- All health care providers will be encouraged to work together to coordinate care, avoid duplication, develop complementary treatments, and prevent errors.

Why this change is needed:

- 100,000 Americans die each year from medical errors that could have been prevented.
- To truly achieve patient-centered care, patients and their families must be equipped with tools to make informed decisions about their own treatment. □

STEEL VOICE

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