

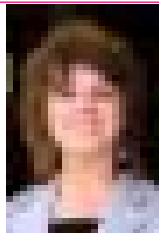


WCCFT Union NEWS

April 2006

Monthly Newsletter of The Westchester Community College Federation of Teachers

President's Message



Adding Injury to Injury

Every grievance starts with a contract violation. It is usually brought to the Union by an individual who believes he has sustained damage and is seeking a remedy. The Union attempts to solve the problem on an informal basis and if that fails there is a process outlined in the collective bargaining agreement which the parties need to follow to resolve the issue.

Because we are a union, a collective of individuals, every grievance also has broader implications for all members of the bargaining unit. The particular incident exposes a problem which other unit members may be experiencing or could in the future encounter. Entering into the procedures of solving the problem often reveals flaws in the process that need to be worked out before another similar situation arises. And whatever happens, it usually establishes a precedent for remedies sought in subsequent cases.

Several years ago, a member of the faculty fell on a broken pathway outside the Science Building (a situation which, incidentally, had been brought to the attention of the Administration but which had not been repaired) and sustained a wrist injury. In accordance with County Rule 9, Section C of the contract (page 41) which covers work-related (workers' compensation) injuries, the Administration granted leave with pay for the times when the faculty member was disabled as a result of the injury. That section allows up to six months and, in all, about four and a half months were used. All employees and officers of Westchester County are covered under this Rule.

After two surgeries, the injured party was evaluated by the treating doctor and by a so-called Independent Medical Examiner (actually a doctor chosen by the insurer or, in our case, the administrator of workers' compensation claims, since the College is self-insured).

The former reported that the worker was not able to return to work, the latter just the opposite: that is, that the worker was able to return to work.

This is not an uncommon occurrence in a workers' compensation claim and the issue must be resolved by a workers' compensation judge following a hearing at which both doctors are examined and cross-examined by attorneys. It is important to emphasize here that the credibility of the reports is a matter for a judge and not anyone in the College Administration to determine. While the matter is being adjudicated,

The lack of standards is at the heart of arbitrary and capricious behavior.

the employee is entitled, again in accordance with County Rule 9, to use his or her sick leave, a mandatory benefit which was bargained for by the Union and Management and which belongs to the employee. The wording of the contract is clear: It is not discretionary on the part of the employer.

The Administration denied the injured employee the use of any accrued sick leave and declared a "leave without pay" status.

The implications of this are serious for all of us. Without even dwelling on the safety issue of the unrepaired sidewalk, we can start with a genuine injury at the workplace which constitutes a

compensable injury. One would think this, alone, would result in some measure of sympathy on the part of the Administration. And in a world which does not immediately blame the victim, it would. But this was not to happen. At every point, suspicion and recrimination accompanied the actions of the Administration, culminating in its refusal to allow the employee to use legitimately accrued sick leave in violation of explicit contract language. Moreover, when, during a Step II Grievance Hearing, the Administration was asked what criteria it used to determine not to grant sick leave, it could cite nothing but "staffing needs."

This is not the first time that the Administration has been unable to articulate any standard for justifying its actions. There were no standards enunciated in the recent changing of a grade by the Tripartite Committee; there was no principle behind last year's removal of a professor from his classroom. Now there are no guidelines for determining whether or not sick leave is to be used by the employee who has earned that leave through a mutually bargained contract!

The lack of standards is at the heart of arbitrary and capricious behavior. How vulnerable it makes all of us to be without recognized measures for decisions made by the Administration affecting our health, welfare, and other terms and conditions of employment.

We are entitled to know the criteria for all determinations that directly impact on our lives at the College. We are entitled to an impartial panel to hear grievances (the Union has not won a single Step II grievance in the history of the union on campus). One would hope that the College Administration would respond to personal injury in a personal way. Short of that, at least it could respond in a legally correct way and abide by the provisions of the collective bargaining agreement to which it and the Union are party.



WCCFT Union NEWS

A Monthly Newsletter of
Local 2431 American Federation of Teachers (AFL-CIO)
Affiliated with New York State United Teachers

WCCFT Officers, 2005-2006

Anne D'Orazio, president
Richard Rosell, vice-president
Joyce McQuade, treasurer
Lynette DeBellis, secretary

WCCFT Executive Board

Ron Brown
Richard Courage
Carlos Delgado
Carolyn DiLeo, Faculty Development
Judy Langer
Steve Nardozzi
Joanna Peters
Patricia Torres, Adjunct Rep

Newsletter Editorial Board

Richard Rodriguez
Alfred Quinn Quinones, editorial ass't.

Phone: (914) 345-8856

Fax: (914) 345-2761

Newsletter printer

Efficiency Printing Co., A Union Shop
126 So. Lexington, White Plains, NY
914-949-8611

Calendar of Events

Monthly Meetings:

First Wednesday, 11:00 a.m.
Science Building 102

April 26, 2006:

New Faculty Luncheon

May 2-5, 2006:

NYSUT Representative
Assembly, Rochester, N.Y.

May 3, 2006:

Committee Meetings

May 23-24, 2006:

Committee of 100

July 19-22, 2006:

AFT Convention,
Boston, Mass.

August 7-8, 2006:

NYSUT
Political Endorsement
Conference, Albany, N.Y.

Action and Accountability in a Safe and Healthy Workplace

The April membership meeting focused on health concerns. A number of problems were cited by unit members and immediately relayed to the Administration. These included:

➤ Falling debris in an office in the Classroom Building.

➤ Soot on the ceilings of rooms in the Science Building.

➤ Gaseous odors in the third floor women's bathroom of the Library.

➤ General unpleasant odors and lack of cleanliness in the women's bathrooms in the Classroom Building.

➤ Strange white substance falling in an office in the Academic Arts Building.

➤ Mold and/or soot in Classroom Building 208.

➤ Mold in the Science Building.

The Union will follow up on these reported situations to see if anything has been done to investigate and correct the problems. The Union has ordered from Buildings and Grounds up-

dates on what repair projects are being done on campus so that it can track the progress on improving the physical plant at Westchester Community College.

Everyone is encouraged to write letters to the *Union News* detailing potentially unhealthy conditions. The Union will dispatch a photographer and a member of the Watchdogs to document the problem. It is important that **physical evidence** be collected for analysis.

On Saturday, April 29, twelve WCCFT and CSEA members will participate in an all day training program on indoor air quality given by nationally recognized industrial hygienist, Ed Olmstead. A second session will be scheduled at a later time for those unable to attend on the 29th. The training will consist of lecture and hands-on exercises. Please contact the Union if you know of any sites on campus you would like the group to visit.

Watchdog Training

Saturday,

April 29th 2006

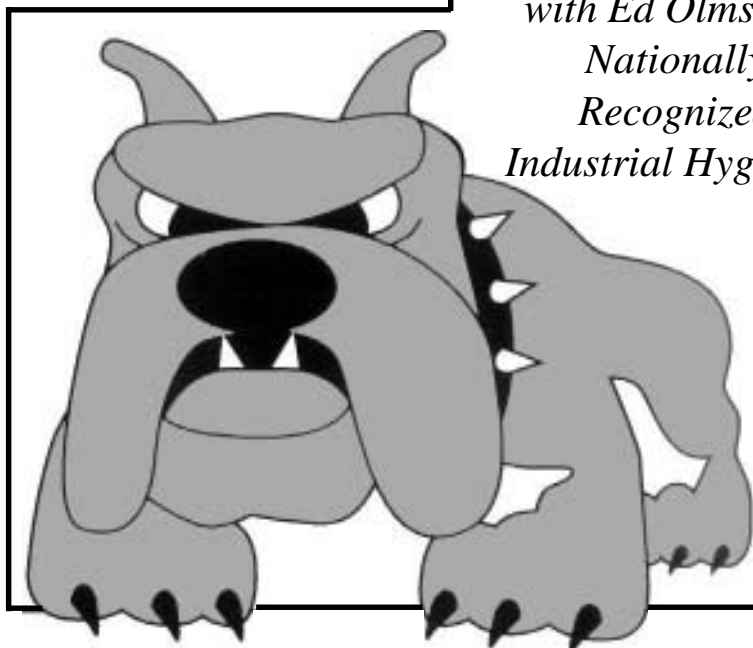
9:00 a.m. - 3:00 p.m.

with Ed Olmstead

Nationally

Recognized

Industrial Hygienist



“Open Style, Open Door”

By Richard Rosell

In his February 5th e-mail to the faculty, Dr. Hankin makes it clear, when he refers to his “open leadership style” and his “open door,” that he welcomes an atmosphere of free and frank discussion on the campus. In this spirit, I want to take this opportunity to raise a number of issues that have been on my mind for some time in the hope that Dr. Hankin will respond to them.

Issue #1

Despite his intention to maintain an atmosphere of openness, Dr. Hankin may not be aware that his unfettered authority in personnel decision making, especially promotions, has a chilling effect on the free and open discussion he is attempting to encourage. With that in mind, I would like to discuss what I consider to be some of the important ramifications of the personnel decision making process on the campus.

The college has an elaborate set of procedures for personnel decision making. These procedures were approved by both the Faculty Senate and the president. As such, recommendations on personnel matters come to the president from a number of sources: the Departmental Committee, the department chairs, and the Associate Deans. Ultimately, the Central Committee, after establishing criteria, and reviewing all the candidates’ folders, rank the candidates and send recommendations to the president. Yet, despite this elaborate procedure and the hours and hours of work members of the Central Committee expend on this process, it is *my impression* that from time to time the president’s promotional decisions deviate from the CC’s recommendations. When this occurs the president promotes candidates who were not ranked by the CC, while passing over candidates who were. Although it must be made very clear that the WCCFT contract gives the president final authority in all personnel matters, nonetheless, I believe his decision to deviate from CC recommendations raises serious questions and consequences which he should address.

...Dr. Hankin may not be aware that his unfettered authority in personnel decision making, especially promotions, has a chilling effect on the free and open discussion he is attempting to encourage.

1. Is my impression correct? Have there been instances when candidates who *were ranked* by the CC, were not promoted by the president while candidates who *were not ranked* were promoted?
2. Have there been instances when a candidate who was ranked # 1 by the CC was passed over for someone of lower rank or someone not ranked at all?
3. What criteria does the president apply when he deviates from CC rankings and does he apply these criteria consistently?
4. If the president applies specific criteria before deviating from CC recommendations, does he share those criteria with all the candidates and the CC?

Issue # 2

In the spring of 2004, Dr. Hankin took the unprecedented step of changing a student’s course grade, notwithstanding the strong protests from the three teachers who assigned it and the faculty at large. Despite the serious implications of the president’s action, he apparently did not feel the obligation to explain the academic basis for his decision to the faculty. Considering the significance of the president’s decision it would be helpful, I believe, if he would respond to the following questions:

1. What criteria (academic and non-academic) did the president apply in reaching his decision change the grade?
2. Does the president believe he should inform the faculty of these criteria so



they can incorporate them into their grading standards?

3. Considering that the president’s action required him to substitute his judgment for the teachers’ on one contested exam question, would he do the same if it involved a semester project, a term paper, an art portfolio, or an attendance policy? That is, what are the limits of his grading authority?
4. How does the president reconcile his commitment to academic freedom and his decision to change a grade?

I believe we must take the president at his word when he says that he values a free and open discussion of college-wide issues. As our personal and professional lives will inevitably be affected by the structures that exist, it is essential that from time to time we consider their impact. Only by freely discussing the way decisions are made and applied will we be able to maintain the kind of college where we all can thrive.

What Do I Do If I Witness a Seizure?

By Stephen J. Nardozzi

Some faculty members may have a concern regarding seizure disorders and epilepsy. Someone once said that knowledge is the key. If we know a little bit more about seizures, it may be easier to react properly if a seizure is witnessed on campus or in the classroom. As a general rule, it is always imperative that Security and the Health Office be notified immediately at ext. 6911.

A seizure is a brief alteration in behavior or consciousness. It is caused by abnormal electrical activity of one or more groups of neurons in the brain. Approximately 0.5% of the US population suffers from a seizure disorder annually. Most of these are actually febrile seizures (feverish children under 5 years old). It is generally accepted that seizures are caused by a structural le-

sion, or problems with brain metabolism. Seizures may be caused by several factors and infrequently may be a serious emergency. Most of the time however, recurrent seizures, such as epilepsy may be benign and not a serious emergency.

Some causes of seizures include: head trauma, stroke, hypoglycemia (low blood sugar), brain tumor, drug overdose, and infection, to name just a few. It is not important to determine the cause of a seizure in the prehospital environment. Since some seizures may indicate serious conditions, it is imperative that EMS and health care professionals be summoned immediately. EMS may be able to treat certain serious conditions immediately. If you witness a seizure, the simple first aid treatment includes moving objects away from the seizing patient in an attempt to prevent

injury. DO NOT restrain the patient, or put anything in the patient's mouth. Instead, call for help (ext. 6911) and let the seizure run its course. It may last a few minutes.

You may witness a *generalized* seizure that may present as a tonic-clonic event, where the patient becomes very stiff and rigid before the body begins a generalized twitching or convulsion. Some epileptic patients may have an *aura* or warning that they are about to have a seizure. The aura is an olfactory or auditory sensation. During a seizure the breathing may be very shallow and limited and usually returns to normal. After the generalized seizure there is a *post ictal* phase where the patient appears very tired, confused, or lethargic. This also will only last a short period of time before the patient is once again quite lucid. In addition, a patient may become incontinent, and suffer from tongue biting during the seizure.

So after all of that, what do you need to do? It is actually simple. Support the patient by moving furniture or other objects that may cause injury during the event, call for help (ext. 6911), and await the security officers and other responders who will care for the patient.

Seizures may appear to be quite disturbing and distressing to the lay person. This is expected. Because a patient having a seizure may develop saliva or even vomitus in the mouth, it is important to place that patient on their side after the seizure event has subsided.

A faculty member will need to manage the classroom as well as the seizure patient. The options are simple: dismiss the class, have them take a break for 10-15 minutes, or attempt to move the class to another room. Circumstances vary dramatically, so the teacher will need to decide what to do at the time of the event. It is important that the student's privacy be respected, and perhaps the class should be dismissed upon arrival of the EMS responders.

In an emergency, simply remember to call for those that deal with epileptic and other seizures on a routine basis. Remember, New York State has a Good Samaritan Law to protect those that render aid, and NYS Education Law Section 6308 gives additional support to those helping others. The WCC Health Office (606-6610) has offered to assist anyone with specific questions.



Left to Right: Hylton Clarke, Prof. Carlos Ortiz & Kenton Forbes demonstrate the correct positioning for a patient **after** the seizure event has subsided.

If you witness a seizure, the simple first aid treatment includes moving objects away from the seizing patient in an attempt to prevent injury. DO NOT restrain the patient, or put anything in the patient's mouth. Instead, call for help (ext. 6911) and let the seizure run its course. It may last a few minutes. Because a patient having a seizure may develop saliva or even vomitus in the mouth, it is important to place that patient on his side after the seizure event has subsided.