

Supplemental Resolution

70th Annual Convention



Communications Workers of America

June 23-25, 2008

Las Vegas, Nevada



Pass

Organize Cable and Satellite Industries Now

The cable and satellite industries increasingly provide the same bundle of services that wireline telephone companies do: phone, broadcast video, broadband internet and voice-over-internet protocol. Yet cable and satellite remain largely unorganized. Where they are organized, workers have had trouble winning contracts and maintaining bargaining rights.

Customers and revenue are flowing to these unorganized companies. So are jobs. Access lines at local telephone companies have fallen by 25 percent – representing more than 46 million customers – since 1999. Over the same period, cable companies signed up nearly 15 million new phone customers. This poses a clear threat to our members.

For decades, CWA and its locals and districts have been making efforts to organize cable and satellite companies. For example, after a five-year campaign by Local 13000, workers won the right to representation in the Pittsburgh area, creating one of the largest organized cable units in the United States. Local 4100 in Detroit developed a community-labor coalition that blocked a Comcast franchise approval for eight years. Local 1126 in New York waged a community campaign that eventually led to a contract at Time Warner. IUE-CWA Local 83711 tenaciously fought against a multi-million dollar effort by Bruister - a major contractor to DirectTV - to fend off the organizing effort of its workers in Alabama. Local 6320 in Missouri supported efforts of workers at Echostar and its contractors to organize in three states.

And the struggle often continues after organizing successes. In the San Francisco Bay area, Local 9415 has successfully fought back half a dozen decertification campaigns, maintaining a collective bargaining agreement with Comcast for over 20 years.

Passage of the Employee Free Choice Act will create even more organizing opportunities. If EFCA's protections for first-contract arbitration were already in effect, CWA would have had bargaining rights for an additional 5,000 cable workers.

But we can't just wait for the passage of EFCA. We need to gear up now to be ready. It is crucial to increase our efforts, and our success rate, for two main reasons:

- The workers at cable and satellite companies want, need and deserve the same pay, benefits and job protections that our members enjoy.
- Lower pay and benefits at unorganized cable and satellite companies reduce industry standards. In some cases, they allow unorganized service providers to underprice our employers, accelerating the loss of customers and jobs. And they encourage our employers to say they need to reduce pay and benefits to remain competitive.

RESOLVED: This 70th Convention recognizes cable and satellite companies as key organizing targets.

RESOLVED: CWA, and its locals and districts, should continue to experiment with using new technologies in creative ways, and with innovative approaches such as the Religious Leaders for Justice at Comcast and the Cable Switch campaigns in Milwaukee, Wis., and Grand Rapids, Mich.

RESOLVED: CWA, and its locals and districts, should be ready to accelerate cable and satellite organizing even more when the Employee Free Choice Act is signed into law.

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CWA Taking the Lead in National Health Care Reform

There is no debate about the health care crisis in America.

- Health care costs doubled from 1993 to 2004, according to the Centers for Medicare and Medicaid Services. Health care expenditures were \$2 trillion in 2005 when it accounted for 16% of the gross domestic product. Costs are expected to rise to nearly 20% of the GDP by 2015 (*Washington Post*, January 10, 2006).

- One-fifth of all Americans, 48.8 million individuals, were in families spending more than 10% of their family income on health care in 2003, an increase of 11.7 million persons since 1996. Of these, 18.7 million (7.3%) were spending more than 20% of their family income on health care – the amount normally spent on home ownership (*JAMA*, December 13, 2006).

Half of all personal bankruptcies are caused by illness or medical bills. The number of medical bankruptcies has increased by 2200% since 1981 (*Health Affairs*, February, 2005). Two-thirds of people with a medical bill or debt problem went without needed care due to cost (Commonwealth Fund, August, 2005).

47 million Americans were without any health insurance in 2006 – an increase of nearly 10 million since 2000 (U.S. Census Bureau, August, 2007).

In every set of negotiations, health care is a major battle. Employers must move from demanding concessions to joining us in the fight for national health care. It will require legislative action to guarantee health care for all of us. It will require a political movement to overcome the power of the insurance and pharmaceutical companies that have benefited from our lack of a national health care policy, as well as the employer free-riders who do not provide quality health benefits.

CWA is taking a leadership role in building the political movement necessary to change the direction of our nation. Our union has made health care reform a major national priority by creating a health care campaign to engage tens of thousands of our members in workshops about the need for major national health care reform as well as the enactment of Employee Free Choice. The campaign has more than 100 coordinators who are fanning out in 40 states and 125 congressional districts to deliver the workshops and recruit activists - CWA's Stewards Army - who will be on the front lines of the political movement that we need to transform America.

The CWA Executive Board has adopted five principles for health care reform that must be part of any system that will benefit CWA members and retirees:

- Cover everyone – guarantee quality, affordable health care for everyone with comprehensive benefits.

Control costs – reduce bureaucracy, promote preventative and cost effective care, negotiate drug prices with pharmaceutical firms, and regulate insurance companies.

- Strong government role – to oversee and regulate insurance and pharmaceutical companies and to assure choice of a comprehensive public plan for every one of us.

Improve quality – by promoting preventative care, evidence-based care and safe staffing standards.

Broad-based financing – to spread financing throughout the system and assure that all employers pay their fair share.

There are three pieces of legislation in Congress that meet these principles.

The United States National Health Insurance Act, H.R. 676, introduced by Rep. John Conyers, proposes a “single payer” national health insurance plan that would provide health care for all with a guaranteed level of benefits. The plan would reduce administrative waste, encourage preventive care and increase public oversight. The plan is paid for by a combination of existing financing for Medicare and Medicaid and employer and employee payroll taxes.	42 43 44 45 46
The Medicare for All Act, S. 1218 and H.R. 2034, sponsored by Sen. Ted Kennedy in the Senate and Rep. John Dingell in the House, would expand Medicare to cover everyone and would improve prescription drug, mental health and preventive care benefits. The bill also offers a choice of plan from the plans from those that are available to Members of Congress. The plan is funded by payroll taxes on employers and workers.	47 48 49 50 51
The Americare Health Care Act of 2007, H.R. 1841, introduced by Rep. Pete Stark, would build on a new and expanded Medicare program to provide health care for everyone. Employers would have the option of providing health plans or contributing to private insurance plans. Private plans must meet a minimum level of benefits. The plan would be funded through a combination of employer contributions and other government revenue.	52 53 54 55 56
Versions of these health care systems function successfully in most developed countries in the world. They have yielded the improved health care, reduced cost and protected choice of health care providers. Most countries in Western Europe, for example, cover everyone, have health outcomes at least as good as those in the United States, and spend only about half as much on health care as the United States.	57 58 59 60 61
After the 2008 national election, these and other health care reform proposals will finally have a real chance at adoption. This will create a broad public discussion about how to finally address the health care crisis.	62 63 64
RESOLVED: CWA will continue to build for health care reform on the principles of: (1) Cover everyone; (2) Control costs; (3) Strong government role; (4) Improve health quality; and (5) Broad-based tax financing.	65 66 67
RESOLVED: CWA endorses, advocates and will educate about legislative proposals that are consistent with these principles including the National Health Insurance Act, the Medicare for All Act and the Americare Health Care Act.	68 69 70
RESOLVED: This 70 th Convention encourages all CWA members to participate in CWA’s health care campaign, join the CWA Stewards Army, and help build a political movement that will achieve, at last, health care for all.	71 72 73