

AFT MICHIGAN'S 78TH CONVENTION RESOLUTIONS

Resolution #1 SAFE STAFFING FOR ALL HEALTHCARE WORKERS

- WHEREAS:** For over a decade, the healthcare industry (as well as private equity firms) has been actively merging and acquiring entire health systems. Increasing healthcare costs, impacting allied healthcare workers and the patients they serve; and
- WHEREAS:** Healthcare staffing shortages have been a concern for years. COVID-19 accelerated the shortages. In Michigan, there are currently 27,400 job openings across the state. Since 2020, 1 in 5 healthcare workers have quit their jobs. Of staff who have continued to hold their jobs, 1 in 3 are considering leaving either through early retirement or quitting; and
- WHEREAS:** There is a crisis in recruiting and retaining skilled and experienced allied healthcare professionals; and
- WHEREAS:** Healthcare employers' response to staffing shortages is to impose mandatory overtime, extending on-call hours, creating unstable and unsustainable schedules. As well as having healthcare workers perform duties outside their scope of practice; and
- WHEREAS:** As a result, Allied Healthcare Professionals have struggled with the effects of long term stress, moral and physical injury, leading to absenteeism and further compounding staffing difficulties; and **NOW THEREFORE BE IT**
- RESOLVED:** AFT Michigan will develop and implement a [CODE RED](#) Campaign with Healthcare locals to activate members and document and bring awareness of the healthcare staffing shortage crisis in Michigan; and **NOW THEREFORE BE IT FURTHER**
- RESOLVED:** AFT Michigan will develop a resource database for non-RN job titles that will assist local unions in developing strong contract language and messaging for staffing shortage (CODE RED) campaigns (ex. Staffing & Health and Safety Committees); and **NOW THEREFORE BE IT FURTHER**
- RESOLVED:** AFT Michigan will support and elect candidates who support safe staffing; and **NOW THEREFORE BE IT FINALLY**
- RESOLVED:** AFT Michigan will work to pass legislation on safe staffing levels for all Michigan healthcare systems (e.g.. [Oregon HB 2697](#)).

Submitted by: AFT Michigan Healthcare Committee; Revised and recommended for adoption by the Legislation Committee.
Approved by the 78th AFT Michigan Convention (May 4, 2024)

Resolution #2 INCREASING ACCESS TO HEALTHCARE AND OTHER BENEFITS FOR PART-TIME FACULTY & STAFF

- WHEREAS:** Over the last four decades, the academic labor pool has shifted dramatically. [Forty years ago, 70 percent of academic employees were tenured or on the tenure track. Today, that figure has flipped; 75 percent of faculty are not eligible for tenure, and 47 percent hold part-time positions](#); and
- WHEREAS:** Part-time faculty and staff are “canaries in the coal mine” who face the brunt of many negative trends in higher education today; and
- WHEREAS:** Many part-time faculty and staff work at multiple colleges and universities in an effort to make ends meet without being able to qualify for the benefits of full-time employment at any single institution, which means their issues cannot be fully addressed through collective bargaining alone; and
- WHEREAS:** Campaigns that improve conditions for part-time faculty and staff will also have positive effects on other employees and students; and
- WHEREAS:** If colleges and universities provided equitable pro rata compensation to part-time faculty and staff, including pay, healthcare and other benefits, they would have less financial incentive to continue shifting work from

full-timers to part-timers; and

- WHEREAS:** Many issues facing part-timers, such as lack of access to health and retirement benefits and public service loan forgiveness are difficult for locals to address at the campus level in the absence of statewide action; and
- WHEREAS:** States like California, Colorado and Oregon have taken legislative action to improve conditions for part-timers by providing incentives and requirements for institutions to coordinate action and offer benefits to part-timers; and **NOW THEREFORE BE IT**
- RESOLVED:** AFT Michigan will launch a campaign to increase access to healthcare and other benefits such as retirement and loan forgiveness for part-time faculty and staff across the state; and **NOW THEREFORE BE IT FURTHER**
- RESOLVED:** This campaign should include coordinated action on campuses, our state legislature, and potentially across the nation; and **NOW THEREFORE BE IT FURTHER**
- RESOLVED:** AFT and AAUP local unions will take action on our campuses to improve conditions for our part-time members via contract campaigns and issue-based policy campaigns; and **NOW THEREFORE BE IT FURTHER**
- RESOLVED:** We call on the Michigan legislature to create a data collection system for the purpose of tracking employment in public higher education. Such a structure could help part-timers by:
- Creating a pool of part-time employees for health insurance (like campaigns in [CA](#) and [OR](#))
 - Documenting employment status for Public Service Loan Forgiveness (PSLF) reporting
 - Coordinating retirement system participation across multiple institutions
 - Documenting rates of pay and other working conditions across campuses; and **NOW THEREFORE BE IT FINALLY**
- RESOLVED:** On both a campus and statewide level, we will build coalitions with the MEA, AFSCME, UAW and other unions representing part-time faculty and staff on our campuses.

Submitted by: AFT MI Higher Education Committee; Revised and recommended for adoption by the Legislation Committee.
Approved by the 78th AFT Michigan Convention (May 4, 2024)

Resolution #3 FULLY AND EQUITABLY FUNDING OUR PUBLIC SCHOOLS

- WHEREAS:** Students across Michigan are set up to meet academic state standards when their schools are fully and fairly funded; and
- WHEREAS:** The 1994 passage of Prop A created a disproportionate system for funding our schools, and state budgets in recent years have allocated unprecedented dollars in an attempt to close the gaps between districts; and
- WHEREAS:** The Michigan School Finance Research Collaborative (SFRC) has identified small class sizes, counselors, paraprofessionals, social workers, school libraries, career and technical education, special education programs and staff, and preschool as school resources that contribute to school environments where all students are able to meet academic standards; and
- WHEREAS:** [Studies](#) over the last decade have shown that Michigan's education system is inadequately funded, leaving over 70% of Michigan students to attend schools that lack resources needed to set students up for long-term success both in and out of school; and
- WHEREAS:** Michigan's most marginalized students are impacted most significantly by inadequate school funding and subsequently a resource gap; and
- WHEREAS:** The [SFRC](#) has recommended adopting a weighted funding system, which provides a base funding level for each pupil in the state with additional funding for certain student populations calculated as a percentage of the base cost. The SFRC adequacy study recommended "weights" for students from low-income backgrounds, students with disabilities, and English learners. By ensuring a weighted formula that takes into consideration the needs of the student population, funding can be fairly applied to support students' varied needs; and **NOW THEREFORE BE IT**
- RESOLVED:** AFT Michigan will develop and launch a ballot initiative campaign focused on equitably and fully funding our public schools as recommended by the SFRC, ensuring a weighted funding system supporting our most marginalized districts and students; and **NOW THEREFORE BE IT FURTHER**
- RESOLVED:** AFT Michigan will advocate for an overhaul of Michigan's school finance formula replacing it with a funding system that includes a base cost, weights for student needs, and adjustments for district characteristics; and **NOW THEREFORE BE IT FURTHER**

RESOLVED: AFT Michigan will create a racially, multiculturally and geographically diverse coalition to oversee, implement and manage the ballot initiative from its beginning stages until its passage in the legislature; and **NOW THEREFORE BE IT FINALLY**

RESOLVED: AFT Michigan will educate and support elected officials, partner organizations and members in voting for and implementing a new funding system:

- AFT Michigan and the coalition will research and identify the most just and equitable means to increase tax revenue across the state of Michigan to equitably fund education in perpetuity.
- AFT Michigan will continue to advocate for state budgets that mirror the suggestions proposed by the SFRC until a new funding formula is implemented.

Submitted by: AFT Michigan PreK-12 Committee; Revised and recommended for adoption by the Legislation Committee.
Approved by the 78th AFT Michigan Convention (May 4, 2024)

Resolution #4 PHYSICIAN ASSISTANTS AND ACCESS TO MENTAL HEALTHCARE

WHEREAS: In the State of Michigan there is a critical need for additional mental health services; and

WHEREAS: Over 3.5 million Michiganders live in health provider shortage areas. 38% of Michiganders who experience mental illness have an unmet treatment need with 53% of people with depressive episodes and 46% with anxiety going untreated in Michigan; and

WHEREAS: There are 7,400 Michigan Physician Assistants (PAs) who practice medicine and prescribe, all of whom have completed basic training in the field of Psychiatry. The typical PA in the State of Michigan sees 60 patients every week and there are more than 550 newly licensed PAs in Michigan every year; and

WHEREAS: Currently Michigan PAs are not listed as mental health care providers. This limits their ability to provide or refer for psychiatric services to those in need; and

WHEREAS: [House Bill 5114](#) would add Physician Assistants, Certified Nurse Practitioners, and Clinical Nurse Specialists to the Mental Health Code and allow them to refer patients for evaluation by a psychiatrist; and

WHEREAS: House Bill 5114 has a long list of supporters and has been referred to the Health Policy committee for a vote; and **NOW THEREFORE BE IT**

RESOLVED: AFT Michigan supports legislation that improves health care access and Physician Assistant practice; and **NOW THEREFORE BE IT FINALLY**

RESOLVED: AFT Michigan will work with state legislators to move House Bill 5114 forward this legislative session to a vote in the Michigan House of Representatives.

Submitted by: UPAMM #5297; Revised and recommended for adoption by the Legislation Committee.
Approved by the 78th AFT Michigan Convention (May 4, 2024)

Resolution #5 PHYSICIAN ASSISTANT COMPACT LICENSURE

WHEREAS: Throughout the United States there is a healthcare provider shortage with rural and socioeconomically disadvantaged areas disproportionately impacted. Healthcare impacts communities in a variety of ways, including impacts to residents, businesses, and the local economy to name a few; and

WHEREAS: Since the COVID pandemic newly evolving models of telehealth are being implemented to address timely access needs of all patients; and

WHEREAS: In Southeast Michigan those aged 65 and older are projected to increase by 37% (300,000 people) between 2020 and 2050. This is a population who historically winters in the southern United States; and

WHEREAS: To address provider shortages as well as to allow for important continuity of care for patients, states enter into compact licensure agreements allowing clinicians physically present in one state to provide timely care for patients physically present in another state in the agreement. This can be accomplished through telemedicine, allowing clinicians to follow their patients, or assist regions who are experiencing a shortage; and

WHEREAS: Currently in the State of Michigan, doctors and psychologists have compact licensure agreements in place. Physician assistants currently do not; and **NOW THEREFORE BE IT**

RESOLVED: AFT Michigan supports legislation that improves access to healthcare, particularly in underserved populations; and **NOW THEREFORE BE IT FINALLY**

RESOLVED: AFT Michigan will work with the state legislature and the Michigan Academy of Physician Associates (MAPA) to pass [HB 5117](#).

Submitted by: UPAMM #5297; Revised and recommended for adoption by the Legislation Committee.

Approved by the 78th AFT Michigan Convention (May 4, 2024)

Resolution #6 RESTORING PENSIONS FOR MICHIGAN EDUCATORS & HEALTHCARE PROFESSIONALS

WHEREAS: The education and healthcare professions are essential to a functional society; and

WHEREAS: Consistent and long-term healthcare professionals, educators and educational support staff are essential to students and communities; and

WHEREAS: Stability in the education and healthcare system is imperative for students; and

WHEREAS: The current retirement system is exploitative and unstable; and **NOW THEREFORE BE IT**

RESOLVED: The State of Michigan must re-implement a public pension system which all educators, healthcare professionals, or other job categories may contribute to and draw from; and **NOW THEREFORE BE IT FURTHER**

RESOLVED: The pension system should be invested based on socially responsible guidelines including, but not limited to, environmental justice, labor and human rights; and **NOW THEREFORE BE IT FINALLY**

RESOLVED: AFT Michigan will lobby state elected officials to implement said pension system.

Submitted by: Dearborn Federation of Teachers #681; Revised and recommended for adoption by the Legislation Committee.

Approved by the 78th AFT Michigan Convention (May 4, 2024)

Resolution #7 WALTER BERGMAN HUMAN RIGHTS AWARD—DAVID HECKER

WHEREAS: David Hecker served as President of AFT Michigan from 2001 to 2023. During his tenure, AFT Michigan organized many new locals representing thousands of new members—particularly in higher education and healthcare, weathered a storm of anti-union and anti-public education attacks, built deep partnerships with community allies, and became a political force in the state; and

WHEREAS: Hecker became a member of the American Federation of Teachers (AFT) in 1977, when he joined AFT Local 3220, the union of graduate assistants at the University of Wisconsin-Madison, where he earned a Ph.D. in Industrial Relations; and

WHEREAS: Hecker served as a Vice President of the national AFT from 2004 to 2024, including serving on the AFT Executive Committee and co-chairing the AFT Organizing Committee; and

WHEREAS: Even stronger than his allegiance to AFT, Hecker is a lifelong trade unionist committed to building a strong labor movement. From 1986 to 1996, Hecker served as Executive Assistant to the President of the Metropolitan Detroit AFL-CIO. For many years, he served on the Executive Committees of the Michigan State AFL-CIO and Metro Detroit AFL-CIO and has also been a member of AFT delegations to the Education International World Congress, worked with the National Union of Teachers in England, the Cambodian Independent Teachers Union, and higher education unions in Israel and the occupied territories; and

WHEREAS: Hecker is also active with many community organizations. He is chair of Community in Schools Michigan and the Green and Healthy Schools Coalition, co-chair of the Metropolitan Affairs Corporation, serves on the boards of Promote the Vote, the Michigan League for Public Policy, the Education Alliance of Michigan and New Detroit, and is an officer-at-large of the Michigan Democratic Party; and **NOW THEREFORE BE IT**

RESOLVED: AFT Michigan thanks and honors David Hecker as the 2024 recipient of the Walter Bergman Human Rights Award.

Submitted and recommended for adoption by the Human Rights Committee

Approved by the 78th AFT Michigan Convention (May 4, 2024)

Resolution #8 REDUCING WORKPLACE TRAUMA FOR EDUCATORS AND HEALTHCARE WORKERS

- WHEREAS:** Educators and healthcare professionals are leaving their professions at an alarming rate which is creating a critical shortage of staff across the country; and
- WHEREAS:** It is imperative to protect patient rights in hospitals, emergency rooms, urgent care clinics, doctor's offices, senior assistance care facilities and rehabilitation centers; and
- WHEREAS:** It is imperative to protect student FAPE rights in general ed., special ed, PK-12 environments and institutes of higher learning; and
- WHEREAS:** It is also just as imperative to protect the rights and well being of teachers, administrators, paraprofessionals, educational staff, and healthcare professionals who provide educational and health care services for our society; and
- WHEREAS:** Healthcare labor unions and advocates have long raised concerns about the healthcare staffing shortage. This has been exacerbated by the COVID-19. Since 2020, 1-5 healthcare workers have quit their jobs due prolonged stress and trauma. Many healthcare workers have and continue to experience moral injury leading to mental and behavioral health challenges; and
- WHEREAS:** Healthcare workers have reported symptoms of PTSD and STS (Secondary Traumatic Stress) also known as Moral Injury/Distress. The reasons are complex and varied however, 73% of healthcare workers experience workplace violence from patients, their family members and coworkers. It is likely much higher due to underreporting. The types of violence experienced are verbal abuse, physical assault, stalking and sexual harassment; and
- WHEREAS:** Healthcare labor unions and advocates have long raised concerns about the healthcare staffing shortage. This has been exacerbated by the COVID-19. Since 2020, 1-5 healthcare workers have quit their jobs due prolonged stress and trauma. Many healthcare workers have and continue to experience moral injury leading to mental and behavioral health challenges; and
- WHEREAS:** Healthcare workers have reported symptoms of PTSD and STS (Secondary Traumatic Stress) also known as Moral Injury/Distress. The reasons are complex and varied however, 73% of healthcare workers experience workplace violence from patients, their family members and coworkers. It is likely much higher due to underreporting. The types of violence experienced are verbal abuse, physical assault, stalking and sexual harassment; and
- WHEREAS:** In addition to the frequency of workplace violence, moral injury/distress is compounded daily: chronic understaffing; increased workload; unpredictable hours and scheduling; lack of respect and empathy from management. This can lead to feelings of hopelessness, lack of confidence, shame, guilt, and fatigue; and
- WHEREAS:** The moral injury/distress sustained by healthcare workers and educators results in an increase in absenteeism. It can also impact patient care and poor patient outcomes as well as unhealthy learning environments for students and staff; and
- WHEREAS:** In the education realm, among the most frequently cited reasons for these departures are anecdotal stories of trauma suffered by educators and their students as a result of threats, violence and disrespect experienced in the classroom by out of control actions of children and some adults; and
- WHEREAS:** Extreme conduct is creating symptoms of PTSD among educators and students as they are being exposed to threatening, violent, destructive and dangerous behavior. Conduct which often results in minimal consequence as guidelines regarding FAPE and other mandates seem to outweigh the rights of the offending actor over the very same rights of those exposed to their extreme behaviors; and
- WHEREAS:** The result of these traumatic events is manifesting in PTSD symptoms amongst students and educators. The trauma they are suffering is real and it is significant. Parents look to schools to remove these unsafe conditions from their buildings and classrooms, but they are simply not equipped to fix the problem. This reality drives parents to look for alternative school choices for their children, whom they wish to protect from extreme conduct and detrimental learning environments. Unfortunately, as they realize these realities are widespread, they continue to be transient in their search for a safe and nurturing learning environment; and
- WHEREAS:** Not only students and their parents seek environments where traumatic events are less common, but so do educational staff. Many are leaving to districts where outrageous and uncontrolled behaviors are less frequent. Teachers and their families are being threatened and attacked both

physically and online by students and some parents at ALL levels, PreK-12, and in the higher education world as well. Sometimes they are the target of aggression and threats and sometimes they are casualties of the same when trying to protect others in their classrooms. Paraprofessionals in particular are subject to very dangerous and violent conduct inflicted by those in their care; and

- WHEREAS:** Exposure to these threats and the consequences of choice options are disproportionately affecting public schools in less prosperous communities and communities of color. This is true as these communities tend to have less available resources, like social workers, certified special education staff, experienced paraprofessionals, robust restorative justice programs, and more appropriate educational environment placement alternatives available to them. The result of these realities is demonstrated through a gradual densification of students with behavioral issues concentrating into schools wherein trauma is common and choice is sought after; and **NOW THEREFORE BE IT**
- RESOLVED:** The AFT will work with legislators to examine the effects of extreme behaviors in creating PTSD symptoms amongst staff exposed to such behaviors in the current educational and medical environments; and **NOW THEREFORE BE IT FURTHER**
- RESOLVED:** Further examine how to arrest the increase in extreme behaviors responsible for creating trauma and PTSD for educators and healthcare professionals; and **NOW THEREFORE BE IT FURTHER**
- RESOLVED:** Examine policy that will reinforce the prioritization of protecting the FAPE rights of those students subjected to traumatic events instead of the priority being to protect the rights of the offending parties at the expense of others; and **NOW THEREFORE BE IT FURTHER**
- RESOLVED:** Find policy and legislation that recognizes the trauma suffered by staff exposed to extreme behaviors including mental health care and paid time off to recover from such trauma and in some cases ensure the safety of themselves and their families; and **NOW THEREFORE BE IT FINALLY**
- RESOLVED:** Build coalitions with state government agencies and organizations to develop programming to address Trauma and Resilience in the workplace (MI Labor Economic Opportunity Initiative Mental Health in the Workplace. [Corporation for Skilled Work Force - Trauma and Resilience at Work](#)).

Submitted by: Eastpointe Fed of Educators, #698; Revised and recommended for adoption by the Human Rights Committee.
Approved by the 78th AFT Michigan Convention (May 4, 2024)

Resolution #9 EDUCATION AND LEGISLATIVE POLICIES PROMOTING SELF-CARE

- WHEREAS:** The introduction of COVID-19 caused significant disruptions to the elementary, secondary, and postsecondary education systems as well as early childhood programs. The biggest disruption was the closing of the schools, which had a significant effect on the students. They were more anxious, missed opportunities to learn, and saw their achievement gaps worsen. Assessing the short-, medium- and long-term consequences of educational disruptions is an ongoing process, and the full impact will likely not be known for many years; and
- WHEREAS:** The pandemic had a wide range of consequences on student outcomes across all age groups, as well as wider social effects that impacted schools' capacity to operate. The school engagement and learning results can be divided into two primary areas. Graduation, attendance, enrollment, and matriculation to postsecondary education are examples of indicators of school engagement. The results of standardized tests are commonly used to gauge learning outcomes in literacy and numeracy. By all accounts, the situation of students seems to be worse than it would have been in the absence of the pandemic, with the negative effects being particularly acute for low-income and racially and ethnically marginalized communities; and
- WHEREAS:** Numerous indicators, including graduation rates, attendance rates, and enrollment rates, show a decline in the level of engagement in education from preschool through college. The evidence that is currently available suggests that the pandemic has resulted in a decrease in the number of students enrolled in preschool, public schools, or any other type of formal education; daily attendance has decreased compared to before the pandemic; and the rates of high school graduation and college enrollment have decreased relative to expectations; and
- WHEREAS:** Self care is an important part of maintaining mental and physical health; and
- WHEREAS:** Student self-care is essential to maintaining a balance between school and wellness; and

- WHEREAS:** Self-care looks different for everyone. Finding the self-care activities that work best is crucial to maintaining a healthy lifestyle; and
- WHEREAS:** Self-care improves concentration and productivity, reduces stress and anxiety, so that one can rest, relax, recharge; and
- WHEREAS:** The [science of learning and development](#) emphasizes the need for whole-child learning environments that [foster positive developmental relationships](#) between students, educators, families, and caregivers. Our current education system often minimizes opportunities to build and maintain meaningful relationships and fails to provide personalized support that enable students to learn, cope, and become resilient. This depersonalized approach is especially damaging to students who may be experiencing the effects of poverty, trauma, discrimination, and racism. Strong relationships and [restorative practices](#) are ways to address experiences that may [interfere with learning](#), undermine connections, and impede opportunities to grow and develop the skills and competencies young people need to succeed in school and life; and
- WHEREAS:** Students must feel safe and supported across [all domains of development](#)—academic, cognitive, social-emotional, ethical, identity, and physical and mental health. Safe and supporting climates are more likely to occur when learning environments are structured in ways that support the whole child and are responsive to the student's strengths and needs; and **NOW THEREFORE BE IT**
- RESOLVED:** That AFT Michigan will promote educational policies that support relationship-centered learning environments that build trust between students, faculty, and families/caregivers; cultivate safe and welcoming learning environments where all students feel appreciated and where positive relationships can be cultivated; embrace restorative and educational approaches to discipline that swap out disciplinary procedures with trauma-informed and healing-focused strategies; Create partnerships, offer individualized supports that address the holistic needs of students, their families, and caregivers, and establish integrated support systems that use an asset-based approach to address social, emotional, academic, physical, and mental health needs; additionally, offer high-quality expanded learning time that minimizes opportunity gaps, capitalizes on students' strengths, and fosters positive relationships; **NOW THEREFORE BE IT FINALLY**
- RESOLVED:** That AFT Michigan will advocate for legislative policies that are grounded in the science of learning and development and supportive of students' academic, cognitive, social and emotional, and identity development, as well as their mental and physical health and well-being, policies that are made collaboratively, across child-, youth-, and family-serving agencies and institutions, informed by stakeholders, and guided by a shared whole child vision, policies in which all policymakers and stakeholders in child-, youth-, and family-serving agencies and institutions, informed by stakeholders, and guided by a shared whole child vision, policies in which all policymakers and stakeholders in child-, youth-, and family-serving systems hold collective responsibility for how policy affects children and youth; this includes education (early childhood to young adulthood), health and human services, juvenile justice, youth development, child welfare, housing/homelessness, and workforce initiatives, policies that create the enabling conditions for and removes barriers to successful implementation of rich, developmentally appropriate educational experiences within schools, districts, and communities, funding and resources that are distributed efficiently and are equitably based on student need from the state level down to the classroom, policies that use data for continuous systemic improvement—to detect gaps in resource allocation, assess areas of strength and areas for growth, and inform plans for continuous improvement.

Submitted by: Detroit Federation of Teachers #231; Revised and recommended for adoption by the Human Rights Committee.
Approved by the 78th AFT Michigan Convention (May 4, 2024)