

Should Psychologists Unionize? A Colloquy With Labor and Management Experts

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In this article, experts in labor and management address the question of whether unionizing is an appropriate vehicle through which psychologists can protect professional autonomy, standards, and quality of care. One threshold issue is the degree to which health care professionals have control over their incomes and working conditions in the current marketplace and their willingness to perceive themselves as "workers." Examples of successful labor-management collaboration on behalf of patients and union representation on behalf of psychologists are provided. Some legal and strategic considerations about forming or joining unions are also discussed.

As corporate downsizing has been eliminating job security for millions of American workers, the prevailing conditions in the health care marketplace have been threatening the economic security of thousands of health care professionals, including psychologists. Health care providers have begun to use the leverage of forming large group practices as a means of acquiring more bargaining power with large managed care organizations. However, only a minority of health care professionals have explored another possible alternative that could potentially benefit them: forming labor unions to deal with corporate management (Sullivan, LaGana, Wiggins, & DeLeon, 1997).

This article addresses some of the advantages and disadvantages of union representation of psychologists. It is excerpted from a symposium that took place at the 103rd Annual Convention of the American Psychological Association, New York City. The symposium, held on August 13, 1995, was titled "Labor Representation in Psychology—If You're Employed, You'll Need It." The impetus for that program came from Bill Safarjan, who has been involved in union representation issues for public-sector psychologists in California (Safarjan, 1997). The panel of labor and management experts addressed the question of whether unionizing is an appropriate option by which profes-

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sionals can protect professional autonomy, standards, and quality care.

Labor: A Union Consultant

Jim Miller

I would answer this question about the appropriateness of unionizing for professionals by discussing the current situation of workers and professionals in America today, how we have arrived at this state of affairs, and what we can do about it.

If we take a look at the state of American workers in our society today, it is a rather sad state. Workers in the United States work 1 month longer a year than they did in 1967. U.S. workers work longer than their counterparts in other countries. One-third of our entire workforce is part-time, contingent, and disposable and receives low wages with little or no benefits. They are what we call *employees at will*. They exist at the whim and the pleasure or displeasure of the employer.

The average full-time worker puts in an average of 5 hours overtime every week. The real income of American workers is down about 25% since 1972. Since 1980, six to eight million manufacturing jobs have disappeared in our economy because of downsizing, speed-up, and corporations running away to cheaper, nonunion work areas of the world.

U.S. workers work longer than workers in other countries. In the United States, the average full-time worker puts in 2,094 hours a year; in Japan, 1,888 hours; in Germany, 1,639 hours. Our workers cost less than workers in other countries. The average wage in the United States is \$16.73 per hour; in Japan, \$19.01; and in Germany, \$25.71. This is at the time when the productivity of American workers is at an all-time high. American workers are still the most productive workers in the world, averaging about 3.5% production increase each year. So their productivity is going up, but their income is going down.

In our society, we are also witnessing class divisions that we have not seen since the 1920s. We are seeing a society where the rich are getting richer, the poor are getting poorer, and the middle class is being squeezed. Ninety-eight percent of all income growth in our society since 1979 went to the top 5% of the income group. The top 1% of that income group owns 40% of all the national wealth. The class divisions of our society, which we thought would be modified by the emergence of the labor unions in the 1930s, are getting wider and wider. In fact, we have wider class divisions by income than any Western industrialized society in the world, including Great Britain.

A brief literature survey suggests that things are not getting very good for psychologists, either. Many professionals believe that providers are working for insurance companies now, not for patients, and that is unethical. Many physicians and psychologists believe that they now are piece workers in an industry whose entire output is under the total control of others. And there have been some surveys of how psychologists feel about what has happened to them, where more and more decisions that used to be professional decisions are being determined by nonprofessionals and by insurance companies.

In addition to the income wage, which is going down, what we used to call the *social wage* is going down as well. That is

to say, there has been a decrease in those benefits that citizens have enjoyed by virtue of their taxes, by virtue of being members of society, and also by virtue of some of the struggles that unions engaged in to get these benefits. For example, if we take a look at state budgets, like New York's, we see proposals for billions of dollars in cuts in Medicaid and Medicare, freezes on school aid, reduction of substance abuse programs, transit cuts, large cuts in the state university budgets, drastic cuts in funds to administer child welfare programs, privatization of public sector jobs, which can lead to the reduction of new jobs and wages and benefits, and so forth.

Why is this happening? I think it is happening because corporations are dictating public policy today. If we take a look at rates of profit in the 1950s, the increase in corporate profit was around 17.5% per year. That was reduced to 9.5% in 1982. One can speculate that around that time, corporate America decided it wanted to restore profit levels. One of the ways they did that was to pit workers against workers, states against states, and countries against countries to see who would work for the cheapest and for little or no benefits. Right now, 300 transnational corporations own 25% of the world's assets. Each of these 300 transnational corporations is richer than 130 of the world's countries. In a world where countries and their politicians compete with each other in a race to the bottom, there is a downward leveling of workers' living standards the world over. The object is to get the most profit you can from the cheapest labor and rebuild your profits. There are other tactics that are used, including union busting, outsourcing of U.S. jobs, runaway shops, and deregulation.

I will end with six questions. If you answer no to these six questions, then I would have to say that you do need a union. You will have to decide for yourselves.

1. Without a professional organization with authority and leverage to bargain, can you refuse to comply with managed care regulations without compromising your stature as an employee or panel member?

2. Without a professional organization with authority and leverage to bargain, can you insist that your current working conditions are enumerated in your service contract and have these enforced?

3. Without a professional organization with authority and leverage to bargain, do you have an equal voice or any voice with management in determining your conditions of employment?

4. Without a professional organization with authority and leverage to bargain, is it possible for you to obtain the information necessary to determine whether your employer or HMO is telling you the truth about the ability to pay?

5. Without a professional organization with authority and leverage to bargain, do you have a mechanism and the necessary skills or authority to represent yourself when there are differences in opinion with your employer or HMO?

6. Without a professional organization with the authority to bargain—and I do not mean collective begging, I mean the authority to bargain—do you have the professional autonomy and discretion needed to provide quality care to your patients?

If you should decide to form a union, I would like to paraphrase a short quote given by Prime Minister Winston Churchill to the Harrow School, a school from which he had been expelled

when he was a young man: "Never give up. Never, never give up. Never, never, never, give up."

Labor: A Union Trustee—Psychologist

Haydee Montenegro

As a union leader and a psychologist, I see ourselves as taking part in a battle of David against Goliath. My goal is to bring out to you ways in which we can strengthen ourselves in our role of David. It is an uphill battle, but we have to do it. It is a matter of survival.

Our economy is changing rapidly from a manufacturing economy to a service economy. There are more unionized service-sector workers in the United States than ever before. But in the United States, we have a problem in terms of professional identities and blue-collar worker identities. If I were to ask you to visualize a worker who is working on a telephone line and a professional working in a nursing environment, who would you think is the union member? The answer is both, the blue-collar worker and the professional.

As psychologists, we have a related problem in that we have a history of participating in labor relations in terms of being employers or management. There is a long tradition in industrial-organizational psychology of being agents of management. In many cases, psychologists have been good agents of management in terms of improving the working conditions in the work site. But our perspective has been on the management side of the equation. This may need to be reexamined. What is the distinction that separates somebody who is a worker from somebody who is management? The main distinction has to do with whether or not we have a say in the terms or conditions of our employment—whether or not we have a say in terms of determining policy. If we are not policymakers, if we do not have a say in the terms or conditions of employment, we are on the labor side of the equation. It does not matter what kind of job we do. It does not matter if we are working in an air-conditioned office and we see patients and we are wearing a three-piece suit; as long as we are not in charge of our terms or conditions of employment and as long as we are not policymakers, we are actually workers. This can be a difficult conceptual leap for psychologists, but the time has come to reexamine this issue.

What can unions do about professional issues? First of all, for salaried professionals, unions can bargain for compensation benefits, salary and health benefits, and other benefits. In contract negotiations, unions also can have a say about working environments, health and safety issues, and proper settings for intervention. Unions can also address professional needs in terms of employment security, time and attendance rules and accruals, caseloads that we can actually handle in an ethical way, and training and retraining. These are some of the areas in which unions and professional interests coincide.

Professional issues and union issues are not really that different, and we have to see the similarities between the two. This will become increasingly apparent with privatization. Privatization is having a tremendous impact on professionalism and on professionals working in public institutions. In my opinion, it's

not only privatization but abandonment of the mandate of the government to serve the people. If you read the legislative document of the state of New York in terms of the labor force of the year 2000, you can see deprofessionalization presented in terms of more and more simple tasks to be performed by people with less educational background. This situation will affect us directly, and if we do not do something about it, we are going to end up in the losing end of this situation.

Management: A Commissioner of Mental Health

Joel A. Dvoskin

I believe in the value of unions within large organizations. If the unions ceased to exist tomorrow, I believe that it would hurt me in my role as acting commissioner of the New York State Office of Mental Health. It would hurt the agency very much. The bulk of union interests are exactly synonymous with my interests as a representative of management. We have a duty to create safe and therapeutic environments for the people who live in our hospitals and who come to our clinics. And those are exactly the kind of things that improve the quality of work life for the people who work there.

The band of disagreement between unions and management typically is small, and yet it typically takes up all of everybody's time and energy, which is why there is frequently a lot of bad feeling between unions and management. One example is that every year we have negotiations between the state and the unions for money. And every year we all know—they know and we know—almost to the penny what the salary raises are going to be. There is only so much money and everybody knows (off the record) what it is. Yet that is what all the time is spent arguing about. What really matters, though, are the other things that may be gained in the course of the negotiations—things that many union members feel very strongly about and that affect the quality of their work life and often the lives of the patients and clients they serve.

Despite unions' rhetoric, I would submit that unions are neither more moral nor more concerned with patients than is management; nor are they less so. When people say that the union has to guard your ability to treat patients in an ethical manner, the implication is that the union is looking out for the patients and management is not, and that is wrong. The union is looking out for its workers, and, as I said a moment ago, many of those concerns in fact benefit the patients and service recipients very nicely. The government similarly has an interest in serving its consumers and service recipients as well as its taxpayers. The interests of consumers are no more the province of one side than the other. They ought to be, and are, very much in the forefront of the thinking of both unions and management.

One of the exciting things that we are doing in New York is using labor/management monies to develop curricula for training our psychologists so that they can do a better job and enjoy the job more. The Public Employees Federation has joined with the Office of Mental Health in agreeing to invest \$70,000 in curriculum development and hundreds of thousands of dollars in training staff. Together, we have developed seven curricula for training psychologists in skills such as cognitive-behavioral

treatments and culturally competent evaluation within the rehabilitation–recovery model. Sorry to say, these skills are not taught in many graduate psychology programs, and many people come to us from their internships unprepared to provide the services that consumers value the most. These curricula will help our psychology interns and staff better serve people who receive services in the public sector.

If psychology is going to thrive in organized systems of care, it is going to have to reassert itself as an essential component of care. People who are diagnosed with schizophrenia may have trouble, for instance, not because they hear voices, but because their life is falling apart. It may be because they are disconnected or because they lack skills. It is not simply because they are hearing voices. It is because they are frightened. It is because they are angry at the lives that our society makes them live. Psychologists like Bill Anthony have shown that by teaching people skills, you can save their lives and restore them to productive, healthy, reasonably happy lives. Psychologists are the very best at doing this, but only when they do it. We have to focus on the things that are essential to saving the lives of the people that we serve. By joining us in supporting psychologists who wish to improve these skills, I believe that their union in New York is showing a level of leadership that is remarkable and fundamentally valuable to its members.

I think that unions are going to need to be very careful not to be rigid in this environment. The environment changes so quickly that unions need to be able to move very quickly, too. The most important message that I have, for unions and for professional organizations, and what I have learned especially in the last 5 months as acting commissioner, is that we as psychologists must listen better to consumers of services. My prediction is that they are going to determine our economic future. We had better pay attention to what people say helps them and try to do more of it. The words *professionalizing* or *deprofessionalizing* should not mean that we know best what other people need. It means that we should offer highly trained people who have very specific skills and who will help people solve real problems in their lives in a way that *they* value. If we do not do that, we will go broke and for good reason.

Labor: A Union President–Psychologist

Leonard Davidman

A few years ago, a psychologist working in a city hospital was approached and said, “Dr. G., how would you like to supervise some psychology students?” The psychologist said, “That would be wonderful, I would love to supervise to get a feather in my cap. I would love to do that.” So for many months, Dr. G. was supervising psychologists, and he was very proud of what he was doing. A few months into that term, he found out that his title, staff psychologist, paid a certain salary. And if you want to supervise someone, you should become a senior psychologist and get a raise. He approached his director and asked for a raise, but he could not get one. What he did then was to approach the union and, through many levels of negotiations, he did get his raise. He was paid \$2,000 in back pay to compensate for what he had done for the many months of

supervision. However, after he was paid, his director said, “You must now cease in this supervising and just do basic work.” He then quit and then went to work for GHI (Group Health Insurance).

Another psychologist was working many years in a city hospital and was asked to become a clinic director. He was promised a promotion by a medical doctor. He said, “I would love to be a clinic director, that is another feather in my cap.” After many months of looking at his paycheck, he found out he was not being paid a penny more for being director of a clinic. He went through many labor negotiation meetings, and eventually he did win and was given a raise through the help of the union. He was not given a promotion, but he was given a raise. These are two examples of out-of-title work that unions helped psychologists with.

In New York City, psychologists recently won the right to get a pay differential for having a license here in the state. And so hospital psychologists who were full-time or part-time workers got the pay raise. But for some reason, at the prisons, they felt that part-time psychologists should not get a raise. So they did not give them a raise. Again, through the use of the union’s work and through using lawyers, these psychologists won the right to be paid for their license.

At the police department, many psychologists left because the work was very difficult. They were evaluating new police applicants and it was also their job to take guns away from policeman who should not carry a gun anymore. Because of this difficult work, many psychologists quit, and the remaining psychologists had to work overtime. They were paid, but they had to work overtime and carry a beeper and be available more than they were used to. They asked the director to hire more psychologists. The director could not hire psychologists. The union was brought in, and, again through wide-level management meetings with labor, they were forced to put an ad in the *New York Times* and began to hire more psychologists.

Here is one other example: Recently, a drug addiction program was audited by an auditing organization, and this drug addiction program did not have their own psychologists. Once in awhile, they would use psychologists from their hospital to do some testing. When the auditors came by, they said, “Oh, of course we have psychologists. Dr. X is our psychologist.” But the psychologist, Dr. X, wanted her ethics to be respected. She said to the administrator, “Do not put my name on your list of staff for this drug addiction program.” They did not listen. The union was called in, and the union then got in writing an agreement from the management that they would not use this person’s name on the list of professionals of this organization.

Now, why am I giving you these examples? Because I want you to see that it is not just money that union psychologists deal with. Psychologists are not just there to make the money. When we were going to graduate school, we never thought of ourselves as laborers, and, as a matter of fact, when I first came to work for the City of New York, I saw myself as a professional. I heard that the union was for cleaning people, and I did not want to go to meetings. I did not go to a meeting until one day I was told, “Lenny, you might lose your job tomorrow because of a hiring pool.” What is a hiring pool? Well, no one told me, but I did not lose my job. But after that point, I decided to

become educated and joined the union, although my dues would be taken automatically anyway. I went to meetings, and I started to work at the union and work my way up. Our local used to represent over 300 psychologists in New York City. Now we are just a little bit over 200. The truth is the numbers are going down. But one of the things that we have to learn about unions is that it is our job to educate ourselves. It is really our job to learn what the laws are and to learn how we can work together to get what we need. It is our job to come together collectively. It is our job to educate our colleagues. When you participate in a union, you begin to see the big picture. I think that you have a lot of examples of what unions can do and know that collective bargaining is very important.

Management: An Attorney

Bernard Ferster

The area of collective bargaining today is 100% legally created, whether you are a state employee or whether you are an employee of a private organization. The relationship between you and your employer on a collective basis is the product of law. You have to look to that law to determine whether or not it is in your interest to go form a labor union or join a labor union.

The first thing for you to consider is: Are you going to be permitted to remain psychologists? Are you going to be permitted to practice your profession without somebody telling you what to do? The answer is, it all depends. Consider with whom you join a union. A union is a union, that is, it is a joining together of people, and in that process you give something up—but, who do you give that up to? Who are your fellow union members? They are the members of a particular bargaining unit. That bargaining unit might be all professionals. If you remember that unions are political, not economic, institutions, you will understand your difficulty as a professional. If the union that comes to organize is strong in a nonprofessional area, you may find yourself trapped into a bargaining unit of nonprofessionals and professionals. How do you fare in that? The first rule in politics could be stated as, "If you've got the vote, you do pretty good. If you don't got the vote, you don't do so good." That has got to be considered in your decision to form a union or to join a union. You are giving up something to do that. You are going to have to bend with the will of the majority, and you have got to be careful about who does the collective bargaining for you.

There are a lot of other factors involved. Starting a union is a rather complicated process, and nobody is going to be able to proceed very far in this process before they have to get a lawyer to help them through the thickets. There is no question, however, that in the process of forming your union and in the process of doing collective bargaining, you will lose some of your autonomy as individual professionals. Now, you may lose that anyway because the economics of the industry are changing. The days of solo practice are coming to an end. One of these days, almost every health care professional will end up working for somebody. That somebody will either be a state, or a for-profit, or perhaps it will be a voluntary—more likely a for-profit. But

collective bargaining can help you protect the standards of your profession, providing that the bargaining union represents you and not necessarily a whole lot of other people.

The law governs a lot of areas in addition to the employment relationship. For example, the federal Fair Labor Standards Act (1938, as amended) says you have got to get paid extra if you work overtime, unless you qualify for a professional or other exemption. The Americans With Disabilities Act of 1990 says that if you have a disability that is recognized, then you can have a reasonable accommodation made for you in order to perform the job. For quite awhile, there has been a federal Pregnancy Discrimination Act (1978) that protects women. It has been supplemented by the Family and Medical Leave Act (1993), which permits you to have leaves of absence in certain situations. There is a law that governs whether or not an employer can use a polygraph on an employee (Employee Polygraph Protection Act, 1988). There is the wonderfully named COBRA statute (Consolidated Omnibus Budget Reconciliation Act, 1985), which continues insurance benefits of people after their employment terminates. There is a whole collection of laws that protects your employment against discrimination on the basis on age, sex, national origin, and so on (e.g., the Age Discrimination in Employment Act of 1967, as amended). And finally, of course, is the W.A.R.N. statute (Worker Adjustment and Retraining Notification Act of 1988), a wonderful little law that people are rapidly forgetting about that requires employers to give 60 days notice of a mass layoff or facility termination.

Outside of the collective bargaining relationship, there are a great many legally protected rights and privileges that you have. And, again, the legal profession is necessary to go through some of those.

The first speaker ended with a quote. Let me also end with one. At the signing of the Declaration of Independence, Benjamin Franklin said, "We must all hang together, or assuredly we shall all hang separately" (*Bartlett's Familiar Quotations*, 1995).

Question and Answers

Are there potential disadvantages to psychologists being part of a much larger union that represents other occupations as well, where psychology-specific interests may not get singled out for attention? (e.g., Safarjan, 1997).

Joel A. Dvoskin

Within the unions now, we have a situation where unions have had to become big to get any power. Psychologists who belong to large unions have to bargain to become a priority *within* the union in addition to bargaining *as* a union. That is really what I see as the dilemma—if the union remains small and you only have psychologists, you lose a lot of power but you would be much more specific to psychologist's issues. I do not think there is one answer to this, but it is going to be increasingly important.

Haydee Montenegro

I would also like to respond to this question. There are a number of issues that concern psychologists but not only psy-

chologists. There are many issues in terms of conditions of employment that are above and beyond the specific concerns of the profession. These are important things to keep in mind, considering the fact that bigger unions have more bargaining power. This does not mean that I am advocating that this is the only solution to organizing. There could be many different ways of organizing according to specific needs.

One thing that I would like to stress is the need for psychologists who are union members to organize within unions. We are not recipients of union services. We are the union. We are the organization. We can make the organization put emphasis on specific concerns. Unless we are active participants in the organization, we will not get our concerns heard. The squeaky wheel is the one to get the grease. And if the squeaky wheel happens to be somebody outside of the field of psychology, psychologists are not going to get their concerns heard by the union or by any other organization. So my message is we need to organize within. We have to get more psychologists involved in the running of the union and in the policy making of the union. We do not want to have taxation without representation. We have to be active participants in the union in order to get our concerns heard.

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