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ALERT

TOP STORY

SHELBY COUNTY

Shelby County employees critique 'toxic' work environment

Taylor Vidmar

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Members of the Shelby County Board responded to claims from courthouse employees that their workplace environment is "toxic" during the board's May meeting on Thursday.

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SHELBYVILLE — The Shelby County Courthouse is a “toxic” work environment, multiple county clerk’s office employees told the county board.

“The last four years being a county employee have been the most stressful, negative and filled with turmoil,” said Lisa Swenny, a 16-year county employee and president of the county’s AFSCME chapter. “They can be explained with this analogy: employees are treading water in the ocean, just trying to keep our heads up and stay breathing. Meanwhile, sharks start circling and attacking the people next to you, picking them off one by one. You're just praying to survive long enough to outlive the circling sharks and the attacks.”

Swenny rose during Thursday’s county board meeting to respond to ongoing tensions between county employees and some board members.

Multiple citizens said they feared “retaliation” from the county for their remarks.

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“It seems that it’s only good to this board when it speaks to the bubble,” said county resident Marilyn MacZura. “At last meeting, I tried to share clarification and understanding about the toxic work environment which exists here by drawing on my 50 years of corporate management experience. Instead, you allowed others here who can talk at any time during the meeting to interrupt me and talk over me. Then you hijacked my time in public body comments.”

County employee Elizabeth Ragan said employees are “ridiculed and punished” for voicing their opinions to the board. She also accused board members of doing business “in top secret” and excluding some board members from committee communications.

When asked by board member Julie Edwards, R-Shelbyville, to state which of her colleagues had been excluded from important messages, Ragan named Carol Cole and Theresa Boehme, the board’s only Democrat.

Edwards asked Ragan to send her the specific communications in question, and Ragan said she would.

Edwards spoke up shortly after the interaction to read an email she said she sent to all county department heads on April 21, after similar conversations erupted at the last county board meeting.

“In light of recent concerns brought forth by a member of the public and reprinted in the Shelbyville Eagle, I feel it's necessary to reach out to our county department heads,” Edwards said, quoting her email. “While I do not feel it is the job of the board to micromanage departments, these concerns were brought to the board and I feel they're serious enough to warrant a follow up.”

The questions posed to department heads included: Do you or any of your employees of your department feel unsafe or in danger? Have you or the employees in your department witnessed physical, verbal or sexual abuse in the workplace?

Only the state’s attorney and the treasurer responded, Edwards said.

But MacZura and others suggested the efforts to reach out were not in good faith as multiple county employees have already established a distrust for the board, while the state’s attorney’s and treasurer’s offices are in good favor with the board’s majority.

A more appropriate option might be to send completely anonymous surveys to all employees, suggested resident Chris Boehme.

Board Chairman Robert “Bobby” Orman, R-Windsor, said the county “need(s) a whistleblower policy something fierce.”

Public body comment lasted for nearly an hour-and-a-half, with board members at times arguing back and forth with members of the public. Conversation later shifted focus to **newly-appointed State’s Attorney Robert Hanlon**.

Hanlon was not present at Thursday’s board meeting. He did not respond to multiple calls from the Herald & Review on Friday.

Multiple citizens expressed concern that Hanlon, a Northern Illinois native who has no prosecutorial experience, isn’t often available in his office.

Many also criticized Hanlon’s use of American Rescue Plan Act money to fund a pay increase of nearly \$1,500 per pay period for his assistant state’s attorney and a \$50 per hour wage for an individual living outside the county to scan and digitally file the office’s records.

But some county board members jumped to Hanlon’s defense.

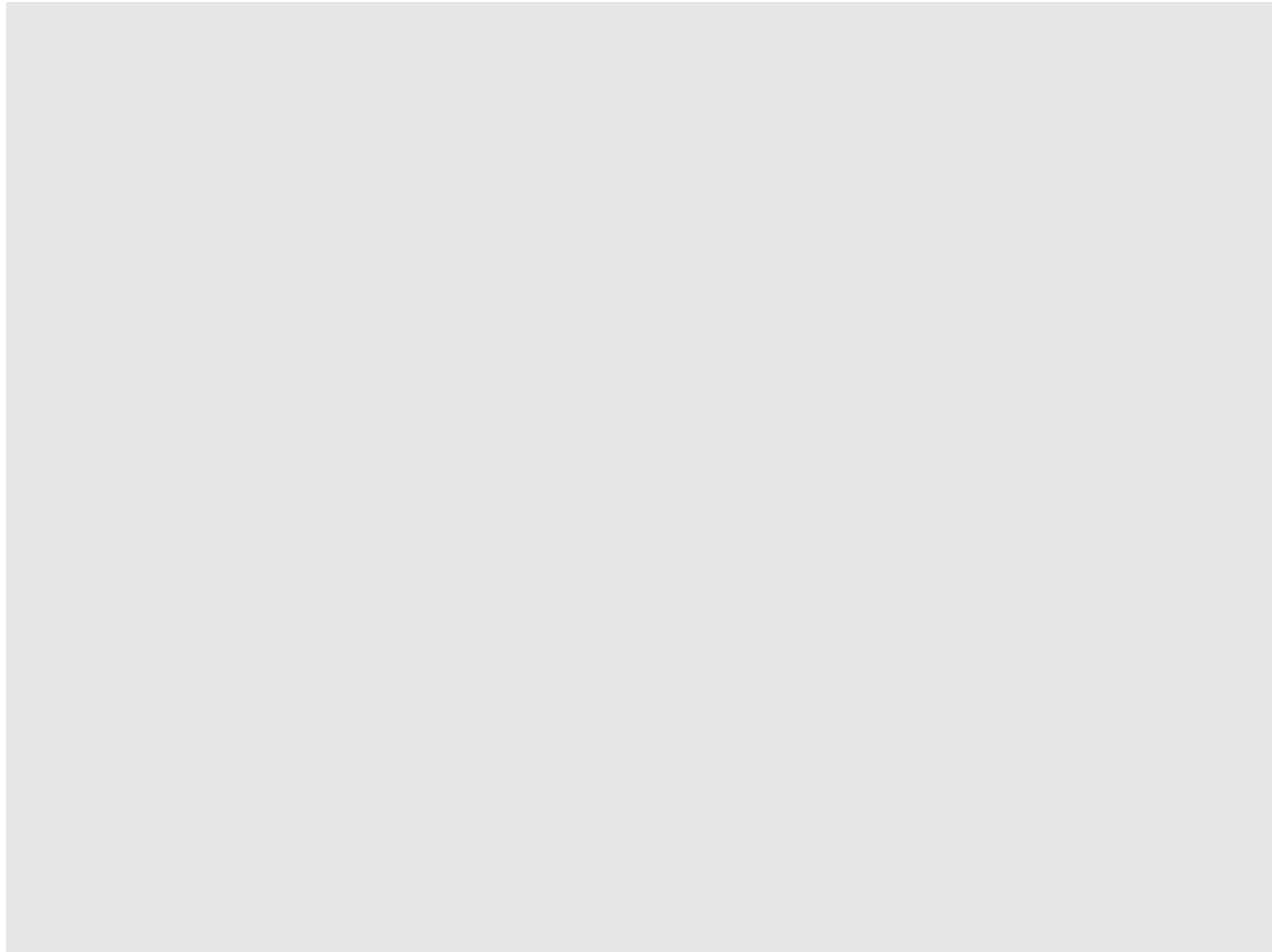
“I’m just going to say, the witch hunt against our state's attorney, Rob Hanlon, is getting insanely old,” said board member Martha Firnhaber, R-Shelbyville.

Many of the board’s remaining agenda items passed with little fanfare, and many residents who came for public comments left before the nearly three-hour-long meeting was over.

Here are some key health policies that will and will not change with the COVID-19 public health emergency's end

Here are some key health policies that will and will not change

with the COVID-19 public health emergency's end



The public health emergency declared for the coronavirus pandemic expires on May 11.

The emergency declaration began in 2020, followed by various other legislative and administrative actions, allowing the federal government to waive or modify rules and expand the health care system's capacity to provide care and coverage for all Americans during the worst pandemic in more than a century. Experts agree that given the current state of the pandemic, this expanded capacity and coverage is no longer necessary. Some policies will end immediately, and others will be phased out over time.

Stacker identified some of the major health policies applicable to the general public that will be affected by the public health emergency's end. To learn more about how specific health insurance waivers and other flexibilities enabled by the COVID-19 emergency declaration will be impacted, see the Department of Health and Human Services **fact sheet**.

Testing will change

Free at-home tests will no longer be available through the **government's COVID-19 website** after **May**; however, people who are uninsured will still be able to get tested through the CDC's **Increasing Community Access to Testing** program free of charge.

During the public health emergency, insurers were required to reimburse up to eight antigen tests per person every month. After May 11, Americans with traditional Medicare or private insurance will not be guaranteed free at-home tests, though some insurers may continue to cover them voluntarily. While PCR tests ordered by health care professionals will still be covered under most insurance plans, there may be a cost-sharing component for some people.

Rapid tests will continue to be covered for people enrolled in Medicaid or the Children's Health Insurance Program through Sept. 30, 2024, after which states may limit the number of tests provided or impose cost-sharing policies.

Uninsured people in states and territories that adopted temporary Medicaid coverage will no longer be able to receive free coronavirus testing services after May 11. At-home tests may still be available at free health clinics, community health centers, public health departments, or other local organizations for people who cannot afford them. The cost for a box containing two tests is about \$25.

Vaccination will not change

Vaccines will remain free for everyone for as long as federally purchased vaccines last. Providers of federally purchased vaccines cannot charge patients or deny vaccines based on insurance status.

Even after the federal vaccine supplies run out, likely in the fall, vaccines will continue to be free to the vast majority of insured people. However, private insurers will no longer be required to reimburse for out-of-network vaccinations. The Biden administration also **announced a \$1.1 billion program** to ensure access to vaccines and treatment through December 2024 for the uninsured.

Treatment costs will change

The U.S. government still has supplies of COVID-19 antiviral treatments such as Paxlovid. Doctors administering federally acquired treatments must provide them for free to people regardless of their insurance status.

When the federal supply of treatments runs out, manufacturers will determine medication prices, and the price individuals pay for the drug will depend on their insurance. Those not on Medicaid will likely pay out-of-pocket just as they would for other prescription drugs. People with Medicaid will continue to have access to Covid-19 treatments at no cost until Sept. 30, 2024.

All FDA-allowed medicines used to treat COVID-19 will be covered through Medicare Part D, affecting just under 50 million older Americans.

Telehealth and virtual care will likely not change

Major telehealth flexibilities will likely not be affected. The majority of current Medicare telehealth flexibilities utilized throughout the public health emergency, particularly by patients in rural or health care shortage areas, will remain in place through December 2024. Waivers and provisions allowing high-deductible health plans to offer telehealth before patients hit their deductible will remain in place.

During the public health emergency, HHS temporarily waived penalties for telehealth providers using technologies that didn't comply with federal privacy and security rules. After May 11, telehealth services will be restricted to "HIPAA-compliant" technologies.

Data reporting and surveillance will change

For the last several years, medical laboratories have been mandated to report the results of coronavirus tests and vaccine administration to the CDC, which has helped gauge the severity of the pandemic nationwide. That lab reporting requirement expires with the public health emergency.

Hospitals will still be reporting data but on a more limited scale. Reporting of positive test results, the number of hospitalized COVID-19 patients, and the stock of certain medical supplies will continue through the end of April 2024.

Emergency use authorizations will not change

The FDA's ability to authorize products, including tests, treatments, or vaccines for emergency use, will not be affected by the ending of the public health emergency.

Additionally, the agency's ability to use emergency authorizations in the future will not be affected, including for an updated coronavirus vaccine that's likely to be used in the fall.

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By Taylor Vidmar