ONE
VOICE
UNITED FOR QUALITY CARE

Charting a new course at NewYork-Presbyterian with 1199SEIU, elected officials, artists, and the community. See page 3.
Questions we need to be asking

By Judy Sheridan-Gonzalez, RN, NYSNA President

What you don’t know could actually hurt you. It has been said that the economic crisis that began in 2008 was largely because of homeowners’ irresponsible borrowing and that the “free market” is the solution to our troubles. The truth is that powerful corporations and the supremely rich push for laws to further their wealth and power. If we wish to make positive changes, we need to know what’s really going on.

Who’s driving the right-wing tendency?

The push to greater corporate power in healthcare, and throughout the economy, is no accident: It’s the result of deliberate planning and big-time money. Billionaire brothers David and Charles Koch have been investing heavily for years in turning their austerity vision into reality, causing grave harm to hard-working families like ours.

David Koch, New York’s richest man, sits on NewYork-Presbyterian’s Board of Trustees and donated $100 million as seed money for a sparkling new medical office building that’s now under construction on the Upper East Side (hardly a medically underfunded area) bearing his name.

Koch and his friends quietly created organizations like ALEC to fulfill their objectives to provide corporate free rein across the spectrum and a new social order that declares every man for himself. (See Jill Furillo’s article on page 4 for the full story.)

Healthcare in New York

This corporate agenda has led to a systematic deterioration of nursing practice and the decimation of health services to our neediest communities. As NYSNA members and leaders, we refuse to stand by and watch this happen. We have a plan, which we are implementing region by region, and a vision of what healthcare can look like.

As you will read in the following page, at NewYork-Presbyterian, NYSNA has joined with 1199 to build a working relationship in order to challenge austerity measures that harm both patients and health workers.

NYSNA has developed a set of principles (see page 5 in this issue) that defines public healthcare in New York City; our program has generated the support of other unions. We have the country’s biggest and best public system and intend not only to keep it that way, but to extend quality care so that all New Yorkers truly have access to the care they need, whether or not they have money in their pockets, no matter the neighborhood they call home.

Why Brooklyn is so important

The pitched battle over the future of community healthcare continues in Brooklyn. Every day brings new ferment, be it a mobilization, legal maneuver, hearing, or job action. You may be tired of hearing about it, but what happens in Brooklyn portends the future for patients, communities, and healthcare workers everywhere in our state.

NYSNA, in coalition with the community, other unions, and many politicians, has been successful in keeping these hospitals open for more than a year since their death knell was announced. This is unprecedented.

While the final outcome is still unknown, the fight for healthcare justice will continue. This movement must grow for communities and workers to achieve a humane healthcare system.

Staffing is the issue

We continue to build momentum to win a safe staffing bill in New York State. This is the premier practice issue for all nurses who care for patients and all the people we care for. People who say “It will never happen in New York” are defining us as powerless victims. We are not interested in being passive observers of nursing burnout and patient neglect. Read more about these issues on pages 8 and 9.

The rocky road ahead to meet our objectives simply means we have to put on the right boots. We can’t win without the involvement of our members. Don’t miss out in being a part of crafting our future. Anything is possible when we are on the right side of history.
ONE VOICE united for quality care

IT’S A NEW DAY at New York-Presbyterian, where the NYSNA/1199 Campaign for Quality Care is taking hold. We have joined forces because we share a common goal: providing quality care.

All too often, management at Presby undermines that goal. Every healthcare worker knows that quality care is achieved when we have a voice in decision-making. We’re on the front lines: We know what patients need, and we know what we need to do right by them.

The NYSNA/1199 partnership at Presby is forging a new model of how to make change for the better for patients and healthcare workers alike. The campaign is taking many forms: joint delegate meetings, joint chapter meetings, joint quality care committees in each unit or department, and, when needed, protests to underscore our issues and demands.

We’re creating the space to talk with one another and to find new ways of working together for our common cause. We are committed to keep building, and to keep doing more.

Together, we’re taking a stand for:
- Safe staffing in every unit and department.
- Adequate supplies that function properly.
- An end to corporatized healthcare.
- A voice in resource allocation and budgeting.
- Access to critical data to participate in decision-making.

Add your voice to the chorus for change. Together, there will be no silencing us.

Bigger and stronger

“This is new for me. I’m getting active now because protecting my patients, my livelihood, and my colleagues go hand in hand. The patients and the staff aren’t first here. We have a lot of forces against us. My main concern is management taking shortcuts. They don’t get the input from staff that they need. Staffing isn’t safe. With 1199, we’re bigger and stronger. We’re in this fight together – and we can accomplish more together.”

– Basil Tons, RN, NewYork-Presbyterian Hospital

Determining what we need

“I got involved because of staffing issues. In our unit, we have a lot of managers and not enough of everyone else. All of us workers getting together is how we’ll determine what we need to do our jobs instead of others deciding for us.

“Management cuts in all the wrong places because they don’t ask us what we need. We’re the ER, but they say we use too many sheets, same thing with patient food. We have to argue for essentials. With 1199, I think we’ll make management hear us. I don’t see why we can’t determine what we need to do our jobs. Management doesn’t even touch patients.”

– Yasmin Bahar, RN, NewYork-Presbyterian Hospital

Putting patients before profits

1199 and NYSNA share the same interests. The Koch brothers have done a lot of damage to the working class. David Koch donated $100 million for Presby to build an ambulatory clinic in a rich area while hospitals are closing in areas of need. It’ll be nonunion, which will be a body blow to us union workers at Presby. We’re facing a real crisis and we need to show our solidarity to make clear that this is unacceptable. We need to understand who the Koch brothers are so we can put patients before profits. We’re excited about working together with 1199, to be speaking with one strong, united voice.”

– Anthony Ciampa, RN, NewYork-Presbyterian Hospital, NYSNA Director at Large

ON THE COVER

New York State Senator Adriano Espaillat; Presby members Anthony Ciampa, RN, and 1199’s Angela McCoy; Public Advocate Tish James; Actor and activist Danny Glover; 1199 President George Gresham; NYSNA President Judy Sheridan-Gonzalez; and NYSNA and 1199 members at the Campaign for Quality Care kickoff rally in December.
The American Legislative Exchange Council, ALEC, which drafts, distributes, and promotes legislation at the state level across the U.S., has released details of its draconian blueprint for America in the form of a 2014 agenda. Consumers, workers, environmentalists, school children: beware.

On the list: Opposition to Consumers’ Right to Know Origin of Our Food, specifically resisting what it calls “additional regulations and requirements for our meat producers and processors”; “Punitive Damages Standards Act,” which undercuts the rights of injured Americans to hold corporations accountable; legislation that promotes for-profit school companies; an array of laws that would strip environmental protections, pushing natural gas, hydraulic fracturing, and pipelines; and the undermining of workers’ rights, in the form of “Public Employee Choice Act.” This Act effectively constitutes “right to work” for public employees, defeating collective bargaining, which is absolutely essential to blunting the nation’s juggernaut of economic inequality.

At its peak, in 2011, ALEC counted 2,200 state legislators on its membership books, plus corporate sponsors Walmart, McDonald’s, and Coca-Cola. But its staunch backing of gun rights in the form of Florida’s “stand your ground” law cost members in the aftermath of the Trayvon Martin shooting in February 2012. Backing voter suppression legislation also led to some shedding of members stuck on that old-fashioned concept. Lost members translated into lost dues and a funding crisis now looms.

Powerful forces

Still, ALEC is formidable. A core group of state lawmakers – 1,810 – remain on its membership roster. This number amounts to almost a quarter of all elected representatives at the state level across the nation! And stalwarts like the energy baron Koch brothers, the Searle Foundation (set up by makers of NutraSweet), and corporate giants AT&T, Exxon Mobil, Pfizer, and tobacco multinational giant Altria fill out the ranks.

Now, ALEC has set up a separate sister organization called the Jeffersonian Project, a proactive effort to thwart any successful investigation of its tax-exempt status. The new organization is seeking 501(c)(4) status, which of a “social welfare organization” that can more freely unloosen its lobbying. ALEC itself holds a charitable designation with some limitations. “Any activity that could be done by ALEC may be done by the Jeffersonian Project if legal counsel advises it would provide greater legal protection or lessen ethics concerns,” says a note to the ALEC board, as reported by The Guardian newspaper in December.

Ethics can be thorny. ALEC’s principal benefactors are the Koch brothers, whose Wichita-based business generates $115 billion a year in revenue – that’s more annual money generated than by Google, Goldman Sachs, and Kraft combined.

Menacing threat

According to a report in the January 13, 2014 issue of Fortune, Koch enterprises constitute “a highly disciplined organization that plans to play a critical and growing role in delivering electricity, food, technology, and, one day, maybe even tap water.” With investments in high-speed communications, fertilizer and other agribusiness, steel for infrastructure in electricity delivery and specialized grids, transportation, including railroads and water systems, and the fourth-largest commodities trading operation, their reach is formidable.

The Koch brothers, whose combined wealth is estimated at $72 billion, allocated $122 million to ALEC in 2012, with tens of millions contributed to its ideological cousins.

Last, but not least, David Koch sits on NewYork-Presbyterian’s Board of Trustees. His multimillion dollar gift to the hospital will get him his name on a new – non-union – pavilion on Manhattan’s Upper East Side. We’ll be right there to remind Koch and his cronies in ALEC that quality patient care comes first.
LABOR UNITED FOR QUALITY PUBLIC HEALTHCARE

Healthcare as it should be

It’s time to turn the fight to defend public healthcare into a movement to expand it. And in December, NYSNA began to build that movement. The New York City Health and Hospitals Corporation (HHC) is the largest public healthcare system in the country. It’s what healthcare should be: quality care available to everyone, regardless of ability to pay. But public healthcare in New York City is at risk of being undercut. NYSNA has developed a program to put it on sure footing, and we have united with the other unions in the Municipal Labor Committee that represent workers at HHC – including 1199, AFSCME District Council 37 and several of its locals, Committee of Interns and Residents, Doctors Council, Organization of Staff Analysts, and CWA Local 1180 – to advocate for the changes it will take to make sure HHC remains the model for quality healthcare for all that it can, should, and must be.

Mayor de Blasio reiterated his commitment to preserving and expanding healthcare in every neighborhood when he announced his choice to head HHC, Dr. Ramanathan Raju. We are prepared to work with Dr. Raju to enhance HHC. The program that NYSNA’s HHC/Mayorals Executive Council and the HHC unions in the Municipal Labor Committee passed in December provides the city with the blueprint to keep its commitment.

“This is new for NYSNA. We’re not just trying to stop cuts and privatization. The HHC program presents a comprehensive alternative to guarantee that public hospitals have the resources to provide every New Yorker with quality healthcare regardless of anything.”
– Anne Bové, RN, Bellevue Hospital, President of the NYSNA HHC/Mayorals Executive Council

“We’ve developed a unified approach with other healthcare unions to protect and expand public healthcare in New York. And we’re building support among patients, community groups, healthcare advocacy organizations, churches, and elected city leaders.”
– Jackie Gilbert, RN, Harlem Hospital, President of the NYSNA Congress of Local Bargaining Units

“We passed the HHC program because it’s time for a proactive vision for what healthcare should be in New York City. This is a signal to the new administration that we intend to make public healthcare a central question and to be vocal.”
– Sean Petty, RN, Jacobi Hospital, NYSNA Director at Large

Principles for HHC

1. Maintain and expand existing HHC services to address unmet healthcare needs in every community so that no part of New York City is a healthcare desert.

2. Reverse the privatization of services at HHC facilities.

3. Create democratic local planning bodies empowered to assess community health needs, to develop plans to meet those needs, and to allocate healthcare resources accordingly.

4. Establish hospital cooperatives to plan and coordinate healthcare delivery based on community needs, ensuring that need drives decision-making, not the quest for profit.

5. Provide adequate funding and reimbursement rates to HHC and other safety-net hospitals to fully cover the costs of treating Medicaid, Medicare, and uninsured patients.

6. Expand the network of public hospitals and other health services to meet community needs and to preserve and improve the quality of patient care at HHC facilities.

7. Promote mandatory, statutory minimum staffing levels in all healthcare settings – and implement safe staffing ratios now for nurses, doctors, LPNs, aides, and other patient-care staff.

8. Create a more democratic and representative corporate structure that includes more patients, advocates, and direct-care staff on the HHC board – and establish decision-making processes that ensure that caregivers have direct power over the design and organization of patient-care programs.

9. Expand the role, powers, and function of community advisory boards to make them more effective watchdogs of local facilities.

10. Remove unnecessary layers of managerial bureaucracy and other overhead costs, allowing greater resources to be directed to patient care.
Working together to provide quality care

HEALTHCARE CO-OPS

IT’S TIME FOR A NEW PARADIGM in healthcare delivery, one that puts patient need before profit without exception.

The overall healthcare needs of a community have little room for consideration in a system that, in the words of a recent New York Times article, is “moving more rapidly than ever...toward control by corporate interests.” The consequences are devastating: 28 hospitals have closed in New York State since 2000. And with each, New Yorkers have lost access to care.

Cooperatives and communities

Another way is eminently possible. Healthcare cooperatively planned and delivered is the key to putting people where they belong: first. If access to quality care is every person’s – every community’s – right, as RNs believe it is, then healthcare must be coordinated and the quest for profit must be taken out of the equation.

In a cooperative model, local communities, area hospitals, other healthcare institutions, nurses and other caregivers collaboratively determine a community’s healthcare needs and develop and implement plans to meet those needs.

In this approach, decision-making is democratic and all stakeholders, patient advocates and front-line caregivers included, have a real say in shaping what services are provided, where, and how. Hospitals and other key providers create a coordinated network of care that pools expertise, resources, and revenue – all in the interest of meeting the community’s healthcare needs.

Healthcare co-ops in the U.S. are not a fanciful idea. The Rural Wisconsin Health Cooperative, for instance, has been bringing 28 rural hospitals together to share services since 1979, and the hospitals are stronger as a result.

Re-envisioning hospital operations

A cooperative approach belongs in hospitals as well. “Hospitals, public and private alike, have more or less replicated corporate norms,” notes renowned economist Richard Wolff, “and in so doing, they have inherited all the problems that result from a top-down, hierarchical structure: an inefficient, costly, and wasteful administrative layer that has great tension with underlings who have to live with decisions they had no say in making.”

Wolff has devoted years to studying the transformative power of worker/community control and planning its implementation: “The more people have power at work and can participate in decisions about how they work, the better the results. Conventional hospitals miss out on this. Collective self-government would change everything” for patients and caregivers alike.

The fight to save Interfaith and LICH

THE LANDSCAPE in Brooklyn is changing fast. At Interfaith, public outcry has brought the hospital back from the brink, again. The instant response from the community, unions, and elected officials when then CEO Sullivan told the city to stop bringing ambulances to the hospital led to the CEO’s immediate ouster, a return of ambulances, and the state’s renewed commitment to interim funding.

NYSNA RNs delivered 18,000 signatures to the SUNY Board of Trustees in mid-January, thereby delaying a vote to close LICH. But since then, SUNY has solicited new bids from potential developers that threaten the hospital’s survival.

“These proposals did not come out of a process intended to meet the needs of the community,” NYSNA Executive Director Jill Furillo told the Wall Street Journal.

NYSNA is working to bring the healthcare cooperative approach to New York. The coalition fighting to save Interfaith has filed legal papers to form the Brooklyn Hospital Cooperative (BHC), with the immediate purpose of keeping Interfaith open as a full-service hospital and the long-term objective of achieving a cooperative, democratic, inclusive approach to assess and meet Brooklyn’s healthcare needs.

In another realm, our program for HHC (see page 5) calls for creating planning councils in each borough that would determine local health needs as a first step toward meeting healthcare needs cooperatively throughout New York City.
A CALL TO ACT

Dramatic act to save Interfaith

The fight to save Interfaith Medical Center in central Brooklyn has taken many dramatic turns of late. Most poignantly, the staging of Edward Albee’s “The Death of Bessie Smith” in the hospital. The play is based on the legend that this great blues singer was left to die when a whites-only hospital refused to treat her after a car accident. “We wanted to raise awareness about Interfaith and to provoke a conversation about race, class, and healthcare,” says Jeff Strabone, chair of the New Brooklyn Theater, which is staging the play.

And so they have.

The backstory of this production is one of “wonderful coincidences,” says Jeff. New Brooklyn Theater is a new theater company based in Bedford-Stuyvesant and dedicated, in part, to filling the need for performing arts in the community. Jeff, who is active in the fight to save LICH and was among those arrested last July in the protest action that helped fuel Mayor de Blasio’s campaign, “wanted to help bring the two fights, LICH and Interfaith, together.” Jonathan Solari, the play’s director, suggested staging the play at Interfaith. Edward Albee generously gave his permission, so long as tickets were free and no one was paid. Jeff’s cold call to Interfaith led him to hospital board member Diane Porter who said yes right away.

Public spotlight

The production, in a meeting room, is extraordinary. Tickets were gone in a heartbeat. And the extensive coverage (including The New York Times, NY1, CBC Radio Canada, online, and a Perez Hilton tweet to his more than 6 million followers) has brought Interfaith’s plight into the public spotlight. “It’s a dream,” says Jeff, “to stage a great play by a great playwright and to see that doing so may influence an outcome in the material world.”

It’s too soon to know how the real-life drama will end. One thing’s for certain: Everyone has a part to play in the fight to save Interfaith and other hospitals. As we go to press, the production has been extended. As an email from the New Brooklyn Theater put it: “We want to keep doing the show until a solution is found to keep Interfaith open or until they turn the lights off with us still in the building.”

Above, a panel discussion on saving Interfaith follows each performance. One night, actor and civil rights activist Harry Belafonte attended the show and discussed the roots of healthcare disparity as part of the panel. Left, RNs Anne Bové, Wendy Doctor, and Patricia Kane after the show. “Art and culture can really help our fight,” says Pat. “People who didn’t know this was an issue do now.”
PROTEST OF ASSIGNMENT
A matter of duty to patient care

Joint Commission staffing standards and the New York Code of Rules and Regulations specify that a sufficient number of qualified registered nurses must be on duty at all times to give patients safe and competent nursing care that requires the independent judgment and specialized skills of the RN.

That’s what the regulations say, but we know the reality: we work short staffed.

Keeping track

Complaining about short staffing is never enough. Our code of ethics, regulations, and case law mandate that RNs, based on their professional and ethical responsibilities, have the professional duty to object in writing to any patient assignment that puts the patient or themselves at serious risk of harm. For New York nurses that means filing a Protest Of Assignment (POA).

Filing a POA serves two principal purposes:

- It provides written documentation of a dangerous trend in nurse staffing that could jeopardize the quality and safety of patient care. Such documentation serves as evidence in grievance hearings, arbitration hearings, and court cases.

- It acts as notice to the facility that, in the event of an untoward patient event under these circumstances, liability will be transferred to the facility. Such notice acts to safeguard the license and working privileges of the individual RN and to mitigate rulings at the Offices of Professional Discipline.

When regularly used by nurses at a worksite, POA forms can be used to track patterns and provide a record of understaffing that will help nurses build their case and push for action plans for better staffing at labor-management meetings, contract negotiations, regulatory filings, lobbying sessions, and safe staffing campaigns.

Get in the fight

Fighting for safe staffing is one of the most important things we can do for ourselves and the profession, but mostly for our patients.

It is time to put the force of law behind the movement to ensure safe staffing. So, get ready to lobby your legislators on our Lobby Day on March 26. Get ready to bargain for safe staffing as our 2014 contract campaigns get underway. Get prepared to develop safe staffing POA action plans and campaigns to track unsafe staffing patterns and develop the evidentiary record of under-staffing. Get accustomed to utilizing POA when conditions call for it. Our patients’ lives and our nursing practice depend on our winning safe staffing once and for all.
Staffing our emergency departments

By its nature, staffing emergency rooms is a very top priority. How else do we accomplish this critical work but with adequate staff to meet every and any contingency in the protection of patients?

Now, as it turns out, ER visits are increasing under the Affordable Care Act, putting more pressure on services and underscoring the need for appropriately staffing emergency departments. A new study in the journal Science was released in early January drawing upon samples of thousands of low-income people in Portland, Oregon. Its findings are very significant: those newly insured through Medicaid made 40 percent more visits to the ER than their uninsured counterparts.

This pattern, reported The New York Times recently, “held true across most demographic groups, times of day and types of visits….”

One reason put forward is tied to reduced costs under Medicaid. When services become less expensive, people use them more. Another reason for high traffic at ERs includes the increased complexity of medicine that only can be found in ERs. A family practice simply hasn’t the expertise or resources to match an ER.

**There oughta be a law**

Emergency care is not going away. Nor should it. As one doctor quoted in The New York Times article explained, “[T]here is only so much that prevention can do.”

Staffing ERs with appropriate, professional RN ratios is even more essential given these reported increases in patient visits.

Talk to just about every RN working in an emergency department – whether adult or pediatric – and you’ll hear the same concerns and stresses: too many patients, too few nurses. NYSNA voted to make passing a safe staffing law a key goal because patient care matters too much to let this stand.

As we go to press, RNs are preparing to meet with members of the New York State Legislature on February 15 at the Legislative Caucus in Albany that the Association of Black and Puerto Rican Legislators organizes. Every member of the State Senate and Assembly will be there – and they’ll be hearing from us about the urgent need to pass a safe staffing law.

Sign up now to join hundreds of fellow NYSNA members in Albany on March 26 to tell New York State legislators once again just how important safe staffing is – and to remind them that we won’t back down until there’s a law in our state.

**Short-staffed and OVERLOADED**

“We are always short-staffed, always, always. We are overloaded because other area hospitals have closed. There are shifts where an RN cares for 15 or 16 patients in the ER. On a good day you can have 10. What kind of quality care can you give to patients with that load? They put us in an impossible situation, running from patient to patient. We have to be very careful with our patients, but we are tired, burned out, checking, checking, despite the work load, so that we get it right.”

–Rose Green, RN, Elmhurst Hospital

“The ED treats 250 patients a day – adults and children – and eight-hour waits are not uncommon. We are on overload, it’s pretty chaotic. Ratios range from 5 patients per RN to 8; sometimes we are at 10 patients per RN. I’m sorry, but 10 to 1 can be extremely unsafe. Even 5 to 1 is difficult and can be unsafe. It depends on acuity. When another Poughkeepsie hospital closed down nearby, their patients were added to Vassar’s ED load. Recently our VP of emergency services announced a maximum ratio of 10 to 1. We are overworked and exhausted.”

–Catherine Bogart, RN, Vassar Brothers Medical Center
Beck Notification

If you are represented for collective bargaining by NYSNA, you have the right to be or stay a nonmember and pay an agency fee equivalent to dues. As a nonmember, you are entitled to object to paying for activities unrelated to the association’s duties as a bargaining agent and to obtain a reduction in fees for such activities. The agency fee will include costs incurred by the union for expenditures related to collective bargaining, contract administration, grievances and arbitration, and other matters affecting wages, hours, and other conditions of employment. In fiscal year 2013, the most recent fiscal year for which a calculation was done, the agency fee represented 92.77% of the dues amount for that year.

If you choose to enter into an agency fee arrangement, please be aware that you will deny yourself the opportunity to exercise the full rights and benefits of union membership. Full membership rights include the rights to: (1) vote on acceptance or rejection of proposed contracts covering your wages and working conditions, thereby ensuring your input on issues central to your working life; (2) participate in development of contract proposals; and (3) vote for your union officers. Contact NYSNA’s Membership Department for a copy of the policies and procedures concerning agency fee arrangements. Requests to enter into an agency fee arrangement should be submitted in writing to the Membership Department, New York State Nurses Association, 11 Cornell Road, Latham, NY 12110-1499 by no later than March 24, 2014.

Taylor Law Notification

Section 208.3 of the Taylor Law permits an employee organization to receive an agency shop fee if it “has established and maintained a procedure providing for the refund for any employee demanding the return of any part of an agency shop fee deduction which represents the employee’s pro rata share of expenditures by the organization in aid of activities or causes of a political or ideological nature only incidentally related to terms and conditions of employment.” As noted above for fiscal year 2013, the most recent fiscal year for which a calculation was done, the chargeable amount represented 92.77% of the dues amount for that year.

In satisfaction of the law’s mandate, a policy and procedure has been adopted. Eligible nurses may receive a copy of these documents by contacting NYSNA’s Membership Department.

Philippine relief continues

In January, Ireneo Jore, RN at Mt. Sinai, volunteered in Roxas City, Philippines, his hometown and one of the areas hit hardest by Typhoon Haiyan/Yolanda. Five of Ireneo’s 10 siblings and their families live in Roxas. Amazingly, no one in his family was hurt. “I am glad to be part of this opportunity,” said Ireneo of his work with RNRN, which sends nurse volunteers to disaster-stricken areas, “to help the victims of this horrific calamity in my hometown.”

Bullies back off in Erie County

The 800 RNs of Erie County Medical Center united with CSEA caregivers to stop management bullying. And our petition and town hall meeting got results: The hospital modified some of its flu restrictions to address front-line caregivers’ concerns.

Bellevue to Bellevue welcome

RNs from Bellevue Hospital in New York City and Anne Bové, president of our HHCMayoral Executive Council and herself an RN at Bellevue, sent a welcome plaque to RNs at the Bellevue Woman’s Center near Schenectady after their overwhelming vote to join NYSNA in December.

Carthage RNs win support

RNs at Carthage Area Hospital in upstate New York have 1199SEIU’s backing in the fight to protect patient care. “We support Carthage Area Hospital RNs,” said 1199, “in their campaign to retain skilled nurses to provide quality care for our community.”

Safe staffing for mothers and babies

RNs from the Mother/Baby Unit at St. Luke’s-Roosevelt attended a staffing grievance hearing, and others signed a petition, calling for safe staffing “for our littlest patients.”
Pre-K push
Free, quality pre-K for every kid in New York City would help millions of working families like ours. Mayor de Blasio campaigned on this and is pushing Albany to approve a modest tax increase on the city’s richest, those who make more than $500,000 a year, to provide secure funding for it. NYSNA supports this fight.

Victory for NYC dialysis patients
On Jan. 30, NYC patients had a big win for quality public healthcare when the pending sale of chronic dialysis services at HHC’s Harlem, Lincoln, Metropolitan, and Kings County hospitals to a for-profit corporation failed to pass review by a NYS DOH committee.

RNs plan 2014 campaigns
NYSNA RNs gathered at inter-regional meetings in January to discuss our campaigns for quality patient care, safe staffing, and strong contracts. Members talked about ways to build strength at work and how to get fellow nurses involved. Here, the Capital District meeting in session.

Victory at Mt. Sinai
When management at Mt. Sinai announced plans last fall to move the Cardiac Pediatric ICU to the Pediatric ICU, NYSNA nurses got active to protect patient care – and prevailed. After meeting with management, filing a grievance, and filing POAs, the hospital has agreed to hire seven new RNs and to bring on two nurse educators.

Court victory at Westchester Medical Center
RNs at Westchester Medical Center beat back an attack on contract rights when a judge ruled in January that the hospital’s CEO and Board of Directors had overstepped their authority by creating an internal civil service commission last year. That was a threat to our job descriptions and bargaining unit.

Samaritan RNs defend their contract
When management tried violating the scheduling rules set out in their contract, nurses in the OR at Samaritan Medical Center in Watertown, N.Y. brought the issue up the hospital chain, and won. Knowing the contract and uniting to enforce it is how RNs build power on the job and protect patients.

2014 Workshop calendar: Nurse education & practice
NYSNA offers dozens of educational workshops on a variety of subjects and in different locations around the state. Topics include:

- Pharmacology and medication administration for nurses.
- Emergency preparedness for healthcare workers.
- Knowing your professional rights.
- Indoor air quality.
- Safe patient handling: Ergonomics.
- Violence in the workplace: Response and action plans.
- Critical care nursing review.
- Respiratory protection.
- And more.

Ask your union rep for a complete list of workshops or call NYSNA’s Meeting and Convention Planning Dept. at 1-800-724-NYRN, ext. 277.
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NEW DATE

STAND UP FOR SAFE STAFFING
ALBANY
WEDNESDAY MARCH 26

Talk to your union rep about signing up for our Lobby Day.