

New
York

nurse

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NOVEMBER/DECEMBER 2014

EBOLA-FREE! Thanks to our nurses



SPECIAL COVERAGE

New York City
2014 Private Sector Bargaining

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Why Bellevue was ready.
Anne Bové, RN

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Peace on earth, good will to men

"A way has to be found to enable everyone to benefit from the fruits of the earth, and not simply to close the gap between the affluent and those who must be satisfied with the crumbs falling from the table, but above all to satisfy the demands of justice, fairness and respect for every human being."

—Pope Francis, Address to the Food and Agricultural Organization, 6/20/13



By Judy Sheridan-Gonzalez, RN, NYSNA President

"I BECAME A NURSE because I wanted to help people." This is the most common reply to the question: "Why did you choose nursing?" So many of us are frustrated because we find that helping people is a challenge. Roadblocks created by hospital bureaucracy and the inability to keep people healthy contradict what we learned in nursing school.

We've explored the disastrous nature of the reimbursement-driven, insurance-based health system that Americans are victimized by.

Why are people afraid of a system that works well, costs less and dominates the developed world? Why do 185 countries provide paid parental leave, while the US does not? Why do we believe misinformation fed to us by news stations designed to provide entertainment, not news, and ignore statistics, logic and our own experiences?

Rich get richer

Income inequality is not only a death sentence for the poor; it allows the super-rich to exert complete control, based on wealth, over our education and access to information.

The statistics among Americans are staggering – and the disparity only grows:

- In 2007, the richest 1% owned 34.6% of the nation's wealth; the bottom 80% owned 15%.
- In 2011, the top 1% owned 42.7%, and the bottom 80% owned 7%.
- Now, in 2014, the richest 1% in the US population own more wealth than the bottom 90%.

Winning the lottery jackpot doesn't place a person in the stratosphere of the wealthiest 1%. That 9% of the population that could be called "middle-class" has its own subdivisions, with the majority of that group being overshadowed by the second tier of the super-rich.

But let's be clear: most Americans live – *survive* – on credit. Debt does not equal wealth. Debt creates dependency, enriches banks, hedge funds, creditors – the 1% that get richer every day. When the bubble bursts, as it did in 2008, the rich still get richer and the poor and middle class go further into debt.

Income inequality not only impacts the US Economy, it chips away at our Democracy as well. *"Inequality for All,"* a 2013 film presented by American economist Robert Reich (former Secretary of Labor 1993-1997), illustrates what happens to our society as the nation's economic health deteriorates. Check it out.

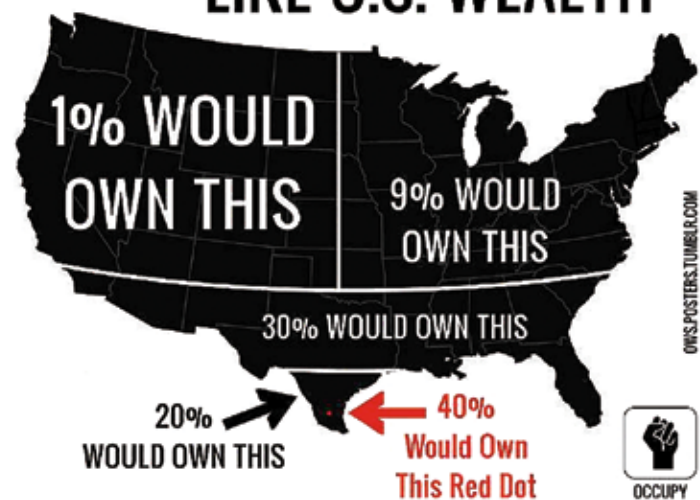
Racial inequality is linked to income inequality. European

1930s, widened. Outlawing of Jim Crow laws did not stop racism and its institutional forms, income inequality and discrimination continue to this day. Newer immigrants are not as welcome as they were 100 years ago, due to the economic state of the nation and to the racial makeup of the most recent immigrants.

Conversations about race

Racism, like sexism and other forms of discrimination, are not about a blame game. It is hard for people who do not experience these phenomena to develop the empathy necessary to understand them. That doesn't negate their existence. Conversations about race are uncomfortable but avoiding

IF U.S. LAND WERE DIVIDED LIKE U.S. WEALTH



immigrants of the past centuries were able to catch a ride on the last trains while the economy moved toward a more egalitarian model. Social movements – many led by these very same immigrants – over the past 150 years pushed this country forward such that the squalor and disease that people were subjected to was largely eradicated. Lillian Wald, the mother of Public Health Nursing, was a pioneer in changing that world for the immigrants of the Lower East Side of NYC. Her story is an inspiration for all nurses.

Since the mid 1970s, things changed. The gaps between rich and poor, narrowed since the

such interchange won't resolve the problem. It's important to note that such divisions are fomented by and only serve to benefit the super-rich; they are always exacerbated during difficult economic times.

"Peace on earth, good will to men" is beautiful on a Holiday greeting card. Taking responsibility toward actively supporting this goal is the real blessing.

1 Hurst, Charles E. (2007), *Social Inequality: Forms, Causes, and Consequences*, Pearson Education, Inc., p. 34, ISBN 0-205-69829-8

2 Occupy Wall Street And The Rhetoric of Equality *Forbes* November 1, 2011 by Deborah L. Jacobs

Kristof, Nicholas (July 22, 2014). "An Idiot's Guide to Inequality". *New York Times*. Retrieved July 22, 2014.

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Safe staffing demands

More than 18,000 members at 14 hospitals throughout New York City are working towards fair contracts in negotiations at this time. What unites these efforts is the most critical issue to patients and nurses alike: Safe Staffing.

The demand for Safe Staffing resonates throughout our facilities, from Emergency Departments, Adult and PEDS, to Med/Surg Units, to ORs, to Psych Units, and elsewhere. In some facilities safe staffing ratios are exceeded by a factor of two: where 4 patients per RN is deemed safe, 8 are assigned. Some are worse. Few of us are immune to short staffing and a management push to assign more and more patients per nurse.

Staffing ratios a must

This pushes the limit, putting patients in jeopardy and squeezing our members. Safe working conditions with appropriate ratios are essentially to providing the quality patient care that is our calling.

That is what unites us in this campaign.

At New York Presbyterian's Washington Heights facility in Manhattan, RNs came together on the evening of December 18 to call for Safe Staffing (see photo below). It was a very spirited gathering, with voices united for safe patient care.



Nurses rallied at Methodist Hospital on December 15 calling for safe staffing. They cited the more than 3,000 POAs filed over the past two years.

In the last 22 months, 17,000 RN signatures were affixed to POAs at Presbyterian, an enormous outpouring of protest, in most instances linked directly to staffing shortfalls. POA data is gathered by NYSNA staff and entered into a data base, analyzed and available for review and dissemination. It is also shared with management and there is regular follow up to review the POAs.

Staffing issues are heard

POAs were on the agenda at a December 10 hearing convened by State Senator Adriano Espaillat at a community center across from the hospital. The five-hour hearing was an examination of conditions in the several emergency rooms of

the hospital, where overcrowding and short-staffing are common. NYSNA nurses testified as to their experiences. Anthony Ciampa, RN and NYSNA Board Member, shared these remarks before Senator Espaillat:

"Patient loads are double, or even triple or more, the standards set in peer-reviewed nursing studies. Imagine what conditions exist for a nurse to write up a Protest of Assignment? Are these patient loads the norm? Well, the Protests here were signed in almost every case by more than four nurses. That's more than one thousand one hundred ER nurse signatures. Not just one nurse citing a problem assignment due to staffing shortages, but on average four nurses signing the Protest. Four nurses saying: stop, hold it, this could be a serious problem.

"That should resonate with management, to whom the Protests were made and delivered; to patients observing their nurses stretched to the limit, and beyond; to families, counting on care for their loved ones."

An informational picket was held at Methodist Hospital in Brooklyn on December 15 (see photo above). Methodist is one of the 14 in bargaining in New York City. Bargaining for the 14 continues apace, with informational actions, and many members in attendance at bargaining sessions.

NYSNA is making its demands heard, loud and clear.



Nurses rally for safe staffing outside New York Presbyterian Hospital on December 18.

In the last 22 months, 17,000 RN signatures were affixed to POAs at Presbyterian....

ON THE COVER Dr. Spencer with Bellevue nurses Janet Malveda, RN, Jane Galo, RN, Leonie Hamdulla, RN, and Yvonne Tulsie-Seymour, RN
Cover photo: Spencer Platt/Getty Images



On September 21, an estimated 400,000 rallied in New York City to stop climate change.

The heirs of oil titan John D. Rockefeller are abandoning fossil fuels. The Rockefeller Brothers Fund, an \$860 million family philanthropy, last year announced its intention to join the divestment movement – selling off fossil fuel stocks and investing in cleaner alternatives.



By Jill Furillo, RN, NYSNA Executive Director

It was a big win for public health, and for NYSNA, when, after two years of study, New York State put a hold on hydraulic fracturing for natural gas – known as “fracking”. The delay, of at least several years, amounts to a ban for the foreseeable future, as announced by state officials on December 17.

“The evidence in the studies we reviewed raised public health concerns,” acting Department of Health Commissioner Howard Zucker said at a news conference. “Would I live in a community with [fracking] based on the facts I have now? Would I let my child play in a school field nearby? ... My answer is no.”

Governor Cuomo called Zucker’s comments, “powerful”. Cuomo’s leadership on this issue was exemplary, his commitment to public health firm.

Climate change and sickness

NYSNA has given the environment, especially issues surrounding Climate Change, a very high priority. We marched with hundreds of thousands in September

in New York City at the People’s Climate March (see photo above). As nurses, we have a fundamental understanding of how conditions on Earth affect communities and can make people very sick. We can, and do, speak out against those conditions. We must change those conditions.

Fracking is flawed in two fundamental ways. The first involves the way fracking is carried out. A slew of toxic chemicals are used to access natural gas deep in the ground.

Cuomo’s leadership... was exemplary, his commitment to public health firm.

Where those chemicals ultimately go, and how they are stored, were shown to be very problematic by New York state. Some consideration was given to the very poignant fact that proposed fracking in New York State was adjacent to the Delaware River, the source of drinking water for New York City. It was also adjacent to communities, the places Acting Commissioner Zucker referenced when he spoke of nearby school fields.

The second reason is that, like oil and coal, gas is a non-renewable resource. In order to stop Climate Change – brought about by the excess carbon in the atmosphere – we must move away from burning non-renewable resources. We must do it fast. One study after another

shows that we are killing ourselves at a dangerous rate with carbon.

One effect of this assault on the Planet is Extreme Weather Events – like Superstorm Sandy, which resulted in deaths and injury. That massive storm flooded several areas within New York City, including the ground where Coney Island Hospital and Bellevue Hospital Center sit, two facilities in the city’s public hospital system. Power was lost; patients were evacuated on an emergency basis.

For many weeks, our members engaged in outreach to affected communities in Queens, Staten Island and on Long Island, where power was lost and people were cut off. The elderly and disabled were especially vulnerable. Two years later, we remember this disastrous deluge all too well.

Pollution is a killer

Another effect of the reliance on non-renewables is pollution. The fracking process itself is polluting. Beyond this factor, the carbon industry is the major source of air pollution which, in turn, is one of the greatest killers today. One in eight deaths globally is attributable to air pollution each year, according to the most recent data from the World Health Organization.

We won one in New York against an environmental scourge – fracking. But the fight to keep the environment clean, to stop industry pushing non-renewable carbon-spewing fuels, to build an alternative energy future... that fight is still raging.

"It takes a union..."

By Judy Sheridan-Gonzalez, RN,
NYSNA President

By now, no one has any doubts that we're not the organization we once were. Many members used to see the union as something apart: a third party. That reality allowed our employers to run roughshod over us, attacking our pensions, benefits, practice and even basic principles of respect on the job.

NYSNA nurses realized that the union had to play a more assertive role. We voted for new leadership with a new vision. Thus NYSNA entered a period of transformation. The critical element of change is active involvement of our nurses. Leadership is as powerful as members demand; progress is only possible with an educated and immersed membership.

Building a campaign

These principles are the key components of the 2014 NYC Private Sector Bargaining Campaign: 18,000 nurses taking on the most powerful corporate medical systems in New York City. The planning of this campaign and the various stages

The critical element of change is active involvement of our nurses.

have been two years in the making. Leader and member involvement is ongoing, with constant interaction from our base (all members), our local leaders (stewards, delegates, officers and negotiating committees), the board of directors and staff. While labor intensive, this is the only way to build and create a successful campaign.

Our bargaining resonates

The nurses who work in the huge (and growing) Mega Medical Systems are no more important than the smallest bargaining units; but the strategic value of harnessing our energies as a unified whole in confronting these systems is unparalleled. **What happens in this round of bargaining will have implications across the state and beyond, as well as on every hospital floor.**

If we are to win staffing legislation, a humane healthcare system, dignified retirement and contractual agreements that support us on

the job and in our daily lives, this campaign provides a platform to move this agenda forward.

A collective approach

All nurses have the right to be treated with the same level of respect, benefits, support and resources to deliver quality care to our patients. Our collective approach to these negotiations serves as a model for setting such standards.

This model must be built from the grass roots. The Contract Action Teams or Local Bargaining Councils have been instrumental in generating power at the bargaining table, on the units and in the entire union. Nurses across New York have engaged in actions, and management is now dealing with us in ways we never dreamed possible.

Whatever your level of involvement may be, it's time to step it up a notch. "It takes a village to raise a child." It takes an entire union to transform dreams into realities.



In New York City, bus shelter ads with a message of safe staffing are up to support the contract campaigns.

Multi-employer framework to be explored

NYSNA Nurses at Mount Sinai Hospital, Montefiore Medical Center, St. Luke's-Roosevelt Hospital and New York Presbyterian

Hospital – 9,000 strong- achieved a breakthrough on December 23 by reaching an agreement with management of the hospitals to meet

together with all of our bargaining committees to explore the possibility of instituting multi-employer bargaining.

Our nurses in bargaining, throughout the five boroughs, have shown the focus and commitment – and the unity – that support our demands for respect in all our dealings.

Agenda unchanged

Our agenda remains unchanged: safe and enforceable staffing ratios, better working conditions for nurses, optimum quality of care for our patients, improved education,

9,000 RNs in unified bargaining on staffing and other key issues.



Karine Raymond, RN and NYSNA Board Member, works at Montefiore Weiler campus. She spoke about demands for safe staffing at a rally this fall during the Biennial. About 2,000 members were present outside offices of the League of Voluntary Hospitals and the Healthcare Association of New York State (HANYS).

GALLUP POLL:

Americans Rate Nurses Highest on Honesty, Ethical Standards

Nurses again top Americans' list of professions with the highest honesty and ethical standards.

U.S. Views on Honesty and Ethical Standards in Professions Compared With 2013

Please tell me how you would rate the honesty and ethical standards of people in these different fields – very high, high, average, low or very low?

	% 2014 very high or high	% 2013 very high or high	Difference (pct. pts.)
Nurses	80	82	-2
Medical doctors	65	69	-4
Pharmacists	65	70	-5
Police officers	48	54	-6
Clergy	46	47	-1
Bankers	23	27	-4
Lawyers	21	20	1
Business executives	17	22	-5
Advertising practitioners	10	14	-4
Car salespeople	8	9	-1
Member of Congress	7	8	-1

Dec. 8-11, 2014 – GALLUP

welfare, healthcare and pension benefits, and a stronger union.

But a discussion of a framework for multi-employer bargaining of agreed upon core or common issues is actively underway. This is an important prospect.

The parties would agree on lists of bargaining issues to be discussed in joint negotiations and of local issues to be discussed at the individual hospital level.

9,000 RNs unified

The advantages of multi-employer bargaining include combining more than 9,000 nurses in unified bargaining on staffing and other key issues, retaining all of our options in such multi-employer negotiations, and giving us greater power to exert collective pressure in support of our bargaining goals.

Taking this road does not mean that we are guaranteed anything and we will still have a struggle before us to attain safe staffing and our other core goals. By taking this first step, however, we believe we can engage in a more effective campaign for a new contract.

Nurses take on Ebola

For Anne Bové, RN, the release of Dr. Craig Spencer on November 11 followed many weeks of extraordinary vigilance and effort. Even today, New York hospitals, Bellevue chief among them, have to be prepared in the event a patient with the Ebola Virus Disease might arrive. The virus continues to rage in parts of West Africa and caregivers and others from the region who might be exposed pass through New York. This fall, hundreds in New York were required to self-examine and report in to health authorities on a daily basis.

Anne recalled the first day Spencer arrived. “I stayed up the entire night,” she remembered, “to make sure staff had resources and support they needed.” She described the anteroom, a clean zone where RNs donned and doffed their Personal Protective Equipment – PPEs.

Courageous caregivers

“I cannot begin to describe the enormous sense of pride I have for the RNs who treated Dr. Spencer and for the support staff that assisted them,” said Anne. “These are courageous caregivers who put their patients above all else.”

For Anne, the public hospital system, lynchpin of the New York City’s public health system, represents the future of healthcare in the nation. “No matter,” says Anne, “no matter a patient’s condition or ability to pay, no matter the immi-

gration status. Our doors are open. We refuse no one.” Giving patient need the top priority is Anne’s moral and professional code. She has been a force in making the city’s public hospital system the most extensive, and respected, in the nation.

Communicable diseases

Bellevue stood out in the Ebola crisis, as the premiere destination in the state. “Training was every day, supplies were reviewed, we put a process in place. Documentation. Monitoring. We asked, ‘What systems are in place to avoid contamination?’”

Anne has seen much in a nursing career that spans more than 30 years. She dealt with MRSA – “it helped me put aside my fears.” An introduction and education on how to handle communicable diseases were essential, she says. During her tenure, Anne has seen and helped treat patients with AIDS and resistant TB. (Bellevue played a key role in the development of HAART, a breakthrough in the treatment of AIDS.)

“We saw what happened to the two nurses in Dallas and it was shocking to us,” she said, referring to Ebola exposure from a patient at Dallas Presbyterian Hospital. In New Jersey, lack of preparedness coupled with unprofessional isolation techniques troubled Anne. “Every ER should have an isolation room,” she said. “This should not be exceptional.”



Anne Bové, RN, is a leading voice for public hospitals and universal access to care. She is a NYSNA Board Member and President, NYSNA’s HHC/Mayorals Executive Council.

Bellevue’s special TB unit gave it a leg up in preparedness. The quarantine section in that unit was the source of relevant training.

“Bellevue took its basic quarantine unit and upgraded it,” explained Lisa Baum, NYSNA’s Occupational Health & Safety representative. “They enclosed a unit within a unit, built walls and doors, and communication system,” she said. Experts at Emory and Nebraska, where top contamination units are located, shared information and direction.

Hospitals Certified to Accept Cases of Ebola Virus Disease

Bellevue Hospital Center* – Manhattan

Montefiore Medical Center* – Bronx

Mt. Sinai Hospital* – Manhattan

New York Presbyterian Hospital* – Manhattan

Erie County Medical Center* – Buffalo

North Shore Health System – Nassau County

Upstate University Hospital – Syracuse

University of Rochester Medical Center – Rochester

Stony Brook University Hospital – Suffolk County

Women and Children’s Hospital – Buffalo

*staffed with NYSNA nurses



Protection of caregivers must always be primary.



The news media kept a constant presence outside Bellevue during Dr. Spencer’s stay.



Ebola fighters everywhere named Time Person of the Year

NYSNA nurses shared in saluting the extraordinary efforts of caregivers in West Africa, where the virus has killed thousands.

NEW YORK

New York Magazine Names Bellevue Caregivers a Top "Reason to Love New York"

Congratulations to Bellevue Hospital nurses and caregivers, who were recognized in December by *New York* for extraordinary efforts in caring for Dr. Craig Spencer. In November, Dr. Spencer left Bellevue Ebola-free after contracting the disease in West Africa.

The magazine acknowledged the work of 119 RNs and caregivers as "number 8" in its annual "Reasons to Love New York."



Dr. Ram Raju, President and CEO, Health and Hospitals Corporation, Mayor Bill de Blasio, and Dr. Mary Bassett, Commissioner, New York City Department of Health and Mental Hygiene, answered questions about Ebola preparedness. All played key roles in assuring the public that public health resources and expertise were being made available to give patients the highest level of care in treating Ebola and in protecting frontline caregivers.

Ebola and the public health system

In October, the U.S. Centers for Disease Control (CDC) issued non-mandatory guidelines to assist medical facilities in preparing for Ebola. The New York State Department of Health went a step beyond: requiring that medical facilities in NYS follow the CDC guidelines on Ebola protection for healthcare workers.

Across the country, calls for federal mandates – the highest, uniform standards – have been made. NYSNA members participated in National Nurses United (NNU)-sponsored rallies in New York City calling for federal mandates.

Throughout this extraordinary challenge, public health officials in New York, at the state and city level, have shown a strong commitment to working with frontline caregivers. NYSNA has been actively involved in monitoring facility Ebola preparedness plans.

The public system stood out

Working with an array of organizations, unions and public health entities, including the Commission on the Public's Health System (see box, lower right), a broad consensus was formed to address concerns about the virus and alleviate both

workplace and public responses to the deadly disease.

The public system – public officials, public health officers and the public hospital system – stood out for its leading role in setting standards for public health and safety.



Scores of Montefiore nurses gathered inside their facility to demand that management give a high priority to Ebola preparedness – in terms of training, equipment and infrastructure.

The Commission on the Public's Health System (CPHS)

Founded in 1991, CPHS is a citywide, community-based membership health advocacy organization.

It is a outstanding voice for the public health and hospital system, a voice for the allocation of public funding in the state and city budgets; a strong supporter of community organizing, and supporter of the health-care safety net and access to healthcare services for everyone, particularly in low-income, medically-underserved, immigrant and communities of color.

For more information go to www.cphsnyc.org/cphs/What_We_Do/

Single payer a must

Assemblyman Richard Gottfried, sponsor of New York Health, single payer legislation that promises to replace the commercial health insurance system with one that guarantees universal access for all, has been

holding hearings around the state for several weeks eliciting testimony and gathering facts. NYSNA members have appeared before Gottfried and some of their remarks are excerpted here.



Marva Wade, RN, is Vice President of NYSNA and a member of the board.

Year after year, polls show that nurses are the most trusted professionals in the U.S. So I would ask that you invoke that trust, here, now.

Trust me when I say: We need single payer.

We need to pass New York

Health, for the sake of our patients, their families... and communities across the state.

Do you know what we see in our hospitals? Healthcare delayed. Why? Because patients with insurance cannot afford care. They stay home and stay sick. Some get very sick. So when they arrive at our

hospitals we treat patients with high acuities – unnecessarily severe illnesses.

That's right: people are sicker. That's what our nurses see. That's a public health crisis rooted in the costs of insurance. Insurance that insures that you stay away.

Trust me: that makes absolutely no sense. Nurses are saying: enough already.

We must put in place a healthcare system that gives priority to patient need. Unambiguously. Nurses are here today to calling for a system of care that gives priority to patient need. That is what single payer does. We urge this committee, and all our fellow New Yorkers, to trust the judgment of nurses, your caregivers.



Anne Bové, RN, is president of NYSNA's HHC/Mayorals Executive Council and a NYSNA Board Member

On behalf of my fellow 8,000 nurses in the public system, and thousands more elsewhere in the ranks of NYSNA, we strongly urge the passage of this very important legislation, New York Health. The nurses – frontline caregivers at the eleven Health and Hospital Corporation's hospitals and other facilities – support single payer.

We in the public system provide care to one in six New Yorkers, quality care to anyone who needs it, on the basis of need. That's what single payer is about: providing care on the basis of need. No matter their condition, no matter ability to pay, no matter their immigration status.

No matter.

Our public system already has a foot in the door of a single payer

hospital system. Actually more than a foot – a leg, an arm... a brain, and a heart. That's because we give care on the basis of need and provide professional, quality care.

And we exist largely with payments from Medicaid and Medicare. In many respects, single payer would function as an extension of Medicare: Medicare for All. It's already working. Quality care. Lower Costs. Universal access.

And does it work! When New York needed a hospital for the treatment of Ebola, Bellevue was selected. That's right a public hospital took the lead. After all, we had trained for these emergencies. Our protocols were in place. Our facilities were ready. Needed additions carried out expeditiously.

And our nurses were there. Skilled RNs, effective caregivers, who provided essential treatment.

The patient recovered and went home. And no nurse got sick.

We are here. No matter.

A competent, highly-skilled and motivated public system in the nation's largest city, treating more than a million patients a year. It's time to extend these values into our healthcare system overall – throughout New York State. It's time for New York Health.



Assemblyman Richard Gottfried is the sponsor of New York Health, universal publicly-funded single payer health coverage plan for New York State. Diane Dwire, RN, is seen to his right.

Diane Dwire, RN, worked in the health-care field for over 40 years. Her area of concentration is public health, with experience in direct patient care and in administration as Regional Director of Preventive Health Services in Syracuse Regional Office of Public Health.

Gallup released a poll on Monday that was a sad reminder of this nation's healthcare system: One in three Americans, Gallup reported,



Michael Healy, RN, is a Critical Care ICU nurse at St. Charles Hospital on Long Island. Healy is also a member of the Board of Directors of NYSNA.

I'm proud to be a nurse and I wouldn't trade my experience serving patients for the world.

We have reached a tipping point in how we deliver health care services in this state, and the time has come to re-organize our system of care so that the priority is patient need and not corporate profits.

As healthcare professionals, we know what patient need is about. And we can create a rational, comprehensive system built upon that central understanding.

That is what single payer is all about.

Under the proposed single payer system, insurance company coverage, premiums, deductibles, co-pays, limited provider networks and out-of-network charges would be replaced with comprehensive, universal coverage for every New Yorker with full choices of doctors and other providers. Instead of paying a health insurance premium, families and employers would pay an assessment based on their ability to pay.

**Single payer hearing
January 13 – 10 am
Albany – Legislative
Office Building
198 State Street
Albany, NY**

Election winners: a snapshot

NYSNA member activism was seen once again in Westchester County during the Get Out the Vote effort for the November elections. We pulled out all stops for several progressive candidates in

their races for State Assembly and State Senate. NYSNA-endorsed State Senate candidates Andrea Stewart-Cousins (D-Yonkers), George Latimer (D-Sound Shore) and Ruth Hassel-Thompson

(D-Bronx/Mount Vernon), and State Assembly candidates Shelley Mayer (D-Yonkers), Amy Paulin (D-Sound Shore) and Tom Abinanti (D-Greenburgh) were all victorious.



Join NYSNA this year at the

44th Annual Legislative Conference of The New York State Association of Black and Puerto Rican Legislators.

February 14, 2015

Albany, New York

NYSNA will provide buses.

If you want to attend with NYSNA, RSVP:

Nina Woodsum

nina.woodsum@nysna.org

Stay tuned for details.

Marc Panepinto

Democrat Marc C. Panepinto claimed victory in the hard fought and expensive 60th District Senate race in Western NY. Panepinto, a former LIUNA labor organizer, defeated incumbent Marc Grisanti in one of the most closely watched

races in the state. Panepinto is a committed advocate for working families and will fight to create jobs that provide livable wages and workplace safety provisions for their employees, passing the Women's Equality Act and will fight to improve public education for all New York children.



Carrie Woerner

Democrat Carrie Woerner claimed victory in one of the most competitive Assembly race in the Capital Region – the open 113th Assembly seat. Woerner, D-Round Lake, received a little over 50 percent of the vote, outspent her Republican opponent by more than two-to-one. Woerner will support the creation of good, long-term jobs and strong investment in the public services that all New Yorkers rely on.



Single payer

CONTINUED FROM PAGE 9 – DIANE DWIRE, RN have delayed treatment for themselves or a family member due to concerns about cost.

Those costs are largely the result of sky-high deductibles on insurance policies.

The health insurance industry no longer serves the interests of our nation. Billions of dollars are spent in administration, accounting, billing and review – far afield from a clinical setting, set apart from the

delivery of healthcare, and wasteful beyond comprehension.

What upsets me so very much, as a nurse and public health administrator, is to see what we lose in this current system, a system dominated by commercial insurance in health care. A system that does not value prevention and has not willingly provided reimbursement to providers for preventive health care.

We forego a comprehensive system of care, one that includes

primary prevention, which would enhance our health outcomes. We continually fight for funding of Public health programs for prenatal care and family planning services for all women. If the health care system focused on the fore mentioned services and on other preventive services to reduce chronic diseases such as diabetes, hypertension, heart disease and others, not only would it reduce our health care costs, but people would live healthier and productive lives - and probably happier ones.

Victory! Arbitrator award – NYSNA and NS LIJ Southside Hospital – Labor & Delivery Staffing

This is a victory for safe patient care! The labor and delivery unit night shift was left without sufficient auxiliary staff for months potentially jeopardizing patient care.

Arbitrator held that this violates the CBA re non-nursing functions and the employer must provide adequate auxiliary staff to reduce assignment of non-nursing functions to the RNs.



A sled full of toys

Peconic Bay Medical Center NYSNA executive committee members and staff deliver a sled full of toys to the Long Island Council of Churches that were donated by Long Island NYSNA members.



Capital Region RNs compete in 'ugly sweater' contest at Holiday Inter-Regional Meeting

It got ugly at the Holiday Interregional Meeting on Wed., Dec. 19 when NYSNA Capital Region RNs donned their "ugliest" holiday sweaters to celebrate a year of uniting for patients.

At Ellis Medicine, Bellevue Woman's Center and Nathan Littauer Hospital, Capital Region members have reached their goal of achieving 80% of nurses who are committed to our quality patient care platform. Members were updated over dinner on union activity, including our push for Single Payer legislation, and were encouraged to press on for fair contracts that keep skilled nurses caring for patients.



Capital Region nurses in candle light vigil for patient care

NYSNA members stood vigil outside Ellis and Nathan Littauer hospitals on December 19 to call attention to staffing levels and

issue calls for improved patient care. Other issues raised by the RNs included fair wages and affordable employee health insur-

ance. Without these improvements, hospitals will encounter problems in retaining skilled nurses.



Notice of Nominations

Nominations are being accepted for the following NYSNA offices and positions: Second Vice President, Secretary, five (5) Directors at Large, Southern Regional Director, Central Regional Director, Hudson Valley / New Jersey Regional Director, six (6) members of the Nominating Committee (one from each NYSNA region), and three (3) members of the Election Committee.

Nominations Forms, Consent to Serve forms, and Candidate Statement forms must be submitted no later than April 1, 2015.

Terms of Office

All elected officers and directors will serve three-year terms. The terms of office for the positions listed above will commence at the conclusion of the ballot count.

Nominations

Nominations may be submitted in writing

by mail, email or fax to the Nominating Committee at the following address:

Nominating Committee
New York State Nurses Association
c/o Jeremy Markman
131 W 33rd St., Fourth Floor
New York, NY 10001
jeremy.markman@nysna.org
Fax: (888) 395-7259

Nomination Forms, Consent to Serve forms, and Candidate Statement forms will be available on the NYSNA website, www.nysna.org/election, and from the Nominating Committee at the above address.

No member may accept nomination for or serve in more than one office.

Eligibility to Nominate

A member may self-nominate or nominate a

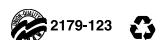
candidate for office only if he or she is not: (1) in arrears in the payment of dues, fees and financial obligations to NYSNA; (2) a supervisor or manager within the meaning of the National Labor Relations Act; (3) a member of the NYSNA staff; (4) serving on the Nominating or Election Committee.

Eligibility to Run for Office

A member is eligible to run for office only if he or she is not: 1) in arrears in the payment of dues, fees and financial obligations to NYSNA; (2) a supervisor or manager within the meaning of the National Labor Relations Act; (3) a member of the NYSNA staff; (4) serving on the Nominating or Election Committee. While all members meeting these criteria may run for Association-wide office, only members assigned to a designated Region (available at www.nysna.org/election) may run for that Regional Director position.

New York State NURSES ASSOCIATION®

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