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L-R: Clare Ceballos, NP; Marites Arizabal, NP; Liz Jones, NP; Gretchen Mathewson, NP; and Colette Bradford, NP

MOUNT SINAI NPs AND MIDWIVES

Thumbs up for NYSNA, p. 3

Case managers at SIUH vote to join NYSNA, p. 9

UNITY

By Judy Sheridan-Gonzalez, RN
NYSNA President

In spite of a torrential downpour, massive flooding and traffic nightmares that make NYC famous, more than 100 nurses showed up for our Bronx Inter-regional Meeting on November 19. Turnouts in other parts of the state are also quite high. No one is busier than a nurse—so why are people so responsive to these meetings?

In spite of the fact that engaging in the act of caring for people touches a deep chord in our hearts, the workplace of today is more like a factory. Instead of having the luxury of reflecting upon our patients' conditions and needs—and acting upon our assessments in a thoughtful manner—we are often pushed and pulled in so many directions that the joy and satisfaction that should be a constant in nursing is only an occasional blip on the workday screen. Instead of the intense comradery that existed in "the old days," we barely have time to talk to one another, as we are deposited in silos of electronic devices, checklists and policies that not only alienate us from our patients, but from other staff as well, and even our own sensibilities.

What sustains us

Nurses NEED to be together, united around our common bond of caring, supported by the collective, helped when overwhelmed, listened to when we need to speak out. Overworked and understaffed, unsupported by the administration, blamed for situations and conditions beyond our control, we leave work at the end of a shift feeling done in.

While we fight for better contracts for decent wages and benefits, and target safe staffing as our number one priority, we also build unity around a vision that work should be satisfying and that patients deserve the best we can offer. When nurses get together, sharing our real life stories—a reality that few others can understand—we form a common bond that not only makes us stronger as a group, but confirms for us, as individuals, that we are worthy of respect and that we are not alone.

Our union unites us

Our union is our tool to confront the challenges we face at work as well as within the space outside of work. The old mantra: "what is the union doing for me?" is a tired one. It's like saying, "what is my car doing for me?" or "what is this hammer doing for me?" A tool comes to life when we USE it. Too often we buy into the thought—perpetuated by our educational system, our workplaces and much of the corporate media—that we are objects and victims, instead of subjects, capable of action. Making things happen can be life changing.

Functioning in a vacuum is impossible in society today. When we talk about creating a "social justice union" we are talking about using the union as a bridge to the world "out there," the world our patients inhabit and the one that we ourselves live in.

Demanding a universal health system; stopping the poisoning of our planet; reversing global warming; supporting the human right for workers to receive a living wage; combating racism, sexism, homophobia and all forms of discrimination; ensuring that our children receive a quality education, a safe home, that our elderly are not abandoned and exploited: these are struggles in which nurses have always been involved. This is the logical and holistic side of nursing. What better structure than our union to bring these ideas and actions together, as nurses, combining hope and skill, just as we do every day for our patients?

Coming together in meetings, in job actions, in projects, in medical and social missions, in constructing strategic plans to improve conditions, in crafting ideas to get the resources we need to do our work, in providing the human and social support we all require to survive as full human beings—believe it or not, this is part of what being in a union is about. It is through this work that we build unity.

Onward and outward

In the process, as we struggle to create democratic mechanisms to share our ideas and debate a variety of views, we build unity. When we care and nurture one another, we build unity. When we embrace ideas that we never thought we could consider, we build unity. When we have the courage to critique our own mistakes, to be able to have principled debates and even to disagree—but without hostility, we build unity.

The forging of unity begins in our very own work places. It continues onward and outward within our facilities and the "mothership" systems that now proliferate in healthcare. It envelops our communities and moves beyond our geographical boundaries. Without unity, we are alone and powerless. With it, the possibilities are endless.

Bronx members packed the meeting hall at the November 19 Inter-regional.

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New members at Mount Sinai

NYSNA welcomed 141 Nurse Practitioners and 10 Midwives from New York City's Mount Sinai Medical Center on November 6, following an overwhelming vote in favor of union representation. (Eight Midwives organized and two new Midwives were hired.) These new members join 150 NPs, 18 recently organized Certified Registered Nurse Anesthetists, and 2,300 RNs who are already part of NYSNA's Mount Sinai membership.

The victory came about through a well-coordinated effort between an active Organizing Committee within the new bargaining unit and existing NYSNA members who helped in locating and speaking with their counterparts seeking to organize but scattered across departments and programs. While NYSNA already represented some of Sinai's NPs, the non-union NPs, who had the same credentials and experience, were working under the title "Coordinator" which kept them out of the bargaining unit—and working with lower pay, inferior benefits, and no representation.

Marites Arizabal, NP; Sarah Nicol, NP; and John Peña, NP, work in Mount Sinai's Neurosurgery Department.

Liz Jones, NP, and Gretchen Mathewson, NP, holding the official certification of union victory from the National Labor Relations Board on election night.

Samantha Rose, NP, of Mount Sinai's Pediatric Pulmonary Department.

Campaign for fairness

According to Gretchen Mathewson, NP and Organizing Committee Member, the campaign started about a year ago and built slowly, but steadily. "I work side by side with a NYSNA-represented NP," she said. "We have the same training, education, and responsibilities, but my pay is a fraction of hers, and I haven't had a raise in the five years I've worked at Sinai. Plus, her benefits, like pension and PTO, are far better, too. I love my job, but the unfairness really got to me, so I decided to do something about it."

As with most organizing campaigns, there were obstacles along the way, but by August, when the Committee brought forward the representation petition to management, there were signatures from two-thirds of the unit. Given that strong level of support, Sinai's management maintained a neutral stance in the weeks leading up to the certification election.

Jessica Hill, LM, one of the Licensed Midwives in the Mount Sinai unit, sees the union as the way to ensure quality patient care through safe staffing. "Through NYSNA, we'll have a voice in determining what is a reasonable expectation of patient volume, which is essential to providing a high quality standard of care to the patients we serve," she said. "The LMs are looking forward to establishing equity and fairness in our compensation structure. We want the hospital to recognize our education and experience and provide compensation comparable to that of other Advanced Practice Nurses with similar credentials. Currently, there is no uniformity in our pay and we receive no shift differentials, even though we regularly work weekends and nights."

Next step: contract!

The Mount Sinai midwives join their fellow NYSNA midwives at Bronx Lebanon, who organized earlier this year.

Ms. Mathewson is excited to get the negotiating process started. "I'm looking forward to getting others involved in the Negotiating Committee and to seeing the contract surveys returned so that we can put together proposals that reflect the priorities of the group. We're hoping to begin bargaining in December or January."

> **"I love my job, but the unfairness really got to me, so I decided to do something about it."**
>
> Gretchen Mathewson, NP

Fighting toxic traffic

By Jill Furillo, RN, NYSNA Executive Director

NY Attorney General Eric Schneiderman is filing a petition with the federal government to make oil rail shipments safer across the U.S. His proposal would limit vapor pressure linked to tank cars catching fire and exploding. He wants to ensure that "communities in harm's way of oil trains receive the greatest possible protection." Vapor pressure may have contributed to the powerful explosion and fire after an oil train derailment in Lac-Mégantic, Quebec, killing 47 in 2013, right.

At last month's Convention, NYSNA nurses took part in an extraordinary community action by joining with Saratoga Springs activists and residents, state legislators and environmentalists to protest the transport of crude oil and hazardous fracking chemicals along train tracks that cut through populated areas.

The event marked the two-year anniversary of a train derailment and explosion that killed 47 people and destroyed the business district in the Canadian town of Lac-Mégantic, Quebec, just across the border from Maine. Since then, there has been a record number of oil tanker derailments, explosions, and leakages of dangerous substances into the air and water in the U.S. Yet there is still no uniform national standard for oil train safety procedures, and emergency response training varies widely across the country.

This growing threat demands our continued attention and action.

In November, NYSNA participated in "Oil Train Response 2015," a conference in Pittsburgh where experts and activists shared strategies on how communities can safeguard themselves from this growing threat to public health and the environment (see page 8).

A Growing Problem

Over the past five years, the volume of so-called "oil trains" has skyrocketed as a result of the oil boom in North America. In the race for profits, producers took shortcuts to get the oil to market as quickly as possible without weighing the hazards of train shipment. Tanker cars that historically carried small volumes of crude oil now are being used to transport large quantities of both oil as well as highly-flammable ethanol and liquid chemicals used in the unconventional natural gas extraction process— fracking.

In addition, the Bakken crude extracted through fracking, a large portion of North American production, typically contains more butane gas than other kinds of oil, making it more flammable. About two-thirds of North Dakota's Bakken crude and 10 percent of the nation's total oil production is now transported by rail. Most of the accidents in recent years, including the Lac-Mégantic derailment, involved trains hauling Bakken crude.

The Association of American Railroads reports that in 2008, the nation's railways carried 9,500 oil tanker cars; by 2014, there were nearly 500,000—a fifty-fold increase! This meteoric growth took place without the necessary structural improvement to the rail infrastructure—both aging tracks and tank cars—to safeguard communities and accommodate the risks associated with this dangerous cargo. The 1.15 million gallons spilled in the U.S. in 2013 far outpaced the combined total of 800,000 gallons spilled over the 37 years from 1975 to 2012, according to federal records.

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Our nation's rail infrastructure is aging and in desperate need of upgrades and repairs. Regulatory oversight is weak and there are not enough government inspectors to get the job done. Track problems are compounded by the type of tanker being used.

Far more toxic products, like chlorine, are regularly shipped on trains. But those products are transported in pressurized vessels designed to survive an accident. Crude oil, on the other hand, is shipped in a type of tank car that entered service in 1964 and that has been traditionally used for non-flammable hazardous liquids like liquid fertilizers. Safety officials have warned for more than two decades that these cars were unsuited to carry flammable cargo; their shells can puncture and tear up too easily in a crash. Adding to the problem, many of the fire departments that have had to respond to derailments and explosions are ill prepared to deal with chemical fires and cleanups.

Our vigilance continues

And, of course, there is the matter of climate change. The rising volume of transport of oil by train is an indicator of an increasing reliance on fossil fuels at the very time our national, and planetary, need for carbon emission reduction could not be more compelling.

We welcome Governor Cuomo for his focus on NYS's environment and the safety of its residents, including state inspections of rail tracks. His ban on fracking and recent rejection of the gas pipeline port off the shore of Long Island, citing environmental and other threats, are steps in the right direction.

We must remind all policy makers that healthcare advocates will remain vigilant about the multiple threats that the transport of oil trains pose to our communities.

Growing attendance at Long Island Inter-regionals

Long Island NYSNA members are attending Inter-regional meetings in increasing numbers this year as word gets out that the new meeting format gives members an enhanced role in setting agendas and presenting content. A record number of members participated in the most recent Inter-regional on October 7. Meetings have included an educational component, political and legislative discussion, and updates on bargaining in area facilities. The December 9 meeting will include an educational on Safe Staffing Captains.

Puerto Rico's healthcare crisis focus of fall SOMOS conference

A NYSNA delegation attended the fall "SOMOS el Futuro" conference in Puerto Rico November 4 - 8 where they saw up close the effects of Puerto Rico's current economic and healthcare crises. Michelle Gonzalez, RN, Montefiore Medical Center, was one of three NYSNA nurses who participated. "This was my first SOMOS conference," she said, adding, "My family is Puerto Rican so I was glad to come and learn more about what is happening here." Fellow Montefiore RN Karines Reyes-Urbez and Kirsys Baez, RN at Elmhurst Hospital, also were there.

The island's debt crisis is tied to healthcare underfunding from the federal government and a further cut of $500 million is scheduled. That's left Puerto Rico reeling. Nearly 30% of Puerto Rico's $70 billion debt is a direct result of having to borrow to pay for Medicaid.

NYSNA's members and staff join others at the United for Health rally, November 5.

L to R: Kirsys Baez, RN; NYC Comptroller Scott Stringer; Karines Reyes-Urbez, RN; and Michelle Gonzalez, RN, at the November 5 rally.

Root of Problem

Living on a U.S. territory, Puerto Ricans pay the same Medicare and Social Security payroll taxes as those who live on the mainland, but there's a huge difference in what they get back. Congress has long capped the federal Medicare and Medicaid reimbursement that PR receives at levels far below that of any of the 50 states. For years, it has paid just 15% of the island's Medicaid costs; in contrast, it contributes 50% in New York State and up to 80% in poorer states like Alabama and Mississippi. With a poorer and older population than any state, Medicare and Medicaid provide health coverage for 70% of the island's 3.5 million people.

Further cuts have the potential to cause the Puerto Rican healthcare system to collapse.

The problem is compounded by the fact that Puerto Rico does not have access to the same types of bankruptcy protections that federal law grants to states. "I didn't realize how bad it was until I saw it in person," said Michelle Gonzalez. "Puerto Ricans are U.S. citizens but aren't treated as such."

The highlight for the NYSNA members was the November 5 *United for Health* rally to demand parity from Congress in Medicare and Medicaid funding. The three nurses marched alongside an estimated 50,000 people from labor, community, healthcare, religious, and political groups that comprise the Puerto Rico Healthcare Crisis Coalition. President Obama, Governor Cuomo and many in New York's political leadership are making efforts to help, but, under current law, only Congress has the power to make things right.

SAFE STAFFING

Winning for patien

All over New York State, NYSNA nurses are pressing hard on safe staffing issues. While the campaign for passage of the Safe Staffing for Quality Care Act in the legislature is stepped up, nurses are taking actions in their hospitals to address patient safety concerns, and they're achieving success.

NYC: Harlem Hospital

Harlem Hospital, one of the 11 public hospitals in the HHC system, is a recent example. "In many units, nurses are burdened with too many patients, especially during breaks and while nurses are on vacation or if a scheduled nurse calls in sick," said Jacqui Gilbert, RN and a nurse supervisor at the hospital.

Mbayo Umba, an RN who works the night shift in the ICU, said staffing in his unit during the day shift was acceptable, but not at night. "There were nights in the ICU when we'd have 5 patients and 2 nurses. It was made worse by the fact that there tend to be higher admissions and testing at night."

The nurses began a focused action. "We needed a plan," said Mr. Umba. "We started a Protest of Assignment campaign throughout the hospital." He talked with fellow nurses one by one, stressing that "the only way to make this right is to protect yourself by filing POAs." He and others sent regular reminders and members started to get with the POA program. "We made a concerted effort to hold Assistant Directors of Nursing accountable on the POAs," he said. "Every morning before I leave, I follow up personally with the ADN to make sure the POAs are signed."

Hard evidence

"Last spring, we worked with NYSNA's Education Department to compile the data from our POAs and put together a presentation for a labor management meeting," said Jacqui Gilbert. "It was fact-based evidence that management couldn't dispute. And we told them we would send the data to the State Health Department if staffing didn't improve." She added, "Initially, we thought management was inclined to address the problem, but then they flip-flopped."

Jacqui Gilbert, RN

The nurses regrouped and formed a coalition together with AFSCME and the Doctors Council/SEIU, HHC's other unions, for political outreach. The unions arranged for a September meeting and invited the area's elected representatives—from City Council to Congress. All invited politicians were either there in person or sent a staff member. "We had a huge member turnout," Ms. Gilbert said.

Nurses, doctors and support staff spoke out at the meeting. Ms. Gilbert summed up the nurses' message: "Staffing directly impacts our ability to care for our patients appropriately, and administrators at HHC are not providing the resources we need to care for our patients properly. Evidence-based research demonstrates that lives are saved when there is adequate staffing."

On September 25, Manhattan Borough President Gale Brewer sent a letter to HHC's CEO Ram Raju setting out her concerns about staffing at Harlem Hospital: "The nursing staff in particular is very lean and must out of necessity be crisis-oriented rather than be able to provide the steady, close care patients require. … Passage of the Safe Staffing for Quality Care Act would help, but as an interim step your actions as CEO could begin to close this gap."

Members have kept up the political outreach. On November 18, they met with NYS Assemblyman Keith L. T. Wright and NYC Councilmember Inez Dickens. They've continued their POA campaign, too, and last month started using NYSNA's new text-based "Safe Staffing Captain" system for fast and easy reporting of unsafe ratios.

Mr. Umba is optimistic about the impact of these efforts. "In the ICU we've seen some improvement. The hospital floats nurses into the night ICU now. It's not 100% yet, but we're working to get there."

NYC: New York Presbyterian

The hospital's 24-bed Medical ICU takes care of its sickest patients, including any ECMO patients requiring one-on-one care. Census is often at near 100%. The nurses had experienced a slow, steady deterioration in staffing since the beginning of the year due to a combination of open positions going unfilled, high patient acuity, and an unusually high number of regular staff on medical leave.

Said one long-time NYSNA member, "Depending on both census and acuity, the MICU requires at least 14, and often 16 or 17, nurses. It got to the point that it was not uncommon for us to be 3 or 4 nurses short. Some days, we

The CVPH Med/Surg Bargaining Team: Back row (l to r Hendrie, RN; Zach Witkop, RN; Katherine Tarasavage, RN; and Dea Lacey, RN.

Anatomy of the POA

The Protest of Assignment started to take shape in 1982. It dovetailed with a classification system for acuities. There was testimony before the NY City Council. Reliability and validity tools were added to the patient classification system and refinements continued. Within NYSNA the "POA" form came into being in the early 90s. During that decade a ratio standard was set for RNs on an ER shift.

"Today's POA gives you a beginning framework for legal protection. But you need a reliable and valid tool to set what staffing should be." Anne Bové, RN, President, NYSNA's HHC/Mayorals Executive Council

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only had 11 or 12 nurses, and we would get no relief from the hospital's ICU Float Pool, stretched to capacity filling the vacancies in the hospital's 7 adult ICUs. It was becoming nearly impossible to do our assignments in a safe manner."

In July, the nurses outlined their sentiments in writing and requested a meeting with administrators where they laid out the issues together with some of the hard data.

Around the same time, a new manager came on board who displayed a better understanding of the seriousness of the situation. "This, combined with the Medical Director's receptiveness to our message, brought about big changes. They realized they had to shift gears for the sake of patient safety and retention of nursing staff," said a NYSNA member.

By late August, travel nurses were assigned to the unit and management made a commitment to greater recruitment efforts. Since then, the hospital has increased the number of RNs in the Critical Care Float Pool, as well. The member reports that MICU nurses are pleased with the outcome so far. "Hiring takes time, but we have a process in place now that should yield a more permanent solution. We have a commitment from the administration to staff with an optimum number of FTEs plus 1 to make up for anyone on medical leave. So far, it's working. Yesterday, we had a full complement of 17 RNs."

r): Scott Ebersol, RN; Jamie Facteau, RN; Kristen Rozell RN; Front row (l to r): Rebecca Carter, RN; Holly Hart,

She added, "I don't believe the hospital was intentionally short-staffing the ICU. But without the input from nurses, they wouldn't have realized the extent of the problems it was creating. It shows the importance of speaking up and letting them know what's happening."

North Country: Champlain Valley Physicians Hospital

When management at the 300-bed Plattsburgh facility that is part of the University of Vermont Health Network tried to eliminate charge nurses from the three Med/Surg floors, NYSNA nurses mobilized a fight back. "The hospital was pursuing magnet status and there was a lot of talk of 'shared governance,'" said Dea Lacey, RN, who works there. "They used that rationale to try to eliminate charge nurses, saying that one nurse shouldn't be in charge of another's practice."

After a one-week trial, the feedback from all the RNs was that it simply did not work. However, that wasn't the end of it. "Management dug in their heels and pushed forward, despite our objections," reported Ms. Lacey. On July 1, the first of the 4.5 charge nurse FTEs was eliminated; the other cuts were scheduled for August 1.

CVPH members got to work. In early July, they held unit meetings to mobilize and prepare for an escalation campaign. "We wrote a petition and 90 percent of the nurses signed it—not just in Med/Surg but from the whole hospital," said Ms. Lacey. A group of ten RNs walked the petition into the CNO's office. When the nurses received a dismissive response from the CNO, they turned it into a leaflet for distribution within the hospital.

The nurses then wrote a response to the CNO, which they shared inside the hospital as a leaflet. They started leafleting outside the hospital, as well, to let the community know about the issue and its impact on patient safety. Nurses from other floors and units were among the first to volunteer support. Ms. Lacey said, "When the Med/Surg nurses saw the level of support we were getting from nurses in other areas of the hospital, it made us stronger." The nurses also used a July ruling by the Department of Labor that CVPH had violated overtime laws to its advantage, adding this issue to the nurses' campaign.

By the end of July, there appeared to be some movement. The CNO resigned two weeks after delivery of the petition and management announced it would delay until fall the cuts on the other two floors that had been scheduled for August 1. The hospital's VP for human resources took over as CNO and requested a meeting with the nurses.

The nurses agreed to meet only if the charge nurse issue would be addressed. However, once the meeting took place, management ignored the staffing issue. The 25 nurses in attendance all got up and left.

Yet again, at a second meeting, packed with NYSNA nurses, the staffing issue was ignored and nurses left en masse. Management went on to announce the elimination of the charge nurses on the other two Med/Surg floors.

Members immediately started organizing a candlelight vigil as well as a call-blast to the CNO.

Turning point

Once word of the impending vigil got out, coupled with an inundation of calls to the CNO, management finally agreed to negotiate. "I think the turning point was when we took control of that second meeting and all got up and walked out together," Ms. Lacey said. "The Med/Surg RNs got together and wrote a very specific job description for charge nurse, listing qualifications and responsibilities. When management finally agreed to negotiate, we knew exactly what we wanted."

It was a win for the nurses. Two negotiating sessions later, not only had the nurses achieved restoration of all 4.5 charge nurse FTEs, they had succeeded in changing the title to a "bid" (i.e., permanent) position. The nurses agreed to change the charge nurse position name to "team leader" but the differential remained the same. "All three Med/Surg floors and all three shifts will now have a charge nurse called team leader. The job description is the one we wrote and it is to be posted by December 1," said a very pleased Dea Lacey.

"We made a concerted effort to hold ADNs accountable on the POAs."

Mbayo Umba, RN

Buffalo Council gives big boost to safe staffing

NYSNA nurses present a thank you card to Buffalo Common Council members following the resolution's passage.

The City of Buffalo's Common Council passed a resolution on November 24, calling on state lawmakers to pass the Safe Staffing for Quality Care Act. NYSNA members congregated at Buffalo's City Hall to bear witness to the vote. Councilman David Rivera, the resolution's sponsor, said, "This is about healthcare needs of people that are going into hospitals. It's about taking care of nurses." Kevin Donovan, RN, Erie County Medical Center, and a member of the NYSNA Board of Directors, added, "This is the first step in a long journey to pass a safe staffing bill in NY that I believe will not only raise the patient-hospital experience to where it should be, but will raise the quality of our healthcare and health outcomes to where it needs to be."

The Council followed the lead of its Legislation Committee, which had unanimously endorsed the resolution on November 17, following hearings in which nurses and family members of patients who had experienced first hand the effects of unsafe staffing testified and implored the Council to push for passage of the staffing act. The hearings had attracted wide local news coverage, adding urgency and momentum to the issue.

St. Elizabeth's nurse gets on board against oil trains

NYSNA member and St. Elizabeth Medical Center RN Ethel Mathis, left, traveled from Utica to Pittsburgh, PA, to attend the "Oil Train Response 2015" conference and training held November 11-13. The conference addressed the regulatory and social impact of oil trains that pass unchecked through our cities and towns and provided a timely follow up to NYSNA's action during Convention protesting oil trains traveling through Saratoga Springs and commemorating the horrific derailment in Lac-Mégantic, Quebec, that killed 47 people.

Participants shared strategies for fighting specific oil train terminal proposals in places like Philadelphia, Baltimore, and Albany. Ms. Mathis came away better informed and ready for action: "The oil train movement is building. Communities are waking up to this very real health danger, and as nurses, we have a stake in protecting the public's health. This conference gave me the tools I need to organize other RNs to join me in saying no to unregulated oil trains in our communities."

NYSNA members Colleen Murphy, RN (rear, second from left), and Teresa Edgerton, RN (rear, third from left), along with CWA members and Council members Mark Manna and Guy Marlette (rear) after the Amherst vote on November 2.

Towns of Amherst and Hamburg support safe staffing

In a show of support for quality patient care, town boards in Amherst and Hamburg both passed resolutions in November in support of safe staffing legislation. Together with Cheektowaga, three Erie County towns have joined with the City of Buffalo in passing resolutions urging the New York State Assembly and Senate to pass the Safe Staffing for Quality Care Act.

Staten Island membership grows

On November 18, NYSNA scored another win: case managers at Staten Island University Hospital voted by more than an 80 percent margin for union representation. The 38 case managers will join 1,000 RNs already represented by NYSNA at the hospital, which is now part of the North Shore-LIJ network. Pat Kane, RN and NYSNA Treasurer, was especially excited to see new members added at her hospital. "The last election for a new group of nurses on Staten Island was 15 years ago. This win demonstrates that we can successfully spread our vision that every nurse should be part of the union. It's a new day for Staten Island and for North Shore LIJ."

Phyllis Beck, RN, CCM, said the organizing campaign kicked into high gear last February. For her, the priority is patient safety, a motivation shared by fellow case managers. "We want to be able to improve staffing by recruiting new case managers from within the hospital. By all being together in NYSNA, we can make the transition seamless and all be on the same page."

Tina Crowley, RN, one of two case managers who initiated the organizing campaign, agreed with Ms. Beck that safe staffing was a main motivation. "Some case managers cover three units and can have as many as 60 patients. It's very stressful to arrive at work on Monday and have 24 or more clinical reviews waiting for you, on top of your discharge planning and other responsibilities." She added, "Case managers were also upset because when North Shore-LIJ took over SIUH they took away our regular vacation and sick time and changed to a PTO system; plus, they stopped paying time-and-a-half on holidays."

"The case managers saw a different union during our recent contract campaign and victory," said Pat Kane. "The SIUH RNs were so involved and visible in the campaign." She said that the victory is a homecoming, of sorts, for about half of the case managers, who had been NYSNA members earlier in their careers. "It's so great to welcome them back."

Case managers are meeting to elect their Negotiating Committee. "We're looking forward to bargaining a contract that addresses staffing, work-life balance, representation, and improved benefits," said Ms. Beck.

"The case managers worked really hard for this victory. They showed that they have what it takes to stay united and achieve what they set out to get," said Ms. Kane. "The RNs are absolutely thrilled to welcome the case managers into the SIUH NYSNA family."

"The case managers worked really hard for this victory. They showed that they have what it takes to stay united and achieve what they set out to get." Pat Kane, RN

Case managers at SIUH, joined by NYSNA members, celebrate their winning vote to join the union.

Tentative agreements reached at 2 Brooklyn hospitals

NYSNA Negotiating Committees at Interfaith Medical Center and Wyckoff Heights Medical Center recently reached tentative agreements. RNs at Interfaith Medical Center reached an agreement that is a win for the hospital's nurses and patients. On top of economic gains, the hospital agreed to add 20 RN FTEs over the four-year term—nearly a 10% increase—and to an expedited process for enforcement of staffing language. Ratification took place December 2.

At Wyckoff Heights Medical Center, a tentative agreement reached on November 20 will be put to a vote by the hospital's 600 RNs in December. It includes strong economics plus an improved process for resolving staffing disputes.

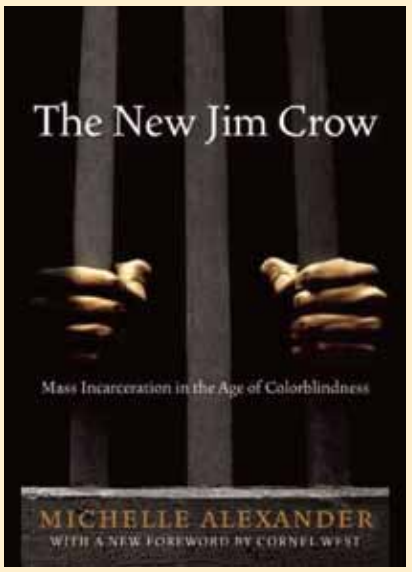
Wyckoff Negotiating Committee members (l-r): Tanisha Thompson, RN; Ujawala Moses, RN; Marilyn Flores, RN; NYSNA Rep Darlene Coccaro; and Naila Ming, RN.

Interfaith Bargaining Committee members (l-r): Paul Garrett, RN; Judith Bingham, RN; Sharon Bedford, RN; Ari Moma, RN; NYSNA Rep Glenn Bouldin; and Solomon Bakare, RN.

BOOK REVIEW

The New Jim Crow

[*The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (The New Press, 2011) is a powerful indictment of racism in the criminal justice system by Michelle Alexander, a civil rights attorney, who directed the Racial Justice Project for the American Civil Liberties Union (ACLU) of Northern California, and is a legal scholar and Associate Professor at the Moritz College of Law at Ohio State University and at the Kirwan Institute for the Study of Race and Ethnicity.]



By Desma Holcomb
NYSNA Director, Labor Education

Before the government-sponsored war on drugs, NYSNA nurses fought addiction on the front lines of detox and rehabilitation units at hospitals. They manned the picket lines when hospitals closed those units. And they personally witnessed the devastating impact of government policy on communities of color as funding once allocated for treatment shifted to the criminal justice system—a practice and its frightening consequences that Michelle Alexander lays bare in her provocative book *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. "No other country in the world imprisons so many of its racial or ethnic minorities," writes Alexander. "The United States imprisons a larger percentage of its black population than South Africa at the height of Apartheid."

Insidious targeting of minorities

In *The New Jim Crow*, Alexander deconstructs how the country that elected an African-American President (twice) came to imprison 1 out of 14 African-American men, most for drug-related offenses, while only 1 out of 106 white men go to jail. Contrary to the common assumption that this reflects higher drug use and sales in black communities, Alexander reports: "Although the majority of illegal drug users and dealers nationwide are white, three-fourths of all people imprisoned for drug offenses have been black or Latino."

Resistant at first to comparisons to Jim Crow laws, Alexander uncovers how a racially-coded "War on Drugs," rooted in the backlash against Civil Rights gains, created a new "Jim Crow" with a system of segregated, second-class citizenship for huge numbers of black men. These black Americans, by virtue of having been incarcerated, are permanently denied the right to vote or serve on juries and barred from employment and also from survival support in housing, food and healthcare—even though racial discrimination is against the law.

Older RNs may remember that the shift from treatment to imprisonment dates back to the 1980s—the beginning of President Ronald Reagan's "War on Drugs." At first, many police officers resisted the call to focus on low-level drug users and dealers, instead of violent crime. So Reagan added large financial incentives for local police departments to do so: federal funds and military surplus weapons and equipment were sent to local police but only for Drug Task Forces. And when he authorized police departments to keep 80% of any assets seized from suspected drug users and dealers and their relatives (e.g. money, cars, homes), that sealed the deal for local law enforcement, who became fiscally addicted to the war on drugs.

> *"Although the majority of illegal drug users and dealers nationwide are white, three-fourths of all people imprisoned for drug offenses have been black or Latino."*

This war also led to the systematic erosion of civil liberties, with a disproportionate impact on black Americans. In the 1980s and 90s, the Supreme Court ruled that police:

- do not need a warrant to search a home or car for drugs;
- do not need probable cause to "stop, question and frisk" for drugs;
- are permitted to stop drivers for minor traffic violations as a pretext for searching for drugs, even when there is no evidence of illegal drug activity.

Essentially, the protections under the 4th Amendment to the Constitution have been curtailed in the war on drugs, and racial profiling and other racially-motivated measures bear that out.

Gross injustice

Alexander calls this system "mass incarceration" because the total number of Americans in jail or prison (2.3 million) or under supervision on parole or probation (5.1 million) dwarfs the percent of people incarcerated in every other industrialized country. Only Russia comes close.

Alexander hopes that the analysis she provided will awaken the conscience of the nation and help people of good will recognize the gross injustice in the current system. Fortunately, a bi-partisan consensus is emerging against mass incarceration and drug felony discrimination. New York State has refused to disenfranchise felons, the Affordable Care Act makes them eligible for health insurance, and New Jersey has passed a law (signed by Republican Governor Christie) to "Ban the Box" (i.e. barring the "Are you a felon?" question on job applications).

Nurses can do their part, too. NYSNA members have hands-on experience, underscoring that addiction is an illness to be treated, not a crime to be punished. Nurses recognize that drug addiction is a serious problem in our country and know that this illness affects every race, gender and class. It is critical that nurses join the fight to help end the war on drugs.

For more information on a successful model, read how Portugal decriminalized drug possession; transferred government funds from incarceration to drug treatment; and in just ten years dramatically reduced addiction rates; drug-related diseases such as HIV, and drug-related crime: **www.thefix.com/content/decrim-nation-portugal-ten-years-later**.

NYSNA keeps up fight for $15

Anne Bové, RN and NYSNA President of the HHC/Mayorals Executive Council, spoke at the November 10 rally in New York City.

NYSNA is helping keep the momentum going toward a $15 wage floor. At a November 10 rally that was part of a national day of action, Anne Bové, RN and NYSNA President of the HHC/Mayorals Executive Council, spoke out about how all workers, including the lowest paid workers in healthcare, deserve $15/hour and a union, stating: "Throughout our history, NYSNA has fought for social and economic justice. Low wages and poverty have created an overwhelming and growing public health crisis in our communities and the time has come for corporate CEOs to raise pay and respect the right to form unions without retaliation."

Hunger strike In a related action, NYSNA members gathered outside the NYC home of Alice Walton, whose family founded Walmart, to support the megastores' workers on a hunger strike for higher wages and the right to unionize.

Marva Wade, RN, First Vice President, NYSNA, addressed Labor for Single Payer conference, Chicago.

MEDICARE—for ALL Americans

Labor and healthcare activists from across the country converged in Chicago for the National Single Payer Strategy Conference from October 30 through November 1. NYSNA members and leaders representing our largest public sector and private sector hospitals, from upstate and downstate, all participated and shared the news of our successful passage of the NY Health Act in the NY State Assembly earlier this year. NYSNA President Judy Sheridan-Gonzalez, RN, helped lead a panel on the work we're doing internally to help build the single payer movement within our state, and First Vice-President Marva Wade, RN, spoke at a plenary about statewide campaigns.

Highlights included a strategy sharing meeting with more than 60 nurses from across the U.S., a march and rally in front of Blue Cross/Blue Shield's Chicago headquarters, and a sneak preview of a powerful new documentary called "Fix It: Healthcare at the Tipping Point." The film takes an in-depth look into how our dysfunctional healthcare system is damaging the economy, making healthcare unaffordable for many and negatively impacting on the nation's health. We're working to make the film available for Inter-regionals and conferences.

Postal workers need our support

More and more unions, community groups and other organizations are lining up with the Postal Workers and backing the union's boycott of Staples. The AFL-CIO endorsed the Postal Worker's boycott of the office-supply giant in response to the U.S. Postal Service's plan to privatize retail operations by contracting mail services to Staples, using "postal counters" staffed with low-wage, high-turnover Staples employees rather than postal employees.

Westchester Medical Center members continue to bring their message to the public on a billboard, Route 119, Tarrytown

Victory for TCC Nurses

Nurses from Terence Cardinal Cooke in Manhattan brought closure to their contract victory with the November 16 reinstatement of Maria Teves-Iman, right, following an arbitrator's ruling in favor of NYSNA's claim that she had been terminated without cause. As part of the contract settlement, members had insisted on the reinstatement of two RNs: Ms. Teves-Iman along with Rosamond Cuello, who also had been terminated without just cause. Ms. Cuello was reinstated on September 21.

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