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By Judy Sheridan-Gonzalez, RN  
NYSNA President



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# Making a better world

One Christmas, we nurses decided—as we always do—to celebrate the holiday at work: everyone cooking to make it special, as we spent it with our “work families.” There was a patient who was a victim of a crime. She was one of our favorites, grateful for any small thing and possessing years of experiences and stories to tell. We shared our meal with her and bought her a beautiful shawl which she wore every day until she left the hospital.

“There’s a tough world out there,” she’d say. “You do your best to show kindness, live a moral life. Things don’t always work out the way you wish but you find the humanity in things. It comes back to you.”

That was her way of thanking us for caring for her and caring *about* her—someone we didn’t really know. She was simply another human being in need whom we could give a little of ourselves to. Nurses “find the humanity in things” every day.

There are other victims in this world, particularly those fleeing war and destruction, drought, starvation, economic collapse, oppression, repression and the accompanying terrors of these situations. Some of these are refugees from other countries seeking salvation from such hardships.

## Making a difference

When I hear politicians calling for closing our borders or banning or interning certain people supposedly because of crimes committed by others who share a country of origin, race or religion, I am reminded of the Jewish refugees of WWII who were turned away out of fear; our Government’s internment of Japanese-Americans into concentration camps during that same war; the difficulties Irish immigrants faced after the potato famine; the massacre of Native Americans; and the brutal enslavement of Africans.

However, there is much good to be found, on every scale imaginable! Sometimes the media sensa-

tionalizes violence, resulting in a demonization of particular groups. We should always remember that individual acts of violence should not be used to demonize an entire race, religion or group.

When disasters hit, nurses are among the first responders. When a calamity hits a community, we triage our own lives to lend a hand. And there are many others who do the same. There are endless stories that describe the humanity that people exhibit toward one another. These are the things that can give

If nurses only focused on negative outcomes we would do our patients and our profession a grave disservice. What allows us to show up for work every day is the thought: “Today, I can make a difference in someone’s life—even against the odds.”

## Universal admiration

I traveled to Paris in December where NYSNA was honored to represent nurses from the U.S. at the United Nations Framework Convention on Climate Change talks



NYSNA President Judy Sheridan-Gonzalez, RN, addresses attendees at a panel organized by Public Services International, at the United Nations Framework Convention on Climate Change in Paris. Writer Naomi Klein, also at the Convention, praised President Gonzalez, “I am humbled to be with you...the New York State Nurses are so kickass.”

us hope for the future.

While the holidays have passed, we should recall that many people reflect during that time on the birth of Jesus. Technically, Mary and Joseph were “illegal immigrants,” escaping persecution and the possible murder of their unborn child. They were refugees, much like people we see today, escaping their native lands, taking enormous risks to survive and create a safe haven for their children.

Instead of celebrating our nation as a country of immigrants, some politicians nurture fear, promote xenophobia and ultra-nationalist sentiments that only serve to alienate us from one another. For every negative possibility, there are hundreds of positive outcomes that arise from embracing others.

that took place. We met thousands of dedicated and amazing people from all over the world who are committed to saving our planet from fossil fuel destruction and linking the need for a sustainable world to the need for measures that sustain the things that allow us to live decent lives, free from war. I can tell you that nurses are *universally* admired and respected—people trust what we say because of what we do. We were humbled by these sentiments.

The rest of humanity can learn a lot from us. We need to spread that thing that makes us who we are—caregivers, lifesavers, empathizers, and pillars of hope for our patients—to other people and to practice our art outside of the workplace—into our surrounding communities.



# The *Friedrichs* case is an attack on unions

**NYSNA contracts** are fought and won in the realm of collective bargaining where preparation is extensive: staff research on the economics of proposals, on facilities and corporate profiles; lawyers argue and defend our positions; communications gets the word out and circulating; evidentiary support is gathered from POAs and presented with the backdrop of peer-review standards; staffing figures are compiled—these data are essential to bargaining, not to mention essential to our state licensure. In fact, our ability to collectively bargain is at the very heart of our ability to be the type of effective patient advocates that our license and profession demand.

Our dues pay for protection of our jobs and the standards by which we meet our responsibilities of quality patient care.

## Challenging legal precedent

**Friedrichs v California Teachers Association** is a fundamental assault on dues paying in public sector union employment. If **Friedrichs** prevails, government workers cannot be required to pay fees to the unions that represent them. That includes nurses, teachers and firefighters. It puts the future of “fair share” (also termed “agency fee”) at center stage—that’s the amount of a dues payment attributed to the collective bargaining process.

As it stands today, members of public unions in 23 states, including New York, and the District of Columbia, can “opt out” of that part of their dues that pays for “political activity”—policy, lobbying and candidate endorsements. But dues to support collective bargaining, and all activities necessary to carry it out, are legal obligations (as established in the **Abood** case of 1977).

A ruling against unions in **Friedrichs** would overturn **Abood**, dealing a one-two punch to unions: buying the argument that opting out of dues to fund political activity is protected by the First Amendment and that all activity at a public sector union, including collective bargaining, is “political”. One hundred percent of a dues payment supports

political activity, according to the **Friedrichs** position, and that violates the First Amendment’s free speech protection.

To make their point, **Friedrichs** lawyers told the Supreme Court that “safety training,” like fire drills, carried out by unions to train teachers was a “political” activity that should not be supported with dues. “Can you think of something that’s more of public concern, that’s more of an ideological point, that’s more important?” asked Attorney Michael Carvin, arguing against public unions. *Safety training is ideological?*

For NYSNA nurses, training, policy and outreach are in the realm of public health. For nurses, our policies are derived from critical debates about the protection of the public’s health and play a key role at our LBU, inter-regional and other NYSNA meetings, at all-member conventions and other related gatherings, where they serve to educate, inform and coordinate. They also are discussed in an array of venues outside the hospital: in community meetings, at local town and city councils, and in regulatory and legislative forums on the state level. Sometimes we gain insights from other state associations and even from nurses and public health experts in other countries. Our dues fund these critical matters.

## Funded by the right wing

The bottom line is this: The wrong ruling in **Friedrichs** would give First Amendment protection to the “free ride,” so that all the benefits of collective bargaining and the policy and practical work that supports it are available without a dues requirement. “They can enjoy the benefits offered by their unions without having to pay for them,” wrote labor reporter Steven Greenhouse. Too many “free rides” have the potential to hobble, even bankrupt, a union.

Marginalizing unions, extinguishing our voice and eliminating collective bargaining is the goal of a right-wing juggernaut that’s funding **Friedrichs**. The Center for



Individual Rights is bankrolling the case with support from the Koch brothers. The Lynde and Harry Bradley Foundation, John M. Olin Foundation, F.M. Kirby Foundation, Sarah Scaife Foundation and the Carthage Foundation each has contributed more than \$1 million. Together these forces fight regulation of the environment and stand for privatization of utilities, including water; they have fought against women’s reproductive rights.

These forces were behind the successful litigation of **Citizens United**, a case that gave First Amendment rights to corporations to make unlimited expenditures in federal elections.

The wrong ruling in **Friedrichs**, combined with the law established in **Citizens United**, amounts to a hijacking of the First Amendment: in the former, by effectively taking away dues from public sector unions to collectively bargain and carry out policy work in support of it; and in the latter, by allowing corporations to make unlimited contributions in federal elections. *The New York Times* recently called it “a gap in the Supreme Court’s treatment of capital and labor.” Corporations already vastly outspend labor on elections.

## Unity is the answer

With unity of action, solidarity in our ranks, and a clear vision for our union and others, we can beat back **Friedrichs**. Funding collective bargaining, education, organizing to add members and leaders, and articulating policy that protects the public’s health and stands up for quality patient care are the antidote to any decision the Court hands down. Unity is the key.

**With unity of action, solidarity in our ranks, and a clear vision for our union and others, we can beat back Friedrichs.**

# Ending gun violence



By *Jill Furillo, RN, NYSNA  
Executive Director*

**A**s a Registered Nurse in the Emergency Room, I treated hundreds of women, men, and children who fell victim to gun violence. I cared for and comforted people whose bodies were broken by bullets—this wasn't violence that I just read about in the newspaper, it was something I experienced in vivid crimson every day.

Nurses know that gun violence is more than fodder for partisan debate and political stump speeches; it's an epidemic that threatens the health and wellbeing of our patients and their families.

Every day more than 89 Americans are killed by guns. The latest Centers for Disease Control and

These are some of the statistics that have led the Centers for Disease Control to classify gun violence as an epidemic and the American Public Health Association to rightly declare it a public health crisis.

## Fund mental healthcare

Watching President Obama shed tears as he announced his executive orders aimed to curb this growing crisis, I thought of my former patients, of the six-year-old children massacred at Sandy Hook Elementary School, of the African American churchgoers murdered in Charleston, of the public healthcare workers shot down this December in San Bernardino, and of so many others.

President Obama's orders aim to make it harder for guns to end up

I applaud President Obama for taking these important and necessary steps, but there is so much more to be done.

As healthcare professionals, we know that the most effective treatments are developed through scientific research. Yet our government institutions are blocked from conducting any research that could help us narrow down risk factors for gun violence and determine which evidence-based approaches would work best to stop this epidemic.

Why? Because the National Rifle Association has lobbied and bullied politicians into crushing any research on gun violence as a public health epidemic. Since 1996, the Centers for Disease Control and the National Institutes of Health have been effectively blocked by Congress from conducting gun-related research.

In the immediate aftermath of the massacre in Charleston, the U.S. House of Representatives Appropriations Committee quietly rejected an amendment that would have allowed the Centers for Disease Control to study the underlying causes of gun violence. The NRA got its way again, using anti-science political jockeying to put the health of our entire nation at risk.

## Protecting our patients

We need full-scale, funded research to solve the escalating crisis of gun violence. Like other epidemics that we have faced, including polio and auto safety, gun violence is not insurmountable. Imagine how many millions of people around the world would still be impacted by polio if our scientists weren't allowed to conduct the research necessary to discover a vaccine. Likewise, in just one decade, the U.S. reduced vehicular deaths by 25 percent by applying research that called for increased car safety features and improving our nation's roads and highways.

NYSNA nurses are united to stop politics from getting in the way of protecting our patients. We will do whatever it takes to end the epidemic of gun violence and keep our patients safe.



Prevention Fatal Injury Reports show that guns were responsible for 164,821 civilian U.S. deaths from 2010 to 2014—33,315 of these were under the age of 25.

Women and children are especially vulnerable. Women who are victims of domestic violence are five times more likely to be killed by their abuser if the abuser owns a gun. And, shockingly, according to the most recently available data, one child is killed or injured by a gun in America every 30 minutes.

in the wrong hands by strengthening background check requirements. And, critically, he also vows to increase funding for mental health services so that those in need receive treatment, preventing acts of lashing out.

As our psychiatric nurse colleagues have witnessed, too many mental health facilities have closed over the past decade, and mental healthcare services rarely receive the funding necessary to ensure that all patients have access to the care they need when they need it.



# New contract at Vassar Brothers

**NYSNA members** at Vassar Brothers Medical Center (VBMC) in Poughkeepsie started the New Year with a new contract and a good deal to celebrate. The 750 nurses brought more than ten months of negotiations to a close late on December 14, and on December 22 ratified the agreement with an overwhelming majority.

VBMC nurses had been working without a contract since their last agreement expired April 30, 2015.

Rosemarie Decker, RN and LBU President, said this round of negotiations was different than those in the past. “We had never used contract captains before. The captains did a great job of both keeping all the nurses informed and mobilizing the troops when needed. Plus, we faced a new management team that had no experience with a unionized hospital.”

## Down to the wire

Cyndi Sexton, RN and Negotiating Committee Member, attributed the timing of the settlement to the informational picket the nurses had scheduled for December 16. “We started the session on December 14 knowing that if we couldn’t bring the contract to resolution at this time, we would take our message to the community. Management knew it, too. We negotiated late into the night and finally got to where we wanted to be.”

Vassar members ranked safe staffing as their number one bargaining priority. The hospital’s census had been rising steadily over the past year, but staffing had not kept up. “Management kept thinking the increase was a fluke and would eventually drop. A year later, it’s still high. We finally convinced them of the need to add staff,” Ms. Decker said. She added, “Thus far the hospital appears to be making good on its promises for hiring additional staff.”

While the prior contract included provisions for ratios, the new agreement includes strong enforcement mechanisms. Ms. Sexton said she is particularly pleased that they achieved a Committee on Nurse Practice. “It gives us a direct line to the nursing director that we didn’t have before and will allow RNs

from every unit to meet on paid time to work to improve the standards of practice.”

For the first time, VBMC nurses will have the right to picket and take their staffing concerns direct to the community if unable to resolve disputes through labor-man-



Rosemarie Decker, RN and LBU President

agement channels. “This is a huge win for the nurses. It’s really powerful to be able to go to the community and express our concerns about safety,” said Ms. Decker.

Finding a better work-life balance was another key contract priority. Ms. Decker explained: “Because of scheduling and staffing shortages in recent years, many nurses were able to take only one week of vacation each year, no matter how many they had earned.” The nurses are very pleased with the new provision that will enable every nurse to take her/his full vacation allotment in the year it is accrued.

## Economic gains

Vassar members won big in economic areas, as well. For months, the hospital’s negotiators insisted on 2% annual across the board increases and wouldn’t budge. “We had already held out long enough and were determined that we weren’t going to settle for 2%,” said Ms. Decker. “We won 3% annual increases in all four years. Plus, we won increases in Charge/Preceptor and on-call pay differentials.”

Finally, NYSNA won language that will help non-union nurses gain a voice for themselves and their patients in a non-adversarial environment, should they choose to do so.



Cyndi Sexton, RN and Negotiating Committee Member

## Info picket at Fresenius clinics

NYSNA joined forces with the healthcare workers of 1199SEIU at seven chronic dialysis facilities in Brooklyn, Bronx and New Rochelle, with informational picketing on January 15. The message: protect quality patient care with fair contracts for nurses and healthcare workers.

Fresenius Medical Care is the biggest provider of dialysis care in the U.S., racking up \$1.6 billion in profits on its U.S. dialysis operations in 2014, with more profit projected for 2015. But the mega-company wants givebacks in health and pension benefits from NYSNA members. Continuous quality care from a committed workforce protects patient care in dialysis, and the community is well aware of that fact. The clinics’ patients are largely from communities of color.

Congresswoman Nydia Velazquez and Brooklyn Borough President Eric Adams visited the picket at the Fresenius clinic in Cobble Hill to express their support.

January 15 is the birthday of Martin Luther King, Jr. who said in 1966, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” These words resonated on the picket lines.





## Oneida nurses step up for safe staffing

**T**he stark reality at Oneida Healthcare Center (OHC) for nurses in the Med/Surg unit is this: patient loads of 9, 10 or even more. Throughout several months of bargaining, the hospital's nurses have been sounding the alarm about the impact of these patient assignments on the quality and safety of care. Yet management has repeatedly denied this reality, rebuffing NYSNA proposals for improving staffing. Nurses have emphasized that the hospital's ability to attract and retain experienced nurses is severely undercut by these staffing levels.



Oneida Healthcare members display their 10-day notice to take their safe staffing message to the community.

With no movement at the negotiating table, the nurses took their safe staffing message directly to the community, holding an informational picket and rally outside the hospital on December 16. Sharon Stoner, RN and LBU Secretary, was among those who spoke with patients and other community

members. "Today, the nurses of OHC stood up for our patients and the rest of the nurses of Central New York. We certainly hope that management will use this as a wakeup call to come back to the table and negotiate a fair contract that protects quality care."

## Battle over Massena Memorial continues

**AGAINST** professional advice and the interests of NYSNA nurses and others who work in the hospital, the Massena Town Council voted on December 16 to allow Massena Memorial Hospital (MMH) to move forward with a plan to go private and convert the municipal facility to an independent non-profit. The nurses have vowed to continue to fight the conversion.

The Town of Massena has controlled the 50-bed hospital located

in St. Lawrence County for more than 70 years. NYSNA represents RNs at MMH, while service, maintenance, clerical and some professional titles are members of the Civil Service Employees Association (CSEA).

The vote comes after two years in which a turnaround was accomplished with the help of the unions: a break-even year in 2014 and operating gains for most of 2015. A high priority for NYSNA was maintaining the level of contribution to the state pension system. "Some employees have been in the system for more than 20 years and would lose their state pension benefits if the hospital becomes a nonprofit facility," said Linda Smith, RN.

The vote came despite opposition by many in attendance at the packed meeting and in the aftermath of an earlier rally of hospital employees and supporters in front of the town hall.

### Questionable motives

The December 16 vote was a sour note given the facility's stronger fiscal footing and the efforts made to achieve the turnaround. Moreover, with its vote the Massena Council went against the advice of

Newpoint Health Advisors, a consultant it had hired to recommend a course of action. In a 2015 report Newpoint advised the Council against selling or privatizing.

### Not a done deal

Prior to the vote, NYS Assemblywoman Addie Russell urged the council to pursue converting to a public benefit corporation, an option also put forward by State Comptroller Tom DiNapoli. As a public benefit corporation hospital employees, including NYSNA members, would keep their state pensions. "Should MMH proceed with privatization, it would face a mass exodus of qualified staff who would leave for other jobs where they could retain their state benefits," cautioned Ms. Russell.

Despite the Council's approval, the conversion is not a done deal. Before the privatization can proceed, MMH must attain Certificate of Need approval. There is, as well, language in the December 16 resolution that allows MMH to pursue privatization but does not require that it shed its municipal status, leaving a window open to keep the hospital in the public domain.



Demonstrators outside Massena Town Hall on December 16



# Salute to a Long Island RN

**F**ew can keep pace with Yasmine Beausejour, RN, Northwell Health System's Franklin Hospital. She works in her hospital's 2C Med/Surg Telemetry unit and is designated wound care "champion" there; she is also Safe Staffing Captain on the unit. This indefatigable nurse is a constant and vocal advocate for patients.

Recently, Assemblywoman Michaelle Solages gave formal recognition to Ms. Beausejour's outstanding efforts, naming her "Good Samaritan of the Month." The award acknowledged Ms. Beausejour's contributions as a nurse and patient advocate, as well as for her many other community activities.

"I've come to know the Assemblywoman through NYSNA," said Ms. Beausejour. "Through my work at the hospital as well as in the Valley Stream community, she sees and hears from me on many issues, especially safe staffing."

Assemblywoman Solages supports the Safe Staffing for Quality

Care Act. "Assemblywoman Solages has always come to our picket lines and shown support for the Franklin nurses."

## "Get involved"

Ms. Beausejour has been an RN for 20 years, eight at Franklin. Previously she worked at a Brooklyn nursing home. "I developed my interest and expertise in

wound care by working in a nursing home. Nursing home patients are so frail and vulnerable."

In December she and other NYSNA members helped collect toys for tots for the Long Island Council of Churches. Ms. Beausejour encourages all members to "get involved in NYSNA and use your voice. The union is only as strong as its members."



Jenmarie Byrnes, RN, of St. Joseph Hospital with Nancy Joly and Ms. Beausejour at the Valley Stream Community Fest.



Ms. Beausejour collecting toys for the LI Council of Churches during the NYSNA holiday toy drive

## Snapshot: early retirement

**T**he close of 2015 saw the retirement of many long-serving Long Island nurses, leaving a void for co-workers and patients alike. While they will be missed in the halls of their hospitals, their service and impact will continue to be felt as they move into the next phase of their lives. Among them were three NYSNA member leaders who had the opportunity to take advantage of early retirement options negotiated as part of their collective bargaining agreements.

### Sharing good advice

With the retirement of 28-year veteran Vivian Cutrone, RN, from Northwell Health System Syosset, NYSNA members will surely feel the absence of one of their most stalwart advocates. Ms. Cutrone had spent the past 16 years as Grievance Co-Chair, and her level of contract knowledge was well regarded.

"It's not just an organization you belong to at work," said Ms. Cutrone. "It's a 24/7 part of who

you are. It's about the constant pursuit of higher standards for both the nursing profession and for the care we give to our patients. NYSNA helps us be the best nurses we can possibly be."

Marie Boyle, RN, and Linda Joyce, RN, both retired from Northwell Health System Southside. Ms. Boyle is a 43-year veteran of the cardiac unit and Ms. Joyce spent 35 of her 38 years of her nursing career at the hospital.

"Don't let your inability to make big changes stand in the way of doing small things that can change someone's life," said Ms. Boyle. "It's the small, routine things—like helping a diabetic better understand and manage his disease—that can have a big, long-term impact."

"The Union protects your license every single day you work at your hospital," said Ms. Joyce. "When it comes to big issues like protecting your job and your license, NYSNA is absolutely essential."



Marie Boyle, RN, and Linda Joyce, RN



Vivian Cutrone, RN

# On the front lines for safe

**OVER PAST MONTHS,** NYSNA members across New York have been stepping up to the union's Safe Staffing Captains program, an initiative to document the data on nurse-to-patient ratios for contract enforcement—to make sure that management lives up to our agreements. The program relies on Safe Staffing Captains—member

volunteers—to document the data for their shifts by recording daily reports of the real time staffing in their units.

Analysis of the data also will serve as evidence in support of our campaign for passage of the *Safe Staffing for Quality Care Act*. A comprehensive picture of staffing conditions helps those outside the hospital understand what we observe in our practice.

What follows are profiles of Safe Staffing Captains from each area of the state. Read on, join in and spread the word! Let's ensure that the program reaches its maximum potential.

## Central New York

Ethel Mathis is an RN in the Special Care/Telemetry unit at Utica's St. Elizabeth Medical Center. She volunteered because of the near-constant short-staffing throughout the hospital—in her unit in particular. “I see the importance of documenting—recording the



Ethel Mathis, RN, St. Elizabeth Medical Center

information and building the database we need to prove our case.”

She works nights and regularly cares for four patients, regardless of acuity. “The short-staffing isn't limited to RNs. We're short on ancillary staff like techs, as well. Many times, my unit has elderly patients who are disoriented or other patients that require constant monitoring. If we have to assign a tech to one of those patients, that's one less person available to attend to other patients.”

Ms. Mathis knows that documenting the data from her shift is essential and is optimistic that with diligence and wider participation it will become a resource for both negotiations and achieving safe staffing legislation.

## New York City

Lisa Alleyne-Moore has been an RN at Kings County Hospital in Brooklyn since 2007. Quality care through safe staffing is the highest priority for her and other KCHC nurses. She works in Medical Telemetry on the night shift. Most shifts, her 36-bed unit has 5 RNs and 1 ancillary staff, with 11-12 discharges and up to 12 admissions per day. She often has 7 patients—5 on telemetry.

Ms. Alleyne-Moore was among the first in her hospital to sign up as a Safe Staffing Captain. As one of the more senior RNs in her unit, she wants “to provide an example of leadership to the hospital's many young nurses.” With the hospital adding 2 new units, staffing needs are only growing.

She wants more KCHC nurses to get involved so management has real-time data. “There are a few other units that are pretty organized with documenting staffing data, and there are other units that still need to get on board.”



Kathy Hoffer, St. John's Riverside

## Hudson Valley

Kathy Hoffer is an RN in the Newborn and Special Care Nursery at St. John's Riverside Hospital in Yonkers. Ms. Hoffer knows her hospital inside and out, having worked there for 26 years; she serves as the current LBU President.

Ms. Hoffer volunteered as a Safe Staffing Captain because she wants management to abide by staffing agreements in their contract. “Three years ago, we negotiated ratios into our contract, but there are still units where staffing is not where it needs to be. We've had to be vigilant about monitoring and enforcement. We worked with the Labor Management Committee to develop a process for tracking staffing, but NYSNA's Staffing Captain system gives us another tool for collecting the data and evidence we need to advocate for our patients.”

St. John's 350 nurses are preparing to negotiate their next contract and staffing remains a key issue, both at the main campus and at the Dobb's Ferry's facility. Ms. Hoffer and fellow RNs want more full-time nurses to fill staffing needs.

Ms. Hoffer is eager to recruit more nurses for the Safe Staffing Captain program; she sees it as “a way to empower individual nurses” on this issue central to quality patient care.



Lisa Alleyne-Moore, RN, Kings County Hospital Center



# e staffing

## Western

Belinda Carlson, RN, has worked at Brooks Memorial Hospital in Dunkirk since becoming a nurse 7 years ago. As a charge and staff nurse on the hospital's Med/Surg unit, she's particularly aware of the critical importance of adequate staffing on patient care. Management has to abide by contractual terms on staffing and the Safe Staffing Captains program is an invaluable enforcement tool.

Ms. Carlson first learned about the Safe Staffing Captain program



Belinda Carlson, RN, Brooks Memorial Hospital

at a September Inter-regional and immediately volunteered. "Management was asking us to do more with less and blaming the nurses for poor numbers on the HCAHPS surveys. We've told them time and time again that if they want to see higher scores, they have to give patients access to a nurse."

"With the data we record on ratios, we're hoping to be able to demonstrate the correlation



Marie Beauduy, RN, Franklin Hospital

between staffing and patient satisfaction," she said. Ms. Carlson suspects that when her unit is staffed so that each nurse cares for no more than 6 patients, patients respond more positively on the surveys. "With better staffing, not only are patients safer, and more likely to rate the care they receive better, but nurses are happier and less likely to quit."

She was pleased to report that other Med/Surg nurses have stepped up and begun documenting data for their shifts. She and her Med/Surg colleagues are working to get nurses in the hospital's other units involved in the program.

Brooks' management appears to be getting the message. Ms. Carlson said that staffing in her unit has been better of late and that the hospital has a new group of nurses in training.

## Long Island

When Marie Beauduy of Northwell Health System Franklin's 24-bed Med/Surg Telemetry unit learned about the Safe Staffing Captain program she jumped at the opportunity to volunteer. "I was excited to participate." The program is still building at Franklin; not all units are participating but she's spreading the word and has identified other potential volunteers.

Ms. Beauduy hopes the data that she and the other Franklin nurses record will help enforce staffing agreements at the hospital and support legislation at the state. "Anything we can do to advocate for

safer patient care and protect our licenses is worthwhile and should be embraced."

## North Country/ Capital Region

Eighteen months ago, when Jenny Chen, RN, started working at Ellis Hospital, she was a brand new nurse assigned to the day shift in the hospital's Cardiac unit. "From the start, patient loads were heavy. We were always filing POAs," said Ms. Chen. "Safer staffing was a priority in our recent contract negotiations."

A new contract now includes a commitment from management to hire more full-time nurses, and Ms. Chen volunteered as her unit's Safe Staffing Captain last fall in order to "do my part to enforce the contract. It's become part of my routine when I get to the hospital in the morning. I check the census and staff and record them."

Ms. Chen was particularly encouraged by a presentation at the Capital Inter-regional held on December 8. "When I first learned about the Captains program I thought it would take years to collect the data, so I was pleasantly surprised when I saw charts from my own unit presented at the meeting. It shows that we can use the data to have a more immediate impact than I would have thought possible." The goal of helping with contract enforcement is already being met. Ms. Chen is encouraging more of her co-workers to sign on as captains so that all Ellis units will take part in the program.



Jenny Chen, RN, Ellis Hospital

**The goal of helping with contract enforcement is already being met.**



## NYSNA recognition for prison health

**AS REPORTED** in the June issue of *New York Nurse*, New York City opted not to renew agreements with private contractors Corizon, Inc. (formerly Prison Health Services) and Damian Family Care Centers for provision of health services to the 70,000 people who are held in the city's correctional system and Rikers Island Jail each year. The Corizon contract, initiated by Mayor Giuliani 14 years ago, expired at year-end 2015; the Damian agreement expires this coming August. Management of correctional health services is returning to the city's Health and Hospitals Corporation.

Giving NYCH+H oversight of prison health is part of the de Blasio administration's commitment to reform the city's correctional system and put an end to repeated incidences of maltreatment. "We have an essential responsibility to provide every individual in our City's care with high-quality health services—and our inmates are no different," said Mayor de Blasio. "This transfer to HHC will give our administration direct control and oversight of our inmates' health services—furthering our goal of improving the quality and continuity of healthcare for every inmate in City custody."

### Recognizes NYSNA

As part of the transition, NYCH+H announced in December that it would voluntarily recognize NYSNA as the bargaining unit for the approximately 150 nurses who work at correctional health facilities in the city. NYCH+H will provide clinicians through the Physician Affiliate Group of New York (PAGNY), an employment group that contracts with other NYCH+H hospitals and is led by former NYCH+H president Luis Marcos. The two-year, \$192.8 million city contract took effect Jan. 1.

# Retro pay action by NYCH+H RNs gets results



**RNs in** NYC Health and Hospitals facilities, clinics and mayorals are receiving lump sum checks on Friday, January 29, for retroactive pay due under their contract.

This came in the aftermath of the submission of a petition with more than 4,600 RN signatures that called on the New York City Council to investigate NYCH+H pay practices. Notices were received by RNs that retroactive payments due to be paid on December 21, 2015, would be delayed to February 12, 2016.

But the NYSNA nurse action spurred a swift response, pushing up the date of payment.

The petition was delivered on January 22 to Councilmember Corey Johnson and accepted by his chief aide, Louis Cholden-Brown. Anne Bové, RN, President of NYSNA's NYCH+H/Mayorals Executive Council, and members met outside Johnson's offices with Mr. Cholden-Brown (photo top right). Johnson heads the Council's Committee on Health.

Earlier in the day, copies of the



petition were handed over at the offices of Dr. Ram Raju, President and CEO of NYCH+H, with many members present (photo above).

"We are very pleased that payments are being made," said Ms. Bové. "We very much appreciate the attention Councilmember Johnson paid to this matter."



## In tribute to Irmatrude Grant, RN

In the 54 years during which Irmatrude Grant, RN, worked at NYC Health and Hospitals Corporation (NYCH+H), she witnessed the evolution of the city's public health system. She retired in December, but this extraordinary RN has no plans to sit back.

Ms. Grant's nursing experience encompassed pediatrics as well as obstetrics and gynecology. She began as a Nurse's Aide at Kings County Hospital in 1961, went on to earn LPN, RN and two Masters degrees.

### A dedicated teacher

She spent many years providing invaluable lessons to new nurses in her role as an adjunct professor at NYC Technical College and with the NYS Board of Nursing in Albany. "To be a good nurse today, one needs the same things I needed when I started out: the interest in



Irmatrude Grant, RN (seated, center), surrounded by several colleagues at NYSNA's December NYCH+H holiday party

the subject, the intellect to learn the science, the right temperament, and a nurturing disposition."

Ms. Grant tells new nurses and students: "The union is very important, especially in today's healthcare environment. It is so necessary to have a support system and to know that someone has your back. That's what NYSNA is all about."

## 'Love is all you need'

**Jalisa Saud, RN** and NYSNA young nurse leader, (back row, second from right) joined Tom Morello and other Rock and Roll luminaries, as he delivered a message of solidarity and peace to concertgoers during the "Imagine: John Lennon 75th Birthday Concert," at Madison Square Garden on December 5.

While not working as a release time rep in the NYCH+H system, Ms. Saud is a member of the New York Freedom Choir, which includes singers from nine different activist organizations. The choir joined Morello on stage for a performance of Lennon's iconic "Power to the People." The night's all-star list of performers included Yoko Ono, Steven Tyler, Willie Nelson, John Fogerty, Sheryl Crow, among many others, who all performed songs written by John Lennon. The concert was broadcast on AMC on December 19.

The evening concluded with the full house joining together to sing Lennon's "Love is all you need."



# NYSNA tours Cuban healthcare

A delegation of healthcare workers, including NYSNA nurses and SEIU1199 doctors and social workers, traveled to Cuba in November to study that nation's health system. The research delegation met with public health officials, doctors, nurses, teachers, trade unionists and community groups to learn about Cuba's approach to providing healthcare.

## Comprehensive approach

More than 11 million citizens of Cuba are guaranteed free, universal healthcare. Despite being a low wealth nation and enduring a decades-long trade embargo by the U.S., the Cuban healthcare system has achieved remarkable health outcomes, increasing life expectancy from 60 years to 79 within the last 50 years.

The healthcare system in Cuba is focused on comprehensive family medicine, where every 1,000 people have access to a family doctor, no matter where they live. Beyond family doctors, there are polyclinics and hospitals to meet greater needs, such as lab tests and surgeries. The delegation also toured a maternity home which provides preventative care to high-risk expectant moth-

ers, and a rehabilitation center, which utilizes therapies such as acupuncture and massage.

In Cuba, doctors and nurses are focused on four aspects of maintaining the health of the population: assessing community health needs, prevention, promotion of health, and rehabilitation. Healthcare professionals are expected to know the medical histories for everyone they treat, as well as the local living conditions and social determinants of health.

People from all over the world come to Cuba to study to become doctors and pay no tuition.

Our delegation had a chance to meet with five medical students from the U.S. who are currently studying at ELAM (the Latin American School of Medicine) and intend to return home to serve underserved communities in Brooklyn, Wisconsin, Chicago, Houston and San Francisco.

## Much to learn

"I hope more members can experience this trip," said NYSNA President Judy Sheridan-Gonzalez, RN, who led this first-ever NYSNA delegation. "Not only do you learn about the Cuban healthcare system, but also you learn a lot about



Children dance at the community project, Con Amor y Esperanza.

yourself. Our fight for healthcare reforms has to be seen in the broader context of changing things in a big way in our country. We have the resources to be an amazing country, so let's keep fighting!"

The delegation is putting together a report summarizing the findings of the tour. For members interested in participating in the next delegation this spring, please contact [jeremy.markman@nysna.org](mailto:jeremy.markman@nysna.org).



The NYSNA delegation poses at the home of celebrated artist Fuster





Murnita Bennett, RN, ECMC



Eric Walker, Erie County Director of Energy Development



Annette Gaudino, Coordinator, Campaign for New York Health



Kevin Donovan, RN, ECMC LBU President, and NYSNA Director at Large

## NYSNA IN BUFFALO We're here to stay!

**NYSNA members** in Western New York have a new headquarters in the heart of downtown Buffalo. The office, located on the third floor of 617 Main Street, is centrally located and aims to be a hub for nurses and our community and political allies.

On the evening of December 9, NYSNA hosted an open house where members from Erie County Medical Center, Erie County Health Department, Terrace View Long Term Care, Brooks Memorial Hospital, and Olean General Hospital welcomed state and local elected leaders who support issues important to nurses and patients. Among them were NYS Senator Bill Perkins; Assemblyman and Health Committee Chair Richard Gottfried; and from Erie County, County Executive Mark Poloncarz, Labor Relations Commissioner Steve Miller, and Personnel Commissioner Dave Palmer. The packed room also included labor allies from 1199SEIU, CSEA, CWA, AFL-CIO, WNYCOSH, USCW, UUP, the Coalition for Economic Justice, and Open Buffalo joined the party.

### A great occasion to celebrate!

Over the course of evening, members had the opportunity to personally thank Council Member Ulysees Wingo, Sr., for his support of the Buffalo Common Council's recent vote on a resolution urging the NYS Legislature to pass the *Safe Staffing for Quality Care Act*. As reported in the November issue of *New York Nurse*, Buffalo is one of four Erie County municipalities that recently passed safe staffing resolutions.

NYSNA Executive Director Jill Furillo, RN, was on hand to deliver the welcome message: "There is truly a revolution happening in Western New York. NYSNA nurses are excited to collaborate with our community leaders who are tuned into the urgency of advocating for safe patient care—and it all starts with this office."

NYSNA's commitment to the new Buffalo office signifies an amplified NYSNA presence and acknowledgment of Western New York members organizing for change. One

such group that has already signed up to use the new location is WNY Civic Action Team (CAT), a newly-created NYSNA member group established to focus on ways for nurses to increase civic engagement and become more involved with Western NY's political and legislative landscape.

All members are welcome to stop by when in the area!



Donna O'Brien Marcina, RN, ECMC



ECMC members Jennifer Brinkworth, RN, and Sarah Ott, RN, with Robert Mootry, CSEA Region 6 Director



Liz Smith, WYN COSH Project Director, and John Mudie, Buffalo CLC President



ECMC members (l to r): Alina Novikova, RN; Sarah Chmura, RN; and Emily Silverman, RN



## 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 2015, the most recent fiscal year for which a calculation was done, the agency fee represented 89.34% 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, 155 Washington Ave., Albany, NY 12210, by no later than March 15, 2016.

## 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 2015, the most recent fiscal year for which a calculation was done, the chargeable amount represented 89.34% 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.

# Notice of Nominations for 2016 NYSNA Officer Elections

Nominations are being accepted for the following NYSNA offices and positions: President, First Vice President, Treasurer, five (5) Directors at Large, Southeastern Regional Director, Eastern Regional Director, and Western Regional Director.

**Nominations forms, Consent to Serve forms, and Candidate Statement forms must be submitted no later than April 1, 2016.**

### 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](http://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](http://www.nysna.org/election)) may run for that Regional Director position.

# Strike! Nathan Littauer RNs draw the line

For NYSNA nurses at Nathan Littauer Hospital, a 74-bed facility in Gloversville, there was no alternative. After multiple rounds of bargaining with no progress on key priorities, the nurses carried out a one-day unfair labor practice strike on January 6.

“Every nurse at Nathan Littauer is deeply committed to providing patients with the best care possible,” said Marion Enright, RN and LBU President. “We are all from this community and have sacrificed for the benefit of Nathan Littauer. All we’re asking for is a fair contract that enforces adequate staffing and protects employee health benefits to help recruit and retain skilled healthcare workers to care for patients.”

## ULP charges filed

The next day, January 7, when the nurses reported to return to work, State Assemblywoman Aileen Gunther, RN, was on hand to witness management’s refusal to allow the nurses entry into the hospital, instead informing them they would be locked out. “It was a cold morning in Gloversville, but I was proud to stand side by side with my fellow nurses as they were locked out of Nathan Littauer Hospital.”

“Several key departments are consistently short staffed,” said RNs in a statement read on January 7. “Our members have spoken out and submitted written statements about these serious staffing issues, yet management has failed to act to correct these conditions. This is completely unacceptable to us.”

Management enforced a lockout for four days, until January 11. NYSNA filed Unfair Labor Practice charges with the NLRB over refusal to bargain, bad faith bargaining, and refusal to reinstate the strikers.

Despite management’s intransigence, during each day of the lockout, RNs came out in force to stand up for the community’s right to safer staffing and the RNs right to fair benefits.

Press reports were extensive, as RNs eagerly spoke out, countering management’s distortions and misstatements about staffing levels, wages and benefits.

of employment is everybody’s fight from Buffalo to Brooklyn to Long Island and everywhere in between.” In addition to Assemblywoman Gunther, State Senator Marc Panepinto, Assemblymen Phil Steck and Angelo Santabarbara, and Labor-Religion Coalition of NYS Executive Director Sara Niccoli joined the nurses outside the hospital.

## ‘This lockout is outrageous’

On January 10, the last day of the lockout, the nurses marched from Nathan Littauer to the Moose Lodge, where a standing-room-only crowd of area elected officials and labor and community members welcomed them to a barbecue and musical celebration in their honor. Albany County Legislator Doug Bullock was there and told the press, “This lockout is outrageous. It was enough to get me off my seat and come out here and support nurses. We really have to support working people again.” The nurses were overwhelmed with the outpouring of community support and heartened to continue their struggle. “We’re professionals and we’re here to take care of the patients. And we won’t stop until we’re able to come to an amicable decision,” said Ms. Enright.



Aileen Gunther, RN, state assembly member, joined our members as they tried to report to work on Thursday, January 7; management locked them out and refused to speak to Gunther and the nurses.

Members were very encouraged by the support received from members of the Johnstown and Gloversville fire departments and employees from Ellis Hospital in Schenectady, who joined the nurses on the picket line. NYS AFL-CIO President Mario Cileto brought a message of solidarity from the entire NYS labor community: “Your fight for a fair contract with fair wages and fair benefits and fair conditions



Strikers point the finger.





## North Country holiday celebration

Capital Region nurses celebrated a year of successes and renewed their commitment to protect quality patient care at the Inter-regional meeting held on December 8 in Schenectady.



## Climate justice

NYSNA First Vice President Marva Wade, RN, joined advocates at Harlem's First Corinthian Baptist Church on December 16 for the NYRenew's kickoff event. The group seeks ways for New York to provide leadership in the global campaign for climate justice.



## Cortland County members' holiday giving

Karen Felker-Harrity, RN and LBU Chair, was among several NYSNA members from the Cortland County Health Department who participated in an effort to brighten the season for residents of a local adult home by "adopting" them the holidays. Each resident drafted a wish list and the NYSNA members presented small wrapped gifts and stockings stuffed with needed personal care products at a holiday luncheon held at the home on December 5.

## Change the Rules. Be the Power.

NYSNA members traveled to Washington, D.C. for the AFL-CIO's Martin Luther King Jr. Civil and Human Rights Conference, January 16-18. The conference theme, Change the Rules, Be the Power, inspired and challenged the 1,000 participants to step up their activism.



NYSNA Social Justice and Civil Rights Committee members Patricia James, RN; Karine Reyes, RN; Joan Bruce, RN; and Judith Cutchin, RN, at the Change the Rules, Be the Power conference.

## Nathan Littauer nurses at MLK, Jr. Day

On January 18, NYSNA members, including nurses recently locked out at Nathan Littauer Hospital in Gloversville, participated in the Martin Luther King, Jr., Labor Celebration in Albany. The annual event, organized by the Capital District Labor Federation, is a tribute to Dr. King's message of economic and social justice and his recognition of the role of organized labor in strengthening America. Amanda Ripple, an RN at the hospital, spoke during the main program and shared the story of the nurses' fight for a fair contract, their recent one-day strike, and the hospital's subsequent lockout of the nurses (see page 14).



Congressman Paul Tonko and Amanda Ripple, RN, following her presentation on the nurses' struggle at Nathan Littauer Hospital



## Greetings from Down Under

Members of the Queensland (Australia) Nurses Union are pictured outside of Parliament in early December following the introduction of a nurse patient staffing ratio bill.

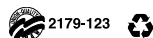


Patricia James, RN, volunteered at a Washington, DC, food bank as part of the AFL-CIO's weekend conference.



# New York State NURSES ASSOCIATION®

131 West 33rd Street, 4th Floor  
New York, NY 10001



6 NYC

## INSIDE



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## NYSNA MEMBERS MAKE YOUR VOICES HEARD IN ALBANY



The 45th Annual Legislative Conference of the New York State Association of Black and Puerto Rican Legislators will be held February 13 in Albany. Join us to ensure a strong NYSNA presence, and to network with federal, NYS and city legislators and attend NYSNA activities and workshops.

Reserve your seat by Feb. 8<sup>th</sup>, talk to your NYSNA delegate or rep, or email [mcp@nysna.org](mailto:mcp@nysna.org) (provide your: Name, Facility, Shift, Phone number, e-Mail address) or call 212-785-0157 x277 to RSVP.

**SATURDAY,  
FEB. 13**  
EMPIRE STATE PLAZA  
CONVENTION CENTER

BUSES WILL BE LEAVING FROM  
NYC AT 6:30AM WITH LOCATIONS  
TBD based on attendance, and  
return at the latest at 4pm.