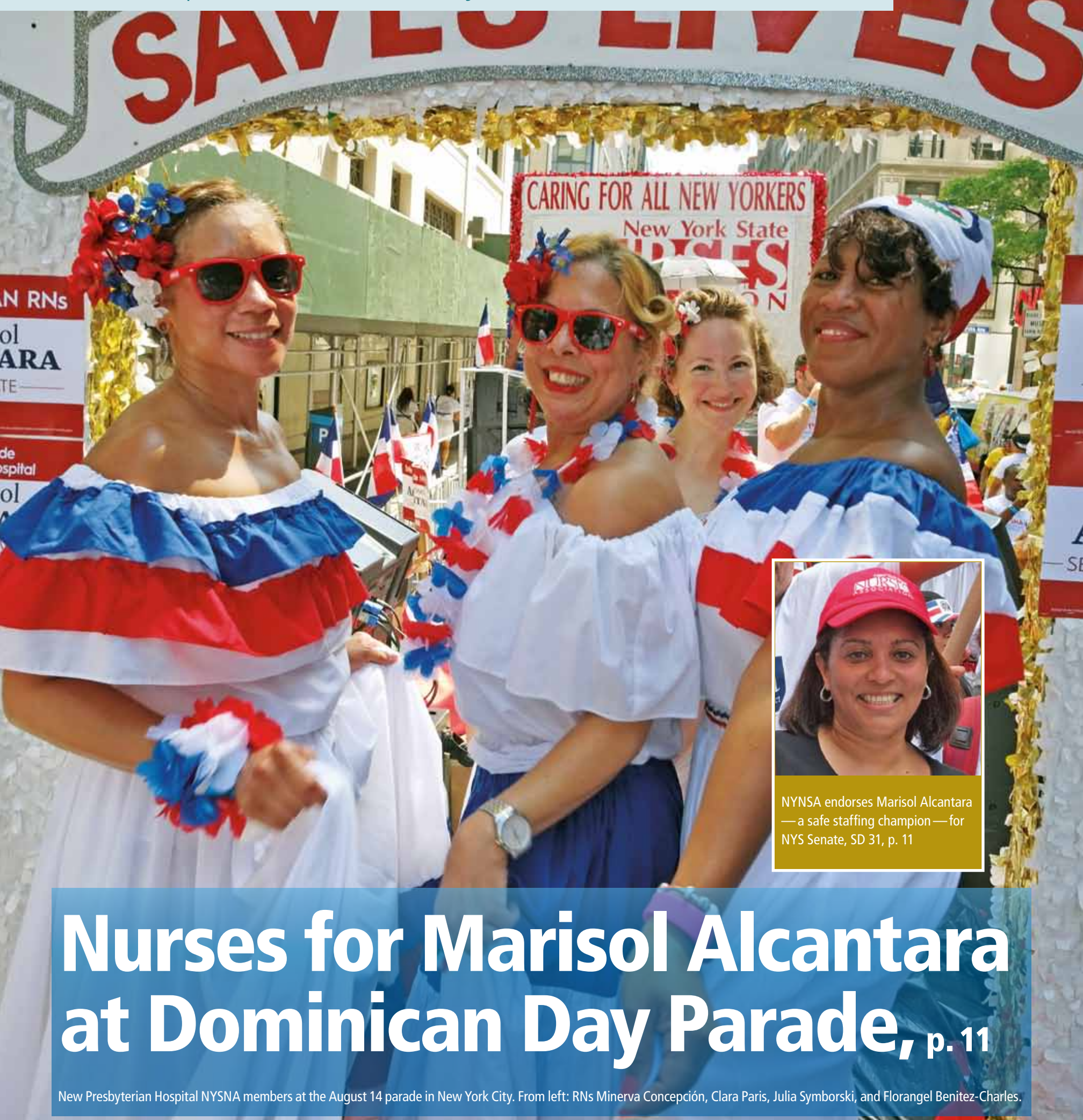


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nurse



NYNSA endorses Marisol Alcantara
—a safe staffing champion— for
NYS Senate, SD 31, p. 11

Nurses for Marisol Alcantara at Dominican Day Parade, p. 11

New Presbyterian Hospital NYSNA members at the August 14 parade in New York City. From left: RNs Minerva Concepción, Clara Paris, Julia Symborski, and Florangel Benitez-Charles.

Members at 3 Upstate hospitals deliver 10-day strike notice, p. 5



By Judy Sheridan-Gonzalez, RN
NYSNA President

Putting the pieces together

Forging unity is a critical goal; it can only happen when people see their common interests, instead of focusing on anger, fear and alienation.

As nurses, what are our common interests? Obvious answers: enough staff to care for our patients, a functional healthcare system, benefits that sustain our families and livelihoods, a dignified retirement, a violence- and intimidation-free workplace, resources and support that truly enhance our practice.

These are such reasonable needs! Why must we fight so hard for such

the Catholic Workers Movement in the last century talked about hope:

“What we would like to do is change the world—make it a little simpler for people to feed, clothe, and shelter themselves as God intended them to do. And, by fighting for better conditions, by crying out unceasingly for the rights of the workers, the poor, of the destitute...we can, to a certain extent, change the world...”

It takes a village

Lillian Wald, founder of the Henry Street Settlement and the

ist, took in and cared for refugees from El Salvador, teaching her young children the value of standing up for disenfranchised people. Berta followed in her mother’s footsteps, organizing communities, taking on huge corporations who had free reign in her country after the 2009 Military Coup threatened the livelihoods of indigenous peoples with environmentally destructive construction projects, dams, mining operations and the intensification of privatization of rivers and lands.

Berta was brutally assassinated several months ago. The government has no interest in bringing the murderers to justice. But the Lenca people continue her work. I was privileged to hear her daughter speak at the Climate March in Philadelphia on July 24. There are always international connections to these tragedies: multi-national corporations have no boundaries.

Berta, in the face of numerous death threats, stated:

“I’m a human rights fighter and I won’t give up.”

RN advocacy knows no bounds

Every act of advocacy on behalf of our vulnerable patients and communities are acts of heroism as well. These times call for us to make it our business to understand “the bigger picture” and to see the parallels that exist beyond our tiny insulated realities. Not knowing is not an excuse—it only serves to imprison us in ignorance.

Harriet Tubman knew this when she said:

“I freed a thousand slaves. I could have freed a thousand more if only they knew they were slaves.”

In today’s world, it just isn’t enough to do good deeds. We need to generalize our acts of individual kindness to respect and embrace those around us who are fighting for social justice in its broadest sense. Some of us have chosen to join with them in their battles. The struggle for human rights liberates all of us—and it’s serious business.

Dorothy Day’s most famous comment:

“Don’t call me a saint. I don’t want to be dismissed so easily.”



sensible goals? Why, in a country with extraordinary wealth are these goals so elusive?

We are not an island

The answers lie in understanding the links between our workplace and our world. When some people say: “We should only involve ourselves with nursing,” or “Why are we getting involved in politics,” they are pretty much missing the point. We’ll never achieve these things if we are myopic. Injustice in the workplace cannot be isolated from injustices in society. The quality of life at work and at home cannot be separated from the quality of life of our broader community. That’s not what history teaches us; that’s not what nursing ethics teaches us.

In these times, it helps to look at pioneers and heroes. As a 95% female profession, we can look to nurses and other women for inspiration:

Dorothy Day, a suffragist, journalist, social activist and founder of

Visiting Nurse Service of NY said:

“Ever since I have been conscious of my part in life, I have felt consecrated to the saving of human life.”

But Lillian recognized that acting alone had its limitations:

“Reform can be accomplished only when attitudes are changed.”

It may surprise some that Harriet Tubman was a nurse. After working for years in the Underground Railroad, she nursed union soldiers during the Civil War. A tireless caregiver, she always set her sights higher:

“Every great dream begins with a dreamer. Always remember, you have within you the strength, the patience, and the passion to reach for the stars to change the world.”

Taking a stand against injustice

Berta Cáceres, a Lenca woman from Honduras, grew up during the violence that swept through Central America in the 1980s. Her mother, a midwife and social activ-

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NYS holds polluters accountable

Cuomo signs bill for Hoosick Falls

New York State Governor Andrew Cuomo signed a bill that extends the statute of limitations for victims to sue corporate polluters for personal damages. The bill was inspired by water contamination in Hoosick Falls and was supported by NYSNA nurses who weighed in on the issue by holding press conferences and testifying at hearings. A NYSNA public health nurse in Onondaga penned an article regarding corporate liability for water contamination by corporate polluters several months ago in *City and State*.

In Hoosick, the main wells of the city were found contaminated by perfluorooctanoic acid, or PFOA, a chemical used in local factories

water supply. James Donovan suffers from ulcerative colitis and other illnesses resulting from exposure to PFOA. His illnesses are consistent with findings on the effects of PFOA exposure, and his suit accuses the corporations of failing to protect the city's water supply, despite knowing the potential harm to public health caused by PFOA contamination. Other lawsuits have been filed by home owners, whose property values have plummeted in Hoosick Falls because of the pollution.

Important precedent

The law signed by Governor Cuomo sets an important precedent for victims of corporate pollution in Hoosick Falls and beyond and

Johns Hopkins School of Public Health showed that premature births increased by 40 percent when mothers lived near fracking wells in Pennsylvania. Premature births are the number one cause of infant mortality and disability in America. If other states pass legislation similar to the New York law, the extractive industry could be held accountable for these atrocious health outcomes. Our governor, wisely, has also banned fracking in our state.

Until the makeup of the U.S. Senate and House shift dramatically, these reforms will have to happen at the state level. Both the Republican controlled House and Senate have passed legislation to block updated Clean Water Act

The legislation is a win for the residents of Hoosick Falls, but (it's also a win) for residents around New York state who might have an unfortunate situation like Hoosick Falls."

**Assembly sponsor
John McDonald,
D-Cohoes**



Contamination of Hoosick Falls' water supply spurred Governor Cuomo to sign a law extending New York's statute of limitations on lawsuits against corporate polluters.

manufacturing non-stick items at levels the EPA says are dangerous to human health. The factory responsible for the contaminants is now owned by Saint-Gobain and formerly owned by Honeywell.

Holding polluters accountable

The State determined that both companies were responsible for the pollution and Governor Cuomo successfully pushed the EPA to declare the factory a Superfund site. Hundreds of residents have had blood tests showing high levels of PFOA exposure, which has been linked to numerous illnesses including several kinds of cancer.

A resident of Hoosick Falls recently filed the first personal damages lawsuit against Saint Gobain and Honeywell for illnesses stemming from the contamination of the city's

could help to reign in corporations polluting our environment with toxic chemicals. In the name of profits, the chemical industry continued to expose the public to PFOA long after it knew the risks to human health. Their behavior is part of a dangerous pattern of corporations putting profits before public health or environmental safety. In their lust for ever-increasing margins, manufacturers often introduce new chemicals to their products before proven safe or continue to use contaminants known to be harmful. Many potentially dangerous contaminants used by agricultural and mining corporations have not yet been evaluated for safety, let alone regulated.

Oil and gas companies are among the worst polluters in the world. A recent study conducted by the

regulations intended to allow for stricter Federal regulations on water quality. More concerned with sound bytes than the safety of the American people, Republicans called the Obama administration's attempts to safeguard our water a "Federal power grab" and said that stricter water regulations would hurt corporate interests.

Corporate interests should never be put before the health and safety of the American people. Corporations need to be held responsible for the pollution they introduce into our water supplies, into the air we breath, and into the earth we walk upon.

NYSNA nurses applaud Governor Cuomo and the NY State legislature for actions to hold corporate polluters responsible and we call on other states to follow his lead.

DOUG KERR



By Jill Furillo, RN,
NYSNA Executive
Director

Health insurance mergers are bad for patients

The Affordable Care Act was a step in the right direction toward ensuring that all Americans have access to quality healthcare. However, for-profit insurance companies are trying to use the ACA as an excuse to merge into mega-for-profit monopolies, consolidating corporate power to maximize profits instead of focusing on providing the best possible care at the lowest cost to consumers. This power grab by insurers is moving us farther from our ultimate goal as healthcare activists—a single payer public healthcare system that guarantees quality healthcare to all, regardless of income or ability to pay.

Private monopoly over a public good

Four out of the five biggest health insurers recently announced mergers that would dramatically reshape the healthcare industry. Anti-trust government regulators filed lawsuits to block the two mergers between Aetna and Humana and Anthem and Cigna. U.S. Attorney General Loretta Lynch pointed out that these mergers would put a multi-trillion-dollar health insurance industry into the hands just three mammoth insurance companies.

“If these mergers were to take place, the competition among insurers that has pushed them to provide lower premiums, higher-quality care and better benefits would be eliminated,” Attorney General Lynch told *The New York Times*.

The ACA was intended to increase competition among health insurers so that they would be pushed to offer better coverage at lower rates to consumers. However, the insurers have used their additional leverage through the law to jack up rates and maximize profits.

In the past regulators have stepped in to block mergers among large hospital systems and pharmaceutical companies when evidence showed that these consolidations could hurt the public. Likewise, anti-trust watchdogs are rightly stepping in to stop these two mega health insurer

mergers because they could lead to decreased access to care and higher insurance premiums.

Squeezing profits out of patient care

Private insurers aren’t the only bad actors in the system. For-profit providers are also finding ways to funnel more money into their coffers instead of expanding access to quality affordable care. The healthcare industry is rife with corruption because of a flawed and loosely regulated reimbursement system.

NYSNA nurses know that for-profit dialysis companies usually have worse outcomes for patients. That’s why we fought and won a campaign to stop New York City’s public hospitals from outsourcing dialysis to a for-profit company with a history of providing subpar care. And that’s why we spoke out against another for-profit, Fresenius, that shut down clinics in high-need communities and refused to negotiate with caregivers.

One for-profit dialysis company found a way to multiply profits by subsidizing insurance premiums for patients who signed up for private payer insurance instead of relying on government programs. American Renal received less than \$300 per dialysis session from government programs but around \$4,000 from UnitedHealthcare. UnitedHealthcare sued American Renal Associates for referring patients to get help paying for private insurance.

In this case, two for-profit healthcare entities were fighting over how to make the most money—the insurance company by avoiding coverage for high need patients, and the provider by trying to multiply profits. The needs of the patients were never part of the equation for either corporation.

Corporate greed

Meanwhile, insurance companies continue to bemoan the ACA because they haven’t been making the profits they were counting on, largely due to the fact that patients, who for many years were unable to access the healthcare they desperately needed, are now heading to the doctor’s office

in unprecedented numbers. But years of lack of access to care has led to a population that seeks treatment for diseases in more acute stages, costing insurance companies much more than preventative care.

Further, pharmaceutical companies have few restrictions on how high their prices can go. Take the former Hedge Fund Manager Martin Shkreli, who increased the price of a key drug for treating a life-threatening parasitic infections by 4000 percent overnight. Another example is the new Hepatitis C drugs that cure the disease—something that all hepatitis C patient should have access to. But the pharmaceutical companies are charging sky high rates and insurers are going out of their way to avoid it, along with other specialty medications for chronic illnesses like Multiple Sclerosis. In fact, most of the insurance companies on New York State healthcare exchange flat out refuse coverage for specialty medications.

Increasing rates for consumers

Health insurance rates on the individual ACA market-place in New York State will go up by 16.6 percent starting in January, the biggest increase since the exchange began. Some patients will see their insurance rates go up by as much as 80 percent in 2017. Others will be shielded partially by government subsidies—which means that taxpayer dollars are being spent to boost profits of private insurers.

MetroPlus, New York City’s public option, is actually being forced to increase rates despite attempting to keep them low to preserve access to care. With another of the most popular plans on the exchange, Health Republic, going belly up and out-of-pocket expenses skyrocketing across the board, New Yorkers are running out of options for affordable care.

Mergers and consolidations by for-profit insurers is a step in the wrong direction. For-profit corporations have no place in healthcare. NYSNA nurses continue to fight for a single payer healthcare system that focuses on maximizing care instead of maximizing profits.



St. Elizabeth & Samaritan RNs announce 1-day strikes



St. Elizabeth RNs at bargaining on August 15 (left). NYSNA nurses carry their 10-day strike notice to Samaritan's management (right).

HOT SUMMER days haven't slowed down NYSNA members at St. Elizabeth Medical Center and Samaritan Hospital in their pursuit of fair contracts that improve staffing levels. At their August 15 contract negotiating session, St. Elizabeth nurses delivered a 10-day strike notice to management. The very next day, NYSNA members at Samaritan Medical Center

walked in their own 10-day notice to hospital management. Nurses at the two hospitals plan one-day strikes on September 1.

While negotiating independent contracts, the nurses have coordinated community outreach in an attempt to increase public awareness of the negative impact of short staffing on healthcare outcomes.

Back pay victory and new strike notice at NLH

In a huge victory for the 130 NYSNA members at Nathan Littauer, the National Labor Relations Board ruled that the Gloversville hospital had violated federal law when it locked out nurses as they attempted to return to work following a one-day Unfair Labor Practice strike on January 6. The hospital agreed to pay NYSNA members back wages for the week-long lock out.

"We applaud the Labor Board for standing with us and we are continuing to work towards a fair contract

at Nathan Littauer," said Marion Enright, RN and LBU President.

Members cite management's refusal to reach a contract that addresses staffing shortages and protects affordable healthcare for nurses as the largest obstacle standing in the way of improving Nathan Littauer's recruitment and retention of experienced nurses and other healthcare workers.

The nurses remain united in their commitment to achieving a fair contract that protects patient care and creates the best possible health



outcomes—so much so that on August 16 they delivered a 10-day notice to Nathan Littauer's management, announcing the intent to hold a 2-day strike beginning Sept. 1.

Marion Enright, RN and LBU President (center), and coworkers on their way to deliver a 10-day notice to Nathan Littauer Hospital's management.

Reducing workplace violence at ECMC

NYSNA nurses at Erie County Medical Center (ECMC) are hoping a redesign of the hospital's Comprehensive Psychiatric Emergency Program (CPEP) will reduce violent incidents and keep both patients and caregivers safe. ECMC's CPEP serves a wide geographic area and its patients include inmates from county and state correctional facilities.

Katrina Reynolds, an RN and CPEP Charge Nurse, would like to see ECMC adopt a better CPEP triage system. "As it is now, all patients—those suffering from simple anxiety to the severely psychotic—are housed together in one big room. Sometimes a nurse may have 15 patients."

Short staffing exacerbates the unit's tense atmosphere.

Ms. Reynolds says long wait times are a leading cause of workplace violence, and "in the CPEP, if one person goes off, it often sets off a domino effect that can quickly turn violent."

Severe overcrowding

By law, a CPEP accepts all patients in need and has no census cap. Moreover, many patients stay well beyond the 72-hour mark, at which point they are supposed to be either admitted or released. Ms. Reynolds reports this is especially the case with patients with developmental disabilities who have been abandoned by their families. "If we cannot find a safe discharge option, these patients end up essentially living in this big, open room with no privacy and fraught with potential

for violence. It is not a good therapeutic environment."

ECMC's nurses are working to improve conditions for psychiatric patients. "A few years ago, we filed an arbitration that resulted in the creation of a behavioral health and safety committee that meets twice monthly," said Ms. Reynolds.

CPEP is also a topic at the monthly labor-management meeting. And ECMC created a new title of employees, PSAs, (Public Safety Associates), who are specifically trained to work in the psychiatric unit to intervene and deescalate tension.

Ms. Reynolds and her NYSNA colleagues continue to generate ideas for creating a safer CPEP: "We're eager to share our ideas with ECMC as it moves forward with the redesign."



Katrina Reynolds, RN and Charge Nurse in ECMC's CPEP Unit

NJ members win historic contract victory at Shore Medical Center

SHORE MEDICAL CENTER NYSNA members in Southern New Jersey



Negotiating Committee members at Shore Medical Center have much to smile about. Clockwise from top left: Lisa Ruiz, RN; Nancy Burton, RN; Dottie Rudert, RN; Jim Casas, RN; Gina Schlatcter, RN; Suzanne Jenkins, RN; and Jeannette Martin, RN.

voted by a margin of more than 99 percent in support of ratifying a historic new contract that delivers impressive economic gains and gives the 340 nurses more collective bargaining strength by aligning the agreement's expiration with those of major New York City

NYSNA hospitals and AFT HPAE nurses in New Jersey.

Dorothy Rudert, RN and LBU Co-Chair, said she and her coworkers are ecstatic. "The hospital had

sought massive givebacks in health, pension, and pay. All told, they would have cost each nurse between \$15,000 and \$20,000 over the life of the contract. We stayed united and won a concession-free agreement."

Unity prevails

Her LBU Co-Chair Nancy Burton, RN, added, "The economic gains are substantial. We won annual percentage increases, plus we were successful in unfreezing experience steps which will net most members a 5 to 6 percent pay increase on top of the 2 percent across-the-board increases we'll see in 2017 and 2018."

"We fought very hard to protect our pension and health benefits, too. And we won!" said Ms. Rudert.

The agreement maintains the nurses' pension for the duration of the contract and removes the cap on years of service—a considerable victory given that the hospital has frozen pension contributions for the rest of its employees for the next eight years. Nurses' health benefits will be maintained with no changes, as will 401(k) contributions. As an added bonus, the hospital will offer an early retirement buyout to those at least 58 years of age with 10 years of service.

Shore nurses are glad the long struggle is over. "We had a very tough road to navigate, but our unity prevailed in the end. This contract keeps us at the highest levels of standards for New Jersey nurse union contracts," said Ms. Burton.

Westchester RNs: taking it to the streets

Westchester Medical Center (WMC) RNs are speaking up, showing up and popping up all over the county—on billboards, at bus stops, on cable television and local radio stations—to raise awareness in the community about what's happening inside the hospital.

"Each day, we go to work and do our best for our patients, but our job has become increasingly difficult because of WMC's excessive outsourcing," said LBU President Eileen

Letzeiser, RN. "We're working in a broken system that has little accountability, and we are not respected by the hospital's management."

"The WMC NYSNA Executive Committee made the decision to go public," Ms. Letzeiser said, "because the community deserves to know what's happening inside the hospital. WMC is a resource that belongs to all of us in the community. People need to understand how it's being managed and what it means for our patients."



WMC RNs are featured in the current community outreach campaign.



WMC LBU President Eileen Letzeiser, RN

NYSNA sponsors march against violence



"**LOVE CONQUERS ALL,**" was the message at the July 23 *Stop the Violence* march through the streets of Poughkeepsie co-sponsored by our union. NYSNA members marched alongside Dutchess County elected leaders, neighbors, and friends to raise awareness about rising gun violence and bring an end to the scourge of mass killings in America—with Orlando, Baton Rouge and Dallas the latest in a long line of tragedies.

Innoh Ngbodi, an RN at Vassar Brothers Medical Center, joined the march. "This is my community," he said. "As nurses, we see these incidents firsthand when the victims of gun violence come to the hospital. This violence effects the community. It effects the people we serve. The hospital gets overwhelmed with this kind of violence on a daily basis."

This was the second year that the Poughkeepsie community came together in a show of solidarity to take back the streets from gun violence.

NYSNA and 1199SEIU unite against workplace violence

NYSNA nurses and 1199SEIU caregivers banded together to stop workplace violence after two attacks against emergency room staff over a 24-month period in St. Joseph Hospital's Emergency Department triage area.

Following an incident in 2015 when a nurse was seriously injured by a violent patient, St. Joseph's management agreed that structural changes were needed, but never followed through to implement.

Then it happened again. This past June, when another nurse was attacked and also suffered serious injuries, ED staff said, "No more!" "We immediately mobilized the hospital's NYSNA nurses and con-

tacted 1199SEIU caregivers and support staff," said Jenmarie Byrnes, RN and LBU President.

Within 24 hours, the unions launched a joint 'Protect Our Staff' campaign. NYSNA and 1199SEIU members walked the floors and visited every unit, distributing armbands and stickers to show that St. Joseph workers were united in their commitment to a safe workplace.

"The response from management was remarkable. Ron Steimel, CAO, is committed to making improvements, said Ms. Byrnes. Within 48 hours of the attack, a wall in the triage area that had blocked an escape route was removed. The unions have since held joint meetings with



management to identify ways to make the facility safer for workers and patients.

By standing together, talk has turned to action. Administration purchased panic alarm pendants for triage staff, and agreed to install additional security cameras, increase hospital security staff, improve the access control security system, and conduct staff education.

"When NYSNA and 1199SEIU came together on this issue, we got rapid and effective results. We will continue to meet, and work together, with Administration to make St. Joseph safe, said Ms. Byrnes.

Fight for fairness at St. Catherine and St. Charles

NURSES at Catholic Health Service of Long Island's St. Catherine of Siena Medical Center and St. Charles Hospital are taking their safe staffing and fair contract message directly to Long Island communities. In mid-August, billboards, lawn signs, and television ads featuring nurses from the two hospitals started running.

"What we want more than anything is for our patients to be safe and to get the care they deserve. That's why we're taking our message public," said Antoinette Probish, an RN at St. Catherine of Siena Medical Center.

The media campaign grew out of nurses' desire to improve staffing to protect patient care at the two hospitals.

Tracy Kosciuk, RN at St. Charles Hospital, added, "Part of a nurse's job is to educate. We want our patients to know that we want to give them the best possible care but CHS administration is not listening to our concerns on unsafe staffing."

Raising awareness

"With CHS so focused on patient satisfaction ratings, community opinion is obviously valued. We're hopeful that the media campaign will raise awareness and help community members ask the right questions if and when they find themselves in the hospital. If CHS hears from the community about the importance of safe staffing, maybe we'll finally get the change we so desperately need," said Ms. Kosciuk.

While the community campaign blossoms, nurses continue to fight to protect patient care at the bargaining table and are working toward a fair contract.

"We're fortunate to be able to speak out on behalf of quality care because we are part of a strong union that supports its members," Ms. Kosciuk concluded.



Lawn signs are one of many outlets NYSNA is using to build community awareness and support for the nurses.

Contract victory at St. Joseph

The 210 NYSNA nurses at St. Joseph Hospital in Bethpage won a resounding victory when they reached a new four-year agreement with management. RNs won across-the-board wage increases totaling 11.4%, additional experience steps, and increases in differentials for charge and education. Most importantly, they achieved their top bargaining priority of maintaining health benefits without any additional costs or cuts in services.

"We got a great contract without a single giveback," said LBU President Jenmarie Byrnes, RN. "This is especially remarkable considering management had put 38 concessionary proposals on the table over the course of negotiations. This was the first time St. Joseph bargained as a full member of Long Island's Catholic Health Services (CHS), and we weren't quite sure what to expect."

CHS had pushed the nurses to agree to switch from their current health benefits provider, the NYSNA health plan, to one run



St. Joseph Hospital NYSNA Negotiating Committee (l to r): Jenmarie L. Byrnes, RN; Dan Mills, RN; Margaret Perry, RN; Mary Furey, RN; Heather Gabler, RN; Linda Wells, RN; Cynthia Rusielewicz, RN; and Gina Vista, RN.

by the Roman Catholic Diocese of Rockville Centre, which does not provide the same level of benefits.

Ms. Byrnes said, "All along, St. Joseph nurses told the hospital we were open to switching plans so long as the benefits and costs were comparable to what we already had and that the CHS plan was willing to come into full compliance with the law under the Affordable Care Act."

Break in silence

"After nearly four months of silence from management, we finally heard back—they agreed to continue to contribute to our union's benefit plan. We met with the hospital's team a few days later and stayed at the table until we had settled the

contract," Ms. Byrnes reported.

St. Joseph nurses will continue to pursue staffing improvements through an ongoing arbitration to enforce existing contract language and redoubling efforts to pass the *Safe Staffing for Quality Care Act*.

Ms. Byrnes attributes the victory and near-unanimous ratification vote to maintaining a unified front. "Throughout the process, NYSNA members at St. Joseph stood together 100 percent." She added, "Our unity extends beyond St. Joseph to St. Catherine of Siena and St. Charles, our sister CHS hospitals where NYSNA nurses are still fighting for fair contracts. We're all NYSNA nurses and we all support each other."

CORRECTION

Quotes in our reportage, "Southside RNs unite for safe staffing," June issue, p. 14, were mistakenly attributed to Debbie Noller, RN, and Sue Renz-Fetter, RN. We regret these errors.

NYC H+H on LGBTQ health

As part of its commitment to becoming a leader in quality care for Lesbian, Gay, Bisexual, and Transgender patients, New York City's public hospital system developed two training modules that it is urging all staff members complete by December 1, 2016:

- "An Introduction to your LGBTQ Patients" has new information on LGBTQ best practices and NYC Health + Hospitals policies.
- "An Introduction to Your LGBTQ Co-Workers" describes LGBTQ workplace concerns and how nurses can create and participate in a welcoming workplace that is comfortable for all.

For more information on these training modules, call NYC H+H's Mark Winiarski at 212.442.3895 or email LGBTQ@nychhc.org.



Remembering Irmatrude Grant, RN

In early August, Irmatrude Grant, an extraordinary nurse who was profiled in the March/April and December/January issues of *NY Nurse* passed away. Throughout her 54-year career, Ms. Grant was a frontline leader in the evolution of both modern nursing and New York City's public health system. She touched tens of thousands of lives through her nursing work, her teaching and mentoring, and her volunteer work. NYC H+H recently dedicated the Pediatric Division of its East New York Clinic to Ms. Grant, ensuring that her legacy will be remembered.

NYSNA RNs respond to synthetic drug abuse

Hardly a day goes by without a new report of an overdose of synthetic marijuana (cannabinoids), cathinones like bath salts, or opioids, and NYSNA nurses working hospital emergency rooms from Buffalo to Long Island see the crisis firsthand.

On a single night in July, the Emergency Room staff at NYC Health + Hospitals' Woodhull Medical Center treated an unprecedented 30 patients who had overdosed on K2, one of the many forms of synthetic marijuana. The professional and compassionate response by the ED's caregivers garnered special praise from H + H President and CEO Dr. Ram Raju.

Unknown and unpredictable

The contents and effects of K2, Spice and other synthetic cannabinoids and cathinones are unpredictable due to a constantly changing variety of chemicals used in manufacturing and production processes devoid of quality controls or regulatory oversight. The potency of the drugs, and their widespread availability and low price—a package of K2 can be purchased for as little as \$5—have made them increasingly popular among drug users.

At the same time, law enforcement and healthcare providers are facing a large influx of fentanyl, a synthetic opioid long prescribed for severe pain that is 30 to 50 times more powerful than heroin. On the street, heroin is now often combined with fentanyl to increase potency, increasing the risk of overdose.

Here in New York, admissions for heroin and prescription opioid-abuse treatment increased 40 percent over the past decade. In Upstate New York and on Long Island, admissions for opioid and heroin addiction increased 94 and 117 percent respectively. Heroin admissions to OASAS addiction treatment programs rose 35 percent between 2006 and 2015. In May, Governor Cuomo's launched a statewide heroin task force charged with ending the state's heroin and opioid crisis.

NYSNA's Treasurer Pat Kane, a Registered Nurse at Staten Island

University Hospital, has become a leader in the fight to address drug addiction on Staten Island, which New York City health officials have identified as the epicenter of the city's heroin overdose crisis.

Ms. Kane became involved in addressing the problem five years ago through community outreach work fighting the closure of Bayley Seton's detox beds. "We knew detox beds were already in short supply and that we couldn't afford to lose any more," said Ms. Kane.

Then Hurricane Sandy hit. "Most NYSNA nurses are hospital-

concerned with the welfare of women and families. It's the silver lining that came out of the whole Sandy experience."

When Ms. Kane was asked to serve as the Sisterhood's 2016 chair, she, in turn, asked that member organizations focus this year's efforts on substance abuse. "We worked closely with TYSA to put together a 'train the trainer' workshop specific to Staten Island. In February, NYSNA with our Sisterhood partners held a 'Staten Island Parents: You Matter!' workshop to give parents and caregivers the tools they need to start the conversation with young people on the dangers of drugs."

Once school resumes in September, Ms. Kane and her Sisterhood partners will plan another workshop



NYSNA Treasurer Pat Kane, RN, is leading a substance abuse prevention initiative through her work as chair of the Staten Island Sisterhood.

based, and unless you work in the ED, you're somewhat insulated from what's happening on the streets. Our union's work in helping Staten Island respond and recover from Hurricane Sandy put us out in the community in ways that many of us had not been in the past. It certainly opened my eyes to the rising street drug epidemic."

Filling the Void

Staten Island is the only city borough without a public hospital. "There's tremendous need and no public health system to meet it," said Ms. Kane. Organizations like Community Health Action Staten Island (CHASI) and Tackling Youth Substance Abuse (TYSA) try to fill the void, but they can't do it alone. "My NYSNA colleagues and I couldn't help but be drawn into the tremendous work these community groups were doing. That's how we were introduced to the Staten Island Sisterhood, a coalition of the island's volunteer women's groups

for parents. The clock is ticking. The Sisterhood's rotating leadership chair passes to another group in a few months, and the need for raising community awareness and connecting those in need with the appropriate resources is unending.

Through NYSNA, Ms. Kane is working with the Governor's Opioid Task Force to increase the number of detox beds and other related resources and better prepare Staten Island's healthcare providers and families for dealing with whatever the future may hold. She, too, has high praise for Woodhull's ED staff: "Their ability to respond to 30 overdoses in a single night is really remarkable. With the resource cuts of recent years, I'm not sure if any of the hospitals in Staten Island could have handled it quite so well."

Ms. Kane is committed to reversing those trends. "NYSNA and our partners will keep advocating until our Staten Island patients have access to the same level of exceptional response."

New Board of Directors

In June, members elected seven new officers to NYSNA's 21-member Board of Directors. They also reelected five officers to new terms.



Judy Sheridan-Gonzalez, RN**
President, Montefiore Medical Center



Marva Wade, RN**
First Vice President, Mt. Sinai Medical Center



Anne Bové, RN+
Secretary, Bellevue Hospital Center/NYC H+H



Patricia Kane, RN**
Treasurer, Staten Island University Hospital



Anthony Ciampa, RN+
Second Vice President, NY Presbyterian Hospital



Kevin Donovan, RN+
Director at Large, Erie County Medical Center



Jacqueline Gilbert, RN+
Director at Large, Harlem Hospital Center/NYC H+H



Nancy Hagans, RN*
Director at Large, Maimonides Medical Center



Tracey Kavanagh, RN+
Director at Large, Flushing Hospital Medical Center



Lilia Marquez, RN*
Director at Large, Bellevue Hospital Center/NYC H+



Sean Petty, RN+
Director at Large, Jacobi Medical Center/NYC H+H



Nella Pineda-Marcon, RN+
Director at Large, Mount Sinai Hospital



Karine Raymond, RN+
Director at Large, Montefiore Medical Center



Verginia Stewart, RN**
Director at Large, Metropolitan Hospital/NYC H+H



Mary Ellen Warden, RN*
Director at Large, Mount Sinai West



Seth Dressekie, RN+
Southern Regional Director, NYC Human Resources Administration



Jayne Cammisa, RN+
Lower Hudson/NJ Regional Director, Westchester Medical Center



Ethel Mathis, RN*
Central Regional Director, St. Elizabeth Medical Center



Martha Wilcox, RN**
Eastern Regional Director, Sullivan County Health Center



Sarah Chmura, RN*
Western Regional Director, Erie County Medical Center



Yasmine Beausejour, RN*
Southeastern Regional Director, LIJ Valley Stream

*Newly Elected Officer
**Reelected Officer
+Incumbent Officer

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Count down to safe patient handling

The deadline for compliance with the final phase of New York State's Safe Patient Handling (SPH) Act is fast approaching. The Act became law in 2014 as a result of advocacy by NYSNA and our union allies and patient advocacy groups. Come January 1, individual healthcare facilities will be required to move beyond the establishment of SPH planning committees and put SPH programs into place.

Safe patient handling is defined under the Act as a practice that creates a safe environment for patients and healthcare workers by eliminating hazardous manual lifting tasks through technologies such as mechanical lifts. Healthcare workers have one of the highest occupational injury rates, particularly back and other musculoskeletal injuries, leading to a considerable amount of lost work time.

New York hospitals and other accredited medical facilities are at various stages of compliance with the upcoming deadline. Two NYSNA hospitals are profiled here: Staten Island University Hospital (SIUH), a large (714-bed) facility that is part of the Northwell Health System; and Flushing Hospital Medical Center, a smaller (293-bed) community hospital located in Queens.

SIUH

NYSNA RN Kelly Moed pioneered an SPH program at Staten Island University Hospital in 2007 which has become a national model. She served as a member of the NYS Health Commissioner's statewide SPH workgroup during the first phase of the Act's implementation. In that role, she reviewed existing SPH programs in New York and beyond, identified sample SPH policies and best practices, and helped compile training materials for statewide use.

She attributes the success of SIUH's program to the fact that frontline caregivers are fully integrated into the program. "SIUH's administrators take workplace safety very seriously and have a very clear understanding of the tremendous return on SPH investment," said Ms. Moed.

With SIUH so far ahead of the regulatory deadline, it has been able

to collect years of data and analyze the program's impact. Ms. Moed said, "Every single month the SPH committee reviews injuries, tallies lost and modified work days, tracks trends and makes recommendations for necessary changes. Each manager is responsible for reporting the results of her or his investigation of each staff injury resulting from patient handling. The committee decides if the injury was preventable and makes recommendations for how things could be done better."

Within three years of implementation, SIUH reduced lost and modi-

tee work to measure the return on investment and to keep abreast of necessary changes," she said. "It's a feedback loop that builds on each new experience."

Flushing Hospital

Flushing Hospital RN and NYSNA Director at Large Tracey Kavanagh is proud of her hospital: "For a community hospital, Flushing has taken a leadership role in complying with the SPH law."

In October 2015, the hospital sent Ms. Kavanagh and Michelle Jones, RN, to a Safe Patient



In SIUH's Labor and Delivery unit, Nikisha Ortega, OR Tech (left), and Lea Vischio, RN (right), demonstrate the use of an air assisted transfer device to move Christine Williams, RN, (as patient) from a stretcher to bed.

fied work time by more than 60% through a combination of injury prevention and a return-to-work program that pools jobs available for those unable to return to full duty. "It's win-win because it enables staff who are able and willing to keep working—but in jobs that don't compromise their health."

SIUH is now at the point where most staff understands the value of SPH for workers as well as patients. "After air assisted transfer devices were introduced in Labor and Delivery, caregiver injury rates fell and patient satisfaction increased. And L&D became one of SPH's biggest champions."

"There is no question that the equipment purchases have paid for themselves many times over through the drop in lost work time, better patient outcomes, and higher patient satisfaction—which ultimately lead to higher reimbursement," said Ms. Moed.

Her experience has taught her that work on SPH doesn't end after the hospital makes its first equipment purchase. "Success requires ongoing interdisciplinary commit-

Handling workshop at the Greater New York Hospital Association to learn about how to get the SPH process rolling inside their hospital.

Soon after, Flushing established its SPH Committee. NYSNA RNs Johanna Pinzon and John Hartin have spent the past several months working with nurses' aides, managers and other frontline caregivers on a unit-by-unit assessment.

"We've learned that there is no 'one-size fits all' solution. Every unit has unique needs, and those needs change," said Ms. Pinzon. "In cardiac, we were accustomed to dealing with patients up to 200 pounds. Once we added bariatric services we needed the appropriate equipment for patients who weigh twice that amount."

The committee is now assessing equipment and arranging for on-site trials. "We've learned that what works in other hospitals may not work at Flushing. Size constraints unrelated to budget will limit the equipment we can pursue. It's like buying a couch for your apartment: you have to make sure it will fit through the door."

SPH Conference

New York's Zero Lift Task Force will hold its 8th Annual Safe Patient Handling Conference in Buffalo on September 21-22. NYSNA's Kelly Moed, MSN, RN-BC, CSPHP is a featured speaker and NYSNA's Occupational Safety & Health Representative Lisa Baum will facilitate. Conference information is available at www.zeroliftforny.org. To learn more about safe patient handling and the requirements of the NYS Safe Patient Handling Law, visit www.nysna.org/safe-patient-handling-and-mobility.



Dominican Day Parade was an opportunity for nurses to celebrate Dominican heritage and support our very own Marisol Alcantara, NYSNA organizer and Democratic candidate for New York State Senate District 31. NYSNA nurses enthusiastically endorsed Ms. Alcantara at the parade on August 14 because of her unrivaled commitment to fighting for safe staffing and quality care. If you live in District 31, be sure to vote for Marisol Alcantara in the Primary on September 13!



Western Inter-regional: Members from Erie County Medical Center, Brooks Memorial Hospital, Erie County Dept. of Health, and Olean General Hospital gathered at NYSNA's Buffalo office on July 20. They met newly-elected Western Regional Director Sarah Chmura, RN; discussed safe staffing with State Senate candidate Amber Small; and learned about workplace safety from NYSNA's Occupational Health and Safety Representative Lisa Baum.



Celebrating summer. NYSNA families gathered in Poughkeepsie on August 13 to enjoy a barbecue, music, games, and each other's company.



Capital Inter-Regional:

On July 14, members from Nathan Littauer Hospital, VNS, Ellis Bellevue and St. Elizabeth Medical Center met for the Capital area Inter-Regional. They were joined by Assemblyman Angelo Santabarbara and Schenectady City Councilwoman Marion Porterfield.



LI Fed endorses staffing bill

For the first time ever, NYSNA sent a delegation to the Long Island Federation of Labor's Constitutional Convention, and we walked away with two key prizes. Marie Boyle, RN (retired of Southside, at podium above) made a presentation on the *Safe Staffing for Quality Care Act*, after which the federation unanimously passed a resolution in support of the bill. At the same meeting, Yasmine Beausejour, RN at LIJ Valley Stream and NYSNA Southeastern Regional Director, was appointed to the federation's executive board. Tracy Kosciuk, RN, St. Charles Hospital, also attended.

CUNY settles contract

The Professional Staff Congress, which represents faculty and other employees of the City University of New York, ratified a new seven-year agreement that will bring retroactive raises and other gains to 25,000 members. PSC President Barbara Bowen had addressed NYSNA's June 23 Public/Private Conference.



Nurses honored

Caribbean Life Newspaper bestowed its 2016 Health Award on three NYSNA members: Virginia Stewart, RN at Metropolitan Hospital and NYSNA Director at Large (above, left); Patricia James, RN, Kings County Hospital (above, right), and Yasmine Beausejour, RN at LIJ Valley Stream and NYSNA Southeastern Regional Director (not pictured).

Supporting our allies



On July 7, NYSNA nurses from Westchester Medical Center, St. John's Riverside Hospital and St. Joseph's Medical Center came together to show support for Assemblymember Shelly Mayer, a sponsor of the *Safe Staffing for Quality Care Act*.

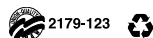
Speaking out on DSRIP



Ethel Mathis, RN, St. Elizabeth Medical Center in Utica and NYSNA's Central Regional Director, spoke at a July 12 Upstate hearing about the importance of involving frontline staff in the DSRIP process.

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For more information, visit www.nysna.org/2016biennial
or contact your NYSNA Delegate or Rep.