

# Public sector nurses speak out

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Single payer bill passes the NYS Assembly, PAGE 3





By Judy Sheridan-Gonzalez, RN  
NYSNA President



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# The Supreme Court and social justice

In recent weeks, the Supreme Court ruled favorably for low-income Americans who were denied subsidies for healthcare premiums and in support of same-sex marriage, acknowledging the economic vulnerability of millions in accessing healthcare and the barriers to social equality that remain for the Lesbian, Gay, Bisexual and Transgender (LGBT) community. Many people were relieved and even rejoiced in these decisions that promoted social equity to varying degrees.

## Two critical rulings

Absent the healthcare ruling, millions would not be able to pay for commercial health insurance, as mandated under the ACA. When you think about it, the need for subsidies only furthers our argument that what this country needs is real universal healthcare—as described in a single payer system: improved and expanded Medicare for all. More and more healthcare providers and patients see that this exploitative, for-profit health insurance system has to go. Nurses' struggles for retiree health and improved benefits would no longer be a barrier in contract negotiations, and workers in general would not be tied to a job they hate for life, simply because it offers health benefits.

The Constitutional guarantee for same-sex marriage completed a campaign of several decades in which LGBT Americans, joined by family, religious, labor and community support, prevailed in their search for fundamental equality. Don't think for a minute that social movements don't matter when courts and legislatures make decisions. History has shown us this time and again. With the right to marry come other measures of social and economic equality, and when discrimination is weakened for one group of people, we are all better human beings as a result.

## Fair share

Ironically, this powerful Court also holds out the prospect of a very harmful setback for working people: in the case, *Friedrichs v. California Teachers Association*,

now on the Court's docket for the fall, the right of public unions to require all members who receive the benefits of representation to pay dues is being challenged. This attack on public unions will easily filter into an attack on private unions, on the very concept of unions, and on all working people across the U.S.

It is no surprise that the *Friedrichs* case is championed by the Koch brothers and other right-wing groups whose origins include the notorious John Birch Society. The National Right to Work Legal Defense Foundation, litigating the *Friedrichs* case, is funded by the Kochs and their allies. The Kochs have battled against environmental regulations and women's reproductive rights, among other causes,



committing billions of dollars to think tanks and election campaigns to achieve results. They have indicated an intention to spend almost \$900 million on the 2016 election.

That figure is key because while the right ups its spending on elections, raising the profiles of its candidates and issues, a ruling against unions in the *Friedrichs* case undercuts the ability of public unions to speak about and affect policy through lobbying.

At the center of the case is "agency fee," or the obligation to pay a "fair share" service fee, the cost of representation.

The fair share is justified for several reasons. The benefits of representation are tangible: wage increases, health coverage, pensions and

improved working conditions. Those are achieved through collective bargaining funded by union dues.

But there is more to our dues than these issues. Our dues help give us a voice at work and in our communities, through outreach and lobbying. Working people need a voice more than ever. Those who opt out, well, they pay the agency fee. This is how it works in nearly all of our contracts in NY and what has allowed NY to achieve the economic and social gains we now take for granted.

Now all of this is up for grabs.

## Remember Wisconsin

Wisconsin's landmark law—called Act 10—severely restricted the power of public-employee unions to bargain collectively. No surprise that take-home pay for public workers in the Wisconsin State Employee' Union has fallen more than 10 percent since the Act's passage.

In fact, workers in right-to-work states earn on average 12 percent less than workers in non-right-to-work states. For every \$1 million in wage cuts, reports the Economic Policy Institute, comes an additional six jobs lost in the economy. Right-to-work laws have no impact in boosting economic growth. But they do parallel the nation's trend of economic inequality.

When union voices are muted, when our ability to speak as a union and to lobby our elected officials is diminished, the public's health and safety are in peril. Right-to-work states rank lower on average in poverty rates for children, infant mortality, cardiovascular deaths, access to primary care MDs and mental health services, infectious disease control and occupational fatalities.

The benefits of representation are profound and many—from our wages and benefits, to the process of collective bargaining, to defending the policies upon which they are founded. A "fair share" is more than fair—its destruction could sever the lifeline that so many workers desperately need in these hard times.

# The Health Insurance Gangs of New York

By Steven Toff & Marva Wade, RN

There's a scene from the movie "The Gangs of New York" where two different fire brigades arrive at a burning house. Instead of fighting the fire, they fight each other (literally). Different brigades had to compete with each other for the opportunity to collect payment from the private insurance companies. Every house with insurance displayed a medallion indicating which insurance company that house paid for protection. And if you didn't have the right medallion, your house would be left to burn to the ground.

This incredibly inefficient and dangerous system was how most cities dealt with fires once upon a time. New York City finally wised up in 1865 and created a publicly funded and publicly run municipal fire department. From that day forward, whether you lived in a humble shack or the governor's mansion,<sup>1</sup> you could rest assured that you would be protected in the event of a fire. Having a fire department today is recognized as an essential and universal service required for living in a modern world.

## Progress on Single Payer

On May 27, the NYS Assembly passed another act in the same spirit, the New York Health act. This bill was passed by a vote of 92-52 and would provide universal health coverage to all New York residents, irrespective of their financial status, employment status, or immigration status. All necessary and preventative care—including mental health, dental, vision, and more—would be covered. No more co-pays, co-insurance, deductibles, or prescription drug costs. Every medical need would simply be covered.

<sup>1</sup> To paraphrase Winston Churchill, who remarked during the struggle to establish the National Health Service in the United Kingdom "Disease must be attacked, whether it occurs in the poorest or the richest man or woman simply on the ground that it is the enemy; and it must be attacked just in the same way as the fire brigade will give its full assistance to the humblest cottage as readily as to the most important mansion."

Replacing every New Yorkers' insurance card (think "medallion") with a public system is no easy task. What comes as a surprise to many, is that this kind of health system (commonly known as a single-payer system) would not only provide better and more comprehensive care to every single New Yorker, but could do so with enormous savings for nearly every resident, and tens of billions of dollars in savings to the state in the first year alone.

At a recent workshop NYSNA held with our members to explain

of dollars in assistance), nearly a third of those with private insurance can't actually afford to utilize it—and they simply delay or postpone seeking care.<sup>2</sup>

## A way to better health

In short, the fundamental problems endemic to private insurance are starting to come to the surface in a way that cannot be ignored. As a union of nurses, NYSNA is fighting for the New York Health Act—not only because we believe it makes the most economic sense for



NYSNA works together with Physicians For a National Healthcare Program – NY Metro Chapter, SEIU1199, NYSUT, Senior Action Network, and many others on single payer.

the bill and these issues in healthcare, a number of nurses asked "Why haven't we done this already? If this makes so much sense, who could possibly be against such a plan?"

There isn't just one answer to that question, but much of the energy behind health care reform got sucked into the national discussion with the fight to pass the Affordable Care Act. In the five years since it has passed, there is no doubt that the Affordable Care Act has taken huge steps to help many Americans obtain health insurance—especially with the expansion of Medicaid, and subsidies for those purchasing private insurance on the exchange. Yet the ACA left private insurance companies as the centerpiece in our healthcare delivery model. And while Medicaid expansion is burdened with enormous increasing costs to care for some of the most vulnerable in our society (just look at New York where the federal government has recently had to step up with billions

of dollars in assistance), nearly a third of those with private insurance can't actually afford to utilize it—and they simply delay or postpone seeking care.<sup>2</sup>

## Next step: NYS Senate

We have brought this message to legislators, the public, and our members. And we will continue to do so until we can pass this bill in the Senate and bring it to the Governor for his signature. It is an uphill battle, but it is the right way to deliver care. The alternative is akin to letting our healthcare system go down in flames, while the insurance companies fight over who can make the most money from our collective sickness, pain, and misery.

Steven Toff is NYSNA's Director of Strategic Campaigns; Marva Wade, RN, is a First Vice President of NYSNA.

<sup>2</sup> <http://www.gallup.com/poll/166178/costs-keep-americans-getting-treatment.aspx>

**[T]he fundamental problems endemic to private insurance are starting to come to the surface in a way that cannot be ignored.**

## THE COVER

Abby Ruzzene, RN, Erie County Medical Center; Samuel Caquias, RN, Westchester County Medical Center; HHC nurses—all in attendance at Public Sector Conference, NYC, May 29



# A new vehicle for NYSNA's fight against inequality



By Jill Furillo, RN, NYSNA  
Executive Director

**T**he murders of nine African-American worshippers at the Emanuel African Methodist Episcopal Church in Charleston, South Carolina, are the latest in a long, ugly trail of intolerance, injustice, and death that has befallen communities of color across America. These killings come in the wake of outrages in Ferguson, Staten Island and Baltimore.

In this tragedy, however, there is a ray of hope. Confederate flags, long a symbol of bigotry and violence, came down *en masse*. The demise of this despised symbol beyond the borders of Charleston, into other states where these flags flew unfurled for generations, is a bittersweet victory.

## New committee formed

We are outraged by racially-motivated assaults here in New York and elsewhere and we are turning our outrage into action.

In the aftermath of these horrific recent events, NYSNA's HHC/Mayorals Executive Council acted swiftly, proposing that the NYSNA Board of Directors adopt a resolution forming the **Committee for Social Justice and Civil Rights of the New York State Nurses Association**. The resolution was

*The Committee for Social Justice ... will play a prominent and important role in NYSNA's future.*

passed with unanimous consent on June 21.

The formation of this committee is a natural extension of our mission. NYSNA is built upon a pillar of social justice that begins with a commitment to end healthcare disparities in New York and throughout the nation. We often talk about how our commitment extends beyond the bedside—to all aspects of life in our communities that impact the health and well-being of our patients. The Committee for Social Justice is an expression of the broad commitment to community and a formal platform for action.

The Committee's first act will be to add NYSNA's voice to unresolved issues surrounding the Eric Garner case and the national outcry against the June 17 killings in Charleston, and subsequent church burnings. More broadly, it will take steps to identify and address acts of violence against minorities; to find ways to end discrimination on the basis of race, gender, age, religion, ethnicity, immigration status, disability, and sexual orientation; to close the gaps in social,

economic and political disparities that continue to impact the health of our patients; and to once and for all end the conditions of racial discrimination that continue to define our nation.

Its work will focus on member and community education and coalition building with like-minded organizations with the aim of eliminating injustices and seeking their redress.

## Work to be done

All interested members are encouraged to participate and contribute to this new and critical part of NYSNA's work. Check the website ([www.nysna.org](http://www.nysna.org)) for information on when and where the Committee will meet.

The Committee for Social Justice and Civil Rights of the New York State Nurses Association will play a prominent and important role in NYSNA's future. It is a vehicle for NYSNA members to engage in the dialogue that must take place in neighborhoods across our nation and to take action to heal the long-festered wounds of racial discrimination and injustice.

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## NYSNA joins AFL-CIO at first town hall on race and labor

A delegation from NYSNA headed by Board Member Karine Raymond, RN, of Montefiore Weiler Hospital, attended the first-ever town hall of the Civil Rights Department of the national AFL-CIO. Advocates and activists from across the country joined together to have a candid discussion on race relations in America and how the labor movement can support dialogue and equity within communities of color. Announcing its support for "the new civil rights movement," keynote speaker Congresswoman Eleanor Holmes-Norton said "Labor is still the most important link between Black and White working people."



Karine Raymond, RN and NYSNA board member (r) with Vincent Alvarez, President of the NYC Central Labor Council, AFL-CIO, NYSNA staffers Tara Martin and Karen Jarrett, and Jalisa Saud, RN (l-r).

# Olean General Hospital nurses weigh strategy at Inter-regional

The most recent Inter-Regional meeting in the Western Region brought focus and action.

NYSNA members at Olean General Hospital (OGH) talked healthcare economics, safe staffing, and how best to track DSRIP (Delivery System Reform Incentive Payment) funding and its implementation in their hospital.

## Strong healthcare economy

NYSNA Board Member and OGH RN Kris Powell opened the meeting with an overview of NYSNA's recent lobbying efforts for safe staffing. Ms. Powell reported that State Senator Cathy Young (D-Livingston County) has not yet signed onto the staffing bill, adding: "You can bet we'll be knocking on her door about that."

The healthcare economy is thriving in this rural area in the southwest corner of the state, where consolidations have led to additions to large healthcare systems like Catholic Health, Buffalo's Kaleida Health and Upper Allegheny Health System. Bradford Regional, Olean General's parent company, posted its third straight year of profitability in 2014, with Olean General itself reporting profit of \$1.6 million. Despite this strong bottom line, OGH continues to ask employees to



Olean General Hospital Members at the May 20 Inter-Regional Meeting

do more with less, as evidenced by its reluctance to staff appropriately and implementing a \$1 million cut in the supplies budget.

## High RN turnover

In the course of the meeting, many RNs spoke of understaffing and its effects on patients. Several nurses identified a disturbing trend: a high rate of RN turnover. More experienced nurses are frustrated with staffing and are leaving; they, in turn, are replaced by less experienced nurses who do not remain long on the job. In the environment of constant turnover, OGH has spent millions of dollars retraining nurses over the past decade, according to RN estimates.

The members also received an update on the DSRIP program, a statewide initiative designed to reduce avoidable hospital use and better coordinate patient care to meet the needs of communities. Olean General is part of the Millennium Care Collaborative PPS (Performing Provider System) that will be awarded funds to aid in targeting areas that can be improved through consolidation of services, or through the addition of staff. NYSNA encourages all members to monitor how DSRIP is being implemented in their facility to ensure that funds are spent as specified in the applications approved by the state.

## Members at Hudson Valley's Health Alliance ratify new agreement

Members at Health Alliance in Kingston unanimously ratified a new contract on June 10 with substantial gains and no givebacks. The contract includes an across-the-board wage increase of \$1.00 per hour for all 180 RNs, and increases in experience steps that will give some members an immediate 10% pay bump. The nurses also won additional certification pay and more advance notice provisions.

Health Alliance had insistence that it would not offer any wage increase or direct deposit of paychecks. Health Alliance LBU President Estelle Aquino-Woych, RN, summed up the feelings of her coworkers: "It took a long time, but we finally got direct deposit plus the money that goes with it. The nurses are happy." The agreement is especially important for members at this time while Health Alliance is merged into Westchester Medical Center.



## NYSNA in the field

Barbra Bell, RN, Erie County Health Department, distributed information and answered questions at a June 6 community health fair.

## St. Joseph's RNs fight implementation; win Board complaint

NYSNA nurses at St. Joseph's Hospital fought back, and won, against the hospital's imposition of an unjust contract in late January. The 130 nurses at the Elmira hospital filed Unfair Labor Practice charges and their unity prevailed during the lead up to a board decision. On May 29, the National Labor Relations Board ordered the hospital to reset the clock to the expired contract and make the nurses whole for any and all losses due to the implementation. The St. Joseph's RNs are committed to pressing forward until they achieve the contract that nurses and patients deserve.



St. Joseph's RNs (left to right): Melissa Goodwin, Behavioral Science Unit; Susan DiPetta, Mixed Medical Unit; and Suzanne Cornell, Mixed Medical Unit



# Strong show of unity for pu

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undreds of nurses from all parts of the state gathered in New York City on May 29 for NYSNA's public sector conference. It was the second such meeting and the enthusiasm was palpable—as the spirit, commitment and camaraderie that is the public sector was abundant. Like many others in attendance, Andrew Palm, RN, who works for Cortland County's Health Department, made the trip “to get together with a huge group of other nurses, share ideas, and learn from one another.”

## Strengths and victories

There was much to celebrate on this second occasion of public sector nurses and supporters. One year ago, HHC nurses ratified in overwhelming numbers an outstanding contract with wage hikes, retroactive pay, benefits—adding new funds for education, child and elder care, and more. Last September, members at Erie County Medical Center, likewise, settled a deal covering seven years.

Our public system also stood out last fall in the extraordinary work carried out in the face of Ebola. (See sidebar, p. 8)

Just this May, an important win in dialysis care was scored, as HHC cancelled its contract with

a for-profit company, Big Apple Dialysis Management, taking off track efforts to outsource patient services. This win entailed efforts by NYSNA and patients, as well as by doctors, public health experts, other labor unions and community supporters. Developing an evidence-based campaign, part of the nurse DNA, NYSNA presented data to the New York State Department of Health that showed higher death rates for patients in the for-profit system. Chronic dialysis patients at four HHC facilities—Metropolitan, Lincoln, Harlem and Kings County hospital—will now remain under the care of NYSNA nurses in units proven to provide excellent care and outcomes. Patients over profits.

City Council Member Corey Johnson, chair of the Council's Health Committee, took time to attend the conference and congratulated NYSNA for our defense of dialysis patients in the public system, saluting our commitment to the public's health and to turning back privatization. Johnson's support throughout the 18-month campaign to stop Big Apple Dialysis attempted takeover was strong and consistent, as were spirited efforts by Public Advocate Letitia James,



Franchelle Hart, executive director, Open Buffalo

who joined our nurses on two occasions to testify before state authorities on the matter.

New York City Comptroller Scott Stringer spoke to us during a lunchtime presentation, thanking nurses for our work and dedication.

Unity among NYSNA public sector is strong and endures, but one message at this year's conference was clear: We can and must defend unions in New York and help to win back union rights where they have been denied elsewhere in the nation.

Nurses, teachers, firefighters, corrections officers, sanitation workers, and other public sector workers have been the focus of a stepped up, multi-pronged attack in recent years. Their bargaining

Conference participants uniting their voices





# Public sector nurses



NYC Councilman Corey Johnson (at podium) addressed the conference. He was joined on the panel by (l to r): Samuel Caquias, RN, Westchester County Medical Center; Kevin Donovan, RN, Erie County Medical Center; and Ann Bové, RN, Bellevue Hospital.

rights, pensions, wages—their very jobs—are threatened in historically-strong union states of the Midwest and Mid-Atlantic. NYSNA's public sector nurses have a critical role to play in extending our winning strategies and messages to other states and locales.

## Voting matters

One lesson nurses heard: elections have consequences. Franchelle Hart, executive director of Open Buffalo, a coalition of community organizations, reminded nurses that “the 1% can out-spend us, but they can't compete with our numbers. Everything we do today means nothing if we don't vote.” Janet Malveda, RN, Bellevue Hospital, urged RNs at her table to “engage the young nurses in your departments and get them politically mobilized—and registered to vote.”

Westchester County Medical Center RN James Galvin said that he and 15 co-workers came to the conference “because we've heard that there will be a Constitutional Convention in 2017 that will impact public pensions and the

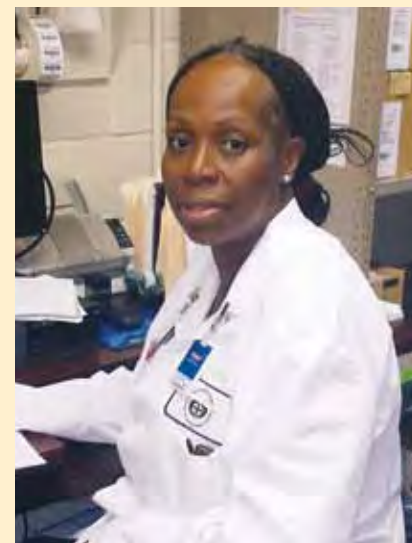
Taylor Law.” New York's Taylor Law prohibits strikes by public employees. Participants shared ideas and strategies on tactics such as using informational picketing, speaking up at public forums of regulatory bodies, and engaging elected officials to get results.

Katrina Reynolds, an RN at Erie County Medical Center, spoke about the impact of funding cuts on her hospital: “Short staffing is pervasive throughout the whole system. Funding cuts lead to short staffing, which leads to increased readmissions. It creates a vicious cycle. We want to break the cycle.” Areesa Ali, RN, Metropolitan Hospital, concurred, adding, “Less money in the system leads to less care and poor outcomes.”

## A range of support and ideas at workshops

Nurses welcomed Dr. Frank Proscia, president, Doctors Council/SEIU, with open arms. Doctors Council nephrologists

CONTINUED ON NEXT PAGE



**"We had a chance to really learn from each other. It was interesting to find we share the same concerns of patient safety and safe staffing."**

— Deborah Gatson, RN  
East New York  
Diagnostic &  
Treatment Center



**"SHORT STAFFING** is a statewide issue. In Buffalo, we need to see more RN community involvement," Amanda Mohamed, RN, Erie County Medical Center.



NYC Comptroller Scott Stringer thanked public sector nurses for their dedication.



Frank Sacco, RN, Erie County Medical Center, delivered his group's report.



## HHC named regional Ebola Center; Bellevue has leading role

The U.S. Department of Health and Human Services has designated HHC as one of nine centers across the country to act as a regional treatment center. Regional treatment centers care for patients with Ebola and other highly infectious diseases. Bellevue Hospital Center was designated one of three hospitals to lead the National Ebola Training and Education Center over the next five years, along with Emory University in Atlanta and Nebraska Medical Center/Nebraska Medicine in Omaha.

## Public sector

CONTINUED FROM PREVIOUS PAGE

in the HHC system had stood up in support of dialysis nurses and patients earlier this year, putting out a letter to the public against for-profit Big Apple Dialysis. The solidarity displayed by Dr. Proscia and his colleagues was outstanding, helping to underscore the values of quality, patient care for all that define the public system.

At the podium, Dr. Proscia, below, was a presenter at a workshop entitled, “Tales from the Front Lines: Dismantling of Public Nurses’ Rights Negatively Affects Patient Care in the Public Sector,” during an afternoon session. Fresh from a contract win at Elmhurst Hospital, Eric Scherzer, executive director, Committee of Interns & Residents/SEIU, was also there. Other panelists were Judith Arroyo, RN, president, Local 436, DC 37; Anne Twomey, RN, president, HPAAE, AFT; Winslow Luna, vice president, 1199SEIU; and Sean Petty, RN, and NYSNA



board member, acted as workshop facilitator.

Among the research presented were studies that have confirmed that patient outcomes improve in healthcare settings staffed by union caregivers.

“The War on Public Sector Pensions and its Influence on Access to Healthcare in Retirement,” was the workshop title of a presentation given by Diane Oakley, executive director, National Institute for Retirement Security, above. How are trends that undercut pensions affecting nurses in both the public and pri-

vate sector? Ms. Oakley’s comments helped nurses understand these trends and furthered their knowledge of Medicare and Social Security.

Other workshops examined the public sector dialysis campaign, DSRIP—the Delivery System Reform Incentive Program, and evidence-based models in public health-nurse family-partnerships.

At the conference conclusion, three members—Jalisa Saud, RN, Elmhurst Hospital, Jane Barrett, RN, Westchester Medical Center, and Teresa Edgerton, RN, Erie County Department of Health, gave concluding remarks, facilitated by Verginia Stewart, RN, Metropolitan Hospital and director at large, NYSNA’s board. “Being a nurse leader,” said Ms. Barrett, “is about supporting nurses and advocating for patient care, two things that can be more challenging to do when you’re working in the public sector. Not only do we have the sickest patients, but many have no insurance and are low-income. We always give the best care we can give, regardless.”



## City Ends Contract for Prison Health

After fifteen years of contracting out for prison health, New York City is bringing the services back in-house. On June 9, Mayor Bill de Blasio announced that he would end the city’s contract with for-profit Corizon Health Inc. (formerly Prison Health Services) when it expires in December and directed the Health and Hospitals Corporation to take over medical services at Rikers Island.

The announcement came in the wake of a report from the city’s Department of Investigation that found Corizon had hired employees with disciplinary problems and criminal convictions in

some instances. It also cited missteps by Corizon employees that may have contributed to at least two recent inmate deaths. These were on top of numerous other serious patient care incidents during the course of Corizon’s tenure with the city.

Dr. Robert Cohen, who was a medical director at Rikers in the 1980s and is now on the New York City Board of Correction, told the *New York Times* he hoped HHC “would be more independent and view its responsibilities to the patient as paramount; that could have a dramatic effect on patient care.”



# Continuing focus on climate change

**T**he drumbeat for action on climate change is growing louder. Global warming and its effects on the Earth's climate, including greater incidence of Extreme Weather Events, have environmentalists and public health experts on high alert. NYSNA members share the sentiment that action to control climate change must be an imperative.

The EPA is expected to release a final set of climate change regulations to curb planet-warming emissions from power plants in August. The Clean Power Plan (CPP), proposed in draft form last June, aims to cut carbon emissions from power plants by 30 percent from 2005 levels no later than 2030. CPP chiefly targets coal-fired power plants, the nation's largest source of carbon emissions, accounting for approximately one-third of all domestic greenhouse gas emissions. CPP requires every state to submit a plan to shift its energy systems from heavily-carbon polluting power sources, such as coal plants, to cleaner ones.

## Coal biggest polluter

The health benefits of the CPP would be indirect but dramatic. While carbon emissions trap heat in the atmosphere, which contributes to a warming planet, they are not directly linked to health threats. Emissions from coal-fired power plants, however, also include a number of other pollutants, such as soot and ozone, directly linked to illnesses like asthma and lung disease. It's estimated that CPP's implementation will lead to climate and health benefits worth at least \$55 billion in 2030, including avoiding 2,700 to 6,600 premature deaths, 1,000 heart attacks and hospitalizations from air-pollution-related illness, and 140,000 to 150,000 asthma attacks in children.

Support for the CPP is highest in states in the Northeast and Northwest, where power generation is dominated by natural gas, nuclear, hydro and renewable generation. The largest declines in pollution—and consequent benefits to health—would happen in states in the Ohio River Valley, including

Pennsylvania and Ohio, which have some of the highest levels of emissions. Not surprisingly, these states are among the CPP's most ardent critics, citing potential for job losses and economic disruption.

## Energy solutions with jobs

NYSNA President Judy Sheridan-Gonzalez addressed these concerns at a community forum where representatives from labor, envi-

slative approval of the CPP implementation plan and similar bills are moving through chambers in several other states. ALEC also is pursuing a litigation strategy, encouraging states' attorneys general to file suit against the federal EPA over CPP. In good news for the planet, early in June a federal court dismissed a lawsuit by the nation's largest coal companies and 14 coal-producing states that sought to block the CPP, and



**Emissions from coal-fired power plants are directly linked to illnesses like asthma and lung disease.**

ronmental groups and legislators reviewed pending climate-related legislation before the New York City Council. "The fear of unemployment and economic hardship due to the loss of jobs related to the slow dismantling of these systems, that's a real fear," she said, adding, "and that's why we talk about just transitions—the integration of developing sustainable energy solutions with the imperative that jobs aren't lost."

Critics say CPP would increase the cost of energy, an outcome that would harm lower-income Americans. Under the guidance of Koch brothers-backed American Legislative Exchange Council (ALEC), West Virginia and Virginia have passed laws requiring state leg-

bills attacking the CPP have failed or been withdrawn in Mississippi, Montana and South Dakota.

## New York City efforts

At the local level, the People's Climate Movement convened a community forum in New York City at which representatives from labor and environmental groups met with legislators to review climate-related legislation pending before the City Council. The bills grew out of last September's People's Climate March in NYC where NYSNA members joined with hundreds of thousands of advocates and other labor unions to demand action on climate change, reduce fossil fuel emissions, and improve infrastructure resiliency.

# New spotlight on nurse workplace injuries

## New York's Safe Patient Handling Act

In April 2014, New York passed the Safe Patient Handling Act. It gives Article 28 covered hospitals, nursing homes and diagnostic and treatment centers until January 2016 to establish a safe patient handling committee comprised of risk management, nursing, purchasing or occupational safety and health. The committee must have two co-chairs, one from management and one frontline worker.

By January 2017, each facility must establish a Safe Patient Handling Program that includes availability of safe patient handling equipment, a patient handling assessment, initial and annual training for all employees on safe patient handling, and an annual review of the program to determine its effectiveness. Furthermore, the program must include a safe patient handling policy, and a process to identify the effectiveness of the policy based on the patient's physical and medical condition.

The Zero Lift Task Force is comprised of healthcare workers, administrators, patient advocates, union representatives (including NYSNA) and safety and health professionals working to ensure the health and safety of all patients and healthcare workers. It provides educational opportunities for managers and frontline healthcare workers on Safe Patient Handling principles and procedures. The next conference is scheduled for October 28-29 in Saratoga Springs. For more information, visit [www.zeroliftfornny.org](http://www.zeroliftfornny.org).

*Nursing: A Profession in Peril*, a five-part series of reports by consumer watchdog group Public Citizen being released over the spring and summer 2015, explores injuries to healthcare workers, potential methods to reduce these injuries, the policy positions of stakeholders and potential solutions. Occupational Safety and Health Administration (OSHA) data show healthcare workers perennially suffer more injuries—requiring time away from work—than those of any other profession, and many of these injuries result from handling patients.

Public Citizen released part one, “The Health Care Industry’s Castoffs: Nurses Injured at Work Often Find Themselves Out of Work and Suffering from Chronic Pain,” on June 9 and part two, “Taking the Burden Off Their Backs,” a week later.

### Numerous injuries

In 2013, the healthcare and social assistance industry reported 629,500 cases of injury and illness cases to the Bureau of Labor Statistics. That’s 152,000 more cases than in manufacturing, the next highest industry sector. Nearly half (48 percent) of injuries that resulted in days away from work were due to over-exertion or bodily

### Only a fraction ... of hospitals have comprehensive safe-patient handling programs

reaction, which includes motions such as lifting, bending, or reaching. Musculoskeletal disorders (MSDs) accounted for 33 percent of all injury and illness cases in 2013, and workers who sustained MSDs required a median of 11 days to recuperate before returning to work, compared with 8 days for all types of cases.

### Paying the price

When a healthcare employee gets hurt on the job, hospitals pay the price in many ways: workers’ compensation for lost wages and medical costs; temporary staffing, backfilling, and overtime when injured employees miss work; turnover costs when an injured employee quits; and decreased productivity and morale as employees become physically and emotionally fatigued. Workplace safety also affects patient care. Manual lifting can injure caregivers and also put patients at risk of falls, fractures, bruises, and skin tears. Caregiver fatigue, injury, and stress are tied other problems.

Nationwide, workers’ compensation losses result in a total annual expense of \$2 billion for hospitals.

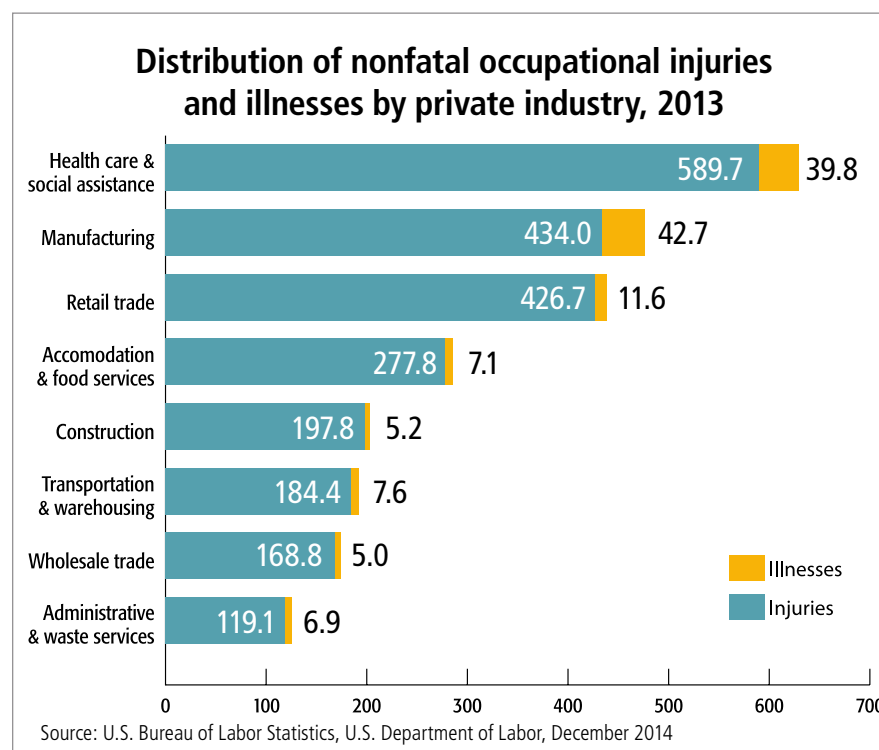
“Taking the Burden Off Their Backs” outlines a number of recommended technologies and policies to reduce injuries to nurses and other caregivers. It describes devices that assist in lifting, transferring and repositioning patients. Because most musculoskeletal injuries in the hospital setting are cumulative, any steps to minimize risks during patient handling tasks will offer substantial benefits for hospital caregivers.

Even if patient handling equipment is available, experts concur that successful patient handling programs rely on management directives to succeed, such as written policies and committees governing patient handling practices, methods for employees to report concerns or incidents without fear of retribution, reliable systems to measure incidents and injuries, and the existence of policies that align physical stress demands with employees’ capabilities. According to the report, only a fraction (between 3 and 25 percent) of hospitals have comprehensive safe-patient handling programs.

### The right support

“It’s unconscionable that so many caregivers on the front lines are relegated to using archaic technology to perform their jobs,” said Taylor Lincoln, research director for Public Citizen’s Congress Watch division and author of the report. “Hospitals should provide the necessary equipment and management support to ensure that caregivers are spared lifting requirements that jeopardize their health.”

When properly implemented, safe-patient handling programs work. For example, the New York State Department of Health Veterans Home at Batavia reports that it saw a reduction from having an average of nine FTE employees out of work per day due to patient handling injuries to just 0.5 employees after instituting a program that minimized manual lifting.







Nancy Hagans, RN, LBU Chair, Maimonides Medical Center

## NYSNA Members Receive Caribbean American Healthcare Awards

NYSNA members Nancy Hagans, RN and LBU Chair at Maimonides Medical Center, and Curlean Duncan-Britton, RN at Kings County Hospital Center, received the 2015 Caribbean American Healthcare Award. Each year, *Caribbean Life* newspaper and the Community News Group grants the award to Caribbean nationals who have made outstanding contributions to healthcare in New York City. At this year's awards celebration on June 25, a total of 32 individuals were recognized for their service.



Curlean Duncan-Britton, RN

## ECMC Members Help GOTV

Erie County Medical Center members helped get out the vote in the Buffalo area by going door-to-door on Saturday, June 20, for a non-partisan voter registration drive sponsored by the Western New York Area Labor Federation.



(left to right): Minerva Solla, NYSNA's Associate Director Political and Community Organizing; Kevin Donovan, RN, ECMC; Colleen Murphy, RN and NYSNA Board Member; and Deb Lauria, NYSNA Program Representative.

## Centerlight/Beth Abraham

Nearly 40 nurses traveled from throughout the metro area to hold an informational picket outside of CenterLight Health System's Allerton Avenue office on May 20. The nurses were joined by their children, grandchildren, and even managers and doctors as they sought to shine light on the dangerous conditions that staff and patients have endured since last winter when CenterLight displaced 62 nurses and eliminated an entire department. Just recently, it laid off 1199SEIU support staff, creating even greater workloads for remaining staff and compromising quality patient care.

CenterLight (formerly Beth Abraham Family of Health Services) operates the Select Medicaid Managed Long Term Care and PACE (Program of All-Inclusive Care of the Elderly) at numerous locations throughout New York City, Westchester, Nassau, Rockland and Suffolk Counties.



Informational picket at Centerlight/Beth Abraham

## Capital District Labor Celebration

The Capital District Area Labor Federation held its 10th Annual Appreciation Gala on June 18 at the Desmond Hotel in Albany, where friends gathered to recognize the passion and dedication of the federation's 100,000 members. NYSNA members from Ellis Medicine (Schenectady) and St. Elizabeth's Medical Center (Utica) attended to help celebrate the evening's honorees: Sara Niccoli, Executive Director of the Labor-Religion Coalition of NYS and a staunch safe staffing supporter; and Kaseem Moultrie, Lead Organizer for SEIU 200United.



(left to right): Ethel Mathis, RN, St. Elizabeth's Medical Center; Kellie Gauthier, RN, Ellis Medicine; Sharon Stoner, RN, St. Elizabeth's Medical Center; Lisa German, RN, Ellis Medicine; Suzanne Daly, RN, Ellis Medicine; and Alice Brody, Albany activist

## Fight for \$15 Goes to Albany

NYSNA joined other unions and working family advocates on June 22 to rally for a \$15 an hour minimum wage. The group gathered while the state wage board met to discuss raising fast food workers' minimum wage. Assemblyman Phil Steck (D, 110th District) spoke on behalf of his colleagues when he told the crowd, "support for raising the minimum wage is not just good for workers who make low wages, it's good for everyone and our state's economic health."



**Physicians for a National Health Program** honored NYSNA for our work on behalf of New York Health (single payer act) at its June 6 gala. NYSNA Board Members Marva Wade, RN (second from left) and Judy Sheridan-Gonzalez, RN (right) accepted the award along with Steve Toff, NYSNA's Director of Strategic Campaigns.

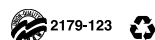
## The Chippewa Democratic Club

honored NYSNA President Judy Sheridan-Gonzalez at its June 4 Annual Dinner Dance. Karine Raymond, RN and NYSNA Board Member, accepted the award on her behalf.



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Oct. 19-21

Saratoga Springs

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Or go to <http://www.nysna.org/convention>

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