

New York nurse

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17,000 win
in 12 Hospitals

NYC private sector contract **VICTORY!**

pp. 3, 6-10



By Judy Sheridan-Gonzalez, RN
NYSNA President

What is unity?

In the past, nurses were under the impression that once negotiations were over and a new contract signed, the campaign ended. We would then plod through the remaining years, held captive to the terms and conditions of the agreement. This is no longer the case—so long as we are united and organized.

Enforcement = Unity + Action

In reflecting on our first-ever massive multi-employer bargaining campaign, we were able to create a united force, capable of confronting mega-medical systems as they swallowed up hospitals and made changes that further destabilized an already volatile environment. These corporations can no longer ignore us as we fight for humane healthcare; a fight that takes place in the legislature, in the streets, in contract campaigns, in every single patient care arena and in our own hearts.

The NYC hospitals had ratios and guidelines that were far more favorable than those in many other facilities—but still, there was room for improvement. Significantly, enforcement was a key element in our proposals as violations were rampant. Our strike authorization vote convinced them of our unity and resolve.

While the hospitals' posture on "ratios" dominated their position, their agreement to add hundreds of new nurses, above and beyond existing budgeted positions, and to establish and expand incentivized Float Pools were key factors in the settlement. Most important, the ability, for the first time, to conduct Informational Pickets during the life of the agreement gave us an enforcement mechanism that we never had, combined with new contractual language that improves upon existing ratio/grids through Professional Practice Committees.

This final language was agreed to scant hours before the deadline to submit a 10-day notice. There's a lot to be said for that kind of muscle.

Hospitals no longer see us as passive recipients of whatever new plan they put forth. Our contract



campaigns go well beyond bread and butter issues and language. In fact, most recent victories have been won by direct involvement and action on the part of our members. Enforcing our rights and the rights of our patients to safe care is an ongoing struggle.

Campaign for Safe Staffing Law

The Hospital Association of New York (HANYs) publicly rejects "nurse to patient ratios" as a concept. However, we all know that hospital and nursing administration knows better than anyone that daily staffing is *built* around this very concept.

Hospitals state that their opposition stems from a view that ratios are "rigid," that they need "flexibility," that "legally imposed ratios will cause hospitals to close and other (ancillary staff) jobs to be lost."

These arguments are *identical* to historic corporate arguments in favor of child labor, against workplace safety regulations, in opposition to providing health-care benefits to workers, against

increasing the minimum wage, even the opposition to the establishment of the 8 hour day. That fight was a rallying cry for Labor lasting well over 100 years and culminating in the Fair Labor Standards Act (FLSA) of 1937. Ironically, the fear mongering had no basis in fact, illustrated by unilateral actions taken by Ford Motors 100 years ago:

On January 5, 1914, the Ford Motor Company took the radical step of doubling pay to \$5 a day and cut shifts from nine hours to eight—moves that were not popular with rival companies. However, seeing the increase in Ford's productivity and a significant increase in profit margin (from \$30 million to \$60 million in two years), most soon followed suit.*

Many of us can recall this same corporate argument against restrictions to Mandatory Overtime. Prior to the law's implementation, management across the state violated contract language restricting this provision with impunity. Contract language, while valuable, has limitations if there are no enforcement provisions. Obviously, getting management to agree to punish itself for contractual violations across a bargaining table is a major challenge.

Dignity and respect

Nurses' commitment to defend every patient's right to quality care begins the moment we step out of nursing school and certainly doesn't end with a contract. It's our job, as a collective body, to use the contract as a tool to struggle around the dignity and respect we all deserve, patients and caregivers.

For me, the most important element in this multi-employer process was the extraordinary activation of our members and lessons learned in how to forge unity among folks who had never before worked together. But nurses rose up: articulate, passionate, committed and visible. We are taking it to the next level, joining with our natural allies: patients, caregivers, labor and community—in our common struggle for social justice in healthcare and beyond.

*Ford Motor Company "Henry Ford's \$5-a-Day Revolution", Ford, January 5, 1914.

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A historic settlement

[At the time of this writing all private sector hospitals in bargaining with NYSNA in the NYC area have settled and ratified their contracts, with the exception of Interfaith Medical Center and Wyckoff Heights Medical Center.]

History was made by NYSNA members in the negotiations carried out and contracts won at private sector hospitals in all five boroughs. Multi-employer bargaining was a first for our union, bringing four LBUs representing 8,500 members to the same table, a show of unity and strength that management had not before witnessed. The contract terms on staffing reinforced staffing ratios/grids with new mechanisms for enforcement and timelines for the addition of nurses. One such mechanism is a historic first: informational picketing during the life of the contract, a way to bring staffing, safety and other unresolved issues to the public and press.

All together, the private sector contract victory won by 17,000 members at 12 private sector hospitals in New York City [see list, side-

bar right] is a win for NYSNA, for our patients and for the communities we serve. It moves us forward in our fight to ensure our patients receive safe, quality care and that the conditions we need to provide that care are present and protected by contract.

There were no givebacks. Four-year contracts—with some variations—were signed with wage increases of 13.1% (compounded)

for the contract term. Healthcare and pension benefits were maintained. In some facilities they were increased and brought into line with other contracts.

“There were no givebacks. Across the board—in wages, benefits, staffing, enforcement, technology, anti-discrimination—this contract touches many bases,” said Karine Raymond, RN, Montefiore Weiler

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Informational picketing, New York Presbyterian Hospital, April 16.



NYSNA rally, September 17, 2014

NYC Private Sector Hospitals with New Contracts

Bronx Lebanon Hospital
Brooklyn Hospital Center
Flushing Hospital
Kingsbrook Jewish Medical Center
Maimonides Medical Center
Montefiore Medical Center*
Mount Sinai Hospital
New York Methodist Hospital
New York Presbyterian Hospital
Richmond University Medical Center
Staten Island University Hospital
St. Luke's - Roosevelt

*includes (NYC area):

Montefiore Mount Vernon Hospital

THE COVER:
Illustration by Nancy Doniger

Happy 50th Medicare!

By Jill Furillo, RN, NYSNA
Executive Director



Medicare is widely acknowledged as among the most efficient and well-managed health insurance programs in the world



On July 30, Medicare turned 50—a milestone that every American can celebrate. Though started as a basic health coverage program, it has evolved to become an integral component of American life, providing access to affordable, quality healthcare and setting a pioneering example of a universal, single payer system for the nation.

The launch of Medicare was the culmination of a decades-long effort to establish comprehensive national healthcare in the U.S. The political battle that ultimately led to its adoption was heated. The White House, the labor movement and other supporters pushed to enact a national, single payer program of universal care—a concept that polls indicated had broad public support. There was fierce opposition from industry forces and within Congress.

In the end, Medicare, and its contemporary, Medicaid, were born of compromise, settling on a solution that carved out the elderly and extreme poor, respectively. Medicare limited coverage to those 65 years of age and older (about 20 million in 1965), and states were given leeway in determining Medicaid eligibility and program implementation.

Today, on its golden anniversary, 55 million Americans directly benefit from Medicare (46 million over 65 and 9 million younger people with permanent

disabilities)—almost one-sixth of the country's total population. Medicaid, in any given month, covers an additional 70 million children, pregnant women, low-income adults and people living with disabilities. Together, these programs touch the lives of all of us through the well-being, financial security, and quality of life provided for our family members, patients, friends and communities. Year after year, in poll after poll, Medicare has enjoyed overwhelming public support.

Healthcare has seen many changes since 1965. Through it all, Medicare has evolved to consistently deliver an array of benefits. One of the most significant changes came in 1972 when Congress extended eligibility to those under age 65 who qualified for Social Security disability or had end-stage renal disease—two groups that had experienced exceptional difficulty in securing or affording private insurance.

Better health

Medicare had an immediate positive impact on healthcare outcomes. Between 1963 and 1970, access to care increased, as annual hospital admissions per 100 elderly Americans rose from 18 to 21, and the proportion of elderly persons who had contact with a physician each year increased from 68% to 76%. These contributed to a five-year increase in life expectancy for those over age 65 recorded between 1970 and 2010.

Medicare created a sea change in the economics of aging in America. In the 1950s and 1960s, almost half of American seniors had no health insurance—often not by choice, but because insurance companies would not sell affordable coverage to an aging population. Elderly Americans lived in constant fear that the high cost of healthcare would drive them into poverty, which it did. In 1966, one-third of women and one-quarter of men over 65 lived in poverty.

Medicare is bedrock

Today, five decades after Medicare's enactment, the poverty rate among seniors has plummeted.

Medicare avoids the high costs of utilizing insurance companies in the healthcare process and is a good steward of public spending. Total Medicare spending consistently grows at a slower rate than that of private insurance—despite caring for older, sicker patients. Medicare per capita spending has remained remarkably flat since 2010. In fact, Medicare is widely acknowledged as among the most efficient and well-managed health insurance programs in the entire world.

In 1965, there was no infrastructure for measuring or assessing quality. Medicare has facilitated the collection of data on processes, outcomes and costs that have led to innovations in treatment and payments, identified best practices, enabled patients to become better healthcare consumers, and improved accountability among physicians and other providers.

For 50 years, Medicare has been a bedrock of economic and health security for older Americans, providing access to hospital care, doctors' services and more recently prescription drugs. It has proved its superiority over any private, market-based alternative. It is time to build on the success of its first fifty years and expand its benefits to all Americans. It's time to enact Medicare for All!

NYSNA celebrates Medicare's 50th, Poughkeepsie, NY, August 2.



Win at Plainview Hospital

In a victory for nurses, the NLRB has ordered North Shore Long Island Jewish Plainview Hospital to reinstate Patricia Barozie, RN and LBU president. The Board ordered that she be made whole for any and all losses sustained.

Plainview Hospital nurses continue their corporate and community campaign to bring awareness to hospital conditions. Both active and retired members have mobilized and are speaking to and leafleting doctors at their offices.

Management has stonewalled the staffing committee; a request to have a NSLIJ executive intervene

was ignored and management continues to retaliate against nurses.

But the NSLIJ strategy—"remain silent"—is not working,

as grassroots efforts by the RNs have resulted in scores of protest calls placed to CEO Michael Fener by community residents—so many that the hospital is redirecting the calls to its public relations department.



NYSNA van on duty in Plainview, Long Island

Election Results

Ballots have been counted in the election for NYSNA Officers, members of the Board of Directors, and Nomination and Election Committee members.

Congratulations to the newly-elected Officers, members of our Board of Directors and committee members. Under our Bylaws, their terms commenced at the conclusion of the ballot count. We would like to extend a special thanks to the outgoing members of our Board of Directors, Nominating Committee, and Election Committee.

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Southern: Lorna Samuels

Lower Hudson / NJ: Eileen Letzeiser

Central: Diane Earl

Eastern: Margaret Rhoda

Southeastern: No selection

ELECTION COMMITTEE

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Anne Bové

Benjamin Stanford

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OCT. 19-21

SARATOGA SPRINGS



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Look for a registration form in the mail
or go to www.nysna.org/convention

A historic settlement

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Hospital, and NYSNA board member. “The contract, including tools for enforcement and timelines for new nurse hiring, moves us forward.” Ms. Raymond chaired the LBU at her hospital, one of four that made up the unprecedented multi-employer bargaining group (Montefiore, Mount Sinai, St. Luke’s-Roosevelt and New York Presbyterian).

The contract resulted from months of intensive negotiations commenced in September, 2014; but the roots of this victory go back further, to earlier in 2014 and beyond—to our meetings in facilities on common concerns and issues, interregional meetings and LBU strategic planning, steward trainings, member and community rallies and more. These efforts were an expression of unity, of shared issues and purpose, of speaking with one voice. They added up at NYC’s private sector bargaining this year to a victory for RNs, with great significance for the foundation on which we’ll secure our future.

We must now continue to build and strengthen that foundation.

Reinforcing staffing ratios

Staffing was a key demand and that demand was met in very significant ways. By the time our negotiations were concluded, close to 1,000 nurses were added! This large increase includes an increase in hundreds of new budgeted full-time equivalent nurses for the 12 hospi-



At session of multi-employer bargaining, (r-l): NYSNA Executive Director Jill Furillo, RN; President Judy Sheridan-Gonzalez, RN; Board Member Karine Raymond, RN; Mary Ellen Warden, RN, of Mount Sinai Roosevelt Hospital, others



Mary Ellen Warden, RN, speaks at negotiations.

tals. The contractual provisions on float pool will provide even more budgeted positions. The staffing ratios/grids in previous contracts, which have lacked enforcement, will now be filled and their enforcement, through new, enhanced mecha-

nisms of the Professional Practice Committees (PPCs), has been given some new teeth. Timelines for the addition of staff are in the contract and serve to guarantee staffing implementation. Enhanced enforcement at the PPCs is also a critical



NYSNA ad, Staten Island Ferry



NYSNA ad, bus shelter, Manhattan

addition for ensuring management contractual compliance.

New positions mean jobs for nurses looking for employment, including recent graduates seeking a start in the profession. NYSNA is committed to bringing new nurses to our union and sharing with them the experience many of our nurses can impart.

Above and beyond

The FTEs under the contract are *above and beyond* RN staffing additions achieved during the intensive period leading up to the settlement. In most instances, these additional staff were hired by the hospitals as a result of our efforts in bringing our bargaining demand for safe staffing to the public on bus shelter and ferry adds, print and digital adds and through the largest coordinated informational picketing in the history of NYSNA.

NYSNA stressed that staffing ratios are based upon evidence and supported by professional peer-reviewed studies.

More than a year ago, predating our Biennial meeting, the emphasis on safe staffing grew louder. At meetings in NYC, rallies and member lobbying in Albany and at NYSNA Interregionals throughout New York State, calls for safe staffing were echoed by supportive elected officials and the Working Families Party. Nurses have been pressing these demands within their units and inside their hospitals, and shared their views and experiences



Informational picketing, Maimonides Medical Center, April 16

with fellow NYSNA members and the community.

A major rally for staffing

On September 17, 2014, as part of NYSNA's Biennial, 2,000 NYSNA members marched and rallied on West 57th Street in Manhattan outside offices of two industry groups: the Greater New York Hospital Association and the Healthcare Association of New York State. The rally in front of these offices was the largest ever and served to kick off our bargaining campaign in a major way.

Staffing dominated the rally, where a score of NYSNA board members and elected officials spoke, with press present. Reports appeared in the print press and on radio and television, in English

and Spanish, underscoring staffing problems and highlighting NYSNA accounts of hospital conditions and the support of elected officials. These reports were picked up by the press nationwide.

Calls for safe staffing grew louder. Hospitals, some with overflowing ERs; crowded Med/Surg, Psych and other units, and many with patient populations exhibiting greater acuties from the pent-up demands of patients priced out of the insurance market in past years, sensed their vulnerabilities under the spotlight of the NYSNA campaign.

During the fall 2014 our bargaining campaign escalated and a number of the hospitals responded to calls for safe staffing, hiring hundreds of RNs.

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Calls for safe staffing were echoed by supportive elected officials and the Working Families Party...



Informational picketing, Montefiore Moses Hospital, April 16

A historic settlement

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But it wasn't enough. There still were not enough nurses to do the job.

Not enough nurses

That message appeared on our ads, at bus shelters in the Bronx, Brooklyn and Manhattan and on the Staten Island Ferry. It was the theme of radio ads in English and Spanish. It was a constant in our outreach to communities, politicians and the press.

"We know our hospitals and we know what our patients need," said Pat Kane, RN, NYSNA treasurer and Staten Island University Hospital LBU member. "This contract would address the understaffing, or there would be no contract. The unity was strong and it was building."

Multi-employer bargaining

Our approach, one that gave the contract historic significance, was to join together the forces of our members from four hospitals for unprecedented private sector, multi-employer bargaining. Nurses from Montefiore, Mount Sinai, St. Luke's-Roosevelt and New York Presbyterian bargained as one.

The goal was to establish a *de facto* pattern on key issues: to set a foundation on staffing, wages, benefits, enforcement and other issues for the private sector hospitals in bargaining.

That was accomplished—a major achievement for NYSNA and our

members. Other private sector hospitals bargaining with NYSNA in greater New York City (a total of 12) have achieved enhanced staffing ratio/grids through additional FTEs and enlarged float pools, PPCs or like committees, wage increases and continuation of benefits. The contract includes timelines that the hospitals must adhere to for adding staff to support the staffing ratios/grids.

In another first, we won the right to engage in informational picketing during the life of the contract. Informational pickets are a powerful enforcement tool.

"The right to engage in informational picketing during the contract is very, very meaningful," said Pat Kane, RN. "If management fails to live up to the contract we can, and will, take it to the public. We have already shown that our members come out in great numbers for informational picketing and that the public pays close attention."

Informational pickets during negotiations

On April 16, in support of our bargaining but with particular emphasis on calls for safe staffing, day-long informational picketing was carried out at the hospitals throughout the city. Thousands of nurses participated at nearly all of the negotiating hospitals and the media paid attention. "No doubt management saw that the public was listening to what we were saying about understaff-

ing," said Nancy Hagans, RN, of Maimonides Medical Center and LBU chair at the hospital. "The picketing was more than about a contract. It was about our patients and communities getting the care they deserve."

Patients and families stopped at the picket lines in a show of support. Community groups sent representatives to walk the lines and to make public comments in support. Press reports focused on staffing issues, with quotes from nurses around the city citing examples of staffing shortfalls and the potential harm posed to patients. It was a powerful day of unity, an expression of support for safe staffing and a strong signal to management that NYSNA was moving forward.

The informational picketing was reported by media across the country, including 93 TV stations—from Palm Beach, FL, to Louisville, KY, and Cleveland, OH. At KFMB-CBS in San Diego, CA, the broadcast on safe staffing reported: "The research clearly demonstrates that when nurses take on too many patients illness and health complications increase dramatically." In all, not including NYC-area coverage, more than 6 million viewers watched these reports.

Still, there was resistance on a range of issues—at times tenacious and acrimonious—across the table, both from the multi-employer group and at the other NYC private sector hospitals.

With progress stalled at multi-employer bargaining, NYSNA and management agreed to introduce a federal government mediation team into the process. From that time



Montefiore Mount Vernon



Mount Sinai Roosevelt



Staten Island University Hospital



Montefiore New Rochelle

forward, this team was helpful to the progress and ultimate resolution of the contracts.

Political support for nurses

From early in our negotiations, support from city and state elected officials came in the form of messages and letters.

More support came on June 1 when the Working Families Party launched a petition (co-branded with NYSNA) which was ultimately signed by 15,000 community members around the state. In addition to these signatures, people wrote in to share personal accounts of their hospital stays and to give words of encouragement and support to NYSNA nurses. The petition paralleled a similar effort earlier in the year carried out by NYSNA's social media staff that served to gather signatures on the site Change.org in support of safe staffing.

On May 28, an op-ed ran in the *New York Times* under the headline, "We Need More Nurses," authored by Alexandra Robbins. The column cited NYSNA nurses, as well as union nurses from other states, on staffing issues. It was yet another signal to management that concerns about hospital conditions and short-staffed RN ranks were growing.

Overwhelming strike authorizations

Despite our best efforts, and shows of support from the public and elected officials, and notwithstanding efforts by mediators to induce agreement, management failed to move forward.

Nurse leaders who were trying to share bargaining updates with coworkers were told to leave their hospitals, even on the occasion of National Nurses Week. NYSNA filed federal unfair labor charges in response.

The prospect of a strike was real. Four months into the multi-employer bargaining, the LBUs agreed to call for a vote for strike authorization. Votes were scheduled at the majority of the hospitals in bargaining.

The results of the vote were overwhelmingly in favor of strike authorization, a powerful expression of the resolute unity of NYSNA nurses. The vote outcome was announced at a press conference on June 3 under the banner "We Need More Nurses."



Karine Raymond, RN, Montefiore Weiler Hospital and NYSNA board member, at NYSNA press conference, June 3

"Our patients' well-being—their very lives—depend on real staffing standards that enable us to do our jobs: to deliver safe quality care," said NYSNA President Judy Sheridan-Gonzalez, RN, in a statement released that day.

Maimonides RN Nancy Hagans was one of several members who spoke at NYNSA's press conference. "Like so many of my colleagues here today, my hospital serves thousands of patients throughout Brooklyn," she told TV, radio and print press. "I spend my days working my shift, being told to see more patients with less support. Basically, I'm asked to make miracles happen each and every day. But it's been difficult over the last few years as we've been asked to do more with less."

Nurses from across the city in private sector bargaining were present and forthright. Among those present were Mary Ellen Warden, RN, of Mount Sinai Roosevelt Hospital, who spoke in support of her fellow nurses, as did Karine Raymond, RN, of Montefiore Weiler Hospital.

At the press conference NYSNA lawyers described the underpinnings of the charges filed against management by NYSNA.

With this overwhelming strike authorization vote, the prospect of the largest nurse strike in New York City history grew. A city-wide, one-day strike by nurses at the private sector hospitals would require a 10-day notice. That deadline, to give that notice, loomed large and management was well aware of it.

Standing by to trigger that notice, and with charges before the National

Labor Relations Board pending, the NYSNA Negotiating Team at the multi-employer bargaining sessions pressed our demands.

Tentative contract settlement

It was at 3 a.m., early in the morning of June 18, that a deal was struck and a Tentative Agreement reached, with assistance by federal mediation.

The terms of the contract, set forth in a Memorandum of Agreement between the multi-employer hospital group and NYSNA, would form a foundation for contracts in bargaining with LBUs at the other private sector hospitals.

There were no givebacks.

The term of the contract was four years: from January 1, 2015, to December 31, 2018, with retroactive pay to January 1. (At some hospitals, ratified terms were shorter.)

Wage increases for the four years totaled 13.1% when compounded. The experience differential step system would also be continued.

Staffing additions amounted to a 4% overall increase in full-time equivalent staff above and beyond existing vacancies and the hundreds recently hired to fill them. These include float pools to cover sick calls and additional staff to be assigned to units. (At some hospitals FTE additions were 6%.)

For the most part, these additions support the staffing ratios/grids that were present in the expired contracts, but in some hospitals, this contract improves upon prior staffing ratios and grids. Timelines for adding staff are also in the con-

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Bronx Lebanon Hospital



Richmond University Medical Center

A historic settlement

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tract, a critical element to fulfilling and reinforcing staffing ratios. These additions are key elements of this new contract.

More, float pools will be established where they did not exist and augmented where they do exist. These pools will cover sick calls and other episodic absences. Float pool differential pay will equal 10% extra pay. Float pool positions will be made up of additional budgeted positions.

At the four hospitals in Multi-employer Bargaining, the hospitals agreed to hire 327 total additional FTEs—above and beyond the more than 200 nurses recently hired.

To deal with staffing and other issues under the new contract, Professional Practice Committees (PPCs) are created. They will meet post-ratification to begin the process of assigning new FTEs to existing units. The timeline guarantees under the new contract will be enforced by these PPCs.

In addition, the PPCs operate with an expedited decision-making process and have the authority to improve staffing requirements due to census, acuity or staff mix. In other words, on the basis of these factors, we can call for an enhance-

ment of existing staffing ratios/grids beyond levels set by the contract.

Our new right to engage in informational picketing during the life of the contract has special meaning, as we can reach out to patients, the community and the press regarding staffing and safety issues.

Other improvements in contract language include union leave, an improved Non-discrimination Clause and RN input into technology to “enhance nursing practice.”

On the issues of harassment and workplace violence, the contract calls for the addition of hospital police for enforcement purposes.

Ratifications by 12 hospitals

The terms of the tentative contract agreement became final for Montefiore, Mount Sinai, St. Luke’s-Roosevelt and New York Presbyterian in ratifications that followed. Local bargaining ensued on facility-specific issues and these, too, were followed by ratifications. The contracts are now in place. The other hospitals—12 private sector facilities in all—are ratified and in place, as well.

“This is very big win for our nurses and for NYSNA,” said Anthony Ciampa, RN and NYSNA board member. Mr. Ciampa chairs the LBU at New York Presbyterian.

“These were hard-fought negotiations over months—in our units, on the info picket line and at the table. But we emerged with an outstanding new contract and with a stronger union.”

“The multi-employer bargaining took us to another level,” said Karine Raymond, RN. “We worked closely with other LBUs, coordinated our approach, reviewed and voted upon proposals and prevailed. This is the respect we deserve.”

“There were disagreements within individual LBUs and within the multi-employer bargaining group as a whole,” said Mary Ellen Warden, RN. “But we did not allow these differences to interfere. We stayed on course. This is a victory for NYSNA and for patient care.”

At other hospitals in negotiations, the foundation established at the multi-employer level gave added force to their demands, and resulted in additional FTEs and float pools at these hospitals. All together, the

12 hospitals will add 1,000 FTEs, a very large and essential number of positions to fill and reinforce staffing ratios/grids.

This is a profound win for NYSNA and for the communities we serve.

“At my hospital, Staten Island University Hospital, we made tremendous gains in terms of FTEs,” said Pat Kane, RN. “These were challenging negotiations but we met those challenges. I am very proud to be a part of NYSNA.”

Building on this foundation

On the hospital level, PPCs are our way to keep patients safe, enforce our staffing ratios/grids and to carry out our professional responsibilities. The next steps are to ensure that timelines for the addition of staff are met. The next steps are to ensure that all float pool positions are added. With the right to informational picketing, we now have an extra tool to bring patient safety and quality care issues outside the hospital.

The standards set by the NYC private sector contract should inform all our contracts, as we seek to create conditions in all NYSNA-staffed hospitals that protect patient care.

Ultimate goal

Our ultimate goal is to eliminate healthcare disparities throughout New York State and put in place in every hospital, in every community, safe, quality care for our patients. NYSNA is playing a key leadership role in highlighting and achieving this goal. To get there, we must build on the patient protections that our new contracts provide. We must be active in our communities, bringing our knowledge and expertise to the full array of healthcare issues. We must support public health initiatives at the municipal and state levels. We must build and support alliances with other labor unions, as well as religious, consumer and other community groups committed to issues related to equal access to quality healthcare. Our support of staffing legislation and single payer legislation moves us closer to winning those votes and the establishment of state laws to ensure universal, quality care for all New Yorkers.

NYSNA’s unity is making us stronger.



Ratification, New York Presbyterian Hospital



WMC RNs take campaign to public

NYSNA members are redoubling efforts to improve patient care at Westchester Medical Center (WMC). Through direct community outreach, the hospital's 1,400 nurses aim to achieve better staffing at the 652-bed behemoth and its 243-bed Mid-Hudson Regional Hospital campus. WMC serves a 5,000-square-mile, five-county area that is home to more than 3.6 million people. Its importance in the region in terms of healthcare delivery cannot be overstated.

In 1998, WMC transitioned from a traditional county hospital into a public benefit corporation. Since then, WMC's management has adopted some of the worst aspects of for-profit healthcare. It blocked public access to meetings and has waged a cost cutting campaign with all the telltale signs of a system that puts profits over patients.

Two years ago, WMC terminated thousands of support staff positions—housekeeping, dietary and nurses aides—and in their place contracted for services with private companies. Those who wanted to continue working at the hospital had to reapply for their jobs, often at considerably lower wages and with inferior benefits.

"I am convinced that if WMC could have found a way to terminate the center's nurses, it would have," said Jayne Cammisa, RN, a 28-year WMC veteran and new NYSNA board member. When WMC took over the former St. Francis Hospital in 2014 in Poughkeepsie and renamed it Mid-Hudson Regional Hospital, it did in fact terminate the entire RN workforce and has since staffed that hospital exclusively

with agency nurses. WMC is now in the process of taking over Hudson Valley Health Alliance, the former Kingston and Benedictine Hospitals, where NYSNA nurses recently ratified a three-year contract renewal.

Providing safe, quality care under such circumstances has become increasingly difficult. Last year, WMC RNs filed 3,000 POAs, a majority linked to staffing. Short-staffing is aggravated by the fact that neither staff RNs, nurse management nor physicians are permitted to directly supervise support staff employed by the private contractors; all supervisory actions must be channeled through the contractors' offsite supervisors. "Nurses have no recourse when support staff doesn't follow an order," said Ms. Cammisa. Given these issues, she and fellows nurses are not the least bit surprised that WMC is experiencing problems recruiting and retaining nurses.

I am NYSNA

Meanwhile, NYSNA nurses continue to try to negotiate a contract renewal, focusing on staffing. WMC has stalled bargaining over healthcare benefits, with proposals that would seriously diminish RN coverage, transferring liability to the nurses and dramatically increasing out-of-pocket costs. WMC's attempts to bypass the NYSNA Negotiating Committee and present details on health benefits directly to nurses were not only an abject failure—not a single nurse showed up for the presentation—but constituted a labor law violation. After filing a ULP for direct dealing, the RNs launched

an "I am NYSNA" sticker campaign to remind management that the union is not an outside party. In addition to the stickers, 1,100 of the 1,400 nurses in the unit signed a "hands off our benefits" petition, which was blown up and displayed outside a recent WMC board of directors meeting.

We will not be silenced

The nurses sent a *bigger* message to the community by presenting their safe staffing message on a 40-foot billboard near the hospital, and they are talking with elected officials, as well. More than a year ago, after witnessing the effectiveness of the Yonkers firefighters' union, in which her husband is a member, Ms. Cammisa was inspired to revamp NYSNA's WMC political action committee. She and several colleagues were soon reaching out to their local representatives and found that "real life stories bring the message of what is happening at WMC home and make it tangible. When we met with politicians, we opened their eyes."

With the interest in political action ignited, NYSNA assigned staff to help arrange additional meetings with elected officials. At first, Westchester County legislators said they could provide little assistance, as they had no oversight of the medical center aside from carrying out duties as the facility's landlord. The nurses disagreed, reminding them of their role in appointing WMC's board.

In a short period, the political action committee has grown to 75 RNs who are making inroads and contacts within their respective political and labor communities. A broader group of WMC nurses is taking every opportunity to share stories with community members, politicians and patients. They are committed to staying out front of WMC board members and management, and doing whatever it takes to protect quality care and the nursing profession at WMC.



NYSNA's billboard went up July 20 near the busy intersection of the Cross Westchester section of the NYS Thruway (I-287) and Route 119, a main exit to White Plains. Drivers and passengers in an estimated 75,000 cars per day will see the sign.



When WMC management (illegally) issued a direct invitation to nurses for a presentation on new health benefits not a single nurse showed up.



WMC RNs rallied for safe staffing and safe working conditions on June 6 outside the New York Botanical Garden where WMC execs and patrons attended a gala event.

MERS alert issued

Following a cluster of recent Middle East Respiratory Syndrome Coronavirus (MERS-CoV) cases among healthcare workers in South Korea, the Centers for Disease Control issued a precautionary alert in the U.S. on June 18 with the aim of having hospitals in this country fully prepared should MERS surface here. To ensure that New York nurses are prepared in the event that a patient with MERS arrives in one of our hospitals, NYSNA's Occupational Health & Safety representative has prepared a MERS Practice Alert available for download from this website: www.nysna.org/tags/nursing-practice-alerts.

MERS was first identified and reported to cause severe acute respiratory illness in September 2012. It has caused infections worldwide, with 25 countries reporting cases to date. All known cases have been linked directly or indirectly through residence in or travel from nine countries on or near the Arabian Peninsula.

It is believed that the virus is spread through an infected individual's respiratory secretions, but the exact method of infection is not fully understood. Currently, there is no specific antiviral treatment and no vaccine exists to prevent infection. While the gen-

eral public in the U.S. is at very low risk, healthcare workers who treat a MERS-CoV patient are at risk of infection and must be well protected. According to the World Health Organization, more than 25% of reported MERS-CoV cases have been among healthcare workers. There have been several instances in other countries where MERS-CoV has spread within healthcare facilities, most recently in South Korea, where healthcare workers treated a patient who had returned from travel in the Arabian Peninsula without taking necessary precautions.

As set forth in the Practice Alert, quick identification and isolation are key to protecting both healthcare workers and other patients.

NYC takes action on Legionnaires'

In response to the August outbreak of Legionnaires' disease in the South Bronx, Mayor DeBlasio and the New York City Council are drafting legislation that will require changes in the maintenance and inspection of building cooling towers, where LDB, the bacteria that causes the disease can grow. LDB finds warm water systems or devices that disperse water such as cooling towers, evaporative condensers, humidifiers, and holding tanks particularly hospitable. People who lack immunity or resistance can contract the disease by breathing in microscopic airborne droplets of water that contain elevated levels of LDB. The best method of prevention is to eliminate water conditions that allow bacteria to grow to high levels.

Legionnaires' disease has shown up with increasing frequency in New York and other cities over the past decade. The legislation will seek to break the cycle by emphasizing preventive measures such as inspections, more frequent water testing, and sanctions against building owners for non-compliance.

The legislation was announced after a Town Hall meeting held the night before at the Bronx Museum of the Arts where Anne Bové, RN and NYSNA President of the HHC/Mayorals Executive Council, addressed the meeting as one of the panelists. Ms. Bové provided information to the gathering regarding the signs and symptoms of and

treatment for the disease. She urged that legislation be introduced to increase safety inspections and treatments of cooling towers.

OSHA TO EXPAND HEALTHCARE WORKPLACE MONITORING

Following the recent release of "Nursing: A Profession in Peril," Public Citizen's five-part series spotlighting healthcare occupational injury and illness, OSHA announced it would add musculoskeletal disorders, bloodborne pathogens, workplace violence, tuberculosis, and slips, trips and falls to the list of hazards that agency investigators should look for when inspecting hospitals and nursing homes. In its report, Public Citizen faulted OSHA for lax efforts in addressing safety risks at healthcare facilities.

The series' final report, titled "Little Support from Above" and released on July 8, reviews various entities—government oversight agencies, organizations that represent healthcare workers, and healthcare providers—on their approaches to the epidemic of injuries related to the handling of patients.

Organizations representing healthcare providers, such as the American Hospital Association and the American Health Care Association, support neither regulatory nor non-regulatory solutions to reduce injuries tied to patient handling. These industry groups also oppose propos-

als aimed at improving the reporting of workplace injuries.

In 2000, OSHA had issued a regulation requiring employers to implement programs to combat work-related musculoskeletal disorders, but Congress subsequently repealed it. "It is a cruel irony that an industry devoted to health shows such disregard for the health of its own employees," wrote Taylor Lincoln, the Public Citizen report's author.

Public Citizen concludes that government agencies such as OSHA and organizations representing healthcare workers, including NYSNA, share a perspective that more stringent safeguards should be in place. NYSNA is committed to persevering in its effort for higher levels of safeguards.

FAILURE TO CONTROL TB RISKS

On July 13, OSHA issued a new directive that calls for inspectors to issue citations to healthcare employers that have failed to implement a risk assessment program for worker exposure to Tuberculosis. "Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis" (CPL 02-02-078) allows federal regulators to penalize healthcare employers for these lapses, adding a new level of enforcement not available under the agency's previous TB directive. This new directive was made known shortly after OSHA announced greater oversight of healthcare facilities in an attempt to diminish the industry's high rates of occupational injuries and illnesses.



President, NYSNA HHC/Mayorals Executive Council Anne Bové, RN, at the Town Hall meeting on Legionnaires' on August 3rd

South Jersey supports Shore Medical nurses

The registered nurses of New Jersey's Shore Medical Center in Somers Point took their fight for patient care and a fair contract to the community when they held an informational picket outside the hospital on July 11.

The Shore Medical nurses were heartened by the show of support from the local labor community, including nurses from Cape Regional Medical Center and Southwest Pennsylvania members of the Health Professionals & Allied Employees (HPAE), AFT, joined the picket, as well as members of United Food and Commercial Workers, Sheet Metal Workers, Teachers and Carpenters. Anthony Ciampa, RN at NY-Presbyterian and NYSNA board member, came to lend his voice of support to the nurses. Patients and community leaders showed their support, too, walking side by side with the nurses.

Profit at all-time high

Shore Medical Center is a full-service, acute care community hospital serving Atlantic and Cape May counties in South Jersey. The hospital is not hurting financially; to the contrary, profit is at an all-time high and the hospital is projecting increased revenue. The CEO of Shore Medical has received generous annual salary increases. Yet in the course of negotiations management has attempted to short-change nurses and patients by dictating terms rather than negotiating over key patient care issues.

The hospital is experiencing serious recruitment and retention issues, largely due to understaffing, according to Nancy Burton, RN and co-president of the Shore Nurses Union/NYSNA local bargaining unit. "Management's proposals affect the hospital's ability to recruit and retain a skilled nursing workforce, which will in turn have a direct impact on the type of care and safe environment the RNs can provide to our patients."

Shore management has proposed substantial reductions in pay and



Informational picketing, July 11

benefits, including cuts to accrued time. Other significant issues include lack of accountability to the community and outsourcing.

Departments contracted out

Shore Medical's board and management thus far have refused to include community representatives in discussions about current and future plans of the hospital. Gina Schlachter, RN, Grievance Co-Chairperson, told those gathered at the picket, "Professional RNs are committed to their patients and communities, and Shore Medical's nurses strongly believe that the community we care for should have a say in how healthcare is delivered at our hometown hospital." Shore Medical has contracted out many departments to large corporations, forcing long-

term employees to re-apply for their jobs at drastically reduced wages and benefits.

NYSNA has filed four Unfair Labor Practice charges related to management non-compliance with information requests and the administration's prohibition on nurses wearing pins including the U.S. Flag. Nurse Burton urges all to sign the petition (<https://action-sprout.io/33C27B/initial>) demanding that Shore Medical's board listen to the community and put patients before profits. "The nurses are united, strong, and willing to fight for safe staffing, exceptional care and a fair contract," said Ms. Burton. "Taking away from the nurses ultimately takes away from patients, and that is something we just can't accept!"



Families joined the informational picketing

Shore Medical Nurse of the Year

Carole Giamberardino, RN, was voted Shore Medical's "Nurse of the Year" by her co-workers. A nurse at the facility since 1979, Ms. Giamberardino is a founding member of the Shore Nurses Union/NYSNA. She was unable to receive the award the day of informational picket because of illness that required treatment inside the hospital. Still, Ms. Giamberardino joined the picket line in spirit, phoning from her bed at the hospital, while the nurses outside offered a moving tribute to her service to patients and community. Ms. Giamberardino's husband, Charles, and her father, Andrew Trofa, Sr., were there to accept the award on her behalf.



Upcoming Inter-Regionals 2015

Wednesday, September 2
NYSNA HHC/Mayorals Executive Council

Wednesday, September 9
Brooklyn Inter-Regional
6-8pm

Wednesday, September 9
Upstate Inter-Regional
North Country Bargaining Conference,
Plattsburgh
8:30am-5pm

Tuesday, September 15
Upstate Inter-Regional
Olean
6-8pm

Wednesday, September 16
Upstate Inter-Regional
Watertown
6-8pm

Staten Island Inter-Regional
TBD

Wednesday, Sept. 23
Upstate Inter-Regional
Lackawanna
5:30-7:30pm

Thursday, September 24
Westchester Inter-Regional
Tarrytown
5-7pm and 7:30-9pm

Wednesday, September 30
Bronx Inter-Regional
Bronx
5-9pm

Wednesday, October 7
Long Island Inter-Regional
Melville
6-8pm

Tuesday, November 10
Upstate Inter-Regional
Buffalo
6-8pm

Wednesday, December 9
Long Island Inter-Regional
Melville
6-8pm

Wednesday, December 9
Brooklyn Inter-Regional
6-8pm

Wednesday, December 16
Upstate Inter-Regional
Glenville
6-8pm

Long Island School District Symposium – TBD

Huge Victory in Fight for \$15. NYS minimum wage hike on horizon for 2016

The New York Wage Board appointed by Governor Cuomo a few months back made history by recommending a \$15/hr wage for fast-food workers. NYSNA has been an active participant in the labor community's efforts to help lift the state's 180,000 fast food workers out of poverty. Governor Cuomo is expected to sign it into law in mid-August. Until then, billion-dollar fast-food corporations like McDonald's will try to stop its passage through legislative and legal maneuvers.

The work to lift all boats will continue with a legislative campaign to raise the state's minimum wage across the board in next year's session.



NYSNA members attended Governor Cuomo's July 22 announcement of the Wage Board's decision.

Future of public sector unions at risk

This fall the US Supreme Court will hear *Friedrichs v. California Teachers Association*, a case challenging the ability of public sector unions to get a "fair share," or agency fee, from all members who receive the benefits of representation. For the past 40 years the Supreme Court had upheld the right to agency shop, but this basic union tenet now is at risk.

As hundreds of members in attendance at NYSNA's Public Sector Conference in May learned, if the court rules against the Teachers it will ultimately impact the way unions, public and private, across the country can speak for their members, defend collective bargaining rights and conduct lobbying for those rights. The legal challenge is just the latest salvo in the 1%'s attempts to use the courts to curb union power. The Koch brothers and the forces of unbri-dled corporate power are behind the challenge, which will be argued by the National Right to Work Legal Defense Fund.

Verizon's union busting app

Contract talks between the Communication Workers of America (CWA) and Verizon haven't been going well. CWA

represents 38,000 Verizon workers who have authorized a strike if a new deal isn't reached. In an antagonistic move, the company

distributed an app to the 15,000 non-union replacements it has lined up and is providing training on how to use it to report "bad" behavior by union employees should a strike occur.



It was hard to distinguish the members of NYSNA from those of CWA at a July 25 rally to support the CWA's *Stand Up to Verizon* contract campaign. NYSNA president Judy Sheridan-Gonzalez, RN, addressed the rally.



A little rain didn't stop NYSNA members from marching in the Staten Island Independence Day parade.

Chenango County Health Department RNs promote wellness

NYSNA members staffed the county's first-ever "Innovative Readiness Training" (IRT) clinic, a 10-day health initiative to provide free check-ups for underserved communities and training opportunities for military veterans. Chenango County covers a 900 square mile rural area in the south, central portion of the state where many residents lack access to essential health services. "We're very pleased to have the clinic here because so many community members just cannot afford health check-ups," said Sandy Warner, RN, vice chair of NYSNA's bargaining unit. Over its ten-day duration, the clinic expected to see 3,000 patients.



Sandy Warner, NYSNA RN with the Chenango County Department of Health, was among those who saw patients at the county's recent outreach clinic.

Capital Region RNs keep up pressure for safe staffing

NYSNA members at Ellis Hospital in Schenectady and Nathan Littauer Hospital in Gloversville gave their hospitals until the end of July to come to the table in good faith or face the possibility of a strike. Staffing remains the nurses bargaining priority, and like their fellow RNs in New York City, the Capital region nurses have had to use the threat of a strike in order to make movement on achieving safe staffing language in the contract renewals currently under negotiation.



North Country Salute to Labor

Kathy McCallister, RN at Champlain Valley Physicians Health (now University of Vermont Health Network), was honored at the June 18 North Country Salute to Labor for her advocacy for the rights of her fellow nurses and ensuring quality patient care for North Country residents.

Erie County Medical Center opens new center

A new Center for Occupational & Environmental Medicine (COEM) officially opened at ECMC on June 5. The western New York labor community played a major role in creating the center and in selecting ECMC as its host. It is the newest addition to the New York State Occupational Health Network Program and will serve a five-county region, focusing on prevention of work-related illnesses and injuries through increased awareness and health education, early diagnosis and treatment.

Brooks Memorial Hospital members overwhelmingly ratify agreement

NYSNA members at Brooks Memorial Hospital in Dunkirk ratified a contract that will keep experienced healthcare staff at the bedside. The three-year agreement meets members' key demands of fair wage increases and preservation of earned paid-time off. The 160-member professional unit is comprised of RNs, medical technologists, nuclear imaging technologists and registered respiratory therapists.



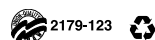
NYSNA Members showed their support of Mayor DeBlasio's affordable housing program at a July 13 press conference.

It's never too late to become a nurse

NYSNA member Patricia Bleeker, RN at The University of Vermont Health Network, Champlain Valley Physicians Hospital, was recently profiled in the *Press-Republican*, the daily newspaper for Plattsburgh and Clinton, Essex and Franklin counties in the northeastern corner of New York State. Nurse Bleeker is still going strong at 80 years old, and "can't imagine retiring just yet." Even more incredible, she took up nursing as a second career at age 65 following decades of teaching elementary school. She works a full-time schedule as a mental health nurse five days a week. The profile is available online at www.pressrepublican.com.

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INSIDE



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NYSNA 2015 Convention

Oct. 19-21 | Saratoga Springs

Look for a registration form in the mail
or go to www.nysna.org/convention



August 27 – September 7

NYSNA continues the tradition of exhibiting at **THE GREAT NEW YORK STATE FAIR**. We need member volunteers to share our message of quality patient care for ALL New Yorkers. At this exciting summer favorite, you'll help staff our booth, sharing information about our efforts to achieve safe RN staffing ratios in New York State, and letting visitors know that RNs are the true patient advocates... and much more!

Sign up for a shift or two, and enjoy complimentary admission!

Contact Rehanna Singh-Mohan at rehanna.singh-mohan@nysna.org, or call 212-785-0157, ext. 110.