NYSNA in Albany fighting for safe staffing

LOBBY DAY 2014

See pages 3 & 4.
Is quality healthcare possible?

By Judy Sheridan-Gonzalez, RN, NYSNA President

When I make rounds, I’m often taken aback by the skill and dedication nurses possess as they confront obstacles to care delivery. There are two threads that always stand out, however. The first is the lack of staff.

Not all nurses identify this in terms of its nuances. We’re so conditioned to accept sub-optimal staffing that we think “a good day” is getting out on time; as if leaving on time is a coveted privilege!

Many believe that working through meal breaks or running ragged all day is written into the terms and conditions of our employment. When I ask nurses why they don’t take rest breaks, or why they chart on patients during their meal breaks, some say, “Well, it was my choice. I needed to get out on time today.”

Protecting ourselves

Meetings and classes are held in a number of our hospitals. Management says nurses are not interested in attending. Nurses say they’d like to go, but who’ll take care of their patients when they’re away? Everyone else is overwhelmed. They’ll have to “catch up” when they come back to the unit – and forfeit leaving on time.

There are nurses who are ill, yet still come to work. Some worry that they’ll leave their colleagues short. Others fear retaliation from employers who are under the bizarre impression that nurses don’t get sick. Current employer policies discipline nurses who are legitimately ill! Hospitals shift the blame for short staffing on sick calls or registered nurses at the bedside. That is why we go to Albany – to fight for laws that protect us all.

Single-payer healthcare

The other thread is more multi-faceted: inefficient systems; lack of supplies, support, education, and follow up; patient recidivism; clinical decisions and practices driven by insurance companies, not practitioners; frustrations with the healthcare our own families receive; fears of prohibitive costs of care when we’re no longer able to work.

The overarching solution to these problems is single-payer healthcare, which would align us with the rest of the developed world. It is a key NYSNA legislative initiative that would build a comprehensive alternative to the harmful healthcare for profit system that victimizes us today.

Safe staffing ratios and single-payer healthcare are the motor behind which a humane delivery system, putting patients before profits, can be constructed. We, NYSNA nurses, have the potential to be among the engineers of momentous change that our cities, states, and nation sorely need.
On March 26, more than 1,000 NYSNA RNs and nursing students from across the state brought our message to Albany: Pass the Safe Staffing for Quality Act to protect patients and nursing practice. Nearly 170 visits with state senators and assembly members later, we know they heard us!

We are fighting for a safe staffing law because it is essential to providing quality care to all. Hospitals put New Yorkers at risk when they force nurses to take on too many patients at once. Studies show that safe staffing laws reduce medical mistakes and hospital injuries and deaths. California passed a safe staffing law, and patient outcomes improved dramatically. (See NYSNA Executive Director Jill Furillo’s column on page 4 for details.)

We came by bus (more than 30!), car, and train, and from every part of the state, to talk to legislators and their staff. And we had dozens and dozens of constructive conversations about the importance of establishing legally required safe staffing ratios and defending patient safety standards. Last year, we convinced a majority in the New York State Assembly to sign onto our safe staffing bill: This year, we are building on that success and pushing for a majority in the Senate as well.

Building support
Legislatures gave a lot of support for the Safe Staffing for Quality Act. Here’s just a taste of what NYSNA members heard:

- Assemblymember Aileen Gunther, representing Sullivan and Orange counties and the only former nurse in the state Legislature, is a co-sponsor of the safe staffing bill and committed to working with the Assembly leadership to push the bill along. She helped write the safe patient handling bill, which just passed (see page 5 for more on this).
- Assemblymember John Ceretto, representing Niagara Falls and the surrounding area, expressed his support for the bill and was glad to meet with nurses.
- Assemblymember José Rivera, representing part of the Bronx, told NYSNA members he would talk to fellow members of the Black, Puerto Rican, Hispanic & Asian Legislative Caucus to gain support for safe staffing.
- Assemblymember Carl Heastie is a co-sponsor of the safe staffing bill and said he is scheduling a meeting with RNs from North Central Bronx Hospital after a successful day meeting with legislators, RNs from Westchester Medical Center and Mount Vernon Hospital with State Senator Greg Ball, RNs from Ellis and Albany Medical Center, and RNs from Elmhurst Hospital heading home after a long day of standing up for safe staffing.
- Senator Mark Grisanti, representing parts of Buffalo and western New York, helped write the safe patient handling bill and told RNs that he is supportive of safe staffing.
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The safe staffing law would require acute care facilities to implement direct care nurse-to-patient ratios in all nursing units, require hospitals to submit a staffing plan to the Department of Health each year and upon application for an operating certificate, require hospitals to keep staffing records during all shifts – and the law would authorize nurses to refuse unsafe work assignments.

And in the Garden State...
NYSNA RNs from Shore Medical Center in Somers Point, N.J. lobbied state legislators in Trenton on March 27 for a safe staffing law in New Jersey.

NYsNA GOES TO ALBANY. From left: RNs from Montefiore and North Central Bronx Hospital after a successful day meeting with legislators, RNs from Westchester Medical Center and Mount Vernon Hospital with State Senator Greg Ball, RNs from Ellis and Albany Medical Center, and RNs from Elmhurst Hospital heading home after a long day of standing up for safe staffing.
SAVING LIVES, PROTECTING NURSING PRACTICE
Safe staffing as a matter of law

By Jill Furillo, RN, NYSNA Executive Director

Thousands of reports annually from our members across the state convey a consistent and harsh reality: nurses are caring for too many patients at one time, sometimes in overwhelming numbers. By this count, the vast majority of NYSNA members face this debacle: how to provide safe, quality care when peer-reviewed, academically researched staff-to-patient ratios are routinely exceeded by 50 percent, often more.

Most affected are Med-Surg, Psych and ER units. But staffing shortfalls can be found across the spectrum of hospital departments. At New York Methodist Hospital in Brooklyn, despite a staffing grid written into the contract, every unit came up short. NYSNA is now five months into a class action grievance on staffing shortfalls there.

As you know all too well, understaffing has very real and harmful consequences. Hospitals that routinely staff with 1:8 nurse-to-patient ratios experience five additional deaths per 1,000 patients than those staffing with 1:4 ratios, according to the Journal of the American Medical Association.

Adverse outcomes

Other serious, negative patient outcomes can result from RN understaffing at hospitals. Staffing shortfalls were linked to six categories of adverse patient outcomes in studies in the New England Journal of Medicine. These were length of stay, rates of urinary tract infections, upper gastrointestinal bleeding, hospital-acquired pneumonia, shock or cardiac arrest, and failure to rescue, such as sepsis or deep venous thrombosis. We’ve seen it all.

Bottom-line hospital managers and those doing their bidding look past the science and the poor patient outcomes. They set their sights instead on raising revenue – hospital revenue in New York State totaled $143 billion in 2012.

California’s success

The American Nurses Association embraces what it terms a “flexible” model of staffing tied to acuities and managed within individual hospitals. The ANA has also floated a “market-based incen-
tive to hospitals to optimize nurse staffing levels by unbundling nursing care…” Both concepts move us away from quality patient care. More than a dozen states have laws to varying degrees covering staff-to-patient ratios be maintained at all times by unit as a matter of law. It’s been a resounding success. Without ratios in force, patients receive less care. That’s the conclusion of a new study by Nursing Professor Judith Shindul-Rothschild of Boston College in which she compared Massachusetts (like New York), where no ratios are required, to California. She found that Massachusetts patients received three hours less care per day from RNs than in California. Shindul-Rothschild’s research supports the California law, because in her words, with a ratio law there is “no doubt there will be an adequate number of registered nurses to care for [patients] to assure they get safe, quality nursing care.”

Contrary to industry warnings, not one California hospital closed because of the ratio implementation. In fact, hospital income rose dramatically and RN turnover dropped.

That’s our bottom line.

More good news from California: Contrary to industry warnings, not one California hospital closed because of the ratio implementation, which was in 2004. In fact, hospital income rose dramatically there after that date. Another important benefit of the California laws: Safe nurse staffing ratios reduced RN turnover in hospitals, keeping experienced nurses on the job, who then mentor new RNs.

There’s even more: Strong evidence exists that better care achieved with minimum staffing ratios a la California helps the healthcare economy. “[N]egative [patient] outcomes have economic and financial implications for payers, providers, and taxpayers,” concluded Professor Peter Arno, director of health policy research at the University of Massachusetts. Shindul-Rothschild found that “heart failure readmissions were lower when nurse staffing was greater…” Heart failure readmissions were estimated to cost $34 billion in the U.S. in one year alone.

Fighting to win in New York State

Readmissions are now even more costly, as hospitals incur penalties for them under the Affordable Care Act. Ratios can make a difference. “Hospitals with higher nurse staffing levels had 25 percent lower odds of Medicare readmission penalties,” Arno reported. New York’s Safe Staffing for Quality Care Act would give us minimum nurse-to-patient ratios on a statewide basis as a matter of law. It’s a win-win. Let’s get it passed!
Albany reached a budget agreement in time to start the state’s new fiscal year on April 1. As always, it was a tough fight. But NYSNA members were right there in the mix, calling on legislators and the governor to do right by our state’s people. Healthcare must be a matter of right, not privilege, and that takes proper funding and rules that put people and community needs first.

The fact is: the healthcare delivery in New York remains mired in a systemic crisis. The state budget is an important part of tackling the dysfunction and with our effort, the results are mostly impressive:

- **Limited Service Clinics:** Legislators heard our concern and rejected the proposal to allow corporate ownership of health clinics in drug stores and other retail establishments. NYSNA fervently opposes the Walmartization of healthcare services because they are about profit, not health or care.
- **Urgent Care Centers:** We supported the proposal requiring accreditation for urgent care centers and called for Certificate of Need (CON) review to apply to them. Additional regulation of urgent care centers was not approved and CON review will not be required for new centers to open.
- **Certificate of Need Redesign:** We opposed proposals to change CON regulations that would reduce the scope of review and weaken local communities’ ability to assess their healthcare needs and have a say in meeting them. The legislature once again rejected weakening the CON regulations.
- **Nursing Education:** We support greater funding for nursing education programs, particularly given the expectation that the nursing shortage in New York State will continue. These programs will continue under current funding levels.
- **Nurse Practitioner Modernization Act:** The final budget also enacted changes to the provisions of the Nurse Practice Act to provide greater flexibility for nurse practitioners with more than 3,600 hours of experience to practice with collaborative physician “relationships” in lieu of formal collaborative physician “agreements.” This is a win for NYSNA and will allow NPs to practice with more independence.
- **RN Supervision in OPWDD Programs:** Support staff in programs overseen by the Office for People with Developmental Disabilities (OPWDD) in the Office of Mental Hygiene (OMH) will now be allowed to engage in nursing tasks under the supervision of an RN. This exemption in the Nurse Practice Act already exists for institutions that OMH oversees; the additional provisions make clear that the assignment of tasks to support personnel is at the RN’s discretion. And, for the first time, these assignments are subject to staffing ratios – an important win for us!

### Universal Pre-K

The budget includes funding for universal pre-K statewide for the coming year, although NYC did not win the right to raise taxes on its richest residents (the mayor’s plan, and one we supported) to provide secure funding for the next five years.
FIGHTING TO KEEP PUBLIC HEALTHCARE PUBLIC

HHC dialysis units sale on hold as quality of care reviewed

WE PRESSED OUR CASE against HHC’s plan to privatize chronic dialysis services for patients at four HHC facilities – Harlem, Kings County, Metropolitan, and Lincoln hospitals – and have protected them, so far, as the Department of Health removed the proposed sale of the units to a for-profit operator from the agenda of its March 27 meeting. Without the approval of DOH’s Committee on Establishment and Project Review, the application of the operator, Big Apple Dialysis, is on hold.

Widespread concern

Big Apple Dialysis has come under scrutiny by patients, community advocates, and elected officials, including Deputy Mayor for Health and Human Services Lillian Barrios-Paoli, Public Advocate Tish James, and 11 members of the City Council, as well as two state senators, as its record of patient care revealed serious quality issues. The skilled nephrology nurses of NYSNA who staff the four units have spoken out about their concerns for patients should Big Apple Dialysis, largely staffed by unskilled technicians, take over. HHC acknowledges that care at the four units has been well maintained. The sale was to help with budgetary goals – to save money.

Positive results

HHC doctors shared our concerns. “We are pleased that HHC has rethought the outsourcing of dialysis as we believe patient care services are best provided by the excellent patient care team that we have at HHC facilities and hospitals,” said Dr. Frank Proscia, Doctors Council SEIU president.

Clarette Fontanelle, a dialysis patient at Kings County, said, “We are very happy about the news. We really want the mayor to give close consideration and review the quality care issues at Big Apple Dialysis and that’s what he’s doing. We are very thankful.”

RNs spoke; the city listened

NYSNA RNs and staff, and dialysis patients, testified before the DOH and the City Council Health Committee about HHC’s plan to privatize dialysis services.

Why interfere with proven quality?

“I currently work as an RN in the Chronic Dialysis Unit at Harlem Hospital. It is critical to safe and effective dialysis to have RNs treat chronic dialysis patients, because patients can become unstable very quickly, as most of our patients have other co-morbidities, such as diabetes, hypertension, and coronary issues.

“My colleagues and our patients are concerned about the quality of care our patients will receive if chronic dialysis service is sent elsewhere, in particular to a for-profit model of care that largely removes nurses and other clinical staff from dialysis care. We will move on to other RN assignments but their move will be costly, in terms of quality of care and outcomes. Why interfere with such proven quality care?”

–David Quarshie, RN, Harlem Hospital

Defending quality healthcare for all

“Removing dialysis patients from the public hospital clinics was ill-conceived. Privatization of services at HHC, a system that serves one in six New Yorkers, has lowered quality and threatens to undercut one of the finest public health systems in all of America’s cities. We are very glad that the city has heard our concerns.”

–Anne Bové, RN, Bellevue Hospital, President of the NYSNA HHC/Mayorals Executive Council
STATUS REPORT

Healthcare shortage in Staten Island

Even before Hurricane Sandy hit Staten Island with a vengeance, healthcare in the borough was in trouble. The Staten Island Advance called the health statistics “sobering.” Yet with only two hospitals (in three sites) for its population of nearly 500,000, Staten Island has just two beds per 1,000 residents. Contrast that to Manhattan’s six.

The hurricane only made matters worse. There’s an increase in pulmonary disease and experts expect long-term increases in cardiac disease and psychiatric illnesses. But there’s no comprehensive monitoring happening of Sandy’s health consequences. “It’s likely to be a lot like 9/11,” worries NYSNA Treasurer Patricia Kane, RN at Staten Island University Hospital (SIUH) and a leader in the recovery effort. “We’ll learn a lot later.”

More resources

Staten Island is the only borough in the city without a public hospital. Its few HHC clinics send patients to Coney Island Hospital for care, and sometimes to Bellevue, which is easily two hours away.

But the challenges don’t end there. RUMC is the only hospital on Staten Island that isn’t in Zone 1, a high-risk flood zone. “We need more resources so we can survive a storm better,” says Pat. “We need a public hospital on Staten Island.”

BROOKLYN UPDATE

The fight to save LICH & Interfaith

Never before has there been such a united, and active, front in the fight to defend healthcare in New York City as in Brooklyn today. While our fight is not over, the last few weeks have brought the kind of progress that seemed impossible a year ago.

LICH

After more than a year of rallies, marches, court hearings, and even arrests, our coalition reached an historic agreement in late February, giving the community a real say in LICH’s future and requiring SUNY to begin a new bidding process. As we go to press, Brooklyn Health Partners (BHP), which plans to keep the hospital open, has just been announced as the winner. SUNY and BHP have 30 days to finalize an agreement.

Interfaith

In late March, the state and Interfaith Medical Center in central Brooklyn reached an agreement that will keep the hospital open at least through March 2015. As Capital New York put it, “It’s a commitment of tens of millions of dollars, and an affirmation that the state believes, for now, that a hospital situated in the middle of one of the city’s poorest areas deserves to be subsidized with taxpayer dollars.” Our coalition made this happen!

We continue to move forward with our initiative to create a healthcare cooperative in Brooklyn because the long-term solution is to create a system that cooperatively plans, delivers, and funds healthcare.

For up-to-date information, go to /Open4Care.
RNursing can often be dangerous work. Data from the U.S. Bureau of Labor Statistics confirms what we know: healthcare workers are at high risk of violent assault on the job. According to the National Institute of Occupational Safety and Health (NIOSH), although nurses are three times more likely than any other professional group to experience violence at work, more than 80 percent of all assaults on registered nurses go unreported. All too often, nurses accept violence as part of the job.

All of us pay a price for an unsafe workplace. Some reports suggest the prospect of workplace violence is the most anxiety-provoking aspect of a nurse’s work.

Nurses should not have to tolerate working in a volatile setting that threatens our safety and undermines our ability to provide quality care to patients.

Defining workplace violence

Workplace violence is easy to recognize when it involves assault. But it is more than that. NIOSH’s definition includes “threats of assaults directed toward persons at work or on duty.” Others define workplace violence more broadly as any incident that explicitly or implicitly threatens staff safety, well-being, or health. Intimidation, shouting, racial and sexist slurs, humiliation, degradation, and disrespectful and condescending language all constitute forms of violence.

Nurses must deal with angry patients at times. Anger is most likely, according to NIOSH, to turn to violence in a healthcare setting during times of high activity, when a patient is being transferred, when services are anticipated but denied or delayed, during involuntary admissions, or when a nurse is attempting to set limits.

The consequences of workplace violence in healthcare facilities can be staggering. Conservative estimates put the cost at $4.3 billion annually, or about $250,000 per incident. But the cost isn’t just in dollars. Violence fuels staff turnover, which increases recruitment and retention expenses and workers’ compensation claims. Stress and injury lead to increased absences, putting greater stress on those left to do the work with inadequate support, further undermining staff morale. This environment erodes what trust exists between management and nurses, which may lead to higher incidences of patient complaints and greater risk of stress in patients. The overall effect: a greater likelihood of the occurrence of a violent incident.

Violence prevention

Your hospital should have a workplace violence prevention program in place to protect nurses and other healthcare workers from violence and abuse. The policy should, among other things:

- Establish a clear zero-tolerance policy.
- Protect workers who report violent incidents from reprisals.
- Set clear procedures for handling violent incidents.
- Provide a response team.

Nursing is about caring for others. But that cannot mean that we put ourselves at risk of physical assault or abusive treatment. Inadequate staffing levels, excessive workloads, and requiring staff to work alone or in isolated areas make violence a more likely part of our work lives.

NYSNA is offering an all-day workshop — “Violence in the workplace: Nurse leaders organizing a response and action plan” — several times throughout the year and across the state. Ask your union rep for details or call the Meeting and Convention Planning Department at 1-800-724-NYRN, ext. 277.

Together, we can demand a safe and just workplace free from violence for all caregivers and patients. Get involved.
Steward training in a word: EMPOWERING

Steward training is about building power. It’s about learning to organize to solve problems on the job and to affect change statewide. Here’s what some of the hundreds of NYSNA members who have already taken the training have to say about it. We hope you’ll be next.

“I learned a lot about how to work collaboratively as a team of nurses to resolve issues and concerns. All of us are the union. It’s a brother-sister thing. If there’s a problem, we need to help one another. The struggle continues. We need to take a more active role to affect change.”

– Linda M. Brown, RN, Cochran School of Nursing, St. John’s Riverside Hospital

“Every nurse should take the class. We learn a lot that helps us enforce the contract. We can do investigations, gather information, and present problems. Hospital administration sees that we’re serious, knowledgeable, and passionate. I think it makes them respect us more.”

– Maddalena Spero, RN, Staten Island University Hospital (North Campus)

“Encouraging people is very empowering. It’s an eye opener to learn more about our rights and identify when they’re being violated. At work, I’m able to put what I learned into practice. I was assigned to see about a nurse who was abused by a manager. It felt good to help a colleague.”

– Vinel Lynch-Malcolm, RN, Montefiore Medical Center

“Knowledge is power. The more we know, the more we can do. We need healthcare for all. Everyone should take the training. It makes us stronger so we can push for the change we need.”

– Lilia Marquez, RN, Bellevue Hospital

“The training helped me learn how to build a stronger defense for nurses at work. We used examples to work through how to approach and solve real problems, like grievances. The training puts information in your hands. We can make things better at work in a way we couldn’t before.”

– Kellie Gauthier, RN, Ellis Hospital

“Steward training is IS FOR EVERYONE and offered all across the state. Talk to your union rep about signing up.”

How to Jump-Start Your Union: Lessons from the Chicago Teachers
by Alexandra Bradbury, Mark Brenner, Jenny Brown, Jane Slaughter, and Samantha Winslow

How to Jump-Start Your Union: Lessons from the Chicago Teachers is full of inspiration and practical information for every union activist.

The book tells how a handful of rank-and-file teachers started out fighting school closures and ended up changing Chicago’s political landscape, leading a giant citywide strike in 2012 and winning overwhelming support from the people in Chicago.

The book offers details on how the teachers did it by using practical tools like tracking support and using group texting to stay in touch, and inspiring the historically alienated to get involved. Teachers weren’t afraid to tackle tough issues like the racial inequality of Chicago’s school system or to take direct action to keep schools open.

The parallels with our fight to keep New York hospitals open are obvious. Like teachers, we can build strong community ties because of our role as patient advocates. And like them, our union power is rooted in the strength we build on the job every day, taking problems on together.

NYSNA members: This is a book for us to put to use. Get it. Read it. Be an active part of our growing movement.
NYSNA WORKSHOPS

NYSNA offers workshops on many subjects all over the state. Topics include:

- Critical care nursing review.
- Emergency nurse certification review.
- Environmental issues for RNs.
- Respiratory protection for RNs.
- Violence in the workplace.
- And more.

Ask your union rep for a complete list of workshops or call NYSNA’s Meeting and Convention Planning Dept. at 1-800-724-NYRN, ext. 277.

New York Nurse April 2014

Vigil at Shore Medical Center

Nearly 100 RNs at Shore Medical Center in Somers Point, N.J. and community supporters held a vigil in mid-February to protest management’s bullying and retaliation tactics against RNs who speak out for quality care. (Shockingly, a car accidentally hit Emma Concina, a recently retired RN, just after she participated in the vigil. Talk to your union rep about how to donate to Emma’s recovery fund.) Within 24 hours a nurse who helped lead the speak out was suspended in retaliation. RNs won’t be intimidated into stopping to defend quality patient care and nurses’ rights.

Peconic Bay NYSNA members ratify contract

Nurses and other professionals at Peconic Bay Medical Center on Long Island ratified a three-year agreement in March that brings NYSNA benefits to the facility for the first time, improves staffing, and puts healthcare professionals on the nurses’ experience pay scale.

Bronx first

NYSNA held its first-ever inter-regional meeting in the Bronx on March 20, shown here. These meetings are an important vehicle for RNs to stay informed and to build participation in our contract fights and safe staffing campaign.

Standing up for patients at Carthage

NYSNA RNs and 1199SEIU caregivers are working with the community to save vital patient care services at Carthage Area Hospital. Holding up his broken arm at a recent vigil, Jefferson County Legislator Jonathan Hirschey dramatically illustrated that the next closest hospital, Samaritan Medical Center, 18 miles away, is too far in an emergency.

EHRs worsen care

As nurses well know from our own experience, electronic record keeping takes precious time from patients. Doctors agree. In a recent survey, almost half said that electronic health records (EHRs) are making patient care worse.

No snow days for RNs

A winter of snowstorms did not stop NYSNA RNs from delivering quality care. RNs at Westchester Medical Center were mandated to stay on duty four different times, forgoing meals to maintain bedside coverage and sleeping in the gym, and sometimes staying in rooms with broken windows and snow falling inside. NYSNA is pushing the hospital administration to provide better accommodation and to pay RNs correctly when such emergency mandates occur.
Petition at A.O. Fox

RNs at A.O. Fox Memorial Hospital in Oneonta took their safe staffing message to the public with a petition drive in February. Patients and neighbors showed support and agreed with us that quality depends on safe staffing and must come before hospital profit.

Making NY work

Our own Virginia Stewart, RN at Metropolitan Hospital and NYSNA Director at Large, was featured recently in the New York State AFL-CIO Making New York Work campaign.

People power saves Glen Cove Hospital

When North Shore-LIJ proposed closing Glen Cove Hospital and turning it into an outpatient and emergency center, the community mobilized to fight back – and won: Glen Cove Hospital will remain open for care as a full-service facility.

NYPD reset

NYPD Commissioner Bill Bratton recently told the department’s non-uniform staff that he wants a new relationship with them. That was welcome news to RNs. “We look forward to working with the new police commissioner,” says Karen Mauney, NYPD RN (left), “to ensure a new day that honors and recognizes civilian nurses.” Here with fellow NYPD RNs Lynne Sanderson-Burgess (center) and Evette Simmons.

Single-payer bill in Albany

The bill that Assembly Health Committee Chair Richard Gottfried (front right) and State Senator Bill Perkins (front left) introduced last year that would create universal, single-payer health coverage in New York State has growing support. Here, NYSNA RNs and others lobbied for the bill in February.

APPLY NOW FOR A SECOR SCHOLARSHIP

Each year, the Secor Scholarship Fund awards two scholarships to further nursing education:

- $5,000 to a NYSNA member seeking a bachelor’s degree or higher in nursing.
- $5,000 to a family member of a NYSNA member seeking a first degree in nursing.

For an application, go to www.nysna.org/news/secor.htm or call Deb Grebert at NYSNA’s Latham office: 518.782.9400, ext. 240.

DEADLINE EXTENDED TO JUNE 1
INSIDE

NYSNA in Albany, pp 3-5

Progress in Brooklyn, p 7

Dialysis privatization stopped in NYC, p 6

The threat of violence at work, p 8

We are ALL New York

Join fellow NYSNA members and unions and community groups to celebrate May Day and stand up for good jobs, workers’ rights, and immigrants’ rights.

THURS, MAY 1
5 PM
CITY HALL, NYC

For more information, talk to your union rep.