

New  
York

**nurse**

the official publication of the new york state nurses association

SEPTEMBER 2014

# Nurses out front in stopping climate change

See pages 6-7



Biennial Convention selected summaries – pages 3, 9

# 'Education is not the filling of a pail, but the lighting of a fire.'

—William Butler Yates



By Judy Sheridan-Gonzalez, RN,  
NYSNA President

**A**s we assemble for our Biennial Meeting, we see new and familiar faces. Our community of caregivers is as diverse as our nation, giving something unique to someone in need every day.

As nurses, we make a profound contribution to the quality of life of our patients. We learn things about people and the health system we work in that no one else could even imagine.

Knowledge is power – but power is an illusion if not activated. Our collective voice is power. Our collective actions – based on knowledge we gain as practitioners and our understanding of historic, socio-economic conditions that give rise to our reality – elevate this power further.

This Biennial meeting is designed to support the work that we do as nurses and arm us with tools to analyze and respond to the inherent weaknesses in our healthcare system that challenge care delivery.

## What's behind hospital mergers, acquisitions and "partnerships"?

The Corporate rhetoric is to “enhance quality, share best practices and protocols, and remove redundant services.” But, as our current revenue-driven model is what drives these systems, the real reason is to capture markets and close unprofitable hospitals – even though they are sorely needed.

These “Health Systems” carve up entire regions and monopolize the market so that they can negotiate better rates with insurers, thus cutting into *their* profits. While the ACA mandates coverage for formerly “uninsurable” sick people, it doesn’t restrict passing costs onto consumers. To recoup such “losses,” insurers and exchanges are already seeking huge rate increases. So while

providers and insurers wrestle for profits, patients get stuck with higher bills.

And there’s more: as Employers partner with Health Systems, provider options to covered employees are restricted. A captive market has no bargaining power and – unless hospitals stand to make money on a given service – waits increase, as the cost of care skyrockets.

## The great American health care scam

Why are Health Systems spending millions on marketing? If people believe they’re getting

less care” grants from the government for doing this. Our own taxes will finance these corporate monsters’ schemes to obtain super-profits!

## Alternatives to this health care dystopia

A comprehensive solution: Only a Single Payer system puts patient needs first. With a financing mechanism similar to Medicare, it would remove insurance companies from the equation for basic and necessary care. The U.S. is the only industrialized nation without such a sys-



“the best,” it’s less painful to discover you have no other options. The net effect is these powerful mega-systems will collaborate to squeeze the work force. With a well-financed PR machine, opposition to safety measures, such as staffing ratios, will be overwhelming.

Large employers will sign contracts with these systems, restricting options for their employees and reducing health care costs – but these savings will never trickle down to employees.

Hospital employees will be forced to receive healthcare exclusively from their Employers, paying higher premiums for insurance. Hospitals capture yet another market (that includes us) even as they pay themselves back for providing benefits to their employees! Plus, they win “seam-

tem. We have higher morbidity and mortality rates, yet we spend far more per capita than any other nation in the world. Our corporate healthcare entities do an amazing job at mesmerizing the public into believing that we have a superior system. But for the vast majority of Americans that simply is not true. Don’t believe the hype.

Learn more about our healthcare system and what we can do to change it at a variety of workshops at the Biennial (see page 3), including the impact of Climate Change on the health and well-being of us all (see p. 4, 6 & 7). Join NYSNA colleagues as we march in the largest international Climate Change event ever, on Sunday, September 21, in NYC.

We save lives – let’s save our planet while we’re at it.

New York State  
**NURSES**  
ASSOCIATION  
Advocating for patients. Advancing the profession.™

## BOARD OF DIRECTORS

### President

Judy Sheridan-Gonzalez, RN, MSN, FNP

### First Vice President

Patricia DiLillo, RN, MEd

### Second Vice President

Marva Wade, RN

### Secretary

Anne Bové, RN, MSN, BC, CCRN, ANP

### Treasurer

Patricia Kane, RN

### Directors at Large

Anthony Ciampa, RN  
Ingred Denny-Boyce, RN, BSN, MSN  
Shirley Hunter, RN, MS  
Tracey Kavanagh, RN, BSN  
Colleen B. Murphy, RN, MS  
Grace Otto, RN, BA, BSN  
Sean Petty, RN, CPEN  
Karine M. Raymond, RN, MSN  
Veronica Richardson, RN  
Verginia Stewart, RN

### Regional Directors

Southeastern	Michael Healy, RN
Southern	Gwen Lancaster, RN, CCRN, MSN/Ed
Central	Carol Ann Lemon, RN
Lower Hudson/NJ	Eileen Letzeiser, RN, BSN, MPH
Western	Kris Powell, RN
Eastern	Martha Wilcox, RN

### Executive Editor

Jill Furillo, RN, BSN, PHN  
Executive Director

### Editorial offices located at:

131 W 33rd. St., New York, NY 10001  
Phone: 212-785-0157 x 159  
Email: communications@nysna.org  
Website: www.nysna.org  
Subscription rate: \$33 per year  
ISSN (Print) 1934-7588/ISSN (Online) 1934-7596  
©2014, All rights reserved

# 2014 NYSNA Biennial, selected reviews

**T**his year we meet at the Jacob Javits Center in Manhattan with an exciting and highly informative program. Some of the highlights include the following (please check your program for a complete list of offerings, times and locations):

**In *Nurses Taking Action in Response to the Crisis in our Specialty Practices***, Colleen B. Murphy, RN, MS, Judy Sheridan-Gonzalez, RN, MSN, FNP, and Carol Lynn Esposito, EdD, JD, MS, RN combine in this presentation. Their purpose is to review how equipment shortages, lack of adequate staffing, insufficient time for documentation, and floating of nursing personnel mid-shift result in hospital specialty practices in crisis, and reflect on how these problems represent only the tip of the iceberg. This program gives an overview of what actions nurses can take to advocate for quality patient care, delivered in a safe and supportive working environment.

**In *Negotiating Nursing Practice Standards That Ensure Quality Care***, Anne Bové, RN, MSN, Karine Raymond, RN, MSN, Kris Powell, RN, and Michael Healy, RN, discuss how nurses and healthcare professionals can collectively advocate to ensure quality patient care and protect professional nursing at the worksite. They also look at how nurses can effectively negotiate contracts in the private and public sectors that provide a healthcare environment conducive to safe, quality nursing care for all.

Hedy Dumpel, RN, JD, makes a presentation entitled, ***Assessment of Electronic Medical Records Industry & Other Technology***, in which she assesses how health information technologies, such as

electronic records and clinical decision support systems, are designed to increase management control by enabling the surveillance, deskilling, displacement, and division of RNs and other healthcare workers. She examines how hands-on patient care, traditionally the work of women, is essential to maintaining the art and integrity of the nursing profession in the face of the present onslaught of technological changes.

**In *Climate Justice: How RNs Can Address the Global Warming Health Crisis***, presenters are Sean

**In *Safe Staffing: RNs Mobilize on Multiple Fronts***, Pat Kane, RN, Carol Ann Lemon, RN, Verginia Stewart, RN, Rachel Haughton, RN and Pam Brown, RN, collaborate at a workshop to explore how RNs can collectively mobilize, together with their patients, in order to secure safe staffing legislation and contract provisions. The object is to help workshop participants describe the nurse staffing crisis and its impact on patients, reflect on legislative and contractual efforts to win safe staffing, and strategize on ways to strengthen the New York RN campaign to improve safe staff-



Sweeney, PhD, Sean Petty, RN, Jocelyn Andamo, RN, Alliance of Health Workers from Philippines and Linda Benoit, RN. Their discussion will entail how RNs and healthcare professionals need to understand the global health emergency posed by climate change and the continued corporate “business as usual” burning of fossil fuels, with the resulting rise in CO<sub>2</sub> emissions. Global warming can be reversed, they argue, with the help of nurse advocacy for climate justice.

Michael Lighty, MA, presents ***Impact of the Affordable Care Act on Patients, RNs and Practice***. Lighty discusses how only through a thorough understanding of the ACA and its impacts can RNs maintain their role as patient advocates in a changing corporate healthcare system, where insurance companies and hospitals increasingly integrate their operations and financial relationships.

ing contract provisions and pass the nurse-to-patient ratio bill.

**In *Healthcare Disparities and Hospital Cooperatives***, presenters include Anthony Feliciano, CPHS, Ari Moma, RN, Prof. Phillip Thompson, PhD, Sharonnie Perry, Eliza Carboni and Leon Bell, J.D. They will discuss how nurses have witnessed government austerity and corporatization of healthcare to produce shocking disparities in access to quality care by race, nationality, immigration status, income and type of insurance (if any). That there are 15 hospital beds per 1,000 residents in the Upper Eastside of Manhattan vs. 2 to 3 beds in the boroughs is just one example. The co-operative model for healthcare in a hospital or geographic area offers nurses, care providers, patients and communities a necessary alternative to address these disparities.

CONTINUED ON PAGE 9

**The object is to... describe the nurse staffing crisis and its impact on patients, reflect on legislative and contractual efforts to win safe staffing, and strategize on ways to strengthen the New York RN campaign....**



# NYSNA nurses caring for our patients and our planet



By Jill Furillo, RN, NYSNA  
Executive Director

**T**here are multitudes of reasons that connect nurses to climate change. What underpins them all is the fact that climate change and the abuse of our planet that triggers it results in people getting sick. Very sick.

Some of you have attended climate workshops (see pp. 6-7), and others will in the future. I look forward to extended dialogue within NYSNA on this absolutely critical matter. Our role as caregivers places greater responsibility on us to take action.

Please join the People's Climate March! Sunday, September 21, at Columbus Circle (59th Street) in Manhattan. (See details on p. 7, or go to [www.nysna.org](http://www.nysna.org)). The PCM Labor Rally starts at 11 a.m. NYSNA was the first labor union to endorse this major event and we want to see you all there!

## Extreme Weather Events

Here are 10 key points to keep in mind as we head to the People's Climate March:

### *No more Sandys.*

Carbon dioxide created by combustion-produced energy activity – greenhouse gas emissions

from fossil fuel use – threatens to raise global temperatures by more than 4 degrees Celsius by the end of the century, causing more Extreme Weather Events in the form of flooding, typhoons and drought. EWEs threaten lives and destroy property on a massive scale. Sea level changes leading to coastal flooding could endanger the lives of millions of people and leave many more sick and dislocated.

### *Keep our chemistry right.*

Climate change coupled with fossil-fuel pollution are profoundly disruptive to global cycles of nitrogen

*Our role as caregivers places greater responsibility on us to take action.*

and phosphorous, both essential to all life on Earth. Shrinking water stocks, loss of biodiversity and ocean acidification are also affected. The destruction of reefs alone threatens our food, coastal protection and medicines, a direct impact on healthcare.

## Crops, heat waves and pollution

**Protect our crops and feed the world.** Current levels of warming could harm crop productivity by up to 50 percent in the tropics and at low altitudes. Loss of water adds to crop failure. Given these trends, in the next 35 years the number of undernourished children under the age of five will increase by 20 to 25 million globally, with profound healthcare affects.

**Put an end to the heat waves that are on the rise.** Overall, warming patterns are undisputed. In South Asia, heat waves are killers in rural areas. The Intergovernmental Panel on Climate Change cites rising heatstroke deaths in the developing world. More than 150,000 Americans could die by the end of the century due to excessive heat caused by climate change. Illnesses that are caused or made worse by extreme heat – including heat exhaustion, heat stroke, cardiovascular disease, and kidney disease – would result.

**Stop weather-related disease that is increasing.** Mosquito-borne diseases are often affected by drought events linked to climate change. There is also evidence that diseases transmitted by rodents and water-based parasites are linked to increased flooding. In 2010, there were an estimated 216 million episodes of malaria worldwide. Links between climate change and dengue fever are also cited.

**Burning fossil fuels is a killer and must be controlled and ended.** The majority of CO<sub>2</sub> increase is attributable to fossil fuel burning in just

the last 20 years. The air pollution alone has been tied to heart disease, strokes, asthma and more. The World Health Organization calls air pollution exposure the largest single environmental health risk

**Recognize that deforestation is doing us in.** Most of the rest of CO<sub>2</sub> increase in the last generation is tied to deforestation, as plant life that consumes CO<sub>2</sub> naturally is destroyed. We need forests for their beauty, and for our protection. More than half the people in the U.S. are already breathing air considered dirty enough to cause health problems.

**Cease all hydraulic fracturing, "fracking."** This process of obtaining natural gas spreads poison in drinking water and the environment overall, and risks serious accidents. Scientists are now calling for more research on how fracking impacts the genetics of unborn children living near wells.

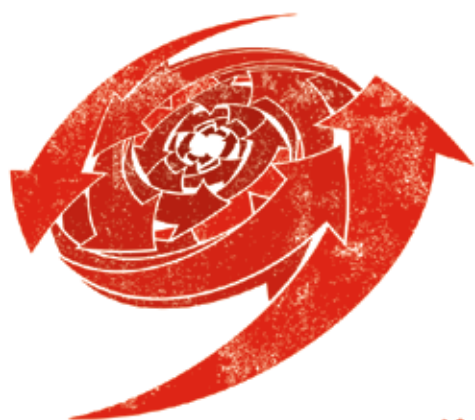
**Contain fuel transportation and its inevitable accidents, leaks and spillage.** Hardly a week passes in the U.S. in which a substantial spillage of oil or gas is not reported. These accidents despoil drinking water, kill crops and expose people to disease-inducing conditions. Even spill clean-up materials contain chemical ingredients associated with cancer, skin irritation and kidney disease.

## Up with clean energy

**Use technology and human knowledge for the betterment of the planet.** Build an energy future that is safe, clean and the source of millions of new, quality jobs, keeping the planet safe, bountiful and robust. Labor plays a leading role. Nurses are leading advocates for the public health.

People before profits means a clean and safe environment!

People before profits means quality healthcare for all!



TO CHANGE EVERYTHING,  
WE NEED EVERYONE.

NYC  
9/21

PEOPLE'S  
CLIMATE  
MARCH

Text 'PCM' to 97779 to join  
the biggest climate march in history.

[PeoplesClimateMarch.org](http://PeoplesClimateMarch.org)



# Unified Picket at Nathan Littauer Hospital

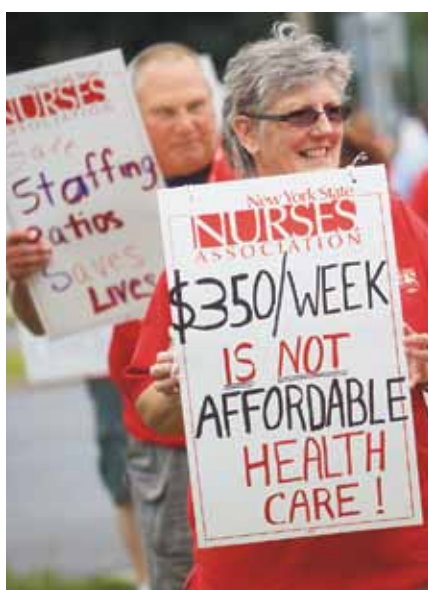
**M**ore than nine months into negotiations with an intransigent management, NYSNA RNs picketed the Gloversville, NY, facility on September 4 in a spirited show of unity. Nearly the entire bargaining unit – 138 nurses – was present. “Every nurse here cares deeply about giving our patients safe and quality care,” said Marion Enright, RN, a 25-year Nathan Littauer staff nurse.

## A fair contract

Seeking a new collective bargaining agreement, issues of staffing ratios, retirement and pension benefits separate the parties. Patient

safety is also an issue. “We are all from this community and have sacrificed for the benefit of Nathan Littauer. All we’re asking for is a fair contract that includes enforceable safe staffing levels,” said Miriam Mustara, RN. Nurses at the facility filed an unfair labor practice against management for intimidating nurses and for making threats of retaliation for union activity.

“We urge hospital management to stop wasting time and precious resources on legal tactics designed to delay and intimidate nurses, and instead work hand-in-hand with RNs in the best interests of our patients,” said Mustara.



# Strike resonates at Terence Cardinal Cooke

**T**he decision by management at Terrence Cardinal Cooke (TCC) to continually cut staffing levels provoked NYSNA RNs to engage in a one-day strike on August 15. More than 60 nurses participated – some had just finished the night shift.

“You’re rushing around all the time trying to keep up, which means that the kind of individual attention that our patients with acute medical issues deserve is really suffering,” said Eufemia Dalapag, RN.

The action came after months of what’s been described by observers

as a “disrespectful and dismissive” attitude of TCC managers.

## Gaining ground

The strike action has produced results. ArchCare, which manages TCC, agreed to continue pension contributions and promised to pay RNs’ 2014 experience step increase, owed but withheld.

Earlier, nurses won at the National Labor Relations Board, allowing a complaint against TCC regarding its refusal to share staffing data. TCC management now says it will provide that information.





# Nurses confront climate

It did not take an Extreme Weather Event (EWE) in the form of Super Storm Sandy in 2012 to wake up NYSNA nurses to the serious threat climate change poses to the health of the planet. Still, the deluge at Bellevue Hospital Center, coupled with floods at Coney Island Hospital in Brooklyn, were overwhelming. Nurses have first-hand knowledge of the death, injury and harm climate change brings.

They are adding to that knowledge. At four workshops in the HHC system – Bellevue Hospital Center, Kings County Hospital Center, Jacobi Medical Center and, most recently, at Harlem Hospital Center – hundreds of RNs took part in seminars, fixing their attention on detailed presentations, and showing great interest in the

compelling issues that surround climate change.

“Hearing all the human health hazards and the threats facing human beings compels nurses to become advocates for patients and the environment,” said Jackie Gilbert, RN, Harlem Hospital Center.

## Nurses see more disease

At the Bellevue workshop, 30 nursing students joined scores of RN staffers. Nurses there acknowledged that the “era of climate change” is no longer a future issue, but upon us.

The purpose of the workshops is reflected in RN understanding that climate change and fossil fuel expansion constitute a global health emergency. Nurses advocating for climate justice is a strong

statement to help blunt and reverse global warming.

Confronting energy corporations and their fossil-fuel burning operations and the policies that support these energy enterprises are part of the RN strategic mission.

Nurses are sharing their stark observations: increased rates of asthma, especially among the population of children; heart disease and lung disease; heat-related ailments, especially for the elderly, and cancer.

“We have a lot of patients with asthma – in New York City, with a lot of trucks and heavy

## \$1 trillion in profits, public health declines

Profits are staggering in the energy business. The five top oil companies accumulated \$1 trillion in profits over the past decade, as CO<sub>2</sub> pollution undercuts global public health.



**“Nurses can and do make a difference in climate struggle and change for future generations.”**

– Palo Wright, RN



More than 50 members attended two workshops on climate change at Harlem Hospital in August.

# Climate change head on

traffic,” said Paula Ramsey, RN, a workshop participant at Harlem Hospital. “Due to this, and the climate changes that we have, you find a volume of respiratory problems.”

## “Be about it”

They learned at the workshops that carbon monoxide pollution is one of the most serious public health problems in the world. The World Health Organization’s data estimates that about seven million

people died as a result of air pollution in 2012. That is one in eight total global deaths. “[A]ir pollution,” wrote the WHO, “is now the world’s largest single environmental health risk.”

Also a topic of discussion: the Keystone XL Pipeline, which would transport one of the world’s dirtiest fuels. Pollutants from tar sands refineries are directly linked to a range of diseases.

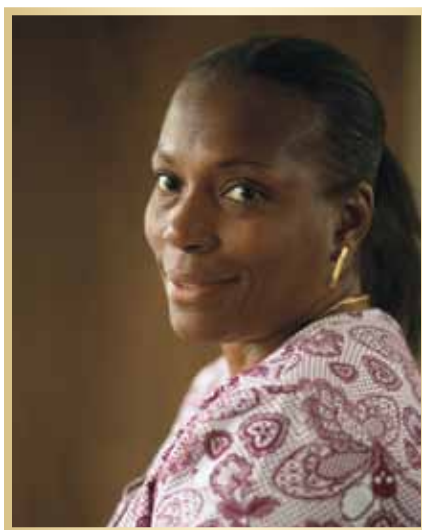
Nurses see the need to act.

“Don’t talk about it, be about it,” said Gigi Johnson, RN.



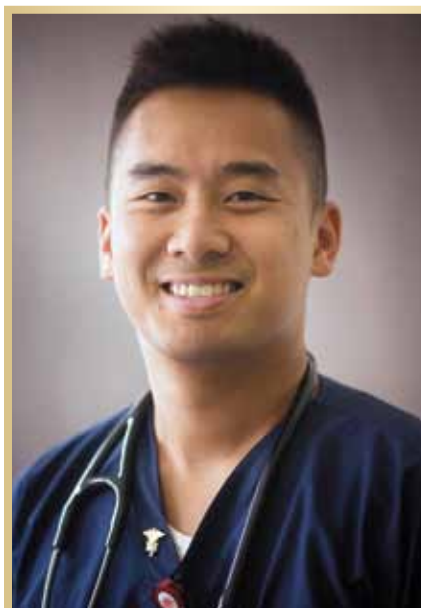
**“We are in a climate crisis. By fighting it, we can have better healthcare for our patients. There’s malaria. There’s cancer. One of the biggest things in New York is asthma. As nurses, we have to be concerned about our communities and our patients.”**

— Mercedes Bass, RN



**“All the big tycoons, like the Koch brothers, are getting rich off oil and gas. You think about your loved ones, your patients. As RNs, we need to be team players. We need to put our foot to the pedal. I’ll be at the march on September 21.”**

— Gigi Johnson, RN



**“I always knew that this is an issue, but I never thought it could be related to us. I want to learn more, prepare, and volunteer.”**

— Alex Wong, RN



At Bellevue Hospital Center, scores of nurses turned out for a workshop on climate change in July. Among the attendees were 30 nursing students. At two other public hospitals in New York City, Jacobi Medical Center and Kings County Hospital, workshops were held over the summer.



**“Problems due to climate change are increasing our patient rolls. As nurses, I believe we can bring about change. When it comes to patient care, we have one voice.”**

— Paula Ramsey, RN



**PEOPLE'S  
CLIMATE  
MARCH**

Text 'PCM' to 97779 to join the biggest climate march in history.

**NYC  
9/21**

[PeoplesClimateMarch.org](http://PeoplesClimateMarch.org)

## NYSNA joins the PCM labor contingent:

Meet on Broadway at 59th St. (heading south)

Arrive 10am – Labor Rally begins at 11am

March east to 6th Ave. at 11:30am

Down 6th Ave. to 42nd St.

West on 42nd St. to 11th Ave.

South to 34th St. event



## NYSNA shines at West Indian Day



**THOUSANDS TURNED OUT** for the annual West Indian Day Parade in Brooklyn on September 1, including 100 NYSNA members and staff, celebrating their heritage and its contribution to New York City's cultural diversity. NYSNA's float was a welcome addition to the parade.

The parade is a special event for New York City Mayor Bill de Blasio, whose wife, Chirlane McCray, has roots in St. Lucia and Barbados. De Blasio called the city's Caribbean population "a growing community, a strong community, a community well-represented in our administration."



## 100 meet in Capital Region Bargaining

**NYSNA** members and non-member RNs gathered on August 27 to share what many termed a "staffing crisis" in the capital district area, so pronounced that patient safety and positive patient outcomes are considered in serious jeopardy.

One hundred nurses attended the session where NYSNA President Judy Sheridan-Gonzalez spoke about the staffing crisis throughout the state, as well as the revenue/reward model that drives New York hospitals. President Sheridan-Gonzalez provided information on hospital industry consolidation, through mergers, that often undercut care, reduce staffing and lead to layoffs.

NYSNA nurses from Nathan Littauer Hospital, Ellis Hospital and Bellevue Women's Hospital were present. Nurses from St. Peter's Hospital and Albany Medical Center, both in Albany, joined them. Both union and



non-union contingents agreed that staffing shortfalls were prevalent throughout hospitals – in ORs, Med-Surg, ERs and other units.



# Meet and hear

Three outstanding public servants agreed to participate in the Biennial this year and they are featured, below. Each one has shown extraordinary commitment to the issues of equal access to quality care for all New Yorkers, RN staffing and patient safety. They bring a dimension of integrity to government and serve as stellar examples of public service.



**Tish James, JD, is the Public Advocate** of New York City. Her advocacy in behalf of healthcare equality and commitment to fighting to keep hospitals open is second to none.

In *Public Officials in New York State: Redefining Advocacy for Patients & Nurses*, Ms. James examines the legacy of government austerity and deregulation in the face of the corporatization of healthcare. Going forward, key New York public officials are redefining their roles as advocates for patients, RNs and all caregivers. The NYC Public Advocate shares her experiences and perspective on social and economic disparity that is informing a vital transformation.



**Senator Ruth Hassell-Thompson** represents the Bronx and Mount Vernon is the 36th District of New York State. She worked for 35 years as a nurse and substance abuse counselor at Mount Vernon Hospital. She advocates for safe staffing single-payer legislation.

Her presentation, *RNs and Healthcare Professionals Respond to Gun Violence*, examines how an average of 88 Americans die per day from firearm violence, while another 202 per day are seriously injured. She discusses how, in response to recent shootings, nurses are advocating for measures, including legislation, to prevent gun violence. This program is designed for nurses who want to learn how to advance measures to address gun violence in the U.S.



**New York State Senator Bill Perkins** represents Manhattan in the 30th District. He has been a member of the Senate since 2006 and is the lead sponsor for S.2078A, a bill to create a universal, single-payer health plan – *New York Health*.

In *Single-Payer Healthcare for All: Registered Nurses Respond to the Call for Universal Healthcare in New York State and Nationwide*, Senator Perkins brings a critical assessment of U.S. healthcare as the basis to prescribe universal care in New York and beyond. He diagnoses the current U.S. healthcare crisis and describes how universal healthcare could provide a cure at both the state and national levels. Nurses and healthcare professional practitioners share in his overview of the current debate about the healthcare system, and gain an understanding on what is at stake for patients and caregivers, and how to get involved.

## 2014 NYSNA Biennial, selected reviews

CONTINUED FROM PAGE 3

In *Crisis in Retirement Security and the Labor Movement: The Effect on Retirees' Health*, Mark Brenner, PhD, Grace Otto, RN, BSN and Eileen Laracuenti, RN, make the connection between a system that does not provide for retirement with security and the health of retirees. From the city workers in Detroit to the machinists at Boeing, union members are experiencing an unprecedented assault on their traditional pensions. And in Washington, politicians seem more willing than ever to cut Medicare and Social

Security. How these trends impact our patients' abilities to be safe from poverty and to have quality health in their retirement years is central to this presentation. They also explore who is behind the push to destroy traditional pensions, and what can nurses and other healthcare professionals do to preserve – even expand – this cornerstone of retirement security for unionized nurses, healthcare professionals and working people more generally.

NYSNA Board Member Karine Raymond, RN, speaks in a presen-

tation, *Respect for Private sector hospital RNs and Our Patients: A Call to Action*. Raymond describes how private sector nurses are activist heroes because they have risen up to lead the fight to protect their patients and their practice from the corporatization of healthcare in major hospital conglomerates and safety net community hospitals alike. She leads a discussion on how nurses can fight for a contract and healthcare environment that supports their patients' right to quality care by respected professionals

# Protecting against Ebola

**E**arly in August, 27-year-old Eric Silverman, a humanitarian aid worker recently back from Sierra Leone, checked into Mount Sinai Hospital in Manhattan with symptoms of the deadly Ebola virus disease (EVD), now claiming thousands of lives in West Africa. This raised serious concerns for American medical personnel. According to the Center for Disease Control, two groups are at *highest risk* for contracting the virus: family and friends of those infected, and *healthcare workers*. NYSNA immediately issued a Practice Alert – EBOLA VIRUS: WHAT NURSES NEED TO KNOW – to help stem the potential for spread of the virus, if confirmed, and to safeguard the health of medical staff, and patients and the public in turn.

## Ebola alert

With a fatality rate of 60-90 percent, make no mistake: Ebola kills. As of August 28, 2014, the World Health Organization and the Center for Disease Control counted 3,069 suspected and confirmed cases of Ebola and 1,552 suspected Ebola-related deaths in four African countries: Guinea, Liberia, Nigeria, and Sierra Leone. Recently, Senegal reported its first case of Ebola, raising fears that again the epidemic may be spreading.

According to the NYSNA Practice ALERT, “It is not always possible to identify a patient with EVD immediately because early symptoms may be non-specific. Therefore, it is important that health care workers (HCWs) use standard precautions consistently with all patients and in all work practices. This includes: hand hygiene, respiratory hygiene, and personal protective equipment (to limit contact with infected materials and splashes).” NYSNA also outlined additional precautionary measures that have proved successful barriers to transmission in cases of suspected or confirmed Ebola. There is no approved drug to treat the disease.

ZMapp, an experimental drug with limited availability, has been judiciously administered to a limited number of patients. It was



The Ebola virus disease (EVD) continues to spread in parts of Africa.

part of the successful treatment of two American doctors who contracted Ebola on the frontlines of the epidemic in Liberia. However, for some who received ZMapp it proved ineffective and they died.

## A low priority

This has raised questions and eyebrows about the way drug development is funded. The vast majority of Ebola victims live in dire poverty

The Ebola virus, named for the Ebola River in the northern Democratic Republic of the Congo, was first identified in 1976. Almost 40 years later, even the supply of the experimental (and sometimes successful) ZMapp has run out. According to James Surowiecki, writing in the *New Yorker*, “When pharmaceutical companies are deciding where to direct their R. & D. money, they naturally assess the potential market for a drug candidate. That means that they have an incentive to target diseases that affect wealthier people (above all, people in the developed world), who can afford to pay a lot. ...” This economic dynamic gives Africa and EVD a low priority. That needs to change.

## Remaining vigilant

There is, however, some good news for those in the trenches. The Ebola virus is difficult to spread. It is not thought to be airborne, and is transmitted largely through contact with bodily fluids of an infected person. At Mount Sinai, Eric Silverman’s symptoms were a false alarm. Even so, the incident served as an unpleasant reminder. An ocean may separate us from Ebola, but an outbreak is only one short plane ride away.



The Ebola virus magnified under microscope.

in remote Central and West African rain forests. If they were wealthy and Western, would an approved treatment already be on the market and widely available for use?

**RNRN**  
RN Response Network

Registered Nurse Response Network (RNRN) is raising funds for healthcare workers in Ebola-stricken nations.

**To donate by mail:**  
Make checks payable to CNF/RNRN and mail them to: CNF/RNRN, 2000 Franklin St. Oakland, CA 94612 or go to [www.nationalnursesunited.org/site/entry/rnrn](http://www.nationalnursesunited.org/site/entry/rnrn)

Donations are secure, and tax-deductible to the extent of the law.



## NYSNA backs Bronx health

Bronx Borough President Ruben Diaz Jr., joined here by NYSNA President Judy Sheridan-Gonzalez, RN, left, and NYSNA Board Member Karine Raymond, RN, has been paying close attention to healthcare issues. Recently, NYSNA joined with other unions in partnership with the Borough President to support the Bronx Family Health Challenge (FHC). The FHC has been adopted by schools and youth programs to help students learn about healthy dietary habits, as well as the need for physical activity. All agreed that labor participation in the Bronx is key to improving public health.



## RNs fight epilepsy

Capital District registered nurses took the "stroll" for epilepsy on September 7. The NYSNA team walk in Saratoga State Park was to raise funds and awareness for the epilepsy, which affects more than 45,000 adults and children in north-eastern New York.



## NYSNA Labor Day sings

This year's Labor Day was a success, as a NYSNA float, replete with band, held its own. The parade, celebrated on September 6, covered 20 blocks on Manhattan's Fifth Avenue. Chris Erikson, Business Manager of IBEW Local 3, was honored as Grand Marshal. The Parade Chair was Julie Kushner, Director of UAW, Region 9A. New York City continues its tradition of labor pride.



## DiNapoli at West Indian Day

New York State Comptroller Thomas P. DiNapoli joined with NYSNA at the West Indian Day Parade in Brooklyn on September 1. There is a good reason he is smiling: NYSNA has endorsed DiNapoli for re-election.



## INSIDE



Hundreds of RNs attend climate change workshops, pp. 6-7



Biennial reviews, pp. 3, 9



Protecting against Ebola, p. 10



people's  
climate  
March.

nyc  
9/21

Text 'PCM' to 97779 to join the biggest climate march in history.

**PeoplesClimateMarch.org**