

# New York nurse

the official publication of the new york state nurses association



## OUR FIGHT FOR PUBLIC HOSPITALS

NYSNA nurses are taking our demand for quality healthcare for all to the streets and into the halls of political power.



Bill de Blasio for Mayor



Letitia James for Public Advocate



Scott Stringer for Comptroller

**BIG WINS FOR CANDIDATES WHO STAND UP FOR PATIENTS**  
*See inside for details.*

For the first time NYSNA made endorsements in the NYC primary, with patients the greatest winners.

## HHC NURSES

# Nursing with a mission

By Anne Bové, RN,  
President of the NYSNA HHC  
Executive Council



In New York City's HHC public hospital system, our mission is simple: We never turn anyone away. We care for every person who comes through our doors. No insurance? We give care. No name or birth date? We fill in the blanks. Everyone needing care gets it. No questions asked.

When you think about it, the HHC mission is the nursing mission: Quality healthcare for all.

**HHC nurses at the forefront**

It's a powerful mission, and it guides everything we do. Fighting to expand and defend our public hospitals. Keeping safety net hospitals open. Speaking out against the for-profit takeover of hospitals. And taking a stand for safe staffing.

HHC nurses have been, and remain, at the forefront of all these fights – just as we're leading the fight to make NYSNA the strong and powerful union we deserve.

The HHC system is the birthplace of NYSNA power. In the 1960s and 1970s, HHC nurses fought against unfair pay and extreme staffing levels. And we made change happen.

**Taking a stand**

NYSNA nurses courageously came together and used bold and creative actions to win fair pay and safe staffing. Today, staffing in many HHC hospitals is better than it is in some of the city's "elite" private hospitals.

In the 1990s, we beat back Mayor Giuliani's proposal to privatize our HHC system.

Time and again, defending nursing and defending our public hospital system have been one and the same battle. That's no coincidence: Nurses and public hospitals share a common purpose.

For many years, NYSNA was set up to prevent members in our

*This issue of the New York Nurse is dedicated to celebrating and highlighting the work of HHC nurses, the dangers we face, and our response.*

union from having a voice. But HHC nurses will not be silenced.

Last year, we led the way in changing our union. More than 1,000 HHC nurses joined with more than 1,000 nurses from other hospitals at our historic May 17 meeting where – together – we voted to transform NYSNA into a democratic organization. We continue to move forward to build our unity and our strength to win safe staffing and respect for nurses.

**Defending our model**

The HHC system leads the way too. We are a model for a healthcare system that puts people before profit, that's based on the idea of universal coverage and comprehensive care. Ours is the kind of healthcare system our state and our country sorely need.

But our mission is under attack. Wall Street wants to take over and run New York hospitals. Right-wing politicians and big

corporations want to deregulate healthcare. Safety net hospitals are in danger of closing.

If profiteers win, *every nurse in New York will be affected* – whether you work at a private or public hospital, big or small.

**Our plan**

The people who want to destroy our mission have their plan. And we have ours:

- ▶ Elect a New York City mayor, public advocate, comptroller, and City Council members who are pro-nurse and pro-patient – and who oppose the corporatization of patient care.

- ▶ Document all instances of unsafe staffing using our Protest of Assignment form.

- ▶ Build and participate in the community coalition that is fighting the closures of HHC services for underserved communities.

Join us in our mission.

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**Executive Editor**

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Executive Director

**Editorial offices located at:**

131 W 33rd. St., New York, NY 10001

Phone: 212-785-0157 x 159

Email: communications@nysna.org

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NYSNA nurses have fought for safe staffing and decent pay before, and won. Here, informational picketing at Kings County Hospital in the 1980s.



## Bill de Blasio stands up for patients

**HE HAS PROVEN** his commitment to our fight to protect public hospitals and access to quality care for all New Yorkers. As public advocate, Bill de Blasio has:

- ✓ Marched and rallied with us to protect public healthcare in our city.
- ✓ Taken legal action and participated in civil disobedience to stop hospital closings.
- ✓ Defended patient care and New Yorkers' rights to quality healthcare for all.

AS MAYOR, BILL DE BLASIO will put the people of New York first.

## VOTE for healthcare & NY patients

- ▶ **Bill de Blasio for Mayor.** Stay tuned for details on the elections.
- ▶ **Letitia James for Public Advocate** in the runoff on Oct.1
- ▶ **Scott Stringer for Comptroller** on Nov. 5

# Our votes made a difference

**F**or the first time in NYSNA's history, we endorsed a candidate for New York City mayor this year, and we have already made a big difference in the city's political landscape.

Our candidate, Bill de Blasio, won tremendous support in the primary because of his vision for the city – a vision that features access to quality healthcare for every New Yorker, in every neighborhood. It's not clear as we go to press whether or not there will be a runoff for the mayoral candidate, but it is clear that New Yorkers want a mayor who puts people first.

### Public healthcare at risk

Right now, the public healthcare system is hanging in the balance. Twelve of the city's hospitals have closed in the last 10 years. Several are at risk today. We're



FROM THE EXECUTIVE DIRECTOR  
Jill Furillo, RN

**Use your vote to take a stand for patients and New York's public healthcare system.**

in a constant fight to stop service cuts like the recent closing of the Labor and Delivery unit at North Central Bronx Hospital.

Our city still has the greatest public healthcare system in the country. But it's in real danger of being destroyed. New Yorkers deserve better.

### Vote to defend quality care

That's why NYSNA's board unanimously voted to endorse Bill de Blasio. He has a proven track

record of standing up for public healthcare. He has fought on the frontlines with us to defend every New Yorkers' right to quality care. Our public healthcare system turns no one away. We care for, and about, every patient. With Bill de Blasio, New Yorkers will have a mayor who cares as well.

I hope you will join me – and encourage your co-workers, family, and friends to do the same – in voting for healthcare for New Yorkers. Your vote is your voice.



This is the first time that I'm actively working for a candidate. We're in a time of real crisis – so many closings and threats of closings. New Yorkers are at risk. Bill de Blasio shares what we stand for: healthcare for all."

–Virginia Stewart, RN,  
Metropolitan Hospital

# Patients or profits?

## The threat to our public hospitals



It's very difficult in the ER because of hospital closings and short staffing. We're seeing more, and sicker, patients. Sometimes it feels like an assembly line as we run back and forth. Management should walk a day in a nurse's shoes."

—Rose Green, RN,  
Elmhurst Hospital

**W**all Street and a shadowy network of right-wing politicians want to privatize services and deregulate care in our hospitals – for one reason: money.

New York is the only state in the union that prevents for-profit publicly traded companies from running hospitals. Wall Street firms and out-of-state for-profit hospital chains are out to change that. Their success would put our public hospital system – and our mission of caring for every New Yorker – at grave risk.

Here's their game plan, and ours to stop them.

### Corporate takeover step #1: Deregulate

In New York State, the Certificate of Need (CON) process gives patients and community members a voice when hospital administrators want to open or close units, or to add new services.

CON blocks for-profit companies from operating our hospitals. But its main purpose is to prevent unnecessary and wasteful hospital spending and to ensure that New Yorkers have access to quality care where they live.

It doesn't always work as it should, but the Certificate of Need process is still a powerful protection for patients and caregivers. It's a tool we use to demand that the state and HHC keep their commitment to the people of New York.

This process is in danger.

In 2009, a secretive think tank, the American Legislative Exchange Council (ALEC), drafted model legislation to gut New York's Certificate of Need regulation. Large corporations and anti-union

billionaires like the Koch brothers fund ALEC, and they use it to push for laws that will help make the rich even richer. According to The Center for Media and Democracy, "Through ALEC, behind closed doors, corporations hand state legislators the changes to the law they desire that directly benefit their bottom line."

Step by step, corporate forces are gaining ground in healthcare in our state: Last fall, the New York State Dept. of Health's planning committee approved dramatic reductions to the scope of the Certificate of Need review process. These changes still have to be reviewed by the state and written into state regulations, but if they go through, they will mean more power for big hospital chains.

Fewer limits on CON would give large private hospitals greater incentive to poach patients with better insurance from our public hospital system – leaving public hospitals with fewer and fewer resources to meet our mission of caring for every patient who comes to us in need. Fewer limits on CON would also weaken the levee keeping for-profits out of hospitals in New York.

### Corporate takeover step #2: Pilot projects

Out-of-state for-profit chains know they can't take over our hospitals all at once. Their next tactic: pilot programs.

During the last legislative session in Albany, lawmakers proposed at least three different "pilot" programs that would have allowed for-profit companies to operate New York hospitals – starting with as few as two and as many as 10 pilot hospitals.

They used real crises in healthcare in Brooklyn and upstate as their excuse to legitimate these experiments. But their long-term goal is clear: to open the floodgate and allow for-profit companies to own and operate New York hospitals.

We beat every single proposal to let for-profit companies experiment on New York patients. But they're definitely coming back. After our victory, investment banker Stephen Berger told The New York Times, "It doesn't mean we're not going to find a way to work around it."

### Corporate takeover step #3: Make the market the solution

Both the Affordable Care Act (ACA) and the New York State's MRT (Medicaid Redesign Team) reforms rely on the notion that competitive market forces will fix hospitals. But there's no evidence that the market can deliver the affordable, quality healthcare that all people need and deserve.

For individuals, the free market idea of competition driving down costs makes no sense when it comes to healthcare. It's not just that people can't comparison shop when they're sick: When it comes to healthcare, costs are not transparent. Most of the time, it's impossible to figure out what something costs. Moreover, in an emergency, cost is not on a patient's mind – time and proximity are of the essence. Similarly, effective preventive care depends first and foremost on access. People can't and don't travel great distances to get care that costs less.

The free market doesn't work to drive down costs for healthcare



institutions either. The Affordable Care Act actually creates incentives for hospitals to merge and consolidate. That by itself will undermine the very competition that the free market theory rests on.

The push for primary care and preventive care effectively unlocks new sources of revenue that for-profit companies will pursue. They will open facilities to make money providing all manner of health services. And bundled, or episode-based, payments for care will create incentives to provide less of the very care they are intended to spawn. The fiasco in dialysis treatment (see page 11) already illustrates this all too clearly.

The profit motive skews the fundamental purpose of hospitals. For corporations, the results have turned some hospitals into “enormous profit centers,” according to Forbes. For people, the results have been a disaster. Nurses get laid off.

Staffing gets worse. Wait times go up. And public hospitals face steeper and steeper cuts.

## Common folly

The “common wisdom” that the free market can cure problems in the healthcare system is flat-out wrong. The wealthy and those with top-quality health insurance can get the best wherever they are. The rest of us rely on a system that delivers for everyone: A system like New York’s HHC and other public hospitals. For-profit companies can only make profits in healthcare by denying care to less profitable patients.

As nurses, we have a duty to care for every patient, not just those with top insurance and money in their pocket. And that means we have a duty to fight to stop for-profit hospitals from taking over patient care in New York.

**NYSNA nurses are fighting the attack on public hospitals. Turn the page for details.**



Healthcare should be a right, not a privilege. Our mission in the public sector is to serve our patients regardless of their ability to pay. It’s challenging every day – advocating for patients, fighting to defend public hospitals.”

– Jackie Gilbert, RN,  
Harlem Hospital

**The Koch brothers have donated untold millions to think tanks and organizations that promote their ideological agenda. ALEC, which they support, wrote the proposed law that would have let corporations run New York hospitals.**

# HHC nurses stand up to put patients first

**HHC nurses** put patients before profits every day. That's our mission – at the bedside and in the political process, too. And what we've been doing is working. We won significant victories this year to stop the for-profit takeover of New York hospitals. Together we:



We need public hospitals to stay open; people to get the care they need where they live; nurses who aren't overtired, overtaxed, who are paid properly. I'm pushing myself to be more active, to bring others with me."

—Guanda White, RN,  
Queens Hospital



Low-income, densely populated areas are at risk. The rally on Oct. 17 is important. When we make a lot of noise, we make New Yorkers aware. We have to have our voices heard. We won't win overnight. This fight is for the next generation, too."

—Patricia Deandrade, RN,  
Coler-Goldwater  
Specialty Hospital

✓ **Stopped Wall Street and private equity investors from taking over New York hospitals.** When for-profit chains take over hospitals, public hospitals and our patients are their first target. They poach paying patients and give anti-union politicians an excuse to cut public services.

✓ **Stopped the plan to deregulate Certificate of Need,** the process that gives nurses and patients a voice when hospitals want to cut services. If the Koch brothers had gotten their way, private hospitals would have been free to lure patients with top insurance to them while shifting their "unprofitable" patients onto our public hospital system.

✓ **Kept struggling community hospitals, like LICH and Interfaith, open for care.** If these hospitals had closed, ER wait times in public and private hospitals would have shot through the roof, and staffing would have gotten worse.

✓ **Fought patient-care cuts in private hospitals.** We joined up with Harlem community members to fight Continuum's closure of the pediatrics and detox units at St. Luke's. This was another

attempt of a private hospital chain to cut care for those with limited, or no, ability to pay and to shift the burden onto our public hospitals.

✓ **Stood up to a billionaire mayor.** Mayor Bloomberg tried to ignore the public health crisis created by Hurricane Sandy, and he never acknowledged the work we did to save thousands of lives. But we made ourselves heard, at City Hall and in Albany. Thousands of us rallied on May 21 and again on June 12 for safe staffing in ALL NYC hospitals, public and private.

**Our fight is far from over.** Wall Street still plans to take over New York hospitals. We are showing that together we can stand up to corporate interests and protect our patients. And we will not back down.

**We're building the movement for healthcare for all.** Together, we are fighting to unite public and private sector nurses to win strong contracts that guarantee quality patient care and defend our practice; to stop the Wall Street attack on patient care; to pass safe staffing legislation; and to win a moratorium on all hospital cuts and closures.



# Tougher than the storm

**T**here might not be a thing that would stop a New York City nurse from carrying out our mission – certainly not a hurricane. Last year when Hurricane Sandy came barreling up the East Coast, we were on the job. Thousands of NYSNA members live in the storm’s path: We had worries for our own families and homes. But when duty calls, we don’t falter. No matter what.

The storm ultimately forced the evacuation of two HHC hospitals, Bellevue in Manhattan and Coney Island Hospital in Brooklyn, and the partial evacuation of Coler on Roosevelt Island. Manhattan VA Hospital and NYU Langone Medical Center also were evacuated. Nurses, other medical staff, and the National Guard helped bring more than 1,200 patients to safety.

### Fulfilling our mission

We were tougher than the conditions we faced – helping to carry severely ill patients down as many



In Hurricane Sandy’s aftermath, NYSNA nurses went door-to-door bringing urgent medical attention to thousands of stranded New Yorkers.

as 18 flights of stairs, manually working pumps to help newborns breathe, providing life-sustaining care to those in the midst of emergencies as we evacuated them.

The storm inflicted serious damage, scattering hundreds of us across city hospitals as ours were repaired.

No one needs to tell a nurse about stress on the job. We live it daily. Sandy brought a new level of urgency and strain. But there’s nothing like fulfilling our mission when it matters most. New Yorkers need care – and we deliver.



When the power went out, I wanted to get to work because I knew I was needed. On my way to the hospital, rushing water suddenly overwhelmed my car. I struggled to open the door, slipped out of my coat, and swam to safety. For a minute, I didn’t think I’d make it. I wasn’t trying to do anything heroic, just trying to get to work. The next day, I walked.”

–Roman Polei, RN,  
Coney Island Hospital

## Honoring our efforts



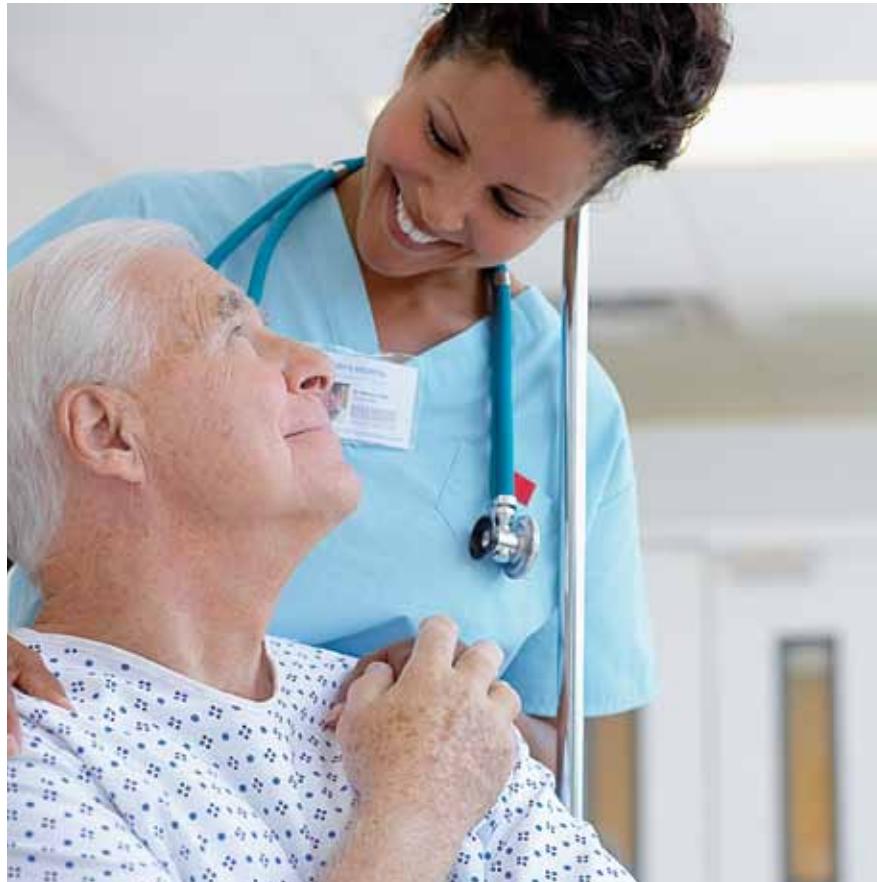
NYSNA nurses were all over the news receiving well-deserved recognition for our outstanding work during Hurricane Sandy and in its aftermath. New York City Councilmember Jessica Lappin sponsored a proclamation honoring the nurses of Coler-Goldwater Specialty Hospital on Roosevelt Island for their valor.

Nurses at Coler made heroic efforts to care for their patients under extreme conditions. After the storm, the hospital had no power, heat, or hot water. Yet all patients got the care they needed. Not one patient was lost. Some patients had to be moved to Goldwater, but the hospital was never fully evacuated. And emergency generators from the canceled NYC marathon had the hospital running again quickly.



// We've been incredibly short staffed in the ER. We made a lot of ruckus for a year and a half. We kept track of the staffing and patient numbers on each shift for months and worked our way up the chain until we got to the CEO of the hospital. Now we're expecting 50 new hires."

—Johnny Pearson, RN,  
Kings County Hospital



# Healing power, people power

## Our history of struggle for quality, public healthcare

**F**ounded in 1969, HHC is the largest city healthcare system in the country, with 11 hospitals as well as nursing homes, diagnostic and treatment centers, and primary care clinics.

The HHC mission is noble: to treat every New Yorker regardless of ability to pay, and to provide "comprehensive health services of the highest quality in an atmosphere of humane care, dignity, and respect." This is what nursing is all about. It's a mission we share 100 percent.

The challenge is to turn purpose into reality. It's a challenge NYSNA nurses rise to every day. We have a long history of fighting

to make HHC keep its promise so that we can keep ours to the people of New York.

### Healthcare is a matter of justice

As nurses, we're focused on the healing power of our work. Nursing practice is about meeting the highest standards of care and advocating for patients so their interests remain at the forefront of clinical work.

As nurses, we're also focused on social justice. Healthcare should be a human right for all, not the privilege of a few. As such, we have fought time and again to win the decent standards that reflect

respect for patients and caregivers alike.

In the 1960s, nursing in city-run hospitals was grossly understaffed. By 1965, because of deplorable working conditions and nominal pay, the vacancy rate was 56 percent. There were instances in which a single nurse was expected to cover 12 units with 300 patients.

### Changing conditions

After a decade of failed negotiations, nurses took the bold step on May 10, 1966 of submitting resignations en masse: They could not condone the unsafe conditions that were prevalent in city hospitals.

## ACCOLADES FOR HHC NURSES

### And the awards go to...

**HEALTHGRADES**, which assesses hospital quality nationwide, gave awards to two Brooklyn HHC hospitals in July: Woodhull Medical Center for "Gynecologic Surgery Excellence" and Coney Island Hospital for "Maternity Care Excellence." Healthgrades bases its quality assessment on outcomes, using patient mortality and complication rates. These awards place Woodhull Medical Center and Coney Island Hospital in the top 10 percent of hospitals nationwide for these areas of women's healthcare.

**NURSES IN** Woodhull's Mother-Baby Unit won the hospital's "Patient Satisfaction Award" in May. "A lot of time we work so very hard and we don't feel appreciated. We do so much even when the staff is short," says RN Inez Stewart. "Having patients recognize and acknowledge us, it's priceless."



The result was progress – greatly improved staffing levels, better pay and greater respect on the job, nursing practice worthy of patients and true to our expertise and commitment to quality care.

In the 1970s, with the city in fiscal crisis, nurses took a stand again against unsafe hospital conditions, inadequate staffing, and chronic underfunding.

**On the rampart again**

And our fight continues. In today’s environment, it’s the drive to profit that’s undermining our public hospitals. Again, we’re fighting for safe staffing and respect for patients’ rights and nurses’ responsibilities and expertise.

We care for every New Yorker, no matter what. And we do so proudly. As Sandra Opdycke poignantly puts it in her history of New York City’s public hospitals (No one was turned away: The role of public hospitals in New York City since 1900), “No one is too dirty, too drugged, too drunken, or too different, none too poor, nor too hopeless.” Money, creed, color

don’t matter. If a person needs care, we give it.

It’s a profound commitment to our city and its people that we

make every day. It’s a principle we stand by and will keep fighting for because it’s what nursing practice is all about.



On Oct. 17, we’ll be sending an important message to the city: We won’t be silent about the situation in public hospitals. This is a significant opportunity to take our fight forward, but we shouldn’t have any illusions. It’s going to take a lot of pressure to win.”

–Sean Petty, RN, **Jacobi Hospital**



When patients come into the ER, we don’t care who they are. Poor, a prisoner, it doesn’t matter. We advocate for patients so they get the best possible care. Nurses can be leaders at HHC. We are uniquely positioned to handle a broad range of care issues.”

–Seth Dressekie, RN, **Woodhull Medical Center**

**Speaking out for Bronx moms**



NYSNA nurses are fighting to restore Labor and Delivery at North Central Bronx.

Mayor Bloomberg and city officials shut down Labor and Delivery at North Central Bronx Hospital in August, and that terrible decision is hurting women across the Bronx. Nurses at Jacobi Hospital report that they are stretched to their limit. And women are having to travel farther to give birth. In an emergency, minutes can mean the difference between a good outcome and heartache.

We can, and we must, reopen these services at North Central Bronx Hospital for the borough’s moms and babies. It’s not just that they deserve quality care close to home. Life depends on it.



NCB is a nationally recognized center for training midwives. Yet, the mayor shut down Labor and Delivery with only five days’ notice. Now our educational mission is in danger, and moms have to travel, often on public transportation, to give birth.”

–Sangra Fogarty, transferred to Jacobi Hospital from **North Central Bronx Hospital**

## PUBLIC VS. PRIVATE

## Comparing the cost of care



We provide excellent services to the poor. Our challenge is to keep public healthcare alive in this era of privatization. I became a nurse because I wanted to embrace people and prevent tragedies from happening. Nurses are totally committed. We give from the heart.”

—Charles Mighty, RN,  
Metropolitan Hospital

**A hip replacement costs nearly 4 times more at NYC Langone than across the street at Bellevue.**

**W**hen it comes to healthcare, you don't necessarily get what you pay for. More expensive care isn't sure to be better, often it just costs more than the same quality of care costs elsewhere.

Take hip replacement for example. At HHC's Bellevue Hospital, charges for a hip replacement without complications are \$20,927. At not-for-profit NYU Langone Medical Center charges for the same procedure are a hefty \$82,605. Across the Hudson in Jersey City, the for-profit Christ Hospital charges an outrageous \$139,072.

This is just one instance of the wild discrepancy in medical costs that is finally coming to light. In May, the federal government released data on hospital pricing and Medicare reimbursement payments for the 100 most common inpatient procedures. A review of these costs by The Washington Post found that for-profit hospitals tended to bill Medicare at a 29 percent higher rate, on average, than did nonprofit or government-owned hospitals.

#### Variable fees

Discussion about the high and unpredictable cost of healthcare heated up with Steven Brill's eye opening cover story in Time magazine, "Bitter Pill: Why Medical Bills are Killing Us," in early March. He examined how hospitals set exorbitant "chargemaster" prices, which are then dramatically discounted by government



Bellevue is the oldest public hospital in the country.

programs, such as Medicare, and through negotiations with insurance companies. Brill found that as more hospitals consolidate into networks, their leverage in these negotiations increases and prices climb closer to the chargemaster rates than the Medicare rates.

A series of articles in The New York Times by Elisabeth Rosenthal looked at colonoscopies, pregnancy, and joint replacement to explore why the U.S. leads the world in healthcare costs. She found that hip replacements, for example, cost, on average, about four times more in the U.S. than they do in France or Switzerland.

Rosenthal also digs into the opacity of hospital bills, exposing unduly high charges for drugs,

devices, and procedures. She notes that unlike most industrialized nations, the only healthcare rates that are set in the U.S. are for Medicare and Medicaid.

#### The single-payer solution

Both Brill and Rosenthal agree that those least able to pay, the uninsured and the underinsured (the "almost poor" as Brill calls them), end up being charged the most.

Brill's proposed solution? Initially, he recommended a complex list of fixes for healthcare, including antitrust actions, taxing hospital profits, and amending patient law. But he is coming around to single-payer as the logical response: "It's sort of the cleanest way to keep costs down."

### Dollars and Sense

	Bellevue	NYU Langone	Christ
DRG, without complications and comorbidities			
Major joint replacement or reattachment or lower extremity	\$20,927	\$82,605	\$139,072
Acute myocardial infarction	\$20,534	\$28,830	\$48,399
Chest pain	\$9,660	\$16,660	\$43,012
COPD	\$14,094	\$18,689	\$52,490
Kidney infection	\$15,572	\$28,759	\$66,417
GI hemorrhage	\$13,472	\$242,517	\$52,420

Source: CMS Medicare Provider Charge Data, Inpatient

# Bottom line benefits

## Dialysis is big business.

And city officials are bringing for-profit dialysis companies into our city's public healthcare system.

Two multinational companies – Fresenius and Davita Healthcare Partners – dominate the industry. And the money they make is astonishing. Last year, DaVita's CEO made nearly \$28 million, making him one of the highest earning corporate heads in the country.

Kidney failure is the only chronic disease that Medicare pays for. That should help patients get the treatment they need, but with a lot of money at stake, all too often it means that profit is the first concern.

### Corporate lobby at work

The quest for profits in dialysis is turning into a cat-and-mouse game. The dialysis industry has dozens of lobbyists in D.C., working hard to keep the cash flowing. Until 2011, dialysis clinics collected payment for each dose of Epogen they administered.

In an effort to make sure clinics weren't giving too many doses to up collections, Medicare moved to a flat-fee system for dialysis payments. The consequence? According to The New York Times, "the use of the drug plunged, while the dialysis companies' earnings margins rose."

Without a financial incentive to give patients Epogen, usage dropped much more than had been expected when the flat fee was set.

Congress responded earlier this year with plans to cut the fee dramatically – and dialysis industry lobbyists swung into action. They threaten that the fee cut would force dialysis clinics in low-income urban neighborhoods and rural areas to close. The U.S. Dept. of Health and Human Services will issue its decision by Nov. 1. Many members of Congress who once supported the cut are now urging otherwise. The \$8 million in campaign contributions from the dialysis industry and its sophisticated lobbying campaign may well pay off nicely if profit is the measure of success.

### Outsourcing dialysis at HHC

Last year, HHC's board of directors voted to outsource inpatient and outpatient dialysis to Atlantic Dialysis Management Services. An agreement is still in the works, but NYSNA strongly opposes privatizing this key health service.

The evidence leaves no doubt that patients pay with their health when the profit motive enters dialysis.

Our research shows that the HHC

privatization plan and proposed staffing model will lead to significant cuts in patient care, with nurse-to-patient ratios doubling or even tripling and nurse hours per patient cut up to 60 percent.

### Patients at risk

Studies of for-profit dialysis operations make clear that patients pay dearly for cuts like this. Compared to nonprofit centers, for-profit dialysis results in higher mortality rates (up to 13 percent higher than in a nonprofit) as well as increased hospitalizations and longer hospital stays (up to 17 percent higher than in a nonprofit).

A 2010 study published in the Journal for Health Services Research found that patients treated at Fresenius centers had a 10 percent higher risk of death than did those receiving care at a nonprofit, and patients at DaVita clinics averaged a 24 percent greater risk of death. The Food and Drug Administration is currently investigating if Fresenius failed to abide by federal regulations and warn patients of a potentially lethal risk connected to one of its products.

HHC nurses put patients first – always. That is what we are about, all day, every day. We continue to challenge the HHC board's decision to outsource dialysis.



We had a quality dialysis center. Now it has been outsourced and privatized. It's devastating to patients. They get less time on the machine, and the treatment is at a faster pace. Dialysis patients often have other health issues that don't get addressed now."

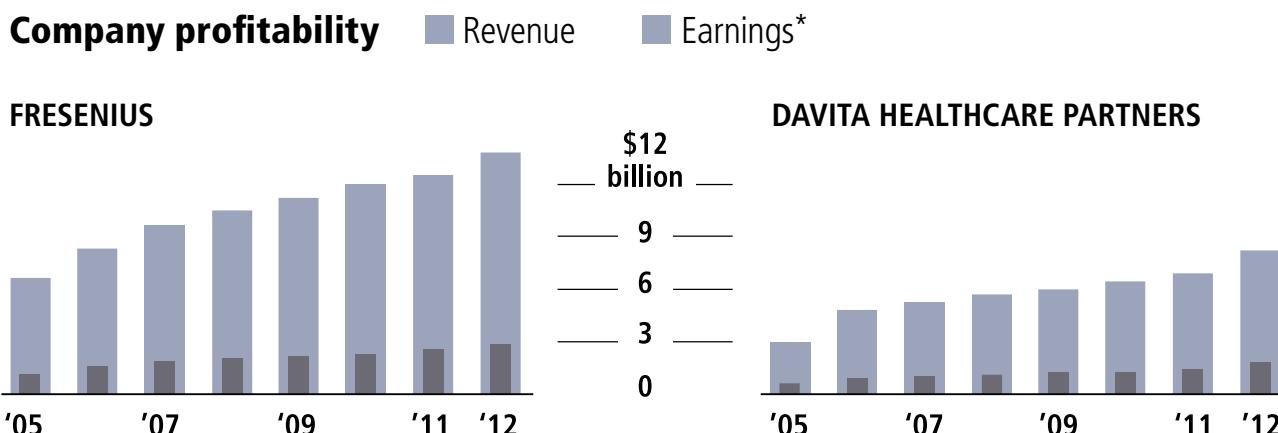
–Grace Otto, RN,  
Bellevue Hospital

## Dialysis under corporate control

### Share of U.S. dialysis care market, 2012



### Company profitability



Source: New York Times, August 29, 2013

**"The multi-billion dollar dialysis industry has been accused by medical researchers and former employees of putting a higher priority on profits than on care before."**

–The New York Times,  
Aug. 29, 2013

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**NYSNA Convention, Oct. 16-18, NYC**

To register: [www.nysna.org/convention](http://www.nysna.org/convention)

**UNITED WE STAND**

**Rally for respect  
for HHC nurses  
& patients**

**THURS, OCT 17**

**9 AM, CITY HALL, NYC**