Next stop: Quality care for all

See page 6.
Who writes our history?

By Judy Sheridan-Gonzalez, RN, NYSNA President

If someone broke into our homes and took our valuables, we would be outraged. Why are we not as upset about the theft of our history? What is more valuable than knowledge – and truth to power?

There is a rich and vibrant history in our country – a history made by workers, immigrants, women, people of color, and the poor and disenfranchised. But the history most of us learn is about presidents and senators, judges and millionaires. History is written by the victors of war.

Labor wars

FDR is celebrated as the president who legalized unions, created social security, and provided a social safety net for Americans. The truth is that these laws were passed due to intense pressure generated by workers and the unemployed: our parents, grandparents and great-grandparents; victims of the Dust Bowl and veterans of the auto sit-down strikes; garment workers in NYC and miners in Montana. Social movements are what move lawmakers and judges.

Prior to World War II, most hospitals were staffed by student nurses who provided free labor. Graduate nurses worked mostly as visiting nurses, private duty nurses, educators, and supervisors.

With the tremendous growth of union health plans throughout the 50’s and 60’s – and the private insurance industry – academic medical centers proliferated and charity hospitals were transformed into renowned teaching institutions.

The struggles of the 1930’s, and the powerful movements of the 1960’s, were built on the shoulders of previous generations of activists in the 19th and 20th centuries. On May 1, 1886 the Haymarket Massacre of workers in Chicago led to the declaration of May Day, observed around the world, commemorating workers’ battles for justice.

Labor & community struggles today

With the series of recessions beginning in the 1970’s and crystallizing in the bank debacle of 2008, attacks against unions, particularly in the public sector, have escalated. Gains made over 150 years – defined-benefit pensions, no-cost health plans, unemployment insurance, and a variety of safety net programs – have been eviscerated. The disparity between the wealthiest and poorest Americans has risen to astronomical proportions. This reflects the world’s wealth inequality where an astounding 85 individuals possess wealth equivalent to that owned by half of the entire world’s population: 3.5 billion people.

The labor movement is waking up. We’ve examined the root causes of the so-called economic crisis, and guess what? It’s not our fault! The fault lies with the unbridled greed and irresponsible practices of the super-rich. As labor stands up to these predators, the spirit of May Day is being revitalized.

The effect on NYSNA members

Nurses should be proud of the gains we’ve made in practice, patient advocacy, and quality of life issues for our families. Instead, we’re told we should be “grateful” that we have jobs, feel guilty about being better off than those without benefits, that we’re “greedy” if we want to improve our own lives or increase staffing.

Contract negotiations

That is the picture management has painted as we engage in the most difficult bargaining ever – whether we’re private sector with the right to strike or public sector where members have gone years without a contract due to the Taylor Law that makes striking illegal.

Knowing our history and seeing ourselves as part of a broader movement for workplace and social justice is the first step in protecting what we have, winning what we need, and crafting the changes in healthcare delivery that our patients so desperately require.

United for core contract standards & patient care protections

PRIVATE SECTOR nurses from more than a dozen hospitals across New York City are continuing to build a coordinated contract campaign to defend nursing practice and protect quality patient care. Contracts are expiring soon, and while nurses in each hospital have their own concerns, we face the same key issues in every facility. Hospital management strategizes together. Now we do too.

Private sector nurses are meeting regularly to discuss the issues and plan our way forward. We held our first-ever bargaining conference in early December, and met again on April 29. The next conference is on June 18 (see box).

Every RN has a job to do in this contract fight, beginning with completing the bargaining survey and continuing with being an active part of the campaign. It’s a simple fact: Our strength is in our collective action. To date, nurses’ contract goals fall into three main areas:

1. Patient protection and safe patient care.
2. Nurse, patient, and community safety.
3. Workforce stability.

The one way to protect nursing practice and patients is together. Coordinated bargaining across hospitals is about power for RNs and patients. Hospitals have money, but we have the numbers and the moral high ground. Get involved!

"DEFENDING NURSES’ RIGHTS is essential to defending quality patient care. We must hold management’s feet to the fire."
– Karine Raymond, RN, Montefiore Medical Center, NYSNA Director at Large

"SUPPLIES HAVE BEEN OUTSOURCED, and now there aren’t enough. It’s like a scavenger hunt for supplies."
– Michelle Pittman, RN, Staten Island University Hospital

"WHAT UNITES US? Defending patient care and our nursing practice. We have to fight for safe staffing, and win it."
– Anthony Ciampa, RN, NewYork-Presbyterian Hospital, NYSNA Director at Large

"THE INDUSTRIAL PROCESS in healthcare is turning hospitals into factories. There’s a gradual, insidious move to weaken NYSNA every day."
– Thomas Roman Clarke, RN, NewYork-Presbyterian Hospital

"MANAGEMENT GETS TOP MONEY, while quality care suffers and patients are put at risk. We’re supposed to have a patient family care center, but there’s no time for that, and no time for breaks. Staffing ratios are even worse at night."
– Gretel Villavelez, RN, Kingsbrook Jewish Medical Center

ON THE COVER Throughout New York City bus shelter ads in April reminded residents that HHC, the public hospital system, cares for every patient, no matter what. Top, in Queens; bottom left, in Manhattan; right, in Brooklyn. See page 6 for more on what’s happening at HHC.
A tax past due

By Jill Furillo, RN, NYSNA Executive Director

W e all pay sales tax – on everything from school supplies to SUVs. But missing in this revenue raising routine is a sales tax on financial transactions – trading in stocks, bonds, and derivatives. As both a matter of fairness to all taxpayers and to raise funds critical to support our communities, this void needs to be filled.

The Robin Hood tax

The U.S. Robin Hood tax campaign (www.robinhoodtax.org), with more than 160 endorsing organizations of labor (NYSNA included), consumers, small businesses, religious organizations, and others, whose ranks add up to many millions of members, can usher in this essential change in our tax code worth an estimated $350 billion a year.

The Inclusive Prosperity Act, reintroduced in Congress last year by Rep. Keith Ellison (D-MN) and enumerated H.R. 1579, embodies the Robin Hood tax principles and goals. Eleven European countries have passed a Robin Hood tax on financial transactions to be implemented in January 2016.

How does it work? The tax falls on brokers. H.R. 1579 requires those who make fees carrying out trades to pay a small sales tax – 50 cents per $100 on stock trades, lesser amounts on bonds and derivatives. (Derivatives are insurance on bonds and speculative trades, like betting on commodity prices.) The majority of trading today – as much as 70 percent of market activity – is carried out at high speeds and frequencies by computers for hedge funds and other speculators. They can surely afford the tax: Wall Street profits amassed by speculators are astronomic.

Keep in mind that pension and mutual funds do not trade in the fashion of speculators – rapidly and repeatedly to extract profits at increments of nanoseconds. Exposés on high speed trading, chronicled in the book, Flash Boys, by Michael Lewis, accuse some speculators of “rigging” the stock markets.

Others have raised doubts about the value of market speculation to the national economy overall. Does it create a productive economy? Speculation in the markets adds an estimated $1 to the cost of every gallon of gasoline and ups the price of other basics, such as wheat.

Still others have tied speculation to market volatility. Economists predict that H.R. 1579 will serve to reduce trading volume and induce stability.

Revenue for the people

Adding revenue is the legislation’s centerpiece, and $350 billion in new revenue each year can make a real difference if used the right way. Here’s what H.R. 1579 explicitly proposes: expand and improve Medicare and Medicaid; invest in education; give students debt relief; support job training; improve housing assistance; invest in mass transit and infrastructure repair; protect our environment; and combat climate change. All activity is geared to job creation.

This critical legislation also seeks to raise U.S. funding of international HIV/AIDS research and treatment.

Many communities never received the recovery promised after the financial collapse of 2008. The collapse was triggered by the very Wall Street speculative activity H.R. 1579 seeks now to tax. There’s more than a small measure of justice here.

An alternative to austerity

For those demanding “austerity,” that is, more government cutbacks that hurt our most vulnerable communities, including attacks on hospitals at the very time people have been told more care is coming, the Robin Hood tax is an answer.

We joined Robin Hood supporters at the United Nations last year and a NYSNA contingent was in Chicago on April 4 to rally for H.R. 1579. There’s more to come.
**Help Build the Movement for Quality Patient Care and Respect for RNs**

**NYSNA BIENNIAL MEETING**
TUES, SEPT 16 - WED, SEPT 17, 2014
Javits Center
655 W. 34th St. (at 11th Ave.)
New York City
Stay tuned for registration details.

**Contract victory for Nyack RNs**

The future of patient care in Rockland County is looking brighter, thanks to a new contract just inked by NYSNA RNs at Nyack Hospital.

It was not easy. Nyack executives wanted record cuts in our health benefits. But RNs fought back and will join other RNs across the state in the NYSNA health benefits plan, at no added cost to the RNs and at a savings for the hospital. We also won significant wage increases and reimbursement for continuing education.

“Management uses a divide and conquer strategy. A key issue for nurses is for us to be treated with respect. Through the union, we are slowly but surely succeeding. I see more solidarity across hospitals.”

– Margaret Rhoda, RN, Benedictine Hospital

“For the first time, negotiating sessions were open to the bargaining unit if people wanted to observe. It showed management that RNs were standing behind the bargaining committee. I’m pleased with the results: We saved our pension.”

– Sis Gordnier, RN, Olean General Hospital

“How to get people active in the labor movement is a challenge everywhere. Sometimes newer nurses don’t know what it was like to work without a union, without a voice. Transparent and open negotiations made a huge difference to the bargaining unit and at the table. We were able to move forward on staffing levels and safe patient care.”

– Kim Kottwitz, RN, Olean General Hospital

**SAVE THE DATE**

**NURSES HELPING NURSES** was the theme of the May Westchester and Hudson Valley inter-regional meeting. Nurses from Kingston, Nyack, and the Catskills joined nurses from Westchester Medical Center and St. Joe’s to talk about building an RN movement in the Hudson Valley. “If we want to pass safe staffing, we need a strong voice in the Hudson Valley,” Sam Caquias (front row center), RN at Westchester Medical Center, said. “This is a great step toward making that happen.”
After many years of stalling and sidestepping by the Bloomberg administration, New York City’s public sector nurses are back at the table in mediation for their due: a fair contract that protects the future of HHC, our patients, and nursing practice. Mayor de Blasio’s administration took a heartening tone at our first mediation session on April 23 – and we are hopeful about resolving our outstanding contract impasse at upcoming sessions. We are prepared, however, to move forward with our binding arbitration case if we don’t make concrete progress toward a fair contract. Stay tuned for updates.

On the same day that New York City’s public hospital RNs began mediation for a fair contract, more than 1,000 NYSNA nurses held 10 speak-outs at HHC facilities across the city – Bellevue, Harlem, Metropolitan, Queens, Elmhurst, Jacobi, North Central Bronx, Lincoln, Kings County, and Coney Island – to remind New Yorkers that HHC is our city’s healthcare lifeline.
THE FIGHT TO SAVE INTERFAITH

A volume of voices together

“We’re defying expectations,” says Sharon Bedford about the reprieve that will keep Interfaith Medical Center in central Brooklyn open through March 2015 while our coalition pursues a lasting solution to the hospital’s chronic underfunding. Sharon is an RN at Interfaith and membership chairperson of the local bargaining unit: “We have been through so many emotions. Keeping the hospital open is a significant achievement on the coalition’s part.”

It took hard work, and lots of it, to make this happen: weekly rallies; letters, calls, petitions, and visits to city and state legislators; the participation of NYSNA members from other facilities; leafleting at nearby subway stops; community events; and forming a new kind of partnership with other healthcare unions, the community, and elected officials.

RNs on the front lines

Last summer, Bill de Blasio’s mayoral race made keeping Brooklyn hospitals open a key campaign issue citywide. And this winter, the production of Edward Albee’s play “The Death of Bessie Smith” at Interfaith brought international attention to the struggle to protect access to healthcare in low-income communities of color.

But it’s nurses like Sharon Bedford, Charmayne Saddler-Walker, and Christine Toomer who have been on the front lines for more than a year fighting to save the hospital.

“Somewhere along the line,” notes Sharon, “it went from hospital employees trying to save their jobs to we really need to keep this place open because the community depends on us and if we are not here who is going to take care of them? It went from making a positive impact in the life of one person to impacting the life of the community.”

“The demand is great,” says Charmayne of the community’s need for the hospital. Interfaith is not a public hospital, but it turns no one away and the majority of its patients are uninsured or underinsured. “We see asthmatic patients from pediatrics up, diabetes, heart disease, sickle cell,” says Christine. “Patients ask me, ‘If you close, where am I going to go?’”

“Our success so far gives us hope that by being persistent and keeping our eyes on the goal, we’ll be able to achieve the best for Interfaith,” says Charmayne. “We’re working together in a new way with other unions, and with elected officials and community members, and looking at the community’s needs. What should Interfaith look like in the future?”

Creating a model

The bankruptcy court has appointed a chief restructuring officer and Interfaith has a new CEO. “As part of the joint task force with 1199, we’re conducting a survey,” says Sharon. “We want at least two-thirds of staff to respond and tell us their major concerns. We are tallying the responses and making a list of the top 10 areas that are in need of improvement. Then we’ll come up with a plan.”

At the same time, our coalition is continuing to develop a cooperative approach to funding and running Brooklyn hospitals.

“This healthcare issue can be used as a model,” thinks Sharon. “Now community leaders know how to mobilize the members of the community for a common goal and they’ve seen a path to follow to hold politicians accountable.”

Christine adds, “It’s like a burden has been lifted. Yes, we’re open. As a group, we could achieve this.”

Empowering a community

“Our experience reminds me of someone making a quilt,” says Charmayne. “You start off with just one piece, but as you go, somehow unexpectedly you put a pattern together. It was like we were just one thread, but with everybody, it has become a fabric.”

What started as a fight to save a hospital has turned into something even more. “Saving Interfaith makes our community feel empowered,” concludes Charmayne. “It’s a lesson that irrespective of social status, your voice makes a difference. And a volume of voices together is power.”
Lessons learned, lessons offered

For 35 years, Labor Notes has been helping workers “put the movement back in the labor movement.” Through conferences and workshops, printed and online materials, the organization promotes organizing strategies to help workers win rights on the job and build democratic unions.

Labor Notes conferences are exciting. At its largest gathering to date, hundreds of union activists came together in Chicago in April from around the country to share their experiences, learn from one another, celebrate victories, assess setbacks, and strategize ways to make greater progress. As the program put it, the conference was about “moxie” – about the fearlessness, fortitude, and planning it takes to make jobs better and unions stronger. More than talk, the conference was about practice: what works and what doesn’t.

More than 70 NYSNA members, our biggest contingent ever, attended this year’s conference. In years past, a handful of NYSNA members used to take themselves to Labor Notes looking for guidance on building a strong and democratic union. Today, NYSNA is at the forefront of activist unions – and we’re working in every hospital to train stewards and foster activism to keep building our movement for quality patient care and respect for nurses.

New hope for workers

Several NYSNA members gave presentations at the conference. Anthony Ciampa, RN at NewYork-Presbyterian and a NYSNA director at large, spoke on a panel called “Beating Divide and Conquer” where he discussed the collaboration between NYSNA and 1199SEIU at his hospital and what it means for our unions to build a shared platform and approach management as a united front.

Second Vice President Marva Wade described the growing effort to pass a single-payer health plan in New York State at a session on healthcare. Karine Raymond, RN at Montefiore and NYSNA director at large, described the slow, hard work nurses have done unit by unit at her hospital to beat apathy and foster member involvement. And NYSNA Treasurer Pat Kane talked about our fight to win a safe staffing law.

“This was my first Labor Notes conference,” says Anthony, “and it was a fantastic way to share ideas and learn from one another about getting members proactive. The conference gave me great hope about the labor movement and what the working class is doing to improve our conditions.”

Marva recalls when just a few NYSNA members got themselves to Labor Notes. “A lot of what we learned at Labor Notes bolstered our belief that change was possible. People understood our desires and gave us real support. Now we come to the conference with a story to tell. To others who are struggling, we’re an example. I tell them, ‘If we could do it, you can do it. And we will help.’ It makes a difference when you know that a cadre of people has your back. It’s so much harder to succeed alone.”

Facing the same issues

“At Labor Notes I’ve learned that the issues are fundamentally the same for all workers,” comments Karine. “Even though you may not walk in my shoes, our shoes tend to fit each other and we can learn from each other. It’s really difficult to paint the bull’s eye on your back and stand up. At the conference, others brought their stories to the table and we strategized together and heard their solutions.” And that helps put movement into the movement.
When Pete Seeger died in late January, the labor movement lost a powerful voice for workers’ rights. Pete participated in countless rallies and protests over several decades of activism, bringing his songs of rebellion and hope to the fight for social justice. Our work is solemn business. With human rights on the line, the stakes couldn’t be higher. But as Pete so beautifully demonstrated, our work need not be joyless.

Besides, there are many ways to carry a message. Ralph Fasanella’s paintings depict workers’ lives at home and on the job. Martin Ritt’s movie “Norma Rae” portrays southern textile workers fighting to unionize. John Steinbeck’s novel The Grapes of Wrath describes the struggle to survive after the Dust Bowl and bank foreclosures force tenant farmers off the land. Each in its own way makes us think about the world as it is, and as it should be.

The influence of the arts

Our own union rep John Pietaro is a formally trained musician. He helps NYSNA members on Staten Island to build nurses’ power, and he makes music to advance the cause of social change. Primarily a percussionist, John has led and been in many bands and he organizes the Dissident Arts Festival every August. “It became obvious to me long ago that these things shouldn’t be separate tracks in my life,” he says. “Activism should always be connected to the arts. There’s never been a successful revolutionary cause that didn’t have the influence of the arts.”

Art that challenges

Art, says John, should challenge us. “When we think of protest songs, we think of guitars and banjos, Pete [Seeger], Woody Guthrie, Joan Baez. I find this music deeply moving.” Harry Belafonte’s voice resonated for civil rights. Music reflects, and inspires, social movements. From Stevie Wonder, to Bruce Springsteen, to many of today’s hip-hop performers, the messages imparted are progressive. That banner has been passed to a new generation of contemporary artists calling for change.

“Whether it be a painting or a play, street theater or punk rock, if the art is something that challenges the audience in some way, that makes people think and feel moved, that’s important,” contends John. “The arts should be a social statement; they should comment on what’s happening, and present an alternative. If it doesn’t inspire, then how does it matter? If art doesn’t carry you, if it’s just background noise, just wallpaper, why bother?”

Pete Seeger understood this. He made music to feed the activist soul, to help people connect, and to fuel our commitment to progress. That’s fine art indeed.
Defending your RN license

Nursing is about delivering high-quality care to patients. It’s the oath we take, and the promise we keep to those entrusted to our care every day on the job. We hold ourselves to high standards, and so does the public.

As a way to preserve quality care, the Office of the Inspector General (OIG) of the U.S. Dept. of Health and Human Services (HHS) maintains a publicly available list of individuals and entities excluded from participating in all federally funded healthcare programs, like Medicare and Medicaid.

Exclusion and the ACA

Providers can be placed on the exclusion list for committing certain felonies or misdemeanors, or even for failing to pay their college loans, but more than 40 percent of those on the OIG List of Excluded Individuals/Entities (LEIE) have been placed there because their licenses have been sanctioned or revoked.

Under the Affordable Care Act, exclusion in one state applies to all states and it applies to all entities (hospitals, nursing homes, home health agencies, physician and medical groups, and insurance companies) that contract with or bill Medicare or Medicaid.

If you’re on the “Do Not Hire” list

If you are on the LEIE list, you must apply to HHS’s Office of the Inspector General for reinstatement 90 days before the end of the period specified in your exclusion notice letter. The OIG does not consider premature requests. Send a written request to: HHS, OIG, Ofc: Exclusions, P.O. Box 23871, Washington, D.C. 20026 and you’ll receive forms to complete. The OIG’s review can take up to 120 days, or even longer. You can reapply after one year if your reinstatement application is denied.

Severe consequences

If you relinquish or resign your license after you know that an investigation has been opened or that disciplinary action has been taken against you, this is considered to be a “disciplinary relinquishment” and is treated as if your license had been revoked on disciplinary grounds.

The consequences are severe after discipline on your license is taken or if you resign your nursing license after receiving notice of an investigation. Do not ignore an investigation in the hopes that the case will just go away on its own. Take action to defend yourself.

What should you do?

Your future as a nurse is clearly at risk if your license is disciplined or revoked, or if you resign your nursing license after receiving notice of an investigation. Do not ignore an investigation in the hopes that the case will just go away on its own. Take action to defend yourself.

- If you get notice of an investigation, seek the advice right away of an attorney with experience in such professional licensing matters and administrative hearings. Do not talk to or make a written statement to any investigator until you have talked with a lawyer.
- Do not relinquish your license if you are notified that you are under investigation.
- If you are innocent of the charges, request a formal hearing and contest the charges.
- Do not request an informal hearing or a settlement agreement in which you admit the facts alleged against you are all true. Doing so is effectively pleading guilty.
- Purchase professional liability insurance that includes legal defense coverage for any professional license investigation against you, whether it is related to a malpractice claim or not.
Olean RNs win new contract

In a major victory for nurses and patients alike, RNs at Olean General Hospital won a new contract in April that includes safe staffing guidelines. Negotiations were tough and lasted for 17 months, but RNs stayed united – rallying, picketing, and even running a race to make our voices heard for quality patient care.

Patients are not commodities

NYSNA President Judy Sheridan-Gonzalez warned that today’s corporate healthcare system turns patients into commodities in her talk at a recent conference sponsored by Physicians for a National Health Program. “Nothing is more professional,” she told the audience of advocates for a single-payer healthcare system, “than fighting for quality care for patients.”

Westchester RNs honored for excellence

RNs Sue Barnum, Carol Hackett, Jayne Camissa, Nancy Lupo, Karen Wołownik, Sandra Tracey, Kathleen Conlin, Fran Cardone, Terry Rattigan-Davis, Marichu Smith, and Amy Zimei – all from the Westchester County Health Care Corporation in Valhalla – received Hudson Valley magazine’s Seventh Annual Excellence in Nursing Awards in late April for going above and beyond the call of duty.

Healthcare for all

NYSNA members joined Physicians for a National Health Program in Albany on May 6 to lobby for single-payer healthcare that would mean access to care for every New Yorker. A spirited rally before lobby visits included NYSNA President Judy Sheridan-Gonzalez and lead sponsors of the single payer bill, Assemblymember Richard Gottfried and Senator Bill Perkins.
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SAFE STAFFING LOBBY DAY
Tuesday, May 20
Go to www.nysna.org for a report on the day, and photos.
And while you’re there, sign up for email updates and text alerts.