UNFRIENDLY FIRE
SEIU local teams up with hospitals to undermine California ratio law

WE HAVE ARRIVED
Kansas City RNs settle landmark first contract

RNs take bus tour to spread the word about the only real healthcare solution: Medicare for all

Getting America on Board
As registered nurses, we all know just how important and lifesaving RN-to-patient staffing ratios are. Currently, only one state in our great union, California, has mandated safe staffing ratios, though NNU nurses across the country are determined to win them state by state, or better, nationally. Since the law passed in 1999 and ratios were implemented in 2004, ratios have attracted RNs back to the bedside, motivated people to become RNs, and been shown in solid studies to save lives.

So imagine our shock and disgust when, this June, the president of a local of the Service Employees International Union partnered up with the California Hospital Association, the hospital industry’s lobbying group that has time and time again tried to kill the ratios, to argue that ratios should be suspended during meals and breaks for two years. Their reasoning? That RNs should help the hospitals save money because of the state budget deficit. Say what? If you couldn’t make any sense out of that argument, don’t worry, because we couldn’t, either, and that’s because it was all just lies. Their attack on the ratios has failed, for now, though we guess we should thank them because they’ve put the entire organization on high alert to protect and defend this groundbreaking law. To get the full story and all the gory details, please read the article in the news section and also NNU Executive Director RoseAnn DeMoro’s column in this issue.

Also on our minds this past month has been healthcare reform and the ongoing campaign to improve Medicare and extend it to everyone in this country, regardless of age. The U.S. Supreme Court decision upholding the Affordable Care Act, also known as Obamacare, was hailed by some as monumental, but we nurses know better. The law still leaves insurance companies in charge, even providing a captive customer base for them, and patients will still be denied access to healthcare as they have been. California RNs took a road trip this summer on a “Medicare for all” bus to educate the public about what still needs to be done to fix healthcare in this country and heard the most amazing, heartbreaking stories.

Finally, there will be more of us than ever fighting the good fight on behalf of our patients and our profession: More than 850 RNs from the St. Louis, Mo. area voted to join NNU in June! Congratulations to these brave RNs for taking this step. We are proud to have you with us.

Deborah Burger, RN | Karen Higgins, RN | Jean Ross, RN National Nurses United Council of Presidents

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Contents

4 News Briefs
SEIU local teams up with hospitals to attack ratios
5 Baystate RNs win victories, go back to bargaining table
6 Minnesota Nurses Association adopts Member Action Team model
7 Sutter RNs strike fourth and fifth time
8 Kansas City RNs win first contract; RNs at two St. Louis hospitals win unionizing elections
9 Michigan RNs key to vote on protecting collective bargaining
10 Two CNA RNs appointed to California Board of Registered Nursing; NNU leaders take inspiration from Haiti relief project; RNs help launch campaign to pass Robin Hood Tax on Wall Street; NNU-VA nurses settle their contract, fight mandatory overtime, and receive training on bargaining rights

11 Ratios at Risk
The hospital industry is finding lackeys in labor to attack California’s safe staffing ratios. By RoseAnn DeMoro

12 Next Steps
Are you wondering what the U.S. Supreme Court decision on the Affordable Care Act means for patients? Learn what the law does and doesn’t do, and how improving and expanding Medicare for all is the only solution that works. By Charles Idelson

18 Still SiCKO
Five years after release of the seminal documentary, the film’s subjects reunite to discuss how little has changed. By Donna Smith

ON THE COVER: Registered nurse volunteers with the Medicare for all bus at its June 26 stop in Modesto, Calif. RNs gave free health screenings and then hosted a town hall meeting on Obamacare’s shortcomings and the benefits of Medicare for all. Photo by Erin FitzGerald.
SEIU Local Teams Up with Hospital Industry to Attack California’s Ratio Law

California

It’s not enough to win and have something. You have to fight like hell to protect and defend it.

California RNs got a startling reminder of that truism in June when the president of another healthcare union teamed up with the California Hospital Association (CHA), the hospital industry’s lobbying group, in a surprise attack to undermine the state’s landmark safe staffing law which sets maximum RN-to-patient ratios. Their goal was to suspend the ratio law during meals and breaks for RNs, which, as any RN understands, essentially guts the law.

On June 14, Dave Regan, president of SEIU-United Healthcare Workers asked the California Labor Federation, an important umbrella group for many of the state’s unions, to “go neutral” on any proposed legislation to suspend the ratio law during meals and breaks for two years. He also had some of SEIU-UHW’s local members pay visits to legislators to seek backing for such a bill. Regan essentially argued on behalf of the hospital association that nurses needed to sacrifice their meals and breaks and the safety of their patients to help hospitals save $400 million because the state was in a budget crisis. Yet most hospitals in California are privately owned and state records show they collectively posted $4.4 billion in profits in 2010 alone.

The labor federation voted 60-2 to defeat Regan’s proposal, but registered nurses across the country went on high alert when news about Regan’s maneuverings went public because they know that any effort to weaken the law is the first step toward dismantling it entirely. The California Nurses Association, the NNU affiliate which sponsored the law, has repeatedly had to ward off attacks by the hospital industry and state officials to undermine the law since it was passed in 1999 and implemented in 2004. In 2004, just before ratios went into effect, the state hospital association filed a lawsuit targeting the law’s requirement that hospitals needed to be in compliance with ratios at all times, specifically during nurses’ breaks. The association lost that suit, with the judge writing in her opinion that any “other interpretation would make the nurse-to-patient ratios meaningless.” Later that year, at the bidding of the hospital association, Gov. Arnold Schwarzenegger issued an emergency order to roll back key portions of the ratio law. In response, California nurses hounded Schwarzenegger with more than 100 protests and also filed suit against his actions. He both backed down and lost the suit, with a court finding that he had acted illegally in issuing the executive order.

“When California RNs, with the support of patients, have fought long and hard to implement and defend this vital law against repeated attacks by hospitals all too ready to abandon patient safety for their bottom line,” said RoseAnn DeMoro, executive director of National Nurses United and the California Nurses Association. “This latest, unprincipled attack, will also fail.”

When CNA and NNU sent out the national call to RNs asking them to take action to defend the ratio law, many wrote back stressing the importance of ratios and that they be in effect around the clock, without exceptions. Lifting ratio requirements during meals and breaks effectively means that nurses will unsafely have their patient loads doubled, as supervisors ask them to “buddy up” with a coworker. Since many dedicated RNs are unwilling to risk the safety of their patients, this means that they will forego their meals and breaks entirely and, consequently, the time to regroup that they need to stay sharp, fed, and rested on the job.

One of the comments to a Huffington Post article about the attack, by a nurse in a state without mandated staffing ratios, said that when she is forced to double up on assignments when a colleague goes on break, she is so scared. “I find myself PRAYING for the nurse I am covering to return; it is UNSAFE to have 10+ patients to be responsible for, for even a short time,” she wrote.

To sign the petition to defend California’s ratio law and for more information, please visit www.nationalnursesunited.org/page/speakout/reject-the-attack-on-california-rn-ratios. —Staff report
Baystate RNs Win NLRB and Political Victories

The National Labor Relations Board (NLRB) has sided with the Massachusetts Nurses Association/National Nurses United in finding that the Baystate Visiting Nurse Association and Hospice (BVNAH) unlawfully declared impasse and implemented its so-called “final offer” on Feb. 16, 2012. After a lengthy investigation, the NLRB concluded that the unfair labor practice charge that the union filed against Baystate had merit by finding probable cause that Baystate violated the National Labor Relations Act.

The NLRB decision coincides with an overwhelming vote by the delegates at the 2012 Massachusetts State Democratic Convention to pass a resolution condemning Baystate. The committee and the members are anxious to get back to the table and negotiate an equitable contract.

“The NLRB investigated and found that the agency clearly violated NLRB laws. When they declared the end to negotiations and implemented their last offer it was an insult to each and every member. Baystate’s intent was to scare the members. It has not worked. The committee and the members are anxious to get back to the table and negotiate an equitable contract.”

The immediate result is that a formal NLRB settlement agreement will be posted in the facility and sent to each bargaining unit employee. It states in part that the BVNAH will not declare impasse prior to providing information requested by the MNA relevant for negotiations, and that the agency will not announce or implement any terms of its “last best and final offer” prior to reaching a lawful impasse in negotiations.

Among the issues still in contention when Baystate illegally declared impasse is a proposal by Baystate to implement an attendance policy that would be extremely unsafe to both nurses and patients by forcing nurses to work even if they are ill. Baystate is also proposing that the nurses should accept a second-year wage package solely determined by management. In the near future, a date will be set to continue negotiations. This means that the agency will not be able to unilaterally impose its attendance policy (or any other part of its final offer) and will have to return to the bargaining table upon request by the union to conclude the negotiating process.

At the 2012 Democratic Convention in early June, the nurses and their supporters needed to get 50 delegate signatures for their resolution against Baystate to be voted on. After only a few hours of signature gathering, the nurses had more than 650 delegates signed on. Among those who signed the resolution were several state legislators and numerous local elected officials. When the resolution came to the floor of the convention, it passed on a voice vote with almost no dissent.

Members of the Massachusetts Nurses Association/National Nurses United who work at BVNAH in Springfield and Baystate Franklin Medical Center (BFMC) in Greenfield were highlighting Baystate’s ongoing attempts to undercut their fundamental right to bargain over such basic issues as wages and health insurance. Both units have been in prolonged contract negotiations.

“We are very gratified by the overwhelming support of the thousands of delegates to the Democratic Party Convention. Now is the time to get back to the table and complete a fair settlement so we can continue to deliver excellent care to our patients in the Pioneer Valley,” said Baystate Franklin Medical Center bargaining unit co-chair Donna Stern, RN.

The successfully passed resolution cited in part Baystate’s “documented history of anti-union behavior” and “has been found by the National Labor Relations Board to have violated federal labor law, and has consistently opposed workers’ right to organize.”

According to BVNAH negotiating committee member, Chris Clark RN, the convention was an important part of the nurse’s campaign to educate the community.

“We were able to speak with hundreds of delegates and the support was tremendous,” Clark said. “Many of the delegates already knew Baystate’s anti-union history, and many more were educated about that history and the present situation. To get such an overwhelming vote from those thousands of delegates will only make us stronger and deepen our commitment to keep the campaign moving forward.” —David Schildmeier
Member Action Teams Keep Minnesota RNs Ready for Anything

Who can nurses trust to advocate for them so that they can advocate for their patients? The answer is simple: one another. By creating Member Action Teams (MAT), groups of RNs trained and ready to take action on an issue, nurses have a foundation of connection, resources, and trust to push back against a well-funded and highly coordinated onslaught of corporate interests determined to deskill and demoralize the nursing profession.

The Minnesota Nurses Association is using the MAT model to equip its RNs with the tools and tactics they need to rely on one another. “We need something like this in place all the time,” said MNA RN Eric Tronnes. “This type of training and engagement doesn’t need to be something that only pops up every three years when we have to negotiate a new contract.”

By connecting with one another through Member Action Teams, MNA RNs are breaking through the isolation, talking with each other and building trust among themselves in order to neutralize corporate attacks on nursing values.

“Going through the Member Action Team training here at MNA, you realize how important it is to have a plan in place,” said MNA RN Margaret Blissenbach. “It’s more people involved, and it’s not asking too much of each individual nurse. MAT is a good deal for RNs because it is definite—‘This is your responsibility, and that’s it.’ You’re not being asked to call a million people. Instead, you’re a part of this organization and this is your little piece of what we need you to contribute. And if you are willing to do your small part, it ends up being incredibly valuable for the rest of us.”

Nationwide, hospitals are working together to pass legislation and create policies that will ensure they can pay people less money to do more work. The attempts to pass a National Nurse Licensure Compact and right-to-work laws are part of a very intentional manipulation. Now add to this the specter of mergers and acquisitions leading to conglomerate healthcare run by the numbers.

At MNA, Member Action Teams are designed to connect nurses in purpose, message, and strategies. MATs are meant to foster two-way communication, keep everyone aware and engaged, and provide a consistent network of trusted individuals and information.

“You don’t want people on high alert at all times, but you do want to keep everyone informed of what’s going on statewide,” Tronnes said. “We want to let nurses know that this negative employer behavior that is going on inside your bargaining unit isn’t isolated. That it’s a statewide, or even nationwide issue.”

Against the boatloads of money floated by their employers, Minnesota RNs have already done some amazing things via the Member Action Team model.

For instance, the network helped organize and initiate hundreds of e-mails, phone calls, and face-to-face visits from MNA RNs to state legislators during the 2012 session, helping prevent an onerous and unsafe National Nurse Licensure bill from passing.

Make no mistake, however. The money will keep coming, and it is essential that nurses build on their successes for the sake of their patients and their profession.

Through Member Action Teams, MNA nurses will be nimble and responsive. The two-way communication helps them share information faster and learn quickly about issues at the bedside. As MNA increases member awareness, nurse leaders can count on more powerful member engagement throughout the year and throughout each facility.

“I have to say, the MAT training really got me moving,” Blissenbach said. “I left there thinking, ‘I’ve got to get my facility moving on this.’ Because I think once you see what it can do, you realize just how important it is.”

—John Nemo and Jan Rabbers
To ratchet up pressure on an employer that is refusing to bargain reasonably and fairly, about 3,500 registered nurses as well as respiratory and radiology technicians working for Sutter Health hospitals in the San Francisco Bay Area went on two one-day strikes June 13 and July 3. As a punitive measure, Sutter locked out nurses for an additional four days. But with more than 100 takeaways on the table at various facilities, some as basic as paid sick leave, nurses are more determined than ever to win a contract that upholds their nursing practice and economic standards.

“I woke up today with this awesome feeling and I was wondering what that feeling was,” said Rochelle Pardue-Okimoto, a NICU RN at Alta Bates Summit Medical Center in Berkeley. “I realized it’s the feeling of not giving up. Divide and conquer. That was [Sutter’s] plan. If you look out here today, they failed. All they did was piss us off.”

It was the fourth and fifth time that Sutter RNs had gone on strike within the year in response to outrageous concessions demanded by the hospital chain during contract negotiations that have lasted nearly a year and a half. In addition to eliminating paid sick leave, Sutter has proposed takeaways such as floating RNs to units for which they have no experience or training, huge out-of-pocket increases in costs for health coverage, forcing RNs to work overtime, eliminating retiree health coverage, and cutting health benefits from RNs who work fewer than 30 hours per week—among a host of other proposals.

Sutter Health is supposed to be a nonprofit hospital corporation, but has posted profits of nearly $4.2 billion since 2005 and pays its CEO, Pat Fry, an annual compensation package worth more than $4.5 million. To achieve these numbers, RNs charge that Sutter is not only taking advantage of the poor economy to undermine RN contract standards but also systematically cutting services that it deems not profitable and shutting down hospitals. Sutter across Northern California has closed labor and delivery, pediatrics, skilled nursing, and psychiatric units, as well as cutting off services such as mammogram screenings and bone marrow transplants.

Entire hospitals are on Sutter’s chopping block, too. Sutter has wanted to close St. Luke’s Hospital in San Francisco, though it is the only private-sector hospital serving the southern half of the city, and has slated San Leandro Hospital across the bay, which treats more than 27,000 emergency room patients every year, for closure as well.

The day before the July 3 strike, a scandal erupted in San Francisco over the deal Sutter made with Mayor Ed Lee to build its new, massive Cathedral Hill medical complex. Sutter documents leaked to the press showed that it was entertaining financial scenarios that called for a variety of cost-cutting measures it had promised the city it would not undertake, such as massive layoffs of existing hospital staff in San Francisco, providing less charity care than projected, and eventually shutting down St. Luke’s Hospital even though the city and community members want it kept open. The revelations provided more ammunition for Sutter nurses, who have been charging all along that Sutter is deceptive in its bargaining.

“It is absolutely wonderful to see all these nurses here together in unity fighting for what is right and what we’ve worked all these years for,” said Maryalice Martinez, a med-surg RN at Mills-Peninsula Medical Center. “Don’t give up the fight. Keep fighting and supporting each other, even when they play dirty tricks on us. Just hang in there. We’ll come out the other side in good shape.” —Staff report
RNs in Kansas City Win First Contract

**MISSOURI**

Registered Nurse Sarah Mitch will be the first to say that she is “no spring chicken” and well past retirement age. But at age 67 and an RN for more than 45 years, she has stayed in her job as an IV therapy nurse at Research Medical Center in Kansas City, Mo., largely because she has wanted to see unionizing efforts come to fruition there.

That day came on June 19, when the 580 registered nurses at RMC, owned by giant hospital chain HCA, proudly announced a settlement for a first contract that recognizes the RN voice in patient care matters, improves staffing standards, and offers economic incentives that recruit and retain quality RNs.

“It sounds hokey or old fashioned, but what we really want is to do the best job we can,” said Mitch about the nurses’ reasons for organizing into a union. “It’s about standing up and helping each other so that we can help the patient. It works.”

The contract came on the heels of a second vote in which RNs overwhelmingly reaffirmed their support for unionization with National Nurses Organizing Committee-Missouri, an NNU affiliate. As Leslie Rogers, an RMC RN leader and member of the negotiating team, described in a letter of appreciation to RNs after the vote, nurses showed their dedication to forming the union by going “above and beyond the call of duty” in order to vote. Many showed up on their day off, often with babies and children in tow. One RN drove 300 miles round trip in order to participate.

One week later, the RNs were able to turn their wishes into reality by wrapping up contract negotiations that began in December 2010. RNs ratified the contract the next week.

“This contract addresses our most pressing concerns about patient care standards and about keeping our most experienced nurses here at RMC,” said Rogers, an operating room RN and member of the nurses negotiating team. “We have eliminated the wage cap on experienced nurses—a key goal to retaining our nurses. This helps ensure the best care we can provide and builds a strong foundation for new RMC nurses to rely upon.”

Mother-and-daughter RNs Leslie and Lara Remington cast their votes.

NNU Executive Director RoseAnn DeMoro, a St. Louis native. “Two down!”

Meet Us in St. Louis

**MISSOURI**

In June, Missouri RNs at two St. Louis-area hospitals voted to join the National Nurses Organizing Committee-Missouri and to become a part of the national nurses movement led by National Nurses United.

On June 7, registered nurses at Saint Louis University Hospital (SLUH) voted 305 to 99 to unionize with NNOC-Missouri, an affiliate of NNU. The union will now represent more than 600 RNs at Saint Louis University Hospital, which is part of the Tenet Healthcare system.

“We are so happy that we SLUH RNs will now have a vehicle to negotiate for improved patient care, salaries, and benefits that can recruit and retain the best nurses for the best patients in St. Louis,” said Lesa Dustman, an intensive care unit RN at SLUH. “We have no illusions about the work ahead but, with unity and resolve, we look forward to a bright future.”

And just two weeks later on June 21, RNs at Des Peres Hospital in St. Louis also voted 110 to 60 to join NNOC-Missouri. The union will represent about 250 RNs at Des Peres, which is also a part of Tenet.

“We are thrilled that Des Peres RNs and SLUH RNs both won our right to collectively bargain,” said Marilyn Strain, RN. “Working together, we will negotiate for improved patient care, salaries, and benefits that can recruit and retain the best nurses for the best patients in St. Louis.”

Overall, NNU affiliates now represent nearly 5,000 RNs at 11 Tenet hospitals in four states: Florida, Texas, California, and Missouri. “We are excited to welcome fellow RNs from Saint Louis,” said Sherri Stoddard, RN, chair of NNOC’s national Tenet RN Bargaining Council. “We strive every day to maintain patient care standards across the board in Tenet hospitals.”

NNU leaders said the elections will inspire other nurses in the region to organize. “It has been a dream of mine to see nurses in St. Louis come together and form a united front for RN standards and patient safety,” said NNU Executive Director RoseAnn DeMoro, a St. Louis native. “Two down!”
Michigan Nurses Key to Vote on Constitutional Amendment

A WHOPPING 684,286. That’s how many signatures Michigan Nurses Association members and other workers filed June 14, virtually guaranteeing that a plan to enshrine collective bargaining rights in the state Constitution will appear on the November ballot.

The filing—of more than twice as many signatures required—is a historic milestone in a fight that MNA nurses are leading on behalf of themselves, their patients, and their communities.

With corporate money sweeping state legislatures and a governor dancing around so-called “right to work” legislation, the fight makes Michigan the new national battleground for survival of the working class.

“Corporate-backed politicians are out to destroy collective bargaining because they understand that the right to organize is what gives workers power,” said John Armelagos, an RN at the University of Michigan Health System and treasurer of the Protect Our Jobs coalition, which is organizing the initiative.

“The Michigan Legislature has passed one anti-worker bill after another, attacking every resident’s right to have a voice in the workplace. It’s a special threat to nurses because our very ability to advocate for our patients—the core of our profession—is at risk.”

With the support of NNU, MNA mobilized with other labor groups to protect collective bargaining rights through the broad-based Protect Our Jobs campaign.

MNA has been at the forefront of the campaign since its launch in the spring, with nurses going out in their communities collecting signatures to put the measure on the ballot.

Leadership from the nurses at the University of Michigan was instrumental. Armelagos himself collected 1,100 signatures, a process he found inspiring. “Collective bargaining gave birth to the middle class in Michigan, and people here understand better than many that the middle class will die without it,” Armelagos said. “While we were collecting signatures, people would say things like ‘My mom is in a union, and that helped me go to college’ and ‘Thank you for doing this.’”

Armelagos said Michigan residents are starting to see the assault on collective bargaining as part of a multi-faceted assault on democracy. Michigan’s recent emergency manager law enables the state to take over cities and school districts by replacing locally elected officials with corporate executives who can nullify collective bargaining agreements; Republicans are pushing some of the most egregious voter suppression laws; and Michigan has garnered global attention for attacks on women’s reproductive rights and the silencing of a female legislator who used the word “vagina.”

Katie Oppenheim, a fellow RN at the University of Michigan, said the only good news about the oppressive climate in Michigan is that it is awakening nurses and other workers to their own power.

“Nurses see our patients and their families suffering at the hands of these regressive laws, just like we have seen suffering caused by the broken priorities of our federal government,” Oppenheim said. “NNU has been very influential in getting more nurses to not only be increasingly aware of the dilemmas our patients face—housing, health care, educational costs, etc.—but to use our power to do something about it. We recognize that if we cannot maintain and grow the middle class in this country, what will become of real democracy?”

Oppenheim, who spoke on the “Coordinated Assault on Collective Bargaining” panel to hundreds of nurses at NNU’s 2012 Staff Nurse Assembly in Chicago, understands the challenges ahead for the campaign.

Those include deep-pocketed right-wingers and corporations hiding behind Citizens United, like those who helped Scott Walker prevail in Wisconsin.

She said she expects even more volunteers from the labor, faith, and progressive communities to mobilize to ensure the passage of the amendment. Right now, that means passionately educating both union members and non-union members about the value of collective bargaining.

“MNA will remain leaders in the Protect Our Jobs campaign, telling our stories as nurses to help the public understand what’s at stake,” Armelagos said. “One of our members was even the official signer for the petition on behalf of all Michigan workers. We’re proud to help lead the fight to protect collective bargaining, because we refuse to let corporations and politicians silence our voices.”

—Dawn Kettinger
California

EXPANDING THE INFLUENCE of the California Nurses Association over nursing statewide, two CNA RN leaders were appointed in May to the California Board of Registered Nursing, the regulatory body that governs, administers, sets policy for, and oversees discipline for nursing licenses and practice. Trande Phillips, a Kaiser Permanente pediatrics RN who serves as a CNA board member and NNU vice president, was named by Gov. Jerry Brown to represent a direct patient care position on the nine-member board. “This is the opportunity of a lifetime to take my advocacy for nurses and patients to the highest level,” said Phillips. “We hold people to a very high level of skill and knowledge in this state and set the standards for nurses all over the country.”

Michael Jackson, a University of San Diego Medical Center emergency room charge RN and a nursing instructor at Southwestern College, was named also by Brown to represent an educator position. “I’d like to leave the board better than we found it,” said Jackson about what he hopes to accomplish during his four-year term. “I see myself as a watchdog for the public and for nurses’ practice.”

International

IN APRIL, Jean Ross, Minnesota RN and a member of the NNU Council of Presidents, along with Bonnie Castillo, director of the Registered Nurse Response Network (RNRN) project, traveled to Haiti for a Public Services International (PSI) conference. While there, they had the chance to tour various program sites run by J/P HRO, a relief organization cofounded by actor and activist Sean Penn that has established itself as a long-term resource for rebuilding the island nation, which was devastated by a 7.0 earthquake in 2010. In addition to coordinating removal of about half of the country’s rubble, J/P HRO has started and operated at least two healthcare clinics that treat hundreds of people a day, schools for Haitian children, and is now building homes for the Haitian people. In short, the group is committed to helping the Haitian people rebuild their entire infrastructure. “It was all very impressive,” said Ross. “It’s amazing how much they have accomplished.” Ross said RNRN and J/P HRO are also exploring opportunities for collaboration between American and Haitian nurses. For more information about J/P HRO and how to donate, visit www.jspbro.org.

National

ON JUNE 19, National Nurses United and other supporting groups formally launched the U.S. campaign for a Robin Hood Tax on June 19 by protesting in front of JPMorgan Chase branches in 15 cities across the nation. From left: RNs in the Bay Area; RNs in Minnesota; RNs in Texas; RNs in Washington, D.C.

NNU RNs helped launch the U.S. campaign for a Robin Hood Tax on June 19 by protesting in front of JPMorgan Chase branches in 15 cities across the nation. From left: RNs in the Bay Area; RNs in Minnesota; RNs in Texas; RNs in Washington, D.C.

of the Robin Hood tax so that we can help to turn the crisis around.”

Veterans Affairs

NNU-VA recently completed contract negotiations for its first-ever national contract covering VA nurses at the 22 facilities represented by NNU-VA. Nurses are now in the process of ratifying the contract and the VA secretary approval process. Once this process is complete, RN leaders plan to hold trainings on the new contract for the nurses. See the next issue for a full report on the new NNU-VA contract.

In other VA news, Lexington NNU-VA Director Barbara Devers, RN filed and prevailed on a grievance over mandatory overtime, chalking up another win in the NNU column on the issue. A few months ago, VA nurses in Buffalo also scored a win against mandatory overtime. “We will continue to enforce the laws around mandatory OT for the protection of our nurses and the veterans we serve,” said Irma Westmoreland, RN and president of the NNU-VA council.

Lastly, six NNU-VA RNs are currently providing training at different sites around the country about Title 38, Section 7422, which limits the collective bargaining rights of VA registered nurses. Sadie Hughes, Young, RN will be training in Denver, Colo.; Ruby Rose Hutchinson, RN will be training in Atlanta, Ga.; Rhonda Risnerr-Hanos, RN will be training in Chicago, Ill.; Jeanelle Foree, RN will be training in Bronx, NY and Buffalo, NY; Odell Anderson, RN will be training in Cincinnati, Ohio; and Eula Rouland, RN will be training in Washington, D.C. These nurses, along with our NNU labor representatives, completed specialized training in this topic and will be sharing their knowledge with others. The VA secretary has issued new guidance on the subject and these nurses will be part of the teams that are training all leadership staff I in VA and the union. They are to be commended for their willingness to come forward and provide this training. –Staff report
Ratios at Risk

The hospital industry is finding lackeys in labor to destroy safe staffing ratios

And now a message from Texas nurses on the attempt by another union to destroy ratios:

“We, the NNOC RNs of the Professional Practice Committee at Cypress Fairbanks Hospital (Houston), and the 300 registered nurses we represent in our facility, strongly and vehemently oppose the current attack on California’s safe patient ratio legislation.

“It is well known and documented that safe nurse-to-patient ratios save lives and improve patient outcomes. Suspending ratios while RNs are having their meals and breaks will place patients in harm’s way. RNs will have double the number of patients in their care.

“Twice as many patients means less RNs at the bedside, resulting in less monitoring of patients’ conditions, less pain control, and less ability to protect seriously ill patients from deteriorating further. Putting our patients at risk for the sake of hospital profits is unacceptable and dangerous.

“Therefore, we stand in solidarity and fully support our NUHW sisters and brothers in California on this critically important issue. Ratios must stand to allow nurses to care for their patients safely!”

Nicely put.

If there is one bedrock issue that unites U.S. nurses from coast to coast, it is safe staffing for their patients.

So when a California union official, Dave Regan, president of SEIU/United Healthcare Workers West, teamed up with the California Hospital Association on a scheme to suspend a key portion of the California’s historic ratio law, nurses were fighting mad. Nurses across the country, in fact.

Here’s what happened. In May, Regan signed a secret partnership agreement with CHA, the lobbying arm of the hospital industry in California and one of the biggest spenders in California politics which uses its influence to oppose nearly every effort to improve patient care, workplace standards, or worker rights.

For example, CHA has successfully lobbied for years to delay state mandates for seismic upgrades to prevent hospitals from falling down on patients and staff during a temblor in quake-prone California. The law was passed, and reinforced, after hospitals did in fact collapse in two Southern California earthquakes, killing patients in some hospitals and creating serious structural problems in others.

Opposing safe staffing has probably been the CHA’s number-one priority — and, for the same reason it has opposed other safety standards. Profits, not patient care, are the prime directive of the hospital executives it represents, who keep CHA afloat with their dues. It’s also the reason why the hospital industry has fiercely fought ratio legislation in other states where nurses for years have sought to emulate the California experience.

In California, CHA opposed the ratio law every year before it was enacted, then tried to persuade state regulators to adopt meaningless high ratios, then filed a lawsuit on the eve of implementation to overturn the requirement that hospitals be in compliance with the ratio law at all times, and specifically during meal and rest breaks.

Rejecting CHA’s suit, Superior Court Judge Gail Ohanesian ruled that maintaining the minimum ratios at all times, including meal and rest breaks was the only reasonable interpretation of the nurse-to-patient regulation, noting “A jury interpretation would make the nurse-to-patient ratios meaningless.”

With failure after failure, CHA then engaged in subversion, holding workshops for nurse managers on how to evade the letter and spirit of the law. The tactics worked best in hospitals where the nurses did not have a collective voice through the California Nurses Association.

Next, CHA persuaded the then weight-lifting Gov. Arnold Schwarzenegger to suspend portions of the law. After 107 requests for more staff, that we had enough nurses under budget.’ Then from someone else I heard that in and out caths every 4 hours. Lucky if you get 30 min for lunch. Never a break. Phone goes off all the time even at lunch with no one to take over for you.”

From a Missouri RN: (Our) rehabilitation hospital assigns 7-8 pts or more per RN. They do not use acuity, they only go by numbers. (We have) more medical pts than rehab. Tube feedings IV antibiotics in and out caths every 4 hours. Lucky if you get 30 min for lunch. Never a break. Phone goes off all the time even at lunch with no one to take over for you.”

From a North Carolina RN: “I remember hearing from my nurse manager, back when I worked in a hospital, that it was important to ‘come in under budget.’ Then from someone else I heard that the managers who did got bonuses as incentives ... we were repeatedly told, despite our reasonable requests for more staff, that we had enough nurses according to the acuity numbers ... The acuity numbers needed to be tweaked to reflect the real needs of the patients and staff, not the needs of the company to serve the almighty dollar. When will

(Continued on page 17)
NEXT STEPS
The U.S. Supreme Court has upheld the Affordable Care Act, but medical care will still be out of reach for millions of Americans. Learn how the law leaves the private insurance system unchanged, and how expanding Medicare for all is the only solution that works. BY CHARLES IDELSON
Now that the United States Supreme Court has upheld the 2010 Affordable Care Act, it’s a good time to revisit what the law does and does not do, and what’s next on the agenda for advocates of more comprehensive healthcare reform.

At its best, the law will help some people who have been unable to get health coverage, primarily through the expansion of Medicaid and some of the insurance reforms, assist seniors to pay for prescription drugs, and provides important financial help for community health programs.

But the law does little to control healthcare costs for families and individuals, is not universal, leaves big loopholes in the insurance reforms, and is a huge windfall for insurance companies, hospitals, and pharmaceutical corporations.

Overall, the law reinforces, protects, and expands the reach of the private insurance system. Even its most progressive element, the Medicaid expansion, was undermined by the court decision allowing individual states to opt out, which could substantially reduce the law’s promise of expanded coverage.

As NNU Co-President Karen Higgins, RN, who was on the steps of the Supreme Court when the decision was announced, said, “Nurses experience the crisis our patients continue to endure every day. That’s the reason we will continue to work for reform that is universal, that doesn’t bankrupt families or leave patients in the often cruel hands of merciless insurance companies.” That reform is called an expanded and improved Medicare for all.

There are several key provisions of the ACA, most of which are to be phased in by 2014.

Probably the most controversial part of the law so far has been the individual mandate, which means that those who currently have no health insurance, for example, through their employer or covered by a government-funded program like Medicare, Medicaid, or the VA, will be required to buy private insurance. Failure to comply will result in a tax (as redefined by the Supreme Court) amounting to $695 a year or 2.5 percent of an individual’s income, whichever is greater. Subsidies are supposed to be provided for people with incomes of up to 400 percent above the poverty line to buy insurance. New state health insurance exchanges will be set up to offer choices.

The ACA also offers a few “benefits” that will add some more people to the ranks of the insured. People with incomes up to 133 percent above the poverty line will have access to Medicaid, a provision accounting for more than half of the additional people who will now have health coverage. That Medicaid expansion comes with a big caveat, however. The court allowed states opposed to the Medicaid expansion to opt out. A number of states are threatening to do so. And young adults up to age 26 can now remain on their parents’ health plans, a provision already in effect.

The law bars some of the most notorious insurance abuses, including denying coverage because of preexisting conditions, rescissions (dropping coverage when you become sick), and annual and lifetime caps on coverage. Insurers are also supposed to provide rebates to consumers if they spend more than 20 percent of their revenue on administrative costs. Insurance plans will also be required to include preventative care (e.g. mammograms, vaccinations, colonoscopies, physicals) with no co-pay, by 2018. Medicare will now include an annual physical and no co-pays for preventive services. And the law provides for significant increases in funding for community health centers, one of the best provisions of all,
which was added late in the Congressional debate at the insistence of Sen. Bernie Sanders.

On prescription drug coverage for those on Medicare, the ACA helps shrink the “donut hole” in coverage, but does not eliminate it. The Bush administration program of prescription drug coverage for Medicare recipients through a private supplemental program left a huge coverage gap with large out-of-pocket costs for seniors. The ACA reduces the gap, by about 40 percent, which has produced important savings for millions of seniors, but does not solve the entire problem.

Finally, small businesses, which pay far more than big companies if they offer health benefits, will get tax credits of up to 50 percent of
the cost of premiums for offering health insurance to their workers, a provision already in effect.

But on many fundamental levels, the law falls woefully short and fails to rein in health insurers. Insurance companies, drug companies, and hospitals will still largely be able to charge what they want. Restrictions on premium rate increases and out-of-pocket costs are limited and will likely be ineffective. The probable result: a continuation of bankruptcies linked to high medical bills and many people, including those forced to buy insurance, skipping needed care because of high out-of-pocket costs.

Furthermore, insurance companies will still be able to deny medical treatment, diagnostic procedures, and referrals, making excuses by citing such care as “experimental,” or “not medically justified.” They will be able to dictate the order of tests and course of treatment. Recourses for patients will remain weak. And you can bet insurance companies will spend a lot of money on lawyers and claims adjustors who will be experts at finding loopholes in the new

“Medicare is far more effective than the broken private system in controlling costs and the waste that goes to insurance paperwork and profits, and it is universally popular, even among those who bitterly opposed the Obama law. Let’s open it up to everyone. NO ONE SHOULD HAVE TO WAIT TO BE 65 TO BE GUARANTEED HEALTHCARE.”

Opposite page clockwise from top left: RN volunteers gave free screenings in Santa Cruz; LA County-USC Medical Center RNs in Glendale; a father and daughter stop in at the Santa Cruz screening; RNs chat with a participant in San Bernardino. This page from left: An RN in Santa Monica listens during a blood pressure check; Diane Pittsley, like so many others RNs met, is uninsured.
Many Already on Board For Medicare For All

On Jan. 25, Carolyn Trovao knew she was having a heart attack. Yet the 61-year-old Fresno, Calif. woman lay on her living room floor with crushing chest pain, afraid to go to the emergency room because she knew that, because she had no health insurance, getting medical help would ruin her financially and potentially kick her unemployed son out on the streets.

“I actually stayed at home for 16 hours suffering chest pains, praying that I would die because I was afraid that my son would be left homeless,” said Trovao. “I do have insurance to pay off my mortgage, so at least if I died, he would at least have a home.”

Passing in and out of consciousness, Trovao eventually couldn’t stand the pain anymore and her 23-year-old son, who lives with her, convinced her to go to the hospital.

Trovao is still alive today, but now saddled with a $135,000 hospital bill that she has no resources to pay. The reason she didn’t have insurance coverage in the first place after she retired from her 15-year position with Aetna (yes, she used to work for a health insurer, advising brokers about Aetna policies no less) was because she could not afford the $1,300 per month COBRA premiums.

“That’s what happens to people,” said Trovao. “I never thought that I’d lay there and want to die, but I have to be honest with you, I’d have rather died than leave my son homeless.” She said the hospital recently called about payment, but she has no idea how she will settle that debt.

Trovao’s situation is just one of the many distressing stories that NNU nurses and staff members heard and documented during their three-week bus tour across California this summer as part of NNU’s campaign to expand and improve the Medicare system to cover everybody.

Dubbed the “Healthcare Express,” the bus left San Diego on June 19 and crisscrossed the state, making stops in more than 18 cities. At each stop, nurses offered basic health screenings to the public, then hosted a town hall meeting to share healthcare stories, discuss the shortcomings of the Affordable Care Act and, alternatively, how a Medicare for all system would work to provide true universal healthcare, and explain how people can take action to pass such a reform. The town hall gatherings were often packed, and community members instinctively understood the need for Medicare to be expanded to cover everyone regardless of age.

Registered nurses met all kinds of patients, from those who have lost their jobs and insurance so can no longer afford their medications, to those who had not seen a doctor or nurse in more than a decade.

Many of the registered nurse volunteers had their own stories to tell. One RN is supporting 10 relatives on just her salary. Only her immediate family has health insurance. Another RN, Joan Potts, recently lost her insurance when she lost her job. Her husband, who is diabetic, depended on her coverage and is not able to get individual insurance because of his preexisting condition, so is not able to seek medical care. Based on her previous year’s salary, they make too much money to qualify for Medicaid. They are now considering a divorce so that he can access some kind of government aid.

“He suffers every day and I know there is medical help for him, but it’s unattainable. We just can’t afford it,” said Potts. “I’ve come to realize that healthcare shouldn’t be a luxury. There’s good people out there suffering needlessly and they’re dying needlessly. Unfortunately, it took something like this to happen to me to make me realize that this needs to stop. We need to have healthcare for everybody.”

Find out more about NNU’s Medicare for All campaign and what you can do to help at NursesHealAmerica.org. —Lucia Hwang
reimbursements. All of which will further strengthen a healthcare system already too focused on profits rather than patient need.

“Medicare is far more effective than the broken private system in controlling costs and the waste that goes to insurance paperwork and profits, and it is universally popular, even among those who bitterly opposed the Obama law,” said Higgins. “Let’s open it up to everyone. No one should have to wait to be 65 to be guaranteed healthcare.”

NNU will continue to work at both the state and national levels for guaranteed healthcare through expanded Medicare. More than a dozen states have active single-payer movements, and the ACA does allow state waivers in 2017 to expand beyond the ACA; activists are pushing to move the waiver date up to 2014.

Nationally, nurses will work with a broad array of existing healthcare and community activists to improve Medicare through such steps as ending the creeping privatization of administration and services, increasing funding, and expanding Medicare as more people see a need to solve, once and for all, a patient care crisis that will not end with the Supreme Court decision.

RoseAnn DeMoro is executive director of National Nurses United.

RATIOS AT RISK
(Continued from page 11)

hospital upper management get this? Perhaps if the CEO was a registered nurse, not a businessman with an MBA, things might be better.

NNU members and staff across the country hear stories like these every day. It’s the reason why NNU has sponsored national legislation S. 992, introduced by California Sen. Barbara Boxer, and H.R. 2187 by Illinois Rep. Jan Schakowsky and state bills from Nevada to Florida.

It’s why nurses in California, with the solidarity and support of nurses throughout the United States, will never accept a return to the days when California patients had to call 911 from their hospital beds to get help and be silent in the face of the latest insidious threat to the hard-won law to protect patients. And no joint venture of a corrupted labor leader with the hospital industry can change that.

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Charles Idelson is communications director of National Nurses United.
We were glad to be reunited, but it was bittersweet.

Nine of the patients who were subjects in Michael Moore’s 2007 documentary film *SiCKO* about the broken U.S. healthcare system gathered in Philadelphia on June 30 to reconnect and educate the public that, five years later, Americans’ access to healthcare has not improved and, if anything, gotten worse. I was one of those patients.

This five-year reunion, themed “Still *SiCKO* After All These Years,” was all about the *SiCKO* patients and what has happened to us in the years since the movie hit the big screen and opened up the eyes of millions of people to the absurdity, greed, and malice of health insurance corporations. The film was an instant sensation, and National Nurses United RNs were instrumental in promoting *SiCKO* and using it as a conversation starter about what’s wrong with a healthcare system that is run for profits, not for patients. In the film, Moore contrasted our corporate-driven system to more efficient and effective government-run ones in other industrialized countries throughout Europe, Asia, and North America.

Sharing the stage in Philadelphia were Reggie Cervantes, 9/11 first responder; Dawnelle Keys, mother of baby daughter Mychelle who died when refused treatment in an out-of-network hospital; Julie Pierce and Tracy Pierce, Jr., wife and son of the late Tracy Pierce, who died when denied a bone marrow transplant; Adrian Campbell Montgomery, who slipped over the border into Canada with her little daughter, Aurora, when she couldn’t secure cancer care in Michigan; myself and my husband Larry, who went bankrupt though we were insured as we fought for healthcare access; and Lee Einer, the film’s healthcare industry whistle-blower. Billy Maher, another 9/11 first responder, also came to Philadelphia but was under the weather and couldn’t be on stage.

The evening’s events were emceed by Patricia Eakin, RN, of the Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP) and Chuck Pennacchio, executive director of Health Care 4 All Pennsylvania. The opening portion of the program featured welcoming remarks by Michael Lighty, director of public policy for National Nurses United and the California Nurses Association, who framed the evening’s proceedings by talking about the nurses’ tour back when *SiCKO* was released and the ongoing work NNU/CNA is doing to bring improved Medicare for all, for life, to everyone. Almost five years ago to the day of the reunion, nurses traveled down the East Coast in a shrink-wrapped *SiCKO* bus to promote the film as it opened in cities from New York to Philadelphia and Washington, D.C., and then in Chicago.

What was most telling was how many of us (we call ourselves American “sickos”) struggled even to travel to the reunion and relied on donated support to do so. Starting months before the Philadelphia event, the *SiCKO* patients set up fundraising pages and sent emails seeking support. Director Michael Moore offered his help, and as the evening unfolded, the audience learned that these brave souls who have already bared their struggles for the entire world to see on the big screen were once again willing to push the agenda and demand their voices be heard.

My fellow film subjects have continued to experience great trauma in their lives following the film’s release. Reggie finally has
Medicare coverage, but as a single mom who cannot work due to her 9/11-related health issues, she is teetering on the brink of poverty. Dawnelle cares for her mother and works hard in her daily life to help families whose children have special needs. Adrian works for the publication Labor Notes in Detroit and loves her post-SiCKO job, but has had two more recurrences of cancer that have left her financially ruined at 30 years old, and she mourns over not being able to have any more children. Julie and Tracy, Jr. recently lost the home they shared as a family before Tracy, Sr., died, though Julie tried so hard to work with the bank to save their home. But the bank preferred foreclosure and auction to negotiating with the family. Lee Einer is working in his New Mexico community to support locally sustainable foods and he bakes at a local restaurant. I now work as a legislative advocate for NNU, but Larry and I still grapple with medical bills and the loss of personal relationships as I face a new cancer struggle and Larry has had two more major health scares and surgeries. Billy Maher lost both of his parents and continues to struggle with the demons that have haunted him since 9/11.

Clearly, we sickos are still hurting and trying hard to rebuild our lives, and the audience learned more as we recounted our most recent challenges and life updates. One by one, we outlined how difficult it still is to access appropriate medical care when we need it and how the financial devastation has continued.

Einer then spoke about his role as an industry whistle-blower in SiCKO, and introduced Wendell Potter, a former vice president of corporate communications for the insurance giant CIGNA. When SiCKO was first released, Potter in his capacity for CIGNA posed as a moviegser to spy on audiences during the film’s premier. His job was to gauge public response and help format the industry’s methodical public relations campaign to discredit both Moore and the film. But in 2008, just a year after the film’s release, Potter underwent what he terms a “crisis of conscience” and has since become one of the health insurance industry’s most outspoken whistle-blowers and critics, authoring a book titled Deadly Spin about his career working for the industry. At the reunion in Philadelphia, Potter formally met Michael Moore for the first time.

Then, together, we American sickos introduced Director Michael Moore. Though he had been sitting among the audience members, as Moore made his way to the stage, the crowd cheered. The Plays and Players Theater where the event was held was packed to capacity. Since the air conditioning in the century-old building had failed earlier in the evening and the weather outside was nearly 100 degrees, we all suffered terribly in the heat. It reminded us all of the day back in 2007 when the SiCKO bus first rolled up to Independence Plaza in Philadelphia.

Once Moore took the stage, he acknowledged all of those who worked to put the reunion together. He discussed the making of the movie and the power of movies to persuade and change people’s minds. Moore related how he originally planned to make a movie about the plight of the uninsured, but that 90 percent of the letters that flooded his email inbox when he asked for healthcare horror stories were from those with insurance coverage. He thanked us again for sharing our stories with the world. “Your stories struck a real serious nerve with people because they knew that they weren’t alone,” said Moore, “that they, or people they know – people in their families, people in their neighborhoods, people at work – were going through the same thing.”

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—MICHAEL MOORE

Donna Smith was featured as a subject in the film SiCKO and is now a legislative advocate for National Nurses United.
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