Triumph!

Even in tough times, Kaiser nurses win model contract for nation’s RNs
It’s sad, but true. We rarely see direct-care registered nurses on television, hear them on the radio, or quoted in news articles. Yet bedside nurses, as frontline care providers, are uniquely positioned to explain to the public everything from what will or won’t work in national healthcare reform, to how to better manage their high blood pressure and diabetes.

It’s high time for nurses to take media matters into their own hands. One of the best ways to do this, we think, is by creating our own programs for distribution—through television, radio, and the Internet. We are now working with GRITtv with Laura Flanders on a segment we’re calling The Nurses’ Station that will launch this spring. The Nurses’ Station will cover news headlines of the day, but from a direct-care nursing perspective. NNU also continues to sponsor Nurse Talk, a hilarious weekly radio interview and variety program hosted by real, live, bedside nurses. And since so many RNs now turn to the Internet for their news and information, we’re continuing to get out the word about our nurses’ movement by branching out through social media networks. Read all about our efforts in this issue’s feature story.

We also want to highlight some important contract fights and wins this winter. Wilkes-Barre General Hospital RNs in Pennsylvania staged a one-day strike in December, braving bitter cold and snow to show their recalcitrant management that they were willing to walk the walk, straight to that picket line, over egregious takeaways. In Northern and Central California, more than 17,000 Kaiser Permanente RNs and NPs won a new three-year contract that stunningly, when compared to negotiations happening in other parts of the country, included not only zero concessions but also many patient care improvements and wage increases. It’s probably the best contract in the nation and a document to point to when employers complain that they can’t meet higher standards during these economic times.

And across the nation, many of our NNU states are relaunching their 2011 campaigns for safe RN-to-patient staffing ratio legislation. Massachusetts, Florida, Missouri, and Texas are just some examples of states where RN staffing ratio bills are in play. The staffing ratios have made a tremendous difference in California (Check out our new video on our YouTube channel featuring nurses contrasting the times before and after ratios.) and are excited that this model can be adopted by other states.

We have a lot of hills to climb in 2011, so let’s all resolve this year to step up our good work and do just a little bit extra. We all know it could mean the difference between life and death.

Deborah Burger, RN | Karen Higgins, RN | Jean Ross, RN
National Nurses United Council of Presidents
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ON THE COVER: Kaiser Permanente RNs celebrate ratification of a new three-year contract. Photo by Lauren Reid.
Leaders from the Massachusetts Nurses Association, along with registered nurses from Tufts Medical Center in Boston and St. Vincent Hospital in Worcester, held joint press conferences outside the two facilities Jan. 19 to detail their concerns about patient safety at their hospitals and to call for legislative support for, and passage of, long-sought legislation to set safe patient limits for nurses, as well as a bill to ban the dangerous practice of mandatory overtime as a means of staffing hospitals.

“These two hospitals are poster children for deplorable staffing practices that are representative of a growing trend in the industry statewide and nationwide,” said Donna Kelly-Williams, president of MNA, adding that nurses have filed more than 1,300 reports in the last year of unsafe situations at both facilities where patient care was compromised.

At the press conference outside Tufts Medical Center, dozens of nurses from the facility, along with nurses from other facilities in greater Boston, attended the event. Many of the Tufts nurses wore black scrubs, a weekly practice at the hospital to symbolize the deterioration in patient care since hospital management implemented a new staffing model that has resulted in nurses being forced to care for more patients at one time, while also using mandatory overtime, and the floating of nurses from floor to floor as a means of staffing the hospital. As a result of the staffing changes, Tufts Medical Center, which according to its CEO cares for the sickest patients in the state, has become the worst-staffed hospital in the city, and the only hospital that forces nurses in the intensive care unit to sometimes care for three patients at a time.

According to Barbara Tiller, a longtime nurse at the hospital and chair of the MNA local bargaining unit, in the last year these practices have prompted nurses to file more than 520 reports of incidents that jeopardized patient care, and have caused the nurses to call upon the Legislature to regulate RN staffing levels and to seek improvements in staffing through their ongoing union contract negotiations.

“It is with the utmost concern for the safety of our patients that, on behalf of the 1,100 nurses of Tufts Medical Center, am taking this opportunity to appeal for legislative support for desperately needed laws to set staffing levels and stop the use of forced overtime in this and other hospitals,” Tiller stated. “I see nurses all over the hospital going home late and in tears over how bad their shift was, hearing that they spend sleepless nights wondering what they missed, or feeling horrible about not being able to provide the level of care they know their patients deserve. Even one of these occurrences is unacceptable, but to have it happening nearly every day is disgraceful, and it is patently dangerous.”

The St. Vincent Hospital press conference also drew a crowd of nurses from the facility, with attendance from nurses who...
work in the UMass Memorial Health Care system. Marlena Pellegrino, RN, a medical surgical nurse at St. Vincent and chair of the nurses’ MNA local bargaining unit, presented a foot-high stack of more than 800 reports of unsafe conditions at the facility. She noted that in 2009, the DPH released a report that showed St. Vincent Hospital had more serious medical errors and patient care mistakes than any hospital in the state.

“I am ashamed of these results, and I can tell you without equivocation that our nurses and patients are being placed in jeopardy in this hospital every day and on every shift. It is only because of the true grit of our nurses that there haven’t been more serious incidents at this hospital,” Pellegrino said.

Speakers at both locations made it clear that the problems at Tufts and St. Vincent Hospital, while serious, were not isolated situations, but symptomatic of an industry-wide trend impacting nurses and patients throughout Massachusetts and throughout the nation.

“The public needs to know, and the Legislature in Massachusetts needs to be reminded again, that our hospitals are failing us. Patients in Massachusetts and across the nation are being harmed, physically and emotionally every day on every shift, simply because their nurse has too many other patients to care for at one time,” said Karen Higgins, RN, who serves as co-president of National Nurses United, the largest union of registered nurses in the country, as well as co-chair of the Coalition to Protect Massachusetts Patients, an alliance of more than 125 healthcare, consumer, and labor organizations in the state that is promoting passage of the safe staffing legislation. Higgins also pointed out that the industry has been exploiting the current economic downturn to lay off staff, use forced overtime, and float nurses between units simply to cut costs and boost profits.

The links between poor staffing and forced overtime to poor outcomes and preventable deaths are well documented. For example, one study found that every patient above four assigned to a registered nurse resulted in a 7 percent increase in the risk of death for all patients under that nurse’s care. So when a Tufts or St. Vincent nurse complains about having seven patients at one time, the science demonstrates that all of those patients are at a 21 percent greater risk of death.

Other studies have found that nurses working mandatory overtime are three times more likely to make a medication error, and a brand new study released this month found that nurses working more than 12 hours results in an increase in patient deaths in hospitals. The Institute of Medicine has recommended that no nurse ever be required to work more than 12 hours, which is a regular occurrence at Tufts Medical Center.

The safe staffing legislation, the Patient Safety Act, calls upon the Massachusetts Department of Public Health (DPH) to set safe limits on the number of hospital patients a nurse is forced to care for at one time. The bill would also prohibit mandatory overtime, such as forcing RNs to work extra hours or double shifts, and protects against the reduction in the number of other members of the healthcare team, including LPNs, aides, and technicians. Patients would have the right to know and demand safe limits.

This legislation is similar to a law passed in California, which since its implementation in 2004, has led to a dramatic improvement in patient care. A study published last year in the Journal Health Services Research found that the California law is working, resulting in better outcomes for patients, and a reduction in patient deaths compared to states without enforceable limits on patient assignments.

In addition to the Patient Safety Act, the MNA is filing An Act Protecting Patients from Preventable Medical Errors by Prohibiting Mandatory Overtime, which would specifically prohibit hospitals from using mandatory overtime (defined as more than 12 hours or 16 hours in a 24-hour period) as a means of staffing hospitals, except in the case of a declared state or national emergency.

Because there is now no statewide standard of care, nurses at both Tufts Medical Center and St. Vincent Hospital are also attempting to achieve safe patient limits through the collective bargaining process. However, absent state laws, the only option for them and other nurses across the state and nation will be to strike for patient safety. Last year 1,200 nurses at Temple University Hospital in Philadelphia and more than 10,000 nurses from several hospitals in Minnesota waged high-profile strikes over this same issue.

“Without a legislative solution, we have no choice but to use all means at our disposal to protect our patients,” said Pellegrino.

For more than a decade, the hospital industry has fought furiously to defeat any regulatory measure that would limit their ability to engage in unsafe staffing practices. Different versions of the legislation have made it to the House and Senate floors over the past 15 years but have never successfully passed through both chambers.

Following the press conferences, bedside nurses from each facility headed to the state house to ask legislators to cosponsor both measures, which were filed in January by MNA.

“Something must be done. The situation is critical, and there are human lives at stake,” Tiller concluded. “We need the safe staffing bill and a law to ban mandatory overtime. I, along with my colleagues here today, intend to be up at the state house banging on doors, doing our best to convince our elected officials to end this crisis.” —David Schildmeier
The competition is stiff this season for the mantle of Latest Profit Craze in America’s hyper-commercial world of healthcare. Big Pharma reported yet another year of big profits in retail sales, with meds now accounting for $1 of every $10 spent on healthcare. Running a health trade group likely brings you seven figures with nine of 12 healthcare association CEOs making $1 million or more, according to National Nurses United. But the grand prize for profiteering goes to the perennial favorite: the insurance industry, for bilking billions out of Medicaid.

It may be a government-funded program for the poor, but there’s a king’s ransom in running Medicaid, and the ultimate beneficiaries are insurance companies, their stockholders, and top officers. Insurers are crowing over the $40 billion treasure trove in new Medicaid revenue expected over the next three years—that’s on top of the $56.6 billion insurers are already pulling down for the administration of poverty healthcare programs. And there’s lots more to come. “The Medicaid space is a significant long-term growth opportunity for us,” insurer UnitedHealth Group told the Wall Street Journal at the end of 2010.

The next big bounty expected is approximately $38 billion, according to Citigroup Research, due in that magical year of 2014, when the new healthcare law kicks in, triggering an anticipated 16 million new Medicaid enrollees. Except for those 16 million needy patients, no one else is waiting until 2014. Deals are being cut between government overseers and insurance execs at this very moment, as the whirl of revolving doors at corporate healthcare headquarters gains momentum.

Pennsylvania are still without a contract. CHS has proposed unaffordable healthcare, which is already causing financial hardships for non-union employees at the hospital, but the nurses have resisted. The company has refused to discuss nurse-to-patient ratios, risking patient safety and outcomes for its bottom line. In addition, CHS wants to put language into the contract which would allow it to unilaterally make changes to benefits and policies, thus nullifying the contract.

These unacceptable proposals have been delivered to the Wilkes-Barre nurses time and again via a federal mediator, because CHS representatives—when they actually bothered showing up to bargaining sessions—would almost never enter the room during negotiations.

“We are frustrated and angry at the way Tennessee, they treat us with disrespect and a ‘take it or leave it’ attitude.” That disrespect for the nurses, the patients, and the community forced the Wyoming Valley Nurses Association/PASNAP to stage the one-day strike right before Christmas. Nurses at Watsonville Community Hospital in California, which is also owned by CHS, staged a strike over similar issues last October.

In the early morning hours of Dec. 23, about three-quarters of Medicaid is run by privately managed plans—mostly insurance companies—and states are handing out those contracts, which often run in five-year increments, with a frenzy. “States want to get vendors lined up now to avoid disruption in 2014,” explained Avery Johnson of the Wall Street Journal. No doubt. “Avoiding disruption” is what gets you a “buy” recommendation over at Citigroup Research.

Healthcare spending totaled 17.6 percent of US GDP in 2009, or a record $2.5 trillion. Of those trillions, Medicaid—which is linked to poverty rates and reflects a not-so-subtle indication of high levels of citizen poverty—accounted for 15 percent of all health spending.

Officially, the U.S. poverty rate is 14.3 percent, but poverty organizations insist the number is higher. Economic Policy Institute
nurses and supporters gathered in front of Wilkes-Barre General Hospital to greet the night shift as they exited the building, officially beginning their 24-hour strike at 7 a.m.

Snowflakes were falling and the wind was icy, but the mood on the picket line was upbeat as the nurses marched and chanted. More and more striking nurses joined the four simultaneous picket lines, as did several doctors, PASNAP nurses from Community Medical Center in Scranton and Temple University Hospital in Philadelphia, members from more than a dozen other unions, the Northeast Area Labor Federation, and supporters from the community. Notably, nurses represented by SEIU joined the picket line from Mercy Hospital of Scranton, a nearby hospital which CHS is attempting to acquire. Back in November, Wyoming Valley nurses had spoken out against CHS at a public meeting about the sale of Mercy Scranton.

At noon, the striking nurses hosted a rally in front of the hospital, during which their solidarity was evident. Elaine Weale, an acute-care RN for 31 years, said she received positive reactions from the community as they passed by. “Several of us were asked how we were able to tolerate such frigid temperatures and biting wind,” said Weale. “We responded ‘We work in worse conditions every day’ and continued picketing.”

As dusk fell, the strikers gathered for a candlelight vigil. Huddled close together, their faces glowing in the soft flames, the nurses listened as their coworkers gave more somber speeches about strength and solidarity. They reflected on why they fight so hard for their profession: responsibility to their patients, to their families, and to all those who put their trust into the caring hands of a nurse.

The next morning, Wilkes-Barre nurses and supporters gathered again on the same corner. When the strike was officially over at 7 a.m., the nurses walked back into the hospital as a group, with a renewed sense of mission and their heads held high. The one-day strike was a success, but the fight far from over.

“Though we know that this is only the beginning of a long struggle against Community Health Systems, we are prepared to continue fighting for as long as it takes,” affirmed Bill Cruice, PASNAP executive director. “CHS is trying to make an example of our unionized nurses here in Wilkes-Barre, but they will soon find out the power of solidarity.” —Emily Randle

Despite Recession, Kaiser RNs Win Stellar Contract

Bucking national trends during this severe recession, some 17,000 registered nurses working at northern and central California Kaiser Permanente facilities in February ratified a new three-year contract that included no concessions and built even more patient protections into a pact that was already the best in the nation.

Notably, the California Nurses Association was able to negotiate this new agreement without protracted bargaining or fight, and even before the current contract expired, showing the collective power of the RNs.

“I am pleased that Kaiser did not try to use the recession to squeeze concessions from the nurses because that would have lead to massive mobilization and a potential strike,” said Zenei Triunfo-Cortez, RN, chair of the Kaiser bargaining council, and a CNA/NNOC copresident. “This proposal protects our patients, defends our hard-fought economic and practice standards in a tough economic environment, and demonstrates again the strength of our professional union, CNA/NNU, and the unity of Kaiser nurses.”

The new contract includes more than 20 professional and economic enhancements for all classifications of registered nurses and nurse practitioners. It spells out improvements on working conditions, such as fixed schedules so that nurses can better balance their work and home life, and on staffing issues, such as the formation of a new regional education committee devoted to GRASP, the acuity system that Kaiser uses. On the issue of compensation, nurses will receive a 5 percent increase in compensation each year.

“There’s something for everybody to like in it,” said Deborah Burger, a gastroenterology and infusion center RN at Kaiser Santa Rosa, a CNA/NNOC copresident, and a member of National Nurses United’s council of presidents. “The call center nurses are now able to develop an assessment tool for RNs and get a little more break time away from their desks. The home health nurses got Kaiser to recognize that home health visits take more time, and requires an acuity tool for measurement. And it also acknowledges that even in these tough economic times, nurses still deserve pay increases so that they don’t fall behind the cost of living.”

While nurses are “ecstatic” about the new contract, Michelle Vo, a clinic RN at Kaiser Fremont and a member of the CNA/NNOC Board of Directors, said that the agreement is “only as good as the people who enforce it. If it’s not enforced, it doesn’t mean anything, it’s just writing on a piece of paper.” Despite posting healthy profits the last few years, netting $1.7 billion in profit for the first three quarters of 2010 and $2.1 billion in 2009 according to various business journal reports, Kaiser has been shutting down many outpatient clinics, and closing or consolidating unprofitable hospital units such as pediatrics and psych, forcing patients to drive farther for care or go without. Vo said nurses are committed to challenging Kaiser on every cut. “I’m glad Kaiser didn’t want to pick that fight [on the contract],” said Vo. “But now the fight is over direct patient care, whether at the bedside or in the clinic.”

Burger said the Kaiser contract sets a solid precedent for all other nurses currently bargaining and preparing to bargain contracts. “No matter what anybody says, there’s still a nursing shortage,” said Burger. “This contract raises the bar for other systems and puts pressure on them to work with their nurses to provide the best care you can.” —Staff report
California

PUBLICLY EMBARRASSING a health insurance company does work, or at least for 60 days. Hundreds of nurses, patient, and other activists organized by the California Nurses Association picketed the San Francisco headquarters of Blue Shield on Feb. 1 to protest imminent rate increases of up to 59 percent for policy holders. That same day, Blue Shield announced it would delay the rate hikes for 60 days—something it had refused to do before, even when asked to by California insurance commission Dave Jones.

At the same time, the research division of CNA released a report detailing how seven health plans denied, on average, 25 percent of all insurance claims in the first three quarters of 2010. The worst offender, PacifiCare, denied 43.9 percent of claims. “Insurance companies that gouge patients and deny care should be shut down,” declared Martha Kuhl, the treasurer of National Nurses United.

Patrick Killelea, a contract programmer from Menlo Park, Calif., said that Blue Shield rates for his family of six skyrocketed from $450 per month to $777 per month in just the past year. Kerry Abukhalaf, who owns a computer consulting business with her husband in Alameda, Calif., said that her family’s rates have risen by more than $200 per month and they are considering dropping coverage for themselves. On top of just finding a policy for their young son but $200 per month and they are considering her family’s rates have risen by more than her husband in Alameda, Calif., said that

From left: Nurses and patients picket Blue Shield headquarters; VA nurses in Orlando, Fla. Nevada, Kansas, and Missouri. The Texas RN negotiating committee used stories from their hospitals to illustrate the need for six principles of safe patient care —

Enforceable minimum staffing levels that are based on patient acuity. The right of RNs to refuse unsafe staffing assignments, including unsafe floating. The right of RNs to advocate for patients with protections against retaliation. Lift protections for RNs and patients. Protection from technology that undermines or slows down the nursing process or undermines the clinical and professional judgment of RNs.

A paid professional practice committee consisting of only bedside RNs that can require meetings with the CNO to address and correct staffing and other patient care issues.

Contract negotiations took place in Corpus Christi recently and will continue in Brownsville later this month.

Veterans Administration

Representatives and directors from all 22 VA units met in Orlando, Fla. January 8-9 for the first quarterly meeting of NNU-VA. The leaders of the VA units met to discuss issues of each VA unit and to set a united strategy for dealing with upcoming contract negotiations and overall implementation of a representational and mobilization plan for the almost 8,000 staff RNs of NNU-VA. One new issue identified at the meeting was a lack of timely evaluations for staff RNs in many of the VA units. Attendees set a plan to gather data and prepare to file a national grievance on this issue with the VA.

NNU-VA has already been working to improve working conditions in the VA. In January, NNU-VA won its first successful national grievance with the VA over a contract violation of the master contract regarding dues deductions. VA Nurses are “protecting America’s heroes” every day, and will continue to represent and support them in their work. —Staff report

(Continued from page 6)

sent out a recent reminder that “[today’s] official poverty threshold is set at three times the food budget in 1959, adjusted for inflation. But because of major changes in the typical family budget over the past 50 years, many critics say this method is outdated and usually underestimates the amount of income a family needs to cover basic expenses.” The Brookings Institute found one in three Americans was living at twice of poverty or less. If corporate America continues to successfully play its tricfecta—hoarding capital, maintaining low wages, and downsizing labor—the poverty trends will be hard to buck, good news for those making money on Medicaid.

The new law sets the Medicaid eligibility bar higher than today—to 133 percent of poverty. That means, in 2014, an individual earning about $15,000 a year will qualify. At this new level, California is expected to add 2 million to its Medicaid rolls; Texas is a close second with an estimated 1.9 additions to come.

Against this backdrop of growing poverty and greater access to Medicaid, enter the insurance companies, already milking their Medicaid contracts and teed up for billions more. The need to cut through the profit sucking that defines this industry-dominated insurance system, one in which revenues are high and results are not, could not be more glaring. And CNA/NNU’s Top 10 Reasons to replace it with universal, single-payer healthcare could not be more compelling.

The list provides a blueprint for critically needed change, including one level of comprehensive care, fair reimbursements applied equally to all providers, and sensible cost savings. Preventive care, quality of care through appropriate staffing ratios, and elimination of wasteful administrative costs all have a proven track record in saving dollars and lives. With diabetes and obesity at near-epidemic levels, and other indications of a public health system in demise, any delay in breathing sense into our nation’s healthcare will have disastrous results. For the vast majority of Americans who fund Medicaid and for the poor who rely on its benefits, Medicaid as a profit center is the biggest booby prize of all. —Carl Ginsburg
If President Obama Were a Nurse

Healthcare reform would have focused on patient needs, not corporate greed

Imagine how it all could have been different. Imagine if those redesigning our healthcare system were more like you. Imagine if President Obama were a nurse.

If President Obama were a nurse, he would start with an assessment of the patient (the healthcare system in this case) and a care plan intended to bring about healing and recovery—not by offering the insurance and drug industries sweeping concessions to enhance their profits and buy their support.

Or the compromised policy wonk “experts” from corporate-funded think tanks more interested in protecting the status quo than proposing real therapies.

If the president were a nurse, his focus would have been the desired outcome, a more humane healthcare system based on patient need and eliminating all the barriers to optimal care, not on appeasing everyone invited into the room.

The president would start by listening to the hands-on nurses and other direct caregivers, to the patients and their families, to those who have no more patience for fighting with the claims adjustors and drug formularies and hospital managers.

He would know that you don’t treat cancer with an aspirin because aspirin is easier to get. That if you tell patients you are going to get medication for their pain, you don’t come back with just a glass of water.

If President Obama were a nurse, he would understand that everyone should have access to high-quality healthcare when they need it and where they need it, care not based on ability to pay, or whether you have met your annual deductible or co-payment.

He would know that no one should face bankruptcy because of medical bills, or have to choose between taking their child to the doctor or paying for their rent or mortgage, or skipping needed medical visits or cutting their prescription medications in half.

And, he would never settle for a piece-meal, substandard plan that does so little to protect those patients and families.

If the president were a nurse, he would instinctively know that health insurance is not healthcare. He would not have endorsed “reform” predicated on forcing every American to buy expensive and wasteful private insurance, especially with no controls on what the insurers can charge or adequate recourse for when they deny medical treatment.

He would lead on healthcare not by seeking to lower the expectations of those favoring comprehensive reform, and barring them from the debate while giving handout after handout to the healthcare industry, free market fundamentalists, and all their advocates in Congress.

He would lead by standing up to the insurers and the drug companies and all the politicians they fund who believe healthcare is a privilege, not a right. He would rally and inspire the public to support the reform, such as expanding Medicare to cover everyone, that replaces the cruel and dysfunctional system with one based on caring and compassion.

If the president were a nurse, he would praise the examples of Canada, and France, and Taiwan, and Great Britain, and all those countries that don’t siphon off 30 cents of every healthcare dollar for paperwork and profit, where access to care is based on individual need, not on the size of your bank account.

He would not enable the attacks by Fox News, the Tea Party, and rightwing politicians on “government” healthcare by defending the role of government in assuring a social safety net that covers everyone.

He would explain that what America stands for is justice and fairness, not greed and a multi-tiered healthcare system. That every patient matters equally, and the poor and powerless are entitled to the same level of care as the rich and well connected.

If the president were a nurse, he would proudly proclaim the benefits of a publicly financed, more humane healthcare system that also benefits everyone by creating millions of jobs through the delivery, not the denial, of care.

He would explain it is better to spend our nation’s resources on healing and education than on warfare and building weapons, that how it cares for those most in need is the true measure of a nation’s greatness.

If President Obama were a nurse, he would probably go home from work each night and cry over what he saw that day. And he would vow, anew, each night to reach out to America and look for ways to organize and build a better and more humane nation. And, he would know he would have no choice but to stand up and fight head on the big corporations who are bleeding our nation dry for all of us.

Rose Ann DeMoro is executive director of National Nurses United.
Taking Media Into Our Own Hands

NNU nurses are not waiting around for mainstream news organizations to tell our stories. Instead, we’re creating our own outlets for informing, educating, and entertaining. A STAFF REPORT

Quick. Name the last time you saw a direct-care registered nurse interviewed on the nightly news about health insurance reform or skyrocketing healthcare costs.

Or about our national epidemics of obesity and diabetes?

When was the last time you even saw a real, practicing, bedside nurse on television at all? Or heard one on the radio? Or quoted in a national news magazine besides this one? (Soap operas and fictional programs don’t count!)

Probably never, is the answer. Though registered nurses are among the most knowledgeable, educated, frontline healthcare providers in the country, their voices are rarely ever heard or consulted by mainstream media organizations. They turn to Dr. Oz or Dr. Phil, or in the case of healthcare reform, insurance company CEOs, to weigh in on health and health policy issues.

National Nurses United has been more successful than most organizations in getting registered nurses presented in the media as healthcare authorities, but it’s an uphill climb. Mainstream media doesn’t view our dysfunctional healthcare system from the same perspective that nurses do.

That’s why nurses need to take media matters into their own hands. While we’ll continue to influence how the mainstream media covers healthcare issues, National Nurses United is partnering with television and radio producers to create programs in which nurses get star billing, and to explore other ways of reaching our nation’s communities.
“Especially in terms of health policy, the voice of those of us at the bedside—the nurses—is missing or ignored in the mainstream media, and it’s a credible voice that the public should have direct access to,” said DeAnn McEwen, a critical care RN and a CNA/NNOC copresident. “We see the effects of our failed social policy at the bedside because we see patients and their families’ lives deteriorating along with the economy and the environment. We can connect the dots for people. Our voice would be one of advocacy to influence healthy policies and reset the nation’s moral compass.”

This spring, NNU is helping GRITtv with Laura Flanders launch The Nurses’ Station, a new segment of its daily, 30-minute progressive current affairs program that airs on Dish network and DirecTV on cable and public television stations nationwide, and is also available online. GRITtv approached the nurses because of our public fights to extend Medicare for all, nurse-to-patient ratios, and our ground-breaking political campaigns taking on corporate money in politics and candidates such as Meg Whitman. Recognizing that nurses are respected as the most ethical profession, and are out there mobilizing when so many seem to be disengaged, GRITtv producers see nurses as progressive role models. Collaborating on the segment was a natural for NNU because we want to broadcast our message in a variety of platforms, and know that nurses are hungry for real depictions of their lives and concerns.

The Nurses Station would tackle news headlines and other issues of importance to nurses and patients, but with a nursing twist. For example, the January shooting in Arizona of U.S. Rep. Gabrielle Giffords, which also killed six in the crowd, was covered around the clock from much the same angle by all the major news organizations. Was the alleged gunman, Jared Loughner, a druggie? Was he a left-winger or a right-winger? Was he a disturbed loner? GRITtv producers approached the story from a big-picture angle by interviewing Tucson registered nurse Rexanne Darnell about the severe cutbacks the state has made to mental health services and Medicaid programs. These kinds of mental safety net programs might have helped avert this tragedy.

“We’re seeing very, very violent patients and patients who, sadly, haven’t been hospitalized for years and years,” said Darnell during a GRITtv interview. “They’re coming and saying, ‘I used to get a good medication and I used to have a case manager who followed me and helped me. But now I have nothing, I’m terrified to leave my house.’ They’re becoming more and more paranoid and staying in where they’re at. They can’t go and seek help for themselves. It’s up to us to monitor, to help, to assist them because they don’t know when their needs are not being met.”

The Nurses’ Station plans to explore many more issues of concern to RNs and the wider public, including how Obamacare is affecting individual states and how RNs in states such as Texas and Florida have managed to organize despite traditionally anti-union climates. And since RNs understand that patient health doesn’t just depend on how many vegetables a person eats or what kinds of medications a person takes, the program will also delve into how forces such as the economy influence health and health access, and even international issues.

“This segment is where the grit of everyday nursing meets the analysis of our healthcare system to form a unique, compelling program,” said Michael Lighty, director of policy for the California Nurses Association/NNU. “Media looks for sensational stories. GRITtv covers the stories that change lives.”

Experts who have studied the image of nurses in the general media agree. “Nurses have to tell their stories, because though everybody claims to know nurses, rarely do nurses speak for themselves in media of their own creation,” said Lighty. “This is the only way to convey the reality of the decisions, interventions and experiences of nurses at the bedside.”
Sandy Summers, an RN who runs the nonprofit group, The Truth About Nursing, and is coauthor of Saving Lives: Why the Media’s Portrayal of Nurses Puts Us All at Risk. “When nurses educate the public, they’re not only giving them valuable health information, the public is also learning that nurses are health experts—a different image than most television shows portray.”

The Nurses’ Station plans to debut some time in March with a segment following up on many of the patients originally featured in filmmaker Michael Moore’s document SiCKO, which showed how insured patients were often denied care by insurance industry bureaucrats. Four years later, how have many of the patients in the film fared under our deteriorating and changing healthcare system?

On radio, NNU continues to sponsor Nurse Talk, a weekly radio program airing in Boston, the San Francisco Bay Area, and available on the Internet, that’s hosted by registered nurses Casey Hobbs and Dan Grady. The show has been running since 2009 and now reaches 50,000 listeners per month. Hobbs and her partner Pattie Lockard got the idea to create an hour-long interview and variety show along the lines of National Public Radio’s popular Car Talk program. “We said to each other, ‘This show would be hysterical if we had nurses do it,’” said Hobbs, who currently works as a hospice nurse. “People like to talk to nurses; they don’t talk to doctors. The idea was to educate and provide information, but also have fun.”

Almost any material is fair game for Nurse Talk. The hosts have recently examined serious topics such as massive insurance premium hikes by the nation’s largest HMOs, workplace violence against nurses, and the need for national RN-to-patient staffing ratios. In the same hour, they field often hilarious health questions by phone from listeners and interview quirky RN personalities, such as the Laryngospasms, a group of practicing nurse anesthetists who create and perform medical musical parodies. Hobbs and Lockard aim to expand their listenership and would love to air their radio show on a station during drive time (peak commute hours when many listeners are in their cars).

Today, many registered nurses also get their news and learn about issues via the Internet, whether it be through websites, blogs, bulletin boards, their Facebook and Twitter friends, or their professional LinkedIn network. In recent months, NNU revamped its website, www.nationalnursesunited.org, to be more streamlined and useful for registered nurses. National news affecting healthcare and nursing features prominently on the homepage, and buttons to all of NNU’s social media profiles, like Facebook, our Twitter feed, our YouTube channel, and our Flickr photo albums, are easy to find and click near the top of every page. A link to this publication is listed under “RN Resources.”

NNU produces a whole host of sometimes funny, sometimes serious, but always informative, videos on topics ranging from what it’s like to organize at a new facility to testimonials about the need for safe RN-to-patient staffing ratios. Often the videos simply provide coverage of our events that you just won’t find on network news or your local TV station. You can watch them all on our YouTube channel, comment on them, and share them with friends and coworkers.

NNU is also exploring other social media platforms to further connect nurses to the organization and to one another, to inform and educate them, and to relate experiences that otherwise might never get shared with a wider audience.

“Nurses have to tell their stories, because though everybody claims to know nurses, rarely do nurses speak for themselves in media of their own creation,” said Lighty. “This is the only way to convey the reality of the decisions, interventions and experiences of nurses at the bedside.”

How to Watch, Listen, Read, and Share

Nurse Talk

Boston area: Listen on station WWZN 1510AM every Saturday at 11 a.m. EST or live stream at www.revolutionboston.com
San Francisco Bay Area: Listen on Green 960AM every Sunday at 2 p.m. PST or live stream at www.green960.com.

Podcasts are available any time at www.nurseTalksite.com, and you can also download and listen through @nationalnurses, and @protestintheusa.

National Nurses United’s social media platforms

Visit our website at www.nationalnursesunited.org. Friend us! Our Facebook profile is under “National Nurses United.”
Our Twitter feeds are @rnmagazine, @nationalnurses, and @protestintheusa.
Check out photos of everything we’re doing at www.flickr.com/nationalnursesunited.
Watch videos on our YouTube channel at www.youtube.com/nationalnursesunited. Also check out the California nurses’ channel at youtube.com/calnurses, the Minnesota nurses at youtube.com/mnnurses, and Massachusetts nurses at youtube.com/MNAWebmaster.
Registered nurse Diane Goddeeris has always been a champion of nurses for as long as she could remember. As a young girl who needed a series of surgeries—starting from when she was a toddler—to properly align her eyes, she never forgot the nurses who watched over and comforted her. “This is back when they put you to sleep with ether and a rubber face mask, and when they didn’t allow parents to stay with their kids in the hospital,” remembered Goddeeris. “I was scared and alone. But the positive thing was the nurses. The nurses took care of you. They’d scoop me up and I’d sit with them and play with them. They were very influential.”

When Goddeeris declared while growing up that she’d like to become a nurse someday, her father constantly dissuaded her, saying that she “was too smart to be a nurse” and that she should become a doctor or a lawyer. She always replied, “Nurses are smart, too!”

It’s a good thing for the nurses’ movement that Goddeeris didn’t listen to her dad. Today, Goddeeris is an obstetrics informatics nurse at Sparrow Hospital in Lansing, Mich., a longtime nursing leader in her state with the Michigan Nurses Association, and a national nursing figure as a member of National Nurses United’s executive council. She was instrumental in the late 2000s in helping the Michigan Nurses Association refocus itself on staff nursing issues by breaking away from the American Nurses Association and in the 2009 formation of National Nurses United. In addition to these roles, Goddeeris is an elected member of East Lansing’s city council and its mayor pro tem, where she grapples with issues such as high unemployment and uses her healthcare expertise to help keep the city’s healthcare costs down.

“Nurses are not silly angels. A nurse is a strong, smart person making life-and-death decisions,” said Goddeeris. “And NNU is the nurses’ movement now, with nurses united across the country fighting for the same things: safe, quality patient care and safe working conditions.”

Goddeeris grew up in the Detroit area and was among the first generation in her family to attend college. While getting her bachelor’s degree in nursing from the University of Michigan, she was attracted to the obstetrics field because “it wasn’t routine, and nurses had to make decisions on a dime.” After graduation, Goddeeris worked in Wisconsin for a couple of years as a labor and delivery nurse. While she was there, the nurses decided to unionize. Goddeeris’ father worked as a union printer, so she knew from an early age that “you had to have a union if you wanted a voice in your practice and if you wanted to make changes.” She remembered that unions were part of her family’s general dinner table discussions, and whenever the printers union held a meeting, her father always made sure to attend.

But instead of helping the RNs, the Wisconsin Nurses Association decided to discontinue its collective bargaining operations, so the nurses formed their own individual group with the help of the teachers union. That was Goddeeris’ first inkling that something was amiss with the state nursing organization and its umbrella group, the American Nurses Association.

“That seed was planted. I thought, ‘What in the world was going on there?’” she said. “Everybody is supposed to be working together.”

Toward the end of 1979, Goddeeris moved back to Michigan with her family and continued working part time as a labor and delivery nurse at Sparrow Hospital while raising three children. Though she was not one of the main organizers, she supported suc-
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Lucia Hwang is editor of National Nurse.

Profile

Name: Diane Goddeeris, RN
Facility: Sparrow Hospital
Unit: OB informatics
Nursing for: 34 years
Sign: Pisces
Pet nursing peeve: When nurses don’t stretch outside their comfort zone and realize they have the power to make a difference.
Favorite work snack: “Give me a bag of chips and I’m happy.”
Latest work accomplishment: Proud of the mentoring she’s done with some nurses within MNA and her OB unit
Color of favorite scrubs: She doesn’t wear scrubs now, but red
Hobbies: Community work and serving on the city council!
Favorite show: “Reality TV shows are my guilty pleasure, especially the ones like Survivor or The Amazing Race where people have to figure out how to be a leader and solve puzzles.”
Secret talent unrelated to nursing: Any card game involving strategy. She often plays the game 500.

successful unionizing efforts by all the employees at Sparrow in 1987 and did her best to stay involved by attending Professional Employee Council at Sparrow Hospital (PESCH) meetings.

Though Goddeeris had always kept her schedule full with work, family, teaching, and community projects, she started in the early 1990s to have more time to devote to union activism. She started out by replacing a PESCH bargaining committee member and continued to help bargain better and better contracts for her hospital that addressed appropriate RN staffing as well as staffing for other professions, language against unsafe floating, and the elimination of mandatory overtime.

Goddeeris worked her way up to become treasurer, then vice president, and eventually president of the Michigan Nurses Association in 2007. While president, she tackled the thorny issue of extricating MNA from the American Nurses Association and successfully spearheaded the campaign to disaffiliate in summer 2008—as did many other state nursing organizations around that time.

For decades, the ANA had been collecting millions of dollars in dues from its state affiliates—the vast majority of which were paid by direct-care, staff nurses—yet did very little to address the concerns of bedside nurses or even actively worked against their interests by siding with hospital management and corporations. Hospitals were consolidating and restructuring in pursuit of higher profits, which meant massive layoffs of nurses and dramatic changes in the way remaining RNs practiced nursing. Yet the ANA, whose leadership was dominated by nursing executives and educators, did little to defend the practice of staff nurses.

“Our members were sending dues to ANA but we didn’t feel staff nurses were respected or our issues were given any attention,” remembered Goddeeris. “There were so many changes in healthcare. So after getting approval from the Michigan membership, Goddeeris announced on June 27, 2008 at the ANA convention, ‘Bye, we’re leaving.’

MNA shifted its energies into working with United American Nurses, the Massachusetts Nurses Association, and the California Nurses Association to form National Nurses United in 2009. She said that the creation of NNU was one of the seminal moments of her nursing career. She is proud of NNU’s already phenomenal growth through new organizing of nurses, especially in right-to-work states where under conventional wisdom most unions would not venture. She’s gratified to be working with a nursing association that actually fights to improve the practice of nursing and increase staffing at the bedside. And she is glad to be part of a real nurses’ movement where nursing leaders are now linked across the country, learning from and mentoring one another.

In her current position as an OB informatics nurse, Goddeeris helps her hospital build its electronic medical records system for the obstetrics unit, acting as the bridge between the technology and the needs of nurses to provide safe patient care. While the switch of many hospitals to computerized charting and other EMR systems often has hindered the ability of nurses to practice their profession, her “fight has always been for the frontline people to have ease and accessibility,” said Goddeeris.

When she is not acting as a nursing leader, Goddeeris is busy as a civic leader in her community of East Lansing. Having previously served on the city’s planning commission and various other committees, Goddeeris threw her hat into the ring for an appointment to a vacant spot on the East Lansing City Council in 2006. She was selected and reelected in 2007. As a member of the council and its current mayor (the mayorship rotates among the councilmembers), Goddeeris has been confronting challenges common to many municipalities, such as how to keep healthcare costs down for city employees and how to keep and create jobs.

Though she is proud to have helped keep the inflation of East Lansing’s healthcare costs to 3.5 percent this past year, Goddeeris said it’s not sustainable and supports a single-payer healthcare system. “Working in this healthcare system, I’ve seen all the options,” she said. “There’s no question we have to change, and the only way we can get change is if nurses have a voice and are at the table.”

“There’s a lot of work to do with nursing, and it isn’t easy to get nurse involvement,” said Goddeeris, remembering the hectic earlier days of her career with work, young children, and her community activities. “And that’s okay, but you still have a responsibility as a member to support your union and be doing something, whether that’s through a donation or just reading everything to stay informed.”

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Save the date! Mark your calendars!
Come show the nation and the president your nurse values

Caring  |  Compassion  |  Community

National Rally  Tuesday, June 7  10 a.m.
For more details, visit www.nationalnursesunited.org