In a remarkable display of how eager the country’s registered nurses are to join a real movement for patient safety, a voice at work, and fair treatment, a total of more than 2,100 RNs at six HCA-owned hospitals in Florida voted in November and December by overwhelming margins to unionize with the National Nurses Organizing Committee—Florida, an affiliate of National Nurses United.

The wave of organizing victories, some spaced just days apart from one another, is a stunning achievement for Florida nurses who, in just a matter of months, have managed to create a strong base of unionized nurses who can now fight for patient care improvements and better working conditions, wages, and benefits. A common theme among all the RNs is a wish to secure safe RN-to-patient staffing laws in the Sunshine State.

“What a monumental day for nurses and patients in Florida,” said Malinda Markowitz, RN, a national vice president of NNU and chair of NNU’s HCA RN Council. “HCA RNs are uniting across the country to win dramatic gains for patients and nurses. We could not be more proud of our Florida pioneers.”

The registered nurses at Osceola Regional Medical Center in Kissimmee, near Orlando, led the way on Nov. 15 by voting 354–30 to join. “We are very excited. Everybody’s excited,” said Vernon Ligad, an operating room RN who has worked at Osceola for 21 years. “Sometimes it feels like I’m dreaming. I can hardly believe it.” Ligad, who had worked at unionized hospitals in New York, said that he has always supported unionization because when nurses have more of a say at their workplace, patients get better care. The union will represent some 550 RNs at Osceola.

Osceola was followed by Central Florida Regional Hospital in Sanford on Nov 22. Karyn Hayduk, a medical-surgical RN there, said that chronic short staffing on the floors at her hospital is burning out her colleagues. “We decided we are all better off having the union,” said Hayduk. “It’s exciting—We’re very excited here in Florida. After we won, it was just tears of joy and relief.” About 300 RNs will be represented.

The next day, RNs at Community Hospital in New Port Richey also voted to join. “This is a great victory for nurses and patients at Community Hospital,” said Lydia Music, RN. “This brings us a step closer to realizing our vision of safe staffing ratios.” About 325 RNs will be represented.

On Dec. 1, RNs at Fawcett Memorial Hospital in Port Charlotte voted by 62 percent in favor of that facility’s 250 nurses to unionize. And the next day, nurses at Largo Medical Center in Largo voted by 68 percent to have the 400 RNs there join NNOC-Florida/NNU.

On Dec. 9, RNs at Oak Hill Hospital in Brooksville also voted to join their Florida colleagues. About 300 RNs will be represented there.

All of the Florida RNs are now electing representatives and leaders at their facilities, and will soon form bargaining councils to start contract negotiations. This string of victories brings the number of RNs newly organized by National Nurses United to almost 8,000 in places as varied as Texas, Missouri, Illinois, and Washington, D.C. —Staff report
MAINE

STEVEN AKERLEY, a registered nurse at Eastern Maine Medical Center in Bangor, knew understaffing was getting intolerable on the floors when the professional practice committee, of which he is secretary, started receiving assignment despite objection forms with notes from colleagues reading, “I cannot physically and mentally carry on like this anymore. I’m tired.”

Staffing at the second-largest hospital in Maine, with more than 900 registered nurses, had become so bare bones over the last year that one call-in from a sick nurse would spell disaster for the entire unit and even necessitate charge nurses taking on up to six patient assignments.

“Now it’s just about the bottom line,” said Akerley, who has worked at EMMC for more than 30 years and currently practices in the pre- and post-anesthesia care unit. “It’s out of control. They want more for less and they don’t care where they put you. They say, ‘Suck it up or get out.’”

But EMMC registered nurses refused to back down, instead making safe staffing a centerpiece of their contract negotiations this year. The RNs wanted to include the hospital’s staffing plan in their contract language, but management would not entertain this proposal. So nurses voted by overwhelming numbers to stage a one-day strike on Nov. 22 – the first time ever that Maine nurses have walked off the job. EMMC locked the RNs out for two days prior to the strike, spending what RNs estimate is about $1 million on replacement RNs and security, but the hospital’s actions just galvanized the nurses.

“The decision by EMMC to lock us out is completely consistent with their behavior throughout this process,” said Judy Brown, an RN leader at EMMC. “Our concerns over the safe staffing of nurses to patients remain ignored.”

Hundreds of nurses turned out to walk the strike lines from 7 a.m. to 10 p.m., braving snow, sleet, and rain. Nurses from other hospitals, Bangor residents, and members of other unions, such as firefighters and steelworkers, showed up laden with hot coffee, handwarmers, and home-baked goodies to lend support. The strike was a major success.

When RNs reported for work on Tuesday morning, they assembled in the cafeteria and returned unit by unit. As each unit was called, the nurses spontaneously broke out in cheers and applause. “For me, that was the most exciting moment,” said Akerley. “It showed management, ‘You did not beat us down. You did not kick the spirit out of us.’”

He added that though the strike took a lot of effort and courage, it was a growing experience for himself and his coworkers. “I can follow through with my convictions,” he said. —Staff report

Eastern Maine RNs Strike for First Time Over Patient Safety

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AFTER MONTHS OF SOLID TEAMWORK, THE 2,100 NURSES AND HEALTHCARE PROFESSIONALS AT SPARROW HOSPITAL (PECSH) IN LANSING, Mich., represented by the Michigan Nurses Association, won in November a new contract that features landmark staffing language to greatly improve safe patient care.

The nurses and healthcare professionals entered negotiations with the goal of increasing staffing at the hospital after reports that staffing had fallen to dangerously low levels. To bolster their efforts, MNA released a report identifying multiple concerns with safe staffing practices in the hospital. The report, “Misplaced Priorities: The Deteriorating Condition of Safe Patient Care at Sparrow Hospital,” documented 1,400 instances of unsafe patient care based on Documentation of Staffing Concern forms that were filed by nurses and other healthcare professionals at Sparrow from 2009 and 2010. The report was submitted to the Michigan Department of Community Health with a request to investigate the staffing at Sparrow Hospital because management had ignored both the staffing guidelines in the current contract and the short staffing forms.

Preparations for the fight for safe patient care included an aggressive internal organizing campaign and educating the Bargaining Action Teams in their role as the communications and mobilization link to members. PECSH members began to turn up the heat on Sparrow, with a “wear red” campaign inside the hospital, leafleting at a home Michigan State University football game and Sparrow tailgate party, and preparation for a rally at the hospital’s major fundraising gala.

Alerting the community became a top priority. A strategic campaign using television and newspaper ads shared MNAs commitment to safe patient care with the community. Elected officials and other community leaders were educated on the issues at Sparrow. The message of safe patient care appeared on a sign pulled by an airplane at a Michigan State University football game and attendees that day at Sparrow’s tailgate party were given leaflets explaining patient safety concerns at Sparrow. Media outlets in Lansing were provided with on-camera interviews and press releases at every turn, and leaders were provided with media training.

Sparrow’s final offer was soundly rejected by the nurses and healthcare professionals. With 92 percent of the vote in favor of rejecting the offer and authorizing a strike, nurses and healthcare professionals began making plans to walk by creating signs and signing up for shifts on the picket line. Members kept careful track of managers who tried to coerce or threaten them, and gathered enough evidence for an unfair labor practice charge to be filed with the National Labor Relations Board. The ULP was filed in early November to protect the rights of members and stop the hospital’s desperate attempt to intimidate and coerce members who proudly stood up against the boss.

A tentative agreement with unparalleled staffing language was put to vote on Monday and Tuesday, Nov. 29 and 30. The agreement includes nurse-to-patient ratios and tech-to-patient ratios, and a penalty of $200 for every four hours a shift is short staffed.

“I am proud of the solidarity our members demonstrated at Sparrow,” said John Karebian, MNA’s executive director. “This employer witnessed firsthand that our members won’t idly sit by and watch the hospital lower standards in their contracts. Their unity led to improvements in the employer’s proposal on pension, health insurance, and staffing that ultimately sealed a deal.”

Rose Ann DeMoro, executive director of National Nurses United, hailed the agreement in The Washington Post as an “enormous victory for patients.”

—Ann Kettering Sincox
Caritas RNs Reach Landmark Master Agreement, Pension Benefit

**MASSACHUSETTS**

The Massachusetts Nurses Association and Caritas Christi Health Care, the state’s second-largest healthcare network, in October ratified a landmark master agreement covering nearly 1,700 registered nurses working at four Caritas facilities: Carney Hospital in Dorchester, Good Samaritan Medical Center in Brockton, Norwood Hospital in Norwood, and St. Elizabeth’s Medical Center in Brighton.

The centerpiece of the agreement is the creation of a Taft-Hartley, multiemployer defined-benefit pension fund for the nurses, the first of its kind for RNs in Massachusetts, which will provide lifetime retirement security for nurses at a time when other employers are cutting, freezing, or attempting to eliminate pension benefits.

“We are pleased that Caritas has made a concerted effort to recognize and reward the nurses at their facilities for the contributions they make now and into the future,” said Julie Pinkham, RN, executive director of MNA. “The creation of a multiemployer defined-benefit pension fund has been a long standing goal of the MNA. I credit the senior leadership of Caritas who have the vision and leadership to address the pension issue for nurses, providing them an opportunity to retire with dignity after a career of caring for their patients, bucking the trend of many employers who are seeking concessions simply because they feel the climate will allow for it.”

The five-year agreement also includes a market-leading expansion of the nurses’ paid time off benefits, a generous early retirement package, and a commitment by MNA and Caritas to form a strategic alliance to address issues of quality care, with the proviso that both parties will soon work out a “neutrality” agreement to allow other nurses working at non-union Caritas facilities the opportunity to organize a union with the MNA if they so choose. As a result of the paid time off benefit, nurses will be awarded between two and five extra days off per year, depending on their years of service, and will be able to cash out up to 80 hours of paid time off per year. The parties also negotiated hospital-specific contracts for each of the four MNA bargaining units, which address a number of nursing practice concerns that will improve patient care.

In addition to the pension benefit, each of the facilities were able to negotiate wage increases, with ratification bonuses of 2 percent and across-the-board pay increases of 2 percent at all four hospitals, additional 2 percent increases per year at most of the hospitals, and a salary reopener for all four hospitals in 2014. In addition to the bonuses and across-the-board increases, the nurses will maintain their stepped salary scales, which award nurses an additional 3.5 - 5 percent annual raise for each year of clinical experience at their respective facility.

The pension, dubbed the “The Nurses Pension Fund,” will augment the hospitals’ existing 401b defined contribution plan, which Caritas had frozen last year causing great concern for the nurses. As a Taft-Hartley pension fund, the new plan will be jointly administered by representatives of the MNA and the participating Caritas facilities. Caritas has agreed to establish the fund in 2012 by investing 4 percent of each nurses’ annual earnings into the plan, and will raise that contribution to 5 percent per year beginning in 2013. Under the plan, when nurses retire they will be guaranteed a defined benefit, a set monthly payment for the rest of their lives. Nurses have no obligation to contribute to the defined benefit plan, but if they choose, they can participate in a 401k plan to further bolster their retirement savings.

The creation of the new multiemployer plan is significant because now MNA and Caritas can work on expanding the plan to include other MNA local bargaining units outside of the Caritas system to negotiate agreements with other employers to join the fund.

“We are not only solidifying the retirements of the nurses at Caritas with this agreement,” Pinkham explained, “but laying the groundwork for the development of a real pension benefit that we hope to make available to thousands of nurses across the state.”

Finally, the nurses were able to address a number of other nursing and patient care issues in their respective agreements, which improve the quality and safety of care patients receive. At St. Elizabeth’s Medical Center, the nurses negotiated staffing language that creates a committee of nurses and management who will review and address staffing needs on all units in the hospital, while limiting the assignments of charge nurses, who are responsible for assuring the appropriate flow of patients through the system. The Carney Hospital nurses were also able to negotiate improvements in their staffing procedures, including protections for inappropriate “floating” of nurses, which is the practice of moving nurses between units to cover for staffing shortages. The Norwood Hospital nurses also formed a staffing committee to help ensure safe patient care, and have created a group to focus on preventing incidents of workplace violence at the hospital, a significant problem in healthcare today, as nurses are assaulted on the job as much as police officers and prison guards.

“We have made history with this agreement,” said Betsy Prescott, RN, chair of the MNA local bargaining unit at St. Elizabeth’s Medical Center. “We have achieved a real pension benefit that we hope to make available to thousands of nurses across the state.”

—David Schildmeier
Despite disappointing losses in the recent midterm elections by candidates who would have better represented the interests of registered nurses and other working people, there were a number of hard-fought but significant victories around the country by NNU-backed candidates that tempered the rightward shift in political power.

In the Golden State, the California Nurses Association played a key role, arguably the key role, in defeating billionaire corporate darling Meg Whitman and carrying Jerry Brown, a longtime labor and consumer advocate, into the governor’s office. California is facing a $25 billion deficit and Whitman’s proposals for balancing the budget would have all come at the expense of working, middle-income people: massive layoffs of public employees, the gutting of pensions earned after a lifetime of work,

Farewell, and Thanks

In these last midterm elections, more than 50 members of the U.S. House of Representatives lost their reelection bids and six Senate seats changed hands. Many of those who lost had been around a long time and had political careers that were notable. Members of National Nurses United around the country and all working Americans will have cause to miss those listed below.

Sen. Russ Feingold. For 18 years he has been a pro-labor senator and supportive of single-payer healthcare reform. He signed on to our Senate resolution protecting Social Security. He often took positions that were politically unpopular but principled, such as being the only vote against the Patriot Act. In 2007 and 2008 he pushed to cut off funding for the Iraq war and to set timetables for troop withdrawals. He was the main sponsor of reform of the campaign finance system, which he called “legalized bribery and influence peddling.” We will be hard pressed to find another Senator as willing to take on the political power of the rich and large corporations.

Rep. Jim Oberstar, Chairman of the House Transportation and Infrastructure Committee. A labor stalwart in the House, he devised the plan to help airlines after 9/11. He was a cosponsor of our Safe Patient Handling and Veterans Administration collective bargaining bills. The St. Paul Pioneer Press described him “as part scholar and part Iron Range street fighter, part pothole-filling ward healer and part workaholic.” As chair of his committee, he continually worked to repair the infrastructure of the nation and put people back to work.

Rep. Joe Sestak. Considered by PASNAP to be a close ally in the House, he was defeated in his effort to be elected to the Senate from Pennsylvania. He had pledged to cosponsor with Sen. Barbara Boxer’s NNU’s national ratio bill in the next Congress and publicly opposed cuts to Social Security.

Rep. Dina Titus. She was close to NNU members in Nevada and a cosponsor of our VA collective bargaining and Safe Patient Handling bills. Nurses in Southern Nevada will miss her often public support for their efforts.

Rep. Phil Hare. He was a union worker and leader, having worked 13 years in a clothing factory. He was a supporter of single-payer health reform and outspoken critic of international free trade agreements. A cosponsor of our Safe Patient Handling and VA collective bargaining bills, he could always be called upon for help by the labor movement. We will miss his “working class” voice in the halls of Congress.—Joe Jurczak
States Stepping Toward Single-Payer

Thanks to the work of registered nurses and other single-payer advocates across the nation, the untold story of the midterm 2010 elections is the encouraging news for single-payer. Prospects for single-payer healthcare reform efforts on a state-by-state basis brightened even as other progressive issues faced uncertainty following November's elections.

In Vermont, Democrat Peter Shumlin, a strong supporter of single-payer, was elected governor. Before the election, Vermont's Legislature passed a bill commissioning Dr. William Hsiao of Harvard University (and chief architect of Taiwan's single-payer system) to prepare three design and implementation plans for a statewide healthcare system, and the Legislature designated that one of those design plans must be a single-payer system. Hsiao's plans will likely be presented in January 2011, and Governor-elect Shumlin has already been lobbying President Barack Obama to secure the federal waiver Vermont needs to pursue a single-payer system. With Shumlin's election, chances are good that a single-payer plan in Vermont would survive legislative scrutiny and be signed by the governor into law. The state-by-state movement to enact single-payer may gain its first foothold in Vermont.

In Hawaii, former Rep. Neil Abercrombie, who had cosponsored the federal single-payer bill HR 676, was elected as governor and brings hope for single-payer in that state. In Massachusetts, where nurses have worked steadfastly to improve care for patients under the strain of their state's insurance mandates, also known as Chapter 58 or "Romney-care" after their former governor Mitt Romney, voters in 14 districts overwhelmingly passed non-binding resolutions supporting single-payer reform, the largest number to date of districts to simultaneously pass these resolutions. Sandy Eaton, a Massachusetts RN who sits on the steering committee of the Labor Campaign for Single-Payer Healthcare, said that activists targeted districts represented by key legislative leaders and those with vacancies. The resolutions were direct and simple: The ballot question simply asked voters whether or not to instruct their local representative to "support legislation establishing healthcare as a human right regardless of age, state of health, or employment status, by creating a single-payer health insurance system like Medicare that is comprehensive, cost effective, and publicly provided to all residents of Massachusetts."

"People already have concerns that the Massachusetts plan we have is not the way to go," said Karen Higgins, a Massachusetts RN and NNU copresident. "We see costs being passed from employers to employees or companies just changing to cheaper plans. I think this is the people saying, 'This is not working.' We need to push and say that single-payer is the answer."

And while no one in California would see Jerry Brown's election as a slam dunk for single-payer in a state that has twice passed the measure only to have it vetoed twice by Gov. Arnold Schwarzenegger, the state now has the opportunity to look for a strategic single-payer solution that would never have seen the light of day had Meg Whitman been elected. California, with the world's eighth-largest economy and 37 million people, provides an excellent environment for establishing a progressively financed, single standard of high-quality care through single-payer reform.

"Nurses know insurance companies don't provide any value in the delivery of medicine," said Malinda Markowitz, RN and a copresident of the California Nurses Association, which has been an outspoken advocate of single-payer. "Under a single-payer system in California, we would be free of their interference, denial of care, massive bureaucracy, and waste of care dollars."

In other states, some state legislators who supported state-based single-payer legislation lost their seats, so the struggle to move forward will shift to broader public education and economic arguments for supporting a transformed system.

All in all, in the face of Republican sweeps in many states and races, many lawmakers who favor single-payer reform are still standing and some new allies and potential allies have been elected. But whether candidates win or lose, nurses will continue their fight to bring healthcare justice through single-payer reforms for many months ahead. —Donna Smith

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Texas

Members of the Texas metro committee throughout the state have been busy meeting with state legislators and community allies to make their case for supporting the Texas Hospital Patient Protection Act of 2011, the safe staffing ratio bill that state nurses plan to introduce this next legislative session. Besides state representatives, the RNs have set out to garner local city and county government support for the bill.

Austin metro RNs have meetings set with Texas Watch, Texas Forward, Grey Panthers, and the Coalition of Texans with Disabilities. At a recent AFL-CIO breakfast, San Antonio metro RNs used the opportunity to gather signatures in support of ratio legislation, and Houston RNs submitted a formal request to meet with the mayor’s office on a ratio resolution. Nurses also attended a legislative discussion hosted by Houston Congressman Gene Green.

While the landscape of Texas politics may have shifted some at the state level recently, the role of Texas nurses continues to be to engage more colleagues in the social movement for change, to improve the lives of their patients and the nursing profession.

Veterans Administration

Interim chair NNU-VA Irma Westmoreland visited three Chicago VA facilities in October to discuss NNU-VA’s focus on staffing and working conditions for staff RNs. She visited with nurses at the North Chicago VA, Hines VA, and West Chicago VA (Jesse Brown). RNs had lots of questions about NNU and were excited to see that NNU had a presence in their facilities. NNU-VA will be working over the next few months to accomplish training in all the local units on the assignment despite objection (ADO) process and how registered nurses can make a concerted effort to address issues like safe staffing, mandatory overtime, and VA’s Staffing Methodology plans.

—Staff report

Healthcare Stat of the Month

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<th>Percentage</th>
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<tr>
<td>47.6</td>
<td>Percentage of elderly living below the poverty line before receiving Social Security</td>
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<tr>
<td>11.9</td>
<td>Percentage of elderly living above the poverty line after receiving Social Security</td>
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<tr>
<td>19</td>
<td>Percentage of recipients who rely on Social Security as their sole source of income</td>
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<td>56</td>
<td>Percentage of seniors who had hospital insurance before Medicare</td>
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<tr>
<td>47</td>
<td>Percentage of individuals receiving Medicare with incomes below $21,660</td>
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Source: Social Security Administration; Center on Budget and Policy Priorities; Kaiser Family Foundation; Commonwealth Fund