Buried Secrets
How the gas industry wants to gag RNs and conceal fracking’s dangers to public health
DO YOU KNOW MUCH about the other f-word? We’re talking about fracking. Those of you living in certain states or rural areas where energy companies are furiously drilling natural gas wells probably do, while chances are those of you living in big cities or states without a lot of wells don’t. Well, we’re here to tell you that everyone should care about fracking, especially registered nurses who care about safeguarding the health of our patients and our communities.

Fracking is the controversial practice of pumping millions of gallons of water, sand, and toxic chemicals into gas wells at high pressure to break open the rocks in hopes of harvesting more natural gas. As you’ll learn in this issue’s feature story, the chemicals used in fracking have disastrous public health consequences for the water, soil, and air. They can cause a myriad of health problems for neighbors, workers, and medical professionals such as RNs. Yet very little is known about the chemicals because of exemptions in federal law from such oversight, and the gas drillers’ insistence on operating in secrecy. They’ve gone so far as to pass legislation that gags healthcare providers like you and me from divulging information about chemicals we may learn about during the course of treating a patient—even though people could still be at risk.

It’s outrageous, and we hope that you’ll be active in your community in calling for a moratorium on fracking until it can be proven to be safe—as our colleagues with the Pennsylvania Association of Staff Nurses and Allied Professionals have done. Be aware. Don’t think it can’t happen in your community! The gas industry already has wells in 30 states and is fracking from California to Texas to Pennsylvania.

In other news, we congratulate and welcome our newest NNU members, the 500 RNs of Providence Memorial Hospital in El Paso who just voted to join NNOC-Texas! Kudos to Massachusetts RNs for staging a powerful show of solidarity during a recent one-day strike at Baystate Franklin Medical Center. And many of us turned out on Oct. 2 at lively actions to confront legislators about whether they would support our Robin Hood Tax, HR 6411, to help heal Main Street, or whether they only care about the corporate interests of Wall Street.

It becomes clearer to us day by day, month by month, year by year, that only through a united movement of registered nurses can we accomplish what we need to bring America back to health.

Deborah Burger, RN | Karen Higgins, RN | Jean Ross, RN
National Nurses United Council of Presidents
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ON THE COVER: Rural Pennsylvania resident Tammy Manning at an anti-fracking event with her granddaughter. The Manning family can no longer use their water well because it is contaminated with methane, and they believe nearby gas fracking operations are responsible. Photo by Jacques-Jean Tiziou | jjtiziou.net
TEXAS

REGISTERED NURSES at Providence Memorial Hospital in El Paso voted by 64 percent Oct. 16 to join National Nurses Organizing Committee-Texas, the Texas affiliate of National Nurses United. The win was a landslide, 201-115, for NNOC-Texas, which will represent some 500 RNs at the hospital.

“I am so glad we were successful at joining the NNOC,” said Providence Memorial RN Guadalupe Bessire. “A lot of brave nurses stepped forward to fight for our patients and our profession. We look forward to working with RNs from across El Paso and Texas to improve patient care and to have a unified voice for Texas nurses.”

Providence became the third hospital NNOC-Texas represents in El Paso, and the sixth in Texas overall, a state where no private hospital RNs had collective representation prior to a 2008 vote by RNs at Cypress Fairbanks Medical Center in Houston, like Providence a part of the Tenet Healthcare system.

In addition to Texas, the Providence RNs will join nearly 5,000 RNs at 12 Tenet hospitals in California, Florida, and Missouri.

Sherri Stoddard, RN, chair of NNOC’s national Tenet RN Bargaining Council, hailed the election outcome and said “all Tenet and NNU RNs look forward to collaborating with our newest colleagues at Providence as we work together to promote patient care standards across the board in Tenet and all hospitals. When RNs come together, patients, nurses and communities win.”

Next up for the Providence RNs will be to elect a team of their colleagues to represent them in talks for their first collective bargaining agreement with hospital management.

Meanwhile, the RNs said they will work to achieve improved hospital staffing, better pay, health and retirement benefits, uninterrupted meal and rest breaks, adequate equipment and supplies, and meaningful representation and respectful treatment. All steps, they say, that will enhance quality patient care and promote retention and recruitment of RNs.—Staff report

NEWS BRIEFS

It’s a Go for El Paso! RNs Unionize

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Just Say No to Hyatt

Did you know that nurses and other workers are actively boycotting Hyatt hotels?

Hyatt housekeepers and their union, UNITE HERE, launched a global boycott of Hyatt in July, and National Nurses United RN leaders voted to support them. Hyatt has been mistreating housekeepers and other hotel employees, replacing longtime staff with minimum-wage temps and overloading work onto the remaining workers.

Hyatt banks huge revenues from medical-related conferences, including nurse specialty organizations, so nurses’ participation can make a big difference.

BOYCOTT ALERT

Honor the Hyatt boycott. Don’t book rooms or go to events at Hyatt hotels.

The registered nurses of Baystate Franklin Medical Center walked out of the hospital at 7 a.m. on Oct. 5 to begin a 24-hour unfair labor practice strike, the first nurses’ strike in the history of the Greenfield-based hospital. The MNA local bargaining unit of 209 registered nurses has been at the table for 28 sessions over the last year, and during that time Baystate management committed a number of unfair labor practices and has refused to make the necessary compromises to settle an equitable contract.

“Yesterday, we the nurses of Franklin Medical Center took historic action and held a one-day strike,” said Linda Judd, RN and bargaining unit co-chair. “We don’t want to be out of the hospital on strike, but if we were to accept Baystate’s proposals, it would lead to very unsafe situations for our patients.”

Nurses called for the strike in response to Baystate’s unfair labor practices, as well as to their demands for unreasonable concessions from the nurses, including proposals that will:

• Strip them of key union rights
• Increase the dangerous use of overtime to staff the hospital
• Discipline nurses for using legitimate sick time, thus forcing them to care for patients when they are ill

According to Greenfield town councilmember Norm Hirschfield, area residents have been greatly concerned about the effect of Baystate proposals at the negotiating table. “My constituents are very concerned about patient safety, especially with nurses being forced to work long hours,” said Hirschfield. “Another problem is Baystate Health Systems’ misguided policy that forces nurses to come to work sick. With all the long hours, it doesn’t bode well for patient safety in the hospital.”

“Baystate has taken some very radical positions that would be harmful to quality patient care,” said Stern. “And the hospital continues to demand concessions that will cost the nurses thousands of dollars and deeply cut into our ability to negotiate over wages and health insurance. In order to protect the quality of our patient care and the integrity of our union contract, we had to call a strike.”

The nurses returned to the bargaining table on Oct. 25 and the committee is preparing to strike again if no progress is made on that day.—David Schildmeier
Robin Hood Tax Supporters Confront Legislators

On Oct. 2, the four-year anniversary of the bank bailout, nurses and other Robin Hood Tax supporters confronted lawmakers across the nation to ask point blank whether they sided with corporate interests, or whether they sided with Main Street by supporting legislation that would levy a small sales tax on Wall Street financial transactions.

From California to Chicago to Florida, RNs put on their Robin Hood caps and red scrub tops and met at Congressmembers’ offices, carrying poster boards showing how the federal government scrambled in just 18 days to bail out Wall Street during the 2008 financial meltdown with billions of dollars, but average working Americans have received little help and are still desperately struggling against unemployment, home foreclosures, hunger, and lack of medical care.

Rep. Keith Ellison from Minnesota recently introduced a bill, HR 6411, that would establish a 0.5 percent tax on stock trades and other financial transactions that would generate up to $350 billion a year to fund jobs, healthcare, environmental, and other initiatives to support working people during these tough economic times.

“It’s been 48 months and counting, and we still haven’t been paid back,” said Deborah Burger, RN and member of the NNU Council of Presidents to a group outside Rep. Nancy Pelosi’s office in San Francisco. “We want to make sure that Main Street gets the help that they need.”

Many Congressmembers tried to duck the nurses, but Rep. Danny Davis from Chicago cut one of his meetings short in order to meet with the 30 nurses assembled at his office. He said that supporting the Robin Hood Tax was...
a “no brainer,” and checked off his support on a poster board to the cheers of RNs. And as a testament to the power and influence of registered nurses, Rep. John Kline in Minnesota came out of his office and met with local nurses in person, even after a staff member had said he was not there.

“We’re very concerned about what’s going on in our society,” said Jean Ross, RN and also a member of the NNU Council of Presidents to Kline. “We have a solution, and it can bring in up to $350 billion a year. We really would encourage people to seriously consider it.” In addition to Davis’ support, HR 6411 has the sponsorship of Reps. Michael Capuano, Eleanor Norton, John Olver, Donna Edwards, Emanuel Cleaver, and John Garamendi. —Staff report
Michigan RNs Celebrate Year of Rise in Political Power

MICHIGAN

"I wouldn’t be where I am without MNA.”

One by one, political leaders who are fighting for nurses and working families got up and shared those same thoughts with Michigan Nurses Association members at MNA’s annual convention and House of Delegates in October.

MNA has worked hard to increase its visibility, political advocacy, and influence so it can effect change, and it’s paid off.

“Politicians are getting the message that if you support nurses and working families, MNA will have your back—and if you don’t, you better watch out,” said John Armelagos, a University of Michigan Health System RN and president of MNA’s PAC. “We are leading the way and putting labor organizations much larger than us to shame. Holding elected leaders accountable and changing public policy is just as important as advocating for our patients at the bedside.”

The nurses have been front and center in several key races, including the one in August between state representatives Jon Switalski and Lesia Liss. Thanks to redistricting, only one could stay in office.

There was never a question of where MNA stood: Liss, an emergency room nurse, turned from patient advocate to hospital industry patsy quickly after joining the Legislature. Switalski, on the other hand, is proudly championing the safe staffing legislation that Liss abandoned.

After months of aggressive MNA support of Switalski—including doorknocking, mailers, phone calls, and PAC donations—voters dumped Liss by a margin of 65 percent to 35 percent.

“You need to understand the power you have,” Switalski told the nurses at their convention. “When the red shirts show up at their doors, people listen. MNA is the reason I am still here. I will never forget how you fought for me and I will never stop fighting for you and your patients.”

In all, MNA knocked on more than 6,000 doors to help elect pro-nurse, pro-worker candidates to the Michigan House of Representatives.

Members did all that on top of their constant work to build support for Proposal 2, the ballot initiative to protect collective bargaining rights by adding them to the state constitution.

MNA’s growing political advocacy is part of its commitment to taking back our government and making sure everyone’s voices are heard. Nurses have been out front in challenging the repressive Michigan government’s attempts to silence women and workers.

Through aggressive media work, a presence at rallies, and partnerships with other progressive organizations, MNA consistently called out the conservative legislative majority that made national news by silencing female legislators and trying to take away women’s rights to their own healthcare decisions.

MNA also played a major role in shaping public opinion about Republican Congressman Dan Benishek, a retired surgeon who voted to replace Medicare with a private insurance voucher system while giving his millionaire friends more tax breaks.

As a doctor who turned his back on patients and put profits first, Benishek drew the well-deserved wrath of MNA’s nurses.

As the months went by, with MNA nurses hammering away at Benishek and his attack on the Medicare system that sustains so many of their patients, Benishek went from leading in the polls to falling behind.

Erica Ham, an RN at Marquette General Hospital in Benishek’s district and a third-year MNA delegate, said she is proud of how MNA’s political power has grown.

“Our political action is making MNA more effective and visible in our communities,” Ham said. “People recognize that nurses are a powerful and dedicated profession that cares deeply about others. I’m inspired to become more politically active for the benefit of my patients.”—Dawn Kettinger
WRAP-UP REPORT

California

CASTRO VALLEY
REGISTERED NURSES and community activists, all glammed up in tuxedos and evening gowns, successfully stole the spotlight from Sutter Health during their protest of a black-tie fundraising gala the corporate hospital chain held Sept. 22. Nurses, disguised in formalwear, passed out to guests fake menus listing the types of cuts Sutter has served up to the community: psychiatric treatment, cancer screenings for disabled women, bone marrow transplants, skilled nursing facilities, birthing centers. After 18 months of bargaining, thousands of Sutter RNs are still without a contract while Sutter continues to insist on massive takeaways and cut services, all at the same time as it has posted more than $4 billion in profits since 2005.

BURLINGAME AND SAN MATEO
SOME 750 registered nurses in late September finalized a new two-year contract with Mills-Peninsula Health Services. Key to the agreement was the decision by local hospital officials to withdraw more than three dozen substantial reductions in patient care protections and nurses’ economic and contract standards, as well as improvements in safe staffing. “The unity and determination of the Mills-Peninsula RNs over the past 16 months has led to a tentative agreement and great victory,” said Genel Morgan, RN at the Peninsula campus. “We prevailed with our solidarity and willingness to fight for our practice and our patients.”

Mills-Peninsula RNs said they were especially pleased to see administrators abandon a proposal which would have forced RNs who are sick for more than a week to utilize a short-term disability program that, when combined with state-funded disability, would provide only a fraction of a nurse’s salary. Sick leave and a slight variation of this short-term disability proposal have been key sticking points at other Sutter hospitals still bargaining for a contract and facing more than 100 takeaways, especially Alta Bates Summit Medical Center in the East Bay.

The RNs cited advancements regarding processing of issues under the contract’s grievance procedure, greater staffing flexibility, and improved language to enhance staffing based on patient acuities. On pay, the RNs will receive modest across-the-board increases of 4 percent over the next two years.

HAYWARD
MORE THAN 300 nurses and children, many dressed in costumes, knocked on Kaiser Permanente’s doors Oct. 20 with their “Treat us, don’t trick us!” message in protest of the health giant’s plans to eliminate inpatient pediatric services in the Tri-Valley area. Kaiser is currently building a new facility in San Leandro that’s slated to replace much of Hayward’s services, but does not plan to have an inpatient pediatrics unit.

The nurses’ concerns revolve around short staffing and lack of equipment. Management has no set RN staffing guidelines in place and no plan for emergencies beyond forcing RNs to work overtime. The hospital consistently does not stock appropriate quantities of equipment and supplies, such as wheelchairs, lift equipment, vital sign machines, lines, diapers, and food for snacks during non-meal times.

One example of management’s inability to staff appropriately is on the telemetry floors. Since management has now mandated that one RN needs to be at the telemetry monitors at all times, there has been a 10 to 50 percent reduction of telemetry RNs at the bedside. Even though the RNs have encouraged management to use monitor techs (the norm in most hospitals) to watch the monitors, management has refused.

“Our veterans deserve a lot better,” said Sam Aldi, RN. “We receive no information, no planning, no feedback from management. It is a stone wall. That helps no one, especially patients for whom quality of care remains an issue. That’s the priority for us: getting our patients quality care.” —Staff report

to add to parents’ hardships at a time of need. Having to drive to a far-away location, get a hotel, and arrange babysitting is not what parents need at a time of crisis. This decision is just plain wrong, and it needs to be reversed.”

Veterans Affairs
IN AN UNPRECEDENTED direct action, registered nurses working at the Veterans Affairs facility in Manhattan, N.Y. took their concerns about working conditions and patient safety to veterans and the public by leafletting outside the hospital on Aug. 29. Many staff nurses showed up to pass out information and discuss with VA patients and the community their many issues that management has ignored for months.

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National Security Threat
The real danger to Americans is the Wall Street attack on our Social Security system

“One thing I know. Social Security is so firmly embedded in the American psychology today that no politician, no political group could possibly destroy this Act and still maintain our democratic system. It is safe forever, and for the everlasting benefit of the people of the United States.” — Frances Perkins, on the 25th anniversary of the enactment of the Social Security Act (from The Woman Behind the New Deal: The Life of Frances Perkins, FDR’s Secretary of Labor and His Moral Conscience)

Good thing Frances Perkins is not hearing the disinformation from Washington and many in the media today claiming Social Security is going broke and that there is a “consensus” that cuts are needed in Social Security to reduce the federal deficit.

Or the disgraceful assertion that people who receive Social Security, or other public assistance, are “takers” who, as Mitt Romney said in the now-infamous tape of a private meeting with donors last May, do not “take personal responsibility or care for their lives.”

Social Security may be the most enduring, successful, and popular reform in U.S. history. But, in the 77 years since its inception, it has never faced as grave a threat as it does today.

It would be hard to overstate the importance of Social Security.

Enacted at the height of the Great Depression, at a time when only 15 percent of those who still had jobs also had private pension plans, Social Security literally meant survival for millions of retirees. That was the case even with concessions made in the original law to overcome conservative opposition, which resulted in exclusion of benefits for those most impoverished, such as agricultural and domestic workers, predominantly women and minorities (all since repaired), and the failure to include a national health plan.

Nurses, as CNA President Emeritus Kay McVay reminds us, were not eligible for Social Security until the 1950s, as they were categorized as independent contractors, and only through the effort of CNA and other nurse unions did nurses begin to win employer-paid pensions through collective bargaining.

Today, the National Committee to Preserve Social Security and Medicare explains, still barely half of all workers have access to retirement plans on the job, and many of those are substandard. Without Social Security, they note, “over half of all older Americans would fall into poverty...Social Security does exactly what it was designed to do—it gives people a secure, basic income for as long as they live.”

But, sadly, no matter who wins the Nov. 6 election, there is trouble afoot.

If Governor Romney wins, he has already made trillions of dollars in cuts in federal programs a top priority, and offered broad hints of, at minimum, slashing Social Security benefits and raising the retirement age. His running mate, Rep. Paul Ryan, has gone farther, sponsoring a budget plan that proposed privatizing Social Security.

The signals from President Obama are not reassuring, especially after a widely noticed statement in the first debate that he and Romney had no real differences on Social Security. Subsequently, his campaign declared, “President Obama will never privatize Social Security or undermine retirement security for middle-class Americans.”

Yet, during the bitter legislative fights over the debt ceiling and federal deficit, the president told Republican legislators that he was open to cuts. And a top aide, David Axelrod, has told reporters that discussion of the future of Social Security should wait until after the election.

What’s really going on here is a concerted campaign by the same banksters on Wall Street who created the current economic crisis and now want to get their hands on everyone’s retirement savings. They are assisted by politicians in both parties they heavily influence, and those in the media who have helped them spin what Columbia Journalism Review blogger Trudy Lieberman calls “a skewed picture of the financial health of this hugely important program which is the sole source of retirement funds for millions of Americans and will continue to be for decades to come.”

Here’s the real story of Social Security today:

It is not an “entitlement” for people ripping off taxpayers. Workers have earned their Social Security benefits through payroll deductions throughout their working years.

Social Security is especially critical for women who have historically earned less than men and spent more time out of the workforce, thus building less of an income base that determines the amount of benefits.

(Continued on page 15)
Communities across the country are being poisoned by toxic chemicals used in natural gas drilling that the energy companies want to keep top secret. What every RN needs to know about fracking, and how they must fight back against the industry. BY LUCIA HWANG
As a registered nurse living in rural, western Pennsylvania, Katrina Moore is quite aware of the dangers of hydraulic gas fracking, the controversial practice of pumping millions of gallons of water, sand, and chemicals into natural gas wells to crack open the rock and release more gas. She's heard news reports of fracking accidents and problems in her part of Butler County. Earlier this year, Moore attended a continuing education class held by her union, the Pennsylvania Association of Staff Nurses and Allied Professionals, about the risks associated with fracking and what nurses should know to recognize the signs of fracking-related illnesses in patients.

But this spring, Moore learned she has an even greater stake in the issue: Neighbors on every side of her family home in Chicora have signed leases with gas drilling companies. She only found out about the leases because one neighbor called a meeting to convince more people to sign up. She said she has not been approached by the companies because she does not own the mineral rights to her land; she's not even really sure who does.

Moore, a 50-year-old behavioral health RN at nearby Butler Memorial Hospital, has lived on her 10 acres with her children, husband, horses, chickens, and dogs since 1985. She's very worried about her family's health as well as the health of her community. "They all think it's perfectly safe," said Moore disbelievingly of her neighbors' attitudes. "I told them, ‘You don’t realize how [the gas companies] are not at all ready to be doing what they're doing.' I can't believe anybody can be so naive. I try not to think about it too much because it just makes me want to be sick."

As others in gas drilling country have learned, fracking has the potential to make them physically sick, very much so. One of the most common stories is of patients developing problems after being exposed to or drinking from a family well that suddenly produces discolored, smelly, or bubbling water. After testing, the water is found to contain high levels of arsenic, methane, benzene, or other chemicals. Another is of family pets and livestock with disrupted reproductive cycles or that even die after drinking from or contact with a creek or pond contaminated with fracking fluids. And, of course, there are numerous stories of workers accidentally splashed with wastewater, but also drill bits that can bore horizontally so that more of the well can penetrate the target rock formation. So what looks like a regular hole in the ground can extend outward from that hole up to a radius of 1,000, 5,000 or even 10,000 feet. Some opponents believe that fracking has the potential to turn huge swaths of America’s farmland toxic, and to contaminate the water through the soil they touch, the water they drink and wash in, or the air they breathe. In states like Pennsylvania, Ohio, and Colorado, the industry and the corporate bill mill group called the American Legislative Exchange Council have sponsored and passed legislation that forbids healthcare providers who receive information about fracking chemicals to share their knowledge with others, perhaps even the patient. One Pennsylvania doctor found that section of the law, known as Act 13, so outrageous that he filed a federal lawsuit in July to get that part thrown out.

"We need nurses and all health professionals to stand up and push hard for an end to gag orders and nondisclosure clauses that are hurting public health, and to call for a moratorium on fracking to protect us all," said Iris Marie Bloom, executive director of a Philadelphia-based anti-fracking nonprofit group called Protecting Our Waters. "We want health professionals to demand health impact assessments in every state, in every watershed where fracking is happening. We need to be able to track gas drilling to related health symptoms."

Moore said that she has been warning neighbors to get their well water tested before fracking starts; she plans to get hers tested and may consider other tests, too. Pennsylvania has millions of private wells, the country’s second-highest number. So far, the companies have not begun drilling, but Moore thinks it could be any day now. “I don’t think they have to tell me anything,” said Moore about her frustration over how little she knows about what, when, where, or how fracking will happen, and who's responsible. “You can’t discuss it with them. That’s scary to me. It’s like a big secret.”

And that’s just how the industry likes it.

Energy companies have been drilling for natural gas for decades. But only in the past 10 years or so have they developed the technologies to conduct what is technically known as “unconventional” fracking, which involves not only treatments where huge quantities of water, sand, and chemicals are pumped into the well at high pressure (creating huge pools of toxic wastewater), but also drill bits that can bore horizontally so that more of the well can penetrate the target rock formation. So what looks like a regular hole in the ground can extend outward from that hole up to a radius of 1,000, 5,000 or even 10,000 feet. Some fracking critics have complained that, with horizontal drilling, companies may be extending beyond property lines where they have no rights to drill. Because who would be able to check and police them? All the drilling is happening more than a mile below the ground surface.

In 2005, the Energy Policy Act pushed by then-Vice President Dick Cheney essentially exempted fracking operations from federal oversight under clean water laws, an exclusion commonly referred to as the “Haliburton Loophole,” in honor of Cheney’s former position as CEO of that oil and energy corporation. With the U.S. Environmental Protection Agency unable to regulate fracking, that role was left to each individual state, where the energy companies could wield even greater influence over state governors, legislators, and agencies. It is well documented that, in Pennsylvania for example,
the natural gas industry gave more than $1 million to Gov. Tom Corbett’s campaign—his single largest contributor.

After being exempted, hydraulic fracturing wells popped up like crazy, especially in areas of the country thought to be sitting on huge gas reserves, such as Texas, Oklahoma, New Mexico, Ohio, West Virginia, and Pennsylvania. About 80 percent of Pennsylvania is positioned over what is called the Marcellus Shale, a formation believed to hold North America’s largest natural gas repository. By 2010, gas wells were operating in at least 30 states, and 20 of those had more than 1,000 gas-producing wells, according to a July 2012 report by the nonprofit open government group OMB Watch. Texas has more than 60,000 wells, and Pennsylvania has more than 30,000.

Yet little is known about these fracked wells. Most importantly, what exactly and how much of it are these gas companies pumping deep into the ground? The industry, including corporations such as ExxonMobil, Chevron, Chesapeake Energy, and Williams, has long argued that this kind of information is a trade secret, and forcefully fought back against efforts to make them disclose this data.

In recent years, though, public backlash to the energy industry’s secrecy has intensified so much that industry-friendly legislators in many states have introduced and passed so-called fracking chemical disclosure laws to address the issue. A close reading of the laws, however, reveals that they allow “broad ‘trade secrets’ exemptions and other provisions so that state legislatures can claim they are acting, while providing very little in terms of real oversight,” wrote OMB Watch in its July report, titled “The Right to Know, the Responsibility to Protect: State Actions are Inadequate to Ensure Effective Disclosure of the Chemicals Used in Natural Gas Fracking.”

Even worse, some of these disclosure laws additionally specify that if healthcare professionals become privy to this kind of information, they are still protected under confidentiality agreements. This is the type of provision included in Pennsylvania’s Act 13, and other states, including Ohio, Colorado, and Montana have some form of these “gag clauses” in their disclosure laws, according to OMB Watch’s report.

The similarity between these states’ laws, and the fact that 17 states have adopted disclosure rules, is no coincidence. This is the handiwork of the American Legislative Exchange Council, known as ALEC, a Washington, D.C.-based group that provides conservative legislators with boilerplate legislation on a wide range of topics to advance corporate, right-wing interests, and encourages them to introduce these bills in their states. In this case, ALEC had cooked up some model fracking chemical disclosure bill language in December 2011. Common Cause first revealed that Randy Smith, a government affairs manager of ExxonMobil, proposed the model bill. Texas took up the mantle first, then Pennsylvania, Ohio, Illinois, Indiana, and New York all introduced versions of ALEC’s bill, wrote Todd Wynn, director of ALEC’s energy, environment, and agriculture task force in a March 1, 2012 blog post on the website AmericanLegislator.org. Wynn goes on to say that ALEC supports “state sovereignty” over hydraulic fracturing and that its model chemical disclosure bill “aims to preempt the promulgation of duplicative, burdensome federal regulations” from the U.S. EPA.

While the model bill does not explicitly say that health professionals and emergency responders should be gagged about fracking chemicals, it says the state should “prescribe a process” for disclosing this kind of information to them. It’s not a far leap, given the industry’s obsession with secrecy, to lobby lawmakers to write the enforcement of confidential agreements into the bill.

“I think it’s outrageous that toxic chemicals are a secret while somebody might be mortally ill,” said Patricia Eakin, an emergency department RN at Temple University Hospital in Philadelphia, president of the Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP), and a CNA/NNOC board member. “There are still so many questions about what these largely unknown chemicals are doing to our water, our air, our watersheds.” In April 2011, PASNAP passed a resolution calling for a moratorium on fracking until research proved it could be done safely, and it has been holding continuing education courses on the subject for its members.

When Alfonso Rodriguez, a nephrologist in Dallas, Pa., first read the paragraphs in his state’s Act 13 requiring confidentiality from health providers, he got mad. “The purpose was to safeguard the company, not the patient,” said Rodriguez, who is also board president of the Gas Drilling Awareness Coalition, an anti-fracking group. Rodriguez already understood first hand how hard it was for medical providers to squeeze information about fracking chemicals from these well operators. Since last winter, he has been treating a man suffering from kidney failure. When the patient first came, he complained of being tired, listless. Lab work showed he had almost no white cells, no red cells, and no platelets. What could have caused this? After further discussion, Rodriguez learned that the man was a trucker who delivered water to...
need this info.” So far, his lawsuit has not progressed any further.

Rodriguez, whose own family’s water comes from a well, was so upset by the gag provisions in Act 13 that he decided to file a federal lawsuit in July to get rid of it. He thinks the provision is unnecessary and was purposely left vague so it can be interpreted too broadly. “I lose my First Amendment rights,” he said. “It doesn’t say how long I have to keep this confidential, or if I can discuss it with other experts who may need this info.” So far, his lawsuit has not progressed any further.

On the job

- Take very detailed patient health histories. Consider taking an environmental history. Learn the right questions to ask.
- The Center for Disease Control’s Agency for Toxic Substances and Disease Registry (atdsr.cdc.gov) lists many resources.
- Help people figure out ways to decrease their exposure.
- Encourage patients to come up with pre-event data to establish a baseline, whether that’s well water testing results, bloodwork, or other biomonitoring information.
- Work with your professional practice committee to make sure your workplace is prepared for both patients and staff who may be exposed to fracking chemicals.

In your community

- Push for your state and local health departments for health impact assessments of your community.
- Lobby your local, county, and state agencies for bans or moratoriums on fracking.
- Work with your union to prevent or overturn gag provisions applied to medical professionals.
- Get involved and stay in the loop! Join many of the advocacy groups that exist around the country to stop fracking.

For more information, please visit ProtectingOurWaters.wordpress.com and gdacoalition.org.

You would be living in a bubble if you were not afraid of the long-term ramifications of these drilling sites. They’re dealing with these chemicals day in, day out. This is a public health concern for all of us. The drillers don’t care how they leave the land. In five, 10, 20 years down the road, this land will be useless.”

In addition to gag rules binding healthcare providers, many anti-fracking activists are also extremely worried about the confidentiality and nondisclosure rules that are automatically written into drilling lease agreements and into legal settlements that injured homeowners and workers enter into when seeking restitution for damage done to their property and their health. In the latter case, the families are often suffering from a major emergency, such as lack of clean and safe water, and desperate for a solution that the gas company can pay for. Rodriguez said he works at many of the main hospitals in northeastern Pennsylvania and is surprised he has not seen more fracking cases. He suspects that affected patients may be going to company-approved doctors. It’s hard to determine, because none of this is public information.

On Dec. 6, 2011, Tammy Manning flushed her toilet and the water that filled the bowl was dark grey. When her husband went out to check the well, he found so much pressure built up inside that water was spraying out of the well. The Mannings have a hydraulic fracturing well about 4,000 feet from their house in Susquehanna County near the northeastern border of Pennsylvania, and another about 7,000 feet away.

Calls to the state Department of Environmental Protection and the gas well operator led to tests that revealed their well water had extremely high levels of methane, at one point, up to 82 percent. “You could see vapors coming off the top of the well,” said Manning, who is 44 and cleans houses for a living. This is the first house she and her husband have been able to buy, and they live there with their daughter and grandchildren.

Officials advised them to keep a faucet running at all times to relieve the well pressure, to keep the doors and windows open, and to stop using their gas stove for fear of blowing up the place. Every time she was at work someplace in town and would hear the whistle of the nearby fire station, she would panic and start texting her family to make sure it wasn’t their house that was on fire. They started collecting plastic jugs for clean drinking water, which Manning’s husband would take over to his mother’s house to fill. They bought a 5-gallon mobile water tank filled with municipal water and they no longer used plastic jugs for drinking water.

Around this time, Manning’s 6-year-old granddaughter, whose bedroom sits above the kitchen, started vomiting a few days a week. Manning noticed that the child had been vomiting once the gas company in March hooked up their plumbing to a mobile water tank filled with municipal water and they no longer had any exposure to their well water, Manning noticed that the child immediately stopped vomiting. They can use the tank water for washing, but must still buy bottled water for drinking and cooking.

“I think there’s something completely wrong with the system where they can get away with something like that,” said Manning, who has retained an attorney to represent them in their case, which is still under investigation. The Mannings, who do not have health insurance, are asking for health monitoring, coverage of future medical costs,
a continuous supply of clean water, among other things. Since their well went bad, a couple of neighbors’ wells have become unusable, too. “There’s going to be a lot of bad stuff going on, handfuls of cancer clusters and things like that. We don’t know what chemicals they use.” Her family has been under pressure, too, to settle a confidential agreement with the gas company.

The Mannings are lucky in that they at least have clean water for the time being. Other communities have not been as fortunate, and activists say that the energy companies use the supply of clean water that they can provide as unfair leverage in settling complaints quickly and privately. Some neighborhoods, such as the Woodlands area 30 miles north of Pittsburgh, are desperate for clean water and depending on donations to pay for refilling their water tanks, or buffaloes, as they are called.

But it’s not just those living near fracking wells that can be hurt. In April 2008, an emergency room nurse named Cathy Behr at Mercy Regional Medical Center in Durango, Colo. went into organ failure after being exposed to fracking chemicals, according to Newsweek. A worker involved in a well spill had come in complaining of nausea and headaches. “The chemical stench coming off [his] boots was buckling,” Behr said. She helped him out of his clothes and to shower, according to the Denver Post. The hospital eventually quarantined the ER and ordered staff into protective gear, but it was already too late for Behr. Within days, her kidney, lungs, liver, and heart started giving out. The diagnosis was chemical poisoning, but when one of her doctors called Weatherford International, the well operator, to find out the exact composition of ZetaFlow, the fluid that had poisoned Behr, the company refused to say, citing the information as a trade secret.

After weeks in the ICU, Behr eventually recovered, but her story and the stories of others should be a wake-up call to registered nurses, other medical providers, first responders, and citizens everywhere. The effects of fracking chemicals ripple outward from the well through the soil, water, air, workers, neighbors, wastewater, pipeline—even the tires on the trucks that can track contaminated dirt all along a road.

Roben Rosenberg Schwartz, an RN living in Scranton, Pa., said that she heard stories about gas drillers washing their work clothes at neighborhood laundromats, and of local residents asking them to stop. “You would be living in a bubble if you were not afraid of the long-term ramifications of these drilling sites,” said Schwartz, a post anesthesia care unit RN at Geisinger Medical Center and union leader there. “They’re dealing with these chemicals day in, day out. This is a public health concern for all of us. The drillers don’t care how they leave the land. In five, 10, 20 years down the road, this land will be useless.”

Lucia Hwang is editor of National Nurse.

NATIONAL SECURITY THREAT

(Continued from page 10)

Women are also less likely to have employer-paid pensions or other savings, and typically live longer than men.

It is fully funded through the Social Security Trust Fund; payments do not add a dime to the deficit.

It is not going broke. The Trust Fund has a current surplus of $2.6 trillion, an amount expected to reach $3.7 trillion in 2022.

When the surplus erodes through the aging of Baby Boomers, by 2033, incoming payroll tax revenues will still enable recipients to be paid more than 75 percent of promised benefits.

The Trust Fund can be strengthened, but not by any of the punitive proposals floated by those who would undermine or gut Social Security. The simplest step would be to raise the income ceiling on payroll taxes, meaning we would apply the payroll tax to earnings above the current limit of $110,000, a position then-Senator Obama endorsed. The fund would be further strengthened by putting people back to work, adding to the system with more payroll taxes on people earning a living.

Today, some 54 million Americans receive Social Security benefits, the majority of them retired workers and their dependents, but also people on disability, and families of deceased workers for whom Social Security is an essential form of life insurance.

After the election dust settles, the deficit hawks, Republicans and Democrats alike, are almost certain to swoop in on Social Security – as proposed by the chairs of the Simpson-Bowles National Commission on Fiscal Responsibility and Reform, a group praised by Romney and Obama alike this campaign season.

Draconian proposals, such as slashing the amount of benefits, raising the retirement age to force people to work more years (which those with physically demanding jobs like nurses are often unable to do), or handing it over to Wall Street through privatization would devastate tens of millions of current seniors and future retirees for whom Social Security remains a lifeline, often the only lifeline.

The stakes could not be higher. It will be up to all of us to save this crown jewel of American democracy.

RoseAnn DeMoro is executive director of National Nurses United.
You don’t need the holiday season as a reason to shop National Nurses United’s online store.

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