December 2011

NATIONAL NURSE
THE VOICE OF NATIONAL NURSES UNITED

RNS PUT HEAT ON EMPLOYERS WITH WALKOUT

Strike While It's Hot

NURSE, FATHER, OCCUPIER
Putting a face to the Occupy movement

PRIVATE INEQUITY
RNs protest investment firm management of hospitals
Letter from the Council of Presidents

THE END OF THE YEAR and beginning of the next one is a natural time for reflection. Looking back on 2011 and forward to 2012 fills us all with a sense of accomplishment, as well as excitement and anticipation, of all the progress we have made and all the work that we still have to do.

We would say that the overarching theme of 2011 was “protest.” From Madison, Wis. to Wall Street in New York City and then on to cities across all 50 states and around the world, people were mad and finally taking to the streets to demand justice, opportunity, and dignity. We are so proud that the registered nurses of National Nurses United have, from the beginning, been in the thick of it all. We were there in Madison in February, leading marches and shifting the debate to one of no concessions for public employees and working people. We were on Wall Street in June, one of the earliest groups in this country to be calling for a tax on the financial speculation that was largely responsible for this recession, or depression, of which no end appears to be in sight. We were there giving first aid in Zuccotti Park, when Occupy Wall Street captured the nation’s imagination and energy. And we will continue to be there in 2012. This year will be the year that we translate all that anger and frustration into concrete solutions, solutions like a tax on Wall Street trades that could generate up to $350 billion a year to put people back to work, give people the healthcare they need, and shifting the debate to one of no concessions for public employees and working people.

And as a reminder that our fate is interconnected with those of people across the globe, we also have a feature in this issue about the health crisis in Greece. One of the European Union countries hit hardest by the bad global economy and now on the verge of defaulting on its debts, millions of people have been marching in the streets against austerity measures the government has imposed. Yet Greek police have tried to crush the demonstrations with unbelievable violence. Greek nurses, doctors, and other medical workers are literally putting their lives on the line by participating in the mass protests and also in providing first aid to injured protestors at these actions.

Nurses, as patient advocates, are natural protesters and fighters—the nurses of NNU particularly so. People look to us and look up to us, and we will not let them down.

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

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NATIONAL NURSE™ (ISSN 2153-0386 print /ISSN 2153-0394 online) The Voice of National Nurses United, December 2011 Volume 107/10 is published by National Nurses United, 2000 Franklin Street, Oakland, CA 94612-2908. It provides news of organizational activities and reports on developments of concern to all registered nurses across the nation. It also carries general coverage and commentary on matters of nursing practice, community and public health, and healthcare policy. It is published monthly except for combined issues in January and February, and July and August.

Periodicals postage paid at Oakland, California. POSTMASTER: send address changes to National Nurse™ 2000 Franklin Street, Oakland, CA 94612-2908.

To send a media release or announcement, fax (510) 663-0629. National Nurse™ is carried on the NNU website at www.nationalnursesunited.org.

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ON THE COVER: Long Beach Memorial Medical Center and Miller Children’s Hospital RNs went on strike Dec. 22 to fight for a fair contract and safe break relief staffing. U.S. Rep. Janice Hahn came to the strike lines in support.
Photo by Joseph Newlin.
Hundreds of nurses and their supporters from across the United States converged outside the headquarters of Cerberus Capital Management in New York City on Dec. 20 to protest the practices of the multibillion-dollar private equity firm’s healthcare unit, Steward Health Care System. Cerberus-Steward, which now operates 10 hospitals in Massachusetts, has partnered with a number of physician practices locally and is also entering the health insurance market. Cerberus-Steward has come under increasing criticism for cornering the market with predatory practices, undercutting patient care with its push for profits.

The nurses, who came from Massachusetts, New York, Washington, D.C., California, Illinois, Pennsylvania, and Nevada, were all members of National Nurses United. At the rally, allies from several advocacy groups joined them as well as protesters from Occupy Wall Street. The highlights of the demonstration included a street performance and a 10-foot, three-headed dog balloon, “Cerberus,” the mythical canine at the gates of hell.

“As patient advocates on the front lines, nurses are sounding the alarm about the entrance of cut-throat private equity firms, like Cerberus, into the health care market-place,” said Karen Higgins, RN and co-president, National Nurses United. “It is a development that spells danger for patients and communities across the country.”

Cerberus owns an array of businesses, including the Freedom Group subsidiary, a leading manufacturer of guns and ammunition. Last year it added the chain of hospitals to its portfolio.

Nurses who work at those hospitals say that Cerberus-Steward has failed to maintain quality patient care standards at the Massachusetts facilities in contravention of an agreement reached with the state and with its employees. Approval for the profit-maker to take control of the nonprofit facilities was tied to keeping patient care a top priority. The company makes daily threats to close services or entire hospitals in direct violation of the assurances it made to the state as a condition of entering the healthcare marketplace.

Some nurses who spoke out to protect their patients have been fired, in direct violation of federal labor law. To its RNs, Cerberus-Steward reneged on its contract, dropping the promised defined-benefit pension plan, a benefit promised to RNs to keep them on the job. The company is threatening to cut health benefits to some nurses, as well. —David Schildmeier
Maine RNs Convince Hospital to Pull Bad IVs

E

MILY BRALEY KNOWS IVS. AS AN ENDOSCOPY RN WHOSE PATIENTS REQUIRE SEDATION, MOST EVERY PATIENT WHO PASSES THROUGH HER DEPARTMENT’S DOORS GETS ONE.

SO WHEN HER HOSPITAL, EASTERN MAINE MEDICAL CENTER, IN LATE NOVEMBER SWITCHED TO A DIFFERENT BRAND OF IV CATHETERS, BRALEY IMMEDIATELY OBSERVED SOME SERIOUS SAFETY PROBLEMS WITH THE NEW PRODUCT. WHEN NURSES RETRACTED THE NEEDLE, BLOOD STILL REMAINED ON THE PLASTIC TIP, AND SOMETIMES THE RETRACTED NEEDLE WOULD NOT STAY PULLED BACK, BUT POP OUT. AS A RESULT, NURSES WERE STICKING THEMSELVES MORE OFTEN AS WELL AS INCREASING THEIR EXPOSURE TO PATIENTS’ BLOOD.

PATIENTS COMPLAINED THAT THE NEW IVS HURT MORE, AND NURSES WERE FINDING THAT THEY OFTEN NEEDED TO STICK THE PATIENT MULTIPLE TIMES BEFORE GETTING A GOOD PLACEMENT OF THE IV. THIS WAS A PARTICULAR PROBLEM FOR CHILDREN AND CANCER PATIENTS.

“AS SOON AS WE STARTED TO USE THEM, WE ALL HAD PROBLEMS,” SAID BRALEY, WHO HAS WORKED AT EMMC FOR 12 YEARS, AND SIX YEARS IN ENDOSCOPY. “IT BECAME A HUGE ISSUE.”

BRALEY ADDED THAT ONE OF THEIR PATIENTS ACTUALLY REFUSED TO BE STUCK WITH THE NEW TYPE OF IV FOR FEAR OF THE PAIN.

THE COMPANY SUPPLYING THE HOSPITAL WITH THESE NEW IVS SENT OUT REPRESENTATIVES TO FAMILARIZE THE NURSE WITH THEIR PRODUCT, AND BRALEY EVEN PULLED ONE OF THEM ASIDE TO WATCH HER TECHNIQUE TO MAKE SURE SHE WAS DOING IT CORRECTLY. “THERE WAS NOTHING WRONG WITH MY TECHNIQUE,” SHE SAID. “IT WAS JUST AN INFERIOR PRODUCT.”

COWORKER JUDY BROWN, THE EMMC NURSES UNION LEADER AND AN RN WORKING IN PRE-ANESTHESIA HERE WHO ALSO USES IVS DAY IN, DAY OUT, SUMMED UP THE NEW IV CATHETER SITUATION SUCINCTLY, “THEY JUST DIDN’T WORK RIGHT.”

BRALEY SURVEYED A FEW OTHER DEPARTMENTS AND WITHIN TWO HOURS HAD DOCUMENTED FOUR PAGES OF QUESTIONS, CONCERNS, AND COMMENTS (ALMOST ALL NEGATIVE) WITH THE NEW IV. SOME OF THE MANAGERS HAD TOLD BRALEY TO JUST “DEAL WITH” THE NEW EQUIPMENT, BECAUSE THIS IS WHAT THE HOSPITAL WAS PURCHASING ACROSS THE SYSTEM, BUT BRALEY SAID, “NO, I’M NOT GOING TO ‘DEAL WITH IT.’” SHE INVITED THE CLINICAL MANAGER EVALUATING THE NEW IVS TO THE NURSES’ DECEMBER PROFESSIONAL PRACTICE COMMITTEE MEETING AND PRESENTED HER REPORT. WITHIN A WEEK, THE NURSES HAD ALSO DEVELOPED A PETITION AGAINST THE NEW IVS AND AN OVERWHELMING NUMBER OF COLLEAGUES HAD SIGNED ON. AT THE SAME TIME, BROWN ALSO LOBBIED AGAINST THE NEW IVS WITH THE CHIEF NURSING OFFICER AND OTHER MANAGERS SHE ENCOUNTERED.

JUST AFTER THE NEW YEAR, ADMINISTRATORS ANNOUNCED THAT, EFFECTIVE IMMEDIATELY, THE HOSPITAL WOULD BE STOPPING USE OF THE NEW IVS AND GOING BACK TO THE OLD ONES. “PEOPLE WERE VERY HAPPY,” SAID BRALEY. “EVERYBODY REALIZED WE NEEDED TO DO SOMETHING AND THIS NEEDS TO BE CHANGED.”

BROWN AGREED. “I’M VERY PROUD OF THE NURSES FOR STANDING UP AND SPEAKING UP TO MAKE A DIFFERENCE, AND FOR THE ADMINISTRATION TO REALLY LISTEN AND COOPERATE,” SHE SAID. —STAFF REPORT

Nurses Win Top Honesty and Ethics Honors, Again

If registered nurses didn’t so richly deserve every ounce of recognition that comes their way, this might have gotten a little embarrassing by now. For the 12th time in 13 years, nurses have been ranked by the Gallup Poll as the most honest and ethical profession. “Nurses consistently top the list, having done so each year since they were first included in 1999,” Gallup reported Dec. 12. The one exception was in 2001, just after the terror attacks of Sept. 11, when firefighters topped the list.

Some 84 percent of respondents surveyed said nurses ranked “very high” or “high” in honesty and ethics, nearly 10 points better than the second-place finishers, pharmacists, and 14 points better than the third-place finishers, doctors. Member of Congress, lobbyists, and car salespeople consistently rank among the lowest in the survey.

Registered nurses do not wear this mantle of high public esteem lightly. “We hold that trust as a sacred bond with our patients and our communities,” said Karen Higgins, RN, co-president of Nurses United. “Patients and their families expect nurses to fight for them at the bedside, even when it conflicts with the profit motive of far too many hospital managers, insurance companies, and others in the healthcare industry who put the bottom line above patient interest.”

RNs should also recognize that with respect and duty also comes tremendous power to improve larger societal conditions for their patients beyond the bedside. This is one of the reasons NNU nurses have been so prominent in proposing a Main Street Contract for the American People campaign to demand things like healthcare and jobs for all, and pushing for a financial transaction tax on Wall Street to generate the funds needed to rebuild our social and physical infrastructure.

“Nurses are fundamentally powerful people,” said RoseAnn DeMoro, NNU executive director at the most recent convention to thousands of RNs. “You take care of everyone—not only your patients, but your families and your communities. Feel it, own it, because, by God, this country needs you.” —STAFF REPORT
ABOUT 6,000 registered nurses in Northern and Southern California, represented by the California Nurses Association/National Nurses United, went on a one-day strike Dec. 22 to challenge their employers’ insistence during recent contract negotiations on demanding unnecessary takeaways and in refusing to address serious staffing issues jeopardizing patient care.

RNs at nine Sutter Health facilities, covered under five separate contracts in the San Francisco Bay Area, took to the streets over more than 200 concessions that Sutter wants, which nurses believe will seriously erode standards for how nurses, as well as patients, are treated. For example, Sutter wants to make changes to sick leave policies, including eliminating paid sick time that would promote nurses coming to work ill – on top of increasing health benefit costs to all nurses. Sutter has also proposed a host of other changes that would discourage or penalize nurses from speaking up and advocating without fear of retaliation on behalf of their patients, and also seeks to eliminate the role of charge nurses at some facilities.

As a hospital chain, Sutter has cut numerous essential community services by eliminating units, or moving particular procedures to facilities which could not be easily accessed (bone marrow transplants to Sacramento from Berkeley, as an example), and pushing to close entire hospitals. CNA in conjunction
Registered nurses at Jackson Park Hospital and Medical Center on Chicago’s South Side voted by 85 percent on Jan. 6 to join National Nurses United, the nation’s largest union and professional association of RNs.

The Jackson Park RNs voted 94 to 16 to join NNU. The secret ballot election was conducted by the National Labor Relations Board. NNU will represent some 150 RNs at the hospital.

“This is a victory for the nurses and the South Side of Chicago,” said Jackson Park RN Leshuan Williams. “Together we realized unity is the best way to advocate for our patients and preserve respect for the registered nurse.”

The election win also continues the growth of NNU as the voice of Chicago-area RNs. NNU now represents nearly 4,200 RNs in greater Chicago, including nurses at the nearby University of Chicago Medical Center where RNs last year won their first NNU contract with significant gains in patient care protections and RN standards.

Safe staffing and respect for the RNs were also key issues for Jackson Park RNs.

The hospital had been in the news lately for charges of harassment against RNs, and recently settled an employment racial discrimination suit for making African-American female workers perform assignments their male counterparts were not required to do.

Since its founding in December 2009, NNU has won representation for more than 11,000 RNs at 27 hospitals in nine states. Nationally, NNU represents 170,000 RNs.

“I am so excited about our victory and what this means for the future of nursing at Jackson Park,” said Patricia Drake, a Jackson Park RN. “The election was long overdue and with NNU we will have a voice with collective bargaining to enable RNs to deliver the best quality care possible for our patients.” —Staff report
California
CHILDREN’S HOSPITAL OAKLAND
NURSES SETTLE CONTRACT
Children’s Hospital of Oakland nurses on Dec. 21 ratified a new contract expiring in 2015 which they believe will improve staffing, including language ensuring that a charge nurse without patient assignments will be on every shift, and allowing greater flexibility in break relief based on professional RN judgment. “It was a hard fight,” said Martha Kuhl, a 30-year Children’s RN and bargaining team leader, referring to the three strikes the RNs waged over a 20-month negotiating period. “We didn’t win everything we wanted, but the employer knows that we’re willing to stand up for our patients and our rights. Thanks to my coworkers who remained unified in this struggle; we are now engaged in the ongoing fight for better patient care.”

ST. JOSEPH RNS WIN $12 MILLION LAWSUIT
Nurses at St. Joseph’s Hospital of Orange recently won an award of $12 million stemming from a lawsuit over the hospital’s attempts from December 2001 to June 2009 to circumvent paying overtime wages to which the RNs were entitled under a new state law. Instead, the hospital lowered their nurses’ base pay by 15 percent to offset the new law. The lawsuit affected 2,717 nurses. “For me, this was about much more than just money,” said Mary Oberschlake, an RN who was one of the plaintiffs and donated her award money to the California Nursing Foundation to create scholarship program for Orange County RNs. “It’s about upholding the law, protecting employee rights, and working to provide scholarship opportunities for nursing students in need from our community.”

MARIN GENERAL RNS WIN NEW CONTRACT
After a concerted organizing effort resulting in unprecedented RN involvement, including record numbers voting to go on strike if needed, the nurses at Marin General Hospital in December won a new three-year contract that gave up no concessions and achieved new standards that RNs say will improve patient care, help protect patients and nurses, and keep experienced RNs at the bedside. Management pulled demands to weaken healthcare and retirement benefits after the nurses’ strike vote. The contract grants across-the-board 3 percent raises each year, a bigger say in ensuring adequate staffing, and new protocols protecting against workplace violence.

Massachusetts
NEARLY 100 REGISTERED NURSES ORGANIZED by the Massachusetts Nurses Association packed a state Joint Committee on Healthcare Finance hearing Jan. 25 to testify in support of two bills, HB 1469 and SB 543, that would call on the Massachusetts Department of Public Health to establish safe limits, or ratios, on the number of patients an RN can be forced to care for at a time. MNA RNs and other healthcare advocates have been pushing adoption of ratios for more than a decade and this most recent hearing raises hopes that one may finally be passed this year. Some legislators, a number of them registered nurses, showed support for the bills. Nurse after nurse spoke at the hearing about how they could not adequately care for their patients given their high patient loads and that it was high time to enact such a law. “We continue to have a disturbing crisis in Massachusetts,” said Donna Kelly-Williams, RN and MNA president. “Registered nurses are being forced to care for too many patients at one time.”

Texas
IT WAS THE FIRST MEETING of the new year for Texas nurses as they met in Houston on Jan. 27. Nurses from Corpus Christi, Austin, the Rio Grande Valley, El Paso, Houston, and even Snook attended. A full day of discussion centered on NNOC-Texas political work as nurses prepare for the 2013 legislative session to reintroduce the Texas Hospital Patient Protection Act of 2013, a bill that would establish safe nurse-to-patient ratios, real protection for whistle-blower RNs, among other nursing rights and standards.

—Staff report
All the World’s a Stage
Nurses work to revive global economy

Nurses around the world, like so many heroic leaders and activists within NNU, are carrying their commitment to protecting their patients and their union contracts to advocating for their communities, their nations, and global health. Can tens of thousands of nurses be wrong?

Following up on the incredible forum we co-sponsored at the G-20 summit of world leaders in France in November featuring nurses from four continents, we were honored to co-convene a meeting in London earlier this month to plan next steps in our international campaign on how to revive our global health.

Representing us at a broad-based gathering of 30 labor, healthcare, environmental, and other non-governmental organizations (NGOs) from 10 countries, NNU Vice President Malinda Markowitz, RN, presented a summary of NNU’s great year-long Main Street campaign, joined by thousands of nurses in big rallies and small street fairs.

Malinda explained that among the key lessons we have learned is the power of “participatory democracy,” the most effective way to challenge the power of Wall Street and corporate influence in the economy and government, as well as the inherent strength of aligning with nurses and other working people worldwide to press our common concerns.

Just as the economic crisis that has put the health and livelihood of so many families in the United States at risk is not confined to our borders, the response from working people the world over is similarly an international phenomenon.

We can be additionally proud that nurses from one continent to the next have been in the forefront of efforts to resist punishing austerity measures, in highlighting the harmful health consequences of deep budget cuts and crippling poverty, and in calling for worldwide solutions, including financial transaction taxes on the banks and other financial institutions that caused so much pain and suffering for so many.

Together we have escalated the pressure for adoption of a speculation tax on stocks, bonds, and other financial instruments to help raise money for protection of vital public and community services, and global action against poverty and harmful climate change.

Thanks to the international movement, of which NNU is a leading part, France is on the verge of adopting a national financial transaction tax (FTT), Germany and much of Europe may follow, and the proposal has been endorsed by other countries around the world, including Brazil and South Africa.

Opening the London meeting, Owen Tudor, representing the host Trade Union Congress, which includes 58 unions in the United Kingdom, said it was everyone’s hope that this year would mark the “closing stage” of what has been a remarkable and historic global campaign for the FTT. “The stakes couldn’t be higher because we have to get progress this year, the idea is now in public consciousness, on government agendas, and we have to make it a reality this year,” he said.

The sense of momentum evoked at the meeting was inspiring. As was noted by several leaders, some activists have been working globally to enact a tax on financial transactions for 30 years. In the past few years, the campaign has exploded; last year alone was a “tipping point,” as David Hillman of Stamp Out Poverty and the Robin Hood Campaign put it, and now it’s up to all of us to achieve what he called “the fruits of our labor.”

Part of what has propelled the movement forward is the escalating attacks on working people and public services across the planet. Teresa Marshall of Public Services International, the global federation of public worker unions, described the attack on public workers, the result of austerity measures often promoted by international banks and other financial institutions, that bear an eerie, cross-border similarity.

But in country after country there is response and public protest. One of the least-told stories about Egypt, she noted, was the “myth” of the Facebook and Twitter uprising. Egyptian generals have admitted, she said, that years of forced privatization and severe cuts in services have sparked public protests for several years and demonstrated to an entire nation “that it is possible to go out to the streets to press your demands.”

Like the United States, Britain has not been immune from the attacks on public services, and the sight of street heat in response.

Malinda also met with nurses in unions in Britain who could not say enough about the support of NNU members who in November rallied at the British embassy in Washington and consulates in Boston, Orlando, Chicago, Los Angeles, and San Francisco in solidarity with a massive strike of two million British workers protesting threatened cuts in pensions.

Britain today also faces a major threat to its national crown jewel, its National Health Service. The present British government is pushing a major overhaul of the NHS that would funnel substantial public revenues to private healthcare institutions which are creeping into the United Kingdom in growing numbers. HCA, for example, now has opened several facilities in London.

The British medical journal Lancet has warned that the government’s overhaul bill will “pave the way for the introduction of a U.S.-style health system” with “widespread provision by private health corporations” with all the inequities and numbing, uncontrolled costs all too familiar to us.

Nurses and other healthcare workers, and their unions, are proudly in the forefront of the movement to fight the bill. We have offered to help, and continue our international campaign for a better, healthier world for all.

RoseAnn DeMoro is executive director of National Nurses United.
Registered nurse Doug Connor loves his country. That’s why he’s busy backing the Occupy movement and NNU’s tax on Wall Street.

By Erin FitzGerald

You’d be hard pressed to find more of an all-American family man than registered nurse Doug Connor. An Iraq War veteran, he lives in the suburbs of the San Francisco Bay Area with his wife and their two toddlers. When he’s not working as an intensive care unit RN, he is studying for his advanced degree as a nurse practitioner. Raised in a conservative military family, Connor is clean shaven, well spoken, and always believed earnestly that “if you do as you’re told, if you do the right thing, you’ll be ok.”

All that changed last November, the night that he was arrested for the first time in his life during an Occupy Oakland protest.

Connor had been volunteering as a medic and helping run NNU’s first aid station at the Occupy Oakland camp. On the night of Nov. 2,
the day of a big, citywide general strike and shutdown of the Port of Oakland, Connor was acting as a medic and sported big red crosses on his clothes and backpack of medical supplies, ready to treat anyone with an injury.

That night, as Connor was observing the protest with a journalist and lawyer serving as a legal aid observer, the police ordered the group to return to a central plaza. They did as they were told, but moments later, police approached Connor and told him to get face down on the ground and put his hands behind his back to be arrested. The lawyer tried to intervene, but to no avail. Police were determined to round up everyone.

Getting arrested was a new and traumatic experience for Connor. With his hands cuffed behind him, he felt vulnerable.

“I mentally told myself, ‘I am not a criminal,’ and I kept repeating to myself, ‘I am here, and I’m helping the community that I live in,’” he remembered.

But things quickly got worse once Connor was taken to the local jail. Even after waiting in a cell several hours, police did not release Connor or others from their handcuffs though they were in pain. Connor, ever the nurse, was also desperate to help another protester who had been beaten with a Billy club and was having trouble breathing. When Connor called to the guards for help, they pulled him out of the cell. “I’ve got a special pair of cuffs for you,” he remembered the sheriff’s deputy saying to him. The officer then cinched some new cuffs on him as tight as they would go.

Back inside the cell, protesters confirmed to Connor that his hands were turning blue. “That’s when I realized that the best thing I could do [for the injured man] was to keep my mouth shut and get us out of there as soon as possible,” he said.

Thirteen hours later, Connor and the other protesters were finally released. It took a few days for his hands, the same hands that saved
lives in Iraq and care for ICU patients, to regain sensation.
Connor’s case is currently pending review in the courts. But the arrest made Connor even more passionate about the Occupy Wall Street movement.
“There’s nothing like brute force to inspire activism,” he said.

Connor was not always an activist or political person.
Born in Kentucky into a career military family going all the back to his great, great grandfather, Connor grew up under strongly conservative values. His father, who is also a military historian, served two tours in Vietnam. An older brother, a ranger in the U.S. Army Reserve, recently ran as a Republican and Christian Conservative for the lieutenant governor position in South Carolina.

One thing that makes Connor different, however, is that he is the only nurse in his military family. While other family members went to war to fight the enemy, Connor went to heal and patch people up. He did not discriminate. Anyone who came into his operating room received undivided attention and care.

After graduating from nursing school, Connor joined the Army and served three years in Iraq. While he was there, he saw horrific things that he still carries with him today. There were too many wounded, both military and civilians, and children on his surgical table. He saw limbs torn off and bodies torn asunder. “The horror movies don’t get it right,” said Connor. “What you see on [shows like] China Beach, in movies about war. That’s what you think it is. And then you learn, it isn’t. It’s much, much worse.”

Beyond this awakening to the realities of war, Connor experienced a political awakening in Iraq, too. While he was there, Connor was deeply embedded with the military men, workers, and Iraqi civilians who made up the base. He couldn’t help but notice the profits being made by war contractors hiring the cheapest possible labor, charging astronomical fees to the U.S. military (and taxpayers), and reaping record profits. As he watched both military and civilian wounded pass through the hospital, as he observed the lives of low-paid workers serving military men, he began to understand that somewhere far away, someone was fiddling while Iraq, and all the people connected to it, burned.

After returning from Iraq in 2006, Connor found a nursing job at Walter Reed Veterans Hospital which also fueled his commitment to healthcare equality. At the hospital for veterans, Connor noted that they kept a special ward for three-star generals and their family members. One patient there had her own chefs. “I worked in surgical ICU, a big, open room with just a curtain between patients,” remembered Connor. “One patient was sent to this super ward and, one room over, a guy who’d lost both of his legs was crammed into a corner. That’s when I thought, ‘This healthcare system’s got to change.’” To Connor, it also seemed unfair that veterans mostly had guaranteed healthcare but civilians didn’t.

At Walter Reed, Connor began to wonder about how his patients were faring after they were discharged. What happened to the blind vet, or the guy he’d treated who didn’t have any limbs? He kept in touch with some of his patients, and he saw them decline once released. Like one of the men in Connor’s unit in Iraq who committed suicide, there were others released from the military who were struggling, often without official recognition or support for war’s emotional costs. Too often, Connor said, he saw veterans who were losing their personal battles at home.

Now that Connor’s eyes had been opened, he couldn’t shut them to injustice. He could not just sit around and do nothing while so many people in his community were hurting.

Though Connor returned from Iraq with the same emotional struggles many vets experience, it’s something he and his wife Karen are facing together. Instead of being defeated by post-traumatic stress disorder, Connor channels his pain into action. In addition to being a member of Iraq Veterans Against the War and Veterans for Peace, Connor also found an outlet for helping heal his community through his union, the California Nurses Association and National Nurses United. He believes in NNU’s message about healing America, embodied in NNU’s Main Street Contract for the American People campaign. The campaign proposes that a tax on Wall Street transactions can re-fund America with, among other things, jobs, homes, healthcare, and a good public education.

When he learned last fall that NNU’s Registered Nurse Response Network was staffing first aid stations at Occupy Wall Street encampments around the country, he volunteered at his local site, Oakland. There he was, face to face with the Occupy movement.
“At first I was a bit scared,” Connor said. “I didn’t know what to expect. But if NNU is involved, I know they’re going to support workers’ rights, human rights.”
In addition to serving as an Occupy medic, Connor also brought his family to attend Occupy Oakland marches because he wanted to be part of a group that was publicly and peacefully calling for change. He was as shocked as the rest of the nation when, at a rally on Oct. 25, 2011, riot police in Oakland used tear gas, “non-lethal” projectiles, and flash-bang grenades to disperse the crowd. At the rally, an Iraq veteran, Scott Olson, 24, was injured when he was struck by a police projectile that fractured his skull.

Olson’s injury and the police aggression sparked discussion, debate, and concern across the nation. “I was there. My family was there. I would never have taken them if I thought there would be violence,” Connor said. “My wife and I and our children were on the march from the library, and there were families, grandmothers, and union members from different unions, and it was a peaceful march. Then the police started throwing flash-bang grenades and teargas.”

At home a month after his arrest, Connor plays with Jimmy, 3, and Violet, 2, in their Walnut Creek home. Karen is in the kitchen preparing breakfast. “Cheese,” she said, opening the refrigerator. “Violet loves cheese.”

Violet confirms this minutes later as she stuffs cubes of cheddar into her mouth as her mother drops them onto the tray of her high chair. In the other room, Jimmy is singing to Elmo.

It is a picturesque scene, noisy, warm, and pleasant.

Like all parents, one of Connor’s main goals in life is to create a better future and world for his children. He believes that the Occupy movement and what it represents is the best hope now for winning the systemic changes and deep shifts in public opinion that must happen if the United States is going to rebuild the kind of society that lifts up working people and not just the wealthiest 1 percent. Occupy, at its core, is not about who can set up tents where, but about the right of ordinary people to living-wage jobs, healthcare, good public education, a clean environment, decent housing, and the like.

For Connor, the financial transaction tax (FTT) on Wall Street proposed by NNU provides hope and answers for the 99 percent. “The financial transaction tax goes right to the heart of where the problem began, which is out-of-control speculative trading,” said Connor. “That’s what brought us down. [The financial transaction tax] is basically saying, ‘You need to pay for some of the institutions that you’ve destroyed.’ This is where NNU and Occupy Wall Street come together.”

Despite his passion for the Occupy movement, Connor recognizes that it can be intimidating because it is somewhat chaotic, constantly morphing and changing into something else. He and others involved in Occupy expect it to re-emerge in spring, perhaps in a new form, one that more forcefully and actively calls for a tax on Wall Street. Connor supports the change. Ever the nurse, he is assessing, adapting to circumstances, “adjusting fire.”

He encourages nurses everywhere to get involved in Occupy, he said. “The Occupy community is as diverse as America is, because we don’t turn anyone away. Anyone who’s for changing the system is allowed in the discussion,” Connor said. “We’re not censoring anyone. We’re not having a PR firm run it. It’s organic, and that’s why it might look a little bit messy to people on the outside, but to me it’s inspiration.”

Connor and his wife, an LVN, took shifts at the first aid tent. Attending Occupy’s evening meetings in Oscar Grant Plaza outside of Oakland’s city hall, Connor was impressed with the movement’s democratic process. “Everyone had a right to speak. It was democracy in action,” he said.

Soon he was volunteering as a medic at Occupy marches and rallies. He was impressed with how the Occupy movement organized the medical teams and how inventive the team was at overcoming obstacles.

At one march, city ambulances were unable to get through to the march location.

“[Occupy] had medics. They had a dispatcher. They had a feed where they can call for a response, and they had people with SUVs that had been gutted so you can get someone out,” Connor says.

It was that kind of on-the-spot thinking and can-do creativity that resonated with Connor, who believes nurses have to be similarly creative. “In the military we say we ‘adjust fire’; we move with what’s going on,” said Connor.

Occupy’s message also resonated with him. The movement’s focus on the plight of people victimized by the failed economy and Wall Street speculation made sense to Connor and was confirmed by his observations of the war in Iraq and of his community.

“There are certain institutions that are profiting during this time of economic misery, and that’s not right,” Connor said. He believes it’s a message that nurses, who see the uninsured, underinsured, sick, and elderly every day, understand.

Watch a video profile of Doug Connor, RN explaining why he supports the Occupy movement at: http://www.youtube.com/watch?v=ziQ8CubCf4I

Erin FitzGerald is NNU’s videographer and a National Nurse contributing writer.
Under Attack

Greek medical workers face incredible odds to save their national healthcare systems.

Greek protestors hold banners over the Parthenon during a two-day general strike called by unions to oppose deep government cuts to public benefits in order to satisfy foreign debt holders.

Photo by Milos Bicanski/Getty Images

Greek protestors hold banners over the Parthenon during a two-day general strike called by unions to oppose deep government cuts to public benefits in order to satisfy foreign debt holders.

Photo by Milos Bicanski/Getty Images
system and the lives of fellow protesters. **STORY AND PHOTOGRAPHY BY KIA MISTILIS**
Te ear gas billowed in from both entrances of the first aid station where the riot police were chucking canisters. One hit the station’s tent wall, starting a fire. Inside, 20 medical volunteers, including registered nurses, doctors, and first aid personnel, struggled to protect and care for 30 to 40 patients with respiratory problems and trauma wounds. For over an hour, they were all trapped: they could not see, they could not breathe.

Registered nurse Nikos Manias ran outside to appeal to the police to stop the tear gas attack, but they ignored him. One riot police officer came forward and threw a stun grenade at him. “I was standing on a bench. If I had been on the ground, it would have hit me,” said Manias. Shortly after, another officer threw a rock at him. “I was on my knees, begging them to stop the tear gas attacks, but instead the police started throwing many stones at me.”

No, this is not some Hollywood dramatization of riot police overreacting to an Occupy Wall Street protest. This was modern-day Athens, Greece, on June 29, 2011; the second day of a historic, two-day general strike that the Greek people staged to fight the second round of austerity measures their government passed in order to receive its second loan installment and balance their nation’s budget on the backs of ordinary citizens.

Riot police unleashed a staggering 2,860 tear gas canisters and thousands of flash grenades to clear large crowds of people from central Athens in a five-hour assault which began at 2 p.m. Police typically use around 150 tear gas containers at Greek rallies.

While registered nurses, doctors, medics, and other healthcare professionals volunteering with the Occupy Wall Street movement have certainly faced their fair share of danger and police aggression while trying to treat people hurt during protests, marches, and rallies over the past several months, these American confrontations pale in comparison to the violence their counterparts in Greece have endured while trying to care for their own.

Since May 2010, the Greek people have staged a series of mass demonstrations, sectoral strikes, and 22 general strikes to fight against the draconian measures their government has enacted in order to appease foreign lenders who provided a €110 billion bailout for the debt-ridden nation. Deep cuts to public and private sector salaries, pensions, jobs, the national healthcare system, as well as a hike in the sales tax to 23 percent, have resulted in chaos, high unemployment, and an effective dismantling of the public health system. Greece’s trade unions and leftist political parties organized the initial opposition, but the protests have transformed into a broad-based people’s movement, with millions of Greeks taking to the streets and actions ramping up since spring of this year.

In addition to participating in the demonstrations, Greek medical workers, including many registered nurses, doctors, and mental health professionals, volunteered from late May to late July to treat the injured through a medical station erected as part of a protest camp occupying Athens’ Syntagma Square. Their medical expertise has been desperately needed. Greek police have been ruthless in response to protestors. The attack on the first aid station was part of a larger assault police launched against peaceful demonstrators in central Athens’ Syntagma Square that day. Riot cops clouded the entire plaza in tear gas, beat protestors with batons, threw stun grenades, and even stoned people with marble rocks.

Incredibly, police did not consider the first aid station off limits to their violence.

**The riot police threw chunks of marble stones and chemical canisters at us. I fell down and then they came from behind and beat my legs with batons. I could not get up, I could not walk.**

What is it that Greek registered nurses and other medical workers are risking life and limb to defend? How did the situation get this bad?

Greek medical providers have been fighting a two-front battle against massive austerity measures imposed on Greece by what is being called a “troika” of foreign lenders: the International Monetary Fund (IMF), European Central Bank (ECB), and European Union (EU).

On one side, medical activists are trying to preserve Greece’s National Health Service (NHS) in the face of debilitating cuts. On the other side, they find themselves under physical assault from the country’s increasingly repressive police force.

Greece’s Pasok government signed the first loan memorandum of €146 billion, about $210 billion U.S. dollars, with the troika in May 2010, which included deep salary and pension cuts. The minimum
wage was reduced from €700 to €550 ($1,015 to $797) per month, and €400 ($580) per month for youth under 25 years old. Registered nurses’ pay has been cut from €1060 Euro per month to €850 (from $1,416 to $1,136). In addition, 80,000 public-sector jobs were axed and the sales tax was raised from 19 to 23 percent. Since May 2010, unemployment has risen 40 percent, bringing the national jobless rate in September 2011 to 18.4 percent for adults and 46.4 percent for youth.

In the area of healthcare, the latest round of austerity measures will slash the Greek National Health Service (NHS) budget by 40 percent. Established in 1983, the NHS provides free healthcare for Greek residents, running a national network of hospitals, clinics, and other primary care health centers. However, public healthcare in Greece is not universal. Only citizens and residents in full-time employment qualify for entirely free healthcare; those without public health insurance must opt for private insurance, or pay a nominal fee.

Clockwise from left: Protestors trying to flee from tear gas; Greeks from all walks of life gather in Athens’ Syntagma Square; protestors strap on gas masks and goggles as riot police flood the area with tear gas.
of €5 at medical clinics, and all the costs of their public hospital treatment. The deepening economic crisis has seen a dramatic rise in public hospital and medical clinic admissions, as deep salary cuts and soaring unemployment force people out of private insurance. This has added a growing burden of care on the NHS, which is already under tremendous strain. According to a July statement by the Genoa Initiative of Hospitals, a medical professionals action group, the cuts are so severe they will effectively “dismantle the NHS.”

In new measures announced in July by health minister Andreas Loverdos, the government proposes to close 20 hospitals and 330 medical clinics, and merge 133 administration hospitals into 83 as a first step. More mergers and cuts are scheduled for the future. Hospital administration centers will be reduced from 92 to 22, and 13,000 hospital beds will close across Greece. Some 600 doctors and nurses’ positions will be transferred or cut.

One doctor told the BBC that the “cuts are so severe to our public health system, that we will see deaths occurring as a direct result of their implementation.”

According to medical workers, the Greek public hospital system is already stretched to the breaking point. In March 2011, when the Union of Xanthi Doctors warned in writing that defective pegs used to close the arteries of umbilical cords were putting the lives of newborns at risk, the hospital’s head administrator, Ati Bampalidis, threatened them with prosecution - even though doctors had photos to provide as evidence.

On June 25, a newborn nearly died because of a defective umbilical peg. The hospital’s union said that the baby had lost 50 percent of its blood, but a “superhuman effort by doctors and nurses of the Hospital of Xanthi and the neonatal intensive care unit in Alexandroupoulos miraculously managed to save the newborn baby’s life.”

The quality and supply of medicines is also a major concern of medical personnel. “Pharmaceutical suppliers have stopped delivering drugs to our hospitals because the government has not been paying their bills, so we are using copies, which are much cheaper, but second- or third-rate quality compared with originals,” said registered nurse Melina Papas, from Heraklion, Crete. (Papas’ name as well as the names of all registered nurses in this story, except for Manias, have been changed to protect their jobs; public-sector nurses are under government orders not to speak to the media or risk getting fired.)

Some of the hospitals slated for closure serve the most vulnerable Greeks. One such facility is the General Hospital of Patisia, located in downtown Athens. It is an area crowded with low-income Greek families, workers, and the unemployed, alongside communities of North African and Middle Eastern refugees living a marginal existence in neighborhoods fast becoming ghettoised.

In the week after the meeting, the hospital and doctors union staged a four-hour work stoppage and demonstration on July 14 outside the Health Ministry in central Athens. The hospital workers union took similar action July 20 followed by targeted actions outside the health ministry and participation in general strikes, which rolled on through the fall and into winter. “This attack is very strong, but doctors, nurses, and other staff have the power together to stop it,” said Chris Argyris of the Genoa Initiative.
The chemical attacks escalated and medical personnel finally decided around 5:30 p.m. that they had to evacuate the first aid station since they felt that the lives of their patients would be at risk if they stayed one minute longer. The police had also shut down central Athens to traffic and denied ambulance access, even when directly requested by Dr. Vasilis Kafetsopoulos, a medical volunteer who phoned the Athens police chief from Syntagma Square several times that afternoon, urgently requesting ambulance access to transfer patients to the hospital. Kafetsopoulos’ pleas fell on deaf ears, and medical volunteers had no choice but to carry patients by hand to the nearest subway station, where the Greek Red Cross has set up a triage room, and transport them to the hospital by Metro.

Even the evacuation, however, was conducted in the middle of a war zone. Medical workers could barely see and were struggling to breathe. As they carried the patients, with at least seven to 10 people with serious casualties, riot police starting throwing rocks at the legs of the Greek Red Cross men bearing the stretchers. “The riot police who threw rocks at personnel bearing the stretcher of an injured person should be under psychiatric treatment,” said Kiriakou. “This has nothing to do with politics. I have three children and grandchildren. How do you think I feel about their future in such a community? Even in the heat of battle during war, no one comes to attack medical personnel or the injured!”

But even the Metro station was no safe haven; police continued to throw chemical agents down the subway stairwell. Despite these attacks, the medical volunteers and the Greek Red Cross treated 700 people and transferred 100 patients to the hospital by Metro. In the evening, about 20 nurses and 20 doctors of all ages arrived to help out, bringing medications. Together, they worked to care for the injured until the last train departed Syntagma Square at midnight.

When the nurses and doctors returned to the square the next morning, they found the first aid station destroyed. “We do not let anyone force us to abandon our medical center,” said Kiriakou, “so we got it up and running again straight away, for the sake of our dignity, to breathe again, and to dream again for the future of our children.”

Police violence at public rallies is not an unusual occurrence in Greece. At previous demonstrations in February, May, and early June, riot police attacked demonstrators, bystanders, and journalists with batons, tear gas, and stun grenades.

Amnesty International has issued multiple statements condemning the violent conduct of Greek police in recent years. “Amnesty International, on various occasions, has raised concerns over repeated and credible allegations of excessive use of force by the police and prevailing impunity in the context of police ill-treatment,” read one statement in response to police actions on June 15. “The organization has therefore called for the establishment of an independent and effective police complaints mechanism to investigate all allegations of human rights violations by the police. Moreover, Amnesty International reiterates its call to the Greek authorities to address the longstanding systemic problems of policing and the failure of law enforcement officials to comply with international human rights standards.”

Fortunately, there were no fatalities, which observers attribute to the organization of the Syntagma Square first aid station volunteers and the Athens Metro for inviting the Greek Red Cross to set up a medical room inside Syntagma Square station.

Though first responder medical care is clearly desperately needed during these Greek protests, on July 31, police evicted the entire Syntagma Square camp in a 4 a.m. raid, confiscating tents and equipment, including the first aid station. The Ministry of Justice followed this up with an announcement on Aug. 10 that plastic bullets, water cannons, and dogs will be introduced to policing future demonstrations. In the wake of these proposed measures, Greek medical personnel now fear that protestors will be at risk of serious injury or even death. Sir Hugh Orde, who deployed plastic bullets and water cannons against protesters when he was chief constable of the Police Service of Northern Ireland, warned against the use of plastic or rubber bullets in an Aug. 9 article in The Guardian. Police are supposed to fire at a person’s legs, but 17 people, eight of them children, have been killed since 1969 with rubber or plastic bullets.

But the chemical gas, clubs, and rocks have not driven demonstrators off the streets or intimidated the population. The Greek people have continued to protest through fall and into winter, staging the latest general strike on Dec. 1.

Manias, Kiriakou, and other nurses, doctors, first aid, and Red Cross personnel met again at Syntagma Square on Aug. 24, resolving to reestablish the first aid station for the fall. They have consistently been providing medical care at demonstrations throughout the fall and into winter, a very difficult task, given that tents and equipment are not allowed since the eviction of the Syntagma Square protest camp in July.

Meanwhile, nursing staff working in Greece’s NHS are dealing with a rapidly worsening situation as severe budget cuts and staff shortages take effect. Registered nurse Maria Papadopoulos, who works at a public hospital in central Athens, said that “drastic shortages of equipment and supplies are commonplace now. We are lacking the basics, such as needles, surgical gloves, sterile equipment, bed linens, even toilet paper! Some nurses have been buying supplies from pharmacies out of their own salaries. We are also dealing with major staff shortages, with one nurse being allocated to care for 35 or 40 patients. We are united in our view that public healthcare in Greece should not fall to third-world standards and so we are doing our best to prevail.”

The campaign to save the NHS continues. “This attack is very high, but doctors, nurses, and other staff have it within our power together to stop it,” said Chris Argyris of the Genoa Initiative of Hospitals. “Every hospital and clinic will create strike committees and take the initiative to activate the base and organize each hospital to directly challenge the plans of the ministry.”

Kia Mistilis is a freelance journalist and photographer based in Athens, Greece.
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