IT WAS THE THREAT to the very existence of the State University of New York Downstate Medical Center that brought faith leaders, the community and labor together over the past year. In 2011, New York Gov. Andrew Cuomo and the state Legislature targeted the hospital—a Brooklyn, N.Y., institution that serves 400,000 patients a year—for downsizing, privatization or possible closure.

Prompted by the governor’s proposal, the New York State Public Employees Federation (PEF), an AFT affiliate that represents 700 workers at the medical center, and the United University Professions (UUP) chapter at Downstate, which is also an AFT affiliate and represents 3,300 of the hospital’s faculty and staff, immediately began working with the community to save the hospital.

The result has been a thriving coalition that has rallied, lobbied state legislators and conducted informational picketing.

But New York state is not the only place where this kind of community engagement is taking place—and reaping benefits.

In Vermont, the community stood with healthcare workers at Fletcher Allen Health Care to block the sale of five dialysis clinics to a company known for reducing staffing ratios and lowering the quality of care.

Continued on page 4
Needlestick injuries continue to be a challenge
Programs for safer devices are needed

IN THE 1980s, the AFT and other healthcare unions took on the task of reducing the high rates of work-related hepatitis B among nurses and other healthcare workers by advocating for the OSHA blood-borne pathogen standard. Before the standard was finally passed in 1990, nearly 12,000 healthcare workers a year contracted hepatitis B on the job—primarily from needlestick exposures.

The OSHA standard was a significant first step, but it wasn’t enough. Unions and their public health allies successfully fought for passage of the Needlestick Safety and Prevention Act of 2000, which strengthened the OSHA standard. In 2001, a revised standard required that employers in private and public healthcare facilities in 27 states introduce safer devices to reduce the risk of needlestick injury. The revised standard also requires employers to seek input on the selection of safety devices from frontline workers directly caring for patients. Every hospital covered by OSHA also has to maintain a sharps injury log to record needlestick incidents. The log must show the type and brand of device that caused the injury, the unit where the injury occurred and a description of the incident.

“The standard didn’t go as far as we would have liked, but it did put a process in place to significantly reduce injuries,” says AFT health and safety expert Darryl Alexander.

In spite of an improved standard, needlesticks remain a significant cause of injury among health professionals. When it comes to needlesticks, nurses incur the most, at 41 percent, followed by attending physicians at 13 percent. Most of these injuries can be prevented by using safer devices such as blunt-tip surgical suture needles.

What you can do
The task ahead is to press for better programs in our healthcare facilities, says Alexander. “We can begin by challenging facilities to adhere to the OSHA blood-borne pathogen standard.”

Workers and their representatives are entitled to copies of the hospital’s sharps log to assess any troubling patterns of injury. In addition, it is useful to survey members on their experience in the facility and compare it with the log. Any discrepancies should prompt a deeper look. Union members may want to work with the employer to improve reporting and prevention efforts.

Confronting this issue is more difficult in public hospitals, Alexander notes. Public employees are not covered by OSHA in some states. However, the Joint Commission, the organization that accredits hospitals, requires them to have programs to reduce and/or eliminate needlesticks. Union members should urge employers to set up programs that involve workers in the selection and evaluation of safer devices, Alexander says.

**NEEDLESTICK STATISTICS**

Each year there are an estimated 600,000 to 800,000 needlestick and other percutaneous injuries among healthcare workers

Most reported needlestick injuries involve nursing staff; but laboratory staff, physicians, housekeepers, and other healthcare workers are also injured. Below is a breakdown of devices that cause injuries.

- Hypodermic needle 29%
- Winged-steel needle 13%
- IV stylet 6%
- Phlebotomy needle 4%
- Other hollow-bore needle 10%
- Suture needle 15%
- Glass 17%
- Other sharp 6%

SOURCE: CDC, 1999.
WHERE WE STAND

In common cause with our communities
RANDI WEINGARTEN, AFT President

OUR BROTHERS AND SISTERS in New York and Vermont recently engaged in hard-fought battles over the survival of two institutions: the State University of New York Downstate Medical Center and Fletcher Allen Health Care. The outcomes will affect countless patients, nurses, doctors, faculty, staff and students.

In Brooklyn, N.Y., SUNY Downstate has provided lifesaving medical care and top-notch academic research and education since 1860. With 1,700 medical students and 8,000 faculty and staff, SUNY Downstate cares for 400,000 patients each year.

Yet, the medical center is fighting for its own survival against threats of significant downsizing, privatization and possible closure. It’s not that the healthcare and services SUNY Downstate provides are not needed, or that they are not of high quality. As is the case with many valuable public services across the country, shortsighted budgetary decisions risk inflicting lasting harm.

In Vermont, Fletcher Allen Health Care’s outpatient renal dialysis clinics were also threatened—the clinics faced privatization. In August 2010, the hospital announced a deal to sell the clinics to a German company responsible for buying other renal clinics across the United States. It did so despite abundant evidence that the quality of care in for-profit clinics is not up to the same standards as the quality of care in their nonprofit counterparts.

Vital public and nonprofit healthcare institutions like SUNY Downstate Medical Center and Fletcher Allen Health Care touch people’s lives in many ways. These institutions are community mainstays where patients are cared for and lives are saved. SUNY Downstate is also Brooklyn’s fourth-largest employer. Fletcher Allen’s five clinics serve the entire state of Vermont.

All of this explains the tremendous grassroots groundswell that brought together a coalition of labor and community groups to save both. In Brooklyn, the coalition was led by the SUNY Downstate chapter of the United University Professions, led by chapter President Rowena Blackman-Stroud. Vermont Federation of Nurses and Health Professionals President Mari Cordes and her union sisters and brothers led the charge in Vermont.

If SUNY Downstate, Fletcher Allen and other threatened institutions are going to survive, it will be because of community efforts such as these. Our members have been joined by community allies in positive actions such as phone banking, letter writing, and some old-fashioned picketing. Community is our new density. Labor doesn’t have the membership rolls it once did; but through our work, we provide valuable public services and improve people’s lives. And as private citizens, we are enmeshed in the fabric of life. When we join in common cause in our communities, we are not nameless or faceless. We are connected with others who share our values and priorities.

Instead of privatizing, closing and slashing funds for vital public institutions, we need to reclaim their promise to provide high-quality, accessible healthcare to the communities they serve and that depend upon them.

New York State Public Employees Federation and its president, Susan Kent, as well as by the SUNY Downstate chapter of the United University Professions, led by chapter President Rowena Blackman-Stroud. Vermont Federation of Nurses and Health Professionals President Mari Cordes and her union sisters and brothers led the charge in Vermont.

Instead of privatizing, closing and slashing funds for vital public institutions, we need to reclaim their promise to provide high-quality, accessible healthcare to the communities they serve and that depend upon them. We can do this by working with community allies, through solution-driven unionism—such as working with management to address budget constraints—and by being active participants in the quality of care we provide.

Engaging with community is so vital to our union that we have made it a central part of the AFT’s mission statement. This is our road map forward. This is what our members strive for every day in the face of continuing attacks, misinformation and budget cuts. Despite challenges at every turn, our brothers and sisters have continued to focus on quality in their work and common cause with their communities. This is true of members in every constituency of the AFT.

For example, Ann Twomey and her sisters and brothers at the Health Professionals and Allied Employees in New Jersey were the driving force behind another strong community coalition. The group fought back efforts to sell Christ Hospital to a for-profit company with a long track record of closing community hospitals. HPAE was also the driving force behind a coalition called Patients First, which brought together patients and community groups to lobby for legislation to protect patient care.

Our sisters and brothers at SUNY Downstate and Fletcher Allen recognize the importance of a unified voice. It will take efforts like these to maintain vital health services and ensure that our work is valued. As our mission states, the American Federation of Teachers always will be on the frontlines—fighting for our members, their families and our communities.
Last year, members of the Health Professionals and Allied Employees at Christ Hospital in Jersey City, N.J., reached out to their community in a successful effort to prevent the sale of the hospital to a for-profit company. The coalition of 16 neighborhood groups included New Jersey Citizen Action, which circulated a petition opposing the sale of the hospital. It was signed by more than 5,000 city residents.

Building ongoing partnerships

Community engagement is an AFT priority, and the union has urged affiliates to build ongoing partnerships with allies in their communities because they, too, have a stake in improving the institutions in which our members work.

At SUNY Downstate, the potential loss of critical medical services to mostly low-income Brooklyn families spurred an outpouring of support for the coalition fighting Gov. Cuomo’s plans. “We cannot lose the services of this hospital because there is a huge need in the community, especially for the immigrants and underprivileged,” says Andrea Harry, a PEF member and an emergency room nurse at the hospital.

Harry attended all the rallies held by the coalition and shared her experience when the SUNY board of trustees met in Albany to hear testimony on saving the hospital earlier this year.

To be sure, members like Harry and those in her community all have a vested interest in saving the hospital. That’s why PEF, UUP and other unions connected with the hospital began to identify community partners such as faith-based organizations, community boards and tenant associations that they could work with.

“Offering health-focused events like health fairs, is a way to reach out to the community.”

—ROWENA BLACKMAN-STROUD, president UUP, SUNY Downstate chapter

“Community members and SUNY Downstate staffers have lobbied and rallied to keep the hospital open and available to patients.

Susan Kent, left, president of the New York State Public Employees Federation, is among the leaders marching with the community in support of SUNY Downstate Medical Center.

Harry is a graduate of SUNY Downstate and has worked at the Medical Center since 2007. “This is my community hospital. This is where my family goes for care and where I work. I have a vested interest in making sure this hospital stays alive.”

“While the potential loss of critical medical services would affect mostly low-income Brooklyn families, this hospital is needed, especially by the immigrants and underprivileged,” says Andrea Harry, a PEF member and an emergency room nurse at the hospital.

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even with the churches and others on board, the unions still had their work cut out for them. “Our community knew very little about unions and the role that we play,” says Rowena Blackman-Stroud, UUP’s statewide treasurer and Downstate Chapter president. “Our goal was to open up a dialogue and change the conversation from ‘What can you do for us?’ to ‘What can we do for you?’”

That change in focus is a part of the AFT’s plan for community engagement.

In addition to numerous rallies that were held to support saving the hospital, the unions got further exposure in the community by holding health fairs and other events.

“You want to engage the community, but it’s very difficult to hold people’s attention
for a long period of time. The advantage we have is that we are health professionals,” says Blackman-Stroud. “Offering health-focused events like health fairs, is a way to reach out to the community, because you are providing services to the community.”

**An energized base of support**

At a May rally, the Rev. Al Sharpton, New York City Comptroller John Liu and others joined a broad coalition of faith, labor and community leaders in calling on Gov. Cuomo to save the healthcare services for the people of Brooklyn. Not long after that rally, SUNY proposed a plan for the creation of a public benefit corporation that would support the formation of a clinically integrated network of hospitals in Brooklyn and neighboring areas, but would not operate the network. The SUNY plan called for 600 layoffs.

At the same time, Dr. Fred Hyde, an independent hospital expert hired by the AFT, shared his recommendations to keep the hospital public, while increasing its ability to serve more patients and retain staff, all with cost-savings. Hyde’s three-year development and transition plan would create freestanding emergency department satellites in central and western Brooklyn. When the legislative session ended in June, the state Assembly refused to introduce the governor’s bill, which would have implemented the revised SUNY plan and led to the privatization of Downstate. Several members of the Brooklyn legislative delegation are working with the coalition to promote Hyde’s recommendation that would have SUNY as the hub of the Brooklyn healthcare network, says Blackman-Stroud.

“We won the battle, but we haven’t won the war. This is an ongoing struggle that will demand our vigilance,” says UJP President Fred Kowal.

Blackman-Stroud says the coalition will continue its fight to keep SUNY Downstate a state-run public hospital. “This victory has energized our base of support in Brooklyn,” she adds. "We wouldn’t be here today if it weren’t for the community coalition.”

**The community stood with us**

In 2010, healthcare workers at Fletcher Allen Health Care in Vermont started to hear rumors about their outpatient renal dialysis clinics being put up for sale. The hospital had clinics in five locations throughout the state. Then in August of that year, it was made official: The clinics were to be sold to Fresenius, a German company that profits from buying renal clinics in the United States.

“The clinics were losing money, so the hospital decided to sell,” says Mari Cordes, president of the Vermont Federation of Nurses and Health Professionals, which represents the nurses and techs who work at the clinics.

Long before the proposed sale, management never had a good word to say about for-profit care, but when the decision was made to sell, management changed its tune, says Dawn Bray, a registered nurse in the dialysis clinic at Central Vermont Medical Center in Berlin, Vt.

Fresenius had a reputation, and it wasn’t a good one, says Bray. “We knew that it would mean a change in staffing ratios and patient care.”

She says that many of her colleagues decided to resign rather than deal with those kinds of changes. Bray stayed. “I really hoped that we would be able to stop the sale.”

Bray and her fellow union members spearheaded the effort to prevent the sale. They researched Fresenius and got out the word about the quality of care the community would sacrifice if the clinics were sold to a for-profit firm. They also organized opposition by creating a coalition with patients and their families.

“The community component was extremely important,” says Bray. “The patients came to our board meetings and testified before the hospital board of trustees. The community stood with us.”

Many of the dialysis patients have had experience with for-profit clinics, so they could compare the care they were getting and they preferred Fletcher Allen—not because of the familiarity, but because the care is better and the outcomes are better, says Marley Skiff, a nurse who works in the dialysis clinic in Burlington. “We have more ability to provide necessary care rather than being forced to adhere to corporate policies,” says Skiff. “When our patients learned that this was going to happen, they began advocating for themselves and offered their support.”

**The win was empowering**

Union members staffed phone banks, calling members of the hospital’s board of trustees; they wrote letters to the editors of their local papers; and they drafted legislation around safe staffing for renal dialysis.

“The legislation didn’t pass, but it raised community awareness about the issue” says Cordes.

The union was also very involved in the regulatory process, enlisting patients to testify at board of trustee hearings. In fact, one family testified about how the rushed, cookie-cutter process used by for-profit clinics made their son sicker, because the system didn’t allow for the time necessary to get good dialysis care.

In December 2011, the Vermont Department of Banking, Insurance, Securities and Health Care Administration, issued a decision to block the sale of the five dialysis clinics to Fresenius.

“In the end, the state wouldn’t let the deal go through,” says Bray. “If no one had spoken up, the sale would have gone through.”

Bray notes that the community is supportive of nursing and the union in Vermont. “When something comes up that the community can get behind—especially if it affects care—we need to turn to the people who are affected and get them to speak up.”

Skiff agrees. “The community put a lot of pressure on the state and the hospital not to sell, and I think that turned the tide.”

Although the sale was canceled almost two years ago, the fight is still very fresh on the minds of the nurses and techs, says Bray. “The fight was really about the dialysis patients, especially for those who had no other option. It was very rewarding and eye opening, particularly for those who felt that Fletcher Allen and Fresenius were too big to fight. The win was empowering. We did make a difference.”

“**When something comes up that the community can get behind—especially if it affects care—we need to turn to the people who are affected and get them to speak up.”**

---Dawn Bray, nurse, Central Vermont Medical Center
Nurses win victory for transgender people in Vermont
VFNHP’s campaign ends health insurance discrimination

WHEN COREY MALLON, a transgender man, decided to get a hysterectomy last year, he discovered that his health insurance wouldn’t cover the procedure because, at the time, his insurance excluded any care specific to transgender people.

Without insurance, a hysterectomy would have cost Mallon $6,000. “I couldn’t afford to pay for it out of pocket,” says Mallon, a registered nurse at Fletcher Allen Health Care in Burlington, Vt., and a member of the Vermont Federation of Nurses and Health Professionals. “As a nurse, I was surprised and appalled that my insurance wouldn’t pay for a procedure that is a well-accepted standard of care. As a trans person, I wasn’t surprised because it’s not unusual.

“It’s part of the transgender experience to assume that medical care is not covered. The acceptance is internalized because it’s so common, even though it shouldn’t be,” says Mallon. “It’s definitely discrimination. There is a lot of trans-phobia out there.”

“A lot of people didn’t know about the transgender community, and a lot of what is known is stereotyped.”

—COREY MALLON, nurse, Fletcher Allen Health Care

Although Mallon had become accustomed to paying out of pocket for his healthcare, this time he decided to do something about it: He went to his union. Mallon had been at Fletcher Allen since 2007 and became active in the work of the VFNHP when Hurricane Irene hit the state in 2011. “I volunteered and got to know the union through that work.”

Mari Cordes, VFNHP president, was surprised to hear Mallon’s story. “It was heartbreaking to me that this kind of discrimination could exist in Vermont in 2012.”

But, according to the Center for American Progress, “most private insurance plans, as well as many state Medicaid programs, incorporate plan language that specifically targets transgender people by excluding, for example, all services related to sexual reassignment; any treatment or procedure designed to alter an individual’s physical characteristics to those of the opposite sex; care, services or treatment for … gender dysphoria or sexual reassignment or change … including medications, implants, hormone therapy, surgery, medical or psychiatric treatment.”

The center notes that “these exclusions are based on the false premise that the healthcare services that transgender people need are not medically necessary and are never needed by non-transgender people.” However, some of the services denied to transgender people, such as mental health, hormone therapy and reconstructive surgery like hysterectomies, are needed by non-transgender people as well.

**Forming a coalition**

Cordes, Mallon and other VFNHP members launched a campaign to end healthcare insurance exclusions against transgender people. The union members joined with community advocacy organizations like Outright Vermont, RU12?, and Vermont CARES to form the Equal Care Coalition.

“The trans community in Burlington is close, so the relationships were already there; and some of the work on this issue was already being done, so the stage was set,” says Mallon.

To reach its goal of stopping transgender health insurance discrimination, the coalition took several different approaches. With guidance from the Equal Care Coalition, Mallon first met with Fletcher Allen management to discuss getting the exclusion removed from the hospital plan, which was a private, self-insured plan.

The coalition, which had the backing of the state’s governor and other state officials, next worked with state lawmakers to introduce legislation that would clearly define and prohibit discrimination based on gender identity. Cordes and Mallon along with other VFNHP members testified before lawmakers to educate them about gender identity discrimination and its impact on the transgender community.

“A lot of people didn’t know about the transgender community, and a lot of what is known is stereotyped,” says Mallon.

“We let lawmakers know that insurance companies shouldn’t be making decisions about care,” Cordes adds. “That’s something that should be up to the healthcare provider team, with the patient.”

Finally, the coalition worked with the commissioner of the Vermont Department of Financial Regulation to push for a bulletin, which would make it clear that the state prohibits insurance discrimination. Although the General Assembly had passed a law in 2007 to prohibit discrimination on the basis of gender identity, insurance companies were able to get around the law by not covering transition-related care.

Members of the VFNHP and the coalition didn’t know which approach would pay off. Time was running out in the Legislature, and they didn’t know if the Department of Financial Regulation would issue a bulletin. “It was a nail biter,” says Cordes.

Ultimately, the department issued its bulletin in April 2013, saying that insurance companies could not exclude coverage for medically necessary treatment, including gender reassignment surgery.

Vermont becomes the fourth state where insurance regulators have issued bulletins clarifying that their state laws prohibit insurance discrimination against transgender people. The other states are California, Colorado and Oregon, in addition to the District of Columbia.

“It is an enormous step in the right direction,” says Mallon. “A huge group of people worked together to get this change. A big part of our success was providing education.”

In the end, Fletcher Allen also did the right thing by removing the exclusion from its private insurance plan, which will offer inclusive care beginning in January 2014.
NURSE PRACTITIONER PAYMENT PARITY BILL. In July, Oregon Gov. John Kitzhaber signed a measure into law that requires private insurers to reimburse primary care and mental health nurse practitioners, physician assistants and physicians at the same rates when performing the same work and billing under the same codes. Oregon is the first state to require insurance companies to follow “equal pay for equal work” rules on insurance reimbursements. The Oregon Nurses Association and the Nurse Practitioners of Oregon are the primary authors of the legislation.

NEW JERSEY NURSES FORCE MONITORING OF HOSPITAL. For the past two years, the Health Professionals and Allied Employees in New Jersey, along with some elected officials, have called for an independent financial monitor at Meadowlands Hospital Medical Center in Secaucus, N.J., to look into repeated failures by hospital officials to file financial reports with the state department of health. HPAE represents 450 nurses, techs and service workers at the hospital. On May 29, the state requested Meadowlands to hire an independent financial adviser to go over its books for the last three years, and to help devise a plan for it to remain solvent through 2017.

NURSES LOBBY FOR PATIENT-CENTERED LEGISLATION. Federation of Nurses/UFT members joined other nurses represented by the New York State United Teachers (the local’s state affiliate) in Albany on June 11 to meet with lawmakers to ask for patient-oriented changes. The nurses also discussed their support for bills that would require safe patient handling (using mechanical lifts instead of relying on nurses, who, along with their patients, sustain injuries); safe nurse-patient staffing ratios in hospitals; and having a school nurse in every school building in New York City. “Our members shared real-life anecdotes that showed our elected officials why these things are so important,” says Anne Goldman, the vice president-elect for non-Department of Education members, including healthcare professionals.

TAKING A STAND FOR SAFE STAFFING. In August, nurses at Danbury Hospital and New Milford Hospital in Connecticut voted overwhelmingly to reject concessions hospital administrators put forth that would have eliminated evening and weekend shift differentials as well as overtime pay. The vote meant that the nurses would face layoffs. Western Connecticut Health Network, the system that employs the nurses at both hospitals, came up with the concession plan after the state reduced its funding for uncompensated care by $30 million. The unions that represent the nurses, Danbury Nurses Union and New Milford AFT Local S101, say the proposal presented a patient safety issue. “We are already working understaffed,” says Mary Consoli, president of the Danbury Nurses Union. “The premiums for nights and weekends were focused on the hardest shifts to staff.” Union members are working with state lawmakers to tighten up the language regarding safe staffing in the next session of the Legislature.

MARCH ON WASHINGTON: CONTINUING THE FIGHT. On the morning of Aug. 24, AFT members were among thousands of marchers carrying banners and signs for the 50th anniversary of the March on Washington for Jobs and Freedom. As the crowd swelled to tens of thousands, a series of luminaries warmed them up, including New York City’s United Federation of Teachers President Michael Mulgrew, who is also an AFT vice president; NAACP President Ben Jealous; and U.S. Rep. John Lewis, the only surviving speaker from the 1963 march. AFT President Randi Weingarten also addressed the crowd, joined by Asean Johnson, a 9-year-old student activist from Chicago’s public schools. Weingarten noted that the AFT supported the original march and was doing so again. She asserted that this march must not be merely a commemoration but “a continuation of that righteous fight to achieve real justice and opportunity for all.”

A high-quality education is an economic necessity. As citizens and parents, you understand the critical role our public schools play in our society. A high-quality public education for all children is an economic necessity, an anchor of democracy, a moral imperative and a fundamental civil right, without which none of our other rights can be fully realized.

And yet public education is under assault by people who aren’t in education to make a difference, but to make a buck. These are the people who demand and pursue austerity, polarization, privatization and depersonalization.

It’s time to reclaim the promise of public education—not as it is today or as it was in the past, but as it can be—to fulfill our collective obligation to help all children succeed.

Reclaiming the promise of public education is about:

■ Fighting for neighborhood public schools that are safe, welcoming places for teaching and learning;

■ Ensuring teachers and school staff are well-prepared, are supported and have time to collaborate so they can meet the individual needs of every child;

■ Making sure our children have an engaging curriculum that includes art, music and the sciences; and

■ Ensuring that children have access to wraparound services to meet their emotional, social and health needs.

The promise is under attack, and we need your help. Reclaim the Promise for public education. Visit go.aft.org/promise.
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AFT + MEMBER BENEFITS

Rowena Blackman-Stroud, UUP leader

Our goal was to change the conversation from ‘What can you do for us?’ to ‘What can we do for you?’”