

Nurses' Station

Don't abandon your job, patients; stand up for them!

Unite to fight nursing shortage

ERIAN HYDE

As individual nurses, it's easy to feel isolated in struggles to deal with workplace issues. But we're really not alone. Most of our problems are common to nurses all over this country and even abroad.

And if we stand up, individually and together, to address these issues, we can resolve them.

That is the message I bring to you from the recent Professional Issues Conference held by the Federation of Nurses and Health Professionals of the American Federation of Teachers (AFT).

Nurses from throughout the United States and around the world were drawn together by the conference theme of "Changing the Power: Taking on the Health Care Crisis."

Global nursing shortage

The first thing we learned was that the serious nursing shortage in New York state, actually extends throughout the U.S. and Canada, and even as far away as Britain, Ireland, and New Zealand.

While managed care has been a major contributor in creating the shortage, for nurses the problem boils down to two issues — pay and working conditions.

The U.S. has approximately 2.5 million nurses, and it hopes to add 800,000 more by the end of 2005. But pay for RN's in this country fell by 5.6 percent (adjusted for inflation) between 1993 and 1999.

Poor pay undermines recruitment, our professional status, and our career goals.

But while better pay is an important start, it would be only half the battle.

More and more nurses are saying, "I don't care how much you pay me, I am not willing to put my family second. I am not willing to put my license at risk. And I am just too tired to go on with this struggle. So, I am not doing this job any longer!"

Remedies or ruin?

The nursing shortage is rooted in profound changes that have been taking place within the health-care industry. And the industry's response to the shortage has aggravated the problem.

John August, who heads healthcare organizing at AFT, confirmed what PEF nurses know too well: both public and private health-care providers have tried

THEIR DAY — Timia "Trinz" Trent, Frances Woody and Anne Siminski, PEF nurses at Staten Island Developmental Disabilities Services Office, enjoy PEF Division 280's Nurses' Recognition Day celebration in June.



to cut costs and make up for fewer nurses by resorting to mandatory overtime, short-staffing, assigning nurses outside their areas of training and expertise, handing over professional nursing duties to assistive personnel, and contracting for per-diem nurses from agencies.

While these "therapies" may promise short-term relief to painful nurse shortages, they do far more long-term harm than good, according to August, by driving experienced nurses away from direct care.

Patients suffering too

Such career choices are agonizing for nurses because we are committed to our patients and to our profession. This isn't just about us. It is about our patients, too.

Patients don't need to wait and wait for a nurse when they need one. Patients don't need to depend on care from a harried and exhausted nurse who is on his or her third mandated shift in a week. And they don't need to depend on aides and untrained non-professionals to provide professional services.

Patients need prompt, skilled, professional nursing care.

Ask any nurse, "Would you abandon your patient?" The answer is a resounding "No!"

But what are we doing, if we don't stand up for our patients? For quality health care? For reasonable work schedules, and full staffing? If we don't lobby our legislators for change? Or become active in our profession to address the issues? Or protect the Nurse

Practice Act?

If we don't stand up for these things, aren't we, in effect, abandoning our patients and ourselves?

Stand up

We are not helpless bystanders. We can file contract grievances, call in the Health Department, participate when the Joint Commission on Accreditation of Health Organizations (JCAHO) surveys our worksites, put our nursing issues on our labor-management agenda, contact our legislators, and work with our union leaders and staff.

While we can't refuse an objectionable assignment, we can notify PEF and turn in a PEF "Protest of Assignment Form" to our supervisor and the union.

Yes, there is a world-wide nursing shortage, and we've been through this before. Remember the early 1980s? We know how our employers have chosen to respond. But what will make the difference today, is how we respond!

Let's make nursing a profession where we can go home at the end of the workday, instead of the end of the whole day, and be able to say "Job well done; I feel good about my job because I gave my patients the care they deserve."

Stand up and speak up for our patients! Change the power! Take on the health-care crisis!

The writer is chair of the PEF Nurses Committee.

Call PEF nurse organizer Lenore Boris at 1-800-342-4306, ext. 340 to learn how you can help the PEF Nurses Committee stand up for nursing.

DDSO clients tops with top doc

By M.K. Fottrell

Dr. Publius Martins' interest in pulmonary medicine began early. As a child in Brazil, he witnessed the ravages of tuberculosis. A nearby sanitarium provided a haunting spectacle for the young future physician.

"During the '50s and '60s TB was endemic of the area where I lived," Martins says. "I saw many people who were emaciated and near death."

To Martins, the spectacular beauty of the Brazilian countryside became a poignant reminder of the tragic suffering of those quarantined patients. His natural desire to help others became intertwined with those memories, and Martins vowed to devote himself to pulmonary medicine.

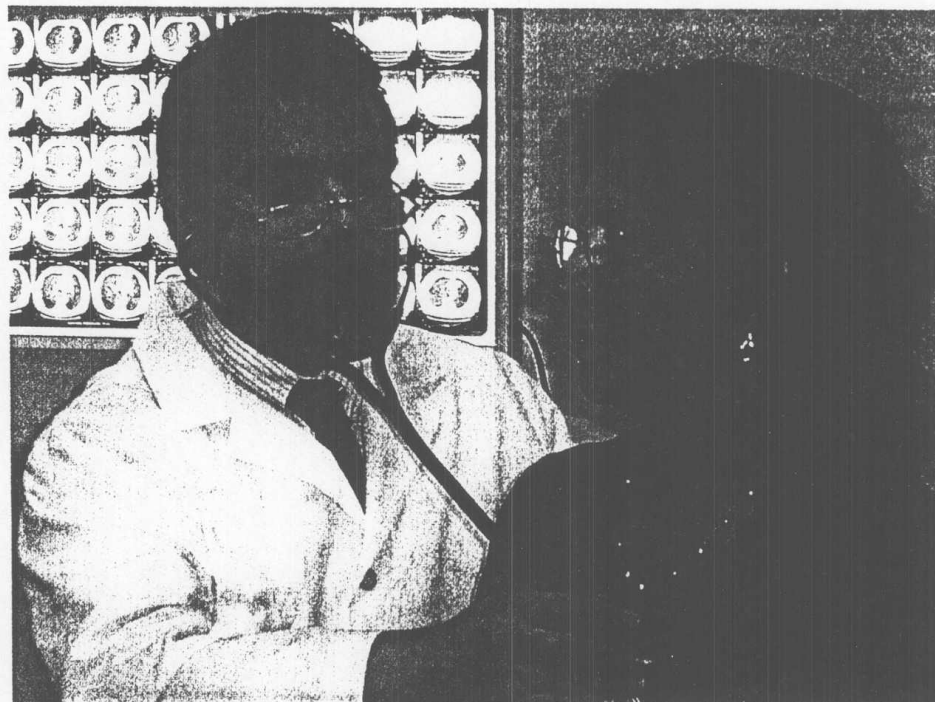
Devote himself is just what he did.

Martins was named one of the "Best Doctors in New York" in the June 5, 2000 issue of *New York Magazine*. This is no small honor. He earned a place on the list after more than 20,000 medical professionals were surveyed and asked, "to whom would you send a family member for treatment."

A PEF member since 1986, Martins works at the Staten Island Developmental Disabilities Services Office (DDSO) where he specializes in internal medicine with a subspecialty in pulmonary medicine.

Many of Martins' patients at the DDSO suffer severe curvature of the spine, which predisposes them to lung infections and a multitude of respiratory diseases.

Martins says he has found an unexpected benefit to working for



ONE OF THE BEST — PEF member Dr. Publius Martins, who was recently voted a top pulmonary specialist in New York City, listens to the lungs of a patient.

the state.

"I discovered I enjoy caring for the disabled," Martins says. "I am very moved by it. I've become very attached to the patients I've been following for 16 years. So I've never quit, even though I've become very active with other things."

In addition to his full-time state job, Martins also shares a private practice with three other physicians. And he is chief of pulmonary services for Sisters of Charity Medical Center at St.

Vincent's Campus on Staten Island.

So many professional responsibilities often make for a 15-hour workday.

But Martins has a special fondness for the work he does for the state.

"I'm very proud to be a PEF member," Martins says, "and I've been very proud of the work I do for the Office of Mental Retardation and Developmental Disabilities. Regardless of whatever else I do professionally, I consider this among my most important work."

MOBILIZING

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is doing business from now on."

And PEF has plenty of business to do.

"We are going to mobilize our members' power behind political candidates who stand up for our issues," Benson says. "And we're mobilizing our members' power to lobby for those issues."

Mobilizing members to turn out quickly in support of labor-management issues is just as powerful at the local and agency level as it has been at the state level, Benson says.

"Whether we are turning out a thousand members in 24 hours to

surround the offices of the governor's director of employee relations, or sending 50 angry members into a disciplinary hearing at the state Health Department in support of steward Sheila Bradwell, or packing a crucial meeting of hospital officials at Roswell Park, we make a statement that management cannot ignore," Benson adds.

"We have two options for dealing with management. One strategy is to 'Go along, to get along.' The other is to 'Fight for what we want.' We didn't want to have to fight for our contract, but we knew the other strategy had been tried and only produced contracts that included years of zero raises," Benson says.

"We learned the hard lesson that the power of your argument will never get you

a good contract. It takes raw political power to do that. And our power comes from our members," he says.

"No amount of lawsuits or grievances or anything else can equal the power we generate when our members are mobilized around a common goal. Mobilizing is not a flash-in-the-pan or a fad. This is where PEF is going to be from now on.

"So, send us your home e-mail address, keep checking our web site and the PEF bulletin board where you work and calling our Hotline.

"PEF is on the move and we're just getting started."

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AMERICAN ARBITRATION ASSOCIATION
Administrator

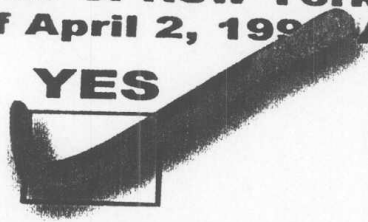
OFFICIAL BALLOT

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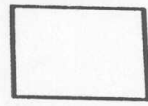
Contract Ratification

**Do you accept the negotiated
contract between the NYS Public
Employees Federation and the
State of New York for the period
of April 2, 1999 to April 1, 2003?**

YES



NO



**I ACCEPT
THE CONTRACT**

**I REJECT
THE CONTRACT**

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100.*

Fight Pays Off!

Members Ratify 92% to 8% — See Page 3

Also inside:
Members battle
West Nile virus
— see pages 4, 5

**AFT Convention
highlights**
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