IN CASE OF EMERGENCY
RNs Practice
Disaster Relief
MIND OVER MONEY
Massachusetts RNs
Protect Psych Beds

RNs don’t just wish.
They make it happen!

GOALS for 2011

A Good Union Contract

Lift Teams

Safe Staffing Ratios

Back Injuries

“Healthcare is a human
right”

Healthcare for All

Secure Retirement
WE CAN HARDLY believe it’s already been a year since the birth of National Nurses United. Happy birthday to us! Like any 1-year-old, we’ve undergone a period of amazing growth, yet there’s still so much development to look forward to ahead.

As our executive director, Rose Ann DeMoro, describes in her column in this issue, 2010 has been a simply stellar organizing year for NNU. We won exciting victories in many states where unionization, much less of registered nurses, is not the norm. More than 8,000 nurses in Texas, Nevada, Missouri, Iowa, Washington, D.C., and Florida have all joined NNU and are eager to be a part of the national movement of nurses that we’re building for safe staffing, better working conditions, and healthcare justice. We should all be incredibly proud of these organizing victories and do everything we can to keep this momentum going.

While revisiting events of this past year, we also need to remember that the world experienced yet another disaster, the massive January earthquake in Haiti. Through NNU’s Registered Nurse Relief Network (RNRF), we were able to send some teams of RN volunteers to provide critical care. In this issue, operating room RN Tim Thomas of California recounts the weeks he spent on board the U.S.S. Comfort, a Navy hospital ship docked off Haiti where the most severe surgical cases were sent. But you might not also know that months after the earthquake’s initial devastation, after the TV cameras had left and newspapers had dropped Haiti from their headlines, we still had teams of RNNRRN volunteers on a major medical mission with the Navy, dubbed Continuing Promise, where they gained invaluable experience and on-the-ground training in preparation for the next disaster. Donna Smith reports about Continuing Promise in this issue and what it was like for our RNs to live and work on a military ship for weeks.

There are also a number of other fascinating articles in this issue. Don’t miss the review of an important book, Can They Do That?, by workers’ rights advocate Lewis Maltby. He explains through sometimes shocking, real-life stories how employees typically check their Constitutional rights at the door of their workplaces. The only segment of workers who enjoy any measure of protection are unionized workers covered by a contract.

And finally, the Gallup Poll this December again named registered nurses as the most trusted and honest profession out of all those surveyed. We couldn’t ask for any nicer gift, or any clearer mandate to keep fighting for those things nurses hold dear: caring, compassion, and community.

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

4  News Briefs  
Massachusetts RNs campaign to protect psych beds  
5  RNs Seek Presumptive Eligibility for Workers’ Comp  
6  A book by a workers’ rights attorney explains how the Constitution does not apply at work  
8  Sutter Roseville RNs picket unsafe staffing; RNs at two Iowa hospitals join NNU; Issues at VA facilities; RNs top most honest and ethical professions poll

9  Leaps and Bounds  
Reviewing 2010’s phenomenal organizing wins and explosive growth, it’s clear NNU is on the verge of even bigger and better things. By Rose Ann DeMoro

10  Keeping the Promise  
RNRRN volunteers continue the hard work of training for disaster relief. By Donna Smith

14  Ship of Life  
Operating room RN Tim Thomas spent two weeks aboard a Navy hospital ship treating Haitian earthquake victims. He’ll never forget what he saw and what he learned. By Tim Thomas, RN

16  Editorial Index 2010  
Where did I read that again? Don’t hunt through stacks of back issues looking for that article. Consult our handy index of what we published in 2010.
Massachusetts Nurses Association members, along with mental health advocates, concerned patients and family members, community leaders, and elected officials, packed a December Department of Public Health hearing at Burbank Hospital in Fitchburg, Mass. to voice strong opposition to the proposed closing of its 15-bed psychiatric unit.

MNA along with its partner in this campaign, the National Alliance on Mental Illness Massachusetts, are deeply concerned about the loss of inpatient psychiatric beds throughout the state and the impact this is having on the mental health safety net. MNA has made the Burbank closing a rallying cry to draw public and legislative attention to the proposed closing of its 15-bed psychiatric unit.

MNA along with its partner in this campaign, the National Alliance on Mental Illness Massachusetts, are deeply concerned about the loss of inpatient psychiatric beds throughout the state and the impact this is having on the mental health safety net. MNA has made the Burbank closing a rallying cry to draw public and legislative attention to the proposed closing of its 15-bed psychiatric unit.

State Sen. Jennifer L. Flanagan, chairwoman of the Senate Mental Health and Substance Abuse Committee, said she is concerned that, if Burbank closes its mental health unit, it will set a trend and spill over into other hospitals. She said that as more facilities close, it will become more difficult for patients to travel to where they can receive treatment and their families to visit them. “We don’t have a bus to get them to where they are going to send them,” she said.

Donna Kelly-Williams, RN president of the Massachusetts Nurses Association, was one of several nurses to speak against closing the mental health unit. She said there is a critical shortage of mental health beds in the state and patients are clogging emergency rooms waiting, for up to 72 hours, for a bed in a psychiatric unit.

Kelly-Williams said there is no financial or clinical justification for closing the Burbank facility. Burbank has reported to the state a profit of more than $130 million over the past 18 months. “If it happens, people in this and surrounding communities who are experiencing an acute mental health crisis will receive substandard care, travel long distances for care, or go without care altogether,” she said. “Some will end up homeless, some will end up receiving care in our corrections facilities, and some will end up dead.”

Representatives of local law enforcement also advocated to keep the mental health unit open, saying that mentally ill people left untreated and out on the streets may end up arrested by police officers who are
not trained to identify them as such. “Mental health patients need emergency workers to take them to a hospital—not a police station or jail cell,” wrote Fitchburg police chief Robert Demoura in a statement.

After two stints in the HealthAlliance Hospital Burbank Campus inpatient psychiatric unit in 1998, Fitchburg resident Pat Lozeau returned to the campus for the first time in 12 years to fight against the proposed closure. “Fortunately, I got the help I needed, when I needed, and where I needed it and I’m here before you today,” said Lozeau. “However, I don’t want to see anyone have to travel miles and miles to get the help they need, when they need it.”

The closest inpatient psychiatric units are located in Gardner, Clinton, Worcester, and Marlboro. “A patient’s recovery depends, in part, on support from family and friends, and the greater the distance from home and neighborhood, the more isolated the patient will be from family and friends,” said Rose Meyer of Fitchburg, who spoke on behalf of her son with mental health issues. “When my son was at a unit in Nashua, he almost died, and he’s never been the same since. I couldn’t be there for him when it happened. I felt guilty about it ever since. But it’s hard to get to our loved ones in these far-away locations when we have to work at the same time and put bread on the table. I ask the [DPH officials] to please reconsider closing this. There is a need.”

Burbank Hospital claims other facilities in the area can absorb this patient population, but nurses working at those hospitals disputed this assertion, saying that their psychiatric units are frequently full and asked every day to admit patients from all over the state. “As someone who has worked in this field for decades, I can tell you it has never been worse,” said Karen Coughlin, a psychiatric RN at Taunton State Hospital, one of the state’s few remaining public-sector facilities, and MNA vice president. “We can’t afford to lose one more bed, not one. The sad fact is there is no safety net for the mentally ill in Massachusetts. Please do not allow this closing.”

MNA is using this closing as a springboard for an ongoing effort with policymakers and advocates to prevent future closings and as a rallying cry for a campaign to repair the state’s mental health care safety net. —David Schildmeier

As an emergency room nurse in California, Rick Domenico, RN was aware of the risk of contracting diseases like tuberculosis (TB) while caring for patients. Per hospital policy, he tested for TB twice a year, and with each negative test, he was fortunate not to have contracted the illness. But, eventually his luck ran out, and after taking a TB test when applying for a job at a different hospital, he learned he had tested positive. Believing that he contracted TB while at work, he sought help from his employer to file a workers’ compensation claim. However, hospital officials denied that the infection was work related, suggesting that, because TB is present in the community, he could have contracted the disease anywhere. With little confidence that he could prove the infection stemmed from his job, Domenico reluctantly opted to forgo workers’ compensation benefits and to deal with the effects of the disease all on his own.

Domenico’s story is not unique among nurses.
nurses who become ill or injured on the job. In order to obtain workers’ compensation benefits, nurses must prove that their illness or injury is work related. However, if Domenico had been a peace officer or firefighter, instead of an RN, his TB diagnosis would have made him automatically eligible for workers’ compensation benefits. That is because California is one of many states that have laws in place that grant public safety employees “presumptive eligibility” for workers’ compensation, meaning that if the employee sustains certain injuries or becomes infected with certain diseases like TB, or Methicillin-resistant staphylococcus aureus (MRSA), the injury or illness is presumed to be job related and makes him or her automatically eligible for workers’ comp benefits.

However, by and large, nurses across the nation do not qualify for presumptive eligibility, even though, by the nature of their work, they are at constant risk of being exposed to illness and injury. The California Nurses Association has sponsored presumptive eligibility legislation, including last year’s AB 1994 introduced by Assembly member Nancy Skinner, which would have provided that back or neck injuries, MRSA, H1N1, and other blood-borne infectious diseases are presumed to be job related if contracted by an RN. However, the bill failed passage based on its projected cost.

The idea behind presumptive eligibility is that certain diseases and injuries are intuitively job related. For example, lung disease is generally considered an occupational disease for firefighters. Presumptive eligibility laws vary among states, and while they primarily apply to public safety employees, they do apply to other types of professions, such as coal miners for respiratory disease and lifeguards for skin cancer.

The omission of nurses from such laws makes it difficult for nurses like Domenico to secure workers’ compensation if their employers deny that they are liable. “Short of getting an expensive lawyer, I knew there was no way for me to pursue a workers’ compensation case, because all the hospital had to do is say that you can catch [TB] in the community,” said Domenico. “Without presumptive eligibility, you are left with no recourse.”

Domenico sometimes contemplates the potential long-term effects of his condition. Unable to take prophylactic treatment upon his diagnosis, he thinks about not only the physical effects, but also about having to use his own paid time off in case he gets sick.

“I’m on my own,” said Domenico. “If something manifests in the future, no one is accountable but me.”

Legislative efforts to extend presumptive eligibility to nurses face strong opposition from hospitals and the business community at large, which argue that if such provisions are granted to nurses, workers in other high-risk jobs will want them too, further straining the workers’ compensation system. But proponents contend that it is unfair to deny presumptive eligibility for nurses who are at high risk of injury and illness. Others see this as an issue of gender equity, stating that it is unfair for states to grant presumptive eligibility to the male-dominated public safety

Many Wrongs Still

**CAN THEY DO THAT? Retaking Our Fundamental Rights In The Workplace. By Lewis Maltby; Penguin Group**

Would you be shocked to learn that a boss can fire a worker because of the bumper sticker she displayed on her car? In his aptly titled book, Lewis Maltby, the president and founder of the National Workrights Institute and the former head of the American Civil Liberty Union’s national workplace rights office, recounts the story of Lynne Gobbell, who was fired for putting a “Kerry for President” sticker on her bumper. In his book, Maltby also explores the lack of employees’ Constitutional rights at work through countless other infuriating stories.

What about Gobbell’s First Amendment rights? The sad answer is that Gobbell didn’t have any right to free speech at work. The United States Constitution limits only the actions of the government. The First Amendment reads, “Congress shall make no law abridging freedom of speech.” It says nothing about what private actors, including corporations, may or may not do. Therefore, most Americans leave their freedom of speech behind when they step into the workplace every day. It doesn’t matter what the speech was about, whether it occurred outside of working hours, or even if the speech was in the employee’s home on her personal computer. Workers can be fired if their bosses disagree with the content of their blogs or for talking about work on Facebook.

You might find it difficult to believe that an employer would bother scouring the Internet to find out what workers have written, but many corporations, including hospitals, employ public relations representatives who routinely perform searches on Facebook. Any negative comments about the hospital, whether posted by an employee or a member of the public who visited the hospital, may provide the basis for discipline against an employee of the hospital.

Workers in this country can be fired for
profession, but not to the female-dominated nursing profession. "Just like police officers and firefighters, nurses put their lives on the line everyday, and any protection we can get, we need," said Andrea Goldstein, a registered nurse from Massachusetts. "You don't know if the patient you are treating has HIV, or some other disease that you could be exposed to. You just do your job."

In 2005, Goldstein secured workers’ compensation benefits for a back injury she sustained while on the job. However, it was not easy, and she had to fight to prove that her injury was work related. Once in the system, she claims the medical care she was given ultimately worsened her condition. Goldstein decided to close her workers’ compensation case so she could seek treatment from her own doctors.

According to Goldstein, while presumptive eligibility for nurses may not have changed the outcome of her case, she believes that such provisions could benefit nurses across the country. "[Presumptive eligibility] laws should be nationwide," said Goldstein. "A nurse is a nurse whether she is in Massachusetts, California, or any other state. A nurse is still a nurse." — Kelly Green

Makes No Rights

such minor infractions because most are employed “at will,” which means that a worker can be fired for a good reason, a bad reason, or no reason at all. There are a few narrow exceptions to this rule. An employer cannot fire a worker because of her race, gender, religion, age, or because the worker has a disability. Some states also have laws that protect employees from being fired because of their sexual orientation. These exceptions don’t mean that an employer must have a good reason to fire a worker if she is a woman or disabled. It merely means that the employer can’t fire the worker solely because of her gender or disability. Even if a worker is fired for an illegal reason, however, this is usually very difficult to prove and more often than not the discrimination will go unpunished.

But surely workers in this country retain some basic human rights like privacy, right? Sadly, they do not. The Constitution is the legal source of most of the privacy rights that American citizens take for granted and because employers’ actions are not limited by the Constitution, most American workers have a very little limited right to privacy from their employer.

Indeed, Maltby’s book catalogs the myriad ways employers have found to invade the most intimate details of their employees’ lives. He writes about an employer who believes that drinking alcohol is a sin and fires any employee who engages in social drinking, even though such drinking occurs off site and outside of work hours. Maltby writes about employees who discover video cameras in their workplace bathrooms and locker rooms and have no legal recourse to remove them. In one especially egregious case, a boss was watching women in bathroom stalls through a video camera placed there. Only two states, California and Rhode Island, have laws banning video cameras in workplace bathrooms and locker rooms. If you work in any other state, you may not be able to prevent your employer from filming during what you had thought were the most private moments of your day. Even more alarming, because such images are now digital, they can be easily distributed on email or posted on the Internet.

The rising cost of healthcare has provided further incentives for employers to invade workers’ privacy in an effort to rid their payrolls of employees who are likely to become sick and require expensive medical care in the future. Many employers require a physical prior to securing employment. The information gleaned from such physicals can be used to screen out employees who may end up requiring expensive medical care in the future. Workers who are overweight, smoke, or have diabetes are especially vulnerable.

Many employers subject their workers to drug tests. Such testing may make sense in some contexts but, according to Maltby, up to 60 percent of positive tests are wrong. Accordingly, many workers are fired for false positive drug tests. Even more shocking, the New York Times recently reported that employers are increasingly looking for prescription medications to manage the pain risk being fired by such employers.

So what can you do to protect yourself? Maltby suggests that concerned readers take action to change the laws or join a union. Workers who belong to unions are protected against most of the workplaces abuses described in Maltby’s book. Union members can only be fired for “just cause,” which means that the employer must have a valid reason related to the employee’s work performance to fire him. In most situations, this prevents employers from firing workers because of their political beliefs or off-duty conduct. In addition, the employer is legally required to negotiate with the union about its surveillance and drug testing policies, as well as anything else that constitutes the “terms and conditions of employment.”

While most nurses reading this magazine are unlikely to ever face the most egregious employer actions described in Maltby’s book because they do belong to a union, his book is well worth reading. While the book does not explicitly address the issue, every story in it serves to underscore how relying upon the law to protect workers is not an option because the laws in this country are written to protect the interests of employers, not workers. The only weapon workers have is the ability to organize and engage in collective action. As union density continues to decrease, this book is an important reminder of why unions are more important than ever. — Linda Shipley
California

Registered nurses at Sutter Roseville Medical Center, a suburb just outside Sacramento, staged an information picket Dec. 9 to protest serious systemic understaffing that is hurting their ability to safely care for patients. “They are frequently out of compliance with California’s safe staffing law, and the people who pay the price are the patients,” said Paul Netto, a Roseville RN. The nurses have been working without a contract since July 1, and besides improved staffing, are also pushing for lift teams and better retirement benefits.

Iowa

Registered nurses at two Iowa hospitals, Marshalltown Medical and Surgical Center and Jennie Edmundson Hospital, recently voted to join National Nurses United through the Minnesota Nurses Association. About 123 RNs are represented at Marshalltown, which is located in Marshalltown in central Iowa, and 200 RNs are represented at Jennie Edmundson, which is located in Council Bluffs near the western border of Iowa. The Minnesota Nurses Association and NNU is glad to welcome these two groups of Midwestern nurses and looking forward to building the RN movement with them in their state.

Veterans Affairs

NNU-VA chair Irma Westmoreland, RN continued on her visits to NNA-VA units, in December meeting with nurses in Buffalo, N.Y. and Director Bonita Reid to discuss upcoming changes there. At other sites, assignment despite objection (ADO) training was done by Westmoreland and Abass Wane, labor specialist, this month at the NNU-VA North Chicago facility with Director Thelma Fuentes and at the NNU-VA Des Moines facility with Director Linda Salvini. While at these facilities, they toured the hospitals, meeting many great RNs who verified that staffing problems continue to be prevalent throughout the VA system. One big issue at the North Chicago facility is mandatory comp-time. The immediate issue was addressed at the visit. At the Des Moines, Iowa VA, a major issue is unequal pay for nurses in the clinic versus nurses who work on the inpatient units. This is an ongoing issue that has been addressed in several venues without a satisfactory result for the Des Moines RNs. NNU will be looking at ways to correct this inequity. —Staff report

Registered Nurses Are Tops

Nurses typically aren’t the bragging type, but sometimes we just have to toot our own horn. Or let the Gallup Poll do it for us. For the 11th time, registered nurses have topped the respected opinion group’s annual listing of the most trusted and honest professions, dominating almost every year since Gallup started including nurses in this survey in 1999.

Some 81 percent of Americans rated registered nurses as having “very high” or “high” honesty and ethical standards, a far greater percentage than the next highest-rated jobs of military officers and pharmacists. Interestingly, nurses ranked highest of all the medical careers in the survey; 10 percentage points above pharmacists and 15 points above doctors. Business executives, members of Congress, and car salespeople ranked at the bottom of the list.

“Every year, this poll shows that the public really trusts us to be their advocates and, among all healthcare providers, to look out for their best interests,” said Zenei Triunfo-Cortez, RN and a member of the CNA/NNOC Council of Presidents. “We nurses need to live up to those high expectations and fight our hardest on national issues like ratios and healthcare reform. Americans are depending on us and we can’t let them down.” —Staff report
Leaps and Bounds

National Nurses United’s phenomenal organizing wins and growth in 2010 is just the start of something even bigger

One year after an auspicious desert birth in Phoenix, National Nurses United is already leaving an indelible mark on the healthcare landscape.

The signs of our progress in building the national nurses movement are everywhere.

But perhaps the most enduring footprint of the year may be found in a phenomenal year of NNU growth.

When delegates to the NNU founding convention early last December pledged to work to organize all direct care RNs “into a single organization capable of exercising influence over the healthcare industry, governments, and employers,” few probably imagined the stunning, whirlwind year that would follow.

One year later, our founding vision has been fulfilled. Over 8,000 RNs in more than a dozen hospitals have joined the NNU family.

Even more striking is the geographic scope of this remarkable wave. From Las Vegas to the Rio Grande Valley in Texas, from central Florida to Kansas City, NNU is now the voice of RNs across our land. With these victories, NNU now has a union presence for RNs in nine out of the 10 largest RN states in America.

NNU has won victories in regions where few RNs have collective representation and limited ability to advocate for their patients and themselves. In Texas, for example, RN unionism is a new concept, but is now spreading like wildfire, building influence for RNs. We also expanded NNU’s presence in major political centers, including the largest hospital in the nation’s capital, Washington Hospital Medical Center, and the important University of Chicago Medical Center.

Our organizing this year focused on strategic targets designed to magnify RN power to change the face of healthcare, especially among those who hold so much leverage in the hospital industry.

More than 5,100 RNs alone from the nation’s largest hospital system, HCA, joined NNU this year. This concentration enhances the strength of RNs to win good contracts and serves as an inspiration for non-union RNs in their communities. That has enabled us to establish a national NNU HCA Division, representing 7,000 RNs at 16 HCA hospitals, from Florida to California.

For RNs around the country who watched the birth of NNU, our organizing achievements serve as confirmation that the time is now for RNs to reclaim their voice and power. While too many unions grapnel with shrinking ranks amidst an employer and anti-union offensive, NNU symbolizes the possibility of dramatic growth in numbers and strength for unionism dedicated to social change.

Our organizing model is also one that builds RN activism. A small army of RN organizers helped on these organizing campaigns from every corner of the NNU. They not only helped build RN clout in the organizing campaigns, but gained valuable skills and inspiration from their exposure to NNU organizing methods and RN hunger for union representation in non-union hospitals.

At the center of this effort was a clear vision of improving conditions for patients and standards for RNs—in stark contrast to the concerted effort of the healthcare industry to roll back care conditions and RN living standards.

For too long, nurses in a handful of states have led the fight to improve staffing, pay, and retirement for RNs. Elsewhere, RNs and their patients have suffered as hospital administrators extract the maximum amount of money out of illness at the expense of safe, therapeutic, and effective care. Employers eager to improve their bottom lines have targeted the hard-fought conditions enjoyed by union RNs, and their patients, in unionized hospitals and states.

Organizing thousands of RNs, especially in previously non-union areas of the country, begins the process of elevating the standard conditions under which too many RNs have been forced to practice. Every RN in the country deserves good pay, quality healthcare for themselves and their families, a decent and guaranteed retirement, and power to exercise their practice for the good of the patients. Every patient deserves guaranteed safe RN-to-patient ratios and other safe conditions for the healing and recovery that should be the only mission of hospital care.

Finally, our organizing growth heralds a model for the fight to change the direction of our nation.

Americans are struggling to reclaim the values that RNs hold dear. Caring, compassion, and community are espoused by most Americans, yet they are too seldom reflected in the politics and policies of our nation.

During a period where wealth and power are concentrated in fewer and fewer hands, and the very idea of democracy is sacrificed on the altar of profit, RNs and their organization can serve as a beacon for a return to our fundamental values. The RN profession is widely respected by the public precisely because nurses embody these ideals. Through NNU, we can help lead the country in a different direction, where caring and compassion matter more than dollars and demagoguery.

None of these successes would have been possible without the far-sighted leadership of the NNU Executive Council, and the incredible work of our organizing staff, led by NNU field director Mike Griffing, NNU organizing director David Johnson, and their irrepressible team of unmatched, dedicated staff.

There is much hard work to follow, as we translate organizing success into union contracts and as there are thousands more RNs to organize into our movement—all requiring a tremendous commitment of energy, imagination, skill and resources, and the heart and soul of nurses everywhere. But what a beginning on which to build that foundation.

Rose Ann DeMoro is executive director of National Nurses United.
Horrendous hurricanes. Devastating earthquakes. Deadly tsunamis. When communities around the globe face major calamities, registered nurses never hesitate to volunteer their help and expertise. After the massive January 2010 earthquake in Haiti, more than 12,000 RNs responded to the Registered Nurse Relief Network’s call for volunteers. Previous disasters, such as Hurricane Katrina and the Sri Lankan tsunami, elicited similar volunteer enthusiasm.

But sending RNs into a disaster zone is no easy task, particularly in a developing country. Besides the problem of physically transporting nurses to places where they can help the most, organizations must figure out how their volunteers will eat, sleep, access clean drinking water, access sanitation, stay safe and healthy, get needed supplies, and communicate with the local community. In addition to these basics, nurses should ideally have previous experience and practice in disaster relief nursing so that they can work as efficiently and effectively as possible.

This summer and fall, some RNRN members enjoyed a unique opportunity to gain that critical on-the-ground experience with the U.S. Navy. Thanks largely to the excellent volunteer work of RNRN...
members immediately after the Haiti earthquake aboard the U.S.S. Comfort, a U.S. Navy hospital ship, the Department of Defense invited RNRN to send 24 nurses to volunteer with Continuing Promise, an annual mission it undertakes to countries around the world during which teams provide medical care, engineering and construction work, and veterinary care. While not technically responding to disasters, the Continuing Promise mission offers invaluable training so that nurses will be prepared when they are needed.

“We have learned from our experience in Hurricane Katrina that the kind of skills needed in the weeks and months following a disaster are nursing skills,” said Bonnie Castillo, RN, director of RNRN. “The kind of care that’s needed is everyday care, and things are exacerbated by the lack of medication and basic first aid. Wounds fester and spread. Something that was preventable ends up a life-threatening situation. Nurses are the heart of a long-term recovery effort.”

During this year’s mission, six groups of RNRN volunteers from across the country worked off the U.S.S. Iwo Jima, a Navy amphibious ship, and traveled to Haiti, Colombia, Costa Rica, Guatemala, Guyana, Nicaragua, Panama, and Surinam. Some groups of RNs committed to a four-week stint, and others served almost two weeks. Nurse volunteers usually rotated through three-day routines: one day working in the Iwo Jima’s post-anesthesia and surgical unit, another day setting up and running medical clinics on land, and finally a day to rest, do personal tasks like laundry, and help military nurses and personnel with patient care paperwork.

But depending on their areas of expertise, volunteers also worked on a variety of projects, such as establishing pre- and post-natal...
care, as RN Amanda Howard did, or conducting family planning trainings, as Jane Ernstthal did.

“It’s not a trip for the weak or weary,” said Jennifer Perez, an RN from Long Beach, Calif. “Ship life is rough! It was the hardest I have ever done, and I thrive on excitement and challenges, both physically and mentally. My trip was the most amazing experience ever, and I learned so much. I really do thank RNRN for giving me such a rewarding experience.”

Many of the RNs, who had never toured or experienced a military hospital ship, were awestruck by the U.S.S. Iwo Jima. “I never realized the power in that ship until I was a part of Continuing Promise,” said Cherie Thurner, an RN from Michigan. “It is the power of what good can be done. 700 Marines. 3,000 people and eight full floors, a helicopter pad to service six helicopters, two-ton trucks and tractors, and room for a full hospital.”

And Thurner, relatively speaking, is a veteran disaster relief nurse. She deployed earlier this year with RNRN to Sacre Coeur Hospital in Haiti, and has been on 13 medical mission trips to Haiti over the last 13 years. She worked disaster relief following Hurricanes Katrina and Rita in 2005, and is already planning another mission to Haiti in spring 2011.

Like other RNs who have served with Continuing Promise or on other Haiti missions, Thurner shies away from any praise of her tire-
“It’s not a trip for the weak or weary. Ship life is rough! It was the hardest I have ever done, and I thrive on excitement and challenges, both physically and mentally. My trip was the most amazing experience ever, and I learned so much.”

less volunteerism. “I am a nurse,” she said. “It was hard for me to become a nurse. And I heard a lecture long ago by a nursing school instructor – and nurse – who said nurses should be on the forefront whenever possible. I have always remembered that charge.”

Nurses who deploy on these missions often bring the humanitarian touch to what can be a regimented relief process, Thurner said. In the midst of all the necessary and impressive procedures and strictness of military operations, nurses bring compassion and caring in difficult settings to the bedside for their patients. “We advocate. We always advocate for our patients,” Thurner remarked when thinking of her experiences with Continuing Promise.

She recalled one special moment when she was working at a deworming clinic and a little girl became terrified when she saw the syringe filled with the medicine she would need to take. Thurner didn’t miss a beat. Knowing it would do her no harm, she held the syringe up to her own mouth and squirted a little in. The relieved little girl stopped crying and broke into laughter. “I gave her the medication, and she was on her way,” Thurner said.

Many of the patients in the countries the RNs visited had great need for women’s health services, immunizations, and education. Lauri Hoagland, a nurse practitioner from California, spent nine days in Costa Rica, seeing patients in clinics on board the Iwo Jima but also in the city and deep in the countryside. She treated about 30 patients a day, while the team of providers she worked with saw a total of 300 patients a day.

Hoagland added that her experience was “very rich,” and that she felt the most important moments came in realizing we all have common health concerns and a common need to be heard when we voice those concerns. So much of the nurses’ interactions with patients were not just about medicines and treatments but in lifestyle changes and things patients can do to improve their health. “The experience definitely expands your view of healthcare in different settings and countries,” said Hoagland. “For instance, we may see a patient with back pain but if there are no meds and if they have no ice available in their homes, that reality changes what we talk about and how we may be able to help.”

Lastly, RN volunteers said their time with Continuing Promise and aboard the Iwo Jima gave them greater understanding and respect for the work military nurses and soldiers do, day in, day out. Perez said that she made many new friends and that the military personnel “loved having us. They said our eagerness gave hope and purpose to the staff who are stuck on the ship for four months, with little to no contact from their loved ones.”

Thurner shared similar sentiments. “It was an honor to work with nurses who put themselves out there on the line who had served multiple tours of duty in Afghanistan and Iraq,” she said. “They did it as their sense of duty and just listening to their stories really touched my heart—and their caring for their patients. We actually roomed with 40 women-plus, so we got to know military (especially Army) nurses really well. We learned from each other. One thing I really learned from them was their bravery.”

Donna Smith is a community organizer with NNU.
I was fortunate to be one of the volunteers that NNU’s Registered Nurse Response Network, RNRN, was able to send to Haiti after the catastrophic earthquake in January. My mission was on board the U.S. Naval Ship Comfort, and I arrived two weeks into their relief effort. Our Day 1 began with reveille at 6:00 a.m., and then up the “famous” 81 stairs to the promised hot breakfast and down to the main operating room (OR) for the plan of the day meeting at 6:30 a.m. This was to be the pattern for most of the two weeks that we would be spending there. It was explained that the perioperative staff had initially spent the first several days working around the clock, transitioning gradually to sleep and meal breaks, and that they were looking forward to us adding to their ranks to allow for some badly needed rest breaks. It was also explained that they had a 200-patient backlog and were planning on adding additional working ORs with our help. With that said, room assignments and schedules were posted, and we got to work.

The time flew by, and I was relieved for lunch. I found that I was fascinated with almost every aspect of the Navy ship. There was a maze of hallways and stairways (ladders) throughout the ship. In my search to find a place to smoke my pipe, I found one of the crew on deck using a pneumatic needle hammer to chip paint. Like almost everyone in the crew, he kindly lent me his goggles and ear protection, and I found myself exploring the deck, paint chips flying. My subsequent trips to the bridge and engine room were equally interesting. The engine room was the entire width and height of the ship in size with a giant oil-driven boiler and two huge turbines, each the size of a school bus. The bridge had an extensive view of the surroundings and was crammed full of colorful navigation and radar screens. I recall thinking that the small steering wheel seemed out of scale considering the size of the ship that it had to guide. Before I knew it, break was over, and I was back to my schedule in the OR.

I was relieved to find the ORs on the ship to be very similar to my hospital’s ORs. They had almost exactly the same equipment, from anesthesia machines to fracture tables. They did have a very “high-tech” stand-alone camera attached to the surgeon’s headlight that was not standard issue in my civilian hospital. With a minimum of extra equipment, we could all see the surgical field and follow the procedure.

Although the environment was familiar, there were reminders that we were still on a ship. Ring bolts on the floor were used to tie down the equipment when needed because of the motion. Moving equipment became a challenge because the ring bolts would often obstruct the path, especially for the C-arm. No one seemed the least bit surprised that I knew how to operate the C-arm, as that was expected of all of the OR nurses. I found all of the OR nurses to be extremely flexible in their approach and willing, if not eager, to adapt to new people and situations.

Procedure was slightly different on the ship in that all of the patients were brought down to the OR before they were needed, and placed in the preoperative holding area directly outside of the OR suites. The surgeons would do a face-to-face history and physical examinations and write a note before any of the patients were brought into the room. This was especially helpful because of the language issues, and we had several interpreters available at all times. The anesthesia staff members performed their preoperative evaluation in the holding area as well. Paperwork was streamlined and although all of the important areas were covered, there were no extra papers. For example, there was one perioperative record for both the nursing staff and the surgeon.

The majority of the 200 patients had secondary procedures during my rotation. My first patient previously sustained a complex pelvic fracture that had initially been stabilized with an external fixator. The surgery that we were to perform was an open reduction internal fixation surgery with plates and screws. This surgery, like most, was complicated by the fact that the pelvis had been in this position for two weeks, and needed further reduction as well as the internal fixation. Some of the other orthopedic revisions included taking out intramedullary nails,
some of which had been placed in field hospitals without the benefit of x-ray. There was evidence of a great deal of heroic field surgery prior to our arrival.

The bulk of the surgeries performed on the ship were grouped under the category of “wound revision.” Many of the initial crush injuries had primary treatment in the field, including amputation. Many of these patients came back several times for further debridement, assessment, and for some, eventual closure. One of the procedures involved a transflap graft from the forehead of a young child to reconstruct his nose. I watched the square of skin “magically” turn into a perfect nose. By the time we left the ship, we had performed 340 wound revisions. Interestingly, the only item that was in short supply during this time was mineral oil.

The final count at the end of four weeks was more than 900 critically injured Haitians: 340 wound revisions, 90 femur fractures, 52 amputations, 47 tibia-fibular fractures, 30 facial fractures, 29 pelvic fractures, 27 spine fractures, 15 foot and ankle fractures, 17 upper extremity fractures, and 14 cranial injuries.

My friends ask, “What did you see?” I saw more extensive traumatic injuries in one place than I could have ever imagined. And at that, we only saw a few hundred of the thousands. I saw an awesome group of dedicated medical professionals who did not even seem to flinch at the most enormous workload that I have ever seen. This group was gracious, patient, and kind, not only to all of their unfortunate patients but also to all of us arriving in the midst of this disaster as well.

They also ask, “What did you learn?” I learned many things that I hope I do not quickly forget. In the mass casualty arena, one patient can quickly turn into 10 surgeries over a two- or three-week period. Planning the logistics of their care, given limited resources, is a challenge. The human spirit is robust and can survive and find some glimmer of hope, even in a catastrophe like the Haitian earthquake. I felt honored to have been able to experience it. I left with an even deeper respect for the men and women in the U.S. Navy. I left Haiti and returned home vowing never to take all of the things we have here for granted.

Tim Thomas is an operating room RN at Watsonville Community Hospital in California.

“My friends ask, ‘What did you see?’
I saw more extensive traumatic injuries in one place than I could have ever imagined. And at that, we only saw a few hundred of the thousands.”

RNs Lauren Aichele and Tim Thomas volunteered with the surgical team aboard the USNS Comfort, a Navy hospital ship.

DECEMBER 2010
WWW.NATIONALNURSESUNITED.ORG
NATIONAL NURSE 15
AWARDS
Registered nurses again top Gallup Poll’s survey of most trusted and honest professions. December p. 8.

BARGAINING
Minnesota nurses gear up for major contract negotiations. January/February p. 6
University of California nurses take strike vote. March p. 13.
District of Columbia nurses support fired colleagues as they prepare for bargaining. March p. 15.
Temple University Hospital nurses and allies strike over gag clause. March p. 16.
Eastern Maine Medical Center RNs negotiate agreement to avoid layoffs. March p. 16.
Tension builds in Twin Cities contract fight. April p. 4.
Temple strike leads to victory. April p. 7.
Morton Hospital RNs in Massachusetts settle contract. April p. 14.
Twin Cities RNs stage country’s largest-ever nursing strike. May p. 6.
VA nurses fight for bargaining rights. May p. 8.
Quincy Medical Center nurses protest hospital’s refusal to negotiate new contract. May p. 11.
NNU members rally with Washington Hospital Center nurses for new contract. May p. 13.
Minnesota nurses settle contract, continue to fight for patient safety. June p. 5.
State labor board cites Cambridge Health Alliance for bad faith bargaining. June p. 7.
NLRB slams Borgess Medical Center with formal complaint. June p. 9.
North Adams Regional Hospital nurse set to strike. July/August p. 6.
Maine RNs make ratios a major feature of bargaining this year. July/August p. 10.

Duluth, Minnesota nurses’ bargaining at critical juncture. July/August p. 10.
Texas bargaining update. July/August p. 10.
Cambridge Hospital violated law by slashing nurses’ retiree health benefits. September p. 7.
Maine RNs protest over unsafe staffing as part of contract negotiations. September p. 10.
Children’s Hospital RNs strike over healthcare takeaways. October p. 5.
UMass nurses defeat concessions to win contract. October p. 6.
Watsonville RNs on strike. October p. 8.
Maine RNs at The Aroostook Medical Center approve a new contract. October p. 10.
Texas bargaining leadership council enjoys visits from out-of-state nurses. October p. 10.
Eastern Maine RNs strike for first time over patient safety. November p. 5.
Caritas RNs reach landmark master agreement, pension benefits. November p. 7.
Sutter Roseville RNs picket over unsafe staffing. December p. 8.

BOOK REVIEWS
A Short History of Nursing. July/August p. 15.
Critical Care: A New Nurse Faces Death, Life, and Everything in Between. July/August p. 16.
Hungry: A Mother and Daughter Fight Anorexia. July/August p. 16.
Inside the ICU: A Nursing Perspective. What really goes on behind closed doors in the intensive care unit. July/August p. 18.
Nursing in the Storm: Voices From Hurricane Katrina. July/August p. 21.
When Chicken Soup Isn’t Enough: Stories of Nurses Standing Up for Themselves, Their Patients, and Their Profession. July/August p. 22.


CONTINUING EDUCATION HOME STUDIES
Hospital Magnet Status: Impact on RN autonomy and patient advocacy. April p. 22.
Nursing, Suffrage, and Social Advocacy: Honoring our heritage, voting our values, protecting our patients and our profession. September p. 16.
Scripting and Rounding: Impact of the Corporate Care Model on RN Autonomy and Patient Advocacy, Part II. November p. 20.

ELECTIONS
See Politics

EXECUTIVE DIRECTOR’S COLUMN
In Haiti Volunteers, the Spirit and Compassion of a Nurse. Thousands of RNs signed up for duty after the earthquake, showing the courage of their profession. January/February p. 13.
Diary of Wimpy Healthcare Bill. The new federal law fails to challenge the stranglehold of insurance companies on our health system. March p. 17.
A Life-Saving Law, Under Threat. Nurses fought for and won California’s staffing ratios. Now we must defend them from corporate politicians. April p. 16.
Many Battles for RNs in the Fight for Patient Advocacy. Across the country, nurses are speaking truth to power. May p. 14.
Making History, Again. On the 90th anniversary of the women’s vote, RNs continue the fight started by nurse suffragists before them. June p. 11.
Honoring Life. Nurses who value people over profits understand that their work of healing patients extends way beyond the bedside. July/August p. 11.
Not For Sale. This November, vote nurses’ values of caring, compassion, and community. September p. 11.
An Open Letter to Nicky Diaz. October p. 11.
Working Over Time. Wall Street and Beltway insiders want to change Social Security so that nurses and other Americans will have to work until age 69 for far fewer benefits. November p. 11.
Leaps and Bounds. National Nurses United’s phenomenal organizing wins and growth in 2010 is just the start of something even bigger. December p. 9.

GLOBAL HEALTH
Helping Haiti. When Haiti’s earthquake survivors needed medical attention, nurses from across the United States answered the call. January/February p. 22.
Aboard the USNS Comfort. NNU members joined a Navy mission to care for the quake’s most seriously injured. January/February p. 25.
Haiti volunteer ready to go again. March p. 9.
The Long Road Home. A Haitian-American nurse returns to the country she left behind. April p. 18.
Keeping the Promise. After the TV cameras have moved on, RN nurses continue the hard work of training for disaster relief. December p. 10.

HEALTHCARE REFORM

HOSPITAL INDUSTRY
Filipino RNs charge Sutter hospital with racial discrimination. September p. 8.

INSURANCE
Revolt brewing against health insurance industry. March p. 5.

LEGISLATION
California legislative update about various bills. January/February p. 11.
Northern Illinois RNs gather to discuss staffing ratio bills. March 15.
Bill to partially restore VA nurses’ rights advances. July/August p. 5.
What’s happening with NNU’s national bills. July/August p. 7.
MENTAL HEALTH
Massachusetts RNs wage campaign to protect psych beds. December p. 4.

NURSING PRACTICE
Texas RNs rally around nurse prosecuted for whistle-blowing. January/February p. 12.
NNOC Texas rallies for RN rights. March p. 11.
Tufts RNs protest floating plan. October p. 7.
Losing Our Voice. In their quest to boost patient satisfaction scores to maximize revenue, hospitals are forcing RNs to act like waiters and hotel staff. Nurses say this obsession with the appearance of care, not actual clinical outcomes, is jeopardizing patients and the nursing profession. October p. 20.

OCCUPATIONAL HEALTH
Massachusetts nurses take on workplace violence. January/February p. 9.
Massachusetts passes bill punishing perpetrators of workplace violence. April p. 8.
Veterans Affairs nurses seek new policy to protect needle stick victims. April p. 11.
Federal bill would reduce back injuries among nurses. May p. 9.
CDC weakens H1N1 mask standards. September p. 9.
Not in a Day’s Work. Workplace violence for registered nurses is rising steeply, and RNs are rightly refusing to accept it as part of the job. How they’re fighting back. November p. 12.
Tribute to Cynthia Barraca Palomata, an RN killed while on the job. November p. 15.
RNs seek presumptive eligibility for workers’ comp. December p. 5.

Organizing
What the union has done for me. A Nevada nurse explains how organizing has changed her life. March p. 27.
Ready, set, organize! RNs gather at Organizing Institute. April p. 10.
Cypress-Fairbanks Hospital RNs vote to remain with NNOC Texas. April p. 14.
NNU fever sweeps the Lone Star state. May p. 4.
University of Chicago RNs vote for NNU. May p. 10.
RNs at Kansas City hospital unionize. September p. 9.
Washington, D.C. RNs join NNU. October p. 4.
Wave of RN unionizing in Florida. November p. 4.

Arizona RN wins a settlement and donates a major portion to NNU. January/February p. 11.
United We Stand. Only two months old, the largest RN organization in United States history is already changing the face of nursing. January/February p. 14.
A Vision Realized. At NNU’s RN Heroes conference, a movement came into its own. May p. 15.
From Heartache to Inspiration. One nurse’s reflections on NNU’s RN Heroes conference. May p. 19.
Common Values. On the 90th anniversary of the 19 th Amendment, nurses learn lessons from the suffragists to apply to patient advocacy today. September p. 12.
A Storied History. The nexus between nursing and the women’s movement for the right to vote. September p. 15.
Florida nurses expand metro committees. October p. 10.
Iowa RNs at Marshalltown and Jennie Edmundson join Minnesota Nurses Association and NNU. December p. 8.

Politics
California elections pit people power against corporate cash. April p. 12.
Jerry Brown, the nurses’ choice for California governor. April p. 15.
Michigan RNs back Bernero for governor. June p. 4.
RNs to Whitman: You can’t push us around. June p. 8.
Michigan nurses get on board for their candidate. July/August p. 8.
Candidates RNs can be proud to support in 2010. September p. 4.
Washington, D.C. nurses chalk up a big win. September p. 5.
The Economic Deceit Few Discuss. Income disparity in the U.S. and its effect on RNs. October p. 25.

Profiles
Fearless Leaders. The four RN officers leading National Nurses United, Deborah Burger, Karen Higgins, Jean Ross, and Martha Kuhl, bring to the table decades of experience as nurses and patient advocates. January/February p. 18.
Rock Solid. Even the toughest of obstacles couldn’t keep Orsburn Stone, RN from standing up for Nevada nurses’ rights. April p. 20.

Tribute to Cynthia Barraca Palomata, an RN killed while on the job. November p. 15.

PUBLIC HEALTH
Successful push back on Minnesota governor’s plan to decimate healthcare for the poor. March p. 7.

Unconventional Medicine. Some nurses are taking their work out of the hospital and into the community. March p. 19.

RATIOS
See Staffing

RETIREMENT
The Great Social Security and Medicare Robbery. Congress is conspiring to but benefits for future generations of seniors. Nurses are fighting back. June p. 12.

Cambridge Hospital violated law by slashing nurses’ retiree health benefits. September p. 7.

Senior nurses have long memories. Retired RNs continue their advocacy. September p. 14.

Caritas RNs reach landmark master agreement, pension benefits. November p. 7.

Brewing Storm. How the recent push to slash Social Security and Medicare in the name of deficit reduction is really a revocation of the social pacts these programs represent. November p. 16.

SINGLE-PAYER HEALTHCARE


SOCIAL SECURITY
See Retirement

STAFFING

Ohio RNs expand campaign for ratios. January/February p. 11.


Nurses at Boston-area hospitals protest unsafe staffing. March p. 10.

Florida RNs mobilize to improve patient care. March p. 12.

Eastern Maine Medical Center nurses win staffing changes. March p. 13.

Northern Illinois RNs gather to discuss staffing ratio bills. March 15.

Study: Staffing ratios save lives. April p. 6.

Patient care rally hits home for Borgess Medical Center RNs. April p. 9.


RNs at University of Chicago Medical Center demand improved staffing. April p. 14.

University of California nurses continue protests over unsafe staffing. May p. 7.

Florida RNs hold march for ratios. May p. 13.

Ohio RNs push hospitals to make staffing numbers public. May p. 13.

Florida RNs lobby for ratios at the local level. June p. 10.

Ohio RNs participate in nurse staffing workgroup while pushing for ratios. June p. 10.

Florida RNs take local strategy with ratios. July/August p. 9.

Augusta, Georgia VA nurses hold picket to protest chronic understaffing. September p. 6.

Ohio RNs lobby state nurse staffing workgroup for more mandatory reporting by hospitals. September p. 10.

Texas RNs get ready to introduce state ratio bill. November p. 10.

STRIKES
See Bargaining

TECHNOLOGY
“Smart rooms” a dumb idea. January/February p. 11.

Are You Listening? One hospice nurse reflects on how laptops and other technology interfere with patient care. April p. 17.

Antisocial Behavior. Nurses must beware their use of social networking sites, plus suggestions for smart social media use. July/August p. 4.

VETERANS AFFAIRS
National VA Council votes to affiliate with NNU. January/February p. 12.

National VA Council proposes policy changes that will grant needle stick victims more info. March p. 16.

Veterans Affairs nurses seek new policy to protect needle stick victims. April p. 11.

VA nurses fight for bargaining rights. May p. 8.

Bill to partially restore VA nurses’ rights advances. July/August p. 5.

Augusta, Georgia VA nurses hold picket to protest chronic understaffing. September p. 6.

Visiting at three VA facilities. November p. 10.

ADO trainings and more visits at various VA facilities. December p. 8.
Sponsored by National Nurses United

'TCAUSE LAUGHTER IS THE BEST MEDICINE

Listen Laugh Learn

The radio show for nurses with RN hosts Casey Hobbs and Dan Grady

Sundays 2 p.m./PST on Green 960 AM
Live streaming at www.green960.com
And Boston-area listeners, tune in Saturdays, 11 a.m. EST on 1510 AM
Live streaming at www.revolutionboston.com

On-demand podcasts always at www.nursetalksite.com

Sponsored by National Nurses United