



Nurses to Puerto Rico, p. 6

(L-R) Natasha Sustache, NP, Montefiore Medical Center; Jordyn Oleachea, RN, Mount Sinai St. Luke's, and Roxanna Garcia, RN, Woodhull Medical Center

Guaranteed healthcare for all, p.11

"I think now's the time. The people in this state and in this country want healthcare for everybody." –Marva Wade, RN, NYSNA First Vice President



CLIMATE JUSTICE NOW, PP. 7-10



By Judy Sheridan-Gonzalez, RN
NYSNA President

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Executive Director

Editorial offices located at:

131 W 33rd St., New York, NY 10001

Phone: 212-785-0157 x 159

Email: communications@nysna.org

Website: www.nysna.org

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"You don't need a weatherman to know which way the wind blows"

—Subterranean Homesick Blues by Bob Dylan

Puerto Rico, Virgin Islands, Dominica, Barbuda, Mexico, Cuba, Texas, Florida... Bangla Desh, India, Somalia, Philippines...hurricanes, cyclones, typhoons, tsunamis, earthquakes, tornadoes, wildfires, droughts, vector multiplication, dysentery, cholera, crop failure, malnutrition, forced migration, death...

Just like we are running out of letters of the alphabet as we name more and more monster hurricanes, countries suffering the effects of global warming in the form of unprecedented catastrophic events are becoming too numerous to mention.

The "Global North" burns the vast majority of our Fossil Fuels. These actions are warming up the planet at an alarming rate. As CO₂ and methane are trapped in the atmosphere, our Arctic Ice Shelf melts and glaciers break off, causing sea levels to rise and moisture to permeate the air. Chain reactions result in super-storms and intensify all forms of disasters. Only now we have to admit these are different disasters, not "natural" because they are caused by mankind's abuse of nature's gifts. And these ill effects are felt largely by the poorer "Global South."

Community of caregivers

Corporate greed is felt by all of us. Cutting health benefits, attacking pensions, increasing workloads and workplace harassment affect us directly—and we react. Destroying—in fact *defiling* the planet so that super-profits can be generated to a tiny minority that already has more wealth than we can imagine—this is the heinous crime that occurs before our eyes.

While the South gets the brunt of the ill effects of emissions, these tragedies are finding their way up north as well. Super-Storm Sandy, Hurricane Irene, massive coastal blizzards, have impacted New York state in the past several years. Scientists around the world agree



moment in our prescribed lives, which are dominated by the coldness of computers and the idiocy of reimbursement-driven protocols. When nurses engage in disaster relief we are able to be *real* nurses: semi-autonomous in our practice and fully engaged in our holistic calling.

Our legacy

As front line caregivers in our facilities, we are the voices that understand and

that intervention is critical, that we have to act *now*. We can no longer ignore these clear signs that something is terribly wrong.

Yet, nurses and health care workers are amazing! So many of us feel *compelled* to intervene on a grass roots level. Thousands of our members have risen to the occasion to give time, money and boots-on-the-ground efforts to provide disaster relief to communities in need. In spite of the challenges encountered when venturing into unknown hard hit areas, NYSNA members jump in as we feel the pull of the suffering of people, knowing that we can make a difference, however small.

Those who cannot go on missions routinely offer moral and logistical support to those who do. We become a community of caregivers! This provides us with a rare

demand safe staffing. We are the witnesses of the failures of our profit-driven health care system who can, with confidence, demand universal, affordable access to quality care for all. When we minister to the victims of the global catastrophes proliferating our continents, we can see that this is not business as usual, and so can demand that something be done to stem the tide of planetary destruction.

Climate Change affects us all. Doing something about it can unite all of us as well. This is a humanitarian crisis, and one that can only be solved by all of humanity. Caregivers are the microcosm of the human spirit. We need to exert our influence here as well—before it's too late. It is the legacy that we leave to our children and their children...

"IT WAS the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of light, it was the season of darkness, it was the spring of hope, it was the winter of despair."

—A Tale of Two Cities by Charles Dickens

After the floods

The recent record-setting rains that engulfed Texas and a series of three hurricanes spreading disaster and causing deaths in Florida, Puerto Rico, the U.S. Virgin Islands and other Caribbean nations have held the world's attention. Conditions in Puerto Rico, where most of the island's 3.4 million residents are without power, drinking water and other essential services, are especially harrowing. Deaths of nursing home residents in Florida, stuck and isolated as a result of conditions there, were very sad-denying. In many respects, for the U.S. and its Caribbean neighbors, recovery will be counted in months, even longer.

Once the storm passes

It is incumbent upon all of us to demand, *as a matter of public health in an extreme emergency*, that the federal government give disaster relief its highest priority and allocate massive resources to help the communities in Florida, Texas and the U.S. Virgin Islands, as well as to provide billions in aid with a paramount effort in Puerto Rico, where all necessary aid be sent. To date, federal aid to Puerto

Rico has failed to meet the very urgent needs of the island's residents, including the very vulnerable infant and elderly populations.

When natural disaster hits, it can be hard to see past the immediate devastation—the flooding, loss of power, displaced people and destruction of communities. However, even after the storm passes, many serious dangers remain. In fact many of the most challenging public health issues arise in the days and weeks following a hurricane or other natural disaster.

New Yorkers are still dealing with the aftermath of Superstorm Sandy. And it took years to rebuild areas severely impacted by Hurricane Irene. Infrastructure damage and health hazards linger long after the headlines end.

Common health hazards from flooding include:

Loss of Essential Utilities

Loss of power can be an acute health hazard to those who depend on medical equipment such as ventilators or need medication such as insulin to be refrigerated. Downed power lines are an electrocution hazard. Severed gas lines can cause

deadly explosions and fires. And contaminated water supplies can increase the risk of water-borne gastrointestinal diseases.

Environmental Contamination

Areas that have a significant chemical industry or refineries, such as in the Houston area, can cause significant, long-term environmental damage if toxins leak into the environment. In Puerto Rico, many toxic Superfund sites were flooded during Hurricane Maria. These toxins persist in the environment for many years and can cause significant harm to public health.

Mold

Anytime there is flooding, mold is a likely result. Mold poses the greatest risk to those with compromised immune systems, chronic asthma, or other respiratory conditions. Mold can cause or aggravate both upper and lower respiratory conditions, difficulty breathing, and eye irritation. The Centers for Disease Control has information on how to safely remove or clean contaminated surfaces.

Mosquito-borne Illness

Mosquitos thrive and breed in even small amounts of standing water. Depending on the geographic location, there can be an increase in West Nile Virus or Zika cases caused by flooding.

Is your hospital prepared?

The Joint Commission and the Centers for Medicare and Medicaid Services have set new standards for healthcare facility emergency preparedness to make sure that healthcare can continue to be provided to the public even under the difficult circumstances caused by a natural disaster or other type of emergency. Healthcare facilities must be fully compliant with CMS's Emergency Preparedness Rule by November, 15, 2017. Ask your hospital leadership what your facility is doing to prepare for major emergency situations. More information can be found at www.cms.gov or by contacting NYSNA's Health and Safety Representatives at healthandsafety@nysna.org.

Even after the storm passes, many serious dangers remain. In fact many of the most challenging public health issues arise in the days and weeks following a hurricane or other natural disaster.



Residents in Puerto Rico wade through flood waters after Maria

Our public hospitals shine



By Jill Furillo, RN,
NYSNA Executive
Director

For readers, the *New York Daily News* article that ran Sunday, October 1, grasped its critical significance: “[P]ublic hospitals... take on the most under-reimbursed jobs in the city’s health care system, from Level One emergency trauma care to substance abuse and psychiatric disorders. Labor reporter Ginger Otis, with a stellar reputation for her writings on labor and working people in New York City, wrote, “H+H hospitals effectively subsidize the profitability of the city’s private system.”

The subject: New York City’s public hospitals and the report, <http://bit.ly/restructurehh>.

“On Restructuring the NYC Health+Hospitals Corporation—

Preserving and Expanding Access to Care for all New Yorkers”.

The report to NYSNA by Barbara Caress and James Parrot, two leading New York policy experts, digs deep into the NYC H+H system: its history, measures of high quality, pronounced efficiencies and service to the underserved. “The network,” write Caress and Parrot, “is both

a vital safety net provider for New Yorkers who might otherwise not have access to healthcare services that the private sector cannot or will not take on.”

Our extraordinary nurses on the units of the 11 public hospitals know the value of their work and commitment to patients, the advocacy they provide and the results achieved. With this exceptional study comes in depth support for their work.

The sheer volume of patients is a stunning statistic: More than 1.1

million individual New Yorkers received care at one of the 11 NYC public hospitals in 2016. Half or more of the uninsured who sought inpatient, outpatient and/or emergency care went to one of NYCH+H hospitals in 2014 (most recent data). The public hospitals handled 31 percent of all ER visits and almost half of all hospital-based clinic visits in the city. Over two-thirds of ambulatory surgery for the uninsured takes place at NYCH+H facilities. “An overwhelming share (80 percent) of hospital clinic visits for the uninsured are in NYCH+H hospitals,” states the report.

High quality, lower cost

This outstanding public system, with its care for underserved communities, is a win-win in terms of both quality and cost, as “NYCH+H tends towards higher quality and lower cost,” the report concludes. Quality indicators give the public system high marks.

Yet the system runs at a deficit, projected to be \$1.6 billion by 2019. The simple fact is that NYCH+H spends more for care than it is reimbursed. It is not a failing system, but one that cares for so many with limited reimbursement. Nor is the deficit to do with inefficiencies and higher costs compared to the private system. Costs for treating patients, the report finds, are comparable to or lower than those of the private hospitals. To fully understand New York City’s healthcare systems, one must grasp that the private hospitals rely upon the public system disproportionately cares for uninsured and underinsured patients.

“The fact of the matter is that the NYCH+H increasingly picks up the costs of a wide range of services and populations that private sector providers can avoid precisely because NYCH+H is there to assume this load.... NYC’s private hospitals have been shifting the burden of caring for the uninsured and for people with psychiatric and substance abuse diseases to the public system.

“It is, in part, the very existence of NYCH+H that enables the large private hospital networks to operate with huge surpluses. Those surpluses totaled \$877 million for the five major NYC private systems in 2016 – or about half the deficit of the public system.”

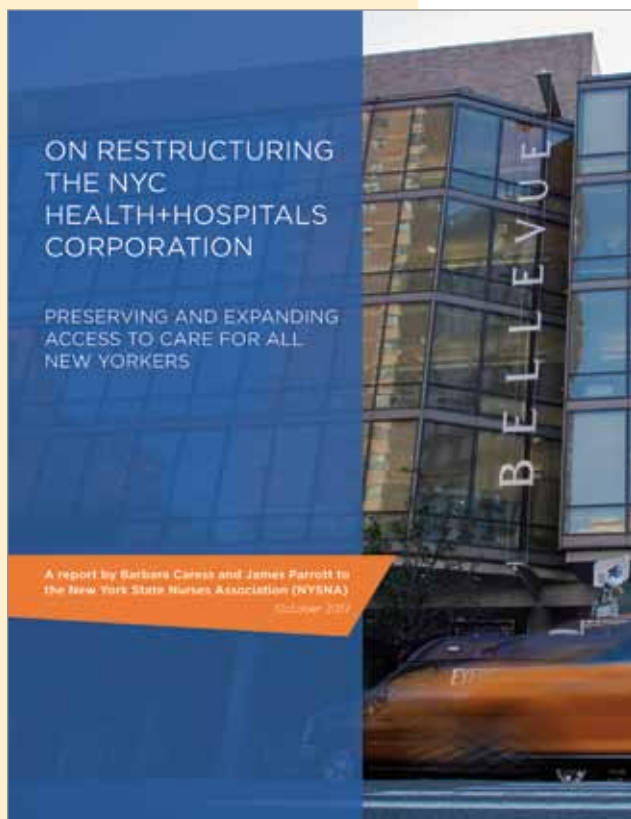
“Our report,” says co-author and health policy expert Barbara Caress, “describes a public hospital system with financial problems that are a direct consequence of who they serve and of the unwillingness of most private sector hospitals to take care of these patients. Any solution must be citywide and comprehensive.”

That solution also must entail a more equitable distribution of healthcare burdens and resources. Critically, the report explains that the fiscal problems of the public system cannot be fixed by closing hospitals, laying off staff and cutting services. There is no solution either in an increased reliance on and payments to costlier private systems, few of which are responsive to underserved patient populations. The public system is carried a disproportionate load, by a very wide margin. It should be strengthened and supported, not criticized and undercut.

Path forward

“The Mayor has demonstrated a strong commitment to H+H, its patients and its workforce,” said co-author James Parrott, Director of Economic and Fiscal Policies, Center for New York City Affairs, The New School. “As the City grapples with a path forward given these daunting fiscal challenges, it needs to be mindful of how the healthcare landscape has changed for the private hospitals as well as for H+H, and it needs to have an appreciation for the real cost effectiveness of care provided by H+H given its role as the provider of first resort for so many vulnerable New Yorkers.”

This report requires the full attention of any New Yorker concerned with the city’s healthcare, a blueprint for moving forward towards greater equality in healthcare.



Read it at
<http://bit.ly/restructurehh>

Medicare for All Act of 2017

For NYSNA, the announcement of the Medicare for All Act of 2017 paves a road to victory for guaranteed healthcare in the nation. Our recommendations very much helped shaped this monumental legislation, referred to in the press as “a ground breaking development”.

“Too many people in this country are victims of a system that is broken,” said Marva Wade, RN and NYSNA First Vice President. “Somebody has to step up and say this is wrong, and nurses should be at the forefront of it—and we are.” Wade was joined at the September 13 announcement of the Act by six RN members: Flandersia Jones, Judith Cutchin, Patricia James, Pat Kane, Mary Fitzgerald and Shanna Murphy.

Guaranteed healthcare

The Medicare for All Act will guarantee healthcare to all Americans over a four-year period. In year one, seniors and the elderly will see expanded benefits, Medicare eligibility will be lowered to age 55, and all children under the age of 18 will be covered. In year two, Medicare eligibility will be lowered to age 45 and in year three, Medicare eligibility will be lowered to age 35. By year four, every remaining American will be covered.

This legislation represents a critical leap forward for the U.S., where costs of care from deductibles and co-pays have served as barriers to the insured, and millions remain uninsured, and patients who otherwise go without care. Annual surveys in preceding years indicate that people in need go without visits to doctors or forego prescribed medicines because they simply cannot afford them. Our members report high acuties due to these delays, setting back patients, extending hospital stays and creating greater hardship for families. This condition is totally unacceptable to our nurses, public health experts, and to the patients and their families. We have spoken at town halls in communities across the state for several years decrying this condition.

Against this backdrop, the necessity of the Medicare of All Act cannot be overstated. Efforts by forces in Washington to repeal and replace the Affordable Care Act have been blunted, so far, and our union played a very significant role in New York at protests and meetings across the state and elsewhere. Efforts to stop replace and repeal represent a critical victory, as well as an opening to the Medicare for All Act.

Sixteen co-sponsors, a record number for the U.S. Senate, joined Senator Bernie Sanders at the announcement of the bill's introduction: S-1805 of the 115th Congress. They are: Tammy Baldwin (D-WI), Richard Blumenthal (D-CT), Cory Booker (D-NJ), Al Franken (D-MN), Kirsten Gillibrand (D-NY), Kamala Harris (D-CA), Martin Heinrich (D-NM), Mazie Hirono (D-HI), Patrick Leahy (D-VT), Edward Markey (D-MA), Jeff Merkley (D-OR), Brian Schatz (D-HI), Jeanne Shaheen (D-NH), Tom Udall (D-NM), Elizabeth Warren (D-MA), Sheldon Whitehouse (D-RI).

More support to come

Predictions now in the press indicate that any potential 2020 challenger for the presidential nomination in the Democrat column will need to support this legislation, or some single payer program, to win. There are competing bills, including “Medicare at 55 Act,” with Senators Sherrod Brown (D-OH) and Debbie Stabenow (D-MI) among sponsors. But these supporters may well get behind the comprehensive Sanders bill, as it picks up additional support among Senate Democrats and the public.

Medicare author speaks

Max W. Fine is the last surviving author of the Medicare law of 1965. He sent this comment to New York Nurse on September 21.

“We need Medicare-for-all for three main reasons:

(1) To prevent all Americans, not only seniors, from being destroyed financially by sickness and injury;

(2) To fix an inefficient, ineffective, semi-functional health care system that leaves Americans with higher rates of infant mortality and lower life expectancies than men and women in other industrialized nations, all of whom have national health systems.

(3) To control runaway costs that now consume 18% of our gross national products—a far higher percentage of GNP than spent by other countries with smaller GNPs.”



NYSNA proudly stood with Senators Gillibrand (D-NY), Booker (D-NJ), and Blumenthal (D-CT), who represent significant numbers of our members where we live and vote!

Destination: Puerto Rico

**Excerpt from
Puerto Rican
physician Dr. Carlo,
upon receiving
supplies packed this
week.**

I feel the need to put into words a little of this epic day. First and foremost thank you to all of you, Danielle, Lee and all the nurses who so lovingly put together the awesome crates we received. They are all on the way to remote places in PR. The doctors picking up supplies were squealing like children while picking up their much needed materials.

NYSNA members are departing for Puerto Rico, to do their part in what is a humanitarian crisis on the island where 3.4 million people live. Most have been without power and water and limited fuel since Hurricane Maria roared across Puerto Rico on September 20. San Juan residents spent days wading through their neighborhoods in search of people in need of food. But medicines and medical care remain the top priority, and areas in the interior are still cut off, with rescue efforts underway.

NYSNA responded to a call from the AFL-CIO to join in with other unions and get skilled union workers on the ground. Flight attendants (AFA-CWA) and pilots (ALPA) helped to secure a plane from United Airlines to fly to Puerto Rico on October 4 with supplies and skilled workers. RNRN, based in Oakland, has worked to organize this effort, as well. "Literally paths have to be cleared through debris," wrote the AFL in its statement. "People have to be kept alive in hospitals. Temporary power has to be set up to critical sites like hospitals and telecommunications hubs."

"I am diabetic. I have high blood pressure. I am an old lady, hauling pots to my carport to cook on a gas stove, praying to God to bring things back to normal," a San Juan resident was quoted in the *New York Times*.

Three of our nurses are the first to join the NYSNA effort on



Governor Andrew Cuomo and NYSNA members – all out for Puerto Rico.

the island and are on the flight: Roxanna Garcia, RN, Woodhull Medical Center; Jordyn Oleachea, RN, Mount Sinai St. Luke's, and Natasha Sustache, NP, Montefiore Medical Center. They will remain there for two weeks providing critical care.

An opportunity to serve

"As a Puerto Rican healthcare provider, I'm really grateful for this opportunity to go to Puerto Rico for disaster relief," said RN Natasha Sustache. "Thank you to all the individuals and groups that have made this possible."

More than one hundred NYSNA members answered the call to action on October 2, as RN assessment skills were needed to pack medical kits so personnel deployed to Puerto Rico have what they need (photo below). The AFYA organized the effort at the organization's warehouse in Yonkers.

The shipment included thousands of vaccines and antibiotics, basic first aid supplies, emergency medical and surgical supplies such as oxygen masks, suturing equipment, alcohol pads, syringes, bandages, nebulizers, IV catheters and surgical blades.

The next morning, these supplies were loaded on an a plane and Governor Andrew Cuomo was there to thank NYSNA and others who got the job done (photo above). "This mission was made possible by the generous efforts of the UJA-Federation of New York, AFYA Foundation, Greater Hospital Association, SEIU1199, New York State Nurses Association and Golden Tree Management,," said Governor Cuomo.

NYSNA stands ready to continue this critical mission, with more donations, packing and nurses on the ground.

The crisis in Puerto Rico is our crisis.



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CLIMATE JUSTICE NOW

Seeking climate j

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limate Justice” is a top priority in our union, with dialogue inside our hospitals, presentations at meetings locally, nationally and globally, participation with allies (see a partial list, sidebar p. 9), at press conferences and at rallies in towns in cities across New York and in Washington, D.C. We have sent representatives to major global conferences. We are fully committed to the movement for climate justice.

Our understanding, combined with our fundamental role as patient advocates, translates into action.

In September, our nurses answered the call to provide rescue and relief in deluged regions of Texas and efforts are planned and ready to send our RNs to Puerto Rico, where the ravages of Hurricane Maria have left the island’s resident in desperate need of attention in almost every way, most significantly water, medicines and medical care, as a humanitarian crisis of global proportions is overwhelming a population of 3.4 million.

NYSNA in action

This is not the first time where we have answered the call to bring rescue and relief to people suffering the effects of extreme weather. After all, we rose to the occasion during the crisis that Super Storm Sandy brought to Metro New York City. Our nurses traveled to the Philippines in 2013, where Typhoon Haiyan, the most powerful typhoon to reach land *ever*, brought destruction, leaving 145,000 homeless. A medical mission staffed with 16 NYSNA RNs was there just this September, to follow up on care needs.

In December, 2015, NYSNA sent two delegates - President Judy Sheridan-Gonzalez, RN, and Board Member Sean Petty, RN—to participate at the United Nations Framework Convention on Climate Change. Accords set in Paris were a major step forward in a campaign to bring climate change under control worldwide. Unfortunately, the current Administration in Washington,

D.C., has stepped back from these commitments. But we, and our allies, are pressing on.

In April of this year, NYSNA was in Washington for the Peoples Climate March, joining thousands in a call for Climate Justice.

Climate change is overwhelming and we must meet that challenge, keep our focus steady, stay knowledgeable and take action. That action is exemplified in our work with allies here in NYS to stop “bomb trains” transporting toxic, highly-flammable oil in ill-equipped trains through populated communities with adjacent hospitals and schools. This effort to supply oil is doubly dangerous: the oil is a chief CO₂ culprit and the delivery system, with spills and explosions, a killer.

We have spoken out against the worst corporate abuse; we joined the Standing Rock Sioux in their protest of the Dakota Access Pipeline.

Natural disasters & climate change

This year has seen a series of natural disasters setting historic records in the U.S. and its periphery: over 110 large fires ablaze across the country, mostly in the West. All-time heat records were set in several locales, including in San Francisco. Hurricane Harvey brought rain—more than 51 inches, a record for the continental U.S.—to Texas. And a series of hurricanes swept through the Caribbean and Florida. Hurricane Irma was the strongest storm *ever recorded* in the Atlantic Ocean outside the Caribbean and the Gulf of Mexico. Many islands were devastated, including the U.S. Virgin Islands. Hurricane Maria followed in its wake, wreaking devastation and untold misery in Puerto Rico, where the vast majority of the island’s 3.4 million inhabitants are living without electricity, water or food. The threat to the most vulnerable—seniors and newborns—places Puerto Rico on a list of areas undergoing global public health and humanitarian crises.

We threaten global existence with the continued spewing of CO₂

in our environment, with man-made global warming heating up the planet with dire consequences. Pollution alone kills millions each year. The extreme weather events lead to more such events, a vicious cycle, with “more extreme floods, heat waves, droughts and hurricanes,” according to Michael Mann, a climatologist and director



Caption

of the Earth System Science Center at Pennsylvania State University. “This is going to be the future.”

Climate change was not the direct cause this year’s extreme weather events, explains Kevin Trenberth, a respected senior scientist at the National Center for Atmospheric Research. But, says Trenberth, “undoubtedly climate change is playing a role.”

A number of studies have shown that a warming climate increases the chances of heat waves and how severe those heat waves are going to be, says Adam Sobel, an atmospheric scientist at Lamont-Doherty Earth Observatory and head of Columbia University’s Initiative on Extreme Weather and Climate.

Temperature rising

The world’s average temperature has increased roughly by 1.53 degrees Fahrenheit from 1880

justice now

to 2012, according to the Intergovernmental Panel on Climate Change. That may not seem like a lot, but if we do not keep global warming well below 3.6 degrees Fahrenheit, we could see irreversible changes, like melting polar ice caps, extensive flooding, bleached coral reefs, food shortages, and deadly diseases. As temperatures

spread more readily in warmer temperatures. Trees consume CO₂ and their loss further exacerbates climate change.

This hurricane season has been incredibly active, with a number of severe storms. First, Hurricane Harvey barreled into Texas, dumping record rains and causing unprecedented flooding in cities like Houston. Then, Hurricane Katia struck the east coast of Mexico, and Hurricane Irma—a Category 5 hurricane and one of the strongest storms ever recorded in the Atlantic—wreaked havoc on the Caribbean. Another hurricane, called Jose, followed Irma, but now it seems the storm may remain out in the ocean. And Maria barreled through the same areas, destroying much of Puerto Rico. The Guajataca Dam was a casualty, standing 120 feet high and causing the evacuation of 70,000 people in its vicinity.

Research shows that strong hurricanes, like Harvey and Irma, will become more frequent as the planet warms, says Suzana Camargo, a professor of ocean and climate physics at Lamont-Doherty Earth Observatory at Columbia University.

The connection to Hurricanes

Climate change is expected to affect hurricanes in a few ways: warmer ocean waters will provide more energy to these storms, and more moisture in the atmosphere will increase the amount of rain these hurricanes can dump. Rising sea levels will also make storm surge from hurricanes worse, leading to higher floods.

Research is on-going, but there is not yet enough data on hurricanes to understand whether stronger storms like Harvey and Irma are part of a larger trend, say scientists.

“People can see that these changes are coming and they are very consistent with what the vast majority of climate scientists have told us for decades is going to happen,” says David Titley of Penn State. “We shouldn’t really be surprised... [T]he climate system

is kind of saying, ‘Hey guys, you ain’t seen nothing yet.’”

Climate change is a known threat multiplier: this summer’s extreme weather events presage a future of greater extremes.

The Environmental Defense Fund shares a list of 10 ways to assess and address climate change. Here they are in and edited version:

1. Limit power plant pollution

The Clean Power Plan, finalized in the summer of 2015, is one of the most significant ways to reduce climate pollution in the U.S. One of the most significant ways to reduce climate pollution in the U.S. is to target the single biggest source of carbon pollution: power plants. The Clean Power Plan, finalized in 2015, puts national standards in place, for the first time ever. Renewable energy and energy efficiency are key pillars.

2. Expand carbon markets worldwide

States, provinces, and cities worldwide are deploying carbon markets like California’s in an effort to cut pollution and accelerate low-carbon economic growth. Carbon markets can be a powerful tools for fighting climate change, since they create flexible economic incentives for reducing greenhouse gas pollution. They also reward innovators who develop cleaner technologies.

States, provinces, and cities worldwide are deploying carbon markets in an effort to cut pollution and accelerate low-carbon economic growth. This momentum is especially welcome given that global and national actions to fight climate change are often characterized by frustratingly slow progress.

3. Unleash clean energy in the U.S.

To clear the path for clean energy, we must update laws and open electricity markets to innovation and clean energy resources.

In the era of smartphones and touch screens, the U.S. electricity industry is struggling to effectively harness new energy innovations and resources, including wind and solar.

CONTINUED ON PAGE 10



rise, there’s a greater chance of getting more intense heat waves and setting new heat records.

Fires fuel more fires

So far this year, we’ve had more than 48,000 fires, burning more than 8 million acres of land, 2 million acres over the national yearly average from 2007 to 2016. Dry conditions and extreme heat create good tinder, making wildfires worse in certain areas, says Benjamin Bond-Lamberty, an ecosystem ecologist with the Joint Global Change Research Institute. A warmer planet will cause more water to evaporate off the landscapes, drying trees and grasses—which then burn more easily. “That sets the stage for increased fire,” Bond-Lamberty says.

Climate change can also make forests more prone to burning, since some tree-killing pests can

Climate Justice Allies

New York Renews

www.nyrenews.org

Climate Jobs NY

www.climatejobsny.org

Trade Unions for Energy Democracy

unionsforenergydemocracy.org

Labor Network for Sustainability

www.labor4sustainability.org

ALIGN New York

www.alignny.org

Climate justice

CONTINUED FROM PAGE 9

What stands in the way? Obsolete laws governing electric companies. To clear the path for clean energy, we must update these laws—particularly at the state level—and open electricity markets to innovation and renewable power.

4. End fossil fuel subsidies

Globally, for every \$1 spent to support renewable energy, another \$6 are spent on fossil fuel subsidies. These subsidies are intended to protect companies and consumers from fluctuating fuel prices, but what they actually do is keep dirty energy companies very profitable.

Phasing out subsidies would be a victory in the fight against climate change, and it's considered critical to shifting the world to a clean energy economy.

5. Unlock the profit of living rainforests

Living rainforests have little market value when compared to the value of clearing land for lumber and agriculture. But, deforestation must be stopped. Halting deforestation and allowing degraded forests to recover could account for 24 percent to 30 percent of global annual greenhouse gas emissions.

Enter an economic concept known as REDD (Reducing Emissions from Deforestation and For-

est Degradation), which is catching on in the Amazon, Mexico and Indonesia. In Brazil, a program like this could keep forests standing *and* increase GDP.

6. Stop methane leaks

About a quarter of the warming we're experiencing today is due to methane. In the U.S., the oil and gas industry is the biggest source of methane leaks.

Fixing these leaks is key. Oil and gas operators should improve their own monitoring of natural gas leaks; state and national policy to reduce methane leaks across the supply chain help ensure that all sectors of the industry are doing their part.

7. Cut deadly soot

Soot pollution is a major health risk around the world, especially in regions of the world where primitive cook stoves are still used to prepare meals and provide home heating.

Soot pollution is a major health risk around the world, especially wherever these cook stoves are still used to prepare meals and provide home heating. Soot can be inhaled, leading to numerous illnesses.

The primary component of soot is black carbon, which harms the climate by directly absorbing light and reducing the reflectivity of snow and ice, and by interacting with clouds, according to reports by EPA, the United Nations Environment Programme and the Intergovernmental Panel on Climate Change.

8. Phase out super-polluting HFCs

Globally, if nothing is done, emissions of this group of super pollutants are expected to increase as demands for refrigeration grow.

Hydrofluorocarbons (HFCs) are a group of manmade chemicals used for industrial processes, especially air conditioning and refrigeration. Because HFCs do not harm the ozone layer, decades ago companies began using them instead of other chemicals that were known to be damaging.

But HFCs aren't good for the climate. When it comes to trapping heat, they are thousands of times more potent than carbon dioxide over the first few years they're emitted, earning them the name "super pollutants."

HFCs have been labeled as the world's fastest-growing group of greenhouse gases and have been targeted for reduction by international organizations.

9. Reduce fertilizer pollution

Fertilizer is the engine of agriculture, helping crops grow. But if it's applied imprecisely, the excess can convert to nitrous oxide, a greenhouse gas 300 times more potent than carbon dioxide.

Sixteen major food suppliers representing 30 percent of all U.S. food and beverage sales are now implementing fertilizer efficiency programs. This effort should be expanded.

10. China's pollution paradox

In 2014, the nation pledged to cap greenhouse gases and increase non-fossil fuel to 20 percent of its energy mix by 2030.

China burns half the world's coal, but it is also the largest investor in clean energy.

In 2013, China installed more solar capacity than the U.S. did over the previous six decades, and 45 percent of the world's new wind energy production that same year also took place in China. In 2015, China invested more than \$100 billion in clean energy, more than double the U.S. investment. That nation must stay on track.

Clean energy is big job creator

It is key to also note that addressing the environmental needs of climate change can create many millions of "green jobs," i.e., clean energy projects are rich in job creation. That is an extraordinary win-win, an opportunity to reduce carbon emissions and transform this country in very significant ways. Mass transit systems lower car use and its heavy CO₂ emissions. Solar panels replace oil burning furnaces. Roof gardens catch the heat of the sun, lower energy needs for air conditioning. The list goes on and on. Manufacturing, installation, cleanup: These are the jobs that can make the U.S. a leader in a Climate Justice Century. Working with allies is key. Keeping a close eye on our patients, and the healthcare needs of our communities, falls on us. We are there.





Senator Kirsten Gillibrand (D-NY) with NYSNA at the announcement of the Medicare for All Act

Guaranteed healthcare for all

It was a moment anticipated by millions when, on Wednesday, September 13, 2017, U.S. Senator Bernie Sanders unveiled the **Medicare for All Act of 2017** in Washington, D.C.

“Today,” Sanders proclaimed, “we begin the long and difficult struggle to end the international disgrace of the United States—our great nation—being the only major country on earth not to guarantee healthcare to all of our people.”

Sanders introduced the bill with the support of 16 co-sponsors, a record number for the United State Senate. Joining him at the announcement were Senators Kirsten Gillibrand (D-NY), Cory Booker (D-NJ), Jeff Merkley (D-OR), Kamala Harris (D-CA), Maisie Hirono (D-HI) and Elizabeth Warren (D-MA) alongside NYSNA representatives and those from National Nurses United.

Present and standing alongside fellow nurses and healthcare allies, Marva Wade, RN and NYSNA First Vice President, watched as Senator Sanders introduced legislation to guarantee comprehensive healthcare for every American, legislation she and NYSNA had helped shape. Marva Wade has committed years to an effort to bring the same guarantee to all New Yorkers, now embodied in New York Health, legislation about

which she has spoken and testified, attended rallies and protests, and given her all.

NYSNA spoke with Marva Wade about this moment in the fight for guaranteed healthcare.

Marva, how were you drawn into the fight for Medicare For All?

Nurses are all about prevention of illness because we see what happens when people put off care because of money. It’s a soul killer to see people suffer, and it’s not necessary. Too many people in this country are victims of a system that is broken. Somebody has to step up and say this is wrong, and nurses should be at the forefront of it—and we are.

Is this the moment to finally see guaranteed healthcare for all accomplished?

I think now’s the time. The people in this state and in this country want healthcare for everybody. We are not reinventing the wheel here; all other industrialized nations in the world seem to be able to do this. We have to flex our muscles because we will never have healthcare as a right if we’re not willing to fight for it.

How did it feel to be in the room with Senator Sanders and other



Marva Wade, RN, left, and Senator Kamala Harris (D-CA)

prominent elected officials who are supporting Medicare For All?

Our coalition had been working with Bernie on developing a draft that we could all get behind. Just getting the chance to work with the group and actually be in the room—I was happy. But to be onstage behind Bernie Sanders? I just wanted to faint! And to really see the work we’d been doing finally put out to the world in a real way, I felt so connected to it all.

What would you say to someone to educate them about the importance of Medicare For All?

Everybody on this earth is going to be sick. It’s not *do* you need healthcare, it’s *when* will you need it. I want you to be taken care of and I don’t want the thing that holds you back to be that you can’t afford it. And this is how you afford it. I want Medicare for All for me, for my family, for my patients and for my potential patients.



NYSNA members rallied together for comprehensive healthcare.

“Today we begin the long and difficult struggle to end the international disgrace of the United States—our great nation—being the only major country on earth not to guarantee healthcare to all of our people.”

–Senator Bernie Sanders (D-VT)

Moving forward on safe patient handling

Input from frontline nurses is how we can start to make changes in our areas and keep patients and staff safe!"

Alicia Butler, RN

"WOW, that is awesome" one nurse exclaimed while trying out some state-of-the-art safe patient handling equipment. She and hundreds of other Health and Hospitals staff attended vendor fairs at Kings County, Elmhurst and Lincoln Hospitals to test the latest equipment. The vendor fairs featured four different vendors and a wide range of safe patient handling equipment. The events could help address several challenges facing the implementation of the Safe Patient Handling law.

For equipment to be effective, frontline staff need a say in what is selected. But without hands-on experimentation it is difficult to know which devices will be most useful.

New work culture

Implementation of the law also requires a significant work culture change. Body mechanics—now proven ineffective in healthcare settings—and old equipment have driven safe patient handling for decades. Staffing is also an issue and a challenge.

Using good equipment has proven much safer, preventing many serious back and other injuries. The equipment can even save time and effort. But training and transitioning will be difficult on units already stressed by under staffing. We need to continue to fight for safe staffing to make sure that the new program and equipment will be most effective.

Nurses provide input

Elmhurst NYSNA member Sharon Baston-Hylton, RN, attended the fair. "We are a very busy rehab and neuro floor with 41 beds. Right now we have one lift, but it is for use by all of the med-surge units! And it is often broken. We need equipment badly."

Another area with very particular needs is Correctional Health. Nurses who work at Rikers Island and other facilities deal with a range of safety issues, and provide care not only in clinics but in the jail housing units.

"Providing care in the Correctional environment is quite unique and challenging," NYSNA member Alicia Butler, RN, points out. "It was awesome to have vendors listen to our specific needs and challenges. Collectively we brainstormed how we could use current equipment displayed and demonstrated. The various vendors also took note of our ideas, valued our input, and expressed they would take the information back to their product and development departments! Input from frontline nurses is how we can start to make changes in our areas and keep patients and staff safe!"

NYSNA and other unions at Health and Hospitals continue to press for strong and safe guidelines for the new patient handling programs. We have had important input into the overall SPH policy and were able to help jump start the program after delays.

A key to success will be the facility-based safe patient handling committees. If the committee in your facility is not very active or effective, please be in touch with the NYSNA Health and Safety staff to discuss options for helping them to function properly.



Vonetta Morris, RN, and Avlyn Fludd, RN



Sharon Baston-Hylton, RN, at right

Medical mission to the Philippines

On September 9, 2017, Nella Pineda-Marcon, RN, and 13 of her fellow New York nurses began the long journey to the Philippines. The New York team—joined by a respiratory therapist from DC-37, California nurses, five physicians, and a dentist—made the 8,600-mile trip as part of a medical mission in Basey, Samar.

This was not Nella's first time in the Philippines. In 2013, Nella served as a first responder in the Philippines following the devastation of Super Typhoon Haiyan and returned this year. "I have been so honored to lead NYSNA's medical mission," she said. "Throughout the trip, the one thing that has been proven to me is that nurses and other caregivers—regardless of where they practice—are truly the better angels of our nature."

The volunteers paid their own way for the trip, including airfare and lodging. Each missionary raised funds for medications, prescriptions and medical care that would be delivered when they arrived, thanks to generous donations from family and friends.

"We worked great as a team, putting our heads together to solve problems we encountered," said Jacobi Medical Center Pediatric Nurse Practitioner Dora Acevedo, NP.

"I've always wanted to join a medical mission and going to the Philippines was a perfect opportunity for me to serve my 'kababayans' (fellow Filipinos)," said Alpha Acapulco, RN, a clinical nurse at Mount Sinai Hospital.

"When I heard that there was a medical mission to the Philippines to revisit one of the places that was affected by typhoon Haiyan I jumped at the opportunity," said Marylene Tejones, RN. "I wanted to find out how the Samar people coped with such great devastation."

A tour of the country

To kick off the trip, the delegation visited the Philippine Orthopedic Center in Manila where they heard the inspiring story of nurses organizing to resist

hospital privatization. By joining forces with the local community and organizing "sit-down strikes" during lunch breaks, nurses and caregivers forced the government to scrap its privatization plan.

The team traveled next to the Philippine General Hospital and the National Center for Mental Health where they saw overcrowding due to lack of staffing—a scene all too familiar to New York nurses, although nothing of this magnitude. In some units, patient-to-nurse ratios were as high as 200 to one.

Turning south, they visited the Eastern Visayas Regional Medical Center in Tacloban—the only tertiary-level hospital in the region. After crossing the famous San Juanico Bridge, the team arrived on Samar Island where villagers greeted them warmly, telling stories of Typhoon Haiyan and sharing a meal before performing a cultural celebration.

That's when the medical mission really began.

Connecting with patients

Over the course of five days, the team served more than 560 patients across 21 villages, including a mother who walked for three hours carrying her infant child to get him treated for an infected burn. The team also performed six minor surgeries in a makeshift operating room, using cell phone flashlights when dusk set in.

"At points, I felt helpless because things I took for granted in my practice I simply did not have," said Dora. "But we managed in

spite of this and gave the best care we could give."

Alpha said the most rewarding aspect of the trip was connecting with her new patients. "I will also cherish the moments I spent with my fellow volunteers," she added. "I met amazing people through this mission!"

"It is both a challenging and rewarding experience that opened my eyes more to the needs of people who live outside of the U.S., where we take many things for granted," said Aaron Lee, RN.

Alpha and her fellow Mt. Sinai Hospital nurses Maria Sol Del Castillo, RN, and Heather McCartney, RN, wrote of the experience, "Together, we can help not just our patients here in New York but also poor people on the other side of the world. We look forward to continuing to be of service in future medical missions."

Thank you to the Alliance of Health Workers, Health Empowerment in Action for Leyte and Samar, the Filipino American Health Workers Association, and all those who supported the medical mission.



Dora Acevedo, RN NP, treats infant patient with infected burn



Gay Gaddi, RN (right) with new graduates Jessalee Barbosa and Aaron Lee



The medical mission team with community health workers and volunteers.

No to repeal and replace!

The latest effort at the repeal and replacement of the Affordable Care Act, the “Graham-Cassidy” bill, has been sidelined, thanks to an outpouring of protest against the measure. The latest effort at the repeal and replacement of the Affordable Care Act, the “Graham-Cassidy” bill, has been *officially abandoned*, thanks to an outpouring of protest against the measure. This represents an enormous win for our union—and for patients throughout the nation. NYSNA has been active at every step, in fighting Graham-Cassidy and its predecessors. Opponents to the ACA have now made a number of high-profile legislative efforts to bury it, and our opposition has met them at every step.

On the steps of City Hall

NYSNA’s NYC H+H/Mayorals Executive Council President Judith Cutchin, RN, was at City Hall on September 25 speaking against Graham-Cassidy. “Just as vast numbers of patients are receiving the essential care they

“As nurses we must sound the alarm: Graham-Cassidy is an obstacle to healthcare and a huge step backwards for New York and the rest of the country.”

Judith Cutchin, RN

need,” Cutchin said, “Graham-Cassidy threatens to cut it off. This represents a potential public health disaster for patients, including children and newborns. As nurses we must sound the alarm: Graham-Cassidy is an obstacle to healthcare and a huge step backwards for New York and the rest of the country.”

The wrong direction

To understand the forces at work in Washington that are battling against the ACA and effectively closing the door to care for millions of Americans and their families, here are a few of the essential elements of Graham-Cassidy:

- The ranks of the uninsured would swell by 2026. Estimates run as high as 32 million

American without insured under the bill’s provisions. That would mean 2.2 million more uninsured New Yorkers.

- People with pre-existing conditions would be open to discrimination. Vague language in the bill opens the door to states allowing insurers to charge sick people higher rates.
 - Medicaid block grants would decimate Medicaid. New York would lose a whopping \$43.5 billion in funding by 2026.
- Thanks to Judith Cutchin for speaking out and for our many members in NYC who have vowed to stop the repeal! We won’t stop until we are assured that efforts like Graham-Cassidy have been turned back for good.



(At podium) Judith Cutchin, RN and President, NYSNA's NYC H+H/Mayorals Executive Council

Around the state



CAPITAL/NORTH COUNTRY, CENTRAL REGION, WESTCHESTER/HUDSON VALLEY,
WESTERN REGION



LONG ISLAND

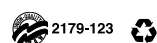


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INSIDE



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Still time to register!

NYSNA 2017 CONVENTION

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