


Annurion

April 2009  58 Vol. 23, No. 2

#1 IN A SERIES ON INVESTING IN PATIENT CARE

How would you invest this in health care?



Executive Perks Patient Care

Here's the one choice that works for everyone – getting back to basics and putting patient care first.

Back to basics means recruiting, training and retaining the best nurses and caregivers, improving safety conditions, having enough nurses and caregivers working at a time so patients get timely care and eliminating the waste and mismanagement that squanders our scarce health care dollars.

Back2Basics
PATIENT CARE FIRST

Health Professionals and Allied Employees
We're by your side. We're on your side.

HPAE ad in the Jersey Journal Newspaper

OUR MESSAGE TO HOSPITALS: Get "Back2Basics"

Over 5300 HPAE members at 8 hospitals are negotiating contracts that expire May 31, 2009. All of our key issues – staffing, retirement security, health and safety, etc. – are based on the goal of ensuring quality care provided by an experienced, qualified, and dedicated staff. Working together and speaking with "One Voice," HPAE local unions are determined to achieve contract settlements that meet this goal (see p. 5 article on the locals' negotiations).

We are negotiating during a time of economic crisis that has deeply affected our hospitals and our patients' access to affordable, quality health care. In this context, our message to the public is that hospitals need to focus on:

- Patient safety and the rights of patients to information on staffing levels and medical errors;
- Hospital accountability to our communities, financial transparency and good governance by management and Boards of Trustees.
- Safe staffing levels and other policies that help in the recruitment and retention of qualified staff, while minimizing nursing and health professional turnover and vacancy rates

Even as our nation debates how to find the money needed to fund national health care reform, the number of our unemployed and uninsured rises, and some hospitals fall into bankruptcy, many of our hospital CEOs and Boards of Trustees continue to do business as usual. Just like some of the Wall Street executives and bankers, these hospital CEOs just don't get it. They are spending money on building expansions, hotel-style amenities, and high salaries for executives,



Sticker worn by HPAE members rather than their core mission.

Back to basics for our hospitals means investing in patient care and re-examining the way they do business. It doesn't mean cutting back on safe staffing, or letting important patient care standards slide, or establishing policies that hurt our ability to keep our most experienced and qualified staff by your bedside.

Nurses and healthcare workers in HPAE are fighting to ensure that hospitals make investments in bedside care, safe staffing and patient care, rather than oversized CEO salaries, perks and inside contracts. We are fighting for hospitals to be accountable to their employees, patients, and the community.

In short, it's time for hospitals to get "Back2Basics" in healthcare.

We, the communities of Hudson County, depend on our hospitals to be there for us when we need them. During these difficult economic times, it's more important than ever that our health care dollars are spent wisely. We know that when it comes to investing health care dollars at our hospitals – patient care must be the top priority – not executive salaries or wasteful or misplaced priorities. *We want our hospitals to put patient care first.*

So how would you invest your money in health care?

Executive Perks	Patient Care	Signature	Print Name	Phone
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

Above: HPAE petition circulating in Hudson County in support of investing in health care



We Need National Health Care Now! Is This the Time for Health Care Reform?

President Obama conducted a health care summit, on March 5,

which included members of Congress, insurance and pharmaceutical companies, community groups, hospital systems, union leaders and me. Two of NJ's Congressional representatives who will play strong roles in health care reform were also in attendance – Frank Pallone and Rob Andrews. The President was clear that this is his priority and wants a plan in place by Labor Day.

The attendees were separated into 4 smaller groups for a 90 minute discussion on health care reform. In my group there were 12 members of congress from the house and senate. A representative of Pfizer pharmaceutical, former Michigan Governor John Engler, Sen. Bernie Sanders (who said “Hi to the great AFT-Healthcare leader from Vermont, RN Jen Henry”), Chip Kahn President of the Federation of American Hospitals (the group responsible for the ‘Harry and Louise’ commercials that helped defeat the last reform attempt in the ‘90s), Interfaith community representative, women’s and family coalition leaders; and two other union leaders, Ron Gettlefinger (UAW) and Ike Gittlen (USA). It was led by Dr. Zeke Emanuel and Valerie Jarrett.

Absent were the claims that we don’t need change because we have the best health care. Absent was the threat that nationalizing health care would result in rationed care. The excuses were replaced by a realization that all of those arguments have backfired. The reality is we are paying far more for much less than we did at the time of the last reform effort. But there was disagreement on the details.

The groups were reconvened in the East Room at 4pm, and Senator Ted Kennedy entered the room with President Obama. I was fortunate to be seated near to these great men. From what I later learned, camera-wise, I was perched on the President’s left shoulder for much of the media coverage during his summation. At the end, I had an opportunity to speak with the President and discuss the need for safe staffing standards, and the inclusion of all healthcare workers in the process of defining health care reform.

From the day’s discussion, and from my own experiences here in New Jersey leading our state’s largest union of nurses and healthcare workers, here is what I believe is important in any health care reform proposal:

A PUBLIC PLAN OPTION supported by many consumer and labor groups (see HealthcareforAmericanow.org). The President’s plan does call for a public insurance plan, allowing people to purchase health insurance from a public option if their employers don’t provide health insurance, or if they are ineligible for existing programs such as Medicare or Medicaid. The public option would provide coverage that is more comprehensive and affordable than private insurance plans. The administrative costs would be significantly lower – as they are in Medicare – because profits and exorbitant salaries would not be going to CEOs and corporate executives.

ACCOUNTABILITY - Hospitals must be held to a higher standard and held accountable for public funds they receive. This means providing services need by our communities, not just services that seem profitable; including the community in regional health planning to meet local needs; full disclosure to the public of hospital finances and quality reporting; and reforms to end the practice of insider-dealings among hospital Boards of Directors.

QUALITY – The Institute of Medicine (IOM) report established that \$37 billion is spent on the care and consequences of preventable medical errors. The Agency for Healthcare Research and Quality (AHRQ) claims that in-patient health care costs could be reduced by 30% if medical errors were eliminated. The key to this is SAFE STAFFING levels. One study shows that nurses intercept 86% of medical errors. Another study established that when nurse staffing goes down, patient deaths go up. Nurse-to-patient staffing requirements must be part of this reform.

RESEARCH and Technology: A commitment to medical research and technology, as evidenced by the President’s recent economic recovery package, which includes additional investments in medical research and research into quality and outcomes; support for academic health centers; and investments in information technology, which must include front-line workers in the process of development.

As President of the Health Professionals and Allied Employees/AFT, NJ’s largest union of nurses and healthcare workers, I intend to work closely with consumer and labor groups to make sure that the time is now for healthcare reform, as I know my national union, AFT will do as well. It’s about our patients, our families and our communities, and it’s about time.

This article appeared on Ann Twomey’s blog at: <http://healthcaresummit.wordpress.com/>

Ann Twomey
President

CALENDAR OF EVENTS

LEGISLATIVE BREAKFASTS



Local 5105 members met with legislators on March 4th. L-r: Becky Williams, Harriet Rubenstein, Jean Pierce, Senator Diane Allen (R)

HPAE members will be meeting with legislators to report on our issues.

May 6, 2009

Clinton Inn- 145 Dean Drive
Tenafly, NJ 07670
8:30 am - 10 am

May 13, 2009

Quality Inn - Route 38 West
Maple Shade, NJ 08052
8:30 am - 10 am

‘Fight for America’s Future’

**AFT Healthcare Professional
Issues Conference
June 11-14, 2009
Marriott Wardman Park
Washington, DC**

Registration Deadlines:

Registration submitted before May 8, 2009: \$120 per person; after May 8, 2009: \$200 per person. For more registration information or to register:

[www.aft.org/hc-pejointconf09/
JointRegistrationForm.pdf](http://www.aft.org/hc-pejointconf09/JointRegistrationForm.pdf)

Hotel Rates: \$209 plus 14.5% tax (\$239.31) - All reservation requests must be made online at: <http://www.aft.org/hc-pejointconf09/housing-forms.pdf>

The deadline is **Friday, May 8**. No phone reservations will be accepted. The Marriott requires that all reservations be guaranteed by credit card or check deposit.

Check with your local for available funding.

CREATION OF A NEW PENSION PLAN

MULTI EMPLOYER PENSION PLAN

This year, we are exploring the possibility of establishing a **multi-employer pension plan** as a way to maintain decent pension benefits while lowering the costs to employers. Under such a plan, HPAE local unions would negotiate with each hospital a defined contribution to the multi-employer plan, but retirees, upon vesting, would receive a defined benefit (monthly lifetime amount).

It has become increasingly difficult to negotiate good healthcare and pension benefits. As healthcare costs have skyrocketed, management has tried to get employees to pay more of the costs of premiums, while increasing deductibles and co-pays. Meanwhile, most retirees pay out of pocket thousands of dollars in medical costs.

Similarly, pensions are under attack. Several HPAE local unions have defined benefit pension plans, but, as the cost for maintaining these plans mount, employers are attempting to terminate the plans and replace them with less costly, defined contribution programs, such as 401k and 403b plans. However, in the last year, the value of those plans have declined, on average between 20 and 40%.

RETIREE MEDICAL TRUST

HPAE has responded in two ways. First, local unions have fought hard in bargaining to maintain current benefits. But we have not stopped there. We have also worked to develop innovative benefit programs for our members. In 2006, we negotiated with a number of employers the establishment of a **Retiree Medical Trust**, which provides reimbursement of medical expenses of retirees. (See the update on the Retiree Medical Trust). Although our retiree medical program does not offer comprehensive benefits, it does provide significant reimbursements for retiree medical costs.

While we seek to develop innovative solutions to the crisis in health and pension benefits at the bargaining table, we must also be involved in efforts to reform the national healthcare and pension systems. Universal healthcare and pension reform at the national level will be key to ensuring that all healthcare professionals have the health and retirement security that we deserve.

HPAE Retiree Medical Trust: IS WORKING!

The HPAE Retiree Medical Trust began to receive contributions in 2007 from or on behalf of participating employers. During 2008, relatively few benefits were paid out, as only a handful of HPAE members retired and were 55 years old, the minimum age to receive benefits.

As of 12/31/08, there were \$1,164,161 in assets. Since contributions to the Trust are now about \$70,000 a month and there are few benefit claims at this point, the fund's assets will likely increase by another \$800,000 in 2009, putting us close to \$2 million. (This does not include any additional contributions negotiated in the current contract negotiations at eight hospitals.)

2008 was a horrible year for the stock market, mutual funds, and pension funds. Many of us who have 401k or 403b plans that have been invested in individual accounts have seen our assets decline by 20 to 40%. Fortunately, due to wise investment policies, the Trust's assets only declined by 7.4% in 2008.

The Trustees of the HPAE Retiree Medical Trust voted to continue the policy that **any one who retires and submits for reimbursements in 2009, will receive the amount that has been contributed into the Trust**, despite the fact that we experienced some investment losses this year.

For more information on the HPAE Retiree Medical Trust, please contact Mike Slott, a Union Trustee and HPAE Education Director at msslott@hpae.org.

RN License Renewal Update

The New Jersey Board of Nursing began sending out license renewal notices on March 31, 2009. This was two weeks later than usual as a result of work done by the Division to enhance the online renewal system and process.

The Board encourages the nursing community to renew their licenses online. They will be accessible through multiple platforms like Explorer, AOL as well as with MAC computers.

For assistance please contact (973) 504-6430. Reminder: - Criminal history background checks must be completed before October 2009. If people choose to wait until the summer 2009 to meet this requirement, due to the large volume, there is no guarantee that they will be able to accomplish this before the October implementation date.

Please be aware that the Continuing Education regulations (N.J.A.C. 13:37-3.5) have been updated and are available on the Board's website via the following link:
<http://www.state.nj.us/oag/ca/laws/nursingregs.pdf>

HPAE Wins Appeal

Nurses to Receive Payment While on Strike

On April 16, 2009 the NJ Department of Labor's Appeals Examiner reversed the decision made during the 2006 strike at Englewood Hospital & Medical Center that HPAE strikers were not eligible for Unemployment benefits. As a result, 350 members who applied for Unemployment will now receive checks – the amounts vary depending if the individual worked elsewhere during the strike – but most members will receive between \$1,000 and \$2,000. The total cost charged to the hospital will probably be between \$400,000 and \$600,000.

The decision was delayed by almost two years pending the outcome of an appeal to the NJ Supreme Court regarding benefits for strikers at Lourdes Hospital in Rancocas in 2004. In January, the State

Supreme Court ruled that strikers are eligible for benefits as long as the employer is providing 80% or more of usual services, no matter the added cost of the strike. The original decision was based on EHMC's claim that they provided less than 80% of normal services. The Appeal decision found, "The Mother/Baby Unit and Neo-natal Intensive Care Unit [these units were excluded in management's calculations] must be included into the numbers when deciding whether there was a work stoppage or not. The law is clear that all work must be considered and the employer's contention that these units, which had a very good month during the strike, should not be included must be rejected...When taking into account all units involved, there was not a curtailment in the work below 80%..."



HPAE LOCALS IN ACTION



UMDNJ AGREES TO ESTABLISH ADVISORY COMMITTEE WITH UNION REPRESENTATIVES



Top (L): Local 5094 Membership meeting president Tom Murphy addressing the membership. Top (r): Corinne Swass-Fogarty and Ryan Novosielski discussing the issues (bottom): Local 5094 members listening attentively.

In 2006, Governor Corzine signed a bill – S1221 – that directs the University of Medicine and Dentistry of New Jersey (UMDNJ) to establish Advisory Committees to their Board of Trustees. The purpose of the committees is to provide greater input from the various stakeholders at UMDNJ, including students, the community, and employees.

HPAE Local 5094 repeatedly urged UMDNJ to meet their obligation under the law, UMDNJ did not move forward to establish the committees. However, as is the case with many New Jersey hospitals and institutions of higher learning, UMDNJ is now facing a difficult economic climate. In addition, after years of waste, fraud and abuse, UMDNJ has been struggling to improve its image and maintain its financial viability.

Recently, the state of New Jersey agreed to provide UMDNJ with assistance to stabilize their finances. The State waived half of a \$46 million debt owed by UMDNJ and, in the budget proposal for the next fiscal year, provided for \$30.9 million in “stabilization funding” for University Hospital.

In return, UMDNJ will provide the State with a performance audit while continuing to improve efficiencies and quality patient care. UMDNJ also agreed to implement the Advisory Committees within 60 to 90 days. Dr. William F. Owen, Jr., UMDNJ President, has committed to three seats for employees’ union reps for the Advisory Committees.

A coalition of unions at UMDNJ, which includes HPAE, is meeting to recommend appointees to the seats and to set term limits for the committee to meet the 30 day deadline.

HPAE members are ready to begin the work of monitoring UMDNJ to ensure accountability, transparency, and fair labor practices.

Local 5004/Englewood Hospital and Medical Center

Three HPAE health and safety activists at Englewood Hospital & Medical Center, graduates of the NJ Work Environment Council (WEC) “Train the Trainer” program, are using the information and skills they learned at WEC programs to provide workplace violence prevention training to their co-workers. Local 5004 Health and Safety committee chair Chrystal Disant RN, along with Professional Development chair Luz Ramos RN and Health and Safety committee member Louise Malousis RN, are using WEC small group activities and materials as well as their own PowerPoint presentation to raise colleagues’ awareness of the violence risks at their hospital and ways to address them. “We can’t wait for the hospital to get around to training our members. We’ll keep offering our program until we’re satisfied most of our members are educated”, says Chrystal.

Local 5097/Harborage

Local 5097 won a major grievance victory. Local 5097 President Jennifer Charles announced that, after filing grievances on behalf of 14 CNAs who were suspended for two days each for not volunteering to do overtime after an 11 pm to 7 am shift, the Harborage has rescinded all of the suspensions. The following CNAs will be receiving two days of back pay: Renea Terry, Nancy Relle, Isabel Diaz, Alexandra Sosa, Alice Tsago, Benza Tordessillas, Sharon Small, Milagras Andrade, Chrystal Felme, Aurelia Espinosa, Caridad Lorenzo and Belkis Protarreal. Union Representative Renea Terry and Grievance Chair Sharlene Grant played key roles in gaining this victory.

Local 5103/American Red Cross

Local 5103 is in the process of setting up training for Union Reps and recruiting new Reps to help build a stronger Union structure. The local leaders have been successfully helping members with issues regarding member benefits, such as PTO, and work assignments.

SAFE PATIENT HANDLING CONFERENCE

By Mary Matthews RN, CCM, CPUR

Co-chair Safe Patient Handling Task Force, Local 5118 & Cooper University Hospital

I recently attended the 9th Annual Safe Patient Handling and Movement Conference in Orlando, Florida. After several years of work, we now have our equipment at Cooper. As the union Co-chair of our Task Force, I wanted to hear what we’d done right, what we could have done differently, and most importantly, get ideas on where we go from here.

I was skeptical that three days of this subject would hold my attention; however, I was able to soak up a lot of very useful information.

For those locals whose hospitals are just starting out, be patient. Think it through and do it right. Some key points from the conference and our experience at Cooper:

1. Develop your Joint Safe Patient Handling Task Force. Include nursing staff, therapists, human resources, environmental services, nurse educators, radiology and transport staff, and key players who can access top management.
2. Remind management that success requires frontline staff and upper level management involvement in all phases.
3. Do an informal assessment of staff needs.
4. Host an equipment fair, with at least 3 vendors, where staff can try out and rate equipment and vendors. Choose the two top-rated vendors for an equipment trial on one or two units with the greatest need.
5. Keep Sr. management in the loop with periodic meetings. Remind them that a well-designed SPH program will reduce injuries, increase patient

satisfaction and cut costs. Monitor their funding commitments.

6. While this is going on, develop your Unit Champions or Peer Leaders--those who will be your “cheerleaders”, troubleshooters and staff trainers.
7. Do a hospital-wide needs assessment with the vendor representative. Include the frontline staff, nurse managers, and your champions.
8. Develop policies for equipment use and staff training.
9. Roll out a unit at a time to work out the “bugs”.
10. Keep your Champions involved. Have buttons and posters around the hospital so everyone knows this is a hospital-wide initiative.

Think “out of the box” to creatively address each issue. You may need to scale back at times and wait for a more opportune time to push forward. This can be frustrating, but by focusing on your goals, it’s easier to see the big picture. There will be skeptics and even saboteurs; they can be won over!

At Cooper, we’re looking to keep the momentum going for the long run. SPH is a “forever” project, with both staff and patient care needs changing. I highly recommend attending this conference in 2010. The wealth of information you gain will assist you at all levels of implementation. Knowledge is power and it helps you to keep your perspective, your focus, but more importantly your sanity!

ONE VOICE NEGOTIATIONS IN THE HOMESTRETCH

With contracts at eight hospitals expiring on May 31st, HPAE local unions are working together to achieve important contract goals, such as safe staffing, retirement security, adequate compensation, and strong contract protections to preserve our members' right to be in the Union. HPAE members are showing their unity and support for the Negotiations Committees, as well as reaching out to the community and political leaders to explain why our issues have a vital impact on quality patient care.

Here are the contract activities of some of our local unions:



RNs at Cooper University Hospital, represented by Local 5118, have mobilized effectively to demonstrate their support for a good contract. One method they've used to show the hospital administration that they're serious is by bringing rank and file



Local 5118 members support their committee at bargaining session.



members to the bargaining table to observe the negotiations. At the second bargaining session on March 18, 55 members sat behind the Committee. Every area of the bargaining unit was represented.

Through unit and general membership meetings, flyers, E-Board "walk throughs", and phone trees, Local 5118 is reaching out to its members. And the administration is taking notice.

Already, there has been an agreement on eight contract items, seven of whom were our proposals. The Negotiations Committee is now pushing hard to make significant gains in pensions and retiree health benefits, staffing, and wages.

The HPAE RN members (Local 5138) Negotiations Committee at Southern Ocean County Hospital (SOCH) presented the membership's initial proposals to hospital management on March 13th. Members are demonstrating their solidarity and support by wearing buttons, stickers and participating in leafleting and community outreach. Management has already mentioned the solidarity buttons in the first bargaining session. A petition in support of stronger layoff and "successors" language and improved staffing has garnered the signatures of the vast majority of RNs. Updates after each bargaining session is helping every one stay informed.

HPAE 5112 RNs Win Lifetime Health Insurance Benefits for Retirees

"This is the contract that will protect us in our retirement. It was well worth the wait" announced Barbara Egger, RN, HPAE Local 5112 President, who has worked at Runnells Specialized Hospital for the past 20 years.

Runnells Hospital is a public-sector county facility in Union, NJ. Negotiations have dragged on due to county and state budget issues. The nursing staff understood the short-term financial problems of the county and decided it was the opportune time to focus on the long-term benefits to promote retention and to provide for proper retirement benefits.

The new 4-year contract provides for 6% wage increases and significant employer contributions into each nurse's account in HPAE Retiree Medical Trust. There were increases in differentials for charge, education and certification. Tuition reimbursement, retention bonuses and professional conference reimbursements were also increased.

Cynthia Sacchi, Secretary/Treasurer, summed it up by saying, "We feel we have won a major victory to protect and care for our union nurses as they protect and care for our patients every day. We couldn't have done it without our union"

Our thanks to the bargaining committee: Barbara Egger, Joan Hancock, Pat Adago, Cynthia Sacchi, Elaine Blake. HPAE Staff Rep Carlton Levine assisted in the negotiations.



Over 100 Local 5105 members at Virtua Memorial Hospital in Mount Holly, NJ kicked off their contract campaign with a successful mass leafleting of the hospital on March 23rd, one week before the start of negotiations. Braving the cold at dawn, the nurses sent the message to hospital management that they are united in bargaining for safe staffing, hospital accountability, and fair compensation. Fellow nurses, techs, and even doctors donned stickers in support as they filed into the hospital for work.

Local 5185 Bayonne Medical Center:

Local 5185 is preparing for a tough negotiations this year. The team has been developing their proposals and is looking forward to restoring the benefits that were suspended during the hospital's bankruptcy and change of ownership.

The team members are: Donna Benjamin, John Bauer, Linda Tsiaklis, Nanette Rivera, Dianne Weckesser, Mary Mack, Joan Zitzman, Evelyn Chua, Kevin Connolly and Vincent Santa Maria. HPAE Staff Rep Gail Drum will be the chief spokesperson and Susan Sienkowitz-Maczuga is the Membership Mobilization Chair. HPAE Organizer Bridget Devane will be assisting Susan in organizing the Contract Action Team.

UPDATE ON OUR MEMBERS AT PASCACK VALLEY HOSPITAL (5029)

It has been over a year since Pascack Valley Hospital (PVH) closed, due to the mismanagement of the hospital and 450 RNs, LPNs and technicians represented by Local 5029 were forced to look for other jobs.

HPAE provided members legal representation in the bankruptcy process. HPAE also subsidized the health insurance costs of PVH employees for several months. Finally, we offered membership at large status, which includes free access to continuing education events.

We recently asked former members of Local 5029 how they were affected by the closing of PVH, what they are doing today, and the role HPAE played in trying to save the hospital.

The members reported that most were able to find employment, some retired and others were retrained in new areas. However, the members were most vocal when asked to tell us their views on PVH's closure, management's role, and how successfully HPAE advocated for them.

SHIRLEY TERWILLIGER, Tech, worked at PVH for 20 years "I was unable to find a job in my field and wound up going back



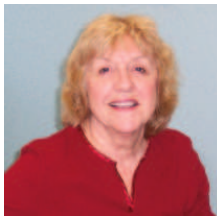
to school to learn a new skill." "The health care fund was beneficial and helped me get through the rough times, I am thankful to the other locals for helping us all out."

LINDA HUGHES, a Respiratory Therapy tech at PVH and now retired, stated: "I worked at PVH for 26 years....I miss the people I use to work with. PVH was a fine institution and HPAE's members, leaders and staff did our best to keep it open. We accepted some cutbacks and take backs. I greatly appreciate the fact that HPAE established a health care fund for the nurses and techs at PVH to help pay for our health care benefits." "The Board of Directors", she continued, "made ridiculous decisions, especially giving Lou Ycre, PVH's CEO, a two million dollar golden parachute."



JEAN ANN DINIRO worked at PVH for over 20 years. "PVH's closure was a disgrace and one so many are "paying for" she said..I feel there was plenty of time to make changes. There were too many with too much power. HPAE was a great local in this hospital - they did what they could do. Can anyone find the "top echelon" and find out and report how they are sleeping at night."

PAMELA FLAIM, RN worked at PVH for 36. "PVH's closure was a blow to all employee's lives" she said. "I feel it was all caused by mismanagement right up to the last year with the hiring of Conarton et al. HPAE did all they could for us."



JEAN CUNNINGHAM, RN, worked at PVH for 30 years.

"It is sad to see Pascack Valley Hospital gone. Everything ran so well after HPAE was voted in, which was evident by the longevity of the staff. The nurses were a family and PVH our home. I was there before we organized with HPAE and I know what the working conditions were like. The administration was abusive and overtime was mandated on us. We would work our shift and then management would tell us "you have to stay another shift", without consideration of our child care needs or family priorities. Then we would have to come back the next day and work a straight shift. We organized with HPAE and bargained for a sleep day and won. HPAE really made a difference at PVH."


Retired member **SUZANNE FOLWELL** worked at PVH for over 23 years. She stated that "the emergency health care fund was wonderful and I am very grateful to HPAE for providing me with it!" As a retired member she is currently collecting social security and getting a monthly benefit "from the PVH pension, which is very good".

MONA BOLAND, an RN at PVH for 26 years, stated how appreciative she was of the benefits HPAE negotiated over the years and how she put them to use:

"I am grateful to HPAE for the continuing education benefits that were negotiated in the contracts. Those benefits allowed me to go back to school for my Masters degree and I am now a nurse practitioner. While losing our hospital was devastating for the staff who worked there for so many years, I was able to pick myself up and dust myself off because I was able to further my education. I was on the negotiating team around 1979 and saw how hard everyone worked for the members. Over the years I saw how great the benefits were at PVH because we were organized."



Health Professionals and Allied Employees, AFT/AFL-CIO
110 Kinderkamack Rd.
Emerson, NJ 07630




Clarion is published by the Health Professionals and Allied Employees, AFT/AFL-CIO
110 Kinderkamack Road - Emerson, NJ 07630

Telephone: (201) 262-5005 or (800) 801-5005
Fax: (201) 262-4335 Postage paid at Emerson, NJ

ANN TWOMEY
President HPAE

Editor: Mike Slott
Managing Editor: Ann Twomey
Graphic Design: Theresa Thompson

Contributors: Jeanne Otersen, Harriet Rubenstein



**AFTCA Journalism Award
Winner 2001-2005**



**ILCA Journalism Award
Winner 2000-2004**

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES
Affiliated with the American Federation of Teachers Healthcare, AFT/AFL-CIO