



Message from the President

To my fellow union members:

I am writing this message based on the status of negotiations as of August 15. HMM is trying to rewrite our contract and strip away our voice! We cannot let this happen. Policies that are subject to change at any time do not constitute a contract. HMM is trying to undermine the strength of our union!

Due to the stalling tactics of HMM, 3 HPAE facilities including ourselves, conducted an informational picket at our hospitals. We were able to do this because the overwhelming majority of you voted “yes” to concerted activity. The energy was overwhelming and management noticed! We had support from other local unions, elected officials and community members. Together we are sticking up for our patients. Picketing is the first of many concerted activities we are willing to do in order to get a fair contract.

When you read this message in September, I am hopeful that our new contract will be ratified. The negotiating team and I are committed to fighting for our union and our patients. We must maintain the rights in our contract which took over thirty years to build. I always want you to remember the power and importance of unity. Together we can move mountains!

In solidarity,
Kendra McCann

Grievance Update

During this year of negotiations HMM proposed a new evaluation tool and they want to take away the right to grieve evaluations. After assessing the evaluations this year, it was discovered that a significant amount of nurses had a drop in their scores. Nurses who were previously ranked as above average dropped down to a meets requirements status. This is another way that HMM is trying to take away our rights and our voice. It is also important to mention that these low scores will save HMM millions of dollars over the years!

In response, we have decided to file a class action grievance to address this matter. We are also prepared to take this grievance to arbitration if necessary. Dozens of members are part of this class action grievance and we are always looking for others to stand up and join in the fight against unfair practices. If you would like to sign on to the grievance, please contact one of your LEB members.

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Member Spotlight: Christin Taylor-Domingo

The following interview took place with Christin Taylor-Domingo, RN (“C”) of JSUMC Labor & Delivery Unit and her wife, Kim Taylor-Domingo, BSN, RN (“K”), with their 3 very special, joyful children present and our Beacon Reporter (“B”).

B: Christin and Kim, can each of you please tell our readers a little about your backgrounds, what led you into the nursing profession and your various RN work experiences?

C: I grew up in Toms River, and started working in healthcare at an early adult age. I’m somewhat of a career-changer into nursing, having first spent 8-years doing technician work in the dialysis field, moving thru a variety of support positions in dialysis. I realized I wanted more and became a PCT for a few years. I gained valuable experience as a PCT, and decided to enter the RN Program at Ocean County College (OCC). My first RN position was at Ocean Medical Center/Brick, on the cardiac-stepdown unit, where I worked for 2-years. I then transferred to JSUMC, into the L&D Unit, where I’ve been working full-time now for the past year and a-half.

K: I grew up in Brick, and I’m a proud later-life career-changer into nursing! I received a Bachelor of Arts degree in English from Rowan University in Glassboro, NJ and held a variety of jobs using my degree in different parts of the country. I worked and lived in NYC, Philadelphia and lastly Minneapolis, Minnesota. I moved back from Minnesota to Ocean County when I had my biological son, Max, as a single parent, and wanted to be closer to my immediate family. All of this happened in my life before I met Christin (*more on that later!*) Max is now 8-years old, and is a very active, happy boy. My routine pre-natal testing at the time didn’t show any medical or developmental issues; so I learned at his birth, that Max had Down’s Syndrome. Max was born at Ocean Medical Center, and immediately transferred to the NICU at JSUMC, due to his special needs. As far as what led me into nursing, let’s just say that a HUGE part of Max’s first-year of life, was spent in hospitals! I got to witness first-hand what AMAZING, special work that NICU nurses and other RNs do. So I decided to career-change and went to OCC for my RN. I decided that women’s health was going to be my nursing specialty, and now I’m working full-time in a non-hospital based private MD women’s health specialty practice.

B: Well I’m sure you both knew THIS question was coming; can you share with us how you two met, and began your lives together?

C & K: We’re absolutely GLAD to! As the mothers of now 3 (THREE) children (*more on that coming too*), we’re used to this question and very comfortable with it. We met each other platonically, as friends in OCC during our last semester of our RN program, believe it or not. We were simply friends, and graduated together in December 2014. We stayed in contact, and around the time of our May 2015 Pinning Ceremony, we started dating. And we were legally married a year and a half-later, in November 2016.

B: Please tell us about your path to motherhood, together.

C: Sure. I had already been well on the path to “second parent adoption” of Kim’s biological son, Max, and that is currently in the works with our attorney. Max calls me “Momma” and Kim “Mommy”. Kim and I decided we wanted to have another child, a biological child of our own, together. I had been undergoing a



fertility treatment, “IUI” (Inter-Uterine Insemination), and had completed 2 unsuccessful rounds of IUI. I had been waiting to begin a 3rd round of IUI, when a confluence of events that were probably meant to happen, did happen. I’ll just let Kim take it from here.

K: Christin works in L&D and it’s not unusual for a prospective mother to come in to deliver a baby, WITH a formal, legal adoption plan in place. A mom, who happened to be in her mid-30s, sadly homeless and with several other children, none of whom she had legal custody of, came in with an adoption plan, but apparently no pre-natal care whatsoever. She had absolutely no idea she was bearing twins, at all. Several weeks before coming in to deliver, the biological mom reached out to a family friend who had assisted her in the past. Together, the family friend and the biological mom selected a private adoption agency, and the mom agreed to put the child up for adoption. In fact, the birth mother actually had pre-selected a completely different family (a wife and her husband) to adopt her child, who then both came to the hospital when the biological mother was giving birth. While they were on their way to JSUMC, a medical professional completed an ultra-sound (very routine) and was puzzled with what was seen in the scan, and because the birth was planned as a single-baby birth, asked for confirmation after seeing TWO babies on the ultrasound! When the prospective adoptive parents arrived; they were told by the birth mom that she was having **TWINS**. The prospective adoptive parents were taken aback, as they had been planning for a “single-child adoption”, but were still “on-board” with the adoption, after being told mom was laboring twins. The first baby born was “Olivia” and was a completely healthy infant. A few minutes later, “Zoey” was born and it appeared as if she had Down’s Syndrome, due to characteristic symptoms of no nasal bone, low muscle tone, “almond-shaped” eyes and a “palmar crease” on the hand.

C: After the potential adoptive parents were then informed of the possibility of one of the twins having Down’s Syndrome, they understandably explained they needed time “to process” what they had been told. Several staff suggested that when the prospective adoptive parents were ready, that I speak to them because my wife Kim and I had a child with Down’s Syndrome. The goal was to encourage them, in their potential new role as parents, and answer any questions they might have about what life is like, raising a child with Down’s Syndrome.

Continued on next page

Picture above (front row): Brother Max, 8-years old in center, with 8-month old twin sisters Olivia on left, & Zoey on right. Back row: left, is L&D’s Christin Taylor-Domingo RN & right, is her wife Kim Taylor-Domingo BSN, RN.

K: The goal was simply an educational one; letting them know what the parental journey was like and “yes, you CAN do this!” The next day, Christin spoke with both prospective parents for hours, well after her shift. The birth mother had never been a patient of Christin’s at all during the birth mother’s hospital stay. While the prospective parents seemed encouraged at first; they ultimately declined to pursue the adoption for two reasons: first, the unexpected fact that twins had been born, and secondly the unanticipated future special needs of one of the twins, likely born with Down’s Syndrome. They just felt it was more than they could handle as first-time parents.

C: With the private pre-arranged adoption suddenly now not viable, the adoption agency and NJ Division of Child Protection & Permanency (formerly DYFS), were responsible for finding a temporary, safe stable home for the twin newborns; which likely meant that the twin infant girls would be separated, with Zoey headed to a medical foster-care facility, without her sister. The private adoption agency kept in touch with the NICU and let the nurses caring for the two babies know that via a nationwide data-base search, there was only ONE other family in the entire country that would consider adopting biracial twins like Olivia, and her sister Zoey who has special needs. The fact is, for better or worse, there aren’t many prospective adoptive families who can, or are willing, to permanently adopt bi-racial twins, one of whom has a chromosomal genetic disorder of Down’s Syndrome, and allow the birth parents to maintain visitation rights. Imagine: ONE family, in the entire country, who lived thousands of miles away, on a rural farm in Minnesota. The birth mother quickly vetoed this option, due to the geographical distance involved, as she made clear even in the previously planned private adoption, that she wished to maintain visitation rights to her children, which the birth mom has every legal right to do.

K: Christin and I, parents ourselves with 8-year old Max, just couldn’t bear the idea of the infant twins being separated, possibly forever—it was a big unknown. We had a series of very long, deep discussions and ultimately cautiously asked the private adoption agency about whether we could be considered as prospective adoptive parents of the twins. Even though a long series of steps in any adoption process had yet to happen, the adoption agency and DCP&P approached both birth parents, and informed them simply, that “a NJ-local family whose parents are both healthcare professionals, who already have 1 child with Down’s Syndrome, had expressed interest in adopting their 2 babies, keeping them together, as a family”. I think it was at this point, that the adoption agency or DCP&P disclosed to the birth parents, that we were a same-sex, married couple. The feedback we got, was that all the birth parents wanted was a safe, stable, loving home for their infant daughters, in the NJ-area so that the birth parents could maintain visitation rights, even after their babies were adopted. The fact that we were a same-sex, married couple didn’t matter to these parents; they wanted what they felt was the best for their babies, to give them the best possible chance in life to lead happy, fulfilling lives, as far as their abilities and our prospective parenting gave the twins. We were ecstatic, and finally were given the opportunity to meet the birth parents at dinner. The birth parents were extremely happy, and gave both the adoption agency and DCP&P their legal approval to begin the permanent adoption process, with

us!

C: Anyone that’s ever experienced an adoption, or knows of anyone who has done so, knows it’s a very lengthy process that usually takes up to six months of extensive work, including multiple home visits called “home study”, special State and Federal background checks, a series of fingerprinting by various governmental agencies, extended family interviews, and other important formalities. We were very fortunate; we were given interim placement of the babies, with Olivia coming home upon hospital discharge, and Zoey with her medical complications, following around a month later after being discharged from JSUMC NICU. Both DCP&P, and the private adoption agency, as well as the birth parents were really happy with the fact that as RNs; we could handle the insertion and maintenance of Zoey’s NG-tube without much advance instruction. Zoey kept our nursing skills up to snuff; there were times she would pull out her NG-tube and we “just handled it!” After all, we are nurses and these are going to be “our baby girls”. Max was super-happy to have two baby sisters, and at age 8, he happily assumed the role of “big brother” to Olivia and Zoey! He tells them he “loves them”, with a gentle touch to their little arms.

B: What was the reaction of your co-workers here Christin, and at your job Kim, that your family size was expanding from 1 child, to 3 children, pretty much in one fell swoop, with the addition of twin-newborn girls?

C: The nurses in my area were all on-board, and overjoyed! No one wanted to see these special babies separated into “the system”. Co-workers at both our jobs showered us with gifts, took up a special collection to help us pay for supplies and other things we hadn’t been anticipating. The response has been both overwhelming and heartwarming! Nurses and healthcare workers really ARE special people!

K: Christin and I had already been involved with the Down’s Syndrome Network, called “Network-21”, for both parental support for ourselves but mostly to PROVIDE support to parents who have a baby born with Down’s Syndrome. Most people don’t know that Down’s Syndrome, a genetic condition that is the most common genetic chromosomal condition in newborn babies, occurs in one of approximately 800 live births, so it’s not very unusual. The name “Network-21” comes from the fact that infants with Down’s Syndrome have an extra copy of the 21st chromosome, that affect some or all cells. The condition is not related to race, nationality, religion, or socioeconomic status. With the special healthcare services and educational plans in place today, what’s really important to know; is that individuals with Down’s Syndrome are more LIKE others, than they are DIFFERENT.

Respectfully submitted,

Marty Marino, MS, BSN, RN

HPAE At-Large Member, Union/COPE Representative and Public Policy Activist

Dates to Remember

- October 4-5: HPAE Convention (Atlantic City)
- March 6th- 5058 Education Day
(request conference time)
- January- Annual Christmas party

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A Newsletter for the members of
Local 5058 at Jersey Shore

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OCTOBER 4-5, 2018 • Harrah's Waterfront Convention Center • Atlantic City, NJ



Celebrate our past. Welcome the future.

Since 1974, HPAE has led the way – Protecting and advocating for New Jersey patients, health professions

At our 2018 Convention, we will pause to celebrate HPAE's bold leadership team: Ann Twomey, Bernie Gerard and Barbara Rosen.

CONVENTION TENTATIVE SCHEDULE:

Thursday, October 4 — Pre-convention activities:

- 11:00 a.m. – 12:00 p.m. • Registration
- 12:00 – 2:00 p.m. • Lunch / • Committee Meetings
- 2:00 – 5:00 p.m. • Meetings / • Workshops
- 6:00 – 9:00 p.m. • Delegate Reception / • Dinner

Friday, October 5 — Convention:

- 8:00 – 9:00 a.m. • Registration
- 9:00 a.m. – 4:00 p.m.
- General Session
- State of the Union
- Constitutional Amendments
- Luncheon and Awards
- Resolutions
- Election of Officers

Registration Types & Fees

- HPAE Member - Oct 4 and 5 (*): Registration Fee: \$50 / Late Fee: \$60
- HPAE Member - Oct 4 (*): Registration Fee: \$35 / Late Fee: \$45
- HPAE Member - Oct 5: (*)Registration Fee: \$35 / Late Fee: \$45
- Non-Member: Oct 4 and 5: Registration Fee: \$75 / Late Fee: \$85
- Non-Member: Oct 4: Registration Fee: \$55 / Late Fee: \$65
- Non-Member: Oct 5: Registration Fee: \$55 / Late Fee: \$65

() (includes pre-convention meetings and workshops, dinner and reception, general session, and luncheon)*

Book Your Hotel Room

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777 Harrah's Blvd—Atlantic City, NJ 08401**

You must reserve your own room. **You can make your reservation by calling 1-800-777-8477** and selecting option 3 to be connected with a reservation agent. In order to obtain the special group rate, you need to identify yourself as being with the **Health Professional and Allied Employees 2018 Conference**.

Register by Friday, September 19, 2018 to take advantage of the group discount rate.

For more information or to register at www.hpae.org