

ARE YOU OVERWORKED?

ARE YOU UNDERPAID?

**ARE YOU DOING DUTIES THAT AREN'T IN YOUR JOB
DESCRIPTION?**

**HHAs, CNAs, RNs
UNITE!!!**

FLORENCE JOHNSTON COLLECTIVE

Florence Johnston Collective (also known as Flo Jo) is a group of workers and community members who “care for” or “reproduce” the working class, and/or receive health care, welfare or nonprofit services. This includes RNs, CNAs, HHAs, PCTs, and other healthcare workers; teachers and low-level school administrators; case managers, welfare workers and other working class public service and nonprofit workers; nannies, housekeepers, child care workers, and other domestic workers; service sector workers, etc. We change diapers and empty bedpans. We make sure everyone is fed, clothed, educated, healthy, and happy. We do this at home, at work, in the neighborhood, at church, and on the street. We are building a rank-and-file, cross-sector worker group that unites both workers and patients, clients and service users.

Give us a call or send us an email to get involved!

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VITAL SIGNS

A newspaper by and for rank-and-file “care” workers brought to you by Florence Johnston Collective.

Rank and File Report on a NYC Hospital

by A.N.

unionized assistant managers.



I'm a unionized nurse working at St. Luke's Hospital (SLH). The working conditions at SLH, the city in general, and the rest of the country (and the world) have been quickly worsening for all workers, not just healthcare workers or nurses. There are multiple issues facing nurses that attest to this.

Nurses face unsafe working conditions. Poor working conditions in healthcare have made hospitals increasingly unsafe not just for patients, but unsafe for nurses as well. “Hiring freezes” due to “budget constraints” which cause overwork, restricts the capacities of workers, and reduce the number of available beds (despite empty buildings all over the city), are made regardless of patient and staff safety risk issues. Despite staff nurses’ revelations and official statistics, recommendations that the physical and emotional fatigue staff face along with awkwardly timed shifts, leads to medical errors and staff injuries, nurses are routinely blackmailed to work overtime by the hospital administrators. Hospital administrators can even include nurse-managers, and

Nurses at STL are routinely working forced overtime due to the lack incoming relief. Hospitals insist that they need to implement hiring freezes, but this means when nurses are laid off, fired, get sick, or quit there are not enough people to replace them. Furthermore, instead of hiring replacement RNs which have been cut in the clinics, LPNs’ roles are being expanded without appropriate training nor pay to cover the work that used to be done by RNs.

CNAs and housekeepers routinely are coerced, by threat of losing their jobs or by needing to supplement low wages, to work double shifts in an attempt to cover their patients’ basic needs. They have to cover their own copious tasks, as well as take up the extra work left from cutting RNs and their fellow CNAs and housekeepers, consistently working beyond their job description without adequate pay, training, time, or support. Those are only a few of the issues that are putting a great toll both physically and emotionally on health care workers every day. In the mean time, [CONTINUED ON PAGE 3]

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Unite Against Hospital Closures!!!

A Florence Johnston Collective Position Statement

Hospital workers deal with crisis on a day to day basis and learn over time to stay calm and collected. Nobody does it better. But when the crisis in question is the crisis of the hospital itself, calm is not an option. All over NYC, whether at North Central Bronx, Interfaith in Bed Stuy, St. Luke's in Manhattan, and too many more to mention, units are consolidating and hospitals are closing outright, leaving working class communities with fewer options and hospital workers unsure of their futures.

Politicians and unions urge calm, and funnel worker anger into acceptable channels like press conferences and symbolic picket lines. Unions tell their members to stay in line and trust their bosses, who have proven utterly unwilling to seriously fight against closures. Likewise Bill DeBlasio was a vociferous voice for keeping Interfaith Hospital open until he got the Democratic nomination and now he, and his picket lines, are nowhere to be seen as the hospital's closing looms. But for NYC's working class, hospital closures are not a battle for ballots, they are a fight for survival.

While President Obama and the Democrats brag about the achievements of Universal Healthcare, it is becoming harder than ever for working class New Yorkers to receive 'affordable care' anywhere near where they live and work. Large hospitals serving working class communities, the kind of hospitals that New York's richest residents have no use for, are closing down and being replaced by small boutique hospitals that poor people can't afford, and that aren't covered by Medicare or Medicaid. With every passing day the vision of US health care depicted in Neil Blomkap's Elysium rings truer for NYC. And there is no Matt Damon savior.

If present trends continue, NYC will become a city of small fancy clinics for the rich, and scattered, overburdened, and inadequate emergency hospitals for the working class. Working class patients will have to travel long distances to give birth, receive emergency care, or visit loved ones, and workers will be faced with the impossible situation of caring for far more patients than they can safely handle. This is already underway.

While politicians and unions offer symbolic protest against this shift, experience tells us that there is no serious effort underway to reverse this trend. A city council representative recently told us that the hospitals are closing because Bloomberg wants them to. We asked if that means DeBlasio will re-open them. He just walked away. This trend cannot be blamed on any one man. It's the future of the city, agreed upon by all in power, including the unions, who are closer to management than the workers they're supposed to fight for.

Politicians, unions, and other agents of pro-capitalist reform are not capable of offering the kind of resistance which will reverse this trend. Only independent workers activity is capable of pushing back and winning. History tells us that it takes occupations, strikes, and other actions which the politicians and unions explicitly prevent, for workers to win. This is why we must take the fight to the next level and stop offering symbolic protests that only seek to maintain dignity in defeat. Not only is victory possible, but for working class New Yorkers, defeat is not an option.

The hospital workers' fight against closures and consolidations is a struggle over the future of health care in NYC, and concerns the entire working class. It is a fight over whether health care is under the control of capitalists, politicians, and the unions in their pockets, or the healthcare workers and the communities they live and work in. The struggle over hospital closures is everyone's fight, and it will end in victory if we band together and move beyond the institutions which seek to control us and harness our power.

Home Health Aides: The Future of Health Care and the Future of Struggle

by S.C.

With recent hospital closures and cuts, many are wondering what is the future of health care in the US? Many argue that the site for care is shifting from state-funded institutions that service all of society to a two-tiered system of health care: a top tier of private clinics and specialists who care for the rich, and bottom tier of low-paid workers who care for the poor in the home. Since most of us are workers, we can look forward to the latter.

The Department of Labor has noticed this trend, noting that home health aides (HHAs) are expected to have the fastest job growth of any sector in through 2020. However, just because there are more jobs in this sector does not mean

they will be filled, especially considering the horrendous working conditions HHAs are in.

HHAs are among the most exploited healthcare workers. New York's average HHA wage is only \$10.21/hr. On top of this, HHAs are expected to work long hours (10-14 hour shifts!), and are not usually offered overtime or benefits. Furthermore, given the isolated, individualistic, and "private" nature of the work, many HHAs are sexually, physically, and emotionally assaulted by their clients.

Last week, President Obama extended minimum wage and overtime protections to HHAs. We know this will only be symbolic. These "protections" will either not

be enforced, or will encourage the bosses to cut hours instead of paying overtime. When we only make \$10/hr, we need to work as much as possible just to survive.

Similarly, HHAs in Connecticut have petitioned to unionize with the American Federation of Teachers. While this move may provide some relief in the short term, such as job security, in the long term it will do more harm than good, since HHAs will have to deal a new layer of management. Official union leaders historically police any rank and file struggles, smashing anything that the union deems "unreasonable," "unattainable," or as threatening the union itself.

This is why we cannot rely on Obama, the official unions, the bosses, or any other rulers or managers to better our working conditions. This is something we must do for ourselves. We must unite HHAs, PCTs, CNAs, RNs, case managers, and other workers who do "care" or "reproductive" work, in order to collectively demand a living wage, shorter shifts, and the ability to control and organize our working conditions ourselves. We must confront the clients who abuse us while uniting with those who support our struggles. Our working conditions are intimately connected to our clients' access to services.



like nothing! The police wanted to beat us up but they had no idea where we were. We just disappeared!

Were mental health center workers involved in TLC and occupation second time?

Absolutely. Without them it wouldn't have been possible. We had nurses, interns, residents, attendants, doctors. It was diverse and intense. We all used to meet together in the mental health center. It was kind of an evolution. And we came together.

When Florence Johnston Collective meets workers and we



tell them about this occupation, some say this is not possible today because there are no leaders like the Young Lords and Black Panthers. What would you say to them?

You're the leader. You have to do it. Someone has to step up. If you're smart enough to see that there's not leadership, then you're the one.

PRIMARY SYMPTOMS

Whenever FJC goes to hospitals and neighborhoods to flyer (about 2-3 times a week), we meet a lot of people who want to tell us their stories. Not everyone is able to get involved with organizing, for a lot of reasons that we can only overcome by continuing to work together: overwork, fear of retaliation, or not having enough knowledge or trust to get more involved. However, we do take note of everyone's stories. We are learning more and more what people are experiencing, and want to share them with other workers and patients in the hopes that we can find commonalities, and the barriers to organizing will be broken down.

- As hospitals prepare to close or merge, the lowest wage workers and non-union workers are often the first to get cut: housekeeping, undocumented workers, short-term contract workers. Hospitals are increasingly moving to hire these kinds of workers.
- Ambulette drivers from Sunnyside Community Services Center in Queens are facing a complete cut off of their health insurance. These drivers take clients from borough to borough to receive health care
- Numerous HHAs report that despite recent legislation that was supposed to raise their wages to \$10.35 by 2013, most are still making only \$8/hr or less
- North Central Bronx Hospital, which recently closed its Labor and Delivery, keeps an ambulance nearby to transport women in an emergency to Jacobi, on the other side of the Bronx. Women do not know NCBH has closed L&D, or are not able to make it anywhere else, and risk serious health problems that an ambulance alone simply cannot fix.
- Several workers at St Luke's hospital report not having their grievances taken care of at all or in any kind of timely manner.
- Workers at Interfaith say that they have varying degrees of information about the closure, but none of it is comprehensive. They do not know what they'll do if and when the hospital closes.

[RANK AND FILE CONTINUED] hospital administrators have exorbitant salaries and bonuses at workers' expense.

On top of this, nurses are increasingly dealing with a hospital administration that enforces policies and requirements which limit staff nurses' resources and blame them for the hospital system's incompetence. They do this through imposed and dictatorial "nursing managers," who themselves are nurses, obscuring the structural problems with the hospital systems and enforcing divisions between workers.

This is all happening during the "aggressive and enthusiastic" implementation of mandatory, costly RN "nursing certification." The very well-funded and lobbied campaign for "nursing certification" is being lead by the hospital administrators and its most faithful servants: nursing executives. Meanwhile, the union bureaucrats' silence speaks volumes. The administrators are forcing on nurses the notion that nursing care quality and safety is determined not by the knowledge and shared cumulative experience from everyday practice, but the memorization and forced embrace of medical non-nursing values that will be forgotten the day after the certification test. Unresolved issues like staffing, job security, staff nursing exclusion, retaliation, and competition instead of solidarity and cooperation are among the natural increasingly cascading effects of such a "convenient" requirement.

There is no doubt nurses are committed to professional and

personal growth. However it should not be used as a tool of manipulation and distraction from the main issues that really affect the safety of healthcare delivery. Staffing is a greater concern and determinant of patient care, safety and quality. It is something that staff nurses know best and are being silenced about.

Nurses, like all workers worldwide, are becoming increasingly angry. The case of unionized nurses in NYC cannot be more pathetic in terms of lack of fight-back. Unions historically were meant to be rank and file, militant, democratic, independent organizations. Rank and file unionized nurses in NYC have no direct say in any decisions made on their behalf. One sees repeatedly how the hard earned members' dues are used to support political campaign ads without the rank and file consent, and with no direct struggle against the bosses. Union bureaucrats have made sure nursing staff is disengaged from its own issues and those of its class, creating false illusions of higher status among some healthcare workers and dismissing the need for unity in the struggle, disempowering us.

Every time there is an opportunity, staff nurses need to reflect critically about the issues oppressing us and support each other, including those who are our allies in and out of the workplace. Independently of the so called "actions" or "media spectacles" the union bureaucrats like to set us on, staff nurses and the rest of working class need to build up unity and struggle together. This is the only way to change the sys-

tem of oppression we have been living in for centuries, a system that for generations has been stealing our humanity and lifetime opportunity to enjoy the fruit of our hard work. We are sure to overcome it by taking back our own lives together!

FLO JO INDEX

19 Number of hospitals closed in NYC since 2000

1,000 Number of workers at SUNY downstate who will lose their jobs

1,516 number of full time employees at Interfaith who received layoff notices on August 1st, 2013.

\$1,633.60 Average monthly pay for a NYC Home Health Aide before taxes, not including deductions for travel, equipment, or healthcare

\$3017.00 Average monthly apartment rent in NYC as of July 2013

3 Number of days workers at North Central Bronx Hospital were told before the closure of labor and delivery

1.2 million Number of New York City residents without health insurance who rely on neighborhood hospitals

\$2.3 billion Proposed cuts to Medicaid made by the "medicaid redesign team" of New York, including top leaders of SEIU Local 1199, the largest health worker union in the city. This cut includes direct cuts to providers, and is being used as a reason to lay off workers and close hospitals

Think Lincoln! AND THEN OCCUPY IT!

Florence Johnston Collective had the opportunity to interview C.S., a former member of the Think Lincoln Committee (TLC). In July of 1970, TLC occupied an abandoned Nurses Residence building at Lincoln Hospital. Below is an edited version of our conversation.

Could you tell us a bit about the groups you were involved in during 1960s and 70s?

I was in the Black Panther Party (BPP) and the Young Lords Organization (YLO). YLO was the Puerto Rican equivalent to the BPP whose major focus was New York City and between Puerto Rico and New York City. The goal was Puerto Rican freedom and independence, and equality and justice for people of Puerto Rican descent in the U.S. In the 1960s-70s, black people, Puerto Ricans, and people of color couldn't get jobs that made enough money to survive on. Sometimes it was because you didn't speak the language, or you didn't have education, or you didn't have equality in housing or health care. There was simply no justice. Young people saw the Civil Rights Movement's strides in fighting for justice and equality and began to see that in order to gain equality, justice, respect, dignity, you had to fight for it. YLO was a very young group. The average age was somewhere

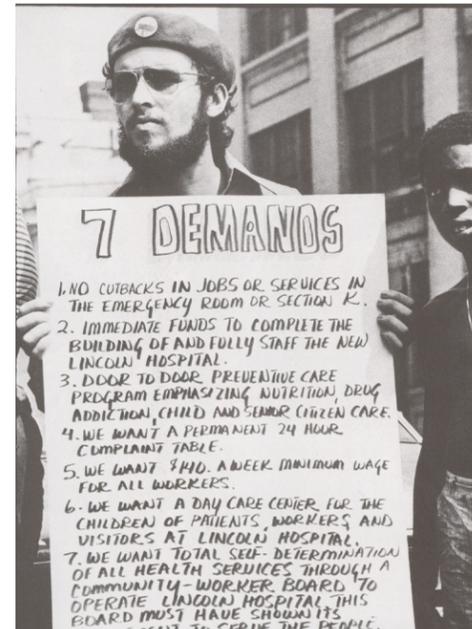
between 16-18 years old. We were young, but committed and courageous. The Think Lincoln Committee (TLC) was a coalition of doctors, nurses, community members, hospital workers from Lincoln, and orgs like YLO and BPP. We all came together around a single issue: quality, free health care is a right. We came together because health care conditions were so horrendous we could not ignore it. Lincoln Hospital was (and still is) in South Bronx. In the South Bronx and Harlem, asthma rates were extremely high because of the environmental situation and housing conditions. Infant mortality rates in South Bronx and Harlem were (and are) higher than many third world countries. You could go to the hospital to the ER on Saturday evening and be left waiting for 72 hours. You could go into surgery and have the wrong kidney taken out, easily. We heard stories of people with surgical instruments left inside their bodies. Mental health treatment meant giving out psycho-



tropic drugs and keep just keep people drugged up. 1/4 of the people in South Bronx and Harlem were addicted to heroine. 1/4 of the population! There was no program for drug addiction treatment. There were other environmental issues like lead poisoning and sickle cell anemia. It was an uncaring form of health care delivery; it was essentially racist. The service and treatment at Lincoln Hospital would never have been allowed in a rich community. So it just seemed to us that this was a logical thing to work around.

What did the Think Lincoln Committee do?

We set up a table in the ER to (1) take complaints, and (2) be an advocate for people who came to ER. I learned what little Spanish I know by translating for people. 3-4 people at a time would sit at the table. We were never not there. They would throw us out consistently and we would come back with our table. Throw us out, we would come back in! If we couldn't get into the ER, we'd sit at the door! We would write down people's complaints. It didn't take long to prove there was a problem at Lincoln. We would carry huge stacks of complaints, written by hand, into administrative offices and said, "This is the problem you're having!" We worked with some young doctors who would tell us what they just learned. They taught us things like lead poisoning symptoms. We would take that information, study, understand it, break it down, and share with the community. That's how the community work started. We would get nurses, doctors and community members together and we would borrow/liberate/ab-



stract equipment from hospitals, Department of Health offices, and doctor's offices. TLC was known for stealing a tuberculosis truck. The City wasn't using it, so we just took it. We took a doctor with us and we went around testing everyone. Free, preventative care was not being done at that time; we showed that it could be done. We found a lot of people who needed to be taken to the hospital to get treatment and they didn't know it.

How did you move from tabling at Lincoln Hospital and "liberating" the TB truck to the occupation?

This was actually the second take over. A lot of people don't know that. The first was by workers in the mental health center. I had a job as a community mental health worker, which is how I met the TLC people. My first week, the workers said they were pissed off, not treated well, had no education, and wanted to be respected in the psychological team. The union thought they were just troublemakers. So workers took over the mental health center, de-

manding training and upgrading. People don't realize that TLC's occupation was only possible because of what the mental health workers did before. What TLC did was possible because of what workers did before. The struggles before.

So this whole time, TLC was learning about the disparity inherent in how the system functioned. We spent time trying to figure out what we could do to turn this thing around. We thought we could turn it around by taking a bold action. At the same time, this was the occupation years. Everybody who was pissed off occupied the thing they were pissed off at and demanded something. It was obvious to anybody who looked at the



conditions in our communities all over the country that something like this would be done. And then there was a critical event: the death of Carmen Rodriguez. She died as a result of a saline abortion at Lincoln Hospital. At that time, the U.S. Government was using Latino and African American women as guinea pigs to do research on birth control methodologies and lots of women were

dying as a result. Birth control pills were tested on women in Puerto Rico without their consent. The death of Carmen Rodriguez in the OB GYN department sparked anger among community. So we planned this take over.

So you occupied the hospital. Were there people on the outside supporting you?

Lots of people. People brought food, water; everything we needed came from the community. There were older people who thought we were crazy but they didn't want us to get beat up or starve so they brought food. Even the churches supported us. When the police came to kick us out and beat us up, it was a church who protected us! They took us to the

[CONTINUE ON NEXT PAGE]