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Testimony of Allison Porter Before the
Commission on the Future of
Worker-Management Relations

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TESTIMONY BEFORE THE DUNLOP COMMISSION

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I want to thank the commission for the opportunity to speak today on a subject that is very close to my heart, a worker's right to organize a union. My name is Allison Porter and I direct the recruitment and training program of the AFL-CIO Organizing Institute. We run a national outreach program to find people with the talent and commitment to succeed as union organizers, we place them on campaigns with unions for their training, and graduates are hired by unions as staff organizers. Through this program over the past four years we have monitored the work of over 300 organizers on 250 campaigns, covering some 75,000 workers. This, combined with my own experience as an organizer in the health care field and in Southern manufacturing plants for eight years prior to coming to the Institute, affords me an important vantage point from which to observe union organizing as it is practiced today.

Organizing a union today is perceived as a subversive act. Fear is both a deterrent and an obstacle to success. The law is inadequate to protect people for exercising this simple right.

I believe regular people with ordinary concerns about their jobs -- their conditions, their treatment, their future -- people who want to do something to increase their ability to influence the most important aspects of their living and working conditions -- should be able to choose union representation and have an accessible mechanism for achieving it.

Sadly, this is not the case in America today. First, the process for getting a union is practically a secret. People think you either work at a union company or you don't. The fact that you can *organize* workers at a company from being non-union to being union is a surprise to many people. Then, when they hear what the process actually is -- signing up a majority, requesting the Federal Government to conduct an election, then waiting several weeks or months for an election to occur -- the first question you hear is, can I be fired? New organizers are usually daunted by this question. "If I'm honest, I'll scare them away. If I'm not, and something happens, how will I live with myself?" It's every organizer's job to develop the ability to confront and work through workers' fear. In my experience, fear is the number one obstacle to workers supporting a union in an organizing drive. It starts out as fear of retaliation, then becomes fear of losing what they have, fear of the union as it is described by management, fear of strikes and plant closings, until finally it just becomes a fear of change.

The reality of employer opposition and the latitude they have under current law has totally invaded the way unions evaluate and run campaigns. The measurement of a "winnable" campaign is based on what we know we can expect from an average employer. Winning in this environment requires the union to make a tremendous resource commitment and therefore limits where and when a union can wage an effective campaign. To decide to go ahead,

therefore, organizers set criteria, which include requiring overwhelming support for the union, a core of fearless, devoted leaders willing to be out front, and a clearly established bargaining unit. If the campaign doesn't meet these tests the workers are often told they're just "not ready" for a campaign. And they aren't. In fact, organizing a union is so risky, so arduous, so technical and so scary that only the most resourceful, fed up, and heroic workers will pursue it -- if they don't quit first.

As someone who first started organizing unions twelve years ago, I am a little surprised that I can still be so outraged at what workers have to go through to get a union. I have here a tape of excerpts from the testimony of workers and organizers before this Commission that was prepared by the AFL-CIO for its Executive Council meeting. A couple of the workers had me in tears. In considering my own experience, I am flooded with memories of times when workers who had met the test, who were heroes in so many ways, still paid a terrible price for their support of the union. I first started with a union when I was 22 years old, a Duke University graduate and out to change the world. My first campaign was a factory in Durham, North Carolina. A worker named James had contacted me. During the campaign I got quite close to his family. His wife was pregnant and James just fell in love with the whole idea of being in a union. The union hall, labor history, the spirit of the campaign, everything. I'll never forget how I felt when he called me to say he'd been fired. He continued to work on the campaign as a volunteer, but we lost the election. He settled his case with back pay and no reinstatement. I was physically shaking when I signed the papers. That was my first taste of the employer's campaign, and I've learned since then that firings are the most dramatic, but not the only effective weapon in the employer's arsenal. It's usually a heavy dose of fear and futility, combined with a short term expectation that a remorseful employer will reward workers for turning the union down.

Now, as part of my job, I help new organizers learn how to anticipate and cope with their first experiences of employer opposition and with their own fears about putting workers at risk. I have here some quotes from weekly reports of organizers who are trainees in our program:

The first is Lane Wyndam, who was inspired to join the labor movement by the tragic deaths of workers in the Hamlet, North Carolina poultry plant fire. She was an organizer on a campaign to organize a warehouse when she submitted this report: "Ten weeks ago, 75% of the workers wanted a union. They were tired of feeling powerless, of being poor, of working until their hands and mind were numb. They were tired of being treated like children. But the decision to get a union wasn't really theirs to make. If it was, what were the last ten weeks of threats and distortions about? If it's a "campaign" why can't we even go on company property? If the laws are there to prevent coercion, why did everyone feel the choice had become a union or their job?"

Liz O'Conner, a recent college graduate from upstate New York, has recently joined the Textile Workers organizing staff in Texas as an apprentice. She writes: "The organizers here are into being honest with people. They tell workers who want to organize that retaliation for union activity is part of life, that they have to be willing to make sacrifices if they want to improve their conditions. I'm sure I'll come to see it that way too, but now it seems so extreme. I'm still uncomfortable walking into a worker's house and telling them they have to be willing to risk their job. I'm still grappling with what that means for people who live paycheck to paycheck. To be honest, it freaks me out. But you can't let yourself dwell on it if you are going to do this work."

It's tempting to focus on the victims of employer abuses and to detail the gross violations of the Act that are so commonplace today. But that would obscure some of the more insidious and anti-democratic behavior employers exhibit when their workers attempt to form a union. Instead, I want to give a recent example of a campaign by a hospital to "inform" its employees of what would happen to them if they choose to vote for union representation. As far as I know, there was nothing technically illegal about this aspect of their campaign. The hospital is Crouse Irving Memorial in Syracuse, New York. The election for 900 Registered Nurses was last December.

In health care the union has to submit a "strike notice" ten days before the expiration of the contract or lose the right to strike. These notices are routinely filed for any negotiation that goes to the deadline. Toward the end of the campaign at Crouse-Irving, management began circulating copies of strike notices that SEIU Local 200 has filed for hospitals they represent. Six days before the vote, they began mock "Ten Day Notice Simulation: What Could Happen." I have here the literature that was used. It covers what would happen if the hospital slowly began to shut down over these ten days in preparation for a strike. You may remember, I come from a health care union, I have been through many ten day notices and no hospital ever shut down. But on this leaflet it describes who would be laid off, what services would be discontinued and what the impact would be on the community. At the same time this was going on, the hospital was showing a custom made video on union strikes and violence. 24 hour a day viewing at stations throughout the hospital. They had "simulated lay off meetings" for nurses throughout the six days. They had supervisors sending hand written letters home to the nurses appealing to their sense of loyalty and concern for the patients. By "Day 10" the hospital was completely "shut down". The next day -- the first day of the "strike" -- was the day the employees were released to go vote in the union election. The hospital administration had done everything they could to make sure that the choice was no longer union or no union, but job or no job.

Coercive employer activity is the norm in union organizing. I have for you a collection of fifty case studies of organizing drives pulled together by the Industrial Union Department of the AFL-CIO and prepared by Professor Richard Hurd of Cornell University. It shows the resources and seemingly limitless options the employer has in preventing their employees

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from forming a union. These cases together demonstrate that employer behavior during organizing campaigns -- legal and illegal -- is a major miscarriage of justice and a disgrace for a democracy.

It amazes me that some workers are strong enough to sit through the videos, the one on one meetings, the group meetings, and withstand all the pressure and still support the union. As one of our graduates said recently, "if they've gotten to the point where they don't care if they lose their job, they're fine. If they care, they're vulnerable." But should that be the test of whether someone wants a union? No. That's why mechanisms need to be developed to give ordinary people with average courage and fortitude the right to form unions.

The Organizing Institute won't stop recruiting organizers, we won't stop thinking of new strategies to win or stop pressuring unions to invest more, risk more and do more organizing. But there is no doubt that the view of organizing that we have through the eyes of our trainees and graduates is that the law has failed this nation's workers, not only because it is systematically violated and made a mockery, but because it is structurally inadequate to address the imbalance of power that exists between employees and those who profit from their labor.

10-Day Strike Notice Simulation

What Could Happen

Hospital-Wide Summary

Days 1 & 2

Assume the hospital has received a 10-day strike notice from unions representing RNs and technical employees as of 7:00 a.m. in the morning. Immediately, the hospital would:

- ⇒ submit and obtain approval from the state for its strike plan;
- ⇒ request and receive state support for other hospitals throughout the state to be required to take neonatal ICU, neonatal intermediate care, and adult ICU and CCU patients from CIMH.
- ⇒ hold emergency meeting of physicians to inform them of the plan and to cancel future admissions and inpatient surgeries—immediately;
- ⇒ establish a Central Control to coordinate patient transfers to hospitals in Syracuse and surrounding communities within one-hour drive of Syracuse for selected patients and to hospitals in Rochester, Buffalo, Albany, Burlington, Vt, and Montreal for selected high-risk patients (particularly NICU babies).

The plan likely approved by the state would include:

- ⇒ transferring at-risk patients including NICU babies;
- ⇒ freezing new admissions;
- ⇒ cancelling all elective and urgent inpatient surgeries;
- ⇒ diverting emergency admissions to other hospitals in Syracuse;

NOTE: Staff reductions (lay offs) that are simulated in this exercise would occur based upon reductions of patients and services during the 10-day strike notice and would be based upon hospital-wide seniority within major area (med / surg, NICU, Adult Critical Care, etc.)

HOSPITAL SUMMARY Days 1 & 2

Patient census at start of strike notice =	461
Patient census at end of 2nd day =	293
RNs on payroll at start of strike notice =	909
RNs on payroll at end of 2nd day =	562
RNs on layoff =	347

Medical / Surgical Units

Day 1

For the 9 medical / surgical units in Irving, the census on the first day of the strike notice would likely be approximately 254 patients based upon current trends. Average discharges would be about 45 per day. The nurse staff needed to provide 24-hour-a-day, seven-day-a-week care for 254 patient would be 211 RN FTEs, comprised of 281 full-time and part-time RNs. With no new admissions by the end of the first day, the new census would be reduced to 209. There would be a need for 175 RN FTEs comprised of 233 full- and part-time RNs.

Day 2

At the beginning of Day 2, three units would be closed because there are only 209 patients. All of 7th and 8th floors would be closed and patients consolidated into units on 4th, 5th and 6th floors of Irving. By the end of day 2, there would be 164 patients and a need for only 136 RN FTEs comprised of 181 full- and part-time RNs.

MED / SURG SUMMARY Days 1 & 2

Census at start of strike notice =	254
Census at end of 2nd day =	164
RNs on payroll at start of notice =	281
RNs on payroll at end of 2nd day =	181
RNs on layoff =	100
Seniority date for RN layoffs =	1/21/91

The following is a simulation and is designed to depict a series of events that could occur if Crouse Irving Memorial received a 10-day strike notice from a union representing its RNs and technical employees. CROUSE IRVING MEMORIAL DOES NOT HAVE A 10-DAY STRIKE NOTICE, NOR SHOULD THIS SIMULATION BE CONSTRUED TO INDICATE THAT IT WOULD RECEIVE SUCH A NOTICE IN THE FUTURE. The simulation is based upon a review of New York state law which requires a hospital to submit a strike plan upon receiving a 10-day strike notice and events surrounding Community Memorial Hospital in Hamilton, NY and Auburn Memorial Hospital in Auburn, NY. Actual events could differ significantly from this simulation in that they could be less severe or more severe than the simulated events. Every effort has been made to have the simulation to parallel reality as close as possible.

Neonatal ICU Units

Day 1 Top priority would be given to the discharge and transfer of babies in the NICU. Because CIMH is the only Level III NICU in the area, transfer arrangements would be made with hospitals in Albany; Rochester, Buffalo; Burlington, Vt.; and Montreal, Canada, through the Department of Health.

The average daily census of 40 for both areas of NICU would require 88 RN FTEs comprised of 124 full and part-time nurses to provide staffing 24-hours-a-day and seven-days-a-week. With an average discharge of 5 per day, the census would be reduced to 35 by the end of the first day requiring 77 RN FTEs comprised of 108 full- and part-time nurses.

Day 2 On the second day, more calls would be made and preparations would begin for the transfer of babies to Level III units in Rochester, Albany, Buffalo, Burlington, and Montreal. At the end of Day 2, the census would be down to 29 and would require 66 RN FTEs comprised of 92 full- and part-time RN staff.

**NEONATAL ICU SUMMARY
Days 1 & 2**

Census at start of strike notice = 40
 Census at end of 2nd day = 29
 RNs on payroll at start of notice = 124
 RNs on payroll at end of 2nd day = 92
 RNs on layoff = 32
 Seniority date for RN layoffs = 3/6/89

Adult Critical Care Units

Day 1 High priority would be given to the critical care patients. The combined census of ICU, PCU and CCU would average 43 patients per day and would require about 79 RN FTEs, comprised of 81 full- and part-time RN staff, to provide 24-hours-a-day, seven-days-a-week care. Discharges average between 10 and 13 per day. At the end of the first day, the census would be down to 30 either through transfers to other hospitals or discharges to other units. To appropriately staff for 30 patients, the hospital would need approximately 56 RN FTEs comprised of 63 full- and part-time RNs.

Day 2 During the second day, additional discharges and transfers will occur. At the end of the second day, the projected census would be down to 20. To provide coverage for such patients, there would be a need for 36 RN FTEs comprised of 43 full- and part-time RNs.

**ADULT ICU SUMMARY
Days 1 & 2**

Census at start of strike notice = 43
 Census at end of 2nd day = 20
 RNs on payroll at start of notice = 81
 RNs on payroll at end of 2nd day = 43
 RNs on layoff = 38
 Seniority date for RN layoffs = 1/2/88

Pediatric/Adolescent Units

Day 1 The patients in the pediatric and adolescent units would be somewhat difficult to transfer because of the lack of pediatric beds in the Syracuse area. With an average daily census of 31 for the combined areas and with an average patient discharge rate of 7 per day, most of the patients could be discharged before the end of the 10-day strike notice. Those patients who would not be discharged, would be transferred to other facilities.

For a patient census of 31, 42 RN FTEs would be needed to provide care 24-hours-a-day, seven-days-a-week. These 42 RN FTEs are comprised of 57 full-time and part-time staff. By the end of the first day, the patient census would likely be 24 and would require 32 RN FTEs comprised of 44 full- and part-time RNs.

Day 2 Throughout the second day additional discharges and transfers would occur. A likely census at the end of Day 2 would be 17 patients and would require 22 RN FTEs comprised of 30 full- and part-time RNs.

**PEDIATRIC / ADOLESCENT
Days 1 & 2**

Census at start of strike notice = 31
 Census at end of 2nd day = 17
 RNs on payroll at start of notice = 57
 RNs on payroll at end of 2nd day = 30
 RNs on layoff = 27
 Seniority date for RN layoffs = 8/7/89

ASSUMPTIONS FOR 10-DAY STRIKE NOTICE SIMULATION: This simulation is based upon a review of Auburn Memorial Hospital's and Community Memorial in Hamilton's state-approved plans to deal with a strike of RNs. The numbers of patients reduced daily (either through discharge or transfer) and the number of staff needed during a 24-hour period is based upon CIMH trends for each area in nursing. Furthermore, patients currently on patient floors would be divided into one of three status groups: 1) STATUS 1 PATIENTS: patients who will very likely be discharged before a strike might occur; 2) STATUS 2 PATIENTS: patients who will not likely be discharged before a strike might occur, but who can be transferred to other hospitals; and, 3) STATUS 3 PATIENTS: patients who will not likely be discharged before a strike might occur, and who cannot be transferred safely at this time.

Child Birth Center

Day 1 Work volume in the CBC is highly variable; therefore, these predictions are based on averages and could vary significantly from what could actually occur with regard to numbers of deliveries.

The average number of deliveries are 11 per day and require 46 RN FTEs comprised of 62 full- and part-time RNs. High-risk deliveries, that could be safely diverted to other hospitals such as St. Joseph's with their increased capacity, would be transferred out before delivery. Only full-term low-risk deliveries and C-sections would be performed (about six deliveries per day) by the end of the first day, which would require 25 RN FTEs comprised of 38 full- and part-time RNs.

Day 2 By Day 2, only full-term, no complicated deliveries would be done (about 6 per day on the average) and the number of RNs needed would continue to need 25 RN FTEs comprised of 34 full- and part-time RNs to appropriately staff the CBC.

CHILD BIRTH CENTER SUMMARY Days 1 & 2

Del / day at start of strike notice = 11
 Del / day at end of 2nd day = 6
 RNs on payroll at start of notice = 62
 RNs on payroll at end of 2nd day = 34
 RNs on layoff = 28
 Seniority date for RN layoffs = 4/20/87

Obstetrics

Day 1 The antepartum unit, OB units and nurseries, which support the CBC deliveries, have an average daily census of 80 (including mothers and babies). No further admissions would be made into the antepartum unit and with the decrease in CBC deliveries, the census in these areas will drop gradually.

A typical census of 80 requires 77 RN FTEs to provide care 24-hours-per-day, seven-days-a-week, comprised of 99 full-time and part-time. At the end of the first day, the census would likely drop (due to typical discharges and reduced admissions) to 66 and would require 64 RN FTEs comprised of 83 RNs (full-time and part-time) to provide patient care.

Day 2 Through discharge of patients and reduced deliveries in the CBC, the census would likely drop to 55 by the end of the second day and would require 53 RN FTEs comprised of 68 full- and part-time RNs.

OBSTETRICS SUMMARY Days 1 & 2

Census at start of strike notice = 80
 Census at end of 2nd day = 55
 RNs on payroll at start of notice = 99
 RNs on payroll at end of 2nd day = 68
 RNs on layoff = 31
 Seniority date for RN layoffs = 6/27/88

Emergency Department

Day 1 All emergency service agencies (ambulance, fire, etc.) would be notified to take emergency patients to other hospitals in Syracuse, effective immediately. The emergency department would maintain its staffing level for the first day to handle walk-ins who would be triaged, stabilized and diverted to other hospitals. Typical 24-hour, seven-days-a-week staffing in ED requires 28 RN FTEs comprised of 36 full-time and part-time RN staff. By the end of the first day, because all emergency service would be diverted, only 13 RN FTEs would be needed comprised of 16 full-time and part-time RNs

Day 2 By the end of Day 2, only 3 RNs would likely be needed per 24-hour shift. Three RNs would require 4.2 RN FTEs for seven-day-a-week coverage and would be comprised of 6 full-time and part-time RN staff.

EMERGENCY DEPT. SUMMARY Days 1 & 2

RNs on payroll at start of notice = 36
 RNs on payroll at end 2nd day = 6
 RNs on layoff = 30
 Seniority date for RN layoffs = 10/11/76

GOALS AND LEGAL REQUIREMENTS OF 10-DAY STRIKE NOTICE: If a 10-day strike notice from a union representing RNs and technical employees were received, the goal of the hospital would be to shut down patient services as completely as possible in order to protect patients as required by New York state law. The hospital must assume that the RNs and technical unit employees would go on strike or would not be available for patient care. In order to comply with state law, the following would be implemented at various points during the 9 days following a strike notice: 1) DIVERT AMBULANCE AND EMERGENCY CASES TO OTHER HOSPITALS; 2) CANCEL ALL INPATIENT ELECTIVE AND URGENT SURGERIES; 3) DIVERT ALL OTHER ADMISSIONS TO OTHER HOSPITALS IN THE CITY AND REGION 4) TRANSFER PATIENTS TO OTHER HOSPITALS IN THE CITY AND REGION.

IP/OP Surgeries / Recovery

Day 1 **Inpatient Surgery:** All elective and urgent class surgeries would be cancelled—effective immediately. Only emergent surgeries would be performed and sufficient staff (3 teams) would be retained such emergent surgeries for the first day.

Outpatient Surgeries: Most outpatient surgeries would likely continue through Day 6 of the 10-day strike notice.

Because inpatient surgery and recovery staff could work in the outpatient areas, all surgery / recovery staff would be pooled regarding seniority for the purposes of any layoffs. During the first day, the typical staffing for all surgeries would require approximately 67 RN FTEs comprised of 92 full- and part-time staff. However, by the end of the first day, all surgical areas (Madison Irving, POB, and emergent inpatient surgeries) would require 50 RN FTEs comprised of 67 RN full- and part-time RN staff.

Day 2 As the inpatient census would be reduced, the need for emergent surgery teams would also be reduced. Outpatient surgeries would continue, providing physicians were willing to refer patients. By the end of the second day, staffing needs of all surgeries would likely be 44 RN FTEs comprised of 60 full- and part-time RNs.

IP/OP SURGERIES/RECOVERY SUMMARY Days 1 & 2

RNs on payroll at start of notice = 92
 RNs on payroll at end of 2nd day = 60
 RNs on layoff = 32
 Seniority date for RN layoffs = 8/27/84

Detox Unit

Day 1 New admissions to the detox unit would not be permitted. With an average daily census of 13 and an average discharge rate of 2 per day, the entire unit would likely be empty by the end of the 10-day strike notice period.

The typical census of 13 requires about 10 RN FTEs for 24-hour-a-day, seven-day-a-week care, comprised of 13 full- and part-time RNs. By the end of the first day, the census would likely be approximately 10 patients and would require 7 RN FTEs comprised of 10 full- and part-time RNs for staffing.

Day 2 By the end of the second day the patient census would likely be down to 8 patients and would require 6 RN FTEs comprised of 8 full- and part-time RNs to provide care.

DETOX UNIT SUMMARY Days 1 & 2

Census at start of strike notice = 13
 Census at end of 2nd day = 8
 RNs on payroll at start of notice = 13
 RNs on payroll at end of 2nd day = 8
 RNs on layoff = 5
 Seniority date for RN layoffs = 3/15/82

Other Areas

Day 1 This group represents a collection of jobs and areas ranging from the nurse practitioners and nurses in echo, endoscopy, cardiac cath lab, spina bifida, radiology, etc.

There would be approximately 56 RN FTEs comprised of 64 full- and part-time staff. By the end of the first day, we would continue certain procedures such as outpatient cardiac cath, and would need support for the still large inpatient population. By the end of the first day, we would still likely need 42 RN FTEs comprised of 49 full- and part-time staff.

Day 2 As inpatient census would decline, the need for certain support from this group would also decline. By the end of the second day, there would likely be a need for approximately 35 RN FTEs comprised of 40 full- and part-time staff.

OTHER AREAS SUMMARY Days 1 & 2

RNs on payroll at start of notice = 64
 RNs on payroll at end of 2nd day = 40
 RNs on layoff = 24

10-Day Strike Notice Simulation

What Could Happen

Hospital-Wide Summary

Days 3, 4 & 5

Throughout the first and second days, the emphasis would have been on discharging or transferring patients to other hospitals for their safety. This process would continue during Days 3, 4 and 5 with a particular emphasis on the babies in the NICU. By Day 3, transfer arrangements with hospitals with Level III nurseries in Albany, Rochester, Buffalo, Burlington and Montreal would have been completed and any needed transfer of babies would have begun.

By the end of Day 5, the following units would likely have been closed due to the reduced patient census:

- 8N, 8S, 7N, 6N, 6S and 5N in med / surg.;
- Progressive Care Nursery (PCN) in the NICU ;
- CCU and PCU in the adult critical care area;
- Adolescent unit in the pediatric / adolescent area;
- 9M and antepartum unit in the obstetrics area;

Outpatient surgeries and other outpatient procedures would likely continue through the end of Day 5

NOTE: Staff reductions (lay offs) that are simulated in this exercise would occur based upon reductions of patients and services during the 10-day strike notice and would be based upon hospital-wide seniority within major area (med / surg, NICU, Adult Critical Care, etc.)

HOSPITAL SUMMARY Days 3, 4 & 5

Patient census at start of strike notice =	461
Patient census at end of 5th day =	63
RNs on payroll at start of strike notice =	909
RNs on payroll at end of 5th day =	223
RNs on layoff =	686

Medical / Surgical Units

Day 3 At the beginning of the third day, the census would likely be down to about 164 from the typical 254 patients. Four units—6N, 7N, 8N and 8S—are closed. Average discharges would still be about 45 per day. Therefore, by the end of the third day, patient census would be 119 and nurse staff needed to provide 24-hour-a-day, seven-day-a-week care would be 99 RN FTEs, comprised of 133 full-time and part-time RNs.

Day 4 At the beginning of Day 4, two more units (6S and 5N) would be closed because there are only 119 patients. By the end of Day 4, there would be 74 patients and a need for only 62 RN FTEs comprised of 82 full- and part-time RNs.

Day 5 Census would likely continue to drop through discharges and transfers of patients. By the end of the fifth day, there would be 29 patients and a need for 24 RN FTEs comprised of 31 full- and part-time RNs.

MED / SURG SUMMARY Days 3, 4 & 5

Census at start of strike notice =	254
Census at end of 5th day =	29
RNs on payroll at start of notice =	281
RNs on payroll at end of 5th day =	31
RNs on layoff =	250
Seniority date for RN layoffs =	7/20/79

The following is a simulation and is designed to depict a series of events that could occur if Crouse Irving Memorial received a 10-day strike notice from a union representing its RNs and technical employees. CROUSE IRVING MEMORIAL DOES NOT HAVE A 10-DAY STRIKE NOTICE, NOR SHOULD THIS SIMULATION BE CONSTRUED TO INDICATE THAT IT WOULD RECEIVE SUCH A NOTICE IN THE FUTURE. The simulation is based upon a review of New York state law which requires a hospital to submit a strike plan upon receiving a 10-day strike notice and events surrounding Community Memorial Hospital in Hamilton, NY and Auburn Memorial Hospital in Auburn, NY. Actual events could differ significantly from this simulation in that they could be less severe or more severe than the simulated events. Every effort has been made to have the simulation parallel reality as close as possible.

Neonatal ICU Units

Day 3 Transfer arrangements would have been made with hospitals in Albany; Rochester; Buffalo; Burlington, Vt.; and Montreal, Canada, through the Department of Health and the process of transferring at-risk babies would begin. By the end of Day 3, through discharges and transfers, the patient census would likely be down to 23 and would require 45 RN FTEs comprised of 63 full- and part-time RNs.

Day 4 On the fourth day, PCN would likely be closed, and more babies would be discharged or transferred to hospitals with Level III units in Rochester, Albany, Buffalo, Burlington, and Montreal. At the end of Day 4, the census would likely be down to 17 and would require 35 RN FTEs comprised of 49 full- and part-time RNs.

Day 5 By the end of the fifth day through transfers and discharges the number of babies in NICU would be down to 12 and would require 26.6 RN FTEs comprised of 37 full- and part-time staff.

**NEONATAL ICU SUMMARY
Days 3, 4 & 5**

Census at start of strike notice = 40
 Census at end of 5th day = 12
 RNs on payroll at start of notice = 124
 RNs on payroll at end of 5th day = 37
 RNs on layoff = 87
 Seniority date for RN layoffs = 2/4/80

Adult Critical Care Units

Day 3 At the beginning of the third day CCU would be closed and patients transferred to PCU or ICU. The combined census of PCU and ICU would likely be 20 at the beginning of the day and 10 at the end of the third day after discharges and transfers to other hospitals. A census of ten would require approximately 20 RN FTEs comprised of 26 full- and part-time RNs to provide 24-hours-a-day, seven-days-a-week care.

Day 4 At the beginning of Day 4, PCU is closed. During the fourth day, additional discharges and transfers would occur. At the end of the fourth day, the projected census would be down to 5. To provide coverage for such patients, there would be a need for 14 RN FTEs comprised of 20 full- and part-time RNs.

Day 5 Transfers and discharges would continue and with no new admissions, the census by the end of the fifth day would likely be 3 patients and would require 8 RN FTEs, comprised of 15 full- and part-time RN staff.

**ADULT ICU SUMMARY
Days 3, 4 & 5**

Census at start of strike notice = 43
 Census at end of 5th day = 3
 RNs on payroll at start of notice = 81
 RNs on payroll at end of 5th day = 15
 RNs on layoff = 66
 Seniority date for RN layoffs = 1/19/81

Pediatric/Adolescent Units

Day 3 At the beginning of Day 3, the Adolescent Unit would be closed and those remaining adolescent patients would be transferred to the pediatric unit. Through discharges and transfers, the patient census would likely be down to 9 patients by the end of Day 3 and would require 13 RN FTEs comprised of 17 full- and part-time RN staff.

Day 4 Throughout the fourth day additional discharges and transfers would occur. A likely census at the end of Day 4 would be 4 patients and would require 6 RN FTEs comprised of 7 full- and part-time RNs.

Day 5 Because there is a shortage of pediatric beds in Syracuse, there would be a slowing of discharges from this area. The census would likely remain at 4 and the staffing would remain the same as Day 4.

**PEDIATRIC / ADOLESCENT
Days 3, 4, & 5**

Census at start of strike notice = 31
 Census at end of 5th day = 4
 RNs on payroll at start of notice = 57
 RNs on payroll at end of 5th day = 7
 RNs on layoff = 50
 Seniority date for RN layoffs = 9/14/70

ASSUMPTIONS FOR 10-DAY STRIKE NOTICE SIMULATION: This simulation is based upon a review of Auburn Memorial Hospital's and Community Memorial in Hamilton's state-approved plans to deal with a strike of RNs. The numbers of patients reduced daily (either through discharge or transfer) and the number of staff needed during a 24-hour period is based upon CIMH trends for each area in nursing. Furthermore, patients currently on patient floors would be divided into one of three status groups: 1) STATUS 1 PATIENTS: patients who will very likely be discharged before a strike might occur; 2) STATUS 2 PATIENTS: patients who will not likely be discharged before a strike might occur, but who can be transferred to other hospitals; and, 3) STATUS 3 PATIENTS: patients who will not likely be discharged before a strike might occur, and who cannot be transferred safely at this time.

Child Birth Center

Obstetrics

Emergency Department

Day 3 Only full-term low-risk deliveries and C-sections would be performed (about six deliveries per day) which would require 25 RN FTEs comprised of 34 full- and part-time RNs.

Day 3 The antepartum unit, OB units and nurseries, which support the CBC deliveries would have a drop in census that would allow for the closing of 9M. By the end of Day 3, the census would likely drop (due to typical discharges and reduced admissions) to 44 and would require 42 RN FTEs comprised of 54 RNs (full-time and part-time) to provide patient care.

Day 3 All emergency service agencies (ambulance, fire, etc.) would be notified to take emergency patients to other hospitals in Syracuse on the first day. By the end of Day 3, only 3 RNs would likely be needed per 24-hour shift. Three RNs would require 4.2 RN FTEs for seven-day-a-week coverage and would be comprised of 6 full-time and part-time RN staff.

Day 4 Only full-term, no complicated deliveries would be done (about 6 per day on the average) and the number of RNs needed would continue to be 25 RN FTEs comprised of 34 full- and part-time RNs to appropriately staff the CBC.

Day 4 The antepartum unit would be closed at the beginning of the fourth day. Through discharge of patients and reduction in the number of deliveries in the CBC, the census would likely drop to 31 by the end of the fourth day and would require 30 RN FTEs comprised of 38 full- and part-time RNs.

Day 4 Same as Day 3.

Day 5 Only full-term, no complicated deliveries would be done (about 6 per day on the average) and the number of RNs needed would continue to be 25 RN FTEs comprised of 34 full- and part-time RNs to appropriately staff the CBC. However, by the end of Day 5, to prevent inpatient census from unexpected, complicated deliveries, the CBC would likely close. One nurse would be retained for each shift which would require 4 RN FTEs comprised of 6 full- and part-time RN staff.

Day 5 Through discharge of patients and the reduction in the number of deliveries in the CBC, the census would likely drop to 13 by the end of the fifth day and would require 13 RN FTEs comprised of 16 full- and part-RNs.

Day 5 Same as Day 3.

**CHILD BIRTH CENTER
SUMMARY
Days 3, 4 & 5**

**OBSTETRICS SUMMARY
Days 3, 4 & 5**

**EMERGENCY DEPT. SUMMARY
Days 3, 4 & 5**

Del / day at start of strike notice = 11

Census at start of strike notice = 80

Del / day at end of 5th day = 0

Census at end of 5th day = 13

RNs on payroll at start of notice = 62

RNs on payroll at start of notice = 99

RNs on payroll at end of 5th day = 6

RNs on payroll at end of 5th day = 16

RNs on layoff = 56

RNs on layoff = 83

Seniority date for RN layoffs = 7/9/73

Seniority date for RN layoffs = 3/19/78

RNs on payroll at start of notice = 36

RNs on payroll at end 5th day = 6

RNs on layoff = 30

Seniority date for RN layoffs = 10/11/76

GOALS AND LEGAL REQUIREMENTS OF 10-DAY STRIKE NOTICE: If a 10-day strike notice from a union representing RNs and technical employees were received, the goal of the hospital would be to shut down patient services as completely as possible in order to protect patients as required by New York state law. The hospital must assume that the RNs and technical unit employees would go on strike or would not be available for patient care. In order to comply with state law, the following would be implemented at various points during the 9 days following a strike notice: 1) DIVERT AMBULANCE AND EMERGENCY CASES TO OTHER HOSPITALS; 2) CANCEL ALL INPATIENT ELECTIVE AND URGENT SURGERIES; 3) DIVERT ALL OTHER ADMISSIONS TO OTHER HOSPITALS IN THE CITY AND REGION 4) TRANSFER PATIENTS TO OTHER HOSPITALS IN THE CITY AND REGION.

IP/OP Surgeries / Recovery

Day 3 Because all elective and urgent surgeries would have been cancelled on Day 1, and because only emergent surgeries would be performed in the main surgical suite, only one on-site team and one on-call team will be necessary.

Outpatient surgeries would continue. Because surgical suite and recovery room and day surgery staff could work in the outpatient surgery areas, all surgery / recovery staff would be pooled regarding seniority for the purposes of layoffs.

By the end of the third day, all surgical areas (Madison Irving, POB, and main surgical suite) would require 44 RN FTEs comprised of 60 RN full- and part-time RN staff.

Day 4 Outpatient surgeries would continue, providing physicians were willing to refer patients. By the end of the fourth day, staffing needs of all surgeries would likely be 44 RN FTEs comprised of 60 full- and part-time RNs.

Day 5 Same as Day 4.

Detox Unit

Day 3 By the end of the third day the census would likely be 6 and would require about 4 RN FTEs for 24-hour-a-day, seven-day-a-week care, comprised of 5 full- and part-time RNs.

Day 4 With no new admissions, by the end of the fourth day, the census would be approximately 4 patients and would require 4 RN FTEs comprised of 5 full- and part-time RNs for staffing.

Day 5 By the end of Day 5, the patient census would likely be down to 2 patients and would require 4 RN FTEs comprised of 5 full- and part-time RNs to provide care.

Other Areas

Day 3 This group represents a collection of jobs and areas ranging from the nurse practitioners and nurses in echo, endoscopy, cardiac cath lab, spina bifida, radiology, etc.

By the end of the third day, we would continue certain procedures such as outpatient cardiac cath, and would need support for the decreasing inpatient population. By the end of the third day, we would still likely need 25 RN FTEs comprised of 40 full- and part-time staff.

Day 4 Same as Day 3.

Day 5 Same as Day 3.

IP/OP SURGERIES/RECOVERY SUMMARY Days 3, 4 & 5

RNs on payroll at start of notice = 92
 RNs on payroll at end of 5th day = 60
 RNs on layoff = 32
 Seniority date for RN layoffs = 8/27/84

DETOX UNIT SUMMARY Days 3, 4 & 5

Census at start of strike notice = 13
 Census at end of 5th day = 2
 RNs on payroll at start of notice = 13
 RNs on payroll at end of 5th day = 5
 RNs on layoff = 8
 Seniority date for RN layoffs = 11/5/79

OTHER AREAS SUMMARY Days 3, 4 & 5

RNs on payroll at start of notice = 64
 RNs on payroll at end of 5th day = 40
 RNs on layoff = 24

10-Day Strike Notice Simulation

What Could Happen

Hospital-Wide Summary

Days 6 through 10

Throughout the first five days, the emphasis would have been on discharging or transferring patients to other hospitals for their safety. This process would continue during Days 6 through 9 of the notice with a particular emphasis on the babies in the NICU. By Day 9, transfers of NICU babies to Level III nurseries in Albany, Rochester, Buffalo, Burlington and Montreal would likely have been completed and the NICU would likely be closed.

By the end of Day 9, the following units would likely have been closed due to the reduced patient census:

- 8N, 8S, 7N, 6N, 6S, 5N and 5S in med / surg.;
- All NICU units;
- All adult critical care units;
- Adolescent unit and pediatric unit;
- the Child Birth Center;
- all obstetrics units including the antepartum unit;
- the Emergency Department;
- all outpatient surgeries and the main surgical suite;
- the detox unit;
- all other outpatient procedures.

By the end of Day 9, only ten patients and 24 RNs would likely be retained.

NOTE: Staff reductions (lay offs) that are simulated in this exercise would occur based upon reductions of patients and services during the 10-day strike notice and would be based upon hospital-wide seniority within major area (med / surg, NICU, Adult Critical Care, etc.)

HOSPITAL SUMMARY Days 6, 7, 8, 9 & 10

Patient census at start of strike notice =	461
Patient census at end of 9th day =	10
RNs on payroll at start of strike notice =	909
RNs on payroll at end of 9th day =	24
RNs on layoff =	885

Medical / Surgical Units

Day 6

At the beginning of the sixth day, the census would likely be down to about 29 from the typical 254 patients. Seven units—5N, 5S, 6N, 6S, 7N, 8N and 8S—would likely be closed. By the end of the sixth day, patient census would likely be 20 and nurse staff needed to provide 24-hour-a-day, seven-day-a-week care would be 17 RN FTEs, comprised of 23 full-time and part-time RNs.

Day 7

By the end of Day 7, there would likely be 15 patients and a need for only 13 RN FTEs comprised of 17 full- and part-time RNs.

Day 8

By the end of the eighth day, there would likely be 10 patients and a need for 8 RN FTEs comprised of 11 full- and part-time RNs.

Day 9

Same as Day 8—only ALC patients remaining which could be cared for by non-bargaining unit and management personnel.

Day 10

??

MED / SURG SUMMARY Days 6, 7, 8, 9 & 10

Census at start of strike notice =	254
Census at end of 9th day =	10
RNs on payroll at start of notice =	281
RNs on payroll at end of 9th day =	11
RNs on layoff =	270
Seniority date for RN layoffs =	9/13/71

The following is a simulation and is designed to depict a series of events that could occur if Crouse Irving Memorial received a 10-day strike notice from a union representing its RNs and technical employees. CROUSE IRVING MEMORIAL DOES NOT HAVE A 10-DAY STRIKE NOTICE, NOR SHOULD THIS SIMULATION BE CONSTRUED TO INDICATE THAT IT WOULD RECEIVE SUCH A NOTICE IN THE FUTURE. The simulation is based upon a review of New York state law which requires a hospital to submit a strike plan upon receiving a 10-day strike notice and events surrounding Community Memorial Hospital in Hamilton, NY and Auburn Memorial Hospital in Auburn, NY. Actual events could differ significantly from this simulation in that they could be less severe or more severe than the simulated events. Every effort has been made to have the simulation parallel reality as close as possible.

Neonatal ICU Units

Day 6 Transfer would continue to hospitals in Albany; Rochester; Buffalo; Burlington, Vt.; and Montreal, Canada. By the end of Day 6, through discharges and transfers, the patient census would likely be down to 7 and would require 19 RN FTEs comprised of 25 full- and part-time RNs.

Day 7 At the end of Day 7, the census would likely be down to 3 and would require 9.8 RN FTEs comprised of 14 full- and part-time RNs.

Day 8 By the end of the eighth day through transfers and discharges the number of babies in NICU would likely be down to 0. All NICU units are closed.

Day 9 Units closed.

Day 10 ??

Adult Critical Care Units

Day 6 Only the adult ICU unit would likely be open (PCU and CCU would have been closed). By the end of Day 6, the census would likely be 3 and would require approximately 8 RN FTEs comprised of 15 full- and part-time RNs to provide 24-hours-a-day, seven-days-a-week care.

Day 7 At the end of the seventh day, the projected census would likely be down to 2. To provide coverage for such patients, there would be a need for 5 RN FTEs comprised of 13 full- and part-time RNs.

Day 8 Transfers and discharges would continue and with no new admissions, the census by the end of the eighth day would likely be 0. The adult critical care units are closed.

Day 9 Units closed.

Day 10 ??

Pediatric/Adolescent Units

Day 6 The patient census would likely be down to 3 patients by the end of Day 6 and would require 6 RN FTEs comprised of 7 full- and part-time RN staff.

Day 7 Throughout the seventh day additional discharges and transfers would likely occur. A likely census at the end of Day 7 would be 0. The pediatric and adolescent units are now closed.

Day 8 Units closed.

Day 9 Units closed.

Day 10 ??

**NEONATAL ICU SUMMARY
Days 6, 7, 8, 9 & 10**

Census at start of strike notice = 40
 Census at end of 9th day = 0
 RNs on payroll at start of notice = 124
 RNs on payroll at end of 9th day = 0
 RNs on layoff = 124
 Seniority date for RN layoffs = 9/10/62

**ADULT ICU SUMMARY
Days 6, 7, 8, 9 & 10**

Census at start of strike notice = 43
 Census at end of 9th day = 0
 RNs on payroll at start of notice = 81
 RNs on payroll at end of 9th day = 0
 RNs on layoff = 81
 Seniority date for RN layoffs = 12/15/68

**PEDIATRIC / ADOLESCENT
Days 6, 7, 8, 9 & 10**

Census at start of strike notice = 31
 Census at end of 9th day = 0
 RNs on payroll at start of notice = 57
 RNs on payroll at end of 9th day = 0
 RNs on layoff = 57
 Seniority date for RN layoffs = 6/2/65