



# Stat!



August 2007

## Governor Gets Mixed Grades With Health Care Reform Agenda

By Larry Cudek, RN

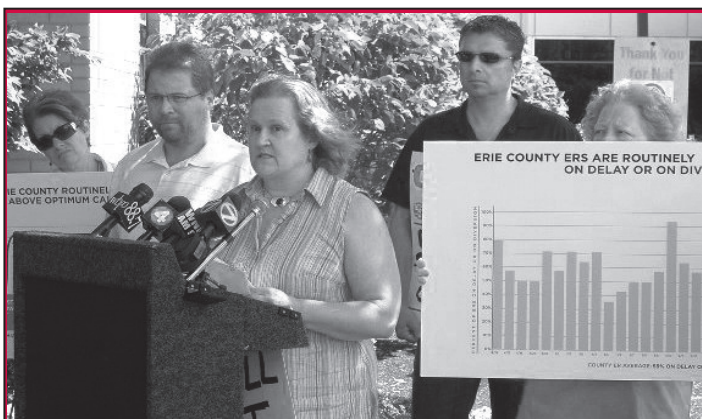
Editors note: This article was written in the spring. I apologize for the lapse in time.  
- M. Broginski

**New York Governor Eliot Spitzer's Patients First health care reform agenda has its focus where it belongs: on the patient. Mr. Spitzer offers an excellent plan to reform and improve the state's ailing health care system but there are some serious flaws.**

### Part 1: What's Wrong

Mr. Spitzer "cheap- shots" hospitals and health care workers in his Patients First agenda, calling us and our employers "Entrenched Interests," while he disparages the state's past health policies as "Institutions First."

Yes, Governor Pataki's \$3 billion sellout to Dennis Rivera and his downstate powerhouse SEIU union was an obvious and desperate ploy to buy votes in a losing 2006 reelection campaign. It was also a show of downstate's muscle in state politics and a crippler for New York's health care budget. However, "institutions" such as hospitals and the memberships of health care unions, like us, are the "where" and "who" of how most health care gets done in this and any other state. By blaming hospitals, nursing homes and the health care workforce, Mr. Spitzer seems to opt for a "quick fix" approach to the problem of our state's broken health care system. This is not at all unlike President Bush's blame of workers with higher end benefit health plans as a cause of the national health care morass.



Press conference outside of Gates, Karen Taggart, RN-BGH reporting on the state of WNY Emergency rooms

The health care provider system has changed. Yes, much more care is delivered outside of the traditional hospital and nursing home setting. We approve of the governor's diverting of resources to community clinics where primary care and disease prevention will keep patients away from hugely expensive emergency room care. However, hospitals need help too; the exodus of outpatient and day surgery patients, especially to the lucrative, private, specialty imaging and surgical centers, leaves hospitals with the sickest, most complicated and indigent cases. This is one reason why New York hospitals continue to lose money, as cited by HANYS, the Hospital Association of New York State. Mr. Spitzer also seems to ignore the profound health care labor shortage, primarily in nursing and in home health assistants, that inflicts his state. You can't brush off hospitals and health care unions as "entrenched private interests" and, at the same time, bemoan a nursing shortage. This labor shortfall is so acute here in Western New York that our very own Kaleida offers up to a \$10,000 signing bonus to new RN hires. And so, this is hardly the time for Mr. Spitzer to ignore workforce recruitment and retention.

There is also a serious and growing doctor shortage in Western New York and other areas across the state. Proposed new state reforms in Medicaid reimbursement to teaching hospitals must not equate to simply cutting them.

New York State spends twice as much on Medicaid than any state in the country at \$2,215 per capita. Mr. Spitzer states that despite all the spending, New York has a higher percentage of deaths from chronic illness than any other state. He also says that our nursing homes are among the nation's most hazardous. That hurts; if there is anything in the current literature that controverts these findings, let it be heard.

Together with Bush's planned federal funding cuts, the  
(Continued on page 6)



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Or e-mail it to: [STAT@cwa1168.org](mailto:STAT@cwa1168.org)  
We can not print every letter we receive, but we will do our best to present the variety of views expressed.

## **President's Column**

# **The Fight is not over!**

*A Message from President John Klein*

There has been a great deal of discussion about the state of health care in these United States for many years. As health care workers, Union Members and working families, we should make understanding our health care delivery system a priority. There are many available forums in which to gather such information, but is it understandable?

The debate over universal health care has intensified as of late. Presidential candidates are addressing a universal health care delivery system as part of their health care forum in election campaigns. HR - 676 "The United States National Insurance Act" or "Medicare for All Act" is gathering support in both the house and the senate. NYS legislatures have introduced bills for a single payer health insurance plan in NYS - A 7354 / S 3107. And then there is the controversial Michael Moore movie, "Sicko", which has generated heated debates around the sickness of US health care (see article by L. Cudek Page 5).

But, WNY health care workers and consumers have an added burden to deal with; the closing of area hospitals. President Bush was quoted as saying, "I mean people have access to health care in America. After all, you just go to an emergency room." Well in WNY with the proposed changes and/or closings of five emergency rooms, exactly which ER can you get health care from and how long will you wait?

### ***Fight the closing***

CWA Local 1168 has been fighting the Berger commission since February 2006. It cannot be stressed enough that we are not opposed to change in health care delivery, but labor, health care workers and the communities must be part of the decision process. This message has been delivered repetitively in many public forums to the employers, the commission, the NYS representatives and the communities.

Our employers have responded to these messages by allowing CWA to review their department of health applications and plans for the closing commission's recommendations.



*President John Klein (center) with a group of Local 1168 Representatives at the 2007 CWA National Convention in Toronto*

### ***Fight for a solution***

Kaleida Health's plan includes taking into consideration the buildings, the overcrowded ERs, ER expansion needs, consolidation of

services with a systematic approach in moving services from Millard Gates to BGH, as well as the needs of the surrounding communities. They have also proposed a second look and independent study of DeGraff Memorial as a community hospital.

The Catholic Health system plan for St. Joseph Hospital is not as clear cut. There are some concerns with the plan in regards to Sisters Hospital, but there has been further discussion with the employer and we remain cautiously optimistic.

CWA has offered both health systems support in fighting the Berger Commission's recommendations, but we reserve rendering a full endorsement of their plans until after completely evaluating the full impact to all Members of both systems and the impact on communities. Expect updates regarding the employers' plans as the details become available.

### **Evaluate the fight**

The pressure applied to the state legislature, department of health, and the health systems over the last 9 months absolutely worked. Sometimes the fight is not your own, but remains a necessary fight. As we have said from the beginning, at the very least, we can not allow our elected officials to give legislative power to a non-elected body ever again. Our efforts arrested the over haul of the state prison system, by yet another appointed commission.

### **Continue the fight**

Our efforts over the last year were reflective at the CWA National Convention in July. CWA National is taking health care very serious as we were recognized as having a significant impact on unionism, now and in the future. We have the Nationals full support as we continue the fight. And, we will continue the fight by holding elected officials accountable. I charge each of you to do the same; write letters call your representatives and vote on Election Day. And when we ask for your help: Don't say it's the Unions Fight. **JOIN THE FIGHT! YOU ARE THE UNION!**

## **A Note from the Building Committee**

*By Ron Hosinski, Dir. Organizing*

CWA was informed that our office building on Delaware Avenue was up for sale in early 2006. The new owners took possession of the building in November 2006 and honored the lease agreement through May 2010. With uncertainty pending over renewal of the lease agreement, a committee was created at CWA Local 1168 to explore our relocation alternatives.

Our Executive Board was informed that CWA Local 1133 had purchased a 3.8 acre parcel of land and invited our Local to join with them to build a CWA complex in WNY. Both 1133 and the CWA District offices have moved on to Elk St in South Buffalo. There remains many unanswered questions regarding the feasibility of moving our office such as finding or establishing a place that complements our current needs and allows for future expansion. Once some of these questions are answered we will turn this information over to our members, as we have in the past.

We will keep the Membership abreast of new development as the details of research and construction plans become available. The Members will vote on our future relocation/building endeavors as per the By-Laws.

It is indeed an exciting thought, having a CWA complex in Buffalo!

Look for updates and future Stat! articles, and as always stay informed and involved because you are the union!

### **General Membership Meeting September 19th, 2007 @ 6:30 p.m. Niagara Frontier Legion Post 533 Amherst St, Buffalo, NY 14207**

*Agenda:*

*Hospital Closing Commission Update*

*Budget*

*Local Goals 2007 - 2008*

*25th Anniversary Celebration tickets available*

# CWA-COPE

Committee On Political Education  
Communications Workers of America

"Politics is what we create by what we do,  
what we hope for and what we dare to imagine."

Paul Wellstone  
1944-2002

## Health & Safety Report

# Safety on the Job

By Dana McCarthy, Dir. Health/Safety

In WNY there have been 29 occupational deaths in the last three years. Of these, 76% occurred at non-union job sites; none of the construction fatalities occurred at union organized construction sites. This lends strong evidence to the value of safety standards when working in organized labor unions.

Not all employers recognize the value of safety standards. For instance, in a recent case, which occurred with a non-union contractor, a worker (Mr. Fundalinski) fell to his death off an unsafe scaffold. OSHA is fining the contractor \$49,000 for repeat, that's right repeat, offenses that lead to Mr. Fundalinski falling. That contractor had been cited before for safety violations they didn't fix, and now a young man died because of it! I feel the contractor should spend time in prison.

Each of our Executive Board Members recently sent individual letters to our Congressional Representatives urging support for legislation introduced by Sen. Kennedy (D-MA) and Rep. Woolsey (D-CA) called the Protecting America's Workers Act. This Act would strengthen OSHA, increase penalties for Standard violations and criminalise certain safety violations. This legislation if passed will be the first worker safety legislation since the OSH Act in 1970.

Workers have a right to safe working conditions. Please report any unsafe working conditions to your supervisor. If that does not bring resolution, report the condition to your site Safety Officer. And if still there is no action, call the Union Office at 816-1168.

*Live Better, Work Union!*

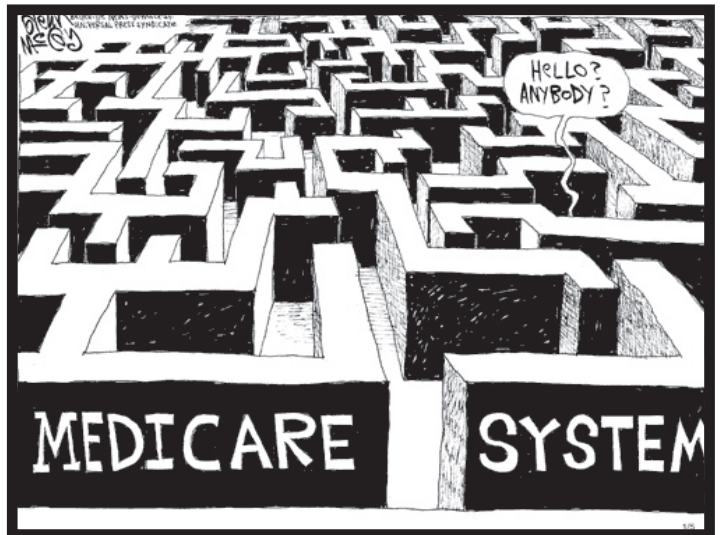
# Retirees' Corner

By Mary Brogcinski, Dir. Communication

CWA Local 1168 Retirees' Lunch Club has been meeting bi-monthly since October 2006 at the local office on Delaware. The group has been struggling to keep a consistent presence of Retirees at these meetings.

The group came to a decision at there last bi-monthly meeting in June to forego future meetings and to attend General Membership Meetings instead. The next General Membership Meeting is on September 19, 2007 at 6:30 p.m. and all retirees are welcome to attend. (See page 3 for details)

Jean Conibear, Chair of Retirees' Club, would like to evaluate the attendance at the membership meeting, before proceeding with scheduling future meetings. She stated "After the meeting in September, we can regroup and make a decision." It is a goal of the Retirees' Club to have active participation of retired CWA members, please come out and join us!



## *CWA 1168 25th Anniversary Party*

*November 10th, 2007*

*Buffalo, Convention Center*

*6 - 10 p.m.*

- Tickets go on sale September 4th at the Office 8 a.m. to 4 p.m. & will be available at the Membership Meeting
- Members & Retirees will be free and a guest can attend for \$50.00
- Each Member/ Retiree must pick up their own ticket.

# Sicko Connects

***If you want to find out about the Canadian health care system, ask a Canadian!!***

*-George H.W. Bush, c. 1991*

***If you can find money to kill people, you can find money to help people.***

*- A citizen of Great Britain*

***An educated, healthy, confident citizenry is much harder to control.***

By Larry Cudek, RN

*- Michael Moore*

Everyone's heard of Michael Moore. His uncountable critics call him every name in the book. He even has a web site, posted by an adversary, entitled Michael Moore Hates America, but his latest movie Sicko, (those same critics would never call it a documentary), is a powerful statement about just how sick the American health care system is. To argue his point he goes to the source: You will hear and see some of the very victims of our insurance driven health care system, i.e., the bankrupt and roughly estimated, approximately 16,000 people who died last year from the lack of health insurance; you will also hear from our country's paid off members of the U.S. Senate and House of Representatives who sponsor our health system.

There is a fair amount of writing on America's 46 million+ uninsured citizens, but Sicko is largely a tale of the "lucky" 250 million insured American health care consumers, with a few exceptions: In the opening scene, a man is suturing his own gaping knee laceration, because he has no health insurance; then a man who severed two fingertips in a table saw accident and faces the costs of replacing his middle finger, for \$60,000, and his ring finger, for \$12,000, who couldn't afford a middle finger.

The power of this movie is in the characters. There is Donna Smith, a newspaper editor with "good insurance" and her husband Larry, a union machinist. Both are in their fifties, lived comfortably, and put their six children through reputable colleges. After Donna's bout with Cancer, and Larry's three heart attacks, the couple gets so in debt paying insurance deductibles and copays that they lose their home and have to move into their son's "spare room."

Through every scenario some pretty disgusting injustice is displayed, like the testimony before Congress of a former insurance company medical

director who summed up her job thusly: "You make a huge salary to save the company money which you do by denying people their surgeries and other needed health care. You have to carry at least a 10 percent denial rate and you are rewarded for every bit of care you deny beyond that."



*CWA and concerned citizens awaiting a special showing of Sicko*

There's a lot more, much of which health care workers like us are too familiar with.

1. The big for-profit insurers, like Humana, Cigna, and for some unfortunates in Western New York, United Health Care, have a whole bag of tricks to deny care; one is denying life saving procedures like bone marrow transplants for any number of reasons.

2. Hillary Clinton's attempt at Universal health care in the early 90's was labeled as "Socialized Medicine" and soundly trashed by a \$100 million ad campaign sponsored by the insurers and pharmaceutical companies. The same Congressmen, who vilified the Clintons' efforts, praised

George Bush's Medicare Part D giveaway to these same pharmaceutical and insurance companies as "taking care of Mom." Nineteen of these Congressmen retired to become health lobbyists and cash in further: Consider Congressman and Medicare Part D sponsor Billy Tosin who accepted a \$2 million annual salary as CEO of Pharma, a pharmaceutical PR and lobbying firm.

3. Michael Moore found that if you ask Canadians what they think of their universal health system, they would generally say that they like it very



# Governor's Agenda

*(Continued from page 1)*

Spitzer budget will dock the state's hospitals and nursing homes a total of \$5 billion. This runs contrary to reason when the Berger Commission's mandated bed closings, at a cost of \$50,000 per hospital bed, will set our own Western New York hospitals back over \$123 million and create a health care crisis in Western New York.

Hospital Association President Daniel Sisto certainly took exception to the Governor's agenda in his January 26 press release: "Many of the Governor's forthcoming proposals, however, such as a reduction in the Medicaid trend factor and cuts in investments in workforce, are not unique and have been rejected in the past by the Legislature because they did not and do not constitute real reform."

In an earlier release, the HANYS president pointed out that New York State's past health budgets have been based on errant fiscal forecasting: "DOB (State Department of Budget), with remarkable consistency, has significantly underestimated available revenues, and as a result, proposed draconian health care cuts that, when exposed to the full light of day, were not appropriate (and in most cases ultimately defeated.)"

## Part 2: What's Right about Patients First

Governor Spitzer offers a lot of sound planning in his new health care reform agenda.

- First of all, unlike Bush's new Medicare Part D prescription plan, he would retain the state's Preferred Drug List for the state's Medicaid program. This is totally unlike Bush's giveaway to the pharmaceutical companies when a Republican Congress made Medicare drug prices non negotiable by law. In contrast, Spitzer notes that New York's preferred list saves the state \$200 million per year.

- Patients First will expand health insurance to the state's 400,000 uninsured children through its existing Child Health Plus plan. It would also streamline Medicaid enrollment and re enrollment by removing some paperwork hurdles. Any of Kaleida's or St. Joseph Hospital's financial social workers will tell you that Medicaid enrollment can be a lengthy process. Spitzer expects to save more millions here and will build the state's health insurance plan toward universal coverage for all New Yorkers, very much like California's. (Unfortunately, there is no mention of a single payer plan).

And, much to the "Gov's" credit he declared: "As we do all of this, we will demand that private HMO's and other health insurance companies also contribute to this effort." He would require greater transparency and accountability from the insurers on their pre-certification process, contractor requirements and technical denials. "We will not tolerate gamesmanship that results in denial of care in payment of care," he vowed.

Such gamesmanship was addressed by former Kaleida CFO Robert Glenning voicing the health system's refusal to be a network provider for the national, for profit, United

Health care behemoth: "We will not waste resources on the demands of such an insurer," he declared, as quoted in a March edition of Business First. Mr. Glenning is, without doubt, acutely aware of the roadblocks to service and denials of payment authorization put up by this new, and hopefully, not enduring participant in the Western New York health insurance market.

- On another note, although the Governor would freeze Medicaid payments to hospitals and nursing homes, he would not freeze rates to home care providers, such as Kaleida's Visiting Nurses Association. The "VNA," is an example of what he calls part of a "more effective community based setting" for care delivery.

- He would also focus more attention and funding to the most vulnerable of Medicaid patients, those with multiple medical needs. They make up 20 percent of the Medicaid population but consume 75 percent of dedicated resources. That would include not only administrative maneuvers but also, with the state assembly and senate's cooperation, legislative initiatives to benefit these people.

- Spitzer would also bolster the state's long - term care programs which currently accommodate only 20,000 of a total 100,000 people who would love to avoid institutional care by utilizing such in-home services provided through VNA, Schofield and many other long term care programs.

Patients First would drive the implementation of health information technology, investing in "electronic patient records, electronic prescribing, telemedicine and other innovative approaches."

- The FBI, IRS and other governmental agencies in cooperation with our local health insurers ferreted out over \$7.8 million in Medicaid fraud in 2006, according to a recent edition of Business First. Spitzer would continue and enhance such efforts by devoting more revenue to the state Medicaid Inspector General and proposing a "Martin Act," granting extraordinary prosecutorial powers to the state attorney general, for Medicaid and a State False Claims Act, legislation which has saved the federal government billions of dollars since inception.

- Finally, in creating a new public health policy, the Governor would arm the new commissioner of health with the resources and mandate to implement a strategy that enhances primary and preventive care. A much-needed Office of Long Term Care would accompany the new Office of Health Insurance Programs in the Spitzer arsenal.

And lastly, although we have documented our disagreements with several tenets of Patients First, we have also cited out approval of most. And, especially for these, we wish Mr. Spitzer Godspeed and forbearance in dealing with the many opponents to reform that he will encounter.

**Visit Our CWA WEB PAGE**  
**[www.cwa1168.org](http://www.cwa1168.org)**

# Grievance Update Report for 2007

A grievance is defined as a claim by an employee, a class of employees or the Local Union covered by an agreement, which involves the interpretation, administration of, or compliance with a specific provision of the Bargaining Agreement. The Local may have any number of grievances outstanding at any given time. As the Local represents employees from many different bargaining units and sites, it is thought that providing the membership with a report of grievances broken down by sites would help with understanding the extent of the process.

Grievances should first and foremost be settled prior to filing a grievance if at all possible. If resolve is not obtained, a grievance should be filed at step 1, progress to step 2 if it remains unresolved and proceed to arbitration if a settlement can not be reached. A list of definitions has been included for clarification regarding the grievance procedure.

**Won** – The employer agreed to the desired settlement

**Lost** – Did not agree with the employer's response

**Settled** – The grievant agreed to the settlement offered by the employer

**Open** – progressing through the grievance process

**Abeance** – The grievance is in suspension pending further action by the grievant, the employer or the Union.

**Arbitration** – The Union and employer did not reach an agreement, therefore a third party arbitrator will determine/render a decision, which is final and binding on both sides.

**Withdrawn without precedence (WWP)** – The grievance is withdrawn from the grievance process and will not be used in the future as a rule or guide for later decisions.

There are a total of 221 grievances filed this year throughout all bargaining units. Please review the breakdown by bargaining unit.

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## BGH RN – Total 69

Unjust discipline – 19

Hours of work – 10

PTO – 12

Bargaining Unit work – 3

Responsible Relationship – 2

Disability – 3

FMLA – 1

Temporary Assignment – 1

Shift rotation – 1

Floating – 3

On call – 3

Staffing – 2

Continuing Education – 2

Pension – 1

Job bidding/transfer – 3

Charge Pay – 2

Bereavement – 1

**Won 8, Settled 17, Lost 1, WWP 7, Open 36**

## BGH TCC – Total 37

Unjust discipline – 26

Hours of work – 6

PTO – 2

Bargaining Unit work – 1

Job description – 2

**Settled 13, WWP 13,**

**Open 9**

## BGH Prof – Total 6

Unjust discipline – 4

PTO – 1

Preceptor – 1

**Settled 1, WWP 2, Open 3**

## DeGraff TCCS & RN –

**Total 15**

Unjust discipline – 7

PTO – 2

Bargaining Unit work – 1

Responsible relationship 1

Downsizing/Floating/Flex 3

OT/per diem – 1

**Won 3, Settled 1, WWP 8, Open 3**

---

## MFH RN – Total 58

Unjust discipline – 12

Hours of work – 6

PTO – 3

Bargaining Unit work – 3

Responsible relationship – 9

Scheduling – 2

Compensation – 1

Call in – 5

Weekends – 2

Downsizing/Float/Rotation 8

Continuing Education – 1

Job Security – 2

Salaries – 1

Job qualifications – 1

Job bidding/transfer – 2

**Settled 18, Lost 1, WWP 18,**

**Open 20**

## MFH TCC – Total 26

Unjust discipline – 9

Hours of work – 1

PTO – 2

Bargaining Unit work – 2

Responsible relationship – 1

Over time – 1

Disability – 1

Union Representation – 1

Salaries – 1

Preceptor – 2

Job bidding/transfer – 1

Job description – 2

Job performance – 1

**Won 3, Settled 1, WWP 14, Open 8**

**MFH Prof - No grievances**

**Total Arbitrations for the Local - 16  
Won - 1, Settled - 4, WWP - 2, Open - 9**

## St Joseph RN – Total – 3

Rotation – 1

Floating – 1

Mandatory OT – 1

Staffing continues to be an issue dealt with at monthly Labor/Management Meetings

**Open – 3**

## Family Pharmaceutical Services – No grievances

## Sheehan Memorial (RN) – Total 4

Hours of work/scheduling – 1

Unjust discipline – 3

**Arbitration 3: 1 – approved, 2 - request for, WWP – 1**

## Planned Parenthood of WNY

**Professional Unit – Total – 2**

Hours of work/scheduling – 1

Union representation – 1

**Medical clerks – No grievances**

**Won 1, WWP 1**

## Waters of Gasport – Total 1

Unjust Discipline – WWP

## Union Occupational – No grievances

## Legal Aid – No grievances

# Sicko

*(Continued from page 5)*

much, and that health care is a citizen's right. In a July 29 Sunday Buffalo News headline story, health reporter Henry L. Davis found that there were many complaints of long waits for needed surgeries and procedures like open heart surgery and MRI's in Canada. Mr. Davis never mentioned that Canadians live an average of three years longer than Americans and that health care is not a common cause for bankruptcy as it is here. Canada also rates highly in measures of good health care such as infant mortality where the US rates 37th, just ahead of Slovenia.

4. In a visit to a National Health System clinic in Great Britain, a general practitioner admits that his annual salary is almost \$200,000 that he is paid extra for his patients that stop smoking or lower their blood pressure. He drives an Audi sedan, lives in a million dollar home and never has had to deny a patient needed care because he/she couldn't pay, because health care is free (paid for by taxes only) in Great Britain, France, Germany, Sweden, Norway, and any other industrialized country EXCEPT OURS.

There are too many quality ideas in this movie to render in this space, but one that really stands out is Michael Moore's view of the United States where: It is very expensive to buy health insurance and thus be healthy; it is very expensive to get a college education with the average college graduate being over \$35,000 in debt; it is very difficult to get a good job with many well-paying jobs going overseas (c.f. General Motors). If you are in debt and are desperate to keep your job, you can be intimidated and controlled. An educated, healthy, confident citizenry is much harder to control. Think about it, and see the movie, please.

## *Congratulations CWA Local 1168*

*For being recognized at the 2007 CWA National Convention for the efforts in "Fighting the Berger Commission" & "Walking to Albany"*

***Stat!*** was recognized in the  
CWA Communications Contest  
As Newsletter of:  
***General Excellence***  
&  
***Best Opinion Column***

*Kudos to the Staff of Stat! for their determination, endless effort and hard work.*

*Please take a moment to recognize them for a job well done.*

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