

St. Joseph's Hospital nurses consider strike

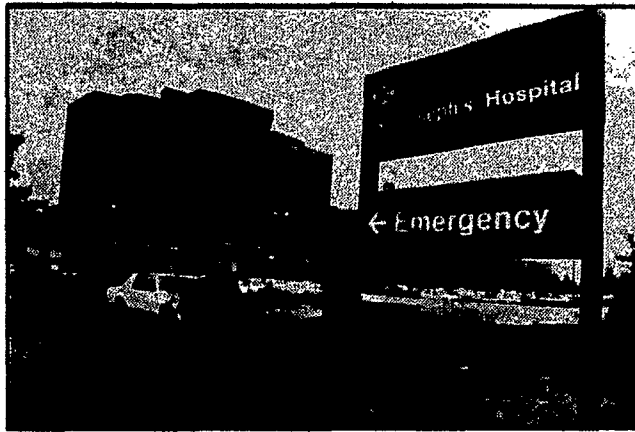
By Mike Latona
Staff writer

Nurses at St. Joseph's Hospital in Elmira were voting whether to strike as the *Catholic Courier* went to press Tuesday, Sept. 19.

The nurses have been working without a contract since May 31, when the previous two-year agreement expired. Since then, the hospital and the New York State Nurses Association, which represents the St. Joseph's Hospital nurses, have failed to agree on a new contract. The union is seeking better pay and retirement benefits, as well as an end to what it claims is severe understaffing among nurses at the hospital.

"The nurses have had enough and are taking a strike vote," said Mark Genovese, spokesperson for the Albany-based NYSNA on Sept. 18.

The last nurses' strike at St. Joseph's Hospital occurred in 1983. In 1998, nurses worked without a contract for



more than five months before a new contract was signed in November of that year. According to Denis Sweeney, St. Joseph's Hospital spokesperson, all of the hospital's 145 nurses are represented by NYSNA, and about two-

thirds are dues-paying members. The union said that it represents 136 nurses at St. Joseph's Hospital, however.

Hospital and NYSNA negotiators have held several sessions since the most recent contract expired. They last met on Sept. 7 at the hospital, three days after St. Joseph's nurses picketed in front of the building.

Sweeney said union officials walked out of the Sept. 7 meeting just as St. Joseph's officials were preparing to give a final offer.

"We were both surprised and disappointed," Sweeney said. "We want to have this resolved so we can all move on."

However, Genovese claimed that the NYSNA had waited for five hours that day for a counter-proposal before walking out. "(NYSNA) determined that the hospital was stalling, and so they decided not to wait any longer," Genovese said.

Genovese acknowledged that St. Joseph's Hospital sent
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Consumers seek lower drug costs



Joan Birch Flanigan spends summers in her native Rochester, visiting with her seven children, grandchildren, great-grandchildren and old friends from St. Boniface Parish. And this summer, Flanigan — who has no supplemental health insurance to cover medications back home in Port St. Lucie, Fla. — began making trips to Canada to buy her 12 prescription medications.

When two Florida health-maintenance organizations through which she previously had coverage "went belly up," she began looking for a way to reduce her monthly drug costs.

"We worked at it for quite a long time," she said. "I started down here (in Port St. Lucie), calling my senator and congressman. They advised me to sell my house, move to West Palm Beach or Melbourne to get into an HMO."

Even with coverage from another HMO, she would use up prescription benefits in just a few months. Until she began going to Canada, she was spending \$700 to \$800 on drugs each month, out of a monthly income of \$1,500. Some of that income is payments from a severe 1983 car accident that severed her foot, leading to one medical problem after another.

Flanigan's granddaughter and a friend helped her learn about the lower prices across the border, and in June she sent a son to Canada with her prescriptions. But obtaining cheaper Canadian medicines isn't as simple as crossing the border and giving a U.S. prescription to a Canadian pharmacist. In order to get them filled, the prescriptions must be signed by a Canadian doctor. Eventually she found a doctor willing to talk with her about her medications and sign them to be filled in Canada. The visit cost her \$22.

Flanigan is grateful for the savings — about \$350 a month so far. Before establishing her Canadian connection, she had trimmed costs by cutting back on doses and also skipping some drugs altogether. So instead of putting extra money in her pocket, lower Canadian prices are simply allowing her to return to the full drug regimen recommended by her physician.

The right to treatment

In May, John M. Kerry, executive director of the New York State Catholic Conference, likewise noted that the cost of prescription drugs is forcing people to cut back on their medications.

At a joint hearing of the Senate Committee on Corporations, Authorities and Commis-
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