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UNIFORMED EMT'S AND PARAMEDICS OF THE FDNY
LOCAL 2507, DC37, AFSCME AFL-CIO
718-371-0310

UEP Bulletin

STRATEGIC PLANS

BY PATRICK J. BAHNKEN

By now we have all seen the departments "Strategic Plan" for the coming year and all the evil nasty things they would envision for the future of our careers if only they could operate with a free hand. Thankfully, they cannot.

The "Strategic Plan" contains things like requiring EMT certification for open competitive and "promotional" exams for Fire Fighter. Although some misguided souls at headquarters cling to this pipe dream in spite of a zero tolerance policy, the fact is that the recently completed exams do not require these certifications. The lists generated by these exams when certified, will be in place for four years.

The department also included the proposal for "Paramedic Response Engines." This subject has already been dismissed by the Fire Fighters Union as simply not going to happen. Additionally, should the department attempt to move forward with this proposal, we along with the UFA are well poised to address this ridiculous idea.

Another issue addressed by this flawed document is the concept of Paramedic Response Units. Everything old is new again and that includes the PRU proposal. Despite our appeal, the New York State Department of Health upheld the decision of the Regional Emergency Medical Advisory Council to allow a pilot program to go forward. Even before the strategic plan came out, the department knew that this effort had failed in the past. True to the definition of insanity, the department will attempt to do the same thing the same way and expect a different outcome.

By now you may be asking yourself, why would the department put forward a plan, most of which they have already admitted probably won't happen? Even more puzzling, why for the first time since the EMS/Fire merger, would they circulate such an inflammatory plan to every EMS work location?

It is my opinion that the answer to these questions is obvious. The department knows that we are entering negotiations for a new contract. In fact, by the time you receive this newsletter the negotiations will be underway. So what could the department gain by

creating such havoc in the EMS workforce? Simple, sow dissension among the EMS workforce in the hope that the rank and file will turn against itself. After all, with chaos comes opportunity.



Another benefit would be to have the EMS workers vent their frustration at Fire Fighters in the field in the hope of fracturing the bond between our Union and the Fire Fighters Union. Some of us fail to understand the concept of US against THEM means the Unions AGAINST the administration.

Each of these scenarios follows the age-old strategy of divide and conquer. Sadly, there are those among us who readily start to dance each time this or some similar song comes around on the piano. Much like Pavlov's dogs, each time the administration comes up with a silly idea, the predictable reaction of attacking our allies and ourselves is the response generated by some of those among us.

Statements akin to the sky is falling or the end is near begin to flow. These are invariably followed by bitter, acerbic rants towards ourselves and those who stand with us while the administration stands back and laughs themselves silly.

In closing, I assure you that the Union is well aware that in all rumors there is a hint of truth. We are not resting on our collective butts while the department plans our demise however; we are also not going to panic and waste valuable time responding to every bad idea that the department dreams up. Especially when we know that they know it isn't going to happen.

Rather than chase the shadows of ideas that exist nowhere but on paper, we will instead wait for a real threat to emerge. Then and only then will we act and when we do, we will act decisively.

In Solidarity

Patrick J. Bahnken
President

THE BUSINESS SIDE OF EMS

BY DONALD FAETH

Most, if not all of us, got into the business of saving lives in the capacity of EMT or Paramedic, because we care. Most, if not all of us, knew when we signed on, that we would never be considered financially wealthy through the pursuit of this profession.

However, most, if not all of us, still shake our head in frustration when we stare at our net income on payday. We aren't surprised by the final tally, but most, if not all of us, believe so strongly in the importance of the job that we do, that we still hold tightly the hope that the City we work for will do the right thing some day and recognize the importance of our work at the bargaining table with a more appropriate compensation.

Back in the Von Essen days, we approached his administration and explained how we recognized that they were not availing themselves to millions of dollars in accounts receivables each year. We explained further that this was occurring in two different paths. First, the system gave away the most lucrative (higher concentration of insured patients) areas for free to the commercials and privates. Second, the system was not generating or taking entirely too long to generate a bill for services rendered.

More often than not, when they did generate one, they never followed up when the person didn't pay. Pat made an offer to 'Tommy' at that time to have the local pay for an independent EMS billing agency to consult on the failed in-house system they had implemented. Remember, at this time we were generating approximately 45-65 million dollars per year in bill receivables. The cost of running the system was approximately 160 million.

Tommy immediately said 'NO'. You see, he was still trying to secure FDNY control over EMS and his boss 'Rudy' was seeking to eliminate the City hospital system. They sought to utilize the patient steering practices of these other organizations to achieve the latter. With regard to the former, if the bean counters of the City got wind that we were something more than a financial drain on the system, the idea of privatizing the system would have faltered and we might be provided with additional internal resources and incentives to maintain the current workforce, possibly even increase it!

After we revealed some of these facts in a public forum through news stories and City Council hearings, things started to happen. The City Comptroller, Alan Hevesi, released a study proving that rampant patient steering was occurring in the private EMS sector. Then the State Comptroller, Carl McCall, produced a scathing report about FDNY and their irresponsible practice of 'throwing millions of dollars worth of accounts receivables in the trash.'

Fortunately, Von Essen and Giuliani eventually went off into the sunset holding hands, and hopefully they will sink together in infamy when Rudy announces his run for the ultimate ego inflating position, and the political opponents expose the man for what he really is. But I digress...

Today, many things have changed. With a new Mayor, came a new perspective. His administration is in support of strengthening the City Hospital system. All of a sudden, no new territories were being given out to private interests, and as financial problems

plagued some, we took a few areas back. With the enlistment of an independent EMS billing agency, and the E-PCR program, this past years' revenues for our services reached 122 million dollars.

Stay with me now. Look what else has been happening. The system has added new stations and more are planned for the near future. We have been provided with cutting edge protective equipment and have increased our training requirements. We are at the highest head count in the history of this local, over 2600 EMT's and Paramedics. The system is providing two simultaneous in-house Paramedic programs.

The Office of Management and Budget (OMB) has authorized FDNY to offer hiring incentives to outside Paramedics to sign on with FDNY. Do you think these things are investments in something somebody wants to eliminate, or something they are trying to grow?

We have come a long way, yet we know, there is so much more to do, and to be watchful of. Yes, we saw the FDNY strategic plan. Actually, we obtained a copy several weeks before it was released. We made the appropriate contacts and set the strategy we need to follow if this dream sheet is pursued, but going public at this time would not be appropriate.

Right now, it is nothing more than a regurgitation of the IAFF playbook that, quite frankly, the UFA is not buying and OMB is not going to embrace (simply because there is no return on that type of investment). Please tell those who believe the sky is falling to put on a helmet if that makes them feel more comfortable, but they should move on with their lives.

More importantly, at this time, we are moving forward to the State Appellate Court in Albany to fight the City's last appeal opportunity on Uniform Status. The City's appeal is not personal, just business. We have re-introduced our 20-and-out pension in Albany. Please say a prayer for this one. We are also prepared to sit with the City to negotiate our next contract. The membership has spoken and we are prepared to go to arbitration if necessary. We are ready, but apparently other people are not. We will let you know as this progresses.

In the meantime, understand the business of EMS. Obtain insurance information once your patients' medical needs are taken care of. Write legibly on your PCR and fill out everything appropriately. Most importantly, pick up your jobs and avoid allowing other agencies to transport your patient. Remember, only the transporting agency is allowed to generate a bill. Last, and most important of all, take care of one another out there and stay united. Together we will grow, separated, we might find ourselves one day out of business!!

In Solidarity

Donald Faeth
Vice President



WTC MEDICAL MONITORING AND TREATMENT PROGRAM

By ISRAEL MIRANDA

Sisters and Brothers, the WTC Medical Monitoring and treatment program is the term applied to both the FDNY Program and the Mt. Sinai Program which covers five clinical centers in New York City and the surrounding areas.

This program is currently being expanded to cover individuals outside the New York area who meet certain criteria. The program was set up with input from our union and designed to take advantage of the fact that BHS has base-line medical records of all EMS members from the merger forward. The Mt. Sinai Program was designed to mimic what BHS is already doing. The pulmonary function test was enhanced to bring it up to the technology of today. Recently, the computer mental health component was shortened to both reflect the realities of the present.

This program covers all active members and retirees who participated in the WTC Rescue and Recovery effort when a member who is active goes to his annual medical, his information goes into the WTC medical monitoring and treatment program and becomes part of your personal medical history. It would be prudent to share your results with your own physician, so they may follow up or confirm these results. Retired members who have returned for the WTC medical monitoring exam, which is required by NIOSH to take part in the treatment program, must have an exam at least every 18 months. If you have not had a WTC retirees medical monitoring exam, you can schedule an appointment at (718) 999-1858.

If you are an active member and currently experiencing a WTC health related issue, you can call BHS at (718) 999-1948. Ask for Capt. Louis Terrusa to schedule a medical exam. If you not sure if you are eligible, whether active or retired you would had to have worked at the WTC site from 9/11/01 to 7/25/02 (WTC site, morgues or Staten Island landfill).

If a member active or retired is seeing a physician outside BHS and wants to utilize the WTC prescription program, their M.D. must fill out a Physician Certification for WTC Treatment Program form. The member must bring the form to BHS for endorsement and new prescriptions will be given for immediate treatment. It also can be submitted by computer at BHS by the WTC staff. This contract was bid out and given to express scripts. All members participating in the program should be receiving an express scripts prescription card with a F.D.N.Y. logo. This card will only be accepted with a prescription authorized by the WTC medical Monitoring and treatment program at BHS. I emphasize there is no co-payment. If you did not receive notification by mail of the prescription card and program and are eligible, check if a recent change of address may be the cause or call the union office, leave your name and call back number. Members active or retired should avail themselves of the benefits given by the WTC monitoring Diagnostic and Treatment program. I am well aware of the problems our active and retired

members are having with the law department. We are trying vigorously to address this issue at different forums. In the meantime, all active and retired members with W.T.C. illnesses or injuries should not wait for the law department or workers' comp to approve diagnostic test and treatment for W.T.C. illnesses or injuries.



These are some of the participating pharmacies, Rite Aid, Duane Reade, CVS, Eckard's, Walgreen's, Wal-mart, K-Mart and Target.

There are some conditions and medications that are not recognized by the program. There is an Appeals Board that will deal with these issues on a case by case basis. If you have any questions call the WTC line at BHS (718) 999-1858 or call you union office at (718) 371-0310. Ask for Izzy and I will get back to you as soon as possible.

A list of recognized conditions and prescriptions is on pages 4 and 5. Sisters and Brothers, we live in a hard world. We must take care of each other. With unity power will follow, bless you all.

In Solidarity

Israel Miranda
Recording Secretary
Health and Safety Coordinator

**IT WAS BROUGHT TO THE UNION'S
ATTENTION THAT APPROVAL FOR
GEAR RACKS TO HANG THE
NEW PERSONAL PROTECTIVE
EQUIPMENT WAS AUTHORIZED.
WE ARE EXPECTING THE
AGENCY TO ADVISE US
ON IMPLEMENTATION.**

WTC TREATMENT PROGRAM RECOGNIZED CONDITIONS

AERODIGESTIVE DISORDERS

New onset or aggravation of pre-existing conditions for which clinical findings suggest onset is related to WTC exposure/injury:

Aerodigestive syndrome
Asthma
Chronic Cough Syndrome
Chronic laryngitis
Chronic nasopharyngitis
Chronic Respiratory Disorder—Fumes/Vapors
Chronic rhinosinusitis
Gastro-esophageal Reflux Disorder (GERD)
Interstitial lung diseases
Reactive Airways Dysfunction Syndrome (RADS)
Sleep apnea exacerbated by or related to the above conditions
Upper airway hyperreactivity
WTC-exacerbated chronic obstructive pulmonary disease (COPD)

MENTAL HEALTH CONDITIONS

New onset or aggravation of pre-existing conditions for which

clinical findings suggest onset is related to WTC exposure/injury: “V codes” (treatments not specifically related to psychiatric disorders, such as marital problems, parenting problems etc.)

Acute Stress Disorder
Adjustment Disorder
Anxiety Disorder (not otherwise specified)
Depression (not otherwise specified)
Dysthymic Disorder
Generalized Anxiety Disorder
Major Depressive Disorder
Panic Disorder
Post Traumatic Stress Disorder (PTSD)
Substance Abuse

MUSCULOSKELETAL DISORDERS

New onset or aggravation of pre-existing conditions for which careful review of symptoms or other clinical information suggest relationship to WTC exposure/injury:

Carpal Tunnel Syndrome (CTS)
Low back pain
Other musculoskeletal disorders

WTC TREATMENT PROGRAM RECOGNIZED PHARMACEUTICALS

UPPER AIRWAY

Allegra D
Astelin
Atrovent nasal spray
Benadryl
Clarinet
Flonase
Headache caplets
Nasacort AQ
Nasonex
Rhinocort AQ
Strength Severe Allergy and Sinus

Combivent
Cough Med (Duratuss)
CPAP and BIPAP
Flovent
Foradil
Home Oxygen
Maxair
Medrol dose pack
Nebulizer machine
Prednisone
Proventil
Pulmicort Respule
Pulmicort turbohaler
Singulair
Spiriva

VACCINES

Flu
Penumovax

LOWER AIRWAY

***The following may be approved for use only by a pulmonary physician, principal investigator or his/her designee:**

Acetylcysteine
Azathioprine
Cyclophosphamide
Cyclosporine
Interferon Gamma 1b
Mycophenolate
Tacrolimus
? Pre-transplant vaccines

TOBACCO CESSATION

Chantix
Nicotine Gum
Nicotine Inhaler
Nicotine Lozenge

LOWER AIRWAY

Advair
Albuterol
Asmanex
Atrovent
Azmecort

WTC TREATMENT PROGRAM

RECOGNIZED PHARMACEUTICALS

Nicotine Nasal
Nicotine Patch
Wellbutrin XL

Sonata
Trazodone
Wellbutrin XL

Tizanidine (Zanaflex)
Tramadol (Ultram, Ultram ER,
Ultracet)
Triamcinolone (Kenalog)

GASTROINTESTINAL

Aciphex
Metoclopramide
Nexium
Pepcid Complete
Pravacid
Prilosec
Colace
Sennacot

*** The following may be approved for use only by a mental health physician, principal investigator or his/her designee:**

Abilify
Acamprosate
Adderall (reg and XR)
Buprenorphine
Cytomel
Depakote
Dexedrine SR
Geodon
Haldol
Lamictal
Lithium Carbonate
Modafinil
Prazosin
Risperdal
Seroquel
Tegretol
Thorazine
Viagra
Zyprexa

*** The following may be approved for use only by a pain management specialist, principal investigator or his/her designee:**

Baclofen
Botulinum Toxin (BoTox, MyoBloc)
Butalbital (Fioranal, Fioricet)
Carbamazepine
Carisprodol (Soma)
Febtanyl (Duragesic, Actiq)
Hyalgan infections
Hydrodone (Lortab, Lorcet, Vicodin,
Vicoprofen, Zydone, Norco)
Hydromorphone (Dilaudid)
Hylan GF-20 (Synvisc, Euflexxa,
Orthovisc)
Lidocaine (Lidoderm 5%)
Metalaxone (Skelaxin)
Methadone (Dolophine, Methadose)
Methocarbamol (Robaxin)
Methylprednisolone (DepoMedrol)
Morphine (MS-Contin, MS-IR, Avinza,
Kadian, Duramorph)
Orthovisc Injections
Pentazocine (Talwin)
Pregabalin (Lyrica)
Propoxyphene (Darvocet, Darvon)
Topiramate (Topamax)

ANTIBIOTIC

Amoxicillin
Augmentin
Azithromycin
Bactrim
Biaxin
Doxycycline
Foscarnet*
Ganciclovir*
Isoniazid
Levaquin
Zithromax

*** The following may be approved for use only by the principal investigator or his/her designee.**

MENTAL HEALTH

Ambien
Ambien CR
Amitriptyline
Aprazolam (Xanax)
Ativan
Citalopram (Celexa)
Clonazepam
Cymbalta
Diazepam
Doxepin
Effexor
Fluoxetine (Prozac)
Klonopin
Lexapro
Lunesta
Neurontin
Nortriptyline
Paroxetine (Paxil)
Sertraline (Zoloft)

PAIN MANAGEMENT

Acetaminophen (Tylenol #2, Tylenol #3, Tylenol #4)
Amitriptyline (Elavil)
Celecoxib (Celebrex)
Choline Magnesium Trisalicylate (Trilisate)
Codeine
Cyclobenzaprine (Flexeril)
Diclofenac (Arthrotec, Voltaren)
Duloxetine (Cymbalta)
Gabapentin (Neurontin)
Ibuprofen (Motrin, Nuprin)
Indomethacin (Indocin)
Lidoderm patches
Meloxicam (Mobic)
Metalaxone (Skelaxin)
Nabumetone (Relafen)
Naprosyn
Nortriptyline (Pamelon)
Oxycodone (Oxy-Contin, Oxy-Fast, Percocet, Endocet, Percodan, Roxicodone, Roxicet)



2006 NEW YEAR'S



Photos by Joe Conzo

S EVE COVERAGE



Photos by Joe Conzo

2006 NEW YEAR'S EVE COVERAGE (Contd.)



Photos by Joe Conzo

GRASPING THE RING

By ANTHONY MIRANDA, *Executive Board Member*

Hello, my brothers and sisters! I hope you are all well or at least as well as you can be in times like these. The heading “Grasping the Ring,” is a metaphor for taking something in reach of a goal. The ring symbolizes what you are getting for your efforts. Each day we put our lives on the line for this city. We hear again and again how great a job we do but with minimal assistance economically to help us raise our families. The city wants to meet with us on February 26th to discuss contract issues. I hope to see more people at our General Membership Meeting. We have a lot of work to do. I want to thank all the members who

assisted us in lobbying in Albany and in City Hall. Many helping getting out the VOTE to elect candidates that have the same view as us. We deserve more to help us live decent lives. I am proud of these people because they are here helping in their future as well as ours. Again I say, I see the ring but we have a lot to go yet. We need more people involved in the future. Be part of grabbing that damn ring.

God bless you all.



UNION CONNECTION

By LESTER MUATA GREENE, *Labor Liaison*

This will be the first in the series “Labor’s Great History” I will start with the beginnings of modern labor movement. Let’s start by traveling back to the beginning of the 20th century in 1905 when the Industrial Workers of the World was founded. At a convention of 200 trade unionist, socialists, and anarchists.

This event came to be known as one of the most important events in the history of the American labor movement. The goal was to promote worker solidarity the motto was “an injury to one is an injury to all” IWW as it was called was organized because many believed that the American Federation of Labor AFL not only failed to organize the U.S. working class, as only 5% of all workers belonged to unions in 1905, but also was organizing according to narrow craft principles which divided groups of workers.

The IWW (Wobblies) differed from other union movements of the time by its promotion of industrial unionism as opposed to the craft unionism of the American Federation of Labor (AFL).

The Wobblies emphasized rank-and-file organization, instead of empowering leaders who would bargain with employers on behalf of workers (modern business unionism).

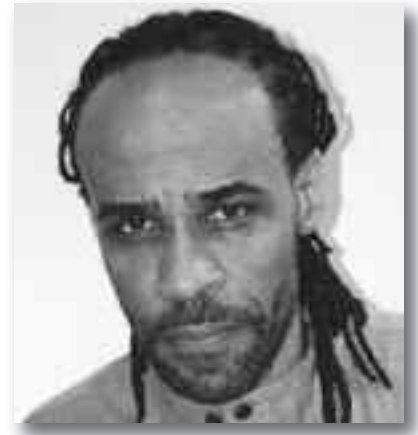
IWW most important contribution to labor movement and social justice was that it was the only American union to welcome all workers including women, immigrants and African Americans into the same union.

This commitment to equality was played out by Local 8 longshoremen’s union in Philadelphia, led by Ben Flechter an African American had over 5,000 members majority African American and more than a thousand immigrants primarily Lithuanians, Poles, Irish Americans.

Industrial Workers of the World (Wobblies) at its peak in 1923 claimed some 100,000 members and could marshal the support of 300,000. This was truly part of labor’s great history.

In honor of Women’s History Month here are labor history dates from working women history;

- February 1831—300 women gathered to found the United Tailoresses’ Society of New York and in June 1, 600 members went on strike when employers refused the union wage proposal.
- 1845—The Female Industrial Association of New York City was founded. Members included bookmakers, capmakers, seamstresses, fringemakers, strawmakers and lacemakers.
- September 1868—Susan B. Anthony founded the Working Woman’s Association, No 1.
- September 26, 1875—Mary Dreier was born in Brooklyn, NY and in 1906 became President of the NY chapter of the Women’s Trade Union League.
- 1909—A strike by women shirtwaist workers, which became known as the “Uprising of the 20,000” began in 1909.



NEW TRUSTEES TAKING OATH



GENERAL MEMBERSHIP MEETINGS

By Renae O'Carroll, *Executive Board Member*

I would like to take a moment to thank those that make the effort to attend the General Membership Meetings. With our busy work schedules and personal commitments it can be quite difficult at times to attend, which is understandable. Since I have been involved with the union the numbers are increasing with every meeting, not only are the meetings informative, but it also serves as an arena to vent your gripes about the management and politics of this service that we work for, not all problems can

be solved at the meetings but we do work towards finding resolutions to solve them in the future. The meeting is also a form of networking with an assortment of guests speakers and also our co-workers who are very interesting people involved in a variety of interesting projects and organizations outside of the service we work for. I, myself, volunteers with different organizations throughout the year, time permitting of course. Well again, I just wanted to take this moment to say thank you to those who made the effort and those who can't or haven't, maybe we will see you in the future.

BRONX EMS FOOTBALL AT FORDHAM UNIVERSITY



Photos by Joe Conzo

STATION 10 BREAKFAST WITH THE MAYOR AND COMMISSIONER



Photos by Joe Conzo

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called in or e-mailed to the
following news media:**

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The New York Post

1-212-930-8500

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The New York Times

news-tips@nytimes.com

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