NURSES TAKE A STAND FOR SAFE PATIENT CARE APRIL 16
NURSE RALLIES

Bronx Lebanon Hospital... BROOKLYN Hospital Center... Kingsbrook Jewish Medical Center...
Maimonides Medical Center... Montefiore Medical Center... MOUNT SINAI Hospital... New York
Methodist Hospital... New York Presbyterian/Columbia University Medical Center... RICHMOND
University Medical Center... Staten Island University Hospital... ST. LUKE’S-ROOSEVELT Hospital Center
see page 10

NURSES & COMMUNITIES A 100-YEAR PARTNERSHIP
Why we fight

Many envision nurses as gentle angels floating along hospital corridors dishing out pills and pillows while offering patients soothing words and support. The reality is that today’s nurse is more like a tightly wound machine. We dart from patient to patient, computer to pyxis, phone to tablet. We handle checklists and regulatory forms, look up meds and treatments, question doctors, and procure supplies. Amidst it all, we deal with complex patients and complicated family situations and must document so much material that the essence of who we are and what our patients truly need often gets lost.

We rarely take time to ask ourselves important questions like what kind of nurses do we want to be? Is it possible to find real fulfillment in our work if we don’t have the support we need to make a fundamental difference in the lives of our patients and the health of our communities? What’s needed to rejuvenate the profession so that the next generation will be drawn to nursing and make it a career?

The future of nursing and the role of our union

As practicing nurses, we know exactly what’s needed if our profession is to survive and thrive. And we know that our needs are not pipedreams. When we develop bargaining proposals, our needs inform our proposals, and our contracts make them actionable:

- **REAL safe staffing** — enforceable nurse to patient ratios and staffing based on acuity.
- **A healthcare system that supports patients and places community needs ahead of profits through patient protections and community rights.**
- **Education and training** — to ensure that we are equipped with the skills and knowledge needed to provide the best patient care through paid in-service training, continuing education, and tuition support.
- **Respect, support and compassion** from our employers for the work we do through proper scheduling; adequate salaries and benefits; non-punitive approaches to addressing the conflicts that sometimes arise between family and job demands; and other tools to manage our work-life balance.
- **A safe environment** including protection from preventable exposure to toxins, violence and injuries through engineering controls, proactive preventive measures, and defined channels for support when injuries do occur.
- **Involvement** of front line caregivers in defining our practice needs through workplace committees that guarantee direct caregivers a voice and a measure of control over care delivery.

So what’s the problem?

Why do our employers resist us so forcefully when what we seek not only strengthens our profession and protects patients but helps the bottom line, as well? It seems so obvious that everyone wins when nurses voices are listened in all industries and health care is no exception. This struggle is amplified during negotiations. Our employers state time and again that they are in charge and have absolutely no interest in sharing control, regardless of our “professional” status. They may tout “shared governance” rhetoric, but at the end of the day, talk is cheap. Our contracts are what give us our voice and our power.

Why we fight

At present, 20,000 NYSNA nurses are engaged in bargaining, some negotiating a first contract and others renewals. What we
Capital Region RNs stand firm for safe staffing

Safe staffing and a commitment to a statewide strategy to improve patient care dominated the March 12 Capital Region Inter-Regional Meeting in Glenville. Nurses from across the region gathered to share updates on ongoing contract campaigns at Ellis Hospital and Bellevue Woman’s Center in Schenectady and Nathan Littauer Hospital in Gloversville.

Nathan Littauer NYSNA members reported on their recent win of an Unfair Labor Practice charge against the hospital for direct dealing with employees. The hospital must post official notice of the settlement for 60 days, stating that it will not violate employees’ federally-protected union rights by attempting to circumvent the union. Nurses from Visiting Nurse Services (VNS) in Schenectady presented highlights from their newly signed contract to inspire those still in bargaining, and RNs from St. Elizabeth Hospital in Utica offered their support, as well.

Respected leader retires

The entire room paid tribute to Gloria Strong who is retiring from VNS after serving as bargaining unit president for 44 years. Melissa Coyne, VNS RN and current bargaining unit president, summed up the sentiment felt by all: “45 years ago, our RNs were being taken advantage of, and we are all here today because of Gloria. Your legacy will continue.”

“We’re going to keep standing for what we started out to do.”
Theresa Jewett, RN
Ellis Hospital

Gloria Strong, RN, retiring from VNS of Schenectady after 44 years of unit leadership

NYSNA members from Albany area expressing solidarity at their Inter-Regional Meeting on March 12.

Upstate member leader training

PLATTSBURGH: April 9 @ Butcher Block, 15 Booth Drive, Plattsburgh
CANTON: April 26 @ Best Western University Inn, 90 E. Main St., Canton
ALBANY: May 6 @ NYSNA Offices, 155 Washington Ave., Albany

St. Joseph’s RNs show unity

During a recent negotiating session with St. Joseph’s Hospital in Elmira, NYSNA RNs showed their unity by presenting management with a petition demanding a fair contract and a professional and respectful workplace that protects patient care and values the RNs’ contributions. The petition, signed by 80 percent of the unit, served to build unity and show solidarity during the difficult contract fight.
Beyond the bedside

By Jill Furillo, RN, NYSNA Executive Director

When it comes to emergencies, nurses are there. Extreme Weather Events linked to climate change, like Super Storm Sandy and the floods and destruction that resulted, invoke our community roles in their most recognized terms: some members staffing hospitals for many days at a time, carrying out multiple roles, caring for patients and sometimes leading patients to safety during evacuations. Our continued commitment to community post-Sandy took the form of medical and other relief efforts for many weeks, door-to-door in hardest hit neighborhoods.

We fundamentally believe that the communities we serve must have a central role in the design of health-care projects and, for that matter, in all decisions about healthcare that affect their populations.

NYSNA was front and center when community representatives, public health experts and other unions, some from foreign nations, marched in New York City at the People’s Climate March. We help make the connection between our communities and others the world over.

Taking on challenges

The harsh winter this year, dumping massive snows Upstate, also challenged our communities and we were there. In Buffalo, where Erie County Medical Center is the only public hospital in an area encompassing several counties, nurses remained on the job, caring for their patients.

When Ebola arrived in New York City, Bellevue nurses stepped up and did the job, dedicating themselves to the care of Dr. Craig Spencer, and remaining vigilant to the virus’s potential harm in the city and beyond. Our collaboration with state and city public health officials helped inform communities, giving direction and instilling calm and confidence when panic may have ensued. The entire country took notice.

These extraordinary acts of commitment to community tend to overshadow the everyday acts carried out by NYSNA nurses in service to community.

Everyday acts

From cancer walks to county fair health booths, taking blood pressure, and dispensing advice on care, our members go beyond the bedside. Outreach to nursing students is constant: they are joining our ranks; and we are serving as their mentors.

At Interfaith Medical Center in Central Brooklyn, an absolutely essential facility for hundreds of thousands of borough residents, we have joined forces with patients, the community, public health experts and other unions to protect and plan for the transformation of the hospital. We listen closely to that community and collaborate so that real needs can be met.

Through the Delivery System Reform Incentive Program — DSRIP — $6.2 billion will be dispensed over the next five years. NYSNA has played a leading role by insisting that community groups be a larger part of the Project Advisory Committees and project development. From the outset, NYSNA has supported a significant role for communities in DSRIP so that real community need be met by expanding primary care providers and ensuring safety net hospitals receive the attention and support they deserve.

Combining our research efforts and member participation, we testified before the DSRIP panel in Albany on February 17 (see testimony excerpts in the January-February issue, pages 6-7). Our members articulated proactive solutions based upon successful evidence-based models of care.

Constant vigilance

We will continue to closely follow DSRIP, contributing fact-based research and NYSNA RN testimony. We will work to assure that input from our community partners be heard and acted upon so that funds be directed appropriately.

Our skills, our evidence-based knowledge and judgment, inform our work at the bedside… and beyond.

GOOD NEWS from #OOMPHforKaty

In the January/February NY Nurse, Tracey Kavanaugh, RN and NYSNA Board Member who works at Flushing Hospital, posted a special appeal for support for fellow RN Katy Starck-Monte. She’s happy to report that all the love and good wishes from NYSNA members made a difference:

Thank you to NYSNA members, family and friends that have been following #oomphforkaty. Katy is home after receiving a double lung transplant. A social media campaign started by Katy’s friend to cheer her also encouraged people to become organ donors. Katy was a patient but also an advocate for others. Katy and her husband Joey are both nurses and worked at Flushing Hospital.
HOW WE FIGHT

Our voices. Our votes.

Through bargaining we achieve change one hospital or group of hospitals at a time. This is well and good. But some of our goals are broader than individual employers and even may be outside of the realm of bargaining. We can’t negotiate a single payer health system and statewide staffing ratios one hospital at a time; sweeping changes like these can only be achieved through legislation. This is why nurses must use the power of our voices in the political arena.

We clearly don’t have the billions of dollars that the Koch brothers use to sway influence in Washington and state houses (see page 9). But as union members, we have tools that if used to their full potential can be even more powerful: our voices and our votes. Learning to use them to greatest impact is the challenge we face in this post-Citizens United era of mounting spending by those who would use their checkbooks to try to circumvent the democratic process.

Nurses talk. People listen.

As nurses, we have another key advantage. Americans perennially name nurses as the most trusted profession (e.g. Dec. 2014 Gallop Poll: honesty and ethical standards of nurses were rated as “high” or “very high” by 80% of Americans vs. 46% for clergy and 17% for business executives). In fact, nurses are more trusted and respected than any other single profession. But if we don’t speak, our message is drowned out by others with less public trust.

NYSNA’s 2015-2016 NYS budget and legislative priorities include achieving a single payer health care payment system, implementing statewide safe staffing standards, keeping Wall Street out of our hospitals, strengthening New York’s Certificate of Need process, and ensuring professional and community input into decisions on DSRIP (Delivery System Reform Incentive Payment program). These stand in sharp contrast to the agenda espoused by corporate interests. How can we expect to achieve a universal single payer system when there are forces with huge financial backing still trying to dismantle the ACA? The fact that the ACA has brought health care access to millions of Americans (and is making plenty of insurance companies rich) doesn’t mean a thing to ideologues like David and Charles Koch.

How do we win in this environment? We keep bargaining quality standards into our contracts while we use our political power to seek statewide and national changes that benefit all patients and protect our profession. We can’t compete with corporately funded Political Action Committees, but we fight for what we believe in from a position of strength: our voices. When nurses talk, people listen.

How we win

So do your part: participate in lobby day; speak up and share your stories; and educate your family, friends and neighbors on the issues and make sure they vote.

Get on board the bus to Albany on April 21.

RNs speak up for wage equality

Sen. Charles Schumer listens as NYSNA RNs Seth Dressekie (left) and Jalisa Saud (right) speak on pay equity.

NYSNA RNs] Jalisa Saud from Elmhurst Hospital Center and Seth Dressekie from Woodhull Medical Center spoke passionately about pay equity for nurses at a March 29 press conference with US Senator Charles Schumer, who announced his support for the Paycheck Fairness Act.

The legislation will soon be reintroduced to the US Senate and aims to make much needed changes to the Equal Pay Act of 1963. When that act was passed more than 50 years ago, women were paid 59 cents for every dollar paid to men. In 2015, women are still only paid 77 cents on the dollar paid to men. Because of this wage gap, the average women will forego $431,000 in earnings over her working life.

The Paycheck Fairness Act would ban employers from retaliating against workers who share pay information; make it more difficult to justify paying women less than men; and enable women to more easily seek punitive damages related to wage discrimination.

NYSNA will work with Senator Schumer and others at the federal level to promote passage of this much-needed legislation.
Our union’s role in communities across the state began at its founding more than a century ago. The role is critical and continuing. From protest in support of public services, to direct public health assistance, to emergency relief extending outside our hospitals, to celebrations in the many communities where we live and serve, NYSNA’s prominent participation in the community defines our values of care, giving and equality.

In a performance at Interfaith Medical Center in Brooklyn to bring attention and support to keeping that essential healthcare facility open for now and the future, Edward Albee’s “The Death of Bessie Smith” was performed with a run of several months. The show, and its special setting, were critically acclaimed. Its theme, the life-and-death consequences of inequality in access to healthcare, resonated with the community.

NYSNA RNs celebrated with Dr. Craig Spencer, an Ebola patient at Bellevue Hospital Center, upon his release from the hospital. Our nurses cared for Dr. Spencer, winning praise for the devotion and courage their care entailed.

“Protecting public services,” ending austerity measures and a call for a financial transaction tax brought NYSNA members together with other unions and supporters at a midtown NYC rally.

Patients, nurses and community supporters cheer in the aftermath of a vote of the NYS Department of Health Committee on Establishment and Project Review. At issue was the privatization of chronic dialysis services at four public hospitals. NYSNA continues to fight the privatization, working closely with communities who would be harmed by the sale of these services to a for-profit company.

Once the flood waters from Super Storm Sandy receded, the hard work began and our members were there. For many weeks we provided care and assistance in the most affected communities.

“The U.S. Mail Is Not For Sale” was the message on Staten Island at a protest in which NYSNA members enthusiastically participated. Pat Kane, RN, of Staten Island University Hospital and NYSNA Board Member, is in the foreground.

“the us mail is not for sale” was the message on Staten Island at a protest in which NYSNA members enthusiastically participated. Pat Kane, RN, of Staten Island University Hospital and NYSNA Board Member, is in the foreground.
Over the many decades of NYSNA’s existence in NYS our members have shared our voices on issues affecting the communities in which we live and serve. Nurses march on Nursing Action Day in 1977, rallying at the Capitol in Albany. We will return to Albany this year for Lobby Day on April 21.

Ethel Mathis, RN, of St. Elizabeth Medical Center in Utica, was one of many nurses who testified before a panel on DSRIP. She spoke on behalf of inner-city residents for whom the special Medicaid funding should be directed and criticized its use for company expansion.

Traveling to Detroit in an act of solidarity, NYSNA nurses joined other nurses and community members to protest austerity measures being carried out in that city, specifically the shut off of water to many neighborhoods. As a result of these protests, water services were resumed.

The Annual West Indian Day Parade, held in Brooklyn, is very popular with NYSNA members. Many members in NYC’s public hospital system celebrate their West Indian heritage on this day. Other NYSNA members join in simply to enjoy a vibrant part of the city’s culture.

NYSNA joined several hundred thousand marchers in New York City on September 21, 2014, in the People’s Climate March, calling upon world leaders to address the fundamental challenges of climate change. Community representatives from around the world were present, as were numerous labor unions, public health organizations and environmental advocates.
Somas honors Anthony Ciampa’s advocacy for Latino healthcare

Anthony Ciampa, RN at New York-Presbyterian Hospital and NYSNA Board Member, was honored at the Somos El Futuro spring conference held in Albany on March 21. The conference theme, “Leading a New Generation of Change, Opportunity, Progress and Success,” brought together state and city legislators, faith leaders and community activists to tackle challenges facing New York’s growing Latino community and to find ways to develop the next generation of Latino leaders. The award recognized Ciampa’s advocacy to improve healthcare access and delivery within the hospital’s predominantly Latino Washington Heights neighborhood.

NY’s growing Latino population

Ciampa spoke at the conference’s panel of experts on Latino health and mental health issues. Latinos (Hispanics) now account for 28.3 percent of New York City’s population and 17.6 percent of the state’s. Historically, they have faced significant barriers to accessing affordable health insurance and remain considerably more likely to be uninsured than others (30.7 percent of Hispanics under the age of 65 currently lack health insurance, compared with the national average of 16 percent and 11.6 percent of non-Hispanic whites). Furthermore, the CDC reports Hispanics are twice as likely as non-Hispanic blacks and three-times as likely as non-Hispanic whites to lack a regular healthcare provider.

Healthcare challenges

These barriers have contributed to significant health disparities. Hispanics experience higher incidences of preventable diseases and untreated chronic conditions, among them: cancer, heart disease, stroke, diabetes, chronic liver disease, chronic lower respiratory disease, perinatal conditions, and influenza/pneumonia.

Ciampa credited the ACA and the work of local organizers in helping to shrink the insurance gap by enrolling low-income Latinos in free or low-cost plans such as Child Health Plus and Medicaid. He encouraged attendees to “keep raising awareness of Latino health issues through the media, community networks, and churches,” and to find ways to conduct more frequent health screenings in the community as a way to both “draw Latinos into the care delivery system and improve their health care status.”

As an example of how to tackle a challenge, Ciampa spoke about the campaign to improve chronically excessive patient wait times at New York-Presbyterian’s Emergency Room. Although a major frustration for patients and staff alike, appeals to management have failed to generate needed changes. Ciampa, his coworkers, and community activists enlisted the help of NYS Senator Adriano Espaillat (D, 31) to draft and introduce legislation that would require hospitals to post information regarding the length of time a patient can expect to wait before receiving care. The bill (S4308-2015) is currently in the Senate’s Health Committee; NYSNA RNs attending Lobby Day on April 21 should urge legislative support for its passage.

Call to action

Ciampa also called for safe staffing ratios and legislative support of NYSNA’s campaign for quality care. He urged increased community awareness of DSRIP (Delivery System Reform Incentive Payment), and emphasized the need for close scrutiny of applications to ensure appropriate allocation of funds: “We need to police the healthcare providers’ application process to make sure that their plans do not take away from increasing the safe and efficient care DSRIP was intended to foster, and we must demand more opportunities to provide public input to the Department of Health.”
Kochs go shopping for President

Billionaire brothers Charles and David Koch and their network of 300 political cronies are laying an insidious money trail across the country in an attempt to buy the 2016 federal and state elections. In January, the Koch group announced it would spend an unprecedented $889 million on the 2016 campaign — that’s a third more than the total spent in the 2012 national election by the Republican National Committee and its two congressional campaign committees combined! At nearly $900 million, the Koch group is expected to spend about the same amount as that of the Democratic and Republican presidential nominees — effectively transforming the Koch organization into a third major political party.

Smoke and mirrors

But unlike political parties that have to operate with a measure of transparency, the Kochs operate behind nonprofit groups created under tax codes that shield donors, and how much they give, from the public. This makes it almost impossible to tell how much of the money is provided by the Kochs themselves or by those they recruit to their causes. These nonprofit groups with innocuous sounding names like Americans for Prosperity, Freedom Partners, Concerned Veterans for America, Generation Opportunity, and Libre Initiative buy influence by pouring unprecedented amounts of money into television ad buys — enough money to thoroughly saturate the airways and sway voter opinion. Through these front groups, the Kochs will wage the largest drive in history to influence legislation and campaigns and advance an agenda that includes repealing the Affordable Care Act, expanding Right to Work, eroding clean air and water standards, advancing an anti-science agenda on climate change, pushing for corporate tax cuts, and further decimating campaign finance disclosure laws.

The Koch brothers and their ilk hide behind these groups for a reason. Polling finds that while voters might be initially swayed by such ads, once they understand who is actually behind them they tend to discount them substantially. Even some corporations are turned off as seen in the recent rash of defections from the Koch-backed American Legislative Exchange Council (ALEC). Last fall Google and several other high tech companies quit ALEC over its extremist opposition to climate change policies. Companies like British Petroleum and Occidental Petroleum, that would on the surface appear to benefit from Koch-backed policies, are cutting ties, as well, in order to avoid potential consumer backlash that association with ALEC could bring.

Stopping the damage

As mentioned on page 5, the December 2014 Gallop Poll found that most Americans distrust business executives: only 17 percent rate the honesty and ethical standards of business executives as “high or very high.” This stands in stark contrast to the 80 percent who deem nurses as having high standards of honesty and ethics. Nurses, with our high degree of public trust, must use our voices forcefully to educate the public and show that the Koch brothers’ emperor has no clothes.
APRIL 16
City-wide rallies to focus on staffing crisis

We are moving forward in significant ways and on many fronts in our New York City contract campaign. And on April 16, at 11 hospitals, our rallies will help to further inform the many communities we serve that staffing shortfalls in the hospitals are serious and ongoing and that our call upon management to step up and fully address these crisis conditions continues. Safe patient care is on the line.

At the March 18 Multi-Employer bargaining session 14 nurses testified about the staffing crisis in their units. These compelling accounts of real issues affecting hospitals — right now — held the attention of all at the large session.

“I am scrambling,” said Michelle Gonzalez, an RN at Montefiore. “Safe staffing is really the key to providing everyone with better healthcare.” Gonzalez’s descriptions — of nurses overloaded with patients on a daily basis — were echoed in the other testimonies presented that day.

Our staffing campaign and bargaining are showing results. Members are reporting that the hospitals are hiring more staff. We have also seen an increase in the number of positions posted. But these increases are uneven.

NYsNA wins demand for mediation
Management has met our demand for mediation and a time frame has been set and mediator selected. Mediation will begin the week of April 20 and will continue through May 31. The Director of the Federal Mediation and Conciliation Service, Allison Beck, has agreed to mediate our contract negotiations. Beck’s involvement reflects the seriousness of the negotiation, the importance of our hospitals and the essential work that we do. On the agenda: staffing, economics, and our proposals to protect our profession. Our goal is to reach a full agreement by the end of May.

A skilled mediator can help resolve many issues. But we must continue to insist that management address safe staffing and the changing healthcare landscape.

A number of local agreements reached
We made some headway elsewhere. NYsNA negotiating committees were able to reach some agreements specific to the local bargaining units and to make pre-

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Bronx Lebanon Hospital
Brooklyn Hospital Center
Kingsbrook Jewish Medical Center
Maimonides Medical Center
Montefiore Medical Center (two locations)
Mount Sinai Hospital
New York Methodist Hospital
New York Presbyterian/ Columbia University Medical Center (two locations)
Richmond University Medical Center
Staten Island University Hospital
St. Luke’s-Roosevelt Hospital Center (two locations)

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Time to Take Action!
April 16th - City Wide Rallies
NYsNA nurses around the city will participate in ‘allies to bring attention to the staffing crisis in our facilities and to raise community awareness and support for our campaign. Sign-Up with your NYsNA Rep or Delegate to Join the Rally!’
NYSNA testifies on NYC HHC’s budget
Anne Bové, RN and President, NYSNA’s HHC/Mayoral’s Executive Council, addressed NYC City Council’s Health Committee on March 23, and delivered NYSNA’s full support of the Access Health NYC initiative for its “potential to provide healthcare access information to underserved communities in a culturally and linguistically competent way.”
Bové also raised NYSNA’s objections to HHC’s ongoing attempts to privatize chronic dialysis services. She questioned HHC’s figures on the economic benefits that such a move would yield, cited HHC’s repeated failures to clear CON approval, and emphasized the costs that would be incurred in terms of care quality and patient safety. Bové concluded her testimony with an appeal to the committee to hold a hearing “so that patients, their families and community members can have a real forum on this life and death issue.”

NYSNA welcomes new title at Southside Hospital
NYSNA RNs at Long Island’s Southside Hospital, a member of the North Shore-LIJ health system, welcomed the hospital’s RN PRI Assessors to their ranks following card count recognition negotiated with North Shore-LIJ’s management by Southside’s NYSNA committee.

Mary Bell-Downes, RN, holding a proclamation from the New York State Assembly recognizing her extraordinary service at New York City HHC’s Kings County Hospital Center. She is joined by family members and NYSNA Executive Director Jill Furillo, RN, and Anne Bové, RN.

A group of Bronx Lebanon’s 18 Nurse Midwives celebrate their unanimous “Yes” vote for NYSNA in a recent NLRB election.

NYSNA member selected to present at AACN
The American Association of Critical-Care Nurses is recognizing Robin Krinsky, MSN, RN-BC, CCRN, with a 2015 AACN Research Abstract Award for her research on “Fatigue in Critical Care Nurses.” Krinsky, a NYSNA member at Mt. Sinai Medical Center, will present her work at the AACN’s National Teaching Institute scheduled for May 18-21 in San Diego.

OSHA aims to publicize hospital staff injuries
The latest OSHA data on workplace injuries shows that hospitals reported 6.8 work-related injuries for every 100 employees in 2011 — a rate nearly double the national private sector industry average. Of the 58,000 injuries that required hospital employees to take time away from work, nearly half were caused by lifting, bending or reaching — actions most often associated with moving or lifting patients. Musculoskeletal injuries among nursing staff have increased along with the number of overweight Americans.

Under a newly proposed rule, employers would electronically submit injury records to OSHA, who would make the data public through an online, searchable database. The public could query by workplace, job title, and/or the circumstances related to each incident. When the database will become available is still an unknown. Opponents, led by the American Health Care Association representing long-term-care and post-acute-care providers, are using patient privacy as an excuse to avoid compliance.

2015 Secor Scholarship
The deadline for applying for a 2015 Secor Scholarship is June 1. The Fund, established in 2007 by a bequest from long-time NYSNA member Jane Secor, PhD, RN, awards two $5,000 scholarships each year to further nursing education: one to a NYSNA member and one to a family member of a NYSNA member. For information and/or an application, contact Deb Grebert at NYSNA’s Albany office, 518.782.9400, ext. 240.

MULTI-UNION SAFE STAFFING LOBBY DAY
MAY 12 (ALL DAY)
ALBANY, NY
On Tuesday, May 12, we will join forces with our union brothers and sisters to lobby for Safe Staffing.
EVENT ADDRESS: Empire State Plaza NYS Capitol Albany
For more information visit http://www.nysna.org
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APRIL 21 LOBBY DAY
MAKE YOUR VOICES HEARD FOR BETTER HEALTHCARE

Join nurses from across New York as we use the power of our voices to advocate for better healthcare access and quality. Add YOUR voice to the call for statewide safe staffing standards and tell lawmakers to support NY Health — a law to guarantee healthcare for all New Yorkers.

You commit to do the talking and NYSNA will handle the logistics of transportation and food.

Register Today! Go to www.nysna.org to download a registration form.