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NYC nurses stand tall for safe staffing

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Lobby Day draws RNs from across NYS

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By Judy Sheridan-Gonzalez, RN,
NYSNA President



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Editorial offices located at:

131 W 33rd. St., New York, NY 10001
Phone: 212-785-0157 x 159
Email: communications@nysna.org
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STRONG NURSES Speaking truth to power

Our Lobby Day in Albany this year was a resounding success! Our nurses came together to speak truth to power — basic truths upon which the survival of our patients, our profession, and the very healthcare system in this state and country rely.

Truth #1: There's a staffing crisis in our hospitals.

Last year nurses in 14 of New York City's non-profit hospitals filed more than 25,000 Protests of Assignment, the vast majority a result of understaffing. And that's just the tip of the iceberg. Research has shown that between 10 and 20 percent of such situations rise to the point of documentation, meaning that at least 250,000 additional patients found themselves in unsafe situations in these 14 hospitals alone. Add in the potential POAs at the state's other 200 hospitals and you get a sobering, and frightening, sense of the enormity of the crisis.

Truth #2: Hospitals are not putting patients first.

Instead of investing in more nurses and caregivers, these hospitals choose to pay millions in executive salaries, bring in high-priced consultants to advise on the latest management craze, develop sophisticated marketing campaigns, and spend millions lobbying legislators to convince them that quality healthcare is a factor of something other than having enough hospital beds, nurses and caregivers. They neglect to mention overcrowding in our ERs and unreasonably long waits at our clinics, resulting from too many hospital closures.

Truth #3: We work in a broken healthcare system.

Our health system is fundamentally damaged beyond band-aid repair. Too many parties are in it to make a buck off the misfortune of the sick and injured. The entire reimbursement system must be changed. The first step is creating a Single Payer System that cares for all patients without the interference of predatory insurance companies and other profit-driven enterprises

seeking to drain the system until there's nothing left for patient care. Only under a system of universal access to care based on the highest quality for everyone — not on ability to pay, social status, or any other demographic impediment — will there be enough resources directed to the proper care for patients.

Truth #4: Nurses and caregivers bear the burden of understaffing.

Every day we witness the pain and suffering of our patients as we rush out the door of one room to get to the next. It takes a physical and mental toll; we leave work exhausted and regretting that we did not get to give our patients the time and attention they needed and deserved. Our daily exposure to the inequities in our healthcare system leads to premature burnout for far too many nurses.

Truth #5: Nurses have power.

Americans place a high level of trust in nurses, and when nurses talk, people listen. On April 16,

thousands of nurses representing 17 hospital facilities hit the streets of New York City and Westchester to educate patients on the need for safe staffing. Nurses give the phrase "Audacity of Hope" new meaning. Each and every day, we use our audacity and power to protect the public; to advocate for society's most vulnerable; to promote safety in our healthcare institutions; to fight for enough nurses at the bedside, in our clinics, in our schools and wherever we are needed to take proper care of our communities; and to fight for a humane healthcare system that puts people before profits.

Legislated, scientifically-based safe staffing ratios and improved and expanded Medicare for All — the bills we promoted in Albany on Lobby Day and for which we advocate every day — will provide us with the basic tools needed to save lives at our workplaces and support quality of life and healthy communities. Anything less is not acceptable. **Let's use our power!**



Spotlight on staffing: April 16th

It was a tremendous day for nurses and patients, a historic show of unity, with thousands of our nurses at 17 New York City and Westchester based facilities in rallies and informational picketing outside their facilities. The unprecedented joint action brought public attention to the urgent need for improved nurse and other caregiver staffing. Nurses know firsthand that staffing levels in several facilities fall far short of those set forth in professional peer-reviewed medical studies. The informational picket was a platform to spread the message that when nurses are assigned to care for too many patients, patients can be at risk.

Top priority

Safe staffing has always been a top priority for our bargaining teams. Eighteen thousand New York City and Westchester NYSNA members are currently negotiating renewals of their contracts. At the day-long pickets, nurse after nurse spoke of rising acuties, being stretched too thin, and the frustration of not having time to give their patients the time and level of care they deserve.

“Our patients should be given the full attention they deserve.”

**-Diane Minett, RN
Richmond University
Medical Center**

Robin Krinsky, RN at Mount Sinai Hospital in Manhattan, explained why nurses are advocating for safe staffing: “We’ve addressed it in practice committees and have staffing guidelines, but they must be enforced.”

Karine Raymond, RN at Montefiore Medical Center’s Weiler Hospital in the Bronx, captured the sentiment of many with this comment: “It’s important for management to understand that when nurses ask for better staffing ratios, it’s not because we want to sit back and eat bonbons. It’s because we’ve seen that patients should not be short changed when there are not enough nurses.” Her colleague Xenia Green, a Pediatric ICU nurse in Montefiore’s Children’s Hospital, added, “No one went to nursing school to be a mediocre nurse. Every nurse



Richmond University Medical Center

wants to be an exemplary one, but understaffing makes it very difficult.”

Safe staffing is win-win

Patients aren’t the only ones that stand to gain from better staffing. With the changes in reimbursement, it could be good for hospitals’ bottom lines, as well. Rhonda Covitz, a New York Presbyterian ICU nurse for 35 years, expressed frustration that hospital management is not acknowledging that nurse staffing will be key to realizing the financial benefits under DSRIP (Delivery System Reform Incentive Program) in the form of rewards for better outcomes, reduced readmissions, and instituting more preventive care. “On the ground, we’re not seeing the changes needed to make this happen. Many in my unit are working 3 or 4 overtime shifts each month, but there are not enough RNs to fill the holes in staffing. I don’t know what the problem is. There are many qualified nurses out there looking for work.”

Five days later, New York City nurses took their message to Albany and joined with NYSNA members from throughout the state to share their concerns on staffing with state legislators and urge passage of the Safe Staffing for Quality Care Act (see pages 6-7).



Maimonides Medical Center



Bronx Lebanon Hospital

ON THE COVER New York Presbyterian nurses in a spirited rally on April 16

A long, healthy life



By Jill
Furillo, RN,
NYSNA
Executive
Director

As nurses, we know that a true commitment to the public's health is founded upon equality, with a vision that sees root causes and takes action that is bold and effective.

The OneNYC Plan, announced by NYC Mayor Bill de Blasio last month, is an update of the city's sustainability plan, a new plan to tackle income inequality and public health disparities in order to grow a more sustainable city for all New Yorkers. The plan's broad and inclusive focus is very welcome news and a basis for bringing these issues together in a more comprehensive way.

How does one quantify a long, healthy life? OneNYC aims to reduce the city's premature mortality rate 25 percent by 2040, dramatically decreasing current levels of racial and ethnic health disparities.

OneNYC puts equity and public health into the city's sustainability plan

Premature mortality is closely tied to poverty and a lack of access to critical services. Nearly half of the city's 8.4 million residents currently live at or near poverty, including a disproportionate number of minorities. The adverse health indicators associated with poverty are well documented: asthma, diabetes, heart disease, and infant mortality — all contributors to lower life expectancy.

Many factors of good health

Research recently released shows that lower life expectancies associated with poverty are compounded in communities with high degrees of income inequality.

Given the city's persistent inequality gap, OneNYC arrives at a critical time. As nurses know all too well, a healthy populace depends on many factors working in tandem; the plan lays out a series of specific targets and initiatives to transform the city's economy, housing and environment in ways that add up to a promise of a healthier New York.

- **A Healthy New York Requires Decent Jobs.** OneNYC pledges to lift 800,000 New Yorkers out of poverty by 2025 and make the city home to 4.9 million jobs by 2040.
- **A Healthy New York Requires Affordable Housing and Neighborhoods with Essential Services.** OneNYC commits to creating 240,000 new affordable housing units by 2025 and an additional 250,000 to 300,000 by 2040. But it goes further, setting out specific actions to ensure that every neighborhood has access to quality healthcare, public transit, educational programs, and nutritious food.
- **A Healthy New York Requires a Clean Environment.** Despite some progress, air pollution

continues to cause serious health problems for city residents, contributing to an estimated 2,000 deaths and over 6,000 emergency visits and hospitalizations for cardiovascular and respiratory disease each year.

The adverse health impacts of air pollution disproportionately occur in high poverty communities and among vulnerable populations. The rate of emergency room visits due to PM2.5-attributable asthma is three times higher in the most disadvantaged neighborhoods compared to more affluent ones.

OneNYC is setting out to reduce the city's greenhouse gas emissions by 80 percent over 2005 levels by 2050. The plan pledges zero waste to landfills by 2030 and to clean up and convert contaminated land to address disproportionately high exposures in low-income communities.

- **A Healthy New York Requires a Modern, Resilient Infrastructure.** The city's core infrastructure — our roads, subways, sewers, and bridges — is aging and straining to meet the demands of a growing city. Hurricane Sandy exposed the city's structural vulnerabilities. OneNYC includes plans to help better prepare for future Extreme Weather Events through flood control, improved emergency management protocols, and strategies for reducing displacement and economic losses from climate-related events.

OneNYC is a roadmap to more broadly shared prosperity and good health — but it's only that — a roadmap. Now is the time for NYSNA to ensure that the promises in OneNYC become reality. Invoking our credibility and the care we give, nurses can make OneNYC the public health plan we've been waiting for.



NYC celebrates the memory of a warrior for social justice

The many contributions of Dr. John Lawrence Sullivan Holloman, Jr. to healthcare and civil rights were celebrated on April 18 at a ceremony where Congressman Charles Rangel co-named Harlem's 135th Street near Madison Avenue in his honor. Dr. Holloman, who died in 2002, was the husband of NYSNA pension fund trustee Patricia Leo Holloman, RN, who worked at Mt. Sinai Hospital until her retirement in 2013.

The street naming recognizes Dr. Holloman's extraordinary and unflagging efforts to improve healthcare for the poor and disenfranchised. He founded the Medical Committee for Human Rights (MCHR), the medical arm of the civil rights movement, after participating in Dr. Martin Luther King Jr.'s 1963 march in Washington, DC. Two years later, when Dr. King and thousands of civil rights marchers converged in Alabama for the voting rights march from Selma to Montgomery, the MCHR put out a call for volunteer doctors and nurses. Patricia Leo got on a plane and within 24 hours was a part of the MCHR. After the first day of marching, she tended to Dr. King's blistered feet. She met her future husband and countless others who she said "forever changed the direction of my life."

Fighting injustice

Dr. and Ms. Holloman were participants in many historical events of the civil rights movement, both in the south and the north, and battled injustice at home as well as in Vietnam and South Africa. In the mid-1970s Dr. Holloman was appointed president of New York City's then four-year old Health and Hospitals Corporation. "He was a unique person with many skills. A true warrior for social justice," Ms. Holloman recalled.

In his many medical leadership positions, including the presidency of the National Medical



Inset: Dr. Holloman started his career as a medical officer in the Army Air Corps. The "Dr. John L.S. Holloman, Jr. Way" co-naming ceremony at Harlem Hospital (left to right): Dr. Grace Holloman Davis (sister); Charlotte Wesley Holloman (daughter); Congressman Charles Rangel; and Patricia Leo Holloman, RN (wife)

Association, he appealed to the medical profession to fight racial prejudice. He saw healthcare as a basic right and campaigned tirelessly for national health insurance. "Until we take the profit motive out of it and provide healthcare for all of our citizens," he said in

an interview with *The Amsterdam News* in 1995, "we are always going to have somebody who's left out because there are so many people on whom there is no profit to be made." Dr. Holloman's words ring as true today as when he spoke them twenty years ago.

HHC at Lobby Day



"RECENT EVENTS have led to a lot of us discussing the future of healthcare in New York State and the best way for nurses to stand up for our patients and for ourselves. We've seen a lot of changes, some of which have been detrimental to patient care and damaging to our profession. The future of healthcare should be decided by all the stakeholders — including the community and their caregivers.

That's why I'm so proud to be here today with so many great nurses and caregivers — to do just that... I'm standing up for my patients and for our rights!"

—Jalisa Saud, RN, Elmhurst Hospital in Queens

MAY 29

Public sector nurses: Mark your calendar

Nurses from throughout New York will gather at the **Sheraton Times Square on Friday, May 29** for a daylong conference addressing issues of import to public sector workers. The conference will delve into recent attacks on public health systems and public sector bargaining rights, pensions and other benefits.

Learn about who is behind the erosion of nurses' right to advocate, protect and defend the health of communities. Explore the impact of DSRIP on care in underserved communities. See how Nurse Family Partnerships are improving outcomes for families and communities, and share strategies on how to win for patients in today's political environment. Participants are eligible to earn up to 6.5 Continuing Nursing contact hours. Bus transportation is available. For more information, go to: www.nysna.org/may29. Text "United" to 877-877 to receive updates.

Nurses lobby: Loud and clear for safe

More than a thousand strong, NYSNA members from across the state gathered in Albany on April 21 to meet, exchange ideas and speak with elected representatives to urge support of NYSNA's legislative priorities, including paramount issues for us and the communities we serve: the Safe Staffing for Quality Care Act and the New York Health Act. These

measures are critical to safe patient care, the protection of our professional standards and to the creation of a system of universal healthcare access. Both proposals serve to end healthcare disparities, a fundamental goal to which our union remains steadfastly committed.

In the plenary session prior to individual office visits, President Sheridan-Gonzalez declared: "It's

time for a single payer system that cares for all patients without the interference of predatory insurance companies and profit-driven enterprises that skim off the top." She pressed for passage of "the kind of single payer rational system that

exists in every industrialized nation of the world — except ours."

As members prepared to meet with individual legislators on safe staffing and other issues, nurses were well prepared to impart a strong message. They spoke from the heart, informed by the daily experience of the care they give. Reports came back that legislators listened to and acknowledged the critical need for safe staffing and a system of care founded upon evidence-based nurse-to-patient staffing ratios.



"I'M FRUSTRATED at the end of the day because I know I was not able to do everything I wanted because we were short-staffed."

—Rose Husbands, RN
Mount Sinai Roosevelt



"THIS IS MY SECOND time at lobby day and I want to follow through with the bill. We have to keep it going."

—Marivel Seno, RN
New York Presbyterian Hospital



"THERE IS A CRISIS in our healthcare facilities in New York State, from Upstate to Downstate, Staten Island to the Bronx, Manhattan, Queens and Brooklyn.

The crisis is too many patients and not enough Nurses. We, the members of NYSNA, today respectfully demand a change in New York to correct this issue."

—Seth Dressekie, RN

Release Time Representative for NYSNA at Elmhurst and Queens hospitals and President of the LBU at Woodhull Hospital in Brooklyn



"ON OUR STEP DOWN UNIT we have patients on vents and a lot of the time I have 9 patients at a time."

—Tracy Vilardi, RN, St. Catherine of Siena Medical Center, Long Island



Members from the Bronx with Assemblyman José Rivera (78th District)



Queens nurses with Assemblywoman Vivian E. Cook (32nd District)



Staten Island nurses meet at the office of Assemblyman Michael Cusick (63rd District)

e staffing



"I BECAME AN RN in 2013 and for me it's been the fulfillment of a special mission to work to provide quality care to everyone where I live. We are a rural area and it is difficult to find more RNs to meet our needs. One answer is what we all know: expand our nursing programs! That's a message I will give legislators today. Another message for today is that safe staffing saves lives."

—Kimberly Johnston, RN
Champlain Valley Physicians Hospital



Assemblyman Marcos A. Crespo (85th District) with Bronx Lebanon Hospital nurses



Nurses from Brooklyn hospitals speak with Assemblywoman Helene E. Weinstein (41st District)



"THERE IS SAFETY in numbers. Our hospital needs improved staffing for our patients' sake."

—Conroy Howell, RN
Kings County Hospital Center



"I'M HERE TO SUPPORT safe staffing because patients need safer care."

—Innoh Ngbodi, RN
Vassar Brothers Medical Center



Nurses discuss staffing with Assemblywoman Margaret M. Markey (30th District)



"I'M PROUD to be here today for my patients who deserve to have my full attention. Our lawmakers must realize that without safe staffing, we cannot give quality care."

—Marion Enright, RN
Nathan Littauer Hospital



Thousands NYC nurses picket for safe patient care

NYSNA members from throughout the New York City region were out in force on April 16 with a simple, powerful message to patients, the public and hospital management: safe staffing saves lives. Informational pickets ran from dawn to dusk at hospitals in Brooklyn, the Bronx, Manhattan, Staten Island and Westchester County.



"WE ARE ON THE FRONT LINE."

We are taking care of patients that are sick and afraid. But we feel somewhat marginalized; what we say should be listened to."

—Brenessa David, RN
Montefiore Mount Vernon



New York Methodist Hospital



Mount Sinai Hospital



Maimonides Medical Center



Montefiore New Rochelle



"We often lack stretchers and it's not unusual for an ER patient to wait 4, 6, or more hours. **THESE CONDITIONS LEAD TO DIFFICULTY WITH PATIENTS:** they are upset; they don't feel well; they're frustrated; and sometimes take it out on the nurses."

—Dawn Minerve, RN
New York Presbyterian Hospital



Mount Sinai Roosevelt



Brooklyn Hospital Center, where CIR and 1199SEIU members supported the protest.



"STAFFING AT THE BEDSIDE HAS BEEN AN ISSUE since I started in the hospital 28 years ago. It's particularly bad now because management is not arranging to cover sick calls and vacation like it did in the past. One of the biggest casualties is education. **HOW CAN WE ADEQUATELY EDUCATE OUR PATIENTS FOR DISCHARGE WHEN OUR ATTENTION IS CONSTANTLY PULLED IN MULTIPLE DIRECTIONS?"**

– Yvelisse Valle, RN
New York Presbyterian Hospital



Staten Island University Hospital



Montefiore Mount Vernon



"THE NIGHT SHIFT CONTINUES TO WORK SHORT YEAR AFTER YEAR. I know this because when I arrive in the morning, they are so relieved to see me. Often, they haven't eaten or taken one break in 12 hours."

– Katie Sigler, RN
Mount Sinai Roosevelt



Montefiore Medical Center, Moses Campus

Capital District RNs stay the course



Kellie Gauthier, RN at Ellis Hospital, reporting on the status of negotiations at her hospital to the Central New York Interregional Meeting on April 23.

As negotiations at Ellis Hospital, Bellevue Woman's Center and Nathan Littauer Hospital continue, members and the community recognize the spirit and resolve of nurses to persevere on issues of safe staffing. On April 3, in a lengthy article, the Schenectady *Daily Gazette* profiled the Ellis nurses' struggle and shared poignant examples of the impact of short staffing on patient care.

Nurses reported that the situation is particularly deleterious in the emergency department following the closure of nearby Saint Clare's Hospital ED, compounded by Ellis' 20 ED vacancies. Kellie Gauthier, Ellis RN with 15 years of ED experience, told the *Gazette*: "Nurses are forced to let the care of their less-urgent patients fall to the wayside because there aren't enough nurses to absorb their patient load when high-acuity patients come

through the door." That comment applies to a majority of hospitals staffed by our members.

Safe staffing is our priority. While management has put wage increases on the table, which is appropriate, we continue to put forward our staffing demand. "Everything that I am as a nurse is offended that management thinks I can be bought with a Schedule A. This entire contract has been about staffing," said Catherine Lucas, RN.

Central New York nurses on the move

Samaritan nurses take action on safe staffing

After months of management inaction on a substantial volume of POA filings and repeated, detailed complaints about chronic unsafe conditions, Samaritan Medical Center RNs regrouped and implemented a new unit-based strategy that is beginning to yield results.

Meetings were held in each unit to collectively identify and discuss issues impacting nurses and patients. Issues were prioritized and designated as either a grievance or a matter of organizing. The result: units developed a detailed, multi-phase campaign plan that includes petitions, grievance filings and information requests. The high degree of nurse input led to petitions with overwhelming levels of support: 90 percent or more of nurses within each unit signed on; in some instances all unit nurses signed. Within days of presenting the first round of petitions, senior manage-



Samaritan Hospital ICU-PCU RNs

ment met with nurses and posted two full-time positions, with commitments of more postings to come.

The nurses are satisfied with initial results but are committed to maintaining the campaign when

necessary. Jill Schloemer, RN in the hospital's ICU/PCU, praised the unit-based approach for its added benefit of "helping us build a strong organization and momentum for contract negotiations this summer."



Kevin Donovan, RN and vice chair, Local Bargaining Unit, Erie County Medical Center, signs up members for the May 29 Public Sector Conference.



Central region members unanimously commit to coordinate contract campaigns and bargaining at hospitals with contracts expiring this summer.

Interregional sparks coordinated contract campaign

Members from throughout Central New York participated in the Utica Interregional meeting on April 23. Contracts expire this summer at three hospitals employing 1,000 RNs:

Samaritan Medical Center (Watertown), Oneida Hospital and St. Elizabeth's Medical Center (Utica). Representatives reached a unanimous agreement to work together to formulate principles and coordinate bargaining — a first for the region.

NYSNA joins with union sisters to celebrate International Women's Day and recognize outstanding leadership



NYSNA Member Cheryl Powell, RN, represented poet Maya Angelou on the Red Carpet for Social Justice

Union sisters from NYSNA, 1199SEIU UHWE, AFSCME DC 37, TWU, CSEA and others marked International Women's Day on March 13 with a *Red Carpet for Social Justice* celebrating women's achievements, culture, and contributions. The program held at 1199SEIU included a dramatic performance by Broadway actress Vinie Burrows; dances, poetry, and songs by union women representing their ethnic and cultural heritages; a keynote speech by Public Advocate Letitia James; and tributes to historic civil rights activists. It concluded with the presentation of the Audrey Smith Campbell Leadership Award, an honor established by 1199SEIU in 2011 in memory of a nursing home worker who died while on a strike line.

The award recognizes extraordinary rank-and-file leadership. NYSNA's Cheryl Powell was one of three to receive the award this year. Powell's efforts on behalf of Brooklyn's Long Island College (LICH) and Interfaith Hospitals earned her the distinction of becoming the first non-1199SEIU member to receive the award. Powell, now at Wyckoff Heights Hospital, worked at LICH for 25 years and was on the forefront of the fight that kept the hospital open for more than a year after plans to close it were announced.

Donations and assistance sought for Nepal earthquake victims

With more than 8 million people displaced, and a death toll now exceeding 7,300, conditions in Nepal in the aftermath of a catastrophic earthquake continue to deteriorate. NYSNA urges members to consider a donation towards relief efforts. Donations are now being accepted through the Nepalese American Nurses Association (NANA), visit nanausa.org. NYSNA also works with the Registered Nurse Response Network (RNRN), whose staff have been closely monitoring and have been in touch with their disaster relief allies as events unfold in Nepal. If you are not already registered as an RNRN volunteer, you may do so online at rnrnsourcenetwork.org.



NYSNA nurses volunteered at the St. James Episcopal Church's free health screening in Elmhurst, Queens.



Sunita Bhandari, RN, President, Nepalese American Nurses Association and NYSNA member



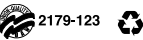
A candlelight vigil in support of victims of workplace violence was held at New York Presbyterian on April 27 following a patient assault of an RN there.



On April 29, the Commission on the Public Health's System acknowledged NYSNA and union midwives for contributions to the successful campaign to re-open maternity services at North Central Bronx Hospital maternity services.

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New York, NY 10001



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The Nepalese American Nurses Association needs our support, www.nanausa.org, p. 11