Primary election NEW YORK CITY EDITION | AUGUST 20 endorsements pp. 5-9

the official publication of the new york state nurses association



Nazi on American soil, let's say her name: Heather Heyer"

-Mark Ruffalo at the Heather Heyer Vigil, NYC, August 15

Yes to humanity. No to bigotry.pp. 11-15

A wake-up call?



By Judy Sheridan-Gonzalez, RN NYSNA President

e are aware that there are certain subjects or conversations that are so uncomfortable to entertain that we avoid them completely—even when the tensions are high and the issue at hand is hanging over our heads like a dark, heavy cloud.

Having the conversation with your kids about sex; with an aging parent about a plan of care; with a relative who holds a different political point of view; with a spouse about stagnation in a relationship; with a coworker, neighbor—or even a friend—about race, religion and the state of the world.

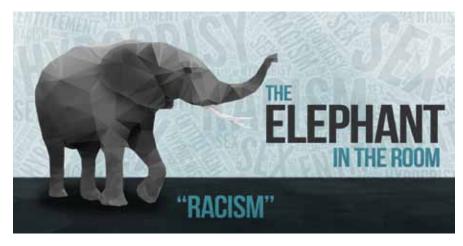
While I am not advocating that we immediately upend our lives and talk everything to death or impasse, the times we are living in demand that we engage in the excruciating process of addressing the issue of racism in our country. The rise—or the above ground emergence—of Neo-Nazis, the Ku Klux Klan and White Supremacists simply can no longer be ignored as an ugly fringe element in our nation.



We need to create "safe spaces" in which people who come from different backgrounds can share their experiences, views, fears, beliefs and prejudices—all with the goal of promoting understanding and empathy. Why is this so hard to do? A safe environment requires the creation of a non-judgmental playing field and a commitment to honestly open our minds.

Since all of us—especially nurses, in spite of our education—tend to be somewhat critical, committing to a non-judgmental frame of mind is as challenging as dealing with an unknowledgeable but arrogant colleague. We live our lives with a set of assumptions—learned from a lifetime of experiences and influences. We also live our lives built on a national history of events, actions, processes and legacies that we have no INDIVIDUAL responsibility for, yet reap the rewards, as well as the penalties, for.

"History is the version of past events that people have decided to agree upon." -Napoleon



So "our" history is very often hidden, distorted and forgotten so that those in power can convince us that the way things are—that the situations we find ourselves in—is what must be, will always be, has always been, etc. This reinforces the view that we are powerless to change things and that the best we can do is to take care of our own selves and those we care about.

We all know about—or even grew up in-families that prefer to hide childhood abuse because it is ugly, damaging, better forgotten. But what happens? Those scars fester and emerge in different ways that are far more destructive than recognizing and reconciling past abuses. The same is true for our society. We hate to think that our heroes or traditions or our collective "progress" might have an unpleasant side or back-story or even a totally different reality because it challenges what we feel are our core values and belief systems—our ways of coping.

Nurses as healers

Racism in our society exists as an institution, built precisely on the legacy of a lot of "hidden" history. And like all oppression and abuse, its legacy, scars and its ongoing impact on the lives of ALL OF US will continue to haunt us and dominate our world until and unless we recognize it and reconcile it. I say "all of us" because oppression in any of its forms harms the oppressed, for sure, but dehumanizes the oppressor and ultimately does damage to any group or individual who reaps its benefits, even if unconsciously.

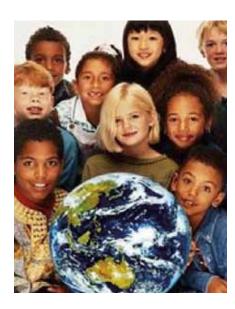
So to build an egalitarian society starts at home, in the workplace and in the community in which we live. It requires a commitment to deal with painful and unpleasant issues. It doesn't change things overnight. But the alternative is to allow hatred and violence to consume us all and that road will only end in more tragedies and horrors.

And now what?

Many Germans ignored the Nazis post WWI. But other disgruntled countrymen, deep down in their psyches, kind of appreciated that these so-called "fanatics" were standing up for them, recognizing their value—even their superiority—as "true Germans," and responding to their perception that the world was treating them unfairly.

Our future and our survival depend on the belief that we CAN create a loving society—if not for our generation, then at least for our children and grandchildren.

There's no time like now to start building that future.



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READY FOR ANYTHING

Emergency preparedness

s are well aware that disaster can come in many forms. Large-scale emergencies can be chaotic and traumatic, and healthcare facilities play a pivotal role as responders. Our workplaces must be well-equipped to meet the needs of patients, staff and the community.

The recent ransomware attack at Erie County Medical Center and the shootings at Bronx-Lebanon Hospital underscore the importance of having a comprehensive emergency preparedness program in place.

In 2016, in an effort to address gaps, establish consistency and encourage coordination, the Centers for Medicare & Medicaid



Services issued a new Emergency Preparedness Rule covering nearly all categories of inpatient and outpatient facilities. Healthcare facilities must have an "all-hazards" approach, and programs must include risk assessment and planning, a communications plan, policies and procedures, and training and testing.

According to NYSNA
Occupational Health and Safety
Representative Lisa Baum, MA,
CSP, healthcare facilities are in a
unique position in emergency situations because they must have the
capacity to address the full spectrum of emergencies—internal,
external, natural or man-made.

"Healthcare institutions are not only particularly *needed for* disasters, but they are particularly *vulnerable to* disasters," says Healthcare institutions are not only particularly needed for disasters, but they are particularly vulnerable to disasters.

Baum. "You have to be prepared both internally and externally. Internally, what happens if we have infrastructure damage or lose emergency services? Externally, what happens if the disaster results in a massive intake of patients?"

Conducting drills

Under the new Emergency Preparedness Rule, healthcare facilities must conduct at least two drills a year. One must be a fullscale drill, complete with emer-

> gency services. The other can be a facility-based table-top drill, where participants in a room are presented with a scenario. Because nurses are on the front lines, we must be fully educated

about our facilities' emergency preparedness plans, including regulatory requirements, guidelines and the criteria for disaster risk assessment.

The following emergency preparedness guidelines have been issued by The Joint Commission, a CMSapproved accrediting organization:

- In the event of an emergency, healthcare facilities must be able to communicate internally and externally despite the possible loss of communication systems;
- Utilities need to enable the facility to be self-sufficient for as long as possible—with a goal of 96 hours;
- Supplies must address potential vulnerabilities and be maintained at adequate levels; staff must have clear roles and responsibilities in an emergency;

- Security measures must be taken to enable normal operations and protect staff and the facility; and
- There must be a plan in place for maintaining patient care and supporting vulnerable populations, including possible alternate standards of care.

Part of developing an emergency preparedness plan means looking beyond general disasters and determining any potential local risks or emergencies a facility might face. "During H1N1, the emergency rooms were overwhelmed," says Baum. "You have to have a plan in place for protecting staff because you're screwed if the public and staff are sick."

Protecting staff

As nurses, we are known for being dedicated responders who put patient care first. Healthcare facilities must consider that in an emergency, nurses and healthcare workers will need support to be effective.

Says Baum: "Where are they going to sleep? How will they get food? You must consider child and elder care. Pay attention to their families so they can do their jobs. You need to remember that your staff are human beings."

Healthcare facilities have until November 15 to meet the requirements of the CMS rule and must comply in order to receive federal reimbursement for Medicare and Medicaid. Ultimately, Baum feels this is good for both nurses and the public.

"You can't be too prepared or assume *that will never happen to us.*"



How you can help Houston now

Mayor Turner establishes Hurricane Harvey Relief Fund

After receiving an overwhelming number of inquiries from citizens and companies who want to help, Mayor Sylvester Turner has established the Hurricane Harvey Relief Fund that will accept tax deductible flood relief donations for victims that have been affected by the recent floods. The fund will be housed at the Greater Houston Community Foundation, a 501(c)(3) public charity.

DONATE NOW

If you wish to make contributions, please go to **ghcf.org**.

If you are interested in volunteering to go to Texas to assist in disaster relief, contact the Registered Nurse Response Network: RNRN www.national nursesunited.org/site/entry/rnrn



Standing our ground!



By Jill Furillo, RN, NYSNA Executive Director

n the past months, our union has displayed leadership in the protection of patients and their communities on every level. The onslaught against the Affordable Care Act, with a plan that would devastate healthcare for millions of families was an all-out attempt at undercutting healthcare in America while transferring billions of dollars to the richest people in our country.

Working with other unions, healthcare consumer groups, elected officials, health care providers, religious organizations, immigrant rights groups, community based organizations, public health professionals and many others, we joined forces to stop the dangerous legislative proposals for now. But we must remain vigilant as Congress reconvenes in early September!



Central Park, NYC

As nurses we bring both moral and professional authority which is very powerful. People listen when we speak out against any plan that puts our patients in jeopardy, our communities at risk and our professional standards in question.

Congressional stalemate

After months of trying, it became clear that a sizable group in Congress had no real plans to replace the Affordable Care Act, or to move the country towards guaranteed health care for all. Rather, this group was exposed for trying to eliminate the ACA, and in doing so, destroy healthcare altogether. Many senators found themselves in a quagmire because all of the proposals were extremely unpopular across all demographics. The various versions of the legisla-

tion never got above 20% approval from the country as a whole! The Administration and Senate Republicans floundered amongst a variety of different plans that would have deprived millions of Americans of health insurance and done little to contain the high costs that make it hard for poorer, sicker people to have their medical needs taken care of.

This July, the Senate failed to pass three different repeal bills. One bill, which would have undermined the ACA's protections for people with pre-existing conditions and cut Medicaid so significantly that the Congressional Budget Office estimated it would throw millions of people off of health insurance, failed by 10 votes. Another bill, which would have eliminated all of the ACA's subsidies for poor and middle-class people to buy health insurance and which was estimated to throw 32 million people off of health insurance, failed by 7 votes.

The Senate came closest to passing a bill that simply would have eliminated the mandates for individuals to buy health insurance and for large employers to provide it. The bill would have further destabilized the health insurance market and was unpopular even amongst Senators who voted for it. However, Republican Senator Susan Collins of Maine, Republican Senator Lisa Murkowski of Alaska, and Republican Senator John McCain of Arizona joined with Democrats and voted against it, sinking the bill.

Some in Congress are not giving up, however, and are moving on with several different replacement proposals. One bad proposal is Senator Lindsay Graham's legislation. His bill would give funds to each state to allow them to provide health insurance for their residents, but the way the funds would be distributed would penalize large states like New York with high Medicaid populations. New York would struggle to provide health insurance for New Yorkers, and hospital budgets would suffer significantly.

There are other proposals that are emerging as we go to press.

Republican Senator Lamar

Alexander and Democratic Senator Patty Murray are holding hearings on how to contain rising premiums on the individual market, and on how to ensure that everyone who buys health insurance as an individual has access to a health insurance plan. Several Republicans and Democrats in the House have formed a "Problem Solvers Caucus" and have put together a proposal that also seeks to contain premiums. Their proposal would put more money towards the sickest patients, but it would also allow states to limit the amount of health insurance provided to consumers, depriving them of comprehensive care.

Uncertainty rattles health insurers

The Administration has threatened to not fund subsidies provided for in the ACA that reduce copays and deductibles for people buying insurance on the individual market. Without certainty that these funds will come through, health insurance companies have been planning to raise premiums and threatening to pull out of certain areas entirely, making it much harder for many people to buy health insurance. In fact, in recent days, some insurers, including here in New York State, have pulled out threatening chaos in the healthcare of New Yorkers and Americans.

NYSNA has stood its ground: we demand that no plan take away existing coverage and we seek to build alliances in and out of government towards the goal of real guaranteed healthcare for all. In New York State, we have the right policy to bring this chaos to an end. The New York Health Act, passed by the state assembly and supported by 32 members of the state senate would not only protect New Yorkers from losing their healthcare, but also ensure that everyone gets the care they need! A new bill will be introduced soon in the US Senate by Senator Bernie Sanders of Vermont that would also guarantee healthcare for all in a Medicare For All system. It deserves our support! The determination of our members resonates in our hospitals, communities and in government institutions. We will not back down!



NYSNA 2017

New York State Primary Election Endorsements



NYSNA Endorsed Candidates

NYSNA always endorses outstanding candidates who work year-round, helping us make our voices heard in Albany and municipal capitals. The 2017 primary election endorsed candidates have been allies in ensuring good jobs and economic justice, quality healthcare, social justice and human rights for all. They are committed to standing up for the issues that matter to working people, on the job and in our communities. Use the guide below to see who has been endorsed in the upcoming primary election in your area!

Don't forget – Primary Election Day is Tuesday, September 12th.

For more information, or any questions about the NYSNA PAC, please contact:

NYSNA PAC c/o Political & Community Organizing Department 131 West 33rd Street, 4th Floor New York, NY 10001 NYSNA-PAC@nysna.org 917.455.8231

Primary Endorsements New York City

CITYWIDE

Mayor - Bill de Blasio **NYC Public Advocate – Letitia James NYC Comptroller – Scott Stringer**

MANHATTAN

Manhattan Borough President: GALE BREWER Council District (CD)

CD #1	MARGARET CHIN
CD #2	CARLINA RIVERA
CD #3	COREY JOHNSON
CD #4	MARTI SPERANZA
CD #5	BEN KALLOS
CD #6	HELEN ROSENTHAL
CD #7	NO ENDORSEMENT
CD #8	DIANA AYALA
CD #9	NO ENDORSEMENT
CD #10	YDANIS RODRIGUEZ

THE BRONX

Bronx Borough President - RUBEN DIAZ, JR

CD #11	ANDREW COHEN
CD #12	ANDY KING
CD #13	MARJORIE VELAZO

QUEZ CD #14 **RANDY ABREU** CD #15 RITCHIE TORRES CD #16 **VANESSA GIBSON** CD #17 RAFAEL SALAMANCA, JR

CD #18 NO ENDORSEMENT

QUEENS

Queens Borough President: MELINDA KATZ

CD #19	NO ENDORSEMENT
CD #20	PETER KOO
CD #21	FRANCISCO MOYA
CD #22	COSTA CONSTANTINIDES
CD #23	BARRY GRODENCHIK
CD #24	NO ENDORSEMENT
CD #25	DANIEL DROMM
CD #26	JIMMY VAN BRAMER
CD #27	I DANEEK MILLER
CD #28	ADRIENNE ADAMS
CD #29	KAREN KOSLOWITZ
CD #30	ELIZABETH CROWLEY
CD #31	DONOVAN RICHARDS
CD #32	MIKE SCALA

BROOKLYN

Brooklyn Borough President: ERIC ADAMS Brooklyn District Attorney: ERIC GONZALEZ

CD #33 STEPHEN LEVIN CD #34 **ANTONIO REYNOSO** CD #35 LAURIE CUMBO CD #36 **ROBERT CORNEGY** CD #37 RAFAEL ESPINAL, JR **CARLOS MENCHACA** CD #38 **BRAD LANDER** CD #39 CD #40 DR MATHIEU EUGENE CD #41 ALICKA AMPRY-SAMUEL

INEZ BARRON CD #42

CD #43 **REV. KHADER EL-YATEEM** CD #44 NO ENDORSEMENT

CD #45 **JUMAANE WILLIAMS** CD #46 **ALAN MAISEL** CD #47 MARK TREYGER CD #48 CHAIM DEUTSCH

STATEN ISLAND

Borough President: JAMES ODDO

CD #49 **DEBI ROSE** CD #50 **STEVEN MATTEO** CD #51 **DYLAN SCHWARTZ**



Primary Endorsements Long Island

Nassau County Candidates

Nassau County Executive: LAURA CURRAN

NASSAU COUNTY LEGISLATORS

Nassau County Legislator #1 KEVAN ABRAHAMS
Nassau County Legislator #2 SIELA BYNOE
Nassau County Legislator #3 CARRIE SOLAGES
Nassau County Legislator #4 NO ENDORSEMENT

Nassau County Legislator #5 DEBRA MULE (OPEN SEAT)

Nassau County Legislator #6 NO ENDORSEMENT Nassau County Legislator #7 NO ENDORSEMENT Nassau County Legislator #8 NO ENDORSEMENT Nassau County Legislator #9 NO ENDORSEMENT Nassau County Legislator #10 NO ENDORSEMENT Nassau County Legislator #11 NO ENDORSEMENT Nassau County Legislator #12 **ALEX MELTON** Nassau County Legislator #13 **EILEEN NAPOLITANO** Nassau County Legislator #14 NO ENDORSEMENT

Nassau County Legislator #15 MICHAEL SHERIDAN
Nassau County Legislator #16 ARNOLD DRUCKER
Nassau County Legislator #17 ROSE MARIE WALKER
Nassau County Legislator #18 JOSHUA LAFAZAN

Nassau County Legislator #19 NO ENDORSEMENT

Suffolk County Candidates

Suffolk County Sheriff – PHIL BOYLE

SUFFOLK COUNTY LEGISLATORS

Suffolk County Legislator #1 NO ENDORSEMENT Suffolk County Legislator #2 NO ENDORSEMENT Suffolk County Legislator #3 **RUDY SUNDERMAN** Suffolk County Legislator #4 NO ENDORSEMENT Suffolk County Legislator #5 NO ENDORSEMENT Suffolk County Legislator #6 NO ENDORSEMENT Suffolk County Legislator #7 **ROBERT CALARCO** Suffolk County Legislator #8 NO ENDORSEMENT Suffolk County Legislator #9 NO ENDORSEMENT Suffolk County Legislator #10 NO ENDORSEMENT Suffolk County Legislator #11 NO ENDORSEMENT Suffolk County Legislator #12 NO ENDORSEMENT Suffolk County Legislator #13 NO ENDORSEMENT Suffolk County Legislator #14 NO ENDORSEMENT Suffolk County Legislator #15 NO ENDORSEMENT Suffolk County Legislator #16 NO ENDORSEMENT Suffolk County Legislator #17 NO ENDORSEMENT Suffolk County Legislator #18 NO ENDORSEMENT



Primary Endorsements CAPITAL REGION

Albany County Candidates

Kathy Sheehan	Albany Mayor	Citywide
Corey Ellis	Albany Common Council President	Citywide
Richard Conti	Albany Common Council	Ward 6
Kelly Kimbrough	Albany Common Council	Ward 4
Leah Golby	Albany Common Council	Ward 10
Nigel Banks	Albany Common Council	Ward 5
Darcy Applyrs	Albany Common Council	Ward 1

Schenectady County Candidates

Marion Porterfield	Schenectady County Council	At Large
Rory Fluman	Schenectady County Legislator	District 4

Primary Endorsements WESTERN NY REGION

Erie County Candidates

Jacqui Berger	Amherst Town Board	At Large
Byron Brown	Buffalo Mayor	Citywide
Brian Nowak	Cheektowaga Town Council	At Large
Jim Rogowski	Cheektowaga Town Council	At Large
Steve Cichon	Erie County Clerk	Countywide
Barbara Miller-Williams	Erie County Legislator	District 1
Peter Savage	Erie County Legislator	District 3
Celia Spacone	Great Island Town Council	At Large
Matthew Kibler	Hamburg Town Board	At Large
John Abraham	Lancaster Town Council	At Large

Niagara County Candidates

Michelle Roman	Lockport Town Council	District 5
Jason Zona	Niagara County Legislator	District 5
Dennis Virtuoso	Niagara County Legislator	District 6
Mark Grozio	Niagara County Legislator	District 3

Primary Endorsements HUDSON VALLEY REGION

Northern Westchester Candidates

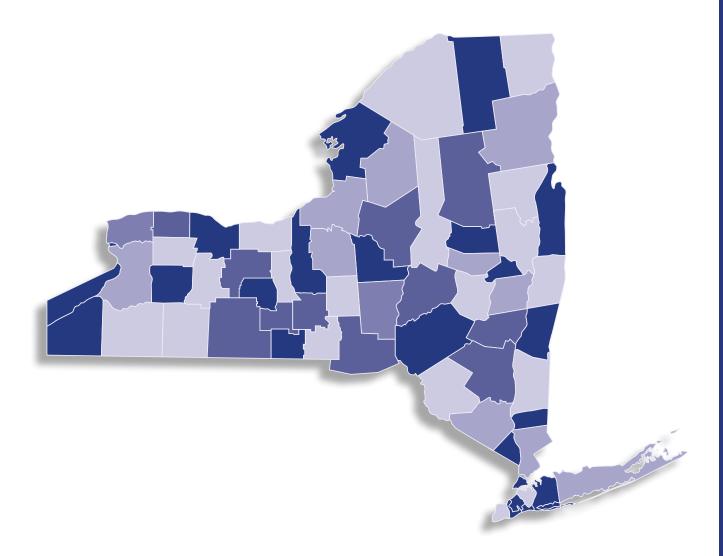
Kitley Covill	County Legislator	District 2
Catherine Borgia	County Legislator	District 9

Central Westchester Candidates

Ben Boykin	County Legislator	District 5
Milagros Lecuona	Mayor	White Plains
Alan Goldman	White Plains City Council	At Large
Michael Kraver	White Plains City Council	At Large
Saad Siddiqui	White Plains City Council	At Large
Frank Gordon	Harrison Town Board	At Large

Southern Westchester Candidates

David Tubiolo	County Legislator	District 14
Ruth Walter	County Legislator	District 15
Virginia Perez	County Legislator	District 17
Alfreda Williams	County Legislator	District 8
Maeve Scott	Yonkers City Council	District 4
Matthew Orefice	Yonkers City Council	District 6



A conversation with Bellevue RN Todd Schultz

Todd Schultz, RN, BSN, CPAN, grew up in Ohio, but has made his home in NYC since 2006. He spoke to New York Nurse this month.

NYN: When and why did you decide to become a nurse?

TS: I like to say that nursing chose me. I worked my way up starting as an EMT, then an LPN, an associate degree RN, BSN, and am now finishing my master's degree in nursing education. Through each step, I have had incredible nurse mentors and educators that have guided my career path.

NYN: You must be proud to be a part of a revered institution— Bellevue Hospital—and a public hospital system with doors open to all. Can you speak to that?

TS: It is an absolute honor to serve at Bellevue Hospital, and it's beyond humbling to know that we get the opportunity to work in the oldest hospital in the country, as part of an incredible team of medical professionals that provide world-class care to NYC.

NYN: What are the most significant issues facing nurses at Bellevue today? How do you assign priority to them?

TS: We share the same concerns as other hospitals all around the country, with safe staffing and nurse safety as two of our top priorities. Both can be solved with evidence-based nurse-to-patient ratios that have been proven to control system costs and directly benefit patient outcomes.

NYN: How would you describe your role as president of the LBU? Are there any changes planned in how it operates?

TS: Anne Bové, RN, was a dedicated LBU president, and I consider myself very lucky to have her as a mentor throughout this transition process. Our LBU leadership team continues to be dedicated to protecting safe staffing conditions and

remains committed to strengthening the profession of nursing at Bellevue and throughout NY state.

NYN: How do we achieve guaranteed healthcare for all?

TS: The enduring mission of Bellevue Hospital, to provide quality care to all without regard for their ability to pay, is a mission statement that needs to be expanded to a state and national level. Quality healthcare should not be treated as a commodity only rationed out to those that can afford it. It is our patriotic and moral duty to provide care for all members of our community. Our elected leaders need to



Todd Schultz, RN

know that we will no longer stand for a broken, stratified healthcare system that enriches insurance company CEOs while bankrupting patients. Nurses need to step up and lead this charge with their voices and their votes and encourage their friends and families to do the same.



RNs at Dominican Day Parade

NYSNA members donned their red, white and blue on August 13th at the 35th Annual Dominican Day Parade in Manhattan.

Thousands of revelers lined 5th Avenue for the celebration of Dominican culture, music, folklore and dance that occurs the second Sunday in August each year. More than half a million Dominicans live in New York City, the second-largest Dominican community in the world behind Santo Domingo.

Celebrating diversity

This year's Grand Marshal was Rep. Adriano Espaillat (D-13), the first Dominican-American to serve in the United States Congress. The parade was dedicated to the memory of fallen police officer Miosotis Familia, who was killed on July 5, 2017 in the Bronx. Familia was posthumously honored with a lifetime service award.

NYSNA was thrilled to have Shino Aguakate, a popular merengue group, perform on our float. Paradegoers cheered as nurses danced down the route and advocated for quality healthcare for all New Yorkers.

This was NYSNA's second appearance in the Dominican Day Parade. Member Minerva Concepcion Green, RN, articulated the importance of nurses taking part in this event:

"I work at New York Presbyterian on 181st Street, right in the heart of the Dominican community. It's important—especially now—to show unity and celebrate diversity because our patients are very diverse," said Concepcion Green.



The history that I have with Bellevue supersedes my own history—it's my parents' history, specifically my mother, who worked for the Department of Hospitals. She worked at Cumberland and then at Queens General. And she was under the Civil Defense, and where she had to report was in the basement of Bellevue.

The biggest gift that I ever got was the people that I worked with. All of you."

–Anne Bové, RN



AMERICA must always reject racial bigotry, anti-Semitism, and hatred in all forms.

As we pray for Charlottesville, we are reminded of the fundamental truths recorded by that city's most prominent citizen in the Declaration of Independence: we are all created equal and endowed by our Creator with unalienable rights. We know these truths to be everlasting because we have seen the decency and greatness of our country.

> Joint Statement of Presidents George H.W. Bush and George W. Bush

NOW is the time for leaders to be strong in their words and deliberate in their actions...We will not step backward. If this is not who we are as Americans, let's prove it.

Hillary Clinton

Bipartisan voices on Charlottesville

WHILE WHITE SUPREMACISTS and supporters marched in Charlottesville on August 11, protests opposed to their anti-semitic shouts and racist slurs were strong. The killing of Heather Heyer by a neo-Nazi participant the following day, August 12, and the deaths of two police officers on duty, brought a death count to these horrible days. While there was ambiguity from the Administration surrounding the Charlottesville events, voices from across the political spectrum denounced the marchers in very certain terms. New York Nurse has drawn a selection of quotes from these bipartisan voices, and they are shared below.

There are not many sides to the violence of last night and today — these actions and this speech are a poison and serve to bring us all down to the lowest and most un-American of moments. I stand united with the many voices who call this out for what it is — hate, ignorance and bigotry and I join all who loudly speak out in truth and condemnation.

Andrew Cuomo, Governor, NY, D

We mourn the senseless loss of Heather Heyer, and pray for the quick recovery of all those injured. We believe in fighting hate with love, and will continue to live and act by that core value of our union.

> George Gresham, President, 1199SEIU

NO MATTER who you are, your own background, or that of your family members or loved ones, your solidarity is necessary to build a better world. Now is the time to stand together.

Naomi Klein, author

You cannot be an ally and stay silent and complacent in the face of oppression/hatred/murder.

Gabrielle Union, performer

Our youth deserve better!! Flat out. LeBron James, athlete THERE'S no moral equivalency between racists and Americans standing up to defy hate and bigotry. The President of the United States should say so.

White supremacists aren't patriots, they're traitors — Americans must unite against hatred and bigotry Charlottesville.

John McCain, Senator, Arizona, R

We're going to pray for those that were assaulted, those that were killed, and for those that have hatred in their hearts, that somehow it can be dissipated and that they can join the ranks of the rest of us that want a better world, a more peaceful world.

Dolores Huerta, labor leader



Charlottesville, August 11

The violence in Charlottesville was caused by neo-Nazis and white supremacists attempting to spread their hateful and racist ideology.

> Bernie Sanders, Senator, Vermont, IND

It was a despicable act in Charlottesville, Virginia and I think it's critically important, all over the country, for people to speak out against this kind of intolerance, this kind of hatred, and this kind of racism.

> Byron Brown, Mayor, Buffalo, D

THE VIOLENCE in Charlottesville was caused by racists and hate groups. We must unite against them.

> Susan Collins, Senator, Maine, R

One side is racist, bigoted, Nazi. The other opposes racism and bigotry. [They are] morally different universes.

> Mitt Romney, Former Governor, Massachusetts, R

We must stand united against hate. I am thankful for the East Bay's bold leadership to stand against such hatred in our community.

> Barbara Lee, Congresswoman, CA, D

Let's stand up for the targets of the hate groups who have descended on Charlottesville. ... What I'm seeing is unvarnished Nazism. 'Blood and soil' mixed with weapons is a terrible echo of the past.

> Olivia Wilde, actress Olivia shared this post from her mother, who is running for Congress in VA]



Memorial to Heather Heyer killed during Charlottesville protests, August 12

PEOPLE must learn to hate, and if they can learn to hate, they can be taught to love **Barack Obama**

As a society, it is incumbent upon all of us to forcefully repudiate all expressions of white supremacy, racial hatred, and bigotry.

> RoseAnn DeMoro, Executive Director, National Nurses United

The abhorrent acts of hatred on display in Charlottesville are an attack on the unity of our nation and therefore summon us all to fervent prayer and peaceful action.

Cardinal Daniel DiNardo,

President, U.S. Conference of Catholic Bishops

LET'S get real. There is no moral equivalency to Nazi sympathizers. There can be no room in America — or the Republican party — for racism, anti-Semitism, hate or white nationalism. Period.

John Kasich, Governor, Ohio, R

The Army doesn't tolerate racism, extremism, or hatred in our ranks. It's against our values and everything we've stood for since 1775.

> General Mark A. Milley, U.S. Army

This shouldn't be hard. Condemn hate. Condemn neo-Nazis and white supremacists. Condemn domestic terrorism. Period.

> Claire McCaskill, Senator, Missouri, D

WE should never hesitate to call out hate. Whenever and wherever we see it.

We should call evil by its name. My brother didn't give his life fighting Hitler for Nazi ideas to go unchallenged here at home.

> Orrin Hatch, Senator, Utah, R

> > **CONTINUED ON PAGE 14**

THIS WAS an act motivated by a philosophy of hate and white supremacy. It is an unacceptable philosophy that goes against the very values of this nation.

> Bill de Blasio, Mayor, NYC, D

PRESERVING history doesn't require us glorifying the villain.

> John Legend, performer

MY HEART is heavy over the events in Charlottesville, VA. There's only one side. We have to denounce hate, racism, antisemitism, xenophobia and domestic terrorism.

> Letitia James, Public Advocate, NYC, D

[R]EAL HEROES emerged who deserve our praise and admiration: Heather Heyer, who was killed speaking out against racism.... Fighting systemic racism is the new abolition movement.

Kareem Abdul Jabbar, athlete

NEO-NAZIS, Klansmen and white supremacists came to Charlottesville heavily armed, spewing hatred and looking for a fight. One of them murdered a young woman in an act of domestic terrorism, and two of our finest officers were killed in a tragic accident while serving to protect this community. This was not 'both sides'.

Terry McAuliffe, Governor, Virginia, D

Charlottesville

CONTINUED FROM PAGE 13

The hate and bigotry witnessed in Charlottesville does not reflect American values. I wholeheartedly oppose their actions.

Mitch McConnell, US Senate Majority Leader, Kentucky, R

If anyone had a question about what the KKK represented, they were answered quite fully by what they saw in Charlottesville.

Andrea Stewart-Cousins, Speaker, NYS Assembly, D

I PRAY a true leader will rise to expel hatred from America. This is not US! This is Anti-American.

Lady Gaga, performer

What "White Nationalist" are doing in Charlottesville is homegrown terrorism that can't be tolerated anymore.

Chuck Grassley, US Senator, Iowa, R

Our thoughts & prayers with victims of violence in Charlottesville, Virginia. Hatred has no place in our discourse.

Brian Kolb, NY State Assembly, R We are better than this....I REPEAT WE ARE BETTER THAN THIS! I will continue to use my talents to bring us closer together!

Kevin Hart, performer

The Nazis, the KKK, and white supremacists are repulsive and evil, and all of us have a moral obligation to speak out against the lies, bigotry, anti-Semitism, and hatred that they propagate.

Ted Cruz, US Senator, Texas, R

Very important for the nation to hear @potus describe events in #Charlottesville for what they are, a terror attack by #whitesupremacists"

Marco Rubio, US Senator, Florida, R

Hatred, violence, bigotry, antisemitism and racism are sins against goodness and love. They sit at the center of evil.

> James Tedisco, State Senator, NY, R

Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that -Martin Luther King, Jr.

> Ed Ra, NY State Assembly, R

Call it what it is. It. Is. Terrorism.

Zendaya, performer

AS A DOMINICAN WOMAN, a product of the Trans-Atlantic slave trade, I stand in solidarity with everyone threatened by white supremacist ideology and everyone who seeks to practice tolerance in a free and open society.

Marisol Alcantara, NYS Senate, D



Judith Cutchin, RN, at Heyer vigil, NYC, August 15

NO PLACE for racial hatred or extremism in the US Marine Corps.
Our core values of Honor, Courage, and Commitment frame the way Marines live and act.

General Robert Neller, U.S. Marines

There is no defense or justification for evil in the form of white supremacists and Nazis. None.

Dean Heller, Senator, Nevada, R

Charlottesville violence was fueled by one side: white supremacists spreading racism, intolerance & intimidation. Those are the facts."

> Tim Kaine, Senator, Virginia, D

No more Charlottesvilles!

e watched in horror as the events in Charlottesville unfolded on Friday night, August 11. Ranks of young men arrived in this renowned college town with clubs, shields, pepper spray and guns prepared to do battle ostensibly to protect a statute of Confederate hero General Robert E. Lee. But their rhetoric, blaring on social media, displayed a racist, extremist ideology, some with neo-Nazi phraseology and ugly nativist slurs. Some wore pins with the number "88," a number that serves as shorthand for Heil Hitler. They were a mob of white supremacists looking to grab national attention. And they succeeded in that regard.

Pickup trucks full of torches arrived, and within minutes hundreds of supporters were on the scene and with military precision they formed a lengthy procession, marching, torches alight, through the campus of the University of Virginia.

Charlottesville martyr

The next day, members of organizations, such as Vanguard America, Identity Evropa, the Traditionalist Workers Party and True Cascada, returned, standing their ground at the park, home to the Lee statue. (There are 700 statues and plaques commemorating the Confederacy in the U.S. today. To many, these symbols "honor people who took up arms ... to maintain slavery," wrote the *New York Times* on August 18.)

Sitting behind the wheel of his Dodge Challenger, a young neo-



Michael Moore at Heyer vigil



White supremacists and supporters, Charlottesville, August 11

Nazi let loose, as a crowd of protesters had gathered in the park area as well. He ran down 20, killing 32-year old Heather Heyer and putting others in the hospital, some in serious condition.

The outraged mounted. White supremacy, racial slurs, Nazi symbols... death and injury.

We joined the protests in New York City that same day, marching from the Dominican Day Parade directly to a rally on Fifth Avenue. NYSNA members were there, outraged and demanding an end to the racist, anti-semitic white supremacist attack on civil society. Civil rights and social justice are a foundation of our union's principles.

A mother's plea

"This is just the beginning of Heather's legacy," said her mother, Susan Bro, at a memorial to her slain daughter the Wednesday following her death. "This is not the end of Heather's legacy. You need to find in your heart that small spark of accountability. What is there that I can do to make the world a better place?"

Stop the forces of hate

The following week, NYSNA members joined hundreds in commemoration of Heather Heyer. Performer Michael Moore was there, as were actors Mark Ruffalo and Olivia Wilde. Sadness over the loss of Heather Heyer pervaded those gathered on Fifth Avenue in NYC. But that sentiment was largely offset with determination to stop the forces of hate: white supremacists, racists and their supporters.

As nurses, we see the profound effects of bigotry on our communities, and we will fight against it in all its shapes and forms.

No more Charlottesvilles!



Hundreds commemorate Heather Heyer, Fifth Ave., NYC, August 15.

Unanimous vote for NEW FRESENIUS CONTRACT!

A hard-fought but fruitful campaign led to a new three-year contract ratified on August 18. Nurses did some outstanding joint work with our 1199SEIU Fresenius colleagues, leading to the first joint NYSNA-1199 strike in New York history and outreach to Fresenius workers in Germany, as well.

Nurses now have agreements in: Improved staffing through the new Professional Practice Committee NYSNA Health Benefits NYSNA Pension Multi-year wage increases We will build on this solidarity!



BYLAW PROPOSALS

Official Call to Meeting

2017 Business Meeting of the New York State Nurses Association New York City

Wednesday, Oct. 11 - Thursday, Oct. 12, 2017

Anne Bové, RN, Secretary, New York State Nurses Association

RECOMMENDATION #1 – CREATE DELEGATE CONVENTION, EXPAND CONGRESS AND MERGE IT WITH VOTING BODY. REMOVE STAGGERED ELECTIONS FOR STATEWIDE OFFICES AND ALIGN THEM WITH DELEGATE ELECTIONS. SHORTEN CERTAIN OFFICER AND BOARD MEMBER TERMS AND EXTEND TERM LIMITS FOR THOSE AFFECTED.

ARTICLE II – MEMBERS, DUES, AND AFFILIATES

Section 1. Members and Dues

B. Dues

 Members who qualify for the following categories may pay reduced dues as established by the <u>Convention</u> voting body:

Section 2. Affiliates

- A. Individual Affiliates
- 7) who may participate in <u>Convention</u>
 Voting Body with voice but no vote, and
- B. Nursing Student Affiliates
- 7) who may participate in <u>Convention</u>

 Voting Body with voice but no vote, and
- C. Organizational Affiliates
- 4) Rights

Each organizational affiliate shall be entitled to:

- a) one representative in the NYSNA

 Voting Body Convention who must be
 a registered nurse who shall be eligible
 to vote on all matters coming before
 the Convention Voting Body except
 issues related to establishing dues and
 amendment of bylaws;
- make reports or presentations to the <u>Convention Voting Body</u> within its area of expertise, including presentation of proposed actions;

ARTICLE IV – BOARD OF DIRECTORS

Section 3. Functions

- Determine the date, place and registration fee for the annual <u>Convention membership meeting</u>;
- u) Recommend to the <u>Convention</u> votingbody persons to receive honorary recognition in accordance with established policy;
- Provide for implementation of association policies and positions approved by the <u>Convention Voting Body</u>;
- w) Report to the <u>Convention</u> voting body at the annual meeting the current status of all resolutions passed by the <u>Convention</u> voting body at the prior annual meeting;
- y) Affiliate with or disaffiliate from any organization subject to approval by a majority of the members voting either at the Convention a meeting of the Voting Body and/or by ballot.

Section 4. Meetings

 Regular meetings shall be held immediately preceding and immediatelyfollowing each annual membershipmeeting and at such other times as shall be determined by the Board of Directors.

ARTICLE V - OFFICERS AND DIRECTORS

Section 2. Election

- a) The president, first vice president, treasurer, five directors at large, and three regional directors shall be elected in the same three-year election cycle.
- b) The second vice president, secretary, five directors at large, and three regional directors shall be elected in the same three-year election cycle.

Section 3. Terms

 The officers and directors shall serve for three-year terms.¹

ARTICLE VI – STANDING COMMITTEES

Section 2.

Standing committees shall be appointed by the Board of Directors, and shall serve for a <u>three-year</u> two-year term or until their successors are appointed.

ARTICLE VII - COUNCILS

Section 3. Composition

Councils are established by the <u>Convention</u> voting body. The Board of Directors shall appoint at least five members to each council and shall designate the chairperson.

Section 7. Functions

Each council shall:

recommend standards, policies, and positions to the Board of Directors and the <u>Convention voting body</u>;

ARTICLE VIII – PRACTICE FOCUS GROUPS

Section 1.

- a) Practice focus groups are established by the Board of Directors or Convention to assist individual members to improve professional practice and development within a specific clinical or functional area.
- b) Practice focus groups may be established by the Board of Directors or Convention in any area of specialty nursing practice for which the Board determines that there is need and sufficient interest of members.

ARTICLE IX - CONGRESS OF BARGAINING UNIT LEADERS

The term of office for officers and directors who were elected in 2016 shall end in 2018. These officers and directors shall be eligible to run for office in 2018 and serve one additional three-year term in the same office and a total of twelve years on the Board of Directors.

Section 1. Definition

The Congress of Bargaining Unit Leaders (The Congress) is an organizational unit comprised of at least one representative and not more than two representatives from each of the association's local bargaining units. Each local bargaining unit has one vote in the Congress, bringing its unique contributions and expertise to the body.

Section 2. Purposes

The purposes of the Congress of Bargaining Unit Leaders are to:

- Advance the mission of the association as it relates to collective bargaining through the focused work of its local bargaining units.
- b) Identify and discuss the concerns of the local bargaining units and makerecommendations to the Board of Directors and Executive Director onhow to address these concerns.
- e) Identify opportunities for providing mutual assistance to the local bargaining units to the Board of Directors and Executive Director.
- d) Participate in providing mutual assistance to the local bargaining units.
- e) Collaborate with the members of the local bargaining units, the Board of Directors and the Executive Director instrengthening the association's collective bargaining program.
- Collaborate with the Council on
 Nursing Practice, the Board of Directors,
 and the Executive Director in carrying
 out the Council's action plans.

Section 3. Accountability

The Congress of Bargaining Unit Leaders shall be in conformity with the bylaws and policies of the association.

ARTICLE XII - NOMINATIONS

Section 5.

Members shall be eligible to serve in only one elective position in NYSNA at any one time. Elective positions of NYSNA are: board of directors (officers and directors); nominating committee; election committee; executive committees of practice focus groups; executive committee of the Congress of Local Bargaining Unit Leaders, provided that all those members currently sitting in multiple positions would be allowed to complete their terms.

ARTICLE XIV - VOTING BODY

Section 1. Composition

The voting body at each annual membershipmeeting and special meeting shall becomposed of the members and organizational affiliate representatives present. There shall be no proxy voting.

Section 2. Qualifications

Current membership in NYSNA or status as an organizational affiliate representative as defined in Article II of these bylaws is required of any individual participant in the voting body and will be verified at the time of registration.

Section 3. Authority

The Voting Body will: a) establish annualdues to be considered for voting by the entire membership; b) establish association policies and directions; e) approve recipients of Honorary Recognition; d) establish councils; e) adopt and maintain bylaws; f) delegateauthority not otherwise delegated in thesebylaws:

ARTICLE XV - MEMBERSHIP MEETINGS

Section 1

This association shall hold an annual membership meeting at such time and place as shall be determined by the Board of Directors.

Section 2.

Every member is entitled to attend and vote in accordance with established policy.

Section 3.

The order of business at each annualmembership meeting of this association shallbe in accordance with an agenda adoptedat the beginning of the meeting and shallinclude:

Address of President

Address of Executive Director

Reports of Officers

Reports of Standing Committees
Reports of the Councils

Reports of the Councils
Reports of Practice Focus Groups
Miscellaneous Business

Report of Elections

Section 4.

Special meetings of this association may be called by the Board of Directors and shall-be called by the president upon the written request of a majority of the constituent district nurses associations or not less than 100 members.

Section 5.

Notices of all annual and special membership meetings of this association shall be sent to each constituent district nurses association and to all members of this association at least thirty days before the first day of the meeting.

ARTICLE XIV – CONVENTION

Section 1. Frequency, Time and Location of Convention

There shall be an annual Convention held at a time and place determined by the Board of Directors.

Section 2. Delegates

A. Delegate Composition

Delegates to the Convention shall consist of:

- Members of the Board of Directors, including the Officers; and
- 2. Delegates elected in secret ballot elections.

B. Number of Delegates

- 1. Each Local Bargaining Unit (LBU) shall be entitled to a specific number of delegates, calculated as follows:
 - a. One (1) delegate for every 50
 members in good standing or
 portion thereof ("members")
 up to the first 200 members
 provided that each LBU shall
 be entitled to at least one (1)
 - o. One (1) delegate for every 100

- members or portion thereof over 200 members.
- 2. Retired members shall be entitled to a specific number of delegates, calculated as follows:
 - a. One (1) delegate for every 50 retired members from each region or portion thereof up to the first 200 members.
 - b. One (1) delegate for every 100
 retired members from each
 region or portion thereof over
 200 members.
- Individual members not part of a Local Bargaining Unit (LBU) shall be entitled to a specific number of delegates, calculated as follows:
 - a. One (1) delegate for every 50 members up to the first 200 members or portion thereof.
 - b. One (1) delegate for every 100 members or portion thereof over 200 members.

C. Alternate Delegates

Alternate delegates may be elected in accordance with procedures developed by the Board of Directors. Alternate delegates who attend convention in the place of an elected delegate will have all the rights and responsibilities of elected delegates.

- D. Nomination and Election Procedures
 Delegates shall be nominated and elected in
 accordance with procedures developed by the
 Board of Directors.
- E. Delegate Credentialing Procedures
 The Board of Directors shall establish policies
 and procedures governing the credentialing of
 delegates and alternate delegates.
- F. Term of Office for Delegates
 The term of office for delegates shall be three
 (3) years, commencing upon their election
 and continuing until the election of delegates
 at the next regularly-scheduled NYSNA
 election

Section 3. Authority of Convention

The Convention is the highest governing body of the Association. The Convention will:

- A. Recommend annual dues to be submitted for ratification by the entire membership.
- B. Establish Association policies and directions.
- C. Establish Councils and Practice Focus Groups.
- D. Adopt bylaws.
- E. Delegate authority not otherwise delegated in these bylaws.

Section 4. Voting

A. Proxy voting shall not be permitted.

B. Subject to the approval of the Convention Credentials Committee, in the event a delegate who is the only member of a delegation attending the Convention must leave the Convention, or if the sole delegate in a LBU is unable to attend Convention, he or she may assign his or her vote to a delegate from another LBU.

Section 5. Procedural Issues

A. The Board of Directors may establish rules and procedures concerning the submission of resolutions, the seating of delegates and other issues that may arise prior to or at the Convention.

B. In order to allow for discussion and debate, Convention resolutions must be submitted in writing to the Secretary of the association at least thirty (30) days prior to

- the Convention or as otherwise provided in policies and procedures established by the Board of Directors and approved by the Convention.
- C. The association shall issue the call to the Convention at least thirty (30) days prior to the commencement of the Convention. Copies of any properly submitted proposed bylaws amendments will be appended to the call to the Convention.
- D. Prior to the commencement of the Convention, the Board of Directors may appoint the necessary committees to conduct the Convention activities including the Credentials Committee and such other delegate committees that the Board deems appropriate.
- E. Members who are not elected delegates may attend, but not vote at, the Convention.

Section 6. Special Convention

A. The association shall issue the call for a Special Convention within sixty (60) days of receiving a written request to do so from at last one-third (1/3) of Convention delegates or upon 75% of the votes of the Board of Directors present and voting thereon.

ARTICLE XVI - QUORUM

Section 1

Five members of the Board of Directors, one of whom shall be the president or first vice president, and not less than 200 <u>delegates members</u> representative of designated geographic regions shall constitute a quorum for the transaction of business at <u>any the</u> annual <u>Convention membership meeting</u> of this association.

Section 2.

Seven members of the Board of Directors, one of whom shall be the president or first vice president, and not less than 250 members delegates representative of designated geographic regions shall constitute a quorum for the transaction of business at any special Convention meeting of this association.

ARTICLE XX – AMENDMENTS

Section 1.

These bylaws may be amended at any annual <u>Convention</u> membership meeting or special meeting by a two-thirds vote of the <u>delegates</u> voting body present and voting.

All proposed amendments shall be in the possession of the secretary of this association at least seventy-five days before the date of the annual <u>Convention</u> membership meetingor special meeting, as the case may be, and shall be appended to the call for such meeting.

Section 2.

These bylaws may be amended without previous notice at any meeting by 99% of the <u>Convention</u> voting body present and voting.

RATIONALE: This proposal creates a more unified, democratic structure of governance for NYSNA. It expands the representative nature of Congress, and invests it with the authority of Voting Body. Starting in the summer of 2018, delegates will be elected to represent their Local Bargaining Units (as well as retired and non-represented members) at the NYSNA Convention for a three-year term. The proposal protects principles of proportionate representation for the larger LBUs and also ensures that smaller facilities will have an important voice at Convention. This proposal will eliminate the current

practice of having staggered elections for statewide officers. Although sitting Board members elected in 2016 will have their term of office cut short by one year in order to run all delegate and statewide elections at the same time in 2018, this abbreviated term will not count towards existing term limits. Thus, if adopted, this means that there will be an election in 2018 for every Officer and Board of Directors seat. Those elected in 2016 whose terms were set to expire in 2019 will be allowed to run for one addition term in the same office in 2018. If they are re-elected in 2018, they will be allowed to serve one additional full term in the same position and one additional full term on the Board.

RECOMMENDATION #2 – ELIMINATE ELECTION OF OFFICERS FOR PRACTICE FOCUS GROUPS

ARTICLE VIII – PRACTICE FOCUS GROUPS

Section 5.

- a) Each practice focus group shall have an executive committee composed of a chairperson, vice chairperson, and three members at large. The chairperson and two members at large shall be elected at the annual meeting in the even year to serve for a term of two years; the vice chairperson and one member at large shall be elected at the annual meeting in the odd year to serve for a term of two years:
- b) Each executive committee shall be responsible for the business of the group.
- e) Executive committee members will serve as the group's representatives on the NYSNA Council on Nursing Practice.

Section 6. Terms

No member of the executive committee of a practice focus group shall serve more than two consecutive terms in the same office nor a total of more than eight consecutive years.

Section 7. Vacancies

- a) In the event of a vacancy occurring inthe office of chairperson of a practicefocus group, the vice chairperson shallserve as chairperson for the remainder of the chairperson's term.
- b) In the event of a vacancy occurring in the office of vice chairperson ormembers at large, the vacancy will be filled by appointment of the Board of Directors.
- e) Absence from two consecutive regular meetings of an executive committee or the Council on Nursing Practice shall be cause for declaring a vacancy in the position. Such vacancy shall be declared by majority vote of the Board of Directors.

Section 8.

Practice focus groups may be dissolved by a two-thirds vote of the Board of Directors;

- a) upon agreement by the Board of
 Directors and the respective group that
 there is no reason for its continuance; or
- b) upon determination by the Board of Directors of failure of the group to carry out its objective or to conform to the principles and requirements of this association.

ARTICLE XII - NOMINATIONS

Section 5.

Members shall be eligible to serve in only one elective position in NYSNA at any one time. Elective positions of NYSNA are: board of directors (officers and directors); nominating

committee; election committee; executive committees of practice focus groups; executive committee of the Congress of Local Bargaining Unit Leaders, provided that all those members currently sitting in multiple positions would be allowed to complete their terms.

RATIONALE: Officer elections takes up a substantial amount of time during Practice Focus Group meetings every year, and PFG officers do not have a real organizational role in between meetings. This change removes an outdated mandate from our bylaws and will free up time for NYSNA members to discuss substantive practice issues during Practice Focus Groups meetings.

RECOMMENDATION #3 – ELIMINATE CONSTITUENT DISTRICT NURSE ASSOCIATIONS IN NYSNA'S NEW STRUCTURE

ARTICLE IV - BOARD OF DIRECTORS

Section 3. Functions

 Assume responsibility with regard toconstituent district nurses associations as specified in these bylaws;

ARTICLE V - OFFICERS AND DIRECTORS

Section 5. Duties of the President

 a) Chair the Board of Directors; and the Executive Committee and the Constituent District Nurses Association Assembly.

ARTICLE VI – STANDING COMMITTEES

Section 4. Committee on Bylaws

- a) The committee shall be composed of five members.
- b) The committee shall:
- advise constituent district nursesassociations concerning bylaws and proposed amendments related toconstituent requirements;
- 3) review the bylaws of a nurses association wishing to become an a constituentassociation organizational affiliate of this association and report its findings to the Board of Directors.

ARTICLE X - CONSTITUENT DISTRICT-NURSES ASSOCIATION ASSEMBLY

Section 1. Purpose

The Constituent District Nurses Association Assembly consults with and advises the Board of Directors on professional and organizational issues of interest to this association.

Section 2. Composition

Members of the Constituent District Nurses-Association Assembly shall be:

- a) the president or an alternate and the executive director of this association;
- the president or an alternate of each constituent district nurses association;
- c) the executive director of each constituent district nurses association in which an executive director is appointed.

Section 3. Meetings

Meetings of the Constituent District Nurses-Association Assembly shall be held at such times and places as shall be determined by the Board of Directors.

Section 4. Functions

The Constituent District Nurses Association Assembly shall:

Proposed amendments to NYSNA's bylaws

CONTINUED FROM PAGE 17

- a) serve as consultant to the Board of Directors in defining and interpreting the district nurses association viewpoint on nursing, health care, and organizational issues:-
- b) consider issues referred by the Board of Directors or the voting body to district nurses associations and/or to the Constituent District Nurses Association Assembly, and advise the NYSNA president and Board of Directors on those issues;
- e) identify issues of concern to district nurses associations;
- d) identify mechanisms for strengthening:
 1) the relationships between NYSNA and district nurses associations:
 - 2) communications between NYSNA and district nurses associations;
 - 3) collaborative efforts of NYSNA and district nurses associations.

ARTICLE XII - NOMINATIONS

Section 3.

On or before February 1 of each year, the Nominating Committee shall distribute a Notice of Nominations to the members and the constituent district nurses associations notifying them of the offices to be filled and the

requirement that a candidate be willing to serve if elected. A Notice of Nominations shall also be carried in an official NYSNA publication.

ARTICLE XV - MEMBERSHIP MEETINGS

Section 4.

Special meetings of this association may be called by the Board of Directors and shall be called by the president upon the written request of a majority of the constituent district nurses associations or not less than 100 members.

Section 5.

Notices of all annual and special membership meetings of this association shall be sent to-each constituent district nurses association and to all members of this association at least thirty days before the first day of the meeting.

ARTICLE XVII - CONSTITUENT-DISTRICT NURSES ASSOCIATIONS

Section 1.

District nurses associations which have been or which hereafter may be organized, whose bylaws are in harmony with the bylaws of this association and have been approved by a majority vote of the Board of Directors of this association, shall be recognized as constituent associations of this association.

Section 2.

Boundaries of constituent district nurses associations shall be clearly defined and recorded by the Board of Directors of this association. Boundaries may be changed by a two-thirds vote of the Board of Directors provided either:

- a) such change has been approved by each constituent district nurses association involved; or
- b) a majority of the members of thisassociation residing in the area to be changed have requested such change in writing.

Section 3.

It shall be the duty of each constituent district nurses association of this association to:

- a) require that all of its members have the qualifications specified in Article II -Section I of these bylaws;
- b) send to the secretary of this association the names and addresses of all officers and members of the Board of Directors of the constituent district nurses associations immediately following their election or appointment;
- c) confer with the Committee on Bylaws of this association concerning any proposed amendments related to constituent requirements;
- d) adopt and maintain bylaws in harmony with the bylaws of this association and send to this association up-to-date copies;

e) submit an annual report.

Section 4.

Any constituent district nurses association which fails to comply with the constituent requirements of these bylaws, or for other cause deemed sufficient, may be disqualified as a constituent association of The New York State Nurses Association by a two-thirds vote of the Board of Directors, provided due notice has been given the constituent district nurses association at least three months before the vote is taken.

Section 5.

A constituent district nurses association which has been disqualified may be reinstated by a two-thirds vote of the Board of Directors.

RATIONALE: Under federal labor law, the autonomous nature of the separately incorporated Constituent District Nurses Associations, which appear in our bylaws as subordinate bodies of NYSNA, exposes NYSNA to legal liability. On the advice of our General Counsel, we recommend eliminating this potential liability by amending our bylaws to provide an alternative way for the CDNAs to work with NYSNA, if they elect to do so, as organizational affiliates in accordance with Article II, Section 2 of the bylaws.

Making NYSNA a stronger union

By Judy Sheridan-Gonzalez, RN NYSNA President

rom Buffalo to Brooklyn, the influence of corporations and profiteers is spreading across our healthcare system. NYSNA members are on the frontlines, protecting our patients, our profession, and the public's access to care. Over the past five years we've made major changes to the way the union functions, improving our structure and activating thousands of nurses for the first time. But we have to do more.

As employers try to roll back hardwon job standards, as Congress' right wing moves to dismantle health insurance for millions, and while the Supreme Court threatens union stability, our biggest battles lie ahead of us. If nurses and health care workers are going to secure our own futures—and those of our communities—we'll need the power that only a strong union can provide. This requires moving even more members into action and developing thousands more leaders.

Meeting the challenges

How can our organization become equipped to meet these challenges? In response to members' needs and the reality that confronts us, our Board of Directors is recommending three important changes to the bylaws to ensure that NYSNA's structure can rise to confront the tasks ahead.

The first, and most important, is creating a broad, democratic and transparent decision-making structure at the top of our union. We are proposing that, starting in 2018, members elect representatives from our local bargaining units to represent us in NYSNA's highest governing body, our Convention. Every local bargaining unit will be guaranteed at least one delegate, with additional delegates elected, based on size.

To guarantee representation, delegates would be elected as follows: 1 delegate for every 50 LBU members up to 200, and 1 delegate for every 100 members over 200. So a facility with 120 members would elect three delegates; an LBU with 330 members, would elect six delegates, and so on.

This formula ensures universal representation, but allows smaller facilities to maintain an important voice in NYSNA. Active members not in an LBU would elect representatives based on this formula, as would retiree members within each region.

Recognizing that situations emerge that might create obstacles to attendance, alternate provisions are included to address this. The proposal also includes stipulations that would allow for adequate preparation, discussion and oversight of resolutions, motions and issues.

To avoid the cumbersome, confusing and costly practice of staggered elections, NYSNA delegates would be elected for three-year terms at the same time that Board offices would be filled. Thus, there would be an election for all Board of Directors seats and statewide officers, along with Convention delegates, in 2018. This practice would enhance voter turnout as members would be voting for people they know on a day-to-day level, along with Board members they may only have read or heard about.

Bylaw changes

This Bylaws proposal is similar to the way almost every union—including nurses unions—conducts business. Recommendations were formulated after years of studying other unions' structures, talking with nurses from many states, and consultation with. suggestions by and support from LBU leaders throughout NYSNA, including officers from the Congress of Local Bargaining Unit Leaders. The Congress itself would be expanded and merged with the Voting Body under the proposal. Clearly, drawing hundreds more elected leaders into decision-making is an important step to strengthening NYSNA and building our collective power.

Two other important bylaw changes are being proposed. Responding to member concerns that PFGs need more time for discussion and less time for unnecessary bureaucracy, the Board recommends the elimination of officer elections in these groups. This would allow for the entire meeting to take on substantive practice issues.

The other measure proposed is a housekeeping one: to eliminate the Constituent District Nurse Associations (CDNAs) from our bylaws, as they are independent, autonomous organizations—and have been for a while. Their presence in our bylaws—a leftover from years past—exposes NYSNA to legal liability under federal labor law. This would allow the CDNAs—should they desire—to continue working with NYSNA as organizational affiliates.

We encourage you all to discuss these changes with your coworkers: at work, at LBU meetings and at inter-regionals as you prepare for this year's meeting at the Javits Center—the place where NYSNA members overwhelmingly voted in the historic changes that moved us into the 21st century and made our union a name in the labor movement, in health care and among nurses throughout the world.



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