

## **NYSNA 2018 Convention Approved Resolutions**

## **Building NYSNA's Power through Member Education and Organizing**

Whereas NYSNA's goal is to build a powerful, member-driven, democratic union;

Whereas this will require recruiting active leaders on every unit and every shift;

Whereas these leaders will need to enforce existing contract standards and move their co-workers into action;

Therefore, as NYSNA member-leaders we will:

- Take advantage of educational opportunities to develop our leadership skills, including, but not limited to, Member Leader Training, advanced workshops such as 'Organizing a Successful POA Campaign', and hand-on-training such as the union leave leadership program;
- Learn to do rounding and teach colleagues how to do it;
- Learn how to turn issues into escalating organizing campaigns and train colleagues how to build these campaigns as well;
- Learn best practices for serving on a Bargaining Committee or Contract Action Team;
- Identify other potential member-leaders and recruit them to become active in NYSNA;
- Mentor those potential member-leaders;
- Integrate training and education into on-going organizing and campaign planning activities inside their facility;

Submitted: NYSNA Board of Directors

## **Creating Strong Nursing Standards and Defending Nursing Practice**

Whereas collective bargaining is one of the best ways to establish strong nursing standards;

Whereas strong nursing standards are essential to recruitment and retention of highly-skilled RNs;

Whereas many hospitals are restricting the ability of bedside nurses to apply their professional judgement;

Whereas new technologies like electronic medical records software are hampering the delivery of quality care;

Therefore as NYSNA leaders we will:

- Tap the collective power of our membership through regionally coordinated contract negotiations, starting with private sector hospitals in New York City;
- Use contract negotiations to push for essential standards such as enforceable staffing ratios and retiree healthcare;
- Recognize that internal organizing and mobilization are essential to building power in contract negotiations, up to and including building for a credible strike threat;
- Spread common standards across the industry, both through coordinated bargaining and collaboration across the public and private sector;
- Defend RN autonomy and discretion in the practice of nursing through enforceable contract standards;
- Oppose any legislation that erodes RN scope of practice.

Submitted: NYSNA Board of Directors

## Organizing the Unorganized

Whereas only 15 percent of private sector workers in New York belong to unions, compared with 67 percent of the state's public sector workforce;

Whereas union members in New York earn an average of 26 percent more than their non-union counterparts and are much more likely to have other benefits such as employer-paid healthcare coverage and a defined-benefit pension;

Whereas many key hospitals and healthcare systems across the state are not yet unionized, and many of our employers are trying to expand the number of non-union RNs working in NSYNA facilities;

Whereas lower standards for non-union nurses make it harder to raise standards for current NYSNA members;

Whereas NYSNA has successfully organized several residual units of non-union RNs working in existing NYSNA facilities, such as case managers, CRNAs, and nurse practitioners over the past few years;

Whereas last spring NYSNA had its biggest organizing victory in decades, bringing 2,400 nurses in to the union, despite intense employer opposition;

Therefore, as NSYNA leaders we will:

- Continue building NYSNA's new organizing program, bringing more RNs into NYSNA and under a union contract, targeting key employers and key regions of the state;
- Use our leverage at the bargaining table to secure organizing rights and employer neutrality for any non-union RN units or newly created positions in our existing facilities, or when our employers acquire non-union hospitals;
- Involve current NYSNA members in our organizing campaigns, as short-term volunteer organizers and, where possible, using union leave provisions in our current contracts to extend their participation and deepen their skills;
- Ensure newly organized members are fully supported as they negotiate their first contract, work to establish high, common contract standards across the state, and push newly organized employers to participate in the NYSNA pension and benefit funds;
- Promote legislation to protect, preserve, and expand worker rights at the local, state, and national level.

Submitted: NYSNA Board of Directors

## **Building Solidarity, Building a Movement**

Whereas many of our pressing public health concerns—from the economic and social determinants of health to the negative impact of climate change—are not just local, or even statewide, in scope;

Whereas many of NYSNA’s campaigns address overlapping, interconnected issues;

Whereas NYSNA members recognize that unions are stronger when we build alliances with each other and develop allies in our communities, and that solidarity does not stop at the state border;

Therefore, as NYSNA member-leaders we will work with staff and the Board to:

- Develop educational materials that are accessible to nurses and the community that explain the inter-connections between our key campaigns, such as Medicare for All, Safe Staffing, and Addressing Climate Change;
- Work with other unions to anchor a broad, democracy and fairness movement in New York;
- Expand NYSNA’s efforts to build alliances and promote solidarity beyond New York state, including internationally;
- Extend our organizing campaigns, where appropriate, to regional, national and international arenas.

Submitted: NYSNA Board of Directors

## **On the Expansion of the Union Leave Provision**

Whereas, the union leave pilot educational program currently underway at several facilities, and prior experiences of LBU members who have engaged in this process, have shown it to be successful in developing individual rank and file members' expertise and credibility as union leaders, and

Whereas, developing such abilities and commitment among rank-and-file leaders, delegates and executive committee members is the critical element that allows NYSNA to build union power and promote member growth and development, and

Whereas members who participate in the union leave program continue in their leadership roles long after the period of time such a leave ends,

Therefore, be it resolved, that NYSNA continue and expand the union leave educational program, and

Be it further resolved that NYSNA evaluate the current pilot, making identified adjustments, and

Be it finally resolved that NYSNA develop a process such that participants remain involved utilizing follow up processes that continue supporting their own individual development as leaders as well as their expanded role in mentoring new leaders.

Submitted: Ana Reyes, Montefiore Medical Center—Weiler Division

Second: Renee Tucker, Montefiore Medical Center—Moses Division

## **NYSNA Political and Policy Platform - 2018-2019**

### **1. Protecting Patients and Maintaining the Quality of Health Care in New York and Nationally**

- A. Pass legislation to require minimum nurse-to-patient staffing ratios in all patient care settings
- B. Maintain professional and patient care standards and patient safety regulations, including the provision of requisite technology and equipment
- C. Fight against de-skilling, barriers to the scope of practice and erosion of standards of professional nursing practice
- D. Oppose the expansion of for-profit health care and stand against the treatment of patients and people in need of medical care as commodities or means for profit - patients must take precedence over profits
- E. Maintain proper and adequate financial support for rural, urban and community safety-net hospitals
- F. Target funding for indigent and low-income patient care to facilities that is proportionate to the actual amount of such care provided by each institution
- G. Maintain and expand the role of the public hospital and health care system

### **2. Access to High Quality Medical Care and Treatment is a Human Right - NYSNA Supports Universal Access to Health Care Regardless of Socio-Economic Standing or Ability to Pay**

- A. Implement a “Medicare for All” health care system to provide universal access to health care for all
- B. Eliminate barriers and maintain equality of access to care on the basis of need, regardless of socio-economic status, ability to pay or immigration status
- C. Address social determinants of health as a core element of providing health care to our patients and communities
- D. No For-profit corporate or investor control or operation of hospitals and other health care providers
- E. Moratorium on the closure of hospitals and other vital health care services
- F. Maintain strong regulation of the market activity and business practices of all health care providers
- G. No erosion or elimination of existing Certificate of Need (CON) regulations
- H. Expand Certificate of Need (CON) regulations applicable to licensed primary care facilities to cover unregulated physician practices and other facilities that currently operate with minimal oversight and control

### **3. Protect the Rights, Working Conditions and Economic Security of Nurses, Health Care Providers and all Working People**

- A. Maintain and improve the ability of nurses and other health workers to properly exercise their professional duties to patients as defined by their scope of practice
- B. Provide a safe working environment for nurses, health care workers, and patients
- C. Provide fair terms and conditions of employment to all nurses, health care workers, and other workers

- D. Provide all nurses, health care workers and other workers with high quality health care benefits
- E. Provide all nurses, health care workers and other workers with economic security in retirement or in the event of disability or inability to continue working
- F. Recognize and expand the right of all nurses, health care workers and other workers to organize and engage in collective activity, to effectively engage in collective bargaining, and reject all efforts to restrict or constrain the exercise of workers' rights, including so-called "right to work" laws, restrictions of the rights to free speech, to strike and to engage in other public action, and attacks on wages, health care benefits and pension rights

**4. Ensuring Democratic Input and Control of the Allocation of Health Care Resources In Our Communities**

- A. Support the establishment of democratic regional health planning councils or other bodies composed of elected or representative members to provide democratic input in and real power to determine the allocation of health resources in their communities
- B. Expand the role of the public and of direct care providers in the Certificate of Need regulatory process at the State and local level
- C. Increase the transparency of the CON and other regulatory processes to ensure that the public is informed and has the ability to effectively monitor and participate in the process
- D. Provide for a rational and democratic planning process to oversee and prevent disruptive and destructive market practices that result in the misallocation of medical care resources on the basis of monetized demand rather than unmet health care needs

**5. Actively Address Social Determinants of Health and their Impact on Health Outcomes of Patients and Communities**

- A. Engage in efforts to eliminate environmental and social factors that contribute to racial and class disparities in the health, safety and well-being of local communities and populations, including income inequality and access to equal educational opportunity
- B. Mitigate climate change and address its contribution to causing superstorms and natural disasters, the jeopardizing the quality and availability of food supplies, and otherwise negatively affecting the health and well-being of our communities
- C. Reduce environmental pollution and contamination of our air, water, soil and food
- D. Ensure the availability of safe housing for patients in need and protect the affordability and quality of the housing stock in our community
- E. Ensure that all patients and members of our communities are food secure and have access to healthy foods and proper nutrition
- F. Address the incidence and causes of violence in our communities, schools, homes and health care facilities
- G. Address the growing mental health crisis and improve the availability of services to identify impacted individuals and provide necessary support

**6. Participate in Initiatives and Support Legislation that Promotes Campaign Finance Reform to Level the Playing Field for Labor and Community-Based Candidates**

Submitted: NYSNA Council on Legislation and Board of Directors

## **Winning Safe Staffing at the Bargaining Table and in Albany**

Whereas nurses have both a moral and legal imperative to advocate for their patients and for conditions supportive of quality patient care;

Whereas quality patient care depends on safe staffing;

Whereas peer-reviewed research and the personal experience of NYSNA members demonstrate the need to maintain adequate nurse-to-patient ratios in order to address patient acuity and provide top-notch care;

Whereas safe nurse-to-patient ratios result in both reduced mortality and shorter hospital stays;

Whereas California's nurse-to-patient ratio law, in effect since 2004, has both saved patient lives and reduced hospital budgets;

Whereas safe staffing levels also keep experienced RNs on the job, which benefits patients and improves the mentoring process for new nurses;

Therefore, as NYSNA member-leaders we will:

- Engage our colleagues, union allies, and the public to support the passage of the Safe Staffing for Quality Care Act in 2019;
- Work with the Executive and Legislative branches to establish safe nurse and caregiver-to-patient limits in state regulation and in law;
- Review current legislative proposals and set our union's benchmark for safe staffing through NYSNA's Council on Legislation;
- Propose safe staffing language and enforceable staffing grids in every contract negotiation in 2019;
- Continue to publicize current data from peer-reviewed studies in support of safe staffing outcomes;
- Utilize POAs and strategic POA campaigns to demonstrate the severity of understaffing in our facilities, and to address immediate staffing issues;
- Continue to push for safe staffing standards in Professional Practice, Nursing Practice and labor-management meetings.

Submitted: NYSNA Board of Directors

## **Educating and Mobilizing Nurses for “Medicare for All”**

Whereas NYSNA members are committed to healthcare for all and support efforts to achieve comprehensive, affordable, high quality, healthcare system for every community in New York state;

Whereas the U.S. spends twice as much per capita on healthcare as other wealthy nations;

Whereas single payer systems like Medicare are proven to be far more equitable and cost effective than our current patchwork of public and private insurance programs;

Whereas “Medicare for All” has gained unprecedented attention in 2018, with a growing number of Congressional leaders voicing their support and many political candidates incorporating “Medicare for All” as a key part of their campaign platform;

Whereas even conservative think tanks like the RAND Corporation find that a “Medicare for All” system would reduce overall healthcare spending compared with the status quo, and New York state would be spending at least \$23 billion less on administration and \$9 billion more on health care services under a single-payer plan;

Whereas passing “Medicare for All” legislation in New York would have a tremendous positive impact on public health in the state and pave the way for federal legislation;

Whereas NYSNA members, in partnership with our allies, have built unprecedented public support for “Medicare for All” in the New York, and in the state legislature. The New York Health Act has passed the Assembly each year for the past four years, with support nearing a majority in the state Senate;

Whereas the 2018 election results open up new opportunities to advance the New York Health Act in the state Senate;

And, Whereas this groundswell of support has led corporate interests who oppose the New York Health Act to launch a misinformation called “Realities of Single Payer;”

Therefore, as NYSNA leaders we will:

- Capitalize on the attention generated by “Medicare for All” legislation and make the New York Health Act a top legislative priority in 2019, including an expanded push to pass the bill in the state Senate;
- Develop educational materials that are accessible to nurses and the community to emphasize the benefits of a “Medicare for All” system and explain how the New York Health Act would work;
- Train members to speak publicly about the benefits of a “Medicare for All” system and counter mis-information about the New York Health Act;
- Pressure elected officials at all levels to publicly support “Medicare for All” and endorse the New York Health Act;
- Push our employers to publicly support the New York Health Act through contract negotiations, highlighting the fact that skyrocketing healthcare costs make it harder to fund

- wage increases or other economic improvements;
- Partner with allies to expose the vested interests of “Medicare for All” opponents, including private health insurance and pharmaceutical corporations who profit from the status quo;
  - Participate in national cross-union efforts to promote “Medicare for All,” such as Labor for Single Payer, and prioritize dispelling misconceptions and addressing legitimate concerns among existing unions and union members.

Submitted: NYSNA Board of Directors

## **Strengthening New York’s Public Healthcare System**

Whereas New York’s public healthcare system is critical to the health and safety of vast numbers of state residents;

Whereas New York City Health and Hospitals system provides millions of patient visits per year, accounting for 20 percent of inpatient discharges city-wide, with a key role in care for the uninsured, for communities of color and for inpatient services to people with psychiatric and substance abuse disorders;

Whereas New York City Health and Hospitals also undergirds the financial success of private hospitals in New York City;

Whereas Westchester Medical Center serves a 5,000-square-mile area where 3.6 million people reside, giving advanced level of care to tens of thousands of newborns, infants, children and adults annually;

Whereas Erie County Medical Center, a Level 1 trauma center, serves patients from the local urban area as well as from all eight counties of Western New York;

Whereas the NYSNA nurses in county health departments, public schools and these three public systems proudly serve as a safety net network that cares for millions of New Yorkers, a system that is the most comprehensive public system in the nation;

Whereas public sector NYSNA nurses advocate in close cooperation with other public health unions, patients and organizations on a range of public health issues;

Therefore, as NYSNA member-leaders we will:

- Advocate to maintain and extend the role of public hospitals and the public healthcare system in New York;
- Work on the city, state, and federal level to expand funding until its commensurate with the demands on the public system;
- Strengthen the public health infrastructure required to address natural disasters, epidemics, and other large-scale public health needs;
- Promote equality of access to public hospitals, for example, by expanding New York Health and Hospitals to operate in all five boroughs;
- Educate our colleagues on the critical importance of the public system overall, and the specific importance of the care we provide in local communities;
- Connect with the communities we serve, to improve our understanding of the public’s health and the social and economic conditions facing our patients;
- Foster labor and community alliances to fight service cuts, privatization of public services, and hospital closings.

Submitted: NYSNA Board of Directors

## **Fighting Corporate Control of Healthcare and Putting Patients Over Profits**

Whereas NYSNA members are committed to healthcare for all and support efforts to achieve comprehensive, affordable, high quality care for patients throughout the state;

Whereas hospitals are rapidly consolidating and merging, with systems like Montefiore, Mt. Sinai, New York Presbyterian, and Northwell Health expanding upstate, and the University of Vermont Health Network and the University of Pittsburgh Medical Center crossing state lines into New York;

Whereas corporate healthcare leads to excessive administrative overhead and exorbitant executive salaries, where millions are siphoned away from patient care to recruit “top talent”;

Whereas hospitals across the state are adopting “lean” management methods that lead to routine shortages of staff and supplies, and encourage nursing functions to be performed by non-nursing personnel;

Whereas not-for-profit hospitals routinely create for-profit subsidiaries, operate these for-profit entities on tax-exempt property, and engage in profit-sharing with their physicians, all to the detriment of quality patient care for all;

Whereas corporate giants such as Amazon are entering the healthcare sector, spurring consolidation in areas like pharmacy benefit management, which boost profits at the expense patient care;

Whereas mergers and acquisitions are promoted as ways to achieve greater efficiency and cost savings, but as the AARP reports “the most common consequence for patients is higher prices for care.”

Whereas research has demonstrated that in cases where only a few hospitals dominate the market, patient costs skyrocketed;

Whereas some of the largest health systems in the state have tapped ruthless corporate executives to serve on their Boards of Directors, such as energy magnate and right-to-work advocate David Koch, who serves as a Trustee at New York Presbyterian;

Therefore, as NYSNA leaders we will:

- Oppose any effort to introduce for-profit healthcare institutions in New York state, and curtail the for-profit activities of existing facilities in the state;
- Oppose any effort to weaken or circumvent the Certificate of Need review process, and defend against targeted closures of “unprofitable” areas such as detox and psychiatric services;
- Expand community oversight and control over changes to care delivery, and give community stakeholders a voice;
- Press for regulatory oversight of new provider types, such as primary care offices, outpatient clinics, and free-standing Emergency Departments;
- Promote experiments designed to reduce healthcare disparities, such as democratic control

over the allocation of healthcare funding, allocation of healthcare resources on the basis of need, and additional controls over pricing and reimbursement rates;

- Develop educational materials that are accessible to nurses and the community that highlight the dangers of for-profit healthcare, the corrosive effects of hospital consolidation, and the threat posed to our patients and our practice by “lean” management methods;
- Train members to speak publicly about the harmful effects of corporate healthcare on our patients and our profession;

Submitted: NYSNA Board of Directors

## **Building a Strong NYSNA with Voluntary Membership**

Whereas corporate interests have spent decades working to undermine the strength of unions, in the workplace, in the legislature, and in the courts;

Whereas conservative think tanks like the National Right to Work Foundation and the MacKinac Center have poured millions of dollars into legal cases attacking collective bargaining rights;

Whereas the current administration has established a conservative majority on the Supreme Court, willing to overturn any number of well-established legal precedents;

Whereas the recent Supreme Court decision, *Janus vs. AFSCME*, is just one of many legal challenges unions will face in the near future;

Whereas Congress is currently considering national 'Right-to-Work' legislation that would strip union security provisions out of all NYSNA contracts;

Therefore as NYSNA Leaders we will:

- Maintain our membership by ensuring NYSNA is an active, visible, and democratic union;
- Create a culture where members know the union "has your back," and that they can get involved at any time, at whatever level they can manage;
- Recruit a leader on every unit and every shift in our facilities;
- Using our comprehensive member leader training program, teach newly active members how to bring their co-workers together to tackle the issues members care about, at work and beyond;
- Defend our contract standards and neutralize management's divide and conquer strategy by aggressively representing non-members as well as members;
- Review membership in every facility monthly and encourage non-members to join;
- Ensure all NYSNA contracts provide access to new hires during the orientation process;
- Teach delegates and other unit leaders the best ways to promote the benefits of union membership and strength through unity to non-members;

Submitted: NYSNA Board of Directors

## **How to Protect Our Union from Janus**

Whereas, the Supreme Court ruling on Janus disallows the union from collecting “fair share “ fees from workers in the public sector who choose not to be union members; and

Whereas, eroding NYSNA funding will effectively have the potential to weaken our union power;  
Therefore, be it resolved that

- a) NYSNA will continue to educate every rank and file member on the benefits of unionizing
- b) NYSNA will continue an educational card signing campaign
- c) NYSNA will work with other unions, to ensure the health of the labor movement

Submitted: Xenia Greene, Montefiore Medical Center—Moses Division

Seconded: Collette Dobbins, Montefiore Medical Center—Moses Division

## **All Public Sector Nurses, Along with Other Public Sector Employees, Should Have the Legal Right to Strike**

Background on the resolution:

The Public Employees Fair Employment Act (more commonly known as the Taylor Law), Article 14 of the New York State Civil Service Law establishes the framework for labor relations for New York State Public Employees, defining the rights and limitations of unions operating within the public sector. §210 of the Taylor Law is a prohibition on strikes. It also assesses severe financial penalties, fines, and has led the incarceration of union leaders.

This resolution makes it a clear priority for NYSNA to fight for the repeal of §210 of the Taylor Law, the prohibition on strikes.

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Whereas, NYSNA's membership includes more than 10,000 public sector nurses

Whereas, NYSNA is committed to protecting and improving the working conditions and economic security of all nurses and all working people

Whereas, the right to strike is a powerful tool for improving the healing conditions of patients.

Whereas, historically, strikes and other workplace actions led to the recognition of basic rights such as collective bargaining, the end to child labor, limits to the working day, occupational safety, ending dictatorships, and the establishment of social security and unemployment.

Whereas, in Spring 2018, teachers' strikes in public schools across West Virginia, Arizona, Colorado, and elsewhere successfully gained increased wages and healthcare benefits, and in some cases led to the expansion of funding for public education.

Whereas, historically, nurses have successfully used strikes and the threat of strikes to gain substantial wins in numerous campaigns.

Whereas, the State of New York has outlawed all public sector workers, including nurses, from utilizing this valuable tool through the passage of the Taylor Law in 1967.

Therefore, be it resolved that NYSNA will fight for public sector nurses to gain the legal right to strike by making the repeal of Section 210 a legislative priority, releasing a public position statement, and work with other unions and organizations to this end.

Also, be it resolved that NYSNA will conduct membership education on the right to strike in the United States, how it was won, its history as a fundamental democratic right, the role it has played in building the labor movement, as well as the history of the Taylor Law in New York State.

Also, be it resolved that we will work with legislators and other public sector unions to draft legislation that provides a right to strike without giving up any of our existing legal protections.

Submitted: NYC H+H Executive Council

## Protecting *All* Our Patients

Whereas nurses have an ethical responsibility to protect and serve *all* our patients, regardless of race, religion, sexual orientation, gender expression, or immigration status;

Whereas New Yorkers have witnessed a sharp rise in violence and threats of violence directed at historically marginalized communities in recent years;

Whereas NYSNA members in dozens of facilities report increased levels of fear, anxiety, and insecurity among patients, co-workers, and family members;

Whereas the inflammatory rhetoric and punitive policies coming out of Washington have contributed to this climate of fear;

Whereas the integrity of our healthcare system requires that patients feel absolutely confident they can seek out medical care and assistance without risk of discrimination, religious or racially-motivated violence, or detention or deportation by immigration and law enforcement authorities;

Whereas the labor movement has always acted on the principle that “an injury to one is an injury to all,” and been a haven for those promoting social justice;

Therefore as NYSNA leaders we will:

- Actively protect the rights and safety of every member of our union and every patient under our care, regardless of race, religion, sexual orientation, gender expression, or immigration status;
- Work to address the social, emotional, and mental health needs of our patients, in the face of an escalating climate of fear;
- Ensure that our facilities provide a welcoming environment for all patients, so that no member of our community is afraid to seek medical care;
- Stand up for, support, and defend the most vulnerable among us, including those who have become victims of hate in recent years;
- Oppose policies that discriminate against members of our community, or needlessly separate children from their families;
- Promote diversity and inclusion inside our union and within our facilities;

Submitted: NYSNA Board of Directors

## **Promoting Racial and Economic Justice by Addressing the Social Determinants of Health**

Whereas RNs are aware that some neighborhoods have an abundance of healthcare facilities and medical services while others are medically underserved;

Whereas RNs also understand that economic and social conditions such as low incomes, lack of insurance, homelessness, food insecurity, and discrimination can have a profound effect on a patient's health;

Whereas addressing these social determinants of health – defined as the structural conditions in which people are born, live, grow, work and age – form an integral part of patient advocacy;

Whereas historically, poor communities and communities of color have faced greater gaps in terms of social determinants of health, a legacy of segregation and racial discrimination that persists today;

Whereas we have seen an alarming rise in hate crimes, gun violence, and racially-motivated attacks, all of which are threats to public health;

Whereas actively promoting racial and economic justice is the only way to reverse these social inequalities and eliminate the hatred, bigotry and exploitation that created them;

Therefore as NYSNA member leaders we will:

- Promote access to quality care across New York state, and oppose the closing of hospitals or elimination of other critical healthcare services in underserved communities;
- Develop educational materials that are accessible to nurses and the community that explain the links between social and economic conditions and patient outcomes;
- Develop accessible educational materials addressing the unique health care needs of different social groups in our care, including women, people of color, and LGBTQIANB patients;
- Promote policies that combat racial discrimination, economic inequality, and social exclusion, as well as other factors contributing to disparate health outcomes of low-income patients, people of color, and immigrants;
- Support community campaigns to combat racism, hate, religious intolerance, and all forms of violence.

Submitted: NYSNA Board of Directors

## **Addressing the Public Health Effects of Climate Change and Environmental Destruction**

Whereas the overwhelming majority of the world’s scientists agree that climate change, caused by human activity, poses an immediate and long-term threat to our planet, our communities, our economic security;

Whereas the recently-released Intergovernmental Panel on Climate Change found that current trends would lead to food shortages, wildfires, droughts, floods, and other extreme weather events “with no documented historic precedent” within the next 20 years, unless major reductions in greenhouse gas emissions happen within the next decade;

Whereas working-class communities are hit hardest by catastrophic events such as Hurricane Sandy, and disproportionately suffer from corporations profiting off of environmental degradation such as polluted air, contaminated water supplies, and tainted soil;

Whereas nurses and other healthcare workers are already grappling with the public health effects of climate change, from the increasing incidence of asthma to the spread of infections like Lyme disease and West Nile virus.

Whereas nurses and other healthcare workers are also called to respond to disasters around the world with increasing frequency;

Therefore, as NYSNA leaders we will:

- Develop educational materials that are accessible to nurses and the community to explain the public health risks of climate change and what we can do to reduce these risks;
- Train members to speak publicly about the impact of climate change on our communities and the public’s health;
- Continue NYSNA’s support for the New York Recovery Network (NYRN) and increase the number of nurses participating in medical missions through NYRN;
- Press employers to provide unpaid short-term release time for nurses who volunteer for medical missions, and make this a contract demand in upcoming negotiations;
- Support NYSNA members working on local climate-related issues, and prioritize union participation in local climate-related coalitions;
- Promote the demand for a “just transition” and bring together labor union and community organizations who share common desire for good jobs that are environmentally sustainable;
- Support environmental justice, and the reparations claims made by communities that have been the victim of corporate polluters.
- Participate in national and international union efforts to address the broader issues of climate change, including Trade Unions for Energy Democracy and the Labor Network for Sustainability.

Submitted: NYSNA Board of Directors

## **Providing Mental Health Support for Nurses**

Whereas nurses are experiencing an increase amount of workplace stress, and at higher rates than most other professions; and

Whereas, an alarming amount of nurses report both physical and mental abuse on the job; and

Whereas, nurses may not choose to seek help from an employer-sponsored Employee Assistance Program due to fear of repercussions;

Therefore, be it resolved that NYSNA will explore the possibility of creating a 24-hour hotline for nurses to use if they are feeling overwhelmed, and

Be it further resolved, that NYSNA will develop a system capable of tracking physical and mental assaults on nurses, and

Be it finally resolved that NYSNA will explore the possibility of creating, employing or sponsoring a professionally trained mental health group that our members can contact in order to receive assistance without fear of employer retaliation.

Submitted: Xenia Greene, Montefiore Medical Center—Moses Division

Seconded: Collette Dobbins, Montefiore Medical Center—Moses Division

## **Improving the Health and Safety of Nurses**

Whereas statistics show hospitals are one of the most hazardous places to work; and

Whereas injury and illness rates in hospitals remain nearly double the rate for private industry's as a whole; and

Whereas workers in hospitals have risks uncommon in other industries;

Therefore, be it resolved that NYSNA will continue to pressure institutions to follow regulatory practices regarding safe patient handling

Be it further resolved that NYSNA will pursue demands in contract bargaining to insist that safe patient handling committees be empowered to purchase equipment necessary to support this program.

Be it finally resolved that NYSNA will convene on how to address the acts of violence against nurses.

Submitted: Xenia Greene, Montefiore Medical Center—Moses Division

Seconded: Collette Dobbins, Montefiore Medical Center—Moses Division

## **NYSNA can Help Win the Battle Against Sickle Cell Disease**

Whereas, Sickle Cell Disease (SCD) continues to impact the lives of thousands of New Yorkers every year. But because it primarily effects African-Americans, it has been neglected as a medical priority in our healthcare systems.

Whereas, New York State has adopted a successful screening and tracking system for children born with SCD, assigning them to SCD center, and successfully monitoring their progress. But when they turn 18, there this program ends and they lose their medical home. Consequently, mortality and morbidity for SCD patients skyrockets after they turn 18 years old.

Whereas, a small group of NYSNA nurses and NYCH+H physicians have successfully advocated for NYCH+H to tackle this problem, as the single largest provider of care to SCD patients in the country. NYCH+H had recently agreed to tracking systems and protocols for every SCD patient that is in their care.

Whereas, unfortunately, this is not enough. We need to make sure that NYCH+H implements this program fully throughout the system within in the next year. Moreover, the NYS DOH needs to make similar programs mandatory for private sector hospitals so that all SCD patients will be tracked and monitored statewide, as they are for the pediatric population.

Whereas, if this is implemented, the current disparity in how adults with SCD are treated can be ended in a few short years, extending the quality and quantity of life for this underserved population.

Therefore, be it resolved, that NYSNA will continue to support the implementation of these programs in NYC H+H through strong advocacy in each institution, citywide Nurse Practice Council meetings, and direct discussions with central office senior H+H leadership.

Be it further resolved, that NYSNA include implementing this program statewide among our political priorities, which includes, but not limited to, advocating for these changes with the Governor's office, the NYS Department of Health, and any other laws, institutions, and regulations that may be necessary.

Submitted: NYC H+H Executive Council