A movement is born

NYSNA nurses are building a movement to guarantee care for every New Yorker. Details inside.

INSIDE: Special NYSNA preconvention issue
We all face extraordinary challenges daily as we care for patients. Our union is becoming THE powerful voice of NY nurses, recognized by government and hospital CEOs.

"NYSNA is a work in progress. It needs the active input of members to improve our working situations. When nurses support a picket, lobby legislators, sign a petition, confront a bullying manager, or vote, we build our union and our strength.

"It's only through collective action that we can win legislated staffing ratios and make NYSNA meet our needs and protect our communities."

– Judy Sheridan-Gonzalez, RN, NYSNA President-Elect

Election results

President: Judy Sheridan-Gonzalez, RN
First Vice President: Patricia DiLillo, RN
Treasurer: Pat Kane, RN
Directors at Large:
  Anthony Ciampa, RN
  Ingrid Denny-Boyce, RN, BSN, MSN
  Grace Otto, RN, BSN, RN
  Sean Petty, RN, CPEN
  Karine M. Raymond, MSN, RN
  Veronica Richardson, RN

Regional Directors:
  Southeastern: Michael Healy, RN
  Western: Gwen Hooley, BS, RN
  Southern: Gwen Lancaster, RN
  Central: Carol Ann Lenox, RN
  Lower Hudson/NJ: Eileen Lottzauer, RN, BSN, MPH
  Eastern: Martha Wilcox, RN

NY NURSE: SPECIAL PRECONVENTION ISSUE

Join us at the NYSNA Convention, Oct. 16 - 18 in NYC. Register today using the form on page 15.

NYSNA awards

NYSNA will honor members for their outstanding contributions to our practice and patient care at this year’s convention.

Do you know an outstanding nurse you’d like to nominate? Go to www.nysna.org/awards to download a nomination form. Nominations are due by Wednesday, September 18.
Problem: NY healthcare in crisis  
Solution: Make NYSNA stronger

New York healthcare is in crisis. Hospitals are closing units and some are even shutting their doors. Hospital administrators are forcing nurses to take on too many patients at once. In some hospitals, it’s getting to be a common sight to see patients waiting on gurneys for hours and hours – sometimes days and days. All of these problems have one root cause: the people running our healthcare system want to run hospitals as a business.

Profits before patients
Hospital administrators are creating healthcare empires that are nonprofit in name only. Hospitals are locked into a technological arms race to buy the most expensive equipment and offer the most expensive procedures. And they are trying to eliminate care for “unprofitable” patients – like trauma victims or kids with asthma. Just look at what’s happening at St. Luke’s.

Insurance companies have been making big profits for years. Now they are trying to use the employer mandate in the Affordable Care Act to market inferior healthcare plans that don’t even include hospitalization!

New York State still doesn’t allow for-profit companies to run our hospitals. But Wall Street and out-of-state for-profit healthcare chains are knocking at the door.

Healthcare for all
Healthcare can be very profitable – but only at the expense of patient care. Every New Yorker deserves access to healthcare – with safe RN staffing – where they live, whether or not they can pay, whether or not someone can make a profit off of their care.

This is what NYSNA is all about. It’s our mission as a union and our mission as patient advocates to make sure every New Yorker has access to the care they need. That’s why we fight for safe staffing. That’s why we fight to keep hospitals open in medically underserved communities. That’s why we fight to defend our public hospitals. That’s why we fight for a single payer system.

A work in progress
When I was elected president two years ago, NYSNA’s old rules prevented me and our other elected leaders from having any say over our union’s work. Thousands of us came together on May 17, 2012 and changed those rules. We made NYSNA a democratic union – and we have used our union to launch a powerful movement for healthcare for all.

But NYSNA is a work in progress. We have been held back by a union structure that divides our efforts. Here’s just one example: our critical work to protect nursing practice is divided into SIX different committees!

We are up against big companies with big bank accounts. If we are going to win healthcare for all and safe staffing, we have to bring together every resource we have. We can’t be divided.

Our Board of Directors has reviewed our bylaws – the constitution of our union – and suggested some simple and straightforward changes to them that will make NYSNA more united and more democratic.

Every NYSNA member will have the chance to vote on these changes at our convention, Oct. 16-18 in New York City.

In this issue
In this special preconvention issue of New York Nurse, our executive director, Jill Furillo, RN, gives an in-depth look at the forces behind the current crisis in patient care in New York and the challenges we face (see pages 4-7). Pages 8-9 lay out our agenda for 2014 and explain the bylaws changes we’ll be voting on at the NYSNA Convention.

Keep reading to find out what’s at stake – and how we can make a difference.

By Patricia DiLillo, RN, NYSNA President

Fighting for patients in Harlem
More than 100 nurses, patients, community leaders, and elected officials turned out for a NYSNA speak out in July to stop healthcare cuts in Harlem. Continuum, the company that runs St. Luke’s Hospital, used Hurricane Sandy as an excuse to eliminate pediatrics and detox units in Harlem. Now Continuum is merging with Mount Sinai – and threatening to eliminate the Level One Trauma Center at St. Luke’s.

Quality care for the people of New York is at the heart of our mission. Our demand is simple: we must have a voice and a say in all decisions affecting healthcare in our community. But our fight is tough: get involved in building a movement to win healthcare for all and respect for nurses.
Healthcare in critical condition

by Jill Furillo, RN, NYSNA Executive Director

No one needs to tell a New York nurse that healthcare is in crisis in our state. You experience it every day. Inadequate staffing. Service cuts. Units closed. Hospitals shut down. New Yorkers in need of care they can’t get.

The consequences are shocking – and dangerous. Some nurses have been forced to care for as many as 16 patients at a time.

NYSNA nurses are fighting to deliver the care New Yorkers deserve under safe and respectful conditions. Winning our fight depends on understanding what’s causing the crisis in healthcare, and responding accordingly.

The root of the problem

It is the drive for growing profits that has led to today’s crisis in healthcare. For-profit companies and providers receive the majority of healthcare dollars nationwide.

This is true even for nonprofit hospitals and even in states like New York where for-profit hospitals are legally forbidden (at least for now).

Hospitals spend much of their operational budgets on goods and services – like medical equipment and technology, facility maintenance and construction – that companies sell them. And, of course, all pharmaceutical companies, most insurance companies, and many physician practices also are for-profit entities making money on healthcare.

The results? A 2012 study published in the Journal of the American Medical Association estimated that wasteful, unnecessary or fraudulent practices account for 47 percent of total healthcare expenses in the U.S.

Yet for the last 40 years, since the introduction of HMOs in the 1970s, insurance companies and policymakers have promoted market-based approaches as the best way to deliver healthcare. They have pushed market “solutions” so steadfastly that by now it’s common wisdom that this makes sense – even though it’s patently false.

Markets are about profit and loss. They are not about health or care.

As economist and Nobel Prize winner Paul Krugman noted in 2009: “There are…no examples of successful healthcare based on the principles of the free market, for one simple reason: in healthcare, the free market just doesn’t work. And people who say that the market is the answer are flying in the face of both theory and overwhelming evidence.”

Under the market system, insurers have an incentive to get healthy people who need little care into their programs, to drop those with costly chronic conditions, and to build hurdles that make it harder for everyone to get care. That’s how they make money. Markets aren’t interested in the medically underserved or in rural areas where there’s little revenue to generate.

The results? In the face of public...
cuts, hospitals in low-income areas and upstate are chronically underfunded; people suffer.

The medical arms race
Many private hospitals are engaged in a medical arms race for a simple reason: advanced technology sells. The thing is, it also costs. Hugely expensive equipment leads to exorbitant bills, often with questionable health benefits. A recent study in the Journal of the American Medical Association showed that men with low-risk prostate cancer are no better off if they receive IMRT and robotic surgery than are those men whose doctors advise watchful waiting. The difference in results is in the price tag, in revenue for hospital and technology companies, not in health.

The difference is also in direct patient care. Hospitals across the country are cutting nursing staff to pay for the latest technology. And administrators are demanding...
that remaining nurses spend more time completing electronic medical records than giving care.

Smaller hospitals are simply left out. They can’t compete with the newest technology and slickest ads. And so they lose those patients who can afford the latest, even though that may not be medically necessary, or even best.

New York’s two-tiered healthcare system

The tale of two cities in healthcare in New York is not new. But the divide between the haves and have-nots in healthcare is growing to new proportions. And the consequences are stark. Hospital empires are catering increasingly to patients with the best insurance while they are offloading “unprofitable” patients with lesser or no insurance onto the public hospital system. Big chains collect handsome fees and use their revenue to consolidate and get even bigger: Public and safety-net hospitals – with their mission to care for every patient, regardless of their ability to pay – are left to struggle to care for more patients with fewer resources because of cuts in public funding.

This is particularly alarming given rising acuity. Studies show, and nurses know from their experiences every day, that many hospital patients are sicker today than they were in the past and their care is more complex. Safe staffing requires lower patient-to-nurse ratios, not greater.

Is the market the solution?

Both the Affordable Care Act (ACA) and the MRT (Medicaid Redesign Team) reforms in New York State rely on the “common wisdom” that competitive market forces will reduce costs, increase the availability of care, and improve quality and health results.

But we already know that this isn’t what happens. Market forces seek profit. And the ACA creates incentives for hospitals to merge and consolidate. And that, ironically, will undermine the very competition that market mechanisms are supposed to create to contain costs.

While the push for primary care and preventive care sounds like it will help promote greater health for all, the results are likely to be less positive. New and unregulated market forces will form as for-profit companies open medical practices, free-standing emergency rooms, MRI clinics, and other testing facilities. And bundled, or episode-based, payments for care will create incentives to provide less of the very care they are meant to yield.

If the problem is how to make more profit in healthcare, then the solution may be market based. But if the problem is making quality care readily available to all New Yorkers, then it most definitely is not.

For-profit chains knocking at the door

For-profit hospital chains keep getting bigger nationwide, and New York is mighty tempting territory for them. New York State’s Medicaid reforms and proposed changes to Certificate of Need (CON) programs rely on market mechanisms and the profit motive to “fix” the healthcare system’s troubles. This year, we successfully beat back a bill in Albany that would have let private equity firms experiment on five New York hospitals. And we stopped a bill that would have let Wall Street and hedge funds take over SUNY Downstate and other Brooklyn hospitals. They will, no doubt, try again.

Without a fight, the results for New Yorkers will not be pretty. Those with the insurance and resources to cover them will have ready access to costly care. Those without will go with less and less care as public hospitals have fewer resources to meet their essential mission of treating anyone seeking care. The consequences for nurses will be more patients, less time for quality nursing practice, and more administrative responsibilities like electronic medical record keeping.

Our union’s response

The drive to make money from healthcare hurts patients and...United for strong contracts

From Olean to Plattsburgh, upstate NYSNA members have built powerful movements to demand strong contracts that guarantee safe staffing.

We’ve united our communities behind the simple fact that every New Yorker deserves safe staffing levels when they go to the hospital.
nurses alike. We all understand that healthcare in America is in trouble. Too many people go without care or don’t get the care they need because they don’t have the insurance or the money to cover the costs.

It’s the profit motive that’s fueling a lot of the rising cost of healthcare. The solution isn’t giving freer rein to market forces; it’s putting people – patients and frontline providers, like nurses – first.

Changes in healthcare present us with the biggest challenges we’ve ever known. Everything we stand for – safe staffing, quality care for all New Yorkers, fair treatment and respect for nurses – is harder to accomplish in today’s environment than it has ever been. We can’t just hope for the best. We are changing as a union to make sure we have the strength to win the healthcare that all New Yorkers deserve – the healthcare that recognizes and respects our essential role as nurses.

Turn the page for more on our agenda – and what it’ll take to build the strength to win.

THE FIGHT FOR SAFE STAFFING. On May 21, more than 1,000 NYSNA nurses came together in the largest action for safe staffing in New York history. We convinced a majority of members in the state Assembly to sign on to our safe staffing bill. The hospital industry fought back hard and blocked a vote. But we’ve made this the No. 1 patient care issue in New York State – and we will be back to fight, and win, another day.

Everything we stand for is harder to accomplish in today’s environment than it has ever been. We are changing as a union to make sure we have the strength to win the healthcare that all New Yorkers deserve.”

–Jill Furillo, RN, NYSNA Executive Director

...Rallying for respect

On June 12, we joined thousands of New York City workers to rally for respect. And on October 17, we’re going back to City Hall to demand the respect nurses and our patients deserve. From Buffalo to New York City, anti-union politicians have our public hospitals in their sights.

Public hospitals don’t turn anyone away, ever. When it comes to healthcare, every New Yorker deserves that guarantee.
Together, we have set an ambitious agenda to keep building a movement for respect for nurses and quality healthcare for all New Yorkers.

We made important progress in 2013, but our fight is far from over. Corporate interests and their anti-union allies in politics will keep coming after quality care for patients and the respect for nurses that we insist on.

Our Agenda for 2014

1. Unite public and private sector nurses in a mass movement to win strong contracts.
   A strong contract is the best way to guarantee quality patient care and to defend our practice.

2. Stop the Wall Street attack on patient care. Make no mistake; with hundreds of billions of dollars of hospital revenue at stake, corporate healthcare interests will be back. And we will need to step up our work to stop them, again.

3. Pass safe staffing legislation. We will triple our effort and be prepared to respond quickly to any legislator who tries to block vital legislation that would help patients.

4. Fight for a moratorium on all hospital cuts and closures. Many rural and urban safety net hospitals are struggling. And even some profitable private hospital chains are trying to cut care for “unprofitable” patients. The New York State Department of Health is supposed to protect patients – instead it is rubber-stamping these cuts.

We will keep building the movement to keep hospitals open for care. And we will join with other unions, community groups, and elected leaders to fight for a single-payer system that guarantees healthcare for all New Yorkers.

Toward a More Perfect Union

Remaking NYSNA

Over the past two years, we have transformed NYSNA into a democratic and active union. In 2012, thousands of us voted to eliminate “insulation,” a policy that prevented NYSNA members from exercising any control over our union. We passed a series of democratic changes to our union’s bylaws that give us the power to elect a Board of Directors that has direct control over the policy of our union.

But there’s more to be done.

Transition Task Force

The Board of Directors created a Transition Task Force – made up of elected board members, other NYSNA leaders, and legal counsel – to review our bylaws, our union’s constitution, and recommend changes to help us build power for nurses. NYSNA’s bylaws, for instance, establish more than 10 different committees, councils, and working groups that have to be permanently staffed and headed up by groups of nurses. Each of these committees is basically on its own to set policy and carry out its work. Nursing practice, the core of our union’s work and mission, currently is divided into six different committees, which is senseless.

The Transition Task Force has drafted a series of changes to NYSNA’s bylaws. Our goal: to focus the structure of our union on our core work – collective bargaining, legislative advocacy, and nursing practice. The Board of Directors has voted to endorse these proposals.

Uniting NYSNA

The proposed changes to the bylaws would create three bodies to work hand-in-hand with our elected Board of Directors:

The Council on Legislation is where nurse leaders will help craft NYSNA’s legislative strategy, including stopping the Wall Street takeover of patient care and winning safe staffing. The expanded Council on Legislation will actively coordinate this work with
Our elected Board of Directors, our Political and Community Organizing Department, and our Political Action Committee.

The Council on Nursing Practice will be significantly expanded to bring greater focus to our work to defend nursing practice. The council will bring the work of six current committees together into one. The council will work closely with the Nursing Practice Department to promote solutions to practice issues through on-the-job organizing, contract enforcement, and the application of existing regulations and legal statutes.

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The Congress of Local Bargaining Unit Leaders is where member leaders from every facility will come together to share information, discuss strategy, learn from one another, and develop leadership skills. This will be a forum for NYSNA leaders to hear first-hand about what’s happening in our hospitals across New York and to work together to develop our response. Under our new bylaws, the Congress will work in close connection with our elected Board of Directors.

Making NYSNA more democratic and accountable

The Transition Task Force also recommended changes to codify transparency and accountability in our bylaws. Our Board of Directors highly recommends we make these simple and straightforward changes:

- **Add the Election Committee to NYSNA’s bylaws.** Although we already have an Election Committee, this change guarantees that members will always control our election process.
- **Clarify the role of our Executive Committee,** which is made up of our union’s five top elected leaders, by spelling out their responsibilities – helping to prepare and facilitate the work of the entire board, and addressing major issues that need immediate attention.
- **Strengthen the relationship between NYSNA and District Nurses Associations.** NYSNA’s current structure puts our organization at legal risk, because District Associations can act in our name even though NYSNA members do not get to elect their leaders. Under this change, District Nurses Associations will gain full independence from NYSNA. They will be able to join with NYSNA as affiliated organizations.

There’s only one way to build a democratic union – and that’s to be an active part of it. There’s only one way to stand up to corporate healthcare – and that’s to stand together.

On May 17, 2012, we voted to make NYSNA a democratic union – and we’ve used those changes to ignite a mass movement for safe staffing and healthcare for all. There’s more work ahead to unite our union and build power for nurses. It starts at the convention, Oct. 16-18. Join us!

You make the difference.

Our success depends on each of us. There’s only one way to build a democratic union – and that’s to be an active part of it. And there’s only one way to stand up to corporate healthcare – and that’s to stand together.

We will vote on the important bylaws changes described here at the NYSNA Convention, October 16-18 in New York City. They won’t pass unless nurses like you come to our convention, discuss and debate the proposals, and vote yes.

And our union won’t succeed unless nurses like you step up and get involved.

Thousands of nurses are already doing just that. Be informed. Speak out. Participate. And together we will win.
Get immunized against seasonal influenza

NYSNA supports a comprehensive flu prevention plan that includes voluntary vaccination. We oppose mandatory vaccination.

NYSNA urges all registered nurses and their family members to get their seasonal influenza vaccination this fall. The Centers for Disease Control and Prevention (CDC) recommends that healthcare providers get vaccinated each year during flu season. We have an ethical obligation to protect ourselves, our families, and the patients we serve from the flu.

A comprehensive infection prevention program includes:
- Using respiratory hygiene, cough etiquette, and hand hygiene.
- Implementing standard and droplet precautions for infected individuals.
- Educating staff, visitors, and the community on flu prevention and control.
- Making N-95 respirators available to healthcare workers who work near patients with influenza or influenza-like illnesses.
- Active surveillance and influenza testing for new illness cases.
- Restricting ill visitors and personnel.
- Rapidly administering influenza antiviral medications for treatment and prevention during outbreaks.
- Providing paid sick time during flu season for infected staff.
- Engineering controls, such as adequate air changes per hour, regulating temperature and humidity, and using anti-microbial devices.
- Aggressive community outreach to prevent community acquired flu from entering the facility. (All flu starts in the community and is brought into a facility!)

Making a vaccine program successful
Flu vaccine programs work best when they include educational components that address the benefits, effectiveness, and common misconceptions of the vaccination, and when the vaccine is free and available at convenient times and locations. A 2009 report by the Joint Commission described how 28 healthcare organizations improved their immunization rates by implementing comprehensive infection control strategies.

For more information on vaccination and the flu, visit NYSNA’s Influenza Toolkit at www.nysna.org/flu

NYSNA opposes unilateral mandates
NYSNA does not support unilateral mandates – such as that issued by the New York State Dept. of Health – that require nurses who have not been vaccinated to wear a facemask during flu season. This is a coercive policy that does not accomplish its own goal of protecting patients. Wearing a facemask when infected only deflects infective particles and can turn the mask into a vector of transmission.

Mandatory facemasks also neglect the OSHA hierarchy of controls, which require an employer first to seek to eliminate the hazard. For those nurses who do not, or cannot, get the vaccine, using paid sick time during periods of infectivity is the most appropriate strategy. We will uphold the right of RNs to choose whether or not to be vaccinated and we oppose making vaccination a condition of employment.

NYSNA encourages voluntary vaccination
As a trusted profession, we owe it to ourselves, our families, and our patients to set a good example and get the flu shot when appropriate. And be sure to stay home if you are sick. In cooperation with health-care facilities and policymakers, we can improve voluntary vaccination rates, establish effective flu prevention and control efforts, and safeguard the public’s health.

EDUCATION OPPORTUNITIES

New online courses coming soon
Online clinical courses, including certification review courses, will be available soon – at a reduced rate just for NYSNA members! Watch for notification about how to access the courses and receive CE. Some of the courses that will be available include:
- Certification Review for CCRN, CEN, CMC/CSC, CNOR, CNRN, CPEN, Cardiovascular, PCCN, and Med-Surg
- Critical Care: Nuts & Bolts
- ECG Interpretation
- Neurovascular Crisis: Caring for Stroke Patients
- Pain Management
- Sepsis: Are You Ready?

Seminar at sea
NYSNA nurses are heading out to sea – Feb. 1-8, 2014 – for eight days of learning, union building, and fun! We will cruise to Haiti, Jamaica, and Cozumel, with education along the way.

Find out more and register at www.nysna.org/news/online/080313.htm

Preparing tomorrow’s nurse educators
Janet Morgan, PhD, RN, led this year’s NYSNA faculty camp, presenting on the Academic Nurse Educator Certification Review.

The 1½-day workshop awarded 10 contact hours and prepared participants to sit for the certification exam. Twenty-eight nursing faculty from various parts of the state attended, including Pittsburgh, Long Island, Mt. Vernon, Bronx, and the Capital District. Participants found the workshop helpful and said that the enhanced learning and innovative teaching strategies gave them the confidence to proceed with the exam.
THE PEOPLE SPEAK OUT

Bring back mother-baby services

In early August, with only five days’ warning, Mayor Bloomberg shut down a central Bronx Labor and Delivery unit that delivered 1,500 babies last year. City officials did not consult with, or even notify, the community in advance. Families who rely on these services were shocked.

NYSNA responded in force. On August 12, more than 100 RNs from North Central Bronx (NCBH), Montefiore, Jacobi, and Lincoln hospitals, families, and City Council Member Tish James spoke out in front of the hospital, calling on HHC to restore Labor and Delivery at NCBH.

Standing up for public hospitals

“HHC nurses have a contract with the people of New York City to ensure everyone – regardless of background – has access to care,” Anne Bové, president of NYSNA’s HHC Executive Council, told the speak out. “This decision came without reasonable notice or consultation with patients and staff. Politicians just can’t make decisions like this behind closed doors.”

“The shutting down of mother-baby units at NCBH is part of Mayor Bloomberg’s larger attack on all public services in our city and the state assault on health-care,” said City Council Member Tish James. “It’s time to stand together and demand these services be brought back immediately.”

The closure of two mother-baby units at NCBH leaves only six Bronx hospitals with Labor and Delivery services – that’s a 50 percent reduction for north Bronx.

As the city’s foremost patient advocates, the City Council honored HHC nurses for their heroism during Hurricane Sandy. HHC nurses deserve respect on the job, and families deserve the quality care they provide. Our fight at NCBH is just the latest in this struggle.

NOTE: RNs from the mother-baby units at NCBH are instructed to report to the corresponding units at Jacobi.

A message from Jackie Gilbert

Public sector fightback

Conference Thurs, Sept 19

WALL STREET is not going to give up its attack on our hospitals after just one defeat. Community hospitals are still struggling. And Mayor Bloomberg is stalling on bargaining for all city workers: every single New York City union is working without a contract right now.

We need to make this mayor listen to us. We’re bringing together HHC nurses – and public sector nurses from across the country – for a Public Sector Fightback Conference, Thursday, Sept. 19.

Join us for a day of education, strategy, and action. Talk to your NYSNA delegate or rep to register today.

NYSNA is powered by nurses like you. And we need you like never before. Join us on Sept. 19.

In Solidarity,
Jacqueline Gilbert, RN, Harlem Hospital President, NYSNA Congress of Local Bargaining Units

A message from Anne Bové

Standing strong together

NO ONE IS EVER turned away from our HHC system – the greatest public hospital system in the U.S. But that system and the patients we serve are under attack:

- Wall Street wants to take over and wreck our hospitals.
- Federal lawmakers are cutting funding for our hospitals.
- A billionaire mayor is ignoring patients and nurses.

We are standing up to defend our hospitals and our patients. And like so many times in NYSNA history, HHC and Mayoral nurses are pointing the way forward.

We beat bills in Albany that would have let Wall Street and private equity firms take over our hospitals. We stopped a bill that would have deregulated Certificate of Need, the process that gives patients and the community a voice when administrators want to cut services for “unprofitable patients.”

We’ve challenged the closure of hospitals in Brooklyn, like Interfaith and LICH, and we spoke out at the City Council, calling for a moratorium on all hospital closures in the city because we have seen the impact hospital closures have on our HHC emergency departments.

It wasn’t easy. We made thousands of calls. Hundreds of us visited our lawmakers. But we stopped dangerous changes that would have wrecked our public hospital system.

We showed that together we can defeat the attack on our patients and the mission of HHC. Let’s stand strong together!

In solidarity,
Anne Bové, RN, Bellevue Hospital President, HHC/Mayoral Executive Council

“HHC nurses work very hard to provide care to the communities they serve. When services are taken away from these communities nurses must have a voice. I was there to support HHC nurses at NCB as a NYSNA nurse, patient advocate and NYC resident – that’s our duty.”
- Tracey Kavanagh, RN, Flushing Medical Center, NYSNA Board of Directors
Proposed amendments to NYSNA's bylaws

The NYSNA Board of Directors is recommending the following Bylaw amendments to the 2013 Voting Body. These changes represent more than a year's worth of work by a special Transition Task Force and the Board of Directors, designed to align NYSNA's structures in the wake of the historic changes adopted by members on May 17, 2012.

New language is underlined. Proposed deletions are struck-through.

RECOMMENDATION #1 – REAFFIRM NYSNA’S IDENTITY AS A POWERFUL RN UNION BY REMOVING REFERENCES TO ARTICLES OF INCORPORATION

Extracts From Articles of incorporation (as amended November 30, 1995)

1st. The purpose for which the corporation shall now exist:

To further the efficient care of the sick and disabled and others requiring nursing service; to advance the educational and professional standards of nursing; to maintain the honor, character and dignity of the nursing profession; to promote the educational and professional advancement of nurses to promote cordial relations and cooperation among New York state nurses and nurses individually or in association with one another throughout the world; to publish and otherwise disseminate information concerning nursing and nurses; and to do all things necessary, proper, incidental, and conducive to the complete accomplishment of the foregoing purposes in their broadest sense.

2nd. That the corporate name by which said Corporation shall be known and distinguished is and shall be THE NEW YORK STATE NURSES ASSOCIATION.

3rd. That the territory in which the operations of said Corporation are to be principally conducted is the State of New York.

4th. That the principal office of said Corporation shall be located in the County of Albany and State of New York.

ARTICLE I - NAME, OBJECT AND FUNCTIONS

Section 2. The object of this association is to accomplish the purposes as stated in the Articles of Incorporation.

ARTICLE IV - BOARD OF DIRECTORS

Section 1. The Board of Directors is the elected body responsible for the corporate management and fiduciary affairs of this association. It is authorized, by provisions of applicable law, to do all things appropriate and necessary for the development and perpetuation of this association.

Section 3. Functions

a) Establish major corporate policies;

RATIONALERE: In keeping with the changes adopted by the membership on May 17, 2012, we propose removing references to NYSNA's Articles of Incorporation from the Bylaws to make clear that NYSNA's identity is not that of a corporation, but rather a powerful, unified labor union committed to the perpetuation of this association.

b) To be THE NEW YORK STATE NURSES ASSOCIATION.

c) To be known and distinguished is and shall be THE NEW YORK STATE NURSES ASSOCIATION.

ARTICLE XIII - ELECTIONS

Section 1. Election of officers, directors and members of the Nominating and Election Committee shall be by secret mail and/or electronic ballot.

Section 2. The ballot shall be mailed no later than June 1 than 60 days before the association's annual meeting.

Section 3. The results of the secret mail ballot shall be announced at the annual meeting.

Section 7. The terms of all elected officers, directors, and members of the Nominating and Election Committee shall begin the day they are elected and shall continue for the term specified or until their successors are elected.

RECOMMENDATION #2 – IMPROVE NYSNA’S ELECTION PROCESSES BY ADDING ELECTION COMMITTEE TO BYLAWS, HOLDING ELECTIONS AT A TIME WHEN MEMBERS ARE MORE ABLE TO PARTICIPATE, AND ALLOWING OFFICERS, BOARD MEMBERS AND MEMBERS OF THE NOMINATING AND ELECTION COMMITTEE TO TAKE OFFICE WHEN ELECTED

ARTICLE IV - BOARD OF DIRECTORS

Section 3. Functions

b) Fill any vacancy on the Nominating and Election Committee;

ARTICLE V - OFFICERS AND DIRECTORS

Section 5. Duties of the President

e) Serve as an ex officio member of all committees except the Nominating and Election Committee;

RATIONALERE: Following the advice of NYSNA's General Counsel, and to provide members a complete picture of the election process in the Bylaws, we are recommending that the Election Committee, that previously was only referenced in policy, be added to the Bylaws, along with the Nominating Committee and standing committees on Bylaws and Finance. We are also recommending that future elections take place in the Spring rather than Summer as a means to increase participation and voter turnout and, in turn, make NYSNA a more democratic and member-driven organization. Finally, in order to allow the newly elected officers and Board members to help shape the agenda of the annual meeting and begin to implement the program they were elected to carry out, we are recommending that newly-elected officers, Board members, and nominating and elections committee members take office immediately following the vote count, removing the last vestige of NYSNA's historic practice of keeping election results secret until the annual meeting. In recent years NYSNA has brought its practices into compliance with federal labor laws, publicly announcing election results at the conclusion of the vote count. As such, there is no longer a rationale for waiting to see who are elected until the end of annual meeting.

RECOMMENDATION #3 – CREATE A STREAMLINED COUNCIL STRUCTURE FOCUSED ON NYSNA'S CORE FUNCTIONS

ARTICLE II - MEMBERS, DUES, AND AFFILIATES

Section 2. Affiliates

b) Student Nursing Affiliate

c) Other affiliates as determined by the Board of Directors

Section 4. Terms of Appointment

Members of councils shall serve for three years or until their successors are appointed.

RECOMMENDATION # 4 - SIMPLIFY MEMBERSHIP WITH A STREAMLINED COUNCIL STRUCTURE

ARTICLE VII - COUNCILS

Section 1. Names

b) Council on Education and Human Rights

c) Council on Legislation

d) Council on Nursing Practice

e) Council on Nurse Research

Section 7. Functions

Each council shall:

a) analyze trends and developments within its area of responsibility;

b) establish a plan of operation for carrying out its responsibilities in conjunction with the Board of Directors and the Executive Director;

c) recommend standards, policies, and positions to the Board of Directors and the voting body;

d) provide for dissemination of information to members and others;

e) assume other functions as assigned by the Board of Directors.

Section 8 – Council on Nursing Practice

a) The responsibilities of the Council on Nursing Practice shall be inclusive of nursing practice, nursing research, nursing education, ethics and human rights.

b) Each Practice Focus Group will have representation on the Council on Nursing Practice.
ARTICLE VI - STANDING COMMITTEES

Section 2. Standing committees shall be appointed by the Board of Directors, and shall serve for a two-year three-year term or until their successors are appointed.

RATIONALE: There are three core functions that NYSNA structures should reflect and where NYSNA should draw on the passion and expertise of its members—collective bargaining, nursing practice, and legislation and policy-making. We recommend that NYSNA focus on these core functions and adjust our structure, and Bylaws, accordingly.

While the Board of Directors has responsibility for overseeing all the work of NYSNA, collective bargaining functions will be coordinated through the Congress of Local Bargaining Unit Leaders. Nursing practice and professional issues will be carried out through an expanded Council on Nursing Practice, and the work of the current Councils on Continuing Education, Ethics and Human Rights, Nursing Education and Nursing Research will be folded into the Council on Nursing Practice. The third function, carrying out our legislative and policy agenda, will be coordinated through the Council on Legislation. The work of other standing councils will be absorbed by relevant NYSNA units and councils.

RECOMMENDATION #4 – ENABLE THE COUNCIL ON NURSING PRACTICE TO EFFECTIVELY COORDINATE PRACTICE FOCUS GROUPS

ARTICLE VII – PRACTICE FOCUS GROUPS

Section 1. a) There shall be practice focus groups established by the Board of Directors to assist individual members to improve professional practice and develop working relationships in a specific clinical or functional area.

b) Practice focus groups may be established by the Board of Directors, in consultation with the Council on Nursing Practice, for which the Board determines that there is need and sufficient interest of members.

Section 2. Each group shall:

a) provide a forum for members for discussion of relevant issues and concerns.

b) develop positions and policies for consideration by the Board of Directors.

c) establish adherence to approved standards of nursing practice.

d) maintain communications with other units and councils.

Section 3. The composition of practice focus groups shall be determined on an as-needed basis, in accordance with established group policy, directly concerned with the respective groups.

Section 4. The activities, policies and pronouncements of each practice focus group shall be in accordance with those of this association.

ARTICLE IX – CONGRESS OF BARGAINING UNIT LEADERS

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.

The Congress as the bipartisan democratic unit representing the collective bargaining interests of the association members within the Economic and General Welfare Program.

Section 2. Purposes

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

a) Advance the mission of the association as it relates to the Nursing and Contract Welfare Program collective bargaining through the focused work of its local bargaining units.

b) Identify and discuss the concerns of the local bargaining units and make recommendations to the Board of Directors and Executive Director and Council of Bargaining Unit Leaders on how to address these concerns.

c) Identify opportunities for providing mutual assistance to the local bargaining units to the Board of Directors and the Executive Director and program director.

d) Participate in providing mutual assistance to the local bargaining units.

e) Collaborate with the members of the local bargaining units, members of the Delegate Assembly, the Board of Directors and the Executive Director, and the Congress' role as part of NYSNA's three core functions.

f) Collaborate with the Council on Nursing Practice, the Board of Directors, and the Executive Director, in carrying out the Council’s action plan.

Section 3. Accountability

The Congress of Bargaining Unit Leaders shall operate under its own rules, which shall be in conformity with the Bylaws and policies of the association.

RATIONALE: See previous rationales.

We recommend clarifying and aligning Congress’ role as part of NYSNA’s three core functions, with Congress playing a key role along with the Council on Nursing Practice, and the Council on Legislation, as described above. Such changes are consistent with the Bylaws and policies of the association

RECOMMENDATION #6 - REALIGN CONSTITUENT DISTRICT NURSE ASSOCIATIONS IN NYSNA'S NEW, UNIFIED STRUCTURE

ARTICLE IV – BOARD OF DIRECTORS

Section 3. Functions

a) Assume responsibility with regard to constituent 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 meetings and the Constituent District Nurses Association Assembly.

ARTICLE VI – STANDING COMMITTEES

Section 4. Committees on Bylaws
Proposed amendments to NYSNA’s bylaws

CONTINUED FROM PAGE 13

been or which hereafter may be organized, whenever organizing nurse associations under 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. The Board of Directors of this association provided either:

a) such change has been approved by a majority vote of both the constituent district nurses association involved and a majority of the members of the association residing in the area to be changed to and from such change;

b) a majority of the members of the association residing in the area to be changed to and from such change have requested such change in writing.

Section 3. It shall be the duty of each constituent district nurses association of this association:

a) to submit to the Board of Directors of the association the name and addresses of all officers and members of the Board of Directors of the constituent district nurses association immediately following their election or appointment;

b) to have its bylaws changed have requested such change in writing.

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 members of the constituent district nurses associations 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.

RATIONALITY: 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. This will enhance our working relationship with the CDNAs by inviting them to work with NYSNA as organizational affiliates in accordance with Article II, Section 2 of the Bylaws.

Recommendation #7 – Clarify Role of the Executive Committee & Facilitate Special Meetings of the Board of Directors

ARTICLE IV - BOARD OF DIRECTORS

Section 4. Meetings

b) Special meetings may be called by the president on ten calendar days’ notice to each member of the Board of Directors either by written or verbal communications, and shall be called by the president in like manner and on like notice upon the written request of seven or more members of the Board of Directors. Special meetings shall be held at such time and in such manner as may be specified in the notice thereof.

Section 5. Executive Committee

There shall be an Executive Committee of the Board of Directors composed of the five officers of this association which shall have all the powers of the Board of Directors to transact business of the association that requires attention between regular meetings, provided that the Executive Committee may not establish new policy or make existing policy inapplicable that requires attention between regular meetings, provided that the Executive Committee must report any business it has transacted to the Board of Directors no later than the Board’s next regularly scheduled meeting.

RATIONALITY: We recommend that we clarify the role and responsibilities of the Executive Committee in the new, unified leadership structure created on May 12, 2012, allowing them to address issues that require attention between meetings of the Board while preserving the Board’s policy-making role and facilitating special meetings of the whole board when necessary.

Recommendation #8 – Remove Detailed Annual Meeting Agenda from Bylaws

ARTICLE XV - MEMBERSHIP MEETINGS

Section 3. The order of business at each annual membership meeting shall be the same as that adopted at the beginning of the meeting and shall include:

a) Reports of Officers
b) Reports of Standing Committees
c) Reports of Practice Focus Groups
D) Miscellaneous Business

E) Reports of Election

RATIONALITY: We are recommending that the new, unified leadership created on May 17, 2012 be given the flexibility to present an annual meeting agenda that can be adapted to members needs and current circumstances.

Recommendation #9 – Remove Restrictions on Simultaneous Service

ARTICLE VI – STANDING COMMITTEES

Section 4. A member shall not hold more than one appointed position simultaneously unless the member’s particular expertise is essential to more than one committee or council.

ARTICLE VII – COUNCILS

Section 5. A member shall not hold more than one appointed position simultaneously unless the member’s particular expertise is essential to more than one committee or council.

ARTICLE XII – NOMINATIONS

Section 2. Nominating Committee members may not be candidates for any existing position, nor may they serve consecutive terms on the committee. NYSNA staff members may not be candidates for, nor may they serve in, any position.

Section 5.

Members shall be eligible to serve on in other elected positions in NYSNA at any one-time. Elected positions of NYSNA board of directors (officers and directors); nominating committee; executive committee; executive committee of practice focus groups; executive committee of the Congress of Local Bargaining Unit Leaders, provided that all those members serving simultaneously in multiple positions be allowed to complete their terms.

RATIONALITY: The new, unified leadership created on May 17, 2012 required that we re-think the elements of the prior structure that may no longer be appropriate. For example, the current ban on simultaneous service for appointed positions is not absolute, as it allows those with “particular expertise” to serve in more than one position, based on the judgment of the Board of Directors. For the sake of transparency, we recommend the ban on simultaneous service be removed, enabling the election and appointment of NYSNA members without such restrictions. NYSNA elected leaders will assume direct responsibility for ensuring a broad and diverse cross-section of the membership to serve in appointed positions.

Recommendation #10 – Perform Thorough Bylaw Housekeeping Following Voting Body

As was done following the membership changes adopted on May 17, 2012, we recommend that the Bylaws Committee, working with NYSNA staff and the Board of Directors, be authorized to perform any non-substantive housekeeping edits to the NYSNA Bylaws and to bring the Bylaws into conformance with any changes adopted by the voting body.
Register TODAY for the NYSNA convention

Oct. 16 - 18 | NYC | Grand Hyatt

Join hundreds of NYSNA nurses to make our plan to build a stronger NYSNA – and to care for every New Yorker.

4 WAYS TO REGISTER
1. Submit your completed form to your NYSNA delegate or rep
2. Fax to 518-782-9530
3. Email to mcp@nysna.org
4. Mail to NYSNA MCP, 11 Cornell Rd, Latham, NY 12110

AGENDA

Workshop tracks:
1) Beating the attack on our practice
2) Building nurse power
3) Improving your practice

WEDNESDAY, OCT. 16
10:00 am – 11:30 am  Workshops
11:30 am – 12:30 pm  Buffet lunch with educational presentation
1:00 pm – 3:00 pm  Practice focus groups workshops
3:30 pm – 4:30 pm  Council on Nursing Practice
5:00 pm – 6:00 pm  Workshops
7:00 pm – 8:30 pm  Main session: Reflecting on our advocacy in 2013
8:30 pm – 10:00 pm  Reception

THURSDAY, OCT. 17
7:00 am  Boxed breakfast
7:30 am – 8:00 am  Kick-off speaker
9:00 am – 10:00 am  Rally at City Hall
11:00 am  Buffet lunch
11:30 am – 1:00 pm  Main session: The corporate attack on nurses and patients – and our plan to win
1:30 pm – 3:15 pm  Workshops
3:45 pm – 5:30 pm  Workshops
7:00 pm – 8:30 pm  Awards dinner and speaker: The crisis in labor and a way forward
9:30 pm – ???  Party!

FRIDAY, OCT. 18
7:00 am  Buffet breakfast
8:00 am – 9:30 am  Bylaws forum and workshops
9:45 am – 1:00 pm  Congress of Local Bargaining Units
11:30 am  Buffet lunch
11:00 am – 12:30 pm  Building nurse power through bargaining
1:30 pm – 5:00 pm  Meeting the challenge to heal New York
5:00 pm – 5:30 pm  Closing and call to action

TRANSPORTATION will be provided for groups of 10 or more members coming from outside the greater NYC area.

HOTEL INFORMATION To reserve a room at the Grand Hyatt, you must call the Hyatt at 1-888-41-1442. Tell them you are with NYSNA. Single or double rooms are $315 a night. Triples are $340. Quadruples are $365.

CONGRESS OF LOCAL BARGAINING UNIT LEADERS* FRIDAY, OCT. 18, 9:45 AM - 1:00 PM
1. I am attending as the elected chairperson/president of my LBU and declare my voting rights.
2. I have been designated by the chairperson/president of my LBU in their absence and declare voting rights. (Your chairperson/president must complete the designation form and submit to Johanna Villanueva by fax at 212-785-0429 or email at johanna.villanueva@nysna.org).
3. I am attending as a NYSNA staff member with no voting rights.

Participants will be eligible to receive continuing nursing education contact hours through ANCC and continuing education hours through other nationally recognized nursing credentialing bodies.

A complete list of goals, objectives, and continuing nursing education contact hours is posted at www.nysna.org/convention

REGISTRATION FORM

NAME ____________________________ MEMBER ID (OPTIONAL) ____________________________
ADDRESS __________________________________________________________________________
CITY ____________________________ STATE _______ ZIP CODE _____________________________
CELL PHONE _____________________ ___________  SEND ME TEXT MESSAGE ALERTS. *
PERSONAL EMAIL ADDRESS ____________________________________________________________

FACILITY / EMPLOYER ___________ UNIT / SHIFT __________________________

☐ I AM TRAVELING FROM OUTSIDE OF THE GREATER NYC AREA AND I NEED TRANSPORTATION.

FOR OFFICE USE ONLY

REP NAME ___________________________  REGISTERED BY ____________________________

REGISTRATION FEE

MEMBER  NON-MEMBER
WED - FRI  $75  $100
WEDNESDAY  $25  $125
THURSDAY  $25  $225
FRIDAY  $25  $150

Voting body only*  $0

Total __________ I will pay by [ ] check [ ] cash

MC/Visa/Amex/Discover ___________________________  Exp ___________  Security code ___________

Signature ___________________________  Date ___________________________

OPTIONAL

I am attending as an NYSNA board member with no voting rights.

I am attending as a NYSNA staff member with no voting rights.

*Open to NYSNA local bargaining unit members only.
We’re coming together Oct. 16-18 in New York City to look at our state’s crisis in patient care – and to make NYSNA stronger and more united to meet the challenge. See inside for details and to register.

CONVENTION KICK-OFF
Rally for respect for HHC nurses & patients
THURS, OCT 17 | 9 AM | CITY HALL, NYC