

NYSNA 2020 CONVENTION

TUESDAY, OCTOBER 20, 2020



**NURSES
ON THE
FRONTLINES**

New York State
NURSES 2020 YEAR OF
ASSOCIATION THE NURSE

October 2, 2020

Dear NYSNA Member,

We've been through so much this year, as frontline nurses, and as a union. Despite all the challenges, our solidarity and professionalism saved over 76,000 New Yorkers from COVID-19.

That's one reason why it's so critical we come together on October 20th for our 2020 Convention. We know we can't be face-to-face with one another, but through our Virtual Convention we can honor our sacrifices, mourn the colleagues we've lost, and make sure New York comes out of this pandemic stronger.

Enclosed you will find all the materials for this year's convention, including our agenda for October 20th, along with the proposed bylaw amendments and resolutions we will discuss as part of our virtual business meeting.

Elected delegates and member observers will be receiving details about how to register for the secure virtual platform, as well as and how the technology works, separately.

The theme of this year's convention is **Nurses on the Frontlines: Challenging Disparities and Defending the Public's Health**, and it couldn't be more fitting for 2020, the Year of the Nurse.

Throughout the COVID crisis NYSNA has been at the forefront of the fight for proper PPE and safe staffing. We've fought against furloughs, and to keep hospitals and critical programs open for care. As frontline nurses we have also witnessed the sharp racial disparities with COVID-19, and recognized the urgent need to dismantle systemic racism, which shapes so much of our lived experience. Next month, we head to the polls in what will surely be one of the most important elections of our lifetime.

This is a critical time for our union, and for our country. It's clear that we need bold solutions from Washington and Albany to get us out of this crisis, and nurses must have a seat at the table if we want to ensure we're prepared for a resurgence of COVID-19, or some other, perhaps worse, disaster.

Thank you for being with us on October 20th, as we chart NYSNA's direction together. And thank you for all you do, not only for your patients and community, but to build a stronger, more unified NYSNA.

In Solidarity,



Judy Sheridan-Gonzalez, RN
NYSNA President



Patricia Kane, RN
NYSNA Executive Director

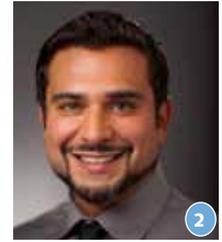
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Board of Directors

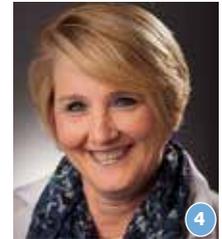
PRESIDENT

1. **Judy Sheridan-Gonzalez**, RN, MSN, FNP, has been a staff nurse in the Emergency Department at Montefiore Hospital in the Bronx for over 30 years. She's dedicated her life to advocate for nursing, healthcare and social justice issues. As part of a rank & file caucus that won a Board Majority in 2011, Judy spearheaded our organization's transformation through member education and involvement that catapulted NYSNA into the spotlight as a powerful, democratic union—committed to fight for safe staffing, healthcare equity, social justice, union rights for all, and saving our planet from destruction.



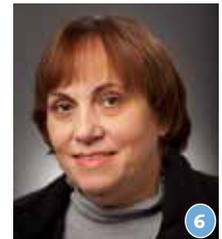
FIRST VICE PRESIDENT

2. **Anthony Ciampa**, BSN, RN-BC, is a NYSNA release-time representative at New York–Presbyterian Hospital in Manhattan. He chairs the Committee on Member Engagement and Leadership Development. He is experienced in leadership development and a leader in the fight to preserve mental health services.



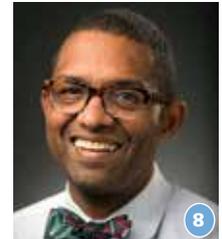
SECOND VICE PRESIDENT

3. **Karine M. Raymond**, MSN, RN, Trustee of the NYSNA pension, is a staff nurse in the adult cardiac catheterization lab at Montefiore Medical Center, Weiler Hospital, in the Bronx. She is president of her local bargaining unit and is active in the NYSNA Political Action Committee. She is experienced in contract implementation and teaching member leader trainings.



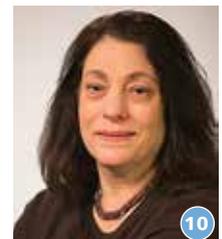
SECRETARY

4. **Tracey Kavanagh**, BSN, RN, CNOR, is a staff nurse in the operating room at Flushing Hospital in Queens, where she has worked for over 30 years. She is Membership Chair on the local bargaining unit Executive Committee.



TREASURER

5. **Nancy Hagans**, BSN, RN, CCRN, has worked at Maimonides Medical Center for 30 years, almost all of them in the ICU and PACU. She has served for 25 years on the executive committee, most recently as chair of her local bargaining unit. She has worked diligently for safe RN staffing, and serves on the NYSNA Council on Legislation.



DIRECTORS AT LARGE

6. **Anne Bové**, MSN, RN-BC, ANP, CCRN, is a full-time Faculty Assistant Instructor at CUNY BMCC. She coordinates the Margaret Whitehorne Student Nurse Service Program at H+H Bellevue Hospital. She currently chairs the NYSNA Council on Legislation.

7. **Judith Cutchin**, MSN, RN, has been a nurse for over 30 years and is currently working as Head Nurse in the specialty clinic at Woodhull Hospital/NYC H+H. She is the Executive Council President of H+H/Mayorals, the LBU President at Woodhull Hospital.

8. **Seth B. Dressekie**, MSN, RN, PMHNP-BC, is a nurse practitioner with the Human Resources Administration of the City of New York. He has served as a release-time representative and was formerly chair of the LBU at Woodhull Hospital.

9. **Jacqueline Gilbert**, BSN, RNC-NIC, is a nurse at Harlem Hospital Center where she serves on the union executive committee. She has participated in many mobilizations and legislative campaigns, lobbying for the passage of the Safe Staffing for Quality Care Act and the New York Health Bill.

10. **Robin Krinsky**, DNP, RN-BC, CCRN, is an adult critical care nurse and local bargaining unit president at Mt. Sinai Medical Center. As a nurse leader, she advocates for better staffing ratios and is committed to being an exemplary nurse and advocate for quality patient care.

Board of Directors

11. **Lilia V. Marquez**, RN-BC, CCRN, has worked for over 30 years in critical care, primarily in the coronary care unit at Bellevue Hospital Center. She serves as delegate in the local bargaining unit and trustee of the NYSNA Child Care and Elder Care Fund.



12. **Nella Pineda-Marcon**, BSN, RN-BC, is an assistant nursing care coordinator at the Mount Sinai St. Luke's Child and Adolescent Psychiatry Department. As a member of NYSNA for more than 30 years, she serves as a delegate in her local bargaining unit and as Chair of NYSNA's Climate Justice & Disaster Relief Committee. She has volunteered on several medical missions with the NYSNA-RN Relief Network.

13. **Verginia Stewart**, RN, is a staff nurse at the Metropolitan Hospital Center in Manhattan, where she has worked for over 25 years. She serves as vice president of her local bargaining unit.



14. **Marva Wade**, RN, has retired from being a clinical staff nurse in OR perioperative services at Mt. Sinai Medical Center in Manhattan. She currently serves as chairperson of NYSNA's Political Action Committee, Single Payer Committee and Retiree Action Committee. She is also on the Labor Campaign for Single-Payer National Steering Committee.

REGIONAL DIRECTORS

15. **Marion Enright**, RN, has been a nurse for 30 years and works in the PACU where she serves as the president of the local bargaining unit in Nathan Littauer Hospital. She led a successful strike, has volunteered on new organizing campaigns and serves on NYSNA's Council on Legislation. (Central Region)



16. **Yasmine Beausejour**, BSN, RN-BC, works in a Med/Surg tele unit at Long Island Jewish Valley Stream. She has worked for five years in critical care, and extensive experience in palliative and hospice care. She serves on the NYSNA Council on Legislation and on the executive committee of the Long Island Federation of Labor. (South Eastern Region)



17. **Jayne Cammisa**, BSN, RN, has worked for Westchester County Healthcare Corp. (WCCHC) for over 32 years. She is currently the full-time release RN at WCCHC, secretary of the LBU, chairperson of the WCCHC Political Awareness Committee and Westchester/Putnam Central Labor Body NYSNA Delegate. She serves on the NYSNA Council on Legislation. (Lower Hudson/NJ Region)

18. **Sean Petty**, BSN, RN, CPEN, is a staff nurse in the pediatric emergency room at Jacobi Medical Center in the Bronx, where he has worked for 12 years, and serves on the executive committee of his local bargaining unit. He is active in the NYSNA Climate Justice and Disaster Relief Committee. (Southern Region)



19. **Chiqkena Collins**, BSN, RN, has been a nurse for over seven years in an ICU at Erie County Medical Center. She serves on the executive committee of the local bargaining unit. She is a nurse leader on a committee of RNs in the Buffalo area who advocate for safe staffing and New York Health legislation and in elections. (Western Region)

EXECUTIVE DIRECTOR

Patricia Kane, RN, CNOR, was appointed Executive Director in December 2019. Prior to that she served as NYSNA Treasurer and was an active NYSNA member-leader for more than 20 years. She worked as a staff nurse in the cardiothoracic operating room at Staten Island University Hospital for most of her career.



2020 Convention Committees

BYLAWS COMMITTEE

Nancy Hagans, RN, Maimonides Medical Center, Chair

Anthony Ciampa, RN, New York Presbyterian Hospital

Marion Enright, RN, Nathan Littauer Hospital

Seth Dressekie, RN, New York City Human Resources Administration

Tracey Kavanagh, RN, Flushing Hospital

RESOLUTIONS COMMITTEE

Karine Raymond, RN, Montefiore Medical Center, Chair

Steven Bailey, RN, Erie County Medical Center

Kelley Cabrera, RN, Jacobi Medical Center

Judith Cutchin, RN, New York City Health + Hospitals, Woodhull Hospital

Nancy Hagans, RN, Maimonides Medical Center

Tracey Kavanagh, RN, Flushing Hospital

Ted Levine, RN, Mount Sinai Medical Center

Sean Petty, RN, Jacobi Medical Center

CREDENTIALS COMMITTEE

Aretha Morgan, RN, New York Presbyterian, Chair

Bineesh George, RN, Northwell Long Island Jewish, Valley Stream

Diane Groneman, Peconic Bay Medical Center

Marva Wade, RN, Mount Sinai Medical Center, Retired

* Per the NYSNA bylaws, the President is an ex officio member of all appointed committees.

2020 Virtual Convention Agenda

OCTOBER 20, 2020

Virtual Meeting Opens..... 7:30 AM – 8:00 AM

- Log in and get ready to participate!

Nurses Leading the Way through the Current Crises (1.5 CH, .2 CEUs)..... 8:00 AM – 10:00 AM

- Welcome and Introduction
- Invocation and National Anthem
- Memorial for fallen nurses
- NYSNA President Judy Sheridan-Gonzalez: Understanding the Triple Crisis
- Building Political Power to Advance Healthcare Justice - Jamaal Bowman, U.S. Congressional Candidate, 16th District
- Panel Discussion, with Frontline NYSNA Members: Nurses Leading the Way Through the Current Crises

Break 10:00 AM – 11:00 AM

Virtual Business Meeting 11:00 AM – 1:00 PM

- Call meeting to order
- Technology review
- Credentials committee report, establish quorum
- Board reports
- Bylaw Amendment
 - Amending NYSNA Bylaws Article X, Section 4 to Impose a Waiting Period of 24 Months Before Former Supervisors or Managers Can Run for the NYSNA Board of Directors
- Resolutions
 - The Critical Role of Nurses Ensuring New York is Prepared for a Resurgence of COVID-19
 - Ensuring that NYS has Regional Stockpiles of PPE in Preparation of the Next Pandemic and/or Healthcare Crisis
 - Nurse Driven Infection Control for Communicable Diseases
 - NYSNA is Committed to Promoting Racial Justice
 - Repairing and Strengthening Union Solidarity Between NYSNA and Law Enforcement

Break 1:00 PM– 1:30 PM

Virtual Business Meeting, Cont'd..... 2:00 PM – 4:00 PM

- Resolutions Cont'd
 - NYSNA Rejects Austerity and Calls on Albany to Save Critical Programs
 - Solidarity with New York State Teachers and School Workers
 - COVID-19 Demonstrates Urgent Need for Safe Staffing Ratios
 - Resolution for Per Diem Members
 - Inclusion of a National Response for Serving Marginalized Communities Through Medical Missions
- Raffle!

Technology Requirements for Our Virtual Convention

We're very excited for NYSNA's first ever Virtual Convention on October 20! We will be using a special platform designed just for unions to run business meetings. Here's what you need to do to get ready.

Attend an orientation session.

Orientation sessions are scheduled between Wednesday, October 14 and Friday, October 16. The meeting access info will be emailed to you on Monday, October 12.

Make sure your device is ready.

We strongly recommend that you plan to use a laptop or tablet computer, not a phone, to view and participate in the meeting. The following browsers are supported:

Windows:

- Google Chrome – version 80 or newer
- Mozilla Firefox – version 77 or newer
- Apple Safari – version 13.1 or newer
- Internet Explorer – version 11 or newer

Mac OS:

- Recommended * Apple Safari – version 13.1 or newer
- Google Chrome – version 80 or newer
- Mozilla Firefox – version 77 or newer

Note: Cookies are required to log in securely to the virtual convention. If you're using an iOS device, you will need to enable cookies because they are turned off by default.

Tablets:

- iPad: Safari
- Android: Chrome

Look for the email with your Convention login credentials

All delegates, alternates, and observers will be mailed a special link on Tuesday, October 13 to claim your unique login credentials. Please note, you must claim your login credentials by Monday, October 19 at 3 pm. Failure to do so could result in a delay in getting the credentials you need to participate in the convention.

Watch a Demo

We have scheduled two demos when you can log on to the platform and practice before the convention itself. The login information for the demo will be the same as the login information from the convention. You will receive this information on Tuesday, October 13.

- Sunday, October 18 – 6:30 pm – 7:30 pm
- Monday, October 19 – 9:00 am – 10:00 am

Help is here if you need it.

Contact ConventionHelp@nysna.org to reach our convention tech help desk.

2020 Proposed Standing Rules

NYSNA's concern for the health, safety and welfare of the Delegates, members and guests because of the COVID-19 pandemic led the Board to determine to hold the 2020 Convention virtually. The challenge of holding an all-virtual platform requires this Convention to be held with modified standing rules. The Board of Directors adopted these Rules on September 24, 2020 in order to allow the Convention to operate in this virtual environment.

1. Delegate Check-in

Delegates must check in for the Convention using the information provided by NYSNA.

2. Debate and Voting

- a. Only Convention Delegates may participate in the debate and vote. Delegates will use the digital options provided by NYSNA to participate in the debate and voting.
- b. After a question before the Convention is put to a vote, all Delegates who are awaiting their turn to speak shall be cleared from the speakers' queue.
- c. If, during debate, no additional speakers remain in the speakers' queue, the Chair shall close debate and put the question to a vote.
- d. Voting shall be conducted by Delegates selecting either the "for" or "against" digital option. As a result of the digital tabulation of votes, there shall be no division of the house and no roll call votes.
- e. A Delegate may raise a point of information by selecting the designated digital option. A request for information must be framed as a concise question in order to obtain factual clarification relating to a question under consideration. The Delegate has 15 seconds to ask their question and may not interrupt another Delegate who has the floor to do so. The request will take precedence over other speakers, except those making a point of order.
- f. A Delegate may raise a point of order by selecting the Point of Order digital option.

3. Recognition to Speak

- a. The Chair will recognize speakers in the order in which they enter the queue.
- b. A Delegate desiring to speak to a question before the Convention shall not speak until recognized by the Chair.
- c. Before speaking, a Delegate recognized by the Chair must state their name and whether they are in favor of or opposed to the motion or amendment.

4. Resolutions

- a. The Board shall determine the order of the Resolutions that will be considered by the Delegates.
- b. Resolutions submitted after the 30-day deadline will only be considered if approved by a two-thirds (2/3) vote of the Delegates, without debate. The Board of Directors may submit a late agenda item at any time.
- c. Resolutions submitted to the Convention on which no action has been taken by the Delegates shall be referred to the Board of Directors when the Convention adjourns.

2020 Proposed Standing Rules

5. Motions and Amendments to Motions

- a. No one shall speak until a motion and, if applicable, an amendment, is displayed on the screen.
- b. In light of the challenges of a virtual Convention, members are encouraged to submit amendments to a motion via the online form at www.nysna.org/virtual-convention by no later than 5 pm on October 16, 2020. No seconds are required for the amendment to be considered. Amendments will be considered in the order in which they are received. Time permitting, each proposed amendment shall be considered, and the movant shall be the first speaker. If more than one Delegate submits a proposed amendment that is the same or very similar, the first person to have submitted the amendment shall be the movant.
- c. The following motions are out of order: A motion to suspend the Rules, table, call for a division of the house or roll-call vote, rescind or reconsider, and divide or consider the question by paragraph. Where appropriate, in the interest of concluding the business before the Convention, the Chair may rule other motions out of order.
- d. A motion may be withdrawn by its mover before a vote is taken, without objection.

6. Limitations on Debate

- a. A Delegate may only speak in debate for two (2) minutes and may not speak twice on any motion or amendment until all Delegates in the queue have had the opportunity to speak unless permission is granted by the Chair, without debate, for a 30-second extension.
- b. Except for debate on a constitutional amendment, the debate on any motion or amendment shall be limited to three (3) speakers for and three (3) speakers against unless the Chair, in her discretion, allows two (2) additional speakers for and two (2) additional speakers against. The debate on a constitutional amendment shall be limited to five (5) speakers for and five (5) speakers against unless the Chair, in her discretion, allows two (2) additional speakers for and two (2) additional speakers against.
- c. A member seeking to close debate who is recognized by the Chair may not speak for or against the motion, and shall make the motion to close debate from either the “for” or “against” digital option.

PROPOSED
BYLAW
AMENDMENT

Proposed Bylaws Amendment

AMENDING NYSNA BYLAWS ARTICLE X, SECTION 4 TO IMPOSE A WAITING PERIOD OF 24 MONTHS BEFORE FORMER SUPERVISORS OR MANAGERS CAN RUN FOR THE NYSNA BOARD OF DIRECTORS

Submitted by Michelle Jones, Delegate, Flushing Hospital

Text of the Proposal:

Article X. Nominations

Section 4.

The Nominating Committee shall prepare a ballot that lists the eligible candidates for each office to be filled. A member may nominate another member or submit a self-declaration as a candidate in writing to the Executive Director of NYSNA, provided that the member is not currently; (a) serving on the Nominating Committee, or (b) a member of the NYSNA Staff; or (c) a supervisor or manager within the meaning of the National Labor Relations Act, within the twenty-four (24) months preceding the nomination.

LEGAL DEFINITION OF SUPERVISOR

In 2012 we changed our bylaws to create a stronger union. Managers and supervisors who are not allowed to be in unions cannot serve on the NYSNA Board of Directors. This legal standard, “a supervisor or manager within the meaning of the National Labor Relations Act” **does not apply to the many public sector nurses with “supervisor” in their job title.** Only “hire and fire” supervisors, like Associate Directors of Nursing or Nursing Directors, are prohibited from serving as NYSNA officers.

MAKER'S RATIONALE

Given the current economic situation with managers being furloughed, and thus able to take bargaining unit jobs, and given that managers have played a decisively anti-union role in recent and current organizing drives, it is important to ensure that individuals who recently served in supervisory or managerial positions not be allowed to serve in policy-making, leadership roles in NYSNA.

While the NLRB is clear that no current supervisor or manager, as defined under the Act, may hold an officer position in a labor union, a specific Department of Labor regulation recognizes that unions may legitimately require candidates for office to have been employed in the craft, as a bargaining unit member, for a period of twenty-four (24) months. The rationale behind this Department of Labor regulation is the recognition that unions have a right to ensure that those holding union office be closely connected to the bargaining unit members they, as leaders, will represent.

Proposed Bylaws Amendments

If former managers or CNOs wish to run for office in NYSNA, they should serve in a bargaining unit position for enough time to prove themselves pro-union, or at least experience such a position for a minimum amount of time in order to fully understand and be able to respond to the needs of bargaining unit members.

The Delegated Convention requires a twelve (12)-month waiting period for members who wish to run as delegates. There are reports that managers who have entered the bargaining unit, even after a year, continue to have influence and promote anti-union sentiments. Because, unlike delegates, NYSNA officers are fiduciaries of the union, it is appropriate to increase the time a prospective Board of Directors candidate must work in the bargaining unit to twenty-four (24) months. Members of the Board, as leaders of the union, should be held to the highest standards, including working side by side with our members who elected them for at least a two-year period.

PROPOSED RESOLUTIONS

NYSNA 2020 Convention Resolutions

1. **The Critical Role of Nurses Ensuring New York is Prepared for a Resurgence of COVID-19**, submitted by the NYSNA Board of Directors
2. **Ensuring that NYS has Regional Stockpiles of PPE in Preparation of the Next Pandemic and/or Healthcare Crisis**, submitted by Sherry Bloom and the members from Plainview Hospital
3. **Nurse Driven Infection Control for Communicable Diseases**, submitted by Jacquelyn Rutchik, Health Alliance-Hudson Valley, on behalf of the NYSNA Local Bargaining Units at Westchester Medical Center, Health Alliance Hudson Valley and the County of Westchester
4. **NYSNA is Committed to Promoting Racial Justice**, submitted by the NYSNA Board of Directors
5. **Repairing and Strengthening Union Solidarity Between NYSNA and Law Enforcement**, submitted by Jacquelyn Rutchik, Health Alliance-Hudson Valley, on behalf of the NYSNA Local Bargaining Units at Westchester Medical Center, Health Alliance Hudson Valley and the County of Westchester
6. **NYSNA Rejects Austerity and Calls on Albany to Save Critical Programs**, submitted by the NYSNA Board of Directors
7. **Solidarity with New York State Teachers and School Workers**, submitted by Tim Munier, Mount Sinai Hospital
8. **COVID-19 Demonstrates Urgent Need for Safe Staffing Ratios**, submitted by the NYSNA Board of Directors
9. **Resolution for Per Diem Members**, submitted by Colleen Schiedel, RN on behalf of the members of the Livingston County Dept of Health
10. **Inclusion of a National Response for Serving Marginalized Communities Through Medical Missions**, submitted by Zina Klein, Westchester Medical Center, on behalf of the NYSNA Local Bargaining Units at Westchester Medical Center, Health Alliance Hudson Valley and the County of Westchester

NYSNA 2020 Convention Resolutions

Resolution #1: The Critical Role of Nurses Ensuring New York is Prepared for a Resurgence of COVID-19

Submitted by the NYSNA Board of Directors

Whereas, NYSNA sounded the alarm to New York's public health officials and elected leaders about the potential risks of COVID-19 in January;

Whereas, New York state reported its first confirmed case of COVID-19 on March 1st and within weeks became the global epicenter of this pandemic;

Whereas, hospital administrators, along with state and federal officials, were completely unprepared for the arrival of COVID-19, and were unable to provide adequate protective equipment to the frontlines, secure essential medicines and equipment, coordinate logistics and the acquisition of critical supplies, or create the testing and contact tracing infrastructure necessary to suppress this virus;

Whereas, nurses and other frontline healthcare workers experienced critical shortages of PPE, were not equipped with the supplies or staff necessary to treat critically ill COVID-19 patients, and were frequently denied testing after known COVID-19 exposures;

Whereas, this lack of preparation has contributed to more than 6.5 million COVID-19 infections and over 190,000 fatalities nationwide, by far the worst track record of any industrialized country in the world;

Whereas, this lack of preparation also meant tens of thousands of frontline nurses and other essential workers in New York were unnecessarily exposed to this deadly virus, with many falling ill, and some even dying from COVID-19;

Whereas there is not yet a vaccine for COVID-19, and many experts are predicting a possible resurgence of the virus in New York this fall coinciding with flu season;

Whereas, it is paramount that the COVID-19 vaccine timeline be driven by rigorous scientific testing and public safety considerations, not politics;

Therefore, be it resolved that:

Nurses must have a seat at the table in our facilities as well as at the statewide level, so we can ensure New York is prepared for a resurgence of COVID-19 or another disaster.

The Centers for Disease Control and New York Department of Health must set infection control standards based on the latest science. Given the continued risk of airborne, droplet, and contact transmission nurses must help develop new COVID-19 standard precautions.

Every hospital in the state must adopt enhanced conventional capacity guidelines and build up its 90-day stockpile of PPE and necessary clinical equipment to meet these stronger standards. Hospitals must also begin the migration to reusable equipment, including fit-testing for all respirators.

We must ensure on-demand, rapid-result diagnostic testing for all frontline workers. Once accurate antibody tests are widely available, they may be useful for epidemiological purposes, but antibody tests cannot be used to send workers back to work, or worse, to ration their PPE. New York must also enhance its contact tracing program to effectively respond to a resurgence.

Healthcare workers, whether symptomatic or COVID-positive, must be provided the internationally recognized two-week quarantine or isolation period. We must also be able to access the paid sick time benefits available to all New Yorkers, and more if required.

New York must follow the example of the nearly two dozen states who have classified COVID-19 as an occupational disease for workers' compensation purposes. Frontline nurses and other essential workers cannot be denied critical benefits after working tirelessly on the frontlines during the first COVID-19 surge.

New York must fully fund major improvements to hospital plant and equipment to ensure we're prepared for a resurgence of COVID-19, including HVAC upgrades to improve ventilation, along with other engineering controls that are supposed to be our first line of defense against workplace hazards.

New York must take a central role in coordinating purchase and distribution of PPE, to ensure supplies are delivered where they are most needed, not to the hospital with the most resources. This is the only way to avoid a senseless bidding war for PPE and other critical supplies.

New York must enact a moratorium on hospital closings and mandate hospitals reactivate shuttered units so we have enough hospital beds and adequately trained staff for a resurgence of COVID-19.

Nurses and other healthcare workers have a right to know what risks they're facing when they report to work. Hospitals must be transparent with workers and the public, reporting essential information such as how many COVID-positive patients they are treating, levels of PPE inventory, ongoing plans for screening and cohorting, and the number of staff who've been exposed to or gotten sick from COVID-19.

The federal government must uphold a key principle of medical practice to 'do no harm' and use the best available science to guide vaccine development and distribution decisions. This is even more important in light of racist medical experimentation by the U.S. government, such as the notorious Tuskegee syphilis study, and speaks to the mistrust that many Americans have of governmental immunization efforts. If and when a safe and scientifically sound COVID-19 vaccine is available, NYSNA will encourage healthcare workers to vaccinate, but we will not support mandatory immunization as a condition of employment, and any future vaccine cannot substitute for proper infection control and personal protective equipment.

NYSNA 2020 Convention Resolutions

Resolution #2: Ensuring that NYS has Regional Stockpiles of PPE in Preparation of the Next Pandemic and/or Healthcare Crisis

Submitted by Sherry Bloom and the delegates from Plainview Hospital

Whereas, New York State Nurses Association (NYSNA) is a union of 42,000 frontline nurses and professionals standing together for strength at work, our practice, safe staffing, and healthcare for all, and

Whereas, During the recent unprecedented global pandemic, referred to as Coronavirus/COVID-19, frontline staff were directly affected by the lack of proper personal protective equipment (PPE) supplies. As a result, frontline staff witnessed infection control standards downgraded and minimized, putting patients and healthcare staff in harm's way and

Whereas, NYS Governor Andrew Cuomo has set forth a goal for the health care systems to maintain a 90-day supply of personal protective equipment. Hospitals and healthcare systems were urged to work toward development of a 90-day supply, and

Whereas, New York State is building up their PPE stockpiles through a combination of traditional and non-traditional suppliers, and

Therefore, be it resolved that NYSNA work with NYS Regional Strategic Stockpiles, so they may identify and supply healthcare systems in need of PPE supplies.

Therefore, be it resolved that NYSNA establish a plan for working with organizations to assist with obtaining PPE supplies, and getting those supplies to frontline nurses.

Resolution #3: Nurse Driven Infection Control for Communicable Diseases

Submitted by Jacklyn Rutchik, Health Alliance-Hudson Valley, on behalf of the NYSNA Local Bargaining Units at Westchester Medical Center, Health Alliance Hudson Valley and the County of Westchester

Whereas, NYSNA is a union of 42,000 frontline nurses and other healthcare professionals standing together for strength at work, our practice, safe staffing, and healthcare for all, and

Whereas, NYSNA is committed to ensuring NYSNA members, other facility staff, patients and students are provided the best equipment to protect themselves and others from transmission of communicable diseases, and

Whereas, NYSNA is committed to ensuring all healthcare professionals are provided the materials to practice the safest patient care to protect themselves and others in the most appropriate environment, and

Whereas, nurses across New York State stand together to safeguard the health of all New Yorkers from the spread of communicable diseases;

Therefore, be it resolved, that NYSNA will:

Urge Administration at NYSNA represented facilities to include NYSNA members in planning of new construction and renovations with the purpose of developing engineering designs which ensure optimum infection control for all types of communicable diseases,

Demand Administration at NYSNA represented facilities to provide reusable protective equipment that provides maximum infection control, conservation of the environment, and promotes physical wellbeing,

Hold regulatory agencies accountable for maintaining highest standards of infection control requirements including during times of emergencies, and

Undertake actions to ensure adequate availability of any equipment/supplies necessary for optimum infection control.

NYSNA 2020 Convention Resolutions

Resolution #4: NYSNA is Committed to Promoting Racial Justice

Submitted by the NYSNA Board of Directors

Whereas, the COVID-19 pandemic has laid bare the deep economic and racial disparities in New York's healthcare system;

Whereas, African Americans and Latinx New Yorkers are dying from COVID-19 at twice the rate of white New Yorkers;

Whereas, similar racial disparities continue to be observed in a wide variety of health outcomes including stroke, heart disease, maternal mortality, childhood asthma, mental health, sickle cell disease, nearly all cancers, and deep vein thrombosis and pulmonary embolisms, among others;

Whereas, significant racial disparities also are evident in the ranks of the uninsured, those who delay or do not seek care because they cannot afford the cost, and the availability of care in communities;

Whereas, decades of research have made it clear these health disparities are not primarily the result of genetics or lifestyle choices, but the accumulated impact of what we now call the social determinants of health, factors embedded in the very fabric of our communities and stemming from the legacy of segregation, racial discrimination and poverty;

Whereas, research has also documented longstanding racial disparities along most important socio-economic dimensions, including access to healthcare, employment, housing and nutrition, as well as exposure to pollution and other environmental toxins, all of which drive the racial health disparities we observe;

Whereas, acute racial disparities are present throughout the criminal justice system, from racial profiling in policing, to arrest, conviction and incarceration rates, including stark statistical evidence that Black men are approximately 2.5 times more likely to be killed by police than white men;

Whereas, the tragic murder of George Floyd reignited a movement across the U.S., and now globally, demanding an end to systemic racism within the criminal justice system;

Whereas, there is now widespread recognition of the existence of systemic racism, of the fact that systems and institutions in our society produce racially disparate outcomes, regardless of the intentions of the people who work within them;

Whereas, registered nurses and other frontline caregivers recognize that every patient is a human being, and is equally entitled to care and compassion;

Whereas, as registered nurses we took an oath to safeguard and advocate for the welfare of all our patients, and we cannot fulfill this oath without also addressing the inequalities and broader social determinants of health that threaten their well-being;

Whereas, nurses across New York and around the country have spoken out about the very real threats racism poses to the public's health;

Whereas, we recognize that "All Lives Matter" can only be true if "Black Lives Matter"; and

Whereas, everyone deserves to live in full equality and free from state-sanctioned violence and discrimination;

Therefore, be it resolved that:

NYSNA will commit to a program of widespread member education, to understand the history of racial discrimination and exclusion in our profession, as well as the broader society. This internal education program will promote dialogue and understanding among members with different experiences, with the goal of building unity and a shared commitment to racial justice;

NYSNA will press our employers to address racism and discrimination in the workplace, and to improve clinical practices in our health facilities in order to address racial disparities in the access and delivery of care and subsequent health outcomes;

NYSNA will continue to fight to keep hospitals open for care during this pandemic, particularly those serving predominantly Black, Latinx, Asian, and Native communities.

NYSNA will continue to demand Medicare for All at the federal level and the New York Health Act in Albany, recognizing that guaranteed universal healthcare system is a fundamental step toward addressing racial disparities and discrimination in health care.

NYSNA will push state and local lawmakers to concentrate COVID-19 recovery efforts in our hardest hit communities. The only way to address longstanding economic and social disparities across the state is to reverse decades of disinvestment in healthcare, housing, schools, and other vital services.

NYSNA will work to expand social services and public health resources across New York as a necessary step to ensuring that police are not inappropriately forced to respond to situations for which they are untrained and ill-suited and which are more appropriate for trained healthcare and mental health professionals.

NYSNA will also work to promote systemic changes in policing practices and throughout the criminal justice system to address longstanding racial disparities.

NYSNA will take all necessary measures to ensure our organization lives up to these shared values, and that we build a stronger union together, rejecting racism, discrimination, and any other form of bigotry.

NYSNA 2020 Convention Resolutions

Resolution#5: Repairing & Strengthening Union Solidarity Between NYSNA & Law Enforcement

Submitted by Jacklyn Rutchik, Health Alliance-Hudson Valley, on behalf of the NYSNA Local Bargaining Units at Westchester Medical Center, Health Alliance Hudson Valley and the County of Westchester

Whereas, NYSNA recognizes the unique relationship between Professional Nurses & Law Enforcement Officers as demonstrated through the shared commitment to public service,

Whereas, NYSNA recognizes the need to foster communication, build trust, honor shared values, promote safety, & create a strong working relationship amongst nurses & LEOs in order to best serve the public,

Whereas, NYSNA stands ready & willing to repair & solidify its relationship with those law enforcement unions who recognize the need for both professions to proactively work towards public safety & social justice, and who take measurable steps to create a culture of anti-racism & anti-discrimination both within and outside their workforce,

Therefore, be it resolved that NYSNA will request a meeting with the Police Benevolent Association for the purposes of building a healthy, working relationship between the labor unions,

Be it further resolved, that such a meeting between nurses & law enforcement officers would be an opportunity to advance the quality of service each union can provide the public,

Be it further resolved, that union solidarity between NYSNA & Law Enforcement serves to fulfill the responsibility of each profession to conduct their duties in the spirit of justice, integrity, safety, and true service to all.

NYSNA 2020 Convention Resolutions

Resolution #6: NYSNA Rejects Austerity and Calls on Albany to Save Critical Programs

Submitted by the NYSNA Board of Directors

Whereas, COVID-19 has created the biggest economic collapse since the Great Depression;

Whereas, more than 3.5 million New Yorkers have been thrown out of work, and since July have been unable to collect the \$600 a week in supplemental unemployment;

Whereas, an estimated 1.5 million New Yorkers lost their employer-provided health insurance by May, and more than half a million more people have been added to the state's Medicaid program since January;

Whereas, more than 3 million New Yorkers are experiencing food insecurity since the onset of the COVID-19 pandemic and food bank usage has soared;

Whereas, the need for economic relief and social supports is skyrocketing as a result of the economic crisis;

Whereas, New York has already cut \$2.5 billion from Medicaid this year and bigger cuts are looming;

Whereas, the State is threatening a 20 percent across-the-board cut to cover the \$14.5 billion budget shortfall;

Whereas, New York City has threatened to lay off up to 22,000 public employees, reduce spending by \$1 billion, and may have to make additional layoffs and cuts to balance its budget;

Whereas, municipalities and counties across the state are also carrying out or planning layoffs of teachers, firefighters, nurses, and other public employees to address budget gaps;

Whereas, the wealthiest New Yorkers have seen their fortunes swell during this pandemic, with the state's 118 billionaires increasing their wealth by \$77 billion between March and June;

Whereas, New York has always led the nation when it comes to policies that protect workers and working-class communities; and

Whereas, proposed budget cuts will only deepen disparities and discrimination and moves New York in the wrong direction;

Therefore, be it resolved:

NYSNA will use our position as a trusted voice during this public health crisis to push for bold solutions to the current budget crisis at the federal, state, and local level.

NYSNA will continue to demand that Congress pass the HEROES Act, in order to restore emergency unemployment assistance, expand the Supplemental Nutritional Assistance Program, provide critical aid to state and local governments, and support the U.S. Postal Service.

NYSNA will also defend Medicaid funding from further cuts, to protect New York's safety net and preserve our public hospitals and county health departments. COVID-19 demonstrated how critical these institutions are to protecting the public's health and providing care for millions of New Yorkers who depend on it.

NYSNA will demand that lawmakers in Albany reverse a generation of tax cuts for corporations and the wealthiest New Yorkers. Taxing the ultra-rich is the only way to protect our healthcare system, so we can keep hospitals open for care, help the hundreds of thousands of New Yorkers who fell ill recover from COVID-19, and truly prepare for a resurgence of this virus.

To accomplish these goals NYSNA will harness the power of our 42,000 members, and deepen strategic alliances with our partners in the labor movement and in the community. Together, we can make the difference at the polls for candidates who share our values and will champion our vision, and replace elected leaders who resist our agenda or lack the courage to lead.

NYSNA 2020 Convention Resolutions

Resolution #7: Solidarity with New York State Teachers and School Workers

Submitted by Tim Munier, Mount Sinai Hospital

Whereas, the NYSNA BOD made an important statement regarding reopening schools that is reprinted here in full:

NYSNA BOARD SAYS COVID-19 STILL A CLEAR AND PRESENT DANGER, WARNS OF PUBLIC HEALTH RISKS FROM IN-PERSON SCHOOLING

New York, NY — With COVID-19 cases spiking around the country, New York City remains the only school district, among the five largest, still planning for in-person schooling this fall. As nurses—working for months at the epicenter of the pandemic—we've seen firsthand how deadly this virus can be. And we do not want to see our children, other families, our teachers, and all those who work in our schools put in harm's way.

Like other essential workers, nurses have struggled to balance the demands of our job and the needs of our families. After serving on the frontlines during the COVID-19 surge, all while navigating remote learning for our children, we understand the deep desire to return to some semblance of normalcy.

But the fact is, COVID-19 remains a clear and present danger to New Yorkers. Even the head of the federal COVID-19 Task Force, Dr. Deborah Birx, recently declared that we are in a "new phase" of this virus, telling CNN that the major threat at this moment is "not super spreading individuals, it's super spreading events and we need to stop those."

Bringing people together in enclosed spaces, without the robust public health infrastructure nurses have called for since the beginning of this pandemic, will undoubtedly increase the spread of the virus. Opening in-person schooling could easily erase the progress New York has made, and spark a resurgence of COVID-19.

We now know that adults and children transmit this virus, and that between 25 to 50 percent of those infected with the virus are asymptomatic. There is no question that reopening in-person schooling will accelerate the spread of COVID-19 and expose educators and school staff to greater risk of infection. According to research from the Kaiser Family Foundation, nearly 25% of school staff are already at a high-risk for serious illness and death from COVID-19. Although the immediate health impact on children remains less severe than for adults, there is still so much we don't know about how COVID-19 impacts our kids. It is a worrisome sign, for example, that pediatric ICU admissions have more than doubled just in the last 6 weeks.

As a union of frontline nurses, we must also speak up because New York remains unprepared for a resurgence of COVID-19. Our testing and tracing infrastructure is overstretched, with many results delayed by days or even weeks. Our hospitals are still rationing rapid testing reagents, PPE, hand sanitizer,

and sanitizing wipes because of federal shortages and persistent supply chain constraints. Frontline nurses, along with other essential workers, suffered the consequences of New York's lack of preparation for the first COVID-19 surge. We cannot let that happen again.

Because of the grave risks, NYSNA calls on state and local officials to postpone

in-person schooling for the fall, and to make the investments in public health and human services necessary so that in-person learning can happen safely.

We understand that working parents and families need support during this unprecedented time, including childcare subsidies, extended unemployment, nutritional assistance, and other social programs. Our union continues to call on Congress to pass the HEROES Act, which would provide critical aid to working class New Yorkers, as well as billions of dollars of state and local aid to help mitigate budget shortfalls and protect vital services. State and local officials must also do more to raise revenue in New York, and NYSNA supports several legislative initiatives to tax the rich, so corporations and the wealthiest New Yorkers pay their fair share.

Increased funding could help pay parents to stay home with their children and provide the technology necessary for remote learning. It would also enable more mental health and IEP support services for families with special needs. We could also invest in the staff and planning necessary to do outdoor and other safer forms of in-person instruction.

New York cannot remain a sheltered island in a national storm surge of COVID-19. Pandemics don't work that way, especially as many New Yorkers have travelled extensively throughout the summer.

While New York City's citywide infection rate remains low, the rates in many Black, Latinx and low-income neighborhoods are 4-5 times higher. One of the profound revelations of the COVID crisis thus far has been its impact on Black and Latinx

communities, where death rates are a staggering 2-3 times that of whites overall, and a horrifying 8-10 times higher for younger Black and Latinx people. A recent report from the Centers for Disease Control finds similar racial disparities also exist among children hospitalized with COVID-19. Perhaps this is why a recent national poll found Black and Latinx parents were nearly twice as likely to consider in-person schooling unsafe than white families.

Cuts to the New York City's public sector, where people of color constitute the vast majority of the workforce and those who utilize city services, will only compound these inequities. Simply put, we cannot let reopening schools exacerbate the devastating impact of this virus and the economic collapse on

NYSNA 2020 Convention Resolutions

New York's communities of color.

Frontline nurses spent months fighting for proper PPE, access to testing and adequate sick leave. NYSNA stands in solidarity with educators and other school employees fighting to protect their own health and safety, as well as that of their students and families.

Whereas, teachers and school workers are our crucial allies in the struggle to care for and strengthen working class communities across New York State.

Whereas, pressure from rank and file teachers in the United Federation of Teachers forced Mayor de Blasio to close New York City schools at the beginning of the COVID-19 pandemic, which likely saved thousands of lives and slowed the spread of the virus.

Whereas, because of unsafe conditions, pressure from rank and file teachers and school workers across New York State has already postponed in-school instruction in many school districts this fall, including twice in NYC, the largest school district in the country.

Whereas, teachers and school workers continue to pressure Mayor de Blasio for fully remote instruction this fall until New York City schools are fully funded and can be safely reopened.

Whereas, currently the City of New York and the Department of Education has not ensured that there is proper ventilation, adequate PPE, adequate testing requirements, and tracing capacity to ensure that COVID-19 will not enter and spread in the largest school system in the country.

Whereas, the current conditions in NYC schools will mean that the least resourced schools with the most vulnerable children, which exist at a much higher rate in communities of color, will be at the highest risk for illness and death.

Whereas, school staff of color have already carried a disproportionate burden of suffering and death as a result of COVID-19.

Whereas, NYSNA nurses must stand in solidarity with our fellow union members in education to stop the needless death of our fellow union brothers and sisters and to help prevent a worsened second wave of COVID.

Be it resolved that NYSNA will:

Publicly support teachers and school workers, who have engaged in dozens of actions outside of their schools, in their struggle to fight for adequate funding and halt in-person instruction until New York City schools can be safely reopened.

Demand Governor Cuomo and Mayor de Blasio halt in-person schooling until school workers can teach and students can learn in buildings that are adequately ventilated, everyone has sufficient PPE, and testing and tracing capacity is adequate to prevent the spread of COVID-19 within NY schools.

NYSNA 2020 Convention Resolutions

Resolution #8: COVID-19 Demonstrates Urgent Need for Safe Staffing Ratios

Submitted by the NYSNA Board of Directors

Whereas decades of research have established the positive impact on patient outcomes of having an adequate number of bedside nurses, working within their respective clinical areas of expertise and utilizing best practices;

Whereas COVID-19 has spotlighted the staffing crisis in New York's hospitals and nursing homes, and demonstrated that guaranteed minimum staffing standards are a matter of life or death for too many New Yorkers;

Whereas public institutions from the Centers for Disease Control (CDC) to the U.S. Postal Service have been politicized during this pandemic;

Whereas NYSDOH policy and guidance has not always been consistent with available scientific evidence or best practices for protecting the public's health during COVID-19, and the NYSDOH has repeatedly failed to listen to frontline nurses and incorporate our expertise into the policy-making process;

Whereas this has undermined the credibility of the NYSDOH and their work, including their widely-criticized evaluation of COVID-19 infections and fatalities in the state's nursing homes and their fatally flawed report examining the impact of proposed safe staffing legislation in hospitals and nursing homes;

Whereas the NYSDOH's staffing "report" recycles the skewed claim from the state's hospitals and nursing home operators that safe staffing is prohibitively expensive and what's needed instead is "flexibility," code for protecting their financial interests, after we have just witnessed how flexibility led to so many avoidable fatalities during the first COVID-19 surge;

Whereas NYSNA members and other frontline caregivers across the state proved to be the difference between life and death for so many patients, even as we were traumatized by the experience of working under such acute staffing shortages, knowing that having more experienced nurses at the bedside could have saved so many more lives;

Whereas even though COVID-19 cases have receded across New York, hospitals continue to take advantage of the pandemic and its economic fallout to cut nursing staff, ignore staffing provisions in our contracts, and violate nursing best practices and staffing norms;

Whereas NYSNA members have worked diligently to elect state legislators who will champion our healthcare agenda, including safe staffing legislation, health care for all, and funding to keep our hospitals and essential services up and running,

Therefore, be it resolved:

NYSNA will demand newly elected leaders follow through on their campaign promises, and bring safe staffing legislation forward for a vote in both the Assembly and the Senate.

NYSNA will continue to fight for safe staffing ratios in all our contracts, and organize in every facility that has already won staffing language, to make these staffing grids and ratios a reality at the bedside.

NYSNA will use our visibility and position as a trusted voice during this public health crisis to educate the public on the staffing crisis in New York's hospitals and nursing homes, as well as the urgent need to put patients at the center of healthcare decision-making, focusing on quality care, safety and improved outcomes rather than cost containment.

NYSNA will continue to promote evidence-based policy research and provide our firsthand expertise on the need for guaranteed minimum staffing standards to the media, with legislators and the general public.

NYSNA 2020 Convention Resolutions

Resolution #9: Resolution for Per Diem Members

Submitted by Colleen Schiedel, RN and other members of the Livingston County Dept of Health

Whereas, nurses working Per Diem hours are members of New York State Nurses Association; and

Whereas, the New York State Nurses Association seeks to maintain active and involved membership; and

Whereas, the hours that Per Diem nurses work vary week to week and can be as little or less than one hour or as much or more than 40 hours; and

Whereas, the membership dues are at a lower rate for members who work part-time; and

Whereas, the membership dues for those members who work part-time and those who work full time do not encompass the variety of hours worked by members who work per Diem hours; and

Whereas, the New York State Nurses Association strives to provide fairness and equality to all members;

Therefore, be it resolved that the NYSNA Board of Directors investigate prorating the membership dues for members who work per diem hours based on the hours worked each week; and

Be it further resolved that in connection with this investigation, the Board consider pro-rating per diem dues based upon full-time membership dues.

NYSNA 2020 Convention Resolutions

Resolution #10: Inclusion of a National Response for Serving Marginalized Communities Through Medical Missions

Submitted by Zina Klein, Westchester Medical Center, on behalf of the NYSNA Local Bargaining Units at Westchester Medical Center, Health Alliance Hudson Valley and the County of Westchester

Whereas, manmade and natural disasters, pandemics, epidemics, other healthcare emergencies and/or diminished access to care affect the social, economic, and environmental determinants of health, and

Whereas, health systems in affected areas will exceed their capability to prepare, respond and treat patients, and

Whereas, NYSNA has responded internationally in 2018 and 2019 on medical missions resulting in the caring for thousands of patients successfully by volunteer registered nurses, and,

Whereas, the United States has areas with diminished access to care, and

Whereas the United States is not immune to man-made or natural disasters and such disasters can have a life-altering impact on individuals, families at the community, city and state level, or many times can impact an entire country, and

Whereas, NYSNA medical missions' program has succeeded in building solidarity globally, it can be done nationally, forming alliances with other healthcare systems and organizations both unionized and non-unionized, and

Whereas, while performing this much needed medical service, NYSNA RNs can network both learning and educating others about different healthcare systems, as well as, the power and value of RNs united under a union, and

Whereas, states including New York, relaxed licensing policies to allow RNs with valid licenses to cross state lines to practice during the height of the COVID-19 pandemic,

Therefore, be it resolved that NYSNA will form a committee to investigate and work with the appropriate agencies to form a mutual response pact to grant RNs this privilege when a need is identified, and

Be it further resolved that NYSNA RNs will expand its efforts to support the NYRN mission to provide national healthcare services to vulnerable populations in the wake of natural and man-made disasters, or any healthcare need identified such as mass vaccine programs, and

Be it further resolved that NYSNA will continue its efforts to educate its members on disaster preparedness and response, and

Be it further resolved that NYSNA's Board of Directors and area representatives will work with Local Bargaining Units to expand negotiation for unpaid short-term releases for RNs and paid educational days for nurses who volunteer for medical missions in its contracts with all employers.

NYSNA'S 2020 STRATEGIC ACTION PLAN



Nursing has always been about more than just healing individual patients. And as a union of healthcare professionals we've always addressed the broader social and economic issues that drive the public's health, in addition to the concrete working conditions and practice issues that shape how we deliver care at the bedside.

Even before the pandemic, 2020 was going to be a pivotal year for New Yorkers, indeed, for the whole country. But the COVID crisis has exposed staggering shortcomings in our healthcare system, and the deep racial disparities in our society. Frontline nurses have shouldered the burden for the lack of preparation by hospital administrators, public health officials, and elected leaders. But despite these challenges, nurses and other frontline healthcare workers have saved the lives of over 76,000 New Yorkers. As we prepare for a likely resurgence this fall, we need bold action from Washington and Albany to ensure we're never put in this position again.

ORGANIZING IN OUR WORKPLACES AND OUR COMMUNITIES

That's why our action plan starts with organizing in our workplaces and our communities. This is how we turn the potential strength of NYSNA's 42,000 members into actual power, and secure the working conditions and staffing necessary to deliver the healthcare that New Yorkers truly deserve.

An immediate priority is **taking care of all the nurses who fell ill during the COVID-19 surge**. This includes securing the same paid sick time benefits available to all New Yorkers, and forcing employers to honor every COVID-related workers' compensation claim.

Nurses need a seat at the table in order to prepare for a second wave and **fortifying the frontlines is a top priority**. We must ensure our hospitals are safe for our patients and for ourselves, with enhanced PPE standards, robust environmental controls, hospital-wide health and safety precautions, and a much higher standard for employer reporting and transparency. Because of our experience on the frontlines of COVID-19,



nurses must lead the way in developing these new safety standards, ensuring we have the tools needed to enforce them.

We also have to **address the COVID-19 staffing crisis**. The pandemic demonstrated that safe staffing can make the difference between life and death. But employers are dragging their feet when it comes to honoring our contracts.

Last year, a majority of NYSNA members secured a process for creating and enforcing staffing standards. It's past time to **make these staffing ratios and grids a reality** at the bedside. Hospitals must also respect contract provisions around floating, and ensure that every RN has the training she needs to work in different specialty areas.

Employers have enjoyed the "flexibility" this crisis created, and whether its Shore Memorial, Hudson Valley Hospital, Montefiore-New Rochelle Montefiore-Mount Vernon, or Albany Medical Center, we've seen how resistant hospitals are to settling a fair contract in COVID times. That's why it's more important than ever to organize unit by unit on issues that matter to our co-workers. Whether its pushing for proper PPE, standing up to furloughs and layoffs, confronting abusive managers, or fighting for safe staffing member-to-member organizing is the key to building a strong union. It's also the best way promote **concrete solidarity across hospitals and between geographic regions**.

And we'll need all the solidarity we can get if we're going to **keeping hospitals open for care**. Before COVID-19, NYSNA members from Mount Vernon to Massena were working with our community allies to defend our safety net hospitals. Now these struggles are multiplying, and nurses from the Hudson Valley to Long Island are organizing against employers using COVID-19 as a pretext for **cutting critical, but poorly remunerated services** such as mental health, detox, and dialysis. These cuts are creating an epidemic of workplace violence, and leaving some of our neediest patients without access to care.

That's why NYSNA members across the state are speaking out, and using our credibility as the go-to public health experts to push alternatives to austerity and **deepen our community connections**.

This pandemic has also illustrated why **lifting standards for nurses across New York state is such a key issue** for our union. Upstate employers have taken full advantage of the COVID crisis, implementing major restructuring and trying to erode NYSNA's hard-won gains. In this climate, we will have to fight even harder to win everything upstate nurses deserve, from better pay to improved staffing, to participation in NYSNA's pension and benefits funds.

There is no way to secure these kinds of gains upstate without strengthening NYSNA's presence in the region and continuing **organizing new non-union RNs into NYSNA**,

*This pandemic has also illustrated why **lifting standards for nurses across New York state is such a key issue for our union.***



like we did with our successful campaign this summer at St. Anthony's in Warwick. We also need to ensure every new organizing victory ends with a strong contract, including the successful conclusion of bargaining at Albany Medical Center, the key to our success in the Capital District and beyond.

Finally, we must aggressively **defend our practice** from numerous threats posed by COVID-19, whether it's the explosion of telemedicine, the paint-by-numbers approach to bedside care that comes with Electronic Medical Records and other new technologies, or efforts by hospital administrators, and the lawmakers who do their bidding, to shift more care to unlicensed, and less expensive, staff.

BUILDING POLITICAL POWER

COVID-19 has upended New York politics and devastated state and local budgets. Albany already approved \$2.4 billion in Medicaid cuts in April, and Governor Cuomo has warned of a 20% across-the-board cut to close the \$13 billion state shortfall if Congress doesn't act.

We know that moves New York in the wrong direction, and we must leverage our position as a trusted voice during this public health crisis to **push for bold solutions**. Budgets are moral documents that should reflect our values, which is why we can't accept cuts that will deepen disparities and discrimination across the state.

New York has always led the nation when it comes to policies that protect workers and working-class communities, and whether it's enforceable infection control standards or relief for the millions of unemployed New Yorkers **we certainly can do better than Washington**.

But all this requires revenue, which means **reversing a generation of tax cuts** for corporations and the wealthiest New Yorkers. **Taxing the ultra-rich** is the only way

to **protect our healthcare system**, so we can keep hospitals open for care, help the hundreds of thousands of New Yorkers recover from COVID-19, and truly prepare for a resurgence of this virus or other disasters stemming from climate change and years of neglect of our public health infrastructure.

New revenue is also key to **rebuilding New York's safety net, starting with our public hospitals and county health departments**. COVID-19 demonstrated how critical these institutions are to protecting the public's health, and we'll need billions in new investment in order to ensure facilities like Westchester Medical Center, New York City Health + Hospitals, and Erie County Medical Center can continue providing care for the millions of New Yorkers who depend on it.

COVID-19 has also spotlighted the staffing crisis in New York's hospitals and nursing homes, and demonstrated that safe staffing can be a matter of life or death for COVID patients. We will **continue to push safe staffing legislation** as a key element in New York's COVID-19 response, alongside other COVID-related legislative priorities such as a moratorium on hospital closures.

The pandemic also makes passage of the **New York Health Act** at the state level and **Medicare for All** at the federal level even more urgent priorities, revealing the fatal shortcomings of employer-based health insurance and a profit-driven healthcare system.

But doing this will require more than effective lobbying, **we need to build a movement**.

The June primaries make it clear that **voters are hungry for exactly this kind of bold action** addressing the urgent needs of working-class New Yorkers. We need to capitalize on this opening, and harness the power of our 42,000 members by building **political action teams across the state**. Hand-in-hand with our organizing, it's important to expand our internal political education, so leaders are clear why political engagement is a strategic imperative for our union.

We also need to deepen the strategic alliances we've forged with our partners in the labor movement and in the community to move this work forward. Together, we can make the difference for **candidates who share our values and will champion our vision**, and replace elected leaders who are roadblocks to our agenda, or lack the courage to lead.

The tide is turning in Albany, and we look forward to working with progressive legislators to **set a new political agenda for New York**, one that puts patients over profits.

ADVANCING SOCIAL, RACIAL, AND ECONOMIC JUSTICE

This pandemic has laid bare the deep economic and racial disparities in our state's healthcare system, with African Americans and Latinos dying from COVID-19 at twice the rate of white New Yorkers.

Decades of research have made it clear these health disparities are not solely—or even primarily—the product of individual choices, but the accumulated impact of factors embedded in the very fabric of our communities and stemming from the legacy of segregation and racial discrimination.



Addressing these social determinants of health must be part of New York's COVID response, and a top priority for our union. We will continue to educate our members and the general public about how factors like access to healthcare, employment and housing, as well as the availability of nutritious, healthy foods and exposure to pollution and other environmental toxins, drive racial health disparities.

And we'll continue to organize with our community allies to **center recovery efforts in our hardest hit communities**, and reverse decades of disinvestment. We know the economic collapse from COVID-19 has only intensified pre-existing disparities, with massive unemployment in communities of color, the threat of large-scale evictions and rising homelessness, nearly a quarter of households reporting not having enough food to eat, and too many families left behind when face-to-face education is not safe and schools are shut down.

Although COVID-specific disparities remain a central concern, we will also address other longer-standing disparities, such as sickle cell disease, maternal mortality, childhood asthma, mental health, stroke, heart disease, nearly all cancers, and deep vein thrombosis and pulmonary embolisms.

This pandemic has also revealed just how much racism is a threat to the public's health. Since May, a nationwide movement has been reignited, demanding an end to the systemic racism in policing and throughout the criminal justice system. Nurses have organized across the state to make it clear that **Black Lives Matter**, and everyone deserves to live free from state-sanctioned violence and discrimination.

But we must go further, and **make anti-racism part of NYSNA's DNA**, through widespread member education and a continued commitment to showing up for racial justice. First and foremost, **we must challenge racial discrimination in our workplaces** and hold our employers to their newfound commitment to equity. We must also stand in solidarity with other essential workers, since we know a disproportionate number are workers of color, and we are all essential not expendable. Another concrete task is mak-

ing sure our **hospitals are welcoming to all New York residents**, especially immigrants and others who have been the targets of hate crimes and discriminatory policy-making.

During this pandemic, we've witnessed the way public institutions from the CDC to the U.S. Postal Service have been politicized, so we will need to work especially hard to **protect the integrity of the 2020 Census**, which will have a direct impact on billions of dollars of public funding.

Although COVID-19 has forced us to suspend **medical missions** for the foreseeable future, NYSNA will continue to draw attention to the urgent environmental problems stemming from **climate change**, both locally and in countries hard hit by natural disasters. We will also extend solidarity and support in whatever ways we can to those actively struggling to **put people over profits** in other parts of the world.

STRENGTHENING OUR UNION THROUGH OUR LOCAL BARGAINING UNITS AND ONLINE ORGANIZING

This pandemic demonstrated that the only way to make any headway on important issues is through on-the-job organizing, and even under a state of emergency we managed to **connect NYSNA's education and training with workplace activity around the state**. Throughout the COVID crisis we hosted hundreds of virtual townhall meetings, trainings, and education programs, and ramped up our digital communications, including email, texting, and social media.

We also provided organizing building blocks to hundreds of NYSNA members, including training leaders how to **tackle widely and deeply felt issues** through escalating campaigns, and how to **identify issues and recruit leaders** on every unit and every shift. We built COVID Action Teams in dozens of hospitals, to fight for better PPE and to speak out about conditions during the COVID-19 surge.

We know that everyone learns the most by connecting with our peers, and although the first wave of COVID-19 has subsided, it's essential we continue using these new digital technologies to build the union. Though no substitute for one-on-one face-to-face communication, they have nevertheless boosted participation, and **expanded opportunities for NYSNA members from different hospitals to meet one another**, share strategies, and provide concrete solidarity and support.

These connections will make it easier to prepare for NYSNA's future, as we **examine any changes to our structure** that might be necessary to maintain NYSNA's democratic representation in the face of recent growth.

Of course, we can't do any of this without you—NYSNA's rank-and-file members—leading the way.

This pandemic has been the most challenging time in our professional lives, but frontline nurses have met these overwhelming obstacles head on and save countless lives. **Our solidarity and professionalism pulled New York through this crisis**, and now we need to channel this determination and unity to address the pandemic's social and economic fallout.

New Yorkers everywhere are counting on us.



131 West 33rd Street, 4th Floor
New York, NY 10001

NYSNA VIRTUAL CONVENTION

OCTOBER 20, 2020

8:00 AM - 4:00 PM

[NYSNA.ORG/VIRTUAL-CONVENTION](https://nysna.org/virtual-convention)

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