

New York nurse

the official publication of the new york state nurses association

After Hurricane Sandy, nurses BUILD BACK BETTER

NYSNA: My Assessment

By Patricia DiLillo
Page 3

After Sandy, Let's Build Back Better

Page 5

Nurses: The Real Heroes of Hurricane Sandy

Pages 6-7



Pg. 12
Notice of
2013 Board
of Directors
Nominations.

Executive Editor

Jill Furillo, RN
Executive Director

Writers

Eliza Bates
Bernadette Ellorin
Mark Genovese
Dan Lutz
Erin Silk

Art & Production Coordinator

Kerri Stabile

Web Editor

John A. Hamelin

Editorial Assistant

Alison Munday

Board of Directors

President

Patricia DiLillo, MEd, RN

First Vice President

Judy Sheridan-Gonzalez, MSN, RN

Second Vice President

Marva Wade, RN

Secretary

Anne Bové, MSN, RN, BC, CCRN, ANP

Treasurer

Patricia Kane, RN

Directors at Large

Anthony Ciampa, RN
Ingred Denny-Boyce, RN, BSN, MSN
Shirley Hunter, MS, RN
Tracey Kavanagh, BSN, RN
Colleen B. Murphy, MS, RN
Grace Otto, BA, BSN, RN
Sean Petty, RN, CPEN
Karine M. Raymond, MSN, RN
Veronica Richardson, RN
Verginia Stewart, RN

Regional Directors

Southeastern
Western
Southern
Central
Lower Hudson/NJ
Eastern

Michael Healy, RN
Gaen Hooley, BS, RN
Gwen Lancaster, RN
Carol Ann Lemon, RN
Eileen Letzeiser, RN, BSN, MPH
Martha Wilcox, RN

New York Nurse is published bimonthly by the New York State Nurses Association.

Editorial offices located at:

11 Cornell Road, Latham, NY 12110-1499

Phone: 518-782-9400

E-mail: info@nysna.org

Website: www.nysna.org

Subscription rate: \$33 per year

ISSN (Print) 1934-7588/ISSN (Online) 1934-7596

©2013, All rights reserved



Advocating for patients. Advancing the profession.SM

features

- 3..... From the President—NYSNA: My Assessment
- 4..... Caring for the storm’s victims
- 5..... After Sandy, Let’s Build Back Better
- 6-7 Nurses: The REAL Heroes of Hurricane Sandy
- 10..... Climate change and nurses
- 12..... Notice of Nominations

union news

- 11..... Kennedy assault acquittal sends wrong message
- 13..... Small town rallies for safe staffing
- 13..... Chemung County Skilled Nursing Facility residents defend care
- 13..... Members Say “Thank You, Julie”
- 14..... Vassar RNs win review and pay increases
- 14..... Rebuilding E.J. Noble
- 14..... Contract updates
- 15..... Members make a difference in this year’s elections
- 24..... RN Power in 2012

nursing practice & education

- 23..... Seven members graduate from Leadership Academy

in this issue

- 3..... Board action
- 8..... Biennial Conference Update: Nurses vote 91% to leave ANA
- 9..... The Corporate Attack on Certificate of Need
by Jill Furillo, NYSNA Executive Director
- 11..... Member Spotlight
- 16-23 NYSNA Annual Financial Report

From the **President**

By Patricia DiLillo, RN

NYSNA: My Assessment



As nurses, we all know how critical doing a good assessment is to helping our patients recover.

It's a skill you never lose. And it's a skill we can apply to our union, too.

If we haven't met, I'm Patricia DiLillo,

RN. I started out as an O/B nurse back in 1987.

This is my first column as NYSNA president. And I wanted to use it to share with you my assessment of NYSNA – the job we have to do, the obstacles in our way, and how I think we can succeed.

Our job

We've got a lot of work to do in 2013:

- **Build back better.** Sandy hit our healthcare system hard – and Mayor Bloomberg is trying to shove the crisis under the rug. We need to put pressure on the Mayor's office and other officials to build back our healthcare infrastructure – and build it back better. We need a healthcare system

based on human need, not profit.

- **Safe staffing.** I don't need to tell you how bad it is. Every nurse has a horror story. We need to step up the pressure in Albany to make safe nurse-to-patient ratios the law in the state of New York.
- **Defend public sector nurses and our public hospitals.** Thousands of nurses at HHC, at Westchester Medical Center, and at Erie County Medical Center are in the fight of their life to improve staffing, stop workplace violence, win good contracts, and defend the public sector. Their fight is our fight.
- **Get ready for bargaining.** Dozens of contracts will expire this year. And many more in 2014. We saw last year that the employers are gunning for our benefits – and we know how bad it will be for nursing and our patients if the employers get their way.

Obstacles

None of these jobs are easy. In fact, they are all incredibly hard.

People will oppose us: Some hospital administrators. Anti-union politicians.

And we have some internal obstacles, too. Many good members were fed up with the old NYSNA – and it's hard to blame them.

We can't outspend the fat cats who oppose us. And we're not going to convince every member right away that things have changed inside NYSNA.

But we're only going to win by mobilizing our greatest force – thousands of frontline nurses, speaking with one strong, united voice.

That's how we will win safe staffing and good contracts. And that's how we will get more and more members involved in our union.

Every member has a job to do

If we're going to get the job done, every member has a role to play.

Some jobs are big. Some are small. But all are important.

Imagine how much stronger NYSNA would be if we recruited 500 new leaders.

Imagine how much stronger we would be if on every unit, and every shift, nurses elected at least one nurse to represent our union.

We need to get hundreds more nurses to help lead NYSNA – to take on supervisors who don't respect our practice. To help defend members. And to lead the way to mobilize for safe staffing on our units and in Albany.

It's going to take a serious training and organizing program. And it will require nurses like you to step up and do more.

But we need every nurse to do their part. Talk to your Local Bargaining Unit leaders or your NYSNA rep. Tell them you're ready to be a part of the new NYSNA.

Together we will meet the challenges and help build back a better New York.

Board action

In its September 25, 2012 conference call the board of directors:

- established an Executive Director Search Committee
- authorized extending expense reimbursement, accordance with policy, for biennial conference attendance to newly elected board members
- authorized a \$500 contribution for a journal ad for the Brandworkers International
- developed Proposed 2012 Voting Body Standing Rules

- approved the 2012 Voting Body Proposed Order of Business

At its October 23, 2012 meeting, the board of directors:

- Ratified referenda approving NYSNA-PAC endorsements in Assembly and Senate races
- directed the Communications department to develop a summary on the ANA bylaw changes and distribute to the voting body at the 2012 biennial meeting

At its October 26, 2012 meeting, the board of directors:

- Amended the Board of Directors disciplinary policy to allow a committee of board members to serve as the hearing panel, to allow extension of time frames as needed to reasonably effectuate the policy, and to designate that the hearing rules govern over the disciplinary policy.
- Voted to disaffiliate from the American Nurses Association
- Adopted the "Resolution in support of the Lenox Hill Nurses" as adopted by the 2012 Voting Body

In its October 30, 2012 conference call, the board of directors:

- Approved rules governing the conduct of disciplinary hearings before the Board of Directors
- Made appointments to NYSNA-PAC and Committee on Finance



The NYSNA Board of Directors, during their swearing-in ceremony, at the biennial Conference in October.

Caring for the storm's victims

Nurses have responded to the storm by doing what we do best – caring.

NYSNA nurses launched a coordinated Disaster Relief campaign.

Hundreds of nurses have volunteered: staffing emergency field clinics, and going door-to-door in the hard-hit neighborhoods.

They've found thousands of New Yorkers with urgent, and unattended medical issues.

Their blood pressure meds had run out. People with asthma couldn't run their nebulizers, because they didn't have power. Homeowners were being exposed to mold and dangerous chemicals.

Here are some of their stories.



RNs, EMTs, and other volunteers at the Miller Field relief site in Staten Island.

Door-to-door in the Rockaways

Mary Fitzgerald, RN, is a nurse at Montefiore Medical Center. And on her days off, she's been volunteering with relief work in the Rockaways.

"When I went down I didn't think I would be so overwhelmed by the devastation that was out there," Mary said. "As a nurse, I'm trained to deal with shocking and difficult situations."

"I've never been in a war zone but this was as close to one as I could imagine. There were blocks of houses that I used to walk by as a kid that were gutted with fire—places I knew and loved were just wiped off the map."

"I went door to door doing medical assessments, walking up the dark halls and seeing

people who had no water and couldn't even flush their toilets. The dust and smell that was in the air was overwhelming and I had never seen so many people utterly devastated."

"At first I felt helpless. But then I saw how people were coming together doing whatever they could to help each other and it gave me hope."

In the Rockaways, NYSNA volunteers teamed up with volunteer EMTs, doctors, and community members, and Occupy Sandy.

Watch the video about NYSNA's relief work in the Rockaways at www.vimeo.com/nysna/rockaways

Volunteer!

Your nursing skills are still needed in the recovery.

Teams of nurses are staffing medical clinics and going door-to-door conducting medical assessments.

Volunteer shifts are available on Coney Island, Staten Island, and the Rockaways.

Sign up for a shift at www.nysna.org/volunteer

Two months later, the need is still there

The storm hit two months ago, but many people still have urgent medical needs.

Patricia Caridad, RN, NYSNA's relief coordinator on Staten Island sees

it every day: "It ranges everywhere from basic first aid to mental health. And a lot of respiratory problems are coming to light."

"I'm worried about the flu. It's hard to get a flu shot out here. A lot of people still can't get to their primary care physician."

And the cleanup is bringing new hazards: "Clean-up workers are getting injured."

Patricia is helping to coordinate volunteer relief work on Staten Island. Teams are going out every day – and your nursing skills are needed.



A baby, naked and shivering, saved

The baby was almost naked, cold, and shivering. Her mother was in tears.

"We got her some clothes. We got her some blankets. We got her warmed up."

That's Eileen Lappin, RN, a nurse at Staten Island University Hospital. On her day off, she was working with a team of volunteers at a Staten Island relief site.

That's just one life that nurse volunteers helped save.

Watch the video about NYSNA's relief work in Staten Island at www.vimeo.com/nysna/statenisland



After Sandy, Let's **BUILD BACK BETTER**

Wall Street was up and running two days after Sandy. But New York City's healthcare system is still in crisis.

The storm exposed the disparities of New York's healthcare system — a system where the rich get the best care on the planet, while many New Yorkers — the poor, the uninsured, people of color — struggle to get adequate care in their communities.

We don't just need to build back. We need to Build Back Better a healthcare system that works for all New Yorkers.



No excuses

"There's a real problem with access to health-care. It took two days to get Wall Street back up and running, but they can't tell us how long it will take to get Bellevue back up.

"They made a Herculean effort to rebuild Wall Street. They need to make the same Herculean effort to reopen Bellevue and Coney Island Hospitals."

Anne Bové, RN, Bellevue Hospital
HHC Executive Council and
NYSNA Secretary
Rally on City Hall Steps, Nov. 16



Free flu shots needed



"With winter upon us, a flu epidemic is a very real and dangerous possibility if we do not act now.

"That's why the Department of Health needs step up the distribution of flu vaccines in hard hit areas.

"Nurses are ready, willing, and able to help deliver those flu shots."

Patricia DiLillo, RN,
Montefiore Medical Center
NYSNA President

Press conference with NYC Public Advocate Bill de Blasio, Dec. 3

Time for action

"I've been to the Rockaways. I've walked darkened hallways, going door to door to see who needs help.

"The response from city, state, and federal officials falls short of meeting the needs of New Yorkers.

"Urgent action and greater coordination are needed to help thousands of people in desperate need."

Judy Sheridan-Gonzalez, RN
Montefiore Medical Center
NYSNA First Vice President
Rally on City Hall Steps, Nov. 16



Build Back Better

"This storm was a terrible tragedy. But we also have an opportunity — to build back a better healthcare system, one that works for all New Yorkers.

"We need to re-open our public hospitals on a safe and expedited timeline. And we need to reinvest in our public hospitals.

"We need to stop New York hospital administrators are cutting nursing staff, and make sure that every New York hospital has enough nurses to give patients good care.

"We need to stop the move to close or reduce services at community hospitals — like Interfaith in Brooklyn.

"And we need to fight for health insurance that covers all New Yorkers, and gives them access to the same level of care.

"Nurses are doing our part to recover — and build back better. It's time for Mayor Bloomberg to do his."



Marva Wade, RN, Mt. Sinai Medical Center, NYSNA Second Vice President
Rally at Senator Schumer and Gillibrand's office, Dec. 10

Sign the Build Back Better petition at bit.ly/sandypetition

For updates, like [Facebook.com/BuildBackBetterAfterSandy](https://www.facebook.com/BuildBackBetterAfterSandy)

Nurses: The REAL Heroes

Nurses responded heroically to Hurricane Sandy – in hospitals big and small, across NYC, Long Island, Westchester, New Jersey, and beyond. Here are some of their stories.

Bellevue Nurses Conduct the Most Heroic Rescue of the Storm

It was the most heroic act of the whole storm: with no power and no working elevators, Bellevue nurses safely evacuated more than 740 patients.

At first, the hospital switched to backup generators. Then those failed, too.

Nurses had to manually pump air into tiny babies from the NICU.

Nurses and other caregivers carried hundreds of patients down many, many flights of stairs.

Every patient made it out safely.

“Under that kind of pressure, everyone really came together as a team,” said Anne Bové, a Bellevue nurse and the president of the HHC Executive Council.



Kings County Hospital

Nurses at other HHC hospitals – like Kings County Hospital in Brooklyn – are helping to fill the gap left by the evacuations.

EDs were slammed. And many still are. “A lot of patients were transferred to us from Coney Island and Bellevue,” said Kings County ED nurse John Pearson, RN. “Things started to get a lot more crowded than they already were – which was already bad.”

Coney Island Hospital

Coney Island Hospital began their evacuation before the storm hit. Then the lights went out.

“On the night of the hurricane, the lights went out, and we had to work with flashlights. We had to transfer patients from the labor room to the post-partum unit, which has light,” said Doreen Horton, RN, who helped evacuate patients safely from the hospital.



— Pat Kane, RN, is a nurse at Staten Island University Hospital and an elected leader of NYSNA.

Staten Island University Hospital

“Staten Island University Hospital, where I work, is more than half a mile from the beach.

“When the storm hit, the water in the parking lot was up to people’s waists. The Fire Department had to help bring patients into the emergency room.

“Our hospital never had to evacuate. I spent most of the first week after the storm in my hospital, sleeping in shifts to care for patients.

“When I finally got outside, I was shocked at the devastation. Some neighborhoods were just wiped away.

“A week after the storm, you had people living out of cars. There were newly homeless people, just wandering the streets. But there was no one there helping to coordinate the recovery.

“That’s when nurses from our union stepped in to help – in a big way.”

of Hurricane Sandy

Roosevelt Hospital

"I came in the Sunday before the storm and left on Tuesday morning.

"We were short staffed and had a lot of acute patients. We really banded together to support each other – that's what nurses do."

— **Alberta Alexander, RN**



"I came before the storm, and I finally left the Friday after. We were sleeping seven or eight to a room a time.

"We got some very seriously ill patients from the other hospitals. Everyone's care was met. These nurses did a great job."

— **Linda Brady, RN**



"When we started getting patients from the evacuated hospitals, it was intense. Suddenly we had twelve admissions with just four nurses.

"Normally there are 17 beds on our unit. By the time I left on Friday, we had 25 patients.

"The response from the nurses was off the chart. We all pulled together for our patients."

— **Lorraine Mitchell, RN**



St. Luke's Roosevelt RNs: "Stop putting patient care at risk!"



NYSNA board member Gwen Lancaster, RN, is working with St. Luke's and Roosevelt nurses to stop the attack on patient care at their hospital.

Nurses are taking their concerns about patient care to the public.

With only two hospitals operating below 58th St. in Manhattan, the EDs at St. Luke's and Roosevelt Hospitals are slammed with patients.

Management is floating nurses to units with only one day of orientation – instead of the required three months!

SLR nurses say that with the influx of patients transferred from Bellevue and NYU Langone, and SLR's decision to force detox,

psychiatric, and pediatric nurses to adult medical/surgical floors with minimal training, administrators are putting patients at risk.

And nurses have taken their message public, passing out thousands of leaflets in front of the hospital.

They want SLR management to stop using the Sandy disaster as an excuse to violate provisions of their union contract – and to hurt patient care.

NYSNA Biennial Conference Update: Nurses vote 91% to move forward, leave the ANA

Hundreds of nurses voted by 91% to move NYSNA forward and leave the American Nurses Association.

“While we’re going forward, the ANA is moving backwards,” said Wendy Braithwaite, RN, a nurse from Montefiore Medical Center.

“Look at all the changes we’ve made over the past year. We settled dozens of contracts, covering 20,000 members. We held the line against benefit cuts. We launched a campaign – a real campaign – to win ratios.”

The vote came at the NYSNA Biennial Conference in October. Hundreds of nurses directed NYSNA’s newly-elected Board of Directors to carry out the disaffiliation in the next ten days. The next day, the board voted to disaffiliate.

This step comes after a year of attacks by the ANA on NYSNA’s new direction – including suspending NYSNA’s membership, barring NYSNA observers from a meeting that made radical changes to the ANA’s own bylaws, and demanding that we disenfranchise 300 dues-paying members.

Nurses moving NYSNA forward

Over the last year, nurses have made major democratic changes to NYSNA’s structure.

We’ve used those changes to fight for nursing and our patients like never before.

Nurses are standing up to win strong contracts and defend good benefits – settling 63 contracts covering over 23,000 members.

At HHC, Westchester Medical Center, and Erie County Medical Center, public sector nurses have launched campaigns to win strong contracts, take on workplace violence, and improve staffing.

And with an unprecedented statewide, coordinated campaign, NYSNA members have made winning safe nurse-to-patient ratios our number one priority.

With nurses getting involved in record numbers, this decision reflects their commitment to use NYSNA’s financial resources to push for good contracts, strong benefits, healthcare for all, and safe staffing.

Rona Tubon, RN, a Bellevue nurse, asked the assembled nurses: “Are you ready to make ratios the law of the land?” Hundreds of nurses thundered back “Yes!”

ANA moves in the opposite direction

“A year ago, I never thought we would leave the ANA,” Mary Fitzgerald, RN, told the crowd when she introduced the motion to disaffiliate.

“The ANA gave us no choice. They want our money – just not our voice!” Fitzgerald is a nurse at Montefiore Medical Center in the Bronx.

While nurses have been making NYSNA stronger and more democratic, the ANA has been moving in the opposite direction:

- First, they suspended NYSNA’s membership – for appointing the executive director of our choice.
- In June, the ANA House of Delegates made radical changes to their own bylaws.
- NYSNA wasn’t allowed to vote on changes. ANA wouldn’t even let our observers in the door.
- ANA reduced the size of their Board of Directors from 13 to nine – and reduced the number of seats guaranteed for bedside nurses from four to one.
- ANA cut NYSNA’s voting power in their Membership Assembly (formerly the House of Delegates) by over 20 percent.
- The ANA Committee on Bylaws informed NYSNA that its bylaws were not in compliance with ANA requirements. The ANA wanted us to strip membership and voting rights from more than 300 non-RN collective bargaining members.

NYSNA is joining the tens of thousands of other nurses who have left the ANA.

“This decision comes down to who tells us what to do – our members, or the ANA,” said Clare Miguel, RN, a nurse at Bellevue Hospital. “We will be the ones who set our future.”



“One year ago, I never thought I’d be up here, saying we should leave the ANA. The ANA has given us no choice.

“They cut the number of seats on their Board for staff nurses from four – to just one! They cut NYSNA’s voting power in the ANA by

20%!

“They wouldn’t let NYSNA vote on the changes. They wouldn’t even let our observers in the door.

“But they didn’t cut our dues. They want our money. Just not our voice.”

— Mary Fitzgerald, RN
Montefiore Medical Center



“We have done so much in the last year to make NYSNA stronger, more united. The ANA has stood in the way every chance they could get.

“They suspended us – just for picking our own executive director. They locked us out of the meeting where they made the biggest

changes in their history.

“They still don’t support legislated nurse-to-patient ratios.

“They’re going backwards. We’re going forwards.”

— Rona Tubon, RN
Bellevue Hospital

“This decision comes down to who tells us what to do – our members, or the ANA.

“We will be the ones who set our future.”

— Clare Miguel, RN
Bellevue Hospital



The corporate attack on Certificate of Need

by Jill Furillo, RN



The single strongest regulation protecting New York patients — the Certificate of Need process — is under attack! And powerful

corporate interests and private hospital chains are hoping no one notices.

In December, the Public Health and Health Planning Committee voted on new regulations that significantly water down our state's Certificate of Need process. If they get their way:

- Private hospitals will be able to close units and cut services for “unprofitable” patients – and shift the burden on to our public and community hospitals.
- For-profit hospital chains will find the door wide open to come in to our state.
- Communities and patients will be silenced when hospitals want to close services. Nurses will be laid off. Staffing will get worse.
- Our state's healthcare divide will get worse. Even more New Yorkers – especially working people, people of color, and people in rural areas – won't be able to get access to the care they need.

Nurses were at that hearing in December. They tried to speak. The so-called Public Health and Health Planning Committee refused to let us talk – while Healthcare Association of New York State (the employers' union) praised the deregulation.

But the fight is not over. Far from it.

Any change to Certificate of Need has to be approved by our lawmakers in Albany.

And you can bet they will hearing from nurses like you and me.

A Voice for Patients

I probably don't need to tell you why Certificate of Need is so important.

It gives patients, nurses, and communities a voice in decisions that could help or hurt patient care.

It's one of the few tools we have to hold big private hospitals accountable. And it's a critical protection for our public sector hospitals.

No wonder healthcare administrators are so eager to get rid of it or water it down.

They don't think patients or communities should have a voice. They want to make decisions about which units should close or stay open on their own – based only on the bottom line.

A Taste of What's to Come

Nurses and patients at St. Luke's Roosevelt got a taste of what's to come if Certificate of Need deregulation goes through.

Very quietly, after Hurricane Sandy, administrators at Manhattan's St. Luke's Roosevelt Hospital pulled a sneak attack on patient care. They eliminated an unprofitable pediatric unit and merged a detox unit into a separate substance abuse unit.

Those closures should have been subject to Certificate of Need review, but the hospital used the pretext of an emergency to cut services without input from the Harlem community or the state.

Under a weakened Certificate of Need process, that kind of unilateral, unaccountable action will become the norm.

What the Private Hospitals Want

Top tier hospitals want to be able to pick and choose what services they provide – based solely on profit.

They want to poach insured patients from public and community hospitals, and shift unprofitable patients onto our safety net facilities.

We know that's already been going on for years. If lawmakers take the teeth out of Certificate of Need, the disparities in our healthcare system will get worse – much worse.

Units will close. Nurses will be laid off. Staffing will get worse.

Public hospitals, community hospitals, their patients, and taxpayers will pay the price.

The Failed For-Profit Model

It gets worse. If lawmakers deregulate Certificate of Need, they will open the door to for-profit hospital chains.

These hospital chains have destroyed patient care in other states.

I know first-hand. I spent the last twenty years in California, taking on the for-profit chains like HCA and Tenet. They have shown again and again by their action that they will sacrifice patient care for profit – every time.

But don't just take my word on it. A recent story in *The New York Times* said that for-profit giant HCA's practices include denying emergency room care; questionable and potentially fraudulent billing practices; providing sub-standard specialty care such as dialysis; the overuse of lucrative cardiac procedures and poor nursing staff levels, resulting in pressure ulcers; infections and avoidable deaths.

We can't let them do that to New York patients.

Nurses Will Be Heard

Here's the good news. Nurses at St. Luke's Roosevelt are fighting back against the patient care cuts.

They've been reaching out to lawmakers, the press, and the public to save their units and save patient care. Thanks to their action, they've forced St. Luke's to reverse course and submit the closure to the Certificate of Need process.

I am confident that New York nurses across our state will follow their lead and fight to save Certificate of Need.

The corporate healthcare giants tried the sneak attack. They tried to silence us. But nurses will be heard.

We are going to take our concerns to Albany. We are going to let our governor and our legislators know how important Certificate of Need is. We are going to fight. I hope you will join me.

Climate change and nurses

NYSNA's own Sean Petty, RN, spoke with Phil Aroneanu, the U.S. Campaign Director and Co-Founder of 350.org.



The experience of Superstorm Sandy has made the issue of climate change a very urgent question. What is the connection between climate change and storms like Sandy?

The connection is very clear. Scientists have been warning us for years that storms like Sandy will hit major population centers like New York City. This fall, the average temperature of the Atlantic Ocean was 5 degrees warmer. This made a huge difference in terms of the size of the storm. The warmer water also impacted the Gulf Stream which pushed the storm further north into part of the country where it wouldn't normally go. In addition, the unprecedented melting of arctic ice sheets resulted in a one foot rise in the sea level. All of these factors combined to make a storm that would have normally been destructive and turn it into a complete disaster.

If climate change can have such truly devastating consequences, why do think more hasn't been done to address it?

Because the fossil fuel industry is the most powerful industry in the history of the world, many of our institutions and their decisions are rigged in their favor.

Dr. James Hansen, one of the most prominent climate scientist in the country, testified to Congress in 1988 about the disastrous conse-

quences of our continued reliance on fossil fuels and existence of global warming. From that point on, fossil fuel companies have spent millions of dollars placing doubt in the public mind about the existence of climate change.

Exxon, Shell, the Koch Brothers, who made their fortune in the fossil fuel industry, and countless others have spent millions of dollars in a massive public relations effort to stop any challenge to the dominance of their industry. The group Oil Change International has a website, dirtyenergymoney.com, where you can see how much this industry gives to both parties in Congress. It's more money than any other industry. More than even the pharmaceutical industry.

Most people would be happy to run their lives on alternative fuels. We just don't have a choice. It's too expensive right now for most people right now, and the prices of fossil fuels are artificially low.

In terms of global health, what do you think is the main impact that climate change has had and will continue to have?

There's a whole epidemiological perspective on climate change. For example, the kinds of diseases like Malaria that were normally found in tropical areas are moving north and south.

There's human health impact of the natural disasters that result from climate change, like with Sandy. When Sandy hit Haiti, it reignited a major cholera outbreak.

Coastal flood will have a major impact on sanitation systems and strain public health infrastructure. There's a lot of evidence more carbon dioxide in air results in poorer air quality, which has an impact of people with asthma and other respiratory diseases. This is in addition to the more localized impact of particulates produced by coal and gas plants and also the extraction of fossil fuels themselves. Chemicals used in hydrofracking and particulates released from mountain top removal coal mining have severe health consequences for the local areas surrounding these operations. Particulates from coal plants in China have even been carried as far as Los Angeles.

What needs to be done in both the short term and the long term to address climate change?

Eventually what we have to say is if you dump carbon emissions into the air, you have to pay.

The same way people have to pay for their trash to be disposed of properly, the same has to be true for fossil fuels. Our atmosphere is a public trust: it insures that people can live here on this planet. The companies should pay if they are abusing the atmosphere.

There's a lot of different pieces to making this happen, but mostly it's about building a movement. We can't overcome their power without millions coming together. The clean technology industry will play a role in continuing to develop more effective solar panels, wind turbines, and batteries for storing power.

The finance industry has a role to play. They need to make a choice: invest in climate sustainable enterprises or keep investing in industries that will make this planet unlivable. One of the most promising campaigns that we're involved in is trying to get universities, pension funds, churches, etc., to divest from the fossil fuel industry. This can be one of the most effective ways express the kind of outrage that exists around this issue.

What role do you think nurses and nursing unions can play in this process?

As health professionals, nurses are unique voice in the movement. You are dealing with people directly affected by health consequences of climate change. You are also the first responders in situations like the aftermath of Sandy. Families in the Rockaways suffering with no heat, no power, dealing with flooding; you can tell those stories.

Nurses and their unions have an interesting role to play in the divestment campaign. Unions have these large pension funds that are inevitably investing in fossil fuels because they are general indexed funds. Unions can take a very high profile lead in saying that they won't invest in fossil fuels any longer. As nurses, you could say that from a public health perspective, we're making our jobs harder by investing in companies that are ruining the health and well-being of our communities. Unions have influence in huge pension funds like NYCERS (the pension fund for New York City employees). Check out more information about divesting from fossil fuels at <http://Gofossilfree.org>.

Read the full interview at www.nysna.org. Find out more about the movement for climate justice – and sign up for updates – at www.350.org.

Member spotlight

When Staten Island University Hospital (SIUH) ER nurse **Nadine Simmons** saw the extent of Hurricane Sandy's devastation, the all-around



Photo courtesy of Nadine Simmons

athlete's conscience prohibited her from participating in the world famous marathon she'd spent three months training for, five times a week, including a four hour run every Sunday. A life-long competitive athlete, well-seasoned in triathalons, duathalons, half marathons and local races, this would have been her first full marathon, run in honor of her friend and fellow RN diagnosed with MS. She'd already raised \$4,000 in sponsor-

ships for the National Multiple Sclerosis Society by the time the storm hit the shores. But instead of competing, Nadine's purpose shifted to providing relief on foot, to those in the hardest hit areas. On marathon day, she rerouted her course — along with 800 other runners— delivering emergency supplies at high-speed throughout Staten Island. She picked up backpacks full of essential relief items and ran them to New Dorp High School, and spent time sorting and distributing goods throughout Brooklyn in neighborhoods torn apart by Sandy. Nadine is no stranger to changing pace. Her career with SIUH began almost ten years ago after she earned a bachelor's degree in finance, and went to work in their finance department. In the intervening

years, her father and running coach succumbed to cancer, and her life-changing experience with the hospice nurses caring for him prompted a change of lane. She embarked upon a bachelor's degree in nursing, and five years ago joined SIUH's nursing team. Not one to be easily deterred, Nadine is already planning her marathon debut in NYC in 2013.

Long Island College Hospital (LICH) RN **Elizabeth Barrow** recently made her TV debut on a segment on *Healthbeat Brooklyn*—a production by Brooklyn Independent Television—about noise reduction in hospitals, and specifically the ongoing efforts at LICH to improve noise levels. Much to the delight of the hospital's Public Affairs staff, Elizabeth, an oncology nurse, breezed through the appearance and has suggested she'd be interested in working in front of the camera again. They note Elizabeth's adaptability and desire to succeed were evident when as a Patient Care Assistant at the facility she made the decision to return to school to become an RN. She transitioned from her role as PCA to that of RN four years ago. The segment can be viewed online at www.youtube.com/watch?v=wAZkr4Kp5wg. Stay tuned to see what Elizabeth Barrow, RN, chooses to tackle next.



Nadine Simmons, (back row center) in blue, with fellow marathon runners turned volunteers.

NYSNA wants to spotlight... you!

Have you or one of your colleagues been recognized for an accomplishment, elected to office, won an award, received a grant or scholarship, launched a new venture? Tell us about it! Send name, address, phone number, and accomplishment — **E-mail to:** communications@nysna.org **or mail to:** NYSNA Communications Dept., 11 Cornell Road, Latham, NY 12110-1499.

NYSNA members say Kennedy assault acquittal sends wrong message to public

Douglas Kennedy, who was caught on camera kicking and pushing two Northern Westchester Hospital nurses in January 2012, was acquitted by a Mount Kisco judge Nov. 20.

Under state law, it is a felony in New York to assault a nurse while on duty — and the video in this case speaks for itself.

NYSNA has been very visible — and vocal — throughout this case. Members repeatedly dogged Kennedy with rallies outside the courtroom at each of the three hearings, as well as the final trial.

The nurses, who were following hospital protocol, tried to stop Kennedy from leaving the maternity unit with his two-day old son when he tried to take the child outside in January. In response, Kennedy can be seen on tape kicking one nurse and pushing the other to the ground.

"Justice was not served," said Eileen Letzeiser, NYSNA board member and RN at neighboring Westchester Medical Center, who has closely followed the case at each hearing.

"A powerful person who should be going to jail for assaulting nurses who were just trying to do their job, instead walks free without so much as a reprimand. What kind of message does that send?"



"A powerful person who should be going to jail for assaulting a nurse walks free without so much as a reprimand. What kind of message does that send?"

— Eileen Letzeiser, RN
NYSNA Board of Directors

New York State Nurses Association

NOTICE OF NOMINATIONS

NOMINATIONS

Nominations are being accepted for the following NYSNA offices and positions: President, First Vice President, Treasurer, five (5) Directors at Large, Eastern Regional Director, Southeastern Regional Director and Western Regional Director.

Nomination Forms, Consents to Serve and Candidate Statements must be submitted no later than April 1, 2013.

Terms of Office

All elected officers and directors will serve three-year terms. The terms of office for the positions listed above will begin at the conclusion of the 2013 annual meeting.

Nominations

Nominations may be submitted in writing by mail, email or fax to the Nominating Committee at the following address:

Nominating Committee
New York State Nurses Association
c/o Daniel Ray
120 Wall Street, 23rd Floor
New York, NY 10005
daniel.ray@nysna.org
Fax: 518.782-9530

Nomination Forms, Consents to Serve and Candidate Statements are available on the NYSNA website, www.nysna.org/election, and from the Nominating Committee at the above address.

Before the close of nominations (April 1, 2013), all nominated candidates must submit a written Consent to Serve form.

No member may accept nomination for or serve in more than one office.

Eligibility to Nominate

A member may self-nominate or nominate a candidate for office only if he or she is not: (1) in arrears in the payment of dues, fees and financial obligations to NYSNA; (2) a supervisor or manager within the meaning of the National Labor Relations Act; (3) a member of the NYSNA staff; (4) serving on the Nominating or Election Committee.

Eligibility to Run for Office

A member is eligible to run for office only if he or she is not: 1) in arrears in the payment of dues, fees and financial obligations to NYSNA; (2) a supervisor or manager within the meaning of the National Labor Relations Act; (3) a member of the NYSNA staff; (4) serving on the Nominating or Election Committee. While all members meeting this criteria may run for Association-wide office, only members assigned to a designated Region (available at www.nysna.org/election) may run for that Regional Director position.

Small town rallies for safe staffing

In towns big and small, nurse staffing is at a crisis point.

Communities throughout New York State must come together to demand state legislators pass a bill to limit the number of patients a nurse can be forced to take on at one time. This is why dozens of RNs from Olean General Hospital and supporters took part in a rally on Nov. 16 to support the Safe Staffing for Quality Care Act.

“There’s so much that needs to be done,” Olean General RN Kris Powell. “Educating patients and families, getting patients their pain medication, helping them to feel safe. We want to have good outcomes and not have these patients readmitted. Unfortunately – the way staffing is – ratios throughout the state can go as high as seven, eight, nine, to one.”

Joining the RNs were members of the Western New York chapter of the Civil Service Employees Association and the



Community bands together: NYSNA members were joined by local CSEA members to rally for safe staffing in Olean.

Communication Workers of America Health Care Coordinating Council.

Both Republicans and Democrats in Albany are proposing safe staffing legislation for the

upcoming session because the need has never been more urgent. An increasing number of studies are finding that safe staffing levels can save patient’s lives.

“I couldn’t have chosen a greater place!”

Residents and nurses from the Chemung County Skilled Nursing Facility say they are getting great care at their facility.

So why are some county officials trying to privatize the nursing home’s operations?

“Comparing this place with a few other facilities that I’ve visited over the years, this place is ‘A+1,’” said Bruce Flaherty, well-known local television news anchor, who’s been a resident for more than two years.

He speaks in a new video. The residents and staff attest in the video to how well the county has managed the Skilled Nursing Facility over the years – focusing on quality care and patient satisfaction.

Betty Green is a retired nurse and the daughter of a resident. She said she feels at peace with her mother’s care. “I just know that she’s getting good care here. I see it every day that I visit.”

“We have a very good reputation and it’s because it’s managed by the county,” said Kathy Banks, and RN at the facility.

“These are our family members,” adds her colleague Andrea Hall. “They may not be directly related – but everyone should be



Bruce Flaherty, Chemung County Skilled Nursing facility resident.

given the same respect we want our family given.”

“We need this place,” said one patient who’s at the home for extended therapy after a hip operation. “I really want to keep it here. I think it’s a beautiful place to be.”

The video is also basis for a television commercial and local billboards. With the new year fast approaching, the RNs are preparing for the County Legislature’s debate on privatizing the facility’s services, which is expected to come before the lawmaking body in April.

Members say “Thank You JULIE!”



JULIE PINKHAM, RN

“We’ve made the biggest changes in NYSNA in my nursing career over the last year. We couldn’t have done it without you, Julie — your leadership and passion helped point the way for a stronger NYSNA. We may not agree about baseball teams, but we can agree what’s best for nurses.”

— ANTHONY CIAMPA, RN,
NYSNA BOARD OF DIRECTORS



Vassar nurses win staffing review and pay increases

Vassar RNs stuck together and won a new contract that protects patient care.

The nurses at Vassar Brothers Medical Center have battled with management since March. On Nov. 2 they voted for a new contract that includes increases in pay and medical leave benefits, as well as a promise to maintain safe staffing guidelines at this Poughkeepsie hospital.

Staffing more closely monitored

Vassar nurses successfully bargained for staffing ratios in 2000.

New contract language will require management to meet via joint committee twice a year to thoroughly review staffing by unit and recommend safe staffing guidelines.

Increased pay, bonuses and medical leave

For each year of their contract, Vassar nurses will receive a 2 percent wage increase. Longevity bonuses were also increased for RNs with 30 or more years' experience to encourage retention.

In addition to pay raises, extended medical leave was hotly debated between the nurses and management over the eight-month negotiations. The nurses won increased time off with full healthcare coverage to recover from personal illness or injury, or to care for family members who are ill.

Bargaining Unit member Karen Moore, RN, is pleased with the new contract and says that "while the increases in pay and paid medical leave were key wins, the staffing guidelines are important gains that will make a difference for patients on our units."



Vassar nurses united in voting for a new contract that includes better benefits and pay increases.

RNs working to rebuild E.J. Noble

E.J. Noble Hospital is open again. But what's next?

For six tense weeks, the North Country town of Gouverneur had to drive 40 miles to get to the nearest hospital. That's after the New York State Department of Health shut down E.J. Noble Hospital for lab deficiencies. More than 240 hospital employees were without work.

Today, some units at E.J. Noble are back up and running, with Samaritan Medical Center in Watertown supervising the lab. RNs are working to help the hospital rebuild for the long-term future.

"We want the hospital to have a good reputation in the community," said Deborah Bates, president of the local bargaining unit.

But serious problems remain.

Because lab operations are still limited, the Health Department hasn't reopened several other units – nor brought back sufficient staff. Only a third of the bargaining unit's 30 RNs are on duty, leaving the hospital severely short staffed. Some

RNs are being assigned responsibility for up to 13 patients at one time.

When NYSNA confronted hospital CEO Charles Conole in November about short staffing, he stunned the union's representatives by replying that it was "safe and sufficient." Management's abuse and neglect of the hospital's valuable caregivers is starting to take a toll. From July 2011 to July 2012, the job turnover rate for the RN unit at E.J. Noble was 42%.

Conole has since resigned from his post. NYSNA has said it's looking forward to working with the new administration to restore the hospital's services.

"Those of us who are loyal and are committed to continue working at E.J. Noble want to do our part to make the hospital better than ever," Bates added "by focusing on what really counts – providing the best patient care for this community."



"We want the hospital to have a good reputation in the community."

— Deborah Bates, president of the local bargaining unit.

Contract updates

Cortland County

NYSNA members employed by the County of Cortland successfully fought back demands for major concessions – including a reduction of hours and the elimination of daily overtime – in their new three-year contract. Unanimously ratified on Oct. 15, the agreement protects benefit levels and provides wage increases over the life of the agreement of 4.5% for RNs on steps 1 through 7 of the salary scale and 5% for RNs on step 8. The contract runs through June 30, 2016.

New York Eye & Ear Infirmary

A new four-year contract, approved Dec. 10, will provide the 115 RNs at this Manhattan specialty hospital with an increase in base wages totaling 9% over the life of the agreement, a 3% increase in total step increases, and three new steps at the top of the experience scale. The contract also provides for improvements to differentials for education, certification, and evening and night shifts. Tuition reimbursement and the continuing education allowance will also be increased. Management will not be able to increase furlough time beyond 37.5 hours per year. The contract runs through April 30, 2016.

Eastern Niagara Hospital at Newfane

For the first time, the 60 RNs at this Western New York facility will have a dental plan, under a new three-year contract ratified on Dec. 12. The RNs' wages will increase 7% over the life of the agreement. The contract increases the employer's contribution to the defined-benefit pension plan and provides an incentive bonus for per-diem RNs.

NYSNA members make election difference

Legislators pledge safe staffing push this session

This election cycle NYSNA nurses got involved like never before – knocking on doors, making phone calls and encouraging their co-workers to vote.

We supported candidates who support safe nurse-to-patient ratios. One of those candidates, Cecilia Tkaczyk (D), was victorious after a long battle with Republican George Amedore for the newly drawn 46th Senate district in the Hudson and Mohawk Valleys. NYSNA staff and members played a significant role in Tkaczyk's victory, making phone calls, distributing literature and reminding union and community members to vote. After a court challenge to count all eligible ballots, Tkaczyk won by 19 votes.

“No matter who controls the state Senate, our fight will be a tough one,” said NYSNA President Pat DiLillo. “It’s going to take thousands of nurses and other supporters to get safe staffing passed. That’s why this election was so important.”

Other significant wins

On Nov. 4, several candidates supported by NYSNA members prevailed in their elections. These elected officials are committed to securing safe nurse staffing levels and helping nurses put their patients first.

Pat Fahy (D-Albany), who was backed early by NYSNA in a crowded primary for the 109th district Assembly seat in Albany County, went on to win by a 2 to 1 margin on Election Day. Fahy is a long-time supporter of workers’ rights and a proven healthcare ally.

Two incumbent republican senators, George Maziarz (Niagara/Orleans/Monroe) and Mark Grisanti (Niagara/Erie), won their elections by a large margin. Both senators were so concerned

with staffing at Erie County Medical Center, that they joined NYSNA members for a press conference in October in front of the facility.

In election races for Westchester, Long Island and Queens, NYSNA members walked neighborhoods with literature and encouraged their co-workers to help with phone banks to help get out the vote.

George Latimer (D-Westchester) an advocate of women’s health, bested his Republican opponent for the 37th district. Latimer’s district includes embattled Westchester Medical Center where more than 140 skilled nurses and other healthcare workers were recently laid off.

Republican Assemblyman Phil Boyle of Long Island won a hotly contested state senate race against his Democratic challenger. Boyle faces a steep challenge in helping his Long Island constituents (including many NYSNA members) get back on their feet after the storm.

Queens voted to keep senate incumbent Joseph Addabbo, Jr. (D), a friend of labor and advocate for the welfare of people in all stages of life.

Democrat Didi Barrett, of the Democrat and Working Families party, was voted to return to the 106th district assembly. Barrett represents Dutchess County where, after a long battle with management, Vassar Brothers Medical Center nurses just ratified a new three-year contract.

Voters returned Democrat David Carlucci to the 38th senate district in Rockland and Orange counties. NYSNA nurses endorsed Carlucci in a press conference in front of Nyack Hospital.

Fight just beginning

This election year, NYSNA had more of a presence than ever before – and it paid off.

Many NYSNA members went door-to-door in their communities to help get the vote out.

“Our members played a significant role in getting these key officials elected,” said Bernie Mulligan, director of NYSNA’s newly-created Political and Community Organizing Department.



Nyack Hospital RNs endorse Senator David Carlucci, a supporter of staffing ratios.



Lisa Blodgett, Ellis RN, Cecilia Tzaczyk, 46th SD candidate and Carol Ann Lemon, NYSNA Board of Directors, Ellis RN at Swearing-in of Honorable Marion Porterfield, first African-American female to sit on Schenectady City Council. Tzaczyk won a tight race for an upstate Senate seat by 19 votes.

“The groundwork has been set – now we must hold these officials accountable by making a concentrated effort to arrange visits in lawmakers’ districts and offices in Albany to keep our safe staffing campaign moving forward,” said Mulligan.

Hundreds of nurses have already volunteered to help with our Safe Staffing Campaign. If you want to help, contact NYSNA’S Political and Community Organizing Department at ext. 283 for more information.



NYSNA members and staff stand with Erie County Senator(s) Mark Grisanti and George Maziarz at a press conference in Buffalo.

Annual Report to the Members of the New York State Nurses Association Fiscal Year 2011-2012

FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT Board of Directors and Trustees New York State Nurses Association, Latham, New York

We have audited the accompanying statement of financial position of the New York State Nurses Association (a New York not-for-profit corporation) as of March 31, 2012, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the New York State Nurses Association's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the New York State Nurses Association's March 31, 2011, financial statements and, in our report dated July 1, 2011, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the New York State Nurses Association as of March 31, 2012, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information presented on pages 19 and 20 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplemental information is fairly stated in all material respects in relation to the financial statements as a whole.

Bellam Shady Taremi & Co. LLP
Albany, New York, June 29, 2012

NEW YORK STATE NURSES ASSOCIATION - STATEMENT OF FINANCIAL POSITION

ASSETS	March 31, 2012 (with comparative totals for 2011)	
	2012	2011
Cash	\$8,982,890	\$6,150,090
Accounts receivable, net	5,246,905	4,852,257
Prepaid expenses	579,909	304,297
Investments	12,930,480	12,254,669
Land, building, and equipment, net	5,103,279	5,406,229
Note receivable	3,676	10,840
Deposits	123,607	119,817
Total assets	\$32,970,746	\$29,098,199
LIABILITIES		
Accounts payable	\$2,904,659	\$1,068,917
Dues and collections payable	-	1,051,276
Accrued payroll and payroll taxes	809,605	219,112
Accrued compensated absences	1,128,698	1,009,590
Liability under swap agreement	124,662	141,078
Unearned revenues	262,579	353,337
Accrued pension cost	6,793,878	377,673
Accrued retiree health benefits	10,149,889	9,919,701
Long-term debt	1,355,610	1,490,619
	<u>23,529,580</u>	<u>15,631,30</u>
COMMITMENTS AND CONTINGENCIES		
NET ASSETS		
Unrestricted		
Undesignated	1,332,016	9,677,849
Board designated	6,005,786	2,000,000
	<u>7,337,802</u>	<u>11,677,849</u>
Temporarily restricted	2,103,364	1,789,047
Total net assets	<u>9,441,166</u>	<u>13,466,896</u>
Total liabilities and net assets	\$32,970,746	\$29,098,199

FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS, continued

NEW YORK STATE NURSES ASSOCIATION - STATEMENT OF ACTIVITIES

Year Ended March 31, 2012
(with comparative totals for 2011)

	Unrestricted	Temporarily Restricted	Total 2012	Total 2011
REVENUES, GAINS, AND OTHER SUPPORT				
Dues and service charges	\$36,216,136	\$645,289	\$36,861,425	\$36,259,346
Agency shop and nonmember service fees	920,919	-	920,919	864,539
Administrative fees	258,723	-	258,723	285,494
Meetings and workshops	529,034	-	529,034	538,024
Convention revenue	169,241	-	169,241	116,430
Investment earnings and realized gains, net	403,560	22,873	426,433	627,916
Other	427,596	11,162	438,758	418,585
Net assets released from restrictions	360,567	(360,567)	-	-
Total revenues, gains, and other support before unrealized gains on investments	39,285,776	318,757	39,604,533	39,110,334
Unrealized gains on investments	248,443	-	248,443	752,753
Total revenues, gains, and other support	<u>39,534,219</u>	<u>318,757</u>	<u>39,852,976</u>	<u>39,863,087</u>
EXPENSES AND LOSSES				
Program	24,105,332	-	24,105,332	22,146,650
Constituent	2,837,476	-	2,837,476	4,480,356
Convention	196,921	-	196,921	115,017
Administration	10,705,058	-	10,705,058	9,750,114
Total expenses	37,844,787	-	37,844,787	36,492,137
Unrealized losses on investments	-	4,440	4,440	-
Total expenses and losses	<u>37,844,787</u>	<u>4,440</u>	<u>37,849,227</u>	<u>36,492,137</u>
CHANGE IN NET ASSETS FROM OPERATIONS	<u>1,689,432</u>	<u>314,317</u>	<u>2,003,749</u>	<u>3,370,950</u>
OTHER CHANGES IN NET ASSETS				
Pension cost adjustments	(7,543,039)	-	(7,543,039)	886,870
Retiree health benefit adjustments	1,513,560	-	1,513,560	552,727
Loss recovery, net	-	-	-	(1,245)
	<u>(6,029,479)</u>	<u>-</u>	<u>(6,029,479)</u>	<u>1,438,352</u>
CHANGE IN NET ASSETS	<u>(4,340,047)</u>	<u>314,317</u>	<u>(4,025,730)</u>	<u>4,809,302</u>
NET ASSETS, beginning of year	11,677,849	1,789,047	13,466,896	8,657,594
NET ASSETS, end of year	<u>\$7,337,802</u>	<u>\$2,103,364</u>	<u>\$9,441,166</u>	<u>\$13,466,896</u>

The accompanying Notes to Financial Statements are an integral part of these statements.

NEW YORK STATE NURSES ASSOCIATION - STATEMENT OF CASH FLOWS

Year Ended March 31, 2012
(with comparative totals for 2011)

	2012	2011
CASH FLOWS PROVIDED (USED) BY OPERATING ACTIVITIES		
Change in net assets	\$(4,025,730)	\$4,809,302
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation	681,131	554,509
Unrealized gains on investments	(244,003)	(752,753)
Realized gains on investments	-	(177,551)
Reinvested dividends	(431,808)	(401,377)
Pension cost and retiree health benefit adjustments, net	6,029,479	(1,439,597)
(Increase) decrease in		
Accounts receivable	(394,648)	(423,824)
Prepaid expenses	(275,612)	(36,408)
Deposits	(3,790)	(857)
Increase (decrease) in		
Accounts payable	1,835,742	(123,606)
Dues and collections payable	(1,051,276)	(187,666)
Accrued payroll and payroll taxes	590,493	(651,496)
Accrued compensated absences	119,108	(90,279)
Liability under swap agreement	(16,416)	(9,079)
Unearned revenues	(90,758)	31,786
Accrued pension cost	(1,126,834)	(643,995)
Accrued retiree health benefits	1,743,748	1,615,037
	<u>3,338,826</u>	<u>2,072,146</u>
CASH FLOWS PROVIDED (USED) BY INVESTING ACTIVITIES		
Proceeds from sale of investments	-	5,814,268
Purchase of investments	-	(7,345,475)
Purchase of building improvements and office furnishings and equipment	(378,181)	(477,312)
Repayments of note receivable	7,164	7,164
	<u>(371,017)</u>	<u>(2,001,355)</u>
CASH FLOWS PROVIDED (USED) BY FINANCING ACTIVITIES		
Principal payments on deferred compensation	(12,420)	(12,420)
Principal payments on long-term debt	(122,589)	(113,289)
	<u>(135,009)</u>	<u>(125,709)</u>
Net increase (decrease) in cash	<u>2,832,800</u>	<u>(54,918)</u>
CASH, beginning of year	6,150,090	6,205,008
CASH, end of year	<u>\$8,982,890</u>	<u>\$6,150,090</u>
SUPPLEMENTAL CASH FLOW INFORMATION		
Cash paid during the year for		
Interest	\$104,213	\$113,888

NEW YORK STATE NURSES ASSOCIATION

NOTES TO FINANCIAL STATEMENTS

March 31, 2012 (with comparative notes for 2011)

NOTE 1 - ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

■ A. Organization

The New York State Nurses Association (NYSNA) is a not-for-profit organization incorporated in New York State during April 1902. The purpose of NYSNA is to promote the advancement of the profession of nursing for approximately 240,000 registered professional nurses throughout New York State and represents the interest of its approximately 37,500 members. NYSNA was registered as a labor union in 1957.

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

■ B. Basis of Accounting and Financial Statement Presentation

The financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) for not-for-profit organizations.

■ C. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

■ D. Fair Value Measurement

NYSNA reports certain assets and liabilities at fair value. Fair value is defined as an exchange price that would be received for an asset or paid to transfer a liability (an "exit" price) in the principal or most advantageous market for the asset or liability between market participants on the measurement date (Note 13).

■ E. Accounts Receivable, Net

Accounts receivable are carried at original invoice amounts less an estimate made for doubtful receivables based on a review of all outstanding amounts on a monthly basis. Management determines the allowance for doubtful accounts, by identifying troubled accounts and by using historical experience applied to an aging of accounts. NYSNA's allowance for doubtful accounts was \$0- and \$21,000 at March 31, 2012 and 2011, respectively.

Receivables are written off when deemed uncollectible. Recoveries of receivables previously written off are recorded as revenue when received.

A receivable is considered past due if any portion of the receivable balance is outstanding for more than 120 days. NYSNA does not charge interest on any past due receivables.

F. Investments

NYSNA accounts for its investments at fair value. Realized gains and losses on the sale of investments and unrealized gains and losses are determined using the specific identification method. Management evaluates securities for other-than-temporary impairment on a monthly basis, and more frequently when economic or market concerns warrant such evaluation. Consideration is given to (1) the length of time and the extent to which the fair value has been less than cost, (2) the financial condition and near term prospects of the issuer, and (3) the intent and ability of NYSNA to retain its investments in the issuer for a period of time sufficient to allow for any anticipated recovery in fair value. There were no other-than-temporary impairments as of March 31, 2012 and 2011.

G. Land, Building, and Equipment, Net

Acquisition of land, building, and equipment and expenditures which materially change capacities or extend useful lives are reported at cost, net of accumulated depreciation. Routine maintenance and repairs and minor replacement costs are charged to expense as incurred. When land, building, and equipment are retired or otherwise disposed of, the appropriate accounts are relieved of costs and accumulated depreciation, and any resultant gain or loss is included in NYSNA's change in net assets.

Depreciation is provided for in amounts to relate the cost of depreciable assets to expenses over their estimated useful lives on the straight-line method. The estimated lives used in determining depreciation vary from three to twenty-five years.

Long-lived assets to be held and used are tested for recoverability whenever events or changes in circumstances indicate that the related carrying amount may not be recoverable. When required, impairment losses on assets to be held and used are recognized based on the excess of the asset's carrying amount over the fair value of the asset. There were no impairments of long-lived assets as of March 31, 2012 and 2011.

H. Dues and Collections Payable

Dues and collections payable are dues collected and/or to be collected, but not yet remitted, from NYSNA members on its assessments to the American Nurses Association (ANA) during the years ended March 31, 2012 and 2011. During 2011, NYSNA was suspended from the ANA (Note 11).

NYSNA was a founding member of the National Federation of Nurses (NFN). NYSNA members were part of the constitution committee along with the Nurses Associations of Ohio, Oregon, Montana, New Jersey, and Washington State. The primary purpose of the NFN is to assist member nursing labor organizations, and to establish and implement an effective labor agenda that supports and advances the economic and general welfare, workplace conditions, and practice of registered nurses through collective bargaining and shared decision making. During 2012, NYSNA disaffiliated from the NFN (Note 11).

I. Net Assets

All revenues are considered to be available for unrestricted use unless specifically restricted. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a restriction is satisfied or expires, temporarily restricted net assets are reclassified to unrestricted net assets. However, if a restriction is fulfilled in the same time period in which the contribution is received, NYSNA reports the support as unrestricted. NYSNA did not have any permanently restricted net assets as of March 31, 2012 and 2011.

Unrestricted, undesignated net assets represent resources available for support of NYSNA's operations over which the Board has discretionary control.

Unrestricted, Board designated net assets represent resources restricted by the Board for the future purchase of office space in a building in New York City (Note 14).

Temporarily restricted net assets represent resources that must be used for purposes specified by the donor or the passage of time. When the restriction on these assets expires, temporarily restricted net assets are reclassified as unrestricted net assets (Note 8).

J. Revenue Recognition

Dues are recognized in the period for which they relate.

Revenues from conventions, meetings, and workshops are recognized in the period the event takes place.

Unearned revenue represents members' dues and grant funds received in advance of the period in which they have been earned.

K. Advertising

Advertising costs are expensed when incurred. Advertising costs were approximately \$1,214,900 and \$420,700 for the years ended March 31, 2012 and 2011, respectively.

L. Tax Status

NYSNA is exempt from income tax under Section 501(c)(5) of the Internal Revenue Code.

NYSNA files a Form 990 annually with the Internal Revenue Service. When annual returns are filed, some tax positions taken are highly certain to be sustained upon examination by the taxing authorities, while other tax positions are subject to uncertainty about the technical merits of the position or amount of the position's tax benefit that would ultimately be sustained. Management evaluated NYSNA's tax positions, including interest and penalties attributable thereto, and concluded that NYSNA had taken no tax positions that required adjustment in its financial statements as of March 31, 2012 and 2011.

Forms 990 filed by NYSNA are subject to examination by taxing authorities. NYSNA is no longer subject to tax examination for the fiscal years ended March 31, 2007, and prior.

M. Comparative Totals Summarized Financial Information for 2011

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with GAAP. Accordingly, such information should be read in conjunction with NYSNA's financial statements for the year ended March 31, 2011, from which the summarized information was derived.

N. Subsequent Events

NYSNA has evaluated subsequent events that provide additional evidence about conditions that existed at the financial statement date through June 29, 2012, the date the financial statements were available to be issued.

NOTE 2 - INVESTMENTS

A summary of NYSNA's investments is as follows:

	March 31, 2012			
	Original Cost	Unrealized Gains	Unrealized Losses	Fair Value
Mutual funds	\$11,266,930	\$1,587,776	\$(92,764)	\$12,761,942
Corporate bonds	160,667	8,429	(558)	168,538
	<u>\$11,427,597</u>	<u>\$1,596,205</u>	<u>\$(93,322)</u>	<u>\$12,930,480</u>
	March 31, 2011			
	Original Cost	Unrealized Gains	Unrealized Losses	Fair Value
Mutual funds	\$10,834,930	\$1,342,909	\$(87,321)	\$12,090,518
Corporate bonds	159,821	5,879	(1,549)	164,151
	<u>\$10,994,751</u>	<u>\$1,348,788</u>	<u>\$(88,870)</u>	<u>\$12,254,669</u>

A summary of investment earnings, net, is as follows:

	Years Ended March 31,	
	2012	2011
Dividends and interest	\$444,914	\$475,326
Net realized gains	-	177,551
Investment fees	(18,481)	(24,961)
	<u>\$426,433</u>	<u>\$627,916</u>

NOTE 3 - LAND, BUILDING, AND EQUIPMENT, NET

A summary of NYSNA's land, building, and equipment, net, is as follows:

	March 31,	
	2012	2011
Land	\$1,297,202	\$1,297,202
Building	7,502,883	7,354,933
Office furnishings and equipment	5,047,933	4,817,702
	<u>13,848,018</u>	<u>13,469,837</u>
Less accumulated depreciation	8,744,739	8,063,608
	<u>\$5,103,279</u>	<u>\$5,406,229</u>

FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS, continued

NOTE 4 - NOTE RECEIVABLE

NYSNA has an unsecured, non-interest bearing, note receivable of approximately \$3,700 and \$10,800 from the Foundation of the New York State Nurses Association, Inc. at March 31, 2012 and 2011, respectively. NYSNA receives monthly principal installments of approximately \$600. The note matures during October 2012.

NOTE 5 - LINE-OF-CREDIT

NYSNA has available a \$1,000,000 unsecured line-of-credit with KeyBank National Association (KeyBank), of which \$0- was outstanding at both March 31, 2012 and 2011. The current line-of-credit is renewable October 31, 2012. Interest is charged at the KeyBank base rate (3.25% at March 31, 2012 and 2011) or at LIBOR plus 2.25% (2.49% at March 31, 2012 and 2011), at the election of management. The line-of-credit requires NYSNA to maintain a zero balance for 30 consecutive days during an annual period as well as certain filing requirements.

NOTE 6 - LONG-TERM DEBT

A summary of NYSNA's long-term debt follows:

	<u>2012</u>	<u>March 31, 2011</u>
KeyBank National Association		
Payable in monthly installments of \$9,843, plus interest at LIBOR plus 240 basis points (2.64% and 2.66% at March 31, 2011 and 2010, respectively), set to mature November 2014 (a)(b)(c)	\$1,282,503	\$1,404,331
Deferred Compensation Former Employee		
Payable in monthly installments of \$1,500, including interest at 6%, maturing November 2016 (d)	73,107	86,288
	<u>\$1,355,610</u>	<u>\$1,490,619</u>

- (a) Secured by the land, building, and equipment.
- (b) NYSNA has an interest rate swap agreement to reduce the impact of changes in interest rates on its floating rate loan. The agreement has a total notional principal amount of approximately \$1,283,000 and \$1,404,000 at March 31, 2012 and 2011, respectively. The agreement effectively changes NYSNA's interest rate exposure on its floating rate to a fixed 7.29%. The swap agreement matures at the time the related notes mature. NYSNA is exposed to credit loss in the event of nonperformance by the counter parties to the interest rate swap agreement. However, NYSNA does not anticipate nonperformance by the counter parties. The estimated fair value of the swap agreement was a liability of approximately \$124,700 and \$141,100 at March 31, 2012 and 2011, respectively (See Note 14). The loan agreement requires NYSNA to meet certain covenants and as of March 31, 2012, NYSNA was in violation of one of its financial covenants.
- (c) During May 2012, NYSNA paid off the remaining principal balance of the loan and the interest rate swap agreement.
- (d) Assumes an average life expectancy of 75 years of age.

A summary of NYSNA's future minimum maturities of long-term debt follows:

For the year ending March 31,	2013	\$1,296,497
	2014	14,857
	2015	15,774
	2016	16,747
	2017	11,735
		<u>\$1,355,610</u>

NOTE 7 - SEVERANCE

NYSNA incurred approximately \$1,236,300 in severance expense related to several former employees, of which approximately \$748,900 was paid during the year ended March 31, 2012. The remaining balance of approximately \$487,400 is expected to be paid during the year ending March 31, 2013, and is included herein as "Accrued payroll and payroll taxes."

NOTE 8 - TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets represent funds restricted for the operations of the Political Action Committee (PAC), the Protected Action Fund (PAF), and Academic Scholarship Pre/Post Registered Nurse (RN) Students. PAC was formed to support state political candidates in the form of campaign contributions. PAF was formed to provide support for bargaining units engaged in labor activities. The Secor Scholarship represents a bequest received from a retired RN to provide scholarships for pre/post RN students.

Temporarily restricted net assets consist of the following:

	<u>2012</u>	<u>March 31, 2011</u>
PAC operations	\$345,237	\$217,131
PAF operations	1,522,756	1,329,045
Secor Scholarship	235,371	242,871
	<u>\$2,103,364</u>	<u>\$1,789,047</u>

NOTE 9 - PENSION PLAN

NYSNA has a noncontributory, defined benefit pension plan covering substantially all of its employees. Benefits are based on the employee's years of service and the employee's compensation. NYSNA's funding policy is to contribute annually an amount within ranges established by the Employee Retirement Income Security Act (ERISA) of 1974. NYSNA uses the Projected Unit Credit Actuarial Cost Method to determine its annual contribution to the pension plan. The Plan's assets are held in Mellon Financial's general account and consist primarily of cash equivalents, equity securities, and fixed income securities. NYSNA's funding policy is to contribute funds to a trust as necessary to provide for current service and for any unfunded projected benefit obligations over a reasonable period as actuarially determined by Milliman Consultants and Actuaries (Milliman), the Plan's consulting actuary for the years ended March 31, 2012 and 2011. To the extent that these requirements are fully covered by assets in the trust, a contribution may not be necessary in a particular year.

NYSNA recognizes the overfunded or underfunded status of a single-employer defined benefit postretirement plan as an asset or liability in its statement of financial position and recognizes changes in that funded status or changes in unrestricted net assets in the year in which the changes occur, and measures the funded status of a plan as of the date of its year-end statement of financial position.

	<u>2012</u>	<u>March 31, 2011</u>
Projected benefit obligation	\$45,221,663	\$35,698,048
Fair value of plan assets	38,427,785	35,320,375
Funded status at end of year	<u>\$(6,793,878)</u>	<u>\$(377,673)</u>
Amounts recognized on the statement of financial position consist of:		
	<u>2012</u>	<u>March 31, 2011</u>
Accrued pension liability	<u>\$6,793,878</u>	<u>\$377,673</u>

The following are weighted-average assumptions used to determine benefit obligations:

	<u>2012</u>	<u>March 31, 2011</u>
Discount rate	5.03%	6.10%
Rate of compensation increase	3.00%	3.00%

The following are weighted-average assumptions used to determine the net pension cost:

	<u>2012</u>	<u>March 31, 2011</u>
Discount rate	6.10%	6.50%
Expected return on assets	7.25%	7.50%
Rate of compensation increase	3.00%	3.00%

Participants not covered by the Communication Workers of America (CWA) Collective Bargaining Agreement are assumed to retire at age 62 with a minimum of 10 years of service (early retirement assumes age 60 with a minimum of 3 years of service). Participants covered by the CWA Collective Bargaining Agreement are assumed to retire at age 65 with a minimum of three years of participation (early retirement assumes age 60 with a minimum of three years of service or age 55 with a minimum of 10 years of service).

FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS, continued

The Plan's investments by asset category are as follows:

Asset Category	March 31,	
	2012	2011
Equity securities	60.70%	61.60%
Debt securities	37.60%	38.10%
Other	1.70%	0.30%
	<u>100.00%</u>	<u>100.00%</u>

Management of the Plan's assets is designed to maximize total return (income plus capital change) while preserving the capital values of the funds, protecting the funds from inflation, and providing liquidity as needed for Plan benefits. NYSNA's Plan trustees determine the specific investments held by the Plan and promote a reasonable degree of diversification. The investments are reviewed at least annually.

The fair value of NYSNA's pension plan assets follows. The inputs and valuation techniques used to measure the fair value are described in Note 14.

	March 31, 2012			
	Level 1	Level 2	Level 3	Total
Pension plan assets				
Cash and cash equivalents	\$670,998	\$ -	\$ -	\$670,998
Mutual funds				
Fixed income funds	14,445,440	-	-	14,445,440
Growth funds	23,311,347	-	-	23,311,347
	<u>\$38,427,785</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$38,427,785</u>
	March 31, 2011			
	Level 1	Level 2	Level 3	Total
Pension plan assets				
Cash and cash equivalents	\$126,515	\$ -	\$ -	\$126,515
Mutual funds				
Fixed income funds	13,456,276	-	-	13,456,276
Growth funds	21,737,584	-	-	21,737,584
	<u>\$35,320,375</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$35,320,375</u>
	March 31,			
	2012		2011	
Benefit cost	<u>\$1,783,056</u>		<u>\$2,062,221</u>	
Employer contributions	<u>\$2,909,889</u>		<u>\$2,706,216</u>	
Benefits paid	<u>\$1,372,125</u>		<u>\$1,151,677</u>	
Accumulated benefit obligation	<u>\$38,795,170</u>		<u>\$32,675,769</u>	

The following benefit payments, which reflect expected future service as appropriate, are expected to be made to participants:

2013	\$1,329,182
2014	1,501,386
2015	1,707,478
2016	2,058,327
2017	2,211,902
2018 through 2022	14,174,077
	<u>\$22,982,352</u>

NYSNA expects to contribute \$2,500,000 to the Plan during the year ending March 31, 2013.

NOTE 10 - ACCRUED RETIREE HEALTH BENEFITS

NYSNA offers certain retiree health benefits at partial cost to both union (represented) and non-union (unrepresented) employees which varies based on years of service. NYSNA is bound to provide retiree health benefits only for the duration of the respective collective bargaining agreements. Any obligation on NYSNA following the expiration of each agreement will be based on the collective bargaining negotiations between NYSNA and the union's successor agreements. If the obligation is to continue for past, current, or future employees, the successor agreements will have to so indicate. The benefits for the unrepresented employees are based on the benefits negotiated by the unions. NYSNA and the unions are free to reopen the retiree health issue during the term of the respective collective bargaining agreements upon mutual agreement of the parties.

The unfunded projected benefit obligations are actuarially determined by Milliman Consultants and Actuaries, the Plan's consulting actuary.

	Years Ended March 31,	
	2012	2011
Projected benefit obligation	<u>\$10,149,889</u>	<u>\$9,919,701</u>

Amounts recognized in the statement of financial position consist of:

	March 31,	
	2012	2011
Accrued retiree health liability	<u>\$10,149,889</u>	<u>\$9,919,701</u>

The effect of a one-percentage point increase in the assumed health care cost trend rates for each future year on the accumulated postretirement obligation for health care benefits and the aggregate of the service and interest cost components of the net periodic postretirement health care benefit cost is as follows:

	March 31, 2012	
	Postretirement Benefit Obligation	Service Cost plus Interest Cost
At trend	\$10,149,889	\$1,357,907
At trend + 1%	11,801,082	1,620,016
Dollar impact	1,651,193	262,109
Percentage impact	16.27%	19.30%
At trend - 1%	8,809,351	1,149,523
Dollar impact	(1,340,538)	(208,384)
Percentage impact	-13.21%	-15.35%

	March 31, 2011	
	Postretirement Benefit Obligation	Service Cost plus Interest Cost
At trend	\$9,919,701	\$1,204,995
At trend + 1%	11,607,015	1,427,920
Dollar impact	1,687,314	222,925
Percentage impact	17.01%	18.50%
At trend - 1%	8,562,456	1,026,955
Dollar impact	(1,357,245)	(178,040)
Percentage impact	-13.68%	-14.78%

	March 31,	
	2012	2011
Benefit cost	<u>\$1,981,574</u>	<u>\$1,828,662</u>
Employer contributions	<u>\$237,825</u>	<u>\$213,625</u>
Benefits paid	<u>\$237,825</u>	<u>\$213,625</u>

The following are weighted-average assumptions used to determine benefit obligations:

	March 31,	
	2012	2011
Discount rate	<u>5.03%</u>	<u>6.10%</u>

The following benefit payments, which reflect expected future service as appropriate, are expected to be paid:

2013	\$281,278
2014	344,853
2015	425,336
2016	445,066
2017	482,260
2018 through 2022	2,625,271
	<u>\$4,604,064</u>

NOTE 11 - RELATED PARTY TRANSACTIONS

NYSNA provides management, facilities, and personnel services to the New York State Nurses Association Welfare Plan and the Westchester County New York State Nurses Association Welfare Plan. The reimbursement to NYSNA for these services was approximately \$186,500 and \$185,900 for the years ended March 31, 2012 and 2011, respectively.

NYSNA had an agreement to provide management, facilities, and personnel services to the NFN. The agreement requires the NFN to pay \$50,000 and was reviewed annually. The reimbursement to NYSNA for these services was approximately \$42,300 and \$50,000 for the years ended March 31, 2012 and 2011, respectively. In addition, NYSNA paid monthly dues to the NFN, which totaled approximately \$981,000 and \$885,600 for the years ended March 31, 2012 and 2011, respectively. During January 2012, NYSNA disaffiliated from the NFN.

NYSNA paid an assessment to the ANA for membership privileges which are based on a percentage of member dues collected by NYSNA. During July 2008, the ANA started rebating a portion of the dues assessment back to NYSNA. The rebate program is scheduled to end December 31, 2011. The assessments, net of rebates, totaled approximately \$1,815,500 and \$3,553,000 for the years ended March 31, 2012 and 2011, respectively, and are recorded herein as "constituent expenses." During December 2011, the ANA filed disciplinary charges against NYSNA claiming dual unionism. These charges resulted in NYSNA being suspended from constituent member status for one year beginning on the date the charges were filed. During this suspension period, NYSNA is not expected to pay any dues to the ANA.

NYSNA has a reciprocal agreement with the New Jersey State Nurses Association (NJSNA) for registered nurses working in that state covered under a NYSNA collective bargaining agreement, which is nonmandatory for members. During October 2011, the Board of Directors of NJSNA terminated this agreement. NJSNA members will continue to be represented by NYSNA. NYSNA paid assessments to NJSNA of approximately \$35,600 and \$32,700 for the years ended March 31, 2012 and 2011, respectively.

NOTE 12 - COMMITMENTS AND CONTINGENCIES

a. Operating Leases

NYSNA has entered into various lease agreements for the use of office space and equipment. These leases require monthly payments ranging in various amounts up to a maximum of approximately \$40,000 per month and expire at various times between April 2012 through May 2019. NYSNA also rents various equipment on a month-to-month basis. These leases are reported herein as "operating leases."

NYSNA has a three and one-half year sublease agreement for the use of certain office space in its New York City location, expiring February 2013. The sublessee is required to pay current monthly rental payments of approximately \$5,900, subject to annual 3% increases.

A summary of the future minimum lease and sublease payments are as follows:

	Lease Payments	Sublease Payments
For the year ending March 31, 2013	\$994,087	\$66,039
For the year ending March 31, 2014	129,085	-
For the year ending March 31, 2015	89,994	-
For the year ending March 31, 2016	19,335	-
For the year ending March 31, 2017	15,660	-
Thereafter	34,370	-
	<u>\$1,282,531</u>	<u>\$66,039</u>

Total rent expense on these operating leases, net of sublease revenue, was approximately \$991,500 and \$970,600 for the years ended March 31, 2012 and 2011, respectively.

b. Professional Agreements

NYSNA has an agreement with Cohen, Weiss and Simon, LLP to provide general legal advice and consultation in both the private and public sector. The agreement expires in May 2012 and will continue thereafter until modified. The agreement requires NYSNA to pay \$75,000 per month, plus out-of-pocket expenses.

NYSNA had an agreement with Spivak Lipton, LLP to provide general legal advice and consultation in both the private and public sector. The agreement expired in March 2012 and was not renewed. The agreement required NYSNA to pay \$75,000 per month, plus out-of-pocket expenses.

NYSNA also has an agreement with Malkin and Ross to provide services on behalf of the Governmental Affairs Program by lobbying, providing strategic advice, helping mobilize stakeholders, conducting outreach to allied organizations, and generally assisting NYSNA to educate the public, opinion leaders, legislators, and executive agency officials on issues relevant to the nursing profession in New York State. The current agreement expires in March 2013 and requires NYSNA to pay \$14,569 per month, plus out-of-pocket expenses not to exceed \$10,000 during the period.

c. Concentration of Credit Risk

NYSNA maintains cash balances in various financial institutions located in the Northeast. Accounts at these institutions are insured, up to certain limits, by the Federal Deposit Insurance Corporation (FDIC). At times, NYSNA has bank deposits in excess of the amounts insured by the FDIC.

d. Grants

PAF has issued grants to seven and four bargaining units for various advertising costs as of March 31, 2012 and 2011, respectively.

A summary of those grants is as follows:

	2012	March 31, 2011
Grants issued	\$414,761	\$280,000
Expended	111,524	93,227
Remaining unexpended commitments	<u>\$303,237</u>	<u>\$186,773</u>

NYSNA issued \$320,547 of new grants to three bargaining units from April 1, 2012 through June 29, 2012.

e. Legal Actions

NYSNA is involved in several legal actions. In the opinion of management and counsel, the ultimate amounts, if any, required to settle such litigation are not expected to have a material effect on the financial condition of NYSNA.

NOTE 13 - FAIR VALUE OF FINANCIAL INSTRUMENTS

NYSNA determines the fair value of financial instruments based on the fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The following three levels of inputs may be used to measure fair value:

Level 1 Unadjusted quoted market prices in active markets for identical assets or liabilities.

Level 2 Observable inputs other than quoted market prices and can include active markets and markets not considered to be active.

Level 3 Unobservable inputs that are supported by little or no market activity.

Fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of valuation methodologies used for assets measured at fair value at March 31, 2012:

Cash and Cash Equivalents: The carrying amounts approximate fair value because of the short maturity of these short instruments.

Mutual Funds: Valued at the closing price reported in the active market in which the individual security is traded.

Corporate Bonds: Valued at yields currently available on comparable securities of issuers with similar credit ratings. The bonds are valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Liability Under Swap Agreement: The fair value of the swap agreement is estimated by discounting the expected future cash flows using relevant mid-market data inputs and based on assumptions of no unusual market conditions or forced liquidation.

FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS, continued

The following table summarizes NYSNA's major classifications of assets and liabilities measured at fair value on a recurring basis:

		March 31, 2012			
		Level 1	Level 2	Level 3	Total
Assets					
Mutual funds					
Fixed income funds					
Corporate bonds		\$3,436,271	\$ -	\$ -	\$3,436,271
U.S. Government Funds		2,375,174	-	-	2,375,174
Growth Funds		6,950,497	-	-	6,950,497
Corporate bonds		-	168,538	-	168,538
		<u>\$12,761,942</u>	<u>\$168,538</u>	<u>\$ -</u>	<u>\$12,930,480</u>
Liabilities					
Liability under swap agreement					
		\$ -	\$124,662	\$ -	\$124,662
		March 31, 2011			
		Level 1	Level 2	Level 3	Total
Assets					
Mutual funds					
Fixed income funds					
Corporate bonds		\$3,278,735	\$ -	\$ -	\$3,278,735
U.S. Government Funds		2,119,050	-	-	2,119,050
Growth Funds		6,692,733	-	-	6,692,733
Corporate bonds		-	164,151	-	164,151
		<u>\$12,090,518</u>	<u>\$164,151</u>	<u>\$ -</u>	<u>\$12,254,669</u>
Liabilities					
Liability under swap agreement					
		\$ -	\$141,078	\$ -	\$141,078

NOTE 14 - SUBSEQUENT EVENTS

Purchase Commitment

During May 2012, NYSNA entered into a contract purchase agreement of approximately \$11,420,000 and placed a down payment of approximately \$1,142,000, for two (2) floors of office space on 131 West 33rd Street in New York City with HS West 33rd Street Holdings LLC. The closing on this office space is expected to be completed during the fourth quarter of 2012 and occupancy is expected in early 2013. In addition to the down payment, NYSNA plans to expend an additional \$6,400,000 to cover various closing costs and for renovations. The remaining balance of approximately \$10,000,000 is expected to be financed with bank debt over ten years with a twenty-year amortization. This new office space will replace the current space being leased at 120 Wall Street.

NEW YORK STATE NURSES ASSOCIATION - SUPPLEMENTAL INFORMATION UNRESTRICTED REVENUES — March 31, 2012 (with comparative totals for 2011)

	2012	2011
Dues and service charges	\$36,216,136	\$35,611,014
Agency shop and nonmember service fees	920,919	864,539
Administrative fees		
New York State Nurses Association Welfare Plan	175,000	175,000
Westchester County New York State Nurses Association Welfare Plan	11,456	10,894
Political Action Committee	12,000	31,600
Protected Action Fund	18,000	18,000
National Federation of Nurses	42,267	50,000
	<u>258,723</u>	<u>285,494</u>
Meetings and workshops	529,034	538,024
Convention revenues	169,241	116,430
Investment earnings, net	403,560	607,362
Other revenue		
Continuing education fees	22,474	67,836
Conference revenue, net	117,072	98,055
Credit card revenue	147,712	124,522
Publications		
Advertising	29,630	34,905
Subscriptions	1,159	2,273
Miscellaneous	109,549	82,333
	<u>427,596</u>	<u>409,924</u>
Net assets released from restrictions	360,567	550,294
	<u>\$39,285,776</u>	<u>\$38,983,081</u>

The accompanying Notes to Financial Statements are an integral part of these statements.

**NEW YORK STATE NURSES ASSOCIATION - SUPPLEMENTAL INFORMATION
EXPENSES— Year Ended March 31, 2012 (with comparative totals for 2011)**

	2012	2011
Program expenses		
Communications and publications	\$1,042,564	\$1,079,787
Depreciation	602,921	497,651
Economic and general welfare	18,745,585	17,073,673
Membership services	449,989	425,302
Education practice and research	1,351,084	1,290,933
Meeting convention planning	484,253	453,625
Library	444,939	436,787
Governmental affairs	983,996	888,890
SPAN, net	1	2
	<u>24,105,332</u>	<u>22,146,650</u>
Constituent	<u>2,837,476</u>	<u>4,480,356</u>
Convention	<u>196,921</u>	<u>115,017</u>
Administrative expenses		
Corporate committees and matters	155,395	133,018
Information systems	1,420,509	1,347,988
Depreciation	78,210	56,858
General and administration	6,653,881	6,142,262
Political Action Committee	97,351	285,709
Protected Action Fund	170,166	156,051
Special services	2,129,546	1,628,228
	<u>10,705,058</u>	<u>9,750,114</u>
	<u>\$37,844,787</u>	<u>\$36,492,137</u>

The accompanying Notes to Financial Statements are an integral part of these statements.

Seven NYSNA members graduate from leadership academy

At the October 23, 2012 Pre-Convention Board of Directors meeting, seven NYSNA members were awarded certificates of completion for their participation in the 2011-12 Leadership Academy Program.

Graduating from the Tier II Fellows Program were:

- Sarah Buckley, BSN, RN, Buffalo General Hospital, Buffalo
- Kagren Gayle, BSN, RN, New York Presbyterian Hospital, NYC
- Rebecca Lippner, BSN, RN, Erie County Medical Center, Buffalo
- Janet Mackey, MS, RN, Coney Island Hospital, NYC

Graduating from the Tier III Graduate Program were:

- Donna Florkiewicz, RN, CCRN-CMC, CSC Ellis Hospital, Schenectady
- Vicky S.T. Smith, MS, RN, Finger Lakes Donor Recovery Network, Syracuse
- Nathan Sull, BSN, RN, Erie County Medical Center, Buffalo

For more than a decade, the Leadership Academy Fellows Program has prepared NYSNA members to assume positions of influence within their professional association. Viewed as the “passageway into distinction of nursing leadership,” many graduates of the program have served on the NYSNA Board of Directors, the ANA House of Delegates, executive committees of local

bargaining units, the Delegate Assembly, council offices, and district nurses associations’ boards and committees.

The Leadership Academy is an excellent opportunity to increase and enhance the leadership skills expected of today’s professional nurse. Increasingly, members are asked to take on leadership roles in their work settings, at NYSNA, and in their communities. This program helps prepare nurses to assume those leadership roles.

Applications for the Leadership Academy Program are accepted from January 1 through April 30 of each year. If you would like more information about the program, please contact Betsy Herlihy in Nursing Education and Practice at 518-782-9400 ext. 282.

RN Power in 2012



January/February. Employers demand steep benefit cuts. At hospitals big and small, over ten thousands of RNs stick together, put forward a credible strike threat, and beat the worst concessions.

April. Nurses reverse the terrible arbitration decision that required many NYSNA nurses to pay for their healthcare benefits.

May. More than 2,500 nurses meet at the Jacob Javits Center and vote for changes that give frontline nurses direct control over our union for the first time ever.

June. Nurses hold rallies and file staffing grievances in every HHC hospital – demanding management add RNs on the worst-staffed units.

July. More than 300 nurses and reps from a dozen other organizations set the strategy to win safe nurse-to-patient ratios at the NYSNA Staffing Summit.

September. Nurses vote by 80 percent to elect new NYSNA officers – officers who support the transformation of NYSNA into one strong, united voice.

October. At the biggest NYSNA convention in a decade, nurses vote by 91% to set our own course and leave the ANA.

November. In the hard-hit areas, hundreds of nurses go door-to-door and staff clinics. NYSNA joins with other caregivers to launch a campaign to Build Back Better, New York's healthcare system. The contract covering 8,000 HHC nurses heads to arbitration.