1988

Advisory Council - Meeting Reports; Series I; File 3

Juanita Hunter

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#3 ADVISORY COUNCIL MEETING REPORTS

### Executive Council

- Multi-Agency Committee: Expanding. April 15, 2023
- Memo by Jeff on new objective: Rebuilding Community
- Brief on local initiatives, followed by group discussion

### Student Council

- Presentation of student council's recent activities and achievements
- Discussion on student involvement and community service opportunities

### Committee of Advisors

- Update on student progress and development
- Review of upcoming events and initiatives

### Nominations

- Candidate for student council positions announced
- Ballot to be distributed on May 1st

### Adjournment

- Meeting adjourned at 5:30 PM

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**Notes:**

1. Student council meeting minutes available online.
2. New ideas and updates about upcoming events.
3. Important dates and deadlines noted.
4. Follow-up meeting scheduled for next week.
The Senate Majority Task Force on
SUBURBS in TRANSITION
Senator Michael J. Tully, Jr., Chairman

WITNESS LIST FOR NURSING HEARING 2/18/88

Can nurses reject apparent on the basis of economics? Why?
In the right? (Col. Bucky)

George Sinnott
Representative for Tom Gulotta
Nassau County Supervisor

Ms. Christine Delanore
New York State Nurses Association
2113 Western Ave.
Guilderland, New York 12084
(518) 436-5371

Dr. Sean Fanelli, Pres.
NCCF
Garden City, NY 11530

Dr. Anne P. Christian
Chairman, Nursing Dept.
NCCC
Garden City, NY 11530

Cathy Mortendorf
Director of Nursing
Nassau County Med. Ctr.

Ms. Barbara Malon
Executive Director, Dist 14 (Nassau Cty.)
New York State Nurses Association
Room 124
1 Hanson Place
Brooklyn, New York 11238
(718) 855-3939

Harriett Rosenman, RN
Hempstead General Hospital
Med. Ctr.
800 Front St.
Hempstead, NY
(516) 560-1289

Anne Marie Gengo
Graduate Nursing Program
Stony Brook
Stony Brook, NY

Dr. Nettie Brinbach
Pres. Nurses Assoc. of L.I.
1 Hanson Pl., Fl 1107
Brooklyn, NY 11243
(718) 783-4433

Anita Beckerman
Ass't Prof. of Nursing
College of New Rochelle
New Rochelle, NY 11018
(914) 695-5436

Ms. Christine Troine, RN
130 Wilton St.
New Hyde Park, NY 11040
(516) 328-3877

Ms. Rose Schenker
NYSNA
26 Meady Lane
Rosedale, NY 11076
(516) 621-3531

Ms. Carol Dobbins
Assoc. Dir. of Nursing
Flushing Hospital
4500 Parsons Blvd.
Flushing, NY 11355
(718) 670-5640

Dr. Richard H. Schwartz
Assoc. Med. Schools
Bellevue Hospital Ctr.
1st Ave. & 27th St.
New York, NY 10016
(212) 888-4340

Ms. Francesca C. Hertman
Coalition of Nurse Practitioners
Albany, NY 12240
#3

ADVISORY COUNCIL

MEETING REPORTS

Ms. Lauren Hernandez
NYC Assn. of Homes & Services for the Aging
Representing L.I. Jewish Geriatric
271-11 78th Ave.
New Hyde Park, NY 11040

Ms. Joan Marcjewski, RN
Winthrop University Hospital
1524 Lowell Ave.
New Hyde Park, NY 11040

Mr. John Flax
VP Gov. Relations
NYSHA
74 W. Pearl St.
Albany, NY 12207
(518) 434-1680

Ed Donnelly
AFL-CIO
100-S. Swan St.
Albany, NY 12210
(518) 361-6796

Mark L. Morrisey - Chairman

Ms. Johnson - U.S. Senate - spoke re: larger power to "need" programs - not a solution

Mr. Marchese - Long Island Hosp. - spoke re: another option to "stem tide" on rising expenses

Memorandum:

- Time limit
- Focus on conceptual ideas
Nurses group seeks procedure change

By Kathleen Haddad

The New York State Nurses Association, which represents registered nurses, is asking the state Supreme Court to void Health Department regulations allowing licensed practical nurses to administer intravenous nutrition.

The nurses association claims the Health Department usurped the Education Department's authority in passing the regulations and that LPNs are not qualified to do the procedure.

"Our major problem here is we believe the Health Department has usurped the power of the state Board for Nursing," said Karen Ballard, director of nursing practice for the nurses association. The Education Department, not the Health Department, is responsible for regulating the practice of nurses, she said.

Schottenfeld said the new regulation allowing LPNs to do intravenous therapy involving the central veins requires them to be specially trained and demonstrate competence.

It must be done under the supervision of an RN, and qualified doctors and nurses must be available to handle emergencies, she said. And the hospital, nursing home or health care facility must consider the severity of the patient's illness in allowing LPNs to do the procedure, she said.

This is not meant to jeopardize patient care. It is rather meant to address the reality that LPNs are capable and trainable of doing many things RNs do," Schottenfeld said.

She said the regulation was also meant to free up RNs, who are in short supply, and she called it "ironic" that they would oppose such a regulation during a nursing shortage.

A hearing in state Supreme Court is scheduled March 11.
THE NEW YORK STATE NURSES ASSOCIATION
REPORT OF MEETING OF ADVISORY COUNCIL
January 13, 1988

PRESIDING: Juanita K. Hunter, President

I. ATTENDANCE

Representatives attended from fourteen of the eighteen districts. A representative of the Professional Nurses Association of Suffolk County (which is in the process of applying to NYSNA for constituent status) attended the meeting. An attendance roster is appended to this report.

Staff:
Martha L. Orr, Executive Director
Elizabeth Carter, Deputy Director
Karen A. Ballard, Director, Nursing Practice and Services Program
Wendy M. Burbank, Associate to the Executive Director
Gail DeMarco, Associate Director, Nursing Practice and Services Program
Warren G. Hawkes, Director, Library
Louise Kehn, Associate Director, Nursing Practice and Services Program
Josephine LaLima, Director, Nursing Education Program
Janet P. Mance, Director, Legislative Program
Karen Maune, Director, Organization Services
Jacqueline Negri, Associate Director, Organization Services
Anne Schott, Director, Communications, Publications and Public Relations

II. INTRODUCTIONS

Those present introduced themselves.

III. NYSNA BOARD COMMITTEE TO STUDY THE ROLE OF THE ADVISORY COUNCIL

President Hunter directed attention to the "first draft" of the Proposed Guidelines for Structure, Function and Operation of the Advisory Council. The draft was prepared on January 5 by the NYSNA Board Committee to Study the Role of the Advisory Council. Diana Mason and Ingrid Pearson, Presidents of Districts 13 and 4 (present at this Advisory Council meeting), served on
the Committee and were present at the January 5 Committee meeting. NYSNA Board representatives to the Committee who were present at the January 5 meeting were: Patricia Bishop Barry and Dorothy Williams (who served as chairperson).

Dr. Hunter requested that Dr. Mason and Ms. Pearson present the draft to the Advisory Council and provide clarification of aspects of the Committee's deliberations. Dr. Mason and Ms. Pearson assisted Dr. Hunter in guiding the Council's review and discussion of the document.

Dr. Hunter informed the Advisory Council that the Committee requested that the Council's suggestions for revisions of the document be conveyed to the Board of Directors as part of the document's presentation for Board consideration.

A. Review and Suggestions for Revision of Draft Guidelines

The Council discussed the draft document at length. In the course of the discussion, members acknowledged and considered:

1. The Advisory Council has functioned in the past to varying extents in the ways described in the proposed guidelines; formal delineation of the Council's role would be appropriate and desirable in furthering the objectives of NYSNA and DNAs (all of which are either shared or compatible) and in strengthening NYSNA, DNAs and collaborative effort.

2. Careful consideration of and respect for the responsibility and authority of the NYSNA Board of Directors (as specified in bylaws) are legal obligations in the development and implementation of policy. By law, Association policy/procedure/operational guidelines must be compatible with bylaw provisions.

The NYSNA Board of Directors possesses exclusive responsibility for the corporate management and fiduciary affairs of NYSNA. No part of a statement delineating the role of a unit (in this case the Advisory Council) comprised of any individuals other than board members (in this case representatives of separately incorporated organizations) may explicitly or implicitly endow that unit with powers or responsibilities which encroach upon the Board's corporate and fiduciary obligations.
In the course of the discussion, the Advisory Council requested that the following revisions be incorporated into the proposed guidelines for presentation to the Board of Directors:

page 2, III., Functions, E.

revision of "to identify mechanisms for strengthening the relationship between NYSNA and DNAs" by the addition of "communication between NYSNA and DNAs; and the functioning of NYSNA and DNAs in collaborative efforts."

page 3, IV., Operations, C.

revision of "The Board...will appoint an Advisory Council Coordinator from among qualified DNA representatives..." by the addition of "The Coordinator will be selected from a list of individuals recommended by the Advisory Council. The Coordinator's term of appointment will be one year in duration (the Coordinator may be reappointed if reappointment is desirable to the Board, the Council and the individual)."


revision of "Communicate recommendations of Council representatives to the President" by the addition of "and to the Board."


revision of "Represent the Council at NYSNA Board meetings when appropriate" to read: "Represent the council at NYSNA Board meetings when either the Board or the Advisory Council deems appropriate."

Advisory Council representatives commended the Board Committee for its development of comprehensive and functional draft guidelines. Representatives expressed appreciation for the opportunity to discuss the document and suggest revisions.

B. Discussion about the Relevance to the Role of the Advisory Council of Council Representatives' NYSNA Membership Status

Some district representatives expressed concern about the acknowledgements contained in the proposed guidelines that Advisory Council representatives are not necessarily NYSNA members.
legally, NYSNA may not require that the elected officers of separately incorporated organizations hold NYSNA membership; NYSNA does not require that representatives of the Advisory Council (per se) hold NYSNA membership.

In response to this concern, Dr. Hunter, the Board Committee members and Ms. Orr informed Council members that the references to NYSNA membership contained in the proposed guidelines should be viewed as acknowledgments of facts which are pertinent to the role and the functioning of the Advisory Council. They should not be misconstrued as embodying an implication that establishment of qualifications for Advisory Council representation is being contemplated. It was noted that the foregoing acknowledgments are pertinent in a general way to the role of the Council and are particularly pertinent to the rationale for the proposed guidelines' requirement that the "advisory council coordinator" hold NYSNA membership.

Discussion of the relevance of Advisory Council representatives' maintenance of NYSNA membership included acknowledgement and consideration of the following:

1. The question of the appropriateness of the use of NYSNA members' dues monies for the support (through expense reimbursement, among the means of such support) of meetings of a unit partially comprised of non members who, unlike consumer advisory council members, are registered professional nurses eligible for NYSNA membership.

2. The question of whether DNAs' requiring through bylaws that their elected officers and directors maintain NYSNA membership is: prohibited by law or propriety (insofar as the requirement would abridge rights of some members); or an appropriate imposition by an organization on its members of qualifications for holding particular office(s).

3. The obvious advantages of Council representatives' holding NYSNA membership, which include access to current information and background useful in service to the DNA and essential to Advisory Council discussion.

4. The question of whether it is appropriate that Advisory Council members who are paid DNA staff possess representation status equal to
the status of elected DNA officials (this represents an issue currently under consideration by the ANA Constituent Forum which is comprised of SNA presidents and executive directors).

It was requested by a Council member that NYSNA staff consult with legal counsel about the question of whether or not it would be permissible for NYSNA to require NYSNA membership as a condition of Advisory Council representation.

IV. RETIRED NURSE GROUP

Deputy Director Elizabeth Carter reported to the Council on the results of NYSNA's recent survey of retired members. The Council noted and discussed the following significant findings of the survey:

A. Retired nurses share the concerns of other retired individuals.

B. Retired members tend to maintain a strong interest in the profession and the professional organization.

C. Respondents reported that because of health problems related to age they would prefer that local meetings be held during daylight hours.

Council representatives noted in particular the last finding, and agreed that scheduling would be considered in light of the expressed needs of retired members.

Several Council members requested specific information about respondents who reside in their respective districts. This information will be forwarded to district leadership.

The Council noted that the Executive Committee of the NYSNA Gerontological Nursing Clinical Practice Unit will assume responsibility for continuing discussion with retired members and planning activity which satisfies their needs and interests.

V. 1987 NYSNA VOTING BODY RESOLUTION ON INCREASING AWARENESS OF CURRENT NURSING ROLES AND PRACTICE

The Council reviewed and discussed the mandates of the 1987 Voting Body resolution which include encouragement by NYSNA and its Consumer Advisory Council of DNAs to establish consumer advisory councils/committees.

District 4 President Ingrid Pearson reported to the Council on District 4's efforts to establish and implement the activity of a consumer advisory committee.
Her report included the following information:

A. District 4 Committee members' attributes include vocalness and visibility in the community.

B. The committee plans to be involved in: recruitment and retention study and activity; promotion of the district's legislative perspective; efforts to increase the district's and nurses' visibility in the community on a regular basis, as opposed to at times of crisis only.

Ms. Pearson agreed to share with other districts the District's guidelines for the establishment and implementation of activity of the committee. Ms. Pearson would provide a progress report on District 4's activities at the next Advisory Council meeting.

Dr. Hunter reported that NYSNA believes the ideal situation would be one in which the NYSNA Consumer Advisory Council and DNA consumer advisory councils or committees could be in systematic communication about consumers' concerns and methods by which these units may assist the profession and the organization.

VI. NEW STRUCTURE OF NYSNA STATEWIDE PLANNING COMMITTEE ON NURSING EDUCATION

Dr. Hunter requested that the Council discuss district concerns and questions about the new structure of the NYSNA Statewide Planning Committee on Nursing Education which was approved by the Board of Directors at its September 1987 meeting.

The executive director of District 14 conveyed the concerns of the leadership and members of the Nurses Association of the Counties of Long Island about the new structure which include:

A. The substitution of NYSNA Board appointments to the group via open solicitation for the former DNA designation of representation;

B. The potential for duplicative activity posed by the similarity of responsibilities of the Statewide Committee to those of district education committees.

Dr. Hunter reported that concerns about the lack of effectiveness of the Statewide Planning Committee had been under consideration by the Council on Nursing Education and the Board of Directors for over a year. This lack of effectiveness was attributable to attendance problems, inconsistent representation and lack of district implementation of committee action.
District representatives' concerns about the new structure included:

A. The efforts and progress of the Committee as well as DNAs' interests and needs in the area of planning may suffer if DNA contribution to the statewide effort and direct DNA representation are not components of the statewide planning system.

B. DNA interests and needs may not be served adequately if geographic (i.e., district) representativeness on the statewide committee is not proportional to DNA size.

C. Without direct DNA contribution to the Committee's efforts the Committee will not be aware of DNA activities.

Dr. Hunter and NYSNA staff stated that each of the foregoing concerns would be satisfied by effective systematic communication (or "networking") that could and should be in place throughout the state among NYSNA, DNAs and individual members. The NYSNA Board of Directors, the Council on Nursing Education and the Statewide Planning Committee would make concerted efforts to promote this communication.

Dr. Hunter assured district representatives that: districts will have the opportunity to submit potential appointees to the NYSNA Board of Directors (through the Board Committee on Appointments); it is not anticipated that appropriate activities of DNA education committees could be diverted to or diluted by those of the NYSNA committee; the NYSNA Council on Nursing Education will monitor carefully the efforts and progress of the Committee.

VII. NYSNA ACTIVITIES

A. NYSNA Legal Counsel Presentation on the Effect of District Activity on the NYSNA E&G Program

Ms. Orr introduced to the Advisory Council NYSNA legal counsel Richard J. Silber (of Harder Silber and Gillen, Attorneys and Counselors at Law). Ms. Orr announced that Mr. Silber would address the Council about district activity which could have a detrimental effect on NYSNA members' ability to be represented by NYSNA for collective bargaining purposes.

Mr. Silber provided background about the underlying issues involved in the protracted proceedings which ultimately resulted in NYSNA's loss of the ability to represent nurses at North Shore University Hospital (final decision, 1985).
One of the underlying issues is whether the presence of statutory supervisors on the NYSNA Board of Directors constitutes an actual or potential conflict of interest sufficient to interfere with the affairs of a bargaining unit.

Another issue is whether employers (i.e., management) are compromised in their dealings with the elected representatives of nurses by the fact that statutory supervisors (of their own or of competing hospitals) can and do serve on the NYSNA Board of Directors.

NYSNA does not abridge the rights of any of its members. All members are permitted to be candidates for and to hold all Association-wide offices. Hence, NYSNA members who are "statutory supervisors" may hold (and have held in the past, and do hold) elected positions, including positions on the Board of Directors. NYSNA firmly believes that this condition is essential to its nature and purposes, and is compatible with all of its purposes and activities. (Statutory supervisors are defined by labor law as individuals who act in the interest of an employer to hire, fire, or discipline employees, or who have the authority to effectively recommend such actions.)

It was necessary for NYSNA to make modifications in its structure and operations to provide for and to sufficiently prove the effectiveness of insulation of NYSNA's collective bargaining program (E&W program) from NYSNA's Board of Directors. These modifications do not compromise NYSNA's mission, its multipurpose nature or the effectiveness of any of its activity.

District nurses associations also permit all of their members to hold district office. Hence, statutory supervisors may have positions on district boards of directors. District nurses associations have no insulation mechanisms in place, nor would it be appropriate for them to have such mechanisms since they do not represent nurses for collective bargaining purposes.

The fact is that district nurses associations do not engage in collective bargaining activity and have no affiliation of any kind with NYSNA's Economic and General Welfare Program. Regrettably, however, the NLRB and the courts have demonstrated that there is pervasive misconception about the relationship of districts to NYSNA and about what districts actually do, and do not do.

Unfortunately, what is fact has been displaced in importance by what is perceived (albeit erroneously) to be true by authorities (the NLRB,
the courts). The distinction between NYSNA and its constituent district nurses associations and the distinction between NYSNA and DNA activities are conditions particular to the professional nursing organization structure that have proven to be extremely difficult to explain. Obviously, in some cases, explanation has not resulted in understanding. When misunderstanding prevails about how NYSNA's collective bargaining activity relates to its structure dangerous precedent can be, and has been, established.

A compound condition - directly involving a district - that was sited in the North Shore case involved: the presence on a district board of directors of a statutory supervisor at North Shore University Hospital; the presence of this supervisor at a meeting in which bargaining strategy was discussed; and that district's routine informational publishing of results of a "wage survey."

District nurses associations cannot engage in activity relating to or discussion about collective bargaining matters - e.g., contractual terms and conditions of employment, bargaining strategy, negotiations and any other proceedings. This prohibition is necessary not only because statutory supervisors may sit on DNA boards of directors, but also because of the involvement in such activity and even the potential (and likely) presence at the site of such discussion of district members who are statutory supervisors and, hence, considered to be "agents" of their employers.

Mr. Silber informed District representatives that a key element in a case now pending before the NLRB is statutory supervisors' active involvement in their district nurses association. These members' district activity is wholly appropriate. However, the possibility of DNA involvement in the collective bargaining process may be, and frequently is, called into question whenever it comes to the attention of the NLRB that statutory supervisors are active district members.

In the presence of the North Shore precedent, other hospitals may (and have) cited the case's findings as demonstrating that the Association's Economic and General Welfare Program is influenced/dominated/controlled by persons who are statutory supervisors. Because the understanding of the distinction between NYSNA and DNA activities is so elusive, the presence of statutory supervisors on DNA boards - and even the presence of statutory supervisors at district meetings - may pose a threat to nurses' ability to be represented.
by NYSNA for collective bargaining purposes that is fully as grave as the threat posed by the presence of statutory supervisors on NYSNA's Board.

In response to questions posed by district representatives, Mr. Silber advised the Council that:

1. Use of the information contained in NYSNA press releases is appropriate because that information has attained the status of public record.

2. Discussion at district meetings of employment conditions in general - that is, conditions or situations that do not relate in any way to specific contractual terms, or to strategy or to proceedings - is appropriate and permissible. It is acknowledged that: district members' needs and interests must be served; and that service would necessarily involve deliberation over practice conditions.

3. Programs and discussions should be framed to be on topics relating to professional concerns and practice issues that are common to all members, and should be guided carefully to prevent consideration of any topic which relates to the collective bargaining process or to conditions in specific institutions.

4. Consideration of organizing as a solution to practice problems should be avoided.

Ms. Orr emphasized that district leadership and district members should direct to her all questions that may arise about whether contemplated activity and discussion would be appropriate or may have any effect on NYSNA members' ability to be represented by NYSNA for collective bargaining purposes. District leadership should advise district members to call Ms. Orr with questions, concerns or suggestions about the collective bargaining process.

The Council expressed appreciation to Mr. Silber for his presentation and response to questions.

B. Report of the President

1. Meetings with Regents Chancellor and Department of Health Commissioner

Dr. Hunter reported to the Council that NYSNA representatives have met with the Chancellor of the Board of Regents and the Health Commissioner about NYSNA's concerns about the
nursing shortage and activities related to recruitment and retention and about NYSNA's 1988 Legislative Program.

The meeting with the Chancellor was particularly productive. The Chancellor demonstrated understanding of our concerns and some agreement with our proposals. In addition, he requested NYSNA's assistance in identifying ways in which access to baccalaureate education programs and recruitment into such programs could be improved.

The Commissioner of Health expressed strong agreement with several of the recommendations which NYSNA has opposed that are contained in the draft report of the Health Labor Industry Task Force. (These recommendations and the effects of their implementation were summarized in a letter from Dr. Hunter which district leadership received in December 1987.)

The Council expressed concerns about the Commissioner's approval of the new regulations governing intravenous therapy procedures by licensed practical nurses, which will take effect on January 18, and about the Task Force draft report's implicit sanction of the content and effects of the regulations.

Dr. Hunter reported that staff has explored with legal counsel the possibility of instituting legal action challenging the regulations. The Council will be kept informed of the progress of this investigation.

2. Update on Progress Toward Implementation of 1987 Resolution on Organizational Mission

Dr. Hunter reported that she and Dr. Carter observed the December 1987 ANA Board of Directors meeting. At that meeting the ANA Board took action to "request that the Committee on Bylaws propose action to the 1988 House of Delegates which would have the effect of deferring implementation of ANA Bylaws related to membership of the associate nurse until the House has received and acted upon recommendations of the Commission on Organizational Assessment and Renewal."

The ANA Commission on Organizational Assessment and Renewal, which will be comprised of a steering committee and an
advisory panel, the members of which are soon to be announced, will be responsible for undertaking a broad study of the organization's membership base and structure. The NYSNA Board of Directors will continue its careful deliberation over this issue in the light of all current developments throughout the year. The Council will be kept informed of all developments and discussions.

C. NYSNA Program and Department Highlights

NYSNA staff members gave brief presentations about parts of their written reports and responded to Council members' questions.

VIII. DATE OF NEXT MEETING

The next meeting is scheduled for Friday, March 11, 1988.
THE NEW YORK STATE NURSES ASSOCIATION

REPORT OF MEETING OF ADVISORY COUNCIL

September 10-11, 1987

PRESIDING: Ellen M. Burns, President

I. ATTENDANCE

Representatives attended from five districts on September 10 and from sixteen districts on September 11. A representative of the Professional Nurses Association of Suffolk County (which is in the process of applying for NYSNA for constituent status) attended both sessions. An attendance roster is appended to this report.

Staff:
Martha L. Orr, Executive Director
Elisabeth Carter, Deputy Director
Robert R. Sacco, Director of Financial Affairs
Karen A. Ballard, Director, Nursing Practice and Services Program
Wendy M. Burbank, Associate to the Executive Director
Warren G. Hawkes, Director, Library
Ira Kalmus, Director, Data Processing Department
Josephine LaLima, Director, Nursing Education Program
Janet F. Mance, Director, Legislative Program
Karen Maune, Director, Organization Services
Anne Schott, Director, Communications, Publications and Public Relations

III. INTRODUCTIONS

On each day, those present introduced themselves.

FIRST DAY: ORIENTATION TO NYSNA PROGRAMS, DEPARTMENTS, SERVICES

I. GOVERNANCE

A. Board of Directors

President Burns provided a summary of the role of the Board of Directors in NYSNA activity, referring to NYSNA bylaws provisions for the Board's responsibility for the corporate management and fiduciary affairs of the Association and for the Board's specific functions.

B. Committees of the Board

Ms. Burns explained how Board committees assist the Board in its deliberations, noting especially the responsibilities of the Board Committee on Appointments and the Awards Committee. Ms. Burns and Ms. Orr urged Advisory Council representatives to submit nominees for NYSNA appointed units and for awards.

C. Liaison Relationships

Ms. Burns reported that the Association maintains varying types of relationships with approximately forty organizations. Relationships with the State Board for Nursing, the Medical Society of the State of New York, and several nursing organizations are close and productive working relationships.

Ms. Orr reported that the Association monitors formation and maintenance of groups which fall under the auspices of state regulatory agencies to ensure that registered professional nurses are involved in deliberations which affect the practice and education of nurses and the quality of nursing and health care.

II. ADMINISTRATION

A. Staff Organization and Role

Ms. Orr directed attention to the staff organization chart in the booklet "Function and Structure." She explained that staff's work is determined by the actions of the Voting Body and the Board of Directors and by the needs of the American Nurses' Association for the contributions of its constituent SNAs. Staff members supply resources needed by individual members, the Board, organizational units and constituent district nurses associations. Staff members are assisted by legal counsel (which provides both corporate and labor advice), an independent auditor and actuaries and a parliamentarian.

B. Communications

Ms. Orr emphasized that all communications with all NYSNA representatives (elected officials, volunteers and staff) should be directed to the NYSNA headquarters office.
III. PROGRAMS

A. Economic and General Welfare Program

Ms. Orr summarized the role of the Associations’ Economic and General Welfare Program in the organization’s multipurpose structure. This summary included: (1) provisions of labor laws which apply to the Program’s activity; (2) essential insulation of the Program from the Board of Directors’ influence and any actual or potential influence by statutory supervisors.

Ms. Orr informed the Council that:

1. Reports of Program activity to the NYSNA Board of Directors and to the Advisory Council are strictly limited to coverage of information that is public record.

2. Since constituent district nurses associations have no organizational relationship to the Program and no responsibility for the representation of nurses for collective bargaining purposes, DNAs are prohibited from engaging in discussion at any district meeting or program or in activity which relates in any way to the organizing of nurses for collective bargaining purposes or which relates to the terms and conditions of employment of nurses who are represented by the Association for collective bargaining. It would not be appropriate for district nurses associations’ newsletters to carry information or observation about the Association’s collective bargaining activity or provisions of collective bargaining agreements (contracts) between NYSNA and nurses’ employers.

Ms. Orr requested that district leadership contact her if questions or concerns arise the appropriate disposition of which is not clear.

B. Legislative Program

Ms. Vance summarized the responsibilities of the Legislative Program. She emphasized the critical nature of DNA leadership and membership assistance in lobbying. Ms. Vance explained that the work of the Program is guided by the provisions of the Association’s Annual Legislative Program, which is developed by the Council on Legislation and subsequently approved by the Board of Directors and the Voting Body.

c. Nursing Practice and Services Program

Ms. Ballard directed attention to written materials about the Nursing Practice and Services Program and reported on Program activity and operation. She noted in particular the Program’s assistance of nurses and others in appropriate interpretation of the Nurse Practice Act, the Code for Nurses, ANA’s Social Policy Statement and codes of regulatory agencies which affect nursing practice; monitoring of publications of health care organizations; cooperation and collaboration with other organizations.

Current topics of interest to organizational units which the Program assists were summarized.

d. Nursing Education Program

Dr. LaLima reported on the Nursing Education Program’s: examination and analysis of issues relating to and/or affecting basic, graduate and continuing education; examination and analysis of institutions of higher education; role in the professional socialization of nursing students. Constituent district nurses associations were encouraged to apply to the Council on Continuing Education for approval of continuing education offerings.

IV. DEPARTMENTS

A. Organization Services

Ms. Maune reported on the activity of the Department, noting availability to DNAs of membership recruitment materials; assistance in meeting planning and promotion.

District representatives were encouraged to reserve NYSNA convention exhibit space.

B. Library

Mr. Hawkes noted the NYSNA Library’s unique character in its nursing concentration. The Library’s current holdings exceed 7000. It offers to members, DNAs and others several reference services, including: information technology offered by Bibliographic Retrieval Services, an in-line data base search service; and visual access to the resources of fifty other libraries.
C. Communications/Publications and Public Relations

Ms. Schott reported on the activity of the Department, noting the importance of cooperation with DNAs in work with the media. DNA representatives were encouraged to utilize the resources of the Department. They were also requested to keep the Department informed of members' activity that would interest the media or lend itself to coverage in NYSNA publications.

D. Membership Services

Ms. Sacco provided an overview of Membership Services, including: membership processing; response to members' and districts' inquiries; response to mailing label requests.

E. Data Processing Department

Mr. Kalmus reported on the services provided by the Data Processing Department for the Association's operation, the membership and district nurses associations. DNA representatives viewed a slide presentation featuring an item-by-item explanation of an individual membership record.

SECOND DAY: REGULAR ADVISORY COUNCIL BUSINESS MEETING

I. NYSNA ACTIVITIES

A. Report of the President

Proposed Bylaws Amendments Relating to Organizational Membership in ANA and Proposed Resolution on Organizational Mission

Ms. Burns directed attention to the handout about the proposed withdrawal from organization membership in ANA that is being distributed at regional forums conducted in conjunction with DNA meetings. Ms. Burns expressed appreciation to DNA representatives for their cooperation and assistance in scheduling and conducting these forums.

Ms. Burns informed the Advisory Council that approximately one half of the communications that have been received from members about the proposal indicates strong support for it, and approximately one half indicates strong opposition.

Advisory Council representatives discussed the issue of withdrawal, acknowledging: the inappropriateness of ANA's addition to bylaws provision for individuals who hold a title which does not exist ("associate nurse" [of the future]); the inappropriateness and impracticality of conduct of a mail ballot election on the issue since the Association's bylaws do not provide for such an election, and empower the gathered voting body with the highest organizational authority.

It was noted that the ANA bylaw amendment's proviso literally admits to SNA membership persons with titles being proposed for the second level practitioners of the future and mandates implementation of the amendment in an SNA two years following the effective date of "entry" legislation. The proviso is, however, permissively worded and could be interpreted to permit admission to SNA membership of current licensed practical nurses.

Advisory Council representatives discussed the feasibility of attempting to work within the federation to reinstate ANA as the organization of professional nurses. It was acknowledged by individuals present who had served as delegates that this endeavor would be met with harsh and possibly intolerable resistance, given the balance of opinion within the 1987 House of Delegates.

Ms. Burns reported that she and Ms. Orr met with the ANA president and executive director and the NYSNA and ANA Executive Committees have met about the NYSNA Board's proposal. ANA has been invited to attend the forum which will be held during the NYSNA 1987 convention.

B. Report of the Executive Director

Ms. Orr made the following announcements.

1. Committee on Bylaws Review of DNA Bylaws

The Committee has completed its review of the bylaws of several DNAs. District presidents will be informed of the Committee's findings concerning whether DNA bylaws are in harmony with those of NYSNA.

2. DHHS AIDS Regional Education and Training Center Grant

An application to the Department of Health and Human Services for conferment of a grant to New York University for an AIDS Regional Education and Training Center has been approved. As a subgrantee under this project, NYSNA will plan and coordinate workshops and provide workshop marketing.
C. Program and Department Highlights

1. Legislative Program

Ms. Mance reported that the proposed 1988 Legislative Program will be presented to the Board of Directors at its September 17-18 meeting for presentation to the Voting Body.

2. Nursing Education Program

Dr. LaLima directed attention to the written report. Copies of the following booklets were distributed to the Advisory Council: "Nursing Education, A Guide to Registered Nurse Licensure in New York State"; "Nursing Education, A Guide to Baccalaureate Programs for Registered Nurses in New York State."

3. Nursing Practice and Services Program

Ms. Ballard directed attention to the written report noting in particular pending implementation of certain regulations of personal care aides and hospital code revisions in process.

4. Communications/Publications and Public Relations

Ms. Schott directed attention to the written report.

5. Library

Ms. Orr directed attention to the written report.

6. Economic and General Welfare Program

Ms. Orr made announcements of recent decisions of public record for the Council's information.

II. DISTRICTS' SUMMARY REPORTS

District representatives presented brief reports on current activities.

III. OTHER ITEMS

A. NYSNA Board Committee to Study the Role of the Advisory Council

It was requested that alternate members of the Board Committee representing both the Council and the Board be designated. Mary Fink, President-elect of District 1, was selected by the Council to be the Council representative on the Board Committee in place of Stasia Arcaro whose term of office expired as president of District 3. District 11 President Diane Mason consented to serve as alternate member. Ingrid Pearson, District 4 President, would continue to serve as a member of the Committee. The NYSNA Board of Directors would select an alternate member at the earliest opportunity. (Board representatives are Patricia Bishop Barry, Sandra Mazzie and Dorothy M. Williams.)

It was requested that the Board Committee consider the implications of participation in Advisory Council activity by DNA representatives specifically, presidents who do not hold NYSNA membership, the precise nature of the relationship between the Advisory Council and the NYSNA Board of Directors.

B. Coordination of DNA Mailings

It was requested that NYSNA staff attempt to coordinate mailings from various programs and departments to district president offices.

IV. DATE OF NEXT MEETING

District representatives would be notified of a proposed meeting date in January 1988 as soon as possible after the post-convention meeting of the NYSNA Board of Directors.
## Attendance of 9/10-11, 1987 Advisory Council Meeting

### District | Representative
--- | ---
1 | Georgia Burnette, President
2 | Mary Eileen Callan, President
3 | Rachel Pollow, President
4 | Patricia Sommers, President
5 | Christine Hindle Verber, President

Jerold Cohen, Interim Vice President, Professional Nurses Association of Suffolk County (see page 1)

### Second Day

<table>
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<tr>
<th>District</th>
<th>Representative</th>
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1 | Mary Finnick, President-elect
2 | Connie Cookman, Administrative Director
3 | Mary Eileen Callan
4 | Elaine D. Caso, President
5 | Ingrid Pearson, President
6 | Louisa Ivan, President
7 | Joanne Byrnes, President
8 | Rachel Pollow
9 | Vickie Rosenberg, President
10 | Patricia Sommers
11 | Mary Ann Valinski, President
12 | Diana Mason, President
13 | Barbara J. Malen, Executive Director
14 | Shirley Haddad, President
15 | Lois Ricci
16 | Christine Hindle Verber
17 | Barbara Bodnar, President

Jerold Cohen, Professional Nurses Association of Suffolk County
NOTES ON 3/15/89 ADVISORY COUNCIL MEETING

Representatives of fourteen of the nineteen districts attended the March 15 Advisory Council meeting. Districts continue to maintain a very high level of activity.

Issues discussed included:

the COAR report - several districts indicated they would probably hold discussions of the COAR recommendations at one of the district meetings; three districts requested assistance in presenting such a discussion and these three districts will be assisted by NYSNA.

consumer advisory committee - the co-chair of the District 4 committee gave a very helpful presentation about the practical aspects of forming a committee; members of both the District 4 committee and the NYSNA council stand ready to assist districts with establishment of consumer advisory groups.

the nursing shortage - including a presentation on NYSNA's "Band-aid" campaign

hospital rate adjustment

nurse practitioner regulations

NYSNA Council on Nursing Research district research survey results
THE NEW YORK STATE NURSES ASSOCIATION

REPORT OF MEETING OF ADVISORY COUNCIL

September 8-9, 1989

PRESIDING: Juanita F. Hunter, President

I. ATTENDANCE

Representatives attended from seven districts on the first day of the meeting (orientation) and from thirteen districts on the second day (regular business meeting). An attendance roster is appended to this report.

Staff:
Martha L. Orr, Executive Director
Elizabeth Carter, Deputy Director
Karen A. Ballard, Director, Nursing Practice and Services Program
Wendy M. Burbank, Associate to the Executive Director
Gretchen Crawford, Director, Nursing Education Program
Warren G. Hawkes, Director, Library
Janet P. Mance, Director, Legislative Program
Bernard T. McCann, Associate Director, Legislative Program
Jacqueline Negri, Associate Director, Organization Services
Robert R. Sacco, Director of Financial Affairs
Anne Schott, Director, Communications, Publications and Public Relations

II. INTRODUCTIONS

On each day, those present introduced themselves.

FIRST DAY: ORIENTATION TO NYSNA

III. STRUCTURE AND GOVERNANCE

President Hunter presented a summary of the roles of these bodies in the NYSNA structure: Voting Body, Board of Directors, standing and special committees, committees of the board, advisory councils, councils and clinical practice and functional units.
Dr. Hunter informed the Council that NYSNA maintains liaison relationships with many organizations and agencies.

IV. ADMINISTRATION

Ms. Orr presented a summary of NYSNA's administrative structure and operation, emphasizing that staff's responsibility is to implement the Association's programs and services.

V. RELATIONSHIP OF DISTRICT NURSES ASSOCIATIONS [AND THE ADVISORY COUNCIL] TO NYSNA

Dr. Hunter and Ms. Orr informed District representatives of the nature of these aspects of the relationship between DNAs and NYSNA. Several aspects were discussed.

A. Corporate relationship

The corporate relationship is a voluntary, cooperative affiliation - not a legal relationship, nor a "membership" by the DNAs in NYSNA. Most DNAs are separately incorporated legal entities; neither the districts nor NYSNA has legal obligations or fiduciary responsibility for each other.

B. Bylaws

NYSNA bylaws define the process for recognition of constituent district nurses associations in Article XVII. In practice, the constituency requirements mean that: districts cannot admit to membership anyone who is not eligible for membership in NYSNA; and DNA stated purposes must not be in conflict with those of NYSNA.

The guidelines utilized by the NYSNA Committee on Bylaws to review DNA bylaws for constituency requirements were distributed to Council representatives.

C. Advisory Council

The Advisory Council is described in NYSNA Bylaws. Advisory Councils have functioned in different ways and addressed different issues according to their needs and interests. An August 1987 memorandum describing the evolution of the Advisory Council since 1918 was distributed to Council representatives.
VI. NYSNA PROGRAMS AND DEPARTMENTS

Program directors and department heads gave presentations about the responsibilities of the NYSNA programs and departments. Staff directed district representatives' attention to the booklet "Function and Structure" which contains summaries of the functions of each program and department.

Economic and General Welfare Program

Ms. Orr directed attention to the March 11, 1988 memorandum to district nurses association presidents and executive directors about the impact of district activity on the Program. The memorandum has been and continues to be used as a source of information (for the use of district leaders and members) about the effect of district activity on NYSNA's ability to represent nurses for collective bargaining purposes.

This issue continues to be of consequence to NYSNA and the districts. Therefore, the March 1988 memorandum is appended to this report in order to contribute to the effectiveness of the report as an orientation device for DNA leaders.

SECOND DAY: BUSINESS MEETING

VII. DISTRICT ISSUES/REPORTS

District representatives highlighted and/or supplemented their written reports.

Legislative Networking

At the request of District 17, the Council engaged in a discussion of legislative networking, focusing on methods for handling efficiently legislative emergency situations. District representatives reported on the effectiveness of such devices as a "phone tree," form letters, distribu-
tation of form postcards. It was noted that NYSNA Legislative Program staff's maintenance of telephone contact with district presidents and/or legislative committee chairpersons was effective during the 1988 session and should be continued.

VIII. UPDATE ON MAJOR ISSUES

A. Activities related to nursing shortage

Dr. Carter presented an outline of NYSNA activities related to the shortage, including: publication of articles in Report, communications to legislators and nursing executives; plans for a convention program. It was noted that the shortage is interrelated with many professional issues inasmuch as it has wide-ranging impact. Several District representatives reported district involvement in activities related to the shortage.

B. Final Report of Labor-Health Industry Task Force

Ms. Ballard announced that the final report has not yet been released. It is anticipated that the report will be released late in the fall. District representatives acknowledged and discussed the ways in which the report's recommendations are being implemented despite its unofficial status.

C. AMA proposed creation of registered care technologist

Dr. Hunter and Ms. Ballard informed the Council of activities being conducted or contemplated to oppose this proposal. Council members received a packet which includes information about the proposal and the professional organization's strategies to thwart it, media coverage and the positions of other groups and individuals.

Council discussion focused on the needs for: nurses to obstruct encroachment of the RCT into the health care system by declining to sanction creation of the proposed worker; alleviation of misutilization and improvement of salaries of nursing personnel; effective use of the media by the professional organization to inform the public of the proposal's dangers and to impede it.
D. Pending legal action regarding regulations governing intravenous therapy procedures by LPNs

Ms. Ballard informed the Council that the two individual professional nurses on whose behalf a petition was filed in April were ruled to have standing to bring the action. The case is still pending. NYSNA continues to suggest that individuals and health care facilities proceed with caution in any expansion of LPN practice in this area.

E. Nurse practitioner regulations

Ms. Ballard reported that the Association is participating in preparation of regulations for the nurse practitioner law enacted following the 1988 legislative session. The Association is attempting to influence the establishment of regulations that are as nonrestrictive as possible.

F. ANA Commission on Organizational Assessment and Renewal

Dr. Hunter directed attention to the Commission's Progress Report/Stage One, the response to which will be determined by the NYSNA Board of Directors at its September 15-16 meeting. The Board has serious concerns about the progress report's scope, the study's time frame and the adequacy of information available to study participants. District representatives were requested to inform NYSNA of reactions to the report by district leaders and members.

G. August 22-23 Conference on Entry Into Practice

Dr. Hunter and Ms. Orr reported that the conference produced consensus on two careers in nursing and on the title "registered professional nurse" for the baccalaureate prepared nurse. Controversy continues to surround the titles of "licensed practical nurse" or "associate nurse" for the associate degree prepared nurse.

IX. OTHER ITEMS

A. Proposed NYSNA dues increase

Ms. Orr informed the Council that the proposed dues increase would be conveyed to the 1988 Voting Body by means of a detailed report from the Board of Directors. It was noted that it would be
necessary to conduct the dues increase vote by means of secret ballot in order to comply with labor law applicable to the Association's operation. Electronic voting machines would be used to accomplish the voting.

B. Need to increase participation in activity of NYSNA appointed units

Dr. Hunter informed the Council that the Board of Directors requests the assistance of District leaders in encouraging members to submit their names for consideration for NYSNA appointed positions (committees and councils).

C. NYSNA Consumer Advisory Council's plans for assisting districts in formation of consumer advisory committees

Dr. Carter announced that the Consumer Advisory Council would contact district presidents in the very near future to discuss ways in which the Council can assist districts in establishment of consumer advisory committees.

X. ADJOURNMENT

The meeting adjourned at 3:15 PM on September 9.
#3 Advisory Council Meeting Reports

September 8-9, 1988 Advisory Council Meeting Attendance

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<tr>
<td>2</td>
<td>Janice Volland, President</td>
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<td>Janeen Sheahe, President</td>
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<td>Ingrid Pearson, President</td>
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<td>Joan Farmer, President</td>
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<td>Sadie Smalls, President</td>
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<td>Anne J. Quashen, Executive Director</td>
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<td>Susan Giampietro, President</td>
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<td>17</td>
<td>Estelle Yahes, President</td>
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September 9

| 1        | Mary Finnick, President               |
|          | Connie Cookman, Executive Director    |
|          | [Susan Owens, guest student]           |
| 2        | Janice Volland, President             |
| 3        | Janeen Sheahe, President              |
| 5        | Louisa Ivan, President                |
| 7        | Joan Farmer, President                |
| 8        | Rachel Fallow, President              |
| 9        | Nancy Michela, Board member           |
| 10       | Vicki Rosenberg, President            |
| 13       | Sadie Smalls, President               |
|          | Anne J. Quashen, Executive Director   |
| 14       | Barbara J. Malon, Executive Director  |
| 15       | Shirley Haddad, President             |
| 16       | Susan Giampietro, President           |
| 17       | Estelle Yahes, President              |

WMB/AC21/1-10-89
March 11, 1988

TO: Presidents and Executive Directors, Constituent District Nurses Associations

FROM: Martha L. Orr, Executive Director

RE: STATEMENT ON THE IMPACT OF DISTRICT ACTIVITY ON THE NYSNA ECONOMIC AND GENERAL WELFARE PROGRAM

This statement is being offered in response to the requests of some district leadership, and because of the possible impact of constituent district nurses association activity on NYSNA's ability to be recognized as a bona fide representative of nurses for collective bargaining purposes. It is strongly recommended that the information in this memorandum be shared with district nurses association boards of directors and with interested district members. Please feel free to disseminate it.

It is critical that district leadership and members recognize that there are types of district activity which could have a detrimental effect on NYSNA members' ability to be represented by NYSNA for collective bargaining purposes. It is equally as important that district leadership and members have a full understanding of the reasons for this circumstance.

THE PRECEDENT AND THE LEGAL ISSUES

There were two basic underlying issues involved in the protracted proceedings which ultimately resulted in NYSNA's loss of the ability to represent nurses at North Shore University Hospital (final decision, 1985).

One of the underlying issues is whether the presence of statutory supervisors on the NYSNA Board of Directors constitutes an actual or potential conflict of interest sufficient to interfere with the affairs of a bargaining unit.

Another issue is whether employers (i.e., management) are compromised in their dealings with the elected representatives of nurses by the fact that statutory supervisors (of their own or of competing hospitals) can and do serve on the NYSNA Board of Directors.
RELEVANCE TO THE ISSUES OF THE PERCEIVED AND THE REAL NYSNA/DHA RELATIONSHIP

NYSNA does not abridge the rights of any of its members. All members are permitted to be candidates for and to hold all Association-wide offices. Hence, NYSNA members who are "statutory supervisors" may hold (and have held in the past, and do hold) elected positions, including positions on the Board of Directors. NYSNA firmly believes that this condition is essential to its nature and purposes, and is compatible with all of its purposes and activities. (Statutory supervisors are defined by labor law as individuals who act in the interest of an employer to hire, fire, or discipline employees, or who have the authority to effectively recommend such actions.)

It was necessary for NYSNA to make modifications in its structure to provide for and to sufficiently prove the effectiveness of insulation of NYSNA's collective bargaining program (E&G program) from NYSNA's Board of Directors. These modifications do not compromise NYSNA's mission, its multipurpose nature or the effectiveness of any of its activity.

District nurses associations also permit all of their members to hold district office. Hence, statutory supervisors may have positions on district boards of directors. District nurses associations have no insulation mechanisms in place, nor would it be appropriate for them to have such mechanisms since they do not represent nurses for collective bargaining purposes.

The fact is that district nurses associations do not engage in collective bargaining activity and have no affiliation of any kind with NYSNA's Economic and General Welfare Program. DNAs have no administrative or programmatic mechanisms in place that would enable them to engage in collective bargaining activity. Regrettably, however, the NLRB and the courts have demonstrated that there is pervasive misconception about the relationship of districts to NYSNA and about what districts actually do, and do not do. Unfortunately, what is fact has been displaced in importance by what is perceived (albeit erroneously) to be true by authorities (the NLRB, the courts).

What we know to be fact but others misunderstand about the corporate and structural nature of NYSNA constituent district nurses associations is that they are separately incorporated organizations. They have no corporate affiliation with NYSNA. In fact, they have no legal obligation to have a relationship with NYSNA. The constituency relationship is formally enabled and acknowledged by bylaws, and those bylaws are compatible with provisions of laws that apply to NYSNA and DNAs. The essential and determining nature of the relationship itself, however, is in fact a matter of choice.
Nurses should be represented for collective bargaining purposes by their professional organization. The professional organization is endowed to represent them - by every legitimate (structural/organizational) means - essential to preserve, while representing them, all of their rights as workers and as human beings. But, NYSNA is different from traditional labor organizations. We must grapple with the tendency toward shallow deduction. Authorities (the NLRB, the courts) who are not familiar with the structure and the multipurpose nature of the professional nursing organization are obliged to contemplate the word "constituent." They are obliged to contemplate it within the context of the fact that one of NYSNA's legitimate activities is the representation of nurses for collective bargaining purposes. In the process of that contemplation - in that context - the traditional labor organization "state-local," "parent-affiliate" image colors the meaning of the word "constituent." The true nature of our organizational relationship is lost.

The distinction between NYSNA and its constituent district nurses associations and the distinction between NYSNA and DNA activities are conditions particular to the professional nursing organization structure that have proven to be extremely difficult to explain. Obviously, in some cases, explanation has not resulted in understanding. When misunderstanding prevails about how NYSNA's collective bargaining activity relates to its structure dangerous precedent can be, and has been, established.

District nurses associations cannot engage in activity relating to or discussion about collective bargaining matters - e.g., contractual terms and conditions of employment, bargaining strategy, negotiations and any other proceedings. This prohibition is necessary not only because statutory supervisors may sit on DNA boards of directors, - but also because of the involvement in such activity and even the potential (and likely) presence at the site of such discussion of district MEMBERS who are statutory supervisors (and, hence, considered to be "agents" of their employers).

A key element in a case now pending before the NLRB is statutory supervisors' active involvement in their district nurses association. These members' district activity is, of course, wholly appropriate. However, the possibility of DNA involvement in the collective bargaining process may be, and frequently is, called into question whenever it comes to the attention of the NLRB that statutory supervisors are active district members.

In the presence of the North Shore precedent, other hospitals may (and have) cited the case's findings as demonstrating that the Association's Economic and General Welfare Program is influenced/dominated/controlled by persons who are statutory supervisors. Because the understanding of the distinction between NYSNA and DNA activities is so elusive, the presence of
statutory supervisors on DNA boards - and even the presence of statutory supervisors at district meetings - may pose a threat to nurses' ability to be represented by NYSNA for collective bargaining purposes that is fully as grave as the threat posed by the presence of statutory supervisors on NYSNA's Board. Matters related specifically to the collective bargaining process should not be discussed in district meetings at which statutory supervisors and bargaining unit members are present. The occurrence of such a discussion could be cited as demonstrating that NYSNA's E&GW Program is influenced by statutory supervisors.

SOME VERY SPECIFIC ADVICE

Please consider carefully these guidelines:

Discussion at district meetings of employment conditions in general - that is, conditions or situations that do not relate in any way to specific contractual terms, or to strategy or to proceedings - is appropriate and permissible. It is acknowledged that: district members' needs and interests must be served; and such service would necessarily involve deliberation over practice conditions.

Programs and discussions should be framed to be on topics relating to professional concerns and practice issues that are common to all members, and should be guided carefully to prevent consideration of any topic which relates to the collective bargaining process or to conditions in specific institutions.

Discussion at district meetings of organizing as a possible solution to practice problems should be avoided.

QUESTIONS: WHOM TO ASK

District leadership and district members should direct to me all questions that may arise about whether contemplated activity and discussion would be appropriate or may have any effect on NYSNA members' ability to be represented by NYSNA for collective bargaining purposes. The NYSNA Executive Director has full responsibility for the conduct (and for delegation of conduct) of the Association's Economic and General Welfare Program. It is important to remember that you should feel free to ask me anything about which you have doubt or concern.