1988

District Meetings; Series I; File 65

Juanita Hunter

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**NEW YORK STATE NURSES ASSOCIATION**

**Memorandum**

**To:** Joanita Hunter  
**From:** Anne Schott

5/3/88

Attached, per your request, is a copy of the editorial deadlines for NYSNA publications.

Also, please note: Your radio interview scheduled for Monday, May 9th, with station WNYE will take place at 11:10. The producer is on the air at 11:00 and asked if we could please postpone it for 10 minutes. Since it was such a small difference, I agreed without consulting you. If that is inconvenient, please let me know.

---

**NEW YORK STATE NURSES ASSOCIATION**

2113 Western Avenue, Guilderland, N.Y. 12084. (518) 456-5371

December 18, 1987

TO: Program Directors & Department Heads (Please share with your staffs)  
FROM: Anne Schott


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**Report** deadlines are as follows:

<table>
<thead>
<tr>
<th>ISSUE OF REPORT</th>
<th>DATE COPY MUST BE IN COMMUNICATIONS OFFICE*</th>
<th>WEEK OF MAILING</th>
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<td>January-February</td>
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**Journal** deadlines are as follows:

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<td>October 31</td>
<td>November 28</td>
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*This is the date the Communications Office must have all your material.

**BOOK OF ANNUAL REPORTS:** All Annual Reports are due in Communications Office by Monday, July 25.

---

cc: Martha L. Orr  
    Elizabeth Carter  
    Robert Sacco  
    Wendy Burbank  
    Linda Sickler  
    Karen Walp-Buffalo Office  
    Ira Kalnus  
    Janet Palombo  
    Grace Kimney
American Nurses' Association, Inc.
2420 Pershing Road, Kansas City, Missouri 64108
(816) 474-5720

TO: SNA Presidents and Executive Directors
Standing Committees of the ANA House of Delegates
ANA Cabinets
ANA Council Executive Committees

FROM: Margretta M. Styles
President and Chair
ANA Commission on Organizational Assessment and Renewal

DATE: February 18, 1988

RE: Progress Report: Work of the ANA Commission on Organizational Assessment and Renewal

As you know, the ANA Board of Directors has approved and I have appointed an ANA Commission on Organizational Assessment and Renewal (COAR).

The Commission is charged to:

- Identify health trends, professional issues and proposals relative to the mission, membership structure and functions of ANA through a variety of means, including consultation with SNAs and other units within ANA, representatives of other elements of organized nursing, and experts in organizational development, corporate structure and marketing, and in the health field.

- Make recommendations for the mission, membership, structure, and functions of the ANA in consideration of the analysis of these findings.

- Devise and implement a process for consensus building within ANA and, as appropriate, with other segments of organized nursing relative to these recommendations.

- Prepare and present an interim report to the ANA House of Delegates in 1988 and to external bodies as appropriate.

- Bring recommendations for change to the 1989 House of Delegates.
Because of time and resource constraints, the Commission will not gather primary data, but will build on existing internal studies of the ANA and other available resource documents.

The ANA Commission will involve four levels of participation. The Commission itself will be composed of 18 steering committee members and 21 advisory panelists. The steering committee members will be elected from the ANA executive board, ANA district, state, city, hospital, and specialty association levels. The steering committee will be responsible for the overall direction and orientation of the Commission's tasks. The steering committee will work closely with the ANA Board of Directors and ANA staff to provide direction and guidance to the Commission.

The steering committee will meet prior to the ANA Biennial Convention to discuss the current issues and problems facing the ANA and its members. The meeting will provide an opportunity for the steering committee to discuss the issues and problems in detail and to develop specific recommendations for action. The steering committee will also review the results of the ANA membership survey and make recommendations for changes to the ANA's operations.

The ANA Commission will also meet periodically throughout the year to review progress on the Commission's work and to make any necessary adjustments to the Commission's goals and objectives. The Commission will provide regular reports to the ANA Board of Directors and other stakeholders on the status of the Commission's work.

The ANA Commission will be supported by a professional staff provided by the ANA National Headquarters. The staff will include a project director, a research assistant, and other support personnel as needed. The staff will be responsible for providing logistical support to the Commission and for ensuring that the Commission's work is carried out in a timely and efficient manner.

The ANA Commission will be governed by a charter that outlines the Commission's goals, objectives, and procedures. The charter will be developed by the steering committee and approved by the ANA Board of Directors. The charter will be reviewed and updated periodically as necessary to reflect changes in the Commission's work and in the ANA's overall mission.

The ANA Commission will be evaluated on a regular basis by the ANA Board of Directors and other stakeholders. The evaluation will assess the Commission's progress toward its goals, the quality and relevance of the Commission's work, and the Commission's effectiveness in carrying out its duties.

The ANA Commission will strive to achieve the following outcomes:

1. To develop a comprehensive and integrated plan for the ANA's operations and activities.
2. To identify and prioritize key issues facing the ANA and its members.
3. To develop specific recommendations for action to address the identified issues.
4. To ensure that the ANA's operations and activities are aligned with the ANA's overall mission and goals.
5. To ensure that the ANA's operations and activities are efficient and effective.
6. To ensure that the ANA's operations and activities are consistent with the ANA's values and ethics.
7. To ensure that the ANA's operations and activities are responsive to the needs and expectations of its members.

The ANA Commission will work closely with the ANA Board of Directors, ANA staff, and other stakeholders to achieve these outcomes. The Commission will also work to ensure that its work is consistent with the ANA's strategic plan and that its work is aligned with the ANA's overall mission and goals.
After the resolution of the External Monetary Fund, the Council of Europe and the European Union, the mechanism of the European Monetary System was dismantled. This led to a significant change in the economic policies of the member countries, with the introduction of the single currency, the Euro, in 1999. This was the result of a series of decisions made at the Maastricht Summit, where the goal was to create a common economic and monetary policy for the European Union.

The Economic and Monetary Union (EMU) was established in 1999, with the launch of the Euro. This was a significant step in the integration of the European Union, as it represented a shift from a system of national currencies to a single currency. The introduction of the Euro was expected to bring about several benefits, including increased economic efficiency, reduced transaction costs, and greater price stability. However, the transition to the Euro was not without its challenges, and there were concerns about the impact on the economies of the member states.

In conclusion, the introduction of the Euro was a significant milestone in the history of the European Union, representing a major step towards the creation of a true European Monetary Union. The single currency has brought about a significant shift in the economic policies of the member states, and has had a profound impact on the economies of the European Union. However, the transition to the Euro has also been accompanied by challenges, and the future of the European Monetary Union remains uncertain.
District Meetings

1977 Act Study Commission

Proposal of dual role, overlapping memberships, uncertain independence, the need for a more unified voice for the profession.

Study of structure of the organization

APNA - AMNE - NCNA
American Union of Industrial Nurses - ANCA
Association of Collegiate Schools of Nursing

Recommendations:
1. All professional nurses be united in one national nursing organization advocating for:
   a. Women's issues specific interest groups
   b. Employment standards to reverse downward trends in the salaries and profession
   c. Membership, 60% of registered nurses in
      a. American Nurses' Association
      b. American Hospital Association
      c. National League for Nursing

Membership Corporation

System of candidates, elected association

A recommended structure involved with incorporation of:
- Nursing secondary membership with APNA, AAN, and NCNA
STATEMENT
OF
THE NEW YORK STATE NURSES ASSOCIATION
BY
JUANITA K. HUNTER, EDD, RN
TO
NEW YORK STATE
LABOR-HEALTH INDUSTRY TASK FORCE ON HEALTH PERSONNEL
CN
PRELIMINARY REPORT TO THE COMMISSIONER OF HEALTH

May 6, 1988
Buffalo, New York

Good morning. I am Dr. Juanita Hunter, President of The New York State Nurses Association, the professional association of more than 30,000 Registered Nurses in New York State. I am also Clinical Assistant Professor of Nursing at the State University of New York, here in Buffalo.

I am pleased to have this opportunity to speak to you on behalf of the Board of Directors and our membership about the findings and recommendations of the Health Department's Labor - Health Industry Task force on Health Personnel. The Association understands and shares the concerns of the Health Department for the provision of health care services to the people of New York and for the supply of health care personnel, including nurses.

As a former public health nurse, and in my current role as project director for a grant funded program which provides nursing care to the homeless, I am acutely aware of the multiple factors which must be addressed by both government and health care providers to ensure a wide range of health care services for all our citizens.

The current imbalance between supply and demand for professional nurses occurs at a time when the number of employed nurses is the greatest in all history. Between 1977 and 1984 alone, there was an increase of 55% in the number of nurses nationwide, as compared with only an 8% increase in the population. (1) Not only is the aggregate number of nurses higher, but the rate of labor force participation of nurses is
one of the highest among workers in predominantly female occupations. Almost 80% of registered nurses are actively employed full or part time. (2)

These facts suggest that there are strong increases in the demand for registered nurses. Changes in the delivery of health care services, the rise in acuity level among hospitalized patients, the rapid expansion of ambulatory and home care facilities, and the negative impacts of depressed salaries and unsatisfactory working conditions in hospitals are but a few reasons for the increased demands for registered nurses. Simply put, hospitals need more nurses, but nurses are choosing to work where their professional satisfaction and economic rewards are greater. These factors have thus created a relative deficiency in the supply of nurses, particularly in acute care hospitals.

The Health Department and the Task Force are to be commended for the report's recognition of the conditions which are driving nurses out of hospitals. NYSNA supports many of the recommendations of the Report such as those which address the need to improve salaries and benefits, to develop a portable pension plan, and to create incentives to encourage nurses to remain in clinical positions and in hospitals.

Historically, shortages of nurses have always been alleviated by improved wages and benefits. It is important to note that the relative economic position of nurses when compared to other professions has actually eroded since 1982. One national survey reported that by 1985, average salaries for teachers were 19%

higher than those for nurses, and average salaries for all female professional and technical workers were 10% higher than nurses'. And despite significant publicity about the shortage of nurses, nurses' wages increased only 4%, on an average, in 1986. (3) NYSNA recommends strongly that given the continuing cost-containment restrictions on hospitals, the Health Department and the State legislature look carefully at the reimbursement framework, and assist hospitals to make significant improvements in the wages and benefits of nurses. This approach was recently successfully implemented in New Jersey.

NYSNA also supports the recommendations of the Task Force which address the working conditions of nurses. We believe that there is a significant number of nurses employed part time who could be encouraged to return to full time employment. Currently, premium salaries are paid by agencies to per diem nurses. In addition, these nurses can also control their work schedules, a fact which is quite attractive to single parents, part time students, or homemakers who supplement family income. The provision of child care, flexible scheduling, and housing benefits could draw some of these nurses back into full time work.

The Health Department and the Task Force are to be commended for the Report's recognition that the current shortage has been affected by recruitment of students into schools of nursing, which has dropped by nearly 20% since 1983. (4) NYSNA believes that this reflects a declining interest in the nursing
profession relative to other career opportunities, particularly for women students. However, we also believe that an aggressive marketing and information campaign within junior high schools and high schools could reverse this trend. Nursing continues to be an attractive career option for students interested in public service, and for those persons who are aware of the variety and range of employment opportunities in nursing.

In summary, the Task Force recommendations which NYSNA supports include:
1. Improve the compensation and benefits of nurses, especially for experienced nurses who remain in direct care positions.
2. Increase the availability of scholarships and loans for students of nursing and increase financial assistance to schools of nursing.
3. Improve pension and benefit programs for health care workers, especially nurses.
4. Promote recruitment into nursing through comprehensive marketing and public relations efforts.
5. Provide prescriptive privileges for qualified registered nurses.

Unfortunately, the Task Force has also made recommendations to which NYSNA takes strong exception. Our objections to these recommendations are reinforced by the fact that assumptions are implied in the Report that statutory, regulatory, and professional requirements pertaining to the education of nurses and to the legal authorization of a given scope of practice constitute unreasonable barriers to access to the profession and to the efficient utilization of nurses in practice. NYSNA urges the Task force to reconsider the inference that the current shortage warrants setting aside the safeguards that protect the public and guarantee at least minimum qualifications for professionals involved in the delivery of patient care.

Specifically, the Association objects to the language of Task Force Recommendation IIIA (p.68) which states in part: "Establish a job redesign program to innovatively solve human resource problems. Redesign projects should be encouraged to modify scope of practice...This program should include (1) state funding through grants and reimbursement changes, and authority to waive regulations to encourage and support the demonstrations." The Association would certainly support programs which would restructure the work requirements of nurses and other personnel in hospitals in order to permit nurses to practice the full range of their professional expertise.

However, if this recommendation implies that institutions will be given authority to determine for themselves the qualifications and authorized scope of practice of nurses or to extend authority to practice nursing to unlicensed personnel, the Association will vigorously oppose such proposals. If institutional licensure is not the intention of this recommendation, the Association strongly recommends that...
affirmative language to this effect be added to the final report.

Linda Aiken, former vice-president of Robert Wood Johnson Foundation, suggested an alternative approach to institutional licensure most clearly: “The ratio of support personnel to professionals is substantially lower in the hospital industry than in other industries. Given the complexities of operating busy hospital inpatient units, there is an astounding absence of secretaries, administrative assistants, and mid-level non-nurse managers. Moreover, the computerization of hospitals has lagged far behind that of other industries. Nurses are currently performing many nonclinical, administrative, and management functions in hospitals. Fewer better-paid and better-educated nurses, in combination with an improved nonclinical support staff might yield better care without substantial increases in operating costs.” (4)

The Task Force’s recommendation III B (p. 69) raises similar concerns. The Report states in part: “Beginning in 1988, periodically reassess job mandates, scope of practice requirements, and other regulations which may be barriers to the efficient and effective use of health practitioners...Mandates and requirements that are not essential to job performance, patient protection or quality of care should be eliminated.” This language appears to encourage the practice commonly known as “unsetting” the practice act; i.e., requiring legislative or regulatory review and re-enactment of entry into practice and scope of practice requirements at specified intervals. This practice has the potential for endangering patient safety. Such requirements have proven to be wasteful and destructive in other States. New York has enacted a Nurse Practice Act which encompasses a broad definition of nursing and permits a flexible and expanding range of nursing services and activities. If the Task Force does not intend its report to recommend legislative unsetsetting of the practice act, affirmative language to this effect should be included.

The Association notes that the Health Department has recently implemented such a reassessment and authorized an expanded scope of practice of Licensed Practical Nurses including complex procedures related to intravenous therapy. NYSNA believes that issues regarding the scope of practice of licensed professionals should be determined by the official bodies authorized by statute to interpret the nature of the practice and the skills and knowledge base required of the practitioners in question.

Finally, the Association is concerned about the Report’s emphasis on competency based testing as a basis for acquiring academic credit and/or eligibility for licensure. The implication of this recommendation, found in section III B, is that work experience is a valid substitute for educational programs. NYSNA cautions that although there are some undoubtedly successful examples of the use of such testing, there is no indication that a broad scale expansion of competency testing is warranted at this time. Demonstrated acquisition of technical
skills without validation of a supporting knowledge base will not serve as evidence of the ability of the individual to apply those skills to the range of complex patient needs encountered in today's health care environment.

In conclusion, The New York State Nurses Association acknowledges the Task Force's efforts to address a complex and difficult issue. We are eager to work with the Health Department on strategies to address the recruitment and retention of Registered Nurses in New York. However, we strongly urge that the Task Force and the Department avoid those recommendations which, if implemented, would erode the high standards of care expected of all health care professionals and which would undermine all our efforts to establish an environment in which nurses will want to practice.

The New York State Nurses Association is eager to work with the Health Department, the legislature, and other concerned agencies and organizations to address those needs and the special problems arising from the current shortage of professional nurses.

References:
2. Ibid.
District Meetings

1. The purpose of the meeting: to discuss the current issues and future plans of the organization.
2. The agenda:
   - Review of the previous meeting's minutes.
   - Presentation of the financial report.
   - Discussion of the upcoming projects.
   - Update on the membership growth.
3. The decision:
   - The organization will host a workshop for new members.
   - The budget for the upcoming year will be reviewed.
4. The action items:
   - Request for additional volunteers.
   - Approval of the proposed budget for the year.
5. The next meeting:
   - Date: next month.
   - Venue: the community center.

#65

[Handwritten notes and discussions related to the meeting's topics]
NEW YORK STATE NURSES ASSOCIATION  
Memorandum

To: JKH
From: MLO

Please call to approve or amend the attached agenda as soon as possible.

5/2/88

THE NEW YORK STATE NURSES ASSOCIATION  
ROUCH DRAFT  

MEETING OF ADVISORY COUNCIL  
The Veronica M. Driscoll Center for Nursing  
Guilderland, New York
May 13, 1988

TENTATIVE AGENDA

PRESIDING: Juanita K. Hunter, President

1. Call to Order
2. Introductions
3. Announcements
5. DNA Issues/Concerns
6. NYNA Activities
   a. President’s Report
      1. Liaison Activities
      2. House Finance Committee
   b. Executive Director’s Report
      1. Membership Figures
      3. Report on Labor Challenges and Organizations
   c. Program and Department Highlights
7. ANA Activities
   a. Progress Report on Implementation of Resolution on Organizational Mission
      b. 1988 House of Delegates Matters
      c. April ESPEC Meeting
      d. April Board of Directors Meeting
   e. Report of Commission on Organizational Assessment and Renewal
8. Other Items
9. Date of Next Meeting
10. Adjournment
JKH Travel - 5/10 & 11

Senator Lombardi's Workshop and D-17 speaking engagement

5/10 L. Buffalo 8:15 am - Arr. Albany 9:03 am US Air 639

(FY) US Air has changed their schedule for May & June

Pick up an intermediate car at National Car Rental desk.

The intermediate is the size they will allow for one-way, drop-off travel. Rate $54.95/day plus .20/mile.

However, there is no drop-off charge because they have an office in White Plains. Drop-off charge for other agency was $85.

(914) 944-3214

Drive to Suffern Holodome. I made a reservation there with a person named "Chateau", confirmation #9040.

When I spoke with Barbara Bodner, she said you were going to speak on "Organizational Mission" with a strong reference to the shortage. Someone from D-17 will pick you up at the Holodome to go to the Helen Hayes Center for the meeting, buffet dinner scheduled at 6:30.

You are scheduled to speak 7:30-8 pm.

It is approximately 125-135 miles from Albany to Suffern.

5/11 - White Plains Airport has a National Car desk.

Drop off car and take plane from White Plains to Buffalo through Syracuse. White Plains is 20 miles outside of Suffern. (Flight schedule on back).
5/11/88
Lv. White Plains 8:45 am Arr. Syracuse 9:45 am P 9702
Lv. Syracuse 10:40 am Arr. Buffalo 11:20 a.m. 9861

Dr. Hunter --
I spoke with Barbara Bodmer D-17 today (5/9), and
she provided the following directions for you to
drive to the Helen Hayes Hospital for the D-17
meeting 5/10:
Take exit 12 on Thruway. Take Route 303 north
approximately 10 miles. This route becomes 9W.
Continue North on 9W. You will pass a shopping mall --
The Samson Vale Shopping Center on your left.
Pass through next intersection. The Helen Hayes
Hospital will be on the left a half-mile from the
intersection.

Buffet dinner 6:30 pm in the Club Room.
JKH Travel - 5/10 & 11

Senator Lombardi's Workshop and D-17 speaking engagement

(FY) - US Air has changed their schedule for May & June

Pick up an intermediate car at National Car Rental desk.
(The intermediate is the size they will allow for one-way.

Drop-off travel. Rate $54.95/day plus .20/mile.

However, there is no drop-off charge because they have
an office in White Plains. Drop-off charge for other
agency was $85.)

(9/4) 8:37 - 7:30

Drive to Suffern Holodome. I made a reservation there

with a person named "Chateau", confirmation #9040.

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going to speak on "Organizational Mission" with a strong
reference to the shortage. Someone from D-17 will

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Drop off car and take plane from White Plains to Buffalo

through Syracuse. White Plains is 20 miles outside of

Suffern. (Flight schedule on back).
S/1/88
Lv. White Plains 8:45 am Arr. Syracuse 9:45 am P.S702
Lv. Syracuse 10:40 am Arr. Buffalo 11:20 a.m. P861

Dr. Juanita Hunter, Pres.
NYS Nurses Association
2113 Western Ave.
Guilderland, NY 12084

Dear Juanita:

The alleviation of the shortage of nurses in New York State continues to be one of our top priorities. Since our workshop on March 16, we have been trying to develop ways to address this serious situation.

In this regard, I invite you to attend another workshop discussion on Tuesday, May 18, so that we may continue our discussions from the March meeting.

The workshop will begin at 11:00 a.m. in Room 711A of the Legislative Office Building in Albany. At 2:00 p.m., immediately following the workshop, we will schedule a press conference to announce a newly developed program, "A Salute to New York State Nurses." Details on the program will be provided at the workshop. I would hope that participants in our workshop would be willing to provide their advice and counsel in conjunction with the new program.

If you can join us, would you please contact Rebecca Horton in my office (518-455-3511) by Wednesday, April 27, 1988. Your participation would be most appreciated.

I am looking forward to another productive day.

I appreciate your continued efforts in addressing this nursing shortage.

Kindest personal regards.

Sincerely,

[Signature]

T.L/zh

Taker Lombardi, Jr.
Speakers at Hearing Pin Blame On State for Shortage of Nurses

BY AGNES PALAZZETTI

New York State was targeted during the principal culprit in the current nursing shortage crisis.

"The reimbursement is the issue," was the recurrent theme of the more than two dozen hospital and nursing professionals who testified at the State Department of Health hearing at the Central Library in Albany on Wednesday.

Erie County could easily place more than 1,000 nurses today, according to the hundreds of aides and licensed practical nurses that are needed," said Betty J. O'Beley, administrator of the Downtown Nursing Home.

As speakers inside the building outlined the woes facing the industry, nurses walked an informational picket line outside, carrying placards describing the critical shortage of aides, nurses' aides and licensed practical nurses.

"Hospitals across the country receive per diem reimbursements of fewer than four times more than New York State," Dudley Erickson of the Hospital Association of New York State said. "Without adequate reimbursement, neither wages nor benefits for our nurses can be competitive with other industries."

Before the hearing, administrators and nurses complained that a proposed program to alleviate the shortage had been given to County Executive Corliss "in September before he was elected. We contacted him about 100 times asking what he was going to do about it, and we are still waiting for a response from him."

The program, outlined at the hearing by Margot Gallash of the Western New York Association of Homes and Services for the Aging, calls for training the unemployed and welfare recipients as nurse's aides for nursing and adult care homes.

It also requests "scholarships to any of this group interested in becoming licensed practical nurses or registered professional nurses. In return for the scholarship, the recipient would be required to work in long-term care for a designated period of time."

"Low wages continue to be a major problem," according to Margaret Mary Wagner, administrator of the Hamburg Health Care Center. "What makes it even more difficult in states like California..."

She, too, was critical of the state's reimbursement program, saying, "It's even worse for nursing homes. If a hospital spends $20,000 to recruit nurses, they will be reimbursed for that expense. If a nursing home does it, there is no reimbursement."

Emphasizing the crisis expected in nursing homes, Ms. Wagner pointed out that by 1995, more than 160,000 persons older than 65 will be living in Erie County. That, she said, "will be an increase of 46,000 over 1985."

At the same time, she continued, "There were 17 percent fewer students pursuing a nursing program last year... and across New York State, enrollment is declining by 46 percent."

Mary Anne Veit of United University Professors expressed concern that the shortage might result in decreasing educational standards.

This posture, she said, "totally ignores the realities of the current practice situation. In a day when patients are much sicker, the hospitalization and discharge. Nurses must be autonomous, accountable and have a high level of problem-solving abilities to provide competent nursing care."

Overall, those testifying at the hearing called for revising reimbursement schedules, promoting nursing scholarships, increasing compensation, on-site day-care facilities, better benefits and recognition of their profession.

Today's hearing is the fifth of six being held across the state. Information from the hearings will be used to update a preliminary report of the Labor-Health Industry Task Force on Health Personnel released in January.

The report will be given to Dr. David Axelrod, state Health Commissioner, to pinpoint shortages of health-care personnel and recommend solutions.
President’s Column
June 1988

Dear Colleague,

This is the last issue of Report before our summer siesta of rest and relaxation. However, for your elected leadership the summer will be a time for reflection, planning for the next year’s activities and strategizing for the implementation of those activities. In this column I will update you on the status of our current activities, give you a report on the member responses to the first question I posed in the January issue of Report and identify those key areas of concern which your leadership will be addressing over the summer.

Over the past few months my major activity has consisted of attendance and participation in several district meetings. I have been encouraged by the interest of nurses I have met to keep abreast of current issues. Nurses are often willing to participate in those activities and events which actualize their concerns into concrete programs of action at a district and state level.

Additionally, these visits have provided me a wonderful opportunity to dialogue with NYSNA members and to share current information about the many areas in which NYSNA is involved. I have also encouraged NYSNA membership for non-members. While many nurses are frustrated and perhaps disheartened about the negative aspects of the nursing shortage which affects them, they are willing to mobilize around positive actions for change.

Secondly, activities are underway to address the membership issue at the ANA convention in Louisville, Kentucky, June 11-15. New York, Pennsylvania, and Connecticut have joined together to plan educational activities to occur at the convention. The overall purpose of these activities is to apprise the delegates of the philosophy and intent of NYSNA and PAH to have amendments to withdraw from ANA. Those activities will include:

1. Joint NYSNA/PNA position paper to be distributed to all delegates
2. Specific forum to be held on Sunday, June 12 to discuss the NYSNA/PNA position and
3. NYSNA/PNA booth in the exhibit area to facilitate member to member dialogue.

The primary objective of these activities is to create an environment which will enhance full discussion of all the membership issues as perceived by NYSNA/PNA and Connecticut. Other cooperative states may participate in these activities. In addition to these activities the ANA Board of Directors will hold several forums to discuss the preliminary COAR (Commission on Organizational Renewal) Report.

The activities related to the hearings on the preliminary report of the New York State Labor-Health Industry Task Force Report have now been completed. I testified at the Friday, May 6 hearing held in Buffalo. The testimonies of the health care providers at this hearing were varied and represented different perspectives on the manpower shortages in institutions. Poor working conditions were cited by disciplines other than nursing as reasons for staff shortages. Nursing was well represented in the audience and among those who gave testimonies.

Generally, there was clarity around the issues, and positive suggestions for change were recommended which included a need to change the reimbursement structure, voiced by many individuals. NYSNA had articulated, persuasive consumer testimonies in Albany and Buffalo. I believe we must scrutinize the final report of the task force and continue to monitor all activities related to any implementation of the recommendations and identify, assess the
and make public those recommendations which are consistent with the Arden House Consortium Report. One thing is quite apparent and that is nursing is definitely mobilizing around the nursing shortage. This is clearly the time for NYSNA to assume a forceful leadership role in addressing solutions to the problem.

Now I will summarize the responses to my first question in the January issue of Report. I asked members to identify the major cause of the nursing shortage. The majority of those who responded cited low salaries as the major cause of the nursing shortage followed by working conditions, then lack of interesting work. A few respondents suggested resource material to support their statements. This opportunity for members to communicate their thoughts to the president on key issues will be continued.

And finally, the key areas which will demand reflection, review and strategy development over the summer by NYSNA leadership will include the following:

1) Planning for implementation of strategies of Arden House Consortium final Report
2) Review and analysis of ANA House of Delegates Action on Membership issue
3) Review status of legislative program and analyze:
   a) Impact of title change to LPN in entry legislation
   b) Focus on one single legislative agenda
4) Develop goals and objectives for 1988-89.

I am interested in hearing from you regarding any of these important issues. What are your comments, ideas or suggestions. You may respond to any of these areas through the President's feedback line by calling (716) 862-5002. Calls may be made on a 24-hour basis and may total two minutes in length. If you call from a touch-tone phone, you may also edit your message. Calls on this question can be made throughout the summer in a subsequent Report. I will give you feedback on the responses.

I look forward to hearing from you as you share your thoughts and ideas with me.