

The Washington Nurse

A publication of the WASHINGTON STATE NURSES ASSOCIATION

VOLUME 55, NO. 1 2026 ANNUAL

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WSNA ANNUAL REPORT

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● This annual report includes reprints of some of our biggest stories from The Washington Nurse newsletter, emailed to our members monthly. Reprinted articles are highlighted in gray.

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STRONGER TOGETHER



WSNA ANNUAL REPORT

In 2025, the Washington State Nurses Association experienced a year of profound growth, change, turbulence, and opportunity.

We knew from the beginning of the year that we would be called upon to courageously speak up for our values, ethics, and principles—and we did. When federal actions threatened our patients, our colleagues, and our communities, we issued statements, communicated with elected officials, participated in rallies, and leveraged the media to get our message out. We worked in coalition with other state nurses associations and healthcare groups to stand up for nursing values and push back against actions that impact care delivery.

We wanted to be able to look back in 10, 20, and 30 years and say we met the moment and led with a strong conviction in our nursing values. We will be able to say that for 2025.

Throughout it all, WSNA has remained unwavering in its commitment to the issues that shape its profession and the patients it serves.

In 2025, we grew our membership

to the highest levels in our history. We provided popular continuing nursing education, advocated with determination, and reached contract agreements that meaningfully addressed key issues like workplace violence, break relief for nurses, equity, and competitive wages.

Some of the big changes in 2025 open the door for us to reimagine the future of nursing and the broader healthcare landscape. With AI continuing to impact nearly every aspect of our lives, we are working to ensure that AI in healthcare serves to supplement—not replace—the hands-on nursing care our patients need. Much work remains ahead to fix a healthcare system that is failing to meet the needs of patients.

WSNA has always been, and will always remain, an organization led by its members.

While we know the coming year will bring substantial challenges, we are fully confident in our ability to meet them—because our strength lies in the collective power of our voices, our expertise, and our unwavering commitment to our patients and our profession.



Justin Gill, DNP, APRN, RN
President



David Keepnews, PhD, JD, RN, FAAN
Executive Director

AI in healthcare — an innovation, not a replacement for nurses

“Technology can assist us, but it cannot replace the heart, judgment, and expertise of the nurse.”

● OCTOBER 2025 NEWSLETTER

BY **Justin Gill, DNP, APRN, RN**
President

As nurses, we care for patients in diverse settings and serve in countless roles across our healthcare system. Whether at the bedside, in community health, education, or advanced practice, nurses bring a blend of science, compassion, and critical thinking that defines our profession.

In recent years, the rapid rise of artificial intelligence (AI) has created new conversations in healthcare—and across society—about the future of work, ethics, and the role of human judgment. For many nurses, AI represents both promise and uncertainty.

Nurses have always been innovators. Every day, we adapt to complex situations, respond to evolving patient needs, and create individualized, patient-centered plans of care grounded in our assessments and expertise. These are uniquely human capabilities—rooted in empathy, ethics, and experience—that no algorithm can replicate.

AI can be a powerful tool that augments our ability to deliver safe and effective care. In my own clinical work as a nurse practitioner, I use AI-assisted tools to help with documentation and to quickly access evidence-based recommendations. These resources can enhance efficiency

and support decision-making—but they do not replace professional accountability. The responsibility for patient care, and the use of any AI resource, ultimately rests with us as nurses. Our healthcare institutions must also hold

accountability for system-level changes that impact the work of nurses to safely and effectively do their work.

As excitement around AI continues to build, we must ensure that nurses are meaningfully involved in every stage of its development and deployment—from shaping regulatory policies, to guiding institutional implementation and determining how AI integrates at the bedside. Without our direct involvement, we risk creating systems that fail to reflect the realities of nursing practice and patient care.

At the same time, it is critical to remember that AI cannot solve the foundational issues we face in healthcare today. It cannot fix unsafe staffing levels, prevent workplace violence, eliminate affordability and access issues for patients, or address the structural inequities that harm patients and providers alike.

Technology can assist us, but it cannot replace the heart, judgment, and expertise of the nurse. As we move forward, let us embrace innovation while standing firm in our commitment to the values that define our profession—advocacy, compassion, and the unwavering pursuit of quality care for all. 

WSNA BY THE NUMBERS

in 2025

49

Facilities represented by WSNA for collective bargaining

9

Contracts that now have language making paycheck deductions for PAC donations an option

75

Positions for WSNA councils, boards, and committees

5,201

ADO (assignment despite objection) forms filed by members

\$111,515.44

Amount raised by the Washington State Nurses Foundation for scholarships

890,682

Number of times a page on WSNA's website was viewed

6

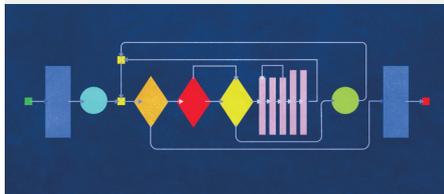
Pickets and rallies held

17

Contracts ratified

100%

Political candidates endorsed by the WSNA PAC who won their races



123,533

Views for video with biggest reach on social media. (Seattle Children's Instagram reel from their informational picket on September 30 garnered 123,533 views and 1,157 likes)

25

Bargaining units with an Instagram account

100

Legislator appointments made during Lobby Day

49

Local units with a member in attendance at the Washington State Nurses Convention

13.25

Continuing nursing education (CNE) contact hours provided by WSNA

253

Members who took WSNA's CNE course on Cultural Humility

132

Hoodies sold through WSNA's new online store

36

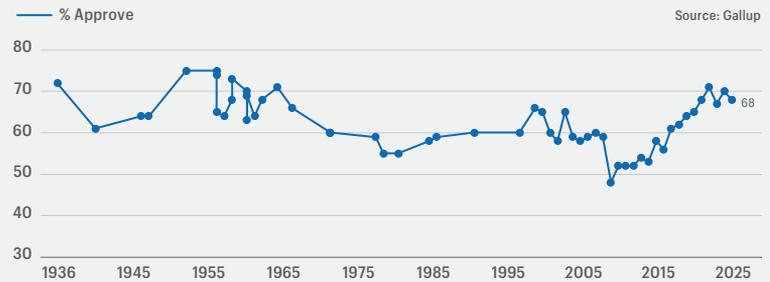
Most bargaining sessions for a contract negotiation (Seattle Children's)

11

Members who attended the American Nurses Association Membership Assembly

10

Members who won cruise tickets to Nurse Blake's 'NurseCon at Sea'



Union support remains strong despite Trump administration's anti-union actions

Despite escalating anti-union measures, nearly seven in ten Americans still support organized labor, according to Gallup's latest poll.

● SEPTEMBER 2025 NEWSLETTER

The August 2025 Gallup Poll indicates that 68% of U.S. adults approve of labor unions, the fifth consecutive year that approval of organized labor has been in the 67% to 71% range.

This is a level last reached in the late 1950s and early 1960s. Approval reached the record high, 75%, in 1953 and 1957, and the all-time low was recorded at 48% in 2009, according to Gallup.

According to the latest poll Aug. 1-20, 90% of Democrats and 69% of Independents expressed support, while 41% of Republicans approve.

While public approval of organized labor is holding strong, with nearly seven in 10 Americans expressing support, the Trump Administration is pursuing policies that aim to weaken organized labor's power.

In March, Trump issued an executive order that stripped union protections from more than 1 million federal workers across 22 federal agencies. Trump issued another executive order before Labor Day expanding these actions to six additional agencies.

Despite ongoing litigation, some agencies have canceled collective bargaining agreements with the unions that represent its employees. In August, MedPage Today reported that the Department of Veteran Affairs said it's terminating collective bargaining agreements for most VA employees, including at least 16,000 nurses.

In March, President Trump all but eliminated the Federal Mediation and Conciliation Service (FMCS) by laying off 95 percent of its staff. Established in 1947, the FMCS is tasked with maintaining labor peace by offering cost-free private mediation, dispute resolution services, and labor relations training to employers and union members nationwide. FMCS mediators have played a vital role at countless bargaining tables over the past eight decades.

During Trump's first term, his appointments to the National Labor Relations Board (NLRB), which administers federal labor law in private-sector settings, carried out a markedly anti-union agenda. One week into his current term, he fired Gwynne Wilcox, a Democratic NLRB member, over three years before her term ended, leaving the NLRB without a quorum and unable to function. He recently nominated two new Republican members. If they are confirmed by the Senate, the NLRB will have a quorum and is widely expected to resume the anti-union agenda he initiated in his first term. ■

STRATEGIC PRIORITIES

WSNA'S FIVE STRATEGIC PRIORITIES ARE OUR ROADMAP FOR PROVIDING LEADERSHIP for the nursing profession and ensuring that all Washingtonians can thrive.

We believe that Washington residents will achieve optimal health when we work to ensure that all communities have access to safe, quality healthcare, public health, and environmental justice. Here is our roadmap for moving forward:

Champion safe staffing

WSNA will use innovative modalities to educate on staffing laws and prepare nurses to speak publicly to inform communities on the importance of safe staffing. We will strengthen contract language on staffing and address the links between unsafe staffing and workplace violence. We will collect and analyze data to identify the successes of and barriers to implementation of the 2023 staffing law.

Strengthen our political presence and impact

WSNA will increase member involvement in political and legislative activities to build nurses' power. We will advocate for public policy that improves nursing practice, nurses' working conditions, and workplace safety while supporting efforts to improve access to safe, quality and equitable care. We will strive to increase resources available to the WSNA Political Action Committee and facilitate members' access to policy makers, engaging key legislators and other stakeholders. We will work to have more nurses elected and appointed to public office.

Increase organizational vitality and growth

WSNA will foster a culture of transparency while optimizing resources, effective use of staff, and financial stewardship. We will increase our financial and operational efficiency, enhancing financial performance to ensure long-term sustainability and growth. We will focus on continued membership expansion through organizing, recruitment, and retention while developing leaders with a particular focus on historically underrepresented groups.

Increase engagement and involvement in the Washington labor movement

Building on nurses' collective power as the most trusted profession, WSNA will strengthen collaboration with our labor partners and foster connections with central labor councils. We will work to increase members' understanding of the labor movement and WSNA's role in it.

Advance a culture of inclusivity in nursing

WSNA will boldly embrace our commitment to antiracism. We will strive to reduce systemic racism and to achieve a more diverse nursing workforce that reflects the communities we serve. We will develop and engage internal affinity groups while strengthening and expanding our ties with specialty and labor organizations advocating for diversity, equity, inclusivity, belonging, and justice.

Seattle Children's case managers ratify vote to join the WSNA union

The vote, ratified July 22, marks the first time these specialized teams have come together under a union.

● AUGUST 2025 NEWSLETTER

A group of 31 nurses in case management, utilization management, and transitional longitudinal care (TLC) at Seattle Children's Hospital have voted to join the Washington State Nurses Association, strengthening their collective voice for improved working conditions and professional recognition.

The vote, ratified July 22, marks the first time these specialized teams have come together under a union.

Case managers play a critical role in ensuring patients and families have everything they need after leaving the hospital, from arranging medical equipment to educating parents on administering medication.

Utilization management nurses ensure medical procedures are approved and reimbursed by insurance providers. They provide proof of why a procedure is necessary, charting accuracy, and they make sure everything makes sense before moving ahead.

Meanwhile, TLC nurses handle long-term, hands-on care for patients with chronic or complex conditions.

Growing concerns about their voices being overlooked and structural changes in their department pushed the group toward collective action.

"We want a stronger voice in how our department operates and how decisions are made," one nurse said, reflecting a sentiment shared by many during the organizing campaign.

With this vote, the case management teams join a growing number of nurses represented by WSNA, which has advocated for fair wages, safe staffing, and nurse-led decision-making since 1908. WSNA now represents 21,000 registered nurses across Washington — a 19.72% increase since March 2023. 



Stronger than ever before

WSNA membership reached an all-time high in 2025. We continue to focus on growing membership through organizing, recruitment, and retention to remain strong and grow as an organization.

KEY ACHIEVEMENTS

- More than 3,000 nurses joined WSNA in 2025.
- WSNA now represents nearly 22,000 nurses in Washington state for collective bargaining.
- Three new groups of nurses voted to join WSNA—case managers and utilization management nurses at Seattle Children's (see sidebar), infusion and resident nurses at Confluence Health Mares Campus in Wenatchee, and case managers at the MultiCare Mary Bridge Neonatal Intensive Care Unit.

WSNA CONTINUED TO GROW MEMBERSHIP AND secure new organizing wins in 2025. Nurses see the value of an organization that elevates their voices at every level—negotiating contracts, advocating for state laws, speaking up on issues of national importance, and telling their stories.

Individual memberships—from nurses who are not represented for collective bargaining by WSNA—grew 8% between Jan. 1 and Dec. 31, 2025, as more nurses took advantage of the opportunities WSNA offers for professional development, advocating, and networking.

Our organizing efforts are paying off.

- The July 22 vote by Seattle Children's case managers and utilization managers to join WSNA marked the first time these specialized teams came together under a union.
- 11 case managers in the MultiCare Mary Bridge NICU voted to join WSNA.
- 35 clinic nurses at Kittitas Valley Healthcare requested that the employer voluntarily recognize WSNA as their union.

We continue our efforts to bring new nurses in under our existing contracts and to organize new facilities. 

SAFE STAFFING

WSNA continues to advocate for the critical issue of safe staffing, which is fundamental to nurses' ability to provide excellent care to patients and protect their own well-being. In 2023, WSNA played an instrumental role in passing legislation that created greater hospital accountability for safe staffing.

Ensuring that nurses get their legally required breaks goes hand in hand with safe staffing. We continue to oppose the "break buddy" system, in which nurses cover for each other during breaks, essentially doubling their patient care assignments. This practice is dangerous for patients and puts hospitals out of compliance with the staffing law.

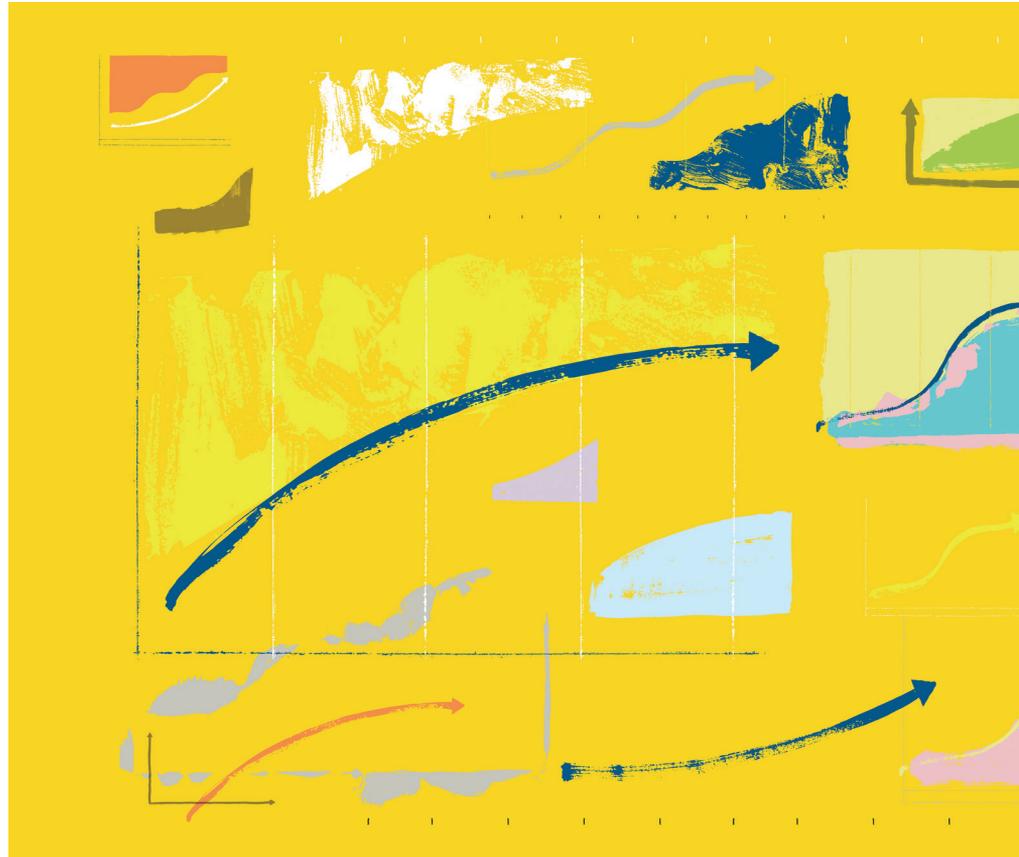
KEY ACHIEVEMENTS

Staffing law implementation

- Advocated for lawful and accurate interpretation and implementation of the safe staffing law through ongoing meetings with regulatory agencies, member education, and active participation on the Hospital Staffing Advisory Committee overseeing implementation of the 2023 safe staffing law
- Worked to hold hospitals accountable for following the new law by seeking guidance from regulatory agencies, submitting formal complaints, and working with hospital staffing committees
- Provided resources and education to local units throughout the implementation process, empowering staffing committees to track compliance, advocate confidently, and hold hospitals accountable

Meal and rest breaks

- Successfully advanced a law that provides more flexibility and greater control in break scheduling



Implementing the 2023 staffing law

THE IMPLEMENTATION OF THE 2023 STAFFING LAW REACHED SEVERAL significant milestones in 2025. On Jan. 1, staffing plans were due to the Washington State Department of Health (DOH). In July, hospitals were required to implement those plans, and beginning Aug. 7, urban acute care hospitals initiated the reporting of staffing plan noncompliance to DOH.

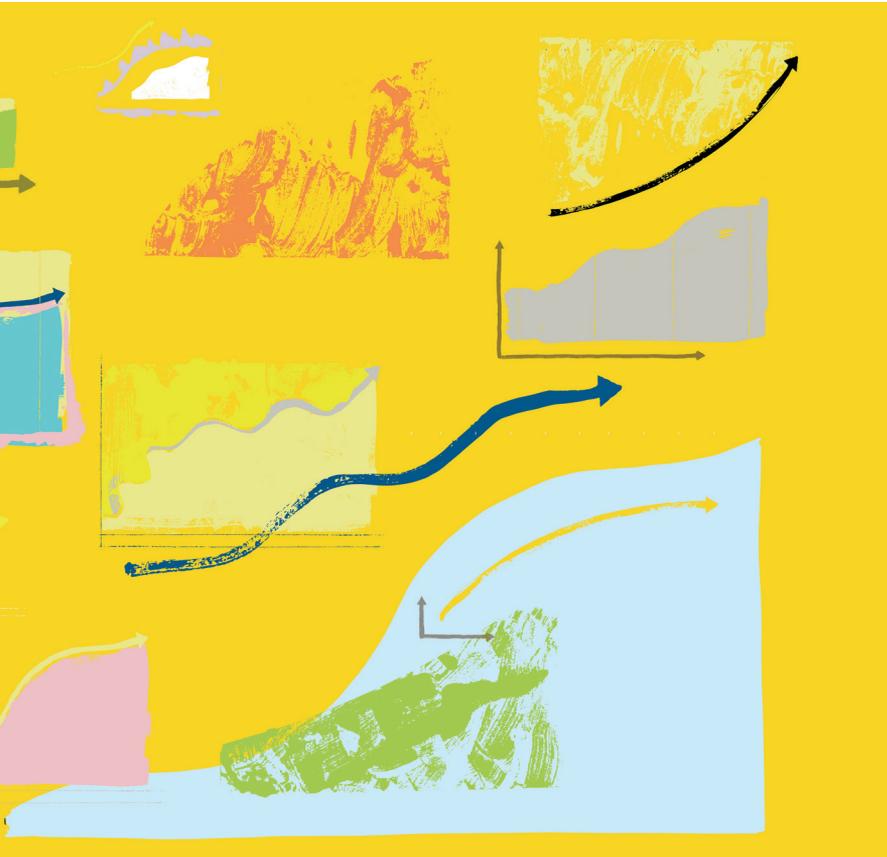
WSNA continues to provide education and resources to our members, particularly staffing committee members, that offer guidance, advice, and up-to-date information on implementation progress.

The implementation of this law is complex, largely due to conflicting interpretations of its requirements. WSNA has been persistent in seeking clarification and guidance from regulatory agencies and raising concerns when guidance is unclear. Through active participation on the Hospital Staffing Advisory Committee, we worked to resolve issues and ensure that member perspectives were heard. We sought answers to member questions,

prompting the DOH to clarify and expand its interpretation of the law and publish FAQs on its website. When hospitals failed to comply, we filed complaints and supported staffing committees in effectively fulfilling their roles.

Education to equip members with facts and guidance about the law included:

- Roundtable discussions presented by WSNA and the Washington State Hospital Association to discuss hospital staffing committee progress. Approximately 50 staffing committee co-chairs attended over the three sessions held in late January and early February.



Break scheduling flexibility

THE UPDATED REST AND meal break law, effective Jan. 1, 2026, recognizes the increasing prevalence of 10-12-hour shifts and that many nurses want greater flexibility in taking their breaks. The law continues to require that direct care nurses in hospitals be provided with uninterrupted rest and meal breaks. Under the new rules, the individual nurse has more choice in deciding whether they want a modified break schedule and whether to sign a waiver agreeing to it.

See accompanying article on the next page for more details.

- Two education sessions in December for staffing committee co-chairs and their union representatives to further inform co-chairs of their roles, responses, and best practices related to the staffing law and its implementation.

Looking ahead to 2026, WSNA will continue supporting members and ensuring the proper implementation of the staffing law. On Jan. 31, urban acute care hospitals must begin submitting semiannual reports on staffing plan compliance to DOH, and starting July 1, they will face penalties for meal and rest break violations. [WN](#)

TIMELINE

June 1, 2023	Parts of the old staffing law sunset	Jan. 1, 2025	Staffing plan under new law due to DOH
Aug. 4, 2023	Submit a list of advisory committee nominees to the governor's office. WSNA recommends two nurses to sit on the committee	July 1, 2025	Hospitals required to implement staffing plan under new law
Sept. 1, 2023	Advisory committee established	Aug. 7, 2025	Urban acute care hospitals must report noncompliance of staffing plan to DOH
Jan. 1, 2024	New hospital committees formed (now must include CNAs)	Jan. 31, 2026	Urban acute care hospitals start submitting semiannual reports on staffing plan compliance to DOH
March 1, 2024	Recommended uniform reporting form completed by advisory committee	July 1, 2026	Urban acute care hospitals start facing penalties for meal and rest break noncompliance
July 1, 2024	New committee charter required to be filed with DOH	Oct. 30, 2026	Rural/Critical Access/Sole Community Hospitals first meal/rest break report due
Oct. 1, 2024	Hospital must adopt written policies and procedures to document noncompliance with staffing plans	July 1, 2028	Rural/Critical Access/Sole Community Hospitals start facing penalties for meal and rest break noncompliance



New meal and rest break flexibility in 2026

Starting Jan. 1, 2026, the law gives hospitals and employees more meal/rest break flexibility while still protecting workers' rights.

● NOVEMBER 2025 NEWSLETTER

BY Gloria Brigham, EdD, MN, RN
Director of Nursing Practice

Washington state law (RCW 49.12.480) requires hospitals to provide direct patient care employees with uninterrupted meal and rest breaks. These breaks may only be interrupted if there is an unforeseeable emergency or urgent patient-care situation.

Hospitals must keep records of any missed breaks, and as of July 1, 2024, most hospitals are required to report quarterly to the Department of Labor & Industries on their compliance. Critical access and certain rural hospitals will start quarterly reporting July 1, 2026.

What is changing in 2026

Starting Jan. 1, 2026, the law gives hospitals and employees more meal/rest break flexibility while still protecting workers' rights. Most of these new options require a mutual written agreement (waiver) between the employee and employer that the employee may revoke at any time.

- **Meal break for shorter shifts:** Employees working shifts under eight hours may waive the meal break (if any). Requires mutual written agreement with the employer. The employee may revoke the waiver or agreement at any time.
- **Meal breaks for longer shifts:** Employees working shifts of eight hours or longer may waive a second and/or third meal break, as long as at least one meal break is provided and taken during the shift. Requires mutual written agreement with the employer. The employee may revoke the waiver or agreement at any time.
- **Rest breaks:** Timing of rest breaks may be adjusted. Rest breaks may not be waived and must be uninterrupted except in unforeseeable emergencies or urgent patient-care situations.

- **Flexible timing:** Adjustment may be made to the timing of meal and rest breaks to fit patient-care needs and workflow provided that the meal break starts no earlier than the third hour worked and no later than the second to last hour worked. Requires mutual written agreement with the employer. The employee may revoke the waiver or agreement at any time.
- **Combining breaks:** Employees entitled to more than one rest break during their shift may agree to combine meal and rest breaks. Requires mutual written agreement with the employer. The employee may revoke the waiver or agreement at any time. In these cases, the rest break is paid and the meal break may be unpaid if the employee is completely relieved of work duties.
- **Reporting changes:** Hospitals must report both missed and waived meal/rest breaks in their quarterly compliance reports to the Department of Labor & Industries.

These updates to the law aim to provide more flexibility in scheduling breaks while ensuring that hospital workers still receive proper rest and meal breaks. [WNI](#)

Source: RCW 49.12.480, as amended by HB 1879 (effective Jan. 1, 2026).



Truth or theater? One year of data on meal and rest break compliance

Hospitals report compliance with meal and rest breaks, but that doesn't match the experience of frontline workers.

● AUGUST 2025 NEWSLETTER

BY **Gloria Brigham, EdD, MN, RN**
Director of Nursing Practice

As of July 1, 2024, most hospitals in Washington state¹ are required to provide a quarterly report to the Department of Labor and Industries demonstrating compliance rates with the mandate to provide meal and rest breaks to covered employees at least 80 percent of the time. A review of the most recent data submitted to the Washington Department of Health suggests that the vast majority of employers are not only meeting but exceeding that mark.

Quarterly compliance data (April 1–June 30, 2025)

All reporting facilities met or exceeded the 80% compliance requirement.

43 out of 45 facilities reported over 90% compliance.

The remaining two facilities reported compliance rates of 87% and 88%.

45 out of 48 facilities submitted reports as required. *Kindred Hospital Seattle, Shriners Children's Hospital, and Trios Health did not submit a report.*

There appears to be a gap between data reported and the experience of frontline workers. In a WSNA survey conducted earlier this year:

- Only 19% of 266 respondents stated they were consistently relieved to take their required break.
- 76% reported missing a meal or rest break without filing a missed break report.

These findings raise an important question: Is this true compliance – or an illusion?

Closing the gap between policy and practice requires a collaborative effort. Leadership must ensure consistent break coverage and foster a culture of transparency. At the same time, nurses must feel safe and supported to report missed breaks without fear of retribution. So how do we bridge this divide? Without accurate data and shared accountability, these reports risk becoming little more than compliance theatre.

If you have ideas or solutions that have worked for you, email education@wsna.org to share the tip. When nurses support nurses, meaningful improvements happen and together, we all benefit. 

¹ Quarterly reporting of meal and rest break compliance for critical access hospitals, sole community hospitals and selected other facilities is delayed until July 1, 2026. See RCW 70.41.420 (7)(b)(iv) for a complete list.

Violence against nurses continues to increase across the country. WSNA advocates for stronger laws and contract language that take meaningful steps to prevent workplace violence and take care of nurses who are victims.

KEY ACHIEVEMENTS

- Successfully advocated for a new state law on workplace violence prevention that strengthens incident investigations and reporting and requires hospitals to develop and implement a new workplace violence prevention plan every year.
- Won stronger workplace violence protections in collective bargaining agreements, notably at St. Joseph's Hospital in Bellingham and St. Clare in Lakewood.

Strengthening laws and contracts

RECENT RESEARCH SHOWS A CONTINUING INCREASE IN VIOLENCE AGAINST nurses, with an especially high incidence of violence in psychiatric units and emergency departments. WSNA members have seen this play out in their hospitals, and WSNA continues to push for stronger legal and contract protections to address the issue.

New workplace violence prevention law

In the 2025 legislative session, WSNA Government Affairs and Nursing Practice collaborated with the Washington State Hospital Association to strengthen the Workplace Violence Prevention law passed unanimously in 2019 by both the Washington State House of Representatives and Senate.

The law takes the work being done by the Workplace Violence/Safety Committees established in 2019 to the next level by requiring a more regular and detailed analysis of workplace violence incident-related data by the committee as well as required reporting of this data within the committee and annual updates to the safety plan based on this regular analysis of data. The bill was signed into law by Gov. Bob Ferguson on May 17, 2025, and went into effect Jan. 1, 2026.

Changes in the new law:

- Requires an annual comprehensive update to the hospital's workplace violence prevention plan rather than an update every three years.
- Places much more emphasis on investigation of each incident of workplace violence, with identification of systemic and common causes of workplace violence incidents. This includes a comparison of actual staffing versus staffing plan requirements.
- Summaries of deidentified workplace violence incidents must be provided to either the safety committee or the workplace violence prevention committee, depending on how the facility is structured. "The summaries are filed quarterly by most hospitals but semiannually by small / rural hospitals."

- Information from the summaries is incorporated into the annual comprehensive update of the workplace violence prevention plan specific to the organization.

Stronger contract language

After significant wins in 2023 and 2024, WSNA continued our efforts to secure stronger workplace violence prevention measures in collective bargaining agreements in 2025. We had a couple of notable successes.

The WSNA nurses at PeaceHealth St. Joseph Medical Center in Bellingham won new contract language that includes the following:

- Expands workplace safety protections to all work settings, including hospice.
- Relieves a nurse who is assaulted by a patient, a patient's family member, or a visitor from caring for that patient in the future.
- Stipulates that if a nurse is assaulted at work, they will be paid for their full shift and will have access to leave of absence programs if they need more time to recover.

The WSNA nurses at St. Clare Hospital in Lakewood made significant gains in workplace violence prevention. The new contract includes the following:

- A new weapons detection system in the Emergency Department.
- Installation of card-swipe locked doors on all units. 🗝️



The early hours of an informational picket at St. Joseph Medical Center – Tacoma.



Michael Salters speaks during a rally at Virginia Mason.

WSNA nurses pave way for workplace safety at CommonSpirit hospitals

CommonSpirit Health recently announced a safety upgrade to all 137 of its hospitals after actions by our nurses at Virginia Mason and St. Joseph Medical Center.

● MARCH 2025 NEWSLETTER

BY **Bobbi Nodell**
Marketing and Communications Manager

Not only have WSNA nurses improved safety at their own hospitals, but they have likely inspired CommonSpirit Health to reconsider safety at all its 137 hospitals.

WSNA members at both Virginia Mason Medical Center in Seattle and St. Joseph Medical Center in Tacoma, part of the Virginia Mason Franciscan Health division within the CommonSpirit chain, negotiated weapons detectors in recent contracts. Nurses at Virginia Mason also gained a visitor management system.

While weapons detectors are not yet mandatory in all hospitals, CommonSpirit is taking a big step toward a safety upgrade.

An email sent from Monica Hilt, the CEO of Virginia Mason Medical Center in Seattle on Jan. 22 announced the following news:

“CommonSpirit Health has developed a visitor management system that will be implemented at all hospitals across its system. St. Joseph Medical Center (SJMC) and Virginia Mason Medical Center (VMMC) will serve as beta sites in the NW Region.”

The visitor management system will require all people visiting the hospital (16+) to get a visitor badge. Anyone visiting the hospital will need a valid photo ID. If they don’t have a photo ID, admission will only be allowed by house supervisor approval. Security will be placed at the badge entrance. From 6 p.m. to 6 a.m., visitors can only enter through the emergency department. Visitors will get their photos taken and have them attached to their visitor badge.

Speaking out

On Oct. 9, 2023, hundreds of nurses held a picket outside Virginia Mason demanding a safer workplace.

The nurses along with a group of local and state elected officials and labor leaders emphasized the connection between assaults and ongoing issues of staffing shortages, retention and pay.

In a story published Oct. 10, 2023, The Seattle Times interviewed two nurses at Virginia Mason who had been attacked by

patients. One was stabbed in the jaw by a butter knife, and another was punched in the face.

Nurses told the Seattle Times they would feel better if they knew patients and visitors were required to check in and be screened for weapons, or if they had a larger security team or other safety measures in place.

Making history

In October 2023, WSNA nurses at Virginia Mason made history by negotiating a pilot program for the first weapons detection system among CommonSpirit’s 137 hospitals, as well as negotiating a mandatory visitor registration.

In January 2025, the hospital announced that the pilot program is done and that a permanent weapons detection system has been installed.

Meanwhile, at St. Joseph Medical Center in Tacoma, WSNA won another safety victory at a CommonSpirit Hospital. The hospital is piloting a weapons detector in the emergency room, according to the contract ratified in December 2024.

“It’s a good victory,” said Pamela Chandran, WSNA’s director of Legal Affairs and Strategic Initiatives, who served as lead negotiator for both hospitals. “Nurses stood up for safety and won.”

As Chandran said, “Virginia Mason was the snowplow.” 

BUILDING NURSES' POLITICAL POWER

One important way WSNA works to build nurse power is by increasing member involvement in political and legislative activities, growing WSNA's political action committee (WSNA PAC), and preparing nurses to run for elected office.

KEY ACHIEVEMENTS

- The WSNA PAC now has 119 recurring donors from online contributions and 58 new recurring donors through payroll deductions.
- WSNA now has nine collective bargaining agreements that allow WSNA PAC contributions through payroll deductions.
- WSNA sent three members who expressed interest in running for public office to candidate trainings.

About WSNA PAC

The WSNA PAC was founded to make endorsements and financial contributions in statewide elections.

The WSNA PAC is a nonpartisan group that supports candidates supportive of the legislative and regulatory agenda of the Washington State Nurses Association. Endorsed candidates are strong on nursing and patient safety issues.

All WSNA PAC funds are raised independently from individual contributions, not through member dues.

To learn more about the WSNA PAC, visit wsna.org/pac.



Growing WSNA PAC

We have worked diligently to grow the WSNA PAC and to increase recurring donors as a key strategy in building nurse power. We now have more members than ever contributing to the WSNA PAC.

One strategy is to bargain for WSNA PAC payroll deduction language in contracts with employers, which we started doing in 2024. Payroll deduction gives members an option to make an automatic contribution each pay period. By the end of 2025, nine facilities had this language in their collective bargaining agreements:

- Arbor Health in Morton
- Harbor Regional Health in Aberdeen
- PeaceHealth Southwest Hospital in Vancouver

- PeaceHealth St. Joseph Medical Center in Bellingham
- PeaceHealth St. John Medical Center in Longview
- Skyline Hospital in White Salmon
- St. Joseph Medical Center in Tacoma
- St. Clare Hospital in Lakewood
- UW Medical Center Northwest in Seattle

Our members are continuing to negotiate for similar language as contract bargaining opens at other facilities.



Members connected with dozens of legislators at WSNA Lobby Day on Feb. 4, 2025.



Increasing engagement

WSNA offered several engagement opportunities for members to be part of the legislative process and strengthen their collective voice. WSNA Government Affairs staff kept members up to date every week throughout the legislative session, providing updates on bills, videos of hearings, rallies to attend, and actions to take.

One bill, HB 1220, drew more than 500 nurses within 24 hours to take action in opposition to the bill, emailing their representatives directly. The bill would have unintentionally undercut efforts to reduce workplace violence in health care. This overwhelming show of support, or, in this case, opposition to a bill, was outstanding and certainly helped in its defeat in the 2025 legislative session.

WSNA also offers a free on-demand course, Intro to Legislative Advocacy, for nurses beginning their journey into legislative advocacy and nursing students.

Our annual WSNA Lobby Day was a great success in 2025, offering compelling speakers, an engaging video from House Speaker Laurie Jinkins on the importance of nurses' engagement in the legislative process, and tools and education on how to advocate effectively. More than 85 members attended the annual WSNA Lobby Day and visited with dozens of legislators.

Political trainings

WSNA sent three members who expressed interest in public office to trainings about how to run for office. The trainings delved into the details from fundraising and crafting an effective message to voter contact strategy and grassroots organizing – as well as how to break the barriers to running for office.

In March, Seattle Children's Hospital nurses Annika Hoogestraat and Kelsey Gellner attended the Washington State Labor Council's Path to Power Political Candidates Training in Olympia. In July, WSNA President Justin Gill attended the Healing Politics Campaign School in Durham, North Carolina. [WN](#)



Washington needs more nurses in elected office

WSNA is focused on cultivating future leaders who want to run for office so we can put nurses back in the legislature. Three members recently did trainings, including one specifically for nurses.

● AUGUST 2025 NEWSLETTER

BY **Sami Bailey**
Political Advocacy Specialist

In 2004, the Washington State Legislature had eight registered nurses in office. Today, we have none. Why does this matter? Keep reading.

Nurses are well-suited to serve as elected leaders. Their skills in advocacy, delegation, teamwork, and communication naturally transfer to elected office. When we have nurses in the legislature, we have a voice behind closed doors where decisions are being made on behalf of nurses. This is critical in developing public policy through the lens of a nurse that puts patient safety first.

WSNA is focused on cultivating future leaders who want to run for office so we can put nurses back in the legislature. We have begun to do more of this by sending those who express interest in public office to the Washington State Labor Council's Path to Power Political

Candidate Training, and Healing Politics Campaign School for Nurses and Midwives.

Both trainings delve into the nuts and bolts of running for office, from fundraising and crafting an effective message, to voter contract strategy and grassroots organizing. Path to Power is aimed at union members and local community activists, whereas the Healing Politics Campaign School is targeted towards nurses and midwives.

In March, Seattle Children's nurses Annika Hoogestraat and Kelsey Gellner attended the Path to Power training in Olympia. Hoogestraat is an intensive care and ECMO nurse and serves as the co-chair of her bargaining unit and as vice chair of the WSNA PAC. Gellner is an urgent care nurse and serves on the WSNA Board of Directors and as the social media officer for Seattle

Children's bargaining unit.

Both Hoogestraat and Gellner credit WSNA's Lobby Day for getting them involved in government affairs and political advocacy. Gellner got involved with the safe staffing bill a few years ago. After that, more opportunities to get involved continued to pop up, which led to Gellner serving on WSNA's Board of Directors.

Their advice to you? Keep saying "yes."

By serving on the WSNA PAC Board, Hoogestraat is part of a panel that interviews political candidates seeking WSNA PAC endorsement and support. She was inspired by those folks who put themselves out there to run and realized that nurses have incredible insights into the practice of healthcare, so she attended Path to Power.

"I've learned that I don't have to be an expert in government, which gave me more confidence."

"It demystified the whole process [of running a successful campaign]," Hoogestraat said. "I've learned that I don't have to be an expert in government, which gave me more confidence."

Over the years, Gellner has noticed how local politics impacts the day-to-day operations of being a nurse and her profession as a whole.

"Elected officials who are making these decisions aren't nurses and many don't have healthcare experience, so they rely on our voices and whoever speaks up to make those decisions," she said.

One of their big takeaways was the need to making running for office easier for working parents.

"Learning how much time, people, and energy it takes to run a campaign. It's not set up for working parents," Gellner

said. "Through the Washington State Labor Council and WSNA, we can break down the barriers that have been built against working people."

Hoogestraat agrees.

"There is a barrier for working people to enter the state legislature. We need more working people in the legislature. WSLC and WSNA already have connections and political power," she said.

In Washington state, we are fortunate to have a campaign training focused on working people. And there are opportunities to be connected to nationwide trainings that seek to specifically elect more nurses into office.

Justin Gill's experience at Campaign School

In July, WSNA President Justin Gill, a practicing nurse practitioner, attended the Healing Politics Campaign School in Durham, North Carolina.

Gill said the Campaign School touched upon broad campaign topics like fundraising and messaging strategy, but it also left time for self-reflection. He said attendees were asked to think about their goals and why they wanted to run for office. They also reflected on how their lives (personal time, family, and financial situation) lend to running a campaign, and what they need to do to make the leap to run.

Gill said the Campaign School had four guest speakers who are nurses and current elected officials who provided insight into elected leadership.

"It's much harder to talk to a new patient about their diagnosis than talking

"Elected officials who are making these decisions aren't nurses and many don't have healthcare experience, so they rely on our voices and whoever speaks up to make those decisions."

"It's much harder to talk to a new patient about their diagnosis than talking to a voter at the door."

to a voter at the door," Gill said he learned.

I asked Gill what qualities nurses have that make them uniquely qualified to be effective policymakers. His response:

- Nurses are naturally good communicators. We communicate with patients that come from every background, and we know how to focus on issues.
- Nurses are natural problem solvers. We deal with complicated issues in our clinical environment every day and navigate so many systems without realizing it. Making sure patients can afford medication, explaining complex diagnoses for patients, dealing with difficult and intimate situations such as end of life or the birth of a child. All those skills directly translate to campaigns and running for office.
- Because nurses are involved at every level of healthcare delivery from administration to bedside care to community/public health, we know what goes into all the aspects that impact our healthcare system. Public policy influences how our healthcare system works. If you don't have a seat at the table, you're on the menu.

For the past 20+ years, nurses have been ranked the number one most trusted profession. It is no secret that the trust in our political system is low and continues to dwindle. But nurses might be a light. Nurses are well-equipped to bridge the political divide, because you hold that trust. You are storytellers and advocates. You know how to cut through the noise with personal stories. ■

WSNA strongly advocates for public policy that improves nursing practice, better working conditions, and advances access to safe, quality, and equitable care. Our Government Affairs team and member-driven Legislative and Health Policy Council set our state legislative agenda, and our members help advocate with legislators to support those priorities.

KEY ACHIEVEMENTS

- Two of WSNA’s five state legislative priorities passed —strengthening workplace violence prevention and allowing unemployment benefits for striking workers.
- More than 300 members responded to an Action Alert in support of HB 1162, the bill strengthening workplace violence protections.
- Six WSNA members testified in support of WSNA’s legislative priorities.

Advocacy at the state level

WSNA STARTED THE 2025 LEGISLATIVE session on Jan. 20 with five legislative priorities and had members or affiliates testify on each.

With the state facing a \$16 billion revenue shortfall, WSNA urged members to write lawmakers asking them to pass a budget with limited cuts that would protect working families. WSNA also supported progressive revenue proposals, such as one that would require higher-income individuals and large corporations to contribute a larger share.

During WSNA Lobby Day on Feb. 4, 2025, members had more than 100 appointments with lawmakers to talk about the priorities they were most passionate about.

HB 1162, Workplace violence in healthcare settings

In his testimony in support of this bill, Brad Rathke, a nurse at Virginia Mason, shared his chilling experience of being stabbed in the face by a patient with a metal butter knife and having to return to work after his ER visit due to short staffing.

Lindsey Kirsch with Seattle Children’s Hospital told legislators that “hospitals should be a place of zero tolerance of any kind of violence” and that staff, patients, and visitors need to know hospitals are “a place of peace and healing.”

And Maurya Robinson with Providence Sacred Heart in Spokane told lawmakers, “There is an expectation from management that these workplace violence incidents are just part of the job. This is unacceptable.”

The bill passed unanimously in both chambers of the legislature and went into effect Jan. 1, 2026. The law strengthens the efforts of workplace violence prevention / safety committees by requiring more action. Every healthcare facility must conduct a timely investigation whenever a violent incident occurs and then analyze what contributed to it and use those findings to update their workplace-violence prevention plans at least once per year.

SB 5041, Unemployment insurance for striking or lockout workers

April Sims, president of the Washington State Labor Council, testified in support of this bill. Sims argued that “many workers don’t have a safety net if they are pushed to strike” and

said the measure would make it harder for employers to use financial pressure to force unfair contracts.

The bill passed 55-41 in the Senate and 27-21 in the House. It took effect Jan. 1, 2026.

The bill allows individuals unemployed due to a labor strike to receive unemployment insurance benefits for six weeks following a specified disqualification period and the waiting week. It also eliminates the rule that blocks workers from receiving unemployment benefits if their employer locks them out because of a strike against another employer in the same multi-employer bargaining group.

EHB 1430, Equal reimbursement for services provided by ARNPs

WSNA President Justin Gill, a practicing nurse practitioner, testified twice in support of the equal reimbursement bill. He told lawmakers that nurse practitioners are highly skilled professionals but do not receive the full reimbursement from insurance companies that physicians receive. This bill died in the Senate Health & Long-Term Care Committee and has reverted to the House Rules Committee.

HB 1881, Mergers and acquisitions in healthcare

Heather Rosewarne, a labor and delivery nurse at Seattle’s Virginia Mason birthing center before it closed in November 2024, testified in support of this bill. Rosewarne talked about her experience of going through two separate mergers in healthcare over her 20-year nursing career and how the closure of the birthing center was a huge loss for community members. This bill died in the House Committee on Civil Rights & Judiciary.

HB 1352, BEST mentor program for novice school nurses

Cathy Meuret, a member of the School Nurses of Washington State and the former director of the School Nurse Corps Program for North Central Washington, shared her support of the Beginning Educator Support Team (BEST) program. Meuret said a mentor provided through BEST would help novice school nurses feel more confident, more invested in their position, and more likely to remain in their jobs. This bill was referred to the House Education Committee and did not get a hearing. 

Unemployment benefits for striking workers passed into law — what we know so far

New Washington law will allow striking or locked-out workers to collect up to six weeks of unemployment benefits starting Jan. 2026.

● JULY 2025 NEWSLETTER

BY **Jessica Hauffe**
Director of Government Affairs
AND **Sami Bailey**
Political Advocacy Specialist

Unemployment insurance (UI) for striking or lockout workers is now Washington state law, with the passage of Senate Bill 5041 in April. Work still needs to be done between now and the law's effective date of Jan. 1, 2026, including waiting for the statute and related regulations to be published. Once Washington's Employment Security Department posts those regulations, we will have a better sense of how this law will be interpreted and implemented.

While this is a big win for workers that makes strikes more financially feasible, it's not a blank check or a magic wand. Instead, it gives nurses easier access to one of the most potent tools in their arsenal at the bargaining table.

■ What does the new law do?

The law, signed by Gov. Bob Ferguson in May, allows individuals unemployed due to a labor strike or an employer lockout to receive up to six weeks of unemployment insurance benefits following a qualifying strike or lockout event. Benefits would start 15 to 21 days after the strike begins, depending on what day the strike starts. If the conflict is resolved before that time, no benefits will be issued.

■ What is unemployment insurance and how does one qualify?

Unemployment insurance benefits are temporary cash benefits provided to workers who are off the job through no fault of their own. The program is administered by Washington state's Employment Security Department.

Before this law passed, employees who were off work due to a strike or lockout were disqualified entirely from UI. Starting in January, that disqualification will end the second Sunday of the strike, which could be 7-14 days, followed by the normal seven-day waiting period.

Just like any other worker who's off the job, to qualify for UI benefits a striking or locked out worker must:

- Have worked at least 680 hours in the base year.
- Be off work through no fault of their own or for a specified good cause.
- Be both able and available to work and actively search for suitable work.

■ What is a "qualifying" strike or lockout?

The Employment Security Department will determine on a case-by-case basis if a labor dispute qualifies workers for UI benefits. That may take some time, so they recommend continuing to apply for benefits until they reach a decision.

A qualifying strike cannot be prohibited by state or federal law. If the strike is deemed illegal under state or federal law, workers must repay any UI benefits they received during the strike.

■ What is a lockout and when does it come into play?

A lockout occurs when, during a labor dispute, an employer prevents employees from working — they are "locked out" of their jobs. The same UI benefits are available to workers during a lockout; their disqualification ends the second Sunday of the lockout, and



they can receive benefits starting one week later.

■ What kind of UI benefit can I expect to receive while on strike or in lockout?

Workers approved for UI benefits receive up to 60 percent of their income. The benefit is capped at \$1,079/week. In other words, if 60 percent of your income is higher than this amount, your benefits will not exceed \$1,079.

Keep in mind you must meet the minimum standards for hours of work, apply for jobs, and have a one-week waiting period that applies to anyone who receives UI benefits.

■ When would I owe money to the Employment Security Department?

Sometimes, when a contract negotiation goes past the date of the previous contract expiration, employers agree to pay workers their new wage rates retroactively to cover the time since the contract expired. If your employer pays retroactive wages that cover a period during which you received UI benefits (during a strike, lockout, or any other reason), the government will expect repayment of those funds. In other words, workers cannot receive both retroactive wages and UI benefits for the same period; they would need to repay the UI benefits to the Employment Security Department. ■■

In 2025, we faced major policy shifts in Washington, D.C., which posed new threats to our members, our patients, and our communities. WSNA spoke out and took action against new policies that threatened healthcare and the labor movement.

KEY ACHIEVEMENTS

- On Sept. 2, 2025, WSNA and eight other plaintiffs settled a federal lawsuit against the purging of public health and science data from federal websites. The federal government agreed to restore the pages that had been removed.
- WSNA members joined protests across the state to raise awareness of issues relevant to nursing, healthcare, and patients.
- WSNA members spoke at press conferences with Senators Patty Murray and Maria Cantwell to highlight the harms to patients of proposed cuts to Medicaid.



Justin Gill speaks at a press conference held in Olympia by Senator Patty Murray to protest devastating cuts to Medicaid and the Children's Health Insurance Program, March 17, 2025.

Speaking out against harmful federal policies

FROM THE BEGINNING OF 2025, THE NEW ADMINISTRATION MADE major policy shifts, with big implications for healthcare and labor unions. New directives from the White House and federal agencies attacked and undercut science-based public health measures, efforts toward diversity, equity, and inclusion, and the rights of women and LGBTQ+ people.

Collective bargaining rights for federal employees were eliminated. Support for education was compromised. A majority in Congress voted to slash Medicaid funding and refused to extend support for people who receive health coverage through the Affordable Care Act. The administration proposed new policies for federal student loans that would fail to recognize nursing as a profession. Throughout it all, WSNA stood up and spoke out against actions that would harm its patients, colleagues, communities, and the labor movement.

In his December 2024 letter to our members, WSNA President Justin Gill said:

“We need to stand together and face our challenges with the same courage and values that we leverage in our day-to-day work. This includes speaking up, not just when it is convenient but when it is

necessary to protect the interests of our patients and our colleagues.”

WSNA members answered this call to action by speaking at protests and press conferences, contacting elected representatives, joining its Nurse Mobilization Network, and so much more.

From the nomination of Robert F. Kennedy, Jr. to lead the Department of Health and Human Services, to countering information that wasn't backed by science, to defending Medicaid, and to joining a lawsuit to make the federal government restore health data and guidance, WSNA took stands and made a difference.

Federal lawsuit victory

In May 2025, WSNA joined eight other health-related organizations in a federal lawsuit aimed at restoring deleted public health data and materials on its

websites. The lawsuit, *Washington State Medical Association et al. v. Kennedy et al.* was filed in the federal district court for the Western District of Washington.

More than 100 health and science data and guidance webpages had been wiped following two of President Trump's Jan. 20 executive orders: "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government," and "Ending Radical and Wasteful Government DEI Programs and Preferencing."

The lawsuit aimed to restore these pages and datasets so that health providers, scientists, researchers, and others could access them.

WSNA President Justin Gill announced the legal victory made on Sept. 2, 2025.

"This settlement represents a win for nurses, science and patients," he said. "As we said when this lawsuit was first announced, we must remain committed to standing by our values and leading with courage during chaotic times."

Taking a stand

On Jan. 16, 2025, WSNA joined nine other state nurses associations to express concern about nominees to lead the U.S. Department of Health and Human Services and its subsidiary agencies. The statement said, in part, "We take a bold stand against any current or future nominees that aim to sow distrust in evidence-based recommendations, vaccines, or our public health institutions."

This was the first in a series of statements WSNA issued, many in coalition with other state nurses associations. Statements opposed limits to emergency abortion access, Medicaid enrollee disclosure to Immigration and Customs Enforcement (ICE), the dismissal of non-partisan Department of Human and Health Services task force members, unscientific Centers for Disease Control and Prevention (CDC) recommendations linking autism

'Win for nurses, science, and patients'

WSNA and eight plaintiffs win lawsuit against the purging of public health and science data from federal websites.

● SEPTEMBER 2025 NEWSLETTER

The federal government will be restoring public health and science data deleted from its websites, resolving a lawsuit filed in May by the Washington State Nurses Association and eight other health-related plaintiffs.

"This settlement represents a win for nurses, science and patients," said WSNA President Justin Gill, in a recorded statement announcing the news Sept. 2. "As we said when this lawsuit was first announced, we must remain committed to standing by our values and leading with courage during chaotic times."

The purges of webpages and other public-facing internet resources began Jan. 31, in response to executive orders aimed at dismantling DEI efforts and opposing LGBTQ+ care and research.

According to the lawsuit, more than 100 health and science datasets were wiped following two of President Trump's Jan. 20 executive orders: "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government," and "Ending Radical and Wasteful Government DEI Programs and Preferencing."

WSNA signed on to this lawsuit early on. As Justin Gill said in the May 20 press release announcing the filing of the lawsuit: "Nurses strive to provide evidence-based care. That means care that is driven by current data—but we can't do that if the data is unavailable."

A wide range of webpages and data had been deleted. These included FAQs

for Mpox treatment, Health Resources and Services Administration information about opioid use among women, various resources on health issues affecting the LGBTQ+ community including diabetes, information related to transgender behavioral health disparities, and the Health and Human Services website dedicated to reproductive rights.

The settlement requires the U.S. Department of Health and Human Services to recover any information it deleted from government websites since January.

"This victory shows that advocating with a sense of courage and a commitment to our core values can lead to change," said WSNA Executive Director David Keepnews. "Moving forward we need to remain vigilant and continue to speak out as we aim to protect the communities we serve and the professionals that care for them."



The lawsuit, *Washington State Medical Association et al. v. Kennedy et al.* was filed in the federal district court for the Western District of Washington. Three of the nine plaintiffs are from Washington state.

Along with WSNA, the plaintiffs include Washington Chapter of the American Academy of Pediatrics, AcademyHealth, Association of Nurses in AIDS Care, Fast-Track Cities Institute, International Association of Providers of AIDS Care, National LGBT Cancer Network, and the Vermont Medical Society. [WV](#)

“These cuts are not only cruel – they are harmful to the stability of our entire healthcare system.”

to vaccines, the proposed designation of nursing as not a professional degree for the purposes of student loan limits, and other issues of importance to our members and our profession.

Action at ANA

To amplify our concerns even further, WSNA President Justin Gill introduced a resolution at the ANA Membership Assembly calling on ANA to “advocate clearly and directly” in opposition to federal policies that run counter to ANA principles in areas including access to care, science-based public health measures, diversity, and health equity.

Voting representatives overwhelmingly approved the resolution, *Defending Nursing’s Principles and Protecting Our Patients*, submitted by WSNA and 12 state nurses associations: California, Delaware, Florida, Hawai’i, Illinois, Minnesota, Montana, Ohio, Oregon, Nebraska, New Mexico, and Vermont. The Association of Nurses in AIDS Care, an ANA organizational affiliate, also signed on to the resolution.

On Aug. 29, ANA issued a statement expressing alarm at the abrupt dismissal of the CDC director and subsequent resignations of key leaders across the CDC. The statement urged the administration to take immediate steps to restore consistent, balanced, and stable leadership at the CDC.

AFT actions

WSNA’s national labor affiliate, AFT, played a leadership role in speaking out against harmful federal policies in the streets, courts, and Congress.

In June and July, AFT fought hard against HR 1, the bill that slashed

Medicaid, by encouraging members to contact their representatives in congress, supporting locals like WSNA in their efforts to oppose the bill, and launching a multistate six-figure ad buy opposing the legislation.

AFT also played a large role in organizing protests across the country—many of which WSNA participated in—and was involved in several lawsuits in 2025.

In February, AFT successfully sued to block the Department of Education and the federal personnel office from sharing data with DOGE, the Department of Government Efficiency. AFT also sued the Department of Education in March for halting access to income-driven repayment plans and blocking loan forgiveness for public service workers, including nurses and teachers. Seven months later, the administration agreed to deliver tax-free debt cancellation for eligible borrowers in 2025, despite processing delays.

AFT also joined other unions under the AFL-CIO in an ongoing lawsuit against the Trump Administration over the dismantling of the Federal Mediation & Conciliation Service, including firing mediators and staff and closing field offices across the country.

Resisting Medicaid cuts and House Resolution 1

WSNA ran an extensive campaign aimed at stopping the steep cuts to Medicaid proposed in HR 1, the “Big, Beautiful, Bill.”

On March 17, Justin Gill participated in a press conference held in Olympia by Senator Patty Murray to protest devastating cuts to Medicaid and the Children’s Health Insurance Program. Gill’s statement included, “These cuts will make our jobs as nurses even more difficult.”

After HR 1 passed the House of Representatives, Edna Cortez, chair of WSNA’s Labor Executive Council, spoke at a press conference in Seattle convened by Senators Patty Murray and Maria Cantwell. “These cuts are not only cruel - they are harmful to the stability of our entire healthcare system and will not only impact those who are on Medicaid. We will all feel it,” she said.

Tristan Twohig, local unit chair at

Holy Family in Spokane and a member of WSNA’s Labor Executive Council, spoke on June 27 at a press conference organized by U.S. Senator Maria Cantwell on how Medicaid cuts would hurt local communities. “Nurses just want to provide safe, compassionate care,” Twohig said. “We believe that the proposed cuts to Medicaid would be detrimental to the members of the community we care for.”

Statewide, more than 500 WSNA members responded to action alerts by sending emails to their members of Congress opposing the proposed Medicaid cuts.

Part of the campaign focused on the 4th Congressional District, represented by Dan Newhouse, urging him to break with the Republican majority by voting down HR 1.

Opinion pieces by Jacob Garcia, staff nurse at Astria Sunnyside, and Julia Barcott, staff nurse at Astria Toppenish, ran in the Sunnyside Sun June 16 and in the Yakima Herald-Republic June 26.

While HR 1 was signed into law July 4, WSNA succeeded in elevating the issue and holding Rep. Newhouse accountable for his vote to support the cuts.

Nursing is a profession

As news spread that the Department of Education had excluded nursing from its list of “profession degree” programs, WSNA spoke out.

On Nov. 21, the association issued a statement calling the proposal to cap loans that nursing students could take out deeply disturbing. The proposal would limit borrowing for nursing graduate students to \$20,500 a year and \$100,000 total—half the limits for programs deemed “professional.”

“Nursing is a profession—the largest health profession in the U.S.,” the statement said. “Students in graduate programs—preparing for advanced practice, leadership, and faculty roles—need to be able to finance their education. Without access to sufficient loans, the impact on the nursing workforce, including the work of preparing new nurses to enter the workforce, can be severe.”

WSNA urged members to sign a peti-

Include nursing on the federal list of professional degrees

● OP-ED IN THE SEATTLE TIMES, DEC. 2, 2025

BY Justin Gill, DNP, APRN, RN
President

Washington state's health care system depends on a strong and stable workforce, and nurses — the largest and most trusted profession in the country — are at the center of it. Patients and communities thanked nurses and health care workers for the vital role they played in combating the COVID-19 pandemic. Yet that trust and appreciation appear to be overlooked at the federal level.

As someone who relied on federal graduate loans to become a nurse practitioner, I am alarmed by the U.S. Department of Education's proposed rule that removes nursing from its list of recognized "professional degree" programs, among other important health care occupations. This proposed rule is the direct result of the "One Big Beautiful Bill Act" — the sweeping 2025 law that capped graduate loan amounts and restructured repayment programs. Under the act, only students in designated professional degree programs can access higher loan limits of up to \$50,000 per year or \$200,000 over a lifetime. By excluding nursing, the department is effectively placing graduate nursing education out of reach for many by limiting loan amounts to \$20,500 per academic year or \$100,000 over a lifetime.

For Washington state, this is not an abstract policy debate — it is a threat to the stability of our already strained health care workforce.

Washington is currently experiencing shortages in both primary care and behavioral health. Advanced practice nurses — nurse practitioners, nurse midwives, nurse anesthetists and clinical nurse specialists — are essential to closing those gaps. Limiting federal loan access for these advanced practice programs will shrink the pipeline of future providers, particularly in underserved areas that already struggle to recruit and retain clinicians.

Our behavioral health crisis makes this even more urgent. Washington faces emergency department boarding, a shortage of psychiatric beds and long wait times for behavioral health appointments. Psychiatric mental health nurse

practitioners are one of the most urgently needed clinicians in the state, especially in rural counties with a severe shortage of psychiatrists. If graduate nursing education becomes less accessible, these vital clinicians will become even harder to train and deploy.

This rule will have a direct impact on training future nurse educators. Washington's nursing programs already turn away qualified applicants because they lack enough graduate-prepared faculty and report persistent educator shortages. When fewer nurses can afford graduate school, the educator shortage expands. When educator positions go unfilled, fewer students can be admitted. And when fewer students are admitted, Washington's pipeline of future nurses will be restricted. We cannot afford to tighten this bottleneck.

As a first-generation college student and the son of Asian-Indian immigrants, I realize the importance of having a health care workforce that represents the populations they care for. The Department's proposal will disproportionately harm working-class, first-generation and students of color — precisely the groups Washington institutions are working hard to recruit. Reducing access to graduate education undermines our efforts to make progress in this area.

Many graduate nursing programs span two to three years. While some may not reach the \$100,000 borrowing limit, they would still be affected by the \$20,500 annual limit. The education department's new list of professional degrees includes theology, podiatry and clinical psychology — some of which were not consistently recognized in the older regulatory definition the department claims to be following. If the list can be modernized to include other disciplines, there is no defensible reason to exclude nursing, a profession grounded in science, evidence-based practice, licensure and direct responsibility for human lives.

Washington relies heavily on graduate-prepared nurses to keep communities healthy — from urban clinics in Seattle to critical-access hospitals in our rural counties. Nurses are asking for fairness and recognition of reality: Nursing is a profession, and our state's health depends on it.

For the sake of Washington's patients, families and future workforce, the education department must include nursing in the professional-degree designation before this rule is finalized. [WU](#)



Kathleen Thompson, Oct. 28, 2025.

tion launched by national organizations, including ANA, asking the federal government to keep nursing as a professional degree.

Your president in action

WSNA President Justin Gill worked hard to get our messages out to the public in 2025. Gill, who was elected to a second two-year term in May, was quoted in more than a dozen media articles in both local and national outlets.

The Seattle Times accepted and ran three opinion pieces written by Gill: opposing the nomination of Robert F. Kennedy, Jr. as Secretary of Health and Human Services, decrying the passage of HR 1, and explaining the harm of proposals to eliminate nursing graduate degrees from the list of "professional programs" that qualify for higher loan limits.

Most of the statements WSNA released in 2025 were authored by Gill.

Along with speaking at press conferences, President Gill's public speaking included addressing the crowd at the Stand Up for Science rally March 7 and the Hands Off! rally April 6. [WU](#)

LABOR AND ORGANIZING WINS

WSNA is committed to strengthening nurses' collective power to win and enforce great contracts and to achieve better working conditions, nurse and patient safety, safe staffing, fair compensation, and more.

KEY HIGHLIGHTS

- Ratified 17 contracts.
- Won contract language that addresses key issues of workplace violence prevention, break relief nurses, and full credit for experience for internationally educated nurses.
- PeaceHealth St. Joseph Hospital in Bellingham reached an agreement after 14 bargaining sessions, two informational pickets, one protest song, and six weeks after the contract expired.
- The contract for nurses at St. Clare Hospital in Lakewood included break relief nurses, a weapons detection system in the Emergency Room, card-swipe entrances on all units, and a new language to ensure that internationally educated nurses receive equal pay for international experience.



Fighting for competitive pay, safety, and union rights

WSNA MEMBERS SHOWED THEIR POWER AT THE BARGAINING TABLE and in the streets in 2025. Through 17 contract negotiations and ratifications, nurses fought for what they deserve. Nurses held rallies and pickets, rejected proposed takeaways at the bargaining table, spoke to public officials, launched public awareness campaigns, and prepared to strike.

Notable achievements included political action committee paycheck deduction language in six additional contracts, significant improvements to workplace violence prevention, break relief nurses, and competitive pay. Along with contracts, WSNA also ratified an important memorandum of understanding regarding meal break waivers for all five PeaceHealth facilities (Peace Island, St. John, Southwest, St. Joseph, and United General), as well as a Clinic Call Center memorandum of understanding for PeaceHealth St. John.

PeaceHealth St. Joseph Medical Center – Bellingham

The 1,100 nurses at PeaceHealth St. Joseph Medical Center in Bellingham voted down an offer from the employer in March before going back to the table and ratifying a contract May 23.

Between those two votes, more than 1,000 people attended a huge rally April 29. A highlight of that rally was WSNA member Brian Martens performing a song he wrote about nurses' frustrations to the tune of the Bob Dylan song "The Times They Are A-Changin'."

"Come gather round nurses, whatever your floor.

And stand up with me for what is worth standing for.
And say to PeaceHealth, we won't take any more.
The promises they have been breaking..."

St. Joseph is the biggest hospital in Bellingham, as well as the biggest employer, and nurses said PeaceHealth was using its market power to pressure nurses to accept substandard benefits and wages.

In the end, the bargaining team got several big wins, including some of the highest three-year pay increases in the bargaining unit's history, elimination

Above: Brian Martens performs at a rally for St. Joseph Medical Center - Bellingham nurses, April 29, 2025.

PeaceHealth nurses in Bellingham to vote on new tentative agreement May 22 – 23

Bargaining team members tell nurses to vote yes!

● MAY 2025 NEWSLETTER

BY **Bobbi Nodell**
Marketing and Communications Manager



The tentative agreement was ratified by a majority vote of WSNA nurses at PeaceHealth St. Joseph Medical Center in Bellingham on Friday, May 23.

More than 100 nurses packed in a small conference room on Friday as their WSNA bargaining team reached a tentative agreement with management at PeaceHealth St. Joseph Medical Center in Bellingham.

The agreement was reached after four months, 14 bargaining sessions, two informational pickets, one protest song, and six weeks after their contract expired.

The 1,100 PeaceHealth nurses are represented by the Washington State Nurses Association, and their bargaining team — a group of nurses elected by their coworkers at St. Joseph — recommends a yes vote.

Voting will take place electronically from 6:30 a.m. on May 22 through 8:30 p.m. on May 23.

“We got two tier 1 pharmacies in Whatcom County and eliminated our ghost steps,” said Kristin Malmo, a labor and delivery nurse at the hospital and a member of the bargaining team.

Ghost steps are when nurses are not moved up to the next step, reflecting their increased nursing experience.

“We are averaging a 14 percent salary increase over the life of the contract. I work nights and our night shift differential will be \$8 an hour the first year of the

contract,” said Amber Pouley, another bargaining team member who works in St. Joseph’s Emergency Department.

PeaceHealth St. Joseph nurses fought to maintain a market-leading percentage-based shift-differential system, which means nurses’ night and evening shift differentials will increase annually as wages go up over the life of this contract.

“PeaceHealth doesn’t get to touch our EIB (extended illness bank) this contract,” added K.J. Clark, a bargaining unit member who works as a critical care float nurse.

PeaceHealth St. Joseph’s EIB program allows nurses to take extra, fully paid time off beyond their normal sick days due to an extended illness or severe injury or to take care of a family member who experiences an illness or injury themselves.

WSNA previously reached a tentative agreement with PeaceHealth St. Joseph in March, but nurses voted the agreement down later that month, citing the need for higher wages and improved access to covered healthcare. Since returning to the bargaining table in April, their bargaining team gained several big wins before reaching a new tentative agreement May 16:

- A \$4.25 per hour raise for all steps in Year 1, plus 3.25% in Year 2, and 3% in Year 3.
- Elimination of all ghost steps, which allows nurses to get pay increases every year.

- A 10.6% wage increase to evening and night shift differential rates starting June 1.
- Tier 1 benefits coverage at two retail pharmacies in Bellingham and Ferndale within 45 days of ratification. Before, the nearest tier 1 pharmacy covered by PeaceHealth’s benefits plan was in Longview, Wash.
- No changes to the extended illness bank. Nurses had previously agreed to reopen the terms of this section of the contract in fall 2025.
- For the first time, the terms that govern hospice nurses will be integrated into the main contract, signaling their important role within the bargaining unit and setting them up for more streamlined bargaining and stronger contract enforcement in the future.

The tentative agreement also includes a process to voice concerns and vent frustrations over the new, unpopular health insurance plan PeaceHealth implemented systemwide in January 2025.

Nurses will have the opportunity to let management how this health insurance plan is affecting them through a forum with hospital leaders held four times a year. Nurses are hoping this dialog will encourage more collaboration and movement from management as it makes annual updates to their health insurance benefits. [WV](#)

LABOR AND ORGANIZING WINS

of all ghost steps (adding annual steps where they were missing from the wage scale), a night shift differential starting at \$8 an hour, and stronger workplace violence language for hospice RNs.

The hospital improved the unpopular new health insurance plan PeaceHealth implemented systemwide in January 2025 by agreeing to make top-tier benefits coverage available in or near the facility. Previously, the nearest top-tier pharmacy was 250 miles away.

The contract also included a benefits forum with quarterly meetings that resulted in the following improvements to health benefits in 2025:

- In-house Emergency Department, anesthesiology, and imaging are now Tier 1 (the highest coverage level).
- Adding a Tier 1 lab in Bellingham.
- Fixing an issue where Positron Emission Tomography (PET) scans at a PeaceHealth co-owned facility were being charged at Tier 2 due to a subcontractor issue. The scans are now Tier 1.

The terms that govern hospice nurses were integrated into the main contract, signaling their important role within the bargaining unit and setting them up for more streamlined bargaining and stronger contract enforcement in the future.

St. Clare Hospital

In just four sessions, the bargaining unit of 300 nurses at Virginia Mason Franciscan Health St. Clare Hospital in Lakewood secured a contract Feb. 21, which included break relief nurses, a weapons detection system in ER, card-swipe locked doors on all units, and pay increases, making them some of the best-paid nurses in the region.

In announcing the win, the nurses said they were particularly proud of ending the historically unjust practice of giving internationally educated nurses only 50 percent credit for their international experience. Nurses affected by this practice were given six months to submit documentation of international experience to human resources to be brought up to the correct step.

Seattle Children's Hospital

Contract negotiations at Seattle Children's continued through the end of 2025.

The 2,200 nurses at Seattle Children's Hospital were up against an administration that hired a notoriously anti-union law firm to push their agenda.

From the outset, the hospital set out to dismantle union power, collective action, and undermine nurses' legal rights.

WSNA was seeking hospital-wide break relief nurses, investments in workplace violence prevention measures, better sick leave and premiums to support patient and nurse health and safety, protective antidiscrimination language, and competitive pay.

An attorney for the hospital told the nurses that it was not that the hospital could not afford their proposals; it was that the proposals were unreasonable.

This only fired up nurses. They made shirts that said, "Proudly unreasonable." They held an informational picket on Sept. 30, with more than 1,100 nurses in attendance.

The Seattle Children's nurses got public statements of support from state legislators, Mayor-elect Katie Wilson and Dr. Ben Danielson, the former director of the hospital's Odessa Brown Children's clinic, who won a lawsuit against the



hospital claiming Seattle Children's was a racially hostile work environment and was awarded \$21 million (see facing page).

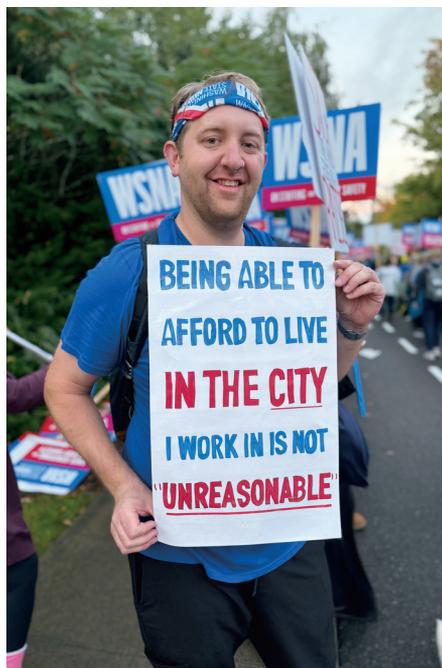
MLK Labor, representing King County unions, passed a resolution demanding Seattle Children's Hospital restore its stated value of becoming an equitable, anti-racist institution and calling on Seattle Children's to stop its attacks on workers and their union.

The nurses also wrote to the board of trustees and the C-Suite executives, asking them to restore the hospital's long-standing values.

The nurses started strike assessments and placed a full-page ad in the Seattle Times describing why they were prepared to strike.

As the year came to a close, and after 34 bargaining sessions, the nurses had won gains in many areas, including protective antidiscrimination, workplace violence, and technology language, and they fought off many takeaways. However, key priorities remained unmet.

On Dec. 22, 2025, nurses at Seattle Children's overwhelmingly voted to authorize a strike. WSNA reached a tentative agreement with Seattle Children's on Jan. 23, 2026, after 36 grueling bargaining sessions and nine months of negotiations. Members voted to ratify the agreement on Jan. 31. [W](#)



In negotiations, Seattle Children's Hospital proposed removing reference to its Health Equity and Anti-Racism Initiatives and striking language that "racism is a public health crisis, that racism has no place within Seattle Children's Hospital, and that racism affects the health of employees, patients, and patients' families."

An open letter to WSNA and Seattle Children's Hospital nurses from Dr. Ben Danielson

● OCTOBER 17, 2025

My warmest greetings to you all.

I am a lifelong admirer and supporter of you and your profession. As a pediatrician, I cherish how much I learned from you in pediatric residency training years, how much I appreciate our thought-partnership and teamwork together throughout my clinical career, and how your profession has long represented the best components of patient care and advocacy in the healthcare fields.

I have been especially guided by your moral grounding, which is deeply woven into your dedication to helping others. In particular, your stalwart championing of DEI and antiracism has stood as healthcare's beacon. In this, and so many other ways, you are the conscience of caring. Which is why I am so disheartened by Seattle Children's Hospital's decisions to erase DEI and anti-racism language from their contract language with you, as well as from their website content.

This may well be one of the most important times in our history for our values around DEI and anti-racism to be assertively expressed. Values like these are most meaningful when they are challenged. Whereas it's easy to talk about these things when they provide nice soundbites. Their rapid retraction today by Seattle Children's Hospital confirms to me that their efforts in this area have always been half-hearted; have always been less than sincere.

The quick abandonment of DEI and anti-racism by Seattle Children's Hospital is extremely concerning, given the hospital's history of racist treatment of Black and other BIPOC-identifying patients and staff. Many other groups have also faced biased treatment at this hospital. Unacceptable treatment which continues to haunt this institution today.

To you wonderful and valued nursing professionals, I want you to

know that I stand in solidarity with you. I stand with you in your efforts to keep anti-racism and DEI at the center of your work and at the top of the contract with Seattle Children's Hospital. I am appalled that the hospital is demonstrating in this manner that it does not care about BIPOC people. I am appalled but not surprised. I am further appalled that the hospital is bringing in union-busting attorneys to the contract discussions. Seattle Children's Hospital is trying to take away your voices as nursing professionals. They are trying to keep you from having your right to sue in a court of law when they break the law and violate your rights. They want you to give up protections that have been in your contract for decades.

I remember a time at Seattle Children's Hospital when union nurses and management used to work well together. Therefore, I know it's possible. And yet I watch today as the hospital rejects important values around DEI and anti-racism and aggressively tries to undermine your union. I urge you to stand strong. I know from personal experience that even powerful institutions like this can be overcome; if you stick to your values and you stand, arms locked, together.

Sincerely and in solidarity,
Benjamin Danielson, MD

Dr. Benjamin Danielson is the former medical director of Seattle Children's Hospital's Odessa Brown Children's Clinic. Danielson worked at Seattle Children's for 20 years before resigning in protest in 2020, accusing Seattle Children's of racism. In December 2024, a jury awarded him \$21 million in the discrimination lawsuit he brought against Children's. He has long been a supporter of and advocate for nurses.

Contracts ratified

IN 2025

Astria Sunnyside Hospital

American Medical Response

Arbor Health, Morton
Hospital (LPN)

Arbor Health, Morton
Hospital (RN)

Confluence Health Hospital
- Central Campus

EvergreenHealth

Grays Harbor
Community Hospital

Kittitas Valley HealthCare

PeaceHealth Peace
Island Medical Center

PeaceHealth St. Joseph
Medical Center (Bellingham)

Providence VNA Home Health

UW Medicine / University of
Washington Medical Center

UW Medicine / Northwest
Hospital & Medical Center

Virginia Mason Franciscan
Health Rehabilitation Hospital

Virginia Mason Franciscan
Health St. Clare Hospital

Whatcom County
Health Department

WhidbeyHealth

Promoting diversity, equity, and inclusion remains a core value for WSNA. At the Washington State Nurses Convention in April 2025, our membership strongly reaffirmed that commitment by passing a resolution guiding WSNA's work on these issues in the coming biennium.

KEY ACHIEVEMENTS

- Members unanimously adopted a resolution at the convention in April: Reaffirming WSNA's Commitment to Diversity, Equity, and Inclusion.
- Members also adopted a main motion declaring WSNA's "support for the rights and fair treatment of immigrants to the United States."
- Also at the Convention in April, Monica McLemore, PhD, MPH, RN presented a two-part training on health equity that met Washington state's licensure renewal requirement.
- WSNA joined a federal lawsuit against the purging of public health data that was part of federal government orders to remove information related to DEI and LGBTQ+ research, among other things. A settlement agreement resulted in the restoration of most of these sites. (Read more about the lawsuit on page 21.)



WSNA Nurse Representative Jared Richardson, fourth from left, with nurses, from left: Gracia Woodman, Cecilio Ocbian, Kat Jabasa, Shannon Suchland, Rowena Ong, Roxy George, and Carina Price, Feb. 10, 2025.

Holding firm to our commitment

IN THE FACE OF INCREASED ATTACKS ON DIVERSITY, EQUITY, AND inclusion, WSNA held firm to our commitment to health equity and racial justice. In 2025, we both promoted health equity and were forced to defend against the rights that were under threat.

WSNA met the challenge at the federal, local, and facility levels. We protested against hospital plans to stop offering gender-affirming care and opposed efforts to remove anti-racism language from websites and contracts. We also continued our efforts to ensure that internationally educated nurses receive equal credit for their international experience.

At the same time, WSNA offered health equity training and resources to help nurses navigate orders that allowed Immigration and Customs Enforcement (ICE) to enter hospitals.

Gender-affirming care

On January 28, President Trump issued an executive order attacking gender-affirming care. The executive order threatened federal funding for institutions that provide gender-affirming surgery and other forms of gender-affirming care. In early February, news broke in the media that Seattle Children's Hospital was canceling gender-affirming surgeries. WSNA members confirmed

the news, and on Feb. 7, WSNA President Justin Gill responded with a letter to Dr. Jeffrey Sperring, CEO of Seattle Children's Hospital, urging the hospital to continue providing gender-affirming care – including surgeries.

In the letter, Gill said, "It is not an overstatement to say that the hospital's decision is life threatening. We believe all gender-affirming care is critical to provide trans kids with the necessary medical and mental health resources."

Letter from WSNA president to Seattle Children's Hospital regarding gender-affirming care

"We stand with trans kids, their families, and the numerous voices urging Seattle Children's Hospital to resume its position as an advocate and full care provider for trans patients."

Feb. 7, 2025

Jeff Sperring, MD
Chief Executive Officer
Seattle Children's Hospital
4800 Sand Point Way NE
Seattle, WA 98105

Re: Restore all care to trans-gender pediatric patients

Dear Dr. Sperring,

On behalf of the more than 18,500 members of the Washington State Nurses Association, including 2,100 registered nurses represented by WSNA at Seattle Children's Hospital, I write to urge you to reaffirm your leadership in providing all gender-affirming care – including surgeries – to your patients.

Despite the news articles stating that the Hospital has been canceling scheduled gender-affirming surgeries for patients – and the reports from front-line nurses who work directly with these patients – the Hospital's silence over why it is choosing to abruptly halt its full provision of care to transgender kids is deafening. It is not an over-statement to say that the Hospital's decision is life-threatening.

We believe all gender-affirming care is critical to provide trans kids with necessary medical and mental

health resources. Indeed, Children's has historically been a leader in providing this kind of care, and WSNA commends the courage the Hospital has demonstrated in the past to protect its patients' privacy and their right to treatment. This is why the Hospital's decision – what appears to be a premature capitulation to an Executive Order which does not require the Hospital to take any action – is so disturbing. Frankly, the Hospital's silence regarding its retreat from providing the full panoply of gender-affirming care comes across as a desertion of leadership in this field.

We stand with trans kids, their families, and the numerous voices urging Seattle Children's Hospital to resume its position as an advocate and full care provider for trans patients. You commendably promote the principle of health equity. This is a critically important time to commit to putting that principle into action.

Sincerely,
Justin Gill, DNP, APRN, RN
President
Washington State Nurses Association

The letter went on to say, "We stand with trans kids, their families, and the numerous voices urging Seattle Children's Hospital to resume its position as an advocate and full-care provider for trans patients."

After federal courts blocked the executive order on gender-affirming care, Seattle Children's started scheduling surgeries again, according to *The Stranger*, but by mid-April, the weekly reported the hospital had started canceling surgeries again. WSNA received reports confirming that the hospital had started quietly pulling back from all gender-affirming care.

WSNA nurse representative Jared Richardson (who is raising a trans child) spoke on behalf of WSNA at a rally in Tacoma Sept. 12, 2025, to protest a decision by MultiCare Mary Bridge Hospital to cease providing gender-affirming care in their facility.

WSNA continues to speak out against threats to needed care for trans youth.

Parity for international nurses

WSNA has continued its fight to ensure that internationally educated nurses receive equal credit for their nursing experience in other countries. In 2024, we won groundbreaking language in the WSNA contract at St. Joseph Medical Center in Tacoma, adjusting the step placement for internationally educated nurses who had previously been credited for only half their experience.

In 2025, WSNA proposed a similar contract language in other facilities in which internationally educated nurses had received only partial credit for their years working as nurses.

In February, WSNA nurses at St. Clare Hospital in Lakewood won contract language, ensuring that internationally educated nurses receive full credit for past international experience and adjusting the wages for those who had previously been given only partial credit.

In negotiations for a new contract with Arbor Health Morton (Lewis County Hospital District No. 1), WSNA fought for a memorandum of understanding on the use of international agency nurses that stipulates any of these nurses hired on to staff will receive experience credit for both their time working at Morton and their time working abroad. The contract was ratified on April 15.

Education and resources

In January, the Trump Administration issued a directive that lifted restrictions on ICE agents entering sensitive locations, including hospitals, that had been protected from immigration enforcement since 2011. WSNA quickly issued guidance, "What to know if ICE

agents come to your workplace,” to help nurses navigate the new order. WSNA members adopted a statement at the 2025 convention calling for “an end to ICE raids in all sanctuary spaces, including hospitals, clinics, schools, practices, places of worship and public spaces.”

At the Washington State Nurses Convention in April 2024, Monica McLemore, PhD, MPH, RN, presented a two-part training on health equity. The presentation included a call to action for nurses to “collectively get together and help nurse the nation through what we are going through.” The health equity training offered CNE that meets state requirements for renewing licensure.

ICE doesn't belong in hospitals

In 2025, WSNA protested the presence of ICE in hospitals. In October, ICE agents entered St. Joseph Medical Center in Tacoma with a detainee who was severely ill, due largely to a lack of adequate and timely medical care in ICE detention. WSNA nurse representative Jared Richardson spoke at a rally outside the hospital on October 24, decrying the lack of adequate medical care in detention and the presence of ICE agents outside the patient's hospital room. Speaking on behalf of WSNA, Richardson said ICE's presence would further deter many people from seeking needed health care.

WSNA later learned from a reporter at KING 5 that an ICE contractor had left a gun in a public bathroom at St. Joseph's and quickly issued a statement:

“We are appalled that an ICE contractor would leave a gun unattended in a hospital bathroom. That's just plain dangerous – to the patients, the visitors, and the staff who work in the hospital. If we need further evidence that ICE doesn't belong in our hospitals, this is it. People already are avoiding going to hospitals for needed care because they're afraid of ICE. This atrociously unsafe incident just makes it worse.” 

Editorial: Advancing equality for international nurses

● FEBRUARY 2025 NEWSLETTER

BY David Keepnews, PhD, JD, RN, FAAN
Executive Director

In December 2024, 1,250 nurses at St. Joseph Medical Center in Tacoma, Washington, represented by the Washington State Nurses Association (WSNA), won a new contract with many significant gains, including better pay, stronger staffing provisions, controls on abusive on-call practices, and workplace safety protections.

Among these victories was the end of an unfair practice that disadvantaged nurses with experience in other countries. Before the new contract, most nurses hired at St. Joseph received year-for-year credit for prior registered nurse experience in their wage step placement. For example, a nurse with 10 years of experience would be placed on the 10-year step on the wage scale.

However, while this practice applied to nurses with experience in the United States or Canada, those with experience in other countries were credited with only half of their actual experience. This was despite the contract calling for all nurses to receive full credit. For instance, a nurse from the Philippines with 10 years of experience abroad would be credited with only five years. This unwritten hospital practice had no justification. The resulting pay inequality seriously disadvantaged nurses with international experience and undermined the bargaining unit by disregarding the negotiated salary scales.

Over multiple contract cycles, St. Joseph nurses demanded increased attention to racial justice issues for staff and patients. The hospital's practice had effectively created a systemic wage disparity that intersected with national origin and race, as the affected nurses were all people of color.

The new WSNA contract ends this discriminatory practice. All nurses will now receive credit for prior experience on a year-for-year basis — one year of credit for one year of experience, period.

The economic impact of this change is significant. One nurse from the Philippines moved from salary step 16 to 24, resulting in a nearly 16 percent wage

increase. Beyond salary adjustments, this change ends a practice that was unfair and demeaning — it literally devalued nurses from other countries. While the contract victory does not compensate for past years of unequal credit, it ensures international nurses are treated equitably going forward.

U.S. hospitals have long recruited internationally to address staffing shortages. Nurses from other countries work alongside their U.S. colleagues, providing expert care to the same patient populations. They are an integral part of the nursing workforce and deserve fair, equal treatment and respect. The new WSNA contract is a major step toward that goal.

Inequality in crediting prior nursing experience is not limited to St. Joseph Medical Center — it is a common practice nationwide. WSNA recognized this issue in a 2023 convention resolution, “Rights of Internationally Educated Nurses,” which supported equitable credit for nursing experience acquired abroad. In 2024, AFT, WSNA's national labor affiliate, unanimously adopted a similar resolution.

Unfair treatment of nurses from other countries remains an ongoing problem, often extending beyond pay inequity to exploitative and abusive conditions. Some nurses have turned to the courts for relief. The Alliance for Ethical International Recruitment Practices developed a health-care code to establish best practices and inform immigrant healthcare workers of their rights.

For the St. Joseph international nurses, it was the power of the union and collective bargaining that righted this wrong. It was also the power of solidarity — nurses standing together, regardless of nationality, understanding that ending this discriminatory practice was a step forward for all. An old labor slogan reminds us that “an injury to one is an injury to all.” Whether or not most nurses at St. Joseph knew this slogan, their actions demonstrated that they understood its principle.

I am incredibly proud of WSNA and our members at St. Joseph for successfully fighting to end this inequity. This victory is a prime example of what unions can accomplish in standing up for fairness and winning. I hope it will inspire further efforts to advocate for equity for our colleagues from other countries as we continue to fight for better conditions for our members, patients, and communities. 



Kat Jabasa, left, and Roxy George stand together at St. Joseph Medical Center in Tacoma on Feb. 10, 2025. The two internationally educated nurses were among 31 whose wage steps were recalculated under a new contract that grants full credit for their experience.

'We finally feel seen' International nurses gain parity

Nurses with international experience get equal pay at St. Joseph Medical Center in Tacoma.

● FEBRUARY 2025 NEWSLETTER

BY **Bobbi Nodell**
Marketing and Communications Manager

In 2015, Kathleen (Kat) Jabasa achieved her dream to live in the United States. The third-generation nurse from the Philippines was recruited by an agency based in Cebu, one of the country's main islands.

Jabasa's first job in the United States was in Arizona as a wound care nurse. She didn't know about wage steps or how past working experience is often included in how nurses are paid. She said no one even asked her if she had experience.

"We were told your rate is \$28 an hour. That's it," she said. "Coming from the Philippines, you don't question your pay."

Today, the average pay for a beginning nurse in the Philippines is about \$513 a month, according to SalaryExpert, which looks at salaries in other countries

based on surveys and public documents. In India, the rate is about \$685 a month, according to SalaryExpert. And in Ghana, the rate is about \$208 a month, according to GlassDoor.

Jabasa said many nurses in the Philippines even had to pay to get experience.

It was only years later, when she was precepting nurses at St. Joseph Medical Center in Tacoma, that Jabasa questioned why she was getting paid less than nurses with less experience.

St. Joseph Medical Center had an unwritten practice that credited international experience (Canada excluded) at one-half of U.S. experience. The hospital did not have a formal policy, and the practice did not align with the contract language. The hospital's contract with the Washington State Nurses Association (WSNA) calls for placing nurses

on wage steps based on experience; it doesn't matter where that experience comes from.

Jabasa wasn't alone. Many of her colleagues from the Philippines, India and Ghana, were put on lesser steps as well.

WSNA sought justice for these nurses — 31 in all — and won. As part of the three-year contract ratified Dec. 19, 2024, the steps of nurses at St. Joseph Medical Center with international experience will be recalibrated to reflect their actual years of experience.

Jabasa is now going from step 16 to step 24.

"As international RNs, we finally feel seen as whole professionals, not just half the nurses we were once perceived to be," Jabasa said.

Widespread practice

The issue of internationally educated nurses not receiving pay commensurate with their experience is a national one. WSNA could not find data on how common this issue was nationwide but talked to experts who confirmed the practice is widespread among nurses recruited from other countries.

But it shouldn't be.

In March 2023, the advisory board of the Alliance for Ethical Recruitment Practices publicly released a revised voluntary healthcare code that sets standards for employers and recruiters hiring foreign educated health professionals (FEHP). The standards include the following language:

- "Provide compensation for work performed by FEHPs based on performance-related criteria, including education, experience (both in the U.S. and comparable experience in source countries), tenure, level of practice, and relevant skills.
- Compensation, length of contract, and/or breach fees shall not be based on national origin or gender.

- Inform the FEHPs of applicable prevailing wage (PW) requirements and explain which PW level will be used and why.”

WSNA’s journey for justice

The issue at St. Joe’s Tacoma first came to WSNA’s attention in June 2024.

Jared Richardson, WSNA’s nurse representative for St. Joe’s, requested information from the hospital on this practice and surveyed members of the bargaining unit to see who was affected. On Aug. 23, 2024, Richardson filed a grievance over article 9.3 of the collective bargaining agreement, which defines recognition for past experience as “clinical nursing experience in an accredited hospital or clinic without a break in nursing experience which would reduce the level of practical nursing skills, in the opinion of the employer.”

Richardson said nothing could justify this practice.

When contract negotiations for the 1,250 nurses at St. Joe’s started Aug. 21, 2024, international pay parity was part of discussions. Jabasa and other nurses with foreign experience educated their colleagues on their training and the exams they needed to pass.

To practice in the United States, nurses are required to pass the National Council Licensure Examination, a nationwide examination for the licensing of nurses in the United States, Canada, and Australia. They also need to attain a minimum score on an English proficiency examination.

After graduation, Jabasa’s first job was at Cebu Doctor’s University Hospital — a privately owned tertiary level hospital located in Cebu City. She was assigned to the peri-operative department and rotated as a scrub nurse, circulation nurse, post-anesthesia care unit nurse, and as a nurse in the sterile processing department. She received her master’s degree in nursing and was invited to join the nursing faculty at Cebu Doctor’s University.

Jabasa said in the early 2000s, when she was a floor nurse, it was common

to be assigned 25 patients. And at her hospital, emergency department nurses rotated being the code nurse. In other hospitals in the Philippines, Jabasa said nurses rotated in dialysis units.

“As Filipino nurses, our training is on par with the United States,” said Jabasa. “We use the same books. We treat the same kinds of patients. There is no reason a Filipino nurse should be valued as half... What do they see in us to view us as half of what they are?”

Members of WSNA’s negotiating team said hospital management did not have a reason for this policy other than that is the way it has been done.

Pamela Chandran, WSNA’s lead negotiator on the St. Joe’s contract, called the treatment of international nurses discriminatory and unjustified.

“This is not just a wage equity justice issue,” she said. “An injury to one is an injury to all. If management could bring in nurses of equal experience and pay them substantially less than nurses with U.S. experience, this undermines the wages of all nurses.”

When the hospital said it would take seven months to recalibrate the steps, Jabasa said she cried.

“During bargaining, I was emotional,” she said.

Jabasa said her emotional response stemmed from a deep sense of injustice, not merely impatience.

“The struggle felt far larger than my personal experience; it represented a collective fight for justice on behalf of all international nurses who have faced similar challenges, many for significantly longer periods,” she said.

The union’s bargaining team pushed hard until the early hours of the last day of bargaining to win retroactive increases back to the beginning of the contract for the international nurses.

“I hope this justice is brought throughout this country,” Jabasa said.

Roxy George

Roxy George, another nurse at St. Joe’s, went to nursing school for three years and nine months in Bangalore, India.

George said the nursing school was part of the hospital and the hospital never had a nursing shortage because students studied, worked, and slept on the hospital grounds until they graduated.

After her training in India, George worked as a pediatric nurse in Saudi Arabia, away from her family, sleeping at a dorm on the grounds of the modern hospital. Then, she worked in Oman, a country bordering Saudi Arabia.

She, too, was recruited to work in the United States and didn’t understand how her pay was calculated.

By the time she came to St. Joseph Medical Center, she had 20 years of experience. She was placed at Step 10 on the wage scale.

“I didn’t know what a step was — I was just so excited I got the job,” she said. “I should have fought for it, but I didn’t know.”

George is already on the highest step at St. Joseph Medical Center — step 25. It’s not clear what will happen to her compensation, but WSNA will continue to fight for justice.

Resolved to fight

WSNA and other organizations have been working to address this issue for a number of years. In 2023, WSNA membership adopted a resolution at the General Assembly on “Rights of Internationally Educated Nurses” that included, among others: “RESOLVED, that WSNA supports equitable credit for nursing experience acquired in other countries.” In 2024, AFT, WSNA’s national union with 1.8 million members, passed a similar resolution.

WSNA will be looking to achieve justice at other facilities that give less credit for experience to internationally educated nurses.

“This victory is a prime example of what a union can do in standing up for fairness and winning,” said WSNA’s Executive Director David Keepnews. “I hope it will spur further efforts to advocate for equity for our colleagues from other countries.” ■



WSLC President April Sims speaks at an informational picket at Seattle Children's Hospital, Sept. 30, 2025.

We are stronger when we work together. WSNA works with organizations, unions, and individuals who share the same goals to leverage our collective power.

KEY ACHIEVEMENTS

- Collaborated with other state nursing associations to issue statements on nursing and healthcare issues of national importance.
- Supported the Oregon Nurses Association during their 46-day strike against eight Providence facilities.

Leveraging our collective power

IN 2025, WSNA CONTINUED ITS PRODUCTIVE COLLABORATIONS WITH THE Washington State Labor Council (WSLC), AFL-CIO, the American Nurses Association (ANA), and AFT.

WSNA Executive Director David Keepnews is a vice president of the WSLC and a vice president of AFT, and their support for our members is unwavering. WSLC President April Sims consistently shows up at pickets (including the Seattle Children's informational picket Sept. 30) to speak to the nurses and show labor's support. WSNA supported a legislative priority of the WSLC—making striking workers eligible for unemployment benefits—that passed in the 2025 legislative session.

ANA and the state nurses associations stood up to oppose some harmful federal policy changes. In the fall, ANA led efforts opposing the U.S. Department of Education's proposal to exclude nursing from its proposed definition of "professional degrees," which would sharply

limit how much students pursuing graduate nursing degrees could borrow.

Along with its substantial campaign opposing steep Medicaid cuts, AFT supported WSNA in its efforts to get Congressman Dan Newhouse, who represents Washington's 4th Congressional District, to vote against House Resolution 1. Ultimately, Rep. Newhouse acted against the interests of his own constituents by supporting the "Big, Beautiful Bill." At the end of 2025, AFT awarded WSNA and AFT-Washington a grant to educate and mobilize members and community members to oppose regressive federal policies. AFT also continues to significantly support WSNA in other ways, including its organizing efforts.



The power of working with other state nurses associations

Over the course of 2025, nurses faced many changes and decisions at the federal level that threatened patient safety, access to science-backed information, healthcare access, the nursing profession, and labor unions.

While WSNA took action and issued statements on its own, it saw an opportunity to collaborate with other state nurses associations to make joint statements on issues of national importance. The voices of many were stronger than the voice of one.

As a group, we addressed emergency abortion action, Medicaid enrollee disclosure to Immigration and Customs Enforcement (ICE), dismissals of scientists at the U.S. Department of Health and Human Services (HHS), and unscientific guidance on hepatitis B vaccinations. We also sent a letter of support to the governors who stood together to form the Western Health Alliance.

June 9 — Emergency abortion access

Eleven state nurses associations signed a joint statement expressing concern over the Trump Administration’s rollback of federal guidance mandating hospitals to provide emergency abortion care under the Emergency Medical Treatment and Labor Act (EMTALA). The statement said the action would undermine legal protections that ensure pregnant individuals facing life-threatening emergencies, such as ectopic pregnancies or severe preeclampsia, receive necessary stabilizing care, including abortion services.

June 16 — Medicaid enrollee disclosure to ICE

Nurses associations from Washington, California, and Illinois expressed their profound and strong disapproval of actions that led to Medicaid enrollee data being shared with ICE, particularly in states that make Medicaid available to all eligible residents, regardless of immigration status. Releasing this confidential information to ICE was, the statement said, “Unethical, inhumane, and a betrayal of trust.”

Aug. 12 — Potential dismissal of non-partisan task force members

After news broke that HHS Secretary Robert F. Kennedy, Jr. was considering the removal of all current members of the non-partisan United States Preventive Services Task Force, 16 state nurses association issued a statement objecting to the rumored plans. (See sidebar.)

Sept. 11 — Letter of support for the West Coast Health Alliance

Nurses associations in Washington, California, Oregon, and Hawai’i sent a letter of support to the four governors who created the West Coast Health Alliance. As the CDC and other science-backed agencies were under attack, the new partnership was intended to align evidence-based health policies, share data, and issue joint recommendations, including vaccine recommendations.

Dec. 8 — Nurses associations in West Coast Health Alliance states oppose the U.S. Advisory Committee on Immunization Practices (ACIP) decision on hepatitis B immunization.

Nurses associations in Washington, California, Oregon, and Hawai’i opposed the decision by the ACIP to remove its longstanding newborn hepatitis B immunization recommendation and stood by the West Coast Health Alliance and other expert institutions in reaffirming the safety and efficacy of this vaccine.

State nurses’ associations raise alarm over reports of potential dismissal of USPSTF members

We strongly urge the HHS to preserve the independence and credibility of the USPSTF by keeping the group’s membership intact and allow future meetings to proceed.

● AUGUST 2025 NEWSLETTER

A coalition of 16 state nurses’ associations express profound concerns regarding recent reports that U.S. Department of Health and Human Services (HHS) Secretary Robert F. Kennedy, Jr. is considering

the removal of all current members of the non-partisan United States Preventive Services Task Force (USPSTF). These reports accompanied the last-minute cancellation of the USPSTF July meeting. A similar approach was taken by this administration with the previous members of the Advisory Committee on Immunization Practices (ACIP). While HHS has publicly stated that no final decision has been made regarding the USPSTF composition, we take this opportunity to proactively reaffirm our strong support of this vital public health institution.

The USPSTF is a cornerstone of evidence-based preventive health in the United States. Comprising indepen-

dent experts in prevention and evidence-based health, the Task Force develops recommendations on clinical preventive services such as screenings, counseling services, and preventive medications. In addition to providing critically important guidance, its recommendations directly shape coverage mandates under the Affordable Care Act (ACA), ensuring that millions of Americans have access to proven preventive care without the barriers of out-of-pocket expenses.

“Regardless of demographic background or political preference, preventive care saves lives and reduces long-term health costs,” said Justin Gill, DNP, APRN, RN, a family nurse practitioner and

Washington State Nurses Association president. “The USPSTF plays a crucial role in guiding these efforts through science, not politics. Any move to dismantle it or to replace its members for ideological reasons threatens the health and well-being of communities nationwide.”

This nursing coalition stands firmly in support of the USPSTF and its mission. The politicization of independent, evidence-based institutions undermines trust in public health and jeopardizes access to care. We strongly urge the HHS to preserve the independence and credibility of the USPSTF by keeping the group’s membership intact and allow future meetings to proceed. [WU](#)

WSNA in solidarity with historic strike by Oregon nurses

The strike came after more than a year of negotiations failed to produce an agreement over staffing levels, pay and benefits.

● JANUARY 2025 NEWSLETTER



WSNA supports Oregon nurses in Providence strike

When the Oregon Nurses Association started an open-ended strike against eight Providence hospitals on Jan. 6, 2025, WSNA was there to help. WSNA staff and members joined the picket lines, the communications team was on the ground in Seaside and Hood River, and WSNA leadership joined rallies and pickets to let Providence nurses know that Washington stood in solidarity with their fight. The strike went on for 46 days, with a resounding victory for Providence nurses in Oregon. WSNA was proud to support its colleagues to the south as they fought for fair contracts. [WN](#)

In Oregon, 5,000 nurses, physicians, physician assistants, nurse midwives, and nurse practitioners walked out of eight Providence hospitals and six clinics and began an open-ended strike at 6 a.m. Jan. 10.

Most of those participating in the strike organized by the Oregon Nurses Association (ONA) are nurses but dozens of physicians at a Portland hospital and at six women's health clinics are also partaking, making it the state's first physicians' strike.

The strike came after more than a year of negotiations failed to produce an agreement over staffing levels, pay and benefits.

ONA said Providence is risking the lives of frontline caregivers and patients by refusing to follow Oregon's Safe Staffing law, understaffing critical care units and emergency rooms, increasing caseloads of physicians and advanced practice providers, and denying market-competitive wages and benefits.

ONA has filed multiple charges with the National Labor Relations Board alleging the refusal to bargain; bargaining in bad faith; unilateral implementation of mandatory subjects; denial of access to employee representatives; and retaliation against union leaders.

WSNA staff have provided strike support on the picket lines and with capturing images and video.

Hundreds of ONA members and supporters heard from speakers at a rally in Portland Jan. 11, including AFL-CIO President

Liz Shuler, AFT President Randi Weingarten, Sen. Jeff Merkley, and several striking health care workers.

On behalf of WSNA, Executive Director David Keepnews brought "greetings of support, solidarity, love, and respect" for the strikers and ONA.



"Nurses, physicians and other healthcare workers are generally nice people," said Keepnews. "And we'll put up with a lot. But there's a limit. And guess what? Providence has found that limit."

Nurse Blake, a nurse and comedian with more than a million followers on TikTok, visited one of the strike lines, and stood in solidarity against corporate healthcare.

Providence Health and Services, a multi-state corporation based in Renton, Wash., is Oregon's largest healthcare provider and one of the state's largest corporations. Providence is a \$30 billion company whose recently retired CEO made \$12 million in 2024. [WN](#)

ONLINE STORE

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Express your unity, strength, and professional pride.

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wsna.org/store



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The Washington Nurse (ISSN# 0734-5666) is published by the Washington State Nurses Association and distributed as a benefit of membership to all WSNA members. A member subscription rate of \$10 per year is included in WSNA membership dues.

The information in this magazine is for the benefit of WSNA members. The Washington Nurse provides a forum for members of all specialties and interests to express their opinions. Opinions expressed in the magazine are the responsibility of the authors and do not necessarily reflect the opinions of the officers or membership of WSNA unless so stated.

MAGAZINE STAFF

Executive Editor David Keepnews	Editor Ruth Schubert	Designer Ben Tilden
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PAPER AND PRINTING

This magazine is printed on partially recycled paper using soy-based inks and is 100% recyclable. **Please consider recycling this copy when you are finished with it.**



The Washington Nurse is printed by Capitol City Press, an employee-owned, union printing company in Olympia.

CONTRIBUTOR GUIDELINES

WSNA welcomes the submission of manuscripts and artwork. Please contact Bobbi Nodell at bnodell@wsna.org with submissions, article ideas, or further questions. It is not our policy to pay for articles or artwork.

CONTACT

575 Andover Park West
Suite 101
Seattle, WA 98188
(206) 575-7979
wsna@wsna.org

Visit our website at wsna.org.

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Notice of Washington State Nurses Association policy regarding nonmembers employed under WSNA collective bargaining agreements with private sector employers

Federal labor laws recognize the right of unions in Washington to enter into collective bargaining agreements with private sector employers that require employees, as a condition of employment, either to join the union (and thereby enjoy all of full rights and benefits of membership) or to pay fees to the union (and thereby satisfy any financial obligation to the union without enjoying the full rights and benefits of union membership). Regardless of the wording of the "union security" agreement, employees represented by the Washington State Nurses Association for purposes of collective bargaining and covered by a valid union security agreement are not required to become full members of WSNA, and are required only to choose either to be members of WSNA or pay fees to it. (Note that regardless of whether a collective bargaining agreement between WSNA and a public sector employer contains a union security agreement, public sector employees are not required to pay dues, agency fees, or any other payment to WSNA as a condition of employment.) Employees who choose to become members of the Washington State Nurses Association pay WSNA dues and receive all of the rights and benefits of WSNA membership. Employees who either decline to become members of WSNA or who resign from WSNA membership may pay "agency fees" to cover their share of the cost of representation, and thereby satisfy any applicable union security obligation. WSNA has negotiated union security agreements, which have been ratified by the democratic vote of the affected employees and require that all employees must either join the union or pay fees to the union, in order to ensure that each employee who is represented by WSNA pays a fair share of the cost of that representation. Such union security agreements strengthen WSNA's ability to represent employees effectively in collective bargaining, contract enforcement and grievance administration, while eliminating "free riders" who enjoy the benefits of a WSNA contract and representation without contributing their fair share of the union's expenses for negotiating, administering and enforcing the contract.

Through the collective bargaining process, nurses represented by WSNA achieve higher wages, better benefits, fairness in the disciplinary

procedure, and enhanced respect for their skills and professionalism. These improvements, won through collective bargaining, enhance the terms and conditions of working life for all employees, create conditions under which nurses can safely advocate for their patients, and allow them to better provide for themselves and their families. Only WSNA members enjoy all of the full rights of WSNA membership. Only WSNA members have the right to attend local unit meetings and speak out on any and all issues affecting their workplace, WSNA and its members; the right to participate in the formulation of WSNA policies; the right to have input into WSNA bargaining goals and objectives, and to serve on WSNA negotiating committees; the right to nominate and vote for candidates for WSNA office, and to run as a candidate for WSNA office; the right to vote on contract ratification and strike authorization; the right to participate in the WSNA general assembly; and the right to participate in the American Nurses Association and AFT.

Agency fee payers are those who choose not to be full members of WSNA but who comply with any applicable union security agreement to pay their share of WSNA's expenses for negotiating, administering and enforcing the contract with their employer by payment of agency fees. They thereby fulfill any applicable union security financial obligation to WSNA under the terms of any collective bargaining agreement between their employer and WSNA. Agency fee payers forfeit valuable rights and benefits of WSNA membership. Agency fee payers give up their rights to have input into the affairs of WSNA, the organization that represents them in dealings with their employer concerning wages, hours of work, health and retirement benefits, disciplinary matters, and other terms and conditions of employment.

Any WSNA member may resign at any time from WSNA (and thereby forfeit his or her WSNA membership rights) by submitting a written notice of resignation from WSNA membership, which becomes effective upon receipt by WSNA. It is recommended that any resignation from WSNA membership be sent by certified mail, but certified mail is not required regardless of the terms of any applicable collective bargaining agreement. A member covered by a valid union security agreement who resigns from WSNA

shall be re-classified as an agency fee payer. Agency fee payers should submit to WSNA an Agency Fee Payer Application Form, which is available upon request from WSNA. Agency fee payers are required to pay fees equal to their share of WSNA costs germane to collective bargaining, contract administration and grievance adjustment. During our most recent accounting year, 3.81% of WSNA's total expenditures were spent on activities unrelated to collective bargaining representation. This percentage is deducted during the calculation of agency fees. In addition, the following amounts (as applicable) are also deducted from agency fees: the non-chargeable portion of dues paid to AFT, dues paid to the American Nurses Association, and dues paid to WSNA's constituent associations. The exact amount of the applicable reduction in monthly agency fees compared to full WSNA dues is shown in the table at the bottom of this page.

Any non-member who is financially obligated to WSNA under a valid union security agreement may inspect the audit report of WSNA expenditures at a reasonable time and place upon written request to WSNA.

Any non-member who disagrees with the amount of the agency fee may file a written challenge with WSNA, which should state the basis for the challenge. For members who resign their membership during the calendar year, challenges must be made within 30 days of the postmark of the notice regarding their change in status from members to agency fee payers. For non-members, challenges must be made during the 30-day period after the postmark of WSNA's written notice of the new calculation for agency fees that take effect on January 1 of each year. Such challenges shall be decided by an impartial arbitrator appointed by the American Arbitration Association pursuant to its Rules for Impartial Determination of Union Fees. Any challenges must be submitted to WSNA, ATTN: Agency Fee Challenges, 575 Andover Park West, Suite 101, Seattle, WA 98188. It is recommended that any challenges submitted be sent by certified mail, but certified mail is not required.

The tables below show the difference between the monthly amounts of full WSNA membership dues and agency fees for each category and district or region.

Difference between monthly full membership dues and agency fees by category and district/region

		Category A	Category B	Category C
Region / District	5	\$20.40	\$16.30	\$12.20
	7	\$20.86	\$16.64	\$12.44
	15	\$20.40	\$16.30	\$12.20
	98	\$19.98	\$15.98	\$12.00
	CWRNA	\$23.74	\$18.80	\$13.86
	IENA	\$22.48	\$17.86	\$13.24
	KCNA	\$25.26	\$19.94	\$14.64
	NWRNA	\$22.48	\$17.86	\$13.24
	RONA	\$24.74	\$19.54	\$14.36
	SWRNA	\$22.48	\$17.86	\$13.24

Difference between monthly full membership dues and agency fees by category and district/region

Category J	Category K	Category L
\$6.16	\$5.62	\$5.08

Effective Jan. 1 – Dec. 31, 2026 and subject to change with proper notice.

Please note the tables above do not show full agency fees. For the full amount due, please consult the agency fee application.

WSNA recognizes the accomplishments of our members and community partners for their contributions to advancing the nursing profession. Each inductee has demonstrated excellence in the areas of patient care, leadership, education, public service, nurse advocacy, heroism, patient advocacy, and clinical practice. In 2025, WSNA gave out our biennial recognition awards at the Washington State Nurses Convention.

KEY ACHIEVEMENT

Honored eight nurses and two state legislators with WSNA Honorary Recognition Awards at the Washington State Nurses Convention.

2025 Honorary Recognition Awards

IN 2025, WSNA HONORED EIGHT NURSES AND TWO STATE LEGISLATORS WHOSE contributions had an outside impact on nursing and the community. The WSNA Honorary Recognition Awards, given every two years, were presented during a gala ceremony at the Washington State Nurses Convention. We stand in awe and appreciation of the awardees' accomplishments. 🏆

HONORARY RECOGNITION AWARD

Anita Stull, BSN, RN

Since 1979, Anita Stull has been an active member of WSNA and ANA. Her impact is legendary. Former WSNA Executive Director Sally Watkins praised her contributions, saying, "WSNA would not be the organization it is today without Anita's leadership, attention to detail, and due diligence."

MARGUERITE COBB PUBLIC HEALTH / COMMUNITY HEALTH AWARD

Janet Runbeck, MN, RN

Janet Runbeck has devoted her career to improving the health of vulnerable community members. Recently, she helped launch a foot care clinic at a homeless shelter and secured funding for a full-time RN, earning a letter of appreciation from the Tacoma Fire Department for reducing non-emergency 911 calls.

JOANNA BOATMAN STAFF NURSE LEADERSHIP AWARD

Katy Heffernan, RN

Katy Heffernan, a WSNA unit representative at St. Joseph Medical Center in Tacoma, spoke up for the tight-knit team of nurses in the Cardiac Cath Lab on the issue of mandatory calls. Her unit authorized a strike vote, which broke a stalemate in negotiations and led to a successful contract settlement for the hospital's nurses.

JOANNA BOATMAN STAFF NURSE LEADERSHIP AWARD

Kara Yates, BSN, RN, CPN

In 2021, Kara Yates stepped into the role of co-chair of the Seattle Children's Hospital bargaining team and helped lead her team through one of the most intense contract fights WSNA has ever seen.



COMMUNITY PARTNER AWARD

State Representative Liz Berry

Representative Berry has been a labor champion in the legislature. After constituents who were nurses at Seattle Children's Hospital came to her and vividly raised the issue of workplace violence, she took on a leadership role in legislative efforts to stem this growing problem.

COMMUNITY PARTNER AWARD

State Senator June Robinson

Senator Robinson was instrumental in passing safe staffing legislation in April 2023. She was adamant that the legislative session could not end without doing something to improve the circumstances for nursing staff and patients. Thanks to her tenacity and leadership, this important legislation passed and was signed into law.

HEALTH EQUITY AWARD

Kathleen "Kat" Jabasa, MSN, RN

Kat Jabasa, who emigrated from the Philippines, found her voice in the union and was a fierce advocate for ending the historical injustice at St. Joseph Medical Center in Tacoma of giving international nurses only half credit for nursing experience outside the United States and Canada. The new contract ends this practice and brings nurses up to their rightful step. Now, other facilities are replicating this contract language. Kat said that victory was one of her proudest moments.

NURSE EDUCATOR AWARD

Cheri Osler, EdD, MS-CNS, MA-LMHC, MSL, MPH, RN, AHN-BC, CLNC, CNE, CHSE

Cheri Osler is deeply committed to nursing and education, which includes 37 years of nursing experience and multiple degrees, including a doctorate in educational leadership. For the past decade, she has served as Associate Dean of Nursing at Spokane Community College — a rare tenure in Washington state. Cheri is also a licensed mental health counselor and certified holistic nurse who works with victims in disasters through the American Red Cross.

NURSE RESEARCHER AWARD

Kumhee Ro, DNP, FNP, ARNP, FAAN

Kumhee Ro is an associate professor at Seattle University and a primary care provider at a federally qualified health center whose work is shaping the future of nursing. Her research highlights the critical need for nursing faculty diversity and led her to develop the BOLD framework, offering academic leaders clear strategies for recruiting and retaining diverse nursing faculty. She also created and validated a tool to measure self-efficacy based on Bandura's theory aimed at strengthening workforce pathway programs.

LEADERSHIP AND EXCELLENCE IN PRACTICE AWARD

Patricia Blissitt, PhD, ARNP-CNS, CCRN, CNRN, SCR, CCNS, CCM, ACNS-BC

Patricia Blissitt is a force in neuroscience nursing, with nearly five decades of experience spanning direct care, education, leadership, and research. She has made remarkable contributions to professional development, including leading a free neuroscience nursing certification exam review course for nurses across Washington state.

MEET YOUR LEADERS

WSNA is a member-run organization governed by a board of directors, three councils, several committees, and more than 75 members.

Board of Directors

The Board of Directors is made up of 11 members: three officers (president, vice president, and secretary/treasurer), five directors elected at large (with two seats designated for staff nurses only), and the chairs of the three councils. The board has many responsibilities, including ensuring the priorities adopted by the WSNA General Assembly are incorporated into the strategic plan for each biennium. The board also approves the budget for WSNA and appoints and reviews the executive director.



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Annika Hoogestraat, RN
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Emily Kay, BSN, RN
Chair, Legislative & Health Policy Council



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Chair, Professional Nursing & Health Care Council



Anita Dennis, RN
Director at Large



Jacob Garcia, MBA, MSN, BSN, RN, PCCN
Director at Large



Kelsey Gellner, BSN, RN
Director at Large - Staff Nurse



Kelli Johnson, BSN, RN
Director at Large - Staff Nurse



Nicole Klein, PhD, RN-BC
Director at Large

Professional Nursing and Health Care Council

The Professional Nursing and Health Care Council forecasts trends, promotes continuing education programs, addresses issues on nursing practice and collaborates with other nursing and specialty organizations. The council also develops resources on issues relating to nursing practice, education, human rights, and access to healthcare.



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Julia Barcott, RN
Member at Large



Martha Goodall, RN
Nursing Practice



Emilie Yvonne Grant, MSc, BSN, RN
Member at Large



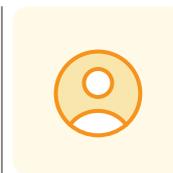
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Antwinett O. Lee, EdD, MSN-CNS, BSN, RN
Education



Peter Mukera, BSN, RN
Member at Large



Claire Nazzaro, RN
Member at Large



Alison Porter, RN, MSN student
Member at Large



Kumhee Ro, DNP, ARNP, FAAN, FAANP
Member at Large



Keondra Rustan, PhD, DNP, PMHNP-BC, CHSE, CNE, TNCC
Ethics and Human Rights



Stephanie Vaughn-Gray, MBA, BSN, RN, CCM
Member at Large



Gordon West, PhD, MHA, BSN, RN, FACHE (R), AMB-BC, FAAN
Research

Labor Executive Council

The Labor Executive Council is WSNA's statewide union governing body. The council develops and reviews policies and procedures relating to collective bargaining contract administration, contract enforcement, organizing, and other WSNA labor relations activities. Members of the council must be represented for collective bargaining by WSNA.



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Chair



Susie Cervantes, RN
Vice Chair



Jon Olson, RN
Secretary-Treasurer



Rachel Aalto, RN
Member at Large



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Member at Large



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Member at Large



Tim Jennings, RN
Member at Large



Amber Pouley, BSN, RN
Member at Large



Tristan Twohig, RN, CEN
Member at Large



Kara Yates, RN
Member at Large

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The non-partisan WSNA Political Action Committee endorses and donates to pro-nurse state legislative candidates running for office.



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Chair



Matthew Amata, RN
Member



Karla Jackson Anderson, MN, RN
Member



Wendy Blakely, PhD, RN
Member



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Member



Judy Huntington, MN, RN
Member



Gretchen Patrick, BSN, RN
Member



Rosa Potts, BSN, RN
Member



Nancy Wilder, RN
Member

Legislative and Health Policy Council

The Legislative and Health Policy Council sets the annual health policy and legislative agenda for WSNA and plays an active role in reviewing and advancing WSNA's legislative priorities. The non-partisan council also reviews proposed legislation and makes decisions regarding WSNA's stance on issues and actions based on recommendations from staff, contract lobbyists, and members.



Emily Kay, BSN, RN
Chair



Ingrid Anderson, RN
Member at Large



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Alexander Knox, RN, CEN, NHDP-BC
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Ex officio



Alexandra Johnson, MN-CHN, RN
Member at Large



Katie Johnson, DNP, RN, NCSN-E, APHN-BC, FNASN, FAAN
Member at Large



Kathleen Thompson, RN
Member at Large



Carey Wallace, RN
Member at Large



Justin Gill

PRESIDENT

■ What is your top priority for WSNA in 2026, and why?

It's important to have openness and flexibility in what comes our way in 2026.

Overall, the top priority is to try our best to defend the healthcare system and the nursing profession from mounting threats at all levels – changes at the federal government, impacts on staffing at the state and local level, and the use of artificial intelligence.

We all know that the current healthcare system fails to meet the needs of patients. We also know that nurses throughout the healthcare system face more complex patients and more complex medical conditions, and we have fewer resources to care for those patients.

We need to stand up to the larger forces in play that fuel these scenarios and speak truth to power. In some cases, that means that we may focus on defending the programs and services we care about, and at other times, we may call for major reform.

Nurses have traditionally not been in the public arena. But a lot of what is needed is nurses telling their stories about what healthcare changes mean for them and their patients. We look at H.R. 1, consolidation of health systems, and cuts to Medicaid, and we need to say how we feel about these issues

in a way that is effective and reaches people directly.

■ When you look back on 2025, what are some highlights you will never forget?

In 2025, we had so many highlights, most of them around being vocal and visible. We had a change in the board of directors, and both the prior board and the new board have made some impactful decisions. We joined a federal lawsuit against the federal government in coalition with healthcare groups because databases and resources, many of which I use, were removed. The lawsuit restored these resources and represented a reminder that we have agency and the ability to make a difference, even if we may feel powerless.

We had our convention with the theme Forward Together, which was the right message for the time. WSNA took a bold stance in defense of patients and healthcare and will be remembered for meeting this moment with courage.

foundational to nurses and important to patients. While this can be difficult during hyper-partisan times, we have focused our efforts on the issues and will continue to do so.

■ What advice would you give WSNA members?

I would let WSNA members know that they are members of an organization that boldly stands by its values. If there was ever a moment to get involved, it's now.

Whether it's joining a networking group, Lobby Day, or your regional nurses' association, contributing to our political action committee, or responding to WSNA Action Alerts, get involved. WSNA puts out a lot of opportunities for members. Now is the time to lean in because there is so much on the line for nursing. Even if it's something you have never seen yourself doing, lean in and contribute in any way you can. This moment requires us to have an "all hands on deck" approach when

“Now is the time to lean in because there is so much on the line for nursing.”

2025 was a huge advancement in our history in terms of perception. We showed members and nurses that belonging to this organization and participating in this organization is about meeting the moment and protecting our patients. People need to feel that they have power and hope to keep going because it's very difficult to deal with all these challenges all at once.

We are standing at a crossroads in nursing. Passing a resolution at the ANA Membership Assembly urging the ANA board to push back on federal policies that threaten foundational nursing priorities was a huge moment for WSNA and our profession.

■ Has WSNA's advocacy changed?

I have noticed that our advocacy strategies have changed. The issues are the same, but our advocacy is more visible. WSNA has not shied away from saying what we feel on issues that are very

standing up for patients. I encourage our members to be engaged in the work WSNA is doing.

■ What is your long-term dream for WSNA?

My long-term dream is that we expand and include more nurses from various areas of the profession and continue to build our unique brand as a union and a professional association. Our identity as a union and professional association is synergistic, not mutually exclusive. We have allies outside of collective bargaining that lift up our local units. And the work of our collective bargaining nurses lifts standards for the entire nursing profession. We have made progress on this, but I hope that we will further showcase that identity and heritage. ■■



Edna Cortez

CHAIR, LABOR EXECUTIVE COUNCIL

■ What is your top priority for WSNA in 2026, and why?

We need to keep working on being more visible to our members. They need to see who we are, what we do, and how we can help them. The Leadership Executive Council (LEC) represents all bargaining nurses. We help them in negotiations, picketing, and take a role during a strike vote – just some of the assistance we provide to the bargaining nurses.

All the work done with the LEC is a team effort, and nothing is done alone. The face of nursing is every nurse in this state.

As chair of the LEC, I initiated trav-

state Filipina nurse, and my other top priority is showing people that nursing and WSNA represent all segments of society. We are also trans, older, male, and diverse.

■ When you look back on 2025, what are some of the highlights you will never forget?

It has been such an honor to witness nurses in their own element and on their negotiating team. I was on the negotiating team for Seattle Children's for 25 years, and now I can see how other units do their negotiations and how issues are different at each facility.

When I observed the negotiations for the 100 nurses at the Mares facility in Central Washington, I was struck by the camaraderie. They took care of each other. If a team member could not stay for the whole session, another team member would split the time with them.

It was also an honor to observe the Seattle King County Public Health nurses. I did not realize that they assist over 80,000 patients throughout the state. They worked well together coming from different areas – jail, supervisors, and public health.

Watching our nurses fight for their own issues is so humbling. I compare it to taking care of my patients. I always find it an honor to represent WSNA and the LEC during contract negotiations. I wouldn't be in this job if it weren't for all these nurses. They put their trust in me and listen to me.

■ What advice would you give to WSNA members?

I have always said, "Try to speak up." You may be afraid of bullying or retaliation, but there is a way to speak up. Find a mentor or someone you can count on in the union. I have always told nurses, "I will attend grievance meetings. I will be there. I will stand behind you, in front of you, or carry you on my shoulders to help guide you and to help give you strength. Whether speaking up for yourself or others, I will always be there." I learned that from WSNA.

To get involved, find somebody you can trust at WSNA who can introduce you to people and start networking. My union guru at Seattle Children's invited me to a local unit meeting, and then I got hooked. I went to more meetings, attended Leadership Conference, and became a local unit officer.

■ What is your long-term dream for WSNA?

My long-term dream for WSNA is to represent more facilities and more types of nurses. I also want WSNA to have more diversity, equity, and inclusion among its employees. 🍷

A note to the reader: I am embarrassed to have been interviewed for this article because it is not my nature. I am extremely humbled by every nurse that I meet. – Edna Cortez

“Nothing is done alone. The face of nursing is every nurse in this state.”

eling meetings, going to an area of the state, and inviting members to connect with us. We attend local unit meetings and negotiating sessions and network with members. I am known as someone who always shows up. I do that because I am passionate about being present for our members.

I am also excited about representing WSNA in the state with Justin [Gill, WSNA President]. We are both people of color. I am proud to be a Washington

Through WSNA, I am able to lend my voice to the Asian American Pacific Islander National Task Force within AFT and expand my involvement with the Asian Pacific American Labor Alliance. I am also a member of the state AFT Civil and Human Rights Committee.

It's an honor and a pleasure to be here.

WSNF SCHOLARSHIPS

The Washington State Nurses Foundation (WSNF) builds the nursing profession by raising money for scholarships for nursing students and nurses seeking advanced education. Fundraising for scholarships reached a record high in 2025.

KEY ACHIEVEMENTS

- The foundation raised a record \$111,515.44 thanks to an anonymous donor who issued a \$50,000 match challenge. The challenge lasted seven months, ending April 30.
- Two fundraisers held at the WSNA Convention, April 30–May 2, raised more than \$10,000.

About WSNF

The Washington State Nurses Foundation is a nonprofit 501(c)(3) organization established in 1982 and is separately incorporated from Washington State Nurses Association. Its mission is to acquire and develop funds for the clinical and educational advancement of the nursing profession.

To learn more, visit wanursesfoundation.org.

Supporting nursing's future workforce

THE WASHINGTON STATE NURSES FOUNDATION reached a record for fundraising in 2025 and awarded 25 scholarships to nursing students totaling \$89,000 – their biggest award year yet.

The \$50,000 dollar-for-dollar match nearly doubled how much the foundation was able to raise. The match came from a generous anonymous donor whose late wife was a nurse and who is very supportive of the profession of nursing. The challenge lasted seven months, ending April 30.

Scholarship winners

Each year, WSNF scholarships are given to well-qualified nursing students across Washington state who will soon be joining the profession or are pursuing graduate degrees in nursing.

In addition to general scholarships, WSNF names two designated scholars annually: the Dolores “Deo” Little Scholar and the Judy Huntington Scholar. These awards honor two past WSNA presidents and the Hall of Fame inductees. WSNF also works with the Central Washington Region Nurses Association and the Inland Empire Nurses Association to award scholarships to students within their regions.

The 2025 scholarship winners came from all walks of life. Some emigrated from Ukraine, Somalia, and Kazakhstan. Some experienced loved ones with critical illnesses. Some dealt with their own mental and physical traumas. They include a student who worked in an oncology ward in Vietnam, a student who worked as a street medic, and a student who volunteered for the Red Cross. And they represent the best in society. They are passionate about serving vulnerable populations, providing compassionate care, and creating a world with equitable healthcare.

WSNA fundraising

WSNA members helped raise money for nursing scholarships through a raffle offering several items donated by Nurse Blake, including two excursions with NurseCon at Sea and two pairs of tickets for each of his comedy shows in Seattle and Spokane. Raffle items also included a quilt set, wine cellar, a Holland America cruise, and Core Competencies of Civility in Nursing and Healthcare. The raffle raised \$3,680.

The foundation trustees led the crowd in a Raise the Paddle event at the WSNA Gala, with Heather Stephen-Selby, MSN, RN, doing a fantastic job as an emcee. The Raise the Paddle event raised \$6,561.16. 🍷

WSNF Board of Trustees

The Washington State Nurses Foundation Board of Trustees is responsible for overseeing the foundation's activities and ensuring its mission to support nursing is fulfilled.



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NURSES SUPPORTING NURSES

Nurses know better than anyone the challenges and rewards of the profession. Every day, we touch the lives of countless individuals, from the first cry of a newborn to the comforting touch during our final moments. We are healers, educators, and advocates—as the heart and soul of healthcare, our role is irreplaceable.

But the path to becoming a nurse requires dedication, hard work, and financial commitment. **Many aspiring nurses face financial hurdles that threaten to derail their dreams.**

WSNF is dedicated to championing the dreams of nursing students by offering vital scholarships, working to ensure that financial constraints are not a barrier to the calling of nursing.

Go to wsna.org/wsnf to donate and empower tomorrow's nurses.

**WASHINGTON STATE
NURSES FOUNDATION**

The primary goal of the Washington State Nurses Foundation is to advance our profession and facilitate nursing's contribution to the health of our community. WSNF was established in 1982 to support educational advancement for the future of nursing. Contributions to WSNF are tax-deductible. wsna.org/wsnf



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