

# The Advocate

A Nurse Practitioners of New York Publication



## IN THIS ISSUE:

- President's Column
- Overview of Phages: A Living Medicine
- Housing Issues and the Role of Nurse Practitioners
- 2025-2026 NPNY Virtual Program Calendar
- Membership Benefits





# President's Column

## Audrey Hoover, MSN, FNP-BC, WHNP

President, Nurse Practitioners of New York (NPNY)



Carpe Diem!

Greetings esteemed colleagues and friends! With looming cuts to Medicaid, Medicare, food programs, and with the Nurse Practitioner Modernization Act (NPMA) set to expire on July 1, 2026, the theme for this year is Carpe Diem - seize the day! Nurse Practitioners of New York (NPNY) continues its grassroots efforts, working across party lines on issues important to our nurse practitioner (NP) profession and the communities we serve. As an African proverb says, "If you think you're too small to make a difference, try sleeping in a room with a mosquito." Although we are a small organization, we have been around for more than 30 years and our accomplishments are many!

I would like to share some of our noteworthy recent organizational accomplishments as well as upcoming activities...

### Membership

Our NPNY membership and online reach extend beyond the NYC Metropolitan area to twenty-three New York State (NYS) counties, cities and townships, plus four additional states (CT, GA, NJ, VT). We are building collaborations with universities to facilitate NP students' active participation in nurse practitioner organizations (NPOs).

### Advocacy

With the support of our organizational leadership, the NPNY Advocacy & Policy Committee continues to inform and advise stakeholders. NPNY provided a nurse practitioner voice at an event sponsored by a national organization representing seniors to address Social Security and Medicare concerns. Additional achievements and efforts include:

- Continuing our immediate past President's practice of submitting written testimony to the 2025 NYS Health and Medicaid Executive Budget Hearings.
- Giving oral testimony at the Bronx Rent Guidelines Board Hearings that emphasizes housing is a social determinant of health.
- Working closely with the New York City Council on a 2024 bill ([INT167](#)), which would secure discretionary funding for initiatives to increase access to human milk banks on a municipal level.



*Patrick and Audrey Hoover with Congressman Ritchie Torres, August 8, 2025*

We celebrate NYS Governor Kathy Hochul signing [S8561/A8232](#) into law on November 22, 2024. This legislation expands eligibility for appointment to county boards of health and health services advisory boards. NPs can now be appointed to services advisory boards! As opportunities present themselves, let us seize this moment and become part of the conversations pertaining to our NP profession, patients/clients, and the communities in which we and our friends/families live and work. These core issues are worthy of NPNY's continued advocacy efforts to ensure that health care services consist of competent professionals, transparency, accountability, efficiency, and civil protections.

### Continuing Education Programs

The Programming Committee has a great line-up of continuing education (CE) offerings for the 2025-2026 session. There will be additional non-CE topics which may include nutrigenomics and NP entrepreneurship. Please join us for any (or all) of these activities...

In closing, Full Practice Authority for the NYS NP workforce is more pivotal than ever. Removing statutory barriers and increasing access to health care for all New Yorkers are among our goals. Let us continue to be "at the table" and not "on the menu"!



*Patrick and Audrey Hoover with Governor Kathy Hochul, January 6, 2025*

### References

- New York City Council. (2024, February 28). Legislation: Requiring the establishment of a municipal human milk bank. <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=6557507&GUID=1D480A20-CFB4-44D8-B75B-0488CCD67BF7>
- The New York State Senate. (2023, November 6). Assembly Bill A8232A. <https://www.nysenate.gov/legislation/bills/2023/A8232/amendment/A>
- The New York State Senate. (2024, February 14). Senate Bill S8561. <https://www.nysenate.gov/legislation/bills/2023/S8561>

*\*Front page center photo: Audrey Hoover with Council Member Kristy Marmorato at Bronx Borough President Gibson's "A Celebration of Irish Heritage".*

# Overview of Phages: A Living Medicine

**Irene Van Slyke, MS, NP, MPA & BS Health Educ.**  
*A retired Nurse Practitioner*



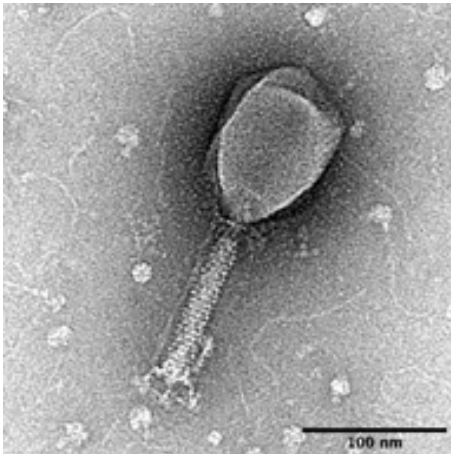
Bacteriophages (phages) are viruses that selectively target and kill bacteria. Phages are useful because they can destroy bacteria resistant to drugs such as antibiotics. This article provides an overview of their history and uses. In her book *The Living Medicine*, Lena Zeldovich (2024) describes a serendipitous conversation in the 1990s between an American medical doctor, John Glen Morris with his research assistant Alexander Sulakvelidze (aka Sandro). This began a slow twenty-five-year revolution in medical treatments for infections. The United States (U.S.) medical establishment is wary of medicines developed outside U.S. even when such therapeutics prove to be safe and or superior. Thus, new treatment options available in other countries are often banned or relegated to a category of folk medicine by the Food and Drug Administration (FDA), the agency in charge of evaluating the safety and efficacy of any new drug or treatment.

The FDA has established the category of Generally Recognized as Safe designation (GRAS) mostly for food additives, folk medicines and substances in common use. Over time, the FDA realized that some GRAS treatments could be evaluated to guide use and awards certificates that address not only safety but also efficacy as well as clearance for expanded use (United States Food and Drug Association, 2018).

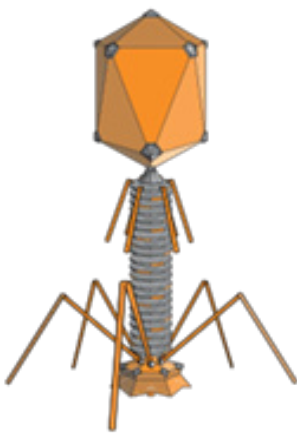
The twenty-five-year gradual acceptance of bacteriophage treatments in the U.S. started with the GRAS designation. The scene described by Zeldovich involved Dr. Morris who was distraught after losing a patient he had been trying to save. The patient had not responded to the prescribed antibiotics, he explained. “Did the bacteriophage fail too?” Sandro Sulakvelidze wondered aloud. Dr. Morris dumbfoundedly responded, “What are you talking about?” Sulakvelidze proceeded to share his knowledge of bacteriophages with Dr. Morris. Consequently, both men struggled to understand how so many in this rich and powerful nation were ignorant about phage treatment. This encounter sparked Sulakvelidze to establish a company called Intralytix, dedicated to advancing knowledge about phages and promoting their therapeutic capacity.

Intralytix’s mission statement declares that it is focused on the discovery, production and marketing of bacteriophage-based products to control bacterial pathogens in environmental, food processing, and medical settings. Presently, Intralytix is a thriving biotech firm utilizing bacteriophages to keep our food supply safe and manages several FDA approved clinical trials (Intralytix, 2024) including bacteriophages for treatment of Crohn’s disease. One such trial is in collaboration with Mount Sinai Health System in New York.

Phages (or viruses) are called “living medicines” because they respond to changes in their environment, unlike antibiotics which remain the same. A phage is a virus that infects and replicates within bacteria. Phages replicate within the bacterium following the injection of their genome into its cytoplasm.



*Bacteriophage T2, a myovirus due to its contractile tail*



*The structure of a typical myovirus bacteriophage (Wikipedia, 2022)*

Phage therapy discovered in the early 20th century in France, was used in the U.S. for a short period of time in the 1920s until antibiotics were introduced. At the time, antibiotics were found to be superior and easier to produce compared to phage cocktails. This has not been the case in Russia and in the countries that were

formerly part of the Union of Soviet Socialist Republics (USSR). People in these countries tend to rely on bacteriophage products over antibiotics partially because it remains less costly and they are more familiar with those treatments. For example, during the Second World War, phage concoctions helped keep the Russian army healthy enough to win the war. The advantage of phage therapy is that it can be developed to fight a particular bacterium while leaving beneficial microbes intact. Additionally, phages can be administered orally as rinses or topically as creams, as well as aerosols.

Since the U.S. opted for antibiotics as the go-to treatment for infections, our system is now faced with antibiotic resistant (AR) bacteria that make it ever harder to treat patients. The cost of antibiotic resistance is substantial as evidenced by the increasing loss of lives in the U.S. and worldwide due to antibiotic resistance. The Center for Disease Control (CDC, 2024) calls AR an urgent global health threat and finds that in the U.S. more than 2.8 million anti-microbial infections occur every year resulting in more than 35,000 deaths.

While antibiotics can be very effective in the management of bacteria, they are static and do not evolve. Conversely, bacteria mutate frequently outpacing antibiotics. Antibiotics simply cannot keep up with this natural bacterial evolution. Drug researchers cannot predict how bacteria might change and evolve, making it highly challenging to create novel and effective antibiotic therapies. In addition, some new antibiotics reserved for treatment of severe infections involving resistant bacteria have serious side effects.

Most, if not all, new drugs are developed and tested through funding from the



National Institute of Health (NIH) funded by Congress. For a decade Sandro was unable to secure any research funding because scientists at NIH were unfamiliar with phages and worried about funding an unsafe product. Sandro noticed the frequent problems with food contamination and the public's concern of consuming antibiotics through their consumption of chickens and cows products that were treated with them. Sandro decided to approach the poultry and other meat producers. Meat producers were looking for a solution to resistant bacteria, against which antibiotics were useless, leaving the public exposed to microbial contamination. Perdue invested \$1 million to create a phage product and Intralytix came up with its first product-ListShield, a spray against *Listeria* which was approved by the FDA (Zeldovich, 2024).

Another milestone in the acceptance of bacteriophages was reached in 2015 with the miraculous survival of a patient, Thomas Patterson (Garnett, 2019). Thomas was near death with an AR and unresponsive to any antibiotics then cured by a bacteriophage. At the time FDA had not approved any phages for human consumption and the

NIH had failed to finance any research. Thomas' wife, Stefannie Strathdee, an epidemiologist, corralled the international scientific community to find a cure. She found Ryland Young, a researcher at Texas A & M University who happened to work with phages to fight *A. Baumannii*, the superbug that had infected her husband. They had secured FDA approval for compassionate use under experimental Investigational New Drug classification (eIND). Following the investigational bacteriophage, Thomas made a miraculous recovery. Subsequently, the NIH authorized several grants to Ryland Young and Intralytix received its first NIH grant in 2018 for phage research.

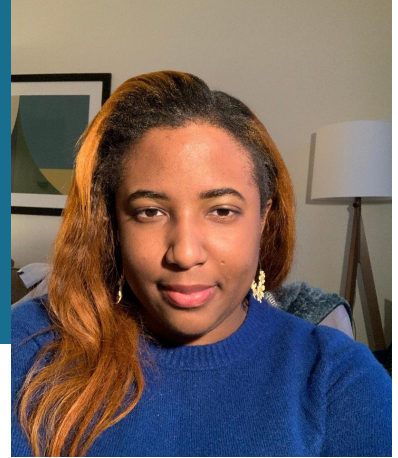
In the past five years bacteriophages have been building momentum in the U.S. and abroad. As antibiotics become less effective due to antibiotic resistance, the pharmaceutical industry has become less interested in the development of novel antibiotics. As a result, the pharmaceutical industry has been more willing to see phages as a new approach to fight infectious diseases. Laboratories can quickly provide a unique phage for a specific bacterium.

## References

- Center for Disease Control. (2024, December 19). U.S. Actions & Events to Combat Antimicrobial Resistance. <https://www.cdc.gov/antimicrobial-resistance/programs/AR-actions-events.html>
- Garnett, C. (2019, March 22). Scientists One, Superbug Zero Personal Quest Resurrects Phage Therapy in Infection Fight. National Institute of Health Records. <https://nihrecord.nih.gov/2019/03/22/personal-quest-resurrects-phage-therapy-infection-fight>
- Intralytix. (2024, January). Intralytix Receives FDA Regulatory Clearance for Expanded Use in Grain and Grain Products for Phage-Based *E. coli* Technology. <https://www.intralytix.com/article/118?e=Intralytix-Receives-FDA-Regulatory-Clearance-for-Expanded-Use-in-Grain-and-Grain-Products-for-Phage-Based-%3Ci%3EE.-coli%3C%2Fi%3E-Technology>
- United States Food & Drug Administrations. (2018, January 4). FDA's Approach to the GRAS Provision: A History of Processes. <https://www.fda.gov/food/generally-recognized-safe-gras/fdas-approach-gras-provision-history-processes>
- Wikipedia. (2025, July 27). Bacteriophage. <https://en.wikipedia.org/wiki/Bacteriophage>
- Zeldovich, L. (2024). The living medicine: how a lifesaving cure was nearly lost and why it will rescue us when antibiotics fail. First edition. St. Martin's Press.

# Housing Issues and the Role of Nurse Practitioners

**Lexie Bryan, DNP, MSN, APRN, FNP-C, CLC**



New York City continues to experience a deepening housing crisis that is profoundly affecting public health. Skyrocketing rents, gentrification, and a shortage of affordable, adequate and accessible housing have left thousands of New Yorkers living in substandard conditions or without homes entirely. According to the Coalition for the Homeless (2025), over 106,000 people including families with children, sleep in shelters each night. This crisis is not just an economic, political or social issue, it is a major public health concern; and nurse practitioners (NPs) have a critical role to play in addressing this crisis.

Inadequate housing is linked to a wide range of health problems including respiratory illnesses from mold, poor ventilation, infectious diseases, food insecurity, chronic stress due to overcrowding or displacement, and increased rates of mental health disorders. Homelessness and housing insecurity exacerbate chronic diseases like diabetes and hypertension due to poor access to nutritious food, medications, and preventive care. Children living in unstable housing often suffer developmental delays, which often result in poor educational outcomes, further perpetuating cycles of poor health and poverty.

Social determinants of health (SDOH) are the conditions in which people are born, live, work, and age. These determinants have a greater impact on health outcomes than clinical care alone. In New York City, vast income inequality and systemic racism

have led to segregated neighborhoods where poor housing conditions are disproportionately experienced by Black, Latino, and immigrant populations. Nurse practitioners must recognize how housing insecurity intersects with other SDOH, such as employment, education, transportation, and access to healthcare, creating complex barriers to well-being.

By integrating a SDOH perspective into practice, NPs can better assess patients' lives beyond symptoms. Asking about housing status during clinical encounters, understanding the impact of evictions or overcrowding, and referring patients to support services are all part of holistic, equitable primary care. Furthermore, NPs should engage in public health advocacy to influence policies that improve housing access and quality.

Effective solutions to the housing problem require a multifaceted approach, recognizing that a one-size-fits-all solution is ineffective. Expanding existing tax incentive programs such as the Low-Income Housing Tax Credit (LIHTC) and Opportunity Zone may encourage private development. However, these programs often fail to target the lowest-income populations and can lead to gentrification and displacement rather than true affordability. Proposed plans to reduce federal funding for existing housing and homelessness programs will have an enormous negative impact on community services and public health. Specifically, cuts to direct housing assistance programs, such

as Housing Choice Vouchers or homeless shelter funding, would likely increase housing instability and further limit access to essential health services for vulnerable populations.

Reduced federal support severely impacts community and public health services. Health systems could see a surge in emergency room visits, untreated chronic conditions, and mental health crises. Communities would experience a greater strain on local resources including clinics, food banks, and shelters. The public health workforce, including nurse practitioners, would be left to manage the fallout without the structural support needed to promote long-term well-being. Essentially, these cost-cutting measures will only add to the burden of an already fragile healthcare system.

Florence Nightingale believed that health is influenced by environmental factors such as clean air, pure water, efficient drainage, cleanliness, and adequate lighting. Her Environmental Theory argued that improving a person's surroundings could significantly improve their health outcomes (Gilbert, 2020). In modern urban areas like New York City, Nightingale's principles are still relevant as evidenced by the COVID-19 pandemic's impact on the city. When individuals live in environments plagued by pollution, overcrowding, noise, and poor sanitation, their health inevitably deteriorates. Addressing housing conditions are therefore not outside the realm of nursing; it is central to it.

Nurse theorist Nola Pender developed the Health Promotion Model in 1982. The Health Promotion Model emphasizes the role of the environment in shaping health behaviors and outcomes. Pender's theory supports proactive, community-based interventions that empower individuals and communities to make healthier choices (Srof & Velsor-Friedrich, 2006). For nurse practitioners, this means advocating for structural changes including affordable housing policies that create the conditions for better health outcomes. Health promotion cannot succeed in the absence of safe, stable living conditions.

Ultimately, nurse practitioners must be vocal advocates for evidence-based housing policies that prioritize the health of low-income populations and the populace as a whole. We must fight against disinvestment in social safety nets and work with community partners and stakeholders to create environments where all people, not just the privileged, can live, grow, and thrive in our great City of New York.

## References

- Coalition For The Homeless. (2025). Facts about homelessness. <https://www.coalitionforthehomeless.org/facts-about-homelessness>
- Gilbert, H. A. (2020). Florence Nightingale's environmental theory and its influence on contemporary infection control. *Collegian*, 27(6), 626-633. <https://doi.org/10.1016/j.colegn.2020.09.006>
- Srof, B.J., & Velsor-Friedrich, B. (2006). Health promotion in adolescents: A review of Pender's health promotion model. *Nursing Science Quarterly*, 19(4):366-73. <https://doi.org/10.1177/0894318406292831>



# 2025-2026 NPNY Virtual Program Calendar

## **NPNY 2025-2026 Virtual Monthly Program Calendar**

*Monthly programs offer 2 continuing education  
credits (CEs):*

6:30pm - 8:30pm CE program

8:30pm -9:00pm NPNY updates, opportunity  
to discuss clinical cases, network and job  
opportunities. We welcome all NPNY members  
who cannot make the CE meeting.

Free for members, Nonmembers \$20, NP  
students \$5

Thursday September 18, 2025

### **Evaluation of Infertility for the NP**

Regina Cardaci, PhD, CNM

Thursday October 16, 2025

### **Bridges not Walls - Working with Asylum Seekers**

Miriam Ford, PhD, FNP

Saturday November 15, 2025

### **2025 Annual NPNY Pharmacology Conference for Nurse Practitioners**

8:00 am to 3:15 pm

#### ***Earn 6 Pharmacology CEs***

Topics include: Substance Use Disorder,  
Diabetes, Menopause

**Speakers:** Thomas Grandville, PharmD; Sylvie  
Rosenbloom, DNP, FNP, CDCES and Magen  
Price, FNP, MSCP, CSC

***NPNY members \$75.00***

***nonmembers \$100.00***

***students \$50.00***

Thursday January 15, 2026

### **Psychopharmacology for the Non-Psychiatric NP**

Jordana Cotton, DNP, PMHNP

Thursday February 19, 2026

### **From Research to Exam Room: Clinical Pearls in Sexual and Reproductive Health for Marginalized Women.**

Jessica Zemlak, PhD, MSN, RN, FNP-BC, PMHNP-BC

March 2026

### **Advocacy Day**

#### ***Earn 6.25 CEs***

Speakers: Audrey Hoover, MSN, FNP-BC,  
WHNP & Rachael Lerner, MS, WHNP

***Free for members and students,***

***Nonmembers \$20***

Thursday April 16, 2026

### **Menopause Treatment and Policy Implications**

Jeanne Murphy, PhD, WHNP, CNM

Thursday May 14, 2026

### **Pediatric Topic TBA**

Kathy Kenney-Riley, PNP, EdD

**Note:** The above schedule, topics and speakers are subject to change. Please refer to our website for the most up to date information: <https://npsy.enpnetwork.com>

Thank you, members of NPNY for your support of our organization! Your NPNY membership provides access to many benefits including:

- **FREE CE credits** at our monthly meetings for participants - 2 CEs per month; earn up to 16 CEs per year!
- **Discount** registration for annual **Pharmacology Conference**; earn up to 6 CEs!
- **Leadership** opportunities (Officer, Board Member) that count toward NP recertification
- **Access job opportunities** and additional clinical and professional perks via social media
- **Network with NP colleagues** at our monthly programs and through social media
- **Join colleagues on Committees** for professional growth and participate in building the organization
  - Advocacy and Policy
  - Education CE
  - Membership
  - Communication
- **NP Student and New Grad Mentorship** and for experienced professionals in search of support
- **Gain professional advocacy experience** for state and local legislation with the support of experienced colleagues
- Subscription to “**The Advocate**,” the NPNY Publication
- We are always excited to welcome new members. Refer a colleague or friend to join today!
- NPNY is a (501)(c)(3). Contributions are 100% tax deductible!



# NPNY Officers, Board of Directors and Committee Chairpersons

## **President**

Audrey Hoover, MSN, FNP-BC, WHNP

## **Past President**

Rachael Lerner, MSN, WHNP

## **Treasurer**

Cristina Martinez, MSN, FNP-BC

## **Board Members 2024-2026**

Sylvie Rosenbloom, DNP, FNP-BC  
Abigail C. Hasan, RN, FNP-BC, ANVP-BC, ASC-BC

## **2025-2027**

Lexie Bryan, DNP, MSN, APRN, FNP-C, CLC  
Susie Moscou, PhD, MPH, PMHNP-BC, FNP-BC

## **Advocacy & Policy Committee Co-Chairs**

Lexie Bryan, DNP, MSN, APRN, FNP-C, CLC

## **Program Committee Co-Chairs**

Susan Moscou, PhD, MPH, PMHNP-BC, FNP-BC

## **The Advocate Publication Managing Editor**

Annie D. Lu, MSN, ANP-BC, BC-ADM

## **Contact**

Website: <http://npsy.enpnetwork.com>  
Email: [npsofny@gmail.com](mailto:npsofny@gmail.com)