



MNORN Elections

YOU are encouraged to run for office to join the MNORN Leadership.

This is an opportunity to shape the direction of MNORN and to be part of a dynamic organization that gives voice to the nursing profession in Minnesota.

MNORN Positions to be elected this Fall:

President

2nd Vice President

Secretary

2 Directors

2 members of the Nominating Committee

Nominating Committee Members:

Martha Turner, chair

Eileen Weber

Maria Bernhardt

Sarah Stevens

Sara McCumber

Help Nurses and Victims of the flooding in Kentucky

Torrential rain has pounded eastern Kentucky from Friday, July 29th to the present resulting, in massive flooding causing immense devastation, loss of life, personal property, and uncertainty. Because of the flooding, it has been reported that currently more than 30 people have died, and many are unaccounted for.

ANA supports our nurses personally and professionally impacted by this tragedy and their families. ANA has been in contact with our leaders of the Kentucky Nurses Association and supports its leaders, their families, and members. As nurses and communities recover from the devastating effects, here are some ways you can help.

Emergency funds

To provide relief for RNs and individuals within the impacted communities, who have suffered loss or damages from the flooding, the Kentucky Nurses Association (KNA) and its charitable arm, the Kentucky Nurses Foundation (KNF) have set up a **Flood Relief Fund**. The fund accepts tax-deductible donations with the sole purpose of helping provide much-needed supplies to the communities in need. You can donate to the Flood Relief Fund [here](#).

Volunteer opportunities

To volunteer, learn about eligibility in the [National Voluntary Organizations Active in Disaster](#).

Mental health support

For crisis counseling, SAMHSA's Disaster Distress Helpline is available 24 hours a day to provide confidential support to those experiencing emotional distress.

Call **1-800-985-5990** or text **TalkWithUs to 66746** or visit www.samhsa.gov/find-help/disaster-distress-helpline.

Other resources

Visit [ANA's Disaster Relief](#) web page for information.



Our Racial Reckoning Statement

On June 11, 2022, the ANA Membership Assembly, the governing and official voting body of ANA, took historic action to begin a journey of racial reckoning by unanimously voting 'yes' to adopt the ANA Racial Reckoning Statement.

This statement is a meaningful first step for the association to acknowledge its own past actions that have negatively impacted nurses of color and perpetuated systemic racism.

Racism: Assaults on the human spirit in the form of actions, biases, prejudices, and an ideology of superiority based on race that persistently cause moral suffering and physical harm of individuals and perpetuate systemic injustices and inequities.
(National Commission to Address Racism in Nursing, 2021)

"If I were to replace my face with a white person's face, where would my career be?"
(Anonymous Quote, National Commission to Address Racism in Nursing, 2021)

Opening

This is a journey.

Throughout our history, the American Nurses Association (ANA) has sought to lead nursing into the future. Through acts of omission, when we failed to act, and commission, when ANA's actions negatively impacted nurses of color, we have caused harm and perpetuated systemic racism. This statement serves as a starting point for a journey during which we seek to acknowledge past actions that continue to impact the profession today and as a starting point of a new journey toward the future.

ANA begins this journey in conjunction with the efforts undertaken by the National Commission to Address Racism in Nursing (the Commission). This statement focuses on ANA's own actions, while the Commission seeks to address racism in nursing within the broader profession. We recognize that as a leader, ANA holds accountabilities at both the organizational and the broader professional level. Through both efforts, we are striving for a

more inclusive, diverse, and equitable professional organization and a nursing profession that meets the needs of all people.

Our intention with this statement is to publicly identify and acknowledge our past actions while addressing the harms that continue today. The section on ANA Reckoning is not meant to be a complete listing of all ANA actions that have caused harm. Historical exclusions of and transgressions against Black nurses will be discussed in this document. This harm has undoubtedly extended to all nurses of color. In addition, there is much debate about labels and terms to identify racialized minorities. We have chosen to use the term “nurses of color” to reflect all nurses representing race and ethnic groups. It is our intention to be fully inclusive in the use of this language.

In the end, it is our actions that will truly reflect the sincerity of this apology and serve as the underpinning for forgiveness. For it is forgiveness that we seek — forgiveness from nurses of color, the nursing profession and the communities that have been harmed by our actions. We fervently hope that this statement, its subsequent work and the efforts of the Commission will contribute to healing — individual healing for nurses, reconciliation with the ethnic-minority nurse associations and healing of the profession. ANA wants this statement to reflect genuine reconciliation and acknowledgment and hopes that it is a step toward forgiveness. Ultimately, we seek to contribute to the healing of nursing.

ANA Reckoning

There is much that can be said about ANA's history and failure to include and represent the views and needs of nurses of color. The examples below are not to be considered as a complete reckoning of ANA's past, but they are representative of times and actions when ANA failed.

To begin, we must acknowledge that from 1916 until 1964, ANA purposefully, systemically and systematically excluded Black nurses. ANA's predecessor organization, the Nurses' Associated Alumnae of the United States and Canada, was open to alumnae associations of schools of nursing, including Black hospitals and nurse training schools (Hine, 1989). The Nurses' Associated Alumnae became the American Nurses Association, and in 1916, the membership rules shifted away from an alumnae-based membership to that of a state- and district-based membership. This resulted in Black nurses being denied membership in some state nurses associations. Despite significant advocacy and pressure from the National Association of Colored Graduate Nurses (NACGN), this discrimination persisted. In 1946, the ANA House of Delegates voted to adopt a statement that urged the “removal, as rapidly as possible, of barriers that prevent the full employment and professional development of nurses belonging to minority racial groups” (Carnegie, 1991, p. 76). And in 1948, the ANA

House of Delegates established an "Individual Membership Category" that was open to all nurses who were not accepted through a state or district association. However, it was not until 1964 that a final district in Louisiana dropped its discriminatory rule for membership (Carnegie, 1991). This timeline reflects the failure of ANA leaders to aggressively pursue changes in its discriminatory membership rules and allow for full membership regardless of race. While membership within ANA was hard fought by NACGN, the full inclusion of Black nurses within ANA leadership and decision-making remains unrealized and elusive for all nurses of color.

One representative incident from 1939 involved Estelle Massey Riddle Osborne, president of NACGN from 1934-1939. In 1939, President Osborne was invited by ANA President Julia C. Stimson to meet with ANA's Advisory Council to discuss the status of Black nurses in the profession. The site of the meeting was the St. Charles Hotel in New Orleans, where Black guests were required to use the service entrance and freight elevator. President Osborne called on ANA and President Stimson to adamantly protest this discrimination. Instead of protesting the discriminatory policy, President Stimson offered to enter the hotel with President Osborne through the service entrance. In the end, President Osborne decided against attending and ANA failed to step into a space of advocacy and support (Hine, 1989).

President Osborne was the first Black nurse to earn a master's degree in the U.S. and became the first Black nurse elected to the ANA board in 1948. However, after her four-year term, there were no Black nurses elected to the board again until 1970 (Carnegie, 1991). This lack of representation on the policy level for 22 years concerned many Black nurses, and when it was brought up at ANA's 1972 convention, it was communicated that the only obligation of ANA from the dissolution of NACGN was the awarding of the Mary Mahoney Award.

In 1965, ANA approved a position paper on nursing education that recommended the minimum preparation for "beginning professional nursing practice should be a baccalaureate degree" (ANA, 1976). The stated rationale for this change was the increasing complexity of nursing activities and patient care. One result of ANA taking this position was the disenfranchisement of institutions and schools of nursing that were available to students of color and the exclusion of nurses who graduated from those programs. ANA sought to advance the educational level of nurses without ensuring that all nurses would have the same access to the education necessary to achieve the desired educational level for entry into the profession. There continues to be a need to examine how this policy advances nursing today and to examine strategies for ensuring that educational opportunities are equally available to all students, especially students of color.

In 1970, Dr. Lauranne Sams organized a meeting with 200 Black nurses for the primary purpose of organizing a Black nurse association. The group reported the following concerns (Carnegie, 1991):

Concern over the absence of Black nurses in leadership positions at ANA. Limited opportunities for Black nurses to support and shape ANA policies. Persistent tokenism. Limited recognition of Black nurses' contributions to the profession. Lack of significant increases in the number of Black registered nurses. No recognition of achievement with awards (other than the Mary Mahoney Award). Limited appointments of Black nurses to committees and commissions.

In 1973, in her first address to the newly created National Black Nurses Association (NBNA), Dr. Sams considered the question of why a Black Nurses Association was needed:

"No, I am speaking about all the past deficits and discriminatory practice which have continuously disgraced and limited the full potential, the development, the selfhood, and the self determination of Black folk. I am speaking about today, Here and Now."

In telling the history of the formation of the NBNA, the article *From Invisibility to Blackness: The Story of the National Black Nurses' Association* by Gloria R. Smith notes that there was a desire on the part of the Nurses' Associated Alumnae of the United States and Canada and ANA for Black nurses to be members, but these professional associations granted them few privileges "other than paying dues" (1975, p. 225).

Although by 1964 there were no tangible rules preventing membership for nurses of color, it was evident that exclusionary practices and a failure to represent all nurses remained. Similar to the concerns raised by Black nurses, in 1974, led by Dr. Ildaura Murillo- Rhode, a group of 12 Hispanic nurses who were also members of ANA came together to consider establishing a Hispanic Nurses Caucus within ANA because "ANA was not being responsive to the needs of Hispanic nurses" (National Association of Hispanic Nurses, 2022). Ultimately, this core group and their organizing efforts led to the establishment of the National Association of Hispanic Nurses (NAHN). Today, "NAHN members advocate, educate, volunteer, seek partnerships, and conduct programming in the Latino community to improve outcomes, elevate literacy, heighten education, and influence policy. We also work collaboratively with others to improve health equity and to create a future in which everyone regardless of race or ethnicity has opportunities to be healthy."

ANA recognizes that issues of racism persist today and continue to harm nurses of color. Findings from the Commission's 2021 national survey on racism in nursing (n = 5,600) noted that racist acts are principally perpetrated by colleagues and those in positions of power.

Over half of nurses surveyed (63%) said they had personally experienced an act of racism in the workplace with the transgressors being either a peer (66%) or a manager or supervisor (60%). Fifty-six percent of respondents also noted that racism in the workplace has negatively impacted their professional well-being. During listening sessions with nurses of color convened by ANA and the Commission, persistent themes of stereotyping, prejudice, discrimination, exclusion, oppression, tokenism, inequity, and insistence on conformity and assimilation were found (National Commission, 2021). The impact of these experiences is demoralization, exhaustion, spirit murder (murder of the soul), invisible workload, silence, invisibility and self-doubt.

"The power in nursing is primarily held by middle-age to old-age white women who have just recently begun to consider racism in nursing care. There are racist principles that have been carried down through history and never challenged."

(Anonymous Quote, National Commission to Address Racism in Nursing, 2021)

Seeking Forgiveness

As leaders of ANA, we apologize for the named and the unaccounted-for harms. Our past actions have caused irreparable physiological, psychological and socioeconomic harm, not only to nurses of color but to all patients, families and communities that depend on ANA as the national leader of the nursing profession. We failed to live up to the professional values established through the Code of Ethics for Nurses (ANA, 2015) and our social contract that guides the relationship between the nursing profession and society and their reciprocal expectations (ANA, 2010). In addition, as ANA sought to "professionalize" nursing, we failed to support a robust education approach that included the appropriate preparation to care for ALL our patients, especially patients of color.

More specifically, we apologize to all nurses of color. Not only is the profession richer for your having persisted, but the people you cared for and continue to care for today have been better served. ANA failed to uphold your work and support you as you advanced in nursing and worked to improve the profession. Having failed you, ANA also failed in supporting and caring for communities of color and other marginalized people.

We apologize to the ethnic-minority nurse associations that have ably represented the needs of their nurses and communities. Early in the profession's history, there was a stated desire for one association to meet the needs of all nurses. ANA only represented the needs of some nurses and some patients. Nurse leaders of color stepped into the breach. ANA's failure to lead resulted in a fragmentation of the profession that contributed to a fragmentation in nursing care for minoritized communities.

Moving Forward

As important as it is to reconcile ANA's history, our path points toward the future and actions that should be taken as a means of holding ANA accountable, continuing reconciliation to repair the breach and becoming a restored association. Each of the actions below will lead to additional actions and efforts as ANA continues the journey.

Therefore, the ANA Board of Directors will:

- Continue to reckon with and apologize for past harms that are made known to ANA.
- Engage in direct reconciliation with each of the ethnic-minority nurse associations.
- Develop and implement a diversity, equity and inclusion impact analysis that is considered in all policies and positions of the association.
- Initiate an oral history project dedicated to amplifying the contributions by nurses of color to ANA and the nursing professions.

Therefore, the American Nurses Association will:

- Continue to serve as a partner in and support the National Commission to Address Racism in Nursing as it strives to create antiracist practices and environments.
- Advocate for and follow established guidance on the reporting of race and ethnicity in professional journals and publications.
- Advocate for appropriate representation and inclusion in textbooks and other educational material.
- Actively engage in a program of diversity, equity and inclusion within the association.
- Provide transparency into the race and ethnic makeup of the ANA Board of Directors, leadership and staff.
- Deliberately work to build diversity within ANA's volunteer and governance structure.

Conclusion

We, as ANA, are on a journey — a journey of reckoning and reconciliation, forgiveness, and healing. This journey will take some time, but it is one that ANA is fully committed to. We invite others to join us as ANA seeks to strengthen who we are as a professional association and the broader nursing profession through inclusion, diversity and equity as we strive for antiracist nursing practices and environments.

“As nurses we need to unlearn much of what we thought we knew about racism — and get comfortable being uncomfortable about our profession and our own way of being — need to see nursing through a new lens and be open to what we might see versus stating that racism does not exist.”

(Anonymous Quote, National Commission to Address Racism in Nursing, 2021)

[Link to stay informed on our racial reconciliation work](#)

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Frequently Asked Questions About Racial Reckoning

What is the purpose of “racial reckoning”?

For ANA, the purpose of racial reckoning is to create a space for us to examine our past actions, behaviors and policies that contributed to marginalizing and harming nurses based on their race and ethnicity. The “reckoning” aspect involves acknowledging past harms, apologizing, and seeking forgiveness, and establishing accountability so that these behaviors, actions, and policies will never occur again.

Why is ANA spending so much time on this when there are other issues impacting the nursing profession, such as staffing and workplace violence?

Great leaders acknowledge and take responsibility for mistakes and harm whether intentional or unintentional. A necessary part of healing and future actions is asking for forgiveness which ANA speaks to in the statement on racial reckoning. ANA strongly believes that this issue must be addressed along with the many others that impact the profession. The evidence is quite clear from the literature, surveys, and listening sessions that racism is negatively impacting not only nursing colleagues of color, but also the profession and its ability to safely care for all patients. Issues such as staffing and workplace violence are directly impacted by racism – it uniquely affects every aspect of the profession. By working to alleviate the harms of racism, effort to address workplace violence and staffing will be positively impacted. ANA's mission is to lead the profession to shape the future of nursing and health care. Addressing racism is foundational to our mission along with the many priority issues confronting ANA and the profession.

Why is ANA considering this racial reckoning statement now?

With the establishment of the National Commission to Address Racism in Nursing, ANA leadership realized that the association needed to intentionally look at its history and make amends. This is necessary for credibility in speaking about the impact of racism in nursing today. ANA leadership recognizes that we are late in offering this public acknowledgement and is fully committed to apologizing to communities of color for our past actions that contributed to furthering racism in the nursing profession, while also laying a plan for moving forward.

How does this statement relate to the National Commission to Address Racism in Nursing?

The focus of the Commission which launched on January 25, 2021, with leading ethnic and minority nursing organizations, is to examine the issue of racism within nursing nationwide and within the broader profession. This racial reckoning statement is exclusively the work of ANA and is focused on our organizational history. ANA's involvement in both aspects of this work is necessary because we hold accountabilities at both the organizational and professional levels to address the issue of racism in nursing. While data gathered from the Commission's work informed ANA's need and urgency to reckon with our history, the reckoning statement is not a product of the Commission.

What is ANA's goal for this effort?

The goal is to recognize the harm that ANA has caused from past actions while also seeking forgiveness. In addition, ANA is striving for a more inclusive, diverse, and equitable professional organization. These basic and foundational principles are nonnegotiable to meet the needs of all nurses and people.

Who are we referring to when ANA uses the term "nurses of color"?

ANA has chosen to use the term "nurses of color" to reflect all nurses representing minoritized racial, ethnic, and Indigenous groups. It is ANA's intention to be fully inclusive in the use of this term.

Why does this statement focus on racism and does not reference other forms of discrimination?

ANA is fully aware that there are other forms of discrimination (e.g., age, disability, sexual orientation, religion, etc.). However, history and the overall pervasiveness of racism within our country and nursing calls on us to act. ANA's hope is that as we address racism in nursing there will be a positive impact on all other forms of discrimination.

Why does the statement not include any of the good things that ANA has done?

The purpose of this statement is for ANA to fully own its past actions that contributed to racism within the profession with emphasis upon the physical and mental harm that was done to our colleagues of color. It is about acknowledging when ANA failed to live up to the professional values established through the historical and current versions of the Code of Ethics for Nurses. This statement also recognizes when ANA failed to lead as the professional association for nurses.

Why does the language in the statement rely so heavily on terms such as “forgiveness” and “healing”?

ANA was intentional in the use of this language to reflect the deep sincerity of this statement and to honor the understanding that our actions caused irreparable physiological, psychological, and socioeconomic harm not only to our colleagues of color, but also to their communities and multiple generations that followed.

What does ANA mean when it says that racism continues today within nursing?

Through the work of the Commission, ANA knows that racism continues within the profession. This is clear through the countless stories and experiences shared during the listening sessions held in Spring 2021, and in the findings from the Commission's 2021 national survey. The words of our colleagues of color speak of ongoing racial discrimination and harm that they face in nursing education, practice, policy, and research.

What does this mean for individual nurses, state nurses associations, individual member division and organizational affiliates moving forward?

ANA recognizes that this is important necessary work that we as leaders of the association and within the profession must undertake. ANA also invites every nurse and other nursing organizations, to engage with us on this journey of reckoning and reconciliation, forgiveness, and healing, to strengthen who we are as a professional association and within the broader nursing profession, as we strive to advance antiracist nursing practices and environments.





National Commission to Address Racism in Nursing

TOP TEN WAYS TO BE AN ANTIRACIST IN NURSING



1 Become story catchers

Be intentional when hearing about other people's experiences. To hear is to learn and understand, which leads to empathy with the person.



2 Be genuine

Do what you say you will do. Keep your word - if you do not have trust, you cannot be an ally.



3 Manage me

Resist "amygdala hijacking", where generalizations cause you to act out of previous fear and pain, thus letting emotions take control of your reasoning.



4 Maximize curiosity. Minimize certainty.

Ask yourself, "Why am I thinking this about this person?", "Where did this originate from?", and "Do I know what I think I know to be true?"



5 Distribute power

Give voice to, and support with concrete action, those without power. Minimize power plays in promotion, hiring, and patient assignments.



6 Preserve the dignity of others

See the humanity in others. Are you viewing colleagues as a deficit to your team, rather than an asset and why?



7 Stop labeling others

See people as people. Eliminate ideas about superiority, inferiority, and where to place people on a hierarchy.



8 Expose unwritten rules

Examine your systems. Bias cannot be avoided so tweak your systems to overcome it. Pivot to make adjustments based on what is going on in the world.



9 Support authenticity

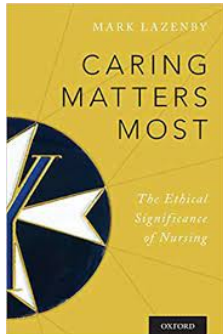
Allow each person to be their authentic selves. Accept them with their differences. Don't force people to lose their uniqueness.



10 Manage perception

Consider how your decision/policy will impact or affect those not part of the decision process. Don't get caught up in your own intent. The receiver only knows impact of what was done.

Book Review: *Caring Matters Most: The Ethical Significance of Nursing* by Mark Lazenby



We live in a time of great moral injury to nurses. Each of us who practices the vocation of nursing was sworn into the profession to promote the health and well-being of others. In the face of a historic nursing shortage only made worse by global pandemic and the deliberate greed of healthcare systems, nurses are not able to provide the level of care patients deserve. What does it mean to be a good nurse in spite of hard times? Lazenby discusses it in this brief treatise.

Lazenby identifies 5 essential dimensions to the ethics of nursing practice, and I'm not going into all of them for the sake of brevity but I want to talk about what stuck out most to me, which is the concept of beauty. Lazenby identifies beauty with dignity, the inherent dignity of all human beings. We have seen great injustice within our careers; young, healthy patients struck down by random chance of a fatal disease. We've seen dementia ravage the mind and memories of those we love and admire. We've seen families torn apart by Covid, unable to bear witness to the deaths of their most beloved beyond the lens of a Zoom call. Grave injuries these are, and as nurses all we can do, all we can offer, is the restoration of dignity through acknowledging the beauty of all human lives. In doing this we give justice to the injury of our patients illness, and we acknowledge that in restoring the body we must also strive to restore the spirit.

Nurses too, must stand together in demanding justice for the moral injury we suffer at dangerous ratios, insufficient compensation and unsafe working conditions. And we must find among ourselves the means to change healthcare to better suit the fundamental goal of nursing, which is beyond promoting a better health in patients, it is in promoting a better, more equitable world for all who live in it.

I found this book to be incredibly accessible, which has always been a problem for me with philosophy. I think it serves every nurse well to think about **why** they do something, what their motivations are, and how they move forward in hard times.

Review written by Wes Osler. Wes Osler is a travel nurse, currently working across the country. They previously served as President of the National Student Nurses' Association and as Secretary for the American Association for Men in Nursing. They are also a past member of MNORN.



Minnesota joins other states to roll out 988 mental health crisis lifeline

New three-digit dialing code streamlines access to mental health crisis support

Starting Saturday, July 16, people facing a mental health crisis can dial 988 to connect to support. The change is part of a nationwide effort to transition the National Suicide Prevention Lifeline to a phone number people can more easily remember and access in times of crisis. The shift also includes an online chat feature and new texting option.

The new 988 dialing code will serve as a universal entry point, so people can reach a trained crisis counselor who can help regardless of where they live. Anyone can dial or text 988 24 hours a day, seven days a week, to reach crisis support or to use an online chat feature to connect with crisis support. People can also dial 988 if they are worried about a loved one who may need crisis support.

“Supporting mental health is a critical public health need, and one of the best ways we can do that is to make it as easy as possible for people to get the help they need when they need it,” Minnesota Commissioner of Health Jan Malcolm said. “Our hope is that 988 can be an easier way for people experiencing mental health crises to get support quickly.”

The Lifeline 10-digit number, 1-800-273-TALK (8255), will continue to be available and will route people to the same resources. People should call 911 if they suspect drug overdose or need immediate medical help.

Suicide is a serious and growing public health concern across the United States and in Minnesota. The number of suicide deaths and the suicide rate in Minnesota has increased consistently for 20 years. MDH data shows:

- From 2016 through 2020, there were more than 10,000 hospital visits for self-harm injuries (i.e., suicide attempts) in Minnesota, and those were mostly among people ages 10-24, predominantly females.
- Each year about 75-80% of suicide deaths are among males.
- Each year about 50% of suicide deaths are the result of a firearm injury. Suicide usually represents 70-80% of all firearm deaths.

Moving to a shorter dialing code is an important step to help reduce suicide, and it is part of a larger push to improve options for Americans facing a mental health crisis. In moments of crisis, it can be challenging to look for resources or even just remember what number to call. Through 988, the Lifeline number will be easier to remember, and more accessible through chat and text. This will create more ways and make it easier for the public to find support.

About 988 in Minnesota

The Lifeline is a national network of over 200 call centers. Minnesota has four Lifeline centers that connect callers to nearby or state-specific resources and services quickly and efficiently.

Minnesota calls may be routed to the Lifeline's national back-up centers when the four call centers are at capacity. The National Suicide Prevention Lifeline has several back-up centers that answer the overflow of calls from across the country. This will not change level of service.

Interpretation services are available through calling the number. Currently, chat and text are only available in English.

To reach the Veterans Crisis Line, dial 988 and press 1. Calls will route to the same trained Veterans Crisis Line responders. The Veterans Crisis Line will still be available by chat ([VeteransCrisisLine.net/Chat](https://www.VeteransCrisisLine.net/Chat)) and text (838255)



MNORN Stipend to Attend a Conference

1. Members must be in good standing with MNORN at the time of application, and through the dates of the conference for which support is requested, to be awarded financial support.
2. Application should include questions about how attending the conference supports MNORN's or ANA's mission or priorities.
3. Members applying for financial assistance must describe a plan for how the information learned at the conference will be disseminated after the event.
4. MNORN will support a stipend of up to \$500 which may be used to cover:
 - a. Registration fees
 - b. Travel
 - c. Lodging, and
 - d. Standard Per Diem
5. Members who have received financial support for a conference will be ineligible for further support of this type for two years following the conference, unless permission is received from the MNORN Board of Directors in advance of their application. Preference for awarding of support will be given to eligible members who have not previously received support.
6. Requests should be made to the MNORN Board of Directors and must be received by the MNORN Executive Director a minimum of 3 weeks prior to the first day of the conference for which funds are requested.
7. Applications will be screened by the Executive Director for completeness and members eligibility. The Executive Director will submit eligible applications to the MNORN Board of Directors for review and consideration.
8. MNORN Board members who apply for this will recess themselves from the consideration process and voting.
9. Member who have applied for funding will be notified by email or a phone call from the Executive Director within three days of the Board of Directors' decision . Unless other arrangements are made and approved ahead of time, financial support will be in the form of lump-sum reimbursement, after all receipts for the expenses are received and reconciled by the Executive Director.
10. [Link to Application](#)

Adopted by the Board of Directors 10-1-2020