



On Memorial Day, George Floyd was killed in South Minneapolis, sparking protests nationally and internationally and long overdue conversations about the pervasiveness of racism in our communities and in our country. Minneapolis Councilmember Andrea Jenkins was quick to state that racism is a public health emergency. The MNORN Board of Directors wholeheartedly agrees.

Here is the MNORN Board's social media statement, which was posted on Facebook and LinkedIn:

The officers and members of MNORN grieve the tragic murder of George Floyd, extend our sorrow to those who loved him and his community, and express our outrage over the horrific circumstances under which he died. We stand in support of protesters in Minnesota and across our nation.

Racism is a vile, insidious disease that threatens public health and welfare, and is thus the concern of registered nurses and all healthcare providers.

We are committed to working together with all Minnesotans for the elimination of the systemic and institutional racism underlying the deaths of so many people, and subverting the cause of equality.

ANA President, Ernest Grant PhD, RN, FAAN, issued the following statement on behalf of ANA:

“As a nation, we have witnessed yet again an act of incomprehensible racism and police brutality, leading to the death of an unarmed black man, George Floyd. This follows other recent unjustified killings of black men and women, such as Ahmaud Arbery and Breonna Taylor to name a few.

Protests have erupted in cities across the country and the world in response to a persistent pattern of racism in our society that creates an environment where such killings occur. Justice is slow and actions to ensure real change are lacking.

As a black man and registered nurse, I am appalled by senseless acts of violence, injustice, and systemic racism and discrimination. Even I have not been exempt from negative experiences with racism and discrimination. The Code of Ethics obligates nurses to be allies and to advocate and speak up against racism, discrimination and injustice. This is non-negotiable.

Racism is a longstanding public health crisis that impacts both mental and physical health. The COVID-19 pandemic has exacerbated this crisis and added to the stress in the black community, which is experiencing higher rates of infection and deaths.

At this critical time in our nation, nurses have a responsibility to use our voices to call for change. To remain silent is to be complicit. I call on you to educate yourself and then use your trusted voice and influence to educate others about the systemic injustices that have caused the riots and protests being covered in the news.

The pursuit of justice requires us all to listen and engage in dialogue with others.

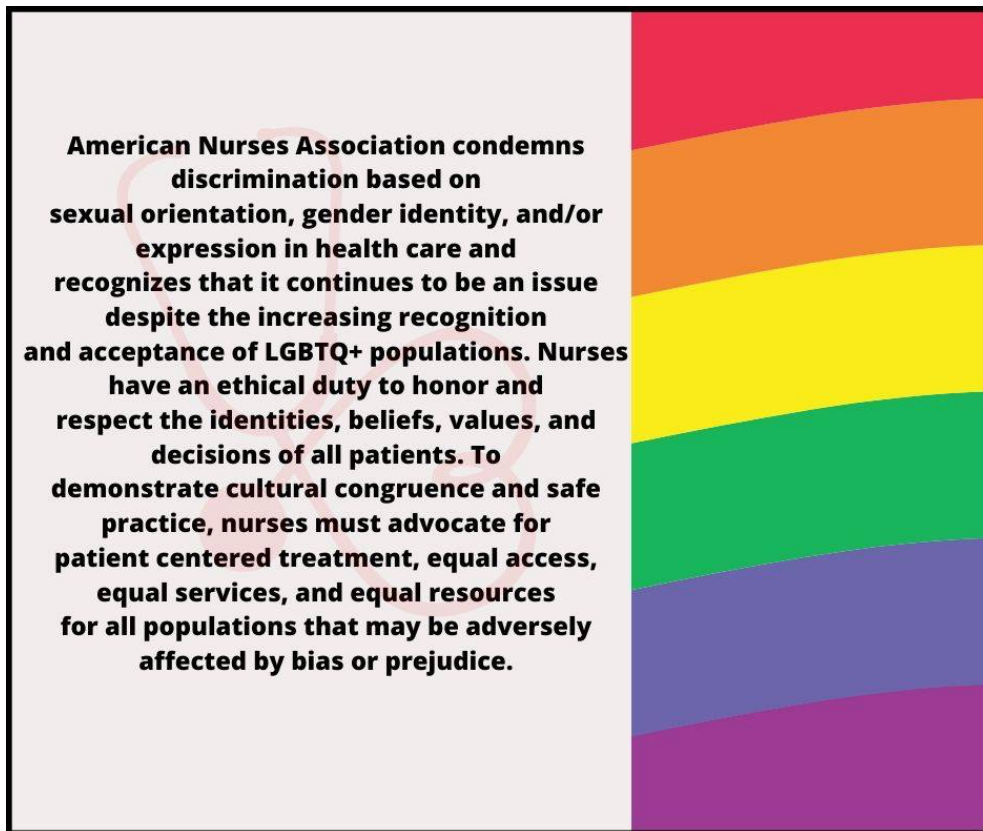
Leaders must come together at the local, state, and national level and commit to sustainable efforts to address racism and discrimination, police brutality, and basic human rights. We must hold ourselves and our leaders accountable to committing to reforms and action.

I have a deeper moral vision for society, one in which we have a true awareness about the inequities in our country which remain the most important moral challenge of the 21st century. This pivotal moment calls for each of us to ask ourselves which side of history we want to be on and the legacy we will pass on to future generations."

The MNORN Board is committed to action against racism. Racism - hatred - is a disease and should be regarded as such by all registered nurses. As nurses, we must be united in our work, not only to heal, but to make us all better. We all must become better.

We are committing to work for equity for minority nurses within our profession. There are numerous issues, all important to the nursing profession, which must draw some portion of our attention. but none are so urgent as this one.

We are, therefore, calling for nurses, in particular nurses of color, who are members of MNORN to step forward and guide us in preparing organizational statements of position; health us in drafting proposals for action that will lead MNORN in its lobbying, educational, recruiting, and promotional efforts, and to run for leadership positions in upcoming MNORN elections. We need you! Nursing should shine in all that we do in healthcare, and the blight of inequity should not be permitted to obscure our light. Though much of racism's damage isn't done at the policy level, it is at the individual and organizational levels that the work must be done. We must be the ones to do it. Please take these steps with us. To become involved in this, contact Kathi Koehn at kkoehn@mnorn.org.



MNORN's Values

Respect is the foundation of the nursing profession. We interact with individuals, families and environments in ways that promote **unity** and **diversity**. We seek **equity** for all people through our policies and actions.

We promote **excellence** in nursing practice, education, and research. Supported by empirical evidence, we build and retain trust and credibility in the nursing profession.

We are driven to advance the nursing profession and the quality of healthcare through the **empowerment** of nurses. Through **stewardship**, we manage and use resources to fulfill our mission for the benefit of all Registered Nurses.



2020 Call for Nominations for ANA Appointed Positions

Dear Colleagues –

On behalf of the ANA Committee on Appointments (COA) and the ANA Board of Directors, it is my pleasure to announce that **the annual 2020 Call for Nominations for Appointed Positions is now open until 5:00pm ET, Monday, June 29, 2020.**

As you consider volunteering your time and talent, please take a look at the committees/boards with open seats listed below:

ANA Political Action Committee Board of Trustees

- Eight (8) seats open to ANA Members (C/SNA-ANA or IMD)
- Terms of Service: January 1, 2021 – December 31, 2022
- Must be active members of a C/SNA/ANA or IMD member and registered voter;

demonstrated interest in political activities, evidenced by involvement with the political action committee of a C/SNA-PAC and/or experience in political campaigns and/or political fundraising.

- Ability to give or solicit a minimum of \$1,000 per calendar year for fundraising and demonstrate a pattern of consistent contribution to the ANA-PAC.
- Experience with lobbying at the local, state, or national level.

American Nurses Credentialing Center Board of Directors

- Two (2) seats open to ANA Members (C/SNA- ANA)
- One (1) seat open to a member of the public
- Term of Service: January 1, 2021 – December 31, 2022
- Competencies in credentialing, innovation, emerging business models in healthcare delivery, technology, and financial acumen are especially desired.

Center for Ethics & Human Rights Advisory Board

- Five (5) seats open to ANA Members (C/SNA-ANA) with terms starting January 1, 2021 through December 31, 2024.
- One (1) vacated seat open to ANA Members (C/SNA-ANA) with a term ending December 31, 2022.
- Two (2) non-voting alternates with terms starting January 1, 2021 through December 31, 2022.

- Members are responsible for proposing to the ANA Board of Directors matters requiring attention by the membership, including position statement and policy development, review, and revision to help support the strategic goals of the Center and of ANA.

Committee on Bylaws

- Four (4) seats open to ANA Members (C/SNA-ANA or IMD).
- Term of Service: Two (2) years (January 1, 2021– December 31, 2022).
- Appointed members shall have a knowledge of and interest in: 1) ANA and/or C/SNA governance; 2) parliamentary procedure; and 3) organizational management.
- State level experience with bylaws development is especially desired.
- Preferred that individuals do not serve the Association in another capacity during their term of service.

Committee on Honorary Awards

- One (1) seat open to ANA Members (C/SNA-ANA or IMD).
- Term of Service: January 1, 2021 – December 31, 2022.

Committee on Nursing Practice Standards

- Two (2) seats open to ANA Members (C/SNA-ANA or IMD) with a term of service from January 1, 2021 – December 31, 2024.
- One (1) non-voting alternate seat open to ANA Members (C/SNA-ANA or IMD) with a term of service from January 1, 2021 – December 31, 2022.
- Diversity in practice, administration, education, and research experience is valued.

Minority Fellowship Program (MFP) National Advisory Committee

- Five (5) seats open to ANA Members (C/SNA-ANA or IMD) with a term of service of January 1, 2021 – December 31, 2023.
- Candidates must be Ph.D. or DNP prepared with backgrounds in mental/behavioral health and/or substance abuse disorders and have an interest in leadership and mentoring minority nursing students.
- Individuals with experience in community-based/ population-specific clinical practice; state, local or federal policy-making; editorial/publishing; academics (specifically,

experience working with minority nursing graduate students specializing in mental health and/or substance abuse) are especially desired.

Professional Policy Committee

- Three (3) seats open to ANA Members (C/SNA-ANA or IMD).
- Terms of Service: January 1, 2021 – December 31, 2022.
- Nomination of individuals with prior experience attending/participating in the annual Membership Assembly meeting is encouraged. Clinicians are especially encouraged to apply.
- Ability to attend the annual Membership Assembly meeting is essential.

Please refer to the Guide to the Appointments Process and the following nomination materials:

- Biographical Data Form for ANA Members
- Biographical Data Form for Non-Members
- ANA Conflict of Interest and Financial Interest Disclosure Statements
- Frequently Asked Questions

Nominees may submit electronically up to three (3) support/endorsement statements with the required nomination materials. All nomination materials must be submitted by 5:00pm ET, Monday, June 29, 2020.

MNORN is happy to write letters of support and endorsement. If you have questions or would like more information, contact Kathi Koehn at kkoehn@mnorn.org.



ANA's Virtual Day of Advocacy - a focus on public health

On June 25th, during ANA's Virtual Day of Advocacy, nurses from around the country will be contacting their Members of Congress asking for support on measures that will reinvest in our nation's public health infrastructure and workforce.

Why is this important? It is because, unfortunately, public health infrastructure and the workforce has been underfunded for decades.

- Federal funds for state, local, and tribal public health preparedness were cut from \$940 million in 2002 to \$675 million in 2019.
- During the same time period, health care emergency preparedness was cut by nearly 50%, from \$515 million in 2004 to \$265 million in 2019.

It is vital that our nation is better equipped with preparedness and response measures, not only during times of crisis, but to address the overall health and well-being of our population.

As Congress begins negotiations on the next round of COVID-19 relief, nurses are asking for inclusion of measures that appropriately address public health infrastructure and workforce

- Provide \$100 million to fund infrastructure development for community-based care, including teaching health centers and mental health centers.
- Provide \$500 million to the Centers for Disease Control and Protection (CDC) to improve the capabilities of the agency and public health departments relating to information technology, data, and data systems.
- Improve core public health infrastructure at CDC and public health departments, which includes; workforce capacity and competency, laboratory systems, health information systems, communications, financing, and other relevant components.

While all areas of the public health workforce are critical for ensuring the health of our population, the public health nursing workforce touches every aspect of health care and community well-being. Now is the time, as the country begins to recover from the devastating effects of the COVID-19 pandemic, to look to the future and begin to rebuild our formerly strong public health infrastructure and workforce, where public health nurses serve as the first line of prevention in mitigating threats to the health of the U.S. population.

To participate in this Virtual Day of Advocacy: <https://p2a.co/CSPIw96>

Survey to inform the CDC's Decisions for the Development and Delivery of Infection Prevention and Control Training for Frontline Nurses. Please share this survey widely

The American Nurses Association (ANA), The American Academy of Pediatrics (AAP), and the Centers for Disease Control and Prevention (CDC) are collaborating on an infection prevention and control training initiative for frontline nurses called project Frontline. The goal of this training is to provide healthcare personnel foundational and COVID-19 specific knowledge about germ transmission and infection prevention and control. This effort includes collaborators from multiple agencies nationwide.

In order for this training to meet the needs of nurses as possible, we are asking you to complete this survey on IPC training interests, needs, and preferences. The survey should take less than 10 minutes to complete. Responses will be used to inform the CDC's decisions on the development and delivery of this training to ensure it best meets the needs of you and your colleagues.

The survey will be "live" until 11:59 ET on June 24, 2020.

[ACCESS THE SURVEY HERE](#)

What if 2020 isn't cancelled?
What if 2020 is the year we've been waiting for?
A year so uncomfortable, so painful, so scary, so raw —
that it finally *forces* us to grow.
A year that screams so loud, finally awakening us
from our ignorant slumber.
A year we finally accept the need for change.
Declare change. Work for change. Become the change.
A year we finally band together, instead of
pushing each other further apart.

2020 isn't cancelled, but rather
the most important year of them all.

— *leslie dwight*



Join **Judy Murphy, IBM Global Healthcare CNO**, and **Laura Reed, Fairview Health Services CNE and COO**, on July 2 as they provide an industry and practice perspective on data and COVID-19.

Registration for this 2020 Nursing Knowledge: Big Data Science Conference online session is open and the fee is only \$50.

Don't miss your chance to join nationally-recognized leaders and help us advance a national action plan to ensure nursing data is captured to improve person-centered care and health outcomes.

[Register now!](#)



Minnesota Nursing History

In 1918 an Influenza Pandemic hit the United States. Just like today, the nation faced a healthcare crisis. Many doctors and nurses had joined the armed forces and been deployed overseas. Luckily for Minnesota, Historic Fort Snelling General Hospital supplied a knowledgeable corps of nurses and doctors. In addition to treating wounded soldiers returning from Europe, the All-female nurse corps cared for hundreds of influenza patients, helping Minnesota cope with the pandemic.



Image: Nurse Corps, United States General Hospital 29, Fort Snelling, about 1918. MNHS Collections
<http://collections.mnhs.org/cms/display?irn=10740614>



History is Now: COVID-19

Health Crisis

The state of Minnesota, like so many other places around the world, is reacting and adapting to the widespread COVID-19 health crisis. We at the Minnesota Historical Society are seeking to document the impact in our state through your stories. While we can't preserve everything, we are interested in collecting stories, observations, images, sound files, or moving images as quickly as possible. Over time, we hope to collect objects, diaries, documentaries as well. We will be taking digital submissions throughout the COVID-19 health crisis.

A selection of material submitted through this form will be shared through the MNHS web site and social media accounts. Ultimately, a representative sampling of submitted materials will be preserved at the History Center for future generations.

- Name:
- Email:
- How would you identify yourself? (Although we're all dealing with the same pandemic, we recognize the effect on communities is different. It is important for the Minnesota Historical Society to document stories and culturally specific response strategies from a wide range of people and places)
- Share your story. (How has the COVID-19 health crisis impacted you? What emotions are you experiencing? What observations have you made? What would you want future generations to know about this tie in Minnesota history?)
- Do you have an original image, audio, or video recording you'd like to share?
- Are you interested in donating other types of material related to your story?

[LINK to the MN HISTORICAL SOCIETY WEBSITE](#)