

Slate of Candidates for the 2020 MNORN Election

Ballots will be sent by email on November 2nd

President:



Heidi Orstad: Upper Midwest Regional Clinical Consultant PATH MMA



Michelle Maxa: House Nurse at The Geneva Suites in Edina (Senior Residential Living)

Second Vice President:



Colleen Quesnell: Clinical Nurse Midwife, M HealthFairview



Kasey Sands: Utilization Management Supervisor at Medica Health Plans

Nominating Committee (vote for 2)



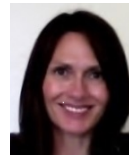
Linda Zarrett: Clinical Nurse Specialist, the Emily Program, St Paul



Maria Bernhardt: Staff Nurse, Orthopedic/Surgical Unit, Gillette Children’s Specialty Healthcare in Saint Paul



Candice Bruhjell: Associate Professor of Nursing, St Catherine University



Mary Maine: Nursing Faculty, Normandale Community College



Martha Turner: Retired, and Adjunct Faculty, Teaching Specialist U of M



Eileen Weber: Clinical Associate Professor in School of Nursing, U of M

Secretary



Celeste Knoff: Manger, Nursing Education and Operations, HealthPartners

Director (vote for 2)



Cami Peterson-Devries: VP of Compliance Ethics and Leadership Development; Adjunct Nursing Faculty; CNP at a women’s health clinic

ANA Launches Nurse Suicide Prevention & Resilience Resource Site



Art by Stephanie
Gingerich:
"Be Your Remedy"

National Suicide Prevention Awareness Month is observed in September, but the need for awareness and resources is not bound by time or date. The American Nurses Association (ANA) is committed to meeting the needs of nurses by offering a NEW Nurse Suicide Prevention and Resilience Resource Site at www.nursingworld.org/practice-policy/...

Research indicates that [nurses are at a much higher risk of suicide than the general public](#). During this unprecedented time, nurses are struggling with mental health issues like fear, anxiety, depression, and post-traumatic stress as they respond to COVID-19 and continue to care for all patients. Effectively managing these mental health issues are essential in nurse suicide prevention.

ANA's Resilience and Nurse Suicide Prevention Resource Site provides information and tools to:

- Build resilience
- Assist in active crisis
- Support suicide survivors
- Offer grief and bereavement coping strategies
- Honor a nurse's memory

We encourage all nurses to check out the site, bookmark the pages, and share the resources with a colleague or a friend in need.

Nurses, you are not alone. Help is available.

Report of the September MNORN Member Meeting

Addressing Implicit Bias in Nursing

Presenter: Marie Manthey



Marie began by sharing her own journey of addressing implicit bias.....

I am writing this to share my personal journey from a self-identified non-racist to a 'woke white privileged' anti-racist. It has been a long and difficult journey that involved searching my heart, my beliefs, my unconscious behaviors and finding how I had inadvertently harmed others. I am inviting readers to share my vulnerability and start this journey in your own life.

As an 85-year-old progressive minded white person, I was sure I was completely non-racist. For example, I always tried to use the more 'politically-correct' words. I assumed my own basic good intentions towards all people equally included people of color. I might even have said "I don't see color" with pride. The term systemic racism had no meaning in my consciousness. It took a couple of years before I could see how I had contributed to it throughout my life.

I grew up in Chicago and started my nursing career in a three-year hospital-based diploma program. I felt inner pride that we had in our class the first person of color ever admitted to this school of nursing. I still remember her name, although not many others. (I graduated over 60 years ago). I am pretty sure she did not have a single friend in school and probably had one of the few private rooms in the dorm.

I picked up a lot of race-based attitudes from my family, who saw the black migration to Chicago as a real danger and threat to white People. There was a lot of fear, as large numbers of African Americans migrated to the city. Housing was the sharp point of the anger. The process in Chicago was when one black person bought a house, (usually far above market value), the rest of the block homeowners quickly put their houses up for sale before the market value dropped. The South Side of Chicago was inundated with fear (I had relatives who sold and moved) Block by block the word would pass as the migration moved forward inexorably. My south side relatives (we lived in comparative safety from this migration on the North side of Chicago) were rageful as black blocks moved closer and closer to their house. In a short while, they sold and moved to a suburb. Hopelessness, anger, rage and a burgeoning sense of superiority based on their whiteness became their

self-identity. This was occurring in my teen and early twenty years and although I know that I did not agree with the angry fear and derogatory, demeaning and ugly words of my relatives, but, I was confused about my own beliefs.

I went to Catholic Schools all through my education up to and including Nurses Training. I was indoctrinated in a belief system that did not support denigrating a whole population because of their skin color. Yet, I saw the Catholic Church do nothing to mitigate the terrible discrimination and hateful attitudes the white population of Chicago had toward the black population. I eventually identified myself as non-racist.

My decades in nursing have been an amazing career, for which I feel deeply grateful. I had accomplishments in both education and experience which lulled me into believing I was non-judgmental... This self-perception was not challenged until just a couple of years ago.

I have been one of those liberal minded white people who kept saying "I wish I knew and had friendships with some people of color" I said this again and again but did not take action to make it happen until I met and became friends with an African American nurse named T.S. As our friendship grew, we began to have serious talks about racial inequities throughout society, health disparities, and other related issues. We then started taking small steps together to address various issues.

For several years before I met T.S. I 'd been hosting Nursing Salons at my house to create an opportunity for conversations that matter to nurses. As our friendship evolved, T.S. started coming frequently. When she was there the conversation often moved into issues regarding racial disparities in nursing and in health care. I began to learn about and understand the meaning of the term systemic racism. And I became more and more motivated to DO SOMETHING. T.S. and I started working together to secure a scholarship to provide additional funding for students of color at the U of MN School of Nursing (SON).

Another part of my awakening had to do with my connection to the University of Minnesota SON. My interest in history resulted in a service commitment on my part to be very active in the Heritage committee. This committee is comprised of several volunteer alumnae responsible for managing and promoting multiple aspects and materials relating to the history of the school. In that capacity, I began to delve into the story of the first black nurse to graduate from the School of Nursing. Frances Mchie was first denied admission because of her skin color. After being ordered by the legislature to accept her as a university student, she was denied housing because of a University policy to not allow 'colored' students to live in a white student's dorm.



I was surprised, angry and disappointed that within the proud tradition of this amazing and beloved School of Nursing, this act of prejudicial discrimination had occurred. However, the Mchie incident led me down a dark path of learning about what systemic racism looked like nearly 100 years ago. At about the same time I attended a lecture at the University on Implicit Bias. This was one of the first times I realized there was something I needed to change about my worldview. As my friendship with TS continued, my awareness was growing. More opportunities to grow became available. As an alum I was invited to a couple of seminar/discussions about racism sponsored by the SON. I began to see other aspects of racism, especially as nurses of color attending the lecture told their lived experience of multiple micro and macro aggression. At the same time, I began hearing about students of color currently experiencing of micro-aggression and subtle forms of negative judgements based on their skin color. These examples of current discriminatory interactions were disheartening and confusing to me. The SON leadership clearly and explicitly valued diversity, equity and inclusivity and yet.....

The biggest breakthrough was stirred in me when T.S. and I decided to offer a nursing salon for 'Nurses of Color.' Like others I had been hosting, we decided to have it in my home with me being the only white person in the room. As always, I cooked and served dinner and hosted the Salon. We started with the check-in question of "What have you experienced as a nurse of color in your work? " As the nurses discussed their answers to this question, they described experiences of being passed over for promotions, constant micro aggressions from their peers and colleagues as well as from the patients. As I sat in my living room, while attendees ate the supper I had prepared, I experienced being A DIFFERENT COLOR than the attendees. I, and sometimes they, commented on that. ...as it was a wholly different experience for them and for me. It was one they almost always had, especially related to their careers and that I was having for the first time.

After about eight of these salons, I felt a definite shift in myself at a very deep level. I saw how the system is racist.

I also became deeply conscious of my own implicit bias throughout my life amazing career. I felt a deep need to apologize to the group and to accept responsibility for my part in their discrimination. I wanted to apologize for the whole history of the white people's behavior over the last four centuries. I felt an apology was not enough. I needed to take actions to make reparations....and could only do so by accepting my personal responsibility for doing whatever and everything I could to dismantle systemic and all forms of racism. I 'got it' that only white people can dismantle systemic racism. People of color cannot fix this problem. They did nothing to create it. White people designed, own and operate these systems....it thus falls completely on people with white skin to eliminate systemic racism.

Doing so requires courage. For this kind of action can be fearsome.....and fear requires courage. The fear can be as minimal as "people won't like me" to My family won't like me" to as strong as "if I anger someone, I might get hurt". I might lose friends, family, job, etc. Some of these fears are based on real-world paradigms and some of them are the product of our imagination. Any actions an individual takes to dismantle racism needs to be done thoughtfully and as tactfully as possible.

Let us en-courage (give courage to) our colleagues, friends, and family....to join us in the work to eliminate systemic racism from the United States. Four hundred years is Enough.

Comments from participants about Marie's story:

- Question: what can I do in my life to dismantle systemic racism
- Disproportionate difficulty nurses of color have even to get into nursing school - english as a second language issues, especially with BSN programs
- Without BSN, challenging to move into leadership roles
- MNA Racial Diversity Committee
 - Opening for nurses of color to tell their stories - not respected, not feeling good enough, feeling passed over
 - MNA racial diversity statement
- Structural racism: NCLEX pass rates lower for nurses of color
- American African Americans more likely to receive associate degree, then work in long term care - not a lot of opportunity for career movement into leadership
- Need for people of color to be admitted into universities
- Diversity Salon - next one will be 4 nurses of color and 4 white nurses
- In chat box: "I am sobbing, but thank you Marie for being honest about everything"
- Nursing as a community needs to listen to hear what is being said - barrier of having an accent.
- What do we do as a profession? What do we do as individuals?

First Breakout session - how racial understanding works within your family unit - level of exposure

- Impact of George Floyd
- All have seen racism in the workplace
- Sense of wanting to do more and need to learn what can be done to dismantle
- Impact of family and need for exposure to change attitudes
- How do we bring the change that we're all talking about"
- Problem is inborn or ingrained - not something we started but we have to solve it
- "We each have the ability to impact... we are on a journey" - Marie
- We have the ability - how we are going to be in our world - lead to actions
 - Be anti-racist
 - Eliminate micro-agressions
- Impact through influence - into the issue of systemic racism
- "Magnet recognition is racist" - because of BSN requirement
- Bring our values of empathy, compassion and care to bring the change we want to see

- Terms: DEFINITIONS on word document
 - Anti-racism
 - Micro-aggression
 - White privilege - "the fish doesn't know he's in water"
 - Whiteness

Definitions discussed:

Anti-Racism: defined as the work of actively opposing racism by advocating for changes in political, economic, and social life. Anti-racism tends to be an individualized approach, and set up in opposition to individual racist behaviors and impacts.

Micro-Aggression: The everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.

White Privilege: Refers to the unquestioned and unearned set of advantages, entitlements, benefits and choices bestowed on people solely because they are white. Generally white people who experience such privilege do so without being conscious of it.

Whiteness: The term white, referring to people, was created by Virginia slave owners and colonial rules in the 17th century. It replaced terms like Christian and Englishman to distinguish European colonists from Africans and indigenous peoples. European colonial powers established whiteness as a legal concept after Bacon's Rebellion in 1676, during which indentured servants of European and African descent had united against the colonial elite. The legal distinction of white separated the servant class on the basis of skin color and continental origin. The creation of 'whiteness' meant giving privileges to some, while denying them to others with the justification of biological and social inferiority.

Feedback from discussion of definitions:

- Whiteness was a new term for some
- How we can recognize if we are doing micro-aggressions
- Experiencing white privilege when patient in Chinese Hospital - was so accommodated
- Anti-colonial relationship to anti-racist
- "I can't be a racist, I don't even see color" - what does that even mean?
- COVID identified situations that we'll now look at differently - like congregate living, multigenerational households, etc.
- Micro-aggressions - the importance of curiosity to understand that moment - the bravery it takes to have an uncomfortable conversation - push ourselves beyond safe spaces
- the Importance of conversation

The meeting ended with each participant sharing two words to describe how the meeting had been for them. This is the word cloud of these compiled words.



Resources shared during MNORN discussion:

The Mis-Education of the Negro https://en.wikipedia.org/wiki/The_Mis-Education_of_the_Negro

White Fragility: Why It's So Hard for White People to Talk About Racism by Robin DiAngelo

Five Smooth Stones (a novel) by Anne Fairbairn

My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies by Resmaa Menakem

How to Be an Antiracist – Ibram X. Kendi

Podcast: Nice White Parents <https://podcasts.apple.com/us/podcast/nice-white-parents/id1524080195>

A Good Time for the Truth: Race in Minnesota edited by Sun Yung Shin

Learning to be White: Money, Race, and God in America by Thandeka

PBS Documentary: The African Americans: Many Rivers to Cross <https://www.pbs.org/show/african-americans-many-rivers-cross/>

12 Step Model of Recovery from White Conditioning https://overcomingracism.org/wp-content/uploads/2018/11/Recovery_.pdf

The Immortal Life of Henrietta Lacks by Rebecca Skloot <http://rebeccaskloot.com/the-immortal-life/>

If you would like to contact Marie, her phone number is (612) 827-1611 and her email is mmanthey@chcm.com

To donate to the Frances McHie Nursing Scholarship at the U of M School of Nursing: <https://makingagift.umn.edu/give/fund.html?id=22842>

Open Letter from American Nurses Association Past Presidents as signed below

September 23, 2020

The 2020 presidential election will be one of the most consequential decisions our nation has ever faced. Over the course of more than four decades, we, the undersigned past presidents of the American Nurses Association (ANA), led the nation's nurses without deference to specialty or affiliation on matters of policy and politics. Instead, our work was grounded in the tenets of the ANA's Code of Ethics for Nurses and the principles of its Social Policy Statement, venerated guideposts that establish nurses' professional values and direct their practice, embodied in a commitment to serve all society. Our body of work compels us to speak out and express our support for the presidential candidate who we believe will best serve the people of this nation—Joe Biden.

We believe that Americans have a choice on the ballot this year between a candidate who will be inclusive and restore a moral compass with empathy for human beings or a candidate who has sewn chaos and division while showing no compassion for the American people. The Trump administration has us literally fighting for our lives as we face down the Coronavirus pandemic while sparring over our economic futures; access to affordable and equitable health care; racial equality; social justice; and immigration policy.

From bed-sides to boardrooms, professional nurses across this country have always served the healthcare needs of our people. We know firsthand the value, knowledge, and skills nurses bring to the care of others. Perhaps more than at any other time over the past century, the COVID-19 pandemic has brought into focus the essential nature of nurses' contributions to the health promotion, illness prevention, and compassionate healing of all people in need. It has also laid bare the lack of a coordinated national response to COVID-19, which has failed nurses and all Americans. A failure to promote and enforce life-saving coronavirus mitigation strategies through organized, consistent, and evidence-based guidelines and the silencing or denigrating of scientific and medical experts and institutions has denied critical public health safeguards for us all.

Utilizing nursing's core principles, the eight of us have analyzed the positions of each party's presidential candidate. Without question, the Democratic Party platform aligns best with nurses' ethical values and numerous ANA positions on important issues such as promoting public health, healthcare access, ensuring racial equality and social justice, ending the

epidemic of gun violence, providing humane treatment for those seeking refuge from danger, and securing a clean energy future, among others.

The choice is clear. As national nurse leaders, we strongly support Vice President Joe Biden for President. He will safeguard the future and health of our nation. Join us in support of the Biden-Harris ticket!

Signed, Past Presidents of the American Nurses Association in Support of Biden-Harris

Pamela Cipriano, RN, 2014-2018 Virginia

Karen Daley, RN, 2010-2014 Massachusetts

Rebecca Patton, RN, 2006-2010 Ohio

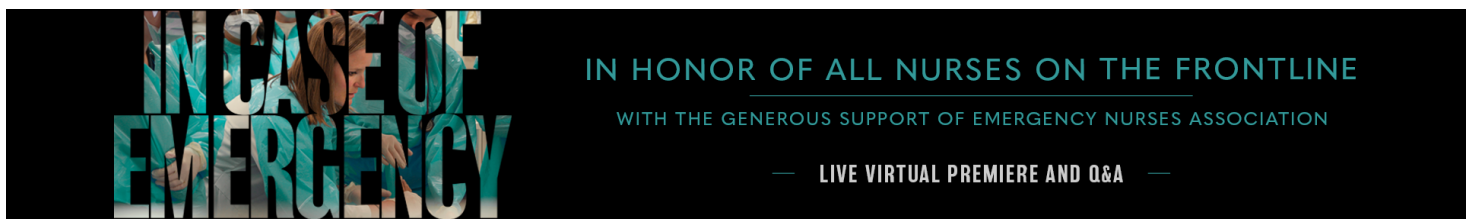
Barbara Blakeney, RN, 2002-2006 Massachusetts

Mary Foley, RN, 1999-2002 California

Virginia Trotter Betts, RN, 1992-1996 Tennessee

Eunice Cole, RN, 1982-1986, California

Barbara Nichols, RN, 1978-1982 Wisconsin



[REGISTER HERE FOR FREE VIRTUAL VIEWING ON OCTOBER 17TH AT 7PM](#)

All of our country's biggest public health challenges—from COVID-19 to the opioid crisis to gun violence to behavioral health and lack of insurance—collide in emergency departments. Nearly half of all medical care in the U.S. is delivered in E.D.s and nurses are on the frontlines of that care, addressing our physical and emotional needs and sending us back out into the world. **"In Case of Emergency"** is a documentary that follows emergency nurses and their patients in seven unique settings across the U.S, from urban to rural, shedding light on some of the biggest health care crises facing Americans today, and the opportunity that emergency nurses have to help break a sometimes-vicious cycle for patients under their care.

"In Case of Emergency" is made possible through the generous support of the Emergency Nurses Association, and produced by the same team behind the critically acclaimed *Defining Hope* (broadcast on PBS stations nationwide, Heartland "Best Documentary Premiere") and *The American Nurse* film (part of the U.S. Department of State's American Film Showcase) and photography book (featured on PBS NewsHour, in the NYTimes and USA Today.) Director Carolyn Jones and Producer Lisa Frank have spent the last nine years focused on helping the American public see how critical nurses are to the health of our nation. Without them, we don't stand a chance.



American Red Cross
Minnesota and Dakotas Region

2020 Disaster Response

Become a Red Cross Volunteer Today!

90% of the Red Cross workforce are volunteers. Whether helping one displaced family or thousands, providing care and comfort to an ill or injured service member or veteran, or teaching others how to respond in emergencies, it's through the efforts of ordinary people that we can do extraordinary things. The Red Cross responds to an emergency every 8 minutes, and our vital work is only possible because of people like you.

Volunteers are needed to train now and be ready to respond:

Shelter Service Associate - In person shelter support to assist with reception, registration, feeding, dormitory, information collection and other vital tasks to help those we serve

Shelter Supervisor - Individuals with supervisory experience needed to lead a team of assigned workers by providing guide and support the day-to-day activities within a shelter.

Disaster Health Services - Health professionals are needed in shelters to provide hands on care, health education, health assessments and additional health related support.

Disaster Health Services Supervisor - Health professionals with supervisory experience needed to lead a team of Disaster Health Services responders to provide health services care to shelter clients



To learn more, visit [redcross.org/volunteertoday](https://www.redcross.org/volunteertoday) or contact

**Volunteer Services at: 612-871-7676 ext 5
email MNRecruit@redcross.org**