

Celebrating National Nurses Week 2020 – Special Round Table Episode

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Marking National Nurses Week 2020 and the bicentenary of Florence Nightingale's birth, nurse advocates and leaders from across the U.S. meet to celebrate the nursing profession and discuss many topics, including its diversity, future aspirations, and their nursing heroes. Featuring Rose Gonzalez, Millicent Gorham, Charla Johnson, Julie Kneedler, Doreen Johnson, and Mary Behrens.

Rose Gonzalez: Welcome to the Special Nurses Week Roundtable Edition of the Health Disparities Podcast. We're a group of nurses who share an interest in health equity and we are meeting, virtually, from locations across the USA to celebrate Nurses Week and the birthday of Florence Nightingale. Join us as we talk about all things nursing. Why nursing is amazing. Why it's challenging. Why it's rewarding. And, in these changing times, why nursing is even more important than ever. I'm Rose Gonzalez, a Puerto Rican from the South Bronx, currently living in Virginia. This month, I'm celebrating my 40th year as a registered nurse. I'm also a proud member of the National Association of Hispanic Nurses, as well as a member of the Movement Is Life Steering Committee, and I will be one of your hosts today.

Millicent Gorham: Good afternoon, and thank you, Rose. I'm Millicent Gorham, the marvelous, magnanimous, magnificent Millicent, Executive Director of the

National Black Nurses Association for the last 25 years. I'm very pleased to be here with you all. I am not a nurse. I'm only the pretend nurse, but I was inducted in as a fellow into the American Academy of Nursing back in 2011. So, I'm still patting myself on the back for that.

Charla Johnson: Hi, all. I'm Charla Johnson and a happy day to you all. I'm a board-certified orthopedic nurse. My doctorate is in nursing practice with nursing leadership. I am the 2020-2021 president-elect of the National Association of Orthopedic Nurses and I'm employed at Franciscan Missionaries of Our Lady Health System at Baton Rouge, Louisiana, as the system director of nursing informatics. And so, thank you for having me and excited because my passion is nursing. I love having that call to serve.

Julie Kneedler: I'm Julie Kneedler. I am a registered nurse for the last 40-some years. My specialty was operating room nursing. Currently, I'm retired but I'm a member of the Association of Perioperative Registered Nurses and the American Nurses Association. Right now, I have a limited liability company, Kneedler Solutions for which I am president. I am excited to be part of the podcast today. I think it's going to be very informative and I'm looking forward to it.

Doreen Johnson: My name is Doreen Johnson and, as you can see, I'm at work today. I am wearing my mask, as there are many people in the office. I am

a nurse for over 40 years, and I am a nurse educator, currently, in New York City, at the hospital for special surgery. I'm also an adjunct clinical instructor at Adelphi University, where I have senior nurses coming in to learn how to take care of patients. I am certified in orthopedic nursing. I have my master's in nursing science, and I have been a former board member for seven years on the National Association of Orthopedic Nurses. Nursing has always, always been very, very dear to me since I was a very young girl and nursing is something that is invaluable. It is an art. It is something that is within and so, as an educator, I continue to foster that rationale for why we are nurses and why it's so important to our society today.

Mary Behrens: Good afternoon everyone. This is Mary Behrens and I am a family nurse practitioner, certified. I've been in the practice of nursing for over 50 years. I work in a very rural state. The most least populated state in the union and I am fortunate to be president of the Wyoming Center for Nursing, which is very concerned about nursing workforce issues and nursing leadership and very happy to be here today.

Rose Gonzalez: So, we know it's National Nurses Week, but did you know that the World Health Organization has declared 2020 the International Year of the Nurse and Midwife. It's quite right that we do that celebration this year. So, we're having our moment, right now, and I'd love to hear from some of the

group about what your organizations are doing to mark Nurses Week. So, let's go over to Louisiana first and hear from Charla, who is involved with the National Association of Orthopedic Nurses.

Charla Johnson: Thank you, Rose. Well, first, nursing has its own unique superpower, right because we've moved National Nurses Week to a month this year, in celebration of the Year of the Nurse and Midwife in 2020. And so, on so many levels, both professional organizations and employers, they're celebrating nurses and their contributions and so, for NAON, we're kicking off our celebratory events during our annual business meeting, which is all virtual this year. We're also providing a continuing nursing educational offering to all our members and non-members on fostering resilience in times of crisis, we are doing that on May 26. We're also having a virtual gathering. This pretty exciting for our NAON community to celebrate not only nurses, the Year of the Nurse, but, also, for NAON's 40th anniversary. I can speak at our district level, our state nurse's association and our Baton Rouge district nurses association. There are so many creative ways they are honoring nurses nominated for distinction. They're putting yard signs. They're creating hashtags and having nurses post photos on social media. Doing also webinar for professional development, Florence Nightingale, what her life's calling means for us today, as a free CNE to all nurses across the state. And

then, spotlighting nurses who are volunteering during community engagement work. So, a lot of exciting things.

Rose Gonzalez: How about you, Mary? What's AANP doing?

Mary Behrens: Well, AANP is 107,000 members strong and we certainly support all the activities that are going on this month and supporting what ANA has purported that we should celebrate all month and just not the week of Florence Nightingale's birthday, which we've done traditionally in the past. And so, the first week, May 4th through 10th, has been identified as Self-Care Week. So, this is a time for nurses to focus on taking care of themselves and we know now what is going on, now, with the coronavirus how important that is. So, there are activities, for example, working out at home. There's a coronavirus anxiety workbook that you can get on the ANA website. There's also a CEU on managing stress. This is a free event. Our advance practice nurses, our president has been giving daily podcasts, which have been very important doing the frontline work of how to properly do a nasal swab, down to how do I safely see my patients and, also, giving support to nurses in this time of stress. So, for example, the Wyoming Nurses Association of which I'm also a member and on the board, we have weekly calls to just call in and share if we're having trouble, we have time to get support from our coworkers, which is so key. So, the second week of Nurse's Month is May 11th through 17th, and that

is going to be celebrating our nurses and nurses' leaders and I think we're going to be talking about that a little later in the podcast. Then, the third week is professional development, which is May 18th through the 24th. Then, the fourth week is community engagement, which is May 25th through the 31st. And, I think it's really, important that I've really seen an increase of nurses on TV and on the radio and to me this is exciting because I do think that nurses have gained a lot more visibility during this crisis. There are a lot of activities going on. I was really disappointed our national meeting in New Orleans was canceled, but the same thing, they're working out how we can get CEUs virtually and that kind of thing and, also, how we were going to celebrate and certainly, like in my own state and community, Nurse's Week, we always got together. Usually, had a dinner. Last year, I was able to be on a great event where the Casper Star Tribune, which is the largest newspaper in the state awarded four nursing awards and it was great, but I'm not sure how we're going to do it this year. It'll probably be virtual.

Rose Gonzalez: So, if nurses were interested in getting those booklets, would they just go to ANA.org?

Mary Behrens: Yes.

Rose Gonzalez: Do they have to be a member to get those free booklets or they'll find out when they get to the website?

Mary Behrens: I think it's available to all nurses because there's over 3.8 million nurses in this country. So, I think they're anxious to reach as many as possible.

Rose Gonzalez: Thanks for sharing that information. I'm going to turn over to Julie and find out what AORN, a huge organization, is going to be doing for Nurse's Week.

Julie Kneeder: The AORN, which is the Association of Perioperative Registered Nurses is following the ANA guidelines and they followed the exact same theme that Mary just outlined. So, the first week is self-care and what they've done is they want people to keep physically, emotionally and mentally in check. What they've done is invited the members to contribute and to come in and explain what they're doing for self-help. So, it's kind of the interactive week, and then, again, the second week as Mary outlined is recognition week, where they're showcasing the contributions of nursing and I think that's really, important because I think that's one of the things we talk about later in the podcast is how do we recognize the nurses for what they do. The third week, as she said was professional development and that's sharing who has inspired us on our journey like who were our

mentors? Who inspired us? Things like that, which I think is really, great, too. Then, of course, the fourth one is community engagement and, again, that's having the community involved and us educating them as to what the nurse actually does. So, they followed the same theme.

Rose Gonzalez: That's nice. Your community involvement here at Movement Is Life, one of the things we've been trying to do by doing a weekly COVID-19 update is touching base with all the program directors and actually urging them to reach out to those participants, most of them in underserved rural communities to stay connected, we're kind of all feeling so isolated, right now, and so, that connectedness, whether it is through Zoom like we're doing. We're having this sort of afternoon tea or maybe it's wine and cheese, this afternoon that we're having here together talking about nursing. It's so important to maintain that connectivity. How about you Doreen and I know you're in the clinical arena, right now, and your mask is a beautiful blue. So, what is HSS doing, Hospital for Special Surgery.

Doreen Johnson: As you know, the Hospital for Special Surgery is a total orthopedic facility and during this terrible pandemic, we turned over to only having one unit as an ortho unit and the rest was COVID patients. So, now, that the mortality rate and the incident rate has decreased, we're currently in transition. So, we actually took over all the overflow COVID patients from New York Presbyterian Hospital and their medical patients, as well, during

this epidemic. A big learning curve for all of our nurses as they learn to take care of many other patients during this time that were very, very different from orthopedics. So, we're trying to get back to orthopedics, right now. We have one COVID unit left at this period, but the hospital has been totally cleaned and we're getting back to normal.

So, what we're doing is we're thanking. First of all, our chief nursing officer wrote a beautiful letter to all the nurses thanking them for their ability to be able to transition so quickly into a high quality of care. And so, our Nurse's Week is going to be focused on mind, body and self-care. So, they can support themselves and we're going to support them, as well, no matter what they need. In addition to carrying for self, we're going to have many videos that will be delivered through Zoom and other eLearning module systems that will help our nurses be able to resume to what they're actually doing. One of the great things is that our president of special surgery, along with our surgeon and chief, make rounds on the unit, every single day thanking the nurses and they will continue to do that during Nurse's Week. Gifts will be given. Massages will be given to the nurses. Just all kinds of little thank you's. Because we're in the middle of this transition back to orthopedics, it's going to take a little time for us to plan a big program, but a big program recognizing the nurses is in the future for us. So, there's a lot going on, right now, including nurse education, getting

people back to taking care of their patients that we are already familiar with.

Rose Gonzalez: Well, that sounds great and one of the things I took away from what you were sharing was, you know, some of the nurses, you're in an orthopedic hospital and the nurses are used to a certain type of patient and your COVID-19 patient isn't your routine patient. And so, nursing had to transition. Some needed some more education in order to deal with those complex patients with multisystem failures. And so, that's the other thing, a nurse is not a nurse is not a nurse. You know, we all have super specialties and we all excel. The more we know, the more we know we don't know. The more specialized healthcare becomes, the more specialized our skills have to become. So, I think the general public really, doesn't understand that you can't just pick up a nurse and put that nurse somewhere else that there's a certain body of knowledge that they possess, a certain knowledge of skills, and the way they interact with patients on a daily basis. They really fine tune their skill, the more they work in a certain arena. So, thanks for sharing that. I'm going to now ask the marvelous, magnificent Millicent Gorham about what the NBNA is doing because I know they have got to be doing a lot of things. Millicent?

Millicent Gorham: Thank you so much, Rose. I appreciate it. So, the National Black Nurses Association represents 308,000 African American nurses,

registered nurses, LPN's, retired nurses and student nurses, all over this country, in Africa, the Caribbean and in Canada. So, we are just excited about all of the different activities that we are involved in for this week, starting with today there will be a letter sent to the members of Congress asking all of our members to send a letter to their own members of Congress both the two Senators and their US House of Representatives about their experiences relating to COVID-19 and expressing to the Congress the need for PPE's for the nurses and other frontline providers, about testing and contact tracing and making an investment in nursing and public health infrastructure. This follows along with or elevates, I guess, the information that we sent out to the members of Congress about our legislative agenda for 2020. So, we wanted to follow-up with that and I think having them to express their experiences related to COVID will certainly heighten the members of Congress' interest as they begin legislation for the fourth stimulus package or legislative package that they're bringing forth very shortly.

Fourteen of our NBNA chapters will receive money from NBNA to support their local COVID efforts. So, we put out a call to our NBNA chapters there are 114 of them in 35 states and we ask them what are they doing, what are their needs for their communities and some of them come back like Chicago did with saying that they would like to provide their seniors, who are living on the southside of Chicago in a senior living facility to provide to

them personal hygiene items, masks, soap, toilet paper, hand sanitizer. Another chapter in Florida wants to provide senior living facility members that are living in a senior facility with grocery store gift cards are provide them with food baskets because a lot of them can't get out and some of them are disabled and some are mentally disabled at this time. And so, they want to be able to do something nice for those residents. In New Orleans, for example, the New Orleans Black Nurses Association is partnering with the Alpha Kappa Alpha sorority to provide to patients who are discharging from hospitals the pulse oximeter, thermometer and masks. The Birmingham Chapter, where our president, Dr. Martha Dawson resides, wants to provide nurses with lunch or dinner. So, those are some of the things that the chapters want to do. So, we're sending out a thank you card to all of our members, just letting them know that we appreciate them. It's being signed the president. Then, there's an affirmation on the inside of the card that just helps to encourage the nurses to keep on doing what they do best and keep their chin up and their head up. We have two webinars that we're doing on this coming Thursday and those webinars will be continuing education webinars, one on mindfulness, and the other one on mental health. So, we realize that there are some very serious issues that are going on. Nurses who have seen some things they have never seen and have had to make some decisions that they probably have never made in their lives and probably need to have a moment or two to kind of think about how they're going to

deal with their own mental health capacity and the people that are around them. We are producing a video for the nurses. Just to kind of pump them up, again. This video will be for the nurses who have been with us at various NBNA activities like our National Black Nurses Day on Capitol Hill and our annual conference and some of the activities that the local chapters are doing. One of the exciting things that we're doing is a campaign called, Walk in My Shoes and it's being sponsored by DTLR, which is a retail company and Puma, everybody's heard of Puma. It's the athletic ware company and they're asking nurses to send in a brief note about their experiences and a picture of them, either in action, at the place where they work or just whatever they have on, and then, 30 nurses will be able to win two pairs of sneakers that they can wear to work, and wear at home, and another 300 pairs will be given out to NBNA members. Then, another exciting thing that came to us was working with Sean Combs Enterprises. Sean Combs, better known as Diddy, which we love. And so, they're asking NBNA members to send pictures of themselves and they will be posting those pictures on all of their social media outlets. What they're doing with NBNA, specifically, they wanted to give nurses PPE. So, they found out that nurses, a lot of times the PPE will get to the healthcare facility, but the PPE may or may not get down to the nurses. They go to everybody. They go to the nurses, the doctors, the respiratory therapists, the pharmacists, the cleaning staff, everybody. And so, they wanted to make sure that the PPE got directly to the nurses. So, we're

working with our nurses, our chapters in New Orleans, in New York City, Detroit, Las Vegas and Buford, South Carolina and we're going to dropship PPEs to those cities to those chapters and they will be able to distribute those out to the nurses directly. Then, of course, our president has been like everyone else on radio and Facebook Live and talking about the pandemic and, of course, talking about the wonderful world of the National Black Nurses Association. So, she will be doing that on Wednesday morning on a gospel radio show in San Diego and she will be on another radio show, as well. So, we're real excited about that. Tonight, our second vice president, Patricia Lane, will be on a townhall hosted by the Congressional Black Caucus to talk about the frontline providers and the nurses and what they're going through and what they actually need. So that's just a brief showing of what the National Black Nurses Association is doing during Nation Nurses Week.

Rose Gonzalez: Wow. You have covered the forefront. As you talk about the PPE and the nurses on the frontline, I would be remiss if we just didn't take a moment to thank all our nurses out there at this moment for all the work that they're doing in this crisis and the sacrifices they're making and for the nursing organizations who are working hard during this Nurses Week to show them the love that they need because I think for nursing, we put others first and it's so important to have that self-help, to get that recognition because your supply of emotion, the well goes dry after a

while and the hardships that some of these nurses have seen, the deaths, the loss of the ability to mourn groups for families, keeping them separate. I think it's been really hard for nursing. So, kudos to nursing, kudos to all the healthcare providers who've been working on COVID-19 and who've been working to keep the people of America alive and well. Kudos to all of them and I'm glad we're celebrating. I'm glad all the nursing organizations are celebrating Nurses Week for the month. So, thank you, Millicent Gorham and thank you, all of you nurses for sharing what the organizations are doing.

So, I think, right now, we're going to shift a little bit and I want you to think about something other than the celebrations and COVID and do some hard thinking into the future and kind of think about three wishes you might have that would enhance nursing in the future. If you had three wishes, what would those wishes be and how would you make them become a reality. I'm going to start with New York. I'm going to start with Doreen.

Doreen Johnson: I think we have to start off in the nursing schools. The nursing schools have got to choose nurses or applicants, I should say that are really dedicated and have a strong heart filled compassion for the science of nursing. We've got to start there, number one. We also have to look at the psychology of the nurse. I remember when I was a nurse, a very long time ago, a student nurse, I should say, a very long time ago, I had to take

a psychological test and that test asked me questions, over and over again, to see if I was answering them consistently. People come into our profession not really understanding how much it takes from you, personally, to be a nurse and that's why you have to have it inside of you. It really has to be a born felt caring that you can give to other people without any recognition because you don't always get recognition, and when you're looking for recognition, it might not come at that time. It might come another time, but self-confidence is what we're looking for in nurses today. That's number one. That's my first wish. My second wish is to look for a more diverse healthcare force itself, not just in nursing, but 360 degrees around, nutritionists, rehab personnel, case managers, people who have open minds and that they are able to interact with patients from all walks of life, no matter their race, ethnicity, their culture, their background. It doesn't matter what their address is, what their zip code is, what insurance they have, what their socioeconomic status is. I'm looking for a nurse who feels comfortable going into that patient who is sleeping on the street, who might be African American and might have sickle cell and might be addicted to narcotics. Because that nurse might not have lived in that type of society, now, I have to go take care of this patient, and this has to be started from nursing school, and that's what I do with my students. I open that door to everyone. You're not going to just be comfortable with who you are comfortable with. That is not how we open our minds and open our hearts and see the other side of the people who

we are caring for and that's what we have to do. My third wish, which comes from the second is to develop more or recruit more African American, Latinas and other ethnicities that will match the patient population that we're seeing today. Now, you see it in different hospitals more or less, depending on where you live and what's going on, but we need to get those nurses onboard because they can also be role models for the nurses who are not used to it, who don't know the culture, that don't have the lived experience and are really unable to ask those questions that a person of the same ethnicity might be able to ask. With that role modeling, it will disseminate throughout all cultures, and so, our patients will be able to get the care they need and, right now, they're getting limited care and often are discharged without all their care needs being met, which leads to disparities across the board, as we all know them already. One other thing, I want a place where nurses can be mentored. Nurses have to be mentored. And, of course, we see a lot of care being extended to the nurse because of the type of patients we have recently, unfortunately, been caring for, but self-esteem, self-confidence, the need to be able to grow happens when people are mentored and people must be mentored into this position. It's not just a residency, but it's a one-to-one, how are you feeling. They have to be able to be open and we can develop a nurse that's going to have all different caps and we have to wear all different caps and do it at the highest quality that we

possibly can. So, I don't know if that was three wishes or four or five.

Thank you.

Rose Gonzalez: I would just sum it up by they need to have a passion for caring.

They need a psyche test to understand if they have the skills, the emotional skills that they need. And then, you want to see an increase in diversity. Diversity will help all. The fourth one was nurse mentorship. It sounds like some of those things are what we've been working on for a longtime in many different arenas. I'm going to turn to Julie, right now, and see if from her perspective in Colorado and with her expertise in continuing education, what are some of the wishes that you might have?

Julie Kneedler: I'd like to reemphasize what Doreen said in the area of mentorship because I wrote that down as one of the things that I thought was very important in terms of how we increase the nurse force. Right now, we have what, 3.2 million nurses in the US and we're facing a diverse population. We have a lot of changes in new technology and things like that and I think that we provide information to people who are maybe just going into college or who are growing up or haven't decided what it is they want to be and try to increase their interest in why don't they take a nursing track? Why don't they get education in nursing? So, I think mentorship starts way back with maybe a one-on-one or whatever with those that we're surrounded by, our family, our friends, are acquaintances

because those are the people that we want to bring into the nursing field and provide things for them. The other thing I wrote down, which kind of did a little bit on what she was talking about was recognition. We need recognition programs and Millicent, I tell you, the National Black Nurses Association, they are all over it and they just do a great job. They do a great job. Really, I'm so proud of them. We need the recognition. We need the publicity. We need people that through iPods, the podcasts that we're doing, through TV, those avenues we really, need to be able to share the value of nursing, so that people really, understand what the value is and why it's so critical in this time, where there's actually a shortage of nurses. I think at the community level, also, participation at the community level. Getting involved in the health fairs like Charla has been in the past and doing things that puts nursing out in front and demonstrate what it is and what the value is. The fourth thing that I wrote down that kind of is the theme throughout here is leadership. We need nurses to take more of a leadership role. The IOM report, they came out saying there's a big value in terms of nurses participating and being more aligned with the physician and being more of a partner in healthcare. So, I'd really like to see this be really solidified and really have more of a partnership because I think we can all have experiences in the specialty we are in whether it's the operating room nurse or the orthopedic nurse or whatever, we've all had the instances of being able to understand the value that we have in terms

of leadership. I thought that was something that would be really important and that's kind of how I focused my three wishes.

Rose Gonzalez: Charla, did you want to say something about this?

Charla Johnson: I just want to echo because mentorship, I wrote that word down when I heard that question. It wasn't as much as having a program for mentorship, but having the willingness of experienced nurses to mentor, love show the way to the newer nurses. It brought such distress watching there through the pandemic and nurses there struggle, especially, new nurses and this is their first crisis to manage and handle and switching skill sets and leaving from a comfort place into a go into COVID and just the fear. There was so much on social media that nurses posted and my heart broke for them because I thought, "Wow, what a shame." I mean some were career limiting things that people did and you're like, "If there was just an experienced nurse that would have wrapped her arm around that new nurse and said, 'Let's talk about what you're feeling,' and helped coach and navigate their feelings through it." So, we need the mentor programs, but we really need our experienced nurses to say, "I can do that."

Julie Kneeder: I have a nephew that's getting married and his wife just got out of school last summer and she works in the ICU in Tennessee and the

experiences that she shared are really, it's just what you're seeing. They need someone to do that exactly, to put their arms around them and say, "You know, you can get through this. We're going to do this together."

Rose Gonzalez: Does anybody else want to add anything about this? Mary?

Mary Behrens: Yes, I'd like to bring in the fact that I wish all states had full practice authority for advance practice nurses.

Group: Yay!

Mary Behrens: You know what's interesting, we have 22 states that have full practice authority, but with this COVID emergency, six states, Kentucky, Louisiana, Massachusetts, New Jersey, New York, Virginia and Wisconsin lifted their requirements for either supervision or collaborative agreements. I'm so proud of these states and I'm hoping they continue this good work. I just want to share, poor California tried, and nurses have to pay between \$5,000 and \$15,000 out of their own practice to have cooperative, supervisory agreements with physicians. I'm just hoping that we're going to wake up but that's one wish I wanted.

Charla Johnson: Good wish, Mary, good wish.

Mary Behrens: The other thing, I agree with everything that's been said and it's so important, but leadership, you know, there's the National Coalition of Nurses on Boards Movement. You can go to that website. Their goal is to get 10,000 nurses on boards by 2020, and I do believe, if nurses are serving on boards, whether they're health focused or not, can be leaders in their community to make the environment better, to help in so many, many ways. If you're going to be making decisions, it's nice to be in the boardroom. I think we have one nurse from Illinois elected in Congress. So, I'm hoping more nurses will think about that adventure. I was just so pleased. "60 Minutes", I think the latest one, on the show they had an NP from rural Texas to talk about the problems of providing care in a rural community where the hospitals are closing and patients are afraid to come in for just the management of their chronic illnesses. So, I guess that's what I'd like to share.

Millicent Gorham: Rose, I'd like to remind everyone that Congressman Eddy Bernice Johnson is also a nurse.

Mary Behrens: Yes, I thought I had skipped over her and I'm glad you reminded me because I know she's there.

Millicent Gorham: But I would like to see nurses, I think what Mary had said in terms of getting on boards, I really would like to see more nurses on Fortune 500

corporate boards. I think that they have the intellectual business savvy in order to sit on these boards and get paid for their intellectual capital, thank you very much. I would also like to see nurses get their terminal degrees earlier. I think that they need to make a plan and get pushed by their mentors and their advocates and congratulations to Dr. Charla Johnson for getting her DMP. So, thank you so much. We need more nurses who are getting those doctoral degrees and we need them to get those degrees early and, hopefully, they will be in the area of academia and research and any other field that they want to go into and I think that the mentors and the advocates need to prepare them for different kinds of careers in nursing and outside of nursing, but within the nursing field itself to think about becoming a clinical trials coordinator or working in retail healthcare. We need to have them in all different aspects, and we need to have them there early in their careers, as well. The last thing I would like for them to do is look at the world as their oyster. It's not just here in the United States. They can go and do anything anywhere and, clearly, because we're on Zoom and all these other platforms, they can do anything that they want to all over the world. So, I think that they need to be prepared and pushed and groomed to do just that.

Rose Gonzalez: I want to say I remember growing up in New York City in the South Bronx. We used to go to a family physician. I didn't know what a nurse was until probably, maybe in my 20's because if you didn't go to a

hospital, you didn't see a nurse. They weren't in the provider's office. So, I came to nursing late in life and I was blessed to get an opportunity to attend nursing school and I had a wonderful mentor in college. What I wanted to say was we forget how important those early years are in school and that's why, many times, people of color have difficulty getting into those nursing programs. I will say nursing as so, so hard and we're not always as prepared, but those masks and those scientists, that STEM program. So, my wish is that children all over, of whatever race, creed, color, whatever, get exposed to nursing and get exposed to the sciences and math and English, so they can be successful in their academic years and that they get the support that they need to succeed and complete a program because if I did not have the support I had at college, at the small college that I went to, I don't think I would have become a nurse and for me, nursing was a transformative part of my life and changed the trajectory of my life. So, I would wish that, even as we have kids out of school, children out of school, right now, and I worry about how much learning they're losing, that nursing isn't something you just jump into. Nursing is lifelong learning and it starts from youth. When you get your foundation in, it's like a good home where you have your foundation in of your math and scientists. So, my wish is that school take all children seriously and prepare them for a wonderful trajectory in education. They get exposed to their math and sciences and a mentor that can help them explore the world and explore the world of nursing because, as you said, if

you listen to us, right now, we've got nurse practitioners. We have a Doctor of Nursing practice. We have people in the OR. We have people who are running organizations. We have people who are educators. We have people in policymaking positions like a Lauren Hill or Eddy Bernice Johnson making decisions that impact the whole world. We've had secretaries of Health and Human Services who have been nurses. So, we need to broaden everyone's perspective about what a nurse is and what a nurse can do. It's a lifelong career but it starts from very young and we need to expose children to the world of nursing very young and the STEM world, so they can be successful.

I'm going to turn a little bit because we talked a little bit about leadership and I know we're in this COVID crisis and we have gone in and out of COVID, but what do you think nursing leadership can do, aside from what we've been talking about, the celebration of nursing, what do you think nursing leadership can do to help nurses feel valued during this crisis, because I think, what I see on TV is we don't have PPE. We're working so hard. I know some organizations are starting to do things, I think. ANA has started to partner with some hotels to provide rooms for nurses who don't want to go home and infect their kids, potentially. So, how can nursing leadership really demonstrate to their nurses that they're valued? Why don't we start with you Charla?

Charla Johnson: That sounds great and I'm going to riff off of Millicent. So, from the capable, caring and competent Dr. Charla Johnson. As nurse leaders, first of all, in the middle of a crisis and this pandemic and the things that I've seen, I think as leaders, we need to graciously listen to the concerns, fears and triumphs of our staff. We need to give them permission to be honest and say what they're feeling because it is raw. As leaders, we won't always have the answers, but there are things that we can do. We can be present. We can be humble. We can be transparent. We need to help them navigate these emotions and move on and be successful and then they can be proud. Then, it's the learn one, do one teach one, so that they'll be able to do that to others and be leaders. I think that we need to let nurses do their job. Again, while they're providing care to the patients, we need to be able to give them quality feedback, especially, in transition and skillsets, but we also need to be in tune to when they need help. Some people aren't always good at asking. So, we need to be in tune and don't let our people drown. Then, I think, in every crisis what helps individuals, even in our personal lives, that it goes in our professional lives. Stability means everything and so, I think providing a level of normalcy at a unit level and a team level is good. Then, showing kudos and recognition in the moment and writing them notes and sending them emails and letters and taking team selfies to help them know they're not alone. They are part of a team and a greater good and refill their bucket that way and that will help and encourage selfcare to give them

permission to know that you have been through stress. You're going through stress, now. Let's talk about it. Let's talk about the one good thing that happened today. Talk about the thing that didn't go so well today, so you can let it go. I think those are some really key things that nurse leaders can do. It doesn't cost anything to do those things. It just means being present, listening, telling people thank you and encouraging them.

Rose Gonzalez: I like those. I think being present, acknowledging, so much can be done without trying to have a big who-ha, but noticing when someone is feeling stressed because they can't save the patient and acknowledging that and allowing them to have their feelings, helping them to find a way to do self-help because so many times we feel that's a luxury for us and we're being selfish to do self-help. So, for a leader to give the kudos, at that moment, to hug them maybe. We can't hug, at this time, but I hug everybody. I don't know. Send them virtual hugs or whatever you do, the bump or whatever but showing them that you're there for them because so many times, those nurses who are killing themselves, sometimes they see leadership in their ivory towers and they feel like they can't relate. Doreen, you were saying they were making rounds on the floor and that's so important to show they are part of a team. You need your team to get it together and I like the piece about normalcy because you need some sort of routine. I was saying something. This is like an alternative reality we're living in, right now, and I keep hitting the button for Scotty to beam me up

and he won't and I'm still here and the dog's still here. I'm like, "Oh, God, it's Groundhog Day, again." And so, I think it's important for the nurses who see sometimes, no end to the disaster, that there will become an end. We just have to get through this moment today. Tomorrow's another day we've got to get through. So, leadership who can do that, that is very important. So, thank you for sharing that, Charla. What about you, Mary? What do you think?

Mary Behrens: Well, I think even simple things like arranging for meals to be brought in. There are many of these restaurants, obviously, that are struggling, but I know there have been many groups that are bringing in either coffee or donuts or food. I know the floor nurses have really appreciated just those simple things of, first of all, maybe wondering where they're going to get their next meal or not and that's certainly appreciative. I know this sounds pretty, Western, but we started Howl Casper, and it started taking over, not only in Wyoming, but in Colorado, but at 8:00 o'clock every night, everybody comes out and howls. And so, we have a lot of dogs howling, too, but they're howling for the nurses and the first responders and I'm telling you, it is such a great relief to get out there and to be able to howl and then, these nurses are sitting at the windows seeing, for example, we have a park in front of our medical center. So, people get in their cars and howl out their windows and it's something.

Millicent Gorham: I love it. You need to post that. That needs to be posted, so we can see it.

Mary Behrens: Well, I do post a lot of it on Facebook and the funny thing is if people have dogs in the car, the dogs start howling.

Charla Johnson: I love it. I love it. I love it. That is great.

Mary Behrens: I mean, sometimes I think we just have to kind of make our own, how do I want to say it?

Charla Johnson: Make our own fun.

Mary Behrens: Fun and release because I also find it, to me, very releasing that it makes me feel good.

Rose Gonzalez: We know you like to howl, now, Mary.

Charla Johnson: Everyone else is clapping and you're howling. That's cute.

Mary Behrens: I'll try to post more about that.

Rose Gonzalez: Anybody else?

Julie Kneedler: I think outside of nursing doing this, you see the Blue Angels flying over in appreciation. I think that's a wonderful way. The other thing is we howl here in Colorado, too. We're doing the howling thing. I think the fact that there are people out there that are going to restaurants and buying all the food and taking in to their first responders and the healthcare people, that is amazing what they've been able to do. Well, those things have to provide some kind of support and comfort to the healthcare professionals.

Millicent Gorham: Rose, I think also that it goes back the other way, as well, that the nurses on the frontlines need to thank their leaders because when the leaders are acknowledging that their going through something different and difficult, but they're trying their best to honor the nurses. That the nurses can go back to them and say, "You know, you are a great leader. We really appreciate what you're doing. Thank you for stepping up for us and talking up for us and we really, appreciate that.

Doreen Johnson: HSS, I have to say, did a wonderful, wonderful job, COVID-19 Management. Leadership was just excellent. They provided transportation with big buses with 25 people in a bus that held 50 or more from each borough and there was a place where the employee would meet the bus. The bus would take them to work and bring them back home. That was

fabulous. They also provided an agency for childcare for parents who both worked and still need someone to take care of the kids because we know that schools are closed and there's no one there to take care of the children. So, they provided an agency that the nurses could call and screen the childcare provider to make sure that they were someone that they would feel comfortable leaving the person with. They also provided hotels and apartments throughout the city for the nurses to go to instead of going back home to their families during their care with COVID patients. Special Surgery, also provided for people to work at home if they could work at home and they would get full pay. If there were nurses who could not work for whatever reason, instead of using their benefit time, their vacation time or holiday time or sick time, they were able to stay home and get paid at 80% of their salary.

Millicent Gorham: That's really, generous.

Doreen Johnson: It was wonderful. I have to give my kudos to the leadership here.

Our president, our chief nursing officer and our surgeon and chief were just wonderful and the surgeon and chief, and all the leaders, actually, gave a COVID-19 update, every day at 1:00 p.m. and everyone was able to Zoom on or Skype in and listen to their updates. And, our surgeon and chief is such a great speaker. He gave so many words of wisdom, so many words of comfort during this so very stressful time for the nurses

and their families and questioning. Nurses had so many questions because there were so many unknown answers to so many different things, and he was just so comforting to everyone, even when he made rounds on the unit. So, those are some of the things that HHS did and kudos to leadership.

Millicent Gorham: I would like to thank the Hilton Corporation for partnering with the National Black Nurses Association. We went into a partnership with the last week to make sure that our members, too, could take advantage of registering for hotel nights or a week or so, until May 31st, at a Hilton Property. So, I wanted to thank them for that, but I also want to stretch my hand out to my other colleagues that are managing nursing associations. Quite frankly, it's pretty stressful for us, as well. There are a lot of things that we have to keep up with because you all are just out there doing what you're doing and we're just trying to make sure that the doors stay open back home. So, we're fortunate. I was fortunate. I have a great staff and so, when you're talking about helping them on the frontlines when they're doing things that we don't normally do like working on Saturdays and Sundays and Saturdays and Sundays and more Saturdays and Sundays. So, you do have to pat them on the back. And so, one of the things I've done over the last couple of weeks is to provide lunch to them and I've learned some new things about doing Grub Hub and Door Dash, providing just a little incentive to keep them smiling and keep them going, as well.

Rose Gonzalez: We've all had an opportunity to kind of share about how leadership should behave and how we should behave towards leadership during this difficult, challenging time, and I think there are many people who are doing the right things, right now. So, for our next topic, we touched on this topic a little bit, but I'm going to delve into it a little bit more, right now, and that's the issue of diversity inclusion. We know that nursing still remains a predominately white, female profession and I know this topic is really important to Movement Is Life because we're always looking at addressing healthcare disparity. We know that more diversity within nursing means better care for people of color, as well as, the general population overall. So, we know it's a wonderful profession. We want everybody to have an equal opportunity to participate in this nursing career of ours. So, the question for the group is how do you or your organization promote nurses of color? We already know some of what, and that is a huge some, of what Millicent Gorham does with NBNA. They are our premiere organization and just from what you said you've been doing such great things for the members of your organization, NBNA.

Millicent Gorham: I'm going to start where some of you started earlier in terms of the students. We do give out hundreds of thousands of dollars in scholarships. We want to make sure that these students come out of school as debt-free as possible, and that's from the LPN's through doctorly prepared nurses.

We want to make sure that they are publishing, not just because they're in academia or just because they're in research. They have so much to offer in terms of what they're doing at their facilities and what they're doing in the communities in terms of lessening healthcare disparities and improving health equity within their communities. So, we want them to be able to publish those kinds of things that they're doing. I think those are the kinds of things that help promote them, and I think even at their hospitals and within their schools of nursing that they need to be able to be on some of these, what I call, super panels, advisory panels, IRBs to really begin to understand how they can be valued in different arenas within their hospitals or within their schools of nursing. So, often they think that that's for somebody else. That's for the person over there. They need to get away from their fear factor to know that, yes, I've been taught by the best. I had the best mentors in the world, and now, it's time for me to put my toe or my foot or my whole leg, as we say in Movement Is Life, into that water and let people know what you can bring to the table and, I think you will find that when you have a diverse population of nurses that they bring diverse ideas and innovations to the table. I think you will see a lot more different kinds of ideas that will help push the health equity needle along.

Rose Gonzalez: Thank you. That's when those scholarships are really helpful and I think, many times people of color are worried about taking out loans for

school. At the end of it, will I get a job to help me pay for that loan. So, scholarships, grants, anything that we can do to decrease that barrier to really, moving forward in that educational process is great. Anybody else want to talk about this issue inclusion? What their organization might be doing?

Mary Behrens: I think that talking about organization but also our profession that our educators need to look more like society. So, our workforce needs work in broadening inclusion but we've got problems in our own faculty and I think we need to encourage people of color to get more advanced degrees and to become part of the faculty, because if you look at the statistics, they're not that great. As you move along, it becomes even more limited in advance practice nursing. For example, I looked at the faculty. Generally, speaking, it's 81% white, this is in advance practice nursing, 3.7% Latino, 8.4% black and 2.7% Asian and 0.4% Native American and really that's an issue in our state, the Native American. It's very difficult to, I think the importance of mentorship, of someone guiding someone along the tract of how they can go into nursing and how they can succeed. That's important and we need to look at our faculty, as well. If we've got a more diverse faculty, I do believe that will help us attract more diverse students, too.

Rose Gonzalez: That's a really, good point. I rarely saw a person of color when I was in nursing school. It was like and usually you were the only one. I always saw myself as the Highlander, "There can be only one." And so, you're looking for support and mentorship and it's not always there. So, that's really good to have more faculty. Doreen, did you want to say anything?

Doreen Johnson: No, I think you ladies hit it on the head. Millicent Gorham, Rose Gonzalez, you hit it on the head. We need more inclusion that's for sure and scholarship issues are so important and so necessary because people really, don't know where they're going to get the money, how they're going to pay for it and how they're going to survive. And, if something happens during the schoolyear, then, they have to repeat that course. Then, they have to pay that semester all over, again, many times. There are issues like that, that I hear from my students, anyway. So, it's a little difficult.

Rose Gonzalez: I want to dovetail a little bit into the different roles of nursing and we talked a little bit about it and I know we're getting closer to the end of our time, but I do want to talk a little bit about, you know, I said it before, a nurse is not a nurse is not a nurse. We have different opportunities and diverse roles in nursing, and I want to just for those listeners, talk a little bit about the world of registered nursing and I know we have licensed

practical nurses. Millicent, you have members in your organization, I know, in the National Association of Hispanic Nurses. We have members of LPNs. I'm focus, a little bit, on the world of RNs and so, we have a registered nurse who is trained, but they can take additional education and training, and they can become an advanced practice nurse. I'm going to turn a little bit to you, Mary, because you talked about decreasing barriers for APRNs. Talk to us a little bit about the world of advance practice nursing. Then, I'm going to turn it over to Charla to see if she could talk to us a little bit about the DNP. So, Mary.

Mary Behrens: Sure, I'm happy to. They're actually 290,000 advance practice nurses in this country and they're growing by about 20,000-per-year graduates. So, it's a growing profession and there are actually four roles as an advance practice nurse. There's a certified midwife, there's the nurse anesthetist, there's a clinical nurse specialist, and then, the nurse practitioner. They can do many things and their role is very diverse, just like RNs. They could be working in a hospital. They could be working in a physician's office. They could be working in their own office. They can be working in schools and clinics and an area, now, that's rapidly growing that I think is ignored a lot is advance practice nurses are working in prisons and jails. That's a huge growing field, right now. And, certainly, another area that's in huge demand is mental health. There's such a need for that. Most nurse practitioners are in primary care. So, they're out there

in the trenches, whether they're in a rural area or in a large city, but they're usually taking care, I think, of the most vulnerable people. I know in my practice, we take Medicare/Medicaid. I have many patients from the jail and we never turned anyone away. I think this is where many people are able to answer the healthcare system is through advance practice nurses. If they have full practice authority, they can hang their shingle and that's even better. I wanted to say, too, studies have shown, which is really, interesting is you even see pediatric, intensive care nurse practitioners and a study that was done at the University of Rochester found that if a neonatal nurse practitioner was taking care of a really, difficult patient that they spent fewer days in the hospital and because of that the cost went down. The idea being there that nurses tended to be more consistent caregivers and they could follow the infant through their entire stay versus saying, I don't want a medical residence that are kind of coming in and out and that a kind of thing. So, I wanted to put a plug in for that because I think nurse practitioners are nurses first and that's what the strength I think we bring to the table is we look at the whole patient and so, it's exciting and when you think we're 290,000 strong, I've seen it when back in the day when people were saying, "What's a nurse practitioner," and now, I find that many people do know and say, oh, I'm being taken care of by a nurse practitioner and I'm really happy with that person, whether it's a guy or a gal.

Rose Gonzalez: That's a nice overview, Mary. Thank you for that. I'm going to turn it over to Charla because I know leadership is huge and a lot of the nurses, now, the nurse practitioners are going for their DNP, but you don't have to be a nurse practitioner to get your DNP. In fact, Charla is a graduate. So, talk to us a little bit about the DNP.

Charla Johnson: It's a terminal degree and the Doctor of Nursing practice helps prepare the nurse to assume leadership roles and executive roles, within healthcare organizations, whether it's a hospital or clinic. It's really about the implementation of quality improvement and the integration of evidence-based practice within that setting. And so, it's not bringing in new research, as that would be like for the PhD terminal degree. This is bringing in already best practice and integrating it because we know when best practice is implemented, we have improved quality outcomes, safety outcomes. There's a return on investment from a fiscal standpoint for healthcare organizations because you have less errors, etc. So, it is becoming very popular and for a nurse, my masters was in nursing education and I chose to do my doctorate in nursing leadership.

Rose Gonzalez: I'm going to turn to Julie, now, because Julie has been the owner of her own business and has done a lot. You have a doctorate and you've done a lot of work in the continuing education arena. So, talk to us about,

as a nurse, having your own company and that role that you play in doing that work.

Julie Kneeder: I think it's interesting because when I was coming up through the ranks, I went to a school and got my bachelor's degree. In fact, we were the first class who actually got the bachelor's degree in nursing. Everyone else had their diploma. Anyway, I was able to go on and get my master's. Well, in my master's program, I had a stipend. At that time, you could get a government stipend for your master's. So, I worked fulltime in the operating room and tracked in both teaching and administration. So, then, when I got out of the program, I was able to actually become the leader or supervisor or whatever. They call them VPs now, of the operating room. Then, I went on to get my doctorate in adult continuing education because my whole thing is, I don't want to be out there teaching the new person coming up. What I wanted to do was how do we teach the people that are on the frontline. So, I had the opportunity in 1981 to form my own company with some other nurses and our mission was absolutely how do you incorporate new technology and teach nurses that were in the frontline what they needed to do. So, our whole focus was on new technology because I can remember the day where you had a cataract surgery and you put [inaudible] in there to loosen up the cataract and you had to go in there and you had to peel it off with a knife. You had to go under general anesthesia. You had to stay in the hospital overnight and

everything. Well, look at what you do today. It's an outpatient procedure. You go in. Yeah, they just do the [inaudible] emulsifier and that's it. Well, if you're a nurse how do you transition in terms of technology? How do you learn the new IV systems and the bumps? How do you learn the new telemedicine stuff? How do you learn the new laser techniques? And so, the focus of the company that I work with was really teaching nurses new technology and we did that for 31 years. I think to me it was so self-satisfying because you were able to practice nursing and that's why when you talk about the roles of nursing, nursing is so diverse. You can do anything if you become a nurse and I have a friend who had children and they grew up and she became 40 years old, and what am I going to do? I'm an empty nester. She went and she got her AV. She got her baccalaureate. She got her masters and she's a nurse practitioner in Delaware working a pediatric clinic. She loves it. And so, it's so interesting because people can go through and learn and become educated and really, I think there are so many opportunities. You can practice in any specialty. You can work in corporations. You can work in pediatric clinics or whatever, in hospitals. There are so many things. You can work in education, in research. So, I think it's just great.

Rose Gonzalez: You say and the way you express yourself brings me the reason why I love nursing so much. I mean your passion for it, your enthusiasm and just bringing the diversity of the role that the sky's the limit and we still

don't know how far nursing will go. We're still growing, and we hope to achieve the greatest for nursing. So, thank you so much, Julie for that enthusiasm. So, we're celebrating the 200th anniversary of the birth of Florence Nightingale, the founder of modern nursing. Woo-who! She was a reforming and a statistician, and this question relates to the health disparities podcast because measuring disparities is the statistical process of getting evidence, there you go Charla, evidence-based of what needs to change. So, Florence Nightingale has always, has always been my nursing icon. So, I'm going to ask a quick round who is your nurse icon? Who is that superstar nurse that you look up to? So, I'm going to start with Doreen because I know you have to leave early.

Doreen Johnson: Yes, yes, yes. Superstar nurse. Well, there are a lot in the African American Nursing Society that you look up to over the years, but I'm going to say more currently, I'm going to talk about a nurse that I had in my master's degree program and I still look up to her today, even though it's many, many, many, many, many years later. She taught me leadership. I did my master's in nursing administration and she went all the way to her PhD and she had a family and she had three children and she lived in Connecticut instead of New York City, and she always reached out to her students later on to find out where they were, what they were doing, how she could help. She even offered us to teach in her class. A person that I talk about as a mentor, as a role model in nursing. Someone who you can

always reach out to. I have another leader who was also the CNO of Wycoff Hospital, Barbara Lowe. She's on several boards, right now, and she's retired, and she reads everything, .gov, .gov, .gov and she brings it to me. These are strong leadership people that are in the background and don't need to be in the front unless they want to be in the front. They're not self-serving. They're serving others. Those are the people I look up to today.

Charla Johnson: Rose, I'm with you. Florence is my woman. I mean she was relentless. She believed she had received a calling to be a nurse and she transformed the image of nursing in the public's mind. She used her gifts, her talents, her education, her influence to make a global change. Her writings, her data, her insights influenced how patients are triaged, how hospitals are built, how schools of nursing operate. She demanded standards. She based care on evidence. She is my hero.

Rose Gonzalez: I'm with you girl and just as a tipped and I talked to Charla about this was she taught those nurses to wash their hands between patients and in the Crimean War she actually urged individuals to put the beds three foot apart because they were on top of each other practically. So, think about it, now, as we're doing social distancing. She was a woman ahead of her time.

Millicent Gorham: She's the superhero.

Rose Gonzalez: She was a hero and she was a woman in a male dominated society and really, I'm with you girl. I'm going to turn to Julie, now.

Julie Kneedler: My icon in nursing, her name was Lucille Lewis and she was an instructor at Loma Linda University. I wasn't always the sharpest person on the block and in nursing school I got an F in GYN can you believe that? Anyway, she had a lot of faith in me and even though other people said, "You'll never make it," she really was encouraging and she's the person who actually outlined a lot of the process of nursing that we use today, the assessment implementation. The four parts of the nursing process. She just always has been my hero because she was so encouraging and I got through my master's program and, in fact, I finished my thesis. I was the first one in the class and I was very happy. I couldn't have done it without her.

Rose Gonzalez: Persistence and perseverance, there you go, Julie.

Julie Kneedler: That's it.

Rose Gonzalez: Alright, Mary.

Mary Behrens: Yes. Well, first, I'd like to say Florence is respected all over the world and when I go to Vietnam and teach, the first thing they showed me was a statue of Florence Nightingale at the Tropical Disease Hospital. So, she's respected the world over. The hero I would like to mention today is Dr. Loretta Ford, the grandmother of advanced practice nursing. The interesting thing is this is Florence's 200th birthday and this is Dr. Loretta Ford's hundredth birthday this December and she is living. So, she is a living legend.

Julie Kneeder: Is she still alive?

Mary Behrens: She is still alive. In fact, she's active and thriving and so, one of the disappointments, there was going to be a big celebration in New Orleans and somehow we're going to have to figure out how to do it soon that we can do it. You know, she grew up, I believe in New York area. Graduated from high school when she was 16 and she couldn't in that day and era go to college. She was too young. So, she went and became a nurse's aide and then, a year and a half later, she could then go to a hospital nursing school and of course that started off her career. She ended up in Colorado and her passion was actually public health and she realized there weren't any physicians kind of in the rural area and she recognized a need that she felt that there was a role for nurses to be expanded and improved and to provide care to these people. She found a pediatrician who, at the

University of Colorado, who was willing to work with her and develop the first program. When she talked about, I actually got the opportunity to hear her speak at our fellows meeting this winter, and she was talking about when public health nurses, back in the day, had to do everything and she had a patient who was diagnosed with TB. She went around and did the analysis of how this patient could have been exposed and she couldn't find any contacts. Of course, these are things we're doing, now with COVID. And so, she finally called the local vet because this client had a dog, a German shepherd and wondered if the client could have gotten it from the dog and the veterinarian said, "Yes." She said, "Well, how do we figure this out?" So, basically, he said, "Well, you've got to do a TB skin test like you do on humans, where you inject in under the surface and the forearm. She described, she's a very small woman, of having this German shepherd who had both paws on her shoulder, trying to calm him enough to get this skin test. So, I think the other thing is nurses are so creative. We figure out how to get things done. Anyhow that was the birthing of advanced practice nursing. It was a struggle, but when I look today that we are 290,000 strong, a lot is happening. So, I think she is my icon for today.

Rose Gonzalez: Millicent, I know you're not a nurse, but you've been around nursing for a lifetime. So, if you were a nurse and you've seen a lot, who do you think would be a good nursing, your superhero, your superstar?

Millicent Gorham: I have several superstars. I'm just going to tell you who they are.

Dr. Linda Burnes Bolton, Dr. Sylvia Trent Adams, Dr. Alicia Georges, Dr. Debra Tony, Dr. Stephanie Ferguson, Dr. Shirley Evers Manly, Dr. Beverly Malone and Pat Lang. So, those are my go-to icons. Now icons that are coming behind all of them are my mentees and that's Devon Denton, Sasha Dubois and Elizabeth George. I have three fabulous nurse mentees that are blazing trails and are just going to turn this world on its side. So, those are my icons.

Rose Gonzalez: This is so exciting, very exciting. So, I want to thank everyone for being on this call and helping me, helping us celebrate nursing, and the Nurses Week, Nurses Month, actually, we even had a great conversation. We really, should do this, again because we've all learned a lot. I want to thank our listeners for joining us on this special roundtable edition of the Health Disparities Podcast. We all hope that you find this discussion about nursing thought-provoking, maybe even inspiring and hopefully, you've learned something about nursing. From all of us at Movement Is Life and the Health Disparities Podcast, stay safe, be well and join us, again, soon. Bye everyone. Have a wonderful Nurses Month. Thank you so much. Bye.