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#87 HUMAN RIGHTS MATERIAL

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POSITION STATEMENT ON NURSING AND HEALTH NEEDS FOR ETHNIC PEOPLE OF COLOR

The Commission on Human Rights believes that justice is a cardinal concept which guides the nursing profession in the provision of human services. Justice mandates that all persons in need of health and nursing services receive services that are equitable in terms of accessibility, availability and quality.

Justice has not prevailed for ethnic people of color. Available statistics indicate that the ratio of ethnic people to ethnic nurses is much greater than that of the majority population.

"Social and environmental conditions of ethnic people of color have been deteriorating when compared to whites as this nation moved toward improved technology, affluence and the highest standard of living in the world," while quality of life for ethnic people of color remains a significantly inhumane level. For example; over crowding, poor environmental sanitation conditions and services, inadequate nutrition, and ignorance about preventative health measures combine to foster the development of serious health problems in disproportionate numbers among ethnic people of color. The cumulative effects of poverty serves to create a huge gap between the health status of ethnic people of color and whites. A (further) prime indicator of health status is the infant mortality rate which continues to be one and one-third to six times greater than whites. There is an increasing amount of data indicating that the trends in all mortality rates in spite of some improvement, show that over time the gap between life expectancy for ethnic people of color and whites has become wider. This data raises many more complex questions about environment, and the inter relationships between disease conditions and ethnic people of color.

It is our belief that a multifaceted approach must be taken to correct the injustices that exist in the health care system.

Three major systems, political, socioeconomic, and educational must be impacted simultaneously to insure the removal of gaps and the fragmentation of services.

Position statement on nursing and health needs for ethnic people of color

-2-

There must be a single standard of health care for all races and social classes. The extent to which this is pursued and accomplished is dependent upon the extent to which ethnic people of color are considered valuable human beings in this society. Therefore, the commission is committed to actions which improve accessibility to health and nursing services for all people which subsequently will insure quality of such services; identification of barriers to accessibility, recognition and acceptance of culturally relevant kinds of health care, availability of health and nursing services with particular focus on people who have been continuously denied services in the past. There is great urgency to develop and implement strategies for eliminating all barriers to health and nursing services, and the on-going evaluation of such strategies and programs.

Adopted May, 1979

Members of Commission on Human Rights:

Ethelrine Shaw, Chairperson
Grayce Sills, R.N., Ph.D., Vice-Chairperson
Annie J. Carter
Tital Corpuz
Lorene Farris
Ildaura Murillo-Rohde, R.N., Ph.D., F.A.A.N.
Lauranne Sams
David Waldron
Marian Davis Whiteside

#87 HUMAN RIGHTS MATERIAL

FINAL

REPORT OF THE CABINET ON HUMAN RIGHTS

Report:
(A-84)

Subject: Commitment and Action on Human Rights

Presented By: Juanita K. Hunter, Ed.D., R.N.
Chair, Cabinet on Human Rights

Referred To: Reference Committee
(Jo Ann Page, M.N., R.N., chair)

1 The American Nurses' Association's history of promotion of efforts to
2 affirm its commitment to human rights began with its incorporation in
3 1901. That history was described and ANA reaffirmed its commitment in a
4 major report to the House of Delegates in 1982. (Report #11, Equal
5 Opportunity and Human Rights)
6
7 In the current context of repeated international and national challenges
8 to the minimal gains which have been achieved for recognition of human
9 rights for all people, it is incumbent upon ANA to assess the status of
10 its efforts, and further, to develop and carry forward a specific targeted
11 action plan towards achievement of specific human rights objectives.

Past House Actions:

1960-Acceptance of All Professional Nurses as Members
1968-Advancement of ANA Concern for Intergroup Relations
1970-Quality of the Environment
1970-Health Care Opportunities
1970-Resolution on National Priority
1972-Universal Declaration of Human Rights
1972-Affirmative Action Program
1974-Nursing Practice and Violation of Human Rights Research
1974-Representation of Nurses on Institutional Research and Review
Committees
1974-Ratification of Equal Rights Amendment
1974-Non-Smokers Bill of Rights
1976-Mental Implications for Women in Society
1978-Sexual Lifestyle and Human Rights
1978-Resolution in Support of Antidiscrimination Efforts
1978-Safe Nursing Care for All People, Including Ethnic People of Color
1980-Minority Representation in Nursing Education
1982-Resolution on Equal Rights for Women
1982-Report #11 Equal Opportunity and Human Rights
1982-Endorsement of the Concept of Comparable Worth
1982-Health Hazards in the Workplace

- 2 -

1 ANA on Civil and Political Rights

2
3 The goal of elimination of discrimination and poverty was supported by a
4 1968 House of Delegates resolution and reaffirmed in a variety of
5 resolutions over the ensuing years, with the most recent house action in
6 1982. The House of Delegates has acted in support of an equal rights
7 amendment to the United States Constitution in 1972, 1974, 1976, and
8 1982.

9
10 The 1972 Resolution on the Universal Declaration of Human Rights carried
11 specific recommendations pertaining to civil and political rights. The
12 resolution further supported funding for implementation of civil rights
13 legislation, reform of the judicial and penal systems, and protection of
14 all working people to organize and bargain collectively. Also recommended
15 was ratification by the U.S. Senate of conventions dealing with political
16 rights of women, genocide, freedom of association, forced labor, and
17 elimination of racial discrimination.

18
19 In 1978, ANA went on record in support of civil rights laws to protect
20 persons regardless of sexual and affectional preference.

21 ANA on Economic, Social, and Cultural Rights

22
23
24 The House of Delegates has recognized the need for income maintenance to
25 support the dignity and integrity of the individual and family (1972).
26

27 A 1978 resolution called for efforts to establish fairer pay practices for
28 professionals of comparable education, experience, and responsibility.
29 This was followed by a 1982 resolution on comparable worth.

30
31 In the area of rights and protection of the citizenry, the house has
32 called for quality health care for all citizens (1970), a national health
33 program with equal access for care (1972), mechanisms for reporting and
34 redressing violation of human rights in the course of research (1974),
35 nurses' participation on institutional committees for review of research
36 (1974), legal protections against sexual exploitation of children (1978),
37 and safe nursing care for all people including ethnic people of color
38 (1978).

39
40 A concern for the status of nursing education and its profound impact upon
41 quality health care and human rights of clients prompted House of
42 Delegates support of an improved education system and employment
43 opportunities (1968, 1970, 1972, 1980). After examining ANA's own
44 internal structure and practices, the house urged all fifty SNAs to accept
45 all professional nurses as members (1960) and accepted a resolution
46 promoting an affirmative action program (1972).

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- 3 -

1 ANA on Environmental Rights

2
3 This category of human rights has recently received increased attention
4 and identification. ANA's House of Delegates' policies on environment-
5 related human rights includes a resolution on the quality of the
6 environment (1970), support of rights for non-smokers (1974), and health
7 hazards in the workplace (1982).
8

9 Action Plan

10
11 Human rights have been defined by numerous international, national, and
12 local groups in addition to ANA's pronouncements over the years. The
13 degree to which these human rights proclamations have been realized has
14 fluctuated due to the fact that implementation has been continually
15 vulnerable to political, economic, and social forces within society on a
16 national and international level. It is recognized, however, that total
17 achievement of human rights goals will never be fully realized.
18

19 The modest gains made within the United States for human rights in the
20 1960s have been eroded as the current trend of conservatism and economic
21 downturn have occurred. Recognizing the urgent need for reaffirmation of
22 action to implement stated beliefs, ANA accepts the responsibility and
23 accountability for forward movement on its continuing theme of concern for
24 human rights.
25

26 ANA's International Responsibilities:

- 27
28 1. ANA will continue to participate in ICN, with particular emphasis on
29 activities which support human rights for recipients and providers of
30 nursing services.
31
32 2. ANA will actively participate with other organizations such as the
33 American Association for the Advancement of Science in their efforts
34 to aid scientists and health care professionals internationally whose
35 scientific freedom may have been seriously infringed upon or who may
36 be physically restricted from pursuing their work or who may be in
37 personal danger or imprisoned in violation of widely recognized human
38 rights.
39

40 ANA's National Responsibilities:

- 41
42 1. ANA will take deliberate steps to raise awareness of nurses concerning
43 the health and welfare of vulnerable populations such as the frail
44 elderly and the young. One such action is to encourage articles in
45 The American Nurse and the American Journal of Nursing.
46
47 2. ANA will encourage SNAs to establish programs to increase members'
48 awareness of human rights standards and the need for increased
49 protection for human rights.
50
51 3. ANA will encourage SNAs to establish programs to identify specific
52 health and welfare needs of vulnerable populations.

- 4 -

- 1 4. ANA will continue to aggressively support enactment of the Equal
2 Rights Amendment through legislative activities and coalitions with
3 other supportive organizations.
4
5 5. ANA will continue to support efforts towards establishment of
6 community nursing centers and other strategies directed toward
7 increasing access to quality health care for underserved and unserved
8 populations.
9
10 6. ANA will continue to support scholarship and loan programs for nursing
11 education targeted for ethnic/minority populations—through federal
12 funding and association contributions.
13
14 7. ANA will work with nursing educators and other nursing organizations
15 to encourage a broadening of curricula to include content related to
16 cultural diversity and socio-cultural aspects in nursing education
17 programs.
18
19 8. ANA will provide information on health hazards in the workplace to
20 nurses and others in an effort to influence development of standards
21 for hospitals and for use by SNAs in developing collective bargaining
22 agreements.
23

24 ANA's Organizational Responsibilities:

- 25
26 1. ANA will establish and implement policies and procedures that clearly
27 identify accountability for affirmative action throughout the
28 organization.
29
30 2. ANA, through the Cabinet on Human Rights, will work with SNAs to
31 establish the appropriate mechanisms for monitoring and evaluating
32 affirmative action activities to protect the human rights of SNA
33 members.
34
35 3. The ANA Cabinet on Human Rights, in conjunction with the Board of
36 Directors, will monitor progress on this action plan and report back
37 to the House of Delegates annually.
38

39 Therefore, the ANA Cabinet on Human Rights recommends:

40
41 That the American Nurses' Association and its members, the state
42 nurses' associations, demonstrate their commitment to equal
43 opportunity and human rights by accepting the action plan put forth
44 in this report.
45

46 That the 1984 House of Delegates will direct the Committee on Bylaws
47 to develop an amendment to strengthen ANA Bylaws expectations of
48 constituent members for affirmative action and human rights programs
49 for the consideration of the 1985 House of Delegates.

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PHILOSOPHICAL ASSUMPTIONS OF THE COMMISSION ON HUMAN RIGHTS

We believe the historical legacy of the American Nurses' Association requires that it honor, value and fulfill its commitment to all human rights. From this assumption flow two corollaries. First, the American Nurses' Association is its membership; thus, the actions of each member are valued and prized as the goals of the Commission on Human Rights are translated into behavior. Second, the structural entities of the Association must work to visibly demonstrate the transformation of that legacy into action. We believe the profession of nursing is endowed with a public trust and the honoring of that trust must be enacted in terms of internal accountability as well as external accountability.

We believe that justice is a cardinal concept which guides the nursing profession in the provision of human services. Justice mandates that all persons in need of nursing services receive services that are equitable in terms of accessibility, availability and quality. Therefore, the Commission is committed to actions which will improve accessibility to health and nursing services for all people and which subsequently will insure quality of such services; identification of barriers to accessibility, availability and quality nursing service with particular focus on those people who have been denied those services in the past; development and implementation of strategies for minimizing or eliminating the barriers to nursing services; and evaluation of such strategies and programs.

We believe further, that justice requires that the differences among persons and groups are to be valued. When those differences contribute to the unequal distribution of the quality and quantity of nursing and health care, then remedial actions are *obligated*. Such remedial actions include, but would not be necessarily limited to, persons of color. For the liberation of any person from inequities contributes to the *freedom* of all persons.

We believe justice also requires redress of inequities in the preparation of applicants to the field of nursing. All aspirants should have equal opportunity for admission, retention and graduation from educational programs. Inequities of the past with regard to persons of color may require active recruitment and remedial educational programs as acts of faith.

With a major focus on the ethnic people of color, we believe that justice requires knowledge about cultural diversity and value systems. Knowledge of consequent health behavior which respects and utilizes these value systems must become mandatory for all nurses. We further believe that standards must be developed which require the respect for, and application of this knowledge in the modification of nursing actions to insure quality nursing care for consumers.

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CABINET ON HUMAN RIGHTS
JANUARY 16-18, 1985
AGENDA ITEM 4.2.1
ATTACHMENT 2
TAB NO. 22

AMERICAN NURSES' ASSOCIATION

Cabinet on Human Rights

An Analysis of Nursing: A Social Policy Statement

INTRODUCTION

The Cabinet on Human Rights appointed a task force in September 1982 to undertake an analysis of Nursing: A Social Policy Statement. This action was undertaken after several structural units, including the Cabinet on Human Rights, expressed concern about the purpose and content of the document. Therefore, the primary objective of this analysis was to explore and examine those issues within the social policy statement which impact on and have particular significance for ethnic minority and culturally diverse practitioners. An additional objective of the task force was to further analyze Nursing: A Social Policy Statement for its potential impact upon the entire nursing profession.

This task force would like to applaud the work of the Task Force on the Nature and Scope of Nursing Practice and Characteristics of Specialization in Nursing (TFNSNPCSN) which developed Nursing: A Social Policy Statement and to recognize the expertise of those committee members. We also hold their contributions of time and talent in this endeavor to be invaluable to nurses and the entire nursing community. We believe that this document is the first step in defining the scope of nursing practice, and gaining consensus among practitioners about "what nursing is." The task force also believes that the feedback which the TFNSNPCSN will receive about this working document will be invaluable when a revision is undertaken. Within the parameters of this working document the Task Force to Review the Social Policy Statement began its charge with a concern for the impact of this document upon all nurses as uppermost among its considerations.

SOCIAL CONTEXT OF NURSING

This task force believes that the content within this document, Nursing: A Social Policy Statement, is not generally representative of the content of a traditional social policy statement, but is rather a paper on the scope of nursing practice and should be titled as such. If it is intended that this document serve as a social policy statement, the task force believes it should be written in the appropriate language, and with the goals more congruent with those of other social policy statements. The Republican and Democratic platforms can be reviewed as examples of social policy statements in the generic sense.

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An Analysis of Nursing: A Social Policy Statement,
Cabinet on Human Rights

Page 2

The task force believes that the present title of the document is misleading and may possibly be viewed by some nurses as a title "contrived" in an effort to make the publication more palatable to the nursing profession. It can be assumed that a document entitled, Nursing: A Social Policy Statement, would probably attract less interest for the majority of nurses than a document entitled, "the scope of nursing practice."

The task force recommends that consideration be given to titling this document, "the scope of nursing practice," or some other more descriptive title. Within the framework of the scope of nursing practice, it is appropriate to address the social context in which nursing practice takes place, and nursing's responsibility for effecting social policy. We think that the preliminary statement in this section should be broadened to clarify and address the responsibilities of nurses to effect those social policy changes. This expansion should include, describe and expound in greater detail the relationship of nursing to different modalities of health care delivery, including health maintenance, disease prevention, and promotion of wellness. This section provides an excellent opportunity in which to document the importance of nursing to the American public and to the health and well being of communities throughout the world.

There is a need to address more specifically in this section the health needs of those populations other than middle-class America, who more often seek care for very acute health care problems. Some of those groups include the elderly, handicapped, the poor, high-risk populations, medically indigent, unemployed, and women and children.

The "directions in health care" which are described on page 3 seem to place unreasonable expectations on the patient. Large segments of society are not as responsible regarding their health as this section in the document implies. The task force believes that this document should spell out the particular health needs of those "minority" groups; nursing's social responsibility in meeting those needs; and to speculate on how nursing and these clients can effect positive changes in health policy. This task force recommends that a sixth statement be added to directions in health care to address the above, and include a #6. This could be stated as, "development of new knowledge and technology about special health care needs of minorities," (i.e. poor, rural, elderly, etc.) We also believe a statement is needed to address "access" to preventive care for the poor, elderly and children regarding the resources which are, and will be available to them as society becomes more prevention oriented.

The task force recommends that the last sentence on page 8 be changed to read: This legal authority to practice stems from the social contract between society and the profession; legislation derives from the social contract. It would also be appropriate to include, on the same page, a statement which addresses the need to include content related to cultural diversity in the nursing curricula to help ensure humanistic nursing care. An additional statement should be added reflecting the accountability on the part of teaching/learning institutions for assuming culturally relevant experiences.

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THE ROLE OF THE GENERALIST

This task force is concerned about the paucity of information and recognition of the nurse generalist in this document. While the task force understands the charge to the TFNSNPCSN, "to include a description of the characteristics of specialization in nursing," it seems to us that this does not preclude embellishing in a more equitable manner, the role of the nurse generalist. Since this is the largest group of nurse practitioners and it delivers most of the nursing care to the people of this country, it would be most appropriate to address in some depth the nurse generalist.

We believe a separate section should be developed to focus on this group of nurses, a group who constitute the majority of the practicing nurses, and the majority of the membership of the American Nurses' Association. This document, by not sufficiently discussing nurse generalists, minimizes their importance in delivery of nursing care today and in the future. If ANA fails to recognize the significance of the nurse generalist, a role so basic to the nursing profession, and to explicate this significance to all nurses, in the health community and the public, the worth of all nursing will never be fully appreciated by the health community and the general public.

We further believe an expanded section on the nurse generalist will provide greater linkage to the section on specialization, and will help to clarify the role of the nurse specialist in meeting society's needs for health care today and in the future.

This task force believes that the idea of certification evolved to recognize generalists for their skills in nursing practice; however, specialization in this document seems to imply that the worth of certification for generalists is negated or not recognized. More elaboration around this issue should be included to clarify the issue.

SPECIALIZATION IN NURSING

This task force believes that specialization in nursing practice is an integral part of the scope of nursing practice. Specialization as presented in this document has one-third of the content devoted to it, and as a result it appears to be separate and apart from the scope of nursing practice. We recommend that specialization be featured in this document in a manner that demonstrates how it evolves as one "part" of the scope of nursing practice. In this context, it would be beneficial to describe the interlocking and complementary nature of the practice of the generalist and specialist. An elaboration on this relationship would ensure that all practitioners feel a part of the "evolution" of nursing and serve as an incentive for generalists to seek and make opportunities for career progress through career ladders, etc., therefore fulfilling the ultimate goal of improving patient care.

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An Analysis of Nursing: A Social Policy Statement,
Cabinet on Human Rights

Page 4

We believe that the rationale which is presented for specialization in nursing places too much emphasis on the needs of the nurse. This task force believes that the need for specialization emanates from the needs of society rather than the needs and interests of nurses themselves. While this is implied in the document, we believe it needs to be emphasized more. If these societal health needs did not exist, there would be no need for specialization in nursing. The nurses' interests and desires do not precipitate specialization. The necessity to acquire knowledge around society's specific health care needs forces specialization within the health professions. Nursing education needs to be clearly addressed.

IMPLEMENTATION

We believe that precipitous efforts to implement Nursing: A Social Policy Statement may promote disunity among nurses, and that the TFNSNPCSN needs to seriously consider a review and revision of the document prior to suggesting implementation strategies. We remind you of the backlash ANA received around the 1965 Position Statement on Entry Into Practice. Initially, there was limited negative feedback but as the masses became aware of this document, it created furor. This task force believes that those in the ranks of nursing are unaware of this document, and unless they can be brought along and persuaded to accept and embrace the beliefs espoused in this document, a great deal more educating will need to take place in order to effect "unity" among nurses.

This task force believes that the purpose and social significance of this document should be stated more clearly. Is the document written for the nursing profession and all nursing practitioners? Will the document help the public to develop a better understanding of what nursing does? If the document is written for the benefit of all nursing practitioners and the public, we believe the language needs to be less sophisticated. We also believe that the nurse generalist will not view this document as one pertaining to her practice but rather of concern only to nurse educators and intellectuals.

The organization of the document seems awkward and will seem more so to those individuals who have not been involved intimately with nursing at a national level. We suggest placing the historical perspective first and possibly following the organization suggested on page 29, paragraphs 2 and 3.

There is a need to define terms (i.e. values) and/or include a glossary and to use these definitions consistently throughout the document. In addition, there is much repetition throughout which does not necessarily clarify or enhance the meaning of words and ideas. There seems to be some obviously conflicting statements within the document, and/or statements which conflict with other ANA publications. The publication should be reviewed for concurrence with existing ANA policies and the bibliography expanded to cite those policies.

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The task force suggests that TFNSN/PCSN look at the generalist and specialization sections and outline how they interlock; then develop enabling mechanisms to keep nurses in the system.

We believe it is crucial that the practicing nurse view this document as one pertaining to her practice. If ANA cannot achieve consensus by the majority of the practicing nurses, half the battle is lost. Without the combined support and efforts of all nurses, the evolutionary process of the Social Policy Statement is hampered before it begins. If we look at the nursing profession today and accept the direction of this document for the future, then the logical next step is to carefully consider and mobilize all of those individuals who will be affected by the movement. Those individuals who will be affected must view this evolutionary process as a positive one and must feel a part of that movement.

This task force believes that a request for feedback from the nursing community should be emphasized in the introduction. If the intent is to receive feedback, the responses to the document need to be closely monitored. We fear many practitioners will believe this social policy statement is a fait accompli from which they have been excluded. If there is lack of a mechanism for input this fear will only be reinforced. The task force recommends that the following strategies be considered in an effort to achieve the above:

1. Include in the document a request for feedback from practitioners, and develop some mechanism for synthesizing those responses to be used for consideration in the revision.
2. Use The American Nurse as a vehicle for receiving responses and utilize the Delphi Process to collate concerns, identify key issues and to achieve consensus.
3. Provide opportunities at the state level for providing information and seeking feedback through such mechanisms as forums, regional meetings, etc.
4. Request a review and solicit feedback from specific groups, i.e. Community Health Nursing Division of the American Public Health Association.
5. Expand representation on the task force to be more inclusive of B.A. graduates, ethnic minorities and culturally diverse practitioners.

We believe accommodations similar to those listed above are necessary to make the nursing community aware that each nurse has been considered within the scope of nursing practice, and a sincere attempt has been made to include her/him in the evolution of this document which describes the scope of nursing practice.

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NATURE AND SCOPE OF NURSING PRACTICE

The task force believes that this section is primarily a process statement and in order to effectively explicate what nursing practice is, information needs to be added which addresses the content of nursing practice.

Nursing is more than a practice discipline, it is also an "intellectual" discipline and this should be emphasized in the document. The nature of the nursing profession mandates that nurses attend to the philosophical well being of patients and provide "holistic" care. If nurses accept "holism" and operationalize it into their practice, they will recognize and address those differences which exist among clients. Nurses also have a right to have knowledge about different cultural groups. Furthermore, the concept of holism legitimizes human rights concerns. Stratification does not alter the concept of holism. The statement should articulate what positive actions nursing can take to ensure holistic and collaborative efforts between clients and professionals. Several statements which recognize the multicultural nature of society should be included. We recommend that an additional statement be added to the list on page 10 such as #11. "Human responses to non-supporting environments (i.e. economic, social, cultural, political, physical)." A glossary would be useful.

SPECIFICS

We recommend the following specific changes in Sections II and III as identified below:

p. 8 Legislation derives from the social contract

p. 14 MODEL

- . Change Data Collection to Collection of Data About Health Status Phenomena
- . VI change his to his/her
- . Brackets which indicate feedback in the model should be more defined (i.e. there should be a loop from evaluation to data collection)
- . Diagram should reflect "holism" and social context in which client functions; as pictured here, the client is viewed as a static object
- . Diagram should reflect interaction of nurses with other professionals

p. 17

- . (Expand title of figure 2 to read "Characteristics of the Scope of Nursing Practice as it Relates to Nursing Practice")

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p. 18 Paragraph 3

- . Delete "unaltered" and add "specifically addresses;" frame this statement in the positive
- . Define scope of nursing practice

p. 19

- . Lack of a mechanism for stratification process which is multi-dimensional based upon clients/care need

p. 22

- . If there is a need for specialization this should be highlighted, i.e. social needs
- . If nurses have social responsibility that responsibility should also include fellow nurses

p. 23 Paragraph 3

- . Are competencies of graduate nurses really spelled out?

p. 23 Paragraph 4

- . The term "gatekeeper" has an "exclusion" connotation, especially for minority people. This word choice does not enhance the real purpose of the document
- . There should be adequate assessment of social context

p. 27 Paragraph 4

- . "Professional organizations do not initiate trends" is contrary to the purpose of a social policy statement—this statement negates nursing's responsibility to effect change

p. 28

- . #2
- . This might be better phrased to indicate that nursing faculty have responsibility for planning, dictated by society's need
- . This entire section puts too much emphasis on universities

p. 30

- . The conclusion should include a synthesis of those ideas included in the Social Policy Statement
- . The statement should include strategies to recognize the multi-cultural nature of society and should operationalize the concept of "holism."

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DEFINITION OF "MINORITY"

The word "minority," as used in this paper, is based upon the definition developed and adopted by the Cabinet on Human Rights in September 1980, "those persons who are unable to take advantage of existing social, cultural, and economic opportunities because of systematic discrimination, exclusion and abridgement of rights whether covert or overt on the basis of race, creed, color, sex, lifestyle, physical disability or age."

The task force recognizes the serious limitations and disadvantages to using this term; however, it is used here in lieu of a better word. The task force would choose another word, if it exists, or invent one because of the following reasons: (1) This definition implies that the onus is on the recipients of society's injustices, rather than the impact of these injustices on those individuals; (2) The task force is concerned about the less than equal connotation that the traditional definition of the word "minority" carries; (3) The task force also believes the word is a misnomer when used to define the aggregate of those groups embodied in the above definition; (4) "Minority" over the past two decades has been a word used to refer to people of color, universally, while the reality is that these groups comprise 80 percent of the world population.

LDE:KF:nlh:33
8/29/83

Rev.: 10/18/83

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M E M O R A N D U M

TO: Cabinet on Human Rights

ACTION ALERT ENCLOSED!!

FROM: Chris deVries
Senior Staff Specialist
Congressional & Agency Relations

DATE: June 1, 1990

RE: "The Civil Rights Act of 1990"

Attached for your information and use is a fact sheet and action alert packet on "The Civil Rights Act of 1990" [H.R. 4000/S. 2104]. ANA has been actively involved in lobbying for the passage of this legislation.

"The Civil Rights Act" was introduced in the House of Representatives and the U.S. Senate on February 7. The hearing process has been completed in all Committees with jurisdiction over the legislation. The Senate Labor and Human Resources Committee reported out S. 2104 in April. The House Education and Labor Committee reported out H.R. 4000 in May. Action is still pending in the House Judiciary Committee.

It is anticipated that the Senate bill will go to the floor for debate after the Memorial Day recess. The House will consider their bill during the Summer. It is very important for many Members of Congress to hear from their constituents on the need to support this legislation and civil rights in our country. Nurses, who have a long history of support for civil rights, have a unique voice in this debate. Please contact your Members of Congress -by letter, by telephone, by telegram, or with a personal visit - and urge them to support "The Civil Rights Act of 1990." If you receive a response from your Member of Congress, please send a copy to the ANA Washington Office.

Thank you for your efforts.

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AMERICAN NURSES' ASSOCIATION

WASHINGTON, D.C.

THE CIVIL RIGHTS ACT OF 1990 (H.R. 4000/S. 2104)

BACKGROUND

For the past 25 years, America has made steady progress toward the eradication of sex and race discrimination. The civil rights movement provided the catalyst for the implementation of many laws prohibiting discrimination and promoting equal opportunity in this country. One of the most instrumental laws passed during this era is Title VII of the Civil Rights Act of 1964 which prohibits employment discrimination on the basis of sex, race, religion, and national origin. During this period, the Supreme Court acted as the primary protector of individual rights -- upholding and strengthening most of the current day statutes that prohibit discrimination in the workplace.

In June 1989, the Supreme Court handed down five decisions that resulted in substantive damage to existing civil rights and equal employment opportunity laws. The collective impact of these five decisions will limit the scope and alter the original intent of many civil rights statutes -- making it more difficult and more expensive for a victim of discrimination to get into court -- let alone prove discriminatory intent. To date, hundreds of cases have already been dismissed as a result of these decisions.

In order to repair this damage to our civil rights laws, Senators Edward Kennedy (D-MA) and James Jeffords (R-VT), and Representatives Augustus Hawkins (D-CA), Don Edwards (D-CA), and Hamilton Fish (R-NY) have introduced legislation entitled, "The Civil Rights Act of 1990." This legislation would reverse the Supreme Court decisions and, therefore, restore the statutory protections of the civil rights of every American. This bill is very important to nurses -- the majority of whom are women - who suffer disproportionately from workplace discrimination. We must send the message to Congress that we can not reverse our national commitment to equal justice for all.

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THE CIVIL RIGHTS ACT OF 1990: A SUMMARY OF THE LEGISLATION

The **Civil Rights Act of 1990** will help women and minorities by reversing recent Supreme Court decisions which severely weakened two federal employment discrimination laws: Title VII (of the 1964 Civil Rights Act) and Section 1981 (a civil war statute). Following is a summary of the legislation:

RESTORING THE BURDEN OF PROOF IN DISPARATE IMPACT CASES

Background: For eighteen years following the landmark Supreme Court case of Griggs v. Duke Power Co., Title VII of the Civil Rights Act of 1964 has placed on employers the burden of showing that employment practices with a "disparate impact," (i.e. practices that impact women and minorities in a disproportionate manner) are required as a "business necessity."

The Supreme Court Decision: In the decision, Wards Cove Packing Co. v. Atonio, minority salmon cannery workers sued their employer charging that hiring practices such as maintain racially separate hiring pools, job categories, cafeterias, and dormitories excluded them from the higher paying jobs that the white employees were receiving. The minority cannery workers based their case on the premise that these employment practices were illegal under Title VII of the Civil Rights Act of 1964 as they created a "disparate impact" on minority employees. The Supreme Court ruled that the racially separated business practices failed to prove discrimination; that the plaintiff must prove the specific discrimination of each separate employment practice; and did not require the employer to justify these practices as a business necessity.

The **Civil Rights Act of 1990** restores the landmark Griggs rule by providing that, once a person proves that an employer practice has a disparate impact (or a collection of business practices), the employer must justify the practice by showing that it is based on business necessity.

CLARIFYING THE PROHIBITION AGAINST CONSIDERATION OF RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN IN EMPLOYMENT PRACTICES

Background: When an employer decides, to fire, not to promote, or not to hire an individual, it often bases its decision on a variety of factors. In "mixed motive" discrimination cases, the employer has based its decision in part on discriminatory motives, but may claim the basis for the action was based on non-discriminatory factors.

The Supreme Court Case: Ann Hopkins was told by Price Waterhouse that she did not make partner because, "she did not appear feminine enough." Although the employer used this impermissible factor (i.e. sex) in its decision to deny Ann Hopkins a partnership, the Supreme Court ruled in Price Waterhouse v. Hopkins that an employer may be allowed to engage in some intentional discrimination if the final action would not have differed without consideration of the discriminatory factors. Therefore, even though Price Waterhouse

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considered sex discrimination as a motivating factor, the company is not liable for discrimination.

The Civil Rights Act would amend the law to provide that an employer may not use race, gender, religion, or national origin as a motivating factor in employment decisions, regardless of whether such discrimination is accompanied by legitimate motives.

FACILITATE PROMPT AND ORDERLY RESOLUTION OF CHALLENGES AND EMPLOYMENT PRACTICES IMPLEMENTING LITIGATED OR CONSENT JUDGEMENT ORDERS

Background: In discrimination cases, the parties involved in the lawsuit often agree to remedy discrimination through an affirmative action plan which is entered as an "order of the court."

The Supreme Court Case: In 1974, John Martin sued the City of Birmingham for discrimination against blacks in hiring and promotions at the fire department. In 1981, the Court approved an affirmative action plan that the city subsequently implemented. Several years later a group of white firefighters who had not been involved in the original litigation challenged this affirmative action plan as reverse discrimination AFTER it had been implemented. The Supreme Court ruled in Martin v. Wilks that the firefighters could challenge court-approved remedies and gains even though they had not been part of the original lawsuit. Employers will be less likely now to implement affirmative action plans if they can be challenged by any employee for an indefinite period of time.

The Civil Rights Act of 1990 states that once an order is final, that it can only be challenged under very limited circumstances.

STATUTE OF LIMITATIONS IN CHALLENGING SENIORITY SYSTEMS

Background: A person who has been discriminated against has a period of time after the discrimination has occurred ("statute of limitations") to file a lawsuit. After this period has elapsed, the victim is barred from pursuing litigation.

The Supreme Court Case: Pat Lorance started as an hourly wage employee at AT&T prior to her promotion to a more highly skilled, higher paid occupation of tester within the company. In 1979, when Ms. Lorance and other women were entering these previously all male occupation, the company adopted a new seniority policy that based seniority on occupation rather than on a plant wide bias. Ms. Lorance and the other women sued AT&T in 1982 when they were demoted as a result of the seniority system charging that the system was put in place to intentionally discriminate against the female employees. when they were impact by the discriminatory seniority policy. The Supreme Court ruled in Lorance v. AT&T Technologies Inc. that the women did not have a right to sue as they should have sued their employer when the seniority system was adopted, rather than when the employees subsequently lost their jobs. In other words, the Court decreed that an employee must challenge new employment practices and protect their rights before they are actually harmed by the practices.

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The Civil Rights Act of 1990 lengthens the time for filing a discrimination claim from 180 days to two years. In addition, the bill provides that a claim may not be time-barred until two years after the discrimination practice as adversely affect the victim - rather than two years after the practice is adopted.

RESTORING THE PROHIBITION AGAINST ALL RACIAL DISCRIMINATION IN THE MAKING AND ENFORCEMENT OF CONTRACTS

Background: Section 1981 of Title 42 of the U.S. Code (a Civil War-era statute) prohibits discrimination in the making and enforcing of contracts. It has been widely used to assure that victims of racial discrimination in employment receive remedies such as damages.

The Supreme Court Case: Brenda Patterson, a bank teller for 10 years, was required to perform sweeping and dusting tasks not required by her white counterparts because according to her employer, "Blacks are known to work slower than whites." After she was fired, Ms. Patterson sued for relief including damages under the 1866 civil rights statute, Section 1981. The Court ruled in Patterson v. McLean Credit Union that this statute does not prohibit an employer from racially harassing its employees; does not prohibit race discrimination that occurs AFTER an employee is hired (i.e. after the making of the contract); and does not provide monetary damages to compensate victims of discrimination.

The Civil Rights Act of 1990 amends Section 1981 to reaffirm that the right "to make and enforce contracts" includes the enjoyment of all benefits, privileges, terms and conditions of the contractual relationship. By reaffirming the broad scope of Section 1981, Congress will ensure that Americans may not be harassed, fired, or otherwise discriminated against in contracts because of their race (this law is the only federal statute barring race discrimination in places of employment with less than 15 employees).

GRANTING WOMEN AND RELIGIOUS AND ETHNIC MINORITIES THE RIGHT TO RECOVER DAMAGES FOR INTENTIONAL EMPLOYMENT DISCRIMINATION NOW AVAILABLE TO RACIAL MINORITIES

Background: Under present federal law, victims of sexual or religious harassment on the job usually have no effective remedy.

The Civil Rights Act of 1990 will fill this loophole by amending Title VII to allow any victim of intentional discrimination the right to recover damages, and, in egregious cases, punitive damages as well. The Act would make the remedies available under Title VII for all forms of illegal discrimination -- including discrimination based on race, color, religion, sex, or national origin -- consistent with the remedies not available under other federal laws covering only racial discrimination.

The Civil Rights Act of 1990 will strengthen existing protections available under federal civil rights law by ensuring that victims who successfully prove discrimination are able to recover all of their legal expenditures. This provision will help women and minorities who have valid discrimination claims to find lawyers to represent them.

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WHAT YOU CAN DO TO ENSURE THE PASSAGE OF THE CIVIL RIGHTS ACT OF 1990

ANA's efforts to move the Civil Rights Act of 1990 through Congress this year are directly linked to your participation in a massive grassroots campaign. The materials in this packet describe the legislation, the co-sponsors, the Congressional Committees to which the legislation has been referred, and a sample letter. These materials outline why the legislation is needed and should aid your grassroots efforts.

STAGES OF THE CAMPAIGN

Introduction of the bill and hearings: The Civil Rights Act of 1990 was introduced on February 7, 1990 by Senators Edward Kennedy (D-MA) and James Jeffords (R-VT) and by Representatives Augustus Hawkins (D-CA) and Hamilton Fish (R-NY) with bipartisan support. We now have 39 co-sponsors in the Senate and 175 co-sponsors in the House.

The House Education and Labor Committee and the House Judiciary Subcommittee on Civil and Constitutional Rights held joint hearings on the legislation throughout February and March. The Senate Committee on Labor and Human Resources completed its series of hearings in early March.

Committee passage: The Senate Labor and Human Resources Committee marked-up (where the bill is debated and amended) and reported out S. 2104 on April 4. The House Education and Labor Committee marked-up and reported out H.R. 4000 on May 7. Action on the House bill is pending in the House Judiciary Committee.

Securing Additional Co-sponsors: It is critical that before the Civil Rights Act of 1990 goes to the floor of the Senate and the House, that we have as many co-sponsors as possible.

******PLEASE WRITE IMMEDIATELY TO YOUR REPRESENTATIVES AND SENATORS IF THEY ARE NOT CO-SPONSORS OF THE CIVIL RIGHTS BILL AND ASK FOR THEIR SUPPORT.*******

House and Senate Votes: The bills will hopefully go to the floor of the Senate and the House in early summer.

The President's position: Although U.S. Attorney General Richard Thornburgh wrote a letter to Senator Edward Kennedy (D-MA) indicating that President Bush would veto the legislation, subsequently the President stated that he hopes to avoid vetoing the bill. Bush has been meeting with civil rights groups to seek a compromise on the legislation. Sen. John Danforth (R-MO) announced on May 17 that he would now support the bill because the "job quota" language had been removed. Attorney General Thornburgh, some conservative Republicans, and some business groups believe that the Danforth language does not go far enough and remain opposed to the civil rights legislation.

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WHAT YOU NEED TO DO:

WRITE (personal letters, postcards, mailgrams (see next page), etc.) to your two U.S. Senators at the Senate Office Building, Washington D.C. 20510, and your Representative at the House Office Building, Washington D.C. 20515 to express your support for the Civil Rights Act of 1990. The Senate bill is S. 2104 and the House bill is H.R. 4000.

VISIT your Senator and/or Representative when they are back in the state, or at their Washington, D.C. offices. Congressional recesses are scheduled for April 6-16 and May 25-June 4. Call now and try to get an appointment. You can also meet with their staff in Washington and in their state offices to discuss your concern that all Americans should be ensured equal employment opportunity. Personal visits are the most effective lobbying tactic.

CALL your Members of Congress to urge their support for the Civil Rights Act of 1990. The U.S. Capitol Switchboard number is (202) 225-3121. Please organize telephone banks.

INFORM your friends, colleagues, and others in the community of the need for the legislation to restore and strengthen civil rights protections. Distribute copies of this member and other materials on the Civil Rights Act of 1990. Contact local newspapers, write letters to the editors, and make announcements about the bill at conferences and organizational meetings.

ORGANIZE coalition efforts on the Civil Rights Act of 1990 by identifying other supporters in your community. Allies will be found in civil rights organizations, labor unions, women's groups, religious organizations, and other professional groups.

******PLEASE CONTACT ALL MEMBERS!!!! THE BASIC MESSAGE IS "SUPPORT THE CIVIL RIGHTS ACT OF 1990 AND OPPOSE ALL WEAKENING AMENDMENTS!!!!"**

THANK YOU FOR YOUR INTEREST AND PARTICIPATION. BY WORKING TOGETHER, WE WILL HELP ENSURE SWIFT PASSAGE OF THIS MOST IMPORTANT AND HISTORICAL CIVIL RIGHTS LEGISLATION.

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SAMPLE LETTER TO LEGISLATORS

DATE

SENATOR (REPRESENTATIVE) _____
U.S. SENATE (U.S. HOUSE OF REPRESENTATIVES)
WASHINGTON D.C. 20510 (20515)

Dear Senator (Representative) _____:

I am writing to you to urge to vote for the Civil Rights Act of 1990 (S. 2491/H.R. 4000). The purpose of this legislation is to correct the collective impact of five Supreme Court decisions handed down during 1989 that have limited the rights of women and minorities in the workplace.

Nurses have first-hand experience dealing with the psycho-social effects of civil rights deprivation because individuals who are discriminated against often end up in the health care system. In addition, individuals who face discrimination in the workplace are often the same individuals who must deal with discrimination in the health care system. Nurses have personally experienced the repercussions of discrimination as part of a female-dominated profession.

The Supreme Court rulings at issue have already had a devastating impact on the victims of illegal discrimination by making it more difficult for individuals to bring discrimination cases to court; placing additional burdens of proof on the victims of discrimination; and allowing challenges to affirmative action plans that have been in effect for many years.

The _____ State Nurses Association and the American Nurses Association has endorsed the Civil Rights Act of 1990. We urge your support as this legislation proceeds through the House and Senate.

Thank you.

Sincerely yours,

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HOW TO SEND A WESTERN UNION MESSAGE TO YOUR SENATORS AND REPRESENTATIVES IN SUPPORT OF THE CIVIL RIGHTS ACT OF 1990 AT A DISCOUNTED RATE

It is critical that Senators and Representatives receive thousands of letters, telegrams, and mailgrams urging them to support The Civil Rights Act of 1990 (S. 2104/H.R. 4000).

For a total cost of \$6.00, you can send a Western Union message in support of the Civil Rights Act of 1990 to your 2 Senators and your Representative.

These are "pre-stored messages" that will be written by the Coalition supporting the Civil Rights Act of 1990 and updated as necessary. Three different messages will be rotated automatically. Sponsors will receive different messages than non-sponsors. At this discounted rate, callers will not be able to select their own message.

HOW TO USE THE WESTERN UNION ACTION HOTLINE MESSAGE

1. Dial Western Union's toll free Hotline number 1-800-257-4900. This service is available 7 days per week, 24 hours per day.
2. Ask for HOTLINE NUMBER 3000.
3. Give the hotline operator your full name, address, zip code, and telephone number.
4. The hotline operator will send a pre-stored letter to both your Senators and Representative.
5. The total cost of your Western Union message will be \$6.00 for a message to each of you Senators and your Representative. This will be charged to your phone bill and will show up as a "Telegram Charge". You can also charge this to a major credit card: American Express, Visa, MasterCard. In some cases, the caller will receive an invoice directly from Western Union rather than a Telegram charge on their telephone bill. In Alaska and Hawaii, Mailgrams must be charged to a major credit card.

Individual Mailgrams and Public Opinion Messages can also be sent at a higher cost.

It will take up to 2 days for your hotline messages to be delivered to Member's Offices, so please send them as soon as possible.

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QUESTIONS AND ANSWERS ABOUT THE CIVIL RIGHTS ACT

WHY IS THE CIVIL RIGHTS ACT OF 1990 NEEDED?

The Civil Rights Act of 1990 is needed because of the Supreme Court decisions last summer that cut back the protections of two major civil rights laws. The six decisions on employment discrimination add up to a major shift from equal employment opportunity law established over the past twenty five years to protect minorities and women. These decisions make it harder for women and minorities to prove discrimination, make it easier for those opposed to prove discrimination, make it easier for those opposed to civil rights consent decrees to challenge them after the fact, narrow the coverage of civil rights statutes, and limit the award of attorney's fees.

HOW DOES THE CIVIL RIGHTS ACT OF 1990 SOLVE THESE PROBLEMS?

In summary, the bill amends both Title VII and Section 1981 to overturn the Supreme Court decisions. The bill also amends Title VII to correct the discrepancy in the law concerning monetary damages. Further, the bill amends present law on the award of reasonable expert witness and attorney's fees so that discrimination victims will have real access to the courts.

DOES THIS BILL HAVE ANYTHING TO DO WITH QUOTAS?

No. Section 13 of the bill specifically provides that, "Nothing in the Amendments made by this Act shall be construed to affect court-ordered remedies, affirmative action or conciliation agreements that are otherwise in accordance with the law." In other words, the bill does not make unlawful any affirmative action remedy that was lawful before, nor does it legitimate any such remedy that was previously unlawful.

DOES THE BILL MAKE IT UNREASONABLE DIFFICULT FOR EMPLOYERS TO DEFEND THEIR SCREENING PRACTICES?

No. Once the plaintiffs have established their case that a practice has a disparate impact, it will be up to the employer to demonstrate that the practice is necessary or essential to the conduct of the business. Critics of the bill would like to keep the new Wards Cove standard, which keeps the burden on the plaintiff and sanctions a discriminatory practice that is not necessary if it services "the legitimate employment goals" of the employer.

WHY IS THERE NEED FOR MONETARY DAMAGES UNDER TITLE VII?

The availability of damages is needed here to correct an anomaly in present civil rights laws

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that allows victims of intentional racial discrimination to receive compensatory and punitive damages, but does not to authorize the same for victims of gender or religious discrimination. This anomaly means that many victims of discrimination receive no monetary compensation for medical bills or emotional stress that result from the discrimination. And, many discriminatory employers have little incentive to comply with the law, because even when they are found to be violation they stand to lose very little, and incur no cost for the suffering they have case. Punitive damages which are awarded only in egregious cases are meant to punish the wrongdoer and thus to serve as a deterrent to future discrimination.

The legislation would grant all protected classes the same rights to recover for intentional employment discrimination. This is a matter of simple justice.

WILL ALLOWING MONETARY DAMAGES UNDER TITLE VII RESULT IN A RASH OF LAWSUITS?

No. First, it is important to remember that the bill allows for compensatory and punitive damages only for incidents of intentional discrimination. Second, punitive damages would be available only if the employer engaged in the discriminatory employment practices with malice, or with reckless or callous indifference. This is a very difficult standard to meet.

WHY ARE THE ATTORNEY'S FEE PROVISIONS NEEDED?

The Civil Rights Act of 1990 seeks to ensure that victims of discrimination have their day in court represented by competent counsel. Congress had long recognized that the majority of victims of discrimination can not afford legal counsel. The bill seeks to assist victims in affording attorneys to bring their claims by making clear that victims can recover reasonable legal expenses in all appropriate cases. Unless attorneys can be paid for their work when they are successful, they will not be willing or able to take on discrimination cases.

WHAT HAS BEEN THE IMPACT OF THESE SUPREME COURT CASES?

The harm created by the Court's decision grows worse by the day. A report concluded that the decisions have had a "cumulative negative impact on the overall effectiveness of Title VII in combatting employment discrimination. The decisions affect each major state of a Title VII proceeding: initiating a claim, proving it in court, and obtaining relief. At each state, the Court's decision have erected new barriers, making it significantly more difficult for victims of discrimination to succeed."

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WHY THE CIVIL RIGHTS ACT OF 1990 IS NEEDED THE HUMAN IMPACT OF THE SUPREME COURT DECISIONS

The following narratives are just a few accounts of the impact on people's lives of a series of Supreme Court cases regarding employment discrimination decided in 1989. In the first account, the court house door has been closed to a victim of racial harassment leaving him with no relief. In the second case, a decision providing job opportunity for a woman was overturned because the standards for proving discrimination have been changed, and in another case a consent decree redressing long standing problems of discrimination has been reopened belatedly because of the Court's action. A fourth case involves a victim of discrimination who gained relief prior to the Court's ruling who might not receive such relief if the case was litigated today. And, finally there is a description of a case that demonstrates why Title VII of the Civil Rights Act of 1964 should include monetary damages for victims of intentional discrimination.

NO RELIEF FOR RACIAL HARASSMENT ON THE JOB

Terrell McGinnis was the only black employee in a company in Jefferson County, Alabama that sells and services garbage trucks in four southern states. McGinnis, a trained welder and auto mechanic, was subjected to extreme abuse, physical danger, and humiliation, and eventually discharged, because of his race. Despite his skills, McGinnis often serviced as the company's janitor and general flunky. He was required to clean the bathrooms and to keep black customers out of them: "When the niggers come in, don't let them use the bathroom. Tell them it's out of order." Although the district court awarded McGinnis \$156,000 in damages, the court of appeals ruled after Patterson that such "claims of harassment and discriminatory work conditions are no longer actionable" under the Civil Rights Act of 1866. Because the company has fewer than 15 full-time employees, it is not covered by Title VII of the Civil Rights Act of 1964 and McGinnis has no other remedy.

HARDER TO PROVE DISCRIMINATION

A woman in Evanston, Illinois was denied the opportunity to become a firefighter when the scoring of one application hurdle - a test of agility -- was arbitrarily adjusted upward. The new scoring method was so tough that, based on their 1980 scores on the same test, seven firefighters already on duty would have been failed. The steeper scoring proved to have a grossly disproportionate impact on women applicants. The female applicants took the city of Evanston to court, and before the Wards Cove ruling, the district court judge found that the city had failed to justify its method of scoring the test, that the woman had proved discriminatory impact, and that relief should be awarded. After Wards Cove, the court of appeals returned the case to the lower court noting that while the city had failed to present a convincing rationale for the test scored, "it is the plaintiff that has the burden of persuasion" that no legitimate end was served by using new scoring method. While she persists in pursuing her case, Wards Cove has seriously delayed and impeded her efforts to achieve justice.

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ISSUES WILL BE RELITIGATED AND RELITIGATED

In 1971, two black employees of Albany, Georgia's water department complained to union representatives about blatant race discrimination in the city including segregated restrooms and water fountains, and lesser pay for blacks than for whites for the same job. Subsequently, several black public works and water, gas, and light employees initiated a class action suit against the city alleging a pattern and practice of race discrimination. After four years of litigation, the district court concluded that "from an overall standpoint in every respect white employees and applicants for employment were favored over black employees and applicants . . ." In 1976, a court decree was adopted that included affirmative action relief. In 1985, a white employee who had not received a promotion sought to challenge the decree. The district court dismissed the challenge, noting that the plaintiff admitted that the black male who received the job was in fact qualified and that the suit was an "isolated attack on a broad-sweeping plan which has been operating smoothly for several years." After the Wilks decision, the court of appeals reversed and allowed the challenge. This is the first in what promises to be long line of cases permitting collateral attacks upon consent decrees. Issues once though finally resolved will be relitigated and relitigated.

A LITTLE DISCRIMINATION IS OKAY

Thomas Bibbs, who is black, applied for but was denied a promotion to a supervisory position in the Department of Agriculture. He was the only black applicant for the job, and the three-person, all-white selection committee was dominated by an individual who had labelled the employee a "black militant" and had referred to another black print shop employee as "boy" and "nigger". The court found that even though the committee had legitimate reasons not to promote the black applicant, he still deserved injunctive relief and legal fees under Title VII because he was clearly a victim of overt bigotry. As one member of the Court wrote, "the employe should not be able to exculpate its proven, invidious discriminatory practices" by proving that other issues were at play. Today, in the wake of Price Waterhouse, this case might end very differently, with the employer getting off scot-free and able to use the same bigoted person in future selection decisions.

DAMAGES NOT AVAILABLE FOR SEXUAL HARASSMENT

Heien Brooms, a black industrial nurse, was racially and sexually harassed by her supervisor who routinely showed her pictures of black women performing sexual acts and made offensive comments. The harassment culminated in an incident where he showed Ms Brooms a picture of a black woman performing an act of bestiality, grabbed her arm, and threatened to kill her if she moved. Ms Brooms "ran away, screaming and falling down a flight of stairs as she fled." and subsequently quit. For three years after she left her job, she underwent extensive therapy to combat the severe, debilitating depression resulting from the harassment, and was able to work only sporadically. While Ms Brooms was ultimately awarded back pay pursuant to a Title VII suit, she received no compensation for medical bills, therapist's bills, and other non-wage-related injuries she suffered.

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As of 4/27/90

CIVIL RIGHTS ACT OF 1990

U.S. SENATE AND U.S. HOUSE OF REPRESENTATIVES CO-SPONSORS OF

THE CIVIL RIGHTS ACT OF 1990 - S. 2104
Introduced on February 7, 1990
39 Co-Sponsors as of 4/27/90.

THE CIVIL RIGHTS ACT OF 1990 - H.R. 4000
Introduced on February 7, 1990
175 Co-Sponsors as of 4/27/90.

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Rep. William Hughes (D)
Rep. Frank Pallone (D)
Rep. Donald Payne (D)
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Rep. Peter Kostmayer (D)
Rep. Austin J. Murphy (D)
Rep. Doug Walgren (D)
Rep. Gus Yatron (D)

RHODE ISLAND:

Sen. Claiborne Pell (D)

Rep. Ronald Machtley (R)
Rep. Claudine Schneider (R)

SOUTH DAKOTA:

Sen. Thomas Daschle (D)

Rep. Tim Johnson (D)

TENNESSEE:

Sen. Albert Gore (D)

Rep. Harold E. Ford (D)

TEXAS:

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American Nurses Association
Convention

Minority Caucus
June 18, 1990

Agenda

- ✓ (1) Recognition of Minority Caucus leaders
- ✓ (2) Minority Caucus Network Directory
- ✓ (3) Identification of issues for Center on Ethics and Human Rights such as:
 - Human rights in nursing... multicultural representation
 - Health care for people of color in America's health system
 - Nursing's future: impact on people of color and all people in society.
- (4) Relationship between Center on Ethics and Human Rights and Center for International Nursing - role of proposed Ethics Committee
- (5) Candidates remarks - concerns about minority health care issues
- (6) Other business

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RIGHTS MATERIAL

DATE: June 14, 1990

TO: Reference Committee

FROM: Members of the Cabinet on Human Rights

Be it resolved that the proposed changes to the ANA By-laws be amended as follows:

- (1) Change the name of the Committee on Ethics to the Committee on Ethics and Human Rights.
- (2) Amend the responsibilities of the Congress on Nursing Economics to include a line of communication with the Committee on Ethics and Human Rights.
- (3) Retain ethics and human rights responsibilities of the congresses.

The rationales for the proposed amendments include:

- (1) Human Rights is vitally connected to ethical practice.
- (2) Ethics and human rights are integral to the profession and must be addressed by the Congresses. The proposed standing committee will serve as a resource to the Congresses.
- (3) This committee will provide consistency and an expert deliberative body in support of the new Center for Ethics and Human Rights.

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ESTABLISHMENT OF A COMMITTEE ON ETHICS AND HUMAN RIGHTS

Article VII

To amend Article VII, Section 1 by adding the words "Committee on Ethics and Human Rights" between the words "Bylaws", and "Reference".

<u>Current</u>	<u>Proposed</u>	<u>Explanation</u>
<p>Article VII. Standing Committees</p> <p>Section 1. Definition</p> <p>There shall be standing committees of the ANA House of Delegates as follows: Committee on Bylaws, Reference Committee, and Nominating Committee.</p>	<p>Section 1. Definition</p> <p>There shall be standing committees of the ANA House of Delegates as follows: Committee on bylaws, <u>Committee on Ethics and Human Rights</u>, Reference Committee, and Nominating Committee.</p>	<p>Establishes a <u>Committee on Ethics and Human Rights</u> as a standing committee of the ANA House of Delegates. Further, smaller SNAs may not have the resources or expertise to have <u>ethics or human rights committee(s)</u> and may depend on ANA to offer advice to them on <u>ethical and human rights</u> issues which affect nursing practice.</p>
<p>To amend Article VII, Section 2a by adding the words "Committee on Ethics" between the words "Bylaws", and "and".</p>		
<p>Section 2. Composition</p> <p>a. The Committee on Bylaws and Reference Committee shall be composed of at least five individual members of constituent members appointed by the Board of Directors.</p>	<p>a. The Committee on Bylaws, <u>Committee on Ethics and Human Rights</u> and Reference Committee shall be composed of at least five individual members of constituent members appointed the Board of Directors.</p>	<p>Maintains consistency with proposal for establishment of a <u>Committee on Ethics and Human Rights</u> as defined in the proposed amendment to Article VII, Section 1.</p>

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ESTABLISHMENT OF COMMITTEE ON ETHICS AND HUMAN RIGHTS (continued)

To amend Article VII, Section 3a by adding the words "Committee on Ethics and Human Rights" between the words "Bylaws", and "and".

<u>Current</u>	<u>Proposed</u>	<u>Explanation</u>
<p>Section 3. Term of Office</p> <p>a. Members of the Committee on Bylaws and Reference Committees shall serve two-year terms or until their successors are appointed. No member of a standing committee may serve more than two consecutive terms on any one standing committee.</p>	<p>Section 3. Term of Office</p> <p>a. Members of the Committee on Bylaws, <u>Committee on Ethics and Human Rights</u> and Reference Committee shall serve two-year terms or until their successors are appointed. No member of a standing committee may serve more than two consecutive terms on any one standing committee.</p>	<p>Maintains consistency with proposal for establishment of a Committee on Ethics <u>and Human Rights</u> as defined in the proposed amendment to Article VII, Section 1.</p>
<p>No current language.</p>	<p>b. The Congress on Nursing Economics.</p> <p>6) <u>Communicate to the committee on Ethics and Human Rights any ethical and human rights concerns for study and consultation.</u></p>	<p><u>Establishes line of communication between the proposed Committee on Ethics and Human Rights and the Congress of Nursing Economics.</u></p>

To amend Article VII, Section 6a by adding new subsection (6) and renumbering old subsection 6 through 12.

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ESTABLISHMENT OF A COMMITTEE ON ETHICS (continued)

Article VII

To amend Article VII, Section 6 by adding a new "c" and renumbering the current "c" to "d".

<u>Current</u>	<u>Proposed</u>	<u>Explanation</u>
Article VII. Standing Committees	Section 6. <u>Responsibilities</u>	Delineates the responsibilities of the proposed Committee on <u>Ethics and Human Rights</u> .
Section 6. Responsibilities	<p>c. <u>The Committee on Ethics and Human Rights shall--</u></p> <ol style="list-style-type: none"> 1) Assists and advises the Congresses on ethical and human rights issues 2) address the ethical and human rights dimensions of issues occurring within society and the health care system that have an effect on the health and welfare of the people nursing serves and on the profession of nursing. 3) promote the ability of nurses to practice nursing with professional integrity in service to their clients by the identification, implementation, and evaluation of ethical and human rights issues related to nursing practice. 4) formulate revisions to the Code for Nurses and recommend them to the House of Delegates, and interpret the Code for Nurses. 5) provide for dissemination of the Code for Nurses and promote the application of the code. 	

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ESTABLISHMENT OF A COMMITTEE ON ETHICS
(continued)

Article VIII

To amend Article VIII, Section 6b by deleting the word "ethics"
between the words "right", and "and".

<u>Current</u>	<u>Proposed</u>	<u>Explanation</u>
Article VIII. Congresses		
Section 6. Responsibilities	Section 6. Responsibilities	
b. The Congress of Nursing Practice shall--	b. The Congress of Nursing Practice shall--	Ethics and Human Rights are integral to the profession and must be addressed by the Congresses. The proposed standing committee will serve as a resource to the Congresses.
5) address and respond to concerns related to equal opportunity and human rights, ethics, and to nursing education, research, and services.	5) address and respond to concerns related to equal opportunity and human rights and to nursing education, research, and services.	

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To amend Article VIII, Section 6b by adding a new subsection (6).

<u>Current</u>	<u>Proposed</u>	<u>Explanation</u>
No current language.	Section 6. Responsibilities b. The Congress of Nursing Practice shall-- 6) communicate to the Committee on Ethics and Human Rights any ethical concerns for study and consultation.	Establishes line of communication between the proposed Committee on Ethics and Human Rights and Congress of Nursing Practice.

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ESTABLISHMENT OF A COMMITTEE ON ETHICS
(continued)

Article VIII

To amend Article VIII, Section 6 by deleting subsection (9).

<u>Current</u>	<u>Proposed</u>	<u>Explanation</u>
Article VIII. Congresses		
Section 6. Responsibilities		
b. The Congress of Nursing Practice shall--		
9) formulate revisions of the Code for Nurses and recommend them to the ANA House of Delegates, and interpret the Code for Nurses.	Delete.	Provides consistency with proposed amendment to Article VII, Section 6d which gives this responsibility to the proposed <u>Committee on Ethics and Human Rights</u> work related to the Code for Nurses as a responsibility of Congress of Nursing Practice.

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THE NEW YORK STATE NURSES ASSOCIATION

MINORITY INITIATIVES AND THE NEW YORK STATE NURSES ASSOCIATION

The mission of the New York State Nurses Association includes a commitment to maintain the honor, character and dignity of the profession. Further, the association is committed to the promotion of the education, health and welfare of all professional nurses in New York state without consideration of race, creed, gender or sexual preference. Association publications, activities and positions are designed to reflect the diversity of its membership and to facilitate participation in the governance and activities of the association. Specifically, NYSNA is committed to the promotion of participation by minority representatives on all association structural units.

NYSNA recognizes that in contemporary society, social, ethnic, and economic factors often operate to restrict the freedom and opportunities of significant numbers of individuals. Such conditions may result in unfair or discriminatory practices. Therefore, NYSNA reaffirms its commitment to all nurses through the implementation of the following initiatives:

Legislation

- a. Support of a conditional grant/scholarship program, and loan forgiveness programs targeted to economically disadvantaged and minority students;
- b. Opposition to governmental regulatory efforts which present low-paying, technical, mobility-restricting programs as alternatives to professional nursing education;
- c. Support of legislative efforts which promote training of health care personnel, increased access to health care, and community-based health care in underserved and economically deprived areas;
- d. Continued efforts to educate minority legislative members about nursing and legislative activities supportive of nursing;
- e. Encouragement of participation of minority representatives on the Council on Legislation;
- f. Support of funding for programs to promote and strengthen the academic success of minority youth.

Education

- a. Activities to increase the recruitment and retention of students from minority and/or educationally and economically disadvantaged groups into nursing;
- b. Support and promotion of scholarship awards to minority recruits/students of nursing;
- c. Development of continuing education offerings which reflect and recognize the diversity of the profession's membership.

-2-

Nursing Practice and Services

- a. Promote workplace practices for equal opportunity provisions;
- b. Promote implementation of fair hiring practices, absent of discrimination.

NYSNA Council on Human Rights

The Council on Human Rights has identified the following goals:

- a. Continue to work on recruitment and retention of ethnically diverse individuals into the nursing profession;
- b. Promote increased awareness of optimal nursing practice environments;
- c. Continue to influence the development of content related to cultural diversity;
- d. Collaborate with other NYSNA structural units to facilitate nursing and health care for all under-served populations;
- e. Continue to collaborate and coordinate in areas of mutual interest to ethnic nursing organizations in New York state;
- f. Serve as a resource to international nurses in New York state related to problems in education and practice;
- g. Dialogue with the ANA Center for Ethics and Human Rights to ascertain their goals and interest and offer to assist or collaborate in national and international human rights concerns as appropriate.

Adopted by the Board of Directors on June 1, 1990

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COMMISSION ON HUMAN RIGHTS POSITION STATEMENT

This statement is presented to make explicit some of the issues which the Commission deems major and what it believes should be done about them. We believe it is incumbent upon the membership of the American Nurses' Association and the National League for Nursing to take the responsibility to develop meaningful and adequate programs, and work toward the achievement of human rights' goals. The ANA and NLN must be responsive to professional needs consistent with the standards of a pluralistic society.

With recent societal changes there continue to be inequities that the potential minority nurse faces. These issues related to human and civil rights for all nurses and consumers of nursing services continue to meet our focus as Americans of democratic ideals. Achieving equality of economic opportunity for all nurses remains a concern. Achieving quality nursing care for all consumers is likewise a concern.

One of the crucial issues is the narrow point through which minorities often enter nursing—the non-baccalaureate programs. A disproportionately high number of minority persons are counseled into Licensed Practical Nurse programs and Associate Degree programs. Much evidence exists to substantiate the fact that improper guidance, lack of knowledge and lack of role-models perpetuates the minority group nurse's entry into the health care delivery system at the practical nurse and other non-baccalaureate degree levels. As a consequence, the minority group nurse occupies the lower echelons of nursing. From this position, upward mobility at best is exceedingly difficult.

Members of minority groups who are elected or appointed officers and delegates of the major nursing organizations remain at the token level. The limited representation by minority nurses before legislative bodies often prevails, even when the issue addressed is about the education or delivery of health care to minority group persons. This perpetuates the exclusion of the representation of minority nurses at the decision and policy making levels.

The scientific and social contributions minority nurses have made to nursing and the welfare of the community are omitted in written histories of nursing. Research about minorities is sparse, but it continues with little minority input. The members of the Commission believe that:

- a. Adequate and equitable care to all persons is vested with the entire profession of nursing.
- b. That there is need for inclusion within all nursing education programs content which insures appropriate care of a pluralistic society.
- c. Accuracy of the literature and research produced about minority persons must be monitored.
- d. We believe that in order to become licensed for the practice of nursing, persons must demonstrate they are knowledgeable to make clinical judgment and guide the health maintenance of all persons. Nurses must, by examination, prove that they are sensitive to various cultural health beliefs and values.
- e. Research involving minorities must conform to the ethics of research regarding human subjects.
- f. We believe that racism affects the biophysio-social status of the individual.

The State Board Test Pool Examination owned by ANA should include concepts about care of minority group persons and human rights, as an integral part of the test for R.N. licensure. ANA, as the owner of the State Test Pool Examination (State Board Examination), should direct that it explicitly measure knowledge required to care for a pluralistic society. These concepts should also be included in all LPN licensure examinations, all certification examinations and NLN achievement tests. Also, such concepts must be reflected in all accreditation criteria, i.e., of curricula for all schools of nursing.

In order to move on the above, the following actions are recommended:

1. The contributions of minority nurses should be identified and made explicit as an integral part of the recorded history of nursing in America.
2. Efforts should be made to enhance the image of and public relations factors of minority group nurses.

AMERICAN NURSES' ASSOCIATION

Statement on Health Care for a Population at Risk

The American Nurses' Association Resolution on Sexual Life Style and Human Rights and the Code for Nurses speak broadly to civil rights and the rights for health care. However, at this time, there is continuing discrimination in health care experienced by members of the lesbian/gay minority population who constitute approximately 10 percent of the total population of this country. The need to address this human rights issue requires that the association respond immediately to assure the delivery of quality health care to this population. Inasmuch as there is widespread social stigmatization of lesbian and gay persons, members of this group often fail to seek health care, or when seeking care, find themselves socially vulnerable -- ostracized and punished.

While there are other health problems and concerns specific to this population which deserve attention, the most urgent at this time is Acquired Immune Deficiency Syndrome. The data indicate there is an incidence rate of Acquired Immune Deficiency Syndrome that is of epidemic proportions (4,000 reported cases as of June 1984). While AIDS affects persons with hemophilia and persons of Haitian origin, and persons who abuse intravenous drugs, over 70 percent of reported AIDS cases are either homosexual or bisexual men. In addition, the incidence rate has doubled every 6 months since the first reported case (1981) and the mortality rate is 40 percent after 1 year, 60 percent after 2 years, and over 80 percent approaching 3 years. The mortality and incidence rates of all reported AIDS cases surpasses that of Toxic Shock Syndrome and Legionnaires Disease.

Although the Department of Health and Human Services announced in June 1983 that AIDS was the "number one health priority," the federal response to this problem has been less than adequate. Funding levels for research have been inadequate with funding requests being delayed; and, appropriations vetoed by the current administration. Furthermore, much of the funding available to meet the AIDS crisis was also sought by other important disease control programs in a time of constricting federal budgets. It is significant to note that early and substantial funding was provided for prompt research and treatment of other public health emergencies such as Toxic Shock Syndrome and Legionnaires Disease.

The American Nurses' Association believes that (1) the lesbian/gay population has a right to quality health care; (2) the lesbian/gay population has the right to have equitable attention to, and funding for, research related to health problems for which it may be at risk; (3) all people who have AIDS have a right to equitable and humanistic health care. These rights include (a) quality treatment, including nursing and social support services, (b) non-discriminatory use of current isolation procedures, (c) full explanations of research procedures, treatments and risks involved, (d) informed choice of treatment/research modalities, (e) confidentiality of the medical record, and (f) respect for privacy and significant relationships.

DW:KW:njh
6/22/84

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DRAFT II

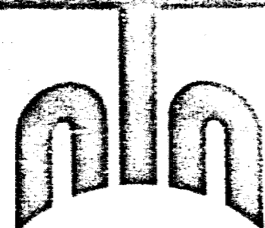
MNA Commission on Human Rights Guidelines for District Human Rights Committees

The Michigan Nurses Association's Commission on Human Rights has, as a goal, communication of objectives and activities of the Commission regarding human rights issues. One method to attain this is the development of District Human Rights Committees. The following suggestions are offered to facilitate the development of District Human Rights Committees.

1. Committee structure and functions should be congruent with MNA and District bylaws.
2. The following definition, developed by the Ohio Nurses Association, may be useful as a basis for programming. "Human rights are those inherent birthrights of an individual of social, academic, economic, ethnic-interracial, and spiritual vehicles which contribute to the quality of life, freedom of choice, and personal dignity."
3. Suggestions for programming:
 - a. The goal of the MNA Commission on Human Rights is to serve as the focal point within MNA in dealing with problems and concerns regarding human rights and to serve as a resource group in matters relating to human rights affecting nurses and health care recipients. A district program for the membership could also be developed to facilitate these goals.
 - b. District committees can develop education programs to discuss the meaning of patients' rights statements, as well as the ANA Code for Nurses. Nurses can also be encouraged to explore ways of implementing patients' rights statements and informing consumers of their rights to nursing care.
4. Suggestions for activities:
 - a. Explanation to appropriate groups of the "Guidelines for District Human Rights Committees".
 - b. Liaison committees can be established with schools of nursing to share ideas and offer assistance in incorporating human rights concerns to the curriculum. Similar joint efforts could also be undertaken within hospitals and other institutions employing or serving clients whose rights may be potentially jeopardized.

1. District committees can serve as a local resource for receiving reports of incidents of infringements on human rights within the health care system.
2. The committee could develop and recommend to community groups and health care agencies a mechanism for responding to clients who believe their rights have been violated.
- c. District committees can also survey local governmental and non-governmental agencies which are established in the community to identify these types of assistance available to nurses and consumers to correct inequalities and maintain human justice. Referrals of clients may then be made by the district to the appropriate agency(ies). District committees can identify resources that are not available and work within the community to establish them.
- d. In responding to the needs of the vulnerable populations, district committees can work at local career days, providing counseling to disadvantaged persons who are potential members of the profession.
- e. District human rights committees can survey local resources for disadvantaged students, especially financial resources. District committees can assist local nursing faculty in counseling disadvantaged and disabled students (or prospective).
- f. The district association can increase its representation and participation in community groups through active involvement in community civil rights and human rights groups. Members should seek appointment to groups.
- g. Follow through with all activities by reporting them to the MNA Commission on Human Rights to generate the formation of new ideas and resource materials and encourage sharing of these resources with other districts.

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national league for nursing position statement on nursing's responsibility to minorities and disadvantaged groups

A Statement Approved by the Board of Directors, National League for Nursing, February 1979.

The National League for Nursing believes that human rights and the dignity of people merit the removal of all legal and social barriers that deprive racial and minority groups of opportunities essential to their full participation in our society. Furthermore, we believe this can be accomplished without loss of respect for the cultural heritage of people or of tolerance for individual differences. The League is committed to equality of opportunity in education and the concept that all citizens have the right to the services of the nursing profession without regard to sex, age, religion, creed, economic status, handicap, ethnic origin, race, life-style, or occupation. NLN further believes that nursing educators and nursing service personnel should continue to focus particular attention on minorities and the disadvantaged to assure that these members of our society are not subjected to discrimination. To this end, the National League for Nursing recommends the following guidelines for implementation in both nursing education and nursing services.

I. Nursing Education

Programs in nursing education, ranging from practical nursing education to the doctoral level, should provide experience in working with clients and with colleagues in an atmosphere free of discrimination. Continuing emphasis should be placed on the recruitment of members of minorities and on the development of remedial programs, where needed, to enhance the probability of success in a nursing career. Proper education for nursing practice includes a background for understanding people of all races and from all conditions of life. To realize these ends, NLN offers the following suggestions for implementation.

A. Recruitment

1. Establish a widely based recruitment effort to ensure that the pool of applicants from which students are selected offers the broadest possible representation of our society.
2. Provide active recruitment and career-information programs where "high-risk" disadvantaged or minority students reside.

B. Admission

1. Include as many variables as possible in criteria for admission to nursing programs, such as academic ability, race, sex, motivation, work history, geographical location, and documented leadership ability.

C. Retention

1. Promote adequate financial assistance.
2. Give priority to providing scholarships and grants rather than loans.
3. Offer work-study programs to provide economic assistance and permit students to explore personal aspirations and educational goals.
4. Offer educational support services, including psychological counseling and socialization into nursing, in order to help to retain minority and disadvantaged students.

D. Curriculum

1. Design learning experiences to develop specific knowledge, concepts, understanding, and facts pertaining to cultural diversity.
2. Include curriculum components that encourage the development of insight into one's cultural values, as well as a sensitivity to values different from one's own.
3. Encourage experiences designed to inculcate nonprejudicial attitudes toward clients.
4. Develop curricula that include student experiences with culturally diverse client populations.
5. Insure that a variety of teaching methods and strategies are available to meet the individual learning needs of students.

E. Faculty

1. Appoint qualified faculty from culturally diverse populations reflecting Equal Employment Opportunity and Affirmative Action guidelines.
2. Consider for appointment qualified faculty from culturally diverse populations who reflect the racial and ethnic composition of the student body.
3. Offer continuing faculty development programs to foster a broadened understanding of the workings of a multiracial society.
4. Encourage baccalaureate graduates from minority populations to seek advanced education for teaching and other leadership roles.
5. Sponsor research activities to expand the body of knowledge concerning the selection, evaluation, and graduation of culturally diverse students.

II. Nursing Services

The National League for Nursing continues to recognize the urgency of meeting the special needs and problems of racial and ethnic minorities and the economically and socially disadvantaged. No distinction is appropriate in quality of care rendered to clients, despite age,

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handicap, race, color, national origin, economic or social position, or any other factor. Care should be planned, implemented, and evaluated with respect for the client's cultural, social, and economic background. Criteria for accreditation of health care agencies or institutions can insure access to and availability of services to all according to need, regardless of ethnicity, social or economic position, or other factors. To realize these ends, NLN offers the following suggestions for implementation.

A. Nursing Care

1. Appoint qualified nursing staff from culturally diverse populations reflecting Equal Employment Opportunity and Affirmative Action Guidelines.
2. Foster continuing staff development programs to broaden understanding of a multi-racial society.
3. Engage in research activities related to the improvement of the nursing care of a culturally diverse client population.
4. Design nursing care that is responsive to the needs of a culturally diverse client population.
5. Consider means for ascertaining client's satisfaction with the nursing care received.

B. Job Recruitment

1. Appoint qualified nursing staff at all levels and for all positions from culturally diverse populations.
2. Actively recruit and offer job opportunities to all. Post information on job opportunities where minorities and/or the disadvantaged reside.

C. Selection of Staff

1. Include as many variables as possible in criteria for selection of staff.
2. Factors such as educational background, experiential background, references, documented ability in providing care to clients, motivation, and the results of a personal interview should be considered to be as important as work patterns.

D. Retention of Staff

1. Provide supervision to assist the minority and/or disadvantaged staff member in carrying out her/his responsibilities.
2. Provide and encourage opportunities for staff development at all levels inside and outside the agency to broaden understanding of a multiracial, multicultural society of broad socioeconomic diversity.
3. Provide the opportunity for upward mobility where indicated.
4. Establish work study programs and make them accessible to all.
5. Foster acceptance of minority and/or disadvantaged staff members as peers.
5. Respect differences of cultural, social, economic, and religious backgrounds

E. Promotion of Staff

Appoint qualified staff and head nurses, supervisors, and administrators from a culturally diverse population.



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