1979

Human Rights; Series II; File 59

Juanita Hunter

Follow this and additional works at: https://digitalcommons.buffalostate.edu/jhunter-papers

Part of the Health Law and Policy Commons, History Commons, and the Nursing Commons

Recommended Citation


This Article is brought to you for free and open access by the Organizations and Individual Collections at Digital Commons at Buffalo State. It has been accepted for inclusion in Juanita Hunter, RN & NYSNA Papers [1973-1990] by an authorized administrator of Digital Commons at Buffalo State. For more information, please contact digitalcommons@buffalostate.edu.
FOR IMMEDIATE RELEASE (SEE EDITORIAL Pg.4,PHILIPPINE NEWS)
WEBSITE OF MARCH 17-23, 1979

TO WHOM IT MAY CONCERN:

IN SUPPORT OF TITLE 6 and TITLE 7 CLASS ACTION COMPLAINTS
FILED WITH THE REGIONAL OFFICE OF THE E.E.O.C., SAN FRANCISCO
AND H.E.W. ON BEHALF OF ALL FOREIGN NURSES AGAINST THE SAN
FRANCISCO AFFILIATED HOSPITALS AND THE CALIFORNIA NURSES ASSOCIATION
FOR DISCRIMINATION AND BLATANT CONTRACT VIOLATIONS, WE DO HEREBY
ACCUSE THE DEPARTMENT OF H.E.W., THE IMMIGRATION AND NATURALIZATION
SERVICE, THE DEPARTMENT OF LABOR, THE AMERICAN NURSING ASSOCIATION,
THE AMERICAN HOSPITAL ASSOCIATION, THE COMMISSION ON GRADUATES OF
FOREIGN NURSING SCHOOLS AND ALL STATE BOARDS OF NURSING, OF
CRIMINAL CONSPIRACY TO DEFRAUD, DEPRIVE AND DISENFRANCHISE ALL
FOREIGN NURSES CURRENTLY PRACTICING IN THE U.S.A. AND TO DENY
THEM FUTURE ENTRY INTO THE U.S.A.

THE COMMISSION ON GRADUATES OF FOREIGN NURSING SCHOOLS,
A NON-PROFIT CORPORATION FOUNDED AND FUNDED BY H.E.W. WITH TAX-PAYERS
MONEY, AND TURNED OVER TO THE AMERICAN NURSING ASSOCIATION WHEN
H.E.W. ATTORNEYS FELT THAT THERE MIGHT BE CONFLICT OF INTEREST AS
WELL AS LAW SUITS, SUPPORTS THE C.G.F.N.S. WITH MATCHING FUNDS
ALONG WITH THE NATIONAL LEAGUE OF NURSING, USING UNION FUNDS FOR
POLITICAL ACTIVITIES WITHOUT UNION MEMBERSHIP KNOWLEDGE, AND WHOSE
SOLE FUNCTION IS TO PROVIDE WORLD-WIDE SCREENING EXAMINATIONS FOR
FOREIGN NURSES.

TO QUOTE DOROTHY NOVELLO, Ph.D, PRESIDENT OF THE C.G.F.N.S.,
BOARD OF TRUSTEES AND DIRECTOR OF THE SCHOOL OF NURSING OF VILLA
MARIE COLLEGE, ERIE, PA., FROM AN ARTICLE PUBLISHED IN, "THE AMERICAN
NURSE", THE VOICE OF THE A.N.A. (SEE ENC.), "FOREIGN NURSES WHO PASS
THE TESTS WILL RECEIVE A C.G.F.N.S. CERTIFICATE, WHICH WILL SOON
BE A REQUIREMENT FOR NURSES SEEKING OCCUPATIONAL PREFERENCE-VISAS
FROM THE U.S. IMMIGRATION AND NATURALIZATION SERVICE AND THE
CERTIFICATES WILL ALSO BE NECESSARY IN OBTAINING LABOR CERTIFICATES
FROM THE U.S. LABOR DEPARTMENT, IN ADDITION, STATE BOARDS OF NURSING
(OVER)
ARE EXPECTED TO REQUIRE GRADUATES OF FOREIGN NURSING SCHOOLS TO HAVE C.G.F.N.S. CERTIFICATES TO BE ELIGIBLE TO TAKE STATE LICENSING EXAMINATIONS, AND THE REQUIREMENT IS ALREADY IN EFFECT IN SOME STATES.


ON BEHALF OF OVER 200,000 FOREIGN REGISTERED NURSES IN THE U.S.A., WHO WERE RECRUITED BY U.S. HOSPITALS TO WORK IN THIS COUNTRY BASED UPON THEIR SUPERIOR QUALIFICATIONS AND EDUCATION, AND WHO HAVE DEDICATED THEMSELVES TO MAKING A LIFE FOR THEMSELVES IN THIS COUNTRY AND PROVIDING THE BEST MEDICAL HEALTH CARE POSSIBLE, WE PROTEST THESE ILLEGAL ACTIVITIES AND DEMAND AN INVESTIGATION OF OUR CHARGES BY THE APPROPRIATE GOVERNMENT OFFICIALS AND ELECTED REPRESENTATIVES.


WE ALSO REQUIRE UNDER THE PROVISIONS OF SAID F.O.I. ACT, FOR THE ABOVE AGENCIES TO REVEAL THEIR TIE-IN WITH AMERICAN CORPORATIONS, SUCH AS THE KELLOGG FOUNDATION, WHO AWARDED $352,000.00 DOLLARS TO THE C.G.F.N.S.

WE DEMAND ALL OF THE ABOVE UNDER THE UMBRELLA OF PROTECTION OF U.S. LAW AND IN SUPPORT OF THE TITLE 6 AND TITLE 7 CLASS ACTION BY FOREIGN NURSES FILED WITH THE E.E.O.C. IN SAN FRANCISCO.

FOREIGN NURSES AD HOC COMMITTEE
Kellogg Foundation Awards Grant For CGFNS Screening Exams

In an attempt to secure safe patient care for the American public and to discourage the exploitation of foreign nurses in the United States, W. K. Kellogg Foundation has awarded a $352,500 grant to the Commission on Graduates of Foreign Nursing Schools (CGFNS).

The grant will be used to provide four worldwide screening examinations in 1979-80 for foreign nurses who want to practice in the United States.

Adèle Herwitz, executive director of the commission, said two provisions of the U.S. Immigration Law of 1965 have brought about significant increases in the number of nurses entering the United States seeking employment.

According to Ms. Herwitz, one provision increased quotas for all immigrants who brought about a significant rise in the number of nurses immigrating from Eastern countries. The other change allowed the granting of occupational preference visas to all professionals, including nurses.

Ms. Herwitz noted that from 1969 to 1977 more than 72,000 nurses have entered the United States looking for higher pay, education and increased job opportunities. However, 80 percent of these nurses have failed licensing examinations required for practice in this nation. Very often, difficulty with English composition is the major reason for poor performance on the exams, explained Ms. Herwitz.

"Aside from their disappointment and frustration at failing, many nurses who have not obtained licenses to practice as registered nurses have been placed in low-paying, nonprofessional positions in hospitals and other health care centers," pointed out Ms. Herwitz.

To prevent more nurses from finding themselves in similar situations, CGFNS' examinations are given in the home countries of foreign nurses, giving them an opportunity to determine whether they are likely to be able to practice in this nation before they immigrate.

Dorothy Novello, Ph.D., president of the CGFNS board of trustees, explained that nurses who pass the test will receive a CGFNS certificate which will soon be a requirement for nurses seeking occupational preference visas from the U.S. Immigration and Naturalization Service. The certificates will also be necessary in obtaining labor certificates from the U.S. Labor Department.

In addition, state boards of nursing are expected to require graduates of foreign training schools to have CGFNS certificates to be eligible to take state licensing exams. The requirement will begin in effect in some states.

The CGFNS exams themselves cover proficiency in both English composition and nursing practice. Included are the same five subjects (medical, surgical, pediatric, obstetric and psychological nursing) which nurses are taught in the United States. Both phases of the test are given in English.

The first commission screening exam was given in 23 nations last October, with the next scheduled for April 6, 1979 to be given in 30 countries.

Funded by the breakfast cereal pioneer W. K. Kellogg in 1930, the Kellogg Foundation is one of the five largest private philanthropic organizations in the United States. It supports programs in health, education and agriculture on four continents including the United States, Canada, Europe, Australia and Latin America. CGFNS is supported by matching funds from the American Nurses Association and National League for Nursing.
AIDS Has Side Effects on Hospital Staff Who Treat It

BY PAM BLACK

The outbreak of the often fatal Auto Immune Deficiency Syndrome (AIDS), has caused much anxiety, certainly among those susceptible, but no less among hospital staff, who in their attempts to help AIDS victims, are having to fight their own fear of the mysterious illness.

"Three years ago, people were interested and curious about this unusual illness," said Ellen Cohen, a resident in community medicine at St. Vincent's Hospital. "But over the past two years there's been a tremendous increase in the level of fear among house staff as more and more risk groups get involved."

These comments were made at a panel discussion held at St. Vincent's Hospital last week for nurses and health care workers from all over the city in an attempt to explore the psychosocial aspects of AIDS. Comments and questions from nurses and panelists betrayed a high level of anxiety about the communicability of disease, confusion over how to relate to its victims—many of them gay men—and a general helplessness in the face of no clear course of treatment, summed up by the plaintive statement of one attending nurse: "No matter how much I do, it doesn't seem to be enough and I'm working as hard as I can."

Very little is yet known about the syndrome which constitutes a breakdown in the body's ability to fight disease leaving its victims vulnerable to a host of infections, some of them fatal. What is known is that the disease has a high mortality rate and the number of reported cases is growing. As of November 1982, 246 of the 732 AIDS victims reported nationwide had died. Since then the number of cases reported by the Center for Disease Control in Atlanta has grown to 1300.

Fifty percent of the original number of cases were reported in New York City and 73 percent of those afflicted were gay men. Other high risk groups include Haitians, intravenous drug users and homosexuals, although a small number of reported cases don't fall into any of these risk groups.

TRANSMISSION FACTOR UNSURE

Although it is suspected that the syndrome is transmitted sexually or through the blood, neither the transmission factor nor the incubation period are known for sure. Health care workers, some of whom have drawn victims blood and perform other procedures fear exposure to the syndrome and possibly transmitting it to their own families. Some are taking extra precautions, like wearing gloves, masks and gowns around patients, thereby running the risk of alienating and isolating patients.

According to Dr. Cohen, one of the panelists at last week's discussion, not only fear but also dislike over the high mortality rate of the patients is affecting staff and their ability to deliver effective health care.

"As we say more and more people die, people start getting upset," said Dr. Cohen.

"Once it's diagnosed, at this point we have nothing concrete to offer patients. As a result there's a lot of free-floating anxiety."

Some nurses said they were uncomfortable with the fact that many patients were gay and had no contact with their own prejudices and ignorance of the gay lifestyle, which combined the patient and the staff, of including patients. "If you're not from that background," one said, "it's hard to know where the patients are coming from."

"The fear among staff gets transmitted to the patient," said panelist Peggy Maddox, infection control nurse at St. Vincent's, warning nurses to be mindful of the patients' feeling. "So far not a single health care person has contracted the disease," she said. "We want to isolate the disease, not the patient. A lot of these people are dying and they need people to be with them, talk to them and share their grief."

The health care workers seemed relieved at the opportunity to air their concerns and anger for advice from panelists. Barbara Popkin, a nurse and clinical instructor at St. Vincent's briefly described procedures developed to deal with the psychosocial aspects of the syndrome soon to appear in a nursing magazine. Panelist Roger Enlow encouraged nurses to work in teams, utilizing doctors from different specialties, volunteers and even friends or relatives who come to visit patients.

Diego Lopez advised nurses to examine their own feelings, admit to their fears and prejudices and be able to accept them. Lopez directs the volunteer crisis counseling program for AIDS victims, which formed out of the Gay Men's Health Crisis Center.

"It's really important to acknowledge the guilt of the feeling that you're glad it's not you in the bed because that's the feeling you're projecting onto the patient," he said.

Both Lopez and Roger Enlow, an immunologist and director of the city's Office of Gay and Lesbian Health Concerns, attributed some of the fear to hype by the press. "Don't believe everything you read in The New York Times," Enlow said. "Very early on this disease was labeled a plague by the media and the purpose of that language is to sell papers. Given the numbers of individuals affected, the syndrome is expanding relatively slowly."

Enlow warned nurses to be aware of the "hidden commercial and political agendas" arising out of the AIDS phenomenon like supposed cures and witch practices. Enlow cited one commercial blood bank which was attempting to cash in on the syndrome by manufacturing a new blood clotting serum for homophobes which may well have no benefit whatsoever. More importantly, he said, AIDS is a health care issue which is being used politically" by anti-gay groups like Dallas Doctors Against AIDS, formed to reinitiate sodomy laws in Texas.

Lopez said the emphasis on homosexuality and Haitians was an example of homophobia and racism.

This is not an issue of promiscuity," he said. "It's a health care issue about people who are sick and some who've died and those who care about them. The dynamics of the grieving process are the same. Loss is loss. It has nothing to do with sexuality, color or IV use."

April 21, 1983 THE VILLAGE PAGE 2
### Percent of Enrollments of Men and Minority Students
### in Baccalaureate, AD and Diploma Nursing Programs
### in New York State and United States
### 1978 and 1981*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1978 - N.Y.S.</td>
<td>4.46</td>
<td>6.44</td>
<td>5.48</td>
<td>8.41</td>
<td>14.90</td>
<td>4.50</td>
<td>2.63</td>
<td>3.40</td>
<td>0.76</td>
<td>1.77</td>
<td>1.36</td>
<td>0.93</td>
</tr>
<tr>
<td>1978 - U.S.</td>
<td>4.54</td>
<td>5.34</td>
<td>4.17</td>
<td>6.76</td>
<td>6.21</td>
<td>3.16</td>
<td>1.38</td>
<td>1.89</td>
<td>0.83</td>
<td>1.36</td>
<td>0.66</td>
<td>0.93</td>
</tr>
<tr>
<td>1981 - N.Y.S.</td>
<td>9.31</td>
<td>8.92</td>
<td>4.51</td>
<td>14.83</td>
<td>4.79</td>
<td>3.88</td>
<td>5.88</td>
<td>3.98</td>
<td>1.19</td>
<td>3.88</td>
<td>1.72</td>
<td>0.46</td>
</tr>
<tr>
<td>1981 - U.S.</td>
<td>5.49</td>
<td>6.34</td>
<td>4.49</td>
<td>7.68</td>
<td>7.81</td>
<td>4.53</td>
<td>2.32</td>
<td>2.69</td>
<td>1.29</td>
<td>2.28</td>
<td>1.76</td>
<td>0.72</td>
</tr>
</tbody>
</table>

Conference Underscores Need for Professional Networks

AMERICAN NURSES' ASSOCIATION
COUNCIL ON INTERCULTURAL NURSING

NEWSLETTER
Vol. 3, No. 1/March 1983

An essential part of the approach to providing practitioners of the future and helping all others prepare for nursing career is to greater understanding of cultural diversity. The collaborative relationship between administration, research, and educators.

We are entering into an era of education that is restructured and redeveloped in order to best prepare nurses for the needs of society. The role of education is to provide education that is relevant to the needs of patients.

An essential part of the approach to providing practitioners of the future and helping all others prepare nurses is to a greater understanding of cultural diversity. A collaborative relationship between administration, research, and educators. We are entering into an era of education that is restructured and redeveloped in order to best prepare nurses for the needs of society. The role of education is to provide education that is relevant to the needs of patients.

Cabinet, Divisions, Councils Will Sponsor Practice Conference Nov. 3-6 in Denver

The Cabinet on Nursing Practice and the divisions and councils on nursing practice will sponsor a national conference, November 3-6, 1983, in Denver, Colorado. The conference, entitled "New Knowledge for Nursing Practice," will focus on practice-based research findings and new discoveries.

The presentations will be related to the following objectives:

1. To explain recent research findings or present new knowledge for theory-based and specialty nursing practice.
2. To report national developments on classification systems for nursing diagnosis.
3. To describe the nature and scope of nursing practice using concepts found in the ANA publication Nursing's Artistic Policy Statement.

To provide a forum for nurses in which information and ideas from professional and specialty areas are exchanged.

The Council on Intercultural Nursing is sponsoring the programs "Cultural Competencies for Nurses" and "Heritage and Traditions: Ethnic Health Care Assessment" and is cosponsoring "Health Maintenance in Rural Areas: Southern Implications." For more information, call toll free 800-821-9551, Monday-Friday, 8:30 a.m.-5:30 p.m. Central Time, to write the Marketing Department, American Nurses' Association, 1200 Polk Street, Denver, Colorado 80204.
Message from the Chairperson

By Ann Cardosa, M.N., R.N.

On February 16, 1912, the American Nurses’ Association proclaimed that year to be the first Nurses Week. The purpose was to improve the public image of nurses and to create public appreciation for the work nurses do. It is not known if this was a practical decision or if the time was ripe for such an endeavor. It appears to have been a creative and successful one, as the nurses of today are far better known and recognized for their work than those of yesteryear.

The American Nurses’ Association has always been a leader in the development and advancement of the nursing profession. It has played a vital role in the education and preparation of nurses, in the promotion of standards of practice, and in the improvement of working conditions for nurses. It has been a vocal advocate for the rights and interests of nurses, and it has worked to ensure that nurses are treated with dignity and respect.

The American Nurses’ Association has always been a leader in the development and advancement of the nursing profession. It has played a vital role in the education and preparation of nurses, in the promotion of standards of practice, and in the improvement of working conditions for nurses. It has been a vocal advocate for the rights and interests of nurses, and it has worked to ensure that nurses are treated with dignity and respect.

The American Nurses’ Association has always been a leader in the development and advancement of the nursing profession. It has played a vital role in the education and preparation of nurses, in the promotion of standards of practice, and in the improvement of working conditions for nurses. It has been a vocal advocate for the rights and interests of nurses, and it has worked to ensure that nurses are treated with dignity and respect.

The American Nurses’ Association has always been a leader in the development and advancement of the nursing profession. It has played a vital role in the education and preparation of nurses, in the promotion of standards of practice, and in the improvement of working conditions for nurses. It has been a vocal advocate for the rights and interests of nurses, and it has worked to ensure that nurses are treated with dignity and respect.

The American Nurses’ Association has always been a leader in the development and advancement of the nursing profession. It has played a vital role in the education and preparation of nurses, in the promotion of standards of practice, and in the improvement of working conditions for nurses. It has been a vocal advocate for the rights and interests of nurses, and it has worked to ensure that nurses are treated with dignity and respect.

The American Nurses’ Association has always been a leader in the development and advancement of the nursing profession. It has played a vital role in the education and preparation of nurses, in the promotion of standards of practice, and in the improvement of working conditions for nurses. It has been a vocal advocate for the rights and interests of nurses, and it has worked to ensure that nurses are treated with dignity and respect.

The American Nurses’ Association has always been a leader in the development and advancement of the nursing profession. It has played a vital role in the education and preparation of nurses, in the promotion of standards of practice, and in the improvement of working conditions for nurses. It has been a vocal advocate for the rights and interests of nurses, and it has worked to ensure that nurses are treated with dignity and respect.

The American Nurses’ Association has always been a leader in the development and advancement of the nursing profession. It has played a vital role in the education and preparation of nurses, in the promotion of standards of practice, and in the improvement of working conditions for nurses. It has been a vocal advocate for the rights and interests of nurses, and it has worked to ensure that nurses are treated with dignity and respect.

The American Nurses’ Association has always been a leader in the development and advancement of the nursing profession. It has played a vital role in the education and preparation of nurses, in the promotion of standards of practice, and in the improvement of working conditions for nurses. It has been a vocal advocate for the rights and interests of nurses, and it has worked to ensure that nurses are treated with dignity and respect.
National Association of Hispanic Nurses: Historical Background

The concept of National Association of Hispanic Nurses (NAHN) is traced back to 1909, when Miss Laura Murillo-Rohde spoke at the first annual meeting of the National Association of Colored Graduate Nurses (NACGN) held in Boston, Massachusetts. Miss Murillo-Rohde, a native of Mexico, was a graduate of St. Mary’s School of Nursing in San Antonio, Texas. She had extensive experience working in hospitals in New York City, where she had worked for Dr. Mary Mahoney and was a member of the staff at St. Mary’s Hospital.

Mary Eliza Mahoney—A Legacy for Nursing

Mary Eliza Mahoney was a trailblazer in the nursing profession. Her leadership and advocacy were instrumental in advancing the rights and roles of nurses, particularly those from minority backgrounds. Mahoney was a nurse in the Union Army during the Civil War and later became a prominent figure in the Boston nursing community. She focused on improving the legal and professional status of nurses, advocating for better working conditions and salaries, and promoting the importance of education and training.

Mahoney's influence extended beyond Boston. She was a member of the American Nurses Association and worked to establish a formal nursing association in New England. Her efforts were part of a broader movement to organize nurses and create a professional body that would represent their interests.

Mary Mahoney's achievements were significant, not only in Boston but also nationally. She is remembered as a pioneer in the fight for nurses' rights, a role model for nurses who came after her, and a symbol of the progress made in the nursing profession over the years. Her legacy continues to inspire nurses around the world.
Rosalie Jackson Attends National Meetin

By Mildred L. Cox, M.P.H., R.N.

Dr. Rosalie K. Jackson, CON member from the Los Angeles area, participated in the National Meeting of the Coordinators, Consultants, and Administrators for Patient Health Education in the Veterans Administration Health Care Delivery System, held August 21-23, 1982, at the Veterans Hospital in Minneapolis.

During her visit to Minneapolis, Dr. Jackson met over dinner with members of the Inter-Sectus Intergroup of District S, Minnesota Nurses Association. Among the members present were: Harriet Turner, chairperson of the Steering Committee of the Inter-Sectus Intergroup; Andrea Chisholm, acting director of government relations; and Mildred Cox, consultant for the Inter-Sectus Intergroup.

Rosalie Jackson was one of the founders of the National Black Nurses Association. She was also CON's speaker for the program meeting at the 1982 ANA biennial convention. Her dynamic presentation, "Values and Valuing in Nursing Care," was quite provocative.

American Nurses' Association
2420 Pershing Road
Kansas City, Missouri 64108

Preparin Nurses to Answer Ethical Questions

THE FIRST NATIONAL INSTITUTE ON TEACHING NURSING ETHICS

Sponsored by the AMERICAN NURSES' ASSOCIATION COMMITTEE ON ETHICS

JUNE 19-23
ANTLER'S PLAZA
COLORADO SPRINGS, COLORADO

A program for those teaching nurses and nursing students about ethical principles and their applications in practice. Enrolled is limited.

For more information, call toll-free (800) 821-9518.

American Nurses' Association
2420 Pershing Road
Kansas City, MO 64108

American Nurses' Association
2420 Pershing Road
Kansas City, Missouri 64108

Commission on Human Rights

Chairperson: Marian Davis Whiteside, M.P.H., North Carolina
Vice chairperson: David Waldron, Pennsylvania
Secretary: Norena Sanders Faris, M.S., Florida
Judith A. Black Feather, M.S.N., Arizona
Annie J. Carter, Ed.S., Tennessee
Glenda Green-Ridley, M.S.N., District of Columbia
Sally Raynal, Ph.D., Colorado (until February 1982)
Grayce Sills, Ph.D., F.A.A.N., Ohio

American Nurses' Association/ANA Liaison Task Force, which was established as a formal mechanism to collaborate on matters related to proposed changes in educational qualifications for nurses and the effects upon minority representation in nursing. A series of meetings was held for that purpose.

The commission made efforts to collaborate with the Gay Nurses' Alliance around areas of mutual interest as a result of a 1980 resolution passed by the House of Delegates.

ISSUES

Among the professional issues that concern the commission are entry into practice, credentialing, collective bargaining, the ANA social policy statement, career mobility, the nursing shortage, and the decline in membership in the professional association.

GOALS

Goals for the 1982-1984 biennium were to be developed by the commission in early 1982.

COUNCIL ON INTERCULTURAL NURSING

Chairperson: Mildred Cox, M.P.H.

The following goals, developed by the council for the 1980-1982 biennium, were adopted by the ANA in 1982.

1. To increase council membership by personal recruitment.
2. To develop, distribute, and analyze a membership questionnaire.
3. To collaborate with ethnic nursing organizations.

Among the accomplishments of the Council on Intercultural Nursing were the recruitment of members and the development and analysis of membership questionnaires. In addition, the council planned a two-day workshop meeting that carried on recruiting education credits, and it published a quarterly newsletter. The council also served as a resource to constituent and allied health organizations for human rights concerns.

Affiliates. The Executive Committee of the council met three times during the biennium.

Issues. The issues that concern the council are the same issues as those identified by the Commission on Human Rights.

Goals. Goals for the 1982-1984 biennium were to be developed.

Commission on Human Rights

Chairperson: Marian Davis Whiteside, M.P.H., North Carolina
Vice chairperson: David Waldron, Pennsylvania
Secretary: Norena Sanders Faris, M.S., Florida
Judith A. Black Feather, M.S.N., Arizona
Annie J. Carter, Ed.S., Tennessee
Glenda Green-Ridley, M.S.N., District of Columbia
Sally Raynal, Ph.D., Colorado (until February 1982)
Grayce Sills, Ph.D., F.A.A.N., Ohio