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Juanita Hunter

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1. To advance the profession of nursing
   a. Assist the association in the implementation of the B.S.N. scholarship program
   b. Respond to discrimination cases as they relate to the freedom to practice nursing
   c. Facilitate the process for increasing the numbers of culturally and ethnically different nurses in ANA, and their representation at all levels as elected and appointed officials
   d. Continuing to support the increase in the accessibility and availability of nursing education programs which increase the numbers of doctoral prepared, culturally and ethnically different persons
   e. Provide support for strengthening existing nursing education programs which largely serve ethnic persons of color

2. Expand the sociopolitical influence of the profession at all levels which impacts upon the quality of life and health of all persons, especially special population groups
   a. Develop formal mechanisms for the interface between ANA and other nursing organizations to promote the goals of affirmative action programs
   b. Monitor the recommendations among the structural units of ANA to assure continuous attention to human rights concerns, and policy and program development
   c. Continue to monitor the level of participation of minority nurses within the association, and constituent associations
   d. Continue to recognize the structural unit and constituency within ANA which have demonstrated the greatest achievement in affirmative action programming
3. Revision and dissemination of the bibliography on health care relevant to special population groups
   a. Review the literature
   b. Monitor proceedings from ANA, the National League for Nursing, and other health-related conferences
   c. Compile the findings
   d. Disseminate to all structural units, constituent associations, and other health-related groups

CDT: sb
4/15/82
AMERICAN NURSES' ASSOCIATION
Cabinet on Human Rights
Subcommittee on Affirmative Action
November 30-December 1, 1984

Summary of Meeting

Lulu Whigham-Marable served as chairperson of the Subcommittee on Affirmative Action which met November 30-December 1, 1984. Members were Betty Mitsunaga and Ellen Murphy. Staff present were Lyndall D. Eddy (November 30) and Catherine Foster (December 1).

The committee reviewed its charge which was to:

1. Review the publication Affirmative Action Programming for the Profession
2. Consider revisions in light of the 1984 House of Delegates report on Commitment and Action on Human Rights
3. Bring back recommendations to the Cabinet on Human Rights at its January 16-18, 1985 meeting.

The committee completed its charge and prepared the attached report.

Report of Subcommittee on Affirmative Action Programming

The Cabinet on Human Rights charged the Subcommittee on Affirmative Action Programming to:

1. Review the publication Affirmative Action Programming for the Profession
2. Consider revisions in light of the 1984 House of Delegates report on Commitment and Action on Human Rights
3. Bring recommendations to the Cabinet on Human Rights at its January 16-18, 1985 meeting.

A number of documents served as the basis for the recommendations made. These are listed in Attachment A.

The committee offers the following recommendations to the Cabinet on Human Rights:

1. That the cabinet retain the publication Affirmative Action Programming for the Nursing Profession.

On reviewing the document, the subcommittee concluded that the content continues to be pertinent. The affirmative action model provides guidelines that are relevant to current and potential efforts of SNAs.

No revision is indicated. Instead, a companion document is recommended which more directly addresses implementation of programmatic activities. (See below.)

2. That the cabinet evaluate the effectiveness of ANA's Affirmative Action Programming.

Evaluation of the organization's affirmative action program activities needs to be done for purposes of policy development and future activities (immediate and long-range) of the Cabinet on Human Rights. The data bases that will need to be reviewed are:

2.1 Currently available data

2.1.1 Review the 1984 SNAA survey and previous surveys, if available for comparisons between 1976, 1980, and 1984. The survey instrument should also be reviewed to determine if other questions would be useful for the 1985 survey.
2.1.2 Review membership characteristics, total and state by states: race, race by position, race by age group, race by age group by position, race by deletion, race by deletion by position. These data should be compared, if possible, between 1976, 1980, and 1984.

2.1.3 Review the ethnic composition of the following AHA structural units: Board of Directors, Commissions/ Cabinets, Executive Committees of Councils, and Standing Committees of the Board of Directors. These data should be compared between 1976, 1980, 1984, using biennial convention reports as sources.

2.1.4 Review the number and positions of minorities employed by AHA. These data are collected and filed by the Human Resources Unit. Oversight responsibility rests with the Executive Director and the Employee Relations Committee of the Board of Directors.

2.2 A larger database will need to be acquired. Possible sources of available data should be explored. Where sources do not exist, the data will need to be generated through a proposal process seeking funding. The data needed are: recruitment, retention, and graduation of minority students (some data are available in the Nursing Data Book); recruitment and retention of minority nurse employees (American Hospital Association); minority nurses in leadership positions in health care agencies (AHA); minority nurses in faculty positions on tenure track; utilization of health services by ethnic/racial/SMS minority clients in relation to ethnicity of health care providers in agencies (literature review); and minority nurses holding office in SNAs in 1976, 1980, and 1984.

3. That the cabinet develop a policy statement on human rights, including what human rights encompasses.

This should result in a brochure on human rights.

4. That the cabinet develop a companion document to AHA Affirmative Action Programming directed to the how-to's of implementing program activities.

4.1 Review currently available data and develop any indicated policy statement.

4.2 Provide audio-visual materials as appropriate to accompany the document. In laying a society into a better world, music must accompany the words.

5. That the cabinet facilitate institution alizing curriculum content on ethnic/cultural diversity through working collaboratively with the Council on Nursing Education, the National League for Nursing, and the National Council of State Boards of Nursing.

6. That the cabinet provide consultation to SNAs.

A positive, proactive approach should be instituted in relationships with SNAs concerning affirmative action programming. Services should be offered by cabinet members, each of whom would be obligated to assist a certain set of SNAs.

7. That the cabinet provide for biennial assessment of SNA Affirmative Action Programming.

This might be accomplished by exploring the incorporation of cabinet-identified questions into the annual SNA survey to ascertain effectiveness of affirmative action programming. If this is not possible, a biennial assessment with an appropriate, revised survey format might be instituted.

8. That the cabinet assess the relationship between AHA and the National Black Nurses Association and AHA and the Federation of Filipino Nurses in the U.S.

The cabinet should assess the effects, if any, of these two organizations' membership size on the decrease in Black and Filipino nurse membership in AHA, respectively, and determine approaches to fostering collaborative relationships with same.

9. That the cabinet consider the following additional recommendations

9.1 That Contemporary Minority Leaders in Nursing may serve as a source for students as well as SNAs. Promotional efforts, however, are not indicated without clarifying the lack of systematic identification and selection of representative minority leaders.

9.2 That the cabinet retire the one-page statement on Affirmative Action printed in 1979. The statements are contained in Affirmative Action Programming. Out of context, the statements are weakened in significance.

9.3 That the cabinet should issue a call for papers on access to care for publication irrespective of the forthcoming decision on the request for a conference submitted by the Cabinet on Human Rights.
Reference Documents for the Subcommittee on Affirmative Action

Affirmative Action Programming for the Nursing Profession

Filmstrip, "Strategy for Change" - contact soon for early 84.

Contemporary Minority Leaders in Nursing: Afro-American, Hispanic, Native American Perspectives

1984 House of Delegates report on Commitment and Action on Human Rights

Resolution #4 Social Responsibility for Health Care Services to At-Risk Populations

Excerpt from 1983 SNA Survey "Exhibit 4, Affirmative Action/Human Rights"

Memo (January 13, 1983) to constituent nurses' associations and September 1983 memo regarding Affirmative Action/Unit Assessment Report with Summary of Responses

Definitions from the Civil Rights Act
The Commission on Human Rights recommends adoption of the following motion:

THAT THE AMERICAN NURSES' ASSOCIATION REAFFIRM ITS COMMITMENT TO EQUAL OPPORTUNITY AND HUMAN RIGHTS FOR THOSE PERSONS WHO ARE UNABLE TO TAKE ADVANTAGE OF EXISTING SOCIAL, CULTURAL AND ECONOMIC OPPORTUNITIES BECAUSE OF SYSTEMATIC DISCRIMINATION, EXCLUSION, AND ABRIDGEMENT OF RIGHTS ON THE BASIS OF RACE, PHYSICAL DISABILITY, CREED, COLOR, LIFESTYLE, SEX, OR AGE.

Report

Since its incorporation in 1901, the American Nurses' Association has promoted a variety of efforts to affirm its commitment to equal employment opportunity and civil rights. In 1946, the association launched a campaign to encourage all state and local associations to drop racial barriers to membership. In 1948, ANA adopted a policy that meetings be held only in integrated facilities and created a special category of direct membership in the four states practicing discrimination. In 1951, the National Association of Colored Graduate Nurses (NACGN) merged with ANA. The NACGN had been organized since 1908 to work against discrimination in the profession. The merger represented ANA's commitment to enable Negro nurse members to participate in the total program and to insure that the program would contribute to the welfare of all Negro nurses.

Before the Civil Rights Laws were enacted by Congress in 1965, ANA took efforts to implement affirmative action at the national level and in constituent associations. In 1960, ANA adopted a resolution, "Acceptance of all Professional Nurses as Members," (Attachment 1) and the 1968 House of Delegates adopted a resolution (Attachment 2) to eliminate discrimination.

In 1972, ANA adopted the Universal Declaration of Human Rights (Attachment 3) which included the equal protection of each individual's right to vote. The 1972 House of Delegates also adopted a Resolution on Affirmative Action (Attachment 4) which provided for systematic affirmative action programming by structural units at each level of the association.

A resolution supporting ratification of the Equal Rights Amendment (Attachment 5) was passed by the house in 1974. Resolutions on Sexual Lifestyle (Attachment 6) and In Support of Antidiscrimination Efforts (Attachment 7) were passed in 1978.
The Commission on Human Rights believes that ANA has a long and proud history of supporting human rights concerns. The commission senses that there is a strong move in this country to rescind and weaken much of the crucial legislation protecting an individual's personal freedoms. These are rights and privileges which women, ethnic minorities, and the culturally diverse had to fight lengthy battles to claim. These pieces of legislation which have now come under attack were enacted to redress years, and hundred of years of inequities to disenfranchised populations. These are freedoms which this association has consistently gone on record as supporting in the past. This report highlights the siege on the Voting Rights Act, the Equal Rights Amendment and Affirmative Action as examples of the thrust to deprive segments of the population those very freedoms which this country was founded upon. While the scope of this report is limited to those issues above, assaults have also been made on legislation for the handicapped, lesbian and gay rights legislation, and the amendment guaranteeing the right to abortion.

**EQUAL RIGHTS AMENDMENT**

On March 22, 1972, the 92nd Congress passed the Equal Rights Amendment, and submitted it to state legislatures for ratification. A seven-year time period was imposed on the amendment, calling for its ratification by March 22, 1979. A ratification extension was granted this amendment, extending the ratification date until June 30, 1982. As this report is acted upon by ANA delegates, the Equal Rights Amendment might have become a moot issue. In order for an amendment to become a part of the constitution, it must be ratified by 38 states, three-fourths of the union. Presently, 35 states, more than 70 percent of the United States population, have given this amendment a vote of either approval or disapproval by three more states prior to the June 30, 1982. deadline is needed to make this amendment become a reality. Unfortunately, ratification prospects do not look good. During the last year and a half, ERA efforts have been defeated in the legislatures of "key" states, Illinois, Florida, and Oklahoma. The opposition to the Equal Rights Amendment has even sought revision of the amendment in some states. When the ERA was passed by the 92nd Congress, it enjoyed true bipartisan support. Since March 1972, both parties and the presidency have supported passage of the Equal Rights Amendment; however, that support has now ceased. The Reagan administration and the present Republican leadership have become major obstacles to ratification of the amendment.

The complete text of the Equal Rights Amendment is, "Equality of rights under the law shall not be denied or abridged by the United States or any state on account of sex. The Congress shall have the power to enforce, by appropriate legislation, the provisions of this article. This amendment shall take effect two years after the date of ratification."

The Commission on Human Rights interprets this amendment to mean that women, 51 percent of the United States population, are protected by the United States Constitution and guaranteed equal pay, equal jobs, equal credit, and equal social security. The Equal Rights Amendment is needed because women historically, have not had access to equal jobs, equal pay, equal credit, and numerous other benefits that men have enjoyed in this country. More than 98 percent of the nurses in this country are women. The Commission on Human Rights believes that the future of nursing is linked to the future of women in this country.

**VOTING RIGHTS ACT**

Legislators in federal and state legislatures have begun to argue for the termination and weakening of the 1965 Voting Rights Act. These legislators argue that the Voting Rights Act has been so successful in eliminating voter disenfranchisement that it is no longer needed. Another argument is that the act singles out specific areas of the country for pre-clearance (compliance) with the act, and that this is discriminatory. The Commission on Human Rights believes that the Voting Rights Act is the single piece of federal legislation which enfranchised millions who had been excluded from the most basic process of democracy -- the right to vote. The commission cautions those who call for termination of the Voting Rights Act and reminds them that having the right to vote protected under the law since 1965 is a long overdue promise for a sixty-year-old black person in the state of Alabama.

The primary issue over extension of the Voting Rights Act is whether voting rights violations can be proved by showing discriminatory effects or whether it is necessary to go further and prove that voting officials also intended to discriminate. The House passed a bill, H.R. 3112, and a majority of the Senate sponsored a bill, S1992, that includes an "effects test," while the Reagan administration is supporting an "intents test." Senator Kennedy comments, "Citizens may show that a particular election practice resulted in voter discrimination, without the requirement of a 'smoking gun' of direct evidence of intent. Otherwise, our minority citizens will face an impossible standard of proof in all but the most flagrant cases of discrimination."

Attorney General William French suggests that the effects test "could come down to where all of society had to have an actual quota system," despite the fact that the House incorporated language stating that unlawful discrimination cannot be established merely by the fact that minorities have not been elected in proportional representation in state and local offices."

The commission believes that there is sufficient evidence today to warrant the extension of the Voting Rights Act. In the state of Alabama, a series of voter reidentification bills has been introduced in the so-called "Black Belt" counties and passed in the state legislatures. These bills require individuals in Perry, Wilcox, Sumter, and Wilson counties to reidentify in person in the "beat" in which he is registered, or at the courthouse between 9:00 a.m.-5:00 p.m. on a given day. These restrictive clauses are guises to dilute the Black vote. In another instance,
Two Black women, Julia Wilder, 69, and Maggie Bozeman, 51, were convicted by an all White jury of voting fraud and voting more than one time. Both women have been active for years in voter registration campaigns, but came to be noticed by the political establishment when they tried to use absentee ballots on behalf of the infirmed and elderly with whom they had been working. The circuit court judge ordered both women directly to prison from the courtroom despite the fact that neither had previous criminal records. The women's convictions were appealed to the Alabama Court of Appeals, which noted that the evidence was confusing, but refused to hear the case. The circuit court judge in the Wilder-Bozeman case had recently granted a suspended sentence to a White sheriff convicted of voter fraud.

These are but a few examples of infringements upon minority persons' right to the ballot. The Commission on Human Rights is in accord with those remarks made by President Johnson at the signing of the act on August 6, 1965:

This Act flows from a clear and simple wrong. Its only purpose is to right that wrong. Millions of Americans are denied the right to vote because of their color. This law will ensure them the right to vote. The wrong is one which no American in his heart can justify. The right is one which no American, true to our principles, can deny...

AFFIRMATIVE ACTION

Two pieces of federal legislation dictate affirmative action in this country. Title VII of the 1964 Civil Rights Act which prohibits public and private employers with more than 15 employees from discriminating on the basis of race, color, religion, sex, or national origin, and Executive Order 11246 which prohibits the use of federal funds by those who discriminate against women or minorities. These laws are enforced by two federal agencies, the Equal Employment Opportunity Commission, and the Office of Federal Contract Compliance Programs, EEOC and OFCCP respectively.

Historically in this country, white males have held all the positions of power. This is true in the federal government, in hospital and health care institutions, in university and educational settings, and in the corporate board rooms of this country. Statutes and court decisions bear out that corporations, educational institutions, and unions did not hire women and ethnic minorities out of a sense of fairness. This Act flows from a clear and simple wrong. Its only purpose is to right that wrong. Millions of Americans are denied the right to vote because of their color. This law will ensure them the right to vote. The wrong is one which no American in his heart can justify. The right is one which no American, true to our principles, can deny...

Implementation of affirmative action programs during the 1960s was an attempt to eliminate this favoritism afforded white males. This meant that white males were required by law to compete with women and ethnic minorities in the job market.

The results of affirmative action efforts over the past eighteen years have provided women and ethnic minorities with "some representation" in those places heretofore reserved for white males. Despite affirmative action gains, women in this country still earn considerably less ($5.59 to $1.00) than men, the unemployment rate for ethnic minorities is twice that of the national average, and the disparity between black and white family income has actually increased.

Given the paucity of gains achieved through affirmative action over the past two decades, the Reagan administration is promoting legislation which would change affirmative action laws to almost nonexistent. For example, currently companies with 50 or more employees and $50,000 in federal contracts must have written affirmative action plans. The present administration proposes reducing this requirement to 250 employees and $1 million in contracts. The Department of Justice is seeking a Supreme Court reversal of the Weber Case. The Weber Case supports voluntary affirmative action plans by private employers that implement reasonable measures, including quotas, when they are necessary to eliminate discriminatory employment patterns and practices.

Title IX, the only comprehensive federal law prohibiting sex discrimination in education, is being threatened with amendments to weaken it. This regulation was instrumental in granting women access to schools of medicine and law or college campuses.

Affirmative action over the past two decades has made a mere dent in rectifying the inequities which have existed for women and ethnic minorities over the past several hundred years. The extent to which it can make America a more democratic society has not been realized.

CONCLUSION

Issues related to human and civil rights for all nurses and consumers of nursing services, as well as the general public, continue to need our focus as Americans with democratic ideals. Achieving equality of economic opportunity and social parity for women, ethnic minorities, and the culturally diverse has always been a concern of the nursing profession. True solutions will require a degree of sophistication and awareness on the part of all citizens which goes beyond the political capabilities of this association. It appears both timely and appropriate that the largest group of health care providers in the nation provide leadership in supporting a national climate conducive to the promotion of the rights and responsibilities of all segments of society. The American Nurses' Association has always assumed this leadership role. In 1982, when so many of the basic principles this country was founded upon are under siege, it is crucial that we reaffirm our commitment to equal opportunity and human rights for all persons who are unable to take advantage of existing social, cultural and economic opportunities because of systemic discrimination, exclusion, and abridgment of rights on the basis of race, physical disability, creed, color, lifestyle, sex, or age.
ACCEPTANCE OF ALL PROFESSIONAL NURSES AS MEMBERS

RESOLVED that the state be further encouraged in its efforts to provide membership to its state nurses' associations for all qualified professional nurses so that by at least the time of the next biennium all fifty states will have accepted all professional nurses as members.

House of Delegates 1960

ADVANCEMENT OF ANA CONCERN FOR INTERGROUP RELATIONS

WHEREAS deprivation, discrimination, and racial prejudice deny equality, justice, and economic opportunity to millions of Americans; and

WHEREAS the American Nurses' Association has supported legislation and programs to promote and protect the physical, mental, and social well-being of all citizens regardless of race, creed, color, or national origin; and

WHEREAS the course of recent events makes clear the challenge to all people for self-examination and determination to abolish racial prejudice, poverty, and discrimination in our society; therefore, be it

RESOLVED that nurses increase and intensify their participation in local, state, and national action groups working to eliminate conditions of discrimination and deprivation; and be it further

RESOLVED that whenever nurses are aware of discriminatory practices, both within and outside of the health field, they have an obligation to notify the proper authority, knowing that they will be supported by the American Nurses' Association on all levels; and be it further

RESOLVED that the American Nurses' Association work at all levels to help obtain sufficient and substantial funds from national, state, and local government for all programs which help to eliminate discrimination and poverty; and be it further

RESOLVED that the American Nurses' Association make every effort to improve the educational system and the educational opportunities for all age groups without regard to race, creed, color, sex, national origin.

House of Delegates 1968
RESOLUTION ON THE UNIVERSAL DECLARATION
OF HUMAN RIGHTS
(Submitted with endorsement of the
ANA Board of Directors)

WHEREAS, The International Council of Nurses has endorsed the Universal Declaration of Human Rights and requested its member associations to take appropriate steps to support and implement the objectives as set out in the United Nations Declaration of Human Rights, and

WHEREAS, The United States actively supported and voted for approval of the Declaration of Human Rights in the General Assembly of the United Nations on December 10, 1948, and

WHEREAS, The President's Commission for Observance of Human Rights Year - 1968 measured the progress of the United States towards achievement of the standards embodied in the Declaration, and

WHEREAS, The United States has enacted many and fine laws dealing with cultural, civil, political and economic rights, and yet millions of its citizens are poor, too many are illiterate, malnourished and poorly housed, lacking health care, and minorities are still striving for basic rights and opportunities; be it therefore

RESOLVED, That the American Nurses' Association support all efforts to advance the unfinished business of achieving the common standard set forth in the U.N. Declaration of Human Rights - 1948 within the United States, including:

1. Amendment of the United States Constitution to provide that equality of rights under the law shall not be denied or abridged by the United States or by any state on account of sex.

2. Clear authority, moral support and adequate funding for agencies of government responsible for implementation of civil rights legislation so that there is equal protection of every individual's right to vote, to have food and shelter, health care, education, employment opportunities, and enjoy the benefits of public services.

3. Reform of the judicial and penal systems so that the dignity and rights of all persons are protected.


5. Legislation to provide for federal regulation of the ownership and use of lethal weapons.

6. Protection in the law of the right of all working people to organize and bargain collectively, including employees in health services, agriculture and public service.
7. A national policy and program for income maintenance with full attention to the dignity of the individual and to the integrity of the individual and the family.

8. A national health program that provides equal access to comprehensive health services of high quality with full attention to the dignity and integrity of the individual.

9. Continuing effort to improve the quality of teaching throughout the educational system, provision of equal opportunities for all pupils, abolition of racial isolation in schools and opportunities for students to interact with others of diverse racial and ethnic background.

10. Ratification by the United States Senate of the following conventions submitted by Presidents of the United States:
   - Political Rights of Women (OAS and UN)
   - Genocide (UN)
   - Freedom of Association (ILO)
   - Forced Labor (ILO)

11. Submission to the Senate and ratification of the following conventions signed by the United States:
   - Consent to Marriage, Minimum Age of Marriage and Registration of Marriages
   - Elimination of Racial Discrimination

Adopted by the 1972 ANA House of Delegates

RESOLUTION ON AFFIRMATIVE ACTION PROGRAM

(Submitted by ANA Commission on Nursing Research)

WHEREAS, in 1951 a merger of the National Association of Colored Graduate Nurses and the American Nurses' Association was effected which resulted in the dissolution of the National Association of Colored Graduate Nurses with a subsequent commitment by the American Nurses' Association that the participation of black nurses in the American Nurses' Association would receive major promotional efforts, and

WHEREAS, "It was recognized that if Negro nurses were to receive complete and adequate services within the American Nurses' Association, provision must be made by the ANA for staff and facilities which would enable Negro nurse members to participate effectively in the total program of the organization and ensure that the program would contribute to the welfare of all Negro nurses," and

WHEREAS, The Committee on Intergroup Relations, which was established as the vehicle to implement the Intergroup Relations Program, was dissolved by the ANA in 1962 before the objectives of the program were achieved, and

WHEREAS, In the 21 years since the merger of the National Association of Colored Graduate Nurses and the American Nurses' Association, black nurses have been noticeably excluded from elected office and appointed positions on committees, commissions and boards within the organization and the inclusion of black nurses on policy and decision-making bodies in nursing and related health care groups has remained limited, and

WHEREAS, Increasing numbers of black nurses are finding it necessary to organize in caucus groups and associations to meet the needs created by the failure of the American Nurses' Association to discharge its obligation; therefore be it

RESOLVED, That the American Nurses' Association honor its commitment by taking immediate steps to establish an Affirmative Action Program at the national level which will rectify this failure; and be it further

RESOLVED, That such steps shall include:

1. Appointment of a Task force composed of nurses representative of minority groups (which shall also include white nurses) to develop and implement such a program, and

2. Appointment of a black nurse to the ANA staff to work with the Task Force developing and implementing the program, and

3. ANA shall actively seek greater numbers of minority group members in elected, appointed and staff positions within ANA and urge states and districts to do likewise; and be it further

RESOLVED, That the ANA encourage and promote Affirmative Action Programs on the state and local levels; and be it further

RESOLVED, That an ombudsman be appointed to the ANA staff.


Adopted by the 1972 ANA House of Delegates
RATIFICATION OF THE EQUAL RIGHTS AMENDMENT

WHEREAS the Equal Rights Amendment provides that "equality of rights under the law shall not be denied or abridged by the United States or by any state on account of sex," and

WHEREAS the nursing profession through the American Nurses' Association was instrumental in securing federal approval of this significant social legislation, and

WHEREAS ratification of this measure is now being seriously jeopardized by resistance in many states which have not ratified the amendment and efforts to rescind the ratification in those that have; therefore, be it

RESOLVED that the American Nurses' Association reaffirm its strong support of the Equal Rights Amendment, and, be it

RESOLVED that the American Nurses' Association encourage the nursing community to take every possible measure, individually and collectively to interpret the intent of this amendment and to secure its enactment, and, be it

RESOLVED that ANA establish a special ratification of the Equal Rights Amendment Fund to be made by voluntary contributions from individual members, districts, states, and other sources compatible with ANA policies and objectives; and, be it further

RESOLVED that the fund be established until such time as 38 states have ratified the amendment and any remaining funds be used toward the implementation of the amendment.

House of Delegates 1974

SEXUAL LIFESTYLE AND HUMAN RIGHTS

WHEREAS a commitment to basic human and civil rights is a historical legacy of the American Nurses' Association; and

WHEREAS the American Nurses' Association has previously encouraged and adopted a supportive position on legislation to ensure equal and full civil rights for women and ethnic persons of color; and

WHEREAS the American Nurses' Association believes that the liberation of any person from inequities contributes to the freedom of all persons; therefore, be it

RESOLVED that the American Nurses' Association support the enactment of civil rights laws at the local, state, and federal levels that would provide the same protection to persons regardless of sexual and affectional preference as is currently guaranteed to others on the basis of sex, age, ethnicity, and color.

Adopted by the 1978 House of Delegates
WHEREAS nurses are responsible and accountable to their patients and to
the public to deliver professional lifesaving services; and
WHEREAS nurse training is increasingly complex, theoretical, technical,
and analytical; and
WHEREAS nurses exercise the same or sometimes greater responsibility and
accountability than many other health care professionals; and
WHEREAS nursing has for centuries been known as a "female" profession and
as such has been segregated and limited in its opportunities for
promotions, pay, and other terms and conditions of employment, all
of which are recognized as target areas for change under Title VII
of the Civil Rights Act of 1964; and
WHEREAS evidence presented by N.U.R.S.E. Inc., a nonprofit Denver nursing
organization, in Lemons et al v. Denver et al demonstrates that
nurses are paid less than scores of other 100 percent male professions
requiring similar or less education, supervisory responsibility, or
experience, or having the same or less job worth, and this evidence
demonstrates, further, that traditional organizational practices
used in Denver and in a multitude of other cities have the effect
of segregating nurses into pay groups with other women primarily
because they are women, rather than organizing professionals with
professionals irrespective of sex, and all of such evidence leads
to the strong conclusion that nurses in Denver and elsewhere are
the victims of sex-role stereotyping; therefore, be it
RESOLVED that the American Nurses' Association find and declare that the work
of N.U.R.S.E. Inc., in the Lemons litigation has been and will be
of benefit to all nursing and that the association support, in
whatever ways feasible, this effort to promote equitable compen-
sation for nurses without regard to sex or traditional sex stereo-
typing; and be it
RESOLVED that the American Nurses' Association support other well-reasoned
court or legislative challenges to discriminatory practices in
compensation for nursing; and be it
RESOLVED that the American Nurses' Association establish a mechanism to work
in concert with N.U.R.S.E. Inc., to --
- promote public awareness of discriminatory pay practices,
- secure financial support for legal and legislative activities
directed by the committee,
- seek legislative action to broaden the Civil Rights Act of 1964,
- disseminate information to nurses and the public concerning the
  unfairness inherent within present practices,
- support efforts toward the establishment of fairer pay practices
  for professionals of comparable education, experience, and
  responsibility.

Adopted by the 1978 House of Delegates
The Commission on Human Rights recommends that the ANA Board of Directors approve the "Affirmative Action Record Keeping Form" which it developed.

During the 1980-1982 biennium, the Commission on Human Rights took action to implement the priorities established by ANA. The goals the commission established to implement those priorities were as follows:

1. To design and implement processes that ensure that the health care needs of ethnic persons of color and the culturally different are met.
2. To monitor and respond to legislation at all levels of government that impacts on the quality of life and health care for all persons, but especially for ethnic persons of color and the culturally different.
3. To interface with the other structural units of ANA to assure continuous attention to human rights concerns in policy and program development.
4. To increase the numbers of culturally and ethnically different nurses in ANA, and to increase their representation at all levels of the association as elected and appointed officials.
5. To utilize the interface between ANA and the Nurses' Coalition for Action in Politics and other organizations to promote the goals of all affirmative action programs.
6. To increase the accessibility and availability of nursing education programs for culturally and ethnically different persons.
7. To strengthen the existing nursing education programs that largely serve ethnic persons of color.
8. To assure accountability for attention to human rights concerns from all nursing education programs.

The Commission on Human Rights continued to request that structural units and constituents engage in an affirmative action unit assessment, culminating in the commission's recognizing by award the structural unit and the constituent that make the greatest inroads in affirmative action (Attachment 1). The recipients for the 1980 recognition award were the Oregon Nurses Association and the Commission on Economic and General Welfare. The reports the commission received were so outstanding that the commission decided to give honorary recognition awards to the Florida Nurses Association, the South Carolina Nurses' Association, the Washington State Nurses Association, the Council on Continuing Education, the Division on Psychiatric and Mental Health Nursing Practice, and the Commission on Nursing Education.

The commission is pleased to announce that the structural unit and constituent which made the greatest inroads in the area of affirmative action for the 1980-1982 biennium are (to be announced at the board meeting. This information was not available in time to be included in this report.)
While the commission was pleased with the progress made by structural units regarding unit assessment, it was disturbed that so few constituents responded to this request. The commission plans to intensify its efforts during the next biennium to evoke greater participation from constituents.

The commission held a consumer hearing November 6, 1981, in Baltimore to solicit testimony from members of ethnic minority and other disadvantaged and underserved groups in the area regarding their concerns about health care problems and services. The commission hoped to learn what were the most prevalent health problems of those populations and what action could be taken to reduce the incidence of the problems. The proceedings of the hearings, including recommendations, have been written and will be forwarded to the appropriate state and local legislative and health service agencies.

The commission had a proposal for funding a baccalaureate scholarship program written. It was the result of a 1978 resolution presented to the House of Delegates for an ANA baccalaureate scholarship program. The commission was seeking funding for the program. The commission had a meeting scheduled with Dr. Clay Simpson, associate administrator, Office of Health Resources Administration, to discuss funding for this proposal, June 16, 1982. (The results of this meeting will be reported at the June 24 board meeting.)

The commission began negotiations with a consultant to write a proposal for a demonstration project. The purpose of the proposal was to identify and demonstrate human rights standards in a clinical setting. Human rights standards are those that transcend all practice areas and address the human rights concerns of all clients.

The Council on Intercultural Nursing became a reality during the 1980-1982 biennium. The purpose of the council is to provide direction in the development and implementation of policies and programs relating to human rights concerns (Attachment 2).

The commission recommended to the ANA Board of Directors a mechanism for identifying ethnic persons of color for the ANA Nominating Committee, and for ensuring that all structural units receive a pool of nominees to consider for appointment.

The commission made available to ANA structural units the names of individuals who are ethnic persons of color and notable in their area of specialization, to be considered by the respective structural units for appointments.

The Board of Directors requested at its January 1982 meeting, that the Commission on Human Rights develop a form (Attachment 3) to track affirmative action concerning structural units in the appointment and nomination process. Staff developed the attached form which was revised and accepted by the Commission on Human Rights at its April 2-4, 1982, meeting. The commission believes if this form is used by structural units it will provide the Board of Directors with valuable feedback concerning affirmative action efforts. Specifically, the commission hopes that this form will enable the board to see where more effective efforts can be concentrated by structural units.

The commission completed the first draft of a definition of "minority" (Attachment 4). The definition was amended following wide circulation and comment.

The commission made efforts to promote dialogue between representatives of ethnic and culturally different nursing organizations in areas of mutual concern.

The commission had a representative attend the Minority Doctoral Fellowship Symposium. A representative from the Commission on Human Rights and the Council on Intercultural Nursing met with the Advisory Committee of the fellowship program to share mutual concerns, and discuss the ways in which the groups can work more closely together in the future.

Belen Miller, M.S.N., a recently retired associate professor at North Carolina Central University in the Nursing Research Department, and a previous recipient of the Mary Mahoney Award, approached the Commission on Human Rights for nominal funds to complete the publication, Contemporary Minority Leaders in Nursing: Afro-American, Hispanic and Native American Perspectives. Ms. Miller in collaboration with Ernest Mason, Ph.D., from the same institution had been working on this publication and needed funding for its completion from the commission in exchange for the publication rights.

The purpose of this publication is to provide information on contemporary ethnic nurses who have made outstanding contributions to nursing, and to serve as a supplemental text for courses in nursing and studies of ethnic leadership. Currently there is a dearth of printed information on contemporary ethnic nurses. This publication will reflect the diversity of nurses who have made outstanding contributions and advanced the profession of nursing.

The commission is very excited about this publication. It believes there is a great need for this information and that it can be marketed successfully. The projected completion date at this time is August 1982.

The commission prepared a substantive report (see House of Delegates Report 81) to go to the 1982 House of Delegates to reaffirm ANA's commitment to equal opportunity and human rights.

In addition to the preceding, the commission worked on a resolution on access to care at the request of the Committee of Chairpersons; had dialogue with the ANA ombudsman; worked on its section of the membership questionnaire; nominated individuals for ANA national awards; participated in the Miller-Cameron forum; responded to ANA staff about the way in which the business of the ANA House of Delegates is conducted; sent a representative and responded to the credentialing study and revised its programmatic activities to reflect the new direction of the association as mandated by the ANA Board of Directors to promote and protect the economics and practice of nursing; and responded to the impact of the social policy statement on ethnic minorities through the Committee of Chairpersons.
Three meetings of the commission were held in 1980-1981, in addition to two executive committee meetings and the hearing referred to above. The Commission on Human Rights met in April 1982 and developed its goals (Attachment 5) for the 1982-1984 biennium.

Groups with which the Commission on Human Rights had interface were the National Black Nurses’ Association, the American Indian/Alaska Native Nurses’ Association, the National Organization for Women, and the National Coalition of Hispanic Mental Health and Human Services Organizations.

The Commission on Human Rights appointed a representative to the National Black Nurses’ Association/NNA 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, including sending a representative to their 1982 conference, around areas of mutual interest as a result of a 1980 resolution passed by the House of Delegates.

The commission has responded to numerous pieces of correspondence from nurses across the country who believe that they have been discriminated against in the job setting—in particular, male nurses who had experienced the same problems that Bachus (Bachus vs. Baptist Medical Center, Alabama) had in practicing nursing. The commission responded to these requests and forwarded them to the ANA Executive Board, even though she had no jurisdiction over these problems. The commission believed that it was important for the professional association to respond in as many ways as possible when nurses are not allowed to practice nursing.

The Commission on Human Rights thanks the ANA Board of Directors for the opportunity to report to them and seeks its support around the recommendation it is submitting.

Commission on Human Rights
Chairperson: Marian Davis Whiteside, M.P.H., North Carolina
Vice Chairperson: David Waldron, Pennsylvania
Secretary: Lorene Sanders Parris, M.S., Florida
Judith A. Black Feather, M.S.N., Arizona
Anne J. Carter, B.S., Tennessee
Gloria Green-Ridley, M.S.N., District of Columbia
Sally Raybel, Ph.D., Colorado (until February 1982)
Grayce Sills, Ph.D., FAAN, Ohio

The idea of a unit assessment was started in 1973 by the Affirmative Action Task Force, the predecessor of the Commission on Human Rights. It seemed appropriate then that some attempt at assessment of the extent to which that 1972 resolution has been implemented at all levels of the association be made. The task force collected information on human rights activities from the annual report to ANA from the state nurses’ associations. The task force also surveyed 13 ANA structural units at this time. Less than 50% of the structural units surveyed (1) identified specific ways to determine needs, concerns and problems regarding ethnic and minority nurses; (2) described any specific activities over the past year which focused on ethnic and minority nurses; (3) projected activities for the coming year which focused on the needs of ethnic and minority nurses and consumers.

In December 1976, the Commission on Human Rights requested that ANA structural units and constituencies engage in a unit assessment based on the affirmative action model developed by the Affirmative Action Task Force. The commission indicated at this time that its 1978 convention program would be developed around the results of this unit assessment, and that it would recognize by award the structural unit and constituent association which had made the most progress in affirmative action.

Assistance was offered by the commission’s staff to structural units and constituent associations. Staff met with the Council on Continuing Education, Congress for Nursing Practice, and the Commission on Nursing Education. The commission’s staff met with the staff of the Commission on Nursing Services, and the Divisions on Gerontological and Medical Surgical Nursing Practice. The commission’s staff was placed on the agenda of other structural units but unable to interface with them because of the structural units time constraints. The chairperson of the commission answered questions regarding the unit assessment, and provided further clarification at the Committee of Chairpersons’ meeting in February 1977.

Washington State Nurses Association and the Division on Psychiatric Mental Health Nursing were recognized as the constituent association and structural unit which had made the most progress in affirmative action during the 1976-1978 biennium.

Thirteen ANA structural units responded to the Commission on Human Rights’ 1978-1980 request for self-assessment data. The Commission on Economic and
Background Information
Affirmative Action Unit Assessment
Page 2

General Welfare received recognition for its achievements in its 1978-1980 affirmative action programming. There was evidence of significant efforts to collaborate with other structural units thus increasing the base for total organizational action. In 1978-1980 twenty constituent state nurses' associations responded to the Commission on Human Rights' request. This is the largest number of constituents responding since the request for affirmative action programming began in 1976 by the Commission on Human Rights. The Oregon Nurses Association received the Commission on Human Rights' 1978-1980 Recognition Award for achievement in affirmative action programming and planning. Three states received honorable mention certificates: South Carolina, Washington State, and Florida.

Council on Intercultural Nursing
Chairperson: Mildred Cox, M.P.H.

The following goals, developed by the council for the 1980-1982 biennium, coincided with the 1980-1982 ANA priorities:

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

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

Meetings
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 being developed.
DIRECTIONS FOR RECORD KEEPING FORM

GENERATION OF NAME - This section on the monitoring form is provided so the board of directors will be able to ascertain what resources structural units are using to originate name(s) for the appointment and nomination process.

Action: This section and the preceding sections are provided to track the outcome of an individual once his/her name has been generated by the structural unit.

Considered - An "X" in this box indicates that an individual's name was generated from one of the preceding sources, discussed, and considered by the structural unit; however, members of the structural unit did not choose to appoint or recommend this individual to the appropriate body. Hence, activity on this individual is closed and he/she does not proceed further.

Candidate Interviewed - An "x" in this box indicates that some kind of personal interview of the candidate took place by one or more members of the structural unit.

Internal Appointment - An "X" in this box indicates that an individual passed through the consideration stage and was appointed to a position that the structural unit has authority to make an appointment, i.e., the Commission on Nursing Research appointed a person to its commission; the Board of Directors appoints an individual to a committee or task force.

Recommended to Appropriate Body - A structural unit may not have the power to make a particular appointment but rather makes a recommendation to the Nominating Committee, Board of Directors, etc.

APPOINTMENT PROCESS AND NOMINATION PROCESS - Once an individual is recommended to the appropriate body, he/she is eligible for an appointment or to enter the nomination process.
Appointments Process - A structural unit which has appointment power can reject or appoint an individual who has been recommended. The appointee can decline or accept the appointment.

Nomination Process - When an individual is recommended by a structural unit to be considered a nominee, the Nominating Committee can reject or nominate the individual to the slate. At this point, the individual can decline or accept the nomination. If the individual accepts the nomination, the outcome column indicates the result of the election.
DEFINITION OF "MINORITY"

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.

ANA COMMISSION ON HUMAN RIGHTS
ADOPTED SEPTEMBER, 1980

AMERICAN NURSES' ASSOCIATION
Supplemental Report to the 1982 House of Delegates
Commission on Human Rights
Goals 1982-1984

1. To advance the profession of nursing
   a. Assist the association in the implementation of the B.S.N. scholarship program
   b. Respond to discrimination cases as they relate to the freedom to practice nursing
   c. Facilitate the process for increasing the numbers of culturally and ethnically different nurses in ANA, and their representation at all levels as elected and appointed officials
   d. Continuing to support the increase in the accessibility and availability of nursing education programs which increase the numbers of doctorally prepared, culturally and ethnically different persons
   e. Provide support for strengthening existing nursing education programs which largely serve ethnic persons of color

2. Expand the sociopolitical influence of the profession at all levels which impacts upon the quality of life and health of all persons, especially special population groups
   a. Develop formal mechanisms for the interface between ANA and other nursing organizations to promote the goals of affirmative action programs
   b. Monitor the recommendations among the structural units of ANA to assure continuous attention to human rights concerns, and policy and program development
   c. Continue to monitor the level of participation of minority nurses within the association and constituent associations
   d. Continue to recognize the structural unit and constituency within ANA which have demonstrated the greatest achievement in affirmative action programming
a. Develop a formal mechanism to interface with the Nurses' Coalition for Action in Politics in responding to legislation at all levels of government which impacts on ethnic persons of color and the culturally different

3. Revision and dissemination of the bibliography on health care relevant to special population groups
   a. Review the literature
   b. Monitor proceedings from ANA, the National League for Nursing, and other health-related conferences
   c. Compile the findings
   d. Disseminate to all structural units, constituent associations, and other health-related groups

CDT: sb
4/15/82
## Forward Plan

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### AMERICAN NURSES' ASSOCIATION

COMMISSION ON HUMAN RIGHTS

FORWARD PLAN

In its continuing effort to establish the scope of the ANA's responsibility for addressing and responding to the equal opportunity and human rights concerns of nurses and health care recipients, with a major focus on ethnic people of color, the Commission on Human Rights evaluates national, social, economic, scientific, and education changes to determine their implication for the health and welfare of minority groups and consumers, to develop the means by which the association can systematically focus on human rights as an integral component of comprehensive care to all consumers and in educational and employment situations for all nurses.

The commission believes that, 1) a specific body of knowledge about ethnic people of color exist; 2) increased knowledge about, and sensitivity to ethnic people of color will dramatically affect the quality of nursing care delivered and; 3) the participation of consumers must be evident in the determination of the nursing and health care needs of ethnic people of color. The commission believes that affirmative action programming is a positive, continuing effort that is directed toward achieving results and specifically designed to transcendent neutrality. Not merely non-discriminatory programming, it vigorously works to correct past inequities at all levels of an organization.

In order to facilitate its responsibilities, several kinds of programmatic activities have been developed by the commission. These activities are designed to identify the existing knowledge (data base), identify research directions for adding to that data base, assess the quality of care currently being delivered to ethnic people of color, identify the barriers which exist for ethnic people of color in obtaining safe quality care, develop human right standards and a model of care specifically related to delivering care to minority people, develop demonstration projects which adhere to the standards, and plan for the incorporation of such proven standards into all educational and practice settings through association policies, programs, and activities.

Specific programmatic activities designed to identify and increase the knowledge base include:
## Forward Plan

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<td>1. Analysis of Literature</td>
<td>Director/Commission on Nursing Research Explore possibility of above writing proposal for funding through ANA in order to hire staff for this task</td>
<td>Immediately and through 1979</td>
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<td>Review of literature Collect testimonies which address legislative issues and education programs. Share results of hearings with Urban League and other groups. Revision and dissemination of information. Future program planning with structural units and external organizations i.e. Council of Intercultural Nurses</td>
<td>Present through 1982, generate new information and disseminate Present through 1982 Ongoing</td>
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<td>2. Hearings (data base)</td>
<td>Test what exist</td>
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<td>3. Analytic Integration of Total Data Base</td>
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<td>4. Develop Human Rights Standards in Model of Care</td>
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<td>a. Review standards of ANA structural units</td>
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<td>7. Intraorganizational Linkage</td>
<td>Interface with commissions on education and research about areas of mutual concern Interface with health related organizations. (National Institute of Mental Health, COSSMO)</td>
<td>Ongoing Ongoing</td>
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<td>8. Extraorganizational Linkage</td>
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May 29, 1979
Supplemental Report to the 1982 House of Delegates
Commission on Human Rights
Goals 1982-1984

1. To advance the profession of nursing
   a. Assist the association in the implementation of the B.S.N. scholarship program
   b. Respond to discrimination cases as they relate to the freedom to practice nursing
   c. Facilitate the process for increasing the numbers of culturally and ethnically different nurses in ANA, and their representation at all levels as elected and appointed officials
   d. Continuing to support the increase in the accessibility and availability of nursing education programs which increase the numbers of doctorally prepared, culturally and ethnically different persons
   e. Provide support for strengthening existing nursing education programs which largely serve ethnic persons of color

2. Expand the sociopolitical influence of the profession at all levels which impacts upon the quality of life and health of all persons, especially special population groups
   a. Develop formal mechanisms for the interface between ANA and other nursing organizations to promote the goals of affirmative action programs
   b. Monitor the recommendations among the structural units of ANA to assure continuous attention to human rights concerns, and policy and program development
   c. Continue to monitor the level of participation of minority nurses within the association and constituent associations
   d. Continue to recognize the structural unit and constituency within ANA which have demonstrated the greatest achievement in affirmative action programming
a. Develop a formal mechanism to interface with the Nurses' Coalition for Action in Politics in responding to legislation at all levels of government which impacts on ethnic persons of color and the culturally different.

3. Revision and dissemination of the bibliography on health care relevant to special population groups
   a. Review the literature
   b. Monitor proceedings from ANA, the National League for Nursing, and other health-related conferences
   c. Compile the findings
   d. Disseminate to all structural units, constituent associations, and other health-related groups

CDT: sb
4/15/82
The Cabinet on Human Rights, formerly known as the Commission on Human Rights, was established in 1976 in direct response to a 1972 House of Delegates resolution on an affirmative action program. Affirmative action programming, as described in Affirmative Action Programming for the Nursing Profession Through the American Nurses’ Association, is a positive, continuing effort that is directed toward achieving results and is specifically designed to transcend neutrality. Not merely nondiscriminatory programming, it vigorously works to correct past inequities at all levels of the organization.

The Cabinet on Human Rights is continuing its attention to affirmative action and has identified some progress within the American Nurses’ Association over the past 10 years, including an affirmative action publication, establishment of biennial affirmative action awards for organizational units and state nurses’ associations (SNAs), and increased participation of minority nurses in SNAs and at the national level.

In order to assess more systematically the progress of affirmative action in nursing, the cabinet appointed a Subcommittee on Affirmative Action in 1984 to evaluate affirmative action efforts of the association over the last 10 years. The committee considered three major areas dealing with minorities: national data on minority representation, leadership at the national level of ANA, and minority participation in the SNAs.

In the general population of the United States, as reported in 1984, minorities represented 29.3 percent of a total population of 226,546,000. The committee compared this to the percentage of minorities found in the nursing profession in this country and to the percentage of minorities found in the American Nurses’ Association. Minorities in the nursing profession, as reported in 1984, represented 7.2 percent of a total of 1,662,400 nurses. Minority nurses who pay dues to the professional association constituted 6.3 percent of the total association membership of 184,800.
In studying participation of minorities in leadership positions at the national level of ANA, the committee examined data related to the nomination, election, and appointment of officials at the national level of the association. Attached to this paper are two figures presenting these data. No reliable information exists about numbers of minority nurses in official positions at ANA prior to 1983.

In 1984, there were 232 individuals suggested for nomination to the Board of Directors, cabinets, and Nominating Committee. Of that number, 17.2 percent (40) were minority nurses. Sixty-nine of the 232 individuals were placed on the slate; of that number 17.3 percent (12) were minorities.

Twenty-seven of the 69 individuals on the slate were subsequently elected; 18.5 percent (5) were minorities. In 1984, 184 individuals were nominated for appointment by the Board of Directors to cabinets and committees. Of that number, 14.0 percent (26) were minority nurses; of the 13 appointed, 31.0 percent (4) were minorities.

In 1985, 265 individuals were suggested for nomination to the Board of Directors, cabinets, and Nominating Committee. Of that number, 18.9 percent (50) were minority nurses. Seventy-three individuals were placed on the slate; of that number, 20.5 percent (15) were minorities. Thirty-three of those placed on the slate were subsequently elected; 21.0 percent (7) were minorities. In 1985, 175 individuals were suggested for appointment by the Board of Directors to cabinets and committees. Of the group, 20.2 percent (2) were minorities; of the 22 appointed, 9.0 percent (2) were minorities.

From the available data the committee concluded that minorities are underrepresented in the profession and in the nurses' association. A particular concern is that the number of black nurses in younger age groups seems to be decreasing. The committee also found that minority representation in leadership positions at the national level of the association has been positively influenced by the appointment authority of the Board of Directors.

The third type of data examined by the committee concerned the number of minority nurses who hold state nurses' association office relative to the number of minority nurses in the state, and the proportion they comprise of the total state membership. The offices included in this review were president, vice president, board members, treasurer, secretary, members of groups analogous to cabinets, council members or groups analogous to councils, task force members, and others. The committee noted that 46 SNAs reported at least one minority nurse in leadership positions.

In 1975 it was reported that 38 SNAs had minorities participating in the work of the SNA. The committee reviewed the number of minority nurses in leadership positions compared with the number of minority nurses in the states and in the SNAs. The committee observed, based on an incomplete data base, that there appears to be great variation among SNAs in the participation of minorities in leadership positions. Minority representation within some SNAs does not seem to reflect the ratio of minorities to the general populations in the respective states. Also, in comparing SNAs with affirmative action programs with data on minority representation in SNAs, it does not appear that some affirmative action programs are having much impact. On the other hand, at least one SNA known to have a very active affirmative action program has much more minority participation than states with similar minority ratios. Based on data available to the committee, the members observed that the publication of Affirmative Action Programming for the Nursing Profession Through the American Nurses' Association and related affirmative action activities probably had no discernible impact on SNAs' minority participation but may have contributed to increased minority participation at the national level of the association. (The Bibliography includes documents related to minority representation in nursing.) It should also be noted that the foregoing observations were drawn from an incomplete data base reflecting bits of data from 1980 to the mid-1980s.

Although the charge to the committee was to review progress on affirmative action since 1976, the committee found that lack of data required a shift from a retrospective review to establishment of baseline status of present minority representation and consideration for systematic data collection in the future.

Recommendations:

1. That ANA, through collaboration of the Cabinet on Human Rights and the Cabinet on Nursing Education, develop a plan to encourage recruitment and retention of minority students in nursing.
2. That ANA encourage SNAs to recruit minority nurses into the association membership.
3. That ANA encourage SNAs to identify minority nurses with leadership potential and provide the opportunity for development of this skill.
4. That ANA encourage SNAs to suggest names of minority nurses for nomination to SNA and national-level positions.
5. That ANA identify minority nurses with leadership potential and provide the opportunity for development of this skill.
6. That ANA and the SNAs evaluate processes through which data are systematically collected on characteristics of SNA members in order to make information on affirmative action available.
Past House Action:
1. 1970 Resolution on Nursing Education
2. 1972 Resolution on Affirmative Action Program
3. 1980 Resolution on Minority Representation in Nursing Education
4. 1984 Commitment and Action on Human Rights

Bibliography
PERCENTAGE OF MINORITY IN THE ELECTORAL PROCESS FOR ANA BOARD OF DIRECTORS, CABINETS, AND NOMINATING COMMITTEE

**1984**
- *Total Number*: 232
- *Suggested for Nomination*: 200
  - *Total Number*: 40
  - *Number Minority*: 17.2
  - *Percent Minority*: 40
- *Slate*: 12
  - *Number Minority*: 17.3
  - *Percent Minority*: 17
- *Elected*: 27
  - *Number Minority*: 5
  - *Percent Minority*: 18.5

**1985**
- *Total Number*: 265
- *Suggested for Nomination*: 200
  - *Total Number*: 50
  - *Number Minority*: 16.9
  - *Percent Minority*: 50
- *Slate*: 15
  - *Number Minority*: 20.5
  - *Percent Minority*: 20
- *Elected*: 33
  - *Number Minority*: 7
  - *Percent Minority*: 21

SUGGESTED FOR NOMINATION
SUGGESTED FOR NOMINATION

PERCENTAGE OF MINORITY IN THE APPOINTMENT PROCESS FOR CABINETS AND COMMITTEES

**1984**
- *Total Number*: 184
- *Suggested for Appointment*: 100
  - *Total Number*: 26
  - *Number Minority*: 14
  - *Percent Minority*: 54
- *Appointed*: 13
  - *Number Minority*: 4
  - *Percent Minority*: 31

**1985**
- *Total Number*: 115
- *Suggested for Appointment*: 100
  - *Total Number*: 22
  - *Number Minority*: 2
  - *Percent Minority*: 9
- *Appointed*: 2
  - *Number Minority*: 2
  - *Percent Minority*: 9

TOTAL NUMBER | NUMBER MINORITY | PERCENT MINORITY
Title of Proposal: Affirmative Action in the Nursing Profession

Submitting SNA or ANA Organizational Unit: Cabinet on Human Rights

A. Is the proposal a new policy or position for the House of Delegates to consider, or is it a proposed amendment or reaffirmation of an existing policy or position of the association?

Reaffirmation of an existing policy.

B. If the proposal seeks to amend or reaffirm ANA policy, please cite the existing position of the association, including the year of its adoption by the association. Provide rationale for seeking changes in existing ANA policy.

This proposal seeks to reaffirm a resolution adopted by the 1972 ANA House of Delegates on an Affirmative Action Program. The association’s position is to encourage and promote Affirmative Action Programs on the national, state and local levels; and to actively seek greater numbers of minority group members in elected, appointed and staff positions within ANA and urge states and districts to do likewise.

C. Please explain the national significance of the proposal and its anticipated consequences for the association, the profession, and the public.

The significance of this proposal is to attract greater numbers of minority group nurses in elected, appointed and staff positions within ANA and the SNAs. The anticipated consequence is an increase in the number of minority nurses in the profession who will mainly work with at-risk populations. The public would benefit by the increased access and quality of health care to this group.
To: Margretta M. Styles  
President

From: Betty Mitsunaga, Ph.D., R.N., F.A.A.N.  
Chairperson  
Cabinet on Human Rights

Date: March 12, 1987

Re: Status of the Cabinet on Human Rights

On behalf of the Cabinet on Human Rights, I wish to thank you for speaking to the cabinet via conference call during its March 5-6, 1987 meeting. The cabinet appreciated sharing matters of mutual concern with you.

As you directed, following is an outline of the cabinet’s concerns which were discussed during the conference call:

1. Our first major concern is the current position of the Cabinet on Human Rights within the structure and functions of the organization as we perceive it. We have acquired the impression that the cabinet is considered superfluous, that we have come full circle historically. Without detailing it for you, it seems that we have regressed in terms of our status back to the starting point.

2. This then leads to the second point, the question of the organization’s commitment and sincerity with respect to minorities, both client populations and nurses.

3. The indicators that cause these concerns are several.

   a. One concern is our schedule of meetings. Not only were we held to one meeting last year, but we are funded for only one two-day meeting this year. This precludes any ability on our part to meet our goals much less goals that were laid out for us by the House of Delegates. Further, we were informed that originally we were scheduled for no meetings. We would like some discussion on how that happened.

   b. Another indicator is the lack of a coordinator for the cabinet. This has placed an enormous burden on Dr. Trowell-Harris, our senior staff specialist, as well as a burden on us in addition to all the constraints of a two-day meeting.

   c. A third indicator is the perceived lack of sensitivity to cultural diversity as evidenced by the limited support given the Council on Cultural Diversity.

4. We have some concerns about the long-range goals and the process employed for their development. We had limited opportunity to provide input. Given that, we are now asked to change our agenda mid-stream and are experiencing some difficulties in terms of fit. We also perceive most of the goals to be self-serving as opposed to serving client populations. In addition, without funding for planning meetings, program implementation
and follow-up, we wonder how we are expected to fulfill our assigned responsibilities.

5. Another concern is how we are to meet our commitments in relation to the House of Delegates. One example is the Subcommittee for Coordinating Acquired Immune Deficiency Syndrome (AIDS) Activities. AIDS is a public health priority internationally and nursing should be taking leadership on the issue. The house was specific about what the subcommittee should do, yet, we have had no budget and staff support to address the charge given us. Have some other groups within ANA been funded to do so? And who will assume accountability to the house?

Another problem identified was one of communication. If the task force is to assist in setting goals, the chair of the Cabinet on Human Rights and the task force need to be kept informed as to what all organizational units are doing and saying so we may be united in our response to questions regarding ANA’s response.

6. Lastly, though not exhaustively, we and the Cabinet on Nursing Education are concerned about the recruitment and retention of minority students. Given the rapid growth of the minority population and the underrepresentation of minorities in nursing, the need to recruit and retain more minority students in nursing is a serious one. We believe we should be working with the Cabinet on Nursing Education on this issue, but again, without funding, we can do little. However, we have ideas. We are making a request to the Board for funds to do a mailing to nursing schools. The request will probably require additional clarification or explanation, but we are told the cabinet chairperson is not funded to make an appearance before the board.

To sum up, we consider ourselves to be a responsible group but we are unable to assume our responsibilities for lack of budget and staff support.
Section IV, question 8, page 3, omit the question stem. Revise the heading to read: Human Rights Issues Including Affirmative Action.

A. As financing for health decreases, many populations are at risk and suffer due to the lack of access to care. 

Has your SNA developed/supported/proposed programs dealing with access to care for populations at risk?

Yes
No  
If yes, describe program or programs.

B. Does your SNA promote the institutionalization of intercultural concepts into schools of nursing curriculums?

Yes
No  
If yes, how.

C. Does your SNA promote the implementation of intercultural concepts in nursing practice?

Yes
No  
If yes, how.

D. What steps has your SNA taken to address problems of the homeless? Please specify.

E. Has your SNA addressed issues of malnutrition and hunger?

Yes
No  
If yes, how.

F. Does your SNA promote the admission and retention of minority nurses in educational programs?

If yes, through what means?
If no, why not?

G. How many nurses did your SNA recommend for elected or appointed positions for 1986?

How many minority nurses did your SNA recommend for elected or appointed positions in 1986?

H. Does your SNA seek out minority nurses to serve on health care or health related committees, councils, boards, etc. within the local, state, and national community?

Yes
No  

How many minorities were appointed to such committees, councils, boards, etc. in 1985?

I. In the SNA's bylaws
   - How many elected positions are identified?
   - How many appointed positions are identified?

J. As of November 1985
   - How many minorities hold SNA elected positions?
   - How many minorities hold SNA appointed positions?
   - How many men hold SNA elected positions?
   - How many men hold SNA appointed positions?

K. Please check any office, committee, commission, council, membership, etc. held by minority nurses.
   - Immediate past president
   - President
   - President-elect
   - Vice president
   - Treasurer
   - Secretary
   - District or regional president
   - Division chairperson
   - Council chair
   - Committee or commission chair
   - Task force/ad hoc committee chair
   - Committee/commission member
   - Other, please specify
   - Any board member not listed in the above group.

L. Does your SNA have a human rights/affirmative action committee?
   Yes
   No

Section VII SNA Priorities, page 4, item 11 - Add "Human Rights Including Affirmative Action" and "Support of Increased Minority Enrollment in B.S.N. Programs."

Section VIII, page 6, item 13, add "Access to Care for Populations at Risk," and "Human Rights and Affirmative Action."

33. 1984 SNA Survey - Omit
34. Include this question on the 1985 survey.
The Cabinet on Human Rights is currently in the process of revising its affirmative action unit assessment tool that assesses nurses' concerns; nurses' concerns about clients; and societal needs in relation to human rights concerns. For this reason, the tool and instructions which are customarily circulated for the biennial affirmative action unit assessment will not be forthcoming at this time. The cabinet believes that a new, simpler tool will facilitate your affirmative action progress.

In an effort to keep appraised of your affirmative action efforts during this interim period, the Cabinet on Human Rights would like to receive a response to the following:

1. What body and/or structural arrangement has your constituent association identified to address human rights concerns?

2. Provide a list of the purpose and goals identified by the above group.

3. Provide a summary of human rights activities which have already been implemented, and attach any support materials.

4. State your plans for activities which have already been identified for 1983.

Please respond to Cheryl Thompson, Staff Specialist, at ANA Headquarters no later than May 1, 1983. Your assistance in providing this data to the cabinet is greatly appreciated.

TO: Presidents
Executive Directors
Constituent Nurses' Associations

FROM: Juanita K. Hunter, M.S.N.
Chairperson
Cabinet on Human Rights

DATE: January 13, 1983
Summary

On March 8, 1984, the Cabinet on Human Rights and the Committee on Ethics met to discuss roles and responsibilities.

Topics of mutual interest were accountability and responsibility. The Cabinet on Human Rights is accountable to the Board of Directors and reports to the House of Delegates. Cabinet responsibilities include evaluating trends and issues in the area of human rights and establishing a plan of operation for such responsibilities as developing standards, recommending policies and providing for dissemination of information.

The Committee on Ethics is accountable to the House of Delegates and reports to the Board of Directors. Committee on Ethics responsibilities are:

1. Formulating revisions of the Code for Nurses and recommending them to the House of Delegates
2. Providing for dissemination of the Code for Nurses and promoting application of the code
3. Interpreting the Code for Nurses.

The Committee on Ethics chairperson discussed the cabinet's role in helping implement number 1 and number 11 of the code. The Code for Nurses is patient/client oriented. It does not specifically address the human rights of nurses as a group.

March 8, 1984

KRM/ac:09
03/29/84
04/05/84
06/04/84
09/11/84
TO: Cabinet on Human Rights
FROM: Irene Trowell-Harris, Ed.D., R.N. 
Senior Staff Specialist, Social and Economic Affairs 
Policy Development and Strategic Planning
DATE: January 6, 1986
RE: SNA Affirmative Action Award

The Board of Directors Committee on Unit Assessment/Affirmative Action has accepted the responsibility for administering the SNA Affirmative Action Award. The Cabinet on Human Rights has been asked to help develop criteria for this award.

Attached is a list of criteria used in 1984, when the award was last made. Please review and return to me with your comments no later than January 17. I will review your suggestions with the committee prior to mailing the call for nominations on January 24.

IT-H:PB:kc
Enclosure

Criteria for Selection of Affirmative Action Winner

The Board of Directors Committee on Unit Assessment/Affirmative Action awards, each biennium, the constituent state nurses' association demonstrating the following criteria for Human Rights Affirmative Action programming policy:

1. Affirmative action policy which directs and emphasizes a continuing need for multicultural awareness, and equal treatment of ethnic minorities both consumer and provider of health care.

2. Affirmative action policy which has the potential for ultimately improving the quality of care provided to ethnic minorities.

3. Affirmative action programming which provides equal opportunity and equal access to career and educational opportunities to ethnic minorities.

 encouage and support
 enhance

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American Nurses' Association, Inc.
2420 Pershing Road, Kansas City, Missouri 64108
(816) 474-9720
Eunice R. Cole, R.N.
President
Judith A. Ryan, Ph.D., R.N.
Executive Director

January 7, 1986

Marian Davis Whiteside, M.P.H., R.N.
1415 Lord Foxley Drive
Greensboro, NC 27405

Dear Ms. Davis:

The ANA Cabinet on Human Rights and Board of Directors Committee on Unit Assessment/Affirmative Action are working together to develop criteria for the SMA Affirmative Action Award. Dr. Juanita Hunter, chairperson of the Cabinet on Human Rights, has suggested that you are a valuable source of historical information concerning this award.

The board committee agreed at its December 1985 meeting to administer this honorary award. In order to present the award at the convention in June, the call for nominations must go out to SNAs in January. We are, therefore, somewhat pressed for time, but would appreciate any comments or assistance you are able to offer the cabinet and board committee as we develop the criteria for this award.

I have attached a copy of the criteria used in 1984, when the award was last made. Thank you for any help you can offer.

Very truly yours,

Irene Trowell-Harris, Ed.D., R.N.
Senior Staff Specialist, Social & Economic Affairs
Policy Development and Strategic Planning

IT-HPC:ks
Enclosure

cc: Juanita K. Hunter
Annie Carter
Pat Bast

American Nurses' Association, Inc.
2420 Pershing Road, Kansas City, Missouri 64108
(816) 474-9720
Eunice R. Cole, R.N.
President
Judith A. Ryan, Ph.D., R.N.
Executive Director

TO: Juanita K. Hunter, Ed.D., R.N.
Chairperson
Cabinet on Human Rights

DATE: January 3, 1986

RE: Action of the ANA Board of Directors, December 1985

On behalf of the ANA Board of Directors, I want to thank you for your report to the board on the activities of the Cabinet on Human Rights.

The board approved the cabinet's recommendation that the responsibility of administering the biennial SNA affirmative action award be assigned to the Board Committee on Unit Assessment/Affirmative Action. The committee will then make its recommendation to the Committee on Honorary Awards (as is procedure for all awards committees) for a recommendation to the Board of Directors. The board appreciates the offer of assistance from a member of the cabinet in development of criteria for evaluating the SNAs' activities/programs for the presentation of the award.

The Board of Directors recognizes that nursing and ethical issues surrounding AIDS need to be dealt with and communicated as the nursing profession has a tremendous impact on the care of AIDS patients. The board is encouraging state nurses' associations to work with state officials in seeking nursing representation on state AIDS task forces. In order to provide for a consultant(s) to work with organizational units and staff to coordinate ANA program activities related to AIDS, $3,000 was approved in the 1986 budget.

In related action of concern to the cabinet, the board directed that a statement be included in the call for nominations for ANA elections and appointments which emphasizes the special need for increased involvement of minority nurses at the national level of the association. The Employee Relations Committee will continue to monitor and advocate minority representation among ANA staff.

The board looks forward to future reports of the cabinet and wishes you all a bright and promising new year.

ERC:KS:km
cc: Lyndall D. Eddy, M.P.A., R.N., director, Policy Development and Strategic Planning
Irene Trowell-Harris, Ed.D., R.N., senior staff specialist, Social & Economic Affairs
Pat Bast, coordinator, Governance Support Services

bom6106
American Nurses' Association, Inc.  
2420 Pershing Road, Kansas City, Missouri 64108  
(816) 474-6720  
Eunice R. Cole, R.N.  
President  
Judith A. Ryan, Ph.D., R.N.  
Executive Director  

TO:  Ellen Manchester, R.N.  
Chairperson  
Cabinet on Economic and General Welfare  
FROM:  Juanita K. Hunter, Ed.D., R.N.  
Chairperson  
Cabinet on Human Rights  
DATE:  November 9, 1984  
RE:  Effects of Financial Cutbacks on the Employment Status of Historically Underrepresented Nurses  

At its October meeting, the Cabinet on Human Rights reviewed and then discussed the report adopted by the 1984 House of Delegates, "Report on Access and Recognition for Services of Nurses," and questioned what effect, if any, financial cutbacks may be having on the employment of historically underrepresented nurses.  

In the past, underrepresented nurses have been among the first to be affected by layoffs and reduced work schedules. The Cabinet is seeking information that might substantiate concerns of individuals that this is happening at this time. Does the Cabinet on Economic and General Welfare have any data that would support or dispute these concerns?  

The Cabinet on Human Rights appreciates your attention to this query, and looks forward to your response.

JRH: KST: mwcc  
cc: Lyndall Eddy  
Barbara A. Caspers  
Karen S. Tucker  
Karen R. Wilson  

American Nurses' Association, Inc.  
2420 Pershing Road, Kansas City, Missouri 64108  
(816) 474-6720  
Eunice R. Cole, R.N.  
President  
Judith A. Ryan, Ph.D., R.N.  
Executive Director  

TO:  M. Elaine Wittmann, Ed.D., R.N.  
Chairperson  
Committee on Bylaws  
FROM:  Juanita K. Hunter, Ed.D., R.N.  
Chairperson  
Cabinet on Human Rights  
DATE:  November 9, 1984  
RE:  Proposals for Amendments to ANA Bylaws  

At its October 1-2, 1984 meeting, the Cabinet on Human Rights met with Linda Shinn, director, Division of Constituent Affairs, and was advised of the Committee on Bylaws' intent to propose an amendment to Article II, Section 3, that additional language be added to provide for human rights and affirmative action programs. Ms. Shinn asked for comments from the cabinet on this proposal. The cabinet is supportive of this proposal and passed the following motion:

That the Cabinet on Human Rights recommend that the Committee on Bylaws consider submitting a proposal to the 1985 House of Delegates, that in Article IV, section 3a, an additional statement be added to read, "B. provide for human rights and affirmative action program."

As the cabinet was reviewing the ANA Bylaws, as amended by the 1984 House of Delegates, several members were confused about Article IV, Section 10, and had questions as to whether or not this section pertains to officers, members of the Board of Directors, and ANA cabinets. As a result of this discussion, the following motion was passed:

That the Cabinet on Human Rights recommend that the Committee on Bylaws review the following proposal for submission to the 1985 House of Delegates: that the title of Article IV, Section 10, be changed to read, "Nominations and Elections for Officers, Board of Directors, and Cabinets," to clarify the purpose of this section.

If you have any questions about either of these proposals, please let me know. Thank you for your consideration of these requests.

JRH: KST: mwcc  
cc: Lyndall Eddy, M.P.A., R.N.
TO: Jean Steel, M.S., R.N., C.
Chairperson
Cabinet on Nursing Practice

FROM: Juanita Hunter, Ed.D., R.N.
Chairperson
Cabinet on Human Rights

DATE: October 18, 1984

RE: Proposed Guidelines for Interorganizational Relationships

The Cabinet on Human Rights was pleased to have the opportunity to review and comment on the Proposed Guidelines for Interorganizational Relationships at its October, 1984 meeting.

Members of the cabinet were impressed with the work of the Cabinet on Nursing Practice on helping the association establish guidelines for establishing and maintaining relationships with other organizations. Cabinet members did note that the category of Level One may be too restrictive if representation is limited to a seat on the governing body of another organization. We suggest that you consider amending the language to read "within the structure of that organization" to provide more flexibility for relationships with those organizations where it might be inappropriate for ANA to be represented on the governing body.

In reviewing the category Level Two, cabinet members discussed ANA’s history of providing testimony on issues of common concern with other organizations and suggested that this provision be added to Level Two.

On behalf of the Cabinet on Human Rights, I commend the efforts of the Cabinet on Nursing Practice to help clarify an area of concern that has been difficult for organizational units to confront. Again, the cabinet appreciates the opportunity to comment on this document and is willing to offer additional assistance, if necessary.

JH:KT:dh

To: Kathleen Montgomery, B.S.N., R.N.
Chairperson
Committee on Committees

From: Juanita Hunter, Ed.D., R.N.
Chairperson
Cabinet on Human Rights

Date: October 19, 1984

Re: Nominations Process for Appointed Officials

At its October 1-2, 1984 meeting, the Cabinet on Human Rights discussed the need for a different process for making nominations to the Board of Directors for appointment of cabinet members and Committees of the House of Delegates prior to the elections.

In 1984, organizational units were asked to submit names to the board for appointed positions before the elected composition of the designated organizational units had been determined and announced. The cabinet found it most difficult to make nominations that would assist the board in making appointments that would provide for adequate geographical and ethnic minority representation and representation from the desired areas of expertise.

Therefore, the following motion was made and passed by the cabinet:

That the cabinet request that the Committee on Committees look at the procedure used for making recommendations to the Board of Directors for appointments prior to the announcement of election results.

The cabinet is concerned from a human rights perspective that proper representation on all cabinets must be assured, and the procedure used in 1984 did not allow for that assurance.

Thank you for your consideration of this suggestion.

JH:KT:dh

Cc: Lyndall D. Eddy, M.P.A., R.N.
Robert Piemonte, Ed.D., R.N.
Karen Keithley
Karen Tucker

ANA — An Equal Opportunity Employer
TO:  Bertha M. Gipp, B.S.N., R.N.
     Tessie Wilkerson, M.S.N., R.N.
     Lula Whigham-Marable, M.A., R.N., C.S., C.N.A.A.

FROM:  Irene Trowell-Harris, Ed.D., R.N.
     Social and Economic Affairs

DATE:  April 3, 1986

RE:  Background information on the definition of minority and human rights

Enclosed is the background information to be utilized by the work group to develop a policy statement on human rights and define the term "minority". This action is to implement the Subcommittee on Affirmative Action's recommendation that the Cabinet on Human Rights develop a policy statement on human rights, including what human encompasses. The plan is to submit this information to the Board of Directors in 1987.

IT-H:PB:dp
Enclosures
cc: Pat Bast

4.2 Professional Policies

4.2.1 Definition of the Term "Minority"

The definition of "minority" has been attempted by the Association, either directly or indirectly, a number of times in recent years. Forces encouraging such attempts have included: 1) the need to collect data on association membership, 2) the need to track effects of affirmative action efforts, 3) the need to raise awareness of the majority about human rights and affirmative action as they pertain to minorities both within and outside the association, and 4) the needs of individuals who consider themselves to be members of an unrecognized minority.

"Indirect" definitions were published in 1975 (Affirmative Action Programming for the Nursing Profession):

Affirmative action for non-discrimination is the elimination of discrimination on the grounds of race, color, or national origin against persons who are actual or potential recipients of the service of or who are actual or potential participants in a given organization or institution.

Affirmative action for equal employment opportunity is the elimination of discrimination against minorities and others previously treated unfairly by the employment policies and practices of a given organization or institution.

More directly, in 1980, the Commission on Human Rights defined minority as "those persons who are unable to take advantage of existing social, cultural, and economic opportunities because of systematic discrimination, exclusion, and abridgment of rights whether covert or overt on the basis of race, creed, color, sex, lifestyle, physical disability or age.

The Commission on Human Rights report to the 1982 House of Delegates spoke to equal opportunity and human rights for those persons who are unable to take advantage of existing social, cultural, and economic opportunities because of systematic discrimination, exclusion, and abridgment of rights on the basis of race, physical disability, creed, color, lifestyle, sex or age.

continued...
In the analysis of Nursing: A Social Policy Statement completed by the cabinet on September 1983 the cabinet spoke to "minorities," i.e., poor, rural, elderly, etc., and elsewhere referenced "populations other than middle-class America...the elderly, handicapped, the poor, high-risk populations, medically indigent, unemployed, and women and children."

Also on September 14, 1983, the cabinet's Committee to Revise Affirmative Action Policies agreed that "redefining minority is counterproductive at this time. This is because there are multiple minorities; the term is overused; it reinforces differences among human beings in a negative fashion; it implies that the onus is on the recipient of society's injustices rather than the impact of these injustices on those individuals; the traditional definition of minority carries a less than equal connotation; it has been a word used to refer to people of color, universally, while the reality is that these groups comprise 80 per cent of the world population."

This report was accepted by the cabinet in the September 15-16, 1983 meeting of the cabinet.

The Board of Directors Committee on Committees, at its December 1983 meeting, raised a question about identification of religion as a minority.

In April 1984, staff responded to an inquiry about the absence of reference to religion in minority definition and both officials and staff have had subsequent verbal and written communications on this matter.

Does the cabinet wish to review its various approaches to defining minority in view of either the a) 1984 Report on Commitment and Action on Human Rights or; b) inquiries related to religion as a minority category?

Subject: Review of Status of Appointments

The committee reviewed the status of appointments of board members made by the ANA Board of Directors since the 1982 Convention.

Subject: Review of Geographical Distribution of Elected and Appointed Officials

The committee reviewed the geographical distribution of elected and appointed officials, noting those constituents that are under-represented.

Subject: Review of Minority Members Among Elected and Appointed Officials

The committee reviewed the report of minority members among elected and appointed officials.

Staff was directed to verify the action of the Board of Directors and Cabinet on Human Rights on the suggestion to add "religion" as a minority identification.
TO: Elaine E. Beletz, Ed.D., R.N., F.A.A.N.
Member
ANA Board of Directors
FROM: Karen R. Wilson
Coordinator
Governance Support Services
DATE: April 19, 1984
RE: Request for Information on Definition of Minority

Kaye Sullivan asked me to respond to your request for information on the Cabinet on Human Rights' consideration of including "religion" as a minority identification.

Enclosed is a copy of a September 14, 1983 meeting summary of the Cabinet on Human Rights Committee to Revise Affirmative Action Policies. This committee considered the board's request and recommended that "minority" not be redefined at this time. The Cabinet on Human Rights accepted the report of the committee at their September 15-16, 1983 meeting, and did not take any other action on this issue.

Also enclosed is the summary of the December Committee on Committees meeting where it was reported that the Cabinet on Human Rights did not take any action on this request.

If you have any questions regarding this matter, please contact Kaye Sullivan or myself.

KRW:mvc

cc: Juanita Hunter, Ed.D., R.N.
Kaye Sullivan

Enclosures

bcc: Eunice Cole
Lyn Eddy
AMERICAN NURSES' ASSOCIATION

Cabinet on Human Rights' Committee to Revise Affirmative Action Policies
September 14, 1983

Summary of Meeting

The Committee on Human Rights' Committee to Revise Affirmative Action Policies met in Kansas City September 14, 1983. Present were Juanita K. Hunter, Ed.D., R.N., chairperson; Marian Davis Whiteside, M.P.H., R.N., vice-chairperson; and David Waldron, R.N., secretary. Staff was Lyndall D. Eddy, M.P.A., R.N.

The committee considered a variety of elements that provided the context for their discussion on human rights and affirmative action policies. These included the following:

1. The United Nation's Universal Declaration of Human Rights
2. History of the dissolution of the National Association of Colored Graduate Nurses and ANA's commitment to absorb its functions
3. An audio tape on human rights produced by the Stanley Foundation
4. Varied conceptions of common terms, e.g., minority, affirmative action
5. The need to focus on conditions responsible for inequities and injustices rather than on minority groups
6. The fact that minority groups constitute an 80% "patchwork" majority
7. ANA Bylaws, Pennsylvania Nurses' Association Bylaws, "State of the Art" association activities, and the lack of implementation and enforcement mechanisms

As a part of the cabinet's continuing reassessment of human rights and affirmative action the committee recognized the need for revision of multiple frames of reference into a global goal-directed statement on human rights which can be supported by the association's membership.

Out of this recognition emerged the agreement by the committee that redefining minority is counter productive at this time. This is because there are multiple minorities; the term is over used; it reinforces differences among human beings in a negative fashion; it implies that the onus is on the recipient of society's injustices rather than on the impact of these injustices on these individuals; the traditional definition of minority carries a less than equal connotation; it has been a word used to refer to people of color, universally, while the reality is that these groups comprise 80 per cent of the world population.

The global statement should address the following:

A. History and need
B. Responsibility/accountability for categories of human rights
   1) political/civil
   2) social/cultural/economic
   3) group (environment, etc.)
C. Standards for human rights and treatment, internal and external to ANA
D. Accessibility
E. Equity
F. Appropriateness
G. Distribution of resources

Benefits to be derived from such a statement include clarity of focus on human rights goals, a universal or base line from which to work, increased potential for coordination of efforts, and increased chances for goal achievement.

In regard to its task to revise the affirmative action tool, the committee agreed to recommend to the cabinet that consideration of revision of the unit assessment tool be deferred and that the four questions submitted to state nurses associations (see Dr. Hunter's memo January 13, 1983) continue to be used pending development of a global statement on human rights and related strategic plans.

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Subject and Discussion

**Subject: Task Force to Revise Affirmative Action Policies**

The cabinet received the report of its Committee to Revise Affirmative Action Policies of September 14, 1983, and discussed at length the elements that should be included in a statement on human rights that can be supported by the association.

The cabinet accepted the report of the Committee to Revise Affirmative Action Policies with the recommendation that a global, goal-directed statement on human rights be developed for presentation to the 1984 ANA House of Delegates.

The cabinet approved the committee's recommendation that consideration of revision of the unit assessment tool be deferred and that the four questions submitted to state nurses' associations by memorandum January 13, 1983, from Juanita Hunter continue to be used pending development of a global statement on human rights and related strategic plans.

Discussion of development of a national human rights award was deferred until the next meeting of the cabinet.

The cabinet discussed its continued role in the development of the Unit Assessment/Affirmative Action Award. Given its policy-making responsibilities, the cabinet questioned that this activity might now be more appropriately carried out by the Council on Intercultural Nursing.

The cabinet discussed the possibility of establishing a national award recognizing the contributions of groups or individuals toward promoting and protecting human rights.

The cabinet discussed the cabinet's current role in assessing the Unit Assessment/Affirmative Action Award. Given its policy-making responsibilities, the cabinet questioned that this activity might now be more appropriately carried out by the Council on Intercultural Nursing.

The cabinet directed that a letter of inquiry be sent to the Council on Intercultural Nursing to explore the council's interest in assuming responsibility for assessing the Unit Assessment/Affirmative Action Award.

**Subject: Liaison Activities**

The cabinet received reports of liaison activities in which cabinet members participated on behalf of the association, including the 5th Annual Gay/Lesbian Health Conference (David Waldren) and the Martin Luther King, Jr. March (Gloria Green Ridley).

The cabinet approved the following recommendation:

That the Cabinet on Human Rights send a letter to the ANA Board of Directors expressing disappointment that ANA was not a more visible presence at the Martin Luther...
### AMERICAN NURSES' ASSOCIATION

**Proposed Amendments to the ANA Bylaws 1986**

**Article I**

To amend Article I, Section 2b, by inserting the word "religion."

<table>
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<tr>
<th>Current</th>
<th>Proposed Change</th>
<th>Rationale</th>
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<tr>
<td>Article I. Name, Purposes, and Functions</td>
<td>b. These purposes shall be unrestricted by consideration of nationality, race, creed, lifestyle, color, sex, or age.</td>
<td>Implements mandate of 1985 ANA House of Delegates directing the ANA Committee on Bylaws to prepare an amendment for the 1986 House of Delegates to include the word &quot;religion&quot; in the non-discriminatory clauses of the ANA Bylaws.</td>
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<td></td>
<td>b. These purposes shall be unrestricted by consideration of nationality, race, color, creed, religion, lifestyle, sex, or age.</td>
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**Article II**

To amend Article II, Section 2e by inserting the word "religion."

<table>
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<tr>
<th>Article II. Membership</th>
<th>Section 2. Qualification</th>
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<td>e. maintains a membership that meets the qualifications in these bylaws, unrestricted by consideration of nationality, race, creed, lifestyle, color, sex, or age.</td>
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### Note

The need to provide equality of opportunity for all members, regardless of race, color, creed, religion, gender, or sexual orientation, and to ensure that the ANA Bylaws are consistent with the ANA's commitment to providing a professional organization that is inclusive and welcoming to all its members, is clearly stated in the Rationale. The proposed amendments to Article I and Article II are consistent with the ANA's commitment to providing a professional organization that is inclusive and welcoming to all its members, and are supported by the Board of Directors. The amendments will be submitted to the ANA membership for approval in accordance with the ANA's Bylaws. The amendments will take effect upon approval by the membership. The Board of Directors looks forward to the continued growth and success of the ANA as it works to provide a professional organization that is inclusive and welcoming to all its members.
American Nurses' Association, Inc.
Internal Correspondence

2 October

To: Lyn

From: Cynthia L. Cieneke, M.S.N., R.N.
Director, Office of Legislative Affairs
Division of House, Board, and Cabinet Affairs

Donna Richardson phoned back - she has checked with Assistant General Council - Office of Civil Rights - Office of Civil Rights currently does not have a standard definition of minority - has not been able to develop one because of controversy around issue - (sound familiar . . . . . . .)

The Small Business Administration has classified Hasidic Jews (the most conservative) as a minority for the purposes of small business administration matters.

Sorry - most we can document is that the federal government is having many of the same difficulties we are . . . . . .

Review of Tasks

1. Review and Revision of the Word Minority and Other Key Terms

At the December 4-5, 1982 meeting, the executive committee agreed that key terms needed to be defined and incorporated into a glossary. Sources were identified which might be of assistance to this task (see Review of Materials). The Board of Directors at its May 1983 meeting agreed to request that the Cabinet on Human Rights consider including "religion" in the definition of minority. See attached memo dated June 21, 1983.

2. Revision of Unit Assessment Tools

Minutes of the December 4-5, 1982 meeting of the Executive Committee of the Cabinet on Human Rights reflected the committee's review and discussion around the 1980-82 unit assessment reports and revision of the tool. That portion of the minutes is attached here.

For your information, the Board of Directors' Affirmative Action Committee has reviewed the Affirmative Action Record Keeping Form and its relation to the nominating, electing, and appointing processes. That committee anticipates incorporating the tool or a similar tool into the nominations manual.

3. Honorary Awards Nominations

It was agreed that this committee would offer nominations for honorary awards on behalf of the Cabinet on Human Rights. Grayce Still requested that the following suggestions be presented for your consideration:

Honorary Recognition - Barbara Nichols
Pearl McVee - Gloria Smith
Mary Mahoney - Lauranne Simms

[Signatures]
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.

June 18, 1984

Juanita K. Hunter, EdD, RN, Chairperson
Cabinet on Human Rights
American Nurses Association
2420 Pershing Road
Kansas City, Missouri 64108

Dear Dr. Hunter:


The Commission strongly supports the need for revision of the statement on human rights in the summary which reads: "As part of the Cabinet's continuing reassessment of human rights and affirmative action the committee recognized the need for revision of multiple frames of reference into a global goal-directed statement on human rights which can be supported by the association's membership."

We urge that the revision explicitly include religion, race and gender.

The Commission also questioned discussion point #6 - The fact that minority groups constitute an 80% "patchwork" majority. One would question the ability of minorities to coalesce into a "patchwork" majority, given the present social constraints which are in force today.

Thank you for your attention to this matter.

Sincerely yours,

Mary Pat Ryan, PhD, RN
Chairperson
INA Commission on Human Rights and Ethics

cc: Elaine E. Beletz, EdD, RN, FAAN

20 North Wacker Drive • Chicago, Illinois 60606 • (312) 236-9708
Springfield Office: 810 Myers Building • Springfield, Illinois 62701 • (217) 523-0783
This shift in emphasis from autonomy to need as the basis of certain moral rights requires some reformulation of traditional arguments. First, need is an elastic term, varying greatly with different persons and situations. Needs may be capricious, transient, trivial, and highly idiosyncratic. It seems clear that a need as such does not generate the right to its satisfaction. Also, needs are often satisfied by material goods and services, which may be plentiful, adequate, scarce, or nonexistent. It seems peculiar to claim a right to the plentiful or to the nonexistent, while claims on the adequate or scarce seem inevitably to collapse into arguments over priorities of need. In addition, the aggregate of personal needs may require satisfaction that would be socially inefficient or even damaging. Finally, material goods and services are produced by persons who themselves make claims to their own products and their allocation. Great complexity is introduced into the theory of rights by these features of human need.

Human rights

Arguments in favor of natural rights center on the notion of autonomy. Those in favor of human rights add the notion of need, with the complexity noted above. Is it possible, despite this complexity, to formulate arguments that make the affirmation of economic and social rights reasonable and morally compelling?

There are several prerequisites to any reformulation of traditional arguments in support of natural rights. These approaches would be instrumental in the development of new rights. An introduction to the history of rights, in which theory anticipated practice, current social and economic practices are generally supported by some speculative justification. Various institutions have been established that realize, at least partially, social and political rights. One may ask, in some nations these are more fully acknowledged than the traditional civil and political rights.

These approaches have several consequences for the notion of rights. Social and economic rights are much less closely attached to the individual than civil and political ones. They are more susceptible of balancing and rationing in their realization. They engender obligations, not in all others, as do the civil and political rights, but only in those responsible for production and allocation of goods and services. They can be realized by global implementation. Thus, a legal right such as due process implements a social claim that is owed to every individual, as such, in every formal and public consideration of his or her case. This right is not to be balanced or rationed or gradually implemented but is an absolute, full, and immediate moral recognition of one's autonomy as a person. On the other hand, the right to education is conditioned by the potentialities of individuals, by availability of teachers and materials, by cultural differences, and by other social needs.

It might be said, then, that rights known as social and economic rights are claims, made by persons or on behalf of persons, that social institutions be so arranged that material goods and services can be obtained with reasonable effort, without detriment to dignity and self-respect and in such a way as to promote individual freedom and social cooperation. The correlative obligation is incumbent upon those who command the skills for producing these goods and services and, more important, on those who hold responsibility for the policymaking and administration of social institutions. Social and economic rights must be understood as implications of the right to be free, recognized as an autonomous person — mediately because as necessary to show, in certain empirical circumstances, how the particular rights, such as higher education, do relate to personal autonomy, more remote because, unlike civil and political rights, they may not be left unrealized for reasons of their fundamentally social and economic systems.

Each of these approaches is conceptually and practically problematic. Unlike the first four phases of the history of rights, in which theory anticipated practice, current social and economic practices are generally supported by some speculative justification.
A natural need for some good as such is always in support of a claim to that good. A person in need is always in a position to make a claim, even when there is no one in the corresponding position to do anything about it. Such claims, based on need alone, are the "permanent possibilities of rights," the natural need from which rights grew. When needless worries work them as if already actual rights, they are easily forgiven, for this is but a powerful way of expressing the conviction that "ought to be recognized by the state here and as potential rights and consequently as determinants of present aspirations and guides to present policies" (Feinberg, 1976, p. 235).

Whether social and economic rights can be called "human" rights or only moral rights, whether they be called "possibilities of rights" or conditional rights, their proclamation does manifest heightened sensitivity to the moral problem of being human and living humanly in the contemporary world.

Right to health

John Locke, in some passages, added to "life, liberty, and property" two other rights: "integrity of body" and "freedom from bodily pain." He was maintaining, of course, only that all persons should be made secure against assaults that could damage their health or destroy their lives (Locke).

However, as industrialization and urbanization made social living more complex, threats to health other than physical assault were posed by human agency, although often unknowingly. Pollution, crowding, increased mobility, and working conditions constituted health dangers. Johann Peter Frank wrote his Complete System of Medical Policy (1779–1827), in which comprehensive measures for public health were detailed. Governments everywhere instituted programs of water control and sanitation, immunization and quarantine, food and drug inspection, and industrial safety regulations, as it became clear (or was suspected) that conditions in these areas threatened health and that single individuals as such could not protect themselves against them. Such measures, with the addition of fertility control, remain the most important recognition of a right to health in its most basic sense: a recognition of the autonomy of persons within a community of persons (Symposium on Human Rights). In England, Sir Edwin Chadwick (1800–1890) stimulated major reforms in sanitation, housing, and labor conditions. In the United States a federal quarantine law was enacted in 1798 after several epidemics of yellow fever. Congressman Lyman noted in passage with the remark that "the right to the preservation of health is inalienable" (Chapman and Tal- madge). The United States soon afterward established the Marine Hospital Service to care for sick sailors. Through the nineteenth century private and public efforts were made to improve social conditions that affected health (Rosen).

The "right to health," then, belongs to the natural moral rights as an implication of the right to preservation of life. It consists of measures taken by authorities to protect a populace from recognized dangers to health that cannot be warded off by individual effort. The affirmation of a right in this sense does not detract from the importance, sometimes termed a moral duty, of the individual's care for his own health, when it can be effected by personal behavior. Neither does a right to health in this sense prove that an individual has a right to medical care, if medical care is taken to mean diagnosis and treatment by scientific means, of the illness of an individual.

Right to medical care

In the tradition of Western medicine, medical care has been provided to individuals either on the basis of a contract between physician and patient, or as a matter of religious charity, or occasionally as a public welfare benefit. Recently medical care for personal illness and disability has been asserted to be the subject of a right. This implies that neither the monetary considerations of a contract, nor charitable benevolence, nor the stigma of poverty is the moral basis for medical care. The right to medical care affirms that no person should lack medical care because of inability to pay for it. It implies that there should not be two systems of care, differing in quality and quantity, for those who can pay and those who cannot. Further, no person should lack care because the social, cultural, and geographical organization of medical care makes it difficult to gain access to providers.

In the late nineteenth century nations began to recognize these problems. Beginning in 1882 Germany, under Chancellor Bismarck, enacted broad programs of sickness, accident, and old-age insurance. Certain nations, such as the Soviet Union and the People's Republic of China, have dramatically rearranged the structure of medical care to overcome these obstacles. Other nations, such as Great Britain and Sweden, have modified this structure in a variety of ways. The United
January 17, 1985

Ms. Cole:

Earlier this year, the Secretary of the Department of Health and Human Services (DHHS) established a Task Force to examine disparities between the health status of minority and non-minority Americans. The goal of the Task Force is to develop recommendations for ways the Department might direct efforts to seek your assistance in reaching this important goal.

The Task Force is composed of the leadership of all health and social service components within the Department and is currently assessing its own programs and resources related to the disparities pinpointed in Health, United States, 1983. A copy of the Executive Summary to this document is enclosed for your convenience.

In reviewing the questions presented, any reports, monographs, or other documents you may want to share can be reached on 301-496-6177. Dr. Katrina Johnson, Study Director for the Task Force to examine disparities between the health status of minority and non-minority Americans?

1. From the perspective of your organization, and the people you represent, what are the three most critical health disparities between non-minority and minority Americans?

2. For the disparities identified above, what appear to be the most significant factors contributing to each disparity you have identified? (You may wish to consider physiological, cultural, or other contributors.)

3. What are the three most critical health disparities of minority Americans? Are the three most critical health disparities of minority Americans?

4. If you choose to share your response, any reports, monographs, or other documents you may want to share can be reached on 301-496-6177.

Sincerely,

Thomas E. Malone, Ph.D.
Chairman

Enclosures
Minority Representation in Nursing Education
(Sponsored by Commission on Nursing Education)

WHEREAS, there continues to be minimal representation of minority groups in nursing and nursing education, particularly at the baccalaureate and higher degree level,

WHEREAS, this minimal representation reflects the need for increased efforts focused on recruitment, retention and graduation of minority persons at the baccalaureate and higher degree level, and

WHEREAS, proposed changes in educational requirements for nurses may have significant impact upon minority representation in nursing especially at the baccalaureate and higher degree level; therefore be it

RESOLVED, that the American Nurses’ Association and its constituents give major consideration to the effects that the proposed changes in educational requirements for nurses may have on minority representation in nursing,

RESOLVED, that the American Nurses’ Association establish liaison relationships with various groups representing minority nurses in order to facilitate collaboration regarding the educational needs of minorities,

RESOLVED, that the American Nurses’ Association and its constituents sustain their active role in the reaffirmation of their commitment to increase the numbers of blacks and minorities in the nursing profession by introducing new legislation and vigorously supporting legislation which will increase recruitment, retention and graduation of minority persons in baccalaureate and higher degree programs in nursing,

RESOLVED, that the American Nurses’ Association establish liaison relationships with various educational groups to facilitate the dissemination of information and provide support for recruitment of minority persons into baccalaureate programs in nursing,

RESOLVED, that the American Nurses’ Association support continued funding from multiple sources to assure institutionalization of programs in nursing education which are designed to increase minority representation in nursing and exert its political power toward securing financial support for black and minority institutions, and further be it

RESOLVED, that the American Nurses’ Association support the development of mechanisms for financial assistance for minority students in basic and graduate nursing education programs.

Adopted as Amended by the 1980 House of Delegates