is not a cause, it’s an emergency

ROCK STAR BONO, FRIST AND VUSN BAND TOGETHER TO FIGHT HIV/AIDS
Recently in the Vanderbilt Nurse, I talked about some creative ideas that have been generated by cooperation between VUSN & VUMC patient care services to address the growing nursing shortage crisis. I am now pleased to report that Fisk University faculty have voted in favor of a collaboration with the School of Nursing so that Fisk students can take part in our “Bridge” (BSN equivalent) semester and receive a BSN from Fisk. We have consulted widely with accreditation bodies, including the Tennessee State Board of Nursing, and have been encouraged to pursue this option. If this works, it would be a national model for addressing the nursing shortage as a collaboration between schools of nursing in academic health centers and liberal arts colleges.

The opportunity for health science centers’ schools of nursing to reach out to liberal arts colleges with the goal of recruiting students who have previously attended liberal arts colleges is a new one. As many of you know, the School has also been involved in the creation of the International Nursing Coalition for Mass Casualty Education. You may access the website at www.mc.vanderbilt.edu/nursing/coalitions/INC. MCE/index.html.

The U.S. Department of Health & Human Services Office of Public Health Preparedness introduced the Coalition to a collaborative opportunity with the National Health Preparedness Consortium (NHPC) based at Louisiana State University. The purpose of NHPC is to assemble a health care preparedness coalition that would include veterinary professionals. In September, the Consortium introduced the Coalition to a collaboration with the National Health Preparedness Coalition for Mass Casualty Preparedness. We are taking the responsibility for Emergency Preparedness. We intend to make this a very intensive, interdisciplinary role in educating a variety of health professionals about mass casualty interventions and weapons of mass destruction. The opportunity for health science centers’ schools of nursing to address the nursing shortage. I am now pleased to report that Fisk University faculty have voted in favor of a collaboration with the School of Nursing so that Fisk students can take part in our “Bridge” (BSN equivalent) semester and receive a BSN from Fisk. We have consulted widely with accreditation bodies, including the Tennessee State Board of Nursing, and have been encouraged to pursue this option. If this works, it would be a national model for addressing the nursing shortage as a collaboration between schools of nursing in academic health centers and liberal arts colleges.

The opportunity for health science centers’ schools of nursing to reach out to liberal arts colleges with the goal of recruiting students who have previously attended liberal arts colleges is a new one. As many of you know, the School has also been involved in the creation of the International Nursing Coalition for Mass Casualty Education. You may access the website at www.mc.vanderbilt.edu/nursing/coalitions/INC. MCE/index.html.

The U.S. Department of Health & Human Services Office of Public Health Preparedness introduced the Coalition to a collaborative opportunity with the National Health Preparedness Consortium (NHPC) based at Louisiana State University. The purpose of NHPC is to assemble a health care preparedness coalition that would include veterinary professionals. In September, the Consortium introduced the Coalition to a collaboration with the National Health Preparedness Coalition for Mass Casualty Preparedness. We are taking the responsibility for Emergency Preparedness. We intend to make this a very intensive, interdisciplinary role in educating a variety of health professionals about mass casualty interventions and weapons of mass destruction. The opportunity for health science centers’ schools of nursing to address the nursing shortage. I am now pleased to report that Fisk University faculty have voted in favor of a collaboration with the School of Nursing so that Fisk students can take part in our “Bridge” (BSN equivalent) semester and receive a BSN from Fisk. We have consulted widely with accreditation bodies, including the Tennessee State Board of Nursing, and have been encouraged to pursue this option. If this works, it would be a national model for addressing the nursing shortage as a collaboration between schools of nursing in academic health centers and liberal arts colleges.

The opportunity for health science centers’ schools of nursing to reach out to liberal arts colleges with the goal of recruiting students who have previously attended liberal arts colleges is a new one. As many of you know, the School has also been involved in the creation of the International Nursing Coalition for Mass Casualty Education. You may access the website at www.mc.vanderbilt.edu/nursing/coalitions/INC. MCE/index.html.

The U.S. Department of Health & Human Services Office of Public Health Preparedness introduced the Coalition to a collaborative opportunity with the National Health Preparedness Consortium (NHPC) based at Louisiana State University. The purpose of NHPC is to assemble a health care preparedness coalition that would include veterinary professionals. In September, the Consortium introduced the Coalition to a collaboration with the National Health Preparedness Coalition for Mass Casualty Preparedness. We are taking the responsibility for Emergency Preparedness. We intend to make this a very intensive, interdisciplinary role in educating a variety of health professionals about mass casualty interventions and weapons of mass destruction. The opportunity for health science centers’ schools of nursing to address the nursing shortage. I am now pleased to report that Fisk University faculty have voted in favor of a collaboration with the School of Nursing so that Fisk students can take part in our “Bridge” (BSN equivalent) semester and receive a BSN from Fisk. We have consulted widely with accreditation bodies, including the Tennessee State Board of Nursing, and have been encouraged to pursue this option. If this works, it would be a national model for addressing the nursing shortage as a collaboration between schools of nursing in academic health centers and liberal arts colleges.

The opportunity for health science centers’ schools of nursing to reach out to liberal arts colleges with the goal of recruiting students who have previously attended liberal arts colleges is a new one. As many of you know, the School has also been involved in the creation of the International Nursing Coalition for Mass Casualty Education. You may access the website at www.mc.vanderbilt.edu/nursing/coalitions/INC. MCE/index.html.

The U.S. Department of Health & Human Services Office of Public Health Preparedness introduced the Coalition to a collaborative opportunity with the National Health Preparedness Consortium (NHPC) based at Louisiana State University. The purpose of NHPC is to assemble a health care preparedness coalition that would include veterinary professionals. In September, the Consortium introduced the Coalition to a collaboration with the National Health Preparedness Coalition for Mass Casualty Preparedness. We are taking the responsibility for Emergency Preparedness. We intend to make this a very intensive, interdisciplinary role in educating a variety of health professionals about mass casualty interventions and weapons of mass destruction. The opportunity for health science centers’ schools of nursing to address the nursing shortage. I am now pleased to report that Fisk University faculty have voted in favor of a collaboration with the School of Nursing so that Fisk students can take part in our “Bridge” (BSN equivalent) semester and receive a BSN from Fisk. We have consulted widely with accreditation bodies, including the Tennessee State Board of Nursing, and have been encouraged to pursue this option. If this works, it would be a national model for addressing the nursing shortage as a collaboration between schools of nursing in academic health centers and liberal arts colleges.

The opportunity for health science centers’ schools of nursing to reach out to liberal arts colleges with the goal of recruiting students who have previously attended liberal arts colleges is a new one. As many of you know, the School has also been involved in the creation of the International Nursing Coalition for Mass Casualty Education. You may access the website at www.mc.vanderbilt.edu/nursing/coalitions/INC. MCE/index.html.

The U.S. Department of Health & Human Services Office of Public Health Preparedness introduced the Coalition to a collaborative opportunity with the National Health Preparedness Consortium (NHPC) based at Louisiana State University. The purpose of NHPC is to assemble a health care preparedness coalition that would include veterinary professionals. In September, the Consortium introduced the Coalition to a collaboration with the National Health Preparedness Coalition for Mass Casualty Preparedness. We are taking the responsibility for Emergency Preparedness. We intend to make this a very intensive, interdisciplinary role in educating a variety of health professionals about mass casualty interventions and weapons of mass destruction. The opportunity for health science centers’ schools of nursing to address the nursing shortage. I am now pleased to report that Fisk University faculty have voted in favor of a collaboration with the School of Nursing so that Fisk students can take part in our “Bridge” (BSN equivalent) semester and receive a BSN from Fisk. We have consulted widely with accreditation bodies, including the Tennessee State Board of Nursing, and have been encouraged to pursue this option. If this works, it would be a national model for addressing the nursing shortage as a collaboration between schools of nursing in academic health centers and liberal arts colleges.

The opportunity for health science centers’ schools of nursing to reach out to liberal arts colleges with the goal of recruiting students who have previously attended liberal arts colleges is a new one. As many of you know, the School has also been involved in the creation of the International Nursing Coalition for Mass Casualty Education. You may access the website at www.mc.vanderbilt.edu/nursing/coalitions/INC. MCE/index.html.

The U.S. Department of Health & Human Services Office of Public Health Preparedness introduced the Coalition to a collaborative opportunity with the National Health Preparedness Consortium (NHPC) based at Louisiana State University. The purpose of NHPC is to assemble a health care preparedness coalition that would include veterinary professionals. In September, the Consortium introduced the Coalition to a collaboration with the National Health Preparedness Coalition for Mass Casualty Preparedness. We are taking the responsibility for Emergency Preparedness. We intend to make this a very intensive, interdisciplinary role in educating a variety of health professionals about mass casualty interventions and weapons of mass destruction. The opportunity for health science centers’ schools of nursing to address the nursing shortage. I am now pleased to report that Fisk University faculty have voted in favor of a collaboration with the School of Nursing so that Fisk students can take part in our “Bridge” (BSN equivalent) semester and receive a BSN from Fisk. We have consulted widely with accreditation bodies, including the Tennessee State Board of Nursing, and have been encouraged to pursue this option. If this works, it would be a national model for addressing the nursing shortage as a collaboration between schools of nursing in academic health centers and liberal arts colleges.

The opportunity for health science centers’ schools of nursing to reach out to liberal arts colleges with the goal of recruiting students who have previously attended liberal arts colleges is a new one. As many of you know, the School has also been involved in the creation of the International Nursing Coalition for Mass Casualty Education. You may access the website at www.mc.vanderbilt.edu/nursing/coalitions/INC. MCE/index.html.

The U.S. Department of Health & Human Services Office of Public Health Preparedness introduced the Coalition to a collaborative opportunity with the National Health Preparedness Consortium (NHPC) based at Louisiana State University. The purpose of NHPC is to assemble a health care preparedness coalition that would include veterinary professionals. In September, the Consortium introduced the Coalition to a collaboration with the National Health Preparedness Coalition for Mass Casualty Preparedness. We are taking the responsibility for Emergency Preparedness. We intend to make this a very intensive, interdisciplinary role in educating a variety of health professionals about mass casualty interventions and weapons of mass destruction. The opportunity for health science centers’ schools of nursing to address the nursing shortage. I am now pleased to report that Fisk University faculty have voted in favor of a collaboration with the School of Nursing so that Fisk students can take part in our “Bridge” (BSN equivalent) semester and receive a BSN from Fisk. We have consulted widely with accreditation bodies, including the Tennessee State Board of Nursing, and have been encouraged to pursue this option. If this works, it would be a national model for addressing the nursing shortage as a collaboration between schools of nursing in academic health centers and liberal arts colleges.

The opportunity for health science centers’ schools of nursing to reach out to liberal arts colleges with the goal of recruiting students who have previously attended liberal arts colleges is a new one. As many of you know, the School has also been involved in the creation of the International Nursing Coalition for Mass Casualty Education. You may access the website at www.mc.vanderbilt.edu/nursing/coalitions/INC. MCE/index.html.

The U.S. Department of Health & Human Services Office of Public Health Preparedness introduced the Coalition to a collaborative opportunity with the National Health Preparedness Consortium (NHPC) based at Louisiana State University. The purpose of NHPC is to assemble a health care preparedness coalition that would include veterinary professionals. In September, the Consortium introduced the Coalition to a collaboration with the National Health Preparedness Coalition for Mass Casualty Preparedness. We are taking the responsibility for Emergency Preparedness. We intend to make this a very intensive, interdisciplinary role in educating a variety of health professionals about mass casualty interventions and weapons of mass destruction. The opportunity for health science centers’ schools of nursing to address the nursing shortage. I am now pleased to report that Fisk University faculty have voted in favor of a collaboration with the School of Nursing so that Fisk students can take part in our “Bridge” (BSN equivalent) semester and receive a BSN from Fisk. We have consulted widely with accreditation bodies, including the Tennessee State Board of Nursing, and have been encouraged to pursue this option. If this works, it would be a national model for addressing the nursing shortage as a collaboration between schools of nursing in academic health centers and liberal arts colleges.
Health Care for Inner City Children Threatened as VUSN-Run School Clinics Face Loss of Funding

Two of the three Jane McEvoy School-Based Health Centers, run by VUSN’s Faculty Practice, could soon close unless additional funding is raised. All three school-based centers serve neighborhoods with a high need for practical, easily accessible health care for both children and families. VUSN’s nurse practitioners provide preventive medicine and health education and manage chronic illnesses. Many children use the nurse practitioners at the school-based centers as their primary care providers. Bonnie Pilon, senior associate dean for practice management, says the need for the clinics is great. “These kids who have no other provider, or have their asthma or diabetes managed by the nurse practitioners while they’re at school, are in jeopardy,” she says.

Patti Scott, BSN ‘88, MSN ‘92, has been working in the clinic at Fall-Hamilton Elementary for eight years. She says she’s watched the children grow during that time, and can’t imagine what will happen if she can’t continue her work at the school.

“I don’t know what would happen to these kids. I feel terrible,” Scott says. “I see about 20 kids a day. Some the school nurse can deal with, but about half really need NP help,” she says. “An RN alone can only follow a doctor’s orders. They can’t treat an ear infection, strep throat, pneumonia or other illnesses. They can’t write prescriptions.”

Funding for the center at Fall-Hamilton Elementary School was supported by the Bureau of Maternal Child Health, and in past years the center at Stratton Elementary School received partial funding from the Memorialis Foundation, a local health care conversion foundation. The money from both of those funds will be gone by the end of this school year. Fortunately, funding for Park Avenue Elementary School’s clinic, generated from a separate grant, will last for three more years.

Scott says children with unmet health needs have a very difficult time focusing on their schoolwork. “Kids have to be healthy to learn. You can’t educate a kid who is sick, hungry and stressed. And the best means to get children healthy and learning is to have a school-based health center.”

Scott says school-based health centers also help cut back on the amount of time parents have to take off work to care for a sick child, making it easier on parents struggling to hold down jobs.

Clare Sullivan, MSN ‘95, a nurse practitioner working at Stratton Elementary School, says $110,000 is needed to keep the clinic functioning at their current level with part-time nurse practitioners. She says the NPs would like to find an additional $15,000 to provide support for fund-raising to pay for basic office supplies like a fax machine and to buy educational videos for children with chronic illnesses like asthma and diabetes.

Sullivan says each year the fate of the school-based health centers hangs in the balance, but she adds that she’s hopeful someone will come forward to help keep the centers open. “There’s a growing recognition of the need of this type of work.”

The school health program is named after the late Jane McEvoy, a VUSN faculty member and FNP at the Fall-Hamilton clinic who died from stomach cancer in September at the age of 39. Scott says she would be sad to see Jane’s legacy come to an end. “That’s part of our mission, to help carry on her work,” Scott says. “Jane loved this, the kids loved her. This was her clinical practice.”

—Heather Hall

Buerhaus Study Continues to Draw National Media Attention

VUSN’s Peter Buerhaus, senior associate dean for research, is co-author of the groundbreaking study that first drew attention to the coming nursing shortage. Since the study’s release, newspapers such as the New York Times and news programs such as “60 Minutes” and “The NewsHour with Jim Lehrer” have called on Buerhaus to explain the impact such a shortage will have on the country, in areas including and far beyond health care.

“This level of national media attention demonstrates the rising concern and policy importance of the nursing shortage,” says Buerhaus. Buerhaus recently spoke to members of Congress on the issue. “That programs like ‘CNH Moneyline’ are interest-ed signifies the concerns of the financial community as they contemplate the effects of nursing short ages on hospital operating costs and, in turn, how this affects the advisability of investing in hospitals and other providers in the health care industry.”


do...about 17 million Americans—or 6.2 percent of the population—have diabetes.

Etherington Receives International Achievement Award

Award

Carol Etherington, assistant professor, MSN ’75, has been named the recipient of the 2003 International Achievement Award from the Florence Nightingale International Foundation. Etherington was recognized for her international contribution in advocacy for vulnerable and victimized populations, and for victims of disaster. Her involvement at national level on issues such as child abuse, ethics and human rights also contributed to the selection committee’s decision. Etherington will officially receive the award June 28 when she addresses the International Council of Nurses Conference Congress in Geneva, Switzerland.

In addition, Etherington was recently elected president of the board of directors for the international relief agency Medicins Sans Frontieres (Doctors Without Borders). Her election marks the conclusion of a year of service for this organization.

—Yvonne Parsons Peterson

Vanderbilt Nurse

Spring 2003

VUSN Opens National Center for Emergency Preparedness

VUSN, in conjunction with the Medical Center, is now home to a national center created to train emergency personnel for terrorism and mass casualty events. Under the direction of Stephen L. Guft, Jr., the National Center for Emergency Preparedness anticipates having up to two dozen employees by spring of 2004. Dean Colleen Conway-Welch expects the center to be working on several consulting contracts requiring specific areas of expertise before the end of the year. The U.S. State Department has already asked the center for technical help on a five-year strategy plan to provide expert advice needed to make decisions during mass casualty events.

“Our experience over the past two years has shown that there is a tremendous lack of comprehensive programs and environments that can bring all of the various agencies together and assist them in designing systematic responses to large-scale emergencies. Under Stephen Guft’s leadership, the National Center for Emergency Preparedness will do just that,” she says. “We will provide leadership in the training and education of health professionals and emergency responders by developing, implementing and evaluating technological capabilities, and creating an interdisciplinary approach to disaster management.”

Guft, who has worked extensively in the development of preparedness programs for health professionals, came to Vanderbilt from the National Center for Bio-Medical Research and Training at Louisiana State University and the USA Academy of Counter-Terrorist Education.

Facility News

For the latest news on VUSN faculty research, publications, awards and honors, visit our web site at www.mc.vanderbilt.edu/nursing/ faculty_news
The numbers speak for themselves—according to the World Health Organization, 42 million people worldwide have HIV/AIDS. In 2002, AIDS claimed more than 3 million lives and an estimated 5 million people acquired HIV. In the U.S., since the beginning of the epidemic in the 1980s through 2000, nearly 450,000 HIV/AIDS-related deaths have been reported.

BY MARDY FONES

AIDS is not a cause, it’s an emergency,” said Bono, lead singer for the band U2, during the Nashville stop on his seven-city speaking tour to raise awareness of the HIV/AIDS epidemic in Africa. The singer has been in the news often recently as a tireless advocate for both economic and AIDS relief to African countries, involving U.S. governmental leaders such as former Treasury Secretary Paul O’Neill and Senate Majority Leader Bill Frist, R-Tenn., to see for themselves during trips to sub-Saharan hospitals, orphanages, and AIDS clinics the tragic effect the disease is having on the continent.

Bono referred to the rapid spread of the disease through Africa and the Third World as “the coming fire” that threatens all countries. “The impact of HIV/AIDS is both personal and global,” he said, speaking to a packed house of doctors, nurses, students, social workers and others as part of a December 9th conference on preventing mother-to-child transmission of the virus. The event was sponsored in part by the Vanderbilt University School of Nursing and the Global Health Council.

Experts in the field say that reports of the number of people with HIV/AIDS vary widely, though all the statistics are grim. Bono believes that “in Africa, 3.5 million people will die of AIDS in 2003 because they can’t get access to drugs completely taken for granted in Europe and America. We’re not hearing that 610,000 Africans die every day from AIDS, or that 950,000 new infections occur every day,” he said. The singer and other guests, including Frist, spoke vehemently about the impact of HIV/AIDS worldwide and the need for developed nations to assist Third World countries with affordable access to antiviral drugs.

In discussing the conference and VUSN’s part in it, Dean Colleen Conway-Welch echoes the urgency of Bono’s appeal. “AIDS touches everyone. No one is immune from the virus or its consequences to society. In wealthy countries such as the U.S., HIV/AIDS is becoming a chronic illness, but in countries that can’t afford the medications essential to long-term treatment, it’s devastating. We must help. We have a responsibility to be part of the solution,” she says VUSN integrates training and education about HIV/AIDS throughout its curriculum to prepare graduates to provide appropriate patient education and care.

The issue of mother-to-child transmission is particularly complex and must be a priority in treatment and prevention, she says. “There’s a lot of information out there about mother-to-child transmission. Unfortunately, much of it is incorrect,” says Conway-Welch, who was a member of the 1988 President’s Commission on the HIV Epidemic that explored, in part, mother-to-child transmission of HIV. There are two ways an infant can contract the disease from its mother: through contact with the mother’s blood during childbirth, or through breastfeeding.

Agnes Nyamayarwo, a Ugandan nurse who acquired HIV/AIDS from her husband, spoke at the conference about her own personal experience with the disease. Her husband died of AIDS in 1992. After being teased because his parents had AIDS, her eldest son ran away. Nyamayarwo has not seen him since. She learned that she had unknowingly infected her youngest son during childbirth. “It was very, very difficult to
"We can fight and we can stop AIDS around the world and in particular we can stop it in the most vulnerable of our people—the children and infants." 

tell [my son] I gave him the virus," she said. "Instead of giving the best to my son, I gave him HIV." The boy died at the age of six. Nyamuyarekwa held herself responsible. She now works with TASO, a Ugandan organization that provides AIDS education and ensures that those suffering from the disease have help. Relief programs such as TASO have helped bring Uganda’s AIDS infection rate down from 15 to 5 percent. Nyamuyarekwa is now on anti-retroviral drugs, which allow her to keep working to help the 99 percent of HIV/AIDS infected Africans who are not.

A MORAL DUTY

Invoking the specter of the Holocaust, Bono compared the failure of developing nations to respond to the AIDS crisis in other countries to the lack of response that led to the death of millions of Jews and other groups in Europe before and during World War II. "We are [figuratively] watching [Third World] people being put on the trains. And the questions that were asked in Germany a generation later—" How did you let that happen?—will be asked of us. It is absolute madness that at a time of unimaginable prosperity in the world, people can be dying at this level. There are cities in Africa where a third of the people are going to die and we have the technology to help. It’s the moral duty of people who have the resources and the ideas to go to work," he said.

Quoting U.S. Secretary of State Colin Powell, Bono said, "The war against terror is bound up in the war against poverty." If you ask people in these war-torn regions around the world how this actually plays into [the HIV/AIDS crisis]," he said, "it is the well-known perpetrators of AIDS treatment, "They are not just on prevention. It is now time for the United States, European nations and countries around the world to recognize the importance of care and treatment. That’s going to cost money. It’s going to cost resources."

Emphasizing that HIV/AIDS depletes countries in their most productive years and in the process erodes governments, social systems and infrastructures, Frist said, "You simply cannot have grand-parents out defending borders, serving in the military or policing the cities. You can’t have newborns out working in the factories, keeping the economy going, planting the crops. No longer will [these countries] be able to build roads, to clean their water, to build schools.

"It’s going to take linkage of prevention, of care and of treatment. It’s going to take the greatest research capacity that we have in places like Vanderbilt, the National Institutes of Health and the pharmaceutical companies," he said. "The United States of America has shown again and again that it will rise to such challenges. That is why I am so confident that we ultimately will defeat global HIV/AIDS."

Other co-sponsors of the conference included Nashville CARES, which provides services to people in Middle Tennessee who have the HIV/AIDS virus, as well as Save the Children, Vanderbilt’s Margaret Cuning- gim Women’s Center, the Vanderbilt University School of Medicine and Meharry Medical College. More information on the fight against HIV/AIDS in Africa is available through the Global Health Council web site at www.globalhealth.org, and through DATA, an organization founded by Bono to raise awareness about HIV/AIDS and other problems in Africa, at www.dataaids.org.

Editor’s note: In his January 28 State of the Union Address, President Bush pledged $15 billion in aid over five years to fight HIV/AIDS in Africa and the Caribbean. Days later he pledged an additional $16 billion towards AIDS prevention, care and treatment here in the U.S.
One patient at a time—it’s how Nashville’s Comprehensive Care Center works with HIV/AIDS patients. Each patient has a story and presents individual challenges to CCC’s family nurse practitioners.

BY MARDY FONES

Caring for HIV/AIDS patients at CCC brings its own rewards and challenges. It is daunting work, often filled with a combination of frustration and joy, satisfaction and anxiety. It is also one of the most rewarding jobs in the world, says Byram, who has worked with HIV/AIDS patients at CCC since the center opened in 1994. The center, in combination with Nashville CARES, another HIV/AIDS advocacy group, is a comprehensive location where people with the disease can go for a full spectrum of care and support. Meeting the needs of the pregnant women with whom Byram works is especially challenging.

“Women with HIV/AIDS want CCC’s help, but Byram is determined—even relentless—about helping pregnant HIV/AIDS positive women and their unborn children. She monitors their health while also encouraging them to get prenatal care and to take medications to keep their viral loads low. Not every woman can be persuaded, but the CCC staff persists. The FNPs and other CCC staff members work collaboratively with patients, helping them access resources while ensuring they stay as healthy as possible. “We help them get whatever they need—Women, Infants and Children’s (WIC) money, food stamps and financial assistance. We connect them with parenting classes,” says Byram. “We do education, connect them with Nurses for Newborns, and we help them get food, clothing and housing.”

Byram is knee deep in a grant application for $125,000-$500,000 from the federal Title IV/Ryan White Fund to help those in the community. Her grantwriting acumen recently paid off with funds from the Elizabeth Glaser Foundation to underwrite living and travel expenses for CCC’s pregnant women. The exact amount of that grant has not yet been set.

CHOICES AND CHANCES

Some women are in denial about their disease and the effect it can have on their unborn children. They may be afraid to accept help out of concern they could lose custody of their unborn child or other children in their care. Byram says most of the mothers to be in the program have already been on AZT and a minimum of three other HIV/AIDS medications. But of all the resources CCC and its FNP’s offer, it is education about HIV/AIDS and access to medication before and during delivery that drive Byram and her colleagues.

“We wait until the end of the first trimester to start women on meds because it’s during that period that important things are forming in the baby,” says Byram, who acknowledges that AZT and other HIV/AIDS anti-virals are category C drugs, carrying with them risks to both the mother and her unborn child. “But it’s a risk worth taking. Our goal is to get the viral load as low as possible before delivery. Our cutoff is 1,000. If [the viral load is] less than that, we can offer the mother a rapid delivery. If it’s higher, we do a C-section.”The administration of the anti-viral drug AZT by infusion for at least three hours prior to delivery has proven effective in protecting the infant from contracting HIV. “Every HIV negative baby we have makes a difference. A huge difference in this world. We work really hard for that,” Byram says. She remains optimistic about women, children and HIV/AIDS. “We now have so many medications. Patients are living longer. HIV/AIDS is becoming more of a chronic illness than death sentence. There is reason to be more hopeful,” she says. “I talk to

Womack says the work is most challenging when death is at hand. “Working with the odd few who die is intense. How do you help them do it when they want nothing of death? It asks, ‘Hospice is great. They do a wonderful job. But if the patient isn’t ready, it’s hard to help him or her make that transition.’

DOING THE RIGHT THING

For Terry Davidson, BSN’71, MSN’74, inter- est in working with HIV/AIDS patients was born of his passion for the study of infectious diseases. He first cared for HIV/AIDS patients adjacent to his work for the Davidson County Health Department and its tuberculosis services.

“The science of what we do—the patho- genesis and pharmacology—must be filtered through the exam room, between you and the patient,” he says. “That’s where the real practice of medicine begins. It is the essence of the creativity and uniqueness of working with individual patients.”

All three FNPs say non-compliance with the treatment regimen is a major issue with HIV/AIDS patients. The reasons for non-compliance vary and its resolution can be a mystery, but when a patient finally accepts the FNP’s offer to work in partnership for his own survival, it’s victory to be celebrated.

“I had a patient who had hemophilia and AIDS for years. He wouldn’t do what he should, even though he had a career and a family,” says Davidson, a Vietnam and Desert Storm veteran. “I kept thinking, ‘he’s just letting all that go, but then one day, he decided to get with the program. I’m not sure why. But since then, he’s had the kidney surgery he needed and he’s kept his viral load low.

“When a patient turns a corner like that, people say I did a great job, but I tell them they’re thanking the wrong person,” he says wryly. “It was the patient’s effort and decision that made the difference.”

Coaching patients toward thinking for their own survival is a subtle and sometimes thorny art, admits Davidson. “Sometimes you have to play dirty, talk about the things she asks. ‘Hospice is great. They do a wonderful job. But if the patient isn’t ready, it’s hard to help him or her make that transition.’

FROM KILLER TO CHRONIC

In the developed world, continuing discovery of new medications and treatments has shifted the HIV/AIDS battle from defeating a killer to managing a chronic illness, in most cases. The approach is always changing and the challenge is to stay out in front of both the new developments and of patients’ needs. “You can listen to the science, but it’s important to remember the half-life of the truth about it is short,” says Davidson. “The things we did yesterday are not what we’ll do tomorrow. That means I have to be ready to change and redesign patient care to meet those changes as well as issues of drug resistance.”

Patient quality of life is another concern. “Patients are living longer, but we have to ask if they’re living better,” he says, pointing to side effects such as lipodystrophy, hirsutism and the complications of high triglycerides, including the heart attacks and Type II diabetes that plague long-lived HIV/AIDS patients. “There are side effects of the medications themselves. You have to look at the risk/benefit ratio,” he says pragmatically. “The increase in HIV/AIDS patients who also have hepatitis C exponentially complicates care.

Amidst the new developments, the complica- tions that seem to accompany them and the drive of patients to live their lives to the fullest is the fact, says Davidson, that HIV/AIDS patients in the developed world are in the minority. “The thing that saddens me about HIV/AIDS is that although the efforts we make here in the U.S. are wonderful and worthy, what’s going on in the rest of the world pales in comparison,” says Davidson. “Who sheds a tear for those people?”

By MARDY FONES
He’s the first to admit that the marriage of beliefs and how he or she responds to stress.

"I saw people over and over drawing on their spiritual beliefs to deal with stress," he said, referring to the concept analysis that occupied a good deal of his first twelve months in the doctoral program. Simple observation helped him identify the topic of his dissertation. While working as a nurse on the intensive care unit at Nashville’s Veteran’s Administration Medical Center in 1994, Vollman repeatedly witnessed a phenomenon common to ICUs everywhere: hands clasped in prayer.

"I want people over and over drawing on their spiritual beliefs to deal with stress," he recalls. "Anecdotally, I could say that their spirituality helped many cope, but what could I say beyond that?"

"If we can understand how spiritual beliefs influence a patient’s decision-making process, then as clinicians we will have one more way to plan effective and culturally sensitive interventions," says Vollman.

In his research, he is particularly concerned with patients and the elderly who have the subject of most research on spirituality in health care, he notes. Though he is aware of the prevailing criticism that the existing body of spirituality research lacks scientific rigor, Vollman is optimistic that the next wave of studies will be telling.

"We’re on the cusp of gaining a better understanding of how spirituality and religion may affect health outcomes. We have enough evidence to suggest that it is a fruitful line of research," he says.

"People, particularly in this area, are really committed to understanding the role of religion and spirituality in health care," says Dr. Rob Hood, clinical associate professor of medicine at the Page-Campbell Heart Institute, where Vollman collected data from 75 heart failure patients. Vollman, who earned his MSN from Vanderbilt in 1994, says his first hurdle was simply reining in the definition of spirituality for purposes of his study. "That took me a year," he said, referring to the concept analysis that occupied a good deal of his first twelve months in the doctoral program.

Vollman completed his doctoral dissertation in March—a study designed to examine the relationships between a person’s spiritual beliefs and how he or she responds to stressors. Specifically, he evaluated how co-variables including self-perceived spiritual well-being correlated to depression, as rated by the Beck Depression Inventory. In later, post-doctoral research, he’d like to home in on the how and why of such connections.

"If we can understand how spiritual beliefs influence a patient’s decision-making process, then as clinicians we will have one more way to plan effective and culturally sensitive interventions," says Vollman.

In his research, he is particularly concerned with patients and heart failure. Cancer patients and the elderly have been the subject of most research on spirituality in health care, he notes. Though he is aware of the prevailing criticism that the existing body of spirituality research lacks scientific rigor, Vollman is optimistic that the next wave of studies will be telling.

"We’re on the cusp of gaining a better understanding of how spirituality and religion may affect health outcomes. We have enough evidence to suggest that it is a fruitful line of research," he says.

"People, particularly in this area, are really committed to understanding the role of religion and spirituality in health care," says Dr. Rob Hood, clinical associate professor of medicine at the Page-Campbell Heart Institute, where Vollman collected data from 75 heart failure patients. Vollman, who earned his MSN from Vanderbilt in 1994, says his first hurdle was simply reining in the definition of spirituality for purposes of his study. "That took me a year," he said, referring to the concept analysis that occupied a good deal of his first twelve months in the doctoral program.

More telling, perhaps, may be a look at its students. The profiles here feature three of VUSN’s 18 doctoral students. But the snapshots bring something into focus: Excellence rises from ambition, commitment and talent.

Photo by Daniel Dubois, illustration by Jenni Bongard

"...the marriage of science and matters of the spirit mount more than a few challenges."

Ph.D candidate Michael Vollman, MSN ’94, is studying how a person’s spiritual beliefs affect his or her response to stress.

Michael Vollman shines a light on spirituality and well-being

N oted neuroscientist Candace Pert once said, “I’m a scientist. We don’t talk about the spirit. Soul is a four-letter word.” Her tongue-in-cheek quip more than a few challenges.

He’s the first to admit that the marriage of beliefs and how he or she responds to stress. Specifically, he evaluated how co-variables including self-perceived spiritual well-being correlated to depression, as rated by the Beck Depression Inventory. In later, post-doctoral research, he’d like to hone in on the how and why of such connections.

"If we can understand how spiritual beliefs influence a patient’s decision-making process, then as clinicians we will have one more way to plan effective and culturally sensitive interventions," says Vollman.

In his research, he is particularly concerned with patients and heart failure. Cancer patients and the elderly have been the subject of most research on spirituality in health care, he notes. Though he is aware of the prevailing criticism that the existing body of spirituality research lacks scientific rigor, Vollman is optimistic that the next wave of studies will be telling.

"We’re on the cusp of gaining a better understanding of how spirituality and religion may affect health outcomes. We have enough evidence to suggest that it is a fruitful line of research," he says.

"People, particularly in this area, are really committed to understanding the role of religion and spirituality in health care," says Dr. Rob Hood, clinical associate professor of medicine at the Page-Campbell Heart Institute, where Vollman collected data from 75 heart failure patients. Vollman, who earned his MSN from Vanderbilt in 1994, says his first hurdle was simply reining in the definition of spirituality for purposes of his study. "That took me a year," he said, referring to the concept analysis that occupied a good deal of his first twelve months in the doctoral program.

More telling, perhaps, may be a look at its students. The profiles here feature three of VUSN’s 18 doctoral students. But the snapshots bring something into focus: Excellence rises from ambition, commitment and talent.
SHEILA RIDNER IS MAKING A DIFFERENCE FOR WOMEN WITH LYMPHEDEMA

Treating the Whole Person

For most researchers, a big sigh of relief and a little celebration follow the news that a grant proposal has turned into bona-fide funding. But for VUSN doctoral candidate Sheila Ridner, the news came with something more: a measure of well-deserved glory.

Ridner is the first nursing student in the school’s history to be awarded a National Institute of Nursing Research Service Award (NRSA) predoctoral fellowship from the National Institute of Nursing Research at the National Institute of Health.

Not that she is touting the news. In fact, she never mentions the honor. Rather, Ridner’s focus remains on the work at hand: gathering data that she hopes will improve health outcomes for breast cancer survivors with lymphedema.

Lymphedema, a build-up in lymphatic fluid that causes swelling in the arm, hand and sometimes chest or back, affects about one in four of the estimated 2.5 million breast cancer patients living today. Potentially painful and disabling, the condition limits their quality of life, says Ridner, whose husband has lymphedema.

“Too many women misunderstand the symptoms,” says Ridner, noting pain, loss of fine motor skills and depression. “We treat the arm to get the limb size down, but we need to treat the whole person.”

Her study will compare the symptoms experienced by women with lymphedema following breast cancer treatment to the symptoms of women who have had breast cancer but do not have lymphedema.

Ridner’s interest in breast cancer began early in her career. In the 1970s, as a young nurse new to a Lexington, Kentucky, oncology ward, she saw firsthand the connection between patient outcomes and the state of breast cancer research. At the time, a radical mastectomy followed most breast cancer diagnoses. “I saw many women who’d survived cancer, who had gone through a radical mastectomy, only to find that they couldn’t use their arm at all,” she recalls.

Oncology is a passion to which Ridner returned after a hiatus of more than 20 years. Her Ph.D. program adviser and fellowship sponsor, Janet Carpenter, associate professor of nursing, says Ridner will succeed in this endeavor and more. “Five years from now, Sheila is someone who will be extremely well-known in her field—and that is going to make a big difference for a lot of patients.”

Oncology is a passion to which Ridner returned after a hiatus of more than 20 years. She is making a difference for women with lymphedema.
Taking Children’s Health to Heart

Alumnus and Assistant Professor Tom Cook goes back to school to teach kids how to prevent cardiovascular disease

Tom Cook, Ph.D. ’94, assistant professor of nursing, is going back to grade school. He’s been given a three-year $250,000 KO1 federal grant to study third-grade students at three Nashville Metro elementary schools. His research is aimed at finding ways to prevent cardiovascular disease in the children later in life.

Cook began collecting information from about 160 participating third graders at Westmeade, Hatfield Cotton, and Stratton Elementary Schools in December. He recorded their body mass index, height and weight; measured aerobic capacity; checked their cholesterol; and assessed their body fat by using calipers to determine the thickness of a fold of skin.

Cook says previous research has shown cardiovascular disease begins in early childhood, so targeting prevention in young children is important. Cook’s work becomes increasingly significant given the growing concern over the number of overweight and inactive children, and children fighting adult onset diabetes.

“A third of all children are overweight,” Cook says. “My research stems from a passion to help children make choices that can affect their cardiovascular health and put off the time that they have cardiovascular disease.”

Cook is currently in the intervention phase of his study educating participating students about their hearts and general cardiovascular health and helping students begin to choose healthy meal options at school and at home. Cook has placed signs along lunch lines at the Metro schools indicating the healthiest foods, to help students make better meal choices.

“The wrong foods can make you really sick and damage your heart,” said third grader Elizabeth Hernandez.

Cook’s research is aimed at finding ways to prevent cardiovascular disease in the children later in life. Donovan McMinnis has been paying attention.

“Oxygen flows through your heart. Eat a lot of nutritious foods, do exercise and drink a lot of water and milk,” McMinnis said.

“The wrong foods can make you really sick and damage your heart,” said third grader Elizabeth Hernandez. Fellow student Paula Marcellus said she’s learned a few things too: “That you’re not supposed to smoke, and you’ve got to eat healthy food and care for your heart, and give your heart nice things so your heart won’t be bad.”

Tara Reeve, one of Cook’s research assistants at Stratton and an exercise physiology student at Middle Tennessee State University, monitors what the students are eating. “Overall, their choices are pretty good. A lot of them just get fruit at their snack,” she says.

Cook is also working to intensify the students’ physical education classes. Each school has given Cook permission to boost exercise plans in PE throughout the duration of his study. All students in the class benefit from the temporary change.

Research assistant Cecilia Salas, also an exercise physiology student at MTSU, says she’s noticing some improvements.

“From the minute they walk in the door to the minute they leave, they’re moving. Their flexibility has increased and they’re able to bend further,” Salas says.

Stratton PE teachers Carolyn Mitchell and Robert Bice frequently remind students to feel their hearts pounding as they work harder and to check their pulse, giving children at an early age a basic knowledge of the importance of an increased heart rate. Students involved in Cook’s study spend about 40 minutes in the enhanced P.E. class and about 30 minutes watching informational videos made by Cook about the heart, nutrition and exercise.

The intervention phase of Cook’s research also includes the parents of the children involved in his study. Parents come to school and at home.

“The wrong foods can make you really sick and damage your heart,” said third grader Elizabeth Hernandez.

Parents come to school and at home. Cook plans to begin examining all of the data collected from the students and release his findings in April.

—Heather Hall

Farewell to Fernandez; a Welcome for Tennyson

Sonia Fernandez, alumni coordinator for the School of Nursing, has left VUSN for a new position as program coordinator for the Vanderbilt Center for Teaching’s International Teaching Assistants Program. The program provides international graduate assistants with support and practice in teaching, cultural adjustment and the English language. Fernandez’s new position will allow her to greatly increase the number of active and involved alumni. She will be missed.

The good news is that Jennifer Tennyson has joined the VUSN Development Office as our new alumni coordinator. Tennyson graduated from the University of Tennessee in May, 2001, with a degree in Speech Communication. Before coming to the School of Nursing, she worked in sales for the family business, Tennyson Business Machines. As a native of Nashville, Tennyson says, “I have always known that Vanderbilt is a wonderful institution to work with. I am very excited about my position with the School of Nursing and look forward to working closely with the alumni.”
Betts, MSN’71, Named Head of TN Dept. of Mental Health

Tennessee Governor Phil Bredesen has chosen VUSN alumnus Virginia “Ginna” Betts, MSN’71, to be the new Commissioner of the Tennessee Department of Mental Health and Mental Retardation. The department provides services to mentally or emotionally ill individuals and to those with developmental disabilities, and oversees five mental health treatment facilities. Betts was most recently the director of health policy and a professor of nursing at the University of Tennessee Health Science Center in Memphis. She has served as an advisor to former U.S. Health and Human Services Secretary Donna Shalala and Surgeon General David Satcher, as associate professor in the School of Nursing and associate professor and senior policy fellow at the Vanderbilt Institute for Public Policy Studies, and as past president of the American Nursing Association.

Reunion 2002

Photos by Rusty Russell

Above: Class of 1952 graduates (left to right) Emily Burrus Abernathy, Florence Rodgers Van Arnam, and Kay Stahl Scruggs (Reunion Chair) reminisce at the Reunion tea in the Godchaux Hall Living Room.

Above: Elizabeth Farrar, MSN’93, president of Alumni Association Board of Directors and Jacquelyn McClain-Bohler, MSN’97, recipient of Alumni Association Award for Clinical Achievement in Nursing

Above: Class of 1972 graduates (left to right) Emily Barnes Ashenbury, Florence Redgers-Ann, and Kay Scalp Scruggy (Reunion Chair) reminisce at the Reunion tea in the Godchaux Hall Living Room.
If you’ve ever thought you couldn’t

make a difference...

“After two years of bench-top research, I decided to pursue a career that focused more on patients than test tubes. I chose Vanderbilt for its prestigious reputation as an intellectually stimulating institution and its access to a superior medical center. In addition to my career aspirations, I have dreams to play on the Women’s Olympic Curling Team. Following my graduate program, I plan to find a position at an OB-GYN practice or STD clinic in an urban area with a curling facility nearby.”

~Theresa Faltesek, Julia Blair Chenault Honor Scholar

think again.

Support scholarship at the Vanderbilt University School of Nursing

To find out how, contact Alice Parkerson, Director of Development, VUSN
(615) 322-8851  alice.parkerson@vanderbilt.edu  www.vanderbilt.edu/alumni/giving