

VANDERBILT  
Nurse



**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 schools that are interested in nursing is significant.

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 web site at [www.mc.vanderbilt.edu/nursing/coalitions/INC/MCE/index.html](http://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 the Consortium is to assemble a health care professional education effort for mass casualty involvement that would include veterinarians, first responders, physicians, nurses, administrators and a variety of allied health professionals. In September, the Consortium actually moved to the Vanderbilt University School of Nursing and VUMC, and we created

our own National Center for Emergency Preparedness. We are taking the responsibility of nurses in this new and dangerous world very seriously. Vanderbilt School of Nursing's role in educating a variety of health professionals about mass casualty interventions and weapons of mass destruction will be significant and long term. Steve Guillot, formerly at LSU, is the director of our National Center for Emergency Preparedness. We intend to make this a very intensive, interdisciplinary effort involving a number of other schools at Vanderbilt as we refine the curriculum and assure that the science behind it is accurate. More about this initiative will follow!

*Colleen Conway-Welch*

**Letters to the Editor**

I was interested to read Dean Conway-Welch's ideas in the summer issue of the *Vanderbilt Nurse* about addressing the nursing shortage. I graduated from the FNP program in 1999 and I think I would have been interested (both professionally and financially) in the option to work as a registered nurse after passing the NCLEX.

I have pondered another idea for VUSN that I think should be considered. There appears to be a large, unmet demand for NPs who are bilingual. VUSN should investigate the possibility of providing intensive language training alongside nursing curriculum. (I took Michelle Salisbury's final semester Spanish class, which was a good start, but not nearly long enough to make me fluent.) For me and many of my classmates, getting that first job took several months. Having a working knowledge of a second language would have opened up several job opportunities for me. I also think bilingual training is in keeping with VUSN's desire to train nurses to work with underserved populations. Spanish is an obvious choice here, but Vietnamese, Cantonese and Mandarin are frequently cited in NP job listings as well.

I enjoy getting the magazine and knowing what's changed and what's stayed the same at VUSN. Thanks for keeping it interesting and relevant.

Sincerely,  
Carrie Gordon, MSN'99  
Belmont, Calif.

**VANDERBILT Nurse**

Laurie Parker, *Editor*  
Donna Pritchett, *Art Director*  
Jenni Bongard, *Designer*

Daniel Dubois • Mardy Fones • Heather L. Hall • Dana Johnson • Yvonne Parsons Poindexter • Rusty Russell • Bill Snyder, *Contributors*

Anthony J. Spence, E'75, *Executive Director of Alumni Communications and Publications*

Harry R. Jacobson, *Vice-Chancellor for Health Affairs*

Colleen Conway-Welch, *Dean and Nancy and Hilliard Travis Professor of Nursing*  
Alice Parkerson, *Director of Development*  
Jennifer Tennyson, *Alumni Coordinator*

The *Vanderbilt Nurse* is published three times yearly by the Vanderbilt School of Nursing, Nashville, TN 37240 in cooperation with the Office of Alumni Communications & Publications to inform alumni, students, parents, faculty and friends of the school about programs, activities and issues of interest. The editor welcomes letters and comments from readers. Correspondence, including letters to the editor and Class Notes, should be directed to the *Vanderbilt Nurse*, Office of Alumni Communications and Publications, VU Station B 357703, 2301 Vanderbilt Place, Nashville, TN 37235-7703, or by e-mail to [vanderbiltnurse@vanderbilt.edu](mailto:vanderbiltnurse@vanderbilt.edu). Address corrections may be sent to Alumni Coordinator, 2525 West End Ave., Suite 450, Nashville, TN 37203 or [jennifer.tennyson@vanderbilt.edu](mailto:jennifer.tennyson@vanderbilt.edu)

Visit the Vanderbilt University School of Nursing's Web site at [www.mc.vanderbilt.edu/nursing/](http://www.mc.vanderbilt.edu/nursing/)

Vanderbilt University is committed to principles of equal opportunity and affirmative action.



© 2003 Vanderbilt University



DANIEL DUBOIS  
5

**FEATURES**

**The Coming Fire 5**  
*Rock star Bono, Frist and VUSN band together to fight the AIDS crisis*

**Body, Mind and Spirit 10**  
*Three VUSN doctoral students take nursing research in new directions*

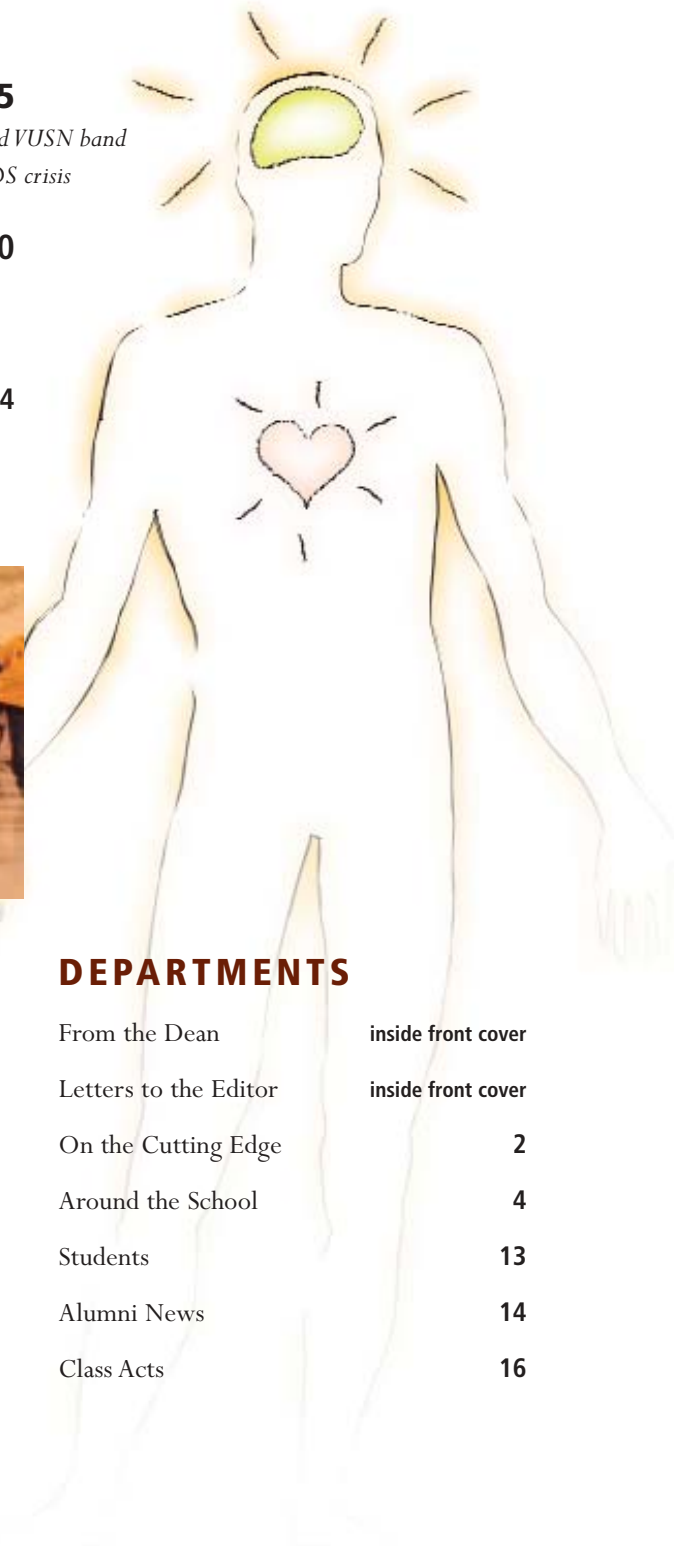
**Taking Children's Health to Heart 14**  
*Alumnus and Assistant Professor Tom Cook goes back to school to teach kids how to prevent cardiovascular disease*



DANA JOHNSON  
14

**ABOUT THE COVER:**

A man with AIDS is treated by TASO's (The AIDS Support Organization) home care in program in Kampala, Uganda. © Joel Stettenheim/CORBIS



**DEPARTMENTS**

From the Dean	inside front cover
Letters to the Editor	inside front cover
On the Cutting Edge	2
Around the School	4
Students	13
Alumni News	14
Class Acts	16

## Health Care for Inner City Children Threatened as VUSN-Run School Clinics Face Loss of Funding



Patti Scott checks a young patient's temperature at the Fall-Hamilton Elementary School clinic.

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 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 Memorial 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 from 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 \$100,000 is needed to keep the clinics 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 2001 at the age of 39. Scott says it would be sad to see Jane's legacy come to an end. "That's part of our mission, to help carry on her work here," 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 'CNN MoneyLine' are interested signifies the concerns of the financial community as they contemplate the effects of nursing shortages on hospital operating costs and, in turn, how this affects the advisability of investing in hospitals and other providers in the health care industry."

## Etherington Receives International Achievement 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 disasters. 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 Frontiers USA* (Doctors Without Borders). Her election marks the first time a nurse has held this prestigious position.



Tene-Briut member Anania Inbal passes out a traditional Ethiopian snack of seeds and nuts during the conference.

## Israeli Clinicians Offer Insight on Treating Growing Immigrant Population

Health care professionals from Nashville and the surrounding region welcomed 11 visitors from Israel December 4-5 as guest speakers at a conference hosted jointly by VUSN and the Vanderbilt Diabetes Center. The conference on Community-Based Disease Management Models for Culturally Diverse, Refugee and Immigrant Populations brought together more than 40 nurses, physicians, social workers and others with expertise in serving these growing populations. The Israelis, most natives of Ethiopia, visited as representatives of Tene-Briut, a health care program for immigrants residing in the Israeli city of Hadera.

According to the American Diabetes Association, about 17 million Americans—or 6.2 percent of the population—have diabetes. Though an estimated 11.1 million have been diagnosed, about 5.9 million people are unaware that they have the disease. Diabetes occurs in all ages and races but some groups are at higher risk. These include African Americans, Latinos and Native Americans.

Tene-Briut, named after the phrase meaning "health" in Amharic and Hebrew, cares for and educates the primarily Jewish residents of Hadara, who, like the group's founders, emigrated from Ethiopia. As the new immigrants adopted a less healthy, more Westernized diet after settling in Israel, several of them developed diabetes. The disease had previously been almost unheard of in this population. About 17 percent of an estimated 75,000 Ethiopian Israelis now have diabetes.

For all participants, the treatment and prevention of diabetes was a primary concern.

Among the speakers at the two-day conference were faculty of VUSN and the Vanderbilt University School of Medicine, as well as representatives of the Delta Community Partners in Care Program in Clarksdale, Mississippi, and several Nashville community-based care programs. Local clinics represented included the Cayce Medical Center and the Vine Hill Community Clinic, which VUSN operates in cooperation with the Metropolitan Development and Housing Agency.

—Yvonne Parsons Poindexter

## 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. Guillot, 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 strategic 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 Guillot'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."

Guillot, 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 LSU Academy of Counter-Terrorist Education.

## Faculty 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](http://www.mc.vanderbilt.edu/nursing/faculty_news)

# The coming fire

ROCK STAR BONO, SENATOR FRIST AND VUSN BAND TOGETHER TO FIGHT HIV/AIDS

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, inviting 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, 2.5 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 650,000 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

*Left: Twenty-five year-old South African Lawrence Jet, who is HIV-positive, lies on his bed next to Ida, his 84-year-old grandmother and sole provider. Both are living off a government grant at their home in Mtulwa, some 150 kilometers (100 miles) south of Durban.*

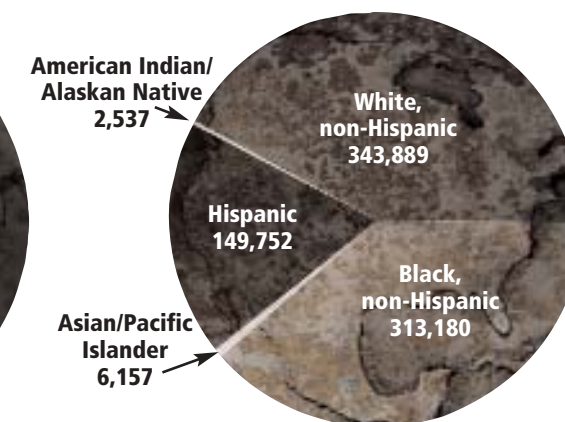
AFP PHOTO/Rajesh Jantilal



NUMBER OF HIV/AIDS CASES WORLDWIDE



RACE/ETHNICITY OF HIV+ IN THE US



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 birth, or through breastfeeding.

Agnes Nyamayaro, 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. Nyamayaro 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. Nyamayarwo 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. Nyamayarwo 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'. I'd ask you to consider this in these nervous times in the world and how this actually plays into [the HIV/AIDS crisis]," said Bono. "It's well-known the perpetrators of 9/11 found sanctuary in the collapsed state of Afghanistan, and they whispered their wicked ideas into the ears of the poorest and the most wretched. A senior White House official told me [the U.S. government] knows there's another potential Afghanistan in Africa."

Dr. Nils Daulaire, president and CEO of the Global Health Council,

**"It is absolute *madness* that at a time of unimaginable prosperity in the world, people can be dying at this level."**



(l-r) Dr. Nils Daulaire, CEO of the Global Health Council; Agnes Nyamayarwo, a Ugandan nurse who acquired HIV/AIDS from her husband; and Senate Majority Leader Bill Frist, R-Tenn., in Nashville at a VUSN-sponsored conference on HIV/AIDS

echoed Bono's comments. "The AIDS crisis is like a faucet dripping. Every 40 seconds, another child is afflicted. A very large number are born in Africa and the Caribbean, in India and the former Soviet Union, all around the world. As this virus spreads, inexorably the first and most critical victims are the mothers and the children. Two thousand infants will be infected today. More than 750,000 children will be born this year infected with HIV."

Citing the 14 million AIDS orphans around the world, most of whom are in Africa, Daulaire commented that these disenfranchised children are ideal for recruiting by militants who capitalize on the developed world's indifference, despite the availability of AIDS treatment. "They are right for recruitment into ragtag militias and armies and gangs in the teeming cities of Africa," said Daulaire. "This is the seed for the conflicts and the turmoil in the 21st century." He said that while AIDS education and prevention are crucial, "that's not enough, because we still have all these women around the world who are pregnant and who are HIV positive."

He pointed out that the HIV drug Nevirapine, when administered to both the mother and infant within 72 hours of delivery, is effective in protecting the child from infection. "Those two doses cost a total of \$1," he said. "What a whopping investment—\$1 to prevent the child from getting

infected with HIV. This is enormously inexpensive and enormously simple and there's no excuse for not doing this all over the world."

At the same time, "When you're a family who makes \$1 a day, which is the case in much of the developing world, [access to care and medication is] not going to happen without some outside investment," he explained. "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."

Because of Nevirapine, more than 85 babies have been born free of HIV after their mothers were treated at Nashville's Comprehensive Care Center, said Dr. Stephen Raffanti, associate professor of medicine at Vanderbilt and medical director of the center. The Comprehensive Care Center is one of the nation's largest outpatient treatment programs for HIV/AIDS. Without treatment, Raffanti said, it is likely that a third of these children would have contracted HIV during delivery. "What we do in Nashville could be done anywhere in the world," said Raffanti.

#### DOLLARS AND SENSE

Frist, the Senate's only doctor and a former Vanderbilt University Medical Center transplant surgeon, has helped lead U.S. efforts to increase funding for the prevention and treatment of HIV/AIDS in Africa. He compared the disease to weapons of mass destruction. "Without discrimination, HIV/AIDS destroys everything in its path," he said. "For a long time, people focused 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 of citizens in their most productive years and in the process erodes governments, social systems and infrastructures, Frist said, "You simply cannot have grandparents 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."

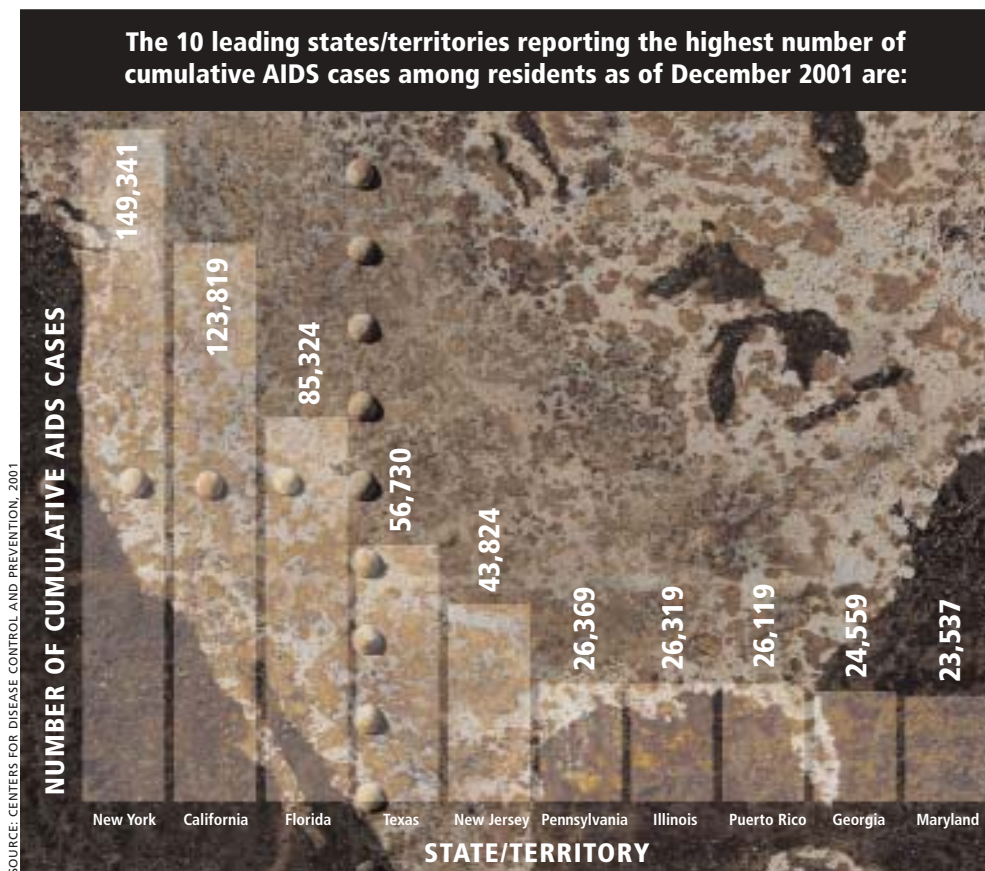
"The rise of HIV/AIDS is a demographic disaster that, if allowed, will ultimately result in the collapse of all-too-fragile democracies which then become fertile ground for the recruitment of terrorists," said Frist. "What more fertile ground to grow terrorists than a country with no military, with no civil order, with no police, with no mentors, with no infrastructure for a civil society?"

Frist said the U.S., in an effort to help thwart such political and social breakdown, has contributed \$500 million to the Global Fund on AIDS, Tuberculosis and Malaria. Additionally, the U.S. scientific community has contributed research and development and continues to be at the center of efforts to find more innovative treatment while also seeking more effective prevention. But to do so, Frist said, "We need more resources and we need to direct them in the right way."

"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 Cuninggim 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](http://www.globalhealth.org), and through DATA, an organization founded by Bono to raise awareness about HIV/AIDS and other problems in Africa, at [www.datadata.org](http://www.datadata.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.*



# A Fighting Chance

**CCC AND THE BATTLE AGAINST HIV/AIDS IN MIDDLE TENNESSEE**

BY MARDY FONES

*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.*

Beverly Byram, MSN'91 and instructor at VUSN, is the FNP and program director of CCC's women's program. It is daunting work, often filled with a combination of frustration and joy, satisfaction and anxiety. To date, of the 85 pregnant women who have participated fully in CCC's women's program, 100 percent have given birth to babies who are HIV negative. It's a gratifying achievement, but one colored by the reality that CCC's patients are a privileged group.

"We don't see the true face of AIDS in the U.S. because the medications we need are available," 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 single 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.

"One-third of the women who come into our clinic are finding out they're HIV positive during their obstetrics screening," says Byram. Some are single moms from low socio-economic backgrounds. Some are crack/cocaine addicts. Their stories are heartbreaking and their needs are medically and socially complex. Byram recalls one young woman who has had HIV/AIDS since she was 13. Under CCC's care, she delivered one HIV/AIDS negative child; at 20, she's pregnant with a second child.

Not all HIV/AIDS positive pregnant

women 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 \$25,000-\$500,000 from the federal Title IV/Ryan White Fund to help those in the women's program. 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 FNPs 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 vaginal 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," Byrum 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 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?" 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."

## DOING THE RIGHT THING

For Terry Davidson, BSN'71, MSN'74, interest in working with HIV/AIDS patients was born of his passion for the study of infectious disease. He first cared for HIV/AIDS patients adjunct to his work for the Davidson County Health Department and its tuberculosis services.

"The science of what we do—the pathogenesis 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."

Coaxing patients toward fighting for their own survival is a subtle and sometimes thorny art, admits Davidson. "Sometimes you have to play dirty, talk about the things that are important to them—family, their children. It's about working with patients to get them to motivate themselves. But in the end, you have to let them make their own choices. I try to let them know the exam room is always open, that they can mess up and still come back to see me. It's not my way or the highway."

## 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 design 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, lipoatrophy and the complications of high triglycerides, including the heart attacks and Type II diabetes that plague long-lived HIV/AIDS patients. "Then 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 complications 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," he says. "Who sheds a tear for these people?" ♦

*"One-third of the women who come into our clinic are finding out they're HIV positive during their obstetrics screening."* —Beverly Byram, MSN'91

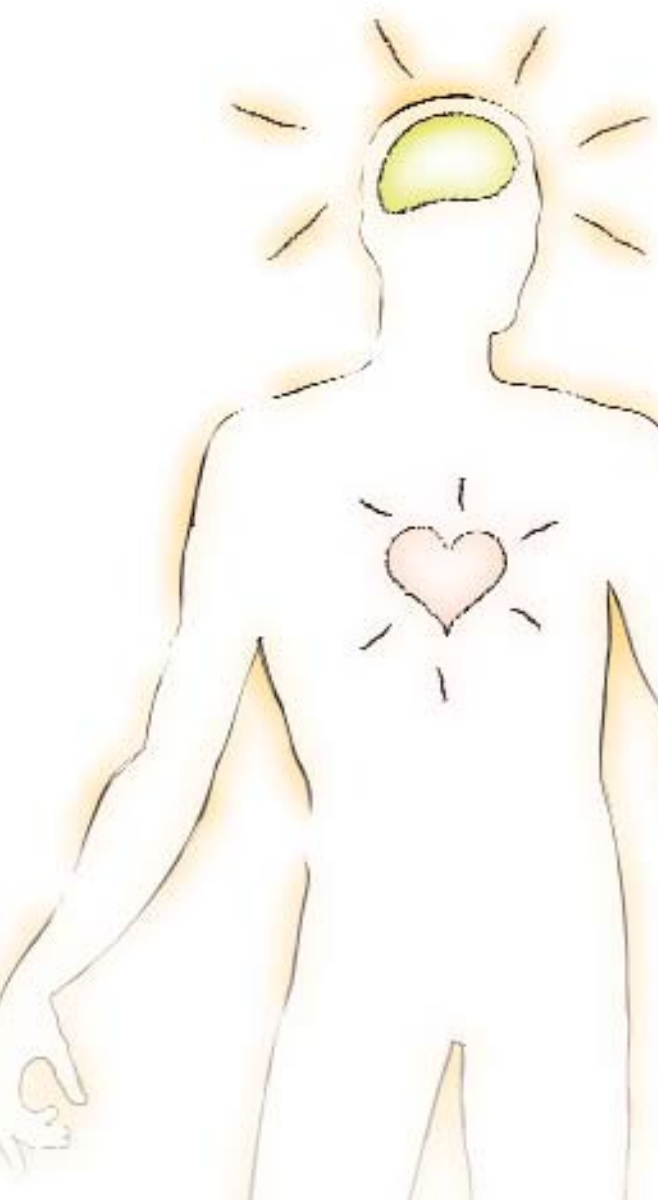
moms and tell them if they take their meds and take care of themselves, they have every reason to believe that they'll be able to raise their kids."

Julie Womack, MSN'00, who works with CCC's general HIV/AIDS patient base, says the work is intense but satisfying. "I enjoy working with my patients. They're interesting people, wonderful and generous with themselves. Their care is like a puzzle and I have to figure out what's going on with them and in their lives."

Prior to completing her midwifery and nurse practitioner training at VUSN, Womack spent time in India in the early 1980s and in Zaire in the late 1990s, where she worked in an isolated village training local women to become maternal/child health advocates. She found her professional niche in the rotation she completed at CCC during her final semester at Vanderbilt.



MATT GORE



# Body, Mind, AND Spirit

THREE VUSN DOCTORAL STUDENTS TAKE NURSING RESEARCH IN NEW DIRECTIONS

BY YVONNE PARSONS POINDEXTER

Photos by Daniel Dubois, illustration by Jenni Bongard

Ask a dean or faculty member about the strengths of the Ph.D. program at Vanderbilt University School of Nursing and you will likely hear similar words of praise: innovative interdisciplinary research, a commitment to academic excellence, a wealth of opportunity for meaningful collaboration. More telling, perhaps, may be a look at its students. The profiles here feature just three of VUSN's 18 doctoral students. But the snapshots bring something into focus: Excellence rises from ambition, commitment and talent.

## Hearts and Souls

MICHAEL VOLLMAN SHINES A LIGHT ON SPIRITUALITY AND WELL-BEING

Noted 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 is one to which VUSN assistant professor Michael W. Vollman can probably relate. 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 stress. He's the first to admit that the marriage of science and matters of the spirit mount more than a few challenges.

An analyst by nature, Vollman relishes the chance to shine a scientific light on how patients' physical health might relate to their



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

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

self-perceived sense of spiritual well-being. "He's clearly thought through his research in every detail," says Dr. Rob Hood, clinical assistant 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.

Simple observation helped him identify the topic of his dissertation. While working as a nurse on the intensive care unit at Nashville's Veterans' Administration Medical Center in 1994, Vollman repeatedly witnessed a phenomenon common to ICUs everywhere: hands clasped in prayer.

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

His cross-sectional exploratory study determined that a correlation exists between a patients' 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 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 with heart failure. Cancer patients and the elderly have been the subject of most research on spirituality in health care, he notes. Though he's 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."



Doctoral student Hongxia Liu uses statistical analysis in her work measuring patient satisfaction among renal patients at the Vanderbilt Transplant Center.

## A Good Head for Numbers

HONGXIA LIU USES STATISTICAL METHODS TO IMPROVE PATIENTS' QUALITY OF LIFE

Vanderbilt Transplant Center Surgical Director Dr. C. Wright Pinson approached the Nursing School recently with a plan: recruit a doctoral nursing student interested in a fellowship and a chance to collaborate with the Center's multidisciplinary outcomes research project efforts. His timing was perfect. Hongxia Liu, a VUSN doctoral student admitted last fall, brings Pinson and colleagues a mix of compassion, practical experience and a penchant for statistics.

A native of Beijing, People's Republic of China, Liu worked for five years in the urological surgical department of the Health Science Center of Peking University, a teaching hospital in her home city. While earning her master's degree in nursing at Thailand's Chiang Mai University, she explored how tracking patient satisfaction affected the quality of life of renal transplant patients.

Though her clinical observations and concern for patients helped lead her to her thesis topic, Liu emerged from her master's program with something more—a proven aptitude for statistical analysis.

At the Transplant Center, she draws on all of these strengths in her work with renal transplant patients. Liu evaluates the patients' longitudinal health-related quality of life using existing instruments and a

patient satisfaction survey. The satisfaction survey was developed by Transplant Center outcomes researchers led by Drs. Pinson, Ted Speroff, and Irene D. Feurer, director of quantitative services.

"I especially enjoy working with Hongxia because she combines a clinical knowledge base with a particular interest in data management and statistical methods," says Feurer. Liu's main charges at the Center are to help manage the statistical database and to conduct item analysis and validation procedures for the satisfaction survey. Through this, she will determine how to best score the patient satisfaction survey and best apply it to the clinical setting.

Liu's interest in the renal transplant population is strong, but she has yet to firm up plans for her doctoral research. She's exploring possibilities now with faculty adviser, VUSN Associate Professor Kathleen Dwyer.

One research interest: better understanding how the health of family caregivers of Alzheimer's patients is affected by their coping skills. In China, she notes, sons and daughters of the elderly typically shoulder the full burden of their parents' care. "It's a concern not yet focused on by healthcare professionals," she says. "I would like to do something to help."

Liu is in a great position even if she opts

to pursue a research topic outside the confines of her work at the Transplant Center, her advisers agree. "The skills she's developing now will be germane applicable to whatever topic she pursues," says Feurer.

Ultimately, upon earning her Ph.D., Liu would like to return to Beijing, where she hopes to join the faculty of Peking University. But for now, she's glad to call Nashville home. "Vanderbilt was my first choice," she says, citing the Nursing School's international reputation for academic excellence. "I'm glad to be here."



Sheila Ridner, MSN'00 and Ph.D. student, focuses her research on improving the outcomes of breast cancer survivors with lymphedema.

## Treating the Whole Person

SHEILA RIDNER IS MAKING A DIFFERENCE FOR WOMEN WITH LYMPHEDEMA

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 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 many women in ways that profoundly affect their quality of life, says Ridner, whose mother has lymphedema.

"There are certain symptoms other than a

swollen arm that go along with this disease," she says, 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. During that time, the location of her husband's Army postings prompted an interim career working in clinical and administra-

tive positions in mental health nursing. Upon returning to her field of choice, she realized that too little had changed. "I found that we still really weren't doing that much about lymphedema," says Ridner, citing a paucity of research on the condition in the United States.

Ridner focused on lymphedema while earning her MSN from Vanderbilt in 2000 and now serves on the Cancer Pain and

### *Oncology is a passion to which Ridner returned after a hiatus of more than 20 years.*

Symptom Management Committee. She hopes her current study, which she plans to finish by summer, lays the groundwork for future research on lymphedema.

Her Ph.D. program adviser and fellowship sponsor, Janet Carpenter, associate professor of nursing, is sure Ridner will succeed in that 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." ♦

# Students

## NNP Graduates Get Perfect Score

The Vanderbilt University School of Nursing's Neonatal Nurse Practitioner specialty program is still celebrating the news that a recent graduate received a perfect score on her certification examination.

Cheryl McMann is the proud graduate who aced the exam. McMann, a graduate of last year's NNP program, carries the torch of tradition, as the school has a history of graduates with perfect scores. In 2001, two graduates from the program, Shea Lantz and Liza Benfatti, also earned perfect scores on the exam.

The average pass-rate for passing the Neonatal Nurse Practitioner Certification Exam is only 67 percent, but the VUSN average has consistently been 80 percent or greater.

Karen D'Apolito, assistant professor of nursing and director of the NNP program, says she attributes the success of the students to their hard work and an excellent program. "The program has been revised over the last four years. Students are taught by experts in the field and the content presented not only prepares the students to take the exam, but provides them with information to become exceptional beginning NNP's after graduation." D'Apolito says she offers congratulations to all of her graduates, and especially to those who received a perfect score.

—Heather Hall

## Johnson Named Head of PCCU

Jackie Johnson, RN and VUSN student, has been appointed manager of the Vanderbilt Children's Hospital Pediatric Critical Care Unit. Johnson has served as the interim manager of the PCCU since September 2001. Prior to this position, Johnson worked as an assistant manager from 1997 to 2001 and staff nurse in the PCCU since 1997, making significant contributions to the PCCU's growth and development over the years. Her clinical expertise and leadership skills have been key in the support and development of the PCCU Nurse Internship Program and other major initiatives within Children's Hospital.



More than 120 VUSN students attended the Capitol Hill Day to raise awareness for nursing.

## Students, Nurses March on Tennessee's Capitol Hill

One hundred twenty-four students from the Vanderbilt School of Nursing joined hundreds of other nursing students from across the state in War Memorial Auditorium near the State Capitol on February 26 to rally as part of Nurses and Students on the Move: Capitol Hill Day.

The yearly event, organized by the Tennessee Nurses Association (TNA), provides a chance for nursing students to learn first-hand how legislative policy directly impacts their profession and to speak one-on-one with their legislators.

"I'm delighted we had so many students and nurses on the Hill. Only when nurses become an intricate part of the political process will they be able to most effectively advocate for their patients," said Colleen Conway-Welch, dean of VUSN.

Betsy Kennedy, lecturer in nursing, requires all first-year students in her Professional Foundations of Nursing classes to attend the event. "The students need to understand the importance of political action, not only in affecting change in health care, but also in having a voice in their own practice. If all of the 2.7 million registered nurses in this country were involved

with their state and national level nurses' associations, the potential impact would be enormous."

First-year pre-specialty nursing student Serena Williams spoke to the crowd of nearly 1,600 nurses on the Hill, offering a roll-call of VUSN attendees and voicing their primary concern for lawmakers. "Vanderbilt has 124 students here and our major concern is funding for loan reimbursement for nurses at all levels." Williams said loan reimbursement should be a consideration for policy makers involved with the state budget.

Nurse staff ratios and prescriptive privileges for nurse practitioners are also primary concerns of VUSN students and nurses, Williams said.

Wanda Neal Hooper, president of the Tennessee Nurses Association, said Williams and her colleagues are right to be concerned about both. "Our practice is completely regulated at the state level," Hooper said, "Our practice is what the House and Senate says it is."

Hooper said nurses can make a powerful impact by taking one simple step. "If they're not registered to vote, they need to do so, because the single most important thing they can do is make an educated vote."

—Heather Hall





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



## 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, Hattie 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



PHOTOS BY DANA JOHNSON

*Top left: Front to back, Justin Northcutt, Wilson Phillips, Cayci Heist, and other classmates, all third-grade students at Stratton Elementary School, do a strengthening exercise game of tug-of-war in P.E. class as part of the Healthy Heart Project. Top right: Signs mark Healthy Heart choices in the cafeteria line at Stratton Elementary School, one of the participating schools in the Healthy Heart Project. Above: Jacob Smith, center, talks with classmate Christopher Green as he eats his apple during lunch at Stratton Elementary School. Smith and Green are third graders participating in the Healthy Heart Project. Elizabeth Hernandez, left, and Gladys Nava look on.*

the Metro schools indicating the healthiest foods, to help students make better meal choices. Cook is using a model of a similar study conducted at UNC-Chapel Hill. “The

model for the healthy heart program doesn’t have nutrition or a family component in it. This is something I added,” he says.

Third graders from Stratton Elementary School taking part in Cook’s study are already more aware of their cardiovascular health. Donovan McKinnie 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,” McKinnie said.

“The wrong foods can make you really sick and damage your heart,” said third grader Elizabeth Hernandez. Fellow student Paula Marcellus says 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 Beever, 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 as 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 P.E. 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 M.T.S.U., 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 P.E. 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 20 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 one night a week to talk about healthy eating

and behaviors children can practice at home. Don Paul Gross’s daughter, Olivia, is in the study at Westmeade. Gross says it’s making a difference. “I was starting to connect a lot of dots with changes I’m seeing in my daughter and what’s going on at school. She’s paying attention to labels and asking questions,” he said.

Gross said Olivia and her brothers are even counting calories in soda choices and checking fat grams on ice cream cartons. He said Cook’s work is an added plus for parents, who usually fight an uphill battle with children over meal choices. “It’s just refreshing as a parent to feel we’re getting help, because most of what’s pushed on kids isn’t healthy,” Gross said.

Cook says the schools have been very supportive, and that the children are excited to be involved in the study. “It’s more fun than I thought,” he says.

Over passing weeks, Cook plans to record the latest physiologic data of the children in hopes of finding improvements and changes in behavior from the beginning of his study. Cook plans to begin examining all of the data collected from the students and release his findings in April.

—Heather Hall



*Tom Cook, Ph.D.’94 and assistant professor at VUSN, helps Metro Nashville elementary school students make healthy choices about their health.*

## Farewell to Fernandez; a Welcome for Tennyson



Sonia Fernández

Sonia Fernández, alumni coordinator for the School of Nursing for the past year and a half, 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. Fernández’s new position will allow her to better pursue her goal of a career in international studies. According to Alice Parkerson, VUSN director of development, Fernández’s work at the School helped to greatly increase the number of active and involved alumni. She will be missed!



Jennifer Tennyson

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 Nashvillian, 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 alumna 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 Shalayla 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*



*Barbara Hartshorn, Carol Komara, Dora Forman, and Annette Sastry, all 1962 BSN graduates*



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



*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.*

Please Note: Class notes are only available in the print version of this publication.



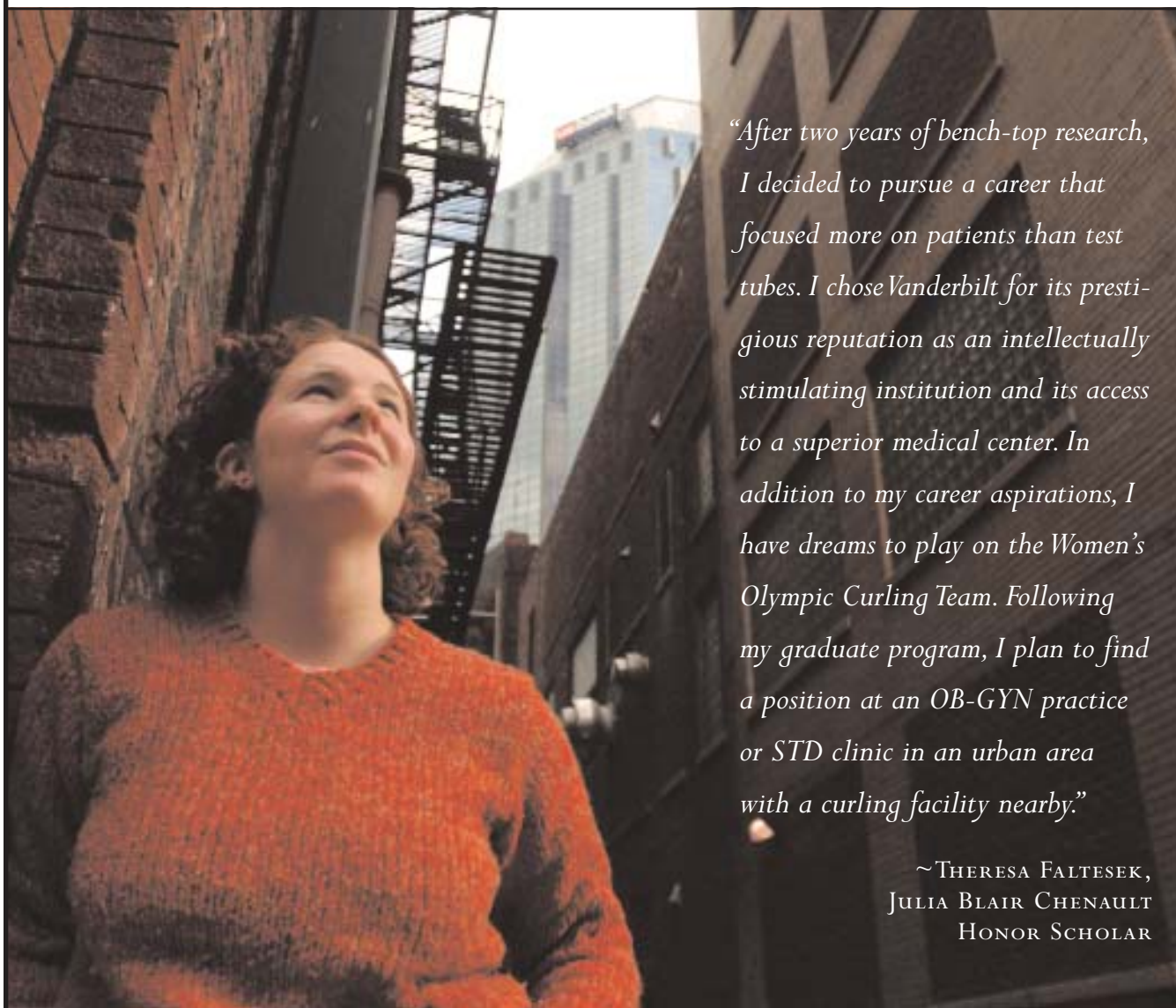
DANIEL DUBOIS

Vanderbilt University  
VU Station B 357703  
2301 Vanderbilt Place  
Nashville, TN 37235-7703  
Address service requested

Nonprofit Org.  
U.S. Postage  
PAID  
Nashville, TN  
Permit No. 1460

[www.mc.vanderbilt.edu/nursing](http://www.mc.vanderbilt.edu/nursing)

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](mailto:alice.parkerson@vanderbilt.edu) [www.vanderbilt.edu/alumni/giving](http://www.vanderbilt.edu/alumni/giving)