

InterAction



Official Publication of The American Assembly for Men in Nursing

Volume 23, No.4 / Fall 2005



Message from the President

Jim Raper, DSN, CRNP, JD, Esq

As you know, it's been 6 weeks since the wrath of Hurricane Katrina devastated New Orleans and much of the Alabama and Mississippi coasts. The effect of Hurricane Katrina was extremely severe, resulting from one of the deadliest natural disasters in U.S. history. By August 30, 2005, one day after the category 4 storm made landfall, 80% of New Orleans was flooded with as much as 20ft of water in some parts of the city. The flood was caused by several levee breaches due to a combination of powerful storm surge, strong winds and excess water in the bodies of water surrounding the city. The event continues to have major implications for a large segment of the population as well as for our economy and the politics of our nation. Thousands of evacuees are still without homes, as Louisiana failed to reach its goal of clearing all the shelters by Saturday, October 15, 2005. The pouring out of generosity by fellow Americans and people from around the world has been uplifting. Everyday I read another story about the response of nurses everywhere who continue to play an important role in the post-Katrina humanitarian efforts. Heartfelt kudos to our brother and sister colleagues!

On August 31, 2005, during an emergency telephone conference of the AAMN Board of Directors the Board faced a decision as to how to proceed with the 2005 Annual Conference. As our knowledge grew of the ongoing devastation, the Board considered postponing or relocating the conference to another suitable location. However, owing to the many logistical challenges of successfully accomplishing a postponed/relocated conference and the probable direct/indirect effects of the disaster on AAMN members, the Board regretfully decided to cancel the 2005 annual conference; previously scheduled to be held on November 4-5, 2005, in New Orleans at the Louisiana State University Health Sciences Center, School of Nursing. The decision was not easy. Conference cancellation was posted on our website www.AAMN.org the next day. We owe our gratitude to would-be hosts at LSU, the Ambassador Hotel, the planning/education committee and invited speakers.

The Board also considered other important issues before them. Presentation of the annual Luther Christman, Best Nursing School or College, and the Lee Cohen Member of the Year Awards will be made as scheduled. Congratulations to Brig. General (Ret.) William Bester, MSN; University of Texas and our own Demetrius Porche, DNS, RN, CS, FNP; respectively.

Inside this Issue

CHAPTER NEWS	2
GENE'S GEMS	3
VISION ARTICLE	4-7
LUTHER CHRISTMAN AWARD	8-9
REMEMBERING	10
BALLOT BIOS	11
AAMN BOARD	12

Continued on page 2

You may contact AAMN with the following information

11 Cornell Rd
Latham, NY 12110

AAMN@NYSNA.ORG

[HTTP://AAMN.ORG](http://AAMN.ORG)

518-782-9400 ext 236

Continued from page 1

Awardees were notified and commemorative recognition will be mailed. All awardees will be formally recognized by the membership at our 2006 annual conference. Election of officers for President-elect, Vice-President, Secretary and three Board members will proceed by U.S. Mail. By this time all members eligible to vote should have received their ballots. If you haven't already, I encourage you to cast your vote today. The Board also voted to hold the 31st Annual Conference of the AAMN, "Men in Nursing: Leading Men to Healthier Lives," October 20-21, 2006. Mark your calendars now. The University Of Portland School Of Nursing, Portland, Oregon will host our 2006 annual conference. Planning is already underway. Lastly, the Board will meet for an annual meeting in Chicago on November 4, 2005. The proceedings of the meeting will be published in the next edition of *InterAction*.

I look forward to 2006 with great anticipation. I am happy to be one of the first to share with you that on October 10, 2005, Lippincott Williams & Wilkins launched *Men in Nursing* journal, the only nursing journal created exclusively for male nurses and their colleagues. The first edition will be available in February 2006. The journal promises the following exciting features: methods for overcoming the obstacles to professional growth that men often encounter in nursing; clinical guidelines that prepare men to give expert care —no matter where they work, practical tips for managing unique career goals, health in a high-stress profession and personal finances; strategies for collaborating successfully with everyone on the health care team; and ways to affect significant changes in health care delivery. The publisher, Theresa Steltzer tells me that the journal will have a special focus including spotlights on critical care, emergency, trauma, OR, psychiatric care, burn care, transplant management, military nursing, air medical transport – and greater technological expertise. How exciting! I look forward to reading the journal and the increased awareness of AAMN it will bring to male nurses and our colleagues everywhere.

It is with bitter-sweet pleasure that I introduce this, perhaps the best, issue of *InterAction*. It is filled with important and interesting features that include Remembering our Veterans; AAMN Award Recipients; and a special manuscript—"The Vision of Male Nurses: Roles, Barriers and Stereotypes," by our Canadian colleague Jo Anne Genua. It also includes the last official installment of "Gene's Gems." In his departing expose Gene recounts some of his professional life as a nurse and shares with us his desires for our evolving profession. From the board of directors, the membership and the college of past presidents we all thank Gene Tranbarger for his countless contributions to AAAM, AAMN Foundation, *InterAction* and Nursing.

Chapter Reports

The East Carolina University/Greenville, NC Chapter of AAMN has embarked on a busy year. Fund raisers have generated \$7,000 to be used for Katrina victim relief. The have scheduled monthly programs including information about nurse anesthesia, flight nursing, graduate education, men's health and a social event will be held in early December. Approximately 50 undergraduate, graduate students and faculty attend the monthly meetings.

Ohio State University has approved the establishment of a chapter of AAMN according to David Sprouse. The Chapter has developed By-laws which will be submitted for review by AAMN and have begun regular meetings on campus. Please welcome our newest Chapter to AAMN and thank David Sprouse for his efforts in helping this chapter get started.

Other chapters are in the exploratory stage including one in the Greenville/Spartanberg, SC area. We will look forward to future developments.



Gene's Gems

“To every thing a season...” is a verse well known to most of us. It is time for me to “retire” as your editor of *Interaction*. I have enjoyed the opportunity to serve AAMN in this role as well as the other roles you have generously granted me over the years. I shall remember these experiences fondly and hope that I have given you “food for thought” and perhaps made you laugh or maybe

even made you angry. An editor needs to do those things or else it is wasted ink.

I have been in nursing since 1956 as a student nurse and have been a registered nurse since 1959. I have lived to see many changes in nursing, most of them for the better. I have also seen a change in the reaction of people to men in nursing. Years ago a man in nursing was viewed as a rare thing, much like an almost extinct species of animal or a very rare flower. I graduated from a school of nursing for men and when 20 of us walked into a student nurse meeting or dance in Chicago we were noticed quickly and often became the center of attention. The opposite tended to happen when we appeared as an individual at a meeting of professional nurses. I have been ignored, made the butt of a joke, told I was in the wrong room or just told to leave. I think it fair to say that being a man in nursing has frequently been a love/hate experience. At a job interview I was once offered \$0.05 an hour more in salary because I was a man (1963). I was also told once by a hospital administrator that I was by far the most qualified candidate for a nurse executive position but he would not interview me or offer me the position because “his girls” (nursing staff) would not want to work for a man! After some discussion of labor law he agreed to fly me to the city for an interview. He and I both knew this was to be an all-expense paid vacation for me and that the job would neither be offered nor accepted!

Perhaps the phrase from a song from the 1960's best expresses circumstances today and it is “The times, they are a changing.” I think men in nursing now have more opportunity to achieve their goals in nursing than ever before. I believe the public accepts men in nursing as natural. Hospitals and other nursing worksites look at men nurses as good employees. Yet battles remain to be fought. Men nurses still have to wage an unnecessary battle to gain employment in obstetrics, Labor and Delivery suites, Women's health areas. The Court System still tends not to support men nurses in discrimination actions. Life is not always fair but what does not kill you makes you stronger!

Men nurses and our female colleagues have enormous battles to wage beyond gender. We must solve the circumstances that leave millions of our citizens without health insurance and thus with limited access to health care. We must restructure delivery systems so the knowledge and skills of nurses are focused on client care and not the supervision of poorly trained assistants. We must solve the argument over education for entry into nursing practice once and for all. Who can say “Less education is better preparation for nursing.”? Diversity is certainly an expressed need for our profession but it should not be the diversity of seven different ways to qualify to take the NCLEX-RN examination! Listen carefully; this has nothing to do with whether you have an associate or a baccalaureate degree. This has to do with what must a person know and be able to do successfully to meet the needs of clients today and tomorrow. We must find an acceptable method for teaching neophytes how to practice nursing and having found the best practice for doing so insist on that standard for everyone. I refuse to die until nursing solves this issue! We shall overcome!

On a personal note I want to thank Patti Phillips for all her assistance in the publication of *Interaction* these past several years. I know I have tested her patience several times but she never lost her temper, at least not that I know of! Kerri Poisson before her was equally helpful. I also want to express my appreciation to everyone who made it possible for me to serve as editor. It has been my pleasure to do so.

The Vision of Male Nurses: Roles, Barriers and Stereotypes

Jo Anne Genua

July 20, 2005

Abstract

Research indicated that male nurses date back to the third century (Rodate, 2002) but with Nightingale's vision of nursing which did not include men (Poliafico, 1998), the number of men in nursing has diminished. Today men who choose nursing as their profession encounter barriers that limit their choice of specialty and risk being labeled and stereotyped as gay and effeminate, lazy and power hungry. The percentage of males who enter nursing is slowly increasing but not enough when compared to females in nursing.

The Vision of Male Nurses: Roles, Barriers and Stereotypes

Despite the advancement of nursing and the shortage of nurses, men who have chosen nursing as their profession continue to encounter barriers that limit their choice of specialty and risk being discriminated against. Nursing has been and continues to be a predominantly female profession (Buchan, 1995). In fact, Marsland, Robinson and Murrells (1996) stated that nursing was built around the careers of single women who were devoted to their jobs. The general public has painted the picture that a nurse should be female, wear a nurse's cap and follow doctor's orders unquestionably. In order to deal with the nursing shortages, this myth must be shattered (Trossman, 2003). This paper will outline the history of men and women in nursing, and highlight statistics concerning male nurses along with the barriers they face due to stereotyping and discrimination.

Men and Women in the Nursing Field

There has been a longstanding history of male nurses. It is believed that the first male nurses were the Parabolani of the third century, who during the Black Plague traveled the streets looking for the sick (Rodate, 2002). According to Whittock and Leonard (2003) during the Black Death in the 1300s, the Alexian Brothers provided care for the sick and, a religious order of men known as "Fathers of a good death" (p. 243) took a vow to care for the sick in the hospitals and in their homes. Many religious organizations developed into nursing orders but when these monasteries were dissolved, the tradition of men in nursing changed drastically; thus laying the foundation for a female dominated profession. During the Crimean War, men worked in the military hospital under the direction of male ward sergeants. However, these male nurses, who also served as soldiers, were often called away from nursing duties because they were required to fight. Therefore, women became more involved in nursing making it a female dominated profession. Throughout the latter part of the nineteenth century and the beginning of the twentieth, men continued to be involved in caring for the sick and formed male nursing organizations separate from female nursing organizations. Some still exist today, for example, "the Temperance of Male Nurse Co-operation, the Society of Nurses and Masseurs, the Male Nurse Mutual Benefit Organization, and the Royal Army Medical Corps" (Whittock & Leonard, 2003, p. 243). Men served as nurses during the Civil War; and, an experimental field hospital organized by John Simon during the Franco-Prussian War employed male nurses (Meadus, 2000).

In the nineteenth century Florence Nightingale initiated and developed nursing as we know it today. Nursing was considered suitable for women because it was viewed as an extension of the domestic role and because women had the innate desire to be caregivers with nurturing and mothering roles (Meadus, 2000). However, this viewpoint was a hindrance in the establishment of nursing as a profession which men would choose because nursing was "unskilled and of low value" (Evans, 1977, n.p.). According to Poliafico (1998) Nightingale's vision of nursing did not include men because "every woman is a nurse" (p. 40). In the early 1900s men were not allowed into the Army and Navy nursing corps nor were they allowed into nursing schools (Poliafico, 1998). Today though, the popularity of nursing among men has increased (Gray, 2003). Mackintosh (1997) highlighted that men must be given equal opportunity to experience and participate in every aspect of nursing.

Statistics of Male Registered Nurses

The movement of men into nursing has been progressing slowly. In 2003, there were 258,393 Registered Nurses (RNs) in Canada and of these only 5.3 percent or 12,745 were males despite the fact that in 2002, 49 percent of Canada's population was male. In the Province of Ontario of the 85,187 RNs approximately 3,276 are men (Canadian Nurses Association, 2004). Many other countries also have a low percentage of male nurses; for example, in 2002, in the United States of America 5.9 percent of all nurses were men, in Denmark 3.6 percent, in Germany less than one percent, in Iceland only one percent, and in Japan 3.5 percent (Canadian Nurse, 2003).

Roles, Barriers and Stereotyping Roles

The study by Marsland et al. (1996) outlined reasons why men and women choose nursing as a career. The research indicated that men tended to be older than women, men started training at 21 years of age or older and women started under 20 years old. Men turned to nursing as a second career choice, had higher aspirations than women such as obtaining promotions, traveling and working abroad. Men are more likely to move into education, research or management and less likely to work in the community. This writer conducted a mini survey of six males in the nursing role, of which two are RNs and four are nursing students. In reply to the question why nursing was chosen as a career, one RN who was 28 years old when he changed his profession from ambulance services, entered nursing because all other science courses and programs were full and because he recognized that he could provide more to patients by being a nurse. Men choose to become nurses for the same reasons women do; caring for people and assisting them to deal with their health issues. The leadership opportunities available to nurses also appeal to men in the profession. The excitement of nursing, for example working in the Emergency Department lures many men into the profession (Squires, 1995). Evans (1997) also stated that male nurses are employed in "fast-paced, high tech areas" (n.p.) but not in obstetrics or gynecology. Kleinman (2004) stated that male nurses have an advantage over female nurses in that preference was shown in hiring men for administrative positions based on the notion that men possess better leadership qualities than women.

Barriers

Men in nursing face many barriers and obstacles not only from the general public but also from their patients and their colleagues. The trend is to portray the nursing image as a feminine occupation by excluding men from the nursing language and image. The media's representation of nursing has contributed to the hurdles that male nurses encounter. For example, women are portrayed as firefighters, boxers, paramedics, doctors and architects but how often are men portrayed as nurses? Men in nursing are referred to as "male nurses" but "women in nursing are simply nurses, not female nurses" (Meadus, 2000, p. 8). One of the male nursing students interviewed by this writer summed up the portrayal of men in nursing by stating "males should pursue nursing just as much as females should pursue, say, mechanics" (J. V.S., personal communication, July 7, 2005). In 1997, only 0.06 percent of all nursing journals included illustrations of men in nursing. These journals frequently referred to nurses as only women (Schaffner, 1998; Poliafico, 1998). This lack of exposure in nursing journals contributes to the barriers encountered by male nurses.

The reactions of patients and their families also pose barriers for male nurses. Often male nurses must overcome the assumption that because they are male then they must be doctors (Polifco, 1998). In the mini survey conducted by this writer, all six involved related that patients mistook them for doctors instead of nurses. Other barriers involved female patients who objected to having personal intimate care given by male nurses; female patients preferred female nurses for matters pertaining to sexual health and reproduction issues because they found it embarrassing to be given care by male nurses. Of note, while some female patients did not object to male nurses initiating intravenous therapy or taking their temperature they did refuse to be given a shower or bathed by male nurses (Chur-Hansen, 2002). In the survey conducted by this author five of the six males interviewed related that female patients refused care from them, while one male nursing student had a male patient refuse care because "they wanted a female because that is what they were used to seeing in the hospital" (J.C., personal communication, July 10, 2005). One of the male RNs surveyed by this writer related that when he was working in the community, two ladies on different occasions refused receiving care by him because he was male. The agency he worked for had a policy that they

would not send another nurse if the patient refused care for gender reasons; when this policy was explained, these ladies consented to having him provide care.

A few male nurses have been denied employment in specialty areas such as obstetrics/gynecology or the delivery room (Girard, 2003; Squires, 1995). Poliafico (1998) related that California upheld a ban on male nurses working in the labor and delivery rooms because male nurses had to perform vaginal examinations but allowed male obstetricians to look after their patients. These hospitals failed to take into consideration studies that revealed that women did not find a difference as to whether they were examined by a male nurse or male doctor (McKenna, 1991).

Male nursing students have reported that instructors excluded them from “participating in childbirth and providing postpartum care” (Burt, 1998, n.p.). One instructor informed a male nursing student that it was “illegal for male students to be present for a birth and aftercare” (Burt, 1998, n.p.). Of the four male nursing students surveyed by this writer only one reported that the nursing instructor did not allow him to perform a female catheterization.

Stereotyping of Male Nurses

There have been men who have entered the nursing profession and have been labeled as gay or effeminate, power hungry and lazy. There are people who assume that male nurses are effeminate or gay because nursing requires the capability to be nurturing, empathetic and deliver compassionate care; qualities that are viewed as predominant in females. Even though a number of gay men are nurses, nursing remains a low occupation choice for men because they do not want to be perceived as “unmanly by their peers or their clients” (Meadus, 2000, p. 9). Evans (1997) tells us that labeling male nurses as gay or effeminate can be considered a social control issue because nursing is defined as a woman’s profession. At some point in their career, male nurses are questioned in regard to their sexual orientation. This sexism contributes to the barriers male nurses face (Yang, Gau, Shiao, Hu & Shih, 2004). In the mini survey conducted by this writer none of the males interviewed experienced any form of sexism by their peers, patients or family members and friends. However, one of the RNs related that one of the physicians thought he was gay because he wore an earring and was a nurse.

Another drawback for male nurses is that they are considered to be power hungry and aggressive. Kleinman (2004) stated that “power tends to be used more effectively by men than by women” (p. 79) because health care institutions follow a patriarchal structure. This reasoning contributes to the tendency by male nurses to think that they have greater leadership skills and qualities than women (Evans, 1997). Gilloran (1995) stated that male nurses are ambitious and seek more promotions than female nurses.

Male nurses have also been stereotyped as being lazy by some female nurses who stated that women are “better at getting their hands dirty” (Gilloran, 1995, n.p.). A few patients and health providers are of the opinion that male nurses are “underachievers” (n.p.) and were not intelligent enough to be accepted into medical school (Poliafico, 1994) and that is why they chose nursing as a profession.

Future Research: How to Overcome Barriers and Stereotyping

In view of the above-mentioned barriers and stereotyping of male nurses, earnest efforts must be made to recruit men into nursing (Trossman, 2003). This can be done by targeting the younger boys. Some feel that increased advertising depicting men working as nurses should be displayed and advertised on television and billboards where men can see them. The male image of nursing projected must demonstrate that the caring aspect of nursing is not only a feminine trait (MedZilla, 2002). Scholarships (Trossman, 2003) and career advice should be readily available to young men (Whitlock & Leonard, 2003) so that nursing can be viewed in a positive aspect. Educational material needs to be re-developed to include men and gender-neutral language should be used (Meadus, 2000).

Barriers that restrict where male nurses can work should be removed (Poliafico, 1998) however, patients should still have the right to refuse care from a caregiver regardless of gender. As is stated by Burt (1998) no one should be denied

employment or discriminated against because of their gender. As indicated, both men and women had historical roles within the occupation of nursing. The contribution that men have made to nursing should be recognized and men should be allowed to practice nursing with the same freedom, dignity and respect given women who are nurses. In order for this to happen, this writer is of the opinion that the public image of nursing needs to be transformed to promote gender equality in nursing thus preventing stereotyping of male nurses.

Jo Anne Genua, RN - Biographical Information

I graduated as a Registered Practical Nurse in 1994 and became a Registered Nurse in 1999. In 2002 I obtained my undergraduate degree in nursing at Brock University in St. Catharines, Ontario. At present I am working on my graduate degree in nursing (on-line) through Athabasca University, Alberta.

My clinical background is medical-surgical and emergency room nursing. At present I am working as a clinical instructor for third year degree nursing students and am also teaching theory for practical nurses at college level.

Jo Anne Genua, RN
Mount Hope, Ontario

WEB SITE NEWS

AAMN is pleased to announce a new CAREER CENTER on our website! Members can now post resumes and prospective employers can post jobs. Click on [CAREER CENTER](#) at the top of any page on the web site.

MEMBER ONLY SECTION

[AAMN Newsletter](#) — Read the latest issues of Interaction, the official AAMN professional publication. [AAMN Career Center](#) — Post your resume, look for jobs available, post jobs, etc. [AAMN By-Laws](#) — Learn about the mission, purpose, local chapter requirements, and much more.

****Contact the AAMN office for your ID and password****



Bester Named Luther Christman Award Recipient for 2005

The American Assembly for Men in Nursing has announced the recipient of the 2005 Luther Christman Award is Brigadier General Bill Bester (Ret). Bill has a distinguished career in nursing and has brought increased visibility to men in nursing.

General Bester is a native of Minnesota, a graduate of a baccalaureate in nursing program from a small Catholic College in Minnesota. He then was commissioned in the Army Nurse Corps and served there until 2004. Bill was educated by the Army as a nurse anesthetist and has a master's degree from Georgetown University.

Bill rose through the ranks of the Army Nurse Corps and served in numerous hospitals and at a variety of Army Posts both in the United States and around the world. He holds numerous Army medals and has been honored for his service.

Bill was the first nurse to command an Army Hospital. Previously only members of the Medical Corps could be selected as hospital commanders. When the rules changed Bill was selected by a Board of General Grade Officers as Commandant of the Army Hospital at Fort Jackson, South Carolina, the largest Army Post in the US. He was subsequently selected by the same Board as Chief, Army Nurse Corps and was the first man to hold that office in any of the military nurse corps's. He was promoted to Brigadier General and was the first man in nursing to achieve that rank in the military.

Bill has served in highly visible posts and has served with distinction. He was the keynoter for the American Assembly for Men in Nursing's annual conference in Austin, Texas in 2001. Currently he has just returned to his faculty position at the University of Texas at Austin, School of Nursing following a tour as hospital commander of the Project Hope Ship, Mercy, providing emergency relief services to the victims of the tsunami.

Luther Christman Award Winners

1975	Gerald R. Ford, President of the United States	1992	Nicholas Cummings
1976	Myrtle K. Aydelotte	1993	Peter J. Ungvarski
1977	Chester Rethowski	1994	Barbara J. Holtzclaw
1978	Samuel Hart	1995	Lawrence J. Voyten
1979	Valencia Prock	1996	Ann Marie Brooks
1980	Janetta McPhail	1997	Hildegard Peplau
1981	Vernice Ferguson	1998	Vernon Bullough
1982	Harold MacKinnon	1999	Marie O'Toole
1983	The Alexian Brothers	2000	Tim Porter-O'Grady
1984	Dorothy Wheeler	2001	Eleanor J. Sullivan
1985	Virginia Henderson	2002	Daniel Pesut
1986	Edward J. Halloran	2003	Terry Misener
1987	Frances Payne Bolton (In Memorium)	2004	Bruce Wilson
1988	Clifford Morrison	2005	William Bester
1989	Ada Sue Hinshaw		

The Luther Christman Award

Purpose:

The Luther Christman award is given to an individual or individuals who have made an outstanding contribution to nursing that also reflects highly on men in nursing or significantly contributes to the purposes of this organization.

Criteria:

1. The person or persons honored with this award must have made a visible, commendable and substantial contribution to nursing and to men in nursing over a period of time.
2. The person or persons are not required to be members of this organization.
3. The person or persons are not required to be registered nurses.
4. The individual is expected to be present for the presentation of the award.
5. The award will not be given to the same person or persons more than once.
6. The award will be offered only when a person or persons are determined to be worthy of this award and have met the required criteria.
7. The award will be determined by majority vote of the Board of Directors.

The Lee Cohen Member of the Year Award

Purpose:

To recognize a member of AAMN who has made an exceptional contribution to the organization over a period of time.

Criteria:

1. Should have been a full member for at least two years.
2. The contribution(s) should be significant and understood by the membership.
3. The person(s) do not need to be or have been an officer or member of the Board of Directors.
4. No individual should be honored with this award more than once.
5. The award will be given only when an individual or individuals have made a contribution to the organization worthy of this recognition.
6. The award will be determined by a majority vote of the Board of Directors.

Remembering Our Veterans

Each year on the eleventh hour of the eleventh day of the eleventh month America honors those who served and died for our Country. It seems fitting today to thank those of our members who are again serving in the Armed Forces and protecting our freedom from external threat. A member of our Board of Directors, Bill Graw, was activated last year and is currently in Mississippi helping with the hurricane relief. Our chairman of the board and co-founder, Luther Christman was denied a commission in the Army during World War II because as a man and a nurse he was not allowed by law to serve as a member of the Army Nurse Corps and so he served in an enlisted capacity in a non-health care unit. Interestingly this was at a time when there were insufficient nurses on active duty. Near the end of the War, African-American, female nurses were finally allowed to be commissioned but men were denied this right until 1957!

It seems appropriate to again remind nursing and ourselves that two men nurses were killed in Vietnam while serving as officers in the Army Nurse Corps. Jerome E. Olmsted, Clintonville, Wisconsin, graduated from the Alexian Brothers Hospital, School of Nursing, Chicago, in 1964. He was married and left a daughter behind when he was killed in a plane crash in Binh Dinh, South Vietnam on November 30, 1967. He was a Certified Registered Nurse Anesthetist and was being reassigned to another field hospital as a replacement. Another nurse anesthetist was killed in the same plane crash with Jerry, his name was Kenneth R. Shoemaker, Jr. from Owensboro, Kentucky. Ken was two years older than Jerry (26) and was also married. Both nurses had been on active duty one year and had been in Vietnam about six months when they were killed. Both names can be found on the Vietnam Wall on panel 31 E.

I was in Washington, D.C. in June this year and visited the Wall as I do when I am able to. The Nurses Memorial is a fitting tribute to the female nurses who served in Vietnam and especially for those who were killed there. It does not memorialize well these two men who were also killed there. Organized nursing, especially the American Nurses Association has consistently refused to acknowledge these two men or to honor their service to our Country. Perhaps one way we can honor Jerry and Ken is to send copies of this article to ANA President Barbara Blakeney and request that ANA add these two names to all records relating to the death of nurses in service to our Country.

31st Annual Conference of the American Assembly for Men in Nursing

“Men in Nursing: Leading Men to Healthier Lives”

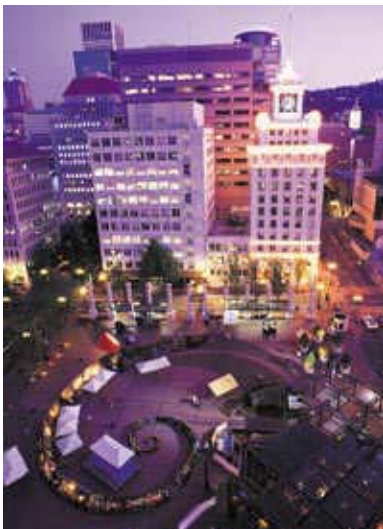
October 20-21, 2006

PORTLAND OREGON

Hosted by

University of Portland School of Nursing

Edward Thompson, Keynote Speaker



Please visit our website often for upcoming announcements.

AMERICAN ASSEMBLY for MEN in NURSING**CANDIDATE BIOGRAPHIES****President-Elect:**

Dr. Demetrius James Porche is Professor of Nursing, Associate Dean for Nursing Research and Evaluation, and Director of the Office of Nursing Research and Doctor of Nursing Science Program at Louisiana State University Health Sciences Center in New Orleans, Louisiana. He holds numerous other appointments and is active in several professional organizations. He has served AAMN as a member of the Board of Directors (2003-2005) and chairs the Education Committee and was Co-chair for the 2005 Conference Planning Committee. Demetrius is a charter fellow in the Society of Luther Christman Fellows.

Vice-President:

Keith Douglass, RN, ADN, BA has been a nurse for more than 20 years and a member of AAMN since 1989. He lives in Richmond, Virginia. Keith has served as a member of the Board of Directors, as treasurer and currently serves as Vice-president. He is running for a second term as vice-president. Keith is a charter fellow in the Society of Luther Christman Fellows and serves as treasurer of the AAMN Foundation.

Secretary:

Chad O'Lynn, PhD, RN, CNRN graduated in 1986 with an associate degree and gerontology certificate from Clackamas Community College in Oregon City, OR. He is currently a candidate for a second Ph D, has recently relocated to Portland, Oregon and has been appointed to a faculty position at the University of Portland, School of Nursing. Chad has served as a member of the Board of Directors and is currently completing his first term as secretary of AAMN. He chaired the Conference Planning Committee for the 2004 AAMN Conference and was co-chair of the 2005 conference. Chad is a charter fellow in the Society of Luther Christman Fellows.

Board of Directors

Bill Grau, MS, RN, CNAA is currently serving on active duty with the US Army Reserves as a Lt. Col and has just been sent to Mississippi. Bill previously was employed by Pitt County Memorial Hospital in several different nurse executive roles, including President of Bertie Memorial Hospital. Bill served as secretary for two years and is completing his term as a member of the Board.

JOANNE LATIMER GRUNOW, D.N.Sc., ARNP, FNP, B.C. Dr Grunow has recently been appointed Director of Nursing Programs at Copper Mountain College, Joshua Tree, California. She served a previous term as a member of the Board, served as chair of the strategic planning task-force and is a charter fellow in the Society of Luther Christman Fellows.

Kevin Hook, RN, BSN, MA has recently relocated to Philadelphia where he is pursuing an advanced degree. Kevin is completing his first term as a member of the Board of AAMN. He has intensive care work experience and has numerous publications on ethics and nursing.

Hunter Jones, MBA, RN, NHA, CHE, CNAA, BC is administrator, ABMH Subacute & Director, Patient Care Services at Allen Bennett Memorial Hospital, Greer, SC. He is seeking his first term of office with AAMN.

RICHARD A PESSAGNO, MSN, RN, CS, lives in New Jersey and is seeking his first term as a member of the Board of Directors of AAMN.

DAVID RODGERS, FNP, BC, MSN resides in Woodbridge, California and is seeking his first term as a member of the AAMN Board of Directors.

Nominations Committee

Eddie Hebert, RN, BSN, has served as secretary of AAMN, as Assistant Editor of Interaction and as a member of the Nominations Committee. He was inducted into the Louisiana Nurses Association Hall of Fame and is a charter fellow in the Society of Luther Christman Fellows.

Terry Misener, Ph D, RN, FAAN, received the Luther Christman Award in 2003 and is a fellow of the American Academy of Nursing and is a charter fellow in the Society of Luther Christman Fellows. He is Dean of the School of Nursing at the University of Portland, Portland, Oregon.

AAMN Officers/Board 2005

President

Jim Raper, DSN, CFNP, JD
Birmingham, AL

Vice-president

Keith Douglass, RN, ADN, BA
Richmond, VA

Secretary

Chad O'Lynn, RN, PhD
Portland, OR

Treasurer

David Sprouse, RN, Ed D
Columbus, Ohio

Immediate Past President

Russell E. Tranbarger, EdD, RN, FAAN
Robersonville, NC

Chairman of the Board

Luther Christman, PhD, RN, FAAN
Chapel Hill, TN

American Assembly for Men in Nursing
11 Cornell Road
Latham, NY 12110-1499

Board of Directors

Bill Grau, RN, MS, CNAA
Winterville, NC

Kevin Hook, RN, BSN, MA
Indianapolis, IN

Susan LaRocco, Phd, RN, MBA
Charlestown, MA

Demetrius Porche, DNS, RN, CS, FNP
New Orleans, LA

Robert Woodcock, MA, MDiv, MSN
Rocky Hill, CT

Phil Julian, RN, MSN
Goldsboro, NC