

Haitian American Nurses Association of Hudson Valley, New York, Inc.



SPECIAL NEWS PUBLICATION

2020 - 2021



From the President

by Marlyn Lestage-Laforest CNM-NP, MA, MPH, RN
President, HANA of Hudson Valley, New York, Inc.
(2019-2021)

On behalf of HANA of Hudson Valley, New York, Inc., I want to thank everyone for joining us for this inaugural celebration of the “International Year of the Nurse and the Midwife.”

At the beginning of 2020, the World Health Organization, in collaboration with the “Nursing Now” campaign, and the International Council of Nurses (ICN), published the “State of the World’s Nursing and Midwifery Reports.” The latter focuses on the progress and future challenges that midwives will face to deliver adequate coverage and quality midwifery services care. The former highlights how the nursing workforce will help provide Universal Healthcare Coverage (UHC) and achieve the Sustainable Developmental Goals.

2020 also marks the 200th anniversary of the birth of Florence Nightingale. To celebrate these milestones, the World Health Organization declared 2020 the “International Year of the Nurse and the Midwife.” Nurses are the foundation of healthcare, and they have proven themselves time and again, especially during this pandemic. Nurses are essential workers who assess, advocate, provide patient care, support the healthcare team, and work together to save lives.

Indeed, we all remember the primary reason we became nurses or midwives. Perhaps you were inspired like me by a nurse or a healthcare professional who took care of your sick relative or a midwife who safely delivered a baby. Whatever the reason, HANA of Hudson Valley, New York, Inc., thank you for answering the call to serve. We also recognize and applaud the resilience and the

heroic efforts you continue to show throughout this pandemic.

As we celebrate the “International Year of the Nurse and the Midwife,” let us remember and honor the nurses, the healthcare workers, and the patients who succumbed to COVID-19.

Happy Nurses Week and Happy International Year of the Nurse and the Midwife 2020. ■





‘Chapeau bas’

by Ernsta Pierre, MSN, APRN, FNP-BC
Newsletter Chair

Thank you to all the newsletter readers for patiently waiting for our special issue. In this 2020/2021 issue, you will get acquainted with healthcare workers from our community who will endeavor to narrate in their own words and perspective the perils and emotional tolls of their professional lives during an unprecedented pandemic, we will pay tributes to ALL front line workers and their unwavering commitment to caring for humanity. Our contributors will highlight the earthquake of 2010 and how vital our support is to Haiti, Black lives, mental care, and the accomplishments of nurses in ‘The Year of The Nurse and Midwife.’ We wanted to pay homage to All first line workers. Their stories will underscore the struggle, dedication and care they display for humankind, whether it is going to Haiti to assist in life saving earthquake efforts or taking care of COVID-19 patients.

2020 was an “anno horribilis” in many respects. Very early on we were reminded in the public sphere, by the death of Kobe Bryant and all who were traveling with him that fateful morning, how fragile and fickle life can be. We collectively mourned their tragic end. We did not realize then that this was the tip of the iceberg bearing down mercilessly on all of us. We did not know that our collective mind and space would be afflicted by a virulent and lethal member of the Corona virus, SARs-CoV-2 or COVID-19, that would send the world including the United States into a treacherous and murky path of confusion, disinformation, fear and unimaginable suffering and grief.

This is the year where we would fully confront the true definition of a life, the immeasurable value of those who work to save it, and the naked hypocrisy of those who claim to value and protect it. This is

the year where we will learn that main street economy is vastly different from Wall Street economy. Our collective minds will be awakened by public act of systemic racism and cruelty towards black bodies. The fabric of our family and community unit will be strongly tested by social isolation and distancing.

2020 aptly name 'The Year of The Nurse and Midwife' calls attention to our competence under enormous stress, our limitless capacity to care, the sacrificial nature of our work, and how poorly we are compensated for being "essential workers". We hope when we recover from this horrible pandemic, our political and business leaders will honor our work by matching our worth to a suitable remuneration. We hope that they will agree that hazard pay; pension, appropriate health coverage, affordable childcare and mental care should be sine qua non compensation of any "essential worker".

We would be remiss if we did not express our gratitude for the many supports we have received from our community. We felt your prayers beneath our wings. We are in awe for the many acts of kindness from strangers and family. We implore a tired community and nation to hold on a bit longer. Keep on wearing a mask, continue with social distancing and vigilantly wash your hands. We want to thank the World Health Organisation (WHO) for extending the celebration of Nurses and Midwives into 2021. We want to look forwards to promising medical advancement like COVID-19 vaccines and antibody treatment.... "Every storm runs out of rain" Maya Angelou, we will get on the other side by the grace of God. ■

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2020 Our Board Members



Remembering...

JANUARY 12, 2010

**NOU PAP JANM BLIYE
WE WILL NEVER FORGET**



The
Haiti Earthquake



Multi-faith earthquake remembrance service at St. Joseph—we will never forget



When Tragedy Hits Too Close To Home

by Jennifer Morin, BSN, RN

On January 10th, 2010 a catastrophic magnitude 7 earthquake hit the beautiful island of Haiti, devastating the country. Many lives were lost, and many others suffered physical and emotional distress. Many first responders responded, and HANA of Hudson Valley, NY, Inc. was pleased and honored to know that two of their very own, Ms. Linda Benoit, Past President and Mr. Ayal Lindenman, Past Vice President, were able to take time out of their busy schedules to travel to Haiti to help those in desperate need of assistance. Ms. Benoit and Mr. Lindenman also took some time out to speak with me about their experiences in Haiti after the earthquake.

Haiti After the Earthquake, Through a First Responders' Eyes



Jen Morin: Ayal, you've been a member of HANA of Hudson Valley, NY, Inc. How long have you been a member?

Ayal Lindenman: Since 2010.

JM: What made you want to join this association?

AL: Synergy. Working with Church of Scientology Disaster response, Archangel Airborne, and Konbit Neg Lacay. Everyone had a spoke and when we come together, we create a wheel. The whole purpose was to help the people of Haiti.

JM: When the earthquake hit Haiti on January 10th, 2010, what was going through your mind?

AL: When the reports were coming in, they were scant. It was cataclysmic. Haiti is a small country with a shaky infrastructure. An immediate massive response was put into place. There could have been millions lives lost. They needed a massive herculean response. Things went from fear to reality quickly. 500,000 people needed trauma care and 200,000 to 300,000 were either dead or dying.

JM: Was there any doubt in your mind that you had to go and assist?

AL: NO! The first rule of response efforts by a responder is, always respond, never react. For example, when some runs into the middle of the street, that is reacting but looking both ways is responding.

JM: When you arrived in Haiti, what did you see? What were you feeling? What was the environment like?

AL: I'm not your usual. I've learned to channel my emotions. I would save 3 people in the first hour and 93 the second hour, that's where your energy and focus as to be. If you are uncoordinated, you're not helping anyone, anywhere. I didn't sleep for 10 days. Bodies couldn't be collected until sunrise the next day. People didn't have the probability of survival. We had to keep airways patent and IV's patent. There was 1 nurse (myself), 1 doctor, 1 PA, 1 paramedic, and 5 EMT's in a hospital with about 660. No one died on the first night.



JM: Ten years later, is Haiti where you hoped it would be?

AL: No, unfortunately not. Foreign abuse continues. Political corruption continues. Some things have gotten better, but a lot of things are worse. It's just sad and it doesn't need to be. The focus needs to

be on adding clinics and hospitals. There is garbage in the streets. It's a beautiful country with beautiful people. A survivor asked me, "How can I help you, help my people?"

JM: What would you like to see HANA doing for Haiti in the future or ten years from now?

AL: I would like to see HANA do more mission trips. I would like to see more synergy and somehow change the aspiration of "how do I get out." I want to see improvement of quality of life, infrastructure and working together. I am Haitian at heart. Haiti is such an oasis. That's my hope for Haiti. That's why I do what I do.

"Men anpil, chay pa lou." ("Many hands make light work.")

—Haitian Proverb, Author Unknown

Coming Home to Rescue Haiti Out of the Rubble



Jen Morin: So, Linda, tell me a little bit about yourself?

Linda Benoit: I graduated with a BSN. I served 15 years in the military. I was a supervisor for 15 years in a nursing home in the Bronx. I currently work at Mount Sinai in adult, geriatric and pediatric psych.

After I left the military I worked in general medicine, orthopedics, and OB-GYN. I was married, had 3 kids, 2 living and 1 deceased, and 10 grand kids, 5 girls and 5 boys.

JM: As a native of Haiti, what goes through your mind when a news reporter reports that a 7.0 magnitude earthquake has just hit Haiti?

LB: When I heard the news, I thought Haiti disappeared. Haiti was a struggling island. When that happened, I thought there was no Haiti left. Haiti has experienced so many hurricanes, the structure there is no good. The country could not sustain.

JM: You have gone on many humanitarian mission trips. How many have you gone on and where have you been?

LB: I can't even count anymore. I started doing missions trips when President Jean Claude Duvalier was in office. I started going to the Bateyes. I've even gone to the border where we would pay for a bus to pick up the Haitians in Haiti and bring them over to the Dominican Republic and bring them back before dark. I've been to India, Philippines, St. Kitts, Dominican Republic, Puerto Rico, and Haiti, of course.

JM: What makes a mission trip to Haiti different from other mission trips?

LB: The difference between Haiti and other countries is that the poverty is so great. You don't get assistance from the government and you get resistance. When we go there it's a struggle, a struggle to bring in supplies. There is no guarantee for follow up.

JM: I'm sure you saw many patients. Describe the conditions and how care was provided?

LB: There were chronic conditions, diet was poor, water condition was poor that their skin condition was poor. Kids were not vaccinated. They had scabies, ringworm and foot conditions from walking barefoot. Care was provided by a group of doctors. When I went with the church, we would get a 6-month supply of meds. We got vitamins for adults and children. We were also able to get meds like Metformin. We were able to get the meds at a discounted price to provide people with enough meds.

JM: You provided care to so many who were injured, what was most memorable to you?

LB: People who died because we did not have an ambu bag. We did not have the simple things. We could not do blood transfusions. We did not have access to supplies. We could not do anything because we did not have an ambu bag. That was hurtful to me. People were in pain, but we did not have narcotics. The strongest level of pain meds was Motrin.

JM: After doing so many medical missions in Haiti, what is your vision for healthcare in Haiti.

LB: My passion and vision is to have a clinic every 20 miles. I would like the government to give the land. I would staff the clinics with doctors from “Doctors without borders”, where medical care is not a problem, people could be vaccinated, and diseases eradicated.

JM: As the chair of medical missions, where do you see HANA regarding medical missions?

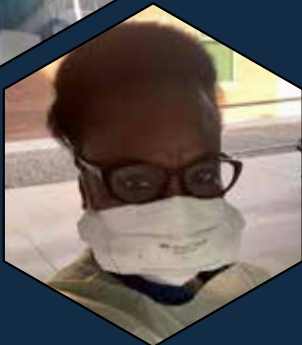
LB: I would like to see HANA help develop these ideas. If every year 20 members can donate \$1,000.00 that would help open a clinic. Each year we could take turns naming the clinic after each member that donated. \$1,000.00 by 20 members is \$20,000.00. Each member could go down and over see it being built. This would also encourage other people and they will support. If they don't see it, they can't sell it. This is where it starts, build four walls, get machines donated. We can build a big warehouse, have items donated and shipped to the warehouse where they can be stored and when they need it, they take it. Let the Haitian government take credit for it, give them the publicity. That's not why we're doing this. We can do this. ■

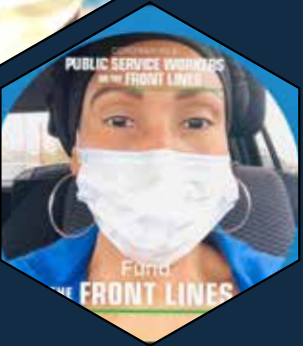
“Bay piti pa chich.” (“To give little is not [being] cheap.”)

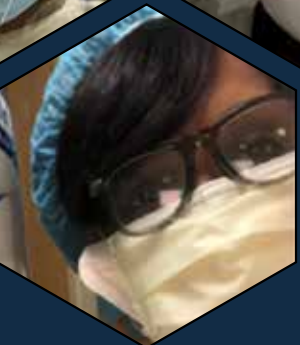
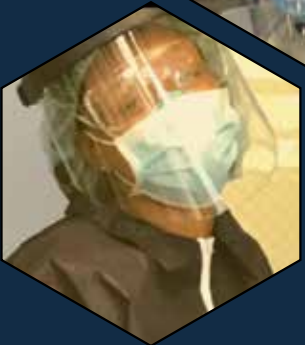
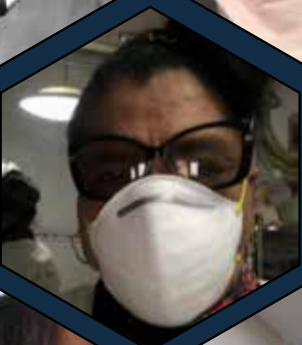
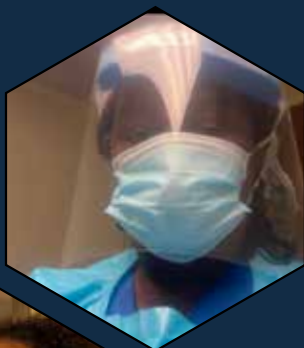
—Haitian Proverb, Author Unknown

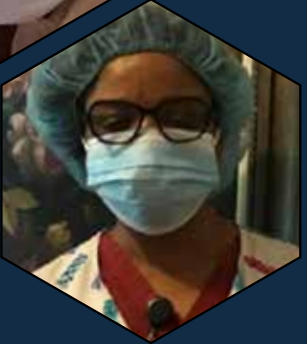


H.A.N.A.'S MASKED HEROES











Thank you!



My Frontline Experience in Mother/Baby Unit in New Jersey During the COVID-19 Pandemic

By Florence Pierre-Pierre, BSN, RN

As a mother and baby nurse, I thought my frontline experience in the maternity department of a New Jersey hospital could shed light on the challenges faced by expectant mothers and their attending healthcare professionals during the COVID-19 pandemic. This reflection could also help to increase understanding about changes and adjustments that healthcare facilities have had to make in order to grapple with the pandemic. It is important to keep in mind that the coronavirus pandemic has greatly impacted the culture of care not only in the United States but also around the world.

I remember how I felt the first time I was asked to take care of a COVID-19 patient, an expectant mother who gave birth on my unit. Not knowing much about the coronavirus, many thoughts hovered in my mind on how to carry out a routine that I have been performing for many years as a registered nurse. I wondered whether the personal protective equipment (PPE) provided by the hospital was good enough to protect me or would I need some other gear especially designed to keep me safe from COVID-19 contamination. I also thought about whether I would be able to protect my family if I were to catch the virus from my patient. Those were some important questions that I could not have thought about under normal circumstances. I thought about what Florence Nightingale would do if she were in my place. So, I put on the PPE that was provided to and I used some proper hygiene technique before heading to the patient's room.

As soon as I got in the room, I began experiencing difficulty breathing. I felt as if I was breathing in the virus and became light headed. I had to contain myself because I did not want the patient to notice what I was experiencing. I knew the patient had her own fears, and I tried my best to suppress my own anxiety while taking care of

this mother. After all, my patient appeared calm and her pleasant demeanor had helped to relieve my fears. Once again, I reminded myself of my oath and deontological duties, which left me no room for panic even in the face of COVID-19.

Women who gave birth were admitted to my unit without knowing what their COVID-19 status was. Healthcare professionals were exposed to the virus on a daily basis but no one knew much about COVID-19. The Center for Disease Control and Prevention kept changing their guidelines on COVID-19 on a daily basis. In the first days or weeks of the pandemic, we were told not to wear facemasks to avoid frightening the patients; next, we were asked to get our temperature checked before entering the hospital and to wear masks at all times in the facilities. Curiously, patients were not tested when they came to the hospital unless they were symptomatic. At that point it would have been too late if the results came back positive. Once tested positive, a mother would be separated from her new born, and both would be placed in isolation until the day of discharge. Above all, the first few days of crucial bonding or breastfeeding were nonexistent for mothers and infants infected by the virus. Equally important, visitation was abolished, no family members except for fathers were allowed to stay. As a number of our colleagues became sick, our unit was short of staff.

Undoubtedly, the COVID-19 pandemic has resulted into highly stressful working experiences for frontline workers, especially for nurses at the forefront of hospital centers in New York and New Jersey. There were many concerns on the mother baby unit once the coronavirus pandemic was officially declared in these two states, which have suffered the highest rates of infections and fatalities in the country. Healthcare systems in the United States and around the world are over-stretched and seem under-prepared to deal with a health crisis of this magnitude. The coronavirus pandemic has brought unprecedented levels of stress on healthcare providers, including doubt, anxiety and occupational hazards. In a nutshell, the COVID-19 pandemic has drastically altered institutional culture and toughened standard operating procedures in healthcare facilities. ■



Practicing Self-Care During the COVID Pandemic: An Imperative for Nurses

By Marie Lourdes Charles, EdD, RN-BC,
Assistant Professor, Pace University

Marjery David, MSN, FNP-BC, RN,
Adjunct Clinical Instructor, Pace University

During this COVID-19 pandemic, nurses are caring for critically ill, infectious patients, with inadequate resources, and uncontained contagions. The ANA Code of Ethics states that nurses have the same obligation to care for others as for themselves (ANA, 2015). Practicing self-care is extremely difficult under the present circumstances. The historical context of nursing gives evidence as to why self-care may not be prioritized. Nursing education was initially governed by hospital administration; therefore, the schools trained the type of workers the hospitals wanted. In 1907, M. Adelaide Nutting wrote a report about the status of Nursing education in the United States. The report included “assignment of excessive hours of work for students in addition to class and study time, extremely long work weeks, and insufficient vacation periods” (Nutting, 1902, University of Pennsylvania website). The philosophy of working under difficult circumstances is inculcated in nurses as students. These expectations are perpetuated in the work environment. Consequently, nurses have advocated for patients but not for themselves.

Nurses find themselves facing extreme physical, emotional, psychological, and spiritual duress as a result of the pandemic. Furthermore, the Occupational Safety and Health Administration found that fatigue was associated with a higher incidence of medication errors and patient infections (Crane & Ward, 2016). Workplace safety is also affected by nurses coming to work ill and not at their best.

CASE STUDY:

Overview

A 404-bed hospital located in Queens-NY saw a rush of COVID-19 patients in the early month of March. As admissions increased, the clinical nurse manager (CNM) took aggressive precautions to protect the staff. Despite proactive efforts, six team members of the unit tested positive for COVID-19. The Renal Unit faced the challenges of immunosuppressed patients with several comorbidities. Since the number of patients needing dialysis increased because of COVID-19, staff absence presented an even greater challenge.

Impact

The hospital used a multi-phase contingency plan which included utilizing specialty units for patients who tested positive. The average length of stay was 14 to 21 days, 80% of the patients needed dialysis and/or ventilator. Increases in patient volume, length of stay, and staffing shortage made it imperative to designate the hospital as a COVID-19 treatment site. The Renal Dialysis unit was expanded to separate patients with atypical COVID-19 symptoms and confirmed cases. The Medical Director and the CNM decided to initiate a full mask protocol for all patients and staff. Human Resources recruited experienced dialysis staff to the facility. Additional dialysis machines and supplies were requested from Administration. Fiber Glass partitions were installed to minimize contact with patients. The Mental Health team provided emotional support to affected staff.

Conclusion

Awareness is key to self-care. It involves being alert to stressors. Nurses should take accountability for self-care and advocate for change in work environments. On the individual level, nurses can engage in activities that support well-being of mind, body, emotions, and spirit. Vaidya (2020) suggested the following self-care activities based on interviews with nurses on the frontline during the COVID-19 pandemic:

1. To accept that it is OK not to be OK because nurses often feel the need to keep up with the “hero” image and remain strong.

2. To remember that we are human.
3. To think about and meditate on the positive things that happened during the day.
4. To eat well, exercise, and get plenty of rest.
5. To pause before acting and take safety measures into account first.
6. To acknowledge mental health issues, reach out for counseling services, and not be concerned about the perceived stigmas.
7. To utilize time off work for mental respite.
8. To manage sensory overload by disconnecting from too much information, noise, and communication.
9. To acknowledge that everyone is dealing with the pandemic from a different perspective and be kind to one another.
10. To reconnect with family, friends, and spiritual activities such as prayer and meditation.

The recent resurgence of Covid-19 infections will most definitely impact nurses and the delivery of patient care. Often, the priority or focus for nurses has been others. Nurturing positive stress reducing habits may need to be incorporated in daily rituals. Establishing and maintaining self-care activities might be considered as they have been associated with better patient outcomes. As the pandemic continues, lessons learned about self-care during this time might be efficacious in other high-stress situations. ■

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Disenfranchised and Forgotten Among the COVID-19 Healthcare Heroes

By Olivina Petit-Fort, CNA

My name is Olivina Petit-Fort, and I am a Certified Nursing Assistant (CNA). I would like to start with how much I enjoy my job as a CNA and working with the population that I serve. It is an experience that has allowed me to meet many great people and servicing them has added purpose to my life because I know I am making a difference in their lives.

During the surge of COVID-19 in New York (NY), however, many nursing homes were severely impacted and ours was no different. It was a very stressful time as I took the risk of COVID-19 infection and feared bringing the virus home and infecting my family. Personal Protective Equipment (PPEs) were in short supply as noted in the news and by our NY Governor. However, the manner that the limited amounts of PPEs available at our nursing home was distributed left us, the CNAs, disenfranchised. Although we were the true frontline staff, the ones who spent most face-to-face time with the patients, feeding, bathing, dressing, and assisting them with all activities of daily living (ADL). The nurses and doctors were fit-tested and provided with N95 masks. However, the CNAs were provided with one surgical mask and we were asked to hang them on our dashboards to be disinfected by the sun because we could only request one every other day. Thus, I found myself working daily with COVID-19 infected patients with little protection.

Feared that the mask would not be appropriately disinfected for the next use, I would take it home to blow it with my hair dryer, in hopes that the high heat would help to kill whatever virus was on its surface. As I do this, I would watch the news and listened to people thanking the healthcare heroes, the nurses and doctors. We were

not mentioned; we were forgotten.

My most disheartening experience, however, was observing the administrators on the floor of my nursing home in full PPEs including N95 masks and gowns. These administrators passed thru the halls of the nursing home, stopping only for a few minutes if a patient flagged them down. They otherwise spent most of their time in their office on the administrative floor away from where the patients were kept. In my heart, I knew that the mask they provided was not enough to protect me, but I added tissue in between the mask to help serve as a filter to block additional virus exposure. I used what they provided me but knew that my real protector was God. So, I prayed; I prayed often and feverishly. I prayed my way to better days. ■



Our nursing armour at the height of COVID-19



COVID-19: Through the Lens of a Non-Nursing Perspective

An Interview with Pierre René, CNA, HHA
by Farrah Fils-Aimé, BSN, RN

Farrah Fils-Aimé: *Tell us a little bit about yourself?*

Pierre René: I have been in the United States for thirty-four years. I am married for twenty-six years and the proud father of two daughters and my eldest is a pre-Med student. I studied to become a mechanic in Haiti. I have been working for eighteen years and four months at the Village of Spring Valley as a custodian. I am also a certified nurse's assistant; a home health aide and I completed a course as physical therapy assistant.

FF: *As an associate member of HANA of Hudson Valley NY who works outside of healthcare, tell us about your experience with COVID-19?*

PR: Well at the Village of Spring Valley, the leadership took a lot of precautions by providing Personal Protective Equipment (PPE) such as gloves and surgical masks. They also did daily temperature checks on all staff and tested everyone.

FF: *What has this experience taught you?*

PR: During the height of the pandemic, five members of my household were ill with the COVID-19 virus. By the grace of God, they are all alive and well today. My sister and I cared for them with home remedies, herbal supplements and vitamins, which we took as well.

FF: *If you could send a message to healthcare workers during this*

unprecedented time, what would it be?

PR: I can honestly say after God, it is doctors, nurses, and allied health professionals who risk their lives day in and day out to provide care for the populations; they are the real heroes and miracle workers. Unfortunately, we do not know when this pandemic will end. This is a prophecy that is coming to life. This experience has taught me that you must have humility and compassion to be in this profession because you will be providing care to different patients. Some will be nice, others can be mean, rude, and even combative, however the care and compassion you provide will help you survive through these tough times. In addition, what you give is what you will receive, one day you may be a patient and would like that same dignity and compassion to be on the forefront of your care. Please continue to do this work, stay positive, strong, and patient because God is watching, and God will repay you for all that you have done with honor, respect, and compassion. ■

“Do on to others as you would have them do on to you”
~ *Matthew 7:12.*





COVID-19 Through My Lenses

By: Huguette D'Empaire, BSN, RN

In January, we all heard about COVID-19. We went about our daily lives. We did not know that this would personally challenge us, change our lives forever, and cause so much fear and grief. According to the CDC, the Coronavirus is a common virus that causes an infection in your nose, sinuses, or upper throat; however, COVID-19 is a disease caused by SARS-COV-2 that can trigger what doctors call an upper respiratory tract infection (sinuses, nose, and throat) or a lower respiratory tract infection (windpipe and lungs). As a young nurse, I went through the AIDS epidemic, and with more than twenty-five years under my belt, I thought that I was ready for anything in health care. Patricia Brenner, a nursing theorist, writes in her *From Novice to Expert*, “[an] expert nurse no longer relies on principles and or intuitive grasp of clinical situations. Their performances are fluid, flexible, and highly proficient.” I have learned with my expertise. I was not prepared to tackle this pandemic.

It has no boundaries, and it affected us all. How many times am I going to hear code blue? It does not seem to matter anymore how fast I run to be present, to be supportive, my efforts’ do not matter, my prayers are left unanswered, “Father who art in heaven, please save him/save her” is said in vain, as if my Father in heaven is no longer in control, COVID-19 won. My spirituality is shaken as I continue to pray, feeling helpless walking the hallway at night, feeling alone, and wondering what can I do differently. What did I miss? How can I help my team? I am a nurse, I am supposed to heal. But my hospital felt like it became a death trap, a war zone. I’m doubting my profession and my spirituality, my spirit is crushed with anger and sorrow. I have cried with my team and loved ones.

It’s currently 7 pm. With a heavy heart and many mixed feelings, I am reporting to work. My heart is heavy wondering how many people are

going to die today, how many times am I going to call the medical examiner. The idea of wheeling a family member to the emergency room, and it may be the last time they will see that loved one, breaks my heart. The number of loved ones that die alone in the hospital, the grandfathers, grandmothers, great grandmothers, great grandfathers, great uncles, great aunts, who have died without saying goodbye. They died alone, without their pastors or their priests. Having to die alone without saying goodbye is one of the most painful experiences of COVID-19.

Changes happen minute by minute. New rules are put into place. We have taken nurses from other departments to supplement the staff; most of these nurses are unfamiliar with the medical-surgical unit. Those nurses were afraid but resilient to help, the floor nurses although appreciative and were too busy, had no time to precept them and in addition, the 2 am phone calls from family members, who cannot sleep, wondering if their loved ones are okay was disheartening. I can hear their frustration and their sense of hopelessness, but appreciative of our work and devotions.

The N95 became a hot commodity, hand sanitizer was like an expensive perfume, a plastic gown was something special. We must re-use them. Supplies are monitored as we were uncertain of the next delivery. What happened to us? We are in the USA, things that we have often taken for granted have become so important.

The anesthesiologists, the respiratory therapist, the intensivist, the hospitalist, the nurses, are all exhausted, feeling helpless; whereas the supervisor must remain stoic as if I have everything under control. Deep down I am also scared. I am also overwhelmed with the lack of control, the fear of being infected, and bringing it home.

COVID-19 has reshaped me as a person and a nurse leader. It was a challenge beyond my comprehension. However, I remain hopeful as I continue to say the nurses' prayer, "Lord help me bring comfort where there is pain. Courage where there is fear, hope where there is despair, acceptance where the end is near. A gentle touch with tenderness and love, Amen." ■

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Nursing Program Helps Homebound Residents

By Greg McQueen of the *Manhattan Times*
with Marie Carmel Garcon, DNP, FNP, BSN, RN

It's like a puzzle that we put together to help the patient," said Nurse Practitioner Marie Carmel Garcon. When all else fails, call the super.

Reaching out to the building superintendent in times of trouble is a mainstay of apartment living, especially in densely populated cities like New York City.

Nurse Practitioner Marie Carmel Garcon, Assistant Professor of Clinical Nursing at Columbia Doctors, knows to turn to the super to reach her patients.

"Many of our patients live alone. They don't have any family or caregivers to help them," explained Garcon, who provides regular checkups at home. "One patient, I sometimes need to go to the [building] super to let me in. They don't have anyone else."

Secundino García, now 100 years old, does have assistance – in the form of his daughter Hildelisa García, with whom he lives. Still, Hildelisa, 72, has struggled to provide comprehensive care for her elderly father.

"It was very difficult to see a doctor or go to a hospital for tests," said Hildelisa.

Her father lacks the strength to move around easily. "We needed to take a wheelchair. Sometimes it could be rain or bad weather. It was a huge process to go out."

In 2017, a social worker referred her to a program run by Columbia University School of Nursing, which offers primary care to uptown patients in their home – and Nurse Practitioner Garcon has been with them since.

"It's really a blessing," said Hildelisa García. Her father Secundino

(center), 100, receives routine visits from Garcon (right).

“It’s really a blessing. He’s able to get the health services he needs right here,” said Hildelisa.

Garcon, who also serves as Assistant Professor of Clinical Nursing at Columbia Doctors, makes routine visits to the García home in Washington Heights.

“If I need her, she can drop by and look at my dad,” said Hildelisa. “I can always reach her over the phone she is always available to talk. It’s a huge help to have her explain everything to me regarding his health.

The Columbia Doctors Nurse Practitioners Group House Calls program is available to homebound patients in Washington Heights and Inwood.

More than 200 people have enrolled in the program since 2017, most of them immigrants and or from families of color.

Currently, Garcon is the only staff member making house calls for the program, visiting up to 18 patients per week.

“Because these patients are homebound, they don’t have primary care anymore. Some have been dropped by their providers because they can’t go to the doctor in person,” Garcon said. “If we were not visiting, these patients would absolutely not be receiving medical care.”

When Garcon first sees new participants, she sometimes discovers that they have not seen a doctor in some time or had key medications lapse.

She performs a comprehensive assessment of each patient’s situation.

“I’m checking on how they get their meals,



their mental health status, the whole environment,” she said. “I can connect them with services in the community, all from that one visit.”

The house calls program will coordinate diagnostic tests and bring specialists into patient homes.

Participants also receive assistance with technology for telehealth appointments, which can make specialists more accessible.

“It’s like a puzzle that we need to put together to help the patient,” remarked Garcon.

The Nurse Practitioners Group House Calls program has arranged for specialists to visit Secundino at his apartment, including an eye doctor. He has also received blood work, X-rays and other diagnostic tests at home, his daughter said.

The elder García looks forward to the house calls and will get dressed up for the visits, Hildelisa said.

“He feels very important. He gets to joke. It makes him feel really good,” she said. “For homebound individuals, it’s easy to feel like nobody cares.”

Secundino, who fled Cuba with his wife and daughter in 1962, has formed a bond with Garcon.

“He will dress up because he is having a visitor. I get the biggest smile from him,” Garcon said. “Many patients, they tell me their stories, show me their photo albums.”

“Once you get that trust, you are like a member of the family,” she added. “They’re isolated. They look forward to those visits, which are not just medically important but mentally important for the patient.”

Garcon has also arranged for a home health aide to visit the Garcías several times per week. This allows Hildelisa to leave the apartment to run errands and get a respite from the round-the-clock care her father requires.

The program has arranged for at-home care.

“It’s good for the patients as well as the caregiver. It’s really a great thing for the community,” she said.

The program also provides COVID-19 and antibody testing, said Garcon, who did not pause her house calls at any point during the pandemic.

“What else would these patients do? If I needed to be there, I was there,” she said.

A native of Haiti, Garcon migrated to the United States in her teens. She has lived in Rockland County ever since.

Garcon holds two master’s degrees and a doctorate in nursing and has worked as a Nurse Practitioner for 32 years. In 2017, she was named “Nurse Practitioner of the Year” by the Nurse Practitioner Association of New York State.

“Doing this is just not a job for me. I wake up and I start checking in on patients. I’m checking in until I go to bed.”

As the city faces down a second wave of coronavirus cases, Garcon is intent on being there for her patients.

“I cannot stop,” she said. “These patients are waiting for me.”

For more information on the house calls program, please visit columbianps.org. ■

The past few months has been a bit challenging with adjusting to a whole new normal since COVID-19 has started. Especially since I had to combat the virus myself. The thought going through my mind whether if I will be lucky enough to survive this virus when all you see on the news are the amount of people dying. I knew I had to be optimistic, be strong, pray so I can have the strength to fight this virus and today I'm here to tell my story.

Marie Ginou Cadeau, BSN, RN



Photographed by: *Claudia Paul*



COVID-19 Important Vaccine Information

Information about the Pfizer-BioNTech COVID-19 vaccine More Information for Healthcare Professionals

General information

Name: BNT162b2

Manufacturer: Pfizer, Inc., and BioNTech

Type of vaccine: mRNA

Number of shots: 2 shots, 21 days apart

How given: Shot in the muscle of the upper arm

Does not contain:

- Eggs
- Preservatives
- Latex

Who should get vaccinated

- The Pfizer-BioNTech vaccine is recommended for people aged 16 years and older.

Who should not get vaccinated

- If you have had a severe allergic reaction (anaphylaxis) or an immediate allergic reaction—even if it was not severe—to any ingredient in an mRNA COVID-19 vaccine, you should not get an mRNA COVID-19 vaccine.*
- If you have had a severe allergic reaction (anaphylaxis) or an immediate allergic reaction—even if it was not severe—after getting the first dose of the vaccine, you should not get another dose of an mRNA COVID-19 vaccine.*

These side effects usually start within a day or two of getting the vaccine. They might feel like flu symptoms and might even affect your ability to do daily activities, but they should go away in a few days.

Summary of safety data

- In clinical trials, reactogenicity symptoms (side effects that happen within 7 days of getting vaccinated) were common but were mostly mild to moderate.
- Side effects (such as fever, chills, tiredness, and headache) throughout the body were more common after the second dose of the vaccine.
- Most side effects were mild to moderate. However, a small number of people had severe side effects—defined as side effects affecting a person’s ability to do daily activities.
- Although few people in the clinical trials went to the hospital or died, data suggest that people who got the Pfizer-BioNTech vaccine were less likely to have these more serious outcomes compared to people who got the saline placebo.
- CDC will continue to provide updates as we learn more about the safety of the Pfizer-BioNTech vaccine in real-world conditions. Information on how well the vaccine works
- Based on evidence from clinical trials, the Pfizer-BioNTech vaccine was 95% effective at preventing laboratory-confirmed COVID-19 illness in people without evidence of previous infection.
- CDC will continue to provide updates as we learn more about how well the Pfizer-BioNTech vaccine works in real-world conditions.

Demographic information from clinical trials

Phase 2 and 3 clinical trials for the Pfizer-BioNTech vaccine included people from the following racial and ethnic categories:

- 81.9% White
- 26.2% Hispanic/Latino
- 9.8% African American
- 4.4% Asian
- <3% other races/ethnicities

Age and sex breakdown:

- 50.6% male
- 49.4% female
- 21.4% 65 years and older

The most frequent underlying medical conditions were obesity (35.1%), diabetes (8.4%), and pulmonary disease (7.8%).

More Information

- An immediate allergic reaction means a reaction within 4 hours of getting vaccinated, including symptoms such as hives, swelling, or wheezing (respiratory distress).
- This includes allergic reactions to polyethylene glycol (PEG) and polysorbate. Polysorbate is not an ingredient in either mRNA COVID-19 vaccine but is closely related to PEG, which is in the vaccines. People who are allergic to PEG or polysorbate should not get an mRNA COVID-19 vaccine.

*If you have had an immediate allergic reaction—even if the reaction was not severe—to a vaccine or injectable therapy for another disease, ask your doctor if you should get a COVID-19 vaccine. Your doctor will help you decide if it is safe for you to get vaccinated.

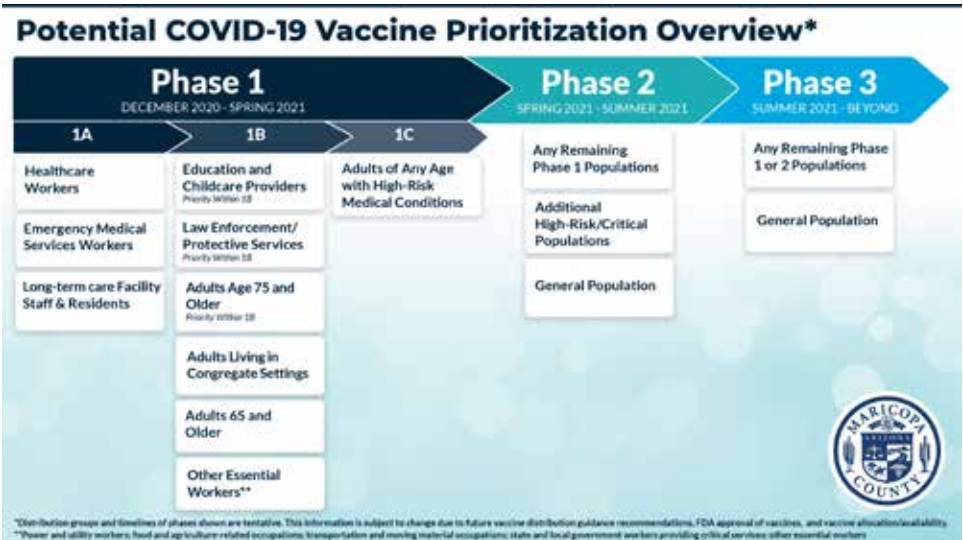
Side effects

Most common side effects in the arm where you got the shot:

- Pain
- Swelling
- Redness

Throughout the rest of your body:

- Chills
- Tiredness
- Headache



Information about the Moderna COVID-19 Vaccine

More Information for Healthcare Professionals

General information

Name: mRNA-1273

Manufacturer: ModernaTX, Inc.

Type of vaccine: mRNA

Number of shots: 2 shots, one month (28 days) apart

How given: Shot in the muscle of the upper arm

Does not contain:

- Eggs
- Preservatives
- Latex

Who should get vaccinated

- The Moderna vaccine is recommended for people ages 18 years and older.



Who should not get vaccinated

- If you have had a severe allergic reaction (anaphylaxis) or an immediate allergic reaction—even if it was not severe—to any ingredient in an mRNA COVID-19 vaccine, you should not get an mRNA COVID-19 vaccine.*
- If you have had a severe allergic reaction (anaphylaxis) or an immediate allergic reaction—even if it was not severe—after getting the first dose of the vaccine, you should not get another dose of an mRNA COVID-19 vaccine.*
- An immediate allergic reaction means a reaction within 4 hours of getting vaccinated, including symptoms such as hives, swelling, or wheezing (respiratory distress).
- This includes allergic reactions to polyethylene glycol (PEG) and polysorbate. Polysorbate is not an ingredient in either mRNA COVID-19 vaccine but is closely related to PEG, which is in the vaccines. People who are allergic to PEG or polysorbate should

not get an mRNA COVID-19 vaccine.

*If you have had an immediate allergic reaction—even if the reaction was not severe—to a vaccine or injectable therapy for another disease, ask your doctor if you should get a COVID-19 vaccine. Your doctor will help you decide if it is safe for you to get vaccinated.

Side effects

Most common side effects

In the arm where you got the shot:

- Pain
- Swelling
- Redness

Throughout the rest of your body:

- Chills
- Tiredness
- Headache

These side effects usually start within a day or two of getting the vaccine. They might feel like flu symptoms and might even affect your ability to do daily activities, but they should go away in a few days.

Summary of safety data

- In clinical trials, reactogenicity symptoms (side effects that happen within 7 days of getting vaccinated) were common but were mostly mild to moderate.
- Side effects (such as fever, chills, tiredness, and headache) throughout the body were more common after the second dose of the vaccine.
- Most side effects were mild to moderate. However, a small number of people had severe side effects that affected their ability to do daily activities.
- CDC will continue to provide updates as we learn more about the safety of the Moderna vaccine in real-world conditions.

Information on how well the vaccine works

- Based on evidence from clinical trials, the Moderna vaccine was 94.1% effective at preventing laboratory-confirmed COVID-19 illness in people who received two doses who had no evidence of being previously infected.
- The vaccine appeared to have high effectiveness in clinical trials (efficacy) among people of diverse age, sex, race, and ethnicity categories and among persons with underlying medical conditions.
- Although few people in the clinical trials were admitted to the hospital, this happened less often in the people who got the Moderna vaccine compared to people who got the saline placebo.
- CDC will continue to provide updates as we learn more about how well the Moderna vaccine works in real-world conditions.

Demographic information from clinical trials

Clinical trials for the Moderna vaccine included people from the following racial and ethnic categories:

- 79.4% White
- 20% Hispanic/Latino
- 9.7% African American
- 4.7% Asian
- <3% other races/ethnicities

Age and sex breakdown:

- 52.6% male
- 47.4% female
- 25.3% 65 years and older

Most people who participated in the trials (82%) were considered to have an occupational risk of exposure, with 25.4% of them being healthcare workers.

Among people who participated in the clinical trials, 22.3% had at least one high-risk condition, which included lung disease, heart disease, obesity, diabetes, liver disease, or HIV infection. Four percent (4%) of participants had two or more high-risk conditions. ■



The Tale of the Two Pandemics

by Christel-Ann Augustin, BA,BSN,RN, FNP(s)
President of HANA of Hudson Valley,
New York, Inc. (2021-2023)

If someone would have told me 3 years ago, prior to the start of my nursing career, that I would have lived through two pandemics, I would not have believed them. Both Covid (and social injustices toward people who look like me, has opened my eyes in various ways. As a Registered Nurse working in the hospital during this time and) falling sick to this virus, my mindset has changed for the better. Every day (you pray that either you do not hear another code through the loudspeaker or that you do not come home to news of a loved one passing away.

As a pediatric nurse, my current floor was converted to an adult COVID-19 unit. It had turned into an utter war zone, filled with both nurses and doctors coming together to save lives. We have witnessed multiple codes, deaths, and successful discharges. We had to come together, filled with fear on the inside, but strength on the outside to care for these patients. However, the midst of this all, we must find the time to take care of our physical and mental states. COVID has tested my strength in many ways. It has also strengthened my relationship with God. Falling ill to this virus, was a scary time. It has taught me that tomorrow is never promised. I appreciate things on a larger scale. The little things in life, I used to take for granted, have now become a privilege. It reminded me to spend time with my loved ones to express how much I love them, to practice self-care, and to take life one day at a time.

Being a black Registered Nurse in America has a completely different meaning. Dedicating my time to taking care of others has only become more important with the pandemic. Nonetheless, America is still discriminatory against me and all black lives. Color and race

do not occur to me when I do my job because I am called to protect & preserve life at all costs. With all these protests, black health care workers are demanding the same level of human decency and respect in the country they help and take care of. Healthcare professionals are tired of racism in and out of the hospital. Does our color matter when we are saving your life? So why does my color matter outside of the hospital?

I participate in this fight for the black fathers, brothers, uncles, nephews, mothers, sisters, nieces, and all black lives brutally killed. I march with my fellow brothers and sisters so our voices can be heard. This is just the beginning of my fight for justice. ■

**NEVER LEAVE
HOME WITHOUT IT**



**WEARING A FACE MASK WHILE MAINTAINING A
SOCIAL DISTANCE OF 6 FT APART, REDUCES
YOUR RISK OF EXPOSURE TO COVID-19.**

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>



**HAITIAN AMERICAN NURSES ASSOCIATION
OF HUDSON VALLEY, NY, INC.**
info@hanahudsonvalley.org

H.A.N.A.



Christel-Ann Augustin, 26, from Rockland County, NY is a pediatric registered nurse at the Children's Hospital at Montefiore Medical Center.

I'm black, I'm a registered nurse, and a child to immigrant parents born and raised in Haiti. They are both physicians, and have dedicated their lives to taking care of others. Our work has only become more important with the pandemic. Nonetheless, America is still discriminatory against us and all black lives. With these protests, black health-care workers are demanding the same level of human decency and respect in the country they help take care of.



BLM



Reflection on Racism and Justice for All

By Farrah Fils-Aimé BSN, RN

Everyone's life story has a strong and profound foundation that has had a positive or negative impact in shaping their lives and future. We can all remember childhood stories from our parents and grandparents that shaped our beliefs and sharpened our views about life, family, love, friendship, work ethics, and religion. We pass these teachings down from generation to generation hoping to maintain the conditioning we inherited in the name of love. With age comes wisdom and reflection on past and current understandings. The hope is that we use this wisdom to critically compare and contrast old and new knowledge to yield new perspectives. Our strength and resilience is the result of appropriately balancing our history, our experiences, and education to forge new frontiers.

For years we have been fighting for equality and recognition as we would like to believe our efforts, as the first slaves to successfully win our freedom from colonial oppression. Having set this precedence, we would like to believe that a group deserving of merit are recognized for this great feat. However, people of color have made many other great contributions, through political activism, technology, scientific discoveries, arts, music, sports and much more. Recognizably these people include Toussaint Louverture, Dr. Martin Luther King Jr., Malcom X, Muhammad Ali, Rosa Parks, Harriet Tubman, Maya Angelou, Dr. Shirely Ann Jackson, Collin Kaepernick, Nelson Mandela, President and Mrs. Barack Obama, Naomi Osaka, and the late Michael Jackson to name a few. Despite these contributions, the unrelenting power structure maintains the system of oppression that keeps people of color down. There is a concerted effort to keep people of color in poverty, unable to access healthcare, disease prone, and disillusioned.

sioned with self-hate. Many health disparities are directly related to inequities in income, housing, education, and job opportunities. Although many disparities diminish after taking these factors into account, some remain because of factors at the patient, health care system, and practitioner levels. (Smedley et al., 2003)



Unfortunately, the 45th President of the United States has ignited a movement focused on division and hate, forcing Americans to reckon with the endemic of racism, police brutality, anti-blackness, and violence. As people of color march in unity to chant “Black Lives Matter” to cease racial discrimination and police brutality, they were met with an abundance of resistance and hatred. A rebuttal of “Blue Lives Matter” and “All Lives Matter”. However blue lives are not being targeted at an alarming rate. While all lives should matter, only one specific group of people is always constantly targeted, brutalized, and killed. When so many lives have been lost at the hand of the police who should be protecting the people, do all lives really matter? Only the privilege “white” lives really matter. Please remember and say their names Amadou Diallo, Eric Garner, Breonna Taylor, George Floyd, Ahmaud Arbery, Edson Thevenin, and the list can go on and on. We are human too, we are someone’s mother, father, daughter, son, sister, or brother. Our lives should matter too.

Buchanan et al. (2020) wrote the recent Black Lives Matter protests peaked on June 6, when half a million people turned out in nearly 550 places across the United States. As we keep this matter on the forefront, we should reflect on the path our ancestors paved for us; we should lean on their strength and resilience and do as they did by singing “we shall overcome some day”. In remembrance of this inherent legacy, let the fight of our predecessors ignite the passion in all of us from children, adolescents to seniors, from essential workers

like our fellow health care professionals to the Wall Street traders to abolish this system of oppression. We need to rise above the status quo and encourage people of the more privilege citizens who are in alliance, to use their voice, power, and privilege to fight in unity for change in our communities. In doing so, we can start taking action to put an end to police brutality, mass incarcerations, genocide and gentrification.

We will continue to remind everyone that these conditions not only cause division but also keep many people of color from flourishing to their full potential. Mothers are living in fear that their baby boys might not come home. As we march, let us all say “I Can’t Breathe” to remind them of the persistent feelings of distrust. It takes all of us as people of color to be that change agent by holding the leaders of this free world accountable. We need more people of color in the justice system to understand the system and make the necessary changes to eradicate the overt and hidden racism. As we rise above it all to reclaim our worth and bring about equality and unity we cannot let history repeat itself. Nothing was never given, we always had



to fight and pay the price as in the Tulsa riot of 1921, Watts riot in 1965, Detroit riot of 1967, or the Los Angeles riot in 1992. We must continue to stand in unity, harmony, and brotherhood, so let us march in unison, take a knee and salute with our fists dawned high like Tommie Smith for unity, power, strength, and unity. ■

“For to be free is not merely to cast off one’s chains, but to live in a way that respects and enhances the freedom of others.”

—Nelson Mandela

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“Black Lives Matter”

By Daniela Ducasse, MBA, HRM Spec., CMNP, CP

What are you really saying when you say “Black Lives Matter”? Do you actually believe that Black Men, Women, and Children are being murdered by White Supremacies because their lives do not matter? Allow me to say to you that, our brothers, sisters, and children are being killed because **BLACK LIVES DO MATTER!** We, as Black Skin Humans matter so much that White Supremacists feel menaced and challenged by how strong we are, and how far we strive to go in life.

What we have become as Black people was never taught to us. We were never coached to govern, lead, instruct, and manage. Instead, we were isolated and trained to bow down and say, “Yes Sir, Yes Ma’am”. Then, we, Black people have the audacity to become President, First Lady, Senators, Judges, Doctors, Lawyers, Professionals with many degrees, Business Owners, Shareholders, and more. We broke barriers, we jumped ropes, we crawled low to aim high. We rose to levels that were never ours to level up to. They are not killing us because our lives do not matter; **WE MATTER**, and that scares them.

Many of us must have thought the Rodney King beating was the worse witnessed Crime on Blacks that the United States would ever know. Then came Abner Louima (Assaulted but alive), Amadou Diallo, Eric Garner, Ahmaud Arbery, Breonna Taylor, George Floyd, Rayshard Brooks, and so many others that never even made it newsworthy. Then we realized White on Black killings became a trend, the human on human Pandemic. We say enough is enough, we hit the streets in spite of the Health concerns with the Coronavirus Pandemic. We got louder, and this time we are hoping to be heard. Finally, we call the Crime by its actual name, Racism Pandemic.

10 years from now, our children's children will ask us to explain what "Black Lives Matter" means. I am almost certain that 4 out of 5 of us will give these children the wrong answer. Not because we don't know what the real answer is, but because the rules, the languages, the acts will be altered by then, to camouflage what we are currently dealing with, to blind the next generation into believing that things have improved since George Floyd. That is why we must not allow this time to go down in history as just ANOTHER MASS REACTION without solution.

I asked my 24-year-old daughter how does she feel about Black Lives Matter? She responded "Mommy, ALL LIVES can't matter until BLACK LIVES MATTER". Needless to say, I have spent 24 years raising my child, along with her older sisters to know and believe that they are equal to every other human being on the planet. Unfortunately, society has brainwashed my child into believing that, though she is grown, educated, well mannered, and a beautiful young woman, in the eyes of some other people, the color of her Skin defines her before she is even given a chance.

From the playground, the Basketball Court, to the White House, Blacks are present in numbers. We matter, and they know it. Minority by the color of our Skin, Majority by what we have become. Killing is a weakness. Black people have Leveled up so high that killing our brothers and sisters seems to be the only option left to oppress us. As the old adage goes "Only those wearing the shoe can tell where it hurts". We can no longer march and chant "We shall overcome"; we overcame ignorance a very long time ago. It is the crime called Racism we are fighting to gain justice for today. WE'RE HERE! And we're not going anywhere.

I refuse to sing along
"We shall overcome".
We have arrived! ■





Nurses Led the Way in 2020: Self-care is Cautioned

by Berthilde Dufrene, DNP, MSN, BSN, CARN, RN

Nurses are not new to leading in health care but are not always credited as leaders in the United States (US) health care system. Nurses have been doing great and important work, inside and outside COVID-19 response, and are doing work that have saved millions of lives.

As early as January 13, 2020, it became apparent that COVID-19 had arrived on US soil and was an imminent threat to public health, hospitals' capacity to care for patients, and shaped the urgency to prepare for the inevitable surge of cases. The effective management of critically ill patients infected with the COVID-19 virus is highly dependent on the nursing workforce who are essential components of disaster preparedness and critical care. Nurse leaders have had to consider means to increase the existing critical care nursing staff since traditional hospital settings have been challenged by the volume and acuity of patients, as well as increases in nurses' absence from work due to COVID-19 exposures.

“Save one life, you are a HERO. Save a hundred lives, you're a NURSE.” - Unknown

There has been calls for leaders at the national and local level to beef up production of emergency supplies and identify alternate space for public health care provision. However, nurses have been the most essential staff needed to staff these new spaces used for care delivery. The demand has made it necessary to redeploy and re-educate nurses from various sectors and from

various localities to provide critical care. Many older nurses came out of retirement to help train a new generation of front-line critical care nurses for the pandemic died, after contracting COVID-19. Despite the risk, many others volunteered to work the frontline and were also victims of the virus.

Much of the way that nurses are viewed are grounded and shaped by history. Most in the profession have learned to live without the need to be ranked or address the status quo. Many nurses continue to lead in patient care with their own perception of power without imposing their relevance of authority on the system. Nursing has done well in demonstrating their ability to plan and respond in this current time of fluid changes. Still there was no nurse on the Trump COVID taskforce team and there is an urge but no nurse, at present, on the Biden COVID task force team. Yet there are instead concerns over the size of nursing staff needed to administer millions of doses of the vaccines to the nation's population. The question is, will the future predict a vision of change for nursing's leadership in healthcare's C-suite or anywhere else in its landscape?

Although the year of the nurse was more challenging than celebratory, we can rejoice in the promise of a do over in 2021. The amazing number of nurses who have shown incredible dedication, caring and resilience throughout this pandemic did not go unnoticed. The nursing profession has, certainly, been highlighted as

being indispensable on the frontlines of the COVID-19 epidemic. No matter how stressful or difficult the circumstances, nurses have been and continue to be there to serve the nation. The evidence is clear that nurses can and do make great impacts in leading the na-



Self-care is giving the world the best of you, instead of what's left of you.

Katie Reed

tion's healthcare in 2020.

However, there has been no shortage of challenges, including working longer hours and caring for larger patient loads; doing so with limited personal protective equipment (PPE) and fearing self-infection with the virus as well as bringing the virus home to loved ones; being redeployed to unfamiliar practice settings and working outside of one's area of expertise, pivoting to a steep learning curve as technology and telehealth become the new normal; dealing with more severely ill and dying patients while working with partial understanding of the virus transmission, pathophysiology of COVID-19 related disease progression and lack of treatment options for the seriously ill.

These extreme life-changing times of uncertainty and dread on the nursing workforce have resulted on many nurses experiencing stress, burnout, anxiety, depression, fear, moral distress, and even suicide. Self-care has never been more essential for nurses. When faced with difficult times, it is necessary to take stock of our emotions (know the emotions that we are feeling – if they are new or different – and which emotions are more predominant), our physical feelings (monitor for frequent signs of tension, anxiety, stress, frustrations, fear, and the changes caused to our appetite, sleep and energy level, and our activities (how engaged you are in usual activities, things that we enjoy, and how our socializing habits changes).

It is equally important to engage all available coping resources.

- Label and accept all emotions. Difficult emotions emerge in times of crisis and stress. Acknowledge the thoughts and feeling as they come up.
- Place the emphasis on self-care, as nurses we care for others, but we must be compassionate towards ourselves. We must be intentional with our nutrition and nourish our body with healthy foods, good sleep, enjoy pleasurable activities, and exercise.

- Identify the things that you can and cannot control. Focus on the things that are within your control.
- Ask for help – asking for help may be difficult for many but help is there for you. Identify your needs and communicate them to your colleagues, supervisors, friends, and family.
- Set aside time to connect with others. Working long hours for many days may put you out touch with your family and friends. Technology has been helpful for making and sustaining social connects. Take the time to learn a new way to connect.
- Take stock of the silver lining – expressing positive emotions helps to build greater resilience. Resilience brings about renewed purpose and meaning to life in response to stress and trauma
- Consider starting a self-care and gratitude journal – knowing that you will be journaling at the end of the day helps to keep your self-care activities front and center. Expressing gratitude has shown to improve both physical and psychological health.
- Above all take the time to love yourself. ■

2020 is the year of the nurse and nurse midwife that nurses and nurse midwives will never forget.

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Year of the Nurse: 2020-2021

by Cassandra Alfred, BSN, RN

This year, 2020, was designated the International Year of the Nurse and Midwife, “to honor the 200th anniversary of Florence Nightingale’s birth and to advance nurses’ vital role in transforming health care around the world” (American Nephrology Nurses Association, 2020). This year especially, we should acknowledge our nurses and ancillary healthcare workers for the time they put forth during this coronavirus disease 2019 (COVID-19) pandemic.

This novel virus started at the periphery of our gaze and now has become our sole focus. This novel virus, a highly virulent disease, was declared a pandemic on March 11, 2020, by the World Health Organization (Cucinotta & Vanelli, 2020, p.157). The physical, emotional, and mental toll of this disease has been high - but still duty calls. Nurses around the world have had to adapt and suffer through this situation despite our own fears and concerns for the sake of our patients. However, it has meant putting our own health and safety literally, on the front lines. So, I asked, “What does nursing mean to you?” Here are a few answers:

“Being a nurse means having to ignore my issues and put a smile on my face because the patients are going through the most difficult time of their lives. They are facing situations that are out of their control.” - Kershel A. (Transplant and General Surgery).

“Nursing saved me. Nursing gave me a new purpose to live my life. Nursing is an outlet.” - Marion A. (Emergency Department).

“Nursing is like a hate and love relationship. You love what you do so much, but sometimes you are so tired you hate it.” - Fareeda A. (Operating Room).

“Nursing is a privilege. The people I work with are an amazing group of women and men. This makes my job even more special. The patients that I encounter are putting their trust in me. It could be intimidating at times. It means you have to trust yourself and your co-workers and trust the process. Nursing means to me to be empathetic, sympathetic, nonjudgmental, kind, show dignity, respect and to give your very best.” - Phyllis K. (Emergency Room Department).

“Nurses are advocates in the healthcare field who provide the most intimate care to patients. We are able to see the humanity and fragility of [the] patients and families, and not just a diagnosis on a chart. Nurses are essential and irreplaceable. No machine can encompass all the strong qualities essential to be a nurse.” - Josephine B. (Trauma Intensive Care Unit).

“Compassion is the essence of nursing. Nursing goes beyond having skills. It is about showing kindness and empathy towards patients, families, and co-workers. Compassion is what nursing means to me.” - Robellie C. (Sub-acute Rehabilitation).

As we can tell from the quotes above, the profession of nursing is a unique and personal experience. We hear a resounding message of integrity, professionalism, and compassion. However, nursing can also be challenging and taxing. The COVID-19 situation showed weaknesses in our healthcare system, with numerous essential workers not provided with sufficient personal protective equipment (P.P.E.) at their disposal. As a society we owe so much to our fellow healthcare workers and all essential workers who answered the call. We mourn nurses and all others who lost their lives to COVID-19. As we carry their memories in our hearts, may it embolden us to advocate for ourselves and fellow nurses so that we may continue to progress the profession of nursing forward. ■



Autism in the Haitian Community

by Georges Mylene Querette, BSN, RN

What is Autism? Autism is defined as a neurodevelopmental disorder characterized by impairment in social interaction and communication, and the presence of restricted, repetitive behaviors (APA, 2013). Research concluded that autism can be categorized as part of a spectrum of heterogeneous disorders, characterized by a broad range of abilities and levels of severity. The learning, thinking, and problem-solving abilities of people with Autism Spectrum Disorder (ASD) can range from gifted to severely challenge. People with ASD may communicate, interact, behave, and learn in ways that are different from most other people.

Autism has shown a dramatic increase in prevalence. The Centers for Disease Control and Prevention reports Autism Spectrum Disorder is on the rise. As of 2020, one in every 54 children is diagnosed and that number continues to increase at an alarming rate (CDC, 2020). It occurs in all racial, ethnic, and socio-economic status. ASD is more prevalent in boys than girls, there is no specific test to diagnose Autism. Parents can see there is something different about their child that makes them wonder. Some kids are non-verbal, or they don't talk in early age, some will display unusual behaviors or are sensitive to some noise, have difficulty focusing, or they might avoid eye contact. They also have different ways to learn. Some kids can be diagnosed as early as 18 months old and some at an older age. There is no treatment or cure for ASD since it is not a disease, however, research have shown that early intervention,

treatment, and services such as occupational therapy, physical therapy, speech therapy and behavioral therapy could improve a child's development. ASD is a growing disability that could affect any family, yet so many people do not have any knowledge about it, especially in our community.

Stigma about Autism

Children with autism usually do not have an identifiable facial characteristic nor do they typically use devices that could show their disability. Therefore, their unusual behaviors might be mistaken for terrible parenting, a dangerous lack of self-control, or mental illness. People might blame the parents for not controlling their kids. Some people view autism as a source of disappointment, annoyance, or shame. According to some researchers, stigma may keep families from seeking a diagnosis and services for their children, from participating fully in their communities, and from enjoying the same quality of life as their neighbors. (Total Spectrum, 2019).

Haitian Community and Autism

Culture plays a major role in understanding the Haitian concept about the disability. In the Haitian culture, shame and guilt are generally associated with disabilities. Haitians are very afraid of what people think about them or about their kids. They usually think when someone has a problem, whether mentally or a disability, it is an evil curse. In some families, a disability is not something to be accepted, it is rather something that hopefully can be cured by prayer or other indigenous healing practices, furthermore it is their lack of knowledge about Autism. When a child is acting out or not behaving the same way as the others, they tend to blame the parents, or they will give the child a look. For this reason, Haitian parents with an autistic child will isolate themselves and their child and will not even speak or say something about their child's disability. They will not pursue diagnoses and treatment for their child. Also, the language barrier and the challenges they are facing such

as lack of support or services from the school system or the community, lack of resources, might be overwhelming and might discourage them from seeking help or advocating for their child. Having a child with autism might be very challenging and costly for Haitian parents as some insurance agencies might not cover the therapy treatment. Most public schools in our area are not equipped for those kids and the private schools are very expensive.

WHAT CAN HANA NURSES DO TO PROMOTE AUTISM AWARENESS AND HELP THE COMMUNITY

- Get educated: Nurses should know that Autism is not a mental disorder. It is a neurological disorder marked by abnormalities in the brain. People with autism can feel, they are sensitive, and they can develop meaningful relationships.
- As nurses we should do research to learn about autism so we can educate our family, friends, and the community about this disorder.
- We should know that the more we understand the condition, the better equipped we will be to manage the emotional and mental concern that go with it and the better we can educate parents and families about it.
- We should encourage parents to seek help when they suspect that their child is different. They should know and watch for warning signs such as diminished eye contact, light or sound sensitivity, and language delays.
- We should reach out to Haitian parents with children on the autism spectrum and help them find resources and therapy for their autistic child.
- April is Autism awareness month established by the Autism Society. During this month, many activities are being done to promote awareness and inclusion. As nurses, we should take part or organize some activities in the community that promote awareness and inclusion.
- We could also educate and perform outreach with members of the Haitian Community about the Autism Spectrum Disorder.

- We could check out online events and participate in those activities and fundraisings.
- We can also show our support by wearing the blue t-shirt or blue ribbon.

CONCLUSION

Although Autism is on the rise, most people do not have any idea about the condition especially in our community and there are still a lot of misconceptions about it. What makes it worse is that there aren't many studies to help people get a better understanding of the disorder and parents are still struggling in getting therapy and better services for their kids.

Promoting awareness and inclusion is very important, so people should know that children with ASD should not be left out of activities because they have different social skills and intellectual habits. They should interact with other children. People should know that individuals with ASD are not disordered, they have different intellectual capabilities. The more people in our community learn about the differences, the better they will be able to embrace them. We all need to embrace each other's differences and stop judging those around us for being different and accept everyone for who they are. ■

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Nursing Excellence on the Ground and in the Air

By: Mickaelle Germain, MPH, BSN, RN

The United States Air Force is armed with high skilled nurses that can respond to any situation, any time, in any environment, to any place in the world within 12-24 hours. This ability gives us a decisive edge over any other nation's Air Force. As a nurse in the United States Air Force, I had to overcome numerous, sometimes austere environments. Currently, I am serving as Chief Nurse, Health Care Integrator and Medical Management Director. As a Chief Nurse, I direct nursing services and provide oversight for education training, and professional development of 290 healthcare professionals, rendering quality healthcare to over 13,000 beneficiaries. As the Health Care Integrator, I lead, plan, direct and execute population-based health initiatives for 18,000 patients. Additionally, I evaluate, analyze Air Force Medical Service healthcare delivery metrics and implement Air Force directives to assure accreditation compliance.

One of my most rewarding job as a nurse in the military was providing care on a large aircraft that the Aeromedical Evacuation converted into a flying hospital. I had the opportunity to provide lifesaving in-flight nursing care for wounded warriors anywhere the US military operates. Because of the efficiency of the Aeromedical Evacuation system, soldiers, sailors, Marines, and Airmen can be transported from time-of-injury to the United States in an amazing blistering 24 to 72 hours from anywhere around the world. Despite critical injuries, nursing care can be given in a seamless fashion until definitive care is reached.

Aeromedical Evacuation (Air Evac) is a large, complex system designed to transport American casualties back to US Medical Treatment Facilities. It is operated by the US Air Force, transporting service members from all branches of the military, which include their family members, US military contractors, and occasionally foreign nationals. These patients all require in-flight nursing care that is delivered by Air Force flight nurses, flight medical technicians, and Critical Care Air Transport (CCAT) teams. A CCAT team has a physician, nurse, and respiratory therapist. They transport Intensive Care Unit (ICU) patients on the ground and in the air.

As a Flight Nurse, I had to overcome numerous sometimes austere environments. Air Evac utilizes military cargo aircrafts, which are not ideal for transporting people. They are noisy, hot on the ground, cold in the air, and are by no means considered a “clean” environment. They operate at high altitudes, which can significantly reduce available oxygen. Privacy is difficult to provide and resources normally taken for granted like medical supplies, oxygen, electricity, and medications, are all in a limited supply. Additionally, we have to continuously take into consideration mission security, manage the patients’ luggage, and assist passengers.

In-flight care nursing is full of challenges. One of the biggest is limited supply. If you didn’t bring it, you don’t have it! It can be as simple as a power cord for a pump. Planning ahead and being meticulous as if every patient’s life depends on it. Keeping organized is a constant challenge with the patients inability to maintain adequate physiological function in the presence of disease, decrease in barometric pressure, change in aircraft temperature at altitude, vibration of the aircraft, or in the absence of a flat surface to write on.

One of the training in-flight nursing focuses on is “stresses of flight”. They are, decreased oxygen, decreased barometric pressure, temperature changes, decreased humidity, noise, vibration, fatigue, and G-forces. These factors impact patients with respiratory issues, cardiac problems, pain medications, closed head or eye injuries, burns, fractures, TBI’s (traumatic brain injuries) and medical issues.

As a Flight Nurse, my day begins several hours before my flight. On a typical mission, I am a member of a basic aeromedical evacuation (AE) crew of two nurses and three medical technicians. Once my crew is alerted for a mission, we are briefed on the mission and receive



the number and category of patients for transport. As a team, we create a patient positioning plan based on patient load and category to tailor each flight. Once the positioning plan is created, and briefing is completed, we carry a load of 800 pounds of equipment, and proceed to the flight line to load equipment and meet their front-end crew for the mission. Teamwork and safety are highly emphasized and valued during our mission. Every member works together to meet the patients' needs and safety. Improved patient outcomes is our common goal. The relationship between the nurse and the technicians is paramount and it is crucial that all team members work together and communicate effectively.

The best thing about caring for my patients in flight is “these wounded warriors are the most amazing patients!” I respect them wholeheartedly for volunteering to serve our country. They are polite, tough, don't complain, and look forward to going home. Most of them display either quiet strength or a bit of bravado. In my eyes, it is truly an honor to take care of these courageous, fearless, and brave men and women. ■



BIOGRAPHY



UNITED STATES AIR FORCE

LIEUTENANT COLONEL MICKAELE GERMAIN

Lieutenant Colonel Mickaëlle M. Germain is the Chief Nurse at 49th Medical Group, Holloman Air Force Base, NM where she directs nursing services and provides oversight for the education, training, and professional development of 290 healthcare professionals, rendering quality healthcare to over 13,000 beneficiaries. Lt Col Germain also serves as the Health Care Integrator and Medical Management Director. While serving in this capacity she leads, plans, directs and executes population-based health initiatives for 18,000 patients, 15 thousand visits per year; and provides 9.3 million dollar care. Her duties also includes evaluating, analyzing Air Force Medical Service healthcare delivery metrics and implementing Air Force directives to assure accreditation compliance. Lieutenant Colonel Germain, provides administrative oversight for the annual supplies and resource budget totaling forty-eight thousand dollars and oversees quality care and safety processes throughout the Medical Group. As the supervisor of nine staff members and overseer of four programs; she also plan and coordinate the work of the Medical Management team with all departments, services and other stakeholders.



Lieutenant Colonel Germain received her commission in 1999 under a direct appointment followed by her first assignment to Wilford Hall, Lackland AFB as a Labor and Delivery Nurse. After transferring to Misawa AB Japan, she was accepted into the Neonatal Intensive Care Nurse Fellowship Program. Upon completion, she was assigned in the Neonatal Intensive Care Unit in Okinawa, Japan where she transported critically ill neonates to a higher echelon of care. Lieutenant Colonel Germain was integral in the completion of the one million dollar renovation project in the Neonatal Intensive Care Unit at Kessler AFB, Mississippi. In 2013, she completed the Flight Nurse Course and was assigned at Aeromedical Evacuation Squadron, Ramstein AB, Germany. As a Flight Nurse, at the 621st Air Mobility Operations Squadron, Lieutenant Colonel Germain was the Aeromedical Evacuation Control Team Chief and served as Instructor and Evaluator. Lieutenant Colonel Germain was selected by the 621st Contingency Respond Wing Commander as the Director of Staff for the Air Force sole Bi-coastal Wing Staff. She has served in both flying and support roles in the Global War on Terrorism with four deployments in contingency operations across the globe.



We Salute our Veterans

2020-2021: Year of the Nurse and the Midwife



Mrs. Claudette Colimon, R.N.: Inspiring COVID-19 Healthcare Heroes During the Year of the Nurse & Midwife

by Mary Colimon Pierre, NY State Licensed Psychologist and
the daughter of the dearly departed Claudette Colimon, R.N.

To know her was to understand that she was a hardworking, compassionate person who brought her talents of being nurturing and supportive of others to the workplace. She was foremost a wonderful wife (for over 45 years) and mother. Her primary mission in life was to assist her children to be the best that they could be. Her motto was, "If I have helped my children surpass my achievements, then I have done my job." The beautiful soul that I am writing of was my mother, Mrs. Claudette Colimon, R.N., a lovely Haitian - American Nurse who departed from us in 2009. My mother had a nursing career that spanned over 20 years. She assisted patients in various settings, including Rockland Psychiatric Center and several nursing homes. She was also a Visiting Nurse and helped home-bound patients maintain proper health. After retiring, Mrs. Caliman continued to provide community service as a member of nursing organizations, such as the Haitian - American Nursing Association and the Tau Phi Chapter of Chi Eta Phi Nursing Sorority. My mother was an avid supporter of the organizations' fund raising efforts to provide students with financial support to pursue careers in the Nursing field. Her



Mrs. Claudette Colimon, R.N.

enthusiasm to guide and help others to achieve their goals was apparent in all aspects of her life, as she was also the President of the Haitian Apostolate of Nyack for many years. In that role, she led the development of programs and events to support the cultural and religious growth of the Haitian Community in Rockland County.

The dedication and empathy that Mrs. Colimon brought to her local community carries on in her family. She has inspired several members of our family to be Essential Workers and to maintain positions in hospital/medical facilities. Her son and son-in-law, Mr. Yves Colimon and Mr. Yves Pierre, are members of the pharmaceutical community and help to produce and dispense needed medication to combat illnesses. Her grandchildren, Miss Jasmin McCoy and Mr. Andrew Pierre, and nieces, Mrs. Marie Guerrier, Mrs. Joelle Coichy, and Mrs. Adeline Colimon, work tirelessly to provide hospitalized patients a comfortable environment in which to recover from various medical conditions, including COVID-19. Mrs. Colimon would be so proud of the commitment that family members have made to support the health and wellbeing of members of our community. Let us follow Mrs. Colimon's example and improve our community by making efforts to resist the negative effects of the COVID-19 pandemic, including Depression, Anxiety, Obesity, and interpersonal problems, such as domestic violence. Mental Health America is an organization that has developed a toolkit to address various psychosocial stressors that might impact mental health. Please note that although May is Mental Health Month, psychological well-being is important year-round.

Please visit <https://www.mhanational.org/mental-health-month-2020-toolkit-download> for more information regarding mental health. ■

The Healthcare Heroes of the Claudette Colimon, R.N., family



Yves Colimon, Lead Manufact.
Operator, Pharmaceutical Lab.



Yves Pierre, Technician
Pharmacy Dept.



Andrew Pierre, Host
Dietary Dept.



Jasmin McCoy, Technician
Operating Room



Marie Guerrier, PCA-Nursing Dept.



Joelle Colchy, R.N., Nursing Dept.



Adeline Colimon, Counselor, DDSO



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For info email: INFO@HANAHUDSONVALLEY.ORG

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2020 YEAR IN REVIEW



As nursing professionals of the Haitian American Nurses Association of Hudson Valley,



There are common sense tactics, things we do already, but now must be more vigilant in doing.



Social Distancing is strongly encouraged during this time.



Examples of social distancing are: avoiding large crowds, avoiding public transportation,



Hand sanitizer is also an effective way to keep your hands clean.



Handwashing is essential, use soap and water and wash for at least 20 seconds.



Or, you can cough or sneeze in the crook of your elbow.



If you feel sick, stay home, and contact your doctor.



When coughing and sneezing, it is crucial to do so in a tissue that you dispose of right away.



This public service announcement was brought to you by the Haitian American Nurses Association

Featuring:

Bibiane Dimanche Sykes, MSNEd, LNC, RN | Berthilde Dufrene, MSN, CARN, DNP, RN

Farrah Fils-Aime, BSN, RN | Jennifer Morin, BSN, RN

Producer: Stefan Sykes

International Women's Day - March 2020



Nurses Week Celebration - May 2020



Men's Health Forum - August 2020



A sign of the times...

Virtual Nursing Education Symposium



HAITIAN AMERICAN
NURSES ASSOCIATION OF
HUDSON VALLEY, NY, INC.

NURSING EDUCATION SYMPOSIUM

2020 YEAR OF THE NURSE & THE MIDWIFE:

On the Frontline of COVID-19 Global Pandemic



Sascha James
CNM, DNP, LM, FACNM
KEYNOTE SPEAKER



Natalia Clineas
DNP, RN, NEA-BC
Senior Vice President and
System Chief Nurse Executive
Co-Chair, Equity and Access Council
New York City Health + Hospitals



Berthilde Dufrene
DNP, MSN, CARN, RN
Founder and past president of the
Haitian American Nurses Association
(HANA) of Hudson Valley, NY, Inc.



Anne Marie Jean-Baptiste
PhD, MSN, RN, CCRN, CEN
Assistant Professor at the University
of the District of Columbia



Dr. Janet A. Williams
DNP, MSM, CNM
Founder and CEO of Transitions
Women's Health Consulting, LLC



Margaret Alexandre
PhD, RN, MS, FNYAM
Assistant Professor
York College/CUNY

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Recording



Margaret Alexandre



Bianca Lubin



Jen Morin



Dr. Michelle Paraison



Christel-Ann Augustin



Esther Louise



michouleroy@aum.com



indierhomas2002@yahoo.com



Marjorie Lozama



Bibiane D'Amante-Sykes



Marilyn Laforest



Dr. Berthilde Dufrene



Janet Williams



A sign of the times...

Virtual Nursing Scholarship Fundraiser




H.A.N.A.
HAITIAN AMERICAN NURSES ASSOCIATION OF HUDSON VALLEY, NEW YORK, INC.,

FRIENDS, SUPPORTERS, AND SPONSORS, PLEASE JOIN US:
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H.A.N.A. Launches Radio Show



COVID-19 has forced the world into living a new way of life. This “new normal” has taught us that wearing a mask is an act of love, the “smize” is the newest form of human expression, and work meetings and school are done on Zoom. Additionally, the pandemic has exposed the harsh realities of healthcare disparities, access to healthcare and the impact of chronic illness. It’s been a challenging year for sure and one that has shown our organization, that there is an opportunity to do more for our community. In the early days of the pandemic, HANA of Hudson Valley, NY, Inc. appeared on various radio shows to provide clarity on the coronavirus, while explaining how to keep safe and minimize the risk for exposure. What we clearly saw, was the need for more knowledge sharing and not just on concerns pertaining to COVID-19, but on all matters of health. With that said,



our organization has partnered with Radio Generation 2000 to create the Health & Wellness Hosted by HANA; a weekly 2 hour radio show dedicated to helping our community increase their health literacy, know the signs and symptoms of illness and to hopefully, motivate our audience towards a healthy lifestyle of mind, body and spirit.

We invite you to listen to our show every Wednesday at 7-9pm EST on 87.9FM. You can also listen online on www.radio2gk.com or via phone at 605-472-9366. Join us, pou nou kapab bien vivre en santé! ■



Bianca Lubin BS, RN(c)
 NYU Rory Meyers College of Nursing Class of 2021
 HANA of Hudson Valley, NY, Inc. Student Member
 Chair of Marketing & Social Media Accounts
 Co-Chair of Health & Wellness
 hosted by HANA Radio Show

Congratulations!

TO OUR NEW LEADERSHIP



H.A.N.A.

HANA OF HUDSON VALLEY, NY, INC.

INTRODUCING THE NEWLY ELECTED

LEADERSHIP TEAM 2021-2023



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Christel A. Augustin, BA, BSN, RN, FNP(s)

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Florence Pierre Pierre, BSN, RN

CORRESPONDING SECRETARY

Michaëlle Jacques, BSN, RN MSN(c)





Haitian American Nurses Association

Top Ten Reasons for Joining HANA

- 1** **Do it for YOURSELF!:** HANA is all about you, the person. HANA's educational, networking, scholarships programs, etc.... will take you where you want to go. The youth, students and communities we help today will help frame our future. We will rely on those same people and communities to care for us when we are no longer able to do so for ourselves.
- 2** **Showcase your ethnic pride:** Our homeland receives a lot of negative press and criticism. Those of us who are part of that culture know that we are much more than the sum of our problems. We have done a lot to better humanity and we are great contributors to society.
- 3** **Advance your Career:** HANA members enjoy educational opportunities and access to vital information to increase their knowledge base and keep up with the newest trends in the global community and in their profession.
- 4** **Serve your profession:** HANA members have access to opportunities to serve on international and local committees that work on a variety of issues from building the core body of professional knowledge to building public trust in the philanthropic process.
- 5** **Advertise your integrity:** HANA has earned the respect of the community. HANA holds its members to the highest Code of Ethical Principles and Standards. When you join HANA you align yourself with like-minded practitioners.
- 6** **Advocate for your profession:** Serious minded professionals know that serving the profession means responding to calls for action from those who represent the profession. HANA monitors trends in the health care industry, regulation, and practice standards and routinely advise members on required action.
- 7** **Earn the ultimate reward:** HANA members get the opportunity to serve humanity in a way that rewards the ultimate in gratification. Members who serve will tell you that there is no greater joy or sense of accomplishment than serving people who are in great need of that service.
- 8** **Network with others who do what you do:** Making connecting is important part of growing yourself, causes that you believe in, and your profession. Through information sharing, you will be able to use available recourses to advance your goal.
- 9** **Be a part of a unified force:** The power of unity is known to all of us. But we often seem to forget it when it comes to individual success. Consider this quote: *"One man may hit the mark, another blunder; but heed not these distinctions. Only from the alliance of the one, working with and through the other, are great things born."* - Antoine de Saint-Exupery
- 10** **Proclaim your professionalism:** Adding your name to the ranks of the many nurses and other volunteer professionals giving back to their community declares your pride in the profession you have chosen.

CHANGE YOUR COMMUNITY



BECOME A MEMBER

WHO WE ARE OUR MISSION

The purpose of the Association is to provide nurses the opportunity to unite as a group, to share and promote ideas of interest to the group, and to become effectively involved with the issues and services relevant to the health and welfare of the community.



H.A.N.A.

The Haitian American Nurses Association of Hudson Valley New York, Inc. needs you as a member to serve, lead, educate and empower others toward a healthier life, and be a catalyste for change.

HANA HUDSON VALLEY

What We Do!

- * Profession Activism
- * Educate
- * Blood Drives
- * Coat & Toy Drives
- * Community Health Fairs
- * Medical Missions
- * Mentorship
- * Provide Scholarships
- * Health Advocacy

WHEN DO WE MEET

Every Third Saturday of the Month
Via Zoom

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Invite a Friend or a Colleague

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