Year of the Nurse

Advance Local illustration, Andrea Levy

INSIDE

Caregiving in a crisis

In this pandemic, nurses are balancing a commitment to care with a lack of protective gear and fears about the safety of themselves and their loved ones. **J4**

Pathways to nursing

Nursing careers are projected to increase 12% in the next ten years. Multiple approaches aim to address the shortage of nurses in the immediate future. **J10**

Nurses' stories

Caregivers share their most inspiring, heartbreaking and unforgettable moments of joy, sorrow, loss and redemption from the front lines of health care. **J17**

Year of the Nurse

Nurses deserve our help, not just our praise

George Rodrigue *GRodrigue@advancelocal.com*

This special section honors the nursing profession, whose members have put their lives on the line for months now, day after day, to care for perfect strangers. They richly deserve the recognition.

They are going to work every day completely aware of the risks, not just to themselves but to their families. Many are scared. They have seen colleagues die. Nevertheless, they do what their senses of duty and compassion compel them to do. That is the essence of heroism.

It would be infinitely better, though, if they did not have to be heroes. And calling them heroes does not relieve us of our responsibility for reducing the danger we've put them in.

They have been wearing disposable masks that once were used for a single visit with a single patient, but now might be used for a week. It would have been so much better if we had not allowed our emergency stockpile of masks to dwindle, or if we had begun to refill those stockpiles in January, when the disease first became widely visible, instead of in March.

They have been working in hospitals and other facilities so crowded with needy patients that some nurses say they have to go to work even when they themselves are ill. It would be infinitely better if we had taken steps sooner to reduce the spread of the disease, so our hospitals never got overloaded.

Many have been working in wards where it's not clear which patients have COVID-19 and which do not. It would be so much better if we had provided them with enough test kits to help them manage those risks.

These goals are not beyond our reach. Many other nations achieved them, including South Korea, Singapore, Taiwan, and Germany. They did it by maintaining strong public health capabilities, by responding quickly and energetically at the first signs of danger, and by taking steps to get ahead of the virus — testing for infection, tracing contacts of infected people, and quarantining potential carriers before they could infect others.

Our failure to do those things left us with the world's largest number of coronavirus cases, with the world's largest COVID-19 death toll, and with medical staff who were forced to become heroes.

Our medical teams, of course, reacted skillfully from the start. The proof of that is in our relatively low fatality rates per case. But by the time they were pressed into action the virus had infected so many people that the spread could be stopped only through drastic social distancing, which shut down most of our economy.

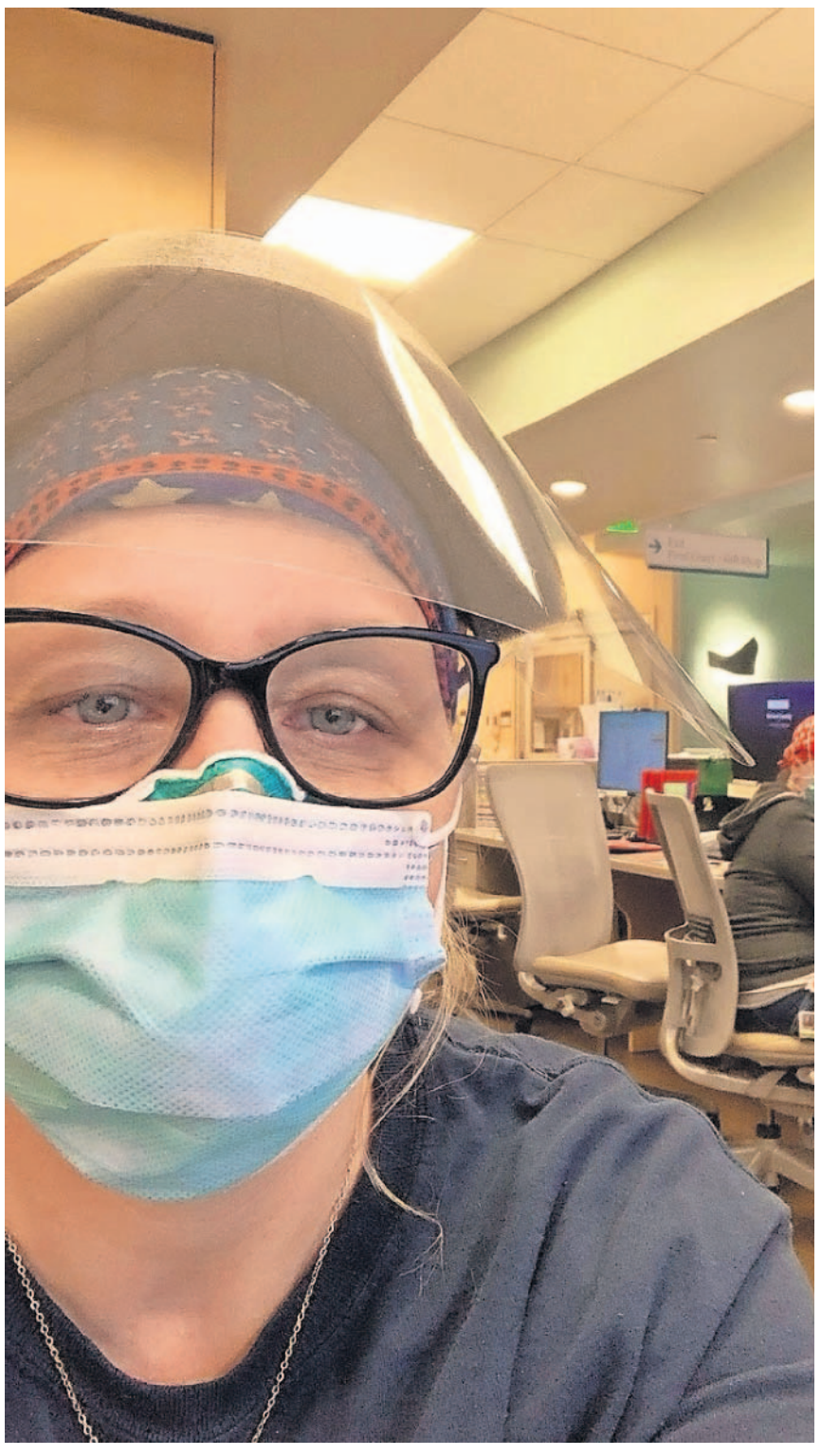
Having done that, we're now in a better position to follow the lead of other nations that handled the outbreak more competently. We can gather the protective gear and test kits, and build the contact-tracing capability that we need to control the spread of the virus. Then we can start the process of returning to whatever "normal" means.

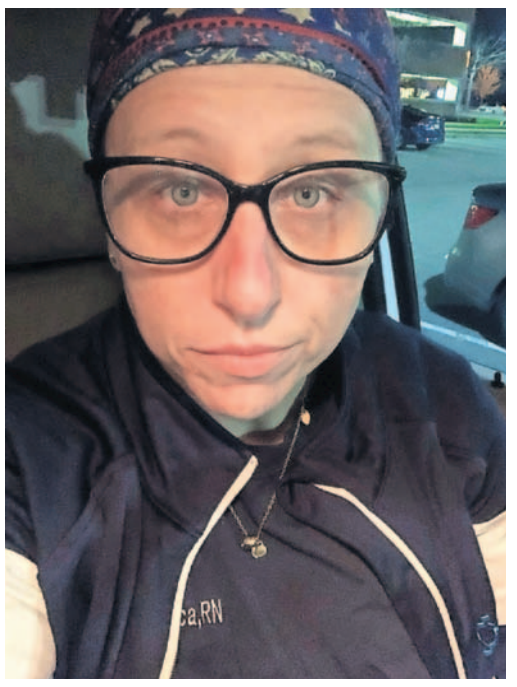
Firefighters who rush into burning buildings are heroes, too. But too many people have died in burning buildings. That's why we require fire alarms and sprinkler systems. Similarly, it's not enough for us to admire our caregivers.

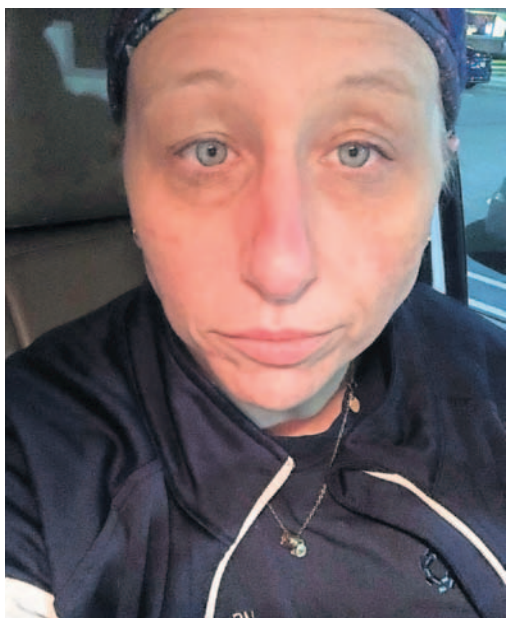
We have to help them, too.

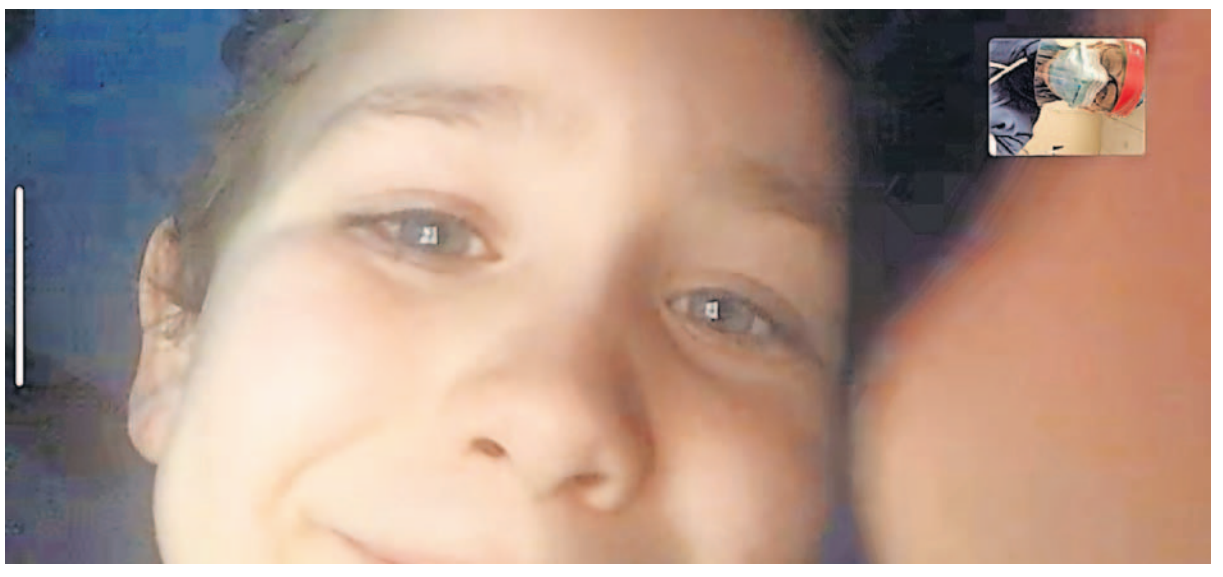
Advance Local illustration, Andrea Levy

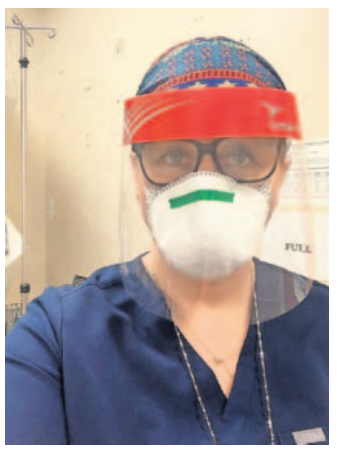
Year of the Nurse











Jessica Collum, of Bayville, New Jersey, at her overnight shift in the emergency department after a day of homeschooling her three boys. "Since Covid-19 hit, I went from little sleep to no sleep," she says. *Photos by Jessica Collum*

On the front lines of a pandemic, nurses are balancing a commitment to care with a lack of protective gear and fears about the safety of themselves and their loved ones.

Caregiving in crisis

Kathleen O'Brien *Special to Advance Local*

An exhausted emergency department nurse in New Jersey, too worried to sleep, jots down her 401K password in a note to her husband in case she dies. A single mother in rural Oregon spends $250 of her own money to buy protective gear from a farming supply store, mindful that her 9-year-old boy now dissolves into tears when she leaves for work. A nursing director of 13 skilled nursing facilities in Upstate New York describes how her entire family works in health care: "I realized my whole family could be wiped out by COVID, just based on what we do," she said.

Nursing is the nation's largest health care profession, with 3.8 million registered nurses, or three times the number of doctors, according to the American Association of Colleges of Nursing. That means the hour-by-hour care of hospitalized victims of the novel coronavirus falls largely on their shoulders.

Their dedication and professionalism during the pandemic have prompted a nightly chorus of cheers from big-city balconies, free pizza delivered to local hospitals by grateful communities, and a flood of homemade masks sewn by an impromptu army of civilian seamstresses.

Their work has required front-line exposure to COVID-19, an illness whose vicious and unpredictable severity has left them stunned and fearful. They're afraid for themselves, but even more terrified that one tiny lapse in caution could bring the coronavirus home to their loved ones.

That fear has been exacerbated by spotty availability of the most basic personal protective equipment, or PPE.

"I've dealt with every kind of infection you can imagine: H1N1 (flu), MERSA (drug-resistant staph bacteria), and was able to do so without getting sick and dying. The difference is we've always had the equipment to do that," said Tiffany Simmons, the Oregon nurse who bought her own equipment, including a half-face respirator from a welding shop. "There is a threat that when I go to work, I could contract something that they don't have a treatment for."

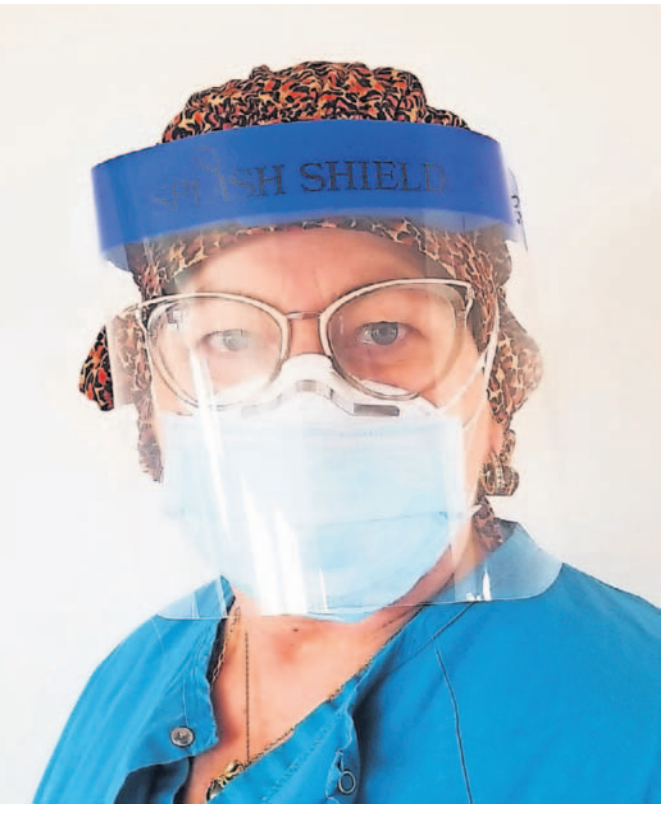
"I never thought I'd be fighting for my life at my job," said 57-year-old Sheryl Mount, who volunteered to return to the intensive care unit because she knew she'd be assigned there once the wave of COVID-19 cases hit her South Jersey community. "Everyone is scared to death."

By mid-April, more than 9,000 health care workers had contracted COVID-19, according to a report by the U.S. Centers for Disease Control and Prevention. The average age of those testing positive for the virus was 42; the bulk of the 27 reported deaths occurred among workers older than 65.

"I've never been so scared to be a nurse — and so proud to be a nurse," Mount said.

Adding to the stress are shifting COVID treatment protocols that mean nurses can't practice their profession the way they always did, or even the way they were trained. They have to limit their

SEE NURSES, J6



"I've never been so scared to be a nurse — and so proud to be a nurse."

Sheryl Mount, 57, returned to ICU duty after 12 years of working elsewhere in her South Jersey hospital. She predicts a flood of retirements when the crisis abates.

Nurses: A calling to save lives and the looming danger of COVID-19

FROM J5

interactions with their patients, and some safety protocols have abruptly changed. They have always discarded surgical masks after leaving each patient's room; now they're being told to wear the same one all day.

Jennifer Tinn, an ICU nurse at Robert Wood Johnson University Hospital in Somerset, New Jersey, describes herself as a "Type A" who would normally pop into a patient's room as often as she could, even if just to straighten out the sheets.

Now, she has been told to "bundle" her tasks so she completes them all in a single visit. Patient IV poles have been outfitted with extra-long tubes so they can be rolled into the hall and adjusted there.

She sits on the safe side of a glass partition, monitoring her intubated and eerily silent patients but unable to soothe them. On many of her 12-hour shifts, she'll arrange a FaceTime call to relatives so they can glimpse their sedated loved one or watch the chaplain praying over them.

"You can't reach out to touch their hand. You can't talk to them," says Mount, the veteran South Jersey nurse. "They can't really see your face or your expression. You can't stay in their room for very long. It tears away at your insides."

That kind of nursing takes its toll.

Tinn, 27, said she drives to each shift consumed by dread that never lifts.

"There's just this emotional aura, or vibe, that is just emotionally heavy. I don't usually go to work feeling anxious or feeling worried. But this is a type of anxiety I've never had, because I don't know what the day is going to bring for these patients, who are so, so sick," she said.

Just as COVID-19 patients appear to be improving, the virus can throw a sucker punch that causes their vital signs to plunge. The medical term is "decompensating." The hospital lingo is "crumping."

"I'm sleeping late, which isn't like me. I think it's just emotionally exhausting," she said. "I go home and all I think about are my patients. I think about them even in my dreams." "You cry, then you get better, then you go back to work, then out of nowhere you cry again," said Simmons.

Nurses have a long, proud history of combating contagious disease, whether polio, AIDS, or the 1918 Spanish flu, said Arlene Keeling of the University of Virginia School of Nursing and editor of the Nursing History Review. In both the AIDS and polio epidemics, nurses worked before effective treatments were available and while the means of transmission were still unclear, she said. Traveling nurses often took care of polio patients on the assumption they'd already acquired immunity.

"I'm not sure they knew exactly how it was transmitted either, so maybe they didn't know what to be afraid of," she said.

During the 1918-19 Spanish flu pandemic, many of the patients were tended to by student nurses, since most experienced nurses were away at war. The nurses were mostly single as well because a student had to leave nursing school or a hospital job when she got married, Keeling said.

That meant they were treating contagious diseases unburdened by any fear of infecting their own children, unlike today's nurses grappling with COVID-19. Nor did those earlier nurses have to deal with home-schooling their children after their shifts ended.

But that's Jessica Collum's schedule. She works three overnight shifts a week in the emergency department of Ocean Medical Center along the New Jersey coastline, returning home at dawn.

When she gets home from her shift, she strips off her uniform in her garage, steps carefully along a series of bathmats placed in a connecting hallway, then jumps into the shower. She washes her blonde hair so rigorously she jokes she now looks like "that guy from Van Halen."

Normally she'd see her three boys off to school and her husband off to his construction job, then get five or six hours of sleep. Schools are closed, however, so she spends big parts of her day overseeing online lessons for her 7-year-old while keeping her 4-year-old twins occupied. She survives on brief catnaps.

She takes only a reference book on medication and a pen and scissors with her into the hospital, leaving her coat in the car. She's wary of sharing keyboards and desk phones with her coworkers. Wearing a mask and gown for her 12-hour shift often causes her to overheat. She frets, unable to decide if she's just too hot or actually developing a fever. The possibility she might be coming down with COVID-19 herself has triggered panic attacks, she said. On one recent day, five nurses went home with fevers.

Simmons, of Oregon, strips in the garage as well, then makes sure to sanitize anything she has touched, including her car keys and cellphone. She doesn't even remove her contacts until after she's showered.

While nurses are going to extraordinary lengths to prevent exposing their families to the virus, the looming danger is evident not only to them, but to their loved ones.

"I constantly hear, 'This is not what I signed up to do,'" said Mount, the veteran nurse of nearly 40 years. "Husbands are pushing back: 'This is not what our family needs. You're being exposed to something that could kill us all.'"

Planning for and around that fear is on the To Do list of MaryPat Carhart, vice president of clinical services for a Syracuse-based company that operates 13 skilled nursing facilities in Upstate New York.

Since February, she's kept a little notebook on her bedside table to jot down issues that need addressing, no matter what time of night they occur to her.

The current pandemic reminds her of her early years in nursing, when treating AIDS patients was fraught with concerns about the unknown. "It's just human nature. People are going to be afraid. They're going to be paralyzed," she said. "But that's my goal: to eliminate the paralysis."

"They've chosen this, and this is their calling," she said of her nurses. "But their biggest fear is taking it home to their families. So we have to make sure that if we get COVID in one of our facilities, they'll be OK."

That means rigorous safeguards, plenty of safety equipment, back-up plans for the back-up plans, and training, training, training. "This is what we do in health care — but really on steroids," she said. "But this is what we do."

Kathleen O'Brien is a freelance writer in northern New Jersey. She can be reached at ksobksob@gmail.com.

When COVID-19 reached central Oregon, where Tiffany Simmons works, personal protection equipment was in short supply, so she found her own through farming store purchases and gifts from worried relatives.

1,364,061

Total U.S. coronavirus cases as of May 13.

82,246

Total U.S. coronavirus deaths as of May 13.

2%

The percentage of COVID-19 cases among U.S. health care workers, as reported by the CDC on April 9 The number was 9,282 at that point there were 459,165 cases in the U.S. For comparison, the approximate percentage of the U.S. population who are health care workers is only .05%, according to 2018 labor reports.

Sources: U.S. Centers for Disease Control and Prevention, U.S. Census Bureau, U.S. Department of Labor

Year of the Nurse

Veterans return to the front lines to fight the coronavirus

Warhorses of the pandemic

Lee Ann Moyer *Special to Advance Local*

As COVID-19 swept across the country, killing patients and medical staff alike, it posed a painful question for senior nurses no longer serving in emergency rooms or intensive care units: Did they want to go back? How much should they risk their own health, or the health of their loved ones, to save perfect strangers? Many chose to return to the front lines. Many others came out of retirement to support their former colleagues.

Coronavirus is especially dangerous for older people and people with pre-existing conditions. Debra Amerson is 63; fatigue and health issues convinced her to step out of the Intensive Care Unit at a Texas hospital years ago, for lighter duty in the Post-Anesthesia Recovery Unit (PACU),

"I originally went to the PACU to help ease some of the stress," she said, "But now that the coronavirus is here, I told my boss, 'I'll go back to the ICU, I'll do what I have to, I want to help.' It's what nurses do."

Nancy Casey, a family nurse practitioner, works in family medicine and runs her own clinic, Teen Health PDX. She left the ICU 17 years ago.

"Would I need a refresher?" said Casey, "Yes, 100%. But I know I have skills that are needed right now."

Confronted by critical staff shortages, states have rushed to allow experienced nurses and retired nurses to return to front-line jobs. Casey signed up with the State Emergency Registry of Volunteers in Oregon. "Normally, there would be so much red tape to work somewhere new. Now, it's more like, 'Here's my license number, here's my info,' and the answer is 'Come on over, we need you!'"

By late April, she said, some of the nurses on standby might have been getting a little bit bored. "But, in this case, bored is definitely good!"

Barbara Holtry, communications manager for Oregon's state board of nursing, said that by late March, 65 nurses had already signed up for its waiver program. "We've implemented a few licensing changes that will hopefully lessen the stress of currently licensed nurses and encourage retired nurses to rejoin the workforce," she said.

Other nurses are committed to helping and waiting for the right moment to do so.

Rachael Clark, RN, was working at an outpatient surgery clinic when all non-emergency procedures were canceled. She feels a responsibility to help, but also feels a need to protect her children, aged 12 and 4. After she returns from a hospital shift, she'll have to quarantine herself from her own family, for their safety.

"The more serious this gets, the more it weighs on me," Clark said. "Locally, if it comes to the point where they need the help, I will go. But at that point, I think I would need to isolate myself from my family for a while."

As of late April, thanks to social distancing practices, her city had not yet experienced large numbers of coronavirus patients. With elective surgeries opening back up, she will return to work after a temporary shutdown.

Others are taking on new responsibilities supporting front-line caregivers.

Jan Fitch was an endoscopy nurse leader, until she agreed to manage employee health for those who may have been exposed to the coronavirus. Fitch said her initial reaction to the job was, "'Wow, that sounds like a lot." But how could she say no?

"I've been a nurse for 35 years and I'm quite convinced that this is the most challenging time of my career." Fitch said, "But, there are people all over the hospital taking on greater responsibilities to meet the changing needs right now."

Across the country, nurses and doctors have reported breaking down in tears at the end of their shifts. From New York state, B.J. Canaway pulled together a national network of retired nurses who offer peer-based, trauma-informed support to those in the trenches.

As May approached, it was at 2,000 members and growing.

"These young nurses are fighting an illness that is the stuff even us older nurses consider to be something our grandmothers' nightmares were made of," she said. "We see a deep need there... You can take the nurse out of nursing, but you can't take the nursing out of the nurse. You will hear this time and time again from us old warhorses."

Lee Ann Moyer is a freelance writer in Portland, Oregon, and the owner of the Portland Mom Collective. She can be reached at leeann@portlandmomcollective.com.

Top, Rachael Clark, RN, worked at an outpatient surgery clinic. Above, Jan Fitch was an endoscopy nurse leader.

CELEBRATING THE YEAR OF THE NURSE

You are compassionate. You care. You work hard and always put others first. You accomplish the impossible and people's lives are better because of you.

A heartfelt thank you to nurses everywhere.

And, to the 162 nurses that are part of the Nascentia Health Family, remember that you are valued for the people that you are, and we thank you for everything you always do.

Nascentia Health

TOMORROW'S HEALTHCARE TODAY

888-477-HOME • nascentiahealth.org

S9606811-01

Year of the Nurse

Advance Local illustration, Andrea Levy

Paths to nursing

Addressing the shortage of nurses in the immediate future and beyond

Lee Ann Moyer *Special to Advance Local*

As the coronavirus spotlights nurses and other health care workers, a new generation is deciding whether to enter the field. With several pathways to becoming an RN and multiple opportunities for advancement within the profession, nursing has been an attractive job choice for those hoping to launch a new or (often) second career. One question is how the pandemic might change that. Another is how rapidly the profession can evolve to provide wider, smoother pathways to career advancement, and who will want to take advantage of them. Even before the outbreak, industry experts predicted an increase of up to 15% in demand for registered nurses by 2026, making nursing a top-rated profession for job growth and job security. The Health Resources and Services Administration has projected that more than 1 million registered nurses will reach retirement age within the next 10-15 years.

Admission to nursing programs is cutthroat, however, and there are not enough qualified nurse educators in schools and universities to meet demand. And, as the health care industry grapples with the fallout from the coronavirus, many fear more practicing nurses will leave the field, exacerbating an already-worrisome nationwide shortage.

TRADITIONAL NURSING PROGRAMS

Nursing careers typically follow one of three pathways.

The first is a hospital-based, hands-on diploma program, which does not provide a standard nursing degree upon graduation. This approach is gradually being phased out in favor of the two more academically oriented pathways, both of which lead to graduates becoming a licensed registered nurse, or RN.

A second route is through an associate degree in nursing, or ADN. More than 600 programs nationally offer it, typically at community colleges. It leads graduates to gain clinical competence and the ability to practice as a licensed RN. It is generally seen as a more economical way to join the RN workforce.

Rachael Clark is a surgery recovery nurse who pursued her associate's degree 12 years ago. "For convenience, because my son was little, I did the ADN program and became a registered nurse that way," she said, "There is a huge push, overall, for every RN to have a Bachelor's of Science in Nursing, or BSN, instead of an associate's, and for a while they made it seem like it would be difficult to get a job unless you ultimately ended up with a BSN. However, there has been such a need for nurses for so long that they never fully enforced that."

The third career pathway runs through BSN programs at four-year colleges and universities. There are over 600 BSN programs across the United States. For many nursing organizations, it is the preferred way of bringing newcomers into the profession.

Acceptance rates are low, though, and competition is at an all-time high. Last year, according to the American Association of Colleges of Nursing, nursing schools turned away more than 75,000 qualified applicants due to site, staff, and budget limitations.

Faculty shortages are a primary factor, due to the average age of faculty holding doctorate degrees (it takes many years of clinical expertise and education to gain the experience to teach others), anticipated retirements over the next decade, and lower compensation for nurse educators in comparison with their clinical counterparts. In 2017, the average nurse practitioner earned $106,000, versus $78,575 for the average assistant professor of nursing.

In 2018, the AACN reported a 3.7% enrollment increase in entry-level baccalaureate programs in nursing. However, this increase will not meet the anticipated national need. And those estimates did not take into account the fallout that many nurses sense on the horizon from the COVID-19 crisis.

Lisa Bertreaux from Beaverton, Oregon, is a mother of two who recently applied to BSN programs and is waiting to hear back from admissions departments. She says she won't be deterred by the pandemic.

"How nurses are feeling right now, as far as not having enough protective supplies, I can't even imagine what that's like," she said, "But, it's not going to put me off from wanting to continue. People are going to go through a lot, and it might make some people think, 'Oh, I don't want to get into that, I am not protected there.' But I feel like the need for nurses will still be there and I want to be a part of it."

Nursing organizations have also rallied to make full baccalaureate programs available at the community college level, creating another cost-effective way to bring more RNs into the field. This is a smaller representation of baccalaureate programs, with less than half of states endorsing this approach, but it is growing rapidly in an attempt to meet the increased demand for nurses overall.

NURSING DEGREES FOR GRADUATES FROM OTHER FIELD

Many turn to nursing as a second career. The profession has worked hard to make that easier for those who have completed a bachelor's degree in non-nursing disciplines.

Accelerated baccalaureate programs are available for those who qualify. These intense programs are 11-18 months in length and are generally full-time. They are among the areas of greatest growth in nursing education, with more than 200 programs available in the United States. There are also entry-level master's of science programs (generally lasting around 28-36 months) that allow those with undergraduate degrees in other domains to prepare for specialty nursing roles, as well as teaching or research positions.

ADVANCED DEGREES FOR PRACTICING RNS

Among those who have completed a nursing program and are interested in furthering their educations, either at the master's or doctoral level, graduates of BSN programs are four times more likely to continue onward. However, new opportunities have also emerged in the past two decades to allow for diploma or ADN nurses to complete RN to Master's of Science in Nursing (MSN) programs.

Students interested in these programs need to be vigilant about credit carryover between institutions, but they can often offer more cost-effective access to advanced degrees.

Grants, scholarships, and loan forgiveness programs can also help practicing RNs advance their education, especially if they are interested in working with underserved communities or in primary care.

Nancy Casey is a nurse practitioner who has tried out a variety of settings in her 22-year career. "Nursing is the only profession that I know of where you can take it so many directions," said Casey, who was an ICU nurse before returning to school to pursue a full-scholarship master's program as part of a professional nurse traineeship.

"You can do something for a few years, and then switch," she said. "There's a lot of flexibility out there." Casey now works in primary care and runs her own practice with a focus on teen health.

In an effort to make doctoral programs more available to specialized nurses and nurse researchers, nursing educators since the mid-1990s have been creating programs that allow graduates of BSN programs to fast-track directly to doctoral degrees.

One of the primary goals of these programs is to address the nursing faculty shortage by condensing doctoral studies to four of five years versus eight or more in other fields. These programs offer PhDs or Doctor of Nursing Practice (DNP) degrees, depending on the university and the program focus.

Online education for advanced nursing degrees also has grown explosively. Many programs allow for partial or fulltime online coursework, though most require in-person clinical rotations.

THE UNKNOWN: NURSE BURNOUT

A difficult and ever-changing landscape is also affecting nursing in as-yet-to-be-determined ways. Nurses working with COVID-19 patients are being pushed to the limits. Other nurses, who may have worked in outpatient clinics or on elective surgeries, have seen their hours drastically reduced or eliminated.

Nurse's safety has simmered as an issue in some places and boiled over in others. A lack of masks and other personal protective equipment, or PPE, caused New York state's nursing union to file suit. Some California nurses said they would not work until they received proper gear.

"I think there is going to be a mass exodus, absolutely," said Marla Moore, RN, who was a critical care nurse for years and now helps nurses process work-related stress and trauma. "I think you're going to see a dip down in nursing overall in the short-term. But I do think this is an opportunity for reform, that ultimately this will make nursing better.

"We are the sacrificial generation; we will be the ones that the industry learns its lessons from."

Lee Ann Moyer is a freelance writer in Portland, Oregon. rtlandmomcollective.com.

Employment projections data for registered nurses

12%

Projected increase in employment for registered nurses, compared to a 5% average increase for all occupations

3,059,800

Nursing employment, 2018

3,431,300

Projected nursing employment, 2028

SOURCE: U.S. Bureau of Labor Statistics, Employment Projections program

Year of the Nurse

Desperately needed new nurses are facing their fears

‘You’re never going to know until you are there’

Kathleen O’Brien *Special to Advance Local*

Imagine being dropped into a war zone having learned how to deploy a parachute only from an online video.

That’s roughly the situation facing nursing students whose final semester was abruptly cut short by the coronavirus pandemic. Few have trained with COVID-19 patients. In fact, the pandemic caused nursing schools to cancel final-term clinical rotations.

But they’re graduating into a marketplace desperate for fresh troops, with many state governments now allowing them to practice before they are formally licensed. And some will soon be dealing with the coronavirus.

ARE THEY READY? THEY HAVE TO BE.

Heather Schmidt, a senior at the University of Massachusetts Amherst School of Nursing, was enjoying the challenges of her final internship in the ICU of Brigham and Women’s Hospital in Boston when it was canceled in late February. Just as she had discovered the field she loved, she had to switch to online case studies. The hospital had its first COVID-19 case in an adjoining unit, so she got a taste of what was on the horizon. Surgical masks were already being rationed to just one per 12-hour shift.

In Michigan, Grand Rapids resident Cierra Buist was just about to graduate from the University of Michigan School of Nursing, with the intention of going into pediatric critical care, when the virus upended her plans. She found the cancellation of her senior clinical internship “understandable but disheartening.”

Since her state also changed the rules so recent graduates can work before they’ve formally passed their board exams, she expects to be on the job soon.

“I certainly understand there are risks, but people need us,” she said. “I’ll help where they need me.”

Isabella DeCarlo completed just four 12-hours shifts of her preceptorship, or internship, before the rug was pulled out from underneath her.

While she feels her four years at the University of Alabama Capstone College of Nursing have prepared her for entering her profession, she admits a little part of her wishes she had been able to complete that final clinical experience. “You have to remind yourself that we are equipped. No one has failed the (licensing) test.”

Classmate Leah White said she, too, has heard others talk of missing that final bit of instruction that would make them feel they were sufficiently trained to plunge into a chaotic workplace.

“What I’ve heard so far is that they don’t know if they’re prepared for it,” she said. “You’re never going to know until you are there, so that’s the looming anxiety going into this.”

Beginning nursing students can often be a bit starry-eyed about the profession, intending to specialize in pediatrics or obstetrics, said Arlene Keeling, of the University of Virginia School of Nursing and the author of several books on the history of nursing. Their career plans don’t usually factor in a pandemic.

When she was teaching first-year students earlier this year, before in-class lectures were halted, she made a point of having her students follow the news out of China.

“They kept saying, ‘Whoa, nobody ever told us this was a part of nursing,’” she said. “They were a bit shocked.”

Nursing student, Leah White. *Matthew Wood, Strategic Communications, University of Alabama*

HOW WILL THE CLASS OF 2020 REACT?

“I expect we’ll see two waves: Some will want to become a nurse as soon as possible to get in the action, and the others will say, ‘This is not what I want to have in my life,’” she said.

Buist, of Grand Rapids, is firmly in that first category. “I’ll answer to wherever they need help,” she said. “I see this as an opportunity to contribute.” And what is the reaction of friends and family, now that the headlines trumpet the danger they’ll face?

White said she’s heard mostly praise — which she attributes to the public’s general appreciation of nurses.

Schmidt said her parents have expressed concern now that she’ll soon be working in a hospital. “The first thing my family said was ‘Oh, we thought we wouldn’t have to worry about you for a bit longer.’”

Her parents have always been protective, she said, and she’s always leaned into adventure. She’s gone on medical mission trips to Nicaragua and Haiti. If she’s needed to treat patients with COVID-19, she’s ready to take that risk.

Kathleen O’Brien is a freelance writer in northern New Jersey. She can be reached at ksobksob@gmail.com.

A HUGE THANKS TO THE HEROES DOING THE REAL HEAVY LIFTING AT THIS TIME

Our team appreciates all of your hard work and dedication!

Since 2005, we have been a trusted provider of heavy equipment and construction equipment.

We are OPEN regular business hours, 7am to 5pm, Monday through Friday. Yes, you read that right! We have provided a hand washing station for everyone prior to entering our office area.

As a thank you, you will get a FREE "Clark Griswold Make America Vacation Again" t-shirt.

SYRACUSE, NEW YORK

CLARK

EQUIPMENT RENTAL & SALES

315.472.7607 | www.ClarkRents.com

Locally owned and operated, building confidence and trust with our community since 2005

S9594265-01

Year of the Nurse

Nurse practitioners serve on the cutting edge, bringing affordable primary care to neglected communitiies

Caring for the underserved

Lori Tobias *Special to Advance Local*

Margaret "Meg" Portwood is on call 24/7 and hasn't had a vacation in what she estimates has been about 10 years. It all comes with the territory of practicing medicine in Lincoln City, Oregon, population 8,005, where major health facilities are at least an hour away.

She has become a jack of all trades, a master of many. She's delivered babies, diagnosed cancers, treated heart attacks, removed fishhooks from wounded fishermen and treated loggers for cedar poisoning.

"I've removed beans from kids' noses and a Miller moth from a lady's ear," Portwood said. "She did not want to kill it, so we finally had to sedate the bug in order to remove it. I've also removed wood splinters from arms and legs, the biggest was lodged in a guy's forearm and was a quarter inch wide and three inches long."

It would be a full life for any doctor, but Portwood isn't one. She's a nurse practitioner, a job among those at the cutting edge of the nursing profession, helping to solve critical problems with health care cost and coverage.

A short woman with silvery hair, smiling brown eyes and the demeanor of a den mother, Portwood was a member of the second class of nurse practitioners to graduate from the University of Washington. That was in 1974. In January 1976, she began her practice at Lincoln City's Coastal Health Practitioners. Even today, the town has only six family-practice doctors.

Back then, the nurse practitioner role was still new, its future uncertain. Nurse Loretta Ford and Dr. Henry Silver are credited with starting the first nurse practitioner program in 1965. Established at the University of Colorado, it was initially conceived as a pediatric specialty. In 1973, Idaho became the first state to license nurse practitioners; Oregon followed in 1975.

"Nationally, there's always been a shortage of physicians willing or able to practice in rural areas," said Tracy Klein, an associate professor at Washington State University's College of Nursing. "The public health nursing role has always been a very independent role, going out into the community and doing direct care with patients, as well as counseling them on how to stay well. The nurse practitioner program grew from that."

It has since developed into a practice aimed at helping people understand how to stay healthy, a key difference philosophically between the model that nursing is built on and the model that medicine is built on.

"The foundation of nursing has always been health promotion," Klein said. "The foundation of medicine typically has been on curing and treatment. I think nurse practitioners took that foundation of health promotion and keeping people well and added a few more tools to their toolbox to do that. Nurse practitioners are very cost efficient in how they offer services. They are able to be educated and deployed much more expediently than physicians, which enables them to provide primary care when and where it's needed."

Today, 22 states authorize nurse practitioners to practice with "full scope authority" — allowing them to conduct a variety of medical procedures, including prescribing medications — and all states have nurse practitioner programs.

The role they play in rural states like Oregon is particularly critical. About 35 percent of Oregonians live in counties classified as rural, and about one in five nurse practitioners work in communities with fewer than 25,000 residents, Klein said.

Margaret "Meg" Portwood, right, is a nurse practitioner in Lincoln City, Oregon, population 8,005, where major health facilities are at least an hour away.

Oregon has about 3,500 nurse practitioners, and it's doing what it can to keep them. In 2013, it became the first state to require insurance companies to reimburse nurse practitioners at the same rate as physicians when providing the same primary health or mental health services. It remains the only state to do that.

"That's why people like Meg can stay in business," said Klein. "Their practice costs are not any less than anybody else's practice costs. Everywhere I go, people say 'How did Oregon do that?' Oregon did it by really stressing the needs of rural providers who own their own practice and that if they did not receive equity in their pay, they would not be able to keep their doors open."

Portwood, the daughter of a doctor and a nurse, entered the nurse practitioner program in part because she couldn't afford to go to medical school. More than that, she was drawn to the role nurses play in people's lives.

"I just knew I really wanted to meet people where they are for most of their life," said Portwood. She doesn't lack for medical training. Along with her certification as licensed family practitioner (FSN), she is a registered nurse and holds a master of science degree in nursing. She's also a recipient of the prestigious American Association of Nurse Practitioners' State Award for Excellence.

But what she focuses on is her time with patients. "There's more to a nurse's life than just a few days in the hospital. Nurses have the image of Florence Nightingale. We care for people, we nurture people, we listen to people, not only about their ailment, but life and family, multiple issues. The view of the physician was get in and fix it, carry on and let nurses do the care. In general, physicians are too busy; we're the communicators."

Today, Portwood's list of regular patients numbers 4,500. Nine out of 10 have been patients for four decades; some pay through bartering. In non-pandemic times, she sees about 100 patients a week. Those numbers dropped as patients chose to stay home, though calls from worried patients keep the phone ringing.

Larry Fowler, 68, has been seeing Portwood since he was a single father in his 20s.

"I was getting allergy shots," Fowler recalled. "I couldn't do it at lunch or after work, so she let me come in early before work. She had me come in the back door. It's a small town kind of deal. I always thought it was special."

Later, when an immune disorder nearly crippled him, Portwood connected him with a specialist in Salem who was able to make an accurate diagnosis and get him started on treatment.

"She's always steered me right," Fowler said. "She sent me to this wonderful immunologist/allergist who treated me so I could be a productive member of society. That was 100 percent because Meg sent me to the right place. What she doesn't know, she knows the people who do."

Portwood's biggest challenges these days are about finding help.

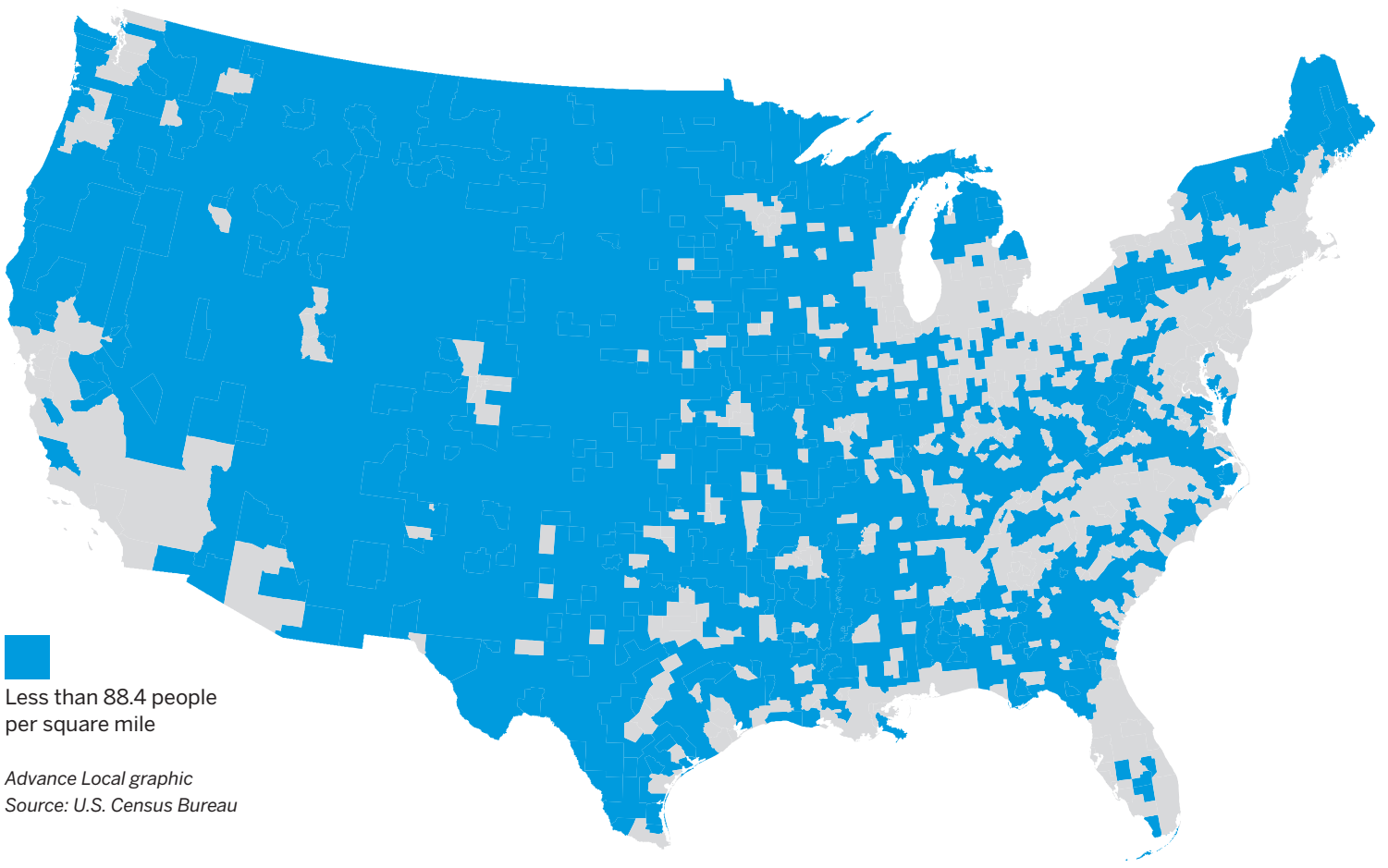
"I've been trying to recruit for five or six years," she said. "People want a guaranteed income. If they have a spouse that person has to be able to get a job. Housing is a challenge. I can't offer a huge signing bonus. I can't pay for travel. Attracting someone who wants to run their own business is a challenge. I had a gal last summer who worked for me a couple days so I could go to the dentist and to get my mammogram, but then you come back to this huge pile of to-dos because she didn't know the patients."

Still, the rewards outweigh the difficulties and hearing the daily "thank yous" from patients keeps the 68-year-old reporting for duty most days of the week.

"A guy had a skin lesion," Portwood said. "We have a Salem dermatologist who comes four times a month. I had him come in one day when they were here. They did a biopsy and doggone it, the guy had lymphoma. But now we have a label, I can get him into oncology. He was so grateful he could get the care he needed. That's what I feel is the positive of being here — managing people's care. I'm just committed to the practice."

Lori Tobias is a freelance writer in Newport, Oregon, and the author of the novel "Wander." Her memoir, "Storm Beat," is due out in August from Oregon State University Press. She can be reached at ltwriter0815@gmail.com.

U.S. population density by county, from the 2010 U.S. Census



Less than 88.4 people per square mile

Advance Local graphic
Source: U.S. Census Bureau

"There's more to a nurse's life than just a few days in the hospital. Nurses have the image of Florence Nightingale. We care for people, we nurture people, we listen to people, not only about their ailment, but life and family, multiple issues."

Margaret "Meg" Portwood, a nurse practitioner in Lincoln City, Oregon

WE ARE UPSTATE NURSING
WE ARE #UPSTATESTRONG

Thank you to the Upstate Nursing Team!

Your dedication is inspiring and your work has never been more valued.

As the region's medical university, we unite our hearts and minds to improve and protect the health of our community. We are here to help in the most challenging times, with forward-thinking actions and a caring and dedicated nursing team.

Our mission would not be a success without our Upstate nurses.

UPSTATE UNIVERSITY HOSPITAL | *Nursing*

#UpstateStrong I upstate.edu/nursing

Upstate_Nursing UpstateNursing UpstateNursing

Year of the Nurse

Caregivers share their most unforgettable moments of joy, sorrow, loss and redemption

Nurses' stories

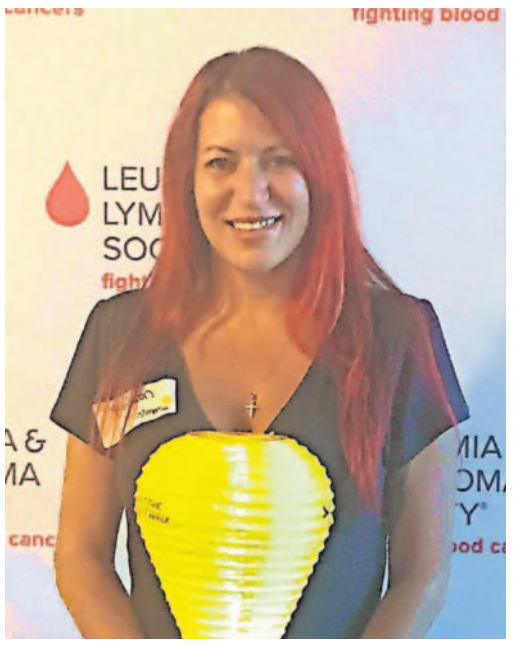
SHARON LASCALLA, RN, STATEN ISLAND, NEW YORK

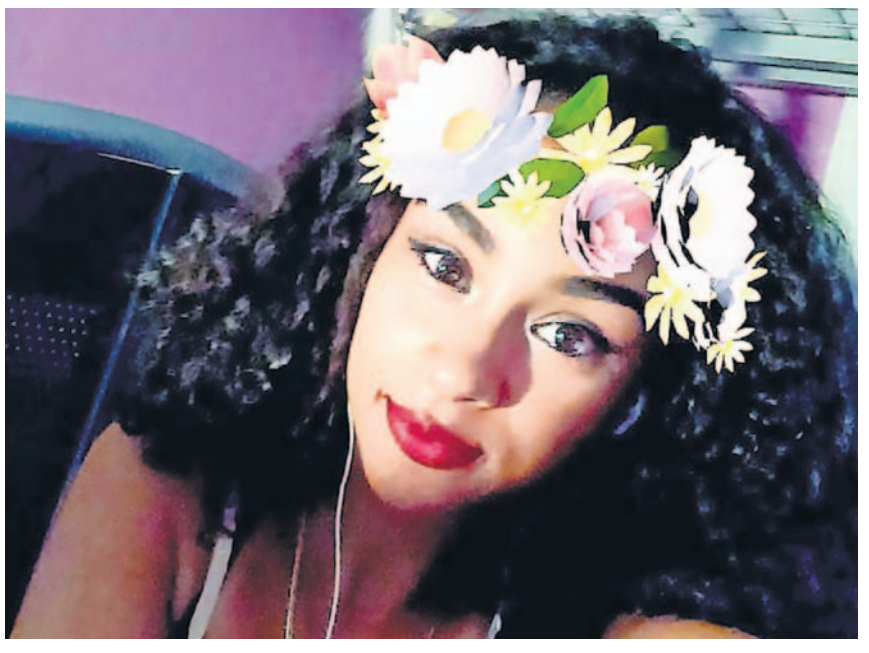
My mother was a nurse at Staten Island University Hospital North for 17 years. Before that, she worked at a nursing home on Staten Island for 10 years. She was very well-liked and had a lot of things to say at the dinner table when I was growing up. Things like not taking things for granted. Not just the food on my plate, but the ability to lift my spoon up and feed myself, like some stroke victims never get to do.

I wanted to be just like my mother, who was a single parent but instilled tradition and values in my life. And I did just that. I worked on a Pediatric Medical-Surgical floor for nine years, then transferred into a Pediatric Oncology/Bone Marrow Transplant unit in my Children's Hospital. I had lost my mother to lymphoma in 2009. I was ready to become an oncology nurse. I felt it would help me give back and maybe put to rest some of the feelings of guilt and mixed emotions after losing my mother. It has been a life-changing experience. We are with the patients and their families for diagnosis and treatment, and recovery or death. We become their family, and they become ours.

Not long after I transferred, in 2016, I was assigned to a 17-year-old girl, Casey, who had an attitude that would make you run the other way. She was very particular, or maybe she was just a teenager who wanted a normal life. She was diagnosed with a rare genetic mutation that could turn into AML, (Acute Myeloid Leukemia), for which there is no cure. She needed a bone marrow transplant to save her life.

She ended up being hospitalized before and after her transplant, for something like 450 days. Bone marrow transplant patients can't leave their hospital rooms because they can easily become infected.





Casey, a young patient of nurse Sharon (Shay) LaScalla

One day, her hair was in a bun and I said, "Let's call you Kay-lo, like JLo because you are beautiful like her and have that bun so high." Kay-lo. That really got her talking to me. She thought I was cool because I told her I act like a teenager at times. Children in hospitals generally don't trust people in scrubs, but we talked like friends. I would buy her clothes, and we would sing and have dance parties. Often, because of her weakness, the party consisted entirely of her shrugging her shoulders.

In the mornings, I would quietly come into the room, not to wake up her dad or mom too early, and I would give Casey and hug and kiss. I would force them to open all the blinds so that she wouldn't be depressed. I would force a teenager in pain to take a bed bath so "you won't be stinky" when all she wanted to do was sleep. I would walk in playing Beyonce and JLo, even Drake, whatever she wanted. She asked me to enroll in Netflix. We watched a few shows together. I still haven't been able to watch everything she wanted me to see.

She was discharged for maybe 10 days. Then I got a call that she was back, and being coded in the trauma room. I rushed down. All of her doctors and nurses were there. She had gone from being "that problem teenager," to the girl everyone loved.

In a few short days she was transferred back to my unit. She and I were a team again, fighting the low blood counts and trying to get back to the most normal she could feel.

She fought for another few months. The week of my birthday, I kept getting signs that my mom was watching over me. She had died at 5 a.m. On my actual birthday, at 5 a.m., my phone rang. Casey had passed peacefully with her family at her bedside. Some part of me had known she might not make it. But she and I had talked about all the amazing things she could become as she grew older. I had so hoped she'd have that chance. That year, we walked to honor her memory. Her parents and I still stay in touch. Every year, my birthday is a reminder to think of Casey and to be thankful that we met.

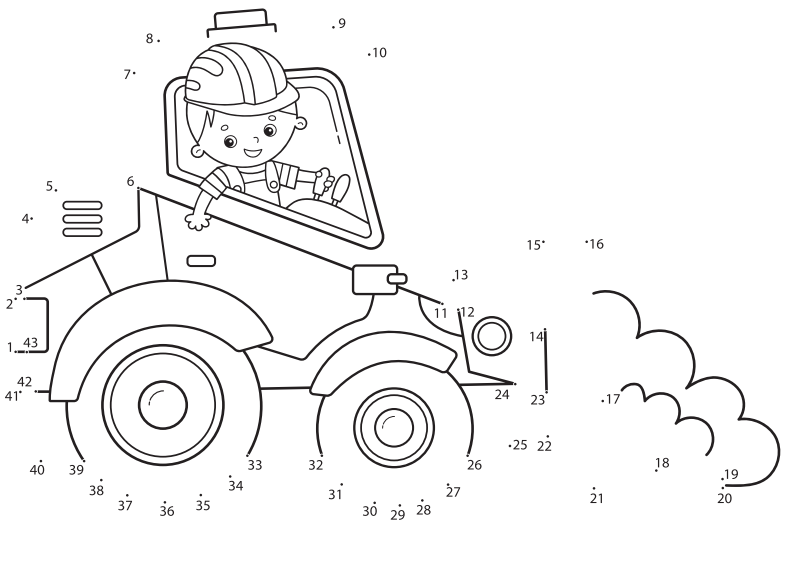
I have had many patients survive and many patients pass away. I have not forgotten a single one of them.

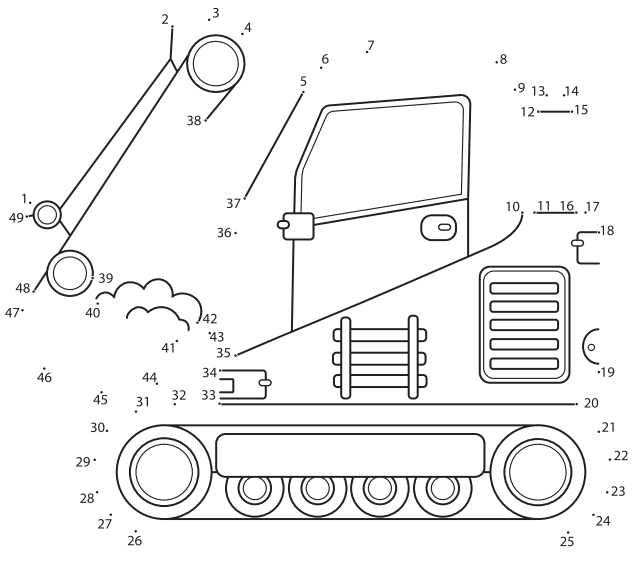
MORE NURSES' STORIES ON J20

Coloring Fun

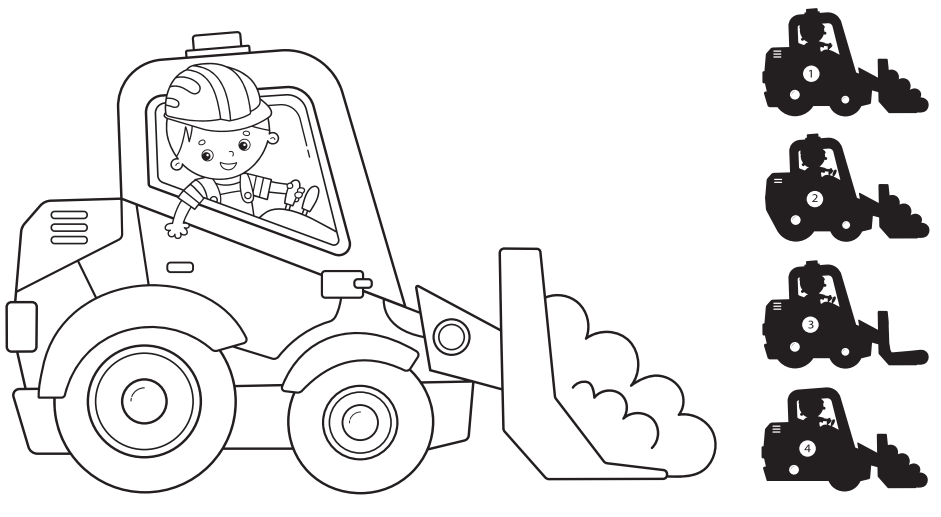
THANK YOU NURSES!

Connect the Dots

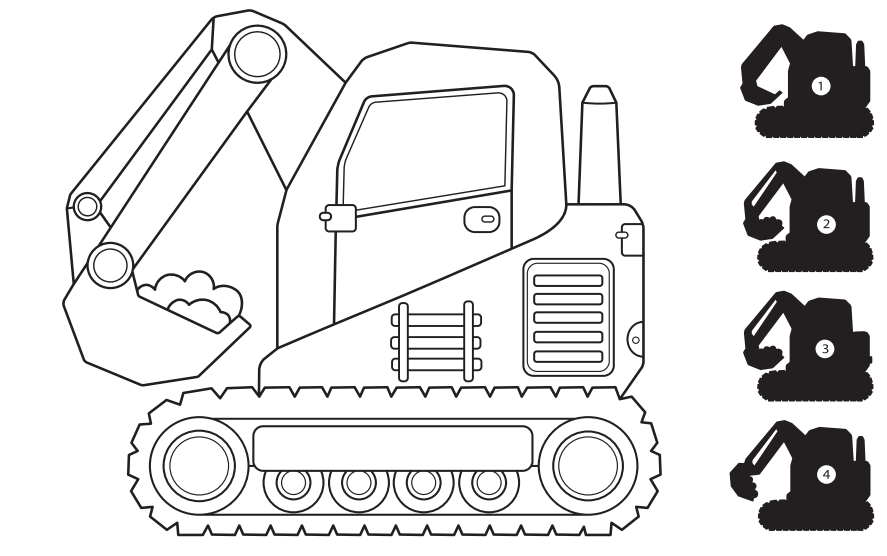




Match the Correct Shadow



Answer 1



Answer 2

ACTIVITY PAGE BROUGHT TO YOU BY:

SYRACUSE, NEW YORK CLARK EQUIPMENT RENTAL & SALES

559 State Fair Blvd., Syracuse, NY 315-472-7607

S9594758-01

Created by Advance Media New York

Alzheimer's disease doesn't stop - and neither do you.

We salute our healthcare heroes in long-term care, hospitals and other clinical settings. Thank you for all you do!

The Alzheimer's Association leads the way toward ending Alzheimer's disease and all other dementia. We continue to support family and professional caregivers virtually during this critical time.

Visit alz.org/cny or call 800.272.3900

alzheimer's association®

Central New York Chapter

Get Support During COVID-19

Call our free 24/7 Helpline at 800.272.3900 for caregiving assistance and COVID-19 related information

S9607260-01

EMILY MARSHALL, ICU NURSE, CLEVELAND, OHIO

I got interested in becoming a nurse because my grandmother was one. She was one of the toughest, strongest women I ever knew. Relatives and friends came to her for help and advice. She answered with wisdom and without judgment. I wanted to be like that. I never considered any other career. Nursing speaks to my values and my belief that the most important thing we can be in this life is there for each other.

I am a new grad nurse working in the Intensive Care Unit. Recently a patient's condition deteriorated quickly after removal of his breathing tube. Within a few hours he was struggling for breath. There was a do-not-resuscitate, do-not intubate order in his case. Legally, there was nothing more we could do to improve his condition.

Due to the coronavirus outbreak, our hospital has a strict no visitors policy. This man was going to pass away without the presence of family or friends. As his assigned nurse, I was at his bedside to provide him company and comfort while he passed. I had known him for 8 hours.

When he thought about the end of his life, I imagine he hoped to be surrounded by people he loved, who love him, reminiscing on good moments, feeling the touch of someone familiar and special. Instead he a stranger held his hand and smoothed his hair while he lay there scared and otherwise very much alone.

In nursing school a professor told us that nurses must "be the rock" for our patients amidst stress, heartbreak, and chaos. Working in the ICU, I am no stranger to all three. But that phrase really hit home that day for me, as I sat and held my patient's hand in the last few hours of his 80-plus years of life.

Until then, I hadn't fully realized that someday I would be the last face someone sees and the last voice someone hears before their time here is up. That man's memory will stick with me forever. I hope I was able to bring him some peace.

LISA ARNDT, DIALYSIS TECHNICIAN, LAKEWOOD, OHIO

I'm a dialysis technician, licensed through the Ohio State Board of Nursing. I've been in healthcare for 29 years. I came over after working as a paramedic for an ambulance company.

It's extremely fulfilling when a stubborn patient finally has that A-Ha! moment and can see that they have control over their own future, and that if they follow the treatment regimen they will begin to feel better. That dialysis is not a death sentence.

Technology has advanced so much in the last 50 years. Mortality has decreased tremendously. In 1970, the average life expectancy for someone on dialysis was 7 to 10 years. I've had patients now who lived for 30 years, because they got on board.

I work in the inner city. We often see patients with multiple underlying health issues, undiagnosed. One day a 78-year-old man walked in, and I started his treatment. His potassium levels were too high that day. I turned my back for I kid you not 3 minutes, and he was slumped over. He'd had a massive heart attack.

We took turns doing CPR. There were three of us. It was exhilarating and exhausting work. After the adrenaline kicked in, we worked even harder to bring him back. The hospital was right across the street, but it took the EMS squad six minutes to get to us. Just as they walked in the door, I have a pulse!

He stayed in the hospital for 5 days and returned to the unit with a dozen roses for each of the team working on him that day. When we saw him again, tears were streaming down his cheeks. He said, "Thank you. You saved my life. You save my life every day."

He went on to live a few more years, until he had another heart attack. But he was so grateful for the extra time. To get a patient back has been far and away my most satisfying moment.

I'll probably retire in another 10 years. I'll miss it terribly.

J.R. MCLAIN, RN, PORTLAND, OREGON

I received this message from a patient's family that reaffirmed why I go in day after day to witness suffering.

"You don't know me, but I know your face. I have thought about you, and talked about you regularly for the last 3 years.

"In August of 2016 my family brought my dad to the Portland Providence ER. He wasn't feeling well and because he had surgery at Providence a month prior, we wanted to have him checked out there.

"He went to CT feeling much better, but when he came back to his room, he suddenly coded. As my mom, my brother, and I stood and watched the organized chaos of the code blue … I was absolutely certain that my dad was going to be ok and that any minute he'd wake up and start breathing again.

"You were on his chest, doing compressions and you looked me straight in the eye as I sobbed by the door. It was in that moment, where I saw the sadness in your eyes, that I realized my dad wasn't going to make it. I could see both your pain and your strength in that moment. It's a vision that is seared into my memory.

"For 9 months or so, I saw your face when I closed my eyes. Always the same … strong, but sad. I struggled with the trauma of losing my dad in such an unexpected and traumatic way. Healing was slow, but I was comforted knowing, and seeing firsthand, that you guys did everything you could to save him.

Your actions that night inspired me to fulfill my dream. And through my pain, I found purpose. I graduated nursing school in December and I am working as a RN at PeaceHealth in Vancouver.

All of this to say … your simple act of eye contact, and your expression of empathy, has stuck with me all these years. When I saw your picture pop up in my Facebook, it brought me peace, not pain. I don't expect you to remember me, or my dad. And I am not expecting or wanting a response from you. I just simply wanted to tell you that I am thankful you're a nurse! I am thankful you were there that night. And I am sorry for what you witness on a daily basis.

GREG MORLEY, HUSBAND OF AN ICU NURSE, FLANDERS, NEW YORK

My wife, Nicole Morley, is an ICU nurse at Morristown Medical Center. She's been in intensive care for 16 years. She's caring for the sickest of the coronavirus patients. It has shaken her to her core.

Every morning when she leaves at the crack of dawn she leaves little notes for our two young children telling them that she loves them and misses them. After working 13-14 hour shifts she comes home completely mentally and physically exhausted.

For the safety of all of us she has been wearing a mask around the house and keeping her distance as much as she can even though the children just want to be close and hug their loving mommy.

The things she sees and experiences at the hospital go so far beyond the daily number updates we get from our state and federal officials. She once described it to me as an unimaginable Hell. This will have an everlasting effect on her.

The outpouring of love and generosity by our family and friends has been outstanding. I've always appreciated what nurses do in normal times, but now it's so much more. She puts her life on the line every day to help strangers. She's living two separate lives now. One as a loving mother and wife and two as a front-line medical employee going to war.

ISABELLE M. PISANI, RN, PORTLAND, OREGON

My reasoning for being a nurse is always evolving. Doing something meaningful. Problem solving and taking care of patients. Building valuable connections. Providing comfort. Doing work that matters. Giving back to my community has always been a moral value of mine. Being able to do this on a larger scale is highly rewarding.

Sometimes, it's the little things that make a big impression. I work at Randall Children's Hospital. Recently I admitted a 9-year-old girl who was in a motor vehicle accident. She sustained a couple injuries, one of the serious ones being a broken leg. When the ER tech wheeled her stretcher into her room, I greeted her like I do all my patients "Hi I'm Isabelle, I'll be your nurse until the morning!" The little girl's brain, fogged with fear, trauma and exhaustion, looked at me, smiled, and said "that's so cool, my middle name is Isabelle!" Such a simple gesture, and such a beautiful impact, providing ease and comfort during a scary time.

MORE NURSES' STORIES ON J23

Thank You!

Practice Resources, LLC and FamilyCare Medical Group, PC would like to thank all the Doctors, Nurses, and everyone deemed essential.

Keep your spirits high and know there are so many people grateful for all of you.

Since 1996, Practice Resources, LLC has been an industry leader in Revenue Cycle Management. At PRL, we believe in the importance of fostering close relationships with our clients. We provide transparent management of your account, coupled with regular feedback aimed at improving every step of the revenue cycle.

Every practice has unique goals and needs. We offer unique solutions.

prl practice resources, llc

FamilyCare Medical Group, PC

1001 W Fayette St #400, Syracuse, NY 13204 • (315) 472-1488 • www.prldocs.com

S9698837-01

THANK YOU

TO ALL THE HEALTHCARE WORKERS IN CNY!

Your hardwork and determination in caring for Central New York is beyond appreciated by Upstate Nursing and everyone in the community. CNY is strong and we know we'll get through this together.

Please color this picture and hang it up in your front window to show your gratitude and support for those medical professionals from right here in Central New York!

Take a picture and use **#cnyheroes**

PRESENTED BY:

UPSTATE Nursing

KIM CONWAY, NURSE PRACTITIONER, NORTH ROYALTON, OHIO

I have always wanted to help others. I went back to school for my BSN then MSN even while I was raising three small children and had aging parents. I could see the need for advocates for the aging; my father's physician failed him and he almost died in my home. I was able to help my parents, and I feel all of our elderly and poor need support.

I am a Certified Nurse Practitioner (CNP). I work in the city of Cleveland in long term care. Many of my patients are poor and alone.

One gentleman was from the Menominee Tribe in Wisconsin. He was very soft spoken. He had fallen away from his culture and his traditions, and often cried when he talked about wanting to return. He had two sisters but could remember only their first names; he had no way of contacting them and no money for travel. His health was failing. He mentioned being buried on tribal land, but then died suddenly.

Often, our patients are just buried by the city. But we — another nurse practitioner, a student and I — talked about how badly he wanted to go home. We called the Menominee tribal government in Wisconsin. They had him registered as a member and had funding to pay for the return of his remains. We called the local funeral home. They coordinated with the tribe to grant him this last wish.

We cried and hugged when it was over. We want to take care of people in life, but we also want to look after their spiritual needs.

JEREMY JOHNSON, CRNA, PORTLAND, OREGON

I am a Certified Registered Nurse Anesthetist, or CRNA. I find many people know very little about this profession. I have been a Registered Nurse for approximately 22 years. After 6-8 years working in high acuity intensive care units I applied to a Nurse Anesthesia program. Since 2005 I have been administering anesthesia in an operating room setting. Much of what we do requires a checklist mentality, for the sake of the patient's safety. I never really break away from that. But I do try to interweave some moments of humanity. I don't feel like a do a great job of that honestly. I spend a good percentage of my time working in pediatric anesthesia. I have just a moment prior to induction of anesthesia that I am able to whisper something quietly to a patient.

Today as I prepared to intubate a newly diagnosed COVID-positive patient I said something very routine. Something I've said countless times before. I smiled and said, "I'll see you on the other side."

I will be returning to the hospital tomorrow, where I suspect to find that the patient I intubated remains on the ventilator. I wager that her course will take several weeks. She's likely to remain heavily sedated. I hope my words were not the last words she hears. So many working moments are clouded and wrought with mundane tasks. Hospitals can seem like medical assembly lines. But we work with people. Every moment matters intensely, in terms of both checklists and humanity. I know that to be true regardless of the ending of my patient's story.

KYLA, RN, PORTLAND, OREGON

I entered the nursing profession for job security and because of my interest in science. I wound up developing a strong sense of empathy and compassion. I love working with people and supporting others in their most vulnerable moments.

I used to work on a medical unit in the hospital. A patient had been admitted for an infection, but he also had severe lung disease. He was a bit cold and unfriendly when you first met him, and he gave you the sense that he wanted to be left alone in between care. He was beginning to create a reputation for himself as "that rude patient."

I was his assigned nurse. One day, I tried to strike up a conversation about his family and his life outside the hospital. He told me that he had a wife and was on a lung-transplant waiting list in Seattle. And he was trying to convince his wife to leave him so she could find a healthier partner to be with, because he thought she deserved more.

We had been taught that a nurse is never supposed to cry in front of a patient. I started crying anyway, and he teared up himself. Later, he thanked me for talking and crying with him. He taught me that everyone, no matter how they appear, has a story.

EMILY MATTHEWS, RN, ELLINGTON, CONNECTICUT

I became a nurse because of my innate drive to help people. The best part of my job comes when I know that I made a difference for a patient that no one else could have made.

I didn't know when I became a nurse that most people are not grateful or appreciative of how hard we work to take care of them. I didn't expect to be verbally abused by patients on a fairly regular basis. I didn't expect for management to knowingly and purposefully have us work short-staffed in the name of productivity to the detriment of patient safety.

In my first year as a nurse, I was caring for a lady with chronic lung disease who had chosen to enter hospice care. She had the option of doing home hospice, but she chose to stay in the hospital to be with "her friends." I knew she was a Christian, because she had been in the hospital for a few weeks and we had the time to talk about it. One night, I was busily fussing around her room and humming as I worked. As I was cleaning her up and giving her IV medication, I started singing "Jesus Loves Me." A very short time later, my aide came to tell me she thought the lady had passed, and she had. I had the honor that night of singing a patient into heaven.

JULIE BALDEH, DIRECTOR OF HEALTH AND WELLNESS, ALLENTOWN, PA.

My mother is a nurse and as a child I use to go with her to read mail and pass ice water to residents. The joy I get from knowing someone trusts me with their life, and being worthy of that trust, is better than any amount of money I could ever make.

I am a nurse and have been since 2010. On the first day at my current job I had to save a resident from choking. That moment stays with me. It reminded me that in one split second your whole life can change. I was very blessed to have had good training previously, so I could react quickly and effectively.

SCOTT FINE, EMT, OREGON

I changed careers after breaking both arms while volunteering at Search and Rescue but kept my EMT License so that I could continue to serve.

Volunteer Medical Team with Team Rubicon deployed to the Santa Clara Convention Center for establishing the first Federal Respite Center (FRC). (The center allows people suffering from COVID-19, but not requiring hospitalization, to isolate themselves while recuperating.) The Team deployed together for 28 days working 24/7, 12-hour shifts, some with no days off and only returning to the hotel to isolate and return. As the EMT on the team I worked alongside doctors and nurses from all over the country, including two local nurses, Dennis and Paul, from El Camino Hospital. The compassion and dedication of this team was amazing.

The real heroes that stood out to us were the patients that elected to stay at the FRC for a 14-day isolation while they recovered. Their decision to stay was one of pure courage. They made this choice as to not endanger their family or the general public. These true heroes stayed in a large open facility with strangers from all walks of life. Watching each one of these folks walk out the door and return to their family was unbelievable.

BRIGHTER DAYS ARE AHEAD

thanks to you!

The Green Hills family is filled with gratitude for all of our healthcare workers on the front lines, as well as for our employees who have gone above and beyond to ensure our tradition of exceptional customer service was unshaken.

EST. 1934
GREEN HILLS FARMS

We also thank our loyal customers for their patience and for following safety protocol when shopping with us.

Celebrating 85 years!

5933 SOUTH SALINA ST, SYRACUSE

OPEN 7 DAYS A WEEK, 8AM-8PM

Hours for seniors or vulnerable customers are 7am-8am each day

SS59981801