

Past Event: 2024 NCSBN Annual Meeting - Keynote: Global Leaders in RN:
Video Transcript
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We're not the Navy. And so I always like to give a commercial whenever I'm speaking. But this time

Those are physicians. So when our service started, they were only physicians in the service. And so I highlight here when nurses came on board in 1944. So that was when they had the Cadet Nurse Corps. I don't know anyone familiar with the Cadet Nurse Corps, when there was a big push to recruit nurses. And so they set up the Cadet Nurse Corps. And that's when they made the smart decision to invite nurses to join the Commission Corps.

So what we do. We provide essential health services across all of the HHS agencies and beyond. So that's nationally and internationally. You will find public health service officers at, as I mentioned, FDA, CDC, Indian Health Service, Bureau of Prisons, the organization I work for, which falls under Homeland Security, which is Immigration Health Service Corps.

You will find us at SAMHSA. You will find us at HRSA. I imagine you're probably very familiar with HRSA. So essentially, pretty much all government agencies, you will even find us at the Department of Interior. We have nurses...well, not just nurses, but officers that work at the parks, at the national parks.

In fact, I get a chance to visit Yosemite in the spring. So I'm excited about that. We serve on the front lines of public health emergencies. So whenever a local infrastructure is decimated or overwhelmed, usually that happens when there are forest fires or hurricanes, we deploy. So personally, the last deployment I went on was in Puerto Rico.

When Hurricane Harvey hit and decimated the Virgin Islands, they had to transfer the patients from the hospitals on St. Thomas over to San Juan in Puerto Rico because the hospitals were destroyed.

And so we were there, boots on the ground, making sure that they were... Well, they were transferred to the hospitals in San Juan. We had to make sure that they were receiving proper care and services. And we also had to track them for the purposes of making sure where they were and then making arrangements for them to get back to St. Thomas when conditions allowed for that. So that meant that we were actually boots on the ground when Hurricane Maria hit San Juan.

So I remember crouching down in the hotel while the winds were blowing and windows were cracking. But they usually try not to put us in austere conditions like the military. They usually try to make sure things are safe, but it doesn't always happen. But the point is we respond to emergencies, not just nationally, but also internationally. I also had the opportunity, me and several other officers, not just nurses, all of the categories were represented, but we went to Liberia when Ebola was rampant and it was a pandemic.

We were there, boots on the ground, in Liberia. We set up what we called the Monrovia Medical Unit and we took care of... Who do you think we took care of? You won't be able to guess. You might. I heard somebody say something.

- [Man] Babies.

- Babies? Oh, that would have been nice but no. We took care of healthcare workers. We were the only force that was there, boots on the ground, taking care of healthcare workers. Why is that important? Exactly. Yep, so we were taking care of healthcare workers because that's what happened in Liberia.

The healthcare workers got Ebola and were dying off and then they weren't able to provide care for the citizens of the country. So, we also lead public health programs and policy development. As I

mentioned, you'll find us in pretty much all of the federal agencies and a lot of us are in leadership positions within those organizations.

This is definitely not the least important thing, but we advance innovation and science. And we were on the forefront of COVID, but we've been on the forefront of all pretty much small pox, you name it. The public health service has been engaged. So our mission and values, just like any other organization, just like our sister services, I'm sure you all have mission and values as well.

Our mission is to protect, promote, and advance the health and safety of the nation. And we take these values very seriously. Leadership. We expect our officers to take leadership roles not just in the service, but in their communities as well. We expect our officers to maintain the highest level of integrity. In fact, all of our officers have at a minimum a public trust security clearance.

And we serve. I've already given some examples of how we serve. We have, I'll stick to nurses, but we have nurses that work at the CDC. They're focusing on public health. So all that information that you find on CDC's website, nurses have had a hand in that. We have nurses that serve as consumer safety officers for the FDA.

So they're literally all over the world making sure that we have safe food imported into our country. We have nurses that provide direct care and services. I mentioned Indian Health Service. They're there. Indian Health Service has hospitals and clinics. We have nurses that are providing direct care there. Excuse me.

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submitted through HRSA, directly to the NHWAs, which is part of the WHO. They're the ones that collect all the data internationally from all the different countries.

But one of the issues that was discussed quite a bit was this issue of migration. And I have a question for you guys later because I'm just not familiar with the licensing process for nurses that come from other countries. So that's my question to you when we get to the Q&A session. But this was discussed a lot about how countries that really need nurses are losing their nurses because they're coming here to the United States.

I also found out that, and it was a surprise to me, you all probably know this, but India actually is, like, the number one producer of nurses that come here to the United States. So we're grateful for them. But we are citizens of the world, of the globe, and so we should have some awareness and consciousness

During COVID, as you know, our youth were very impacted because they had to not be in school, not be around their friends, so they suffered with isolation. And so one evening, Adam shot himself in the chest. And unfortunately, he did not survive that.

And so we don't have Adam with us anymore. And it's just for me, and I'm sure I tell the story, not to bring the room down, but just to share because I know that I'm not the only one. I'm sure others in the room have been impacted about in some way with the young people in your lives. And maybe they didn't take the steps that Adam took, but they're suffering.

And so it has to be a priority, something that we as adults have to pay attention to and address. So workplace mental health and well-being. We spend 30% of our lives at work. And so we have to be aware of the issues confronting us in terms of well-being at the workplace. I spoke to a group a while ago, and these were students.

And I was just amazed that over half of them, and they're young in their career, and I wasn't expecting the response, but over half of them had been victims of violence in the workplace. These are nurses. And so most of those in the room that are nurses, you know that something violence from patients is something that we do have to deal with. So we have the right to be protected from harm.

We need to feel safe in our workspace. We need the opportunity to grow. We need opportunities to learn, to train. If you want to pursue a different specialty within nursing, hopefully your organization gives you that opportunity to maybe shadow someone and get those extra skills. That can only benefit our profession even more. You need to know that you matter at work.

That you are recognized for the work that you do. There needs to be harmony at work. You need to have a seat at the table. Our profession, we need to make sure that we demand that seat at the table so that our voices are heard and our concerns are heard at the highest level of the organizations, of the healthcare organizations. We need to do a better job of connecting as a community within nursing.

You know the saying, nurses eat their young? I don't see that as much. Certainly in my career I've seen it, especially work in the emergency department as a new nurse. But hopefully we're getting away from that and we, instead of eating our young, we will get to the point where we're actually embracing our young. We're going to have to do that because we're aging out.

In the nursing, I know I'm talking to the choir here. You guys know the statistics. We are seeing more young people come into the profession, but still we're old. So we need to embrace our young and make sure that they feel supported. Health misinformation.

This is huge. And I'm so glad that the surgeon general included this as one of his priorities. This is something that we saw rampant with COVID. And we continue to see it. And again, this is something that... I mean, we live in a new world. We have social media and a lot of information is shared and it's not always the best information.

It's not always accurate information. And I have another story. This story is Sabrina. Sabrina, my sister-in-law, smart, an accountant working for the D.C. government for 20 years.

She gave me the best gift of my life, which is my niece, who I love and cherish very much. She gave our

she's still my sister-in-law. I claimed her. I married her. And so smart, full of life, just beautiful smile, been part of our family for years. So I'm a nurse practitioner.

You know, the nurses in the room, you know, everybody comes to you with their problems. Christmas Eve of last year, my niece approaches me. She says, "Can you please talk to my mother?" I said, "Sure, what's going on?" Went back into a room in the house for privacy and just me and Sabrina. And she exposed her breasts to me.

And it was to the point of almost being necrotic. I just couldn't believe it. My breath was taken away. And as a nurse practitioner, I knew right away what this meant. And so immediately I took her to the emergency room, not because I knew they couldn't treat her there, but I knew that I could at least get her tied into a breast care center. Maybe we could get a CAT scan.

We could kind of see how extensive the cancer was. Definitely stage 4 without a doubt. So we got her into the breast cancer. She got radiation treatment. Cancer had advanced to her brain, to her lungs, to her liver, to her bones. And so the prognosis was not good.

Sabrina died in March of this year. We had to bury her. So I share that story because she found a quack online, I forget his name, that claimed that he was a physician. And she was buying supplements from this individual for the past year because he claimed he could cure her breast cancer.

So this is how dangerous this misinformation is. And I think that it's up to us. And I think that there's no other group than nurses that can really counter this misinformation on social media. Yes, we have to be. We have to be at the forefront of this because the impacts are obvious. And if I have the story, then I'm sure you guys have some stories as well.

So healthcare worker burnout. Again, this is something that has really impacted nursing. I wear a lot of hats, as you heard. But I also wear a hat as being an instructor, a clinical instructor at a local university. Anyone else teach?

Yes, we need teachers. So just because I care so much about the profession and I'm just dedicated to seeing that we have a qualified, committed new generation of nurses come into our profession. I do teach as a clinical... Well, I did. In all honesty, I had to give it up here recently, but I taught as a clinical instructor during COVID. And so I was able to bring students into the ICUs and see firsthand the impact of what this was doing to our nurses and being able to actually talk to them.

And these are new nurses like one to two years into their profession working. A lot of them were travel nurses and they told me nursing is not for them. They were they were getting out of it, which was horrible and devastating to hear. Not so much from the older nurses, because, you know, once you're a nurse, I would say over five years, you've seen a lot.

And maybe you have thicker skin, for lack of a better term. But these are new nurses and they were fed up. They didn't have the support. They didn't have the resources that they needed. They were struggling and patients were literally dying every day. So you can imagine the mental health impact of that as well. So, as it says here in the slide, 80% of the nurses say their units are inadequately staffed.

Only 12% happy in their role. Eighty-seven percent feel burnt out, underpaid, frustrated with the administration. But I'm sure you guys see this and you're aware. So this is the latest advisory from our

surgeon general and I'm so proud of him for doing this because, in my opinion, it took courage for him to be able to put this out.

But another story, unfortunately, Patricia. Patricia was my niece and young girl. Didn't have the best start in life. She made some mistakes. At the age of 18, she already had two children. I mean, it happens. But she got involved with some knucklehead and she was shot.

He killed her. Eighteen years old, two kids now without a mother and their fathers weren't really in their lives anyway. So now those kids are now being raised by my sister, who is their grandmother because of firearm violence.

So I just I think it's just amazing that he had the fortitude and I mentioned the courage to come out with this because it's very controversial, very political. But this is something along with the other issues and other priorities that he has that has to

They get a stipend while they're in school. And during the summer break, if there is a summer break, they can come and work at one of the various organizations that I mentioned and when they graduate and pass the NCLEX, they will come into the corp.

- If they're already veterans of another service though, are they particularly advantageous to you for recruiting?

- Actually, that's a great question. It depends on how many years they have in service in one of our sister services. There's a limit to the number of years that can be transferred over when they do. And we do interservice transfers, so if they are currently in one of the services, they can convert over to the public health service, but there's a process for that. And as I mentioned, there is a limit to the number of years that can be carried over.

- Thank you.

- Mm-hmm. Yes, ma'am.

- [Roberta] Yes, this is Roberta Hills from Colorado. And to answer your question about licensing folks who come into the country from foreign nursing schools. Each state I'm sure has their own licensing rules, so all I know is what Colorado does. So the individual applies, they're required to have their education evaluated by a nursing credentialing company.

The one that really does a lot for us is CGFNS Commission on Graduates of Foreign Nursing Schools. Anyway they provide a report. We've told them what our rules require. We're looking for equivalency to our education and then we're part of the compact.

Even before we were part of the compact, we were requiring these applicants to demonstrate English competency. So if their education is taught in English, they're good to go. If not, they have to pass one of the approved English competency exams.

Then they take the NCLEX. They get a background check and they get licensed.

- Thank you so much. So those are the same companies that are going out to the countries and recruiting, right? No, it's a different company. Okay. Thank you for that. Thank you. Yes.

Do I have to wait for the light to go on? Is that light on?

- [Meedie] It is.

- Yes, ma'am.

- Good afternoon, Dr. Moon. Meedie Bardonille from the District of Columbia, affectionately known as the district.

- D.C.

- Absolutely. Dr. Moon, thank you for your presentation. My question specifically is regarding around the comment and the video that you shared from our surgeon general. And it's very difficult to understand and appreciate the misinformation that you spoke about. Can you share what your phenomenal organization is doing from the public health perspective regarding how the impact of

NCSBN has been doing in collaboration with some other countries through the International Nurse Regulator Collaborative is also looking at comparability and mobility between countries where there's some similarities in our education.

So we are still, you know, doing that work. You mentioned or raised the issue of who's recruiting those individuals. And I think we all are certainly concerned that, yes, we have our own workforce needs in each of our jurisdictions in each of our countries, but being mindful of the fact that what is the impact on those countries.

But typically those nurses are recruited by employment agencies who may contract with employers who they see a need and they say, "Oh, well, let's go after this population and solve our problem here." So we are certainly trying to engage in conversations, both with employers with other countries around ethical recruiting and looking at the issues that are created for one country when there's extensive recruiting from them that might impact their ability to deliver healthcare.

- Thank you, ma'am. And WHO has also put out really good guidance on how to do that, how to work with other countries, and recognizing that they don't want to restrict anyone who wants to come to the United States or to Canada or to any other country, but there just needs to be some oversight of that and tracking of that and, as you said, sensitivity to the impact that it has on the country that's losing the nurses.

No other questions? No? Okay. Is that it? All done?