INSIDE:
NURSES AT WAR
LEARNING TO LEAD
PROFILE OF A HEALER

The entrance messages to Brigham Young University are “The world is our campus” and “Enter to learn; go forth to serve.” These words have special meaning to nurses. In this issue you will read the stories of nurses who have served during war, of students who have literally gone all over the world to learn, and of remarkable people whose commitment and dedication are inspiring.

Nursing has a rich history of sacrifice, dedication, and excellence. Modern nursing has its foundation in the hospitals of the Crimean War. In this bleak setting, a young nurse named Florence Nightingale worked tirelessly to heal. Nurses who serve during war gain a unique perspective, and the College of Nursing has given veteran nurses an opportunity to share their experiences so that others can better learn to serve.

In spring term 2005 we launched our new undergraduate course in Global Health and Human Diversity. Students learned to practice nursing from a community and cultural perspective. They truly “went forth to serve.” They returned with life-changing clinical skills, reality-based knowledge, cultural sensitivity, and renewed motivation to serve. With the new perception gained in this course, they will become leaders to the next generation of health care providers, to their families, and in their communities.

I am continually awed at the strength of our students, the commitment of our faculty, and the support of our friends. We are building an impressive community and working together to make positive contributions in serving the health care needs of humanity. We welcome our new faculty, who bring passion and energy to our work. We welcome friends, alumni, and members of our volunteer leadership council, who support our students. And we extend a special welcome to our friend Ira Fulton.
When she first joined the navy, Patricia Rushton had never seen the ocean. The increasingly bloody war in Vietnam created a huge need for nurses, so Rushton, a nursing student at the University of Utah, was recruited by all branches of the military. Said Rushton, “The only differences I could really see among the services was the uniform, and I liked the navy’s the best!” Then her life changed. She was on active duty as a navy nurse during both Vietnam and Operation Desert Storm but now is serving in a new way: she’s helping tell the amazing stories of nurses at war.

In 2002, as an extension of the BYU Saints at War project, Professor Rushton began to collect accounts from Latter-day Saint (LDS) nurses who had served in the military during armed conflict. She has published these accounts in a new book called Latter-day Saint Nurses at War, produced in partnership with BYU’s Religious Studies Center.

After beginning her research on LDS nurses, Rushton expanded her scope to include any nurse who served on any side during any war. “No matter what faith they are,” she said, “nurses have special perspectives and unique experiences during war.” She is seeking to collect, preserve, and share these accounts so that future generations will come to know the remarkable nurses who have served their nations.

The nurses who have told their stories to Professor Rushton not only have come from many different backgrounds but also have served in very different wars, from World War I to Operation Iraqi Freedom. Nevertheless, the nurses report similarities. “In every case,” said Rushton, “they sought to provide the best care possible under very difficult conditions, and in every case they did their duty.”

Professor Rushton has collected over 125 accounts from military nurses. She notes, “Some of the people we’ve contacted have hesitated to talk to us because they didn’t feel what they did was extraordinary. When you hear their stories, it is clear that the experiences they had and the care they gave were significant.”

The project will continue to collect accounts as long as there are nurses willing to share their stories. All stories are being preserved in the L. Tom Perry Special Collections Department of BYU’s Harold B. Lee Library. If you are interested in sharing your experience or know someone who is, please visit http://nurs-ing.byu.edu/nursesatwar/ or contact Professor Pat Rushton at 801-422-5375.
Jared E. Scott  Operation Iraqi Freedom

Sunday morning, as the nurses in pneumonia ward began to adjust to the routine and marines began to be discharged, we were informed that a recruit had died from complications of pneumonia. Many staff had worked relentlessly to save him from the disease; everything possible had been done to save him. The nurses grew solemn. A young, strong, capable, healthy servant of our country lay motionless. He never made it to the battlefield—never fought the enemy. His mom and dad were no doubt proud that he had volunteered to serve his country when we were waging a terrible conflict in Afghanistan with rumors of a conflict in Iraq. I don’t know his name—I probably never will. Like the many hundreds of thousands who gave their lives through the centuries for our country, this young recruit stands as testimony to the Savior’s teaching “Greater love hath no man than this, that a man lay down his life for his friends” (John 15:13).

Villane Pack  Vietnam War

The Vietcong were so close. We had sniper fire coming in all the time, but we think they deliberately missed us. They were only trying to harass us, since we did take care of some of their people.

Our barber was picked up one day. It was discovered that he was Vietcong. I call it my “year of contradictions” because we were in a war zone and my life was in danger. And yet we’d stand up on the hill where the medical wards were and look out toward the South China Sea and it would be just gorgeous . . . it looked like the Riviera. If we really pondered over it, we would drive ourselves crazy. We didn’t of course.

Katharine (Katie) Walther  Operation Desert Storm

Abe (our interpreter) was a Kuwaiti citizen who was married to an American. He was speaking to a badly burned Iraqi soldier . . . when the patient started shaking his head and saying, “No, no, no, no!” The patient started to weep. I said, “Whoa, what’s going on?” Abe said “When I told him that I was from Kuwait and that I was here to help him, he said he just cannot let me help him because the Iraqis have done terrible things to my country and to my people and to my land, and he can’t accept this help from me.”

I had to shift into army mode and say to the interpreter, “You tell him that we’re here to help him and I’m your commanding officer in this situation and you’ve got to do what I say and so you’re going to do it.” We found out that the patient wanted his bandage adjusted, which we did and all was fine.

We walked out of the room and I said, “Abe, how do you feel about that? You don’t know where your parents are; you don’t know what’s happened to your business; you don’t know what your life’s going to be like. How do you feel about helping these Iraqi patients?” He answered, “You know, the Iraqi soldiers don’t know what’s really happening. It wasn’t their choice. They don’t even have an opinion about it. . . . They’re victims just like I am, and so I have no problem helping them. It’s true that when I took this job I thought I would be interrogating prisoners of war. I didn’t know I would be working at their bedside, but it’s okay. I can do this.”

WE WERE IN A WAR ZONE AND MY LIFE WAS IN DANGER. . . IF WE REALLY PONDERED OVER IT, WE WOULD DRIVE OURSELVES CRAZY. WE DIDN’T OF COURSE.
Bonnie Hubbard Korean War
We lived in tents at the MASH and learned to pack up an entire medical unit in half an hour. There were constant helicopters bringing in the wounded and we worked 18 to 20 hours a day. It was a busy and sad time. Several young men died, but we were also able to save many and send them on to the evacuation hospital. It was a United Nations effort, so we had many patients from many different nations. . . . After the fighting stopped and the truce was signed, we moved to an evacuation hospital. It was a bombed-out building with no roof or running water, but it was better than the tents.

LaRue Haynie Elliott WWII
About 14 July our commanding officer, Colonel Gerald Banks, was accidentally shot. He was sitting in his tent when a bullet from a gun two tents away went off and struck him in the head. He was taken to the 43rd General Hospital, where surgery was done. His condition was serious. Our head nurse, Captain Eileen Donnelly, asked Ruth and me to “special” him. Ruth had the day shift. I had the night. The colonel was not liked very much. He was strictly military and unfriendly. As I spent time with him getting to know him better, I found him to be a quiet man but very friendly—and I liked him. He recovered but was relieved of his command and sent home within two weeks.

Dora Maiben WWI
(As told to the James Nicholes family and Marilyn Washburn)
I was sent to the Balkans, specifically Serbia near the Turkish border. I worked in a Red Cross school and children’s clinic. An epidemic of childhood diseases broke out. In a cart pulled by a donkey, we would travel to the outlying rural areas to treat the children. It was in Salonka, Montenegro, where I think we did the most good. The orphanage there was in terrible shape. The children were covered with sores and scabs on their scalp and skin. It seemed that even a simple gift to a child went a long way. To one little girl I gave a set of underclothes. The little girl was so proud that she wore them over her other clothing for all to admire.
LEARNING to
Few students at BYU have a learning experience quite like Sue Vongsikeo’s. Sue traded the classrooms and labs of BYU for armed guards, razor wire, and prison bars. As part of a new course called Global Health and Human Diversity (Nursing 400), Sue and several of her classmates spent the term with Professor Peggy Hubert at the Utah State Penitentiary at Point of the Mountain. These students worked alongside the physicians and nurses in the prison infirmary healing and caring for some of the state’s most hardened criminals.

“We saw a need for students to experience diversity, since our student population and Utah’s population tend to be homogenous,” said Rae Jeanne Memmott, coordinator for Global Health and International Affairs. To prepare BYU nurses to serve wherever they go, members of the faculty of the College of Nursing, led by Memmott, constructed a course that would take students far outside their comfort zone. “To prepare our students to be nursing leaders we need to teach them to be culturally responsible and able to practice the Healer’s art anywhere, for anyone,” said Memmott, “and we made a concentrated effort to provide the opportunities for learning.”

Soon faculty members identified clinical settings where students could gain diverse cultural experiences. Students interviewed for assignments to work with populations such as veterans at the VA Hospital, HIV patients, and orphans in Ghana. After an “immersion week” during which Nursing 400 students spent eight hours a day in preparatory classes, they set off to 12 different sites around the globe. Students in the course are required to perform at least 84 clinical hours, perform assessments, and write about their experiences. All of them have amazing stories to tell.

“Being at the orphanage was unbelievable at first,” said Becca Matsumori, who went to Ghana. “It was like walking into a picture from National Geographic. It was heartbreaking.” Many students experienced a similar shock when they first saw where they would practice for
the term, but they soon observed how professionals and patients on-site responded to the challenges that face them.

Emily Dougall, who also worked in Ghana, said she saw orphans in very crowded conditions and doctors and nurses performing procedures without proper equipment and sterile procedures. “It was a shock to see those things and know that I could not do more to change the circumstances. Giving them love and setting an example was a small but important difference I could make. The happiness I saw in the eyes of the orphans made each day worth being there despite the heartache I felt for them,” she said.

Many of the BYU nurses saw their efforts rewarded with deep gratitude from the communities they served. Students Jenny Vogelsberg and Ashley English traveled to the rural Utah community of Delta. When their experience ended and they went to pay for the apartment where they’d been staying, the landlord said, “You’ve given so much to our town. Thank you.” Then she tore up the check.

Sydne Morgan, who worked in a maternity hospital in Argentina, said that her experiences made her a better leader. “I saw that my way wasn’t always right. Other ways work as well and sometimes better. Careful listening is critical, especially if there are cultural differences.”

The chance to practice in so many unique circumstances will heighten the expertise of BYU nurses in whatever clinical setting they practice. They have new skills and a new sensitivity to the limitations and advantages of different populations. But when Nursing 400 students speak of their experiences, many say the most important skill they gained is perspective about leading people toward spiritual healing. “The Lord uses us to stand in His place. Nurses need to learn to serve as He did, without prejudice, without fear, and with an understanding of the inner worth of our Father in Heaven’s children.” About her experience at the prison, Sue said, “I saw that even people who have committed terrible crimes need healing. Maybe they need it more than most people.”

“Nurses need to learn to serve as He did, without prejudice, without fear, and with an understanding of the inner worth of our Father in Heaven’s children.”

Clinical Sites and Faculty

Argentina—Catherine Coverston
Children with Chronic Illnesses—Debbie Mills
Ecuador—Sheri Palmer and Patsy Ellinger
Ghana—JoAnn Abegglen and Rae Jeanne Memmott
Hawaii—Jane Lassiter
HIV-Positive Populations—Lora Jean Campbell
Jordan—Elaine Bond
Rural Communities—Paul Blad
Utah’s At-Risk Population—Peggy Hubert and Eva Stoneman
Veteran Communities—Kent Blad
YMCA Camp Roger for Children with Disabilities—Carma Miller
Complimentary and Alternative Practices—Glenda Christensen
and Kathy Wiker

Learning the Healer’s Art | 2006

Jennifer Graham—Ecuador
Sharla Morgan (Hawaii)
The Healer’s art is reaching out with love and open arms to all who are in need. It is serving our fellowmen and giving them the opportunity to heal. Frequently during this course I was welcomed and served by those whom I thought I was there to help. When doing a community health screening, I was welcomed and well fed. While working in a community health clinic, I was accepted and taught. These experiences have given me the desire to do the same for all I come in contact with throughout my life.

Amy Distelhorst (Jordan)
I would define the Healer’s art as the Christlike things that we can do to help others heal. This includes physical, spiritual, and emotional care. Through the Global Health and Human Diversity course, I have learned a little bit more about administering the Healer’s art. As I worked with the students to increase their psychosocial interaction with the patients, I was able to see the impact our caring attitudes had on the patients. I loved learning the patients’ names and interacting with them and coming back the next day to see their faces brighten upon seeing us. It meant a lot to me to know that my attention and care was appreciated. I also loved watching the students learn the importance of caring and then implementing it in their practice. This helped me understand that part of the Healer’s art is teaching it to others. I hadn’t thought of the teaching aspect before, but as I reflect on Jesus Christ’s life, I am reminded of how He constantly taught the disciples to care for others as He did. My experience in Jordan allowed me to learn the Healer’s art, practice it, and teach it to other students.

Editors note: As part of their assignment, students in Nursing 400 were asked to write about what they believe the Healer’s art is. Below are responses selected by the editor.

Michelle Rowan (Argentina)
The hymn “Lord, I Would Follow Thee” has always been one of my favorites. I have often pondered the meaning of learning the Healer’s art. I think that Dean Marshall says it so well when she defines healing as more than a cure; it is a lifetime process of becoming whole. Healing is not always medically related. It involves repairing one’s heart and spirit. I had many experiences in Argentina that helped me to heal.

The Savior healed many through the power of the priesthood. He also healed through His love, compassion, and forgiveness. I think that by living my life each day in an effort to become more like my Savior, I will better understand the Healer’s art.
PROFILE OF
A HEALER:
REGINA ANIM-ADDO

BY TROY FLAKE
In 1975, 18-year-old Regina Anim-Addo left her home in Accra, Ghana, to start a new life in the United States of America. She arrived in New York City with no job, no education, and no money. She moved into the YWCA and began working as a nanny, but despite her difficult circumstances she had a dream. Regina wanted to be a nurse.

After some time she saved enough money to begin taking classes at Kingsborough Community College in Brooklyn, New York. To support her course work, Regina was employed at several different jobs. She faced challenges that were at times nearly overwhelming. Finally, in 1984 she fulfilled her dream of becoming a registered nurse.

Regina moved to northern Virginia and began working at Walter Reed Army Medical Center as well as the INOVA Fairfax Hospital. She also worked for a service that provided additional work for nurses on their days off. Hard work was a pillar of her life. Wanting to expand her education, in 1993 Regina earned her BS in nursing from George Mason University. She also received additional certifications and was a member of the cardiovascular operating room team at INOVA Fairfax Hospital.

Taking time off meant something different to Regina than to the rest of us. Almost all her leisure activities focused on helping others. She taught CPR classes, volunteered for the American Cancer Society, and worked in other community organizations. In 1996 she took a vacation to Ghana, but she
managed to find a group of medical volunteers and spent nearly every day of her trip assisting them in serving her native people. It was on this trip that Regina heard about The Church of Jesus Christ of Latter-day Saints when another volunteer shared a Book of Mormon with her.

In 2000 Regina was diagnosed with cancer. Soon she was unable to work as a nurse. Her long stays in the hospital were difficult for her, but she kept a cheerful attitude and tried to be the best patient she could.

In August of 2002, after investigating the Church for six years, Regina was baptized. Shortly afterward, as she lay in the hospital listening to National Public Radio, she heard that the outbreak of Sudden Acute Respiratory Syndrome (SARS) had created a panic in China and most foreign health workers had left the country. NPR reported that one young nursing student, however, Robin Kartchner's story of faith and courage inspired Regina and gave her strength during a very difficult time.

On August 16, 2003, Regina Anim-Addo passed away. Before she died she expressed to her home teacher, Patrick Graff, a desire to leave her modest estate to the College of Nursing at BYU. Regina never visited Provo and knew no faculty or students of the college. The only contact she had had with the College of Nursing was the story she'd heard on NPR. But Regina had a great desire to contribute to a program that tied her lifelong love of nursing with her newfound faith.

Robin Kartchner’s story of faith and courage inspired Regina and gave her strength during a very difficult time.
Arizona businessman and philanthropist Ira A. Fulton (with his wife Mary Lou’s approval) has pledged $50,000 for the BYU College of Nursing.

If...

Our 8,000 alumni, friends, and students give $50,000, too!

That’s $100,000 for student scholarships and real-life nursing experiences all over the world.

Give between $25 and $5,000 to the College of Nursing Annual Fund by December 31, 2005, and Ira will match it. Use the envelope that came with this magazine, or call (801) 422-3945 or (800) 525-8074. Give quickly and conveniently online at nursing.byu.edu.

DO IT TODAY—if your heart belongs to Nursing.

His heart belongs to Nursing.

His $50,000 depends on you.
Transitions

• Paul Blad is leaving the BYU College of Nursing to pursue an entrepreneurial business opportunity. He will, however, continue to affiliate with the college as a part-time clinical instructor.
• Kathy Wiker is retiring from the college after 33 years.
• Mary Tiedeman is retiring from the college after nine years.
• Carma Miller is leaving to explore private professional and educational opportunities.
• Carolyn Sutherland Bearnson is retiring from the college after eight years.
• Mary Lynne Clark has retired after 20 years’ service to nursing education in Utah, including four years as donor liaison to the BYU College of Nursing.
• We welcome Linda Palmer as our new donor liaison.

NEW COLLEGE OF NURSING FACULTY FOR 2005–2006:

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<tr>
<th>Name</th>
<th>Background</th>
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<tbody>
<tr>
<td>Sondra Heaston</td>
<td>Assistant teaching professor, BYU</td>
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<tr>
<td>Barbara Heise</td>
<td>Instructor, University of Virginia</td>
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<tr>
<td>Deborah Himes</td>
<td>Assistant teaching professor and former nurse practitioner, Alpine Women’s Clinic</td>
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<td>James Kohl</td>
<td>Instructor and senior nurse executive, Naval Hospital, Oak Harbor, Washington</td>
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<td>Beth Luthy</td>
<td>Instructor, BYU</td>
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<td>Shelly Reed</td>
<td>Assistant teaching professor and former nurse practitioner, University of Utah Medical Center</td>
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<tr>
<td>Ronald S. Ulberg</td>
<td>Assistant teaching professor and part-time faculty, BYU</td>
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Roger Buxton, the College of Nursing’s 2005 honored alumnus, obtained his master’s degree from the University of Utah and has built a career managing the medical ICU, the staffing office, the RPN pool, and other special projects. He has served on the Utah State Board of Nursing and the Utah State Board of Education as well as with the Utah State Recovery Assistance Program for Impaired Professionals. Currently he is chair of the BYU College of Nursing Alumni Board and pursing his PhD in medical informatics.

While serving as our alumni board chair, Roger has developed an electronic interface to involve alumni through the college Web site (nursing.byu.edu). He also has been instrumental in setting up the Mary Ellen Edmunds Nursing Endowment for the Healer’s Art. This endowment provides critical training equipment, supports scholarships, and funds student projects that truly teach the Healer’s art.

Roger is a caring boss. His colleagues feel their working environment is better for his having been there. Additionally admired and recognized for his outstanding clinical skills, he not only excels in his field but also truly enjoys what he does. Roger’s motto is “‘Good enough’ is not good enough!”

http://nursing.byu.edu/alumni/alumni_news.asp
Linda Stevens Topham, supervisor of the College of Nursing Advisement Center, has been a vital part of the college for almost 20 years. Linda began working at BYU in 1982, came to the College of Nursing in 1987, and since that time has worked to ensure the academic success of thousands of nursing students.

“Students are by far the best part of my job,” Linda said. “They have such enthusiasm and excitement, and they are so completely committed to nursing.” Linda has responsibility not only for nearly 300 students in the college but also for more than 600 prenursing majors.

Students are not the only ones who recognize Linda’s contribution. The National Academic Advising Association (NACADA) named her Outstanding Advisor for 2001. Linda founded the Health Professionals Advising Interest Group within NACADA and has presented at numerous state, regional, and national conferences on academic advising.

“Linda is often the first contact students have with the College of Nursing. She’s an excellent example of the service and professionalism that distinguish our college,” said Dean Elaine S. Marshall. Linda is the mother of five children and grandmother to 11. She and her husband, Charles, love to travel and visit their grandchildren.
Faculty Publications 2004–2005


——— (2005). Preparation is the key to a successful FCCS course. *BEAT: Fundamental Critical Care Support Instructor Newsletter, Spring*.


Marshall, E. S. (2005). “In this life I shall have joy.” In S. Rogers & L. Mangum (Eds.), Joy in our salvation (pp. 26–34). Salt Lake City, UT: Deseret Book.


I was in the hospital the other day for a few hours. I became acquainted with my very cheerful and expert nurse. . . . There is such a demand for people with her skills that she can do almost anything she pleases. She serves in the Church. She has a good marriage. She has a good life. She is the kind of woman of whom you might dream as you look to the future.

—President Gordon B. Hinckley

“How Can I Become the Woman of Whom I Dream?”
Ensign, May 2001, 93