Analysis of American Nursing Literature in Context of Socio-historical events, Women’s Societal Advancement, and related Legislation from the 1960s to the 2010s.

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Introduction:

Desire for complete self-determination and autonomy was the founding basis of the American Republic in the late 18th century. True origins of the United States were borne from resistance to a status quo; a disruption of functional colonialism and divorce from monarchical rule. I refer to Thomas Jefferson’s often-quoted Declaration of Independence to support these claims and to underscore the essentials of creating a classic American idealism, especially when referring to equality.

We hold these Truths to be self-evident, that all Men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the Pursuit of Happiness—That to secure these Rights, Governments are instituted among Men, deriving their just Powers from the Consent of the Governed, that whenever any Form of Government becomes destructive of these Ends it is the Right of the People to alter or to abolish it, and to institute new Government, laying its Foundation on such Principles, and organizing its Powers in such Form, as to them shall seem most likely to effect their Safety and Happiness. (US, 1776)

Key words and phrases in this passage embrace principles of autonomy and self-determination for the American people, and that, ideally, American systems of power treat all people entirely equally; however, reality of American power structures and interactions with all citizens are — unfortunately — juxtaposed with Jefferson’s brand of American idealism. The United States government did not abolish slavery until 1863, women could not vote until 1920, and Native
Americans did not fully have the right to vote in all US States until 1962 (Library of Congress, n.d.).

Jefferson crafted the Declaration to a specific audience living in 1776 who wanted independence from the restrictive reign of a government, disconnected from the reality of life in the colonies and with little concern as to consequences of legislation that English Parliament enacted in the 13 colonies. Jefferson and his constituents wanted the ability to make their own decisions about self-rule and formation of the United States’ own government, that is, autonomy and self-determination. Jefferson advocated for complete autonomy of people and their abilities to pursue “life, liberty, and the pursuit of happiness” with government enacting legislation with CONSENT of the governed people (US, 1776). That desire incited what we know today as the American Revolutionary War, a resistance movement to gain national autonomy and reject oppressive government systems.

Modern notions of specifically conservative patriotism lean heavily on conformity to a norm built by the governance of predominantly land-owning white men in the late 18th century. Resistance to a norm was and remains the key element to societal advancement for all US citizens and others living in the US. Resistance is demonstrated in grassroots efforts for legislation reform, popular culture, institutional policy reform, and social activism. Currently, it is necessary to embrace autonomy and practice it lawfully in situations that limit individual freedoms and prevent the practice of self-determination. It is the role of modern nursing to embrace the classic American ideology of autonomy and respect for self-determinism — to care for an individual as they are with no caveat. Katharine Sturgis, MD reminded us in her 1967 article about nursing roles with changing social environments, “Their troubles may be different,
but just as grave as those who are more lowly. Love them all. Love is not loving the completely lovable; anyone can do that. Love is loving human beings as they are—with all their faults” (Sturgis, 1967, p.14).

In this paper, I will examine six decades of American history, reviewing major events and societal changes, and will analyze the societal status and advancement of women in the United States concentrically with the nursing profession in the US. I will be using life course theory, a sociological framework, to examine significant historical events, relevant legislation, and nursing literature to explore the progress of women, of nursing, and their intersections between the 1960s to the 2010s.

The purpose of this paper is to examine historical events, legislation, nursing literature, and how the intersection of the three led to instances of progression or stagnation concerning women’s health and social issues in the 1960s - 2010s.

**Background**

The modern American nursing profession has a complicated history related to birth control, distributing sexual education, contraceptives, and access to related resources. I use the term ‘modern American nursing’ to indicate the advancement of nursing to a profession in the post Civil-War era. It is necessary to review a starting point of professional nursing’s role in women’s health and autonomy in the US in order to see the profession’s progress or stagnation in supporting autonomy in women’s health and autonomy of all patients.

Early controversy in nursing and women’s health began in the very start of the twentieth century. Margaret Sanger was a nurse who advocated for the spread of birth control to large
swaths of the female population in New York in the early 1910s. As her career an activist progressed, she cut ties from her nursing career. In 1914 she was arrested under the rulings of the Comstock Acts, legislation banning information and distributing birth control, for distributing contraceptives and information on birth control to immigrant families. She received countless pleas from desperate women, seeking relief from the physical, mental, and monetary consequences from uncontrolled pregnancy to and increasing numbers of children. She founded the fledgling version of Planned Parenthood, and was later instrumental in the development of the birth control pill in the late 1950s. In this same era, it is essential to note that nursing literature was largely silent on specifically birth control and contraception (Lagerwey, 1999).

The Comstock Act in 1873 made it illegal to “disseminate birth control through the mail or across state lines” (WGBH Educational Foundation, n.d.). In a number of states, regulations were so restrictive that the law against ‘obscenity’ banned the distribution of information about birth control and banned mailing contraceptive and sexual health information. In 1938, a federal court of appeals lifted the ban on birth control, which essentially ended the primary consequence of the restrictive law (Thompson, 2013). Supreme Court rulings and congressional amendments changed the original law, but in 1996, Congress extended the law and included ban on disseminating information on abortion to Internet resources (Schroeder, 1996).

In the early 1900s, the nursing profession was too underdeveloped to be taken seriously and act as a united voice against Comstock legislation at this period, just decades after Florence Nightingale changed nursing theory forever. In a career dominated by women, it was socially taboo to challenge a society and legislative system dominated by men. The discourse about birth
control in nursing literature of the time was more focused on preventing daughters from becoming promiscuous rather than advocating the importance of providing therapeutic and educational nursing care (Lagerwey, 1999). The nurse’s role was not to empower women to make decisions about their existence as sexual beings or even simply how to not become pregnant within marriages.

It is also essential to address the dichotomy of both Sanger’s motivations and tenacity to inspire change, as well as the literature put forth from the *American Journal of Nursing* at the turn of the century. The AJN publications from 1900-1930 strongly supported the use of eugenics in prenatal counseling and opposed the distribution of information on birth control and contraception in order to comply with federal policy. The profession was too young and seen as too female to challenge patriarchal legislation seriously and maintain social and professional status. Sanger supported the increase of available information on birth control and contraception, but both parties cited eugenics as a driving force in their crusade.

Eugenics was an extremely popular idea for population control among powerful members of society, including Winston Churchill, Alexander Graham Bell, and Charles Eliot. These leaders and others also saw eugenics as a method to “perfect” society. The formation of their certain brand of a perfect society included immigration restrictions, implementation of restrictive marriage laws, which included legislating the illegality of interracial marriages between black and white individuals. It also included legislation to prevent marriage of “imbeciles, epileptics, paupers, drunkards, criminals, and the feebleminded” (Sanger, 2007, p. 212).

The *American Journal of Nursing* (AJN), established in 1901, published pieces in the journal supporting eugenics, and also published pieces that were decisively anti-birth control,
including a 1918 piece titled ‘Birth Control’ and included “No one denies the desirability of improving, if possible, the human breed. To the favoring of the production of good stock and to the prevention of the production of the mentally and physically unfit, there can be no objection. This is the study of eugenics, a science still in the formative stage, but of great promise” (Lester & Blakey, 1918, p. 781). The Journal is also notably patriarchal, and that same article states

Granting, for the purposes of discussion, that such information [about birth control and contraception] should be given out, to whom shall this "blessing," as it is termed, be dispensed? Because a woman does not want pregnancy is no valid reason for instructing her in its prevention (Lester & Blakey, 1918, p 782).

Sanger herself supported the involuntary sterilization of intellectually disabled individuals, showing that original ideals of birth control only included select populations and were ableist, racist, and nativist. Even health status of individuals was grounds for eugenicists advocating the halt of their procreation. This population included individuals suffering from sexually transmitted infections, heart conditions, and individuals with tuberculosis. Ideals in involuntary sterilization are the opposite of the ideals of autonomy and self-determinism, as medical practitioners, legislators, and pioneer academics sought to it illegal for families to procreate based on parents’ immigration status, health status, rudimentary assessments of mental status, or economic status. This is what nurses needed to separate themselves from moving forward to embrace full self-determination.
Sanger used the eugenics movement as a platform for upon birth control would stand. While she advocated that “Birth is the woman's problem, and she must be put in a position to solve it for herself. She must have the right to her own body, and the right to choose when she will bear a child” (Sanger, 2007, pp. 216-217), a statement which, out of context, aligns perfectly to the advancement women in decision making of their own bodies. Unfortunately, she ends her statement with “If this right be made absolutely hers, there will be an end to the bearing of children for whom the world has no room and no opportunities; there will be an end to the bearing of diseased and defective children” (Sanger, 2007, p. 217). Sanger advocated for mothers themselves to practice birth control and labored to present those birth control practices appropriate to align with eugenic principles. While Sanger’s work in the birth control movement remains to be revolutionary and impactful, we must also acknowledge the exclusionary facets of a revolutionary movement in order to prevent the continuation of exclusionary decision making and biases that rooted the early birth control and women’s movements.

Sanger’s position in society was a unique one among both nurses and women. As life course theory supports, her environment and generational cohort shaped the way in which she experienced and acted in the world and within a major women’s movement. Her role as a nurse and as a women’s rights and health advocate increased women’s rights in society. Though Sanger left nursing, her influence and impact on women’s health with the establishment of Planned Parenthood remains. Using Sanger as an example of how time periods affected individual people, I will examine how time periods affect how events, legislation, and people impact women’s societal status, women’s health, and nursing through the decades. Moving
forward, I will examine legislation, court cases, and major events that affected women significantly and/or nursing significantly.

The 1960s

Socio-Historical Context

The 1960s were a notably busy decade for advancement, both socially and technologically. The years produced tremendous and tumultuous change in US Civil rights, gender equality, social policy, technological advancement, and popular culture. At the outset of the decade, John F. Kennedy won the presidency as the youngest candidate ever elected, the first Catholic ever elected to the high office, and first president born in the 20th century. His campaign and election were revolutionary in that it was the first presidential campaign to utilize televised presidential debates, and was the largest voter turnout for a presidential election, with nearly 70 million ballots cast (UVA Miller Center, 2018). Kennedy’s election also marked a transition the end of eight years of Republican executive power under the Eisenhower administration. The inauguration became one of the first significant transitions in the 1960s to set the precedent for meaningful change in US society. With Kennedy’s assassination in 1963, Lyndon Johnson took over as head of state in the US, ushering in a period of significant domestic social and welfare reform in the era of the Great Society. It also marked the origin of a new generation of political unrest and upheaval with the escalation of the Vietnam War.

Medically and technologically, the 1960s were also a period of significant and groundbreaking achievement. In 1960, The Food and Drug Administration approved the first oral birth control pill, Enovid, after its development by Gregory Pincus with significant support of Margaret Sanger, financial backing of Katharine McCormick, and from research on use of
traditional Mayan folk uses of progestin-heavy root plants as effective methods of birth control (Planned Parenthood, 2015). The American Heart Association announced their statistical connection between cigarette use and coronary artery disease. In 1967, Dr. Christiaan Barnard completed the first heart transplantation (Western Cape Government, 2014). In 1968, Dr. Fritz Bach completed the first bone marrow transplantation (Morrissey, n.d.). 1961 saw the Soviet introduction of the hydrogen bomb, escalating the nuclear arms race in the Cold War vie for Global Superpower status. In the same year, the Soviet Union sent the first man into space. In 1962, the US responded in kind and sent John Glenn into orbit on the Mercury 7 mission. Kennedy vowed to send American astronauts to the moon before the end of the decade, and NASA did so in 1969 with the Apollo 11 space mission.

In 1964, the Johnson Administration also passed monumental legislation in the Civil Rights Act of 1964, which ended segregation in public places and outlawed employment based on race, gender, and national origin. In 1965 the Voting Rights Act passed through the House and Senate, outlawing the use of literacy tests at poll stations and in voter registration. These pieces of legislation and major figures in the American Civil Rights movement were major proponents of advancing the rights and legal protections of people of color in the United States. Nursing was not immune to racial prejudices in the United States. Historically, white patients would receive care at hospitals with with staff members and a predominantly white patient population, and black Americans received care at hospitals with predominantly black staff with a predominantly black patient population.
Women

In June of 1960, the Food and Drug Administration (FDA) approved Enovid, and became the first oral birth control pill with that distinction (Tyler, 1961, p. 51). ‘The pill’ aroused controversy throughout the country, and was not approved for national distribution to married couples until 1965 in *Griswold v. Connecticut*. Estelle Griswold, Executive Director of the Planned Parenthood League of Connecticut opened the state’s first Planned Parenthood clinic in New Haven and with C. Lee Buxton, M.D. as its medical director. The pair was arrested for violation of Comstock laws in the state for distributing information about birth control practices and medical advice on how to prevent unwanted pregnancy (Griswold v. Connecticut, 2016). The Supreme Court ruled in favor of Griswold, striking down the Connecticut ban on birth control citing:


2. The Connecticut statute forbidding use of contraceptives violates the right of marital privacy which is within the penumbra of specific guarantees of the Bill of Rights. (Griswold v. Connecticut, 1965, pp. 481-486)

The introduction of the birth control pill was extremely significant because it was one of the first medications on the public market to be marketed to benefit women socially and not purely for medical purposes. The pill allowed married couples and women to decide when to become pregnant and when to remain childless, whether or not they were sexually active. The social and societal ramifications changed lives and allowed women when to decide to bear children; they could pursue careers, educational aspirations, or have fulfilling intimate
relationships with their married partners without the burden of unwanted pregnancy (Planned Parenthood, 2015). I specify ‘married’ partners because it was still not permitted to distribute birth control pills to unwed people until 1972 when *Eisenstadt v. Baird* expanded birth control access to unmarried women (Bailey, 2013).

Socially, married women now had more control of their own bodies than in previous history. The increased degree of autonomy and self-determination helped move women’s health and women’s rights forward and allowed women to be more active in society. Increased individual freedom with the pursuit of individual desire includes increased choice of whether to become sexually active without the threat of unwanted pregnancy. It gave women freedom to delay having children in order to become more financially stable and pursue other priority issues in their lives within their control instead of an unplanned pregnancy.

With the introduction of the drug, nursing had an expanded responsibility to educate couples on its use and increased discourse and nursing literature in the American Journal of Nursing related to family planning. The shifting attitudes in modern society increased the necessity of nurses to be apart of intimate aspects in their patients’ lives.

After John F. Kennedy won the 1960 election, there was increased pressure from women in the Democratic party to advance the executive branch’s involvement in women’s societal advancement (More, n.d.). In December 1961, JFK issued an executive order for the establishment of The President’s Commission on the Status of Women for the purposes of “overcoming discriminations in…employment on the basis of sex” and for “services which will enable women to continue their role as wives and mothers while making a maximum contribution to the world around them” (More, n.d.). Though the language maintains that a
woman’s position is as wife and mother, the Commission set out to create legislation that would benefit and protect women in legislation related to labor and employment; in tax codes and social security benefits; and civil, property, and political equality of the sexes (More, n.d.). The famed Eleanor Roosevelt was the original Chair of the commission until her death in 1962. Esther Peterson, the Assistant Secretary of Labor and Director of the Women’s Bureau under JFK, became the Chairwoman in her stead.

The establishment of this commission was extremely important to legitimize the argument of the need of equality among the sexes. This had a tremendous impact on the nursing profession as woman-dominated profession. The American Journal of Nursing (AJN) published an interview between Esther Peterson and Gretchen Gerds, the managing editor of the AJN, on the impact that the Commission’s efforts would have related to the nursing profession. The interview included that the commission would give women rights to collective bargaining, which can be extremely valuable to employment benefits, work conditions, and wage decisions. It also included Peterson’s perspective of the critical need for more education be more widely available to women of working age to allow them to expand their opportunities for employment (Gerds, 1963, pp. 70-71). When women were given opportunity to better their working lives, women had more individual power and greater self-determination of how they wanted to live their lives. Given greater opportunity, there are greater options. Peterson advocated that women were already in the workforce, but the jobs where women dominate tended to be lower-paying jobs. With the opportunity for women to collectively bargain, the fields could determine pay increases and close income gaps between types of service work. Nursing in particular was a type of undervalued service work and employees were largely without the ability to collectively bargain.
Peterson’s response to the an interview question from the *AJN* following question forms a connection between women and nursing in social movements in the 1960s.

Q: Are more women employed in these excluded groups [groups with collective bargaining rights and standards] than men? A. Yes, employment of women is heavily concentrated in what we call the service and also the low-wage occupations. This is partly the result of historical development. Many of the service occupations were originally performed in the home. We put little economic value on women's work in the home and when women began to perform these same jobs out in the marketplace, low economic values followed. Now there is a gap that has to be closed. I believe the report will do a great deal to help close that gap. These jobs are still jobs, and many of them do require training and education — nursing is an example. When you consider the amount of training and the time needed to prepare for some service jobs in comparison with other jobs, we just haven't really put a proper value on them. (Gerds, 1963, p.71)

Peterson referred to nursing as a perfect example of where educational standards were needed with adequate pay and adequate opportunity to work. Although the article still places women as the primary caretakers of the home, the home was only one domain where women had the opportunity to control her circumstance, and that the Commission’s purpose would benefit female-dominated professions, nursing as the prime example, indicating that societal advancement of women would simultaneously advance the nursing profession. The President’s Commission on the Status of Women submitted its report after two years of data collection and
work. In June of 1963, JFK signed into law the Equal Pay Act of 1963, protecting equal pay for equal work, regardless of gender. Peterson penned the bill, and after extensive argument the bill was made an amendment of the Fair Labor Standards Act, and Kennedy signed it into law. The forward advancement of women simultaneously advanced the nursing profession. Historically, nursing is a woman-dominated field, stemming from traditional roles of mothers caring within the home. Nursing, as any profession, faces arguments and clashes on issues in its lifespan, but it continues to grow and mature within the bounds of its practice. In the 1960s under the Kennedy and Johnson administrations, women, and nursing with them, sought significant changes in policy in the pursuit of gender equality in the United States. Change that took place in the decade extended beyond the wave of those, including Gloria Steinem and Betty Friedan, that American society considered radical. Additionally, nursing moved society forward, advocating for the equal care of all patients and acknowledged, rather than granted, greater patient say and involvement in their own care. Acknowledgement of patient voice versus granting patient voice is an important distinction because it helps limit the power dynamic between the patient and the nurse and recognizes that subjective patient input is important in the caring process.

**Nursing**

In 1960, the American Nurses Association began professional advancement when the ANA House of Delegates presented the ANA Committee on Ethical Standards proposed changes within the professional code of ethics, originally adopted in 1950 (Epstein & Turner, 2015). In the amended document, notable alterations include a change from “The fundamental responsibility of the nurse is to conserve life and to promote health” to “The fundamental
responsibility of the nurse is to conserve life, to alleviate suffering, and promote health” (ANA, 1960, p.78). As well as change from “The religious beliefs of a patient must be respected”, to “The nurse provides services based on human need, with respect for human dignity, unrestricted by considerations of nationality, race, creed, color, or status” (ANA, 1960, p. 78). These alterations are significant in that they both take into consideration the patient as a person. Because “suffering” is relatively vague, the definition falls to the patient to specify their own suffering and for the nurse to act in appropriate accord with that definition, whether it include greater advocacy for pain control or permitting patient family to be present during care.

The alteration that lists “nationality, creed, color, or status” is significant, especially in the social context of the decade when lawmakers did not support civil rights and individual freedoms for all persons until the middle of the decade. The subjective definition allows greater patient autonomy and greater responsibility in the healthcare sphere.

The process of integration occurred in both schools and hospitals, with varying speeds depending on geographic location as well as demographic of patient population. In 1960, the American Journal of Nursing published “Negro Nurses in Hospitals” which analyzed three different hospitals and their integration processes (Goldstein, 1960). Though the language is outdated in the modern lexicon, the AJN cited the now obvious fact that skin color does not differentiate the quality of care that nurses give. An 1964 piece authored by black nurse, Gloria D. Bingham, titled ‘To Communicate with Negro Patients’ simply advises nurses to treat black patients like every other patient the nurse will come into contact with. She says simple that skin color does not alter the type of care that patients need. Nurses should think critically and use the same judgement with all of their patients in a care process.
Sickness and disability do not discriminate among skin colors, and to keep in line with Florence Nightingale’s original beliefs, with equal quality care, compassionate and competent treatment were basic human rights. Hand in hand with compassionate care is patient advocacy. Nightingale’s brand of nursing, the cornerstone of modern nursing practice, hailed patient advocacy as one of the key components of nursing care, and that it is the duty of the nurse to advocate for their patient for the best care possible, “based on human need, with respect for human dignity, unrestricted by considerations of nationality, race, creed, color, or status” (ANA, 1960, p. 78).

After Kennedy’s assassination in November of 1963, Lyndon B. Johnson fell into executive office. Johnson’s transition to power indicated a vast movement to domestic policy change with the ‘Great Society’, a legislative movement that established welfare reforms in effort to decrease poverty and racial inequality (The Great Society, n.d.). The Johnson administration continued the legacy of legislatively supporting the advancement of women in the workforce. In 1963, Kennedy sent congress an appeal to improve national health of Americans. In his statement, he believed that a shortage of nurses and healthcare personnel was a key issue, especially in peacetime (Miller, 1985, p. 50). The Nurse Training Act passed through both houses of congress and made law in September of 1964. The act allocated funds for nursing school construction, for the improvement, strengthening, and expanding nursing educational programs, which was meant to improve enrollment and required evaluation to maintain funding (Miller, 1985, p.50). The act also provided funds to strengthen diploma-school enrollment, though the consulting nursing board advocated for a Baccalaureate degree requirement for practice (Miller, 1985, 50). Other two portions of the law allocated funds for financial-aid for
students with low-interest loans, and money for continuing education for nurse educators, supervisors, clinical specialists, and administrators (Miller, 1985, p. 51). The funding and opportunity allowed nursing to advance its own practice and build itself as a more professional practice. The act also helped legitimize nursing as a profession with the backing of the federal government, as nurses were seen as central group improving the health of Americans.

Katharine Sturgis, M.D., published a piece in the American Journal of Nursing about the changing role of the occupational health nurse in the changing social landscape in the 1960s. As noted in the introduction of this piece, she advocated for nursing to listen to its patients and that “Their troubles may be different, but just as grave as those who are more lowly. Love them all. Love is not loving the completely lovable; anyone can do that. Love is loving human beings as they are—with all their faults” (Sturgis, 1967, p.14). Sturgis’s article, published in 1967 and after the passage of the Nurse Training Act of 1964, was targeted to the occupational health nurse in the community or in a labor facility. The piece encouraged nurses to listen to patients and practice being present. Her piece also included nurse referral, especially of young women in need of birth control advice. She felt that it was the role of the nurse to educate, but to refer women who needed birth control advice to their physicians (Sturgis, 1967, p. 14). This piece encouraged nursing autonomy while working independently and to encourage holistic care of occupational workers, and it highlighted the importance of recognizing when nursing care was not appropriate to certain situations and when to refer to a medical provider, encourage critical analysis of patient issues and decision making of whether to refer tasks to medical providers when nursing care may prove insufficient.
Congress amended the Nurse Training Act in 1964 and extended it into the next decade in 1968, and money was allocated to increase funding for recruitment costs, grants to improve education, and develop national centers for nurse education, service, practice, and research (Miller, 1985, p. 53). The Health Manpower Act of 1968 voted to allocate $250 million in grant money to fund baccalaureate, diploma, and associate degree programs, but that money was never delivered. Support for the act continued into the next decade, but funding for programs declined, which, with increased patient acuity, was discordant with continuous advancement of nursing practice into the next decade.

The 1960s saw unprecedented advancement in women’s advancement and the beginning of a new generation of political leadership. It also stirred in national tragedy as a central part of the American experience with the assassination of President Kennedy and the escalation of the Vietnam War. It witnessed progress in the Civil Rights movement, but left major issues unaddressed and underserved in national dialogue. The nursing profession experienced major change with the passage of the Nurse Training Act, and shared advancement of women in society with nursing as a female-dominated profession.

The 1970s

Socio-historical Context

The 1970s were a decade characterized by political upheaval and significant change to the US citizens’ relationship to its government. Richard Nixon took power in 1969, replacing the widely controversial Lyndon B. Johnson. Nixon improved international relations with China as well as the Soviet Union, but squallled public image of the executive branch with his resignation

Ford immediately pardoned Nixon in a move to ease national tension (History, 2009). Jimmy Carter succeeded the two republicans and transitioned executive power to the democratic party in 1976. In 1971, the 26th amendment passed through the senate to lower the voting age from 21 to 18. Also in 1971, the Supreme Court ruled to allow the Washington Post and the New York Times to publish the classified Pentagon papers, exposing the extensive involvement of the US executive branch in military escalation of the Vietnam War (National Archives, 2016). The exposed papers strained the public perception of the US executive branch and began the Supreme Court’s significant role in decision making to affect the public sphere for the decade (Britannica, 2017). The decade ended in controversy, with over 60 Americans held hostage in the American embassy by Iranian students in November of 1979 in Tehran, protesting President Carter’s decision to allow the deposed Iranian Shah to receive cancer treatments in the US. Their captivity lasted 444 days, and ended after President Ronald Reagan was inaugurated in January of 1981.

Medically and technologically, the 1970s were a decade for clarity in medical imaging and a hugely developmental decade for computer technology. In 1971, Raymond Damadian invented the first magnetic resonance image scanner (Pendleton, n.d.). In 1972 Godfrey Hounsfield invented the CAT or CT scanner 1972, and LASIK eye surgery by Mani Lal
Bhaumik in 1973 (Pendleton, n.d.). Pong landed in arcades in 1970 from Atari, the first Intel Microprocessor was released in 1972 (Pendleton, n.d.). The first pocket calculator in the United States was released in the 1971 from Bowmar technologies (Ball & Flamm, 1996).

Nursing and women’s issues continued to intersect, with major women’s rights advocacy coming from writings and support of progressive policy from nurse leaders in the ANA, The National League for Nursing. Social movements and political action of the latter 1960s and 1970s served as the setting for both women’s and nursing’s advancement in the decade and included Senate hearings on the birth control pill, additional amendments to the Nurse Training Act, the Supreme Court’s decision on *Eisenstadt v. Baird*, *Roe v. Wade*, The Pregnancy Discrimination Act, the Hyde Amendment, and the implications that such policy had on nursing practice.

**Women**

The decade started quickly for movements in women’s health; in January of 1970, significant change in distribution and informed consent practices as result of ‘Senate hearings on the pill’. After Barbara Seaman’s 1969 publication, ‘*The Doctor’s Case Against the Pill*’, outlining dangers and adverse effects of birth control pills, Senator Gaylord Nelson appealed to the senate to review pharmaceutical abuses with the birth control pill, antibiotics, tranquilizers, and barbiturates (WGBH, n.d.). The hearings, reviewing the adverse effects of the birth control pills, had no female witnesses to give legal testimony on the side effects that they experienced. DC feminist Alice Wolfson led a group of women in interrupting the famously televised hearings in order to advocate for a woman’s voice to be heard in hearings involving women’s health.
In her 1971 article, ‘The Pill and the Problems’, published in *The American Journal of Nursing*, Elizabeth Connell, MD, includes a review of the side effects and health risks for women taking the pill. The risks included increased chance of thromboembolism, increased instances of nausea, migraine, and increased instance of psychiatric depression, but while there was a correlation with women who took oral contraception, it was difficult to determine direct causation between the pill and symptoms reported to healthcare providers. These listed side effects and deadly thromboembolisms were a primary concern of the women involved with the senate hearings. Further, Connell reported that studies which investigated the pill’s involvement with increased risk of thromboembolism also found positive correlations between women and men who smoked cigarettes and instance of thromboembolism, which is now well-documented (Connell, 1970, p. 328).

In 1970, women felt negative effects from the pill and made efforts to actively participate in their own healthcare to change existing power structures in the healthcare delivery system of the time. The 1971 article indicates that as a result of the Senate hearings on the pill, 47 items of information were included in the required handouts from the FDA standards (Connell, 1971). The senate hearings were significant to women’s health and women’s control of their own bodies. The results from the hearings included more research on the dosage of hormones in oral contraception to lead to the significant decrease of hormone dosage, and nationally mandated patient handouts included to ensure informed consent for medical procedures and medications.

More groundbreaking legislation in 1972 led to expanded access for the birth control to unmarried individuals. *Eisenstadt v. Baird*, (1972), struck down Massachusetts’ legislation
preventing the distribution of birth control to unmarried persons. William Baird gave lectures on population control and contraception at Boston University, illegally handing out condoms and spermicidal foam to unmarried individuals. Authorities arrested Baird and charged him with a felony against Massachusetts’ Chastity Laws, which criminalized fornication and only allowed pharmacists and physicians to distribute birth control. The ruling cited the constitutional right of equal protection under the law and the first amendment right to free speech, as Baird gave the contraceptives out during the speech. The court’s opinions cited *Griswold v Connecticut* as precedent to protect an individual's’ right to privacy. Justice William Brennan also noted that the law was not designed to enhance public health, and was more likely to cause unwanted pregnancy and higher risk for spreading sexually transmitted infections.

The *Eisenstadt v. Baird* ruling changed nursing’s role in sexual and contraceptive education. The changing role of the nurse as an educator and the use of nurse practitioners all intersected, notably on college campuses. In 1972, a contraceptive clinic opened on the campus of New England College, and 22 percent of women in the student body utilized its services and the nursing education services it provided (Andrews, 1976, p.592). On the campus when students wanted to make an appointment, there was a required nurse-taught seminar on information about contraception to provide critical education about the gross anatomy and physiology of sexual organs, hygiene, education on sexually transmitted infections, and self breast and vaginal examinations (Andrews, 1976, p. 592). If female students were interested in seeking the birth control pill, an intrauterine device, or a diaphragm, the nurses would refer students to local gynecologists or nurse practitioners to address their care needs. Here, the intersection of
women’s advancement and nursing’s advancement are clearly evident. The advancement of each group affects the other, and encourages constant improvement, self determination, and progress.

The remainder of the decade is trademarked as the era of pre-Roe and post- Roe. Roe v. Wade, 1973, was an absolutely landmark Supreme Court Decision to legalize abortion nationally on the basis of protection of personal privacy. Griswold v. Connecticut directly influenced the Roe decision by serving as precedent to protect a woman’s right to privacy, protected in a privacy penumbra in the 14th amendment Roe v. Wade, (1973). It struck down state laws that banned abortion except in the cases of saving the life of the mother. The ruling allowed complete autonomy of decision to terminate a pregnancy within the first trimester, and gave states the authority to manage legislation in the second and third trimesters (Planned Parenthood, n.d.). The decision, coming in a 7-2 majority from a Supreme Court bench of exclusively men, enhanced female bodily autonomy and self-determination in a ruling that allowed women to make a decision about their body, protected in jurisdiction of the constitution. Even 46 years after its passing, the ruling continues to be one of the most controversial among the supreme court, and significant changes in the political and gender demographics of the bench continue to affect the future of the decision.

Despite the court ruling, in the 1976 congressional session, Congressman Henry Hyde (R) of Illinois presented a bill to bar federal funding from abortion procedures, except in the cases of life-saving measures, in cases of rape, or cases of incest (Guttmacher Institute, 2019). This eliminated Medicaid coverage for abortions, decreasing access to students or low-income individuals on Medicare coverage. The Hyde amendment was a tremendous obstacle in advocacy for abortion access, and it is still enacted to this day. Currently there is legislation, including the
Hyde Amendment, decreasing abortion access for pregnant individuals around the United States (Dennis, 2013). Even within the parameters from the Hyde Amendment, individuals still struggle to receive Medicaid coverage after having an abortion, placing more stress and undue burden on low income individuals who terminated their pregnancy resulting from rape, incest, or in a life-saving measure (Dennis, 2013).

Following the Hyde Amendment, in 1978, Congress amended the Civil Rights Act of 1964 under Title VII in order to include The Pregnancy Discrimination Act (PDA). The Pregnancy Discrimination Act stated that

The terms 'because of sex' or 'on the basis of sex' include, but are not limited to, because of or on the basis of pregnancy, childbirth, or related medical conditions; and women affected by pregnancy, childbirth, or related medical conditions shall be treated the same for all employment-related purposes, including receipt of benefits under fringe benefit programs, as other persons not so affected but similar in their ability or inability to work, and nothing in section 703(h) of this title shall be interpreted to permit otherwise. This subsection shall not require an employer to pay for health insurance benefits for abortion, except where the life of the mother would be endangered if the fetus were carried to term, or except where medical complications have arisen from an abortion: Provided, That nothing herein shall preclude an employer from providing abortion benefits or otherwise affect bargaining agreements in regard to abortion. (US Equal Employment Opportunity Commission, 1978).
The amendment was a necessary addition to the CRA of 1964 because of the restrictions placed on low-income individuals with the Hyde Amendment. If these women could not obtain abortions due to federal statutes, it was necessary for federal statutes to protect them from discrimination as they continued their pregnancy.

**Nursing**

Within nursing in the 1970s, there was a significant surge of interest in advanced practice nursing. The Secretary of Health, Education, and Welfare published *Extending the Scope of Nursing Practice* in 1971, advocating for the expanse of nursing practice to best serve the health needs of the expanding US population. In the report, the authors identified barriers to expanding nursing practice, and advocated more collaboration between nursing and physician networks to provide more equitable care (University of Pennsylvania School of Nursing, n.d.). The national report also included that state licensure did not hinder expansion of nursing roles, and incentivised the 1971 passage of the Nurse Training Act (University of Pennsylvania School of Nursing, n.d.). The act expanded funding for advanced nurse practice education, increased funding to allow schools to increase their student body numbers, and provided funding to promote gender and racial diversity within nursing education (University of Pennsylvania School of Nursing, n.d.). Nursing was on the forefront of advocating for better care and better financial coverage for US citizens, and in 1971 the American Nurses Association (ANA) advocated for the establishment of national health insurance coverage. The ANA continued to advocate for equality and equitable care with their statement of support for the passage of the Equal Rights Amendment during the same year. In order to provide equitable care, nursing made efforts to
create a more equitable society. The profession worked to advance its scope of practice and scope of federal protections for themselves and patients.

In 1975, a new version of the Nursing Training Act passed through congress, and allocated funding for nurse practitioner programs, changing the emphasis from the number of nurses in the US to more equitable distribution of nurses to meet national health needs (University of Pennsylvania School of Nursing, n.d.).

While nursing moved forward to adequately address health needs and concerns for national interest, there was a call from students in schools of nursing nationally to take ownership of their educational lives and experiences (Pollok, Poteet, and Whelan, 1975). Inspired by 1972 Title IX regulations to eliminate sex discrimination in schools receiving federal funding and national student movements, self-determination was a main theme of challenging the status quo. Students of higher education, including in schools of nursing, sought to reform disciplinary policies, relationships with administration, and protections while enrolled in schools and universities. Because most students in schools of nursing were primarily women, the regulations actually impacted the male experience in nursing schools more than the female experiences (Pollok, Poteet, & Whelan, 1976, p. 603). Student grievances also included regulation of activity and conduct outside the school and hospital setting, regulation of appearance, and unauthorized search of student dormitory settings without student consent. Students used the first and fourth constitutional amendments to defend their right of free expression and prevent unlawful search and seizure without due process under the law. They defended actions, such as wearing buttons in support of social movements, and protested school administrators acting as ultimate authority in their lives. In 1975, the ANA amended its
standards of nursing education to include a student section, showing the impact of student ownership and increased involvement of their educational careers (Pollok, Poteet, & Whelan, 1976, p. 600).

In 1979, President Jimmy Carter signed amendments to the Nurse Training Act, which he had vetoed in 1978. His signature on the amendment cut the 1978 proposed funding by half. The funding, again, served to increase construction of nursing schools, use for student loans, and special projects. The allocated funds also included development of nurse practitioner programs and nurse anesthetist programs (University of Pennsylvania School of Nursing, n.d.). This funding helped to expand the role and legitimacy of nurse practitioners as reliable and necessary sources for improving national health. The Act also newly included direction to the National Academy of Sciences to study and make recommendations on the future of nurse education and necessity of federal funding in nurse education (University of Pennsylvania School of Nursing, n.d.).

The 1970s hosted tremendous progress for the nation and nursing practice, providing an appropriate segue into the political changes in the 1980s. Nursing in the 1980s ventured farther into research and development of professional positions and policy changes.

The 1980s

Socio-Historical Context

The 1980s opened with the United States hosting the Winter Olympic games in Lake Placid, New York. The Miracle on Ice, where the US men’s Olympic Hockey team defeated the Soviet men’s team to lead to a gold medal in the sport united national spirits at the start of the
year. Ronald Reagan was elected president of the United States in November of 1980, and was inaugurated in January of 1981. As stated above, the Iranian hostage situation finally ended in January of 1981 after Carter left the presidency. Reagan, the once-actor turned politician, changed the role of religion in the American political sphere and is one of the most influential conservative politicians to ever hold power in the United States. Throughout his presidency, Reagan introduced a new tax system in the US, appointed the first woman to the Supreme Court bench, evangelized the Republican party, and was at the center of an illegal arms-dealing scandal in the Iranian-Contra Affair. He decreased social spending and increased nuclear defensive arms spending and proposed a space-based strategic defense system, often referred to as “Star Wars”. His vice president of eight years, George H.W. Bush, was elected into executive office in 1989. The symbolic end of the Cold War arrived with the fall of the Berlin Wall in 1989. Throughout policy changes, nursing profession progressed and expanded in their presence in advanced practice and nurse practitioner programs.

Medically and technologically, the ‘80s were a revolutionary for DNA technology and identification. In 1980, the CDC Recognized AIDS as a new illness (Hajar, 2015). The same year, the first baby conceived via in vitro fertilization was born. Baruch Samuel Blumberg premiered the first Hepatitis B vaccine (Hajar, 2015). In 1981, MTV debuted music videos on television, John Burke and Ioannis Yannas debuted use of artificial skin to improve treatment and quality of life in burn victims (Sandbox Network Inc., n.d.). Dr. Bruce Reitz performed the first heart-lung combined transplant in 1981. In 1982, Eli Lilly Pharmaceuticals used Human insulin to help treatments for diabetic patients (Sandbox Network Inc. n.d.). 1983 saw Sally Ride as the first woman in space. In 1984, Steve Jobs released the first Macintosh computer. 1985
was the year for DNA: Leroy Hood and Lloyd Smith invented an automated DNA sequencer and a groundbreaking development in criminology with DNA fingerprinting from Alec Jefferys (Howard Hughes Medical Institute, 2003). 1986 witnessed tragedy when the Space Shuttle Challenger exploded on lift-off. Prozac made it to market from Eli Lilly in 1986 (Sandbox Network Inc, n.d.). In 1987, authorities used DNA to identify criminal convictions and exonerate wrongly-accused prisoners (Howard Hughes Medical Institute, 2003). In 1988, Russian troops withdraw from Afghanistan after a nine-year residency. While the 1960s and the 1970s saw dramatic social change in women’s rights and equality, the 1980s allowed a new current to run through society to set a new status quo.

**Women**

Women in the United States started holding prominent ‘first’ titles. Sandra Day O’Connor was the first female supreme court justice after President Ronald Reagan appointed her in 1981. She became the first woman on the supreme court bench, and despite her Republican affiliation, O’Connor is credited for supporting legislation to support an individual woman’s decision and privacy on the grounds of abortion, and was well-known for her pragmatism. She studied law at Stanford University. Before her court appointment, she was the first senate majority leader in Arizona after working through her career start as a secretary, when no law firms would hire her because of her gender (Smentkowski, 2019). After the end of her tenure on the Supreme Court, she served as the Chancellor of the College of William and Mary.

Sally Ride was the first American woman in space after her mission on the Space Shuttle Challenger in 1983. Ride completed a doctorate in physics at Stanford University in 1978. After
her career as an astronaut and an assistant administrator at NASA, she taught physics at the University of California as San Diego. She was posthumously awarded the presidential medal of freedom in 2013 after her death from pancreatic cancer in 2012 (Anderson & National Women’s History Museum, 2018). Both women are national icons after advances in women’s rights and representation, but legal status of rights continued to change and were refined throughout the decade in major court cases.

With the Supreme Court ruling on *Roe v. Wade* in 1973 and then congressional response with the Hyde amendment in 1978, Reagan instituted a new policy, often referred to as a global gag rule, in his passing of the Mexico City Policy in 1984 (Kaiser Family Foundation, 2019). In this policy, no non-governmental organizations working outside the United States receiving any federal funding from the United States were not permitted to educate or include abortion as a method of family planning. The rule extended to all aid organizations receiving US federal funding, even if the organizations did not use the US funding to specifically educate and inform on abortion. Organizations, even if receiving funding from other nations or sources, are banned from discussing or educating about abortion with citizens of the country outside of the US upon penalty of cessation of US federal aid (Kaiser Family Foundation, 2019). This piece of legislation, introduced at the United Nations summit in Mexico City, positioned the United States government as an anti-abortion entity. The ruling was rescinded and reinstated six times by six presidents since its introduction 34 years ago. Each cancellation and reinstatement has followed party lines with conservative presidents instating the rule and liberal president rescinding the policy, with the exception of 11 months of the Clinton administration, where congress reinstated the policy independently of presidential backing (Kaiser Family Foundation, 2019).
Current sitting President Donald Trump reinstated the rule three days after his inauguration in 2017, and non-governmental aid organizations are currently banned from discussing or educating about abortion under threat of loss of federal funding.

In *Meritor Savings Bank, FSB v. Vinson*, the 1986 Supreme Court justices ruled that language of Title VII did not exclude “economic or tangible discrimination” when it came to discrimination on the basis of sex. The ruling came after Mechelle Vinson sued the Vice President of the bank for long-term sexual harassment, claiming he created a hostile environment, which fell outside the terms of economic or tangible discrimination, which called into the question the jurisdiction and application of Title VII (*Meritor Savings Bank, FSB v. Vinson*, n.d.). In a unanimous decision by the court, they found that workers regardless of gender are protected from a hostile work environment on the basis of their sex. This was a significant case and victory for activists who experienced gender-based harassment and discrimination in the workplace.

The case preceded the Civil Rights Restoration Act of 1987, which amended Title IX policy and Title VI policy to extend protections from gender-based discrimination and harassment in educational setting or institution receiving federal funding and all programs outside of religious organizations receiving federal funding. This amendment, sponsored by Ted Kennedy, extended protections for those who experienced discriminatory practices and harassment in institutions of higher education, including schools of nursing.
Nursing

In 1980, the American Nurses Association published *Nursing: A Social Policy Statement*, establishing Nursing’s role in society, including roles in public health, the caring process, and incorporating modern technology into nursing practice. The ANA used Donabedian’s perspective on nursing as a basis for their 1980 report (Neuman, 2012). Donabedian is oft-cited for his model in public health nursing. In his model, when the systems and community work to improve to healthcare structure, all individuals in the community and system benefit. Using Donabedian’s model, the ANA placed nursing as a key profession for change and growth, as society changed and grew. The statement emphasizes that nursing had to ebb and flow in order to remain responsible in society, because just as society was changing and growing, nursing practice was also changing drastically. The statement advocated for nurse involvement in social change, in practice change, and in legislative change in order to meet the needs of its patients and to maintain ethical standards of practice and patient care (Neuman, 2012). A key component of the 1980 ANA statement was the belief that a baccalaureate degree be the entry-level position of a practicing nurse (Lang, 1983, p. 1292). This 1980 statement remains to be a key dividing factor in the modern nursing profession.

The 1980 definition of nursing was “the diagnosis and treatment of human responses to actual or potential health problems” (Neuman, 2010, p. 4). While this definition is an abbreviation of Virginia Henderson’s 1964 definition, the 1980 definition fits appropriately with the time period. Nursing in the 1980s was ‘growing season’, and the profession expanded rapidly and was still adjusting and refining its roles as bedside nurses, newly advanced practitioners, and the legal ambiguity that went in stride with those changing roles. Maureen Cushing, a lawyer and
nurse, wrote a 1986 piece titled ‘The Legal Side: How Courts Look at Nurse Practice Acts’ in the AJN, describing legal conflicts and cases that nurses were involved in due to the ambiguity of state boards of nursing language on extent and legality of certain aspects and scopes of nurse practice (Cushing, 1986).

With the expanding role of nursing practice, and the newly introduced advanced practice roles within it, the role distinctions of the RN and the advanced practice nurse relied on the diction and syntax of State Board of Nursing policies, which led to confusion among nurses and lawyers litigating their case, including an Idaho nurse’s case. The State board called Jolene Tuma under review after she counseled a patient on “alternative cancer therapies”, and called her into question for unprofessional conduct. Because the wording of the board’s policy was so non-specific in regards to which actions classified as unprofessional. Tuma understood her role as a nurse to include to act as a guiding counsel to her patients (Cushing, 1986, p. 132). Because of the uncertainty of the Idaho law, Tuma retained her license to practice nursing (Cushing, 1986, p. 132).

The confusion on the definition of nursing practice became a common theme, including occasions when plans for nursing-based health centers were an emerging idea in the mid-1980s. Plans for the centers included nursing-managed care centers and nursing-based plans of care, collaborating with physicians and practitioners when medically necessary, but maintaining nurse ownership of care and supporting nursing theories of wellness in order to be responsible for health of communities (Lang, 1983). As nursing continued to mature and develop in its practice, the relatively new legal concepts and ramifications of gender inequality simultaneously developed and courts had to address new challenges in workplaces.
As a major step forward the profession as a whole, in 1986 congress approved the establishment of the National Center for Nursing Research at the National Institutes of Health. Originally vetoed by Ronald Reagan, the center received bipartisan congressional support and passed (University of Pennsylvania School of Nursing, n.d.). The establishment of the center for research provided federal funds for nursing research, training, and education for advancement of nursing care and the scientific study of the effects nursing care has on its patients and community. The research center supports nursing research on supporting wellness in communities and addressing illness in patient populations and still exists within the National Institutes of Health. Now titled the National Institute of Nursing Research, the organization’s creation represented a significant advancement for the nursing profession as a profession of scientific research. That same year, North Dakota instituted policy requiring a Bachelors of Science in nursing to become a registered nurse, following national recommendations of an entry-level educational requirement for Registered Nursing (University of Pennsylvania School of Nursing, n.d.). The policy advances the profession by standardizing a baseline baccalaureate educational level among RNs within the state.

In 1988, after the establishment of the NINR, the Secretary’s Commission on Nursing, researched nursing shortages and how federal funding was spent with training new nurses and why dangerous shortages still existed (University of Pennsylvania School of Nursing, n.d.). The report summarized that hospital retention of nursing staff was low because the hospital administration essentially did not understand the role of nurses within the hospital and within patient care. Administrations would assign hospital nursing staff tasks that were not within the nursing field and salaries and compensation for tasks in addition to patient care were low. The
commission explored recommendations to improve nurse retention, and the familiar recommendations of “federal support of entry-level nurse education” returned in 1989. Other recommendations included support safe nurse-client ratios, have adequate assistive technology and personnel, and development of better staffing patterns in the hospital setting (University of Pennsylvania School of Nursing, n.d.). All of the recommendations from 1989 continue to be discussed today. While states such as North Dakota established state-level support of entry-level nurse education, national standards on entry-level education still do not follow nationally published recommendations.

The 1980s were a tumultuous political era in the United States with significant political party changes, medical epidemics, and social change. Nursing aligned itself to work with society as it changed and be a resource for maintaining national health and wellness. Within nursing, advancement and practice changes faced legal obstacles and confusions, but nevertheless advanced as a profession with expanded scopes of practice. The establishment of the profession as a scientific research body further legitimized the work and research that nursing conducted as apart of the National Institutes of Health.

The 1990s

Socio-historical Context

The 1990s witnessed the advent of the internet age and some of the most impactful events in US history. After the fall of the Berlin Wall in November 1989, East and West Berlin finally reunited. East and West German states followed suit and officially reunited in October of 1990. In 1991, the Cold War officially ended as the USSR dissolved and former soviet-bloc nations
claimed independence (History Network, 2009). Also in 1991, a U.N. coalition force with US and UK backing, incited the Gulf War when they invaded Iraq in response to the Iraqi invasion and annexation of Kuwait (History Network, 2009). Domestically, the Los Angeles race riots resulted in over 60 deaths and one billion dollars worth of damage in response to four white officers acquitted for violently beating construction worker Rodney King (America’s Best History, n.d.). The 1990s saw the transition of power between generations, as Bill Clinton was the first baby-boomer in the American presidency after his election in 1992, and the third youngest American president to take office at 46 years old.

Acts of domestic terror plague the decade. In 1993, over 1000 people were injured and six killed after a parking garage was bombed at the World Trade Center in New York City. In 1995, Timothy McVeigh and Terry Nichols bombed a federal building in Oklahoma City, killing 168 people and injuring 800 more (America’s Best History, n.d.). In 1996 a pipe bomb killed one person and injured 111 more in Centennial Park during the Summer Olympic Games in Atlanta, Georgia. In 1999, two students at Columbine High School murder 13 fellow students, inciting national anger about gun control and bullying (Britannica, 2019). That same year, a co-pilot deliberately crash EgyptAir Flight 990 outside of Nantucket Massachusetts, and killed all 217 passengers and crew onboard (Lewis, 2018).

Medically and technologically, the 1990s were the introduction to new technologies that would shape future generations. In 1990, the Hubble Space Telescope was sent into orbit with the Space Shuttle Discovery. It is still in service, transmitting photos from 350 miles above the Earth’s surface (Garner, 2015). In 1991, the World Wide Web was introduced as an internet service. In October of the same year, the Human Genome Project began. Highly Active
Antiretroviral Therapy was instituted as the standard treatment for HIV/AIDS. In 1995, Global Positioning System from the US government and operated by the US Air Force became fully operational. In 1995, Microsoft introduced Windows 95 and became a standard operating systems in personal computers (America’s Best History, n.d.). Microsoft grew even more popularity with Windows 98 in 1998. Email services, web-based retailers, and computer-based programs explode in popularity, number, and use. The first cellular phones are introduced in the early 1990s, but become common and affordable to the average American consumer by 1999.

**Women**

The 1990s were an absolutely groundbreaking decade for women’s advancement and involvement in American politics. Major female figures emerged as judicial and legislative leaders. President Bill Clinton appointed Ruth Bader Ginsburg to the Supreme Court in 1993. She was the second woman on the Supreme Court and still sits as an associate justice on the bench. Ginsberg served on the US Court of Appeals from 1980 until 1993 (History Network, 2018). Prior to her judicial tenure, Ginsberg served as the director of the American Civil Liberties Union. She taught at Rutgers University School of Law, and had tenure when she taught at Columbia University (History Network, 2018). Ginsberg is one of the most significant modern figures to advance and argue for gender equality and workers’ rights. Janet Reno joined the ranks of “first woman to…” for her appointment as the first female US Attorney General in February 1993 (History Network, 2010). Reno was a revolutionary thinker, and while the Dade County District Attorney in Miami, she created the Miami Drug court to try non-violent drug offenses in order to prosecute offenders, but to also offer options to people who suffered from
substance abuse problems. She helped reform the national judicial system before the end of her term in 2001 (History Network, 2010).

In 1991, the Civil Rights Act of 1964 was amended to include new Title VII parameters of the act, introducing labor protections to workers and allow them to sue and collect damages against discriminatory employers. The act allowed jury trials to proceed, changing policy that only allowed jury trials to EPA or ADEA employees (EEOC, n.d.). The law required that discriminatory employers must pay for legal council in cases that they were found to be discriminatorily motivated (EEOC, n.d.). The law was one of the major pieces of worker protections in the 1990s to protect individuals from gender discrimination in the workplace.

One of the most identifiable catalysts of the 1992 ‘Year of the Woman’ is Anita Hill. Hill is a Brandeis University Law professor who made history in 1991 when she testified in Senate hearings before Justice Clarence Thomas’s supreme court appointment. Hill testified that Thomas had sexually harassed her when she worked as one of his advisers at the U.S. Department of Education’s Office for Civil Rights from 1981 to 1983. She left the position because of the continual sexual advances (Tikkanen, 2018). She taught at Oral Roberts University for three years, and was then hired by the the Oklahoma University School of Law, where she was the first tenured black professor before moving to teach at Brandeis University (Tikkanen, 2018). When President George H.W. Bush nominated Clarence Thomas to the high court in 1991, Professor Hill testified before the Senate Judiciary committee, reporting Thomas’s actions before televised committee hearings. Senate opposition to Hill’s testimony claimed she was lying about the harassment allegations. Thomas was still narrowly appointed in a 48-52 senate vote (Tikkanen, 2018).
The hearings incensed the American public in polarizing fashion. The hearings catalyzed a mass movement of women to run for public office and to vote in local and national election elections in 1992, dubbing it ‘The Year of the Woman’. Over 100 women ran for seats in the House of Representatives and 11 women won major party nominations in Senate races nationwide (History, Art & Archives, 2007). 24 women won House seats, the most women to ever be sworn in from a single election (History, Art & Archives, 2007).

Women’s issues continued to dominate policy and media through the 1990s. Major court cases, including *Planned Parenthood v Casey* (1992), inspired national debate in 1992, and new policy such as the Violence Against Women Act in 1994 continued to break ground on new protections for women, even in a private sphere of the home.

*Planned Parenthood v Casey* is a 1992 Supreme Court case that ruled on what type of abortion restrictions were permissible, based on the ‘undue burden’ that they caused. The Court defined ‘undue burden as "substantial obstacle in the path of a woman seeking an abortion before the fetus attains viability”’ (Planned Parenthood of Southeastern Pennsylvania v. Casey. (n.d.). Pennsylvania statutes imposed new restrictions on abortion access, including a required 24-hour waiting period, notification of at least one parent if the pregnant individual was a minor, and a husband’s signature if a pregnant individual was married proving he knew of the pregnancy. The Supreme Court ruled to ban the portion that required a woman inform her spouse of the pregnancy, but maintained the rest of the restrictions (Planned Parenthood of Southeastern Pennsylvania v. Casey. (n.d.).

The effect of the court’s decision was far-reaching, and enabled the assembly of abortion access restrictions that did fit outside the relatively vague requirements of ‘undue burden’. The
case was significant in that it allowed state government to impose restrictions and further regulate abortion practices, given that the states did not deny the constitutional right of an abortion outright. Abortion rights activists argued that the Pennsylvania laws encroached upon the autonomy of women’s rights to their own bodies.

To protect women’s autonomy and protect abuses, President Bill Clinton signed the Violence Against Women Act in 1994 as a piece of groundbreaking legislation to bring together community organizations, law enforcement, scientific research with education on domestic violence, abuse, stalking, and harassment. The law created the Office on Violence Against Women and provided grant monies to state and local government to fund programs to address and prevent domestic violence, child abuse, and to train victim advocates for abuse and rape survivors (Lynch, 2018). The piece of legislation has been amended and reauthorized four times since its introduction, each time adding more protections to increased groups within the population (National Domestic Violence Hotline, 2019).

Nursing

Nursing and women’s health were deeply involved in women’s engagement of national politics. In 1989 the Congressional Caucus on Women’s Issues (CCWI) requested an audit of the National Institutes of Health, concerned about lack of representation of women in research and inequities in women’s access to healthcare on a systemic scale (Collins, 1995, p. 16R). They published their findings on systemic inequality in the NIH, including male-dominance of researchers and lack of gender analysis in research studies (Collins, 1995, p.16S). Before the publication of the article, disorganized referral systems to women’s health practitioners and lack
of access to empathetic medical professionals about women’s health issues were key issues in healthcare inequality for women (Collins, 1995, p. 16Q). The CCWI report inspired the formation of the Society for the Advancement of Women's Health Research, the Office of Research on Women's Health at NIH, Coalition of Women's Health Research, and the Office of Women's Health (Collins, 1995, p. 18Q). The report sparked public and media attention to women’s health disparities, leading to the introduction of the 1990 Women’s Health Equity Act.

The Act seeks to better serve women in healthcare with increased research into women’s issues, more training for allied health professionals, medical staff, and nursing staff, increase committees to represent women in research and healthcare, continuing education, policy, AIDS research, and numerous additional subjects to better represent women’s experience in wellness, illness, and in nuanced differences within disease processes (GovTrack.us. (2019))

In her article ‘Redefining Women’s Health’, Judith Collins, MS, OGNP, FAA, advocates for further nursing involvement in the legislative process and urgently claims that women’s health providers have a responsibility to get involved in the political process in order to improve quality of care and advancement of practice (Collins, 1995). She states

We have an unprecedented opportunity to enter the public policy debate and advocate for new services, new care delivery approaches, and more research in women's health. We'll need to be vigilant to maintain the momentum of real change. But with attention on prevention and personal responsibility, health care providers can empower women, helping them become partners in health care decision-making. (Collins, 1995, 16S)
This statement solidifies the connection between nursing advancement in partnership with women’s advancement. Collins tracks the progress of women-driven legislation. The National Center for Nursing Research was founded within the NIH in 1989, shortly preceding the publication of the audit that indicated the lack of representation of women within research (University of Pennsylvania School of Nursing, n.d.). I believe that the publication of the audit, the passage of the Women’s Health Equity Act, and the rise of the National Center for Nursing Research to the National Institute Nursing Research are all connected, and interlocked women’s societal advancement with advancement of the nursing profession.

In 1992, the first registered nurse to ever hold a seat in congress was elected to the House of Representatives. Eddie Bernice Johnson first ran for public office and won a seat in the Texas House of Representatives after serving as a nursing administrator for the Veterans Health Administration. In 1977, President Carter appointed her as the regional director for the Department of Health Education and Welfare. She returned to local politics in 1986 as state senator in Texas, and ran for a seat in the House of Representatives for the 30th district of Texas, and was inaugurated in 1993 (Office of Eddie Bernice Johnson, 2018). She continues to serve in the House, and serves as the Ranking Member of the U.S. House Committee on Science, Space, and Technology, a member of the Congressional Nurse caucus. She advocated for the creation of a national public health nursing position in 2011 (Weiner, 2011).

Nursing literature also included a greater number of published pieces on nursing’s involvement in policy. Judith Kline Leavitt and Diana J. Mason wrote ‘Career Guide: Finding Your Political Voice’ in 1994 to instruct and encourage how to get involved politically. The article includes instruction on deciding who to vote for, and encouraging nurses to become
campaign volunteers, being informed voters, and being knowledgeable and involved in Nursing Political Action Committees (PACs). The article concludes with “This November, let's commit to voting in numbers that will reflect our potential power. Our professional and personal futures-and the health of our patients, families, and our communities-are at stake” (Leavitt & Mason, 1994, p. 58). The increase in publications of this nature indicates that nursing developed in tandem with national women’s movements.

The advancement is also evidenced by the 1993 promotion of the National Center for Nurse Research within the NIH from a National Center to the The National Institute of Nursing Research (University of Pennsylvania School of Nursing, n.d.). The change in status enabled increased funding for nursing research and more public awareness and establishment as a scientific profession.

As a journal for nursing research and advancement, *The American Journal of Nursing* published a series of articles from authors in a range of professions, all focused on how nursing as a profession can best take care of patients while working with national policy. The articles described how nursing can work to be involved in the legislative process and how nursing can change to empower ownership within the profession. Titles include, ‘Speak Up Speak Out: Holding Back the Congressional Budget Axe’, ‘Subtle Self-Sabotage How nurses unwittingly convey information that weakens their organizational status and detracts from the profession’, ‘Finding the 'I' in the 'We' Why are nurses so bold in their work, yet so bashful in describing it’. The original authors of the column were journalists Bernice Buresh and Suzanne Gordon. They are not nurses, but were part of a research group that analyzed nursing, society, and media issues (Buresh & Gordon, 1995). Their connection to the nursing profession and their work as
journalists advanced public knowledge and perceptions of nursing, making more connections between nursing and the public sphere, further adding to the relationship between societal advancement and nursing advancement. The pair authored ‘From Silence to Voice: What Nurses know and Must Communicate to the Public’, in order to increase public knowledge of the nursing profession and to empower nurses to speak on the importance of their work.

Healthcare policy change and increase protection of patient privacy dominated the clinical landscape in the latter half of the 1990s. In 1996, Congress mandated that the Institute of Medicine carried out a study on cost effectiveness, quality of patient care in hospitals and nursing homes, and competition of nursing staff. Titled ‘Institute of Medicine’s report, Nursing Staff in Hospitals and Nursing Homes: Is it Adequate?’ This study concluded that while the number of practicing nurses was adequate for safe and quality patient care, but the disparities in educational levels among nurses was detrimental to the future success of profession (University of Pennsylvania School of Nursing, n.d.). Entry-level educational disparities continue to divide the profession on base level standards in education and training. The Institute of Medicine (IOM) anticipated that within the next century, healthcare would transition away from acute care-centered medical care and transition to community-based and more nursing-managed healthcare delivery systems. The report advocated for an entry-level baccalaureate education for nursing in order to be adequately trained in a clinical and non-clinical educational environment (Wunderlich, et al., 1996). The piece of literature is significant it that it was a federally-mandated view into experiences in staff nursing, management, community engagement, and interprofessional collaboration to improve patient outcomes and maintain patient safety standards. The study explored changing nursing roles within patient care and healthcare delivery
and advocated for more education for nursing in order to adequately meet national health needs, especially education and training with geriatric populations and moving away from the hospital setting as the primary healthcare setting (Wunderlich, et al., 1996).

That same year, the Health Insurance Portability and Accountability Act (HIPAA), passed through congress. The act include two titles, protecting insurance coverage for employees when changing jobs or through a job loss. The second is perhaps better known, and protects medical record privacy. The act significantly affected daily medical practice and hospital policy. The Act gives more responsibility to nurses to protect patient privacy, but nurses must protect their patients from harm, including from disclosure of private information (University of Pennsylvania School of Nursing, n.d.). The law was not fully implemented into practice until 2003, but its passing in 1996 indicates a greater consideration to self-determination and patient autonomy as medical practice, technology, and society advanced into the 2000s.

The 1990s were a decade of forward motion for women in society and for nursing in society. Nursing expanded advanced practice programs, were legislators in federal government, and sought to advance the profession and become apart of the political process. Nursing’s status as a research profession was validated as it become an Institute at the National Institutes of Health. Women surged into the political sphere, with gender equality activist Ruth Bader Ginsburg taking a seat on the highest court. Anita Hill spoke her truth with an unprecedented audience and circumstance. The Violence Against Women Act passed through into law, and the federal government enabled more labor protections under Title VII of the 1991 Civil Rights Act and through HIPAA legislation. The progress continued to build into the next century.
The 2000s

Socio-historical Context

The 2000s introduced a new landscape and new set of life perspectives and experiences for generations of Americans. The early 2000s were a whirlwind of political change and societal upheaval for Americans in both a domestic and international spheres. The presidential election of 2000 was to be decided by the Supreme Court. The 2001 terrorist attacks on the World Trade Center irrevocably changed American society as the most deadly domestic terror event in national history. The United States entered an undeclared war. In 2008, the ‘housing bubble’ collapsed, marking the start of the most significant recession since the 1932 Great Depression. The end of the decade saw the election of a new president. Nursing literature continued to advocate nursing’s involvement in the political process. Women’s equity continued to make progress with the introduction of the Lilly Ledbetter Fair Pay Act, and primarily males legislators continued to argue about the women’s health access.

In 2000, George W. Bush, son of former President George H.W. Bush, won the presidency. Bush’s presidency followed President Bill Clinton’s impeachment in 1999, but arrived in a nearly as scandalous affair. On election night in 2000, the Florida presidential race had been indeterminant. Voting officials were manually counting ballots to ensure proper voting numbers, but the Supreme Court, in a 5-4 majority, elected to halt the ballot counting process. Because the election was so contentious, the court allowed earlier certified votes to stand, which were advantageous to Bush (Britannica, 2018). The 2000 election was so highly controversial because the Supreme Court was acting as the ultimate elector in the place of the people. Republican Bush’s victory over Democrat Al Gore made the impression that the Supreme Court
had crafted their decision based on partisanship rather than a decision made with legal precedent and justification. There was dramatic response from public media, within members of Capitol Hill, and even from within the Court itself. Justice Ginsburg, who voted to continue counting cast ballots, delivered a truncated, “I dissent”, instead of the typical, “I respectfully dissent” (Bush v. Gore, n.d.).

The election decision introduced the US to 2001. On September 11th, 2001, radicalized terrorists attacked the World Trade Centers in New York City, with other coordinated attacks in Washington DC and Pennsylvania. The attack left nearly 3000 people dead and is still the most deadly terrorist attack on American soil. In response to the terrorist attacks, President Bush ordered an American invasion of Iraq in March of 2003. US and British troops fought between March and April of 2003, defeating Iraq military groups (Britannica, 2019, Iraq War). The United States occupied Iraq, and violence continued. US troops started withdrawing forces in 2007, and concluded its military presence in the region in 2011 (Britannica, 2019, Iraq War). In 2005, Hurricane Katrina hit New Orleans and surrounding area of Louisiana, and was the deadliest natural disaster in American History.

Saddam Hussein, former radical president of Iraq, was sentenced to death by an Iraqi court for crimes against humanity, and was hung in 2006. The disaster revealed lack of advanced planning and disorganized infrastructure in disaster management. After the American stock market reached its record, all-time high in October of 2007, the subprime mortgage bubble burst, sending the housing market, big banks, and mortgage houses clamoring to maintain financial viability. The downturn sent the US marketplace into crisis. People lost their homes, jobs, investments, and savings, marking the most significant world-wide economic decline since the
Great Depression (History Network, 2017). President Bush authorized the federal government to bail out the ‘Big Banks’ and significant economic houses in 2008, increasing the national deficit. The recession resulted in policy reform to increase protections and allowed limited government regulations of the financial industry (History Network, 2017).

In 2008, Freshman Senator Barack H. Obama won the presidency, transitioning democratic leadership back to the White House. The 2000s were dominated by economic crisis and international conflict, but provided a stage for new leadership to demonstrate their capabilities in national crisis. Obama nominated Justice Sonia Sotomayor, the third woman to sit on the Supreme Court bench, to the bench in May of 2009.

Medically and technologically, the 2000s were revolutionary for new technologies and increase consumption for the average consumer. In 2000, The Human Genome Project draft was completed and published online. Researchers completed the final draft in 2003. In 2001, a domestic terrorist sent anthrax powder through the US postal system to media and government officials and infected 22 people (CDC, n.d.). Telemedicine made its debut and has revolutionized healthcare world-wide, and the first telesurgery was conducted in 2001. In 2003, the Space Shuttle Columbia exploded upon its reentry flight, killing all seven crew members. The shuttle disaster was the second fatal tragedy in the Space Shuttle program. In 2004, NASA sent two Mars rovers to the Red planet for research and to gather data. In 2006, the FDA first approved Merck’s Human Papillomavirus vaccine, introducing a vaccine for one of the most common sexually transmitted infection in the US. In 2009, CDC researchers discovered H1N1 influenza. In the same year, H1N1 was the largest influenza pandemic since the Spanish Flu in 1918 (CDC, n.d.).

**Women**

The decade for women’s rights ebbed and flowed. In 2000, the Supreme Court struck down a Nebraska ban of ‘partial-birth abortion’, even in cases of maternal health crisis. In *Sternberg v. Carhart* (2000), Leroy Carhart, MD, was a physician in Nebraska who performed abortions, and he challenged the law for banning the procedure, even if the mother was in crisis. The Supreme Court struck down the law in a five to four decision for placing an "an undue burden upon a woman's right to make an abortion decision," and for violating due process clause of the US Constitution (*Stenberg v. Carhart*, n.d.). This case, while a victory for abortion rights advocates, forced the judicial branch in a position to use inaccurate and misleading language in connection to the abortion procedure. There is no such procedure as a ‘partial-birth abortion’. The terminology was born from the National Right to Life Committee, an anti-abortion lobbying organization founded by Catholic bishops in 1968. The language was in response to the medical procedure ‘dilation and extraction’, introduced in 1992 (*Rovner, 2006*). The term ‘partial-birth abortion’ is decidedly not a medical term. The case spread the use of inaccurate language and
misinformation on the procedure nationally, depicting abortion as infanticide, regardless of circumstance, viability, or health status.

The case inspired President Bush to sign the 2003 Partial Birth Abortion Ban, authored by Senator Rick Santorum, an attorney, which outlawed ‘partial-birth abortions’, unless the mother’s life was at risk (Santorum, 2003). Santorum also advocated that creationism should be a viable substitute for teaching Darwin’s theory of evolution in public schools (Biography.com Editors, 2018). As a response to the 2003 legislation, Leroy Carhart, MD, again, challenged the ‘partial-birth abortion’ ban in court with several other abortion providers in Gonzales v. Carhart, (2007). The Supreme Court upheld the constitutionality of the ban, as the national legislation permitted exception for maintaining health or saving the life of the mother (Gonzales v. Carhart. n.d.). The five to four Supreme Court ruling upheld the ban because of the implication that the language of the act only included one type of intact dilation and extraction procedure, and not the second and more common version of the procedure, and did not place an undue burden upon a woman seeking an abortion (Gonzales v. Carhart. n.d.). In her dissent, Justice Ginsburg wrote “'The Court's hostility to the right Roe and Casey secured is not concealed”, indicating her belief that the court was not adequately protecting a woman’s right to get an abortion (Gonzales v. Carhart, n.d.).

In 2001, following President Bush’s inauguration, he reinstated the Mexico City Policy, following party trends from the policy’s creation in the Reagan administration. Aid organizations with federal funding were once again no longer permitted to distribute information, educate, or provide abortions as a method of family planning (Kaiser Family Foundation, 2019).
In 2000 and again in 2005, Congress authorized the reauthorization of the Clinton era policy, the Violence Against Women Act. The 2000 amendments included legal assistance for victims of domestic violence, stalking, and sexual assault (National Domestic Violence Hotline, 2019). The new 2005 reauthorization of the act included new amendments to enhance protections for immigrant women, regardless of citizenship status, including plans to help proactively address domestic violence, and protect victims from unfair evictions when in a violent domestic relationship (National Domestic Violence Hotline, 2019). The amendments also included federal funding for rape crisis centers, expanding protections to include children and teens, and to expand programs for more protections for victims with disabilities (National Domestic Violence Hotline, 2019). More expansions and reauthorization of the act came in the next decade.

In 2008, Senator Barack Obama was as elected president in a landslide victory, shifting the White House back into the hands of the democratic party. Continuing traditions of the democratic executive, President Obama suspended the Mexico City policy mere days after his inauguration in 2009 (Kaiser Family Foundation, 2019). That same year, President Obama and congress amended the 1964 Civil Rights Act again with the implementation of the Lilly Ledbetter Fair Pay Act. The amendment followed the 2007 Supreme Court case, Ledbetter v. Goodyear Tire & Rubber Co (2007), wherein the court ruled in a five to four decision that Lilly Ledbetter, working at the time for Goodyear Tire & Rubber Company, could not sue the company for gender pay discrimination if the issue was not addressed 180 days after the initial paycheck (Ledbetter v. Goodyear Tire and Rubber Company, n.d.). This was illogical because Ledbetter was not aware of the discriminatory salary decision until after the 180 days of her employment. The case inspired national change, and on January 29th, the Lilly Ledbetter Fair
Pay Act passed through Senate and the executive branch. The law struck down the Supreme Court that accepted the statute of limitations on challenges to discriminatory practices (US EEOC, n.d.). The legislation was Obama’s first piece that he passed in his presidency, setting the precedent of advancement of women throughout his presidency.

**Nursing**

Within nursing, the 2000s were a continuation of the previous decade as pertaining to the profession’s increased participation in legislation and the political process. In 2000, Janet Heinrich, DPH-RN, Sandra Cohen, PhD, RN, FAAN and Judith K. Leavitt, MEd, RN, FAAN, published ‘Policy Perspectives: Beyond the Sound Bites: Election 2000’ to describe major issues affecting healthcare, including Medicare, the uninsured, and patient’s rights under managed care (Heinrich, Cohen & Leavitt, 2000, p. 47). They discussed how each candidate would react to those issues and encouraged nurses to make educated decisions at the polls and to think how those decisions could affect their careers and affect patient care (Heinrich et al., 2000).

Publication of these types of articles indicate nursing leaders’ urge to move the profession toward a politically involved status rather than one of apathy.

Domestically and worldwide, nursing advocated for the advancement of women. Alongside the reauthorizations of the Violence Against Women Act in 2000 and in 2005, nursing was revolutionizing assessment and treatment of victims of domestic violence and survivors of sexual assault. Nursing was one of the first scientific fields to examine lived experience of domestic violence and sexual assault (Lewis, 2005). Researchers investigated groups of women with interviews, health appointments with two years of follow-up care to examine commonalities
and possible correlations. The research found there were positive correlations between women experiencing mental illness with those who experienced sexual assault or domestic violence (Lewis, 2005, p. 72CCC). With counseling and treatment, the studies supported that women’s mental health improved, and that their children had better qualities of life when their mothers had appropriate support and treatment from their trauma (Lewis, 2005, p. 72CCC). The research to explore best ways to assessment and care for victims of domestic violence shows the lockstep that nursing had with women’s societal advancement and self-determination by increasing their knowledge base and best ways to care for a vulnerable population.

Worldwide, the International Council on Nursing urged the United Nations to increase its involvement and fulfill its role to support guidelines for increasing education for women and provide resources for the most vulnerable of women among international populations. The ICN supported the 2000 Resolution 1325, which “which recognizes the special vulnerability of women in conflict; denounces gender-based violence; and calls for protecting women and children, prosecuting those who commit sexual violence, and giving women equal participation in peace talks” and resolution 1820, passed in 2008, which states “[The resolution] empowers the UN to hold countries accountable for sexual violence during conflict and post conflict periods” (Roush, Karen, 2009, p. 25).

There were also clashes in opinions on how personal moral responsibilities could come into discord with compassionate patient care. Two sects of nursing opened; one as “Nurses who maintain they have a religious right to refuse administration of emergency contraception say it's indefensible ethically” and one that “If you’re not willing what’s available to help people, you shouldn’t be in the profession” (Jacobson, 2005, p. 27). Doug Olsen, PhD, RN, was an associate
professor at Yale University School of Nursing, where he taught bioethics and psychiatric-mental health nursing (Jacobson, 2005, p. 27). In his viewpoint, Olsen believed that nurses had an obligation to provide patient care and help patients with what they needed, such as emergency contraception or education on abortion services, rather than what the nurse would preferred to care for (Jacobson, 2005, p. 28). Nursing Leadership at the ANA presented the profession’s position was to provide compassionate care for what the patient needed rather than nurse preference (Jacobson, 2005, p. 28). Though there were divisions in the profession, their presence is essential to progress and growth within the profession. The divisions force dialogue and in increased education and points of view for both sides. When nurses in Alabama nearly wanted to leave the profession because of their moral objection to administering emergency contraception, most did not after learning more about the medication and use and that it was not an ‘abortion pill’ (Jacobson, 2005, p. 28).

In 2009 the Carnegie Foundation called for a study of nursing education. Researchers from the Robert Wood Johnson Foundation and top schools of nursing, Karen Glasgow, PhD, RN, ACNS-BS, and Gwen Sherwood, PhD, RN, FAAN revolutionized new styles for nursing education. Sherwood said “I see more excitement and innovation across nursing education now than I’ve ever seen before in my career” (Robert Wood Johnson Foundation, 2012). She was a co-investigator of Quality and Safety Education for Nurses. The Carnegie Foundation published a report to overhaul nursing education in 2010, moving nursing education reform forward into the next decade.

Change in nursing education and continued progression of nursing in the political sphere defined the first decade of the 21st century. Nursing research on assessment of domestic violence
and sexual assault advanced nursing practice and helped to recognize and validate experiences of violence assault, and its aftermath in domestic violence victims. The two reauthorizations of the Violence Against Women act and the passage of the Lilly Ledbetter Fair Pay Act indicated forward progression in women’s rights. Continued debates on self-determination, especially on choices connected to abortion, remained contentious into the next decade, with strong partisan divisions on opinions for women’s health policy.

The 2010s

Socio-historical Context

The 2010s, our present decade, is dominated with vitriolic political rhetoric, growing concern on the state of the climate, dramatic increases in mass shootings nationwide, and increased polarization on partisan issues nationwide. In March of 2010, President Obama ratified the Patient Protection and Affordable Care Act, allowing insurance coverage to individuals with pre-existing health conditions, amended Medicare and Medicaid qualifying requirements, and disallowed insurance companies from dropping coverage to individuals with pre-existing health conditions. April 2010, American and Russian leaders sign a renewal on an international agreement to decrease nuclear stockpiles in the nations by half. In that same the Deepwater Horizon Oil rig exploded in the Gulf of Mexico, killing 11 crew members and causing the largest oil spill in American waters (Pallardy, 2019). In 2011 Navy Seal Team 6 kills Osama Bin Laden in his Pakistani compound. Bin Laden was a notorious Al-Qaeda leader and organizer of the 9/11 terrorist attacks on the New York City World Trade Centers. In 2012, President Obama and Vice
President Joe Biden are reelected to the White House. In 2014, Republicans win the Senate majority. In 2016, Russian government agents conduct cyber attacks on the United States, interfering with the 2016 presidential elections.

The 2016 presidential election shocked political pundits and the American public. The electoral college elected Donald Trump, a real-estate mogul, to the White House, representing the Republican Party. He defeated Hillary Clinton, the first woman nominated by a major party. Clinton served as First Lady, Senator, and Secretary of State before her democratic candidacy in 2016. The election was so controversial because of Trump’s history of documented sexism and his apparent ignorance on national issues. On January 20, 2017, Donald Trump became president with vice president, Mike Pence. The pair’s election continues to be divisive within the Republican party, and his rhetoric has so far reignited nativist and white-nationalist viewpoints. Trump nominated controversial Brett Kavanaugh to the Supreme Court in 2018. He was confirmed by the senate in a contentious 50-48 vote (Breuninger & Calia, 2018). 2018 became a revival of the 1992 ‘Year of the Woman’ and showed a surge of women running for public office.

There was a dramatic increase in mass shootings domestically since 2010. In 2012, gunman kills 12 and injures nearly 60 people at a movie theater in Aurora, Colorado (Lopez & Sukumar, 2018). In 2013, a gunman kills 26 people, including 20 elementary school students in Newtown, Connecticut. In 2013, a two domestic terrorists attacked the Boston Marathon kills three people and injures nearly 300 more (Lopez & Sukumar, 2018). In 2013, Black Lives Matter was established as an activist and political movement to combat police brutality and racial inequality in the criminal justice system. In 2015, a white supremacist killed nine church
members of Emanuel African Methodist Episcopal Church in Charleston, South Carolina (Lopez & Sukumar, 2018). Two more terrorists killed 14 people and injure over 20 others in San Bernardino, California (Lopez & Sukumar, 2018). In 2016, a lone gunman carried out the largest mass shooting in United States history in a hate-crime at Pulse Nightclub, a gay club in Orlando, Florida, killing over 50 people and injuring an additional 50 (Lopez & Sukumar, 2018). In 2018, a 19 year old gunman killed 17 people at Stoneman Douglas High School in Parkland, FL (Lopez & Sukumar, 2018). The school shooting inspired young activists to form ‘March for Our Lives’ and advocate for increased gun legislation. Since the Sandy Hook mass shooting in 2012, there have been nearly 2000 mass shootings in the United States (Lopez & Sukumar, 2018).

Medically and technologically, the 2010s are devoted to speed and efficiency, and they are not over yet. In 2010 Apple debuts the iPad, introducing tablet computers to an American market. Also in 2011, NASA retires its Space Shuttle Program, ending the American-led manned spaceflight program. Individual genome sequencing becomes mainstream with the introduction of companies including, 23 & Me and Ancestry. Laparoscopic surgeries are now increasingly common instead of more invasive procedures. Expanded research on vaccines and publication of guidelines have decreased the instances of HPV in the United States. As of 2018, there is now a cure for Hepatitis C, a previously incurable viral chronic disease of the liver (Wheeler, 2018). Driverless cars are now street legal from Tesla. The use of 3-D printing has helped revolutionize bionic prosthetics, and advanced research allows scientists to grow synthetic cellular tissue for transplantations (The 50 Best Inventions of 2010, 2010).
Women

Advancement of women has surged and receded through the decade. In 2010, President Obama and Congress passed the Patient Protection and Affordable Care act, outlawing gender discrimination in health insurance. The Act also required that businesses allow breastfeeding mothers time to feed her child (United States Department of Labor, 2010). In 2013, the Supreme Court struck down the ‘Defense of Marriage’ Act, legally recognizing same-sex marriage in the US at a federal level. In 2015, the Supreme Court struck down the federal ban on same-sex marriage, and it became legal in all 50 US States, finally legally recognizing same-sex marriages and allowing legal protections and benefits to couples. Federal recognition finally granted autonomy and self-determination to gay individuals to marry who they desired (Obergefell v. Hodges, n.d.).

Policy that did not support women’s advancement and autonomy was President Obama’s commitment to the Hyde Amendment which reauthorized and ensured that federal funding was not used to fund abortion practices. Additionally, 2012 Supreme Court decision, Planned Parenthood v. Rounds, allowed a South Dakota piece of legislation that required abortion providers to council their patients with ideological beliefs that “suicide or suicidal ideation are known medical risks of abortion” (Planned Parenthood, 2014). In fact, suicidal ideation and suicide are not proven risks of abortion services. The Academy of Medical determined in their research “rates of mental health problems for women with an unwanted pregnancy were the same
whether they had an abortion or gave birth” (National Collaborating Centre for Mental Health, 2011).

In 2012, President Obama signed legislation to outlaw international travel for the purposes of female genital mutilation (FGM). The practice involves removing external female clitoris so that the woman cannot experience genital arousal. The law expanded the initial ban on FGM passed in the United States in 1996 (Federal Bureau of Investigation, 2016). In a speech in Kenya, President Obama criticised the practice, as there is no medical or physiologic benefit to the procedure. The Transport for Female Genital Mutilation Act passed in 2012 with support from the United Nations and international human rights groups.

The Supreme Court delivered a blow to women’s reproductive autonomy in 2014 when they ruled in favor of Hobby Lobby Inc in *Burwell v. Hobby Lobby Stores* (2014). In the case, the court ruled that for-profit companies were allowed to block birth control access from its employees based on the Religious Freedom Restoration Act in 1993 in spite of the ACA requirement to provide contraceptive coverage (Burwell v. Hobby Lobby Stores, n.d.). Dissenting argument came from Justice Ginsburg, and she stated that past precedent states “religious beliefs or observances must not impinge on the rights of third parties, as the sought-after exemption would do to women seeking contraception in this case” (Burwell v. Hobby Lobby Stores, n.d.). This ruling limited access to employee contraception based on the company’s preference of religious affiliation. Decreased access to information and education once again revived itself in 2017, when President Trump reauthorized the Mexico City Policy shortly after his inauguration, following partisan precedents from the Reagan and two Bush republican administrations (Kaiser Family Foundation, 2019).
In a landmark Supreme Court case in 2016, *Whole Woman’s Health v. Hellerstedt* (2016), the high court in a five to three decision struck down Texas legislation that placed undue burden on women seeking an abortion by legislating targeted regulation for abortion providers, or TRAP laws (*Whole Woman’s Health v Hellerstedt*, n.d.). Texas abortion providers challenged the Texas law, H.B. 2, and its provisions in court. The law mandated that abortion providers must have admitting privileges to hospitals within a 30 miles radius and that clinics that provide abortion services had the same specifications as ambulatory surgery centers (*Whole Woman’s Health v. Hellerstedt*, n.d.). The Texas providers argued that the rules set by the legislature did not promote health of Texas women seeking abortion services. Justice Stephen Breyer delivered the majority decision. He stated “...provisions of H.B. 2 at issue do not confer medical benefits that are sufficient to justify the burdens they impose on women seeking to exercise their constitutional right to an abortion. Therefore, the provisions unconstitutionally impose an undue burden” (*Whole Woman’s Health v Hellerstedt*, n.d.)

This case marked the first success for pro-abortion advocates in the decade, and reaffirmed the constitutional right of a woman’s decision to seek and get an abortion.

2018 was a reincarnation of ‘The Year of the Woman’. Incensed by the repetition of the same circumstances, namely the confirmation of a Supreme Court Justice accused of sexual assault and misconduct; Clarence Thomas in 1992, and Brett Kavanaugh in 2018. Both women, Anita Hill, J.D., and Christine Blasey Ford, PhD, testified in nationally televised senate judiciary hearings. Christine Blasey Ford in on faculty at Palo Alto University, and conducts psychological research there and at Stanford University’s School of Medicine. She gave hours of emotional testimony, giving sworn statements that Brett Kavanaugh sexually assaulted her in the
summer of 1982. She began her opening statements with “I am here today not because I want to be: I am terrified.” She later stated, “It is not my responsibility to determine whether Mr. Kavanaugh deserves to sit on the Supreme Court. My responsibility is to tell you the truth” (Drell, 2018). She is nominated for a distinguished Alumna Award at the University of North Carolina at Chapel Hill for "speaking truth to power" as she went forward publically with her testimony against Kavanaugh. Her testimony set phones in the Senate chambers on fire from the volume of the calls from constituents. Despite the testimony and there being no investigation into the allegations, Kavanaugh was confirmed to Supreme Court in a 50-48 vote (Breuninger & Calia, 2018).

Just as women broke records in 1992 for their voting numbers and running for office, they did it again in 2018. In 2018, 255 women ran for office, winning 117 seats, also radically changing demographic in congress (Karmarck, 2018). The women elected include the Senate’s first openly bisexual senator, an openly gay female legislator in the House of Representatives, two Native American representatives, the youngest female representative ever elected to congress, the first Palestinian-American, the first Somali-American with the latter two also sharing the role first muslim-American representatives. Among the elected, there are 13 Republicans and 104 Democrats (Cooney, 2018).

**Nursing**

Nursing also advanced in the 2018 legislative process. More nurses ran for public office, and healthcare issues were central issues to election platforms. Lauren Underwood, RN, MPH, MSN was elected to represent Illinois’s 14th district (Inskeep, 2019). Underwood was an advisor
at the Department of Health and Human Services, where she worked on the Affordable Care Act. Underwood’s platform included support for legislation reducing gun violence, increased funding for educational grants and scholarships, increased funding to research climate change and invest in clean energy, reproductive freedom, and the belief that healthcare was a human right (Inskeep, 2019). Her positions largely match position statements issued by top healthcare leaders, including the American Medical Association’s stance on gun violence as a public health threat. In its annual meeting for the House of Delegates, President of the AMA, Steven J. Stack, M.D. said:

“Even as America faces a crisis unrivaled in any other developed country, the Congress prohibits the CDC from conducting the very research that would help us understand the problems associated with gun violence and determine how to reduce the high rate of firearm-related deaths and injuries. An epidemiological analysis of gun violence is vital so physicians and other health providers, law enforcement, and society at large may be able to prevent injury, death and other harms to society resulting from firearms.” (AMA Media & Editorial, 2016).

The position was reaffirmed by the American Nurses Association at the 2016 Membership Assembly, on the same date of the Pulse Nightclub shooting. The ANA declared

“THAT, now is the time for passage of meaningful gun control legislation at the state and federal level to protect society. THAT, the U.S. Congress should immediately repeal legislative language blocking the Centers for Disease Control and Prevention (CDC)
from conducting gun violence research.THAT, we all must join with other members of our community and at every level of civil society in dialogue and action to address the underlying issues that result in hate and motivate these unspeakable acts of violence.”

(American Nurses Association, 2018)

The Carnegie Report and national nursing organizations called for a revolution of reformation of nursing education in 2009, and in 2012, Nancy Spector, PhD, RN, and Susan Odom, PhD, RN, wrote their article ‘The Initiative to Advance Innovations in Nursing Education: Three Years Later’ to explore survey data on factors affecting innovation in nursing education, and how major nursing organizations, including the American Association of Colleges of Nursing, Commission on Collegiate Nursing Education, National Association for Practical Nurse Education and Service, National League for Nursing, and National League for Nursing Accrediting Commission to assess perceived barriers to innovation in nursing education (Spector & Odom, 2012, p.41). The professional collaboration indicated the united front that the nursing profession took to change nursing education in the future. The landscape of medical and nursing care changed considerably since the foundation of professional schools of nursing in the early twentieth century. The implementation of the Affordable Care Act and the increased acuity of patient care demanded innovation in nursing education. During collaborative meetings and calls, the various professional organizations determined that structure in nursing education was over-regulated by state boards of nursing, and stifled meaningful progression and innovation within the field (Spector & Odum, 2012).
The Carnegie study of nursing education, an IOM report on the Future of Nursing, and additional research articles highly recommended that schools of nursing move to a competency-based education rather than a content-heavy curriculum (Spector & Odum, 2012, p. 42). More research also supported a “framework for unifying nursing for the public’s good, as unprecedented demographic shifts occur in the era of rampant chronic care issues, influenced with life-sustaining technologies” (Spector & Odum, 2012, p. 42). The shift to a competency-based education style rather than a content-heavy style indicates a more unified professional environment founded with a strong team component required in a competency-based setting. Content-heavy settings can depersonalize future patients by framing primary attention and care to symptoms and not a patient-centered care style.

Results of the studies included greater numbers of New-Graduate programs from employers, increased collaboration between boards on nursing and nurse education programs, and in turn, state boards of nursing sought to reform board policy. One instance was when a board of nursing wanted to change the requirements to be a nurse educator toward a level of more leniency, as the board recognized the quality teachers who did not have enough credentials were still quality teachers, and that they should be involved in nurse education (Spector & Odum, 2012, p. 44). The collaboration of the boards of nursing and the nursing education system indicates the development of a more united front of the profession to conclude the decade.

In addition to developing the profession to a more united front, nurses were also continuing to advocate accessible women’s healthcare in changing healthcare landscape. Nursing in a modern realm requires inclusion and regard for every patient’s identity and intersectional status in order to prioritize health equity across differing populations. The Institute recommended
that to better serve the most burdened populations, healthcare must develop targeted programs for the most underprivileged populations, as disease burden increases with more psychological, physical, economic, and societal stress (Nelson, 2011). Nancy E. Adler, professor of medical psychology and director of the Center for Health and Community at the University of California, San Francisco says,

"We were pleased with how much progress has been made, but there are a few caveats. One is that progress hasn't been seen in all groups of women," said Adler. This is particularly true, she said, among those with social disadvantages related to race or ethnicity and lower socioeconomic and educational levels. Accordingly, women in these groups have disproportionate disease burdens and adverse health outcomes, and barriers to care remain. One of the committee's recommendations, therefore, was that the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Centers for Disease Control and Prevention develop targeted initiatives that specifically focus on groups in whom disease burden is greatest.” (Nelson, 2011, p. 19)

The greater effort nursing takes to addressing all populations, the better it will serve the community as a whole. Both nationally and internationally, nursing research developed assessment strategies for vulnerable populations, including victims of sex-trafficking, human trafficking, and sexual assault. Case studies on nurses who worked with victims of trafficking collected commonalities in the type of care they needed. Types of care needed included specific treatment of common injuries, including perineal tears or sexually transmitted infections (Sabella, 2011, p. 32). The information on specific needs for the patients in combination with
common external injuries helped nurses to identify likely victims and do a further psychosocial and physical assessment (Sabella, 2011, p. 32). The instructions and guidelines also included resources where to learn the best and most sensitive way to communicate with victims of sex or human trafficking. By providing strategies to care for vulnerable populations, the nursing profession expanded its usefulness to the community. The intention to include specific patient populations in care supports wellness and access and increases ability for underserved populations to make more decisions about their own health and care. The 2010s have marked a period of significant internal change within the nursing profession, and greater expansion into communities and legislatures. As the decade continues progressing, as will the nursing community. The American Academy of Nursing’s position statement on Sexual and reproductive health access perfectly demonstrates my claim. The Executive Summary states,

Although the American Academy of Nursing (Academy) has for decades played a major role in advocating to protect the sexual and reproductive health (SRH) of all women and men regardless of race, color, sexual orientation, or socioeconomic status, many government officials are aggressively pursuing ways to create barriers to evidence-based SRH care access. The Academy continues to “resist and respond” to these tactics, in the form of statements, policy briefs, amicus briefs and coalition letters—raising the voice of Nursing against the dismantling of the Affordable Care Act (ACA) and longstanding national health goals, programs, and essential services. The widespread collaboration among health professional, legal, and advocacy groups continues to grow in support of protecting sexual and reproductive health rights of all women across our nation. The Academy, in collaboration with the American Nurses Association (ANA) and many other
organizations, is leading the way in resisting and responding as evidenced by numerous position statements and policy advocacy and action. (Olshansky, Taylor, Johnson-Mallard, Halloway, & Stokes, 2018)

Nursing will continue to advocate for underserved populations and will continue to advocate for women’s healthcare access and advancement in access, health equity, and justice.

The 2010s continue to be a decade marked by change and increased representation from voices that have been historically ignored. American society witnessed tragedies throughout the decade, and witnesses and advocates for national change in their collective wake. As the decade continues, change in health policy, changes in national policy, change in elected officials, and changes in best practice, and changes in nursing curricula will undoubtedly continue. The constancy that must remain is the progression and increased inclusion to all members of the population. The more nursing learns about all populations, the more innovation in education and practice can occur.

**Conclusion:**

We examine over six decades of American history with major events, countless policy changes, and changing political figures. Upon viewing sociohistorical events in the contexts of women's' roles and nursings’ roles within them, there is a dynamic, yet inseparable connection between women’s roles in American society, and the American nursing profession. Nursing’s status as a profession is in lockstep with women’s status in society. As major women’s rights advances surged in the 1960s, the nursing profession was finally federally recognized as an essential component of national health and importance, seen with the creation of the Nurse
Training Act and from efforts of the The President’s Commission on the Status of Women. In the 1970s, we witness that unmarried individuals are finally permitted to obtain the birth control pill, and nursing met the demand for increased education and nurse counseling. In the 1980s, expanding patient populations in women’s health demanded expanded nursing practice, such as development of women’s health nurse practitioners and increased research institutions. Events of the 1990s inspired women to propel themselves into politics, and nursing directly participated with its first Congressional representative. Landmark legislation of the 2000s both expanded health access to women forever change the landscape of healthcare in the major court cases, and passage of the Affordable Care Act. The decade marked a distinct increase of nursing in politics and policy, demonstrated in the increased research in victims of domestic violence to coincide with the two reauthorizations of the Violence Against Women Act. The 2010s and beyond carry an expanded responsibility for nursing to advocate for all populations, and national discourse on gun violence and sexual assault draw attention to specific populations that nursing has the duty and privilege to provide care for them.

Moving forward, both nursing and national policy makers must examine and analyze our history in order to ensure continuation of national progress, and not repetition of harmful societal patterns from the past. Society must make constant endeavors to include all individuals and put Jefferson’s famous words into everyday practice.

We hold these Truths to be self-evident, that all Men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the Pursuit of Happiness —That to secure these Rights, Governments are instituted among Men, deriving their just Powers from the Consent of the Governed, that
whenever any Form of Government becomes destructive of these Ends it is the Right of
the People to alter or to abolish it, and to institute new Government, laying its Foundation
on such Principles, and organizing its Powers in such Form, as to them shall seem most
likely to effect their Safety and Happiness. (US 1776)

The people and its government must make distinct effort to ensure the autonomy and
self-determination of all the country’s citizens and residents. Nursing must continue to embody
the Nightingale Oath in its pledge to “... never lose sight of the common humanity which binds
me to my patients” in order to keep in sync with societal advancement (UNC School of Nursing,
1980). Currently, it is necessary to embrace self-determination and autonomy of all our patients
and to constantly advocate with both active listening and proactive communication to produce
change. As I stated earlier, modern nursing must strive to care for an individual as they are with
no caveat. Revisiting the interprofessional message from Katharine Sturgis, MD “Their troubles
may be different, but just as grave as those who are more lowly. Love them all. Love is not
loving the completely lovable; anyone can do that. Love is loving human beings as they are-with
all their faults” (Sturgis, 1967, p.14).
Reference


UNC School of Nursing. (1980). *Carolina Nursing Class Pledge* [Brochure]. Chapel Hill, NC: Author. Class Pledge taken by nursing students at The University of North Carolina at Chapel Hill School of Nursing's White Coat ceremony


