Tackling climate change

New nursing center explores the impact of global warming
The intersection of violence and nursing

By Inez Tuck, PhD, MBA, MDiv, RN, FAAN, Dean and Professor

Violence of any type and experienced at any age causes human suffering and physical and psychological pain. The consequences of violence are felt for years as hypervigilance and traumatic flashbacks. Violence is a unique experience perpetrated by one human being on another. It occurs as a result of evil intent, revenge and retribution, emotional instability, greed, or power. The most extreme form is homicide, the intentional killing of one person by another. Gang violence and drug culture are associated with the death of young males. Most murders occur with guns easily accessible through legal loopholes or from underground purchases. Whether as mass murder, the result of personal conflicts, poor coping skills, or ineffective anger management/self-regulation. Alienation and aloneness are sometimes the roots of murderous rage. Without judgment, our approach should be homicide prevention.

Staggering statistics
Homicide survivors describe horrific details of the loss of loved ones and their own suffering. As spectators, we watch family members’ reaction to the sudden death. Children who experience recurring violence in their communities often suffer PTSD. In many cases, violence becomes normalized. More than 40 deaths occur each day on our streets without public outrage. Each death affects an average of seven persons. According to CDC and Uniform Crime Reports, 17,000 murders occurred in the United States in 2017, and multiples of seven experience complicated grief, depression, and post-traumatic stress. Stress is accentuated by the judicial process, interactions with the perpetrator if known, and the re-traumatization through news media. My work with family survivors indicates that sorrow, anger, or guilt haunt individuals, families, and communities for years.

Equally compelling are the post-mortem reviews that indicate that often the perpetrator has mental health issues that were untreated or has experienced bullying and physical/psychological abuse. Murder is often the consequence of personal conflicts, poor coping skills, or ineffective anger management/self-regulation. Alienation and aloneness are sometimes the roots of murderous rage. Without judgment, our approach should be homicide prevention.

Advocating for change
Nurses relieve human suffering, promote healing and forgiveness, and build resilience. The aftermath of homicide is our responsibility. Nurses should advocate for gun control or sensible gun laws, lobby for better mental health services and insurance coverage, educate the public regarding complicated grief, and develop resources to lessen the effects of homicidal deaths. We must develop approaches to eliminate bullying in schools and workplaces, and teach effective coping skills, especially anger management. We care for victims in emergency departments and are present to share bad news, yet the silent symptoms of survivors are not acknowledged and treated. As nurses, we can provide compassionate care and lead efforts to ameliorate this public health crisis.

#NursesWithDisabilities campaign

Nurses are well-known for having compassion for patients, but they don’t always show the same empathy toward their peers who have disabilities.

That’s the conclusion of Dr. Leslie Neal-Boylan, Associate Dean for Academic Affairs and Program Innovation and a professor of nursing, who is a noted researcher on the perceptions and experiences of nurses with disabilities.

Neal-Boylan is working to change that with a campaign called #NursesWithDisabilities that she launched earlier this year. Inspired by the #DocsWithDisabilities project at the University of Michigan Medical School’s Department of Family Medicine spearheaded by Dr. Lisa Meeks, the initiative asks nurses with disabilities to tell their stories using the campaign’s Twitter hashtag.

“By featuring the real voices of nurses with disabilities—including their struggles and successes—we hope to foster awareness, visibility, and community that brings together stakeholders from across health care, clinical practice, and disability advocacy,” she said.

Many nurses with disabilities leave the profession because others believe they will jeopardize patient health or because they’ve experienced discrimination, said Neal-Boylan. Thus, one of the initiative’s major aims is to help the health care profession recognize that having a disability does not hinder one’s effectiveness as a nurse.

“The research shows that there is discrimination, misconceptions, and misunderstanding,” Neal-Boylan said. “So while a big part of this campaign is for the public to understand, it is also for nurses themselves, to show that one can provide excellent patient care even if they have a disability.”

---

**NUMBER OF PEOPLE KILLED WITH GUNS EACH YEAR IN THE U.S.**

13,000

**Proportion of all gun deaths in the world take place in the U.S.**

80%

**MURDERS A DAY IN THE U.S.**

40+

**Number of gun control laws passed by the U.S. Congress in the last three years.**

0
A new initiative launched by faculty at MGH Institute of Health Professions promises to tackle head-on the effects of global warming that a recent United Nations report says are far more dire than scientists previously predicted.

The Center for Climate Change, Climate Justice, and Health is the country’s first nurse-led initiative that focuses on climate issues through education, research, and advocacy. The Center’s mission is to promote research and scholarship that explores the impact of climate change on health of populations, bring together thought leaders on climate, climate justice, and health by hosting symposiums and creating educational offerings including a certificate in the subject, and create opportunities for public discourse and advocacy that result in policy changes that promote preventative measures.

“Not everyone may recognize that nurses, and health professionals in general, can play a critical role in preventing and preparing for climate change, and the School of Nursing is uniquely positioned to impact the health care of individuals, families, and communities locally and around the globe,” said Dean Inez Tuck.

“In creating the Center for Climate Change, Climate Justice, and Health, we have the opportunity to work together in our roles as teachers, clinicians, policy makers, scientists, and environmentalists to address these pressing issues through education, practice, research, and service.”

The U.N. report, released October 7, says that curbing global warming will require “far-reaching and unprecedented changes” to human behavior, and that drastic measures must be taken by 2040 to stave off coastal floods, wildfires, droughts, food shortages, and poverty.

“Nurses play a key role in teaching wellness and preventative care, so it made sense to build on this expertise and give the Institute a voice in the global dialogue about health and the environment,” said Dr. Leslie Neal-Boylan, the chairperson of the Center’s steering committee and Associate Dean for Academic Affairs and Program Innovation. “It’s a chance for us to make an impact with the world’s most pressing problem.”

Faculty passionate about issue
The Center will fuse the scholarly research and passion of 10 nursing faculty, many of whom have published books and articles and presented at national and international conferences on the subject. Global Health Nursing in the 21st Century is one of those results. A textbook co-authored by three MGH Institute nursing faculty—Assistant Professor Suellen Breakey, Professor Inge Corless, and Professor Patrice Nicholas—it is the first textbook that presents the successes, challenges, and opportunities of global health nursing. It is a call to action that responds to a recent World Health Organization mandate advocating that nurses and midwives must be part of an interprofessional team of key strategists for facilitating global health.

An impact on everyone
“Many health care professionals are unaware of how climate change will affect their jobs, but the effects already are apparent with such things as higher rates of asthma from air pollution and an increase in health issues that arise after natural disasters,” said Dr. Breakey. Dr. Nicholas added, “Unless changes are made, climate change will continue to have adverse effects on people, especially those who are members of vulnerable populations.”

While other colleges have created centers in public health departments, Dr. Tuck said this is the first climate-centered initiative in the county spearheaded by nurses. She envisions the Center also will foster integration of content relevant to climate change, climate justice, and health in nursing education curricula, and expand and deepen the MGH Institute’s commitment to research and scholarship on the subject. This includes having faculty from the school’s other academic programs participate, which will further expand the IHP’s commitment to interprofessional collaboration.

---

**Spring seminar scheduled**
The Center is excited to offer a national symposium, “Reducing the Impact of Climate Change on Health: The Role of Health Care Professionals,” on April 6, 2019. Harvard School of Public Health Professor Gina McCarthy, former director of the Environmental Protection Agency and a leading public health expert on climate change who in May launched the Center for Climate, Health, and the Global Environment (C-Change) at Harvard, will give the keynote address. Visit [www.mghihp.edu/climate](http://www.mghihp.edu/climate) for more information.

Nurse scholars are working to tackle climate change head-on.
MGH Institute School of Nursing reach extends around the globe

**STUDENT IMMERSIONS**

**Dominican Republic**
PATRICIA REIDY, SARA SMOLLER
Direct-entry master's nurse practitioner students and faculty partner with Good Samaritan Mission Council and Good Samaritan Hospital in La Romana, Dominican Republic to provide primary health care and education to the residents of the sugarcane bateyes in the surrounding area.

**India**
ELISSA LADD
Direct-entry master’s nurse practitioner students along with students from occupational and physical therapy participate in an interprofessional immersion program for one month.

**Peru**
RAQUEL REYNOLDS
Starting in Fall 2019, students in the accelerated BSN program will travel to Universidad Catolica de Santa Maria in Arequipa, Peru for a two-week clinical practicum.

**China**
JOHN WONG
ABSN and OTD students will visit the Shenzhen Baoxing Hospital in Shenzhen, China in early 2019 for a two-week global experience to learn how health care is delivered in the country.

**Rosebud Reservation, South Dakota**
JASON LUCY
Nurse practitioner students complete clinical rotations at the Rosebud Reservation, in an ongoing partnership with this Native American population.

**VISITING SCHOLARS**

**India**
ELISSA LADD
Through a grant from the U.S./India Educational Foundation, an affiliated organization of the Fulbright Program, IHP will bring visiting scholars both to and from India to build capacity in interprofessional education.

**China**
JOHN WONG, ELISSA LADD
A team of interprofessional health care providers from Nan’ao People Hospital, Shenzhen, China toured the Institute. Over the last three years doctoral students have traveled to Boston for intensive fellowships.

**Moldova**
INEZ TUCK
Faculty from the Nicolae Testemitanu State University of Medicine & Pharmacy, the Republic of Moldova, visit clinical sites with Institute nursing faculty.
Moldova
INEZ TUCK
Consulted with nursing leaders on practice, education, and development of first baccalaureate nursing program in the country.

United Kingdom
RITA OLANS
Dr. Olans is collaborating on a chapter in a book out of the U.K. on antibiotic stewardship and nursing.

Australia
RITA OLANS
Dr. Olans is a content expert in antibiotic stewardship for doctoral students.

Zimbabwe
CLARA GONA
Dr. Gona consulted with Dr. Clara Haruzvishhe, the Director of the PhD program at the University of Zimbabwe, Department of Nursing. The two talked about possible research collaboration and joint grant applications.

Rwanda
SUELLEN BREAKEY
Volunteers with Team Heart, a nonprofit organization that travels to Rwanda to provide cardiac and cardiac surgical care to young adults who require valve replacement surgery due to rheumatic heart disease. Dr. Breakey has been involved since the start of the program as Surgical Ward Team Leader and Educator.

Philippines
INGE CORLESS
Served as a short-term consultant for WHO and developed materials on HIV/AIDS for the Western Pacific Regional Office, headquartered in Manila. She also was designated an Honorary Research Fellow at the University of Natal, now the University of Kwa-Zulu Natal, where she conducted research on HIV.

China
JOHN WONG
Currently an Adjunct Professor of Shenzhen Baoxing Hospital, providing free consultations in health education and research.
Fatigue is one of the most common side effects from cancer chemotherapy, which greatly reduces quality of life and physical functioning during treatment and afterwards. In approximately 20 percent of breast cancer survivors, fatigue can persist long after treatment has ended, increasing the risk of immobility, falls, and frailty.

Many contributing factors
At the Fatigue Research Lab, we believe that understanding the underlying causes of cancer–related fatigue is essential for the development of targeted and effective strategies to prevent or treat this often disabling symptom. The exact cause of cancer–related fatigue is not clear, most likely because it is a complex symptom influenced by biological, behavioral, and clinical factors. For instance, fatigue severity is influenced by other treatment–related symptoms including disturbed sleep, depression, muscle wasting, and cognitive difficulties (chemo brain). The co–occurrence of these symptoms led us to hypothesize that they share an underlying etiology: chemotherapy–induced inflammation.

Over the past several years I have used cell–based systems and animal models to investigate how commonly used anti–cancer drugs trigger inflammation and to understand the consequence of this chemo–induced inflammation on behavioral outcomes. This work built upon my doctoral training in molecular and cellular biology and post–doctoral training in cancer biology and ran parallel to clinical studies in which my colleagues and I examined the relationship between fatigue severity and inflammation in cancer patients undergoing treatment.

Collaborating with Partners colleagues
Since joining the faculty at the MGH Institute, I have developed collaborations with other investigators throughout the Institute and the larger Partners HealthCare network and expanded the scope of my work to include studying the cause of fatigue and related symptoms in neurological conditions including stroke and Lyme disease.

My colleagues and I were recently awarded a two–year grant from the National Institute on Aging to test whether reduced muscle power explains why breast cancer survivors with cancer–related fatigue have poorer mobility, strength, and endurance than their non–fatigued counterparts. If this is the case, then current exercise interventions for cancer survivors aimed at improving physical function need to be adapted for those with cancer–related fatigue by incorporating exercises that increase muscle power as well as improving aerobic fitness and muscle strength.

One of the most enjoyable aspects of my role has been mentoring research faculty. As a long–time member and recent Chair of the National Institute for Nursing Research (NINR) Initial Review Group, I recognize the importance of strong mentorship during the early stages of career development. As the newly appointed Director of Research at the School of Nursing, I hope that continued investment in student and faculty mentoring will allow me to further contribute to the development of outstanding nursing scientists.

Better understanding cancer fatigue
Research in the first person by Lisa Wood, PhD, RN, FAAN

Lisa Wood joined the School of Nursing in 2012 as the Amelia Peabody Chair in Nursing Research and Director of the Fatigue Research Lab. She is also the new Director of Research in the School of Nursing, and a member of the steering committee for the Center for Climate Change, Climate Justice, and Health.
BSN student pays it foward

Joe Putignano watches from a bench in the back of a Charlestown courtroom as a woman in black jeans stands before the judge. The woman, on parole for petty theft, has failed a drug test. In a traditional court, she’d face prison time for violating parole, but this is drug court. Here, relapse is seen as a step on the path to recovery. It’s an innovative approach to addiction that has proven six times more likely to keep people in treatment long enough to get clean.

“This is the coolest clinical in the world,” says Putignano, who’s a student in the Accelerated Bachelor of Science in Nursing program at MGH Institute of Health Professions. “Instead of sending addicts to jail, drug court allows them to be part of the solution.” To his mind, health care and its approach to substance abuse needs a similar overhaul.

He should know. More than 20 years ago, a decade of active addiction exposed Putignano to the best and worst of the clinical system. While some clinicians treated him with empathy, many more dismissed him as a lost cause. He remembers being called hopeless, a dirty junkie, a drain on the system. Looking back, he marvels at how such encounters drove him further into addiction. “Shame is the backbone of addiction,” he explains. “To ask for help and to get shamed like that, it’s crippling.”

Yet some clinicians saw through Putignano’s addiction to his humanity. He remembers being told he didn’t have to live a life of such despair. Most significantly, a few clinicians shared their own stories of addiction and recovery. “I didn’t believe them at first,” he says. “I told them, ‘But you’re a doctor, you’re a nurse.’ And they said, ‘Yeah, and when I got clean I changed my life.’”

Over the course of a decade, through devastating cycles of relapse and homelessness, those stories stayed with him, providing a flickering flame of hope.

Eleven years ago, Putignano embraced the 12 steps of Alcoholics Anonymous and kicked his heroin habit for good. A former gymnast in training for the Olympics, he resumed working out, rebuilding his body so he could perform breathtaking feats. He became an acrobat and contortionist, and spent several years performing on Broadway, at the Metropolitan Opera House, and with Cirque du Soleil. He also wrote a best-selling autobiography, Acrobaddict, and has been profiled several times on CNN and other national news organizations.

Now, the 41-year-old Brockton native is on track to complete his nursing education next May so he can repay his good fortune with those still in the grip of addiction. “I was clinically dead twice when I was 19,” he explains. “I swore to myself, if I survive this, I’m going to come back and help other people.”

He hopes to do that by getting a job where he can work on the front lines with addicts, using his knowledge from both sides of the issue to help transform the way health care practitioners care for them. “The way we’re treating substance abuse is not working,” he says. Stigma and a lack of understanding, he says, remain prevalent in the field; too many clinicians still treat addiction as a moral failing instead of a chronic disease that requires long-term care and encouragement. Using himself as an example, he says, “Yes, addicts are prone to relapse, but they can recover.”

His classmates give him hope that such change is possible. He and three fellow students participate in a population and health promotion community experience at the drug court to watch how a deeply entrenched system has taken a new approach. “We are a team,” he says of his classmates. “They have so much empathy, they are so open to learning, they help stabilize me on this path.”

“I was clinically dead twice when I was 19. I swore to myself, if I survive this, I’m going to come back and help other people.”

—JOE PUTIGNANO
Jason Lucey named Institute faculty member of the year

Jason Lucey, an assistant professor in the School of Nursing, received the Nancy T. Watts Award for Excellence in Teaching, the MGH Institute’s highest faculty honor for teaching, earlier this fall.

“If the success of a professor is measured by their ability to inspire excellence and build the confidence of their students, then Jason would be considered the best in the field,” said Kristina Devine, one of several Master of Science in Nursing students from the Class of 2018 who submitted testimonials in support of Lucey, who has taught at the Institute since 2010. “Jason is a role model to all students and is constantly pushing us to be our best selves. His famous words, ‘You are more than one test,’ still run through my head before major exams—providing me encouragement that I can succeed and that the big picture with patient care is more important than the small details of a test grade.”

Added fellow 2018 graduate Audrey Clark, “He addresses social justice issues directly, honestly, clearly, and with compassion. He does not shy away from calling out racism, classism, and other -isms. At the same time, he listens well, educates himself on issues, and grows. Most importantly, he does this whether or not anyone is watching.”

Lucey is the track co-coordinator for the School of Nursing’s family nurse practitioner specialty. A 2001 graduate of the Institute’s Master of Science in Nursing program, he also is a nurse practitioner in the emergency room at Wentworth-Douglass Hospital.

Lucey has been recognized for his work in substance use disorder and serves on a regional task force addressing the epidemic in his home community on the New Hampshire seacoast. The task force’s prevention efforts also include a regional annual summit to address the epidemic at which Jason has given talks such as “Compassionate Refusal: A Prescriber’s Approach to the Epidemic of Prescription Drug Abuse” and “Heroin Users in the Clinical Setting: Is Your Next Patient a Heroin User?”

He is the 29th recipient of the Watts award, which is named after the nationally renowned physical therapist who was a pioneer at Massachusetts General Hospital, instrumental in the creation of the MGH Institute, and the school’s first leader of its physical therapy program.