



**ACTIVISM, NOT ADVOCACY:**

**THE RADICAL  
TRANSFORMATION OF  
THE AMERICAN NURSES  
ASSOCIATION**

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## EXECUTIVE SUMMARY

For decades, the American Nurses Association (ANA) advocated on behalf of registered nurses (RNs) in the United States. Yet, the past decade has seen a shift in the ANA's priorities, from representation and professional development to activism that supports radical ideologies.

The ANA is just one component of the ANA Enterprise (ANAE). Other branches of the ANAE are involved in credentialing, philanthropy, political action, and academia. Despite its influence over the profession, by membership, the ANA represents less than four percent of the nation's RNs. However, the actions of its top leadership and governance structure affect the entire vocation. How the organization imagines its purpose has shifted dramatically from the time of the ANA's founding more than a century ago to the current state. At this point, the organization is unrecognizable as an institution that ostensibly exists as an advocate for professional nurses.

Former ANA President Ernest Grant steered the most significant ideologically driven transformation at the ANA by embedding awareness of "systemic racism" within all facets of the organization. Grant's establishment of the National Commission to Address Racism in Nursing (NCARN) created a new institutional principle for the ANA: the belief that the nursing profession is, and always has been, systemically racist. The emphasis on nursing's alleged need for a "racial reckoning" soon followed, declaring that the ANA's past actions "have caused irreparable physiological, psychological and socioeconomic harm" to all non-white individuals and communities. Even a COVID-era clinical resource tool titled Project ECHO® was manipulated into a series of webinars to inform participants on "how pervasive racism is in nursing."

These divisive concepts and initiatives are still in place in today's ANA and have significantly altered the way in which it influences the nursing profession. As a private entity, no public oversight of the ANA is possible, and individual members have little (if any) opportunity to be heard. Nurses must be the ones to take back their organization and restore the ANA to its original mission of advocating for their interests.

***Activism, Not Advocacy: The Radical Transformation of the American Nurses Association*** illuminates the ANA's obsessive attention to sociopolitical engagement and messaging that focuses on race and racism. Particular emphasis is placed on the years 2015 through 2025.

# INTRODUCTION AND BACKGROUND

The American Nurses Association (ANA) is a member organization that has existed for more than 125 years, with members in all 50 states and U.S. territories. Claiming to be “the strongest voice for the profession,” the ANA says it “exists to advance the nursing profession” through advocacy. “When individual nurses achieve their full potential and unite with others,” the ANA says it can accomplish its mission: “Lead the profession to shape the future of nursing and health care.” The organization also claims it represents “the interests of the nation’s more than 5 million registered nurses”<sup>1</sup> The ANA membership information webpage states it is “a trusted ally” for professional support and is “built around you.”<sup>2 3</sup>



Figure 1. From the ANA's membership information webpage (February 2026).

But is the ANA still built around nurses? Is it committed to helping nurses “unite with others”? Does the organization truly represent the interests of front-line caregivers with “the strongest voice,” or has it become a mouthpiece for a small faction of diehard ideologues?

In years past, the primary objective of the ANA was to advocate for the profession and establish professional standards. Today, it places a focus on “transformational change.”<sup>4</sup> While all major professional organizations evolve and adapt over time, the type of transformation the ANA engages in has created an entity that its long-term members no longer recognize.

During the first several years of the 2000s, the ANA still operated with a clear purpose of expanding the research base for nursing practice, engaging in workplace advocacy, and supporting better compensation for all nurses.<sup>5 6</sup> But by 2023, the “Annual Impact Report” reflected a greater interest in showing “the impact of racism” in nursing school, advancing “health equity,” and touting programs such as *Project ECHO on Racism in Nursing*.<sup>7</sup> Numerous examples of similar efforts exist, and are presented in detail in the pages that follow.

Although previously the ANA provided benefits to nurses through its promotion of the profession, it's clear that its focus has now shifted to political, social, and ideological goals detached from the profession of nursing.

This report focuses on the ANA's disappointing degeneration—and ongoing calls for radical activism—over the past decade.

## A BRIEF HISTORY OF THE ANA AND ITS GOVERNANCE AND STRUCTURE

At the time of its formation in 1896 as the *Nurses' Associated Alumnae of the United States and Canada*, the organization held conventions in New York as the first state constituent associations were created. In 1911, the organization changed its name to the *American Nurses Association*. In 1992, the ANA moved its headquarters from Kansas City, Missouri to Washington, DC, with a final relocation to Silver Spring, Maryland in 2004. Until major restructuring took place in 2012, the Association was governed by the House of Delegates.<sup>8</sup>

Today's ANA functions as a modified federation that is primarily funded by membership dues, program services, and certain federal awards. The Association is just one component of the **ANA Enterprise**.<sup>9</sup> The primary authority is the Membership Assembly, composed of 200 elected representatives from the state constituent associations, organizational affiliates, and the Board of Directors. It meets annually and is responsible for setting the official policies and positions of the Association.<sup>10</sup> The nine-member Board of Directors is elected by the Membership Assembly and is responsible for the implementation of the Assembly's policies.<sup>11</sup>

The full ANA Enterprise encompasses the following entities:

- The **American Nurses Association** membership arm is supported by independent Constituent/State Nursing Associations, which occupy seats in the ANA Membership Assembly.<sup>12 13</sup>
- The **American Nurses Credentialing Center (ANCC)** recognizes or accredits *organizations* (via the Magnet® and nurse residency programs) and credentials *individuals* (through board certification in several specialties and fellowship accreditation for advanced practice nurses).<sup>14 15</sup>
- The **American Nurses Foundation (ANF)** is the philanthropic arm of the ANA Enterprise. Its main purpose is to provide education and research grants in areas affecting nurses and patients.<sup>16</sup>
- The **American Nurses Association Political Action Committee (ANA-PAC)** is the political action committee of the ANA. Its constitution and by-laws require it to be politically nonpartisan while working toward the legislative objectives of the Association. The website and “digital advocacy hub” of the ANA-PAC is known as “RN Action.”<sup>17 18</sup>
- The **American Academy of Nursing** (the Academy) is an affiliate of the ANA with a mission that includes achieving “health equity.” Its members, who contribute to nursing education and research, are recognized as Fellows of the American Academy of Nursing (FAAN).<sup>19 20</sup>

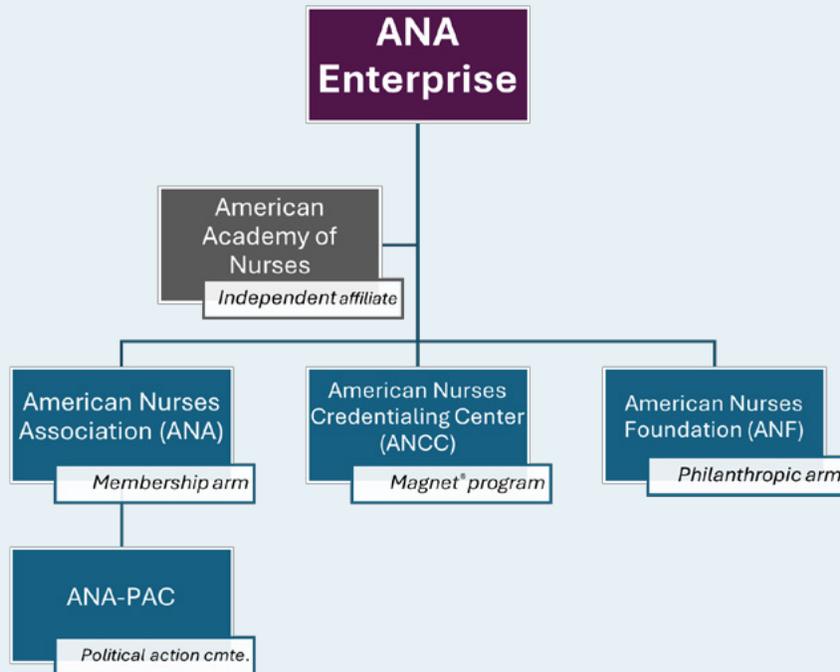


Figure 2. The American Nurses Enterprise and its components.

## MEMBERSHIP

It is unclear exactly how many RNs are members of the ANA. The graphic in the introduction of this report notes “a nationwide network of 220,000+ RNs.” However, in late 2025, ANA member services representatives reported that number to be approximately 190,000, noting that this “is not information that is accessible via our website.”<sup>21</sup> This represents an overall increase of approximately 10.5% since 2017, although the total dropped sharply over the past five years (peak membership was 240,000 in 2020).<sup>22 23 24 25 26 27 28 29 30 31</sup>

The ANA claims to be “the premier organization representing the interests” of the nation’s registered nurses.<sup>32</sup> **However, only a small percent of nurses opt to maintain ANA membership.**

The National Council of State Boards of Nursing (NCSBN) maintains the National Nursing Database of active RN licenses and an archive of the National Nursing Workforce Survey. From 2017-2025, the number of registered nurses licensed in the U.S. has steadily increased overall, as seen in the graphic below.<sup>33 34 35 36 37 38 39 40 41 42</sup>



Figure 3. Number of U.S. RN licenses (as reported by the NCSBN) compared to number of ANA members, 2017-2025.

Using these figures, **ANA membership currently represents 3.2% of the registered nurses in the United States** and has never represented more than 4.82% within the past nine years. And, although there are hundreds of thousands of licensed practical/vocational nurses in America, the ANA invites only registered nurses to join.<sup>43</sup>

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The transformation of the ANA is also seen in how its mission statement has been modified over time. The mission has changed from a nurse- and patient-centric focus to an insistence that sweeping change must be brought to the profession.

### THE EVOLUTION OF THE ANA'S MISSION STATEMENT

In the early days of the internet, the ANA's website featured a "long term" and a "short term" mission, which centered on "high standards for nursing" and "quality health care for all people."<sup>44</sup> These statements remained unchanged in 2001.<sup>45</sup> By 2010, the mission statement simply said, "Nurses advancing our profession to improve health for all."<sup>46</sup> This noble sentiment remained in place until late 2019, when it was replaced with "Lead the profession to shape the future of nursing and health care."<sup>47</sup>

What does the ANA mean by "shape the future"? The Association's makeover extends beyond its mission statements and attempts to transform the profession by redefining what it means to be a nurse. A look at the actions of its leadership during the past decade provides a clear picture of how the organization arrived at a state of activism over advocacy.

# LEADERSHIP

The changes in the ANA's mission and purpose, as well as its politically motivated missives, follow a timeline that is related to the service records of the public-facing leadership. Each component of the ANA Enterprise is directed by a robust roster of C-suite executives and presidents. While the current holders of the president-level offices are nurses, several of the executives are not. For example, Chief Executive Officer Angela Beddoe once declared that she is "excited for reimagining ANA," yet she has no nursing experience.<sup>48 49</sup>

According to the ANA's tax filings for FY 2024, compensation for the Association's top executives is generous. **Salaries ranged from \$198,268 to \$413,491**, with "Highest Compensated Employees" accounting for more than \$5 million of the total expenses for that year.<sup>50</sup>

But credentials and lucrative compensation are not the most significant characteristics of the ANA's leaders. The Association's evolution from advocacy to activism came straight from the highest levels of the institution. A look into the narratives espoused by a particular past ANA president—Ernest Grant—demonstrates the time frame in which the organization made a hard turn toward leftist political activism.

## FORMER ANA PRESIDENTS

The past several decades saw a succession of individuals who, while serving as the ANA president, carried on the organization's tradition of advocating for nurses. Leaders such as Beverly Malone (1996-2000), Barbara Blakeney (2002-2006), and Rebecca Patton (2006-2010) addressed scope of practice issues, injury reduction, the nursing shortage, and workplace rights.<sup>51 52 53 54</sup>

## PAMELA CIPRIANO

From 2014-2018, the office of President of the ANA was filled by Pamela F. Cipriano PhD, RN, FAAN.<sup>55</sup> Under her leadership, the organization maintained its stated mission and purpose as an advocate for registered nurses, with a particular emphasis on ethics: "It's who we are." She championed the #EndNurseAbuse campaign at a time when verbal and physical violence against nurses was increasing, and backed initiatives aimed at eradicating bullying and incivility.<sup>56 57</sup> During her final year in office, Cipriano applauded a bipartisan bill addressing safe staffing levels to support quality patient care and urged nurses "to advocate for the causes that they feel strongly about."<sup>58 59</sup> While she was critical of the first Trump administration's tax cuts and attempts to repeal the Affordable Care Act, the organization ultimately tempered its position on candidate endorsements by the end of her term as ANA President.<sup>60</sup>

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Past ANA presidents supported policies and priorities at the ANA that upheld the organization's mission of supporting nurses for relevant concerns. **None of them used their position to denigrate the profession or agitate for cultural transformation**—including Barbara L. Nichols, the first black ANA president, who was elected to the position in 1978.<sup>61</sup> But the landscape changed dramatically with the election of Cipriano's successor.

## ERNEST GRANT

Ernest J. Grant PhD, RN, FAAN came to the ANA with a distinguished past as a burn care expert and recipient of a Nurse of the Year award from President George W. Bush for his care of burn patients after the 2001 World Trade Center terror attack. Following a term as president of the North Carolina Nurses Association, he was elected as the first male president of the ANA in 2018.<sup>62</sup>

In the run-up between his election and beginning his tenure in January 2019, Grant's stated goals were related to providing practicing nurses with safe work environments, educational opportunities, and the tools they need to provide positive outcomes for their patients. A self-described "consensus-builder," he also noted that increasing the number of men and minorities in nursing will strengthen the profession by adding "unique perspectives."<sup>63</sup> In his first ANA Membership Assembly address in June 2019, Grant added that he aimed to support nurses' ability to engage in public advocacy and "increase the relevance of ANA to nurses."<sup>64</sup>

But in addition to these laudable priorities and goals, Grant also displayed enthusiastic support for reshaping the nursing profession in accordance with diversity objectives. In 2018, Grant stated that he wanted to "encourage diversity" in nursing and argued it was important that "the nursing workforce reflects the diversity of our patient populations."<sup>65</sup>

This commitment to activism and DEI only intensified in subsequent years.

Like countless other organizations, the death of George Floyd marked an inflection point at the ANA and in Grant's goals for transforming the nursing profession. In a June 1, 2020 statement, Grant uttered what would become an oft-repeated phrase: *Racism is a public health crisis*. He urged nurses to speak out about racism and police brutality, because "[to] remain silent is to be complicit."<sup>66</sup>

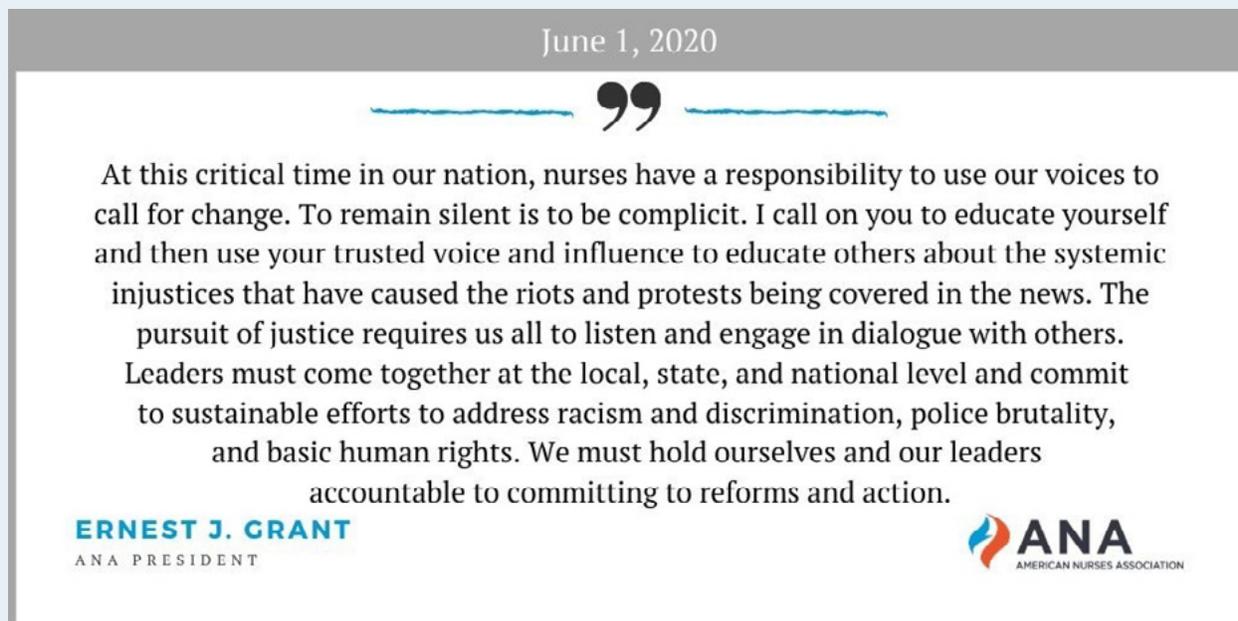


Figure 4. June 1, 2020 news release.

Two months later, Grant gave a repeat performance at the ANA 2020 Membership Assembly. “As I stated following George Floyd’s death,” he said, “nurses have a responsibility to use our voices to call for change. Our code of ethics obligates us, as nurses,” he continued, **“to be allies, and to advocate and speak up against racism, discrimination, and injustice. This is non-negotiable.”** The ANA broadcast this message on its social media accounts, adding that “one way to stand up against racism, discrimination, and injustice is at the ballot box. Embrace your right and responsibility to vote.”<sup>67</sup>

Grant continued to embrace politicized narratives in 2021. While supporting relevant nursing issues such as advocating for patients, burnout, and nursing workforce shortages, he ramped up the rhetoric on racism. In an October podcast appearance, Grant stated that one of his top priorities for the ANA was to “educate and advocate and to work together to end systemic racism.” He offered the following thought exercise for the listeners:

*I mean, nursing is over 80% white and about 80% female, and of course, **that’s what you see on TV.** So, we are taking steps to try to change that by encouraging more nurses of color or people of color to go into nursing as a profession and more men as well to consider the nursing profession. Some of the ways that obviously we’re doing that, I personally, when I have had the opportunity to speak with deans and directors of nursing programs, one of the things I’ve told him is to imagine themselves when they pull into their assigned parking space at their place of work, when they’re getting out of the car, **take on another personality, take on like a person of color or another gender.** And as you’re walking into your building, look at what your particular school of nursing is saying to someone who may be from a different background or a different gender. Is it welcoming? **Or do you just see rows and rows of white ladies** who were deans, either they’re former deans or current deans of the program? What about your faculty? **Does your faculty represent diversity?** And are there people of color there? Are there men on the faculty there as well? Those are things that you need to think about and what are you doing to actively recruit people of color and men to come to your program? **If you don’t see that, then obviously, there’s a problem that needs to be addressed.** So, by getting them to think along those lines, also, encouraging them to reach out and actively recruit people of color and men into their programs is a great way to start that.*

And, to develop faculty members and future nurse leaders, he encouraged them to engage with the National Commission to Address Racism in Nursing (NCARN [“the Commission”]).<sup>68 69</sup> Details on this radical initiative are described in a later section of this report.

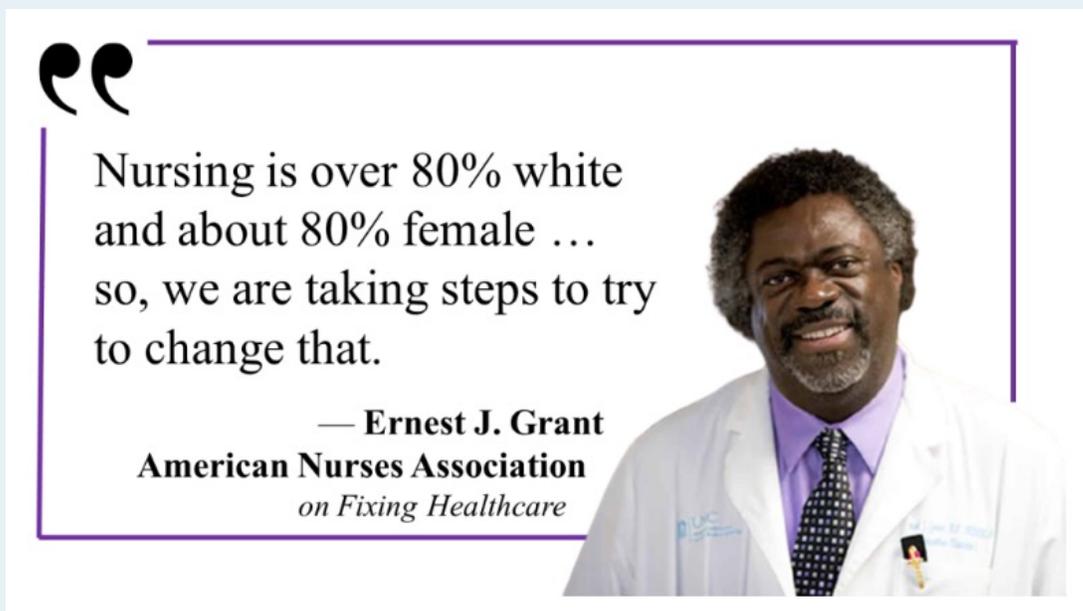


Figure 5. From the “Fixing Healthcare” podcast, October 10, 2021.

Named as one of Modern Healthcare’s *100 Most Influential People in Healthcare* for 2022, Grant was touted for the formation of the NCARN as one of his accomplishments during his terms as ANA president.<sup>70</sup>

Grant continued with his radical agenda in 2022. At the Duke University School of Nursing graduation ceremony in May, he recalled how he “didn’t see many people who looked like me in our profession” during his own commencement.<sup>71</sup> “Knowing how important it is to create fairness, promote diversity, and end persistent racism within our profession,” he stated, “I decided to make this a key priority in my presidency at ANA.”<sup>72</sup>

At the ANA Membership Assembly in June of that same year, Grant delivered a tearful farewell address in which he paid tribute to the front-line nurses serving during the COVID-19 pandemic. Yet, his fixation on racialized activism came through very clearly for several minutes of his speech. “There were strong indications that racism was still a problem – a big problem – right in our own ranks,” Grant claimed, adding that **“black and Latino nurses were more likely than their white colleagues to be in roles providing direct care to infected patients.”** He encouraged the membership to vote ‘yes’ on “ANA’s reckoning statement” and to “redouble our efforts to drive racism and racial bias out of nursing once and for all.”<sup>73</sup>

After leaving his role at the ANA at the end of 2022, Grant continued the Commission’s work, because “[s]tudies conducted by the American Nurses Foundation also revealed acts of racism within the nursing profession.”<sup>74</sup> Appearances in various forums and media in the ensuing years included the same messages he disseminated during his ANA presidency, with instruction on how **“to be antiracist,”** implicit bias, and other DEI-related concepts peppered in.<sup>75 76 77</sup> And, to ensure that the DEI agenda lives on in perpetuity at Duke University School of Nursing, Grant currently serves as the Vice Dean for Diversity, Equity, Inclusion, and Belonging.<sup>78</sup> Although the school no longer publicizes its Racial Justice Task Force, it still maintains a DEI office with a mission that includes “critically examining ourselves for biases and assumptions” under Grant’s leadership.<sup>79 80</sup>

## ESCALATION OF POLITICALLY FOCUSED MESSAGING DURING GRANT'S TENURE

Like many organizations, the ANA maintains a repository of news releases. Presumably, these publications would reflect the interests of nurses and the ANA's assurance that it acts on their behalf. Yet, the subject matter of the news releases in recent years provides more evidence of the association's evolution from advocacy to activism.

From 2018-2020, in addition to its congressional candidate endorsements, the ANA's politically focused news releases centered largely on gun control, "family planning," migrant issues, and criticisms of Supreme Court rulings and presidential actions.<sup>81 82 83 84 85 86 87 88</sup> While the political nature of these press releases is readily apparent, none of them declared racism as a primary area of concern. However, by 2021, the tone became intensely racially conscious and replete with assertions of racism in the nursing profession.

### ANA COMMENTARY AND NEWS RELEASES DURING 2021 RELATED TO RACISM AND THE NURSING PROFESSION

In ANA communications during past eras, evidence of "persistent racism" in nursing is non-existent. This changed with the unveiling of the Commission.

In early 2021, the ANA announced the first convention of multiple nursing organizations to launch the NCARN. "The Commission will examine the issue of racism within nursing nationwide," the January 25 news release stated, "and describe the impact on nurses, patients, communities, and health care systems to motivate all nurses to confront systemic racism." Grant added, "**We know that the issue of racism in nursing is a persistent stain on our profession that directly impacts the quality of care for the patients and communities that we serve.**"<sup>89</sup>

Another opportunity to make the ANA's stance on racism as a "public health crisis" crystal clear soon followed. On April 21, following the verdict in the Derek Chauvin trial in Minnesota, a lengthy quote from Grant was issued as a news release:

*"As a nation, we witnessed the murder of George Floyd as Derek Chauvin knelt on his neck for an agonizing 9 minutes and 29 seconds in May of 2020.*

*Like many men and women before him and others after him, **I wondered if justice would be served to a white person for taking a Black life.** As a Black man, I am relieved by this verdict and what it stands for – accountability. The verdict is a pebble in the river of social justice where true justice can only be served when the senseless killings of unarmed Black people end. Just mere minutes before Chauvin's verdict was delivered, Ma'Khia Bryant, a 16-year-old Black girl, was shot and killed by a police officer.*

*The simple truth is this: George Floyd should be alive today. Daunte Wright, Breonna Taylor, Ahmaud Arbery, Tamir Rice, Elijah McClain, along with **countless other Black men, women and children who have lost their lives to acts of police brutality and***

**racism** should be alive today. I continue to lift up all the families left behind to grieve unimaginable loss and navigate the lifelong trauma of losing a loved one to violence.

At its core, racism is a public health crisis that impacts a person's mental, spiritual, physical health and overall quality of life. As a nurse, The Code of Ethics for Nurses with Interpretive Statements obligates all nurses to be allies and to advocate for and speak up against racism, discrimination, and injustice. We must respect the human dignity of all people and take a stand against the social injustices that divide our nation.

Acts of racism, violence and discrimination are deplorable and major social determinants of health that have absolutely no place in a civil, humane society. The consistent outcry that erupts in the form of **peaceful protests and civil unrest each time a Black life is taken** indicates that our nation is past the point of understanding and discussions. Authentic allyship is integral to making progress toward upending racism is overdue. Performative activism, such as "black squares" and hashtags, will no longer do. We need comprehensive approaches to address systemic racism and **dismantle unfair structural practices rooted in white supremacy** that have plagued our nation for centuries and continue to threaten the health and well-being of every American.

I call on leaders and policy makers at the local, state, and national level to commit to sustainable actions to address racism and discrimination, police brutality, and basic human rights. We must hold ourselves and our leaders accountable to committing to reforms and action.

Moments such as these test the moral arc of our country's conscience and her humanity. We all still have much more work ahead of us to do together to truly achieve justice for all, and not just a few."<sup>90</sup>

Despite again invoking the Code of Ethics and "social determinants of health," this toxic discourse is clearly not an effort to advocate for nurses or the nursing profession.

Tradition holds that May is National Nurses Month in the U.S., and in 2021, the ANA used this long-recognized time of well-deserved appreciation for nurses to tout NCARN initiatives. In addition to their roles related to the COVID-19 pandemic, the organization noted that nurses "advocated for their patients and social justice issues." Officials from other organizations that represent the NCARN contributed to the article. Martha Dawson, president and CEO of the National Black Nurses Association, made a poignant observation when she said, "When I reflect on 2020 and the undisputable contributions of nurses, I am reminded of what it means to **embody the spirit of 'human caring', which calls for us to serve the needs of all populations no matter where they live, worship, work and play, or the color of their skin.**" Yet, in the next breath, she said, "We are witnessing the **evolution of the nursing profession at the intersection of overdue and delayed action to address racism**, political and social determinants of health, and health inequities. For these reasons, it is **imperative that nurses welcome this shift**, so that the next generation of nurses can carry the torch boldly, activating sustainable changes in our health

care systems, workplaces, educational institutions, communities, and the profession.” Daniela Vargas of the National Association of Hispanic Nurses echoed some familiar rhetoric posturing when she said, “I firmly believe that the breadth of the nursing profession holds all nurses accountable for calling out racism and **dismantling racist policies rooted in white supremacy** to replace them with ethical and just policies that promote racial equity. The sheer power of nurses can **promote and deliberately create an antiracist praxis** for the nursing profession and America’s health care system.”<sup>91</sup>

In 2022—during Grant’s final year in office as ANA president—the organization published a series of news releases that coincided with the annual Membership Assembly in June. Seven honorees were presented with the President’s Award “for their outstanding efforts to advance inclusivity, promote equity and diversity, and address the issue of racism in the nursing profession.”<sup>92</sup>

On the same day, it was announced that the voting representatives of the ANA Membership Assembly “unanimously voted ‘yes’ for the association to embark on a racial reckoning journey to **acknowledge its past actions that have caused irreparable harm to nurses of color as well as ethnic-minority nursing organizations**, and that persist today.” The article noted that an “official racial reckoning statement” is forthcoming, and the ANA will “take full accountability for its actions.”<sup>93</sup> A month later, a news release reiterated the call to action. ANA CEO Loressa Cole added, “We ask forgiveness from nurses of color as a first step to mend what is broken.”<sup>94</sup>

Even after Grant’s time as ANA president had ended, the pace and intensity of the “racial reckoning” narrative multiplied in subsequent years. A sharp increase in the number of news articles from the ANA that reported on the NCARN took place during 2023, largely touting the Commission’s work and the “Journey of Racial Reckoning.”<sup>95 96</sup> One mid-year announcement even presented a position statement that “affirms ANA’s commitment to **decolonizing the nursing profession**—the active resistance of the influence of colonized practices and thought—and introduces **an emancipatory approach to nursing practice** which is rooted in social justice and advances health equity.”<sup>97</sup> And, the Association couldn’t pass up the opportunity to state that it was “appalled” by the Supreme Court’s ruling that banned the consideration of race in university admissions. “For equity to exist,” the ANA perversely claimed, “equality must first exist. This ruling ignores the reality of inequality and discriminatory practices and policies.”<sup>98</sup>

By the end of 2023, the ANA declared that, through the NCARN, it would be **“offering up to \$20,000 to support efforts in eliminating racism in nursing.”** Acceptable proposals included “Anti-racism Education, Immersion & Training.”<sup>99</sup> The ten 2024 recipients collectively received \$200,000 for “evidence-based initiatives” on “anti-racism” and other topics such as “micro/macroaggressions,” “attribution biases,” “curricular DEI,” and developing “health equity influencers.”<sup>100</sup>

Other press releases issued in 2024 include:

- **DNPs of Color partner with the National Commission to Address Racism in Nursing to Launch the Black Angels Book Club Event Series:** “Learn about these trailblazing Black nurses and gain understanding of the systemic racism that permeated the profession of nursing in the early to mid-20th century.”<sup>101</sup>
- **Project ECHO® on Racism in Nursing Launches Fourth Series for Spring 2024:** “The Commission’s

Project ECHO® on Racism in Nursing aims to increase nurses' knowledge about how racism 'shows up' in healthcare, improve their skills needed to confront systemic racism, and empower all nurses to become allies.<sup>102</sup>

- **Call for Submissions – The Equity-Minded Nurse Awards, Co-Sponsored by the American Nurses Association and the National Commission to Address Racism in Nursing:** “The Commission and ANA are co-sponsors of The Equity-Minded Practice Award, recognizing a nurse whose work with patients, families and/or communities exemplifies efforts to reduce health disparities and advance health equity.”<sup>103</sup>
- **The National Commission to Address Racism in Nursing and the American Nurses Association Commend Documentary film “Everybody’s Work: Healing What Hurts Us All”:** “Through the lens of fearless nurses, the film not only exposes the biases that result in worse health care outcomes for people of color, but it captures the painful impact they have—both on patients and nurses.” The official trailer for the film contains the head-scratching quote, “Systemic racism is so pervasive in everything that we do that we just don’t even see it.”<sup>104 105</sup>
- **The National Commission to Address Racism in Nursing Celebrates Hispanic Heritage Month with Latinas in Nursing Book Club Series:** “Moments of discussion and connection are at the root of our work to draw attention to discrimination and biases that permeate the nursing profession and to advance equity for all nurses. This work to uplift underrepresented voices is how we create understanding, embrace discovery, and exemplify diversity, equity, inclusion, belonging, and accessibility in nursing.” – Katie Boston-Leary, Senior Vice President of Equity and Engagement.<sup>106</sup>
- **American Nurses Association Launches Racial Reckoning Think Tank to Address Systemic Racism Within the Organization:** “The Think Tank will focus on the reconciliation and healing between ANA and ethnic nursing organizations impacted by systemic exclusion.”<sup>107</sup>
- **American Nurses Association Awards \$100,000 to Constituent and State Nurses Association Programs Actioning Antiracism in Nursing:** “[R]ecipients were selected from proposals aimed at dismantling racism in nursing in four pathways: Organizational Racial Reckoning; Education, Immersion & Training; Advocacy and Legislation; and Diversity, Equity, Inclusion and Belonging (DEIB) Initiatives.” This additional funding brought the 2024 contributions from the ANA for similar initiatives to a total of **\$300,000**.<sup>108</sup>

No press releases or position statements related to the NCARN were made in 2025; yet, this initiative continues to hold a place of prominence on the ANA website.<sup>109</sup> “[W]e strive to examine and overcome the **systemic racism in the workplace that harms all of us,**” said current ANA president Jennifer Mensik Kennedy, “but especially nurses of color.”<sup>110</sup> She took a strong position on the NCARN on the first day of her tenure, promising, “I will also ensure that ANA’s work with the National Commission to Address Racism in Nursing and journey of racial reconciliation continues.”<sup>111</sup> In her ongoing support of these initiatives, Kennedy is also credited with stating, “Racism has inflicted damage on nurses of color and **continues to mar the nursing profession.**”<sup>112</sup> In the ANA’s announcement of the Racial Reckoning Think Tank’s launch, she quipped, “In recent years, ANA’s Journey of Racial Reconciliation has focused on **our shameful past and the harm we as an organization have caused since our inception.**”<sup>113</sup>

# THE ANA'S FIXATION ON RACE

At what point did the ANA website reflect Kennedy's assertion that nursing is systemically racist, has a shameful past, and that the Association has caused harm since its inception?

## EVIDENCE OF SYSTEMIC RACISM AND HARM ACCORDING TO THE ANA'S WEBSITE

The current ANA website places "Racism in Nursing" in the "Nurses in the Workforce" tab, which is housed under the "Practice & Advocacy" umbrella.<sup>114</sup> A search of internet archives revealed that the URL for the Workforce page did not exist prior to mid-2018, and the earliest entry shows no evidence of the "Racism in Nursing" link. Based on a search of internet archives, a reference to "Racism in Nursing" first appeared on the ANA website sometime between May 8 and May 12, 2021, when the "Commission to Address Racism in Nursing" made its first appearance in the "Practice & Advocacy" section of the Association's homepage.<sup>115 116</sup> By July 28, 2022, "Racism in Nursing" was a permanent fixture on the Workforce page.<sup>117</sup>

The sudden changes made to the ANA website coincide with *Addressing Racism and Advancing Diversity, Equity, and Inclusion in Nursing: An Interactive Timeline*. Here, the ANA claims its racially focused actions will "positively evolve the nursing profession," and the Commission is prominently featured.<sup>118</sup>



Figure 6. From "Addressing Racism and Advancing Diversity, Equity, and Inclusion in Nursing: An Interactive Timeline.

Since the implementation of organizational initiatives created by Ernest Grant, the ANA has maintained an obsessive focus on racial equity issues, racism-related resources, and infusing anti-racism and

oppression messages into almost all messaging. On the current website, this emphasis is sustained with various digital “Resources for Change,” including webinars, self-assessment tools, and reading materials.<sup>119</sup> The most robust resources are linked from the “Racism in Nursing” tab on the ANA website.<sup>120</sup>

**Racism in Nursing**

Racism is a longstanding public health crisis that impacts mental, spiritual and physical health. The [Nursing Code of Ethics](#) demands that we, as nurses, accept and care for people as they are.

However, within the profession of nursing, we have failed to be antiracist. [63% of nurses](#) say they have personally experienced an act of racism in the workplace. ANA acknowledges our own role in perpetuating racism through our past actions and omissions.

ANA is fully committed to a journey of reckoning and of seeking reconciliation, forgiveness, and healing. We will focus on our work and the experience in the nursing profession as a whole.

**Racism Defined**

**Racism:** Assaults on the human spirit in the form of actions, biases, prejudices, and an ideology of superiority based on race that persistently cause moral suffering and physical harm of individuals and perpetuate systemic injustices and inequities. (National Commission to Address Racism in Nursing, 2021)

Figure 7. From the “Racism in Nursing” webpage of the ANA.

Touted as a “journey towards the future,” these projects are the polar opposite of forward-thinking; they are divisive and intentionally inflammatory. But the ANA initiative with the longest reach and greatest influence is the Code of Ethics for Nurses.

## CODE OF ETHICS FOR NURSES

The ANA states that the *Code of Ethics for Nurses* is “the definitive standard for ethical nursing practice” and “supports nurses in maintaining their professional integrity.” While the organization acknowledges that the Code is based on “moral traditions,” the ANA now proclaims that nursing has a **“21st Century imperative to advance social justice and health equity.”**<sup>121</sup> The 2025 version of the Code portrays the ANA’s position on these topics quite clearly.

## THE CODE: THEN AND NOW

While ethical values have been foundational to nursing for generations, the first formal ANA Code of Ethics was not developed and published until the 1950s. The ANA’s subsequent edits to the Code and its provisions for the next several decades reflected societal changes and technological advancements that affected the profession.<sup>122</sup> However, none of the historical changes to the Code are as stark as the revisions made between 2015 and 2025.

Discussions about the Code took place during Ernest Grant’s tenure as ANA president. In *Nursing Code of Ethics and Ethical Implications of Racism*, the presenter notes that **“there is no current language in**

**the code of ethics that primarily talks about racism.”** In asserting “that racism is so insidious,” it follows that the provisions of the Code must support “anti-racist work.” She declared, “every year we’re voted to be the most ethical profession and yet, **it’s hard to look ourselves in the mirror when our profession has perpetuated racism and continues to perpetuate it.**”<sup>123</sup>

## Racism in Nursing

How has racism in nursing and society impacted your professional and personal growth? Is there structures that you can identify that impact your practice and violate Provision 5 in your experiences? Can you identify systems or policies that allow racism to persist?

What have gone to accomplish to move forward and progress despite the racism that you have faced?

Figure 8. From “Nursing Code of Ethics and ethical implications of racism” (October 6, 2022).

Grant’s public statements about the Code in the years leading up to the 2025 revision had a direct effect on the language, tone, and obsessive focus on racism.<sup>124 125 126</sup>

\*\*\*\*\*

The *2015 Code of Ethics for Nurses* contained nine provisions with guidance on common issues that nurses face in everyday practice.<sup>127</sup> Apart from adding a tenth provision regarding “global nursing,” changes to the language in the 2025 version are minimal.<sup>128 129</sup> On the other hand, the interpretive statements—which are intended to explain the provisions in greater detail—took on a distinctly politicized tone. Notable examples include:<sup>130</sup>

PROVISION #	2015	2025
<b>1: Respect for Human Dignity</b>	<i>A fundamental principle that underlies all nursing practice is respect for the inherent dignity, worth, unique attributes, and human rights of all individuals. The need for and right to health care is universal, transcending all individual differences.</i>	<b>Nurses ought to recognize racism and other forms of bigotry, prejudicial bias, and discrimination</b> (e.g., ableism, ageism, classism, heterosexism, sexism) as harmful assaults that negatively impact care and violate the human dignity of an individual.
<b>2: Primary Commitment to Patients</b>	<i>The nurse’s primary commitment is to the recipients of nursing and healthcare services—patient or client—whether individuals, families, groups, communities, or populations.</i>	Nurses appropriately escalate concerns when needed, such as in <b>states where laws prohibit treatment</b> for persons who are pregnant, undocumented, uninsured, gender diverse, or otherwise disenfranchised, marginalized, or socially stigmatized.
<b>5: Wholeness of Character</b>	<i>When nurses care for those whose health condition, attributes, lifestyle, or situations are stigmatized, or encounter a conflict with their own personal beliefs, nurses must render compassionate, respectful and competent care.</i>	Additional examples include the role of the nurse with respect to mandatory reporting of reproductive healthcare decisions, economically driven care, or <b>gender affirming care</b> .
<b>6: The Environment and Ethical Obligation</b>	<i>Nurses must create, maintain, and contribute to morally good environments that enable nurses to be virtuous.</i>	Nurses ought to engage in self-reflection to <b>recognize biases that may cause harm</b> to colleagues and the nursing profession.
<b>8: Collaboration in Extreme Settings</b>	<i>Conforming to international emergency management standards and collaborating with public health officials and members of the healthcare team are essential throughout the event.</i>	Nurses engage in collaborative and collective action to counter <b>structural, institutional, and political drivers of climate change</b> .

Table 1. Comparison of select interpretive statements for the Code of Ethics for Nurses, 2015 to 2025.

The 2025 Code provides no evidence of state laws where **“persons who are pregnant”** are denied treatment. (This is merely a political statement related to the ANA’s position on *Roe v. Wade*.)<sup>131</sup> It also introduced the concepts of so-called **“gender affirming care”** and **“climate change”** for the first time in its history. Comparing 2015 to 2025, incidence of the use of other keywords in the Code (which are provocative and convey the ANA’s devotion to radical DEI ideologies) are:

- “Equity” – 2 vs. 11
- “Racism” or “anti-racism” – 0 vs. 15
- “Bias” – 2 vs. 9
- “Allyship” – 0 vs. 7
- “Intersectionality” – 0 vs. 4
- “Oppression” – 1 vs. 6

\*\*\*\*\*

Profoundly altering the essence of the Code of Ethics is yet another way in which the ANA exerts influence over the entire nursing profession, despite its underwhelming membership numbers. The driving force behind the changes, and of the ideologically constructed messaging that keeps the ANA’s focus on race, is the National Commission to Address Racism in Nursing.

How did the NCARN acquire its position of influence within the ANA? The next section describes the Commission’s creation, evolution, and areas of concentration.

### NATIONAL COMMISSION TO ADDRESS RACISM IN NURSING

Launched in January 2021, during Grant’s second term as ANA president, the National Commission to Address Racism in Nursing (NCARN) aims **“to motivate all nurses to confront individual and systemic racism.”** Commission members are officials within the Association, the constituent organizations, and “individual subject matter experts.” The NCARN is co-led by the ANA, the National Black Nurses Association (NBNA), the National Coalition of Ethnic Minority Nurse Associations (NCEMNA), and the National Association of Hispanic Nurses (NAHN).<sup>132 133</sup>

According to the Commission, **“Racism is historically rooted in the nursing profession and continues today.”** The group’s Vision, Mission, and Goals statement lists the causes as **“actions from predominantly white groups.”** Therefore, the NCARN says the nursing profession must exemplify DEI practices, **“creating an antiracist praxis and environments.”**<sup>134</sup>

On January 25, 2021, leading nursing organizations launched the National Commission to Address Racism in Nursing (the Commission). The Commission examines the issue of racism within nursing nationwide focusing on the impact on nurses, patients, communities, and health care systems to motivate all nurses to confront individual and systemic racism.



## National Commission to Address Racism in Nursing

The [Commission members](#) and [organizations](#) represent a broad continuum of nursing practice, racially and ethnically diverse groups, and regions across the country. The Commission is led by the American Nurses Association (ANA), National Black Nurses Association (NBNA), National Coalition of Ethnic Minority Nurse Associations (NCEMNA), and National Association of Hispanic Nurses (NAHN). Before joining forces to address racism in nursing, the organizations that make up the National Commission to Address Racism (the Commission) have for years raised their individual voices to condemn all forms of racism within our society and health care system.



Figure 9. From the NCARN home page (June 2025).

One element of the “antiracist praxis” is **Top Ten Ways to Be an Antiracist in Nursing**. This infographic recommends that nurses “do what you say you will do” and “stop labeling others.” It also advises nurses to “minimize certainty” (in favor of maximizing curiosity) and “resist ‘amygdala hijacking.’”<sup>135</sup>

**3**



**Manage me**

Resist “amygdala hijacking”, where generalizations cause you to act out of previous fear and pain, thus letting emotions take control of your reasoning.

**4**



**Maximize curiosity.  
Minimize certainty.**

Ask yourself, “Why am I thinking this about this person?”, “Where did this originate from?”, and “Do I know what I think I know to be true?”

Figure 10. From “Top Ten Ways to Be an Antiracist in Nursing” (National Commission to Address Racism in Nursing).

As is common among social justice warriors, the NCARN created its own definitions of terms. In November 2021, the Commission published “Defining Racism,” stating that “[h]ow nurses frame racism shapes the constellation of possibilities of the work” of the NCARN. Citing Martin Luther King, Jr., as well as DEI champions Ibram X. Kendi and Camara P. Jones, the final version of the definition of racism is:

*Assaults on the human spirit in the form of actions, biases, prejudices, and an ideology of superiority based on race that persistently cause moral suffering and physical*

| *harm of individuals and perpetuate systemic injustices and inequities.*<sup>136</sup>

This definition begs the question: **Does the Commission believe that nurses are inflicting “moral suffering and physical harm” on their patients – because of racism?**

This is the supposition from which the NCARN (and Ernest Grant) have operated since the Commission’s launch. In various interviews and speeches, Grant referred to surveys that the NCARN conducted. One such survey was administered in October 2021.<sup>137</sup>

## “RACISM’S IMPACT IN NURSING” SURVEY

Published in January 2022, the NCARN released the results of an October 2021 survey it administered to 5,623 nurses across the United States. Referred to as a “landmark survey” in the 2022 Annual Impact Report, the findings claim that **“racism is a substantial problem within the profession.”** The 2022 Annual Impact Report also touted the ANA’s DEI efforts for the year, and “looked deeply at **the consequences of our past harmful actions.**”<sup>138 139 140 141</sup>



Together with leading nursing organizations **we advanced diversity, equity and inclusion** in the nursing profession, continued our dedicated work as an employer, and looked deeply at the consequences of our past harmful actions—recognizing we are merely at the start of a journey.

Figure 11. From the ANA’s 2022 Annual Impact Report.

At the same time, the Commission circulated an additional version of the survey results. Titled “Racism’s Impact in Nursing,” it summarized the survey with several claims<sup>142</sup>:

- Nearly ½ of nurses say there is “a lot” of racism in nursing
- 63%: Nurses that have personally experienced racism in the workplace
- 56% of nurses say racism in the workplace has negatively impacted their professional well-being
- Nurses who have challenged racism in the workplace: 57%
- Nurses who have challenged racism said their efforts resulted in no change: 64%
- 3 out of 4 nurses have witnessed racism in the workplace
- Nurses’ Personal Experience with Racism in the Workplace:
  - 92% Black nurses
  - 73% Asian nurses
  - 69% Hispanic nurses
  - 28% White nurses
- Over ¾ of Black nurses say racism negatively impacts their professional well-being

- *Black Nurses say they experience racist acts from:*
  - 70% leaders
  - 68% patients
  - 66% peers

**Racism has absolutely no place in the nursing profession.**

The work of the National Commission to Address Racism in Nursing is urgent to create safe and liberating environments for all. The Code of Ethics for Nurses obligates nurses to be allies and to advocate for and speak up against racism, discrimination, and injustice.

**All nurses must boldly confront individual and systemic racism in the profession.**

*Data was collected through a survey administered by the National Commission to Address Racism in Nursing Between October 7-31, 2021, 5,623 nurses completed this survey.*

Figure 12. From "Racism's Impact in Nursing," 2022.

In addition to the lack of information about the methods used for this survey, the Commission reported no demographic data about who was invited to take the survey and who responded to it. Considering that just over 5,600 nurses completed the survey, and there were more than five million RNs in 2021, the respondents represented only 0.1% of registered nurses in the U.S. One is left to wonder as to how the sample was selected for this survey.

Almost two years later, the ANA continued to plug the results on its social media platforms, despite evidence of low engagement with the posts (which have since been taken down), and still cites the results in current-day communications.<sup>143 144</sup>



Figure 13. Post on X, December 12, 2023 (retweeted twice, liked 7 times).

Despite the methodological weakness of the “Racism’s Impact in Nursing” survey, the NCARN—with the full support of the ANA—is still attempting to fundamentally transform the nursing profession into an “anti-racist” enterprise in which discrimination is justified in the name of equity. These efforts are evident in the Commission’s *Foundational Report on Racism in Nursing*.

## FOUNDATIONAL REPORT ON RACISM IN NURSING

Nurses are human beings, so our personal experiences and biases naturally influence our relationships and profession. Additionally, we work in health care systems that have evolved over centuries within the context of racism in the United States: systemic and institutional practices, policies, and laws that have directly disadvantaged others because of their race or national origin. As a result, **racial biases exist in every aspect of nursing.**

This is the opening statement on the webpage of the “Commission’s Foundational Report on Racism in Nursing,” published May 1, 2022.<sup>145</sup> It’s not difficult to determine the tone of this six-part report from this narrative, as well as the short description of each section.

Notably, to download the full 123-page report, the NCARN requires the requestor’s age group and “ethnicity” (from a list including race *and* ethnicity) to do so.

## Download The Foundational Report

First Name

Last Name

Email\*

Age Group\*

Ethnicity (select all that apply)\*

- American Indian or Alaska Native
- Asian
- Black or African American
- Middle Eastern
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White
- Other
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Figure 14. From the “Commission’s Foundational Report on Racism in Nursing” webpage.

The “Foundational Report” is a collection of six individual reports. A review of each one indicates that the Commission has declared the entire spectrum of the nursing profession to be a veritable cradle of racism.<sup>146</sup>

### REPORT 1: THE HISTORY OF RACISM IN NURSING: A REVIEW OF EXISTING SCHOLARSHIP

“We acknowledge our own positionality,” authors Dominique Tobbell and Patricia D’Antonio (whose titles indicate they are nursing historians) state in the introduction. “We are both white women,” they add. The “historiographical essay” that follows focuses on “issues of structural and systemic racism that have affected nursing.” The writing style used throughout the essay is to capitalize the word “Black” when describing race, but not when referring to “white.”

The story begins with how **Florence Nightingale “and whiteness” have “occupied” nursing history in America** (although Nightingale was British), and a description of race relations in the U.S. During the post-WWII period when ANA leaders were considering desegregation, they claim that Florida “simply dropped ‘white’ from its bylaws and hoped no Black nurses would appear where they were not wanted.”

Quoting multiple authors, a detailed narrative on slavery follows. Statements such as “white women actively participated in the slave market, profited from it, and used it for economic and social

empowerment” and **“it was a strategy by white nurses ‘to erect a racial barrier between skilled nursing practice and general domestic labor, with Black women relegated to the latter.’”** These issues are because of “nursing’s role in American imperialism, including colonialism,” the authors state. Many pages are dedicated to the **“imperialist legacy”** of nursing, and how it intersects with racism in the profession. Even an indictment of Florence Nightingale as the “racist lady with the lamp” is included.

The authors conclude with statements regarding **“the implicit dominance of whiteness”** and a call for studies that “grapple with both complexity and also the complicity of nurses and nursing in perpetuating systems of structural racism.”<sup>147</sup>

## REPORT 2: SYSTEMIC RACISM IN A CONTEMPORARY SOCIETY

In this section, the flagellation of the nursing profession due to the “omnipresent force of racism” continues.

The authors suggest that “admission essays for nursing programs could include questions that seek to understand what the applicant has done, will do, or believes should be done to eliminate systemic racism and advance health equity.” Anti-racism research, allocating resources to do anti-racism work, and policies that “give life to racism” should be addressed. “All faculty should learn how to contextualize healthcare disparities,” they continue, **“and teach students how racism interrupts efforts to improve clinical outcomes.”**

Of even more concern is the authors’ placement of the longstanding *Code of Ethics for Nurses* alongside the rhetoric of activist Ibram X. Kendi and “anti-racism” advocates Roberta Waite and Deena Nardi. The report cites a 2021 article in which Waite and Nardi state:

In order to promote health equity and support the human rights mandate contained in the American Nurses Association’s *Code of Ethics for Nurses with Interpretive Statements*, **the nursing profession must understand historically the creation of race, white supremacy in the United States, and entrenched racial terror and brutality toward black and brown racialized populations.**<sup>148</sup>

The earliest versions of the Code—which has been in existence since 1950—state that nurses are obligated to care for patients “with respect for human dignity, unrestricted by considerations of nationality, race, creed, color, or status.”<sup>149</sup> An article published in the ANA’s *Online Journal of Issues in Nursing*, which reviewed the 2015 Code and its history, doesn’t make a single mention of “racism” or “health equity.”<sup>150</sup> These, and other politicized terms, were added to the 2025 revision of the Code, which begs the question: Did the ideology presented in Waite and Nardi’s 2021 article influence the now-politicized Code of Ethics for Nurses?

The authors go on to describe four different types of oppression, supremacy, “othering,” and “power inequities” which are collectively referred to as **“[t]his violence and abuse of power.”**<sup>151</sup>

### REPORT 3: HOW DOES RACISM IN NURSING SHOW UP IN THE EDUCATION SPACE?

Referring to nursing schools as “the front door to the profession,” the authors of this report are quick to claim that “[r]acial, structural, and institutional inequities” are firmly entrenched in the education system. They also indulge in a reprise of how **“white superiority” and “white dominance over Black disempowerment,”** going back to the 17th century, perpetuates “racial inequities through racist policies.” This assertion forms the foundation to explain how “the genesis of nursing came to be.”

Fast-forward to the 20th century, where a “preference for white Eurocentric attributes” influenced nursing standards that are still used to “perpetuate racism in nursing education.” And, the authors scold the National League for Nursing and the American Association of Colleges of Nursing for failing to include **“anti-racist policy change efforts”** in accreditation standards.

Nursing education curricula are similarly criticized for not including “an equity pedagogy,” adding that they are **“historically centered on the experiences of people who are white-identifying.”** To remedy this, “predominantly white institutions” must implement DEI initiatives into academic processes.

#### Recommendations

1. Develop programmatic outcomes for DEI and anti-racism.
2. Assess curriculum for DEI, and revise. Consider policy modification.
3. Assess educational resources for bias, especially textbooks.
4. Assess for, develop, and ensure access to DEI educational resources – provide supplemental DEI educational resources as needed.

Figure 15. Recommendations for nursing curricula from the NCARN foundational report.

Additional recommendations include facilitating race-based affinity groups for faculty members, addressing “anti-Blackness,” and administering assessments to detect “student bias against faculty of color.” The report concludes with a call to action to academic leaders: “[M]ove beyond hiring DEI officers and **seek to mandate the implementation of anti-racist environments** and create a sense of belonging among faculty and students.”<sup>152</sup>

### REPORT 4: HOW RACISM SHOWS UP IN POLICY

This section of the foundational report seeks to answer questions regarding how policies affect individuals’ ability to enter the nursing profession and thrive within it. The introduction quickly sets the tone with a citation from Ibram X. Kendi, who declares, “[T]here is no such thing as a nonracist or race-neutral policy.” With that assumption in mind, the authors focused on three themes—all of which have **“a positive, antiracist alternative”**:

- Racism is perpetuated through the systemic and structural nature of policy.
- The application and implementation, whether through explicit or unwritten rules, can aggravate the racist impact of any policy.
- Policies typically reflect the voices in the room. Lack of diversity or only token representation of individuals of color or representatives from impacted communities preserves a singular point of view: that of the dominant culture making the policies.

The next assumption is that nursing policies in America are created from “Eurocentric thinking” and the country’s history related to race-based issues. “As part of broader society and systems,” they state, **“nursing has contributed to the hardwiring of biases and other norms into policies that have harmed nurses of color and patients, families and communities,** nor has nursing challenged the larger system or entities that established the policies that resulted in racism.” The sole example given is requiring a baccalaureate degree as the entry level to the nursing profession—a **position the ANA has supported for many years**<sup>153 154</sup>—because “university-based education was not fully accepting of students of color.” And, the report’s authors didn’t miss the opportunity to post an anonymous quote from the 2021 survey that refers to **“old white women.”**<sup>155</sup>

*“The power in nursing is primarily held by middle-aged to old white women who have just recently begun to consider racism in nursing care. There are racist principles that have been carried down through history and never challenged.”*

Anonymous Quote, 2021 Racism Survey

Figure 16. From “How Racism Shows Up in Policy.”

## REPORT 5: RACISM IN NURSING PRACTICE

The fifth report in the series got to the point in the very first sentence when it states that, in the context of the work environment, DEI “touches every part of a healthcare organization.” Overworked clichés about microaggressions, unconscious bias, and “historical trauma” are used to explain how marginalized (i.e., “Black, Indigenous, and people of color” or “BIPOC”) nurses are “racialized” in the workplace. These groups experience “dual harm” and racism “as an historical trauma originating from **suppression and oppression, white privilege, and the systemic racism** embedded in the mainstream culture.”

Not surprisingly, the recommendations include curricula that feature “anti-racism practices” and tips on “managing raced-based conversations.” Additional endorsements include increasing **“BIPOC hires,”** designating DEI officers to oversee those strategies, and budgeting for organizational DEI programming.

But the most instructive sentence in this report proclaims, “Racism is a preventable harm and can be mitigated by intentional actions to change belief systems and social and organizational practices that contribute to dual harm from **structural racism, which is invisible unless one looks for it, as it is ingrained in the structures, beliefs, policies, and practices of our healthcare system.**”<sup>156</sup> If structural racism is so ingrained in the healthcare system, how can it be invisible?

## REPORT 6: RACISM IN NURSING RESEARCH THEMES

The final installment of the NCARN foundational report reiterates many of the assertions made in the other sections, with a focus on “systemic and institutional barriers for aspiring and seasoned nurse researchers from minoritized groups.” The authors note an increase in the number of such nurses obtaining doctoral degrees but complain about **“white women recipients being and remaining the dominant race and gender.”**

The report blames structural racism in nursing curricula and admission practices (such as standardized testing) “that disadvantage students from minoritized and historically disadvantaged groups seeking to enter research training programs.” It also claims there is a **“minority tax”** that requires minority nurse researchers “to take on additional uncompensated tasks to advance or improve diversity and inclusion at their institutions.”

The writers go on to describe “top themes” they gleaned about how racism shows itself in nursing research from a nine-question survey that was posed to a **grand total of 19 nurses**. Notably, only 10 of these respondents are practicing nurses; the rest are in academia. The themes include:

- **Lack of funding:** “Minoritized researchers are not awarded funding at the same rate as white researchers,” the writers state, adding, “Studies that **seem to benefit white populations are prevalent**, with race being listed as a risk factor, **at the expense of further marginalizing minoritized groups.**” The report calls for federal and private dollars that “must be **intentionally directed and focused** on how racism has impacted nursing research.”
- **Systemic and institutional roadblocks:** Naturally, the authors contend that racism is found in all aspects of academic nursing. “Additionally,” they continued, “students from racial and ethnic minority groups **experience hostility in predominantly white nursing schools from white faculty, staff, and students.**” They even created an acronym for these “Predominantly White Schools of Nursing”: PWSOs.
- **Lack of diversity at PWSOs:** The assertion here is that “most associate and full professors are **non-Hispanic white women, while Black and African** faculty occupy mainly instructor and assistant professor roles.” Systemic barriers are identified as the culprit: Because “predominantly white leaders” are the key decision makers (and fail to acknowledge their non-white peers), these conditions cause “occupational hazards including **racial battle fatigue.**” And, “methodologies and analyses can become decontextualized, **whitewashed, inequitable**, and mis-framed.” Therefore, data collection instruments must be **“decolonized,”** as “underserved populations and communities continue to perish” because of them.
- **Feeling devalued and unsafe, experiencing hostility and microaggressions:** Due to these factors, the authors state that “nurses from racial and ethnic minority groups **must be psychologically safe** to conduct research that is not based on what is tolerable or desirable by decision-makers.”

Not to be outdone by the previous sections of the full report, part 6 recommends “anti-racist” research methodologies, as well as the advancement of **“an anti-racist nursing research agenda.”** The bottom line? “Racism will show up wherever it is given space, time, and energy.”<sup>157</sup>

The National Commission to Address Racism in Nursing provides plenty of space and devotes significant time and energy toward living up to that statement.

## JOURNEY OF RACIAL RECKONING

The “Racial Reckoning Statement” came on the heels of the NCARN’s foundational report after a public comment period. In June 2022, the ANA Membership Assembly “took historic action to begin a journey of racial reckoning” by casting a unanimous vote of ‘yes’ to adopt it. “This statement is a meaningful first step for the association to acknowledge its own past actions,” the announcement read, “that have negatively impacted nurses of color and perpetuated systemic racism.”<sup>158</sup>

The Racial Reckoning Statement reiterates many of the criticisms outlined in the foundational report.

“As leaders of ANA, we apologize for the named and the unaccounted-for harms,” the *Seeking Forgiveness* section of the statement begins. Actions the ANA has taken in the past “have caused **irreparable physiological, psychological and socioeconomic harm**” to all non-white nurses, patients, families, and communities. More acts of contrition followed:

- We failed to live up to the professional values established through the Code of Ethics for Nurses.
- We failed to support a robust education approach that included the appropriate preparation to care for ALL our patients, especially patients of color.
- We apologize to all nurses of color...ANA failed to uphold your work and support you.
- ANA also failed in supporting and caring for communities of color and other marginalized people.
- We apologize to the ethnic-minority nurse associations.
- ANA’s failure to lead resulted in a fragmentation of the profession that contributed to a fragmentation in nursing care for minoritized communities.

To make up for its failures, the ANA Board of Directors pledged to “**continue to reckon with and apologize for past harms**,” seek reconciliation from the ethnic-minority nurse associations, and conduct a “**diversity, equity and inclusion impact analysis**.” The ANA itself promised to continue its collaboration with the NCARN to “**create antiracist practices and environments**,” actively engage in DEI programs within the organization, and **increase efforts to report race/ethnicity information** in publications and educational materials.

“This journey will take some time,” the statement concludes, “but it is one that ANA is fully committed to.”<sup>159</sup> Indeed, the Association’s activities of the past few years (and recent announcements in response to Presidential executive orders) indicate that it has no discernible plans to back away from its fixation on group identity politics.<sup>160</sup> Yet, all the bombast contained in the Commission’s foundational report and the Journey of Racial Reconciliation merely scratches the surface. A vast warehouse of divisive and inflammatory content is featured in the ANA’s Project ECHO® initiatives.

## PROJECT ECHO

Project ECHO® (Extension for Community Healthcare Outcomes), introduced in March 2021, was originally developed as a useful tool for clinical nurses during the COVID-19 pandemic era. With support from the Centers for Disease Control and Prevention (CDC) Project Firstline (created in 2020), Project ECHO®

provided nurses with infection prevention education and resources.<sup>161 162 163</sup> However, the ANA changed the focus of Project ECHO<sup>®</sup> from a clinically informative instrument when it added it to the NCARN's *Racism in Nursing Resources for Change*.<sup>164</sup>

This change in focus became evident when the ANA embarked on an annual series of webinars presented under the Project ECHO<sup>®</sup> banner<sup>165</sup>—abandoning any objectivity and scientific relevance the endeavor may have once had.

## EQUITY IN ACTION SERIES

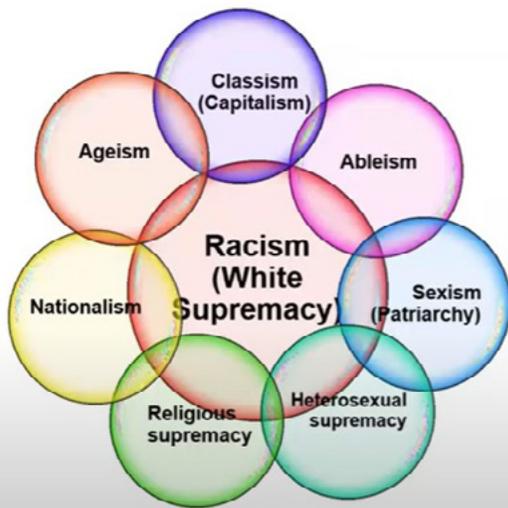
Formerly known as *Project ECHO<sup>®</sup> on Racism in Nursing*, the NCARN rebranded it as **Equity in Action: Dismantling Racism in Nursing** at the same time as its own launch. A large body of evidence demonstrating the ideological bent of the ANA can be found in this series, offered annually since March 2022, which most recently claimed to “bring[ ] together leading voices to address systemic racism in the nursing profession.”<sup>166</sup> Designed as a continuing education offering, it reveals the ANA's desire to indoctrinate more than educate.

Series 1 contained a predictable slate of presentations on microaggressions, implicit bias, impostor syndrome, and “Tools to Address Racism in Clinical Practice.”<sup>167</sup> Series 2 (offered later in 2022) was composed of reruns of all the Series 1 presentations.<sup>168</sup>

Other notable examples from subsequent years' presentations:

- Two highlights from Series 3 include Roberta Waite lecturing on **“How do we ensure health equity in a society built on white supremacy and oppression?”** and Danisha Jenkins' presentation on **“Is anti-racist care possible under capitalism?”** Waite again places white supremacy as the central force that drives oppression within the nursing profession. Jenkins pontificates about “commodified healthcare” and “racial capitalism.” The video includes a citation from Eleanor Marx, youngest daughter of the author of *The Communist Manifesto*, Karl Marx.<sup>169 170 171 172</sup>

## Oppression: Used to Maintain Power



### Definition:

Attitudes, behaviors, and pervasive and systematic social arrangements by which members of one group are exploited and subordinated while members of another group are granted privileges (Bohmer and Briggs, 1991).

Unjust exercise of power and the control of ideas and coveted resources in a way that produces and sustains social inequality (Watts et al., 1996).

Figure 17. From "How do we ensure health equity in a society built on white supremacy and oppression?" (Project ECHO® Racism in Nursing, Series 3, session 7).

## The capitalist



- He is not a direct producer, but a *money-owner*.
- Goal is to buy commodities and sell them.
- Spends money to get money.
- "The producer now appears as a man who enters the market, not with produce, but with money; who buys not what he wants but what he does not want for his own use. He buys, in a word, to resell what he has bought." - Eleanor Marx

Figure 18. From "Is anti-racist care possible under capitalism?" (Project ECHO® Racism in Nursing, Series 3, session 8.)

- In 2024, the ANA continued to ramp up politically extreme rhetoric. Series 4 featured presentations such as ***The Power and Influence to Address Structural and Systemic Racism, Exposing the Civilized Oppression Preventing Authentic Social Justice***, and ***Erecting Systemic Barriers for Black and African Americans from Slavery to Present Day: What Should Nurses Do?***<sup>173</sup> These sessions, marketed as professional development, asked nurses the age at which they became conscious of their race. Another provided multiple definitions for “oppression.” And yet another discussed “social context” in the United States—complete with an image of George Floyd.<sup>174 175 176</sup>



Figure 19. From “Exposing the civilized oppression preventing authentic social justice.” (Project ECHO® Racism in Nursing, Series 4, session 2.)

# UNITED STATES SOCIAL CONTEXT




**LGBTQ community calls for justice after  
Tony McDade, a black trans man, shot  
and killed by police**

*It was the third officer-involved shooting in Tallahassee in two months.*

9


Sinclair School of Nursing  
University of Missouri

Figure 20. From "Erecting Systemic Barriers for Black and African Americans from Slavery to Present Day." (Project ECHO® Racism in Nursing, Series 4, session 5.)

The 2025 version of the Equity in Action series carried on the traditional narrative from previous years. This version took the opportunity to bring renewed attention to the work of the NCARN. Beginning with the session "The Commission Journey: Moving Past the Past," Series 5 contained a slide with a prime example of its intent:

*Mission: To provide a framework **to confront structural and systemic racism** and its impact on historically marginalized and minoritized nurses and communities and advocate for changes in policy and practice in nursing education, care delivery, and research.<sup>177</sup>*

**VISION & MISSION** (rev 09/2023)



**VISION:** The nursing profession leads by example, advancing diversity, equity, inclusion, and belonging, as we unite to eliminate racism as a multifaceted health crisis and societal ill.

**MISSION:** To provide a framework to confront structural and systemic racism and its impact on historically marginalized and minoritized nurses and communities and advocate for changes in policy and practice in nursing education, care delivery, and research.

 National Commission to Address Racism in Nursing

Figure 21. From “The Commission Journey: Moving Past the Past.”

In the next session, “Using History to Advance Equity and Justice,” participants were told that “settler colonialism” has “removed and replaced” indigenous populations with a “dominant culture” that must be “reversed” in “nursing education and practice” through “**decolonization, indigenization, and reconciliation**.”<sup>178</sup> The presenters stated,

[T]he development of nursing as a profession for middle class, umm, white women...is inextricably linked to Victorian ideals of respectability and femininity, which is **connected to white womanhood**. And that has culminated in a long history of racist, umm, exclusion that has shaped the profession.<sup>179</sup>

The session closed by naming systemic racism as a “root problem” in healthcare, which enabled the speakers to tailor their efforts toward that assumption. Their message was clear: **establishing anti-racism as the goal of nursing education is of primary importance** (rather than, for example, developing competent nurses).

“The Contemporary Landscape of Racism in Nursing: Where Do We Go From Here?” began with the assertion that racism is a bogeyman of sorts, lurking behind every corner as a mysterious force that permeates every aspect of healthcare. Those who don’t learn how to look for it will be overtaken by it. The presenters used vague language that treats any opposition as foolish. Believing that racism isn’t present in every situation “is dangerous because it underestimates the insidious and adaptive nature of racism.”

Less than two minutes later, the speaker added:

So, within the contemporary context, it [racism] manifests more in a subtle way; more in a systemic and institutional ways, in comparison to **historical forms of racism, which was very overt and legally sanctioned.**<sup>180</sup>

The presenters continued:

So, it's no longer protected by those white hoods and lynch mobs that Kelly just mentioned, but by spreadsheets, bureaucratic language, and so-called race-neutral policies. It hides in plain sight under the guise of objectivity, tradition, and efficiency.<sup>181</sup>

Taken together, the session framed racism as an omnipresent, shapeshifting force—no longer visible in overt acts but embedded so deeply in everyday systems and routines that its presence must be assumed rather than demonstrated. It's a worldview so sweeping and unfalsifiable that ordinary clinical judgment becomes suspect by default, turning every spreadsheet and policy into evidence of a hidden racial agenda.

The latter quote prompts a serious question that is ignored by the presenters: if spreadsheets are protecting systemic racism, what *isn't* guilty of protecting systemic racism? If objectivity hides racism, what *doesn't* hide racism, and how can it ever be decided—and by whom?

In the fourth session titled "Education for Equity: Confronting Racism for Equitable Learning," similar rhetoric was seen when presenter and panelist Julius Johnson said:

I think, more importantly, the biggest reason and the biggest danger... to DEI, right, that's causing the rise in anti-DEI, is the foundation of what the country was built on... which goes back to what I said in terms of when a country was originally started. Right, like **you can remove everybody out of a system that is not racist, but if...the system itself is racist, it's gonna produce those outcomes.** So, now you have people... standing up and trying to fight against this. Right, like they're trying to fight against this.<sup>182</sup>

The implication here is clear: the system itself requires dismantling.

This theme continued in the fifth session, titled "Promoting Equity and Justice Through Antiracist Nursing Policy." An early slide states: "Nurses must address unjust systems and structures and **use their voices to advocate for transformative action-oriented policies** and initiatives that mitigate inequality and promote social justice." Moments later, the presenters assured that the nursing profession has "worked really hard to make sure that policy is informed by science; that it is evidence-based."<sup>183</sup>

## Foundational Practice



### Nursing: Scope and Standards of Practice (2021)



Nurses must address unjust systems and structures and use their voices to advocate for transformative action-oriented policies and initiatives that mitigate inequality and promote social justice.

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Figure 22. From "Promoting Equity and Justice Through Antiracist Nursing Policy."

Session six, titled "Healing the Hurt: Addressing Racism in Nursing Practice," further championed ideology over science. The speaker claimed systemic racism is to blame for shortcomings of various diagnostic tests and important clinical assessments used by nurses. Take, for instance, eGFR, which provides an estimate of kidney function:

**We know that there's race-based eGFR [estimated glomerular filtration rate] adjustments that delay life-saving treatment for black patients and Hispanic patients for decades for dialysis...kidney transplant perspective. These are not isolated flaws. They are built into algorithms, protocols, and assumptions that we use to treat – or think that we're treating – the clinical truth.<sup>184</sup>**

Several health systems advocated removing the consideration of race in kidney function assessment equations beginning in 2021. Using a race-corrected formula is a highly significant estimator of GFR; yet, this has been labeled as racist. Amid calls for social justice, proponents of ignoring the race correction in eGFR cite race as a societal rather than a biological construct. Despite the lack of any scientific rationale, the decision was a political one that has negative consequences in the diagnosis and treatment of chronic kidney disease. If improvements were truly desired, a race-stratified approach with separate equations for blacks and non-blacks would provide the least biased eGFR for each respective group based on the scientific data.<sup>185</sup>

Throughout the *Equity in Action: Dismantling Racism in Nursing* series, sweeping ideological claims were presented without evidence or coherent reasoning. In the process, scientific rigor and evidence-based practice were subordinated to the ANA's pursuit of unyielding racial consciousness.

\*\*\*\*\*

The ANA invested a substantial amount of time, financial resources, and effort into the NCARN, the racial reckoning initiative, and related continuing education offerings to maintain a perpetual focus on race and perceived racism in nursing. As a result, the entire profession experiences negative consequences that filter down to all nurses, regardless of whether or not they are official members of the Association.

## HOW THE STRUCTURAL COMPONENTS AND ACTIONS OF TODAY'S ANA ENTERPRISE HAVE A NEGATIVE INFLUENCE ON NURSING PRACTICE

Although the ANA's membership consists of only a fraction of America's registered nurses, its grip on the profession creates systems that have an impact on nursing practice. Three branches of the ANA infrastructure that exert substantial influence are **ANA-PAC**, the **American Nurses Credentialing Center's** programs, and the **American Nurses Foundation**.

### POLITICAL ADVOCACY BY ANA-PAC

The organization's political advocacy efforts in the past ten years, chronicled on the RN Action website, provide insight regarding its preferences and ideological alignment. "Every day ANA advocates on your behalf, educating and forging relationships with members of Congress and congressional staff on both sides of the aisle," the organization claims, "and lobbying to advance ANA's policy agenda in support of nurses and patients."<sup>186</sup> Yet, it is difficult to have confidence in this statement while examining the ANA's campaign contribution strategies and practices.

### POLITICAL CANDIDATE CONTRIBUTIONS

Through its PAC, the ANA has contributed more than **\$1,340,000** to political campaigns during the last five election cycles, demonstrating its interest in congressional candidates. According to *ANA-PAC Frequently Asked Questions*, these donations come from "funds raised from ANA members." RN Action states it provides support for candidates who are aligned with "ANA's legislative priorities **without regard to political party affiliation**."<sup>187</sup> However, the organization's affinity for one political party is readily apparent. Since the 2016 election cycle, **69.5%** of the ANA-PAC's contributions went to Congressional Democratic candidates.<sup>188</sup>

## ANA PAC Contributions by Political Party (congressional candidates)

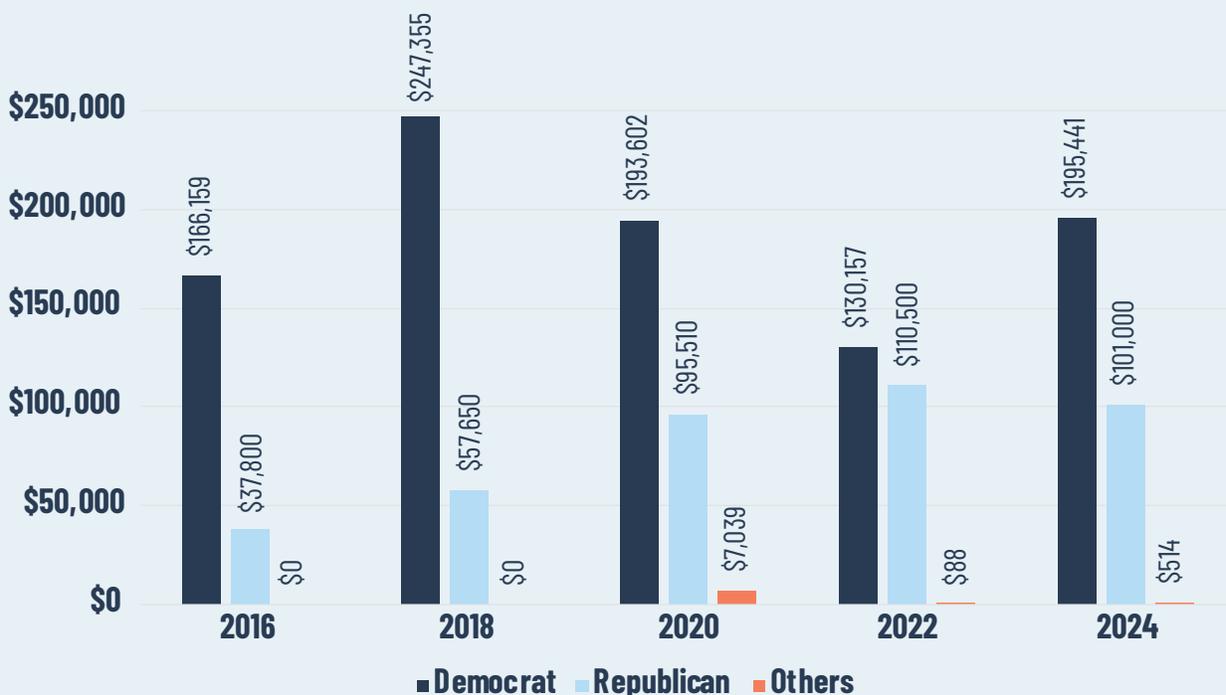


Figure 23. ANA PAC contributions to congressional candidates, 2016-2024 election cycles (Open Secrets, February 12, 2026).

### ENDORSEMENTS AND STATEMENTS BY CANDIDATES

Additional evidence of the ANA’s political preferences is seen in its practices for publicizing candidate support. During the 2018 election cycle, the ANA posted endorsements on the website that its PAC made for 20 congressional candidates. Of those, 19 were members of the Democratic Party at the time of the endorsement.<sup>189</sup> <sup>190</sup> A similar pattern was seen in the 2020 election cycle, as the ANA-PAC endorsed 11 congressional candidates, 10 of whom were Democrats. The ANA-PAC selected these individuals because they “will support and work to enact the policy priorities of ANA members and the country’s four million registered nurses.”<sup>191</sup> A few of these individuals are credited with comments that reflect language which would soon become all too familiar in the ANA’s messaging:

- Angie Craig (D-MN): “We know Minnesota has historic disparities when it comes to educating students of color, and it is our responsibility to look critically at the role systemic racism plays in determining outcomes in our education system.”<sup>192</sup>
- Suzan DelBene (D-WA): “We as a nation must reckon with how our institutions continue to sustain generations-old inequality and racism.”<sup>193</sup>
- Jeff Merkley (D-OR): “As our country finally grapples with the long-ignored truths of systemic racism, many of us are taking a long-overdue hard look at things we once took for granted. The fact is, our country was built on slavery, and the white supremacist ideology that justified it.”<sup>194</sup>

Although the “ANA-PAC Congressional Endorsement Process” was visible on the website in late 2025, it has since been removed. No further congressional candidate endorsements have been published on the ANA or RN Action websites since the 2020 election cycle.<sup>195</sup> And, the 2022 contributions demonstrated more balance between political parties. Did the ANA-PAC take notice of the disparity in its past actions and financial contributions? Perhaps, but as noted in the graph above, the 2024 contributions almost mirror the distribution seen in the 2020 election cycle.<sup>196</sup>

The ANA’s political party preferences were also visible during the past two U.S. presidential elections. The RN Action website states that the ANA-PAC discontinued endorsing candidates in 2019, opting for a “presidential engagement policy” instead. “This engagement ensures ANA is best positioned to work with the next president and their administration,” the ANA-PAC FAQs claim, “**regardless of their political affiliation.**”<sup>197</sup>

#### DOES ANA-PAC ENDORSE PRESIDENTIAL CANDIDATES?

The ANA-PAC ended its process of endorsing presidential candidates in 2019. ANA’s Membership Assembly voted to move from a presidential endorsement policy to a presidential engagement policy. ANA continues to empower and resource all nurses and nurse advocates to support the candidate of their choice for president. This engagement ensures ANA is best positioned to work with the next president and their administration regardless of their political affiliation.

Figure 24. From the ANA-PAC FAQs.

Yet, public reporting on the ANA-PAC’s candidate contributions for both presidential campaigns shows that funds exclusively went to the Biden or Harris campaigns, with no evidence of “engagement” with the Trump campaign.<sup>198 199</sup>

And, in 2025, the Association jumped at the chance to celebrate Democrat candidate wins in the November 4 elections. Subscribers received an email touting certain victories in New Jersey and Virginia. The email also gave a glowing account of the results of the New York City mayoral race, carried by then Democratic Socialist Assemblyman Zohran Mamdani.



As a valued member of the American Nurses Association (ANA), you are receiving this exclusive update to stay informed on the latest federal policy developments that impact nursing practice, patient care, and the broader health care system. This **ANA Government Affairs & Policy Update** covers key legislative and regulatory actions from the week of October 27, 2025.

We are committed to keeping you informed and empowered as a nursing professional and advocate. Thank you for your continued engagement and dedication to advancing the nursing profession.

**The Results are in!** Voters across the country voted on November 4, with a strong showing for Democratic candidates and measures across the country amid broad frustration over the economy and affordability. In New York City, 34-year-old Assembly member Zohran Mamdani (D) won a historic victory for the Democratic Socialists of America Party, also becoming the city's youngest mayor in a century.

Voters in New Jersey and Virginia went to the polls for major statewide elections and legislative seats. In New Jersey, U.S. Representative Mikie Sherrill (D) was elected governor, succeeding term-limited Gov. Phil Murphy (D). Democrats maintained control of the General Assembly, expanding their majority slightly to hold at least 55 of 80 seats.

In Virginia, former U.S. Representative Abigail Spanberger (D) won the gubernatorial race, succeeding Gov. Glenn Youngkin (R), who was ineligible to run for a consecutive term under the state constitution. Democrats also secured victories in the lieutenant governor and attorney general contests and expanded their majority in the House of Delegates, winning at least 64 of 100 seats.

Figure 25. From the ANA Government Affairs & Policy Update email, November 6, 2025.

Efforts by the ANA-PAC often affect the other branches of the organization, influencing positions and practices in those programs. A component of the ANA Enterprise structure that exerts a great deal of influence on new graduates and hospital-based RNs is the American Nurses Credentialing Center (ANCC).

### **ANCC PRACTICE TRANSITION ACCREDITATION PROGRAM® (PTAP)**

While the Practice Transition Accreditation Program® (PTAP) accredits programs for both early career and experienced nurses, nurse residency programs have the most potential for influencing inexperienced RNs. Hospital-based nurse residency programs typically hire new grads for their first jobs straight out of nursing school, and accredited programs must adhere to ANCC guidelines. As expected, the ANA Enterprise ensures that newly licensed RNs receive a hefty dose of DEI during their residencies.

For example, of the five Program Choice Standards (required for Accreditation with Distinction), the third option states:

Describe and demonstrate how **diversity, equity, and inclusion initiatives are integrated throughout the program** and demonstrate how the learner applies this acquired knowledge in the practice setting.

To maintain accreditation, the program's annual report to the ANCC PTAP team must contain demographic information for nurse residents. Metrics for each residency cohort include aggregated data related to **race, ethnicity, and age of individual participants**. And, communication in PTAP programs—verbal and non-verbal—must reflect **"cultural humility."**<sup>200 201</sup> When choosing a nurse residency program, applicants are encouraged to inquire about "the social culture of nurses" in the organization and the departments they are interested in.<sup>202</sup>

Many nurse residents will go on to be employed by Magnet® hospitals, where their indoctrination continues.

## ANCC MAGNET® MODEL

The Magnet Recognition Program® claims its mission is to set "the standard for excellence" through leadership and dissemination of new knowledge.<sup>203</sup> Approximately 10% of hospitals in the U.S. have Magnet® designation, indicating they subscribe to the *14 Forces of Magnetism* for nursing practice and the transformation of organizations. "Magnet-recognized organizations today strive for stabilization," says the ANCC about the role of leadership; "however, **healthcare reformation calls for a type of controlled destabilization** that births new ideas and innovations."<sup>204 205</sup>

## COMMITMENT TO PROMOTING "HEALTH EQUITY" IN THE MAGNET® PROGRAM

In June 2022, three Senior Magnet Program Analysts from the ANCC published an article outlining the infusion of identity politics into the official application guidance. "The Commission on Magnet Recognition further integrated structures and processes involving DEI into the 2023 Magnet® Application Manual," the authors said, "to emphasize the importance of organizations' **enculturation of these initiatives** as a part of the mission and vision." Elements in the manual "demonstrate the **foundational support for DEI** in Magnet-designated organizations," with "equity and inclusion" added in 2023 as "essential elements" of organizational culture. For example, the "transformational leadership" component "requires an example of a nurse assistant vice president (AVP)/nurse director or nurse manager **participation in an initiative promoting workplace DEI.**"<sup>206</sup> A subsequent article was published in the ANA's *American Nurse* journal reiterating these points and providing Magnet-related DEI examples from the Hospital of the University of Pennsylvania.<sup>207</sup>

## AMERICAN NURSES FOUNDATION REIMAGINING NURSING INITIATIVE

Further support for health equity comes from the American Nurses Foundation (ANF). The *Reimagining Nursing Initiative (RN Initiative)*—yet another provocative project launched by the ANA in 2022—was

created “to transform nursing as we know it.” An initial **\$14,000,000 grant** from four commercial and private entities funded the first ten projects to **“disrupt the world of healthcare for the better.”** The projects reflect three areas of priority for the RN Initiative: *Practice-Ready Nurse Graduates*; *Technology-Enabled Nursing Practice*; and the *Direct-Reimbursement Nursing Model*.<sup>208 209</sup> However, as of February 2026, the URLs <https://www.nursingworld.org/foundation/rninitiative/> and <https://www.nursingworld.org/foundation/rninitiative/countmein/> are broken.

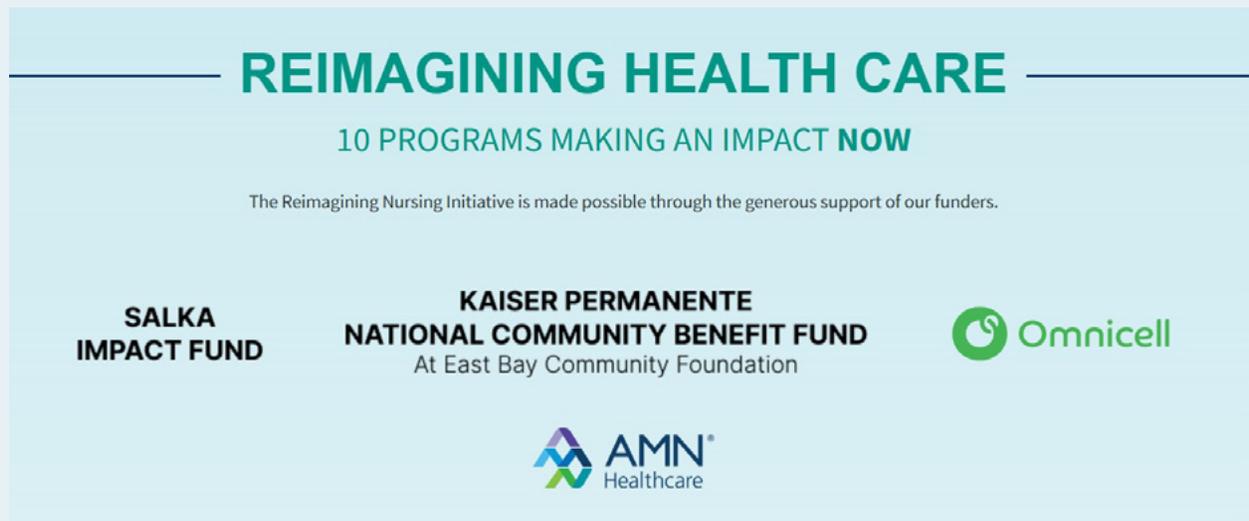


Figure 26. Funding sources for the “Reimagining Nursing Initiative” as it appeared on October 30, 2025.

The *Practice-Ready Nurse Graduates* project was concerned that curricula in nursing education programs “rarely integrate the social determinants of health and nurses’ role in advancing health equity,” but the ANF has since taken down that page as well.<sup>210</sup> To remedy this, the RN Initiative proposed “**bold, deconstructive processes**” that involve the use of curriculum content guidance from the American Association of Colleges of Nursing (AACN).<sup>211</sup> Dubbed “The Essentials,” core competencies include “principles of social justice” and **integrating DEI “as core to one’s professional identity.”**<sup>212 213 214</sup>

9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.	
9.6a Demonstrate respect for diverse individual differences and diverse communities and populations	9.6d Model respect for diversity, equity, and inclusion for all team members.
9.6b Demonstrate awareness of personal and professional values and conscious and unconscious biases.	9.6e Critique one's personal and professional practices in the context of nursing's core values.
9.6c Integrate core principles of social justice and human rights into practice.	9.6f Analyze the impact of structural and cultural influences on nursing's professional identity.
	9.6g Ensure that care provided by self and others is reflective of nursing's core values.
	9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.
	9.6i Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health.

Figure 27. Domain 9.6 of the AACN Core Competencies for Professional Nursing Education (2021).

It's no coincidence that the pilot programs emphasize health equity and identity politics. ANF Executive Director Kate Judge stated that "from the beginning" the pilot programs were asked "to address equity."<sup>215</sup>

### WHY "HEALTH EQUITY" IS NOT AN ACCEPTABLE ALTERNATIVE TO DEI

In recent years, activist organizations have taken advantage of the social and political atmosphere in the United States to advance DEI-related concepts. They assert the healthcare system adversely impacts "marginalized" populations because the system is structurally racist. Furthermore, they claim the healthcare system fails to meet the needs of certain identity groups due to systemic racism or implicit bias on the part of healthcare providers. Using this assumption, the concept of 'health equity' was unleashed on all aspects of healthcare and medical education. While it is designed to sound like a noble cause, it is founded on divisive concepts that extend beyond access to care. **The implementation of health equity dictates equal outcomes**, not just equal opportunities to receive appropriate healthcare. And to achieve equal outcomes, racial discrimination is often employed. Disparities do exist among patient populations, but not because of rampant racism within the healthcare system.<sup>216</sup>

Yet, the ANA subscribes to and supports the perpetuation of health equity as an essential element in nursing, while maintaining the required focus on race. For example, American Nurses Enterprise Chief Executive Officer Angela Beddoe gave a keynote address at the March 28, 2025 annual Policy Summit for the National Coalition of Ethnic Minority Nurse Associations (NCEMNA). "We will not rest," she remarked, "until **health equity is a reality embedded in the heart and hands of every nurse** and reflected in everyday practice."<sup>217</sup>

## ANA'S CONTINUED SUPPORT OF HEALTH EQUITY

To ensure the quest to fully embed health equity into every aspect of the nursing profession, the ANA held its *Opportunity & Impact in Nursing Summit* on February 12-14, 2026, in Washington, D.C. "This Summit is where purpose meets progress," the event webpage states, "where we unite to remove barriers, amplify key voices, and advance fairness and representation through strategies that strengthen the nursing workforce."<sup>218</sup> In addition to ANA officials who are dedicated to the organization's DEI initiatives, the speakers included a lineup of DEI and health equity activists, including:<sup>219</sup>

- G. Rumay Alexander, Katie Boston-Leary, and Cheryl Peterson, who played key leadership roles in the development of the NCARN foundational report
- Roberta Waite, featured in ANA's presentation of *How do we ensure health equity in a society built on white supremacy and oppression?*
- Uché Blackstock, a well-publicized activist who blames "systemic racism" for health disparities<sup>220</sup>
- Ernest Grant, past ANA president and architect of the NCARN

Finally, the summit features the *2026 American Nurses Foundation Health Equity Awards*. The nomination form asks, "In what ways do you/the nominee demonstrate an understanding of and **embrace health equity, social justice, anti-racism, and cultural humility** in a way that these concepts emerge as normalized, automatic and default thought processes no matter the setting or the group of people they collaborate with?"<sup>221</sup>

Clearly, the ANA Enterprise has no plans to dial back its dedication to these destructive and divisive concepts.

## CONCLUSION: WHAT CAN BE DONE ABOUT THE ANA?

Prior to its governance restructuring in 2012, the Association had a more deliberative process for setting policy and making decisions that affect the nation's RNs through its House of Delegates (which had approximately 450 voting members at that time).<sup>222</sup> Now that the organization is governed by a smaller Membership Assembly and Board of Directors, it has even further opened the door for a subgroup of highly motivated appointees and activists to drive strategies that do not align with the original mission. Plus, the ANA is not unique in its resolve to engage in ideological activism. Multiple professional healthcare societies do the same. When professional organizations make official position statements on controversial topics (which may be well outside their area of expertise), individual members who disagree have no voice or representation.<sup>223</sup> For nurses, once a divisive concept is embedded into the framework by the ANA's leadership, it flows into the foundational model, creating a permanent obligation. This is seen in the revised Code of Ethics and professional development offerings in today's ANA.

As a result, institutional capture has taken place through the actions of relatively few individuals. Yet, the effects of redefining the principles of the profession—based solely on contentious ideology—are felt by millions of nurses. And, as a private organization, there is no course of action for conducting public oversight of the ANA Enterprise. So, what can be done about the ANA's status as a professional organization that spends its time and resources on activism instead of advocating for nurses?

**It's up to nurses to take back their organization, and ultimately, their profession.**

There are approximately five times the number of nurses in the U.S. as physicians.<sup>224</sup> Nurses do have a substantial collective voice, and it is well past time to use it in defense of the profession. Awareness of the realities behind the ANA's operations is the first step toward accountability.

Are there reasons to believe that the Association will return to sanity? Based on the evidence presented in this report, it seems that the ANA is fully entrenched in its obsession with race. But, a faint glimmer of hope was seen in November 2024 with the release of a short YouTube video. As part of *The Power of Nurses* marketing campaign, "Nurses Symphony" depicts how the profession connects with patients and drives healthcare forward "every day, often on tired feet with hands that provide the gentlest of touches." The ANA says it stands with nurses to advocate for improved work environments, education, and standards of practice. "You have the power to care without judgment," the narrative continues, noting that "with one united voice, we are powerful."<sup>225</sup>

This is what nursing is at its core: a profession that seeks to serve patients with compassion and foster healing rather than serve as a vehicle for radical political activism.

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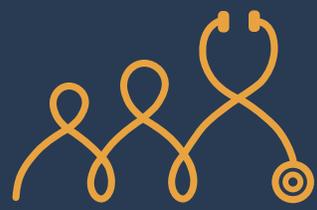
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