

Licensed Practical / Vocational Nurses, Your Voice Matters!

Contributing Author Kimberly Fisher July 15th, 2026

American Nursing Association 2026
Membership Assembly Approves to Amend ANA Bylaws to
Add Licensed
Practical/Vocational Nursing Membership.

What It Took:

In November 2025 I received a request of candidacy to serve as an additional Licensed Practical/Vocational Nurse (LPN/LVN) representative on the American Nurses Association's LPN/LVN Ad Hoc Committee after the 2025 ANA Membership Assembly proposal to add LPNs/LVNs as ANA members was not voted on and sent to committee for further evaluation. The following implications were presented for review before proceeding to amend ANA bylaws: different membership models/structures for LPNs/LVNs, representation of LPNs/LVNs in governance, the value proposition with potential overlap and/or compliment of existing LPN/LVN focused organizations, initial financial and operational impact, the rights and privileges of LPNs/LVNs, and membership dues structure for LPN/LVN members. The Ad Hoc Committee currently had one dedicated LPN/LVN representative (Lori Williams) serving at the time. In September 2025, along with two phenomenal LPN/LVNs (Shameka Tatum and Casey VanScoy), I was officially appointed by the American Nurses Association Board of Directors to serve on the ANA LPN/LVN Ad Hoc Committee.

Prior to our first Ad Hoc Committee meeting we were provided with all the previous meeting minutes and reports completed to review in preparation of the work ahead. As I thoroughly reviewed the documents provided, I thought to myself, although these comments are not new to me, it was still disappointing to see how many nurses in 2025 still viewed LPN/LVNs as uneducated, nonprofessional, underqualified, incapable of critical thinking, and thus lacked the skills to hold a leadership position. I knew this was going to be a long hard journey, but I was determined to help complete the long overdue birthing process to amend ANA bylaws to not only include LPN/LVNs in membership but to have equal membership rights.

We worked long hours reviewing each pro and con presented with transparency and honesty. There were times that I left the meeting frustrated and angry but nevertheless, I kept an open mind, respectfully came back to the table, genuinely

listened to all sides, reflected, and responded professionally with courtesy as I presented my point of view. I was very happy that the Ad Hoc Committee leadership brought in a neutral party meeting facilitator (Brian Tarallo) who made it easier for me to see and understand that not all of the opposing member's comments were about their dislike for LPN/LVNs; but rather a lack of understanding of LPN/LVN role, scope of practice, capabilities, and current practice settings in the nursing field. LPN/LVNs are nurses that compassionately provide patient care, advocacy, education, student mentorship, strength, and support our colleagues every day to help create a better health-care system that is equal for all.

It was good to have nurses on the Ad Hoc Committee from different states, backgrounds, and scope of practice come together. At the end of the final meeting, most members found that we had more in common than previously envisioned and how it was okay to professionally agree to disagree. Some committee members changed their opposing position while others remained the same. As Dr. Stephanie McClellan (DNA Past President) and I headed back to Delaware, I was even more determined to complete the mission that had been set before us. We needed to present our proposal to the 2026 Membership Assembly. Although we had the majority vote from the Ad Hoc Committee, we needed to have two-thirds vote from the ANA Membership Assembly in favor of amending the ANA Bylaws to add LPN/LVN membership with equal rights.

On Thursday June 25th, 2026, I attended my first Membership Assembly as an invited ANA LPN/LVN Ad Hoc Committee member. Initially I experienced some tension that I felt when I attended my first Ad Hoc Committee meeting, especially since I knew opposing committee members and several ANA voting members that held the same opposing position were present. However, after I attended ANA's National and Presidential Awards Ceremony where history making, trailblazing nurses such as Linda Aiken, PhD, RN, FAAN; Rachel Robinson, MS, RN; Jen Hamilton, BSN, RN, CEN, RNC-OB; Vivienne McDaniel, DNP, RN, FADLN; Karen Rawls, PhD, MSN/Ed, RN; Barbara Russell, MPH, BSHSA, RN, CIC, FAPIC; and Debra Toney, PhD, RN, FADLN, FAAN received recognition was just the inspiration I needed to help prepare the opening Membership Assembly session where all proposed bylaws would be presented and opened for discussion the next morning.

Saturday June 27th, 2026, was the longest day of the Membership Assembly that I had experienced, it seemed as if it would never end. There were several bylaws presented with little to no opposition and no additional discussion until the ANA LPN/LVN Ad Hoc Committee proposal was presented. Nurses from all over started to line up as soon as the speaker opened the floor. Thankfully my fellow DNA Board Member Tashauna Clarke was the very first person to speak in line. Her empowering words of support for the proposal helped set a more positive tone for the debate. It was amazing to see how many nurses from all over, with varying backgrounds, and of different ages spoke in favor as well despite comments from several opposing members' presentations.

Ironically, time was running out when the assembly speaker announced that we only had time to hear from one more person who happened to be me. Before I stepped to the mic in my coral orange business pantsuit, I asked God to provide me with a final message to say for everyone to reflect upon in the few minutes of allotted time that had not already been covered. I began sharing my experience attending ANA's Hill Day with DNA's Advocacy Committee three years before I was ever appointed and then re-elected this year as the first LPN to hold a DNA Executive Board Position; as well as meeting with our state legislators throughout the year advocating for workplace violence prevention, staffing issues, and better educational support. I did this not as an LPN, RN or APRN, but as a nurse who shares the same issues and experiences. I have never had a legislator ask me if I was an RN or LPN. My positive experience of working for twenty-seven years with all nurses collectively as a team. The training, motivation, and inspiration that I received from my nursing school LPN Program Director who continuously instilled in me to be a nurse of excellence that serves with compassion, regardless of my title and any other nursing titles that I may obtain in the future. And that up until this very day, Director West is responsible for what many may consider impossible nursing doors of opportunities opening to me.

Thus, I asked everyone to reflect upon what I presented and the words written in the ANA mission statement and to consider changing your opposing position. Concluding with my final remark- whether you choose to vote yes or no I will continue to advocate for all nurses and to walk in nursing excellence. To my surprise the majority of those in attendance stood up applauding, however there were moments throughout the rest of the day where I stepped into the elevator and or sat at a table that I was quickly reminded that there were still many members that were not open to change. Each night I went to my room and prayed for every nurse to think about the oath they took and the ANA mission "to include and support all nurses." Either way, my LPN/LVN Ad Hoc Committee members

and I agreed that we would see each other at the next ANA Membership Assembly as members or advocates with the mindset that we shall not be moved.

Sunday June 27th, 2026, the final day of the Membership Assembly where voting would begin, I was stunned to see how many opposing members stepped up to debate and tried to make changes to the amendment proposal implementation date. But once again another DNA Executive Board Member Kathleen Neal (DNA President) stepped up to the mic and proposed to stop the debate followed by DNA Executive Board member Tashauna Clarke who second the motion, along with an overwhelming support of hands lifted up throughout the room in favor of stopping the debate. Final remarks of consideration were presented by my fellow LPN/LVN Ad Hoc Committee members Casey, Shameka, and Lori before the official ANA bylaw voting began. I closed my eyes and before I could open them, I heard clapping. I looked up and was in awe, the vote was 88 in Favor to amend ANA bylaws to add LPN/LVN membership with equal rights. There was a standing ovation of supporters. All I could do was hug DNA Executive Director Christopher Otto, DNA family, and supporters. The mission was finally born; now we must nurture, support, to ensure that amendment is carried out successfully, and will continue to grow.

From the moment I accepted the committee position and even after the bylaw passed, I have been asked by RNs and LPNs: Why are you doing this? Why do you care? Why do you want to be a part of an association that does not want us?

Here is my Why:

I grew up with a family full of nurses that I always admired. As soon as I was old enough to volunteer as a candy striper I could not wait to apply for the training when I entered high school where I got to be a nurse's aide. After I graduated, I worked as a Certified Nursing Assistant, later receiving my Medical Assistant certification which permitted me to work as a tech nurse while putting myself through college to be an RN. After waiting for many years on a clinical list in frustration. I was approached by a hospital colleague who told me about an LPN state program that had an upcoming enrollment program if I was interested. I was informed that the school was very hard to get in and that they only accepted twenty students that must, number one take and pass their competency test, write an essay on why you want to be a nurse, interview with their leadership panel of nurses, and if prospective students were chosen, they would be required to attend classes 5 days a week for 8 hours a day.

I remember thinking this is a lot and that would mean that I would need to work every weekend to keep up with our household income. I was so surprised the day I got my acceptance letter. It was a long year of stressful classwork, endless nights of

studying, with no weekends off at the hospital. Minimal time with my husband and our 5-year-old son. Just when I started to get the routine down, we started clinicals which made the stressful days even longer. The year had come to an end but there was no time to relax. I still had to take the NCLEX. I remember the proud look that my family had as I spoke to our graduating class. Despite the many obstacles I faced throughout the year, I graduated with honors as the 2nd top student in our class. I took my state boards which was not easy and successfully passed them within a couple of weeks. I was finally a nurse after eight years of trying to put myself through nursing school.

I started working as a Licensed Practical Nurse at the hospital where I was already working previously as a nurse tech. I enjoyed caring for medical surgical telemetry patients in my new role with my nursing colleagues. The thought never entered my mind that I would not be accepted, respected, and or recognized by other nurses. The hospital I worked at during nursing school and after always worked as a team. It was not until I left the hospital setting that I started to experience nursing racism. Nevertheless, I continued to provide the best nursing care to my patients throughout the years in various healthcare settings, as well as obtaining many health and nursing certifications until I was diagnosed with a rare condition that required me to retire from my position at our state's managed care company as the manager of complaints, grievance, and appeals in 2012. Once the condition was stabilized I utilized my nursing, wellness, ministerial background, and my own patient lived experiences to help provide support, education, advocacy, and raise awareness about chronic and rare conditions to underserved, uninsured, and underprivileged communities through my nursing, healthcare, and community affiliates that I volunteer with (Black Nurses Rock DE Chapter Inc., Delaware Nurses Association, American Heart Association, American Behcet's Association, Rare Disease Diversity Coalition, Lambda Psi Nu Delaware Chapter, Foundation For Black Women's Wellness, and the March of Dimes); as well as providing my holistic and integrative health services to KF Health clientele.

I did not come this far in my nursing journey to be told metaphorically that I am not good enough to come out of the kitchen. I did not go back to school to be a RN because I gave up, but because I enjoy being an LPN that has truly been blessed to do everything that I could ever imagine in the nursing field, and received many accomplishments, but most of all the reward of being able to be a part of many patient's healing and recovery process. Everywhere I go I leave this message: "You Are Not Just an LPN!" We are Legendary Professional Valuable Nurses created to help improve our patients' longevity of life with purpose, valor, and nobility. You are not just an LPN/LVN; you are essential.

My Inspiration

Throughout my nursing journey I often reflect upon the words of two of the most courageous people in history who inspire me, Ruby Bridges who at the age of six, in a time where racism was at its highest walked through an angry mob yelling at her, throwing objects, and threatening her life to be amongst the first Black students to attend an all-white school that did not want her. The miraculously determined Wilma Rudolph who despite her disabilities and disadvantages became "the fastest woman in the world" and the first American woman to win three gold medals in one Olympics. I am so grateful to God that they ignored negative words, laws, actions, and even medical reports that tried to put limitations on who they could be, where they could go, and what they could achieve. They chose to move forward and open doors trailblazing breaking history. I encourage every LPN/LVN, RN, and APRN to read the following reflections from Ruby Bridges and Wilma Rudolph and step outside your comfort zone with me.

"All of us are standing on someone else's shoulders. Someone else that opened the door and paved the way. And so, we have to understand that we cannot give up the fight, whether we see the fruits of our labor or not. You have a responsibility to open the door to keep this moving forward."

_Ruby Bridges, The Guardian, 2021

"Don't follow the path. Go where there is no path and begin the trail. When you start a new trail equipped with courage, strength and conviction, the only thing that can stop you is you!"

_Ruby Bridges

By Shay Dawson; Edited by Corina Gonzalez (2025)

"Never underestimate the power of dreams and the influence of the human spirit. We are all the same in this notion: The potential for greatness lives within each of us."

— Wilma Rudolph

Moving Forward

Let us continue to move forward in unison together to create a healthier environment for our patients and better outcomes holistically. Patient outcomes are better when they are in a non-hostile, non-tense, stressless environment. All staff morale should be positive thus staff should feel supported, valued, respected equally. Any team, whether sport or not, is more productive and successful when they work together. Work produced is better quality, heartfelt, genuine. Just like the body, although the parts are not the same color, size, and have different or similar functions, the whole body's overall health and wellbeing are better when they work together, when they are cared for equally. Each part needs each other. As nurses we must remember the oath we took as we proudly said the Flor-

ence Nightingale Pledge.

"I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work and devote myself to the welfare of those committed to my care."

by Lystra E. Gretter and a Committee for the Farrand Training School for Nurses, Detroit 1893

When we take this oath, we must stay mindful that this is not just pertaining to our patients but to our nursing colleagues as well, just like clinicals when we first practiced our nursing skills on each other. Let us not ever lose our compassion. We are more effective when we apply that to everything. Patients feel when their care team is not cohesive. We must stay true to our profession. We cannot treat our nursing colleagues nicely at work but devalue them outside of the workplace. We advocate year after year for workplace violence prevention; however, we have often missed that unequal treatment could be considered

violent. I encourage every nurse to not only reflect during a nursing ceremony but on a monthly basis on the Nurses Oath we took but also the American Nurses Association's Code of Ethics provisions listed below to help us stay rooted in kindness and compassion as we provide care to our patients as well as being supportive of our peers.

There is strength in numbers, there is power in unity. Join your State Nurses Association and the American Nurses Association with us to continue to strengthen the future of nursing as we pave the way together.

Provision 1 The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2 A nurse's primary commitment is to the recipient(s) of nursing care, whether an individual, family, group, community, or population.

Provision 3 The nurse establishes a trusting relationship and advocates for the rights, health, and safety of recipient(s) of nursing care.

Provision 4 Nurses have authority over nursing practice and are responsible and accountable for their practice consistent with their obligations to promote health, prevent illness, and provide optimal care.

Provision 5 The nurse has moral duties to self as a person of inherent dignity and worth including an expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence.

Provision 6 Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.

Provision 7 Nurses advance the profession through multiple approaches to knowledge development, professional standards, and the generation of policies for nursing, health, and social concerns.

Provision 8 Nurses build collaborative relationships and networks with nurses, other healthcare and non-healthcare disciplines, and the public to achieve greater ends.

Provision 9 Nurses and their professional organizations work to enact and resource practices, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing.

Provision 10 Nursing, through organizations and associations, participates in the global nursing and health community to promote human and environmental health, well-being, and flourishing. ■

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Christine Menozzi, BSN, RN
REALTOR®
PATTERSON  SCHWARTZ
7234 Lancaster Pike
Hockessin, DE 19707
mobile: 302-388-2702
office: 302-239-3000



Licensed in DE & PA 