

**Catharine Ann Brauer Eten '67**

## **Legacy Unleashed**

Thank you for this honor. I especially want to thank Roberta Lyder Paige for the many conversations we had that brought me back to my roots after so many years. Thank you to the Board for their ongoing commitment to the Alumni Association, and to my classmates, the Class of '67, for the work they have been doing over the last year.

It's not often I have an opportunity to brag about my career, but it was something I was passionate about. So, forgive me, but as I tell you about the direction my career took, I would like you to listen, not as a brag about an individual career, but listen within the context of our extraordinary nursing education. While I refer to the past, consider the potential contribution we as alums can make to the future:

Listen within the context of our education, what it provided academically, clinically, culturally, with our extraordinary instructors, and the critical affiliation with NYH's cutting edge patient care...

- listen inside of the opportunities that our education provided
- listen keeping in mind the current needs of nursing education and
- finally listen inside of the actions taken this year by the class of '67.

Within that context, there are untold opportunities for nursing moving forward. Cornell provided a broad foundation. It contained elements THEN ... that might shift the direction of professional nursing TODAY. This year, the class of '67 has been in communication with many alums - evaluating current needs of nursing education and brainstorming options for the future!

I grew up with nursing last on my list of preferred careers. In the 60s, nursing seemed to be one of the few options open to women. I wanted something different. I was unaware of the drive and passion that would be created within a nursing framework, and certainly, with the shortage of professional nurses today, the current generation may also be unaware of the many possibilities as well. As I look back, my career was nothing like what I had imagined. I began as a new graduate on F11 at NYH. F11 was the first open heart unit on the East Coast. We did the second and third heart transplants ever performed.

Because F11 was the first unit in the East, we were all untrained, inexperienced, and the backlog of high acuity pts was overwhelming. We were inundated with cardiac emergencies. We became skilled at managing cardiac arrests. Thus, my eventual entre into drug research for IV amiodarone...writing clinical protocols for life-threatening

ventricular tachycardia/ventricular fibrillation (VT/VF). IV amiodarone eventually received approval from the FDA, became part of the ACLS algorithm, and still is to this day.

My career took on a life of its own beginning with developing critical care resources including CEU programs and cardiology workbooks, and then shifted into developing national and regional community-based programs for high blood pressure education for NIH, and long-range plans for the AHA, until I finally settled into clinical research at Wyeth.

Because of the strength of our program, I was able to move into almost any area of interest. While I naturally stepped into writing VT/VF protocols, I found myself moving through 4 different therapeutic areas in drug research – something that no one else did. Most people were uncomfortable outside their area of expertise. I eventually found myself in oncology... Talk about being out on the long skinny branches! I knew nothing, but what grew out of a wealth of experience at Cornell was also the love of working with high performance teams, so I pushed on, relying on the team for what I personally was missing in oncology.

Doing the impossible became a mantra. I was the Clinical Team Leader for the first antibody targeted chemotherapeutic agent. Management charged us with doing a 4-year NDA (New Drug Application). That meant, that from first-dosing-in-man, we had 4 years to do a drug submission to the FDA. No other team had accomplished that. Management said it couldn't be done. In addition, the drug was also proof of concept. No other cancer drug, to that point, had been proven to selectively target cancer cells. I knew nothing about oncology and nothing about AML. Our success was a result of highly structuring the submission and a team of professionals committed to a common goal.

My passion for clinical research, working with high performance teams, and taking on the impossible literally grew out of our legacy. No doubt our alums have led the way in many areas and will continue to impact the direction of nursing. As alums, we have an opportunity... to create a future... at a time when excellence in nursing is most needed. Many programs have abandoned integrated academic and clinical programs. They require separate internships for their clinical experience rather than combining the two.

While most of us have retired from nursing, our commitment lives on...the desire to make a difference has been evident over the last year in the brainstorming of the Class of '67. Discussions have included integrated academics and hands-on clinical along with where to house expanded professional nursing programs (whether that be a return to Cornell or some other university). Given Ezra Cornell's commitment to academic

excellence, and mission statement of founding an institution “where any person can find instruction in any study”, timing might be right for incorporating nursing education into their wide range of curricula (4,000 classes, 100 academic departments and more than 80 majors).

The Class of 67 initiative might be considered taking on the impossible, but what else is there to do for those of us who were the beneficiaries of a program that has much to contribute to the future.

I’ll leave you with ... what I have learned throughout my career is that “what may look impossible” is just what there is to do next. The Class of ’67 has taken initial steps, mobilized resources, and gathered initial information. As alums, we can be part of the solution for the future of professional nursing. What would the future look like modeled on a program, our program? It may look very different, but based on our legacy, in combination with interested premier institutions (colleges or hospitals) this vision is certainly doable. All that’s required is a ‘village’ to drive the initiative...a team of professionals committed to a common goal.

Personally, I am grateful for the education we received. Thank you for this honor and for the opportunity to express my appreciation for a career that, as a child, I thought would be very limited but was one of untold opportunity and passion.