

The Maryland Nurse News and Journal

The Official Publication of the Maryland Nurses Association

A Constituent Member Association of the American Nurses Association, Representing Maryland's Professional Nurses Since 1904.

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Meet Neysa Ernst, President, MNA

I wanted to take the time in this, my first letter as President of the MNA, to introduce myself to those who do not know me and to journal my life as a nurse and as a MNA member.



Neysa Ernst

Growing up in Philadelphia, my father always talked to me about being a nurse. I had no interest. My exposure to nursing was limited to Cherry Ames, sweet little friends who became "candy strippers," (does anyone use that term anymore?) and the occasional visit to sick relatives in drab nursing homes. During those early years I insisted that nursing was not for me. Dad should speak with my little sister who would probably be good at it.

I was going to be a corporate executive, wear sophisticated suits and travel to glamorous places. And so, off I went to St. Joseph's University and, with business degree in hand, I climbed the corporate

ladder in several Fortune 500 companies. Lots of suits, lots of travel to glamorous places, lots of meetings, lots of excel spreadsheets, but not much in the way of fulfillment.

One day in my well appointed corner office overlooking a sparkling lake, my mother called. "This is not your life's work. You should be a nurse." Strangely, when I went home that night and told my husband of this conversation, it was one of the few times he agreed with my mother. So, with lots of support, especially from my nurse/little sister, off I went to nursing school.

I walked into Johns Hopkins School of Nursing in 2004, and from that moment on, I saw nursing from a very different perspective. I had been socialized to believe that nurses were quiet, followed orders and always kept their white uniforms clean. Was I surprised! Real world nursing required razor sharp intellect, teamwork, courage, compassion, and

President's Message continued on page 13

1st Annual Leadership Conference

Pat Travis, President of the Maryland Nurses Association and Ed Suddath, Executive Director of the Maryland Nurses Association attended the 1st Annual Health Care Leadership Conference on Thursday September 22, 2011, sponsored by PROPEL Performance and the Maryland Nurses Association at the Anne Arundel Medical Center, Doordan Health Sciences Institute. Admiral Thad Allen, USCG (ret.) delivered the keynote address. Speakers also include Sharon Cox, MSN, RN, CNAA and Tim Porter-O'Grady. (see photo)



Left to Right) Pat Travis, PhD, President, MNA; Sharon Cox, MSN, RN, CNAA; Tim Porter-O'Grady, DM, EdD, ScD(h), FAAN; and Ed Suddath, Executive Director, MNA.

Maryland Selected as Action Coalition

Maryland has been selected as an Action Coalition by the Future of Nursing: Campaign for Action, coordinated through the Center to Champion Nursing in America (CCNA), an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation (RWJF), to ensure all Americans have access to high-quality care, with nurses contributing to the full extent of their capabilities.

Maryland will work with the campaign to implement the recommendations of the 2010 landmark Institute of Medicine (IOM) report, *The Future of Nursing: Leading Change, Advancing Health*.

Since its release one year ago, the landmark report has made a considerable impact on the way stakeholders are viewing the nursing workforce:

- As of June 2011, *The Future of Nursing: Leading Change, Advancing Health* became the most viewed online report in the IOM's history. And it has sparked widespread activity to address the recommendations.

- CCNA has convened stakeholders through its Champion Nursing Coalition of 48 national health care, consumer, business and other organizations and Champion Nursing Council of 27 national nursing organizations to develop strategies to implement the IOM recommendations.
- In less than a year, groups have coalesced in nearly every state to respond to the IOM recommendations. Thirty-six states have campaign-designated Action Coalitions comprised of nursing, other health care, business, consumer and other leaders banded together to implement the IOM report recommendations.

"We are thrilled to add the Maryland Action Coalition to the Action Coalition network," said

Maryland Selected continued on page 7

State Summit Plans Response to Institute of Medicine Report on The Future of Nursing

The Maryland Summit on the Future of Nursing drew leaders from nursing education and health care, physicians, elected officials, state government organizations, and business leaders, to the University of Maryland School of Nursing (UMSON) on September 23, 2011 for a conference held in response to a 2010 ground-breaking Institute of Medicine

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PUBLICATION

The Maryland Nurse Publication Schedule

Issue	Material Due to MNA
Feb / March / April 2012	Dec. 30, 2011

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MISSION STATEMENT

The Maryland Nurses Association promotes excellence in the nursing profession with a culture of camaraderie, mentoring, diversity, and respect for colleagues. We provide programs and educational development for continued personal and career growth. As the voice for nursing in Maryland, we advocate for policy supporting the highest quality health care. *Approved BOD August 2009.*

Articles and Submissions for Peer Review

The Editorial Board welcomes articles for publication. There is no payment for articles published in *The Maryland Nurse* and authors are entitled to free reprints published in *The Maryland Nurse*.

- Articles should be word-processed using a 12 point font.
- Articles should be double-spaced.
- Articles length should not exceed five (5) 8 ½ X 11 pages (1500-2000 words).
- All references should be cited at the end of the article.
- Include name, credentials, e-mail, mailing address, telephone contact, and FAX number for each author.
- Articles for refereed publications should be directed to the attention of Dr. Patricia Travis, Journal Editor, using APA format and following the above Guidelines.

Articles should not mention product and service providers. Please cite sources specifically and properly so we can verify them. Attach any supporting documents, as appropriate.

Many publications accept articles as is. However, to meet The Maryland Nurse's editorial board and publisher's requirements, articles may be edited. Refereed articles will be peer reviewed. These comments may be returned to the author if they request significant clarification, verification or amplification. Additionally, once the editorial process begins and if you decide to withdraw your submission, you may not use the editorial board's comments or suggestions.

It is standard practice for articles to be published in only one publication. If your submission has been

previously distributed in any manner to any audience, please include this information with your submission. Only if applicable, and the original publication and all authors give their written permission, will we reprint an article or adapt it with clear and appropriate attribution to the original publication. If the article is to appear first in *The Maryland Nurse*, the same consideration is requested.

Your article might not be published in the next issue following its receipt. The timing of publication is dependent upon the editorial process cycle, other articles ready for publication, and the requirements for each issue.

Authors may approve the article to be published in its final form. Authors must sign any release forms requested by the editorial board and publisher of *The Maryland Nurse*.

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Submissions should be sent electronically to TheMarylandNurse@gmail.com.

Please Send In Your Nursing News

The Maryland Nurse encourages nurses and nursing students to send in nursing news items about your region or school, activities, happenings, photos with description and articles for publication. Documents must be in WORD format. Send these to us at TheMarylandNurse@gmail.com. Be sure to include your name and contact information.

Pat Gwinn Retires

Pat Gwinn, office associate at MNA headquarters for the past 26 years, is retiring at the end of December. Pat is the person behind the voice you most likely hear when you dial the MNA office. An extremely dedicated and loyal employee, Pat works diligently for Maryland nurses every day. During retirement, Pat hopes to travel and enjoy her grandchildren. While we will miss her tremendously, we wish her great travels and adventures!



Pat Gwinn

Pat has always been the driving force behind all convention activities and more. She has worked diligently to help make all the MNA conventions a success. She always answers District member questions & needs, such as sending out mailing address labels promptly. She works "behind the scenes" for committees, particularly the Educ. Provider Committee, which I have been on for 20 years. She most likely has been there for all committee chairs. I don't know how she did so much and always with a smile and pleasant word. She will be greatly missed and hard to replace. We wish her good health & happiness and great travel adventures.



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MNA Mourns Passing of Leaders In Memorium

Alice J. Akehurst, a staunch supporter of nursing and nurse education died on August 26, 2011. In addition to her many contributions to nursing, Ms. Akehurst was President of the Maryland Nurses Association from 1958 to 1960, and 1962 to 1963. Ms. Akehurst earned her Master of Science in Nursing Administration at the University of Maryland School of Nursing in 1966 and was a member of the faculty until her retirement in 1982. Contributions may be directed in Ms. Akehurst's name to the University of Maryland School of Nursing Foundation, 655 W. Lombard St., 2nd floor, W-209, Baltimore, Maryland, 21201.



Alice Akehurst

Nancy M. Parrish Huff, an active member of MNA and supporter of the Maryland Foundation of Nurses died on August 5, 2011 at Harbor Hospital Center in Baltimore, due to complications of surgery. Nancy attended Lutheran Hospital of Nursing, where she graduated in 1961. Ms. Huff was employed as a Public Health Nurse for Anne Arundel County for over 30 years and was active in many organizations and clubs including the Beta Sigma Phi Sorority, the Lutheran Hospital Alumnae Association, the Maryland Nurses Association, the Maryland Foundation of Nurses, and the Maryland Yacht Club.



Nancy Huff

Memorial contributions may be made to the Ruth Hans Memorial Scholarship Fund or the Lutheran Alumnae Association.

MNA Leadership Day Great Success

The Fall Leadership Day held on September 17, 2011 was a great success. Lisa Summers, CNM, DrPH, and Susan DeLean-Botkins, CRNP, MSN, educated MNA leadership, members and guests. Also in attendance were students from Howard Community College.



Pat Travis (C) presents certificates of appreciation to Lisa Summers, CNM, DrPh, (L) and Susan Delean-Botkin, CRNP, MSN, BSN, BS



(L-R) Beverly Lang, MScN, CRNP, Professor at Howard Community College, with senior level students on class assignment at Leadership Day.

MNA Keeping Nurses in the Forefront in Annapolis

by Robyn Elliott, MNA Lobbyist

The Maryland Nurses Association (MNA) has been keeping nurses in the forefront of the public policy process in Annapolis. Even though the Maryland General Assembly will not be in regular session until January 2012, MNA is working at full speed on important policy issues that impact the nursing profession. This year has been especially busy, as State officials are in the midst of implementing federal health reform as well as initiating regulatory reform in key health systems areas.

MNA has made sure that nurses are part of the decision-making process of every major health policy initiative. MNA is working in the following areas:

- **Health Insurance Exchange:** MNA has been successful in ensuring that nurses are represented on the major advisory committees for Maryland's Health Benefits Exchange. These advisory committees will help the Exchange Board make policy decisions about every aspect of the Exchange. MNA has also been working in partnership with other organizations, such as the Maryland Women's Coalition on Health Care Reform, to jointly advocate on these issues;
- **Workforce Planning and Development:** MNA is part of the Maryland Steering Committee to determine how to implement the recommendations in the *IOM Future of Nursing Report*. This work has been beneficial in advocating for workforce planning and development for all nurses. For example, MNA is in the process of providing input to the Governor's Workforce Investment Board on advance practice nurses and primary care workforce development;
- **Protecting Patients and Nurses in Facilities:** The Department of Health and Mental Hygiene is conducting a general review of facility regulations through the Task Force on Regulatory Efficiency as well as deeper review of assisted living regulations. MNA is

participating in both processes, as there are many issues that will impact the safety of the work environment, staffing needs, and the quality of services for patients. As specific issues arise, MNA will keep you posted;

- **Behavioral Health Reform:** The Department of Health and Mental Hygiene is embarking on a process to merge the public mental health and substance abuse treatment systems. MNA is closely involved to ensure that nurses can play an appropriate role in the new system and that patients will get the best services possible; and
- **Public Health Initiatives:** MNA has successfully secured seats for nurses on task forces and workgroups developing major public health initiatives, including the Prescription Drug Monitoring Program, establishing a medical marijuana program in Maryland, and expanding reimbursement options for donor breast milk in hospitals.

MNA is also active in policy discussions around workplace bullying and safety, environmental health, and nursing education. Stay tuned for more updates.

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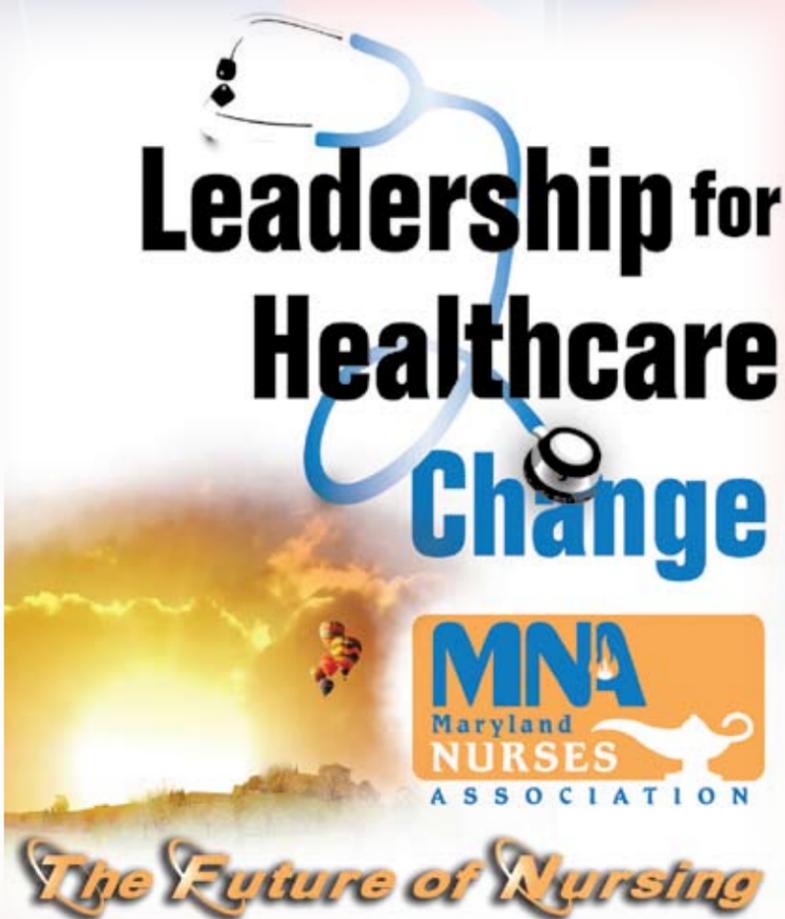
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MNA 2011 Convention



Delegate Pete Hammen (District 46–Baltimore City) MNA 2011 Legislator of the Year has shown outstanding leadership in promoting access to high-quality health care for all Marylanders. As Chairman of the House Health and Government Operations Committee, he has spearheaded efforts to expand access to health care coverage through both public and private insurance. He was the champion for the enactment of the Working Families and Small Business Coverage Act of the 2007 Special Session. This legislation significantly expanded the number of low-income adults receiving coverage through Medicaid as well as established a program to assist small businesses in purchasing health insurance for employees. He has worked to protect the funding for these programs since their inception.

Throughout his tenure as Chairman of the Health and Government Operations Committee, Delegate Hammen has worked closely with the nursing community on expanding the role of nursing, improving access to care, and protecting the public through environmental and public health initiatives. His support was a critical component in the passage of priority legislation for MNA, including legislation to remove collaborative practice requirements for nurse practitioners, streamline regulatory requirements for nurse midwives, and ban BPA in baby bottles and formula containers.

Delegate Hammen is also one of the leading members of the Governor's Health Reform Coordinating Council, which is charged with leading efforts to implement federal health reform. He has been instrumental in the establishment of the Health Benefits Exchange through working with the Governor's Office as well as colleagues in the House and Senate. He has been a tireless champion for the integration of substance abuse treatment and mental health services. He is working with State officials, providers, and advocates in the development of a plan to integrate both the reimbursement and service delivery systems.



Linda DeVries, Secretary of the Nursing Foundation of Maryland presents a plaque to Richard Talley for Evan Gaddis, President and CEO, National Electrical Manufacturers Association.

*The plaque is engraved as follows:
In appreciation of Evan R. Gaddis, President and CEO, National Electrical Manufacturers Association, for your generosity and commitment to the profession of nursing in Maryland.*



Patricia Travis (L); Dr. Joshua Sharfstein, Secretary, Department of Health and Mental Hygiene (R)—keynote speaker Friday, October 14 Opening Session.



Patricia Travis (L); Wylecia Harris (R)—keynote speaker Thursday, October 13 Opening Session.



Robin Newhouse (L); Patricia Travis (R)—keynote speaker Awards Luncheon, Friday, October 14.

MNA 2011 Convention



Sherry Perkins (L) pictured with H. Jane Wobbeking (R) accepts the Mae Muhr Poster Award on behalf of Cathaleen Ley, Joanna Kauffman and Kristina Anderson from Anne Arundel Medical Center.



Accepting the 2011 Outstanding Pathfinder Award for Dean Janet Allan is Janice Hoffman (L) pictured with Patricia Travis (R).



Janice Hoffman (L) is presented the Rosalie Silber Abrams Award by Becky Colt-Ferguson, (R) Chair of the Legislative Committee.



Rosemary Mortimer (L) is presented the MNA 2011 Outstanding Leadership Award by Pat Travis.



Barbara Bilconish (L) is presented the 2011 Outstanding Mentor Award by Pat Travis (R).



Laura Taylor (L) is presented the 2011 Outstanding Dissemination of Health Information Award by Patricia Travis (R).



Elizabeth Soland (L) is presented the Outstanding Advanced Clinical Practice Award by Patricia Travis (R).



Linda Gerson (L) is presented the 2011 Outstanding Nursing Practice Award by Patricia Travis (R).



Janien Bacchus-Nottage BSN student at Morgan State University, (R) received the Nursing Foundation of Maryland Scholarship shown here with NFM President, Tina Zimmerman.



Tina Bracy graduate student at Stevenson University (L) pictured with Ed Suddath received the Barbara Suddath Scholarship.



Yvette Hammond (L) Associate Degree Nursing student at Montgomery Community College, pictured with Deena Schrauder (R) received the Maryland General Hospital School of Nursing Alumnae Association Education Scholarship.



K. Via graduate student at University of Maryland, and D. Echard RN to BSN student at University of Maryland, recipients of the Arthur L. Davis Scholarship.



Ruth Hans Scholarship recipient Jennifer Gibson (L) pictured with NFM President, Tina Zimmerman.

MNA 2011 Convention

MNA Convention continued from page 5



H. Jane Wobbeking, MNA member for over 50 years is presented flowers.



Kristie Kovacs, (L) Convention Planning Committee Chair, Neysa Ernst, (C) President- Elect, and Pat Travis, (R) President.



Linda DeVries, RN, CRNFA (R), above left and Peggy Soderstrom, RN, PhD, APRN-BC, CS-P, above right, were busy during the Convention and instrumental in the success of the Nursing Foundation of Maryland's Silent Auction and Poster Awards. Linda is the Secretary of the Nursing Foundation of Maryland and First Vice President of the Maryland Nurses Association. Peggy is the Treasurer of the Nursing Foundation of Maryland.



Howard Community College nursing students Karen Stewart (L), Michele Johnson (C) & Victoria DeGuzman (R) are enjoying the MNA Convention.



Over 70 nursing students attended the MNA Convention on Thursday, October 13, 2011, thanks to the generosity of NEMA – the National Electronic Manufacturing Association.

State Summit continued from page 1

(IOM) report, *The Future of Nursing: Leading Change, Advancing Health*. (<http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>)

The purpose of the summit was to develop a strategic plan for implementing the recommendations of the IOM report in Maryland. The summit was led by the executive committee of the Maryland Action Coalition, one of 36 state-based coalitions named by the Future of Nursing: Campaign for Action. Maryland's designation was announced Sept. 26 by the Center to Champion Nursing in America, an initiative of the Robert Wood Johnson Foundation (RWJF), the American Association of Retired Persons (AARP), and the AARP Foundation.

Janet D. Allan, PhD, RN, FAAN, dean of UMSON and founding member of the Maryland Action Coalition Executive Committee, welcomed the more than 200 participants to the all-day working conference. "This is a call to action for nursing, and for the country," Allan said. "The vision of the IOM report is that all Americans have access to high-quality, patient-centered health care in a system where nurses contribute as essential partners in transforming the health care delivery system."

Maryland Lt. Governor Anthony Brown urged the group to help the state meet an expected need for 11,000 new nurses by 2018. One way to strengthen the nursing workforce, he said, would be to increase the number of advanced degrees, thus making nurse educators "the force multiplier."

"The Future of Nursing Campaign could not have come at a better time," said, William D. Novelli, distinguished professor of the practice, Georgetown University McDonough School of Business and former CEO of AARP, in his keynote address. "The nation, indeed the entire world, is aging. Chronic disease management is becoming increasingly important. And so is advanced illness and end-of-life care."

Courtesy of University of Maryland School of Nursing.



MD Sen. Delores Kelley; Denise Seigart, PhD, RN, Associate Dean, Nursing Education, Stevenson University; and Dean Janet Allan discuss the promotion of doctoral education among nurses during their Workgroup Session. (photo credit-Rick Lippenholz)



Pictured (left to right) is the Maryland Action Coalition Executive/Steering Committee: Kelly Nevins Petz, President Elect Maryland Association of Nurse Anesthetists; Pat Travis, President, MNA; Larry Strassner, President MONE; Lynn Reed, Executive Director, GWIB; Janet Allan, Dean and Professor UM SON; Nancy Adams, MBON; and Frank Calai, MD, UM Vice Dean of Clinical Affairs. Not pictured: Neil Meltzer, MD, President & CEO Sinai Hospital and Senior VP.

Maryland Selected continued from page 1

Susan B. Hassmiller, PhD, RN, FAAN, senior adviser for nursing at RWJF and director of Future of Nursing: Campaign for Action. "The Campaign for Action must work at every level to build and sustain the changes necessary to improve health care for all Americans, and we know the contributions of the Maryland Action Coalition will be invaluable as we move forward."

Action Coalitions also were announced today in 20 other states across the country:

- | | |
|---------------|----------------|
| Arkansas | Nebraska |
| Delaware | North Carolina |
| Georgia | Ohio |
| Hawaii | Pennsylvania |
| Kansas | Rhode Island |
| Kentucky | South Carolina |
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The Maryland Action Coalition needs your support!

Pledges to date:

- Johns Hopkins University, School of Nursing
- Maryland Organization of Nurse Executives
- Maryland Nursing Association
- Western Maryland Health System
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- Nurses Association Gerontological Advanced Practice Nurses Association
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Environmental Chemical Pollutants— Do They Increase Risk for Breast Cancer?

Marian Condon, BSN, MS, RN, and
Denise Choiniere, BSN, MS, RN

There is no conflict of interest noted on the part of the planners or the presenters of this educational program.

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You may be very familiar with some of the basic facts about breast cancer incidence, such as the fact that one in eight women will be diagnosed with breast cancer, and, next to skin cancer, breast cancer is the most commonly diagnosed cancer in women globally. But what you may not be aware of is that while a great deal is known about some of the factors that put women at risk for breast cancer—life style, reproductive history, and certain genetic traits—the fact remains that less than half of breast cancer incidence in the U.S. can be attributed to these established risk factors?¹

Currently, there is a great deal of support and momentum towards finding the cure for breast cancer. “Walks for the Cure” occur frequently, and many consumer products—some adorned in pink with pink ribbons—can be purchased in support of these efforts. Research is typically geared toward finding “the cure,” rather than toward understanding the complex web of factors that lead to breast cancer—as visually demonstrated in the “Complexity of Breast Cancer Causation” diagram. This diagram includes natural and man-made estrogens, a wide array of chemicals, life-style factors, genetic factors and radiation and depicts breast cancer causation as an interaction between these. Although it’s important and necessary to continue to search for the best and most effective therapies to treat breast cancer, consideration of the environmental chemical pollutants that are contributing to the breast cancer epidemic is imperative for the primary prevention of the disease.

The Impact of Chemicals

- There are approximately 82,700 chemical substances presently in use in the U.S., and 1,000 new chemicals introduced every year.² Alarming, **90%** of these chemicals have had little to no testing for their effects on human health.³ Many of them end up in our environment exposing us through air, food, and water. The Breast Cancer Fund (<http://www.breastcancerfund.org>), a non-profit group that advocates for the elimination of the environmental and other preventable causes of breast cancer, in 2008 published the 5th edition of their comprehensive study; State of the Evidence: The Connection Between Breast Cancer and the Environment⁴ that summarizes findings of more than 400 epidemiological and experimental studies and

is peer reviewed by leading scientists. Before looking at the evidence linking environmental chemical pollutants to breast cancer, consider the following trends described in this comprehensive report.

- In cohort studies of women with a genetic predisposition (either BRCA1 or BRCA2 mutations) to develop breast cancer, those who were born in recent decades, when there was a greater exposure to environmental chemicals, have higher incidence of the disease than women born in an earlier, less polluted time period.⁴
- Women who migrate from countries with lower rates of breast cancer (usually less-developed countries, e.g. some Asian countries) to countries with higher rates (the industrialized countries, such as America and Europe) acquire the higher breast cancer risk of their new country within a generation. This may be due to a combination of risk factors encountered in the new country, including exposure to industrial chemicals.⁵
- In a large cohort study of twins in which at least one developed breast cancer, it was determined that environmental factors specific to the twin who developed the cancer made a more significant contribution than either genetics or shared environmental risks.⁴

Carcinogenesis

Cancer is the result of a series of events that can start when damage, or a mutation, occurs to a cell’s genes. Genes are made up of small units of DNA that provide instructions (the genetic code) for making protein that directs the cell’s functioning. A mutation is a change in a cell’s genetic code resulting in changes in the instructions for the construction of protein. While most mutations are repaired and do not lead to cancer, if the genes that control cell proliferation—tumor-suppressor genes or proto-oncogenes—acquire mutations, and these mutations are replicated and build up over a period of time, the result can be unregulated cell growth and cancer.⁶ The breast cancer genes (BRCA1 and BRCA2) may have inheritable mutations,⁷ but more frequently, mutations can occur during DNA replication as a result of exposure to environmental chemicals (mutagens), or through lifestyle and dietary factors.^{6,8}

Once a mutation is replicated it becomes permanent. For this reason, tissue cells that undergo replication, such as breast tissue, are at a higher risk for acquiring mutations and are more susceptible to developing cancer. This occurs during puberty when estrogen stimulates rapid cell growth in breast tissue and during this period breast tissue binds cancer-causing agents (carcinogens) more strongly and is less efficient at repairing mutations.⁹

Endocrine Disruptors (EDs)

Estrogen is a hormone that is important for the normal growth and development of female reproductive organs, including the breasts. Since the 1930s, evidence demonstrates that increased estrogen is linked to increased cancer risk, including breast cancer. While estrogen is not a mutagen, it acts as a carcinogen due to its role in stimulating cell growth and division in organ tissues that are particularly sensitive to its effects—the reproductive organs, the heart, and bones. Estrogen-stimulated cell division increases the risk of replicating cellular DNA mutations, making mutations permanent, which leads to carcinogenesis.⁷ The International Agency for Research on Cancer (IARC) (www.iarc.fr), an agency of the World Health Organization, lists estrogens and their component hormones as known human carcinogens.¹⁰ In addition, the National Toxicology Program (NTP) (<http://ntp.niehs.nih.gov>) includes hormone replacement therapy (HRT) and oral contraceptives on their list of known human carcinogens.¹¹ However, it must be noted that there is debate regarding whether the use of birth control

pills increases a woman’s risk for breast cancer; “This may depend on the level of estrogen present in the birth control pill, the length of use, and the time in a woman’s life when the pills were used.”⁷

A woman’s lifetime exposure to hormones (especially estrogen) increases the likelihood of her developing breast cancer.¹² This lifetime exposure, starting from the fetal period, is influenced by relatively natural-occurring events, such as the age of the first menstrual period (which in turn may be influenced by environmental factors), number of pregnancies, breast feeding behavior, and age at menopause. Additional sources of estrogen or estrogen-like chemicals in a woman’s body may increase this lifetime estrogen load. Women may be exposed to excess estrogen through the use of birth control pills, hormone replacement therapy, and exposure to some synthetic, manufactured chemicals present in our environment known as endocrine disruptors (EDs). To understand how and why these chemical pollutants, or EDs, put us at risk, it is necessary to understand how hormones work. Like a key fitting into a lock, hormones (including estrogens) act by fitting into specific protein receptors in cells; this estrogen/receptor complex activates biochemical reactions determining whether certain genes are expressed. Endocrine disruptors, as the term implies, can interfere with this process and disrupt normal hormonal activity in different ways.¹² It is thought these chemicals that mimic estrogen may affect the growth of estrogen-dependent breast tumors, which account for half of all breast tumors.¹³

As a result of scientific controversy and, as some claim, industry pressure, neither IARC nor NTP categorize EDs as carcinogens in humans.⁴ The source of the controversy is the fact that designing experiments to assess the toxic effects of environmental chemicals can be quite complicated. However, evidence from wildlife studies, lab studies, and human epidemiological studies indicate that EDs in our environment play a role in the increased rates of breast cancer we are experiencing.⁴ The Silent Spring Institute in Massachusetts reviewed scientific evidence from national and international regulatory agencies and compiled a list of 216 substances in the environment that act as potential mammary carcinogens in animals.¹⁴ The list includes—

- Industrial chemicals
- Chlorinated solvents
- Products of combustion
- Pesticides
- Dyes
- Drinking water disinfection byproducts
- Pharmaceuticals
- Hormones (including; estriol, estrone, conjugated estrogens, progesterone, and testosterone, among others listed)
- Radiation
- Natural products (i.e. bracken fern, carboxymethylnitrosourea, methyleugenol, ochratoxin A wood dust, methanol extract)
- Research chemicals

Many of the listed chemicals are EDs, though not all EDs have been tested for their carcinogenicity. Other non-ED chemicals that put women at risk for breast cancer will be discussed later.

We are all exposed to these chemicals in a variety of ways; they can transfer between the environmental media of air, water, and land, and cross geographical boundaries to travel long distances. They end up in the air we breathe, the food we eat, the water we drink, and even some of the fragrances and body products we use. Exposures occur in our communities, homes, and places of work. Many of these chemicals bioaccumulate in the human body and are stored for extended periods of time in fat cells, including those of the breast. Additionally, it is important to note that we are not being exposed to just one discreet chemical at a time, but to a mixture of chemicals, and

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the synergistic or additive effect of these chemicals is unknown as toxicological studies typically look at one chemical at a time.

Critical Periods of Susceptibility

During human development, there are critical periods of susceptibility when mammary development, dependent on hormonal activity, may be particularly vulnerable to the effects of chemical pollutants.

Changes in natural bodily hormone levels during pregnancy can dramatically impact the fetus, which is undergoing an intense period of growth. As early as the 1930s, lab experiments demonstrated that pregnant rats given an extra dose of estrogen, either natural or synthetic, gave birth to offspring that had defects in sexual development. In the females, such defects took the form of structural defects of the uterus, vagina, and ovaries; and, in males, stunted penises and other genital deformities.¹⁵ Both epidemiological and lab studies done more recently demonstrate that mammary cells are susceptible to the carcinogenic effects of pollutants and hormones during early stages of development and can result in increased incidence of breast cancer.¹⁶⁻²⁰

In 1938, the man-made hormone, diethylstilbestrol (DES), became the first manufactured estrogen prescribed for women. For the next several decades, DES was given to pregnant women who were at risk for miscarriage, the thought being that miscarriages were a result of lower levels of estrogen. While the babies born to women prescribed this drug appeared perfectly healthy at birth, they had ticking time bombs in their newborn bodies because of their early DES exposure. As they entered adulthood in the 1960s and 70s, it was discovered that they had increased risk of some types of rare cancer, reproductive tract structural differences, pregnancy complications, and infertility. Lab studies also suggest that fetal exposure to DES may be associated with an increased risk of breast cancer.²¹

The tragedy of DES and other studies illustrate some important lessons:

- Prenatal exposure to chemicals can result in health effects later in life.
- Excessive amounts of estrogen prenatally can lead to reproductive health effects later in life, including breast cancer.
- Synthetic, man-made chemicals can fool the body and mimic the natural work of its hormones.
- The presence of one reproductive disorder may signal the presence of others.

Historically, it was thought that the placenta protected the fetus, but unfortunately we now know that fetuses are exposed to the chemical pollutants their mothers are exposed to. In a study that analyzed the umbilical cord blood of 10 randomly selected newborns, an average of 200 chemicals were detected; of the chemicals found, 180 are known to cause cancer in humans or animals.²²

Health effects from fetal exposure to chemical pollutants are relatively easy to track since the fetus is in a contained environment for a limited period of time. It is more difficult to track the many chemical exposures a growing child may encounter that can lead to health effects, including breast cancer, later in life. Nevertheless, periods of rapid growth and development continue throughout childhood, and children continue to be exposed to chemicals in their environment, even through some of their toys and other childcare products. Children, because of their anatomies and behavior, take in more of these substances pound per pound, than adults.

Examples of endocrine-disrupting compounds to which children are typically exposed include—

- Bisphenol A (BPA)—a synthetic estrogen that is used in some food and beverage containers (including baby bottles and some “sippy” cups) which can leach into foods and liquids
- Pesticides ingested through food and beverages and potentially encountered if used in the home or outside.
- Phthalates—an additive found in toys and some body care products.
- Dioxins—a by-product of PVC manufacturing and incineration, found in meat, fish, or milk.
- Flame retardants—found in many consumer products such as mattresses and pajamas²³
- Recombinant bovine growth hormone (rBGH/rBST)—a synthetic hormone given to cows to increase milk production which is found in milk products.

As noted earlier, adolescence is a period when breast cells experience rapid hormone-driven growth and are at increased risk for cancer if exposed to excessive estrogen and/or toxins, therefore, immature breast cells are more likely to be damaged by exposure to environmental chemicals. Additionally, until a woman’s first full-term pregnancy, her breast cells are not fully mature and are particularly vulnerable to the effects of carcinogens.^{9, 24} While current research is limited, scientists are concerned about the effects of exposure to EDs on adolescents. One recent study showed that exposure to DDT (an endocrine disrupter) during childhood or early adolescence increased the risk of breast cancer after age 50 by five times.²⁵

There are specific behaviors and life-style factors that come into play during adolescence that may increase potential exposures and an adolescent’s risk of developing breast cancer later in life. These include—

- Increased use of cosmetics and personal care items, many of which contain EDs.²⁶
- Alcohol consumption.^{27, 28}
- Oral contraceptives. Some studies have reported a slight increase in breast cancer risk associated with teen use of oral contraceptives, as the use of oral contraceptives adds to a woman’s lifetime estrogen load.²⁸
- Smoking. Cigarette smoke contains carcinogenic chemicals.²⁸
- Increased consumption of fatty foods such as pizza and hamburgers—some studies have shown a link between consumption of dietary fat and breast cancer, though findings are mixed.²⁹

Non-Endocrine Disrupter Chemicals Linked to Breast Cancer

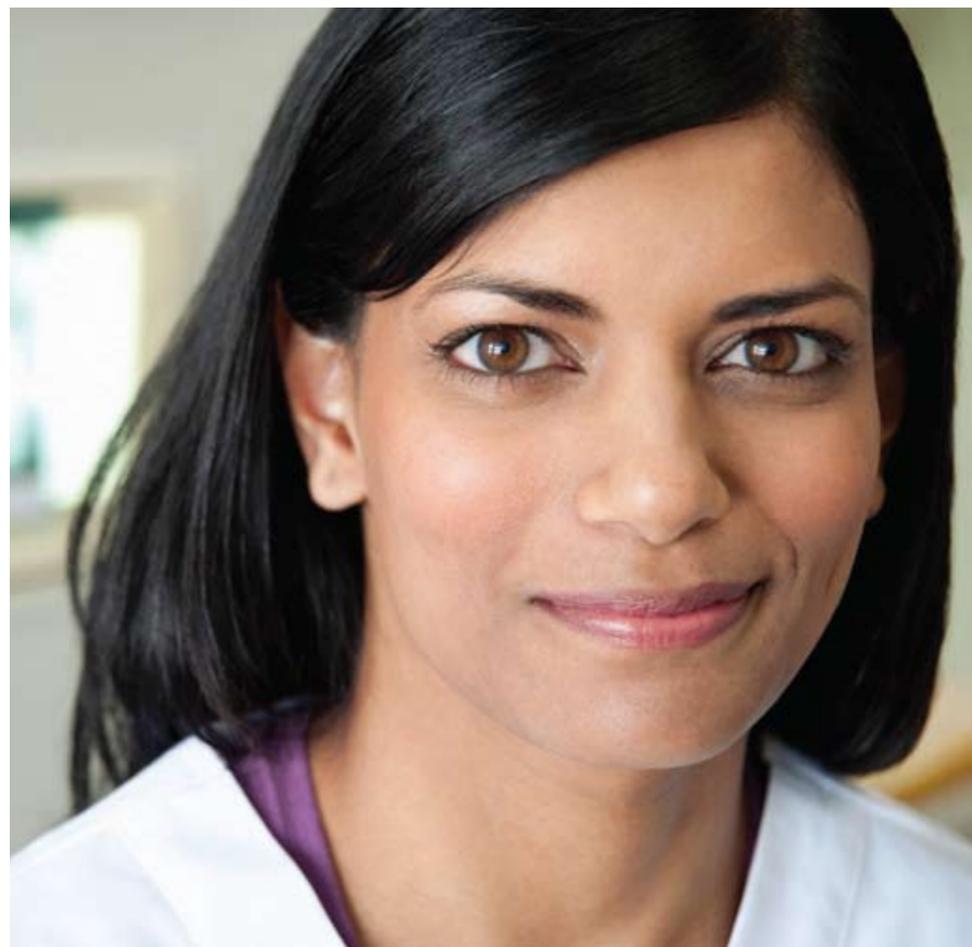
While a great deal is known about EDs and their link to breast cancer, there are other chemicals that appear to put individuals at risk as well. These other chemicals do not work by disrupting the hormonal cycle, but either act as mutagens and affect the DNA of the mammary cell, or alter the ability of the cell to respond to environmental stress.⁴ Many of these chemicals have been detected in occupational health studies where workers may be exposed to continual low-level doses of a given chemical. Non-ED chemicals that epidemiological and lab studies have found to be associated with breast cancer include—

Organic solvents including; benzene⁴, styrene^{4,30} and trichloroethylene³¹

- Vinyl Chloride⁴
- 1, 3-Butadiene⁴
- Ethylene Oxide⁴
- Aromatic Amines⁴

Many of these exposures occur to women who work in manufacturing, for example benzene poses the highest risk for individuals who work in chemical, rubber and shoe manufacturing, as well as oil and gasoline refining industries; and the manufacturing of cleaning products, cosmetics, computer components, metals, lumber, furniture, printing, chemical, textiles, clothing, and electronics exposes workers to vinyl chloride. See Table 1 for more details regarding where these chemical are found, as well as occupations and workplaces where women may come into contact with

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non-ED chemicals that are associated with breast cancer.

Table 1
Occupational Exposures to Carcinogenic Chemicals Associated with Breast Cancer

Benzene is a designated carcinogen. Individuals are exposed to benzene by inhaling gasoline fumes, car exhaust and cigarette smoke, and from industrial burning. Benzene poses the highest risk for individuals who work in chemical, rubber and shoe manufacturing, as well as oil and gasoline refining industries.⁴ Benzene is also used to manufacture semiconductors.³²

Organic solvents are ubiquitous in our culture, and occupational exposures to these solvents have been linked with increases in breast cancer incidence. Examples of organic solvents include toluene, methylene chloride, trichloroethylene, styrene, carbon tetrachloride and formaldehyde. These chemicals are used in the manufacturing of cleaning products, cosmetics, computer components, metals, lumber, furniture, printing, chemical, textiles, clothing, and electronics.^{4,31}

Vinyl Chloride is also a known carcinogen and is used to make medical products, food packaging, appliances, cars, toys, credit cards, and rainwear, to name a few. Although products made from vinyl chloride are inert, the manufacturing of vinyl chloride and the burning of vinyl chloride release carcinogens. Those who manufacture these products have reported increased mortality from breast and liver cancer.⁴

1, 3-butadiene is also a known carcinogen. Individuals are exposed to 1,3-butadiene through inhalation. The chemical is used in the manufacturing of synthetic rubber products and some fungicides, posing the highest risk to those who work in this industry.⁴

Ethylene Oxide (EtO) is used to sterilize surgical instruments and is commonly used in healthcare settings. A known carcinogen, increased exposure to EtO has been linked to increased breast cancer among women working in a commercial sterilization facility.⁴

Risk Factors for those in the Nursing Profession

Occupational exposure related to breast cancer was first identified in the 1700s when single, celibate women belonging to religious orders were found to have higher rates of breast cancer when compared to married women, indicating that women who do not have children are at higher risk.³² Research published in the 1980's looked at the possible link between reproductive history, chemical exposures and breast cancer risk; unmarried female chemists who had not had children were found to have higher rates of breast cancer.³² These findings demonstrate the protective effect pregnancy has for women, but also indicate that occupational exposures may put women at greater risk.

Some studies indicate that nursing is among the professions that have increased breast cancer incidence and mortality.^{32, 33} The studies that have found a link between working as a nurse and increased breast cancer risk have found this link in the sub-specialties of pediatrics, midwifery, psychiatric, surgical, medical, geriatric and primary care nursing. Further analysis done in one of these studies found that nurses who handled cytotoxic drugs had the highest risk. As nurses, we are exposed to a wide array of cancer-causing chemicals in our workplace, including disinfectants, sterilants, cleaners, pesticides and even some hazardous drugs we work with in treating our patients.³⁴ This makes it difficult to identify one chemical as the culprit and most of the studies have not assessed specific chemical exposures.

Some research exploring the relationship between nurses and breast cancer focused on night shift work as a possible risk factor, rather than chemical exposure. In one study, nurses who worked the night shift for 30 or more years had a moderate increase in risk for developing breast cancer.³⁵ The researchers hypothesized that being exposed to light during night hours suppresses melatonin synthesis and may result in elevated blood estrogen, suggesting that working the night shift may add to a woman's life-time estrogen load. Whatever the risk-causing factors, we must consider the cumulative effects of occupational exposures and conditions, in addition to the effects of cancer-causing chemicals in our environments outside of work.

Nurses Can Make a Difference!

Nurses are quite familiar with the concept of advocating for patients' rights and needs, as advocacy is core to nursing's traditions and values. Nurses, themselves facing an increased risk of breast cancer, have additional incentive to advocate for a safer environment in order to protect their patients, the community, their fellow nurses, and themselves.

An increasing awareness of the effects that environmental pollution has on health has raised the level of involvement of many nurses in "class advocacy." "Class advocacy focuses on changing ...opportunities ...to further the interests of larger groups, organizations, or communities."³⁶ It is important for nurses to consider "class advocacy" as a means to challenge existing systems and policies in the workplace and in the community that are negatively impacting nurses' health as well as the public's health. Class advocacy can be implemented in a variety of ways. The most effective way for nurses to protect themselves against cancer related risks is through education of themselves and their co-workers. Knowing what the risks are is the first step in prevention. The next step is to minimize or remove the risk of toxic exposure at every opportunity. Nurses need to be aware of safe practice policies such as the use of recommended personal protective equipment, as well as be held accountable for adhering to them. A means for controlling worker exposure to occupational hazards, such as toxic chemicals, is the "hierarchy of controls"; a method used in occupational health to determine the most effective means of protecting workers from work place hazards. More information about the hierarchy of controls and how to implement them can be found at the Center for Disease Control's National Institute for Occupational Health and Safety's website (CDC <http://www.cdc.gov/niosh/topics/engcontrols>).

Healthcare organizations are responsible for furnishing the appropriate equipment to ensure care is provided in the safest manner possible; nurses need

to hold workplaces accountable for the provision of necessary equipment. Therefore, in the workplace a focus on policies and practice are essential for creating a safe, working environment.

Nurses can also advocate for policy change on the local and national level to help decrease the amount of pollutants in the environment. In 1976, President Gerald Ford signed the Toxic Substance Control Act³⁷ which was intended to provide a framework for regulating chemicals that posed a risk to health or the environment. Unfortunately, the complex and confusing law has not been updated in more than 30 years, and may be ineffective at regulating the over 80,000 chemicals used in commerce. This last sentence is someone's opinion. Unlike the process used to regulate pharmaceuticals, where a new drug is considered *guilty until proven innocent*; chemicals are considered *innocent until proven guilty*.

How to Facilitate Policy Change

There are a number of ways that nurses can advocate for policy change at the local, state, or national levels:

- Advocacy = Education and Action. Educate yourself and your colleagues on the link between environmental exposures and health.
- Join (or form) an Environmental Task Force in your state nurses association and/or professional nursing association; Some states of have established Task Forces, to find out if your state nurses association is one of these go to their web site.
- Join an environmental advocacy group such as the Sierra Club, the Environmental Defense Fund or the Alliance of Nurses for a Healthy Environment (<http://e-commons.org/anhe/>).
- Write a letter to the editor. Share your opinion and inspire others to take action in a brief letter to the editor. For tips on writing go to www.ihl.org/IHI/Programs/IHIOpenSchool/HowToWriteALetterToTheEditor.htm.
- Write a letter to your legislator. Be sure to identify yourself as a nurse and a constituent. Focus on one issue and be concise (<https://writerep.house.gov/writerep/welcome.shtml>; http://www.senate.gov/general/contact_information/senators_cfm.cfm). Don't know who your state legislator is? Find out by going to your state's web site.
- Give testimony about the hazards of chemicals and health. Nurses are a highly trusted profession that has the capacity to drive change (sample testimonies can be found at the Tools and Resources page of The Nurse Luminary web site: <http://www.theluminaryproject.org/article.php?list=type&type=11>)

Each of the resources in the "Get Connected" section presents an opportunity to gain knowledge and get involved. As nurses, we already understand the connection between our environment and health. In order for us to help the population stay healthy, we need a healthy environment in which to live.

It is not our intention, in presenting the material in this article, to scare nurses, but to educate and thus empower nurses. It is evident from the information presented that while much is known about environmental pollutants and how they affect our health there is still much more that needs to be studied and learned. While the cause and effect relationships shown in the "Complexity of Breast Cancer Causation" diagram need to be elucidated and more research is needed, it is time to adopt a "precautionary approach" regarding human exposure to toxic chemical pollutants in the environment. The Precautionary Principle states "Where an activity raises threats of harm to the environment or human health, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically."³⁸ We hope that nurses can be part of a true and lasting solution by pushing for change in institutional, local, state and national policy.

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Get Connected! Here's How:

Alliance of Nurses for Healthy Environments (ANHE) (<http://e-commons.org/anhe/>). A national organization comprised of nurses committed to promoting healthy people and healthy environments. The Alliance is guiding the nursing profession by strengthening education, advancing research, incorporating evidence-based practice, and influencing policy to promote healthy people and healthy environments.

Breast Cancer Fund (www.breastcancerfund.org). Focusing on prevention, the Breast Cancer Fund educates the public and policy makers on the environmental factors associated with breast cancer. Their Web site includes already written letters to government officials for you to sign and send.

Chemicals Policy Initiative (www.chemicalspolicy.org). A project of the Lowell Center for Sustainable Production at the University of Massachusetts Lowell, focusing on chemicals policy reform in the U.S. and abroad and encouraging the implantation of safer alternatives.

Clean Water Action (www.cleanwateraction.org). Comprised of over 1 million members, Clean Water Action with the mission to empower the public to take action to protect America's waters and build healthy communities, through grassroots organizing, research and advocacy.

The Collaborative on Health and the Environment (CHE) (www.healthandenvironment.org). CHE works with diverse partners to advance knowledge and takes action to address growing concerns about the links between human health and environmental factors.

Environmental Health Perspectives (EHP) (www.ehponline.org). Published by the National Institute of Environmental Health Sciences, EHP is a free, on-line, monthly journal of peer-reviewed research and news on the impact of the environment on human health.

Environmental Working Group (EWG) (www.ewg.org). Believing in the power of public information, the EWG conducts research and advocates on Capitol Hill for safer products and policy. They are also the creators of Skin Deep, an online cosmetic safety database (www.cosmeticdatabase.com).

NIOSH Alert: Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs in Health Care Settings. This document offers up-to-date guidelines for handling hazardous drugs. It may be found at <http://www.cdc.gov/niosh/docs/2004-165>.

Public Interest Research Group (PIRG). State PIRGs are independent, state-based, citizen-funded organizations that advocate for the public interest, including the environment. Through research, press releases, grassroots organizing, advocacy and litigation, they are working to protect the public's health. Each state has its own PIRG Web site.

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President's Message continued from page 1

advocacy. Nurses were leaders, not followers. And, very few wore white uniforms!

I am currently a Nurse Clinician II at Johns Hopkins Hospital on Osler 4, an award winning general medicine telemetry unit. Each day, I am on the clinical front line of many healthcare issues. In May, 2011 I received my Master's in Nursing/Health Systems Management from Johns Hopkins University School of Nursing.

I know from my business experience that important work doesn't get done alone. Nurses have lots of great ideas—about patients, their profession and healthcare delivery. The outside world admires and trusts nurses for their dedication and compassion. For me, involvement in professional organizations is the vehicle to move forward important ideas. While in school I joined the National Student Nurses Association (NSNA) and on the day I received my RN license in 2006 I joined the Maryland Nurses Association (MNA). That same year I volunteered as a member of the Convention Committee. I was hooked! From the very beginning of my journey with MNA I was provided mentorship and professional and personal development by my friend and former professor Rosemary Mortimer. She and so many more MNA colleagues have inspired me to give back to MNA.

2011 is proving to be a pivotal year for the nursing profession. The Institute of Medicine report "The

Future of Nursing" finally brings to the forefront the important role that nurses contribute to health care. Nursing professionals in 2011 will decide history.

What story would I like to tell nurses in 2012? That as MNA President, I focused MNA's resources to grow membership and to deliver optimal membership value, and advance nursing issues thru legislation and coalition building that recognizes nursing leadership in addressing healthcare issues.

What's in it for you? The Maryland Nurses Association offers all 70,000 Maryland Registered Nurses the opportunity to grow personally and professionally. As a Registered Nurse in 2011 you are a respected professional, so join this professional organization and stand up and be recognized for it. What you do every day matters to your family, your patients and your profession. Show the entire state of Maryland that what you do makes a difference. Become an MNA member. Then, decide how you personally will make a difference with your MNA membership. Commit today to growth and renewal. For yourself. For your profession. For your patients.

I place great value on the commitments of our members. I promise that MNA and its leadership will value your time and your energy as much as you do. MNA needs you, and relax ...at least for a little while no one will ask you to be president.

Neysa P. Ernst, RN, MSN

Thank You, Maryland Nurses!

Thank you to all Maryland nurses who contributed their time and energy at the 2011 ANCC National Magnet Conference®! The volunteer services you provided were tremendous.

This year over 400 volunteers worked a total of 2,147 hours to help 7,500 Magnet Conference attendees! The MNA and the ANCC staff would like to send our heartfelt appreciation for all your time and effort in making this year's Magnet Conference a great success.

Neysa Ernst, President elect, one of the many MNA members who contributed over 100 volunteer hours is pictured here at the MNA information and recruitment desk. Additional MNA volunteers included Mary Beachley, Daria Fitzgerald, Gewreka Nobles, MaryLoe Watson, Pat Travis, Maryanne Reimer, Linda Moses, Irene Bise, Linda Cook, Beverly Lang, Sylvia Cole, Ed Suddath, Dolly Sullivan, and two Howard Community College students Sara Carter and Caroline Peddicord.



District 7 Award Given to Harford Community College Graduate

On August 23, 2011, MNA District 7's Director Trinna Jones and Secretary Kelly Kingsbury-Simonton presented the District 7 Award to Harford Community College's nursing graduate Sandy Goette at her Pinning Ceremony. Ms. Goette was chosen for demonstrating leadership potential as a nursing student. In addition to a beautiful framed plaque, the award includes a one year subscription to the *American Nurse Today*.



MNA District 7 Director Trinna Jones, Nursing Graduate Sandra Gotte, MNA District 7 Secretary Kelly Kingsbury-Simonton

Talley Elected Vice President Nursing Foundation of Maryland

Richard "Ric" E. Talley, Senior Vice President for Operations for the National Electrical Manufacturers Association (NEMA) has been elected as Vice President of the Nursing Foundation of Maryland Board of Trustees. Dr. Talley is a retired Colonel having served all around the world including Korea, Germany, Bosnia and Africa. He has served as the Public Affairs Officer for Fort Rucker, Alabama; and for Ambassador William Crowe and General Colin L. Powell during their tenures as Chairman of the Joint Chiefs of Staff. Colonel Talley has commanded at both the battalion and brigade levels. He retired after 30 years of active duty in July 2007.



Richard Talley

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Meet MNA's Newest Officers

At the Annual Business meeting, it was announced that **Maryanne Reimer, RN, MSN, ANP-BC**, was elected as First Vice President and **Linda Costa, PhD, RN, NEA-BC** was elected Treasurer-Elect.

Maryanne said, "Now, I am ready to give back. My family is grown and I have been involved in the activities of the Maryland Nurses Association District 8 for several years. Our profession is at risk, we must step up and take nursing to the next level of practice, to look for and gain respect from our peers and our collaborators. For this we need to participate and encourage professional growth from the Novice to the Expert." She has worked in Trauma/Critical Care, pediatrics and primary care as an RN and as a Nurse Practitioner. She is currently piloting a unique blended role at her local community hospital as CNS and NP for Orthopedics and Neurosurgery.



Maryanne Reimer

Linda has served the past year as MNA District 3 Treasurer and said, "I had the opportunity to participate in the development of the MNA budget for the upcoming fiscal year. Also as Treasurer for PAC for the last 5 years, I have an understanding of state fiscal requirements and reporting." She is a Nurse Researcher at Johns Hopkins Hospital and serves as an Assistant Professor at the Johns Hopkins University School of Nursing.



Linda Costa

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News from the University of Maryland School of Nursing

A September reception celebrated the opening of the University of Maryland School of Nursing's newly renovated Living History Museum. Changes to the permanent gallery bring the exhibits to the modern day and update the story of nursing to address contemporary developments such as new nursing specialties, innovative nurse-led research, and the ongoing nursing shortage. Two rotating temporary exhibit spaces, which were added to the permanent gallery area, will cover a variety of historical topics throughout the year that relate to the School of Nursing and the nursing profession. The current rotating exhibit, "Angels of the Battlefield: Nursing during the Civil War," is on display throughout the 150th anniversary of the start of the conflict, and will remain open until January 27, 2012.

The Living History Museum, one of the only museums of its kind in the nation, was founded in 1999. The museum is open from 10 a.m. to 2 p.m. Mondays and Tuesdays during the academic semesters. Admission is free. For more information, contact Museum Curator Dan Caughey, 410-706-2822, or Caughey@son.umaryland.edu.



Local Nurses Inducted as Fellows in American Academy of Nursing

On June 3, the American Academy of Nursing announced its 2011 class of 142 nurse leaders were inducted as fellows during the Academy's 38th annual Meeting and Conference on Oct. 15, 2011 in Washington, D.C.

Among the Academy's largest class of inductees in its history are 13 RNs from the DC/Maryland/Virginia region.

The local inductees are: Leslie Cook-Cooper, RN, BSN, MPH, PhD, NIH/ National Center for Research Resources; Joan Riley, RN, MS, MSN, FNP-BC, Georgetown University; Irene Sandvold, RN, DrPH, CNM, Health and Human Services, Bureau of Health Professions; Ellen-Marie Whelan, RN, PhD, CRNP, Center for American Progress; Susan Dorsey, RN, PhD, University of Maryland; Deborah Gardner, RN, PhD, Bureau of Health Professions, Health Resources and Services Administration; Christine Goeschel, RN, ScD, MPA, MPS, Johns Hopkins University; Hae-ra Han, RN, PhD, Johns Hopkins University; Karen McQuillan, RN, MS, CNS-BC, CCRN, CNRN, University of Maryland Medical Center; Robin Newhouse, RN, PhD, NEA-BC, University of Maryland; Linda Rose, RN, PhD, Johns Hopkins University; Kathryn Laughon, RN, PhD, University of Virginia; and Jennifer Matthews, RN, PhD, ACNS-BC, Shenandoah University.

"Selection for membership in the Academy is one of the most prestigious honors in the field of nursing," said AAN President Catherine L. Gilliss, RN, DNSc, FAAN. "Academy Fellows are truly experts. The Academy Fellowship represents the nation's top nurse researchers, policymakers, scholars, executives, educators and practitioners."

Local Nurse Leaders Selected for Prestigious Three-Year Fellowships

Several local nurse leaders were selected for The Robert Wood Johnson Foundation (RWJF) Executive Nurse Fellows three-year program. They join more than 200 nurse leaders who have participated in the RWJF Executive Nurse Fellows program since it began in 1998. Executive Nurse Fellows hold senior leadership positions in health services, scientific and academic organizations, public health and community-based organizations or systems, and national professional, governmental and policy organizations. They continue in their current positions during their fellowships, and during the fellowship each develops, plans and implements a new initiative to improve health care delivery in her or his community.

Congratulations to Pamela Jeffries, D.N.S., R.N., F.A.A.N., A.N.E.F., associate dean, Academic Affairs, Johns Hopkins University School of Nursing, Baltimore, Md.;

Patricia Morton, Ph.D., R.N., A.C.N.P., F.A.A.N., professor and associate dean, Academic Affairs, University of Maryland School of Nursing, Baltimore, Md.; and,

Andrea Schmid-Mazzoccoli, M.S.N., M.B.A., Ph.D., R.N., chief nurse executive and vice president, Center for Clinical Excellence, Bon Secours Health System, Marriottsville, Md.



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Bracken Named Salisbury University's Komen Scholar-in-Residence

Salisbury University, as well as Bowie and Coppin state universities, are joining the University of Maryland School of Nursing on a collaborative \$204,738 project funded by the national Susan G. Komen Foundation.

Now in its sixth year, the Komen Maryland Affiliate Nursing Partnership: Advancing Education and Practice is expanding the awareness, knowledge and skills of nursing students and health professionals to help them better prevent, detect and treat breast cancer.

"This important partnership with Komen will help individuals, families, health care providers and communities in dealing with the devastation of this disease," said Dr. Michele Bracken of SU's Nursing Department. She is SU's first Komen scholar-in-residence, a position made possible through the grant.

A women's health nurse practitioner whose maternal grandmother had breast cancer, Bracken has been involved in breast cancer care and education for some 20 years. She assisted with breast cancer prevention and detection at the Wicomico County Health Department and coordinated Peninsula Regional Medical Center's breast and osteoporosis programs. She is a long-time Relay For Life supporter and currently serves on Women Supporting Women's community relations committee.

During the 2011-12 academic year, Bracken will expand breast cancer-specific content in SU's undergraduate and graduate nursing curricula. She also will take SU nursing students to an international conference on breast cancer care and research.

In addition, the grant will enable SU to provide web-based educational modules on breast cancer care for nursing students, and host local and regional conferences on breast cancer for health care professionals and students.

For more information about the grant, call 410-543-6030 or visit the SU Web site at www.salisbury.edu.

Saint Agnes Hospital's Cancer Institute Receives Highest Level of Accreditation for a Cancer Program

Saint Agnes Hospital is proud to announce that the Commission on Cancer (CoC) of the American College of Surgeons has awarded the Cancer Institute at Saint Agnes Three-Year Accreditation with Commendation, which is the highest level of accreditation for a cancer program.

A facility receives a Three-Year Accreditation with Commendation following the on-site evaluation by a physician surveyor during which the facility demonstrates it has exceeded the standard level of compliance with all of the CoC standards that represent the full scope of the cancer program including cancer committee leadership, cancer date management, clinical services, research, community outreach, and quality improvement.

"The Cancer Institute at Saint Agnes strives to provide the highest level of cancer care to our patients," said Dr. Carole Miller, director of the Cancer Institute. "Receiving the highest level of accreditation from the CoC reinforces our team approach of using the most advanced techniques and clinical expertise along with compassionate care that allow cancer patients need to take control of their illness."

The American Cancer Society estimates that 1.5 million cases of cancer will be diagnosed in 2011. Currently only approximately 25 percent of all hospitals in the United States and Puerto Rico are accredited by the CoC and only 14 percent of that 25 percent have attained accreditation level of 3-Yr with Commendation. This 25 percent of all hospitals diagnose and/or treat 71 percent of newly diagnosed patients each year.

Established in 1922 by the American College of Surgeons, the CoC is a consortium of professional organizations dedicated to improving survival rate and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive, quality care. The Accreditation Program, a component of the CoC, set quality-of-care standards for cancer programs and reviews the programs to ensure they conform to those standards. To maintain accreditation, facilities with CoC-accredited cancer programs must undergo an on-site evaluation every three years.

Sara Szanton, PhD, CRNP Receives Award

12 outstanding nursing faculty from across the country were selected to participate in its prestigious Nurse Faculty Scholars program this year. The Robert Wood Johnson Foundation (RWJF) Nurse Faculty Scholars program is strengthening the academic productivity and overall excellence of nursing schools by developing the next generation of leaders in academic nursing. It is providing \$28 million over five years to outstanding junior nursing faculty to promote their academic careers, support their research and reduce the nation's severe nurse faculty shortage. Sara Szanton from Johns Hopkins University School of Nursing is a member of the fourth cohort of RWJF Nurse Faculty Scholars and will receive a three-year \$350,000 grant to pursue research, as well as mentoring from senior faculty.

The award is given to junior faculty who show outstanding promise as future leaders in academic nursing. The Scholars chosen this year are conducting a range of health studies, from using story-telling to encourage Native American women to get mammograms, to using simulation to help reduce medical errors in hospitals caused by interruptions, to examining the impact of family strength and parenting on reducing risky behavior among teens, to investigating whether home improvements can realize health benefits for disabled, low-income seniors.

"Several Scholars in earlier cohorts have published their research and are already helping to improve health care and advance nursing and nursing education," said Jacquelyn Campbell, Ph.D., R.N., F.A.A.N., national program director for the RWJF Nurse Faculty Scholars Program. Campbell is Anna D. Wolf Chair and professor at the Johns Hopkins University School of Nursing, which provides technical direction to the program. "It's exciting to begin the work with this newest group of Scholars and I look forward to seeing where their work, their enthusiasm and their skills take them."

This year's selection comes as the Robert Wood Johnson Foundation is embarking on a collaborative campaign to transform the nursing profession to improve health and health care.

The RWJF Nurse Faculty Scholars program is helping to curb the shortage by helping more junior faculty succeed in, and commit to, academic careers. The program provides talented junior faculty with salary and research support as well as the chance to participate in institutional and national mentoring activities, leadership training, and networking events with colleagues in nursing and other fields, while continuing to teach and provide institutional, professional and community service at their universities.

Ms. Szanton's research is titled *Bio-Behavioral Mediators of Enhanced Daily Function in Disabled Low-Income Older Adults*.

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Southern Maryland Hospital Welcomes New Staff Members

Southern Maryland Hospital, a 350 bed regional medical center serving Southern Maryland and located in Clinton, Maryland welcomes four new staff members:

Colonel Jacqueline Payne-Borden, PhD is the new Director of Education and Excellence. Dr. Borden received her PhD in nursing from the Catholic University of America and her MSN from the University of Maryland. With over 31 years of civilian and military nursing, she is current IMA to Chief Nurse Executive, 779th Medical Group, Joint Base Andrews Air Force Base.

Dr. Verna LaFleur received her PhD from Walden University and taught at the College of Southern Maryland at Bowie State University. She was recently nominated for the Educator of the Year for the Maryland Nurses Association-Southern Region.

Yolanda Schultz, RN, graduated with her Master's Degree from Walden University. She provides education to the critical care and the emergency department.

Pat Scalfari is the new Chief Nursing Officer. She received her MSN from the Catholic University of America. She is board certified as a nurse executive advanced and board certified as a clinical nurse specialist. Scalfari has over 31 years of nursing experience and progressive nursing management.

News from Prince George's Community College

Cheryl Dover receives the Faculty Excellence Award at Prince George's Community College.

The nursing faculty nominated Mrs. Dover for her outstanding leadership and her contributions to the college. Mrs. Dover has been the Chair of the Nursing Department of Nursing and Associate Professor since 2003. She is also the President of District 5.

Michele Dickson, Associate Professor of Nursing at Prince George's Community College received a Community service award from the college president. In one year, Mrs. Dickson volunteered more than 1,000 hours of service. Mrs. Dickson is the treasurer of MNA District 5.

Southern Maryland Hospital Center Awards Nurses Full Scholarships

Recognizing the importance of advanced education in the practice of nursing, Southern Maryland Hospital, a 350 bed regional medical center serving Southern Maryland and located in Clinton, Maryland, has awarded 19 distinguished Registered Nurses full scholarships for the RN to BSN program with the College of Notre Dame of Maryland. The curriculum is conveniently taught on the hospital campus with no out-of-pocket expenses for the nurses. The rigorous academic program is now underway and the nurses will graduate in the spring of 2013.

The scholarship recipients are:

Elizabeth Anderson, RN; Sommer Bartnick, RN; Edith Bersonda, RN; Susan Gray, RN; Kristin Gajda, RN; Brenda Hill, RN; Lisa Hulvey, RN; Renee Sicheri, RN; Kathleen Ondrish, RN; Jodi Morrison, RN; Deborah McGart, RN; Robin Stinnie, RN; Devika Khandhai, RN; Martha Ochia, RN; Leeann Manley, RN; Janice Pineda, RN; Chioma Obidegwu, RN; Keri-Jo Bobo, RN; and, Sharon Perez, RN.

Franklin Square Hospital Center Goes Pink

Year round, Franklin Square Hospital Center is dedicated to helping local women fight breast cancer. This month, the hospital is doing something extra to raise awareness of the disease.

Throughout the month of October—**National Breast Cancer Awareness Month**—the hospital's seven-story patient care tower and Harry and Jeanette Weinberg Cancer Institute will be illuminated in pink lights.

"This is a way for us to show to all who come to the hospital or drive by our campus our support for those individuals and families affected by breast cancer and to raise awareness of the need for research, education, prevention and treatment," says Adrienne Kirby, PhD, president of Franklin Square Hospital Center

Franklin Square offers breast services in two convenient locations: on the hospital campus and to Harford County residents at its Bel Air site. Each location offers the latest diagnostic technology, expert treatment for benign and malignant breast diseases, the opportunity to participate in clinical trials and a breast nurse navigator who is available to educate, guide and support women through their journey from diagnosis and treatment to recovery.

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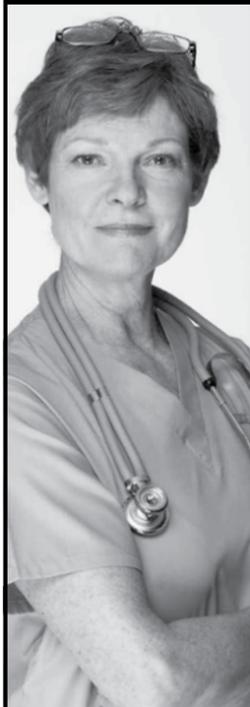
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Last Name/First Name/Middle Initial		Basic School of Nursing
Credentials	Home Phone	Graduation (Month/Year)
Home Address	Work Phone	RN License Number
Home Address	Home Fax Number	License State
City/State	Work Fax Number	
County	Zip Code	
Employer Name	E-mail Address	
Employer Address		
Employer City/State/Zip Code		

MEMBERSHIP DUES VARY BY STATE

MEMBERSHIP CATEGORY (check one box)

M Full Membership Dues

- Employed-Full Time
- Employed-Part Time

Full Dues MNA Membership Only

- To belong to the Maryland Nurses Association and your District Only

R Reduced Membership Dues

- Not Employed
- Full Time Student
- New Graduate from basic nursing education program within six months to two years after graduation (first membership year only)
- 62 years of age or over and not earning more than Social Security allows

S Special Membership Dues

- 62 years of age or over and not employed
- Totally Disabled

Note: \$7.50 of the SNA member dues is for subscription to *The American Nurse*.

State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the SNA is not deductible as a business expense. Please check with your SNA for the correct amount.

Payment Plan (check one box)

- Full Amount Payment
 - Check
 - Mastercard or VISA Bank Card (Available for annual payment only)

Electronic Dues Payment Plan (EDPP)-\$16.16

Read, sign the authorization and enclose a check for first month's EDPP payment (contact the SNA/DNA for appropriate rate). 1/12 of your annual dues will be withdrawn from your checking account each month in addition to a monthly service fee.

Bank Card Number and Expiration Date

Signature for Bank Card

Mail with payment to MNA at the above address

- Payroll Deduction-This payment plan is available only where there is an agreement between your employer and the association to make such deduction.

Signature for Payroll Deduction

AUTHORIZATION to provide monthly electronic payments to American Nurses Association (ANA):

This is to authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned thirty (30) days written notice. The undersigned may cancel this authorization upon receipt by ANA or written notification of termination (20) days prior to the deduction date as designated above. ANA will charge a \$5.00 fee for any return drafts.

Signature for EDPP Authorization

Payment Plan (continued)

MEMBERSHIP APPLICATION

There are currently 8 districts in MNA. you may select membership in only one district, either where you live or where you work.

District 1: Allegany County Garrett County	District 3: Anne Arundel County	District 5: Montgomery County Prince Georges County	District 8: Frederick County Washington County
District 2: Baltimore City Baltimore County Howard County Carroll County	District 4: Eastern Shore Except Cecil County	District 7: Harford County Cecil County	District 9: St. Mary's County Charles county Calvert County

All membership dues are apportioned to the American Nurses Association, the Maryland Nurses Association, and the District. All membership category dues may be paid either annually, or through monthly electronic dues payment plans (EDPP). A service charge applies to the monthly electronic dues membership payment plan except annual membership paid in full at the time of application.

Please choose your district and payment plan from the following chart:

For All Districts	Full Dues		Reduced Dues		Special Dues	
	Annual	EDPP*	Annual	EDPP*	Annual	EDPP*
	\$248	\$21.17	\$124	\$10.84	\$62	\$5.67

Annual Dues to belong to the Maryland Nurses Association and your District only are:
Full Dues Annual - \$150 for all Districts Full Dues EDPP* - \$13 for all Districts.
*EDPP - monthly Electronic Dues Payment Plan

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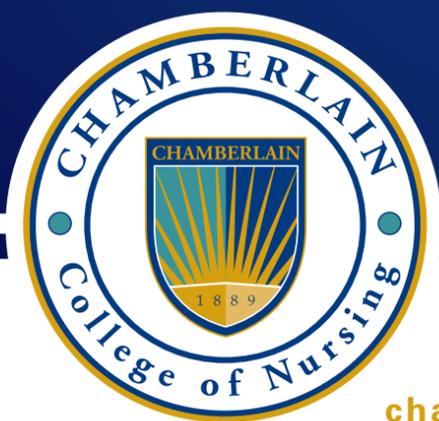


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* U.S. Department of Health and Human Services, Health Resources and Services Administration, 2008

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