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.

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 striper,” (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, to my surprise! Real world nursing required razor sharp intellect, teamwork, courage, compassion, and 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 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

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 Sharon Cox, MSN, RN, CNAA and Tim Porter-O’Grady, (see photo)

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)

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
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.

1. Articles should be word-processed using a 12 point font.
2. Articles should be double-spaced.
3. Articles length should not exceed five (5) 8½ X 11 pages (1500-2000 words).
4. All references should be cited at the end of the article.
5. Include name, credentials, e-mail, mailing address, telephone contact, and FAX number for each author.
6. 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. Referenced articles will be peer reviewed. These comments may be returned to the author if they request it. Authors give 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.

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 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.

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.
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.

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. 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.

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 has been active 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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QUALITY CARE begins with CARING.

By Robyn Elliott, MNA Lobbyist

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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.
MNA 2011 Convention

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

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

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

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

Barbara Bilonish (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).

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.

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).

Janet Allan (L) is presented the Rosalie Silver Abrams Award by Becky Colt-Ferguson, (R) Chair of the Legislative Committee.

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 Convention continued on page 6
Over 70 nursing students attended the MNA Convention on Thursday, October 13, 2011, thanks to the generosity of NEMA – the National Electronic Manufacturing Association.
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.”

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
Nurse Practitioners Association of Maryland
Nurses Association Gerontological Advanced Practice Nurses Association
University of Maryland, School of Nursing

To make your tax deductible contribution, mail your check made payable to the Nursing Foundation of Maryland and mail it to:

Nursing Foundation of Maryland
C/O Marylnd Nurses Association
21 Governor’s Court, Suite 195
Baltimore, MD 21244

The Maryland Action Coalition was also announced today in 20 other states across the country:

Arkansas Delaware North Carolina
Georgia Ohio
Hawaii Pennsylvania
Kansas Rhode Island
Kentucky South Carolina
Massachusetts Texas
Minnesota West Virginia
Missouri Wisconsin
Montana Wyoming
The impact of chemicals that have been linked to breast cancer.

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

Environmental Chemical Pollutants—Do They Increase Risk for Breast Cancer?

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

To successfully complete this Educational Activity please read the article and complete the post test at http://goo.gl/vxM8h. Please also complete the evaluations form indicating your achievement of the course objectives and indicate the time it took you to complete the reading of the article and the post test. You must achieve a score of 80% or higher to receive a certificate for 0.9 contact hours.

This continuing nursing education activity was approved by the PA State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. This program will be available for CE credit until 07/27/2013.

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, the majority of these factors remain undocumented. In fact, that less than half of breast cancer incidence in the U.S. can be attributed to these established risk factors.7

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 examining or testing the complex web of factors that lead to breast cancer—visually demonstrated in the “Complexity of Breast Cancer Causation” diagram. This diagram includes natural and man-made estrogens, a wide array of chemicals, lifestyle 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, finding 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, released its 5th edition of their comprehensive study; State of the Evidence: The Connection Between Breast Cancer and the Environment 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 for breast cancer (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 those born in an earlier, less polluted time period.4

• Women who migrate from countries with lower rates of breast cancer (usually less-developed 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 breast cancer cell lines in which at least one developed breast cancer, it was determined that environmental factors specific to the twin who developed the cancer made a significantly greater contribution than either genetics or shared environmental risks.6

Carcinogenesis

Cancer is the result of a series of events that can start when DNA mutations, 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 a cell’s abnormal structure or function. 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 in inheritable mutations, 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 DNA 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.6

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, which can become abnormal, mutations, which leads to carcinogenesis.9 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. 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. How, if at all, estrogen exposure is related to breast tissue—is a 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.”10

A woman’s lifetime exposure to hormones (especially estrogen) increases the likelihood of her developing breast cancer. Estrogen, 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 children, menarche, and the 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 hormone activity in many different ways.11 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.12 As we know there is controversy and, as some claim, industry pressure, neither IARC nor NTP categorize EDs as carcinogens in humans.9 The source of the controversy is the fact that designing experiments to assess the toxic effects of environmental chemicals are 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.12 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 mammalian carcinogens in animals.13 The list includes:

• Industrial chemicals
• Chlorinated solvents
• Products of combustion
• Polychlorinated dibenzo-p-dioxins (PCDDs)
• Dyes
• Drinking water disinfection byproducts
• Pharmaceuticals
• Hormones (including: estrone, estradiol, conjugated estrogens, progesterone, and testosterone, among others listed)
• Radiation
• Natural products (i.e. bracken fern, carboxymethyltrisourea, methylenegol, 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 developing embryo, the fetus, and during this period breast tissue binds cancer-causing agents (carcinogens) more strongly and is less efficient at repairing mutations.6

Environmental Chemical Pollutants continued on page 9
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 mammalian 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. 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.

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.

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. 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 products such as mattresses and pajamas.
- 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. 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.

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.
- Alcohol consumption.
- 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.
- Smoking. Cigarette smoke contains carcinogenic chemicals.
- Increased consumption of fatty foods such as pizza and hamburgers—some studies have shown a link between consumption of fatty fat and breast cancer, though findings are mixed.

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. 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; benzene, styrene and trichloroethylene
- Vinyl Chloride
- 1, 3-Butadiene
- Ethylene Oxide
- Aromatic Amines

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...
non-ED chemicals that are associated with breast cancer.

### Table 1
Occupational Exposures to Carcinogenic Chemicals Associated with Breast Cancer

<table>
<thead>
<tr>
<th>Chemicals</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toluene</td>
<td>Increased breast cancer incidence and mortality</td>
</tr>
<tr>
<td>Methylene chloride</td>
<td>Increased breast cancer incidence and mortality</td>
</tr>
<tr>
<td>Trichloroethylene</td>
<td>Increased breast cancer incidence and mortality</td>
</tr>
</tbody>
</table>

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. Benzene is also used to manufacture semiconductors. Organic solvents are ubiquitous in our culture, and occupational exposures to these solvents have been shown to increase 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. Vinyl Chloride is also known as a carcinogenic 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 manufacture 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. 3,4-butanediol is also a known carcinogenic. Individuals are exposed to 3,4-butanediol 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. Ethylene Oxide (ETO) is used to sterilize surgical instruments and is commonly used in healthcare settings. A known carcinogenic, increased exposure to ETO has been linked to increased breast cancer among women working in a commercial sterilization facility. 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. Research published in the 1980s looked at the possible link between reproductive history, chemical exposures and breast cancer risk, uncovering that women who had children found to have higher rates of breast cancer. 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. 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 of 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, antifungals, insecticides and some hazardous drugs we work with in treating our patients. This makes it difficult to identify one chemical as the culprit and most of the studies have not assessed specific chemical exposure.

Some researchers have shown a 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. The researchers hypothesized that being exposed to light during night hours suppresses melatonin synthesis and may result in increased blood levels of 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 adopted this additional role of advocating 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 need to involve many nurses in “class advocacy.” “Class advocacy focuses on changing …opportunities …to further the interests of larger groups, organizations, or communities.” 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 many ways, such as helping nurses to protect themselves against cancer related risks is through education of themselves and their coworkers. 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.

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.

### 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** is Education and Action. Educate yourself and your colleagues on the link between environmental exposures and health.
- Join or start a nursing advocacy group in your state nurses association and/or professional nursing association; Some states have established Task Forces, to find out if your state association is one of these groups to get involved with.
- Join an environmental advocacy group such as the Sierra Club, the Environmental Defense Fund or the Alliance of Nurses for a Healthy Environment (http://www.ande-am.org/about.html).
- 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 writing tips. For tips on writing a letter to the editor, go to the Resources page of The Nurse Luminary web site: http://www.theneluminaryproject.org/article.php?listtype=vtype=1.
- Give testimony about the hazards of chemicals and health. Nurses are a highly trusted profession that has the capacity to drive change (sample testimonies of nurses can be found at the site in the “Class Advocacy” diagram need to be elucidated between environmental exposures and health. Nurses 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 relationship is not always clear, it is important for nurses to encourage and support research into 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.” We hope that nurses can be part of a true and lasting solution by pushing for change in institutional, local, state and national policy. Nurses can make a difference in protecting the health and wellbeing of patients, the community, and themselves.
get connected! here’s how:

send letters to government officials for you to sign and the environmental factors associated with breast org). Focusing on prevention, the Breast Cancer research, incorporating evidence-based practice, environments. The Alliance is guiding the nursing organization comprised of nurses committed (aNHe)

encouraging the implantation of safer alternatives. (www.ehponline.org). CHE works with diverse partners to advance

environmental Working Group (eWG) is a free, on-line, monthly journal of peer-reviewed research and news on the impact of the environment (cHe)

environment on human health. reviewed research and news on the impact of the environment.

Public interest research Group (PirG). PIRGs are independent, state-based, citizen-funded

document offers up-to-date guidelines for handling 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.


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- **Regional Infection Preventionist - Kennington, MD and Falls Church, VA**
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Talley Elected Vice President Nursing Foundation of Maryland

On August 23, 2011, MNA District 7’s Director Trinna Jones and Secretary Kelly Kingsbury-Simonton presented the District 7 Award to Harvard 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, for MNA members who contributed over 100 volunteer hours is pictured here at the MNA information desk. Additional MNA volunteers included Mary Beachley, Daria Fitzgerald, Gewreka Noble, MaryLoe Watson, Pat Travis, Maryanne Reimer, Linda Moses, Irene Bise, Linda Cook, Beverly Lang, Sylvia Cole, Ed Sadduth, Dolly Sullivan, and two Howard Community College students Sara Carter and Caroline Peddicord.

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.

Neya S. Ernst, President, one of the many MNA members who contributed over 100 volunteer hours.

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Neya S. Ernst, RN, MSN

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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.

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.

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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, D哲学, 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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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. Carol 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, sets 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 programs must undergo an on-site evaluation every three years.

Sara Szanton, PhD, CRNP Receives Award

Two 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 $35,000 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 launching a 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.

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 at Baltimore, including the University of Maryland School of Medicine and George Washington University, in the annual Komen Affiliate Research Grant Program.

The recent grant recipient, Dr. Michele Bracken, of SU’s nursing department, received a Komen Scholar-in-Residence grant to conduct research in the field of breast cancer. This award is made possible through the grant that the University of Pennsylvania received from the Susan G. Komen Foundation.

Now in its sixth year, the Komen Maryland Affiliate Nursing Partnership: Advancing Education and Practice is expanding breast cancer-specific content in SU’s undergraduate and graduate nursing curricula. 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 other oncology 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 health, 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 other oncology programs. She is a long-time Relay For Life supporter and currently serves on Women Supporting Women’s community relations committee.

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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, 799th 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 Manley**, RN, received 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 Halvey, RN; Renee Sicheri, RN; Kathleen Ondrisch, RN; Jodi Morrison, RN; Deborah McGarr, RN; Robyn Stannie, RN
- Devika Khandhui, RN; Martha Ochia, RN; Leciean 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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Maryland Nurses Association Membership Application

21 Governor's Court • Suite 195 • Baltimore, MD 21244 • 410-944-5800 • Fax 410-944-5802

MEMBERSHIP DUES VARY BY STATE

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<th>District</th>
<th>Full dues</th>
<th>Reduced dues</th>
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<td>District 5: Montgomery County Prince Georges County</td>
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<td>District 6: Harford County Cecil County</td>
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<td>District 8: St. Mary's County Charles county Calvert County</td>
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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

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<thead>
<tr>
<th>For All Districts</th>
<th>Full Dues</th>
<th>Reduced Dues</th>
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<tr>
<td>Annual Dues</td>
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Make checks payable to: American Nurses Association P.O. Box 504345 St. Louis, MO 63150-4345

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* U.S. Department of Health and Human Services, Health Resources and Services Administration, 2011

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