

The Maryland Nurse

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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Ciekot & Elliott to Represent MNA in Annapolis

The MNA Board of Directors announced in December that it has selected new lobbyists to represent nurses in Annapolis. Ciekot & Elliott is a lobbying firm specializing in health care advocacy and working with non-profit organizations. Robyn Elliott, a partner in the firm, will be the lead lobbyist representing the interests of MNA. She is excited about expanding the role of MNA in the legislative process, as she believes there is a real need for nurses to be heard in Annapolis. She has extensive experience working on health care reform, public health, and health occupations issues. Prior to joining Ciekot & Elliott, Robyn was the Director of Governmental Affairs at the Department of Health and Mental Hygiene. She has also worked for the

Ciekot & Elliott cont. on pg. 3



Robyn S. Elliott, MNA Lobbyist, welcomes Vincent DeMarco, President of the Maryland Citizens' Health Initiative, to speak at MNA in January with the Legislative Committee members on the successful expansion of healthcare coverage to 100,000 uninsured Marylanders made in the 2007 Special Session with the support of MNA. More information is available online at www.healthcareforall.com.

New Directors, New Directions for MNA in 2008

Rosemary Mortimer, MNA President



President Mortimer presents departing Board Secretary Megan Hoffman an Appreciation Plaque at the January MNA Leadership Day at Kernan Hospital.

There have been some major changes at MNA: A new Executive Director, new members of the Board of Directors, new lobbyists, new committee chairs, new issues for nursing, and new opportunities for members to work with MNA to reach their goals. As you read this issue of *The Maryland Nurse*, you will also find that MNA has important dates for your 2008 calendar.

First, the MNA Board is thrilled to announce that, from a pool of excellent applicants, we have selected a new MNA Executive Director, Ed Suddath of Eldersburg. Ed has had a long history of working with non-profits and volunteer groups. He is a former teacher who has worked with Special Olympics. Most recently he served as the Executive Director of the Manufactured Housing Institute of Maryland. He has put on many conferences and is very cognizant of finances. He is also detail-orientated and an

experienced fundraiser. Ed hit the ground running and has already been to a weeklong orientation meeting with the ANA. You will find his photo elsewhere in this issue with an article introducing you to all members of the MNA staff. Please welcome Ed when you meet him. He and I are both eager to come out to the districts, whenever it works best for you!

The Board also selected new lobbyists for the next session in Annapolis. We are working with Cierkot and Elliott, a firm that specializes in working with non-profits and has tremendous expertise in health care and health care finance. They are working with us to make Nurses Night in Annapolis on February 13, 2008 a meaningful event for nursing. Look for information on both elsewhere in this issue.

A third change is that we are actively re-invigorating our committees. Some of our MNA committees are very active, but others offer immediate opportunities for MNA members. Are you interested in work-force issues, or education and practice, or continuing education, or working on the convention, or membership services? Or do you have a new idea? MNA can work with you to start a new Committee! Let us know what you are interested in working on. MNA committees can meet and work via phone and email for members who live far away and can only meet in person occasionally. In fact, three members of the 2007 MNA Convention Planning Committee met for the first time at the Convention

President's Letter cont. on pg. 3

**MNA Convention/CEUs,
Exhibitors, Networking,
Professionalism
October 16 and 17, 2008
Save the Date!**

Inside this Issue...



Nurses Fight Lead Paint	2	PG and Montgomery Co. Wellmobile: Healthy	
Regret for Human Slavery	5	Cooking Tips	13
Faith Community Nursing	6	Soldier, Mom, Wife and Daughter	15
What Happens to Complaints at the Maryland Board of Nursing?	10	Dr. Imogene King dies	16
National Health Care Decisions Day	11	Nurses Fight Global Warming	17
Wellmobile of Western Maryland: Men's Preventive Care	12	Caring for Effi Barry	18
		Working Overnight Shift Linked to Cancer Risk	21

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PUBLICATION

The Maryland Nurse Publication Schedule

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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.

Revised 6/4/04

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.

- 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 will 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 Marylandnurse@marylandrn.org.

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 marylandnurse@marylandrn.org. Be sure to include your name and contact information



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Legislative Committee Addresses Lead Paint Issue



Gale Sauer, RN, MNA Legislative Committee, introduces Saul Kerpelman, Esq., at the January 7 meeting, to describe the proposed 2008 Maryland State and Children's Lead Poisoning Recovery Act, and the Coalition supporting its passage. The Act would close a loophole in the law that allows manufacturers that knowingly poisoned the environment to escape responsibility. More information is available online at www.stopleadpaintpoisoning.com and from members of the MNA Legislative Committee.

Student Nurses at MNA



Gewreka Nobles, MSN, RN, of the Community College of Baltimore County (CCBC), faculty advisor of the Maryland Association of Nursing Students (MANS), met with MANS Board members at MNA to plan for their 28th Annual Convention, "Prepare to be Extraordinary" held on Saturday, January 19, 2008 at the University of Maryland Shady Grove Conference Center. MANS is a constituent member of the National Student Nurses Association (NSNA). The mission of the Maryland Association of Nursing Students is to help students in Maryland nursing programs to bridge the way from the student role to the professional nursing role. MANS meets these needs by: Providing an opportunity for students to develop networking and leadership skills; Opening a line of communication with MNA for students; and Providing information useful in developing a professional nursing career such as updates on legislative issues, community health issues, and educational issues. More information about MANS is available on their website, www.marylandnursingstudents.org.



Jimmie Kilpatrick, President of MANS and a nursing student at Johns Hopkins University, presides at MANS meetings. Other MANS Board members are: Vice President Ramya Parthasarathy from Johns Hopkins University, Secretary Nicole Melvin from Coppin State University, Treasurer Shahde Graham-Coker from Bowie State University, Newsletter Chair Kristie Kovacs from Howard Community College, Community Health Chair Jaquetta Phillips from Coppin State University, Membership/Nominations Chair Theresa Robinson from the University of Maryland Baltimore, Public Relations Chair Tammie Williams from Coppin State University, Breakthrough to Nursing Chair Claudine Hennessy from Johns Hopkins University, Legislative Chair Elizabeth Noyes from Johns Hopkins University, and Resolutions Chair Keasha Esther from Bowie State University.

New Directions for MNA cont. from pg. 1

itself, because we conducted all of our meetings with conference calls. One of the members came up to me and said, "You must be Rosemary—I recognize your voice." So please, come! Join us if you are not a member and if you already are come help us and I guarantee we will find a place and a job for you. Just call Ed at 410-944-5800 or email Esuddathnace@aol.com. If you contacted MNA earlier to volunteer, and got no response, please try again. MNA had some "challenges" with our electronics last fall, and we do not want to miss a single email or caller.

There are many changes and opportunities for nurses on the horizon. The nursing shortage continues to grow. We are going to deal with the retirement of so many of us baby boomers. The biggest and fastest-growing shortage area, as many of you know, is in the area of nursing education. As I tell my students—they need to be nice to me and to my colleagues, because we are an endangered species. I recommend that each of you read the report on the faculty shortage from the Maryland Hospital Association (web link below) and think about the implications of their proposal. Maryland nursing schools are already turning away about half of their qualified student applicants. With the typical nursing school instructor today in his or her 50's, what will happen after we retire in five or ten years? http://www.mdhospitals.org/mha/Who_Will_Care/Who.Will.Care.Report.11.04.2007.pdf

Coming down from the northeastern states is a move to encourage all registered nurses to obtain their baccalaureate degrees. This is **NOT** an entry into practice change, but rather a continued education requirement for licensure within ten years of initial licensure of new nurses, similar to the requirement that Maryland teachers have had for years. The reality is that many Maryland nurses who earn an Associate Degree in Nursing have done almost enough work to reach that baccalaureate degree goal. Creating a true RN to BSN "ladder" would help them build on that, and get the recognition that they deserve. The Deans and Directors of Maryland's BSN and community college nursing schools are national leaders in creating an "articulation" model for nursing education. If you have feedback or questions on that issue, contact the Chair of the MNA Education and Practice Committee, Joanne Oliver. Ms. Oliver is also an MNA Board member and a member of the nursing faculty at Anne Arundel Community College. Contact information is on the MNA website, www.marylandrn.org.

Finally, I mention the departure of the MNA Board Secretary, Megan Hoffman, who is leaving to marry and move to North Carolina, a joyous change for her. I first knew Megan as my nursing student, and then as my colleague. An active member of the Maryland Association of Nursing Students (MANS), Megan continued her professional activism with her local MNA District 2 Board after graduation, and then with the MNA Board. Those of you who have taught know that seeing one of your students move into nursing leadership positions after graduation is like seeing one of your own children succeed. This change leaves me both proud and sad, but I know that I will continue to hear of Megan's contributions to our profession.

As we all know, change comes because of a variety of forces, and we in nursing are often in the eye of the storm. MNA is here to help you be in charge of those changes, rather than a passive recipient.

Ciekot & Elliott cont. from pg. 1

Maryland General Assembly at the Department of Legislative Services as an analyst focusing on health finance issues. She has a Master's of Health Care Administration from the University of North Carolina—Chapel Hill.

Robyn's lobbying partner, Ann Ciekot, will also be assisting in MNA's efforts. Ann's specialty is helping non-profit organizations develop their advocacy capacity. She has successfully lobbied for a wide range of non-profit organizations on health, social, and civil rights issues. Before establishing a lobbying firm, Ann was the Executive Director of the Maryland Chapter of the National Council on Alcohol and Drug Dependence. She also spent ten years as an advocate for Action for the Homeless/Center for Poverty Solutions.

Robyn and Ann believe that MNA's strong commitment to its legislative priorities will help make the 2008 session a success. They are looking forward to helping MNA and its members navigate the legislative process in Annapolis.

MNA Legislative Committee Selects Keisha Walker

The MNA 2008 Legislative Committee welcomes its new Secretary, Keisha Walker, BSN, RN, a nurse at Johns Hopkins Hospital. The Legislative Committee meets the first Monday evening of every month at MNA. Members who would like to attend a meeting are urged to contact MNA at info@marylandrn.org or 410-944-5800 and speak with Pat Gwinn.



Keisha Walker

Peggy's Flag

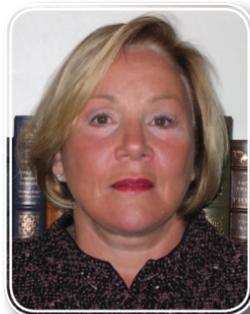
The flag flying over the US Capitol Building was presented to Dr. Margaret D. "Peggy" Soderstrom in November 2007. US Congressman Ben Chandler honored Dr. Soderstrom with this flag in recognition of and



appreciation for the years of service she has rendered the nursing profession by advocating and lobbying for the practice of nursing in the state of Maryland. Dr. Soderstrom's service to nursing continues through her current volunteer work as the 2nd Vice President for MNA District 2, her representation for District 2 on the MNA Board of Directors, and her membership on the Foundation's Board of Directors.

Foundation Announces President, Officers

The Maryland Nurses Foundation/the Foundation for Nursing of Maryland (the Foundation), announced the results of its election of officers at the Fall 2007 MNA Convention. The mission of the Foundation is to bring Maryland nurses together to promote nursing education, nursing research, nursing leadership and quality nursing care, for the public welfare.



Linda DeVries

The Foundation Board selected Linda DeVries, RN, of Montgomery County, to the leadership role of President. Ms. DeVries is a diploma graduate of the Kentucky Baptist Hospital School of Nursing and a Certified Registered Nurse First Assistant, retiring her certification in 2003. She still works part time in the operating room arena.

She was appointed to the Bullitt County, Kentucky Board of Health in 1981. She was elected to the Bullitt County Board of Education for 2 terms from 1982 through 1990, and in 1988 served as its first female Chairman of the Board. Ms. DeVries worked full time for most of her career and raised her family with many community responsibilities, such as being the secretary/treasurer for the little league and refreshment coordinator for the PTA. She taught Sunday School and was an ordained Deacon at The First Baptist Church of Washington, DC.

She is also a member of the National and Maryland Association of Parliamentarians. In 2004, she was appointed to the MNA-PAC Board of Directors and in 2006 was elected Second Vice President of the MNA.

Ms. DeVries tells us, "In my senior year of nursing school, I was told by Nelle B. Weller, Executive Director of the Kentucky Nurses Association, that the profession of nursing was equally as important as the practice of nursing and that if I truly proposed to be a professional Registered Nurse I would develop a commitment to both aspects. I believed her then and I believe her still. I am and have always been involved in the development of my profession—a nurse. My first involvement was as a new graduate in 1968 with the Practice Committee of the Kentucky Nurses Association. I was on a committee to develop a position statement on cardiac defibrillation; in specific, we were to determine if it was within the scope of practice for a Licensed Practical Nurse to "push the button" on the defibrillator while the

Registered Nurse held the paddles on the patient's chest. Laugh if you wish, but this was an important issue at the time when coronary care units were first being established in hospitals. My point is I have always been involved because being a nurse is my profession. Being a nurse matters to me and I have always chosen to speak for myself, advocating for the professional and practice issues that I feel are important."

Ms. DeVries served on the Board of Directors of the Kentucky Nurses Association for over 16 years. She held every office on the Board, some twice, and was President 1982–1983. She served two terms on the ANA Reference Committee, and served as an ANA delegate from Kentucky from 1981 through 2000. She was appointed to the Kentucky Board of Nursing for a four year term that ended in 2000. She was on the Kentucky Political Action PAC Board of Directors for 12 years and served as its President in 2000. She served 8 years as President of the Kentucky Council of Specialty Nursing Organizations.

In 1986 Linda DeVries was awarded the Distinguished Nurse of the Year for Kentucky. In 2001 she was awarded the Nelle B. Weller Award by the KNA. She told *The Maryland Nurse*, "Our goals for the Maryland Nurses Foundation include reaching out to all nurses of Maryland, seeking their support in promoting and safeguarding the profession and practice of nursing within our state."

Foundation Vice President Tina Zimmerman, MSN, RN, is a Professor of Nursing at Harford Community College. Her service to MNA includes District 7 Steering Committee, Scholarship Committee, 2004 Convention Planning Committee, and Chair. She currently also serves on the MNA Board of Directors for District 7.

Foundation Secretary Margaret ("Peggy") Soderstrom, PhD, RN, CS, is in private practice as a psychiatric-mental health practitioner and adjunct faculty at Johns Hopkins University. Her service to MNA includes years as the Co-Chair of the MNA Legislative Committee, as well as service to the Board of Directors of District 2. As the current 2nd Vice President of District 2, Dr. Soderstrom represents District 2 on the MNA Board of Directors.

Foundation Treasurer Nayna Philipsen, JD, PhD, RN, CFE, is Director of Program Development at the Helene Fuld School of Nursing at Coppin State University in Baltimore. She formerly served as Treasurer for the Board of the Chesapeake Nurses Attorneys, and was the Director of Education, Examination and Research at the Maryland Board of Nursing until February 2007. Her service to MNA includes the Board of Directors of District 2, Chair of the Legislative Committee, and the Editorial Board of *The Maryland Nurse*. She also serves as Counsel to the MNA Board of Directors.

Trustees of the Foundation Board are Nancy Huff, RN, of the Lutheran School of Nursing Alumni Association, and lay member Rob Ross Hendrickson, Esq., of Boyd Benson & Hendrickson in Baltimore. Ms. Huff is a former member of the MNA Board of Directors. Mr. Hendrickson lobbied for MNA in Annapolis for over twenty years and continues to provide legal advice as needed on a *pro bono* basis. Both Mr. Hendrickson and Ms. Huff have a long history of service to MNA and to nursing in Maryland.

REGRET FOR HUMAN SLAVERY: A Policy for a Healthier Future

Johnnye Johnson, MSN, RN
Nayna Philipsen, JD, PhD, RN
Helene Fuld School of Nursing, Coppin State
University, Baltimore, Maryland

Nursing has always been a profession of and for the people. The citizens of Maryland inherit a shameful history of state-sanctioned human slavery. Even if we are not sure what it means when we are told that our history shapes our present and future, or what "regret for slavery" or "policy for a healthier future" mean, we know that slavery destroys respect for individuals and is a violation of the fundamental values of our profession. In Maryland's nursing schools today our future nurses learn to respect individuals. They include cultural resources in their assessments of individual and community health. They learn that cultural groups differ in terms of heritage, language, family roles, spiritual expression, diet, health beliefs and health practices. They are working to build a healthier future in an increasingly global world. They do this in an environment created by our policies and past actions.

Nurses are developing models that promote cultural competency and self-determination in their communities. Delegate Shirley Nathan-Pulliam, the champion of cultural competency education for health care professionals in the Maryland House of Delegates, is a Registered Nurse. In 2007 Delegate Nathan-Pulliam received Rosalie Silber Abrams Award from the Maryland Nurses Association (MNA) for her work to create policy and law for a healthier future in our diverse world.

March 2007 saw significant events in the history of human slavery. The closest to Marylanders was the passage of Resolution 6 by the legislature of our former "slave state," expressing "profound regret for the role that Maryland played in instituting and maintaining slavery and for the discrimination that was slavery's legacy." The practice of slavery ended in Maryland by 1865 as a result of the United States Civil War and federal (U.S.) law.

Another was the expiration of the Japanese Asian Women's Fund, which offered "atonement money" to individual victims of Japanese military sex slavery of World War II. Like the individual victims of slavery in Maryland, the individual women who were the victims of Japanese military sexual enslavement (sometimes called "comfort women") from 1932 to the end of the war may all die without an official apology from the Japanese government. Japanese soldiers imprisoned an unknown number, but an estimated 400,000 or more women and girls, for systematic and government-sanctioned rape. Most of them did not survive the war. Unlike the German government, which officially recognized and condemned the atrocities committed through its institutions during World War II, the Japanese government has refused to do either. In contrast to the German government, which actively sought reconciliation, the Japanese government refuses to even admit wrongdoing.

The Korean Council for the Women Drafted for Military Sexual Slavery by Japan, founded in November of 1990, demanded that the Japanese government admit and disclose these barbarities against innocent women and girls, apologize, create a memorial, and include this event in history classes for their students. The Japanese government responded by arranging for a private charitable organization to pay money to some individual survivors, through a fund that expired at the end of March 2007.

Japan has worked to become an internationally recognized nation of honor. Japan supported the 2000 United Nations Security Council Resolution 1325 on Women, Peace, and Security, which acknowledged the impact of war on women. Yet to this date the government of Japan continues to ignore its own brutal sexual enslavement of women and girls. Japan today is on a U.S. Watch List because it does not fully comply with the Trafficking Victims Protection Reauthorization Act of 2003.

Americans are taught that there is no slavery in

the United States today. Yet nurses encounter patients who appear to be living in human slavery, some who may be in the United States illegally and bereft of normal legal protections. We hear in the news that some of the items that we purchase were made with slave labor. Are we really more committed to human dignity and freedom than our ancestors, our neighbors, or our enemies?

"Unfortunately, slavery... is alive and well in the many parts of the world, including the United States," according to William S. Lerach. He is a class action attorney, seeking compensation for victims forced to work as slave laborers in factories.

Wal-Mart has become a high-profile test of our response to slavery. Now the world's biggest corporation, Wal-Mart ranks among the most profitable entities in the world. Of the ten richest people in the world, five are Waltons, members of the family that owns Wal-Mart. Today, it is the largest importer of Chinese-made products in the world. Charlie Kernaghan of the National Labor Committee reports, "In country after country, factories that produce for Wal-Mart are the worst," adding that the labor policy of Wal-Mart "is actually lowering standards in China, slashing wages and benefits, imposing long mandatory-overtime shifts..."

These factories employ mostly young women and teenage girls. "There will always be people who break the law," says Wal-Mart CEO Lee Scott. "It is an issue of human greed among a few people." Those "few people" include Wal-Mart executives. Do they include us?

How high is the price that we are willing to pay for a "low-price" model? If we tolerate slavery because it appears to benefit us financially, how are we different from those who supported slavery in the past? When you purchase clothing in Wal-Mart, do you ever imagine young women forced to work from 7:30 a.m. to 8:00 p.m., seven days a week, paid 20 cents an hour, who are denied health care and maternity leave; screamed at to work faster; with monitored bathroom visits; and who will be fired for daring to complain or ask for human rights? Or, since you cannot see them, do you ignore and dehumanize them? How many of us have become supporters of today's human slavery, a serious worldwide social and public health threat that especially impacts women and children? What can we do as individuals to promote human rights, and what must we do as a society?

The Maryland resolution states that "WHEREAS, Slavery's legacy has afflicted the citizens of our State down to the present; and WHEREAS, Slavery and discrimination are utterly contrary to the principles that this Nation and this State profess; and WHEREAS, It is time for the State of Maryland to acknowledge the role the State played in maintaining the institution of slavery and its attendant evils, be it... RESOLVED, That the State of Maryland commits itself to the formation of a more perfect union among its citizens regardless of color, creed, or race; and be it further RESOLVED, That the State of Maryland recommits itself to the principle that all people are equal and equally endowed with inalienable rights..." It follows a similar resolution in Virginia, another former slave state, earlier in 2007, which expressed regret for the exploitation of Africans and Native Americans, and called for "reconciliation among all Virginians."

The minority who opposed Resolution 6 did not deny Maryland's history, or oppose reconciliation, but failed to understand the difference between policy and history, or between governmental legacy and individual action. One delegate stated, "I don't believe I should be in a position to apologize for something that other people did." Others have confused the commitment to equality with the issue of individual reparations. The majority voted to move Maryland toward a legacy of respect and equality.

When the great American writer, orator, civil-rights and suffrage worker Frederick Douglass escaped from tragedy and slavery in Maryland in 1838 at the age of twenty, he left a state and people that he loved. But

he did not return until he was in his fifties. What he hated was the sanctioning and institutionalization by Maryland of human slavery. In his autobiography, *The Life and Times of Frederick Douglass*, the 1892 edition, he wrote of our nation's capitol, "Let it stand where it does now stand... no longer sandwiched between two slave states—no longer a contradiction to human progress... no longer anchored to a dark and semibarbarous past, but a redeemed city, beautiful to the eye and attractive to the heart, a bond of perpetual union, an angel of peace on earth and good will to men, a common ground upon which Americans of all races and colors, all sections, North and South, may meet and shake hands, not over a chasm of blood, but over a free, united, and progressive republic."

Confronting the wrongs of the past and the wrongs in the present are both essential. An official governmental policy of apology and atonement today are moves to redeem our future. Apology creates the foundation for forgiveness, reconciliation and good will. This is a policy on which we can build the teamwork that humankind needs. Official adoption of Regret for Slavery is an official affirmation of our society's commitment to cultural and individual respect, and to a policy that promotes a united, progressive and beautiful state.

Nurses are key players, bridging the "cultural divide" in health care. Nurses assess, implement, and evaluate plans to promote individual and community health and autonomy every day. Nurses, as individuals and as a profession, have unique opportunities to raise awareness and to address the legacy of slavery, past and present, as public health and ethical issues.

MNA expressly advocates for diversity, for access to healthcare for all, and for patient autonomy and self-determination in its 2008 Legislative Platform. Nursing is committed to promoting a legacy of justice, enlightenment, and respect for the inalienable rights of all people in our shared world.

For a related article posted online by the American Nurses Association on race consciousness and health, go to http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume82003/Num1Jan31_2003/RaceandHealth.aspx.

For more information from The National Labor Committee, go to <http://www.nlcnet.org>.

For the entire text of Maryland Senate Joint Resolution 6 go to: <http://mlis.state.md.us/2007RS/bills/sj/sj0006t.pdf>.

To review the legislative history of Resolution 6, go to: <http://mlis.state.md.us/2007RS/billfile/sj0006.htm>.

For the text of Virginia Joint Resolution 332, go to: http://leg1.state.va.us/cgi-bin/legp504.exe?_071+_ful+_SJ332ER. The legislative background is available at: http://leg1.state.va.us/cgi-bin/legp504.exe?ses=071&ty_p=bil&val=sj332.

For the United Nations Economic and Social Council's Commission on Human Rights report on violence against women and Addendum on Japanese wartime sexual slavery, see: <http://www.unhchr.ch/Huridocda/Huridoca.nsf/0/b6ad5f3990967f3e802566d600575fcb?Opendocument>.

United States House Resolution 759 regarding Japanese wartime sexual slavery is available at <http://www.govtrack.us/congress/bill.xpd?bill=hr109-759>.

The Life and Time of Frederick Douglass, Written by Himself: His early life as a slave, his escape from bondage, and his complete history, is available in unabridged version published in 2003 with a forward by Rayford W. Logan from Dover Publications, Inc., NY (originally published in 1892 by De Wolfe and Fiske Co., Boston).

The 2008 MNA Legislative Platform is available in the current issue of *The Maryland Nurse*.

Extend Your Healing Hands—Faith Community Nursing

by Elizabeth Benson, RN, MEd, FCN

Maryland's already severe healthcare workforce shortage is projected to grow to unprecedented levels in a few years. Perhaps one solution will come from initiatives in the community.

There's a nursing shortage—you know it and I know it! All 50 states and numerous territories have commissions, task forces, and councils to study the nursing shortage. Most have suggested throwing more money at the problem. However, with budgetary concerns in Maryland's General Assembly, it is unlikely that any large-scale funding will be made available to address the issue in the short term.

While attending numerous Senate and House Healthcare Workforce Shortage task force and commission meetings—I was challenged to “think outside the box” and “be creative” in recommending possible solutions to the state- and nation-wide nursing shortage. I was challenged to suggest what had not yet been suggested and to steer away from the old adage “money fixes everything.” I was challenged to take responsibility to provide viable alternatives. What follows is my response to that challenge...

More and more communities are realizing *Health Ministries and Faith Community Nurses/Parish*

Nurses are providing exactly the services many Marylanders need to improve their health and the health of their community.

The philosophy of *Health Ministries* is to promote the health of a faith community by working with the religious leader and staff to integrate the theological, sociological, physiological, and psychological perspectives of health and healing into the liturgical services of the congregation. They focus on the application of health promotion concepts specific to adults and families.

A *Faith Community Nurse (FCN)*, a term used interchangeably with *Parish Nurse (PN)*, is a registered nurse prepared to assess the needs of the whole person—psychological, physical, sociological, and spiritual. An FCN is a practitioner who works with people to resolve concerns such as interpersonal relationships, grief, guilt, stress, lifestyle, life changes, spiritual resources, and outlook on life, all of which affect the health status of individuals and families. The nurse facilitates positive lifestyle changes through health assessment, counseling, self-help groups, health education, and referrals to other health care providers and community resources. The goal of Faith Community Nursing is to allow God to touch another person through you.

Faith Community Nursing is a specialty practice and professional model of health ministry distinguished by the following beliefs (IPNRC, 2005, used with permission):

- The Faith Community Nurse (FCN) reclaims the historical roots of health and healing found in many religious traditions. FCNs live out the early work of monks, nuns, deacons and deaconesses, church nurses, traditional healers, and the nursing profession itself. They focus on the application of health promotion concepts specific to adults and families.
- The spiritual dimension is central to faith community nursing practice. Personal spiritual formation is essential for the FCN. The practice holds that all persons are sacred and must be treated with respect and dignity. Compelled by these beliefs the FCN serves, advocating with compassion, mercy, and justice. The FCN assists and supports individuals, families, and communities to become partners more active in the stewardship of personal and communal health resources.
- The FCN understands health to be a dynamic process, which embodies the spiritual, psychological, physical, and social dimension

of the person. Spiritual health is central to well-being and influences a person's entire being. A sense of well-being can exist in the presence of disease, and healing can exist in the absence of cure.

- Faith Community Nurses do not perform home health care or invasive procedures. Their focus of practice is to collaborate with other community resources to foster new and creative responses to health and wellness concerns. All nursing actions, policies, and procedures must follow *Scope and Standards for Parish Nursing* American Nurses Association 2005.

So, back to the challenge—how does this affect the healthcare workforce shortage?

- During a recent interview, Debra Patterson, Executive Director of International Parish Resource Center, reported new studies may indicate an increased retention rate for nurses in their everyday jobs when they volunteer in faith based health ministry activity.
- Faith Community Nurses can help decrease the nearly 80 percent of health care costs spent treating the complications of chronic diseases, many of which are preventable.
- Faith Community Nurses can, by providing information about and collaborating with existing community agencies, help increase access to the medical treatment and prescriptions people need to stay healthy.
- Faith Community Nurses can help decrease the number of uninsured residents going to the emergency room for treatment—unnecessarily taxing that critical work force and pushing healthcare costs higher, again, by collaboration with community resources.

At this point, you may be thinking—well, this sounds great and sure, I'd like to help, but I really don't have another minute in my life to give to someone else. As nurses, our day-to-day living may be so cluttered with obligations and so frenetic with activity, we feel we don't have enough time for our own thoughts, daydreams, and devotions. And, many times in providing daily nursing care, we don't have time to take care of the whole person the way we'd like. Using your nursing skills in this venue—where nursing has its spiritual connection, you may just find yourself more energized to follow your calling as a nurse and to fulfill your particular roles as spouse, parent, friend, and good neighbor. Extend your healing hands.

RNs Should Practice to Full Extent of Education and Experience: *New Pennsylvania Law Supports Advanced Nursing Practice*

by Betsy M. Snook, APRN, Executive Director,
Pennsylvania State Nurses Association
Printed with permission of The Pennsylvania State
Nurses Association

A Pennsylvania bill that was signed into law in July 2007 expands the ability for nurse practitioners to manage primary care clinics that provide an affordable, convenient alternative for medical care and ease the strain on hospital emergency departments. Author Betsy Snook says that it is time for the medical community to "offer the health-care opportunities our patients need" and "fully utilize" the strengths of doctors and RNs to provide quality care for all. This article is republished with permission. Author Betsy Snook can be reached at www.panurses.org.

Almost one million Pennsylvanians do not have adequate access to health care. Twice as many patients can be treated when an advanced-practice nurse joins a medical staff. Emergency room visits are cut by as much as 57 percent when patients can receive treatment from a practice managed by a nurse practitioner.

Study after study shows that medical costs go down and patient access to quality health care goes up when laws allow registered nurses to practice to the fullest extent of their education and experience. Historically, Pennsylvania has not allowed them to do this, which might explain why our population has a greater-than-average need for costly and unnecessary emergency room visits.

That was true until July 2007, when the Pennsylvania state Legislature passed bills associated with Gov. Ed Rendell's "Prescription for Pennsylvania." When Gov. Rendell signed these new health-care reforms into law, they expanded the scope of practice for certified registered nurse practitioners and enhanced the credentials of clinical nurse specialists. These laws will allow a child crying with an earache or a hypertensive patient out of medication to receive on-site primary care from a qualified advanced-practice nurse in a timely and cost-efficient manner. These laws will allow the working poor or the uninsured to receive affordable, preventive health care while avoiding deteriorating health and costly emergency room visits.

Why, then, would anyone challenge the advantages of having advanced-practice nurses provide primary health-care services, as the American Medical Association decided to do at its 2007 annual meeting

recently in Chicago? Some physician groups even have asked for a ban on primary-care clinics in pharmacies, supermarkets and other retail settings that often are staffed by nurse practitioners and physician assistants.

Despite the lack of evidence indicating problems with these clinics, some doctors complain that they interfere with the traditional practice of medicine, and the AMA passed a resolution requesting state and federal investigations into retail clinics.

One must ask why, in the face of overwhelming evidence that high-quality patient care is being provided by educated, competent practitioners and clinicians (and likely at a lower cost), the AMA wants to interfere with improving access to our health-care system. As a Harvard Business School faculty member recently told a class, physicians should focus on complex medical cases and allow advanced-practice nurses and physician assistants to provide the primary care that they do so well. Even an AMA board member, Peter Carmel, reportedly acknowledged, "If we believe in consumer-driven medicine, if we believe that it is the responsibility of medicine to respond to the needs of our patients, and if there is a strong consumer demand, then we, in fact, are going to have to compete in this arena."

And that's exactly what it's all about (or should be)—the needs of the health-care consumer. It should come as no surprise to anyone that patients are fed up with a system that requires them to wait months for medical appointments with exorbitant fees. And those are the lucky ones who have access to and can afford a doctor.

Pennsylvanians utilize emergency room visits

11 percent more often than people in other states. Many times, these visits are caused by a lack of preventive health care and insufficient chronic-disease management—primary care services that easily could be provided by advanced-practice nurses. This is a curious statistic since Pennsylvania has approximately 11,000 advanced-practice nurses who hold a minimum of a master's degree and often a doctoral degree and who have advanced clinical skills, experience and specialty certification. You know them as nurse midwives, nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists, among others.

With the passage of these new laws expanding the scope of services that advanced-practice nurses can provide, Pennsylvania lawmakers have recognized the need for quality, affordable and accessible health care for all Pennsylvanians. Now it is time for the medical community to work together to provide consumer-driven medicine and offer the health-care opportunities our patients need. It's time for physicians and registered nurses to acknowledge the strengths of each profession and fully utilize those strengths to provide quality, affordable medical services for all.

Pennsylvania's 200,000 registered nurses are ready and willing to help serve their patients to the fullest extent of their education and experience. Hopefully, physicians will allow that to happen. The Pennsylvania State Nurses Association calls on the AMA to stop its request for a costly and unwarranted investigation of nurse practitioner-managed retail clinics—an investigation that, at best, is an unwelcome distraction from the urgent health-care issues facing Americans today.

MNA Members in the News

Patricia Abbott, Dist. 2—On July 18, 2007, Assistant Professor Patricia Abbott was filmed by PBS as part of a series on the future of nursing and information technology. The 30-minute interview was held at "Giving Nurses a Voice: Future Care Delivery," a nursing informatics Town Hall held in Baltimore.

Susan Antol, Dist. 2—Susan Antol, MS, RN, assistant professor, UMB SON Department of Family and Community Health (FCH) presented her abstract, "Re-Establishing Post-Partum Health Coverage and Access for Pregnant Teens and their Newborns Community Health Nurse Collaboration with Primary Care Providers in an Academic Health Center," at the National Nursing Centers Consortium 6th Annual Conference, held recently in Washington, D.C.

Diane Aschenbrenner, Dist. 2 and **Susan Immelt**, Dist. 2—Johns Hopkins University faculty members Diane Aschenbrenner and Susan Immelt, along with two other colleagues, displayed their poster "Simulation As An Independent Learning Experience" at the conference "Creating the Learning Environment of Tomorrow." In their presentation, the faculty described how Micro-Sim can be integrated in a nursing curriculum, and how using Micro-Sim with student assignments can be advantageous over using a patient simulation manikin.

Anne Belcher, Dist. 2—Johns Hopkins University Associate Dean Anne Belcher has been selected for fellowship in the National League for Nursing (NLN) Academy of Nursing Education. This inaugural group of inductees was chosen on the basis of presenting sound evidence of enduring and substantial contributions to nursing education, visionary leadership in nursing education, and relating their contributions to nursing education to the mission and goals of the NLN. Belcher will participate in the Academy Induction Ceremony held in conjunction with the NLN Submit Awards Banquet on September 29 in Phoenix, AZ.

Susan Dorsey, Dist. 7—Susan Dorsey, PhD, RN, assistant professor, OSAH, has received two new faculty appointments on the UMB/UMMC campus. In addition to her role at the School of Nursing, Dr. Dorsey will be serving as an adjunct assistant professor in the Dental School's Department of Biomedical Sciences (July 1, 2007 through June 30, 2008), and she has been named a full member of the Marlene and Stewart Greenebaum Cancer Center Experimental Therapeutics program.

Christina Fusco, Dist. 2—Johns Hopkins University MSN/MPH student Christina Fusco spent

the summer semester completing her practicum requirements while working on a WHO-funded led by SON faculty Patricia Abbott (PI) and Laura Taylor (Co-PI). The project was designed to create, implement, and study learning-objects for community health workers in Malaysia, Vietnam, and Thailand. Christina will continue her work with the WHO in a post-graduate internship starting August 10 in Geneva with Dr. Jean Yan, WHO Chief Nurse Scientist.

Fannie Gaston-Johansson, Dist. 2—Maryland Governor Martin O'Malley has appointed JHUSON Professor Fannie Gaston-Johansson, PhD, RN, FAAN as one of six members of the Maryland Health Care Access and Reimbursement Task Force. Enacted by legislation in 2007, the group is tasked with examining physician and health care reimbursement trends in the State, and then developing recommendations to present to the General Assembly and the Governor.

Linda Goodman, Dist. 9—Linda Goodman was appointed to the Charles County Council on Aging, an appointed position focusing on the problems, needs, concerns, and services for the aging community in Charles County.

Janice Hoffman—JHUSON faculty member Janice Hoffman, PhD, RN was appointed a member of the Maryland State Board of Spinal Cord Injury Research for a term of four years. She was sworn in September 7, 2007 in Annapolis.

Louise Jenkins, Dist. 2—Louise S. Jenkins, PhD, RN, UMB SON associate professor, OSAH, and co-director of the Institute for Educators in Nursing and Health Professions, co-authored the following article: Jenkins, L.S., Powell, J., Schron, E.B., McBurnie, M.A., Bosworth-Ferrell, S., Moore, R., and Exner, D.V. for the AVID Investigators (2007). Partner quality of life in the antiarrhythmics versus implantable defibrillators (AVID) clinical trial. *Journal of Cardiovascular Nursing*, 22(6), 472-479.

Paula Luskus, Dist. 9—On September 20th 2007, District 9 Vice President Paula Luskus, RN, Case Manager at Fort Washington Medical Center participated in a panel discussion "Case Management 2007—Gain Expert Knowledge To Help Your Families." Paula presented "Understanding Hospital Case Management" and Jacqueline Byrd, Elderlaw Attorney of Byrd & Byrd, LLC presented "Solutions For Communicating with Families." The event was held at Fort Washington Health and Rehabilitation Center and was sponsored by Right At Home—Home Care & Assistance and Guide to Retirement Living. The Program was promoted by Jack Davidson from Right at Home, and moderated by Steve Gurney,

Publisher of Guide to Retirement Living.

Kate McPhaul, Dist. 3—Kate McPhaul, PhD, RN, UMB assistant professor, FCH, served as both keynote and endnote speaker at Wesley College's Annual Tau Beta Chapter-Sigma Theta Tau Conference. Her talks were titled, "Violence in Society and Health Care—Are They Connected?" and "Ending Violence in Health Care." Dr. McPhaul also spoke at the Health Professional and Allied Employees' Annual Professional Issues Conference. Her talk was titled, "Is Your Facility Secure? Technologies and Policies for Safety."

Robin Newhouse, PhD, RN, professor, OSAH, and director of the Doctor of Nursing Practice program, was awarded the Outstanding Pathfinder Award by the Maryland Nurses Association (MNA) at their annual conference, held Oct. 18. The award is given to an MNA member who has demonstrated excellence and creative leadership that fosters development of the nursing profession. The recipient must have pioneered innovation in nursing or developed creative approaches to further nursing's agenda.

Keith Plowden, Dist. 5—Keith Plowden, PhD, RN, ACRN, assistant dean for baccalaureate studies, has been certified as an AIDS Care RN (ACRN) through the Association of Nurses in AIDS Care. Dr. Plowden was mentioned in an article about the certification, "Meeting the Certification Challenge," which appeared in the September-October 2007 issue of *News & Views*, a publication of the UMMC Department of Patient Care Services.

Kenneth J. Rempher, Dist. 3—Kenneth J. Rempher, PhD '05, MS '99, MBA, RN, CCRN, APRN, BC, was honored recently by the AACN with an Excellence in Leadership award. An article in the September 2007 edition of AACN's *Association News* announced the award and highlighted Dr. Rempher's career.

Cyndi Rushton, Dist 5—Johns Hopkins University Associate Professor Cyndi Rushton was featured in the article "Renewal and Retention: Strategies for Addressing the Nursing Shortage" in the July 2007 issue of the Robert Wood Johnson Newsletter. The article covers Rushton's R3 program, "Renewal, Resilience and Retention for Nurses," and its similarities to the prominent Robert Wood Johnson Foundation (RWJF) initiative to improve nurse retention.

Barbara Sattler, Dist.2—Barbara Sattler, DrPH, RN, FAAN, research associate professor, FCH, reports that three renewal grants have been received for the Hospitals for a Healthy Environment initiative. They include \$57,500 from the Clayton Baker Foundation, \$20,000 from the Bancroft Foundation, and \$97,000 from the Abell Foundation.

Sarah "Jodi" Shaefer, Dist. 2—For over a decade, Assistant Professor Jodi Shaefer has been involved in the National Fetal and Infant Mortality Review Program (FIMR). The article "FIMR Faces," appearing in the Summer 2007 issue of *FIMR: Making Healthy Communities Happen*, highlights the many contributions that Shaefer has made to FIMR, working on improving systems of care for bereaved families.

Debra L. Spunt (deceased), Dist. 2—The inaugural Debra L. Spunt, MS '83, BSN '79, Endowed Lecture was presented Sept. 29, 2007 at the National League for Nursing's Annual Education Summit held in Phoenix, AZ. The lecture, presented this year by Pamela R. Jeffries, DNS, RN, FAAN, honors Spunt's lifelong contributions to nursing education.

Rebecca Wiseman, Dist.8—Rebecca Wiseman, PhD, RN, UMB assistant professor, OSAH, and director of the Governor's Wellmobile program, participated as a panel member of the plenary session, "Institute for Nursing Centers (INC): Best Practices in Data Collection," at the National Nursing Centers Consortium 6th Annual Conference, held recently in Washington, D.C.

Do you know an MNA member who is in the news? Please email the information to marylandnurse@marylandrn.org so we can share that with other Maryland nurses.

Meet MNA's Staff

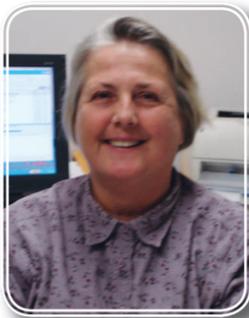
Ed Suddath, EXECUTIVE DIRECTOR: MNA's new Executive Director, Ed Suddath began his employment on Wednesday, January 2, 2008. Ed has a Bachelor of Science degree in Business Education and a Masters Degree in Vocational Education. He brings over thirty years of experience in the combined fields of education and association management. Ed has served as the Executive Director for associations such as the National Association of Catering Executives and West Virginia Special Olympics. He also served as the Executive Vice President for the Association on Higher Education and Disability.



Ed Suddath

When asked what strengths he brings to his new position with MNA, he stated, "I feel that my strong knowledge of association operations and Board governance are my major strengths."

Marie Ciarpelli, Bookkeeper: If you called MNA offices recently and got voice mail, you heard the voice of Marie Ciarpelli, MNA's Bookkeeper for the past 27 years. Marie takes care of your orders for RN license plates and handles financial matters for MNA and for the Foundation. In addition, Marie works hard every year to make the MNA Convention run smoothly.



Marie Ciarpelli

Pat Gwinn, Administrative Assistant: Everything that Ed and Marie do not do, Pat Gwinn does. Pat has overseen activities at MNA for 23 years. This includes tracking committee activities, assisting with notices for The Maryland Nurse, e-mail distribution, correspondence, support for Continuing Education (CEU) approval activities, the Foundation, and the annual MNA Convention. MNA and Maryland's nurses are fortunate to have excellent and dedicated staff.



Pat Gwinn

MNA Welcomes New Board Members

The MNA Board of Directors was pleased to welcome new Board members from three MNA Districts this quarter. In addition, the Board announced the appointment of Dorothy R. Haynes, JD, RN, to fill the vacant position of Treasurer-Elect.

Marie DiPasquale, Ph.D., RN, is the new Director representing District 4, which includes the Eastern Shore. Ms. DiPasquale is a faculty member at Villa Julie College in the RN to BSN program. She has a special interest in the applications of distance learning in nursing education. Dr. DiPasquale lives in Easton.



Marie DiPasquale

Sharan Koza, BS, RN, is the new Director representing District 8, Frederick and Washington Counties. Ms. Koza has been adjunct faculty for Frederick Community College in the Continuing Education Department for seventeen years. She has worked as a Nursing Consultant for the past five years, serving the developmental disability and assisted living populations as a case manager and delegating nurse. She comes to MNA with experience serving the District 8 membership.



Sharan Koza

Mary K. Fey, MS, RN, ANCC Board Certified in Professional Development, has a clinical background in critical care, and is the new Director from District 9, St. Marys, Charles and Calvert Counties. She practiced in Washington, D.C., and served as liaison to the D.C. Board of Nursing until 2006, when she joined the faculty of the College of Southern Maryland. Her previous service to MNA includes Co-Vice President of District 9. She has been an NCLEX item writer, and is a member of NLN and the International Association for Clinical Simulation and Learning. Ms. Fey lives on a farm in Brandywine with her family, and is a master gardener.



Mary K. Fey

Dorothy Haynes, JD, RN, is the new Treasurer-Elect of the Board. Ms. Haynes is the Legal Associate for the Maryland Board of Nursing, where she oversees criminal records history checks (see the article in the last issue of *The Maryland Nurse*) and is the liaison to the Electrologists. She brings academic preparation in business and law and experience as the treasurer on the Boards of other non-profit organizations to this position. The Maryland Bar has recognized Ms. Haynes for her many hours of volunteer work in Family Law. She is also a member of the Nursing and Health Committee of the Central Maryland Chapter of the Red Cross. She was previously active on MNA's Legislative Committee.



Dorothy R. Haynes

Afzal Adds Nursing Expertise at Children's Environmental Health Network

In November the Children's Environmental Health Network (CEHN) welcomed Brenda Afzal, M.S., R.N., as a new Director. Ms. Afzal is also a member of the MNA District 2 Board of Directors. She has an innovative nursing perspective as Director of Health Programs at the Environmental Health Education Center at the University of Maryland School of Nursing.

Brenda Afzal's work in environmental health education, advocacy and leadership development effectively develops nurses' capacity to engage in the emerging arena of environmental health. She has worked closely with MNA and the nursing community over the years to promote a healthy environment.

In making the announcement, Board Chair Ramona Trovato said that Ms. Afzal's involvement "further strengthens CEHN's role as the voice of children's environmental health in our nation's capitol." Based in Washington, D.C., CEHN has worked to protect children from environmental health hazards and to promote a healthy environment since 1990. More information is available from Nsedu Obot Witherspoon, Executive Director, cehn@cehn.org.

What Happens to Complaints at the Maryland Board of Nursing?

by Susan Fradkin, MS, RN, MBON Complaints and Investigations Unit



Tina Gilliam and Tomaquawa Slaughter, Office Secretaries III, for the MBON Complaints and Investigations Unit.

For most nurses, it's hard to imagine anything worse than being the subject of a complaint filed at the Board of Nursing (MBON). Each case that comes to us is unique, and presents an array of human faces: the licensee (nurse) or certificate holder (nursing assistant), the complainant (person or agency filing the complaint), the patient, the family, the witnesses, etc. But to understand a process is to de-mystify it, so let's take a look at how we work in Complaints and Investigations.

The Board receives close to a thousand complaints a year, and the numbers keep climbing. The official complaint form can be down-loaded from our website

(www.mbon.org). We encourage complainants to be specific and attach as much supporting documentation as possible. But some complaints originate as letters, phone calls, anonymous "tips," even newspaper articles.

Who submits complaints? Nurses, of course, but it might be anyone: a patient, a family member or friend of a patient, a physician or other health care professional, an inmate at a state correctional facility.

As you might imagine, most complaints concern poor nursing practice (medication errors, failures to treat or document, falsification of documentation, abandonment, etc.), drug diversion and abuse (emotional/physical/sexual). But we also receive complaints regarding theft and other criminal activity, impostors, apparent mental instability and fraud of various kinds.

All complaints are screened several times, to determine which ones are appropriate for investigation, based on possible violation(s) of the Nurse Practice Act. Those allegations that, if true, would place the public in greatest jeopardy are earmarked as priority cases.

Next the cases are assigned to investigators (a staff of seven, currently). Some will be dismissed, ultimately, for lack of evidence. Some nurses and nursing assistants, upon learning of the complaint, acknowledge the allegation and are invited to meet with a small group of Board and staff members to explain the circumstances. Only a small percentage of cases charged by the Board progress to a full evidentiary hearing; most are resolved at an informal pre-hearing conference.

Regardless of the final outcome, the investigator has spent a great deal of time learning all he or she can about the case: reviewing documents obtained by subpoena, interviewing the licensee or the certificate holder, the complainant, witnesses and experts, visiting the site of the allegation, if appropriate, and ultimately preparing a report for the Board that examines the case from all sides, reports what the people involved had to say, and what the documentation reveals.

It's a difficult and demanding job, and one that makes me especially appreciative of the fine work done day after day by the overwhelming majority of nurses and nursing assistants. As I meet you, in my travels, I try to take a moment to thank you for helping us achieve the Board's goal of safe and competent nursing care for all our citizens.

National Health Care Decisions Day

Mary Stewart, Senior PR Specialist, American Nurses Association (ANA)

Mary.Stewart@ana.org www.nursingworld.org

April 16, 2008 has been designated as National Healthcare Decisions Day. The American Nurses Association (ANA) will join Americans across the country to talk about your future healthcare decisions.

On this day, throughout the country, healthcare providers, professionals, chaplains, attorneys, and others will participate in a massive effort to highlight the importance of advance healthcare decision-making. All ANA members should consider what their healthcare choices would be if they are unable to speak for themselves.

To facilitate this process, initiative organizers will provide clear, concise, and consistent information and tools for the public to execute written advance directives (healthcare power of attorney and/or living will) in accordance with their applicable state laws. These resources will be available at: <http://www.nationalhealthcaredecisionsday.org/>.

Although several states have engaged in advance directives awareness events and numerous organizations have devoted substantial time and money to improving education about advance healthcare planning, only a small minority of Americans have executed an advance directive. National Healthcare Decisions Day seeks to address this issue by focusing attention on advance healthcare planning from a variety of directions simultaneously.

"As a result of National Healthcare Decisions Day, many more Americans can be expected to have thoughtful conversations about their healthcare decisions and complete reliable advance directives to make their wishes known," said Nathan A. Kottkamp, chair of the National Healthcare Decision Day initiative. "Fewer families and healthcare providers will have to struggle with making difficult healthcare decisions in the absence of guidance from the patient; and healthcare providers and facilities will be better equipped to address advance healthcare planning issues before a crisis and be better able to honor patient wishes when the time comes to do so."

The following national organizations have already committed to participating in this event by encouraging their members and chapters to engage in various education initiatives on National Healthcare Decisions Day:

AARP
Administration on Aging
Aging with Dignity
American Association of Critical-Care Nurses

American Association of Homes and Services for the Aging

American Health Care Association

American Health Decisions

American Health Lawyers Association

American Hospital Association

American Medical Directors Association

American Nurses Association

Association of Professional Chaplains

American Society of Directors of Volunteer Services

Catholic Health Association of the United States

Center for Medicare Advocacy

Center for Practical Bioethics

Center for Social Gerontology

Duke Institute on Care at the End of Life

Federation of American Hospitals

Financial Planning Association

McGuireWoods, LLP

National Academy of Elder Law Attorneys

National Association of Catholic Chaplains

National Association of Social Workers

National Association on Directors of Nursing Administration in Long Term Care

National Hospice and Palliative Care Organization

National POLST Paradigm Initiative Task Force

The Hastings Center

Coordinators are being recruited to develop networks in each state to encourage and support local activities and outreach. Organizations and coalitions interested in participating are encouraged to register at the NHDD Web site, nhdd@nhpco.org, or call 1-800-658-8898.

The National Healthcare Decisions Day (NHDD) Initiative is a collaborative effort of national, state and community organizations committed to ensuring that all adults with decision-making capacity in the United States have the information and opportunity to communicate and document their healthcare decisions.

Handwashing a Major Tool to Fight Future Flu Pandemic

A study published in the Cochrane Library journal in October 2007 found regular handwashing with plain soap and water to be a simple and effective way to curb the spread of respiratory viruses, from everyday cold viruses to deadly pandemic strains. Based on review of multiple research studies, simple, low-cost measures, handwashing and barriers such as wearing gloves, masks, and gowns, appear to be more effective than other interventions, such as drugs, in preventing the spread of respiratory viruses like SARS and influenza.

These low-cost physical measures should be given high priority in all settings where nurses practice, and in national and pandemic contingency disaster plans. Nurses and other healthcare researchers have warned that the world is due for another pandemic. The H5N1 avian flu viral strain is recognized as a prime candidate for the next flu pandemic. It has killed more than 200 people globally since 2003.

Governor's Wellmobile Program of Western Maryland: Men's Preventative Care

by Bea Lamm, EdD(c), MS, RN
Program Manager, Governor's Wellmobile of
Western Maryland

More and more people are uninsured, have higher deductibles, and are not getting preventative care within their health plans. The Governor's Wellmobile of Western Maryland provides care for adults, men and women, who are between the ages of 19-64, in addition to serving children. The mission of the program is to serve the uninsured who live in underserved areas, and to provide preventative, acute, and chronic care through a Nurse Managed Model. The program has a family nurse practitioner, program coordinator, outreach worker, and driver. The Western Maryland Wellmobile is one of four in the State of Maryland. One area that the staff is focusing on this year is men's health.

Men have greater reluctance in seeking help for physical problems and for participating in screening programs. They are less likely than women to adopt healthy behaviors. Life expectancy is a great concern: men live about six less years than women. Most of the major health risks that men face can be prevented by learning health behaviors and by participating in screening for early diagnosis (Men's Health Network, Presentation to NIH, 2003).

A variety of factors influence men's receipt of treatment, such as access to care, education level, socioeconomic status, biological factors, and attitudes about health and lifestyle. Health factors affecting men have a profound impact on women and children. There is a loss of income, increase in medical expenses, and disruption of family relationships. As presidential candidate Bill Richardson once said, "Recognizing and preventing men's health problems is not only a man's issue." Men's health impacts wives, mothers, daughters, sisters, and is truly a "family issue" (Men's Health Network, Presentation to NIH, 2003).

Men have a higher death rate for many diseases, including heart disease (two times more than women), cancer (50% more die with lung and colorectal cancer), injuries, stroke, diabetes, HIV/AIDS, suicide, and homicide (National Center for Health Statistics, 2005). As a group, men are more likely to have no healthcare coverage. They make about 50% fewer visits than women to a primary care physician for prevention and are employed in dangerous occupations such as fire fighting, construction, mining, and industrial fishing. Also, society discourages healthy behaviors in men and boys. Men from ages 15 to 24 engage in a riskier lifestyle (Men's Health Network, *The Silent Crisis*, 2006).

The Wellmobile staff promotes screening with regular physicals for both men and women. There are very few programs for men. Women are seen frequently and there are many programs they can be

referred to in Western Maryland, such as the Breast and Cervical Program at the Allegany County Health Department or through the local hospital. Women's health is something that the government has allocated funding for to screen for breast and cervical disease. When women see primary care physicians for these services, they have their blood pressures taken, urine analyzed, and sometimes have blood work ordered. Also, the programs provide screening mammograms and a pap tests for cervical cancer screening in women. However, there is a program for both men and women that screens for, diagnoses, and treats colorectal



Jacki Haywood, Outreach Worker; Bea Lamm, Program Coordinator, and Adam Thomas, patient. Mr. Thomas is being screened for High Blood Pressure by Bea Lamm. Patients are given a small card to record their BP and to keep in their wallets for comparison from one screening to the next. All patients are screened for Hypertension when they are seen on the Governor's Wellmobile.

cancer. Men can obtain a prostate exam and treatment through these services. The men are screened on the Wellmobile for high blood pressure, diabetes, and enlarged prostates. Men are followed by the family nurse practitioner and also referred for treatment to the Colorectal Cancer Control Program.

A higher percentage of men come to the Wellmobile having abused alcohol and drugs. This is a challenge for all members of the Wellmobile team to manage. These men typically have little education and many have not graduated from high school. Environmentally, there are no jobs for an unskilled worker in Allegany County because this is an economically depressed area. The unemployment rate in Allegany County is 6.4% and the State of Maryland is 4%, which is a huge disparity. In 2004, individual per capita income in Allegany County was \$24,127, compared to the State of Maryland's average of \$39,361. There is little opportunity to obtain a steady, well-paying job in Western Maryland. Once

men are in the cycle there is little way they can break it. Poverty in Allegany County is often generational. It goes from parents to children to grandchildren. Currently there are new prison populations (federal and state) that add to the male population, and with that, additional environmental factors. Their families come along to live in the community where they can visit these men in prison. They bring drugs, alcohol, and criminal behaviors that need to be dealt with in the community.

Thus, the need for Governor's Wellmobile Program in Western Maryland as a source of health care assistance for men in the community is great. The staff links men with social services, Med Bank, drug and alcohol prevention programs, pain clinics, colorectal programs, and with other programs they qualify for in Allegany County. The men are followed on the Wellmobile so they can receive screening, acute, and chronic care. The biggest challenge is getting the man to return for visits, keep his appointments at social services and drug and pain programs, and realize he must be actively involved in his own care. There is a great amount of apathy among men, some of it due to lack of resources.

Depression is another problem that impacts men's health care maintenance. Wellmobile staff make referrals to the mental health services that are available in the community. Mental health and dental care are two areas that have more need than can be met.

Huge disparities for men exist in health care today. The Governor's Wellmobile Program in Western Maryland and the other Wellmobiles in Maryland are there to provide comprehensive screening, follow chronic problems, and help with acute medical issues. This Nurse Managed program is a safety net program to help men, women, and children receive the care they need.

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Wellmobile in PG and Montgomery Counties Partners with Community Groups to Provide Healthy Cooking Tips to Uninsured Patients with Diabetes

by *Rebecca Wiseman, PhD, RN*
Director, Governor's Wellmobile Program
Assistant Professor, Organizational Systems and
Adult Health
University of Maryland School of Nursing



Left: Indira Shaik, Marketing and Health Promotions Manager, UnitedHealthcare. Right: Gayle Owens, Executive Chef, UnitedHealthcare.

A new diagnosis of Type II diabetes can be very frightening and overwhelming. A great deal of information is presented in a very short time frame. A frequent question that can pose a stumbling block is "How can I still cook the foods that my family will eat, but meet the restrictions now being imposed by my new diagnosis?" Assisting a patient to find answers to this question can often make a difference in how well he/she will manage their diabetes.

Patients who speak Spanish as their first language often have trouble finding diabetes classes in Spanish or interpreter-facilitated classes. Many of the patients who visit the Central Maryland Wellmobile in Prince George's and Montgomery counties speak Spanish and it is always a challenge to find resources to assist them in learning about diabetes.

In the fall of 2007, the Wellmobile staff was

contacted by Indira Shaik, Marketing and Health Promotions Manager at UnitedHealthcare about working with the uninsured clients served by the Wellmobile program. One of the UnitedHealthcare services offered through the Health Choice Program is the development of health and wellness programs for communities at large.

Ms. Shaik shared with the Wellmobile Lead Provider, Steven Simmons, CRNP that UnitedHealthcare had an Executive Chef who provided cooking demonstrations at different community venues. With the knowledge that there were several newly diagnosed diabetic Spanish speaking clients who needed culturally appropriate nutritional guidance, Mr. Simmons asked Ms. Shaik if it would be possible to schedule a cooking demonstration for these clients. A date and time was set for early December 2007. The next step was to find a place which would accommodate the cooking demonstration.

A partnership with the Judy Hoyer Family Learning Center in Adelphi, MD offered a possible venue for the demonstration. Eileen Kaplan, Program Manager was contacted and asked if she would be able to provide a site for the cooking demonstration. Ms. Kaplan enthusiastically embraced the idea and made her meeting space available on the date and time requested.

With all the pieces in place, the next challenge was to convince the patients that they would enjoy the cooking demonstration and would make plans to attend. They were assured that an interpreter would be available and that they would have the opportunity to ask questions and sample the food. Each person was invited personally and encouraged to come to the demonstration. Nine patients confirmed that they planned to attend and six others were considering attending the event.

On December 11, 2007 at 2pm all of the elements were in place at the Judy Hoyer Family Learning Center. The UnitedHealthcare Executive Chef, Gayle

Owens brought the ingredients for a Breakfast Trifle and Beef Fajitas. Fifteen patients and family members were present and expressed excitement about the event. Indira Shaik served as the interpreter and facilitator.

As Ms. Owens began her demonstration, she provided handouts of the recipes in both Spanish and English. She also included the reference to the American Diabetes Association website for further recipes. As a side note, the ADA recipes are offered in Spanish, as well as English. Several of the attendees indicated that they use the internet and that they were pleased that the recipes were offered in Spanish.

Soon the aromas wafted from the room and staff members at the Judy Hoyer Family Learning Center were drawn to the demonstration. As an added bonus, some of the staff members had a diagnosis of diabetes and were very interested in learning how to cook delicious foods which were recommended by the ADA. Ms. Owens focused on using spices, onions and a variety of peppers in the fajitas recipe and explained that the spices served to enhance the food as well as offered early satiety. The breakfast trifle used low fat yogurt, seasonal fresh and dried fruits and a sugar substitute. Each attendee sampled the two foods and gathered around the demonstration table to ask questions about the different ingredients.

At the conclusion of the cooking demonstration, the attendees talked with each other, asked multiple questions about cooking traditional foods in healthier ways and expressed gratitude for this opportunity. The unanimous decision was that this was a successful first event and that future demonstrations will be scheduled.

CCBC Nursing Appoints Barbara Netzer

Barbara Netzer, MS, RN, BC, former Director for the Nursing Program at the Catonsville Campus of The Community College of Baltimore County (CCBC), has assumed responsibility as the Nursing Program Administrator from Dr. Roberta Raymond. Ms Netzer oversees the Associate Degree program on the Essex and Catonsville Campus, the Practical Nursing Certificate Program on the Dundalk Campus, and the Paramedic to RN program.

Barbara Netzer has over 20 years of pediatric experience in acute and well child care. Her prior experience includes management, education and delivery of care to children in the emergency room, inpatient units and well child/urgent care units, as well as ten years teaching and coordinating the Nursing Care of Children course.

Military Nurse Selected for Key Leadership Position

On October 1, 2007 the Department of Defense (DoD) announced that it would establish the Joint Task Force National Capital Region Medical Command in Bethesda, MD to oversee healthcare delivery services for the Army, Navy & Air Force. This new medical command is tasked with the responsibility for world-class military healthcare in the National Capital Region (NCR), integrating healthcare services across the entire region and reports directly to the Secretary of Defense.

This is the first Command of its kind in the history of DoD. The NCR is the most complex area the military has because of the number of military services, medical facilities and patients to include the casualties returning from the war. As America's primary reception site for returning casualties the number one priority of this new Command is casualty care. This new medical establishment has seven senior medical leadership positions ranging from specialties such as manpower & personnel to clinical operations, plans & policy and education, training & research.

On December 6, 2007, Colonel John S. Murray, PhD, RN, CPNP, CS, FAAN was announced as the leader of the Education, Training & Research Directorate. This entails overseeing each of these specialties for DoD in the Nation's capital. This nominative process was extremely competitive. He was the only DoD nurse selected for one of these senior leadership positions. Under his leadership, this directorate will be the focal point for education, training and research initiatives in the NCR.

Colonel (Dr.) Murray joined the United States Air Force Nurse Corps in September 1984 and has served

in various clinical leadership positions in pediatrics including critical care, chronic care, primary care and clinical research. He earned a Bachelor of Science in Nursing from Northeastern University; a master's degree in pediatric acute and chronic care nursing from Boston College; a post-master's degree in pediatric primary care from the University of Texas Medical Branch; and a PhD in Nursing from the University of Texas at Austin.

Colonel Murray has also served twice as the Consultant to the Surgeon General for Pediatrics and currently serves as the Consultant for Research. He holds an appointment by the Assistant Secretary of Defense for Health Affairs as the Department of Defense representative to the National Advisory Council for Research at the National Institutes of Health. Colonel Murray is also the Research Consultant to the International Council of Nurses serving over 128 countries around the world. An active researcher in the care of siblings of children with cancer and children with chronic illnesses, Colonel Murray is the lead investigator on a Congressionally funded grant that totals more than \$3.2 million and has been the recipient of over \$15 million in grants. His childhood cancer research has been replicated in eight countries around the world.

Colonel Murray, who has held office and completed board service in many professional societies, is a fellow in the American Academy of Nursing, where he has the distinguished honor of being the youngest nurse ever selected. Colonel Murray is the recipient of numerous national and international awards. In 2006, he was selected as a Fulbright Visiting Scholar—the first Department of Defense nurse ever selected. He is also the current president of the Federal Nurses Association (FedNA).



John S. Murray

Coppin State University Hosts Women's Health Symposium

Coppin State University (CSU) hosted one of four Black Entertainment Television Foundation (BETF) nationally known free Health Symposium on Saturday, November 3, 2007. Interim President Dr. Sadie Gregory opened the symposium. Over 500 participants throughout Baltimore and surrounding areas as well as Baltimore City Mayor Sheila Dixon participated. Women ages 18 and over had an opportunity to visit 24 resource vendors assembled through Professor Betsy Simon of the Social Work Department, and over 17 free screeners assembled through Professor Denyce Watties Daniels of the Helene Fuld School of Nursing. The women met dynamic speakers, attended outstanding workshops with excellent lecturers and had a fitness workout. Special Celebrity Kelly Price shared her health issue

and gave a performance that touched each woman before the day ended.

CSU Family had over 60 volunteers including Nursing students and faculty and staff members. Outside organizations such as Job Corp students from Fort Mead, Sister To Sister, and the City of Baltimore also volunteered. Thompson Hospitality prepared over 700 lunch boxes for the Symposium, and presented an inviting Hospitality room for over 25 special guests, and an outstanding set up for Celebrity Kelly Price.

CSU plans to repeat the health education portion of the symposium to CSU students and the community in April at the 2nd CSU Annual Walk, Burn & Learn Walk A Thon. For more information contact Sherrye McKay, Director of Special Events & Special Projects, at CSU.

Soldier Mom, Wife, and Daughter

by Patricia Travis, PhD, RN, CCRP

This article is not meant to be a scholarly paper. The views expressed do not represent those of the Maryland Nurses Association Board of Directors, and permission to use the thoughts, ideas and feelings expressed have been granted.

Dad is a retired Army physician and was a combat brigade surgeon at an Evacuation Hospital in Vietnam, and I am a retired military mom. Although I have never been deployed to war, as a nurse on the receiving end, I have seen it all while caring for the wounded from Vietnam, preparing soldiers deploying and returning from Desert Storm and Desert Shield, and though my nursing experiences in Korea, Germany, Ft Meade and the Walter Reed Army Medical Center (WRAMC). Yet my latest calling has been different. I am the same person and the same nurse, with a little more experience and education and hopefully a little wiser, but now with grandchildren which is what precipitated this article.

I am fortunate to have wonderful sons and daughters-in-laws, all of whom have been involved with our conflicts in Iraq and Afghanistan. The first pang of anxiety was the notification that my Army physician son-in-law had orders to Iraq. I will never forget the telephone call that he was wounded. Following his evacuation to Landstuhl, Germany and WRAMC, convalescence at Fort Hood, Texas, he was redeployed to Iraq for a second tour. What really hit home was the July deployment of his wife (my daughter-in-law) with the knowledge that she would be leaving 5 year old twin daughters behind.

What she is dealing with was put into perspective when she wrote: "After a week living in a transition tent with 10 people, rats, ants, and sand and dust everywhere (it was air conditioned, which was it's only good quality), I have moved into a trailer. My area is about 9x11 feet, which is perfectly adequate. I have a bed (real, not a cot! Hooray!), a nightstand, a tiny lamp, a wall locker, and a set of plastic drawers. I'm going to try to find a desk or card table, so I have a place for my computer. My roommate has a fridge and microwave, but she will be leaving in 2 weeks and she's giving them to someone else. I'll look for a fridge—I don't need a microwave. When she does leave, I may move to her end of the trailer—she has the only window. The shower and toilet trailers (flush toilets!) are in the middle of the living area—about a 60 second walk. That doesn't seem far (though I can get pretty far in 60 seconds), but it's far enough to lay awake for 30 minutes in the middle of the night trying

to convince myself I don't really have to go. The things I've taken for granted at home!"

More reality when she emailed: "I did write to you after the rocket attack on 9/11. I wasn't going to worry you, but I similarly didn't want you to read about the attack in the paper and worry more. I know you are familiar with that conflict of what or how much to tell; on one hand I want to share my experience with you, and on the other there may be things you were more comfortable not knowing. I had strongly considered telling you my experiences—I really wanted to—but had decided not to, until I saw it reported on the news (and with almost no information to offset or comfort!)"

This time of separation is difficult for our son-in-law. He worries since so much depends on him, and he feels this stress most of the time. It is also difficult for the girls to be separated from their mother. One of my friends is an Army pediatric nurse practitioner. She readily shared her coloring books, and advised of the need for daily reminders of the deployed parent, in the form of a videotape to be played everyday or a picture to look at so that the children can stay connected.

Everyone is counting the weeks, not the days until soldier mom, daughter and wife returns home. Weeks sound shorter and seem to pass by quicker. Until then, every time the phone rings, you don't know what it means. The girls have already seen dad wounded and hospitalized. What do you think is going through their minds as they worry about their mother? The empty chair at the kitchen table, the preacher that prays for their mother every Sunday, and the teacher that show simple acts of kindness with the picture that was taken on the first day of school and the teddy bear that they gave when one of the twins had to have her tonsils removed.

The stresses on the immediate family, mentally, emotionally and physically as single parents with their respective parent/spouse in eminent danger have taken their toll. But bottom line because of their strength from love, hope, effort, prayers and assistance from parents, friends, church, in-laws, and neighbors they are surviving and in some respect thriving, though paying a personal price.



Pat's daughter-in-law sends a smile from Iraq to her family at home: Freedom isn't free, and sometimes it is heart felt.

With the Middle East wars there are no front lines and women and children are being killed. It is a war with no boundaries, no uniforms, and no consideration for non combatants. This rekindles the strains of warfare mentally, physically and emotionally. Modern advances in medicine have significantly enhanced survivability but the utilization of improvised explosive devices (IEDs) has raised the total number of devastating extremity injuries and morbidity. It seems to me that until there is direct personal involvement you care differently.

We fly a flag on the door step day and night with a yellow ribbon tied around our oak tree to remind us of her personal sacrifices. She, on the other hand, has creatively managed through technology to say prayers with her twins at night, through a video cam to play games with her daughters at prearranged Sunday mornings, and to call us frequently providing us typical family camaraderie and status updates to the extent security allows. We on the other hand are privileged to email her several times a week, to send her care packages, and to be available to support her hubby and the girls.

You cope by faith, hope and love, and common acts of giving and sharing. With prayer and sacrifice, you do the best you can on a daily basis. That is not to say that the personal tragedies in some cases are unimaginable. On multiple occasions this year I found myself at WRAMC confronted with the physical price that our wonderful soldiers, sailors, airman and marines have paid. The emotional and economic results are incalculable.



2008 Legislative Platform

Maryland Nurses Association (MNA) supports an integrated legislative approach that focuses on nurses, patients, and the healthcare system.

MNA supports legislation that:

- Promotes effective nursing **education, diversity, licensure, recruitment, and retention.**
- Ensures and protects the rights of nurses to provide quality care within their **full scope of nursing practice.**
- Enhances appropriate standards of **occupational and workplace safety in settings where nurses practice.**
- Establishes an effective system to provide **access to quality healthcare for all Marylanders.**
- **Promotes patient autonomy, such as patient education and self-determination.**
- **Advocates for patient safety.**

Swearingen Promoted to Senior VP at Kennedy Krieger

Tami Swearingen, MA, BSN, RN has been promoted to Senior Vice President of Nursing and Patient Services—Nurse Executive at Kennedy Krieger Institute. Tami formerly served as the Vice President for Nursing and Patient Services and the Director of Nursing at Kennedy Krieger Institute for nineteen years. Ms. Swearingen is also an active member of the Recruitment Committee of the Maryland Board of Nursing's Workforce Commission. In her career, which spans over twenty-five years, she has served in many roles where she has mentored novice and experience nurses and other staff to pursue excellence in their careers, and to provide care which is commensurate with that same level of excellence.



Tami Swearingen

Dr. Imogene King, Nursing Theorist, Dies at 84

Dr. Imogene M. King, EdD, MSN, RN, FAAN, died on December 24, 2007 at the age of 84. Dr. King is universally recognized as a pioneer of nursing theory development and theory-based nursing practice. She served in elected and appointed positions as a voice for the profession at international, national and state levels and made invaluable contributions to the nursing profession.



Imogene M. King

Dr. King is well-known to generations of nursing students for her "General Systems Framework" theory of nursing. She began developing her conceptual framework for nursing in 1961 for a master's program in Nursing at Loyola University in Chicago. Published in 1971, the central focus of King's framework is man as a dynamic human being whose perceptions of objects, persons, and events influence his behavior, social interaction and health. King's theory emphasizes the importance of the interaction between nurses and patients. This interaction as an open system, which is in constant interaction with a variety of environmental factors.

For her outstanding legacy of service, Dr. King was inducted in the American Nurses Association's Hall of Fame and the Florida Nurses Association Hall of Fame, and was a recipient of the 1996 ANA Jessie M. Scott Award.

Donations may be made to the Florida Nurses Foundation for the FNF Imogene M. King Research Grant, or to the American Nurses Foundation. A memorial Mass was held on January 4 at St. John Vianney Catholic Church, St. Pete Beach, Florida.

Feeling the Heat? Nurses Fight Global Warming

by Brenda M. Afzal, MS, RN and
Marian Condon, MS, RN

The Maryland Nurses Association has held a seat on the steering committee of the Healthy Air Coalition since 2005. Through our involvement with the Coalition nurses have worked to protect public health by successfully supporting legislation that will improve air quality for all Marylanders. The coalition has now decided to turn its full attention to the pursuit of combating global warming; to that end they have changed their name to the Alliance for Global Warming Solutions. The Alliance will work to assure that Maryland establishes a firm commitment to science-based reductions of global warming pollution.

There is virtually no disagreement within the scientific community that our Earth is warming and our climate is changing. Temperatures are rising, glaciers are melting, and the Arctic ice cap is shrinking.^{1, 2, 3, 4} The earth is experiencing extreme weather events, changes in air and water quality, and changes in the ecology of infectious diseases.^{5, 6} In fact, in their most recent report the United Nations' Intergovernmental Panel on Climate Change reported the evidence of global warming is unequivocal and that human activities are responsible for most of the rise in temperatures.⁷ In recognition of the IPCC's considerable efforts to build and communicate scientific knowledge concerning global warming, they will receive, along with Al Gore, a 2007 Nobel Peace Prize.

The expected consequences of global climate change, many of which are already occurring, include rising temperatures, with an increase in the number of hot days and nights⁸; increased heavy rain and storms; intensified droughts and increased flooding⁷. These conditions are, and will continue to be related to associated acute health effects and subsequent "...indirect effects such as loss of home, large-scale population displacement, damage to sanitation infrastructure (drinking water and sewage systems), interruption of food production, damage to health-care infrastructure, and psychological problems such as post traumatic stress disorder."⁹ In addition, elevated temperatures, along with sunlight, and certain air pollutants present in most urban areas, will result in exposures to ground level Ozone. Elevations in ground level Ozone is harmful to those with chronic lung ailments including asthma, and is associated with premature mortality, even at low levels.¹⁰ "There is a concern that as temperatures rise we can expect to see a rise in vector transmitted diseases, such as malaria, West Nile Virus and Dengue Fever."¹¹

Although no one is immune to the public health impacts of global warming and the resultant climate change, those most acutely vulnerable include the elderly, those in poor health due to chronic illness or compromised immune systems, children, and people from a lower socio-economic class. This was evident in the deaths caused by two recent heat waves; one in 1995 in Chicago and another in Western Europe in 2003. Both of these events were responsible for a large number deaths that were mostly cardiac-related among the elderly, infants, and the disabled.¹² In recent testimony given before the United State Senate's Committee on Environment and Public Works, Dr Julie Gerberding, Director of the Center's for Disease Control and Prevention (CDC) indicated the public health effects of climate change remain largely unaddressed.⁹

On April 20, 2007, Governor Martin O'Malley signed an Executive Order that established a Climate Change Commission that is charged with developing an action plan to address the causes of climate change, prepare for the likely consequences and impacts of climate change to Maryland, and establish firm benchmarks and timetables for implementing the Commission's recommendations.¹³ Members of The Alliance for Global Warming Solutions are working with the Commission to encourage a firm commitment to science based reductions of global warming pollution.

The Alliance member organizations are also working to educate their membership and the community at large, about the impacts of Global Warming in Maryland. Last year the Alliance supported The Global Warming Solutions Act (SB 409/HB 890). The bill, as written, would require the Maryland Department of the Environment to create and implement a plan to achieve statewide 1990 greenhouse gas emission levels by 2020. The Alliance stands ready to work with the bill sponsors, Senator Paul Pinsky of Prince Georges County and House Majority Leader Del. Kumar Barve of Montgomery County to pass legislation that seeks to establish a firm commitment to science based reductions of global warming pollution in Maryland.

The ANA's new publication, ANA's Principles of Environmental Health for Nursing Practice with Implementation Strategies, makes it clear that global warming is a nursing concern.¹⁴ There may be no more important environmental threat to our planet than global warming; the impacts already being felt are expected to intensify, with broad public health implications. Nurses, in our roles as providers, trusted messengers, translators of science, and advocates for the health of our patients and communities must engage on this issue. We must educate ourselves, our colleagues, and our communities on issues related to global warming and its health impacts.

As individuals, nurses can work to decrease our carbon footprint through personal choices, such as buying energy-efficient appliances and efficient cars, choosing public transportation when available, and becoming climate neutral by purchasing clean energy certificates. (To calculate your daily CO2 impact and to learn more about clean energy certificates go to <http://www.b-e-f.org>.) In our communities we can join coalitions, faith communities, and organizations that are already working to reduce global warming. Through our professional organizations, we can work with local, state, and national legislators to create and implement policies that will lead to fewer carbon emissions from cars, good public transportation, sustainable communities, and renewable energy.

Certainly, Maryland Nurses engagement on environmental health legislative issues has shown that we can have a significant impact in the legislative and policy arenas. Our advocacy roles as well as our roles in health planning and care delivery are evolving. If you would like to engage with others who are interested in this issue please become a member of the Maryland Nurses Association and join the Environmental Health Task Force.

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Friends Forever: Caring for Effi Barry

An interview with Dr. Bernardine M. Lacey, Professor of Nursing, and Special Assistant to the Dean of the School of Professional Studies, Bowie State University

The following interview is reprinted with permission of the District of Columbia Board of Nursing and Dr. Bernardine Lacey, until recently Dean at Bowie State University, who is a model of human caring for all of us.—The Editors.

How long did you know Mrs. Barry?

I first met her when she was the District's First lady, but later, she became a close friend and, eventually, a part of my extended family.

How long did she stay at your home?

Almost three weeks.

How did it happen that you cared for Mrs. Barry in your home?

Effi was staying with another close friend in Baltimore, as she was having to be seen at Johns Hopkins Hospital on a daily basis. Her condition began to deteriorate and I went to Baltimore to assess her health. After speaking with several other close friends, her mother and my husband—who was very close to Effi, also, it was decided that she was at a point that nursing care would be the best for her. The friend that she had stayed with was a wonderful person, however, Effi was at the point of needing a different level of care.

How did your home life change during this time?

Adjustments had to be made, of course. Being a nurse, I used my critical thinking skills, as we teach our students, to organize my time and to accommodate Effi's need for care. My family was very understanding and my grandson and his wife shopped for me. I rested when Effi rested, so that I could be available when she needed me.

How do you think that your abilities as a nurse enhanced her stay at your home?

I used my skills in nursing to provide her with a level of comfort, and I was able to administer her medications. Being a nurse, I could do that without

any difficulty. I became an advocate for her needs when communicating with other health professionals.

What message would you like to give other nurses about this experience?

The science of nursing is important, but [in caring for Effi] I practiced more the art of nursing—moving into areas where the caring and compassion in nursing became the healing moment. Finding out from her what things made her more comfortable without me always deciding what would be best.

Between nurse and patient, it is a partnership. I was open to communicating with her, rather than me making all the decisions. I would like to instruct future practitioners that working with patients should be a partnership and a sharing. Take the cue from the patient regarding what they want:

Favorite place

For instance, Effi loved to sit in the sun. At first, I said “Effi! Why don't you get out of that sun?” But then, I had to recognize that, because there were few comforts for her, sitting in the sun was one of her comforts. Another example: Effi loved the sofa. When she needed that feeling of being secure, she sought out the sofa. All of her close friends knew this about her. I didn't think it would be comfortable—but she loved to sit on the couch, so I placed the pillows so she would have good body alignment and I accommodated her sitting there. I later told a friend at the funeral: “Effi's up there in heaven, trying to find where the sofa is.”

Special surroundings

I knew the kinds of things she enjoyed. She loved where my home is located—on the water. Even when she was weak, I would help her to position herself and at least view the water. She loved the water! She said that was very peaceful for her.

Favorite clothing

There were a couple of items I had that she liked to wear. She always wore my soft woolen pink cap, and I had a big chenille bathrobe she loved to wear for its softness and its warmth because she tended to feel chilly.

Keeping current

She enjoyed being read to. I used to read to her because she didn't feel up to it because of the pain. I would also talk to her about current events going on in the world. She wanted to know, even though she couldn't deal with reading or even watching TV after awhile.

Quiet time

I knew she needed quiet time—not just me hovering over her. I could sense when she wanted to be alone. Sometimes I just sat in her room. She did not need to entertain me, nor I her. We had a bond of understanding.

Withdrawal

I have read, lately, in the literature how one can assist the dying to transition—moving toward some finality. And in my conversations with Effi, we moved from talking about some distant future—to talking about now. She told me: “It is the quality of my life now that is important—not all these treatments.”

There came a point when she disconnected her cell phone. I knew, then, that it was pushback time for her. I knew that. There were few special people that she continued to receive calls from. Of course, she daily spoke with her mother—Polly Harris—whom she loved dearly.

What touched you most about this experience?

Providing comfort to a loved one can be very special. The bond that is created during these last days is like no other. She spoke with me about what she wanted from life and we spoke of her relationship with Christopher—and how much she loved that young man. She also had a love for my grandson and his wife—she was well enough to attend their wedding in May and she had so much fun. She also loved their little dog, Foxy. She kept a picture of Foxy, in pink boots, in her room.

What personality trait made Mrs. Barry so special to so many people?

Effi was a gentle spirit and, as Christopher said, her movements were regal. She made you feel you were in the midst of royalty, yet she was not pretentious or haughty. She greeted everyone with a smile and she looked at you—not down on you. She was very thoughtful and insightful. She did so many things as First lady that people will never know about—she was not public. She loved children and she was certainly a champion for folks in need. She did not fear challenges and she sought out doing the hard jobs, but always with dignity. Effi also delighted in good food and she loved being with her friends. We talked and remembered fun times we had shared... like eating chicken livers every Tuesday at the Florida Avenue grill. The song that Mary Wilson sang at her funeral, “Here's to Life,” was a tribute to and about Effi.

Friends Forever cont. on pg. 19

Friends Forever cont. from pg. 18

I understand your “trademark hairdo” influenced Effi!

All our times were not sad times. We laughed a lot. Effi was as close to a sister as I’ll ever have. She paid me a real compliment: she said she allowed her hair to go grey and stopped tinting it because she said she admired my grey hair so much she wanted to look like me.

What made Effi a special patient?

She never complained. She would just say “I need my pain medicine,” but she never complained. And throughout her life, I have never heard her say an ill word about anyone. Ever. And she would always say “thank you.” We had a driver that drove us to her appointments, and she never got out of that car without telling him “thank you.”

When was she the happiest?

The Sunday before she died, her son Christopher and her former husband Marion Barry came to see her. I cannot describe for you that morning. She wanted to look nice. She wanted to take a shower, but I told her she couldn’t with the IV ports in her chest. I helped her take a bath and get into a nice gown. She was in a state of anticipation. Every car that went by, she was watching. You should have seen her later in the day when her son Christopher climbed onto her bed with her and fell asleep. She was so happy!! I had cooked a big meal and we shared a wonderful evening. That night she got up and walked to the door and hugged Christopher. No words were spoken, but it was as if she was telling him: “Son, I can’t go through this anymore,” and he was saying to her: “Mom, it’s okay.”

What were the last few days like?

She had lost the ability to eat and to retain food. I had talked with Johns Hopkins Hospital about a patch. I wasn’t sure how much medication she was actually getting because of the vomiting. On Wednesday morning, she also could no longer get up to go to the bathroom without assistance, then I knew I needed to get her some other help. We talked on that Monday about the quality of life. She said, “I want to be free from some of this pain.” She passed early on Thursday morning.

I understand angels are an important symbol now...

Effi loved angels! She had a lot of things with angels on them. She had a little angel pin I noticed one day in her pocketbook. The Friday morning after she passed, I went into her room and opened the blinds. Then I saw something sparkling on the floor.

Her little angel pin had fallen on the floor next to her bed. The light from the window made it sparkle. I picked it up. I cried, of course, and said: “Effi you are sending me a message.” If her passing was the will of God, I am so grateful for sharing it with her. I wouldn’t trade it for anything.

Tell me about the tree!

Yes, in our backyard, we have planted a crepe myrtle where Effi used to sit, and I am going to place a plaque and dedicate it to Effi. Also... Effi used to wear a heart-shaped necklace and, recently, Effi’s mother gave it to me and I wear it now. I will treasure it forever. Effi’s mother also brought me a journal Effi had been keeping. In the journal, she talked about me and my husband, and how much she loved us and being out here with us. The whole experience taught me humility. I graduated from nursing school in 1962, but this experience took me beyond what a textbook could teach about the real art of nursing.

Recently, Dr. Lacey was watching The Today Show and heard a guest speaking about her experience with breast cancer. Dr. Lacey told D.C. NURSE: REP: “A friend of this woman said to her: ‘Don’t hog your journey,’ and that just hit it on the nail for me. Experiences are so powerful, that they need to be shared with others. ‘Don’t hog your journey.’ That is why I am sharing this story with you.”



The American Nurses Association Unveils Its Election 2008 Action Center with “Virtual Voting Booth” Endorses Clinton

ANA has introduced its **Election 2008 Action Center**—a one-stop resource on the ANA website where nurses can learn more about the candidates running for the White House, as well as the **electoral process** that will culminate on Election Day this November. Nurses nationwide will be able to study the **candidates’ responses** to ANA’s presidential endorsement questionnaire, while also learning who constitutes the **Electoral College**. More importantly, ANA’s Election 2008 Action Center will provide information that will allow nurses to make a knowledgeable decision on which candidate will best represent the interests of nurses while serving in the White House.

The **Election 2008 Action Center** was home to ANA’s “virtual voting booth.” Individual member nurses played a key role in ANA’s presidential endorsement process in January. Members had the opportunity to voice their preferred candidate in the race for the White House. The “virtual voting booth” provided members with the capability to cast their vote for the presidential contender who, in their eyes, most deserves **ANA’s endorsement**. ANA’s Presidential Endorsement Task Force then factored in the results of the online vote as an essential piece of its endorsement criteria. The ANA winner was Senator Hillary Clinton. More information is available from Janet Haelbler, MSN, RN, Associate Director, State Government Affairs, ANA, at Janet.Haelbler@ana.org, or by visiting the website at www.nursingworld.org/gova/state.htm.



District 1—Allegany & Garrett Counties

Melissa M. Shetley

District 2—Carroll, Baltimore, Howard Counties & Baltimore City

Lennita E. Anderson-Selvey
Magaly P. Bailon
Barbara A. Bell
Abigail J. Cox
Susan S. Fanske
Tennile M. Ford
Theresa H. Fort
Louise A. Horner
Johnnye Johnson
Melissa R. Kowalewski
Robert J. Lucas

Kelly R. McConnell
Karen L. Minor
Christine E. McKendrick
Jessica M. Lare
Patricia A. Miller
Janet-Lisa Phelps-Young
Brenda J. Pittman
Mariciel R. Sacey
Anita I.B. Stokes
Kaimal Priya Viswanatha
Erica T. Williams

District 3—Anne Arundel County

Elizebeth P. Collins
Linda M. Frazier
Felion M. Hankerson
Demetrius A. Jones

Cathaleen Ley
Brenda K. Memel
Sonia Louise Pak
Sandra Wilkerson

District 4—Kent, Queen Anne’s, Caroline, Talbot, Dorchester, Wicomico, Somerset, Worcester Counties

Ifeoma C. Aroh
Nancy J. Brittingham
Marybeth E. Daniels
Dawn Feher
Mikki A. Goehring

M.A. Mann
Patricia M. Rosenberry
Jaclyn Weston
Sandra K. Wieland

District 5—Montgomery & Prince George’s Counties

Monique D. Alston-Davis
Thomas W. Brown
Patricia D. Bunns
Justine M. Griffin
Beulah Gwynn
Jane B. Pytlewski

Mary J. Schumann
Sandy L. Sexton
Violet M. Stevenson-Turpin
Lyabode Tiamiyu
Rolanda M. Acosta
Luis Corpin Jr.
Shenin D. Sparks

District 7—Harford & Cecil Counties

Kathleen Galbriath
Alyce M. Marzola
Trisha M. Pugh

Dara M. Ruff
Deborah P. Zayas

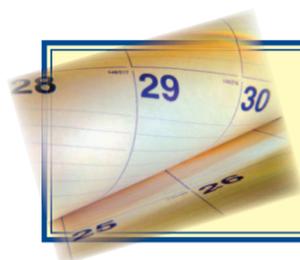
District 8—Washington & Frederick Counties

Lori K. Peters

District 9—Charles, Calvert, St. Mary’s Counties

Lynette Bill
Robin T. Ghosh
Elizabeth L. Krahling

Roy D. Squires
Christine W. Young



Continuing Education Calendar

Date	Location	Title	CE	Provider	Contact
February 9-13	Omni Hotel at CNN Center, Atlanta, GA	Protecting Workers in Clinical Laboratories, Research, Animal Care, and Public Health Communities	ANCC Accredited	American Nurses Association	www.eagleson.org/cdc
March 20	Baltimore Convention Center, Baltimore, MD	Fourth Annual Maryland Patient Safety Conference: Keeping Our Patients Safe		The Maryland Patient Safety Center/Maryland Hospital Association and the Delmarva Foundation	410-614-4664
April 2 & 30 July 16 October 15	Call for location	Practice Makes Perfect: Maryland Immunization Professional Training	ANCC Accredited	Maryland Partnership for Prevention	410-902-4677
April 6-9	Omni Shoreham Hotel, Washington, DC	2008 National Policy Conference & Law Symposium	ANCC Accredited	National Association Home Care	mb@nahc.org

U.S. Ranks Last in Preventable Deaths Measure

In a *Health Affairs* study supported by The Commonwealth Fund, researchers at the London School of Hygiene and Tropical Medicine determined that the United States ranked last among 19 industrialized countries on a measure of preventable deaths.

The study, "Measuring the Health of Nations: Updating an Earlier Analysis," compared international rates of "amenable mortality"—deaths from certain causes before age 75 that are potentially preventable with timely and effective health care. While the other nations improved dramatically between the two study periods—1997-98 and 2002-03—the U.S. improved only slightly on the measure. Previously, the U.S. ranked 15th among the 19 countries.

The measure of deaths amenable to health care is a valuable indicator of health system performance, the authors say, because it is sensitive to improved care, including public health initiatives. It includes causes such as appendicitis and hypertension, as well as illnesses that can be detected early with effective screenings, such as cervical or colon cancer.

According to the authors, if the U.S. had been able to reduce amenable mortality to the average rate achieved by the three top-performing countries, there would have been 101,000 fewer deaths annually by the end of the study period. The top performers were France, Japan, and Australia.

Working Overnight Shift Is Linked to Cancer Risk

Working the night shift has been added to the list of probable causes of cancer. The International Agency for Research on Cancer (IARC), the cancer arm of the World Health Organization, identified overnight shift work as a probable carcinogen in an article published in the December issue of the journal *Lancet Oncology*. The American Cancer Society says it will likely follow.

The conclusion that everyone needs a dark night's sleep is based on research that finds higher rates of cancer among women and men whose work day starts after dark. The higher cancer rates don't prove that working overnight causes cancer, only that it is plausible. There may be other factors common among night shift workers that raise their risk for cancer. Because these studies mostly focused on nurses and airline crews, bigger studies in different populations are needed to confirm or disprove the findings for the general population.

However, overnight work may be dangerous because it disrupts the circadian rhythm, the body's biological clock. IARC cites studies that have found that women working at night over many years were indeed more prone to breast cancer. Men working at night may have a higher rate of prostate cancer.

Also, animals that have their light-dark schedules switched develop more malignant tumors and die earlier. The hormone melatonin, which can suppress the development of abnormal cells, is normally produced at night.

If this "graveyard shift theory" is correct, millions of people worldwide could be affected. Experts estimate that nearly 20 percent of workers in developed countries work night shifts. Nurses and other healthcare workers could be at the highest risk.

Lower melatonin levels can raise the risk of developing cancer. Light shuts down melatonin production, so people working in artificial light at night may have lower melatonin levels. Melatonin can be taken as a supplement, but experts don't recommend it long-term, since that could destroy the body's ability to produce it naturally.

Sleep deprivation may be another factor in cancer risk. People who work at night are not usually able to completely reverse their day and night cycles. Sleep deprivation weakens the immune system, making it more vulnerable to potentially cancerous cells.

Confusing the body's natural rhythm can also lead to a breakdown of other essential tasks. Cell division and DNA repair occur at regular times.

Rotating between daytime and overnight work is even more disruptive of the body's natural rhythm. Frequent

long-distance travelers and insomniacs also experience frequent disruption of their body rhythms, and may face an increased risk of cancer.

The American Nurses Association has been working to raise the awareness of policy makers, employers, and the public of increased health risks to healthcare workers and increased patient safety risks associated with selected patterns of shift work, including rotating shifts. The work of the IARC validates the importance of these efforts for nurses.

The following websites provide more information on this topic.

American Cancer Society's list of known and probable carcinogens from IARC and the National Toxicology Program: <http://tinyurl.com/2k15ab>

International Agency for Research on Cancer: <http://www.iarc.fr/>

American Nurses Association: www.nursingworld.org

Maryland Nurses Association Membership Application

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

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

MEMBERSHIP DUES VARY BY STATE

MEMBERSHIP CATEGORY (check one box)

<p>M Full Membership Dues</p> <p><input type="checkbox"/> Employed—Full Time</p> <p><input type="checkbox"/> Employed—Part Time</p> <p>R Reduced Membership Dues</p> <p><input type="checkbox"/> Not Employed</p> <p><input type="checkbox"/> Full Time Student</p> <p><input type="checkbox"/> New Graduate from basic nursing education program, within six months after graduation (first membership year only)</p> <p><input type="checkbox"/> 62 years of age or over and not earning more than Social Security allows.</p> <p>S Special Membership Dues</p> <p><input type="checkbox"/> 62 years of age or over and not employed</p> <p><input type="checkbox"/> Totally Disabled</p> <p><small>Note: \$7.50 of the SNA member dues is for subscription to <i>The American Nurse</i>.</small></p> <p><small>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.</small></p>	<p>Payment Plan (check one box)</p> <p><input type="checkbox"/> Full Amount Payment</p> <p><input type="checkbox"/> Check</p> <p><input type="checkbox"/> Mastercard or VISA Bank Card (Available for annual payment only)</p> <p style="border-bottom: 1px solid black; margin-top: 5px;">Bank Card Number and Expiration Date</p> <p style="border-bottom: 1px solid black; margin-top: 5px;">Signature for Bank Card</p> <p>Mail with payment to MNA at the above address</p> <p><input type="checkbox"/> Payroll Deduction—This payment plan is available only where there is an agreement between your employer and the association to make such deduction.</p> <p style="border-bottom: 1px solid black; margin-top: 5px;">Signature for Payroll Deduction</p>	<p>Payment Plan (continued)</p> <p><input type="checkbox"/> Electronic Dues Payment Plan (EDPP)—\$16.16</p> <p><small>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.</small></p> <p><small>AUTHORIZATION to provide monthly electronic payments to American Nurses Association (ANA):</small></p> <p><small>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.</small></p> <p style="border-bottom: 1px solid black; margin-top: 5px;">Signature for EDPP Authorization</p>
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DO NOT SUBMIT THIS APPLICATION WITH YOUR ANCC APPLICATION

TO BE COMPLETED BY SNA	Employer Code _____	
STATE	DISTRICT	Approved By
Expiration Date _____ / _____	Date	Date
Month Year	\$ _____	If applicable, Sponsor
AMOUNT ENCLOSED CHECK#		SNA membership #

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. Each district sets its own district dues.

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:

District	Full Membership Dues		Reduced Membership Dues		Special Membership dues	
	Annual	EDPP	Annual	EDPP	Annual	EDPP
1	\$234.00	\$20.00	\$117.00	\$10.25	\$58.50	\$5.37
2	\$234.00	\$20.00	\$117.00	\$10.25	\$58.50	\$5.37
3	\$224.00	\$19.17	\$112.00	\$9.83	\$56.00	\$5.16
4	\$221.00	\$18.92	\$110.50	\$9.70	\$55.25	\$5.10
5	\$229.00	\$19.58	\$114.50	\$10.04	\$57.25	\$5.27
7	\$229.00	\$19.58	\$114.50	\$10.04	\$57.25	\$5.27
8	\$225.00	\$19.25	\$112.50	\$9.87	\$56.25	\$5.19
9	\$224.00	\$19.17	\$112.00	\$9.83	\$56.00	\$5.16

Make checks payable to:
 Send complete application and check to:

**American Nurses Association
 Maryland Nurses Association
 21 Governors Court, Suite 195
 Baltimore, Maryland 21244-2721**