

# The Alaska Nurse AaNA

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Oncology



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Warm wishes for a joyous holiday season & blessed new year!

Alaska Nurses Association

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# From our President

Hello, my fellow nurses! Wow, winter has certainly arrived with a bang. Over the past day, I've received over one foot of snow at my house in Palmer. Mother Nature's ability to switch seasons swiftly is mesmerizing. Summer and fall passed in the blink of an eye. I was rewarded with a fruitful garden this year; my lettuce, broccoli, and peas were quite tasty. My cukes became pickles and melons were plentiful in my greenhouse. After harvesting my tomato plants, I hung them upside down to finishing ripening. After a couple batches of salsa, I'm making my first attempt at red enchilada sauce with the last batch of tomatoes. Don't forget to ask me how it tasted!

As we transition into winter, we must keep in mind our physical health and mental wellbeing. If you started an exercise plan this last summer, stick with it. Don't stop because it's now cold, wet, rainy, or snowy. Get good winter gear to continue with it. Try to get in the habit of going outside every day to just take a walk. Our air is crisp, clean, and wonderful to fill our lungs with. Listen to your world out there; enjoy the sounds and scenery.

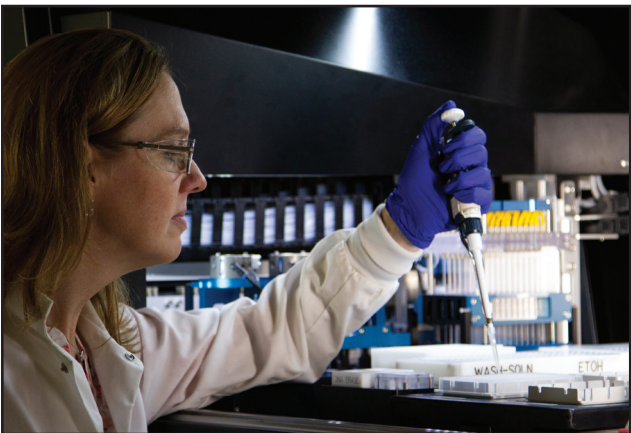
Opting to go outside will also help with our mental well-being. According to the Mental Health Foundation, emotional health is a positive state of well-being that allows a person to be able to function and meet the needs of their daily life. Keeping a positive attitude, identifying your personal strengths and building upon them, and making time for hobbies and leisure all contribute to a positive state of well-being. Emotional health takes on a new meaning when one can look for the positive in a bad situation. It is hard work and involves taking a good look into oneself and fine-tuning one's thoughts, feelings, and behaviors. Be mindful of what brings you joy and engage in those behaviors and activities that create happiness. Practice gratitude, and go easy on yourself.

I hope you have a magnificent holiday season filled with joy.

Until the new year,

Jane Erickson, ADN, RN, CCRN  
President, Alaska Nurses Association

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AUTHOR GUIDELINES FOR THE ALASKA NURSE: The Editorial Committee welcomes original articles for publication. Preference is given to nursing and health-related topics in Alaska. Authors are not required to be members of the AaNA. There is no limit on article length. Include names and applicable credentials of all authors. Articles should be Microsoft Word documents. Photos are encouraged and should be high resolution. Please include captions and photo credits at time of submission. All content submitted to The Alaska Nurse becomes property of the Alaska Nurses Association. Submit all content by email to Andrea@aknurse.org.



**aft** *A Union of Professionals*

# AFT Nurses and Health Professionals News Roundup

## ABOUT AFT

AFT is a union of 1.7 million professionals that champions fairness, democracy, economic opportunity, and high-quality public education, healthcare and public services for our students, our families and our communities. AFT is the national affiliate of the Alaska Nurses Association.

## ‘YOUR UNION SUPPORTS YOU 1,000 PERCENT’

Thousands of workers across the country have taken part in strikes or labor actions this fall. On Nov. 8, Scranton Federation of Teachers President Rosemary Boland, Oregon Federation of Nurses and Health Professionals President Jodi Barshaw and University Council-AFT President Mia McIver joined AFT President Randi Weingarten during a Facebook Live town hall to discuss their conflicts and why their members are either on strike or have voted to strike.

**WATCH THE VIDEO:** [www.aft.org/news/weingarten-striking-members-your-union-supports-you-1000-percent](http://www.aft.org/news/weingarten-striking-members-your-union-supports-you-1000-percent)

## AFT SETTLES STUDENT DEBT LAWSUIT, WINS BIG GAINS FOR BORROWERS

The American Federation of Teachers, AFT President Randi Weingarten and eight AFT member plaintiffs have reached a landmark settlement with the U.S. Department of Education in the case

Weingarten v. DeVos. As a result, tens of thousands of student loan borrowers can expect imminent relief from their student debt. Under the historic agreement, all Public Service Loan Forgiveness applicants who were denied relief will have an opportunity for their cases to be reviewed, setting public and non-profit employees across the country, including teachers, nurses and firefighters, on a path to a life-changing reduction or elimination of their crushing student debt burden.

**FIND OUT MORE:** [www.aft.org/news/aft-settles-student-debt-lawsuit-wins-big-gains-borrowers](http://www.aft.org/news/aft-settles-student-debt-lawsuit-wins-big-gains-borrowers)

## A CONVERSATION WITH NURSES CARING FOR COVID PATIENTS

A new episode of the AFT’s “Union Talk” podcast takes you inside America’s hospitals to talk to three nurses about the stress, strain and “emotional roller coaster” they’ve faced caring for patients throughout the pandemic as well as what they want people to know about vaccines, misinformation and what nurses need in this moment.

**LISTEN TO THE EPISODE:** [www.aft.org/latest-news/union-talk-podcast](http://www.aft.org/latest-news/union-talk-podcast)



## HEALTHCARE WORKERS IN OREGON VOTE TO AUTHORIZE A STRIKE AGAINST KAISER

Nearly 3,400 healthcare workers at Kaiser Permanente in Oregon moved closer to hitting the picket lines in October after they voted overwhelmingly to authorize a strike. The Oregon Federation of Nurses and Health Professionals says that 90 percent of its members, whose contracts expired on Sept. 30, voted; 96 percent of voters favored a strike. Safe staffing and wages are at the heart of the contract fight. Instead of pre-

sending proposals to solve the staffing crisis, OFNHP says that Kaiser executives have offered low wages and a two-tiered system that would mean new workers would make much less than their colleagues, accelerating the staffing crisis.

**LEARN MORE ABOUT THEIR FIGHT:** [www.aft.org/news/healthcare-workers-oregon-vote-authorize-strike-against-kaiser](http://www.aft.org/news/healthcare-workers-oregon-vote-authorize-strike-against-kaiser)

## POLL: AFT MEMBERS ARE 90 PERCENT VACCINATED

Fresh polling of American Federation of Teachers members has revealed the vast majority—90 percent—are vaccinated. And fully 2 in 3 K-12 members support vaccination mandates. A survey conducted by Hart Research Associates shows that 67 percent of K-12 members favor a requirement that all school employees be vaccinated unless they have a valid medical or religious exemption and that 73 percent support requiring vaccines or a weekly COVID-19 test. A separate poll of the full membership shows 9 out of 10 report being vaccinated and another 3 percent either have a vaccination appointment or say they will likely get vaccinated.

**SEE THE POLL RESULTS:** [www.aft.org/press-release/poll-90-aft-members-are-vaccinated-and-two-thirds-support-vaccine-mandates](http://www.aft.org/press-release/poll-90-aft-members-are-vaccinated-and-two-thirds-support-vaccine-mandates)





# TRENDING TOPICS CONFERENCE

## Brings Nurses Together

By Andrea Nutty



Beth Wathen



Shelly Burdette-Taylor

On October 7-9, the Alaska Nurses Association hosted its 9th annual Trending Topics in Nursing Conference as a virtual event for the second year in a row. Nurses from all over the state gathered for presentations by local and national experts. The keynote session on Friday celebrated 19th century notable nurses of the world, United States, and Alaska. Dr. Shelly Burdette-Taylor, a Nightingale Scholar, shared insight on how these nurses' travels influenced healthcare in the Last Frontier.

Over 18 months into the pandemic, the conference featured several presentations covering COVID-19. Dr. Beth Parker and new graduate nurse Hailey Dye teamed up for a presentation on Multisystem Inflammatory Syndrome in Children. Dr. Parker related the diversity of presentations and risk of sudden decompensation she has seen during the pandemic, while Hailey Dye offered a parent perspective of her young son's harrowing experience with MIS-C in December 2020. Intensivist Dr. Jon Grace spoke on post-acute COVID syndrome – better known as “long haulers” – and AaNA member Lucy Johnson shared her own experience with the syndrome. The final day of the conference included a fascinating look at how a team of Alaskans are combatting COVID misinformation online.

Attendees also enjoyed a presentation from Dr. Robert Lawrence, Chief Medical Officer for the State of Alaska Department of Corrections. Dr. Lawrence enraptured attendees with ethical puzzles during his presentation “When a Criminal Asks for a Pain Pill,” which covered how to provide ethical care for vulnerable populations. AaNA member Madison Bird provided a detailed look at compassionate care for transgender and gender non-conforming patients, helping participants examine personal bias and understand gender terminology and treatment for gender dysphoria. The president of the

American Association of Critical Care Nurses, Beth Wathen, shared case studies on child maltreatment and button battery ingestions during “Pediatric Puzzlers.”

Other topics covered throughout the conference included depression, care of the head-injured trauma patient, nurse burnout, change management, and nursing advocacy.

An enormous thank you to all of our amazing presenters:

**Madison Bird, BSN, RN, CEN, TCRN**

**Shelly Burdette-Taylor, PhD, MSN, CWCN, CFCN, NPD-BC, LTC-R**

**Danny Canlas, MA, BSN, RN, CEN, TCRN**

**Shannon Davenport, BSN, RN, CHPN**

**Hailey Dye, RN**

**Jessica Estes, DNP, APRN-NP, PMHNP**

**Jon Grace, MD**

**Tom Hennessy, MD, MPH**

**Lucy Johnson, BSN, RN**

**Frances Jones, MA, CCMP**

**Robert Lawrence, MD**

**Joy Chavez Mapaye, PhD, MA**

**Sara Massmann, RN, PCCN**

**Jennifer Meyer, PhD, MPH, CPH, RN**

**Beth Parker, MD**

**Krista Ralls, MSN, RN, TCRN, CEN**

**Beth Wathen, MSN, RN, CCRN-K**

**Curt Wengel, MD**

Thank you to all who attended the 9th Annual Trending Topics in Nursing Conference! Be on the lookout for a 2022 Save-The-Date. We're planning on in-person AND virtual attendance options, and we hope you'll join us for another great year!

# NURSES IN THE LEAD



*Director at Large*

**SARA MASSMANN, RN, PCCN**

*Nurses in the Lead is a new occasional series introducing you to the elected leaders who govern our association.*

On October 15th, AaNA welcomed Sara Massmann as the newest member of our Board of Directors and Labor Council. Sara has been a nurse for 14 years, coming to Alaska in June 2018. She lives in Ketchikan and works as an ICU and med-surg nurse in the local hospital.

Hailing from Minnesota, Sara has been devoted to advocacy work since her late teen years. She studied political science at the University of Minnesota, learning everything she possibly could about elections, the legislative process, and our political system. She got her first chance at lobbying as a student government member. “After that day, I was more than hooked!” Sara exclaims.

She served as statewide coordinator for U.S. Senator Tom Harkin's presidential campaign and was hired as the volunteer coordinator for a U.S. Senate campaign. Her proudest moment at the University of Minnesota though, was becoming an intern for U.S. Senator Paul Wellstone in his advocacy office. Her university activities gave her the skills to run phone banks, work on election turnout, do polling, and organize rallies for issues.

Sara stepped into political party leadership and used this avenue for her advocacy work for many years. She shares that this allowed her to advocate for legislation, help elected candidates, and educate voters. Organized labor has always been a passion for Sara. Before she became a nurse, she was active as a friend of labor in the political process. Her husband was involved with the AFL-CIO and Machinists Union on a national, state, and local level – and together they made a great advocacy team.

When Sara became a nurse, she became a union member herself. She felt empowered to

be able to put her advocacy background to work for her union in Minnesota. Sara slowly got involved – attending annual conventions and yearly lobby days at the state capitol. Over the years, Sara started a newsletter, became a union steward, and served as a strike captain for a six-week strike.

Since arriving in Alaska, Sara has been an involved member with AaNA. She has served as a grievance officer for her local bargaining unit, and was a member of AaNA's legislative committee prior to taking on the role of co-chair in December 2019.

Manning the legislative committee is hard work – period – but particularly difficult during a pandemic. The state legislature has been closed to visitors since shortly after Sara took on the role. Rather than traveling to Juneau to meet with legislators and lobby for AaNA's legislative goals, the work of defending Alaska nurses' interests has moved entirely online. Sara, along with co-chair Shannon Davenport, have managed to make it look like a breeze with multiple legislative victories along the way.

Sara's advocacy philosophy of “union first, politics second” is descriptive of the way she operates in every facet of life. She works hard to bring people together over common ideas and goals. “I believe in Alaska we can work with all legislators – no matter if they are democrat, republican, or independent,” Sara explains. And along the way, she never loses sight of the people behind the issue for which she's advocating. Sara is thrilled to join AaNA's Board of Directors and Labor Council, bringing a Southeast Alaska perspective, exploring ideas for statewide outreach, and continuing her passion of advocating for AaNA's members.



# Members Pass Resolutions at 2021 General Assembly

By Andrea Nutty, AaNA Programs Director

Members of the Alaska Nurses Association who attended our virtual General Assembly on October 9th introduced and passed resolutions during the annual membership meeting. The members' resolutions act as a guide for the Alaska Nurses Association's programs, outreach, advocacy, and priorities in 2022. The following are summaries of impactful resolutions passed by AaNA's membership during the General Assembly.

## Protecting Healthcare Workers from Infectious Disease Outbreaks

Hundreds of thousands of healthcare workers are known to have been infected and at least 3,600 died in the United States within the first 12 months of the pandemic, and many of these unnecessary deaths involved concerns over personal protective equipment. There has been historic underfunding of state and local public health departments, and until recently, there has been a failure to address the lack of domestic production of personal protective equipment.

AaNA will advocate for strong investment in public health on the federal and state levels to develop a rigorous system that supports prevention of illness as a public good. We support whistleblower protections, and increased funding for OSHA enforcement and NIOSH research on respiratory protection. AaNA commits to pursue any and all avenues to work with state, local, and national agencies to ensure the health and safety of frontline nurses and their families.

## Affirming our Opposition to Nurse Licensure Compact Legislation in Alaska

The State of Alaska is not a member of the Nurse Licensure Compact, and Alaska current-

ly enjoys complete autonomy over the regulation of the profession of nursing, allowing local experts to make local decisions that are best for our state. Joining the Nurse Licensure Compact would erode Alaska's state sovereignty and pose significant new complications for regulating nursing practice in our state.

AaNA affirms our position that licensure for nurses working in Alaska should be under the jurisdiction of the Alaska Board of Nursing, and remains unequivocally opposed to Nurse Licensure Compact legislation in Alaska. AaNA will intensify our efforts to educate Alaskan nurses, legislators, and the public on the dangers of joining the Nurse Licensure Compact and will mobilize our members in opposition to Nurse Licensure Compact legislation in Alaska.

## Increasing Health Literacy with regard to Vaccination Reception

Low health literacy is a serious issue in the United States, accounting for numerous adverse effects on health, such as increased hospitalizations, decreased screenings, and lesser receipt of vaccinations. Hesitancy in the reception of vaccinations has started to reverse the progress that implementation of vaccinations has made, such as reversal of many of these diseases, or decreased number of cases.

The Alaska Nurses Association will advocate for increased utilization of health literacy screening tools in all healthcare and treatment settings and increased education regarding health literacy to increase receptivity to vaccinations.

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## Cervical Cancer

### A PINNACLE IN PREVENTION

by Andrea Nutty

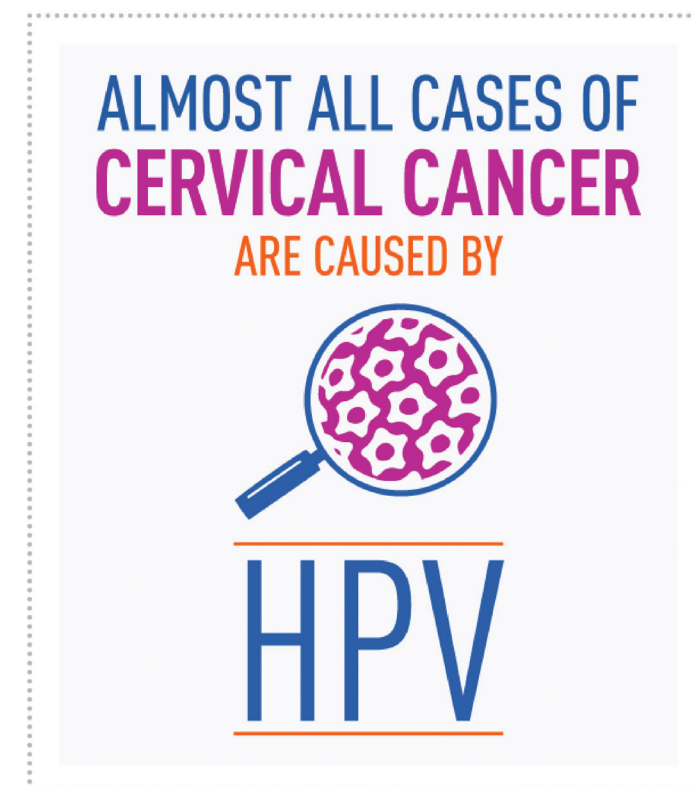
In 1970, cervical cancer was the fourth most common cancer in women, and once the leading cause of death, according to the Centers for Disease Control and Prevention. In the decades since, advances in cervical cancer prevention have dramatically halved both incidence and mortality rates. This drop is largely attributable to the Pap test becoming a routine gynecological screening, as well as the advent of the HPV vaccine and HPV DNA test.

Nearly all cervical cancers are caused by human papillomavirus (HPV) infection. HPV is spread through skin-to-skin contact (often, though not always, involving sexual activity) and is extremely common; most people will be infected with HPV in their lifetime. There are over 200 types of HPV, only a handful of which are considered high-risk strains. Strains 16 and 18 are responsible for 70% to 80% of cervical cancer cases in the United States.

Usually, the body is able to clear HPV infection on its own, which results in only minor, temporary cell changes. According to the American College of Obstetricians and Gynecologists (ACOG), HPV infection can sometimes be persistent – and it is long-lasting infection with high-risk HPV strains that most frequently cause severe cellular changes. ACOG states that severe changes that persist for 1 to 2 years are more likely to become cancer if not treated.

The Pap test (or Pap smear), named after its discoverer Dr. George Papanicolaou, is widely regarded as one of the most successful cancer screening tools today. The procedure looks for abnormalities in cells taken from the endocervix in order to detect pre-cancerous changes and early cervical cancer. The Bethesda System for Reporting Cervical Cytology breaks down test result

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cancer.gov/hpv



abnormalities into three main categories, described by the American Cancer Society as 1) intraepithelial lesion or malignancy, 2) epithelial cell abnormalities (squamous and glandular cell), and 3) other malignant neoplasms which occur infrequently.

A newer screening tool – HPV testing – looks for common high-risk cancer-causing strains of HPV. HPV DNA and RNA testing and genotyping can be used to identify specific HPV strains. Some organizations, such as the American Cancer Society, prefer primary HPV tests over Pap tests because some studies have suggested that HPV testing is more accurate and less often leads to unnecessary additional procedures. Still other studies suggest that HPV testing alone may sometimes miss cancerous and pre-cancerous cellular changes. Co-testing – when a Pap test and HPV test are performed together – is a preferred approach by some practitioners due to its increased likelihood of identifying at-risk women.

While debate over screening modalities continues, experts agree that the most important factor is to undergo routine screening of some type. Cervical cancer screening at regular intervals is recommended for women aged 21 and older in the United States. The American College of Obstetricians and Gynecologists states that women in their 20s should undergo Pap tests every three years. For women 30 and older, three recommended testing options exist: both a Pap test and an HPV test every 5 years, a Pap test alone every 3 years, or an HPV test alone every 5 years. After age 65, cervical cancer screening can be discontinued if there is no history of cervical cell abnormalities (moderate or severe) and the patient has not had any abnormal results within the past decade of regular screening.

In addition to increased and improved screening options, prevention of cervical cancer has also been boosted by the introduction of the HPV vaccine in the U.S. 15 years ago. Gardasil was approved by the FDA in 2006 and offered protection against four strains of HPV. In 2014, Gardasil 9 was approved, adding protection from an additional five high-risk strains.

Much has changed in the HPV vaccine's young history. Originally recommended only for girls and young women as a three-dose series, the vaccine is now recommended for males and females, and approved for ages 9 to 45. The Advisory Committee on Immunization Practices (ACIP) recommends HPV vaccination at age 11 or 12, given in two doses 6 to 12 months apart. Children with a history of sexual abuse should start the series at age 9. All children receiving the vaccine between ages 9 and 14 should receive two doses. For those beginning the vaccine series between ages 15 and 26, three doses are recommended, with the second dose given 1 to 2 months after the first, and the third dose at 6 months. The three-dose series should also be used for immunocompromised individuals.

Though Gardasil 9 is also approved for ages 27 to 45, it is not recommended for everyone in this age group. The vaccine cannot protect against HPV strains already contracted (which is why early vaccination is so important!), but could provide a benefit for patients by preventing infection from additional strains. The ACIP recommends that



adults in this age group who haven't received the HPV vaccine talk with their medical provider about the potential benefits of vaccination.

Vaccination against HPV has been wildly successful in the United States. According to the CDC, infections with HPV strains that cause most cancer and genital warts have decreased 88 percent among teen girls since the introduction of the vaccine. Among adult women, a drop of 81 percent has been observed.

Cervical cancer is now regarded as almost entirely preventable due to the success of routine Pap and HPV testing and HPV vaccination. Sadly, 14,480 new cases of invasive cervical cancer will be diagnosed this year, and 4,290 women will die from cervical cancer, according to estimates by the American Cancer Society.

Despite the HPV vaccine's safety and proven near-100 percent efficacy, only 52 percent of adolescent boys and 57 percent of adolescent girls are considered up-to-date on this vaccination. And approximately 1 in 4 women were not current with cervical cancer screening in 2019, the National Cancer Institute shares. Increasing HPV vaccine uptake among adolescents and adherence to screening recommendations for adult women will continue to build on the successful foundation of prevention and offer hope in the fight against cervical cancer.

## Affirming our Commitment to Workplace Violence Prevention

Workplace violence in healthcare settings is a significant occupational hazard that threatens the safety and well-being of both healthcare workers and patients, and has caused death and serious injury. Healthcare workers suffer injuries associated with workplace violence at almost twice the rate of all other private sector workers.

AaNA will push for enactment of national and state-wide standards that would require healthcare employers to establish and maintain comprehensive workplace violence prevention programs. We will also take a strong position against all forms of bullying and promote anti-bullying education, policies, and contractual language in all bargaining units.

## Increasing Awareness regarding the Effects of Dehydration in Nurses

A 2016 study, assessing dehydration in nurses and doctors on-call, found that 36 percent of participants were dehydrated at the beginning of their shift and 45 percent of participants were dehydrated after their shift, and in this same study, dehydration was correlated with increased error, which can impact patient safety. Dehydration is known to cause headaches, irritability, chronic fatigue, joint pain, a weakened immune response, reduced kidney function, and poor digestion.

AaNA supports self-care and encourages members to increase their knowledge of the importance of hydration during nursing shifts to avoid impaired cognitive function and prevent detrimental physical effects of dehydration.

## Exploring the Opportunity to Conduct Officer Elections by Remote Ballot

AaNA conducts its officer elections in accordance with Labor-Management Reporting and Disclosure Act statute and Officer of Labor Management Standards guidance. AaNA is governed democratically for and by members, and member participation and involvement is essential to our organization's strength and sustainability.

AaNA will explore the opportunity to conduct online officer elections in compliance with federal guidance, including researching necessary bylaws and policy amendments, investigating potential online voting platforms, and soliciting member feedback. We believe that utilizing a remote electronic voting system would both present and cost-savings opportunity and increase member voting participation.



# Colorectal Cancer Disparity among Alaska Natives

By Andrea Nutty

Colorectal cancer is a common cancer among both men and women. But Alaska Native and American Indian populations face a disproportionate risk — with those residing in Alaska experiencing the highest mortality rates from colorectal cancer in the world.

Earlier this year, the Alaska Native Tribal Health Consortium published a report looking at 50 years of data on cancer among Alaska Native people. The report is a product of the Alaska Native Tumor Registry established in 1974.

Over the past five decades, colorectal cancer rates have declined in white men and women, but remained steady for Alaska Natives. According to Southcentral Foundation, Alaska Natives are two times more likely to be diagnosed with colorectal cancer than non-Natives, and also tend to be diagnosed at a younger age. Alaska Natives are diagnosed with advanced colorectal cancer about twice as often as white Americans, and mortality rates are currently 2.8 times higher within the Alaska Native population.

Cancer of the colon and rectum is the second most common type of cancer and accounts for nearly one-fifth of all cancer diagnoses among Alaska Native women and men, followed only by breast cancer and lung cancer, respectively. Rates of colorectal cancer vary across the state; they are highest in the Yukon-Kuskokwim, Norton Sound, Arctic Slope, and Northwest Arctic regions, and lowest in the Aleutian and Pribilof Islands, Kodiak, and Kenai Peninsula area.

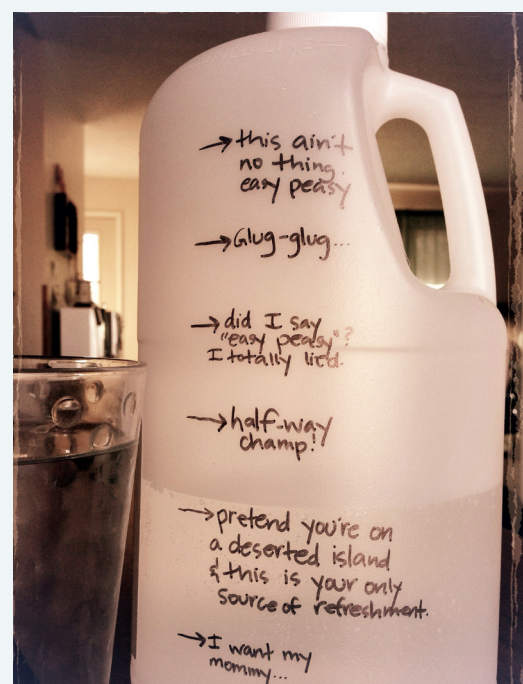
The Alaska Native Tribal Health Consortium has undertaken a variety of studies on colorectal cancer to find out why incidence rates are so high among Alaska Natives.

One interesting study, already completed, examined the relationship between diet and colorectal cancer. Researchers tested bacteria in stool samples for types of bacteria. Beneficial bacteria helps colon tissues stay healthy; harmful bacteria irritate the colon lining, and

may be how many colon cancers start, according to ANTHC. The stool sample findings were compared to studies of rural South Africans who have very low rates of colon cancer. Alaska Natives had lower levels of beneficial bacteria and higher levels of harmful bacteria.

The outcome of the gut bacteria study led to the initiation of another study — one focused on dietary fiber. Research has shown, including with the South African study, that adequate fiber consumption plays an important role in reducing colorectal cancer risk. Yet 95 percent of Americans do not meet the recommended daily fiber intake of 34g for men and 28g for women. The study summary states that although Alaska Natives have “high consumption of anti-inflammatory and antineoplastic n-3 fish oils,” they have “remarkably low consumption of fiber-containing foods.” The fiber study results are expected in early 2022.

With colorectal cancer, screening is key to reduce mortality. By the time a patient starts showing symptoms, colorectal cancer is at an advanced stage, according to the American



Gastroenterological Association. Colorectal cancer usually begins as an adenomatous or serrated polyp, which are slow-growing and can become cancerous over a number of years. Polypectomy during colonoscopy is extremely effective at reducing both colorectal cancer incidence and mortality.

In 2013, ANTHC started recommending screening colonoscopy for Alaska Natives by age 40, earlier than what is recommended for the general population. Approximately 15 percent of Alaska Natives with colorectal cancer have their diagnosis made before age 50. Those who are considered high risk should undergo a screening colonoscopy every 5 years, rather than once per decade. As the rate of colorectal cancer continues to increase in Americans younger than 50, U.S. guidelines were recently revised to recommend screening colonoscopy starting at age 45 for the general population.



Though multiple colorectal cancer screening options exist, colonoscopy and fecal immunochemical test (FIT) are considered the gold standard. A screening colonoscopy, though not much fun to undergo, is the only one-step screening method we have today. Other tests with positive results require a follow-up colonoscopy for further evaluation and potential lesion removal.

A FIT performed annually uses antibodies to detect hemoglobin protein in stool. Multitarget stool DNA testing (FIT-DNA) can be done every three years. It looks for genetic markers for colorectal cancer. Flexible sigmoidoscopy, CT “virtual” colonography, or colon capsule can be selected when someone is not a candidate for FIT or colonoscopy.

Many of these less-invasive tests have increased in popularity in recent years and are shown to increase compliance with colorectal screening recommendations— proving that sometimes the best test is the test that actually gets done.

Though no one can change their biological risk factors such as age or family history, individuals can take steps to reduce their personal risk. Regular screening is the most effective prevention method, but numerous lifestyle factors also contribute to colorectal cancer risk.

Tobacco use and heavy alcohol consumption increases risk for many cancers, including colorectal cancer.

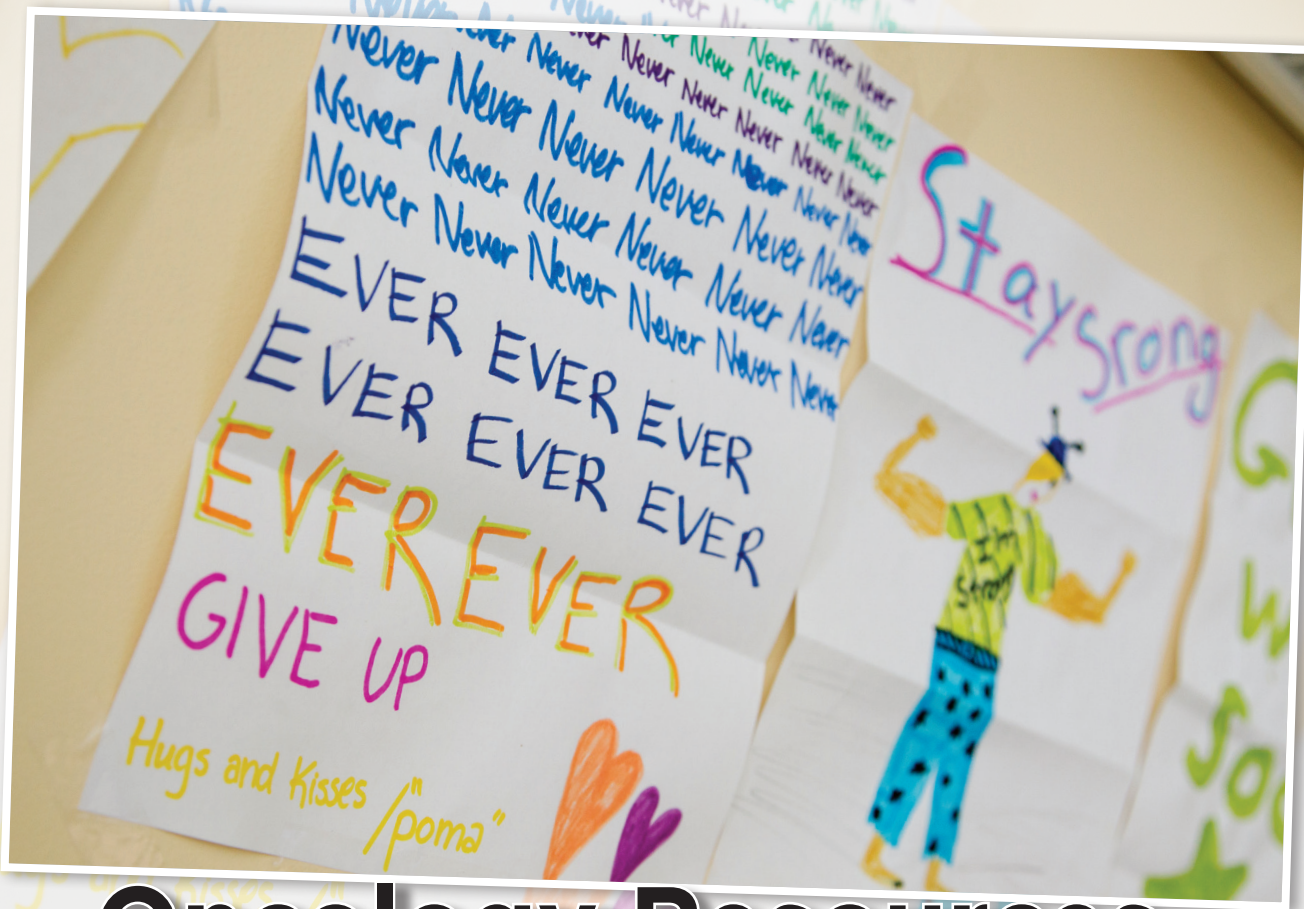
The biggest group of lifestyle factors that affect an individual’s risk level are related to diet and exercise. A lack of physical activity, low intake of fruits and vegetables, a diet high in fat and low in fiber or high in red or processed meats, and being overweight or obese – these factors all increase risk of colorectal cancer. By making healthy changes such as reducing alcohol intake and increasing dietary fiber, these risk factors can be turned into protective factors.

Because Alaska Natives are not a homogenous group — with over 300 tribes in Alaska — programs and interventions designed to increase colorectal cancer screenings must be culturally relevant and tailored to specific populations.

Community access and demand are areas ripe for considerable improvement. A family history program by ANTHC utilizes outreach by colorectal cancer screening patient navigators to increase screening rates among Alaska Natives with a first-degree relative with col-

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# Oncology Resources for Nurses and Patients

## Oncology Associations & Certification

**Oncology Nursing Society** ([www.ons.org](http://www.ons.org)) is a professional association of more than 35,000 members committed to promoting excellence in oncology nursing and the transformation of cancer care. The ONS website includes clinical practice resources, podcasts, videos, online courses, and much more.

**Oncology Nursing Certification Corporation** ([www.oncc.org](http://www.oncc.org)) offers eight nationally accredited oncology certification programs for registered nurses, including Oncology Certified Nurse, Blood & Marrow Transplant Certified Nurse, and Certified Pediatric Oncology Nurse.

**Oncology Nursing Foundation** ([www.onsfoundation.org](http://www.onsfoundation.org)) provides funding directly to nurses to support oncology nursing education, research, and leadership development.

**American Society of Clinical Oncology** ([www.asco.org](http://www.asco.org)) is a multidisciplinary, global network of nearly 45,000 oncology professionals serving as a leading resource for best practices in clinical oncology research and academic and community practice. ASCO offers oncology publications, patient education materials, funding opportunities, continuing education, and more.

**Society of Surgical Oncology** ([www.surgonc.org](http://www.surgonc.org)) works to improve multidisciplinary patient care by advancing the science, education and practice of cancer surgery worldwide and become a member today. Nurses are eligible to join as associate members.

**American Society for Radiation Oncology** ([www.astro.org](http://www.astro.org)) is a multidisciplinary association that provides members with continuing education, health policy analysis, patient information resources, and more.

## Informational & Educational Websites

**Children's Oncology Group** ([www.childrensoncologygroup.org](http://www.childrensoncologygroup.org)) is a National Cancer Institute supported clinical trials group. As the world's largest organization devoted exclusively to childhood and adolescent cancer research, COG has nearly 100 active clinical trials open at any time.

**Cancer.Net** ([www.cancer.net](http://www.cancer.net)) is the patient information website of the American Society of Clinical Oncology. The site provides patients with education on types of cancer and treatment options, tips for navigating care, and a special section on coping with cancer.

**National Cancer Institute** ([www.cancer.gov](http://www.cancer.gov)) is part of the National Institutes of Health and is the federal government's principal agency for cancer research and training. In addition to sections about cancer diagnosis, treatment, staging, and care, NCI offers a wealth of information on the latest in oncology research.

**American Cancer Society** ([www.cancer.org](http://www.cancer.org)) funds and conducts research, shares expert information, supports patients, and spreads the word about cancer prevention. The site includes a section for

healthcare professionals with journals and publications, professional education, and patient materials.

**CDC Division of Cancer Prevention and Control** ([www.cdc.gov/cancer](http://www.cdc.gov/cancer)) contains information for patients, a large selection of resources for healthcare professionals, and data and statistics on cancer in the United States.

## Online Assistance & Support

**CancerCare's A Helping Hand** ([www.cancercare.org/helpinghand](http://www.cancercare.org/helpinghand)) is a searchable, online database of financial and practical assistance available for people with cancer. This comprehensive online tool features up-to-date contact information and descriptions for hundreds of national and regional organizations offering financial help to people with cancer.

**Be The Match** ([www.bethematch.org](http://www.bethematch.org)) manages the most diverse marrow registry in the world and works to save lives through transplant. Those aged 18 to 40 can join the national donor registry to serve as a potential match for patients in need.

**Compassion Can't Wait** ([www.compassioncantwait.org](http://www.compassioncantwait.org)) supports single parents of catastrophically ill children by helping with urgent expenses so parents can stay at their child's bedside.

**Livestrong Cancer Navigation** ([www.livestrong.org](http://www.livestrong.org)) offers a free personal cancer navigator to patients to assist with insurance challenges, treatment concerns, access to emotional support, clinical trial matching, and more.

**Stupid Cancer** ([www.stupidcancer.org](http://www.stupidcancer.org)) offers a lifeline to adolescents and young adults with cancer by providing age-appropriate resources to help navigate treatment and survivorship on their own terms.

**Family Reach** ([www.familyreach.org](http://www.familyreach.org)) delivers financial education, financial coaching, resource navigation, and emergency relief funds to patients and caregivers facing a cancer diagnosis.

## Local Assistance & Support

**Angel Flight West** ([www.angelflightwest.org](http://www.angelflightwest.org)) provides free medical transportation within the state of Alaska and to the Lower 48 for those who need help to travel for treatment.

**Road to Recovery** ([www.cancer.org](http://www.cancer.org)) is a program of the American Cancer Society that provides transportation to and from treatment for people with cancer who do not have a ride or are unable to drive themselves.

**Cancer Connection Southeast** ([www.cancerconnectionak.org](http://www.cancerconnectionak.org)) is a grassroots nonprofit organization assisting people living with cancer, and their families and support systems, in Southeast Alaska.

**Anchorage Young Cancer Coalition** ([www.anchorageyoungcancer.com](http://www.anchorageyoungcancer.com)) is a group hosting fun meetups for those who have been diagnosed with cancer in their 20s, 30s, or 40s.

**Let Every Woman Know** ([www.leteverywomanknow.org](http://www.leteverywomanknow.org)) provides creative statewide education, support, advocacy, and arts programs in dedication to preventing, facing, and ending gynecologic cancers.

**The Suz Fund** ([www.thesuzfund.org](http://www.thesuzfund.org)) helps Alaskan cancer patients maintain wellness through services including health scholarships, free yoga and meditation classes, and a live support group.

**Us TOO** ([www.ustooak.com](http://www.ustooak.com)) is a local men's cancer support group for men living with prostate cancer and related diseases.

**Interior Alaska Cancer Association** ([www.interioralaskacancer.org](http://www.interioralaskacancer.org)) is a nonprofit organization helping cancer patients and their families through support groups, financial assistance, and resource guidance.

**State of Alaska Cancer Control Program** ([dhss.alaska.gov/dph/Chronic/Pages/Cancer/](http://dhss.alaska.gov/dph/Chronic/Pages/Cancer/)) manages the Alaska Cancer Partnership and works to improve prevention and early detection, treatment, rehabilitation, survivorship, palliative and end-of-life care.

**Women Listen** ([www.womenlisten.org](http://www.womenlisten.org)) is a local group dedicated to supporting women living with cancer by sharing information, offering emotional support and practical ideas, and connecting women in meaningful ways.

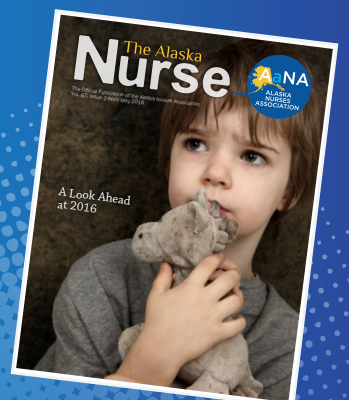
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orectal cancer history. One prevention-focused project in rural New Mexico saw success in mailing FIT to screen for colorectal cancer among Native Americans who have diabetes. This approach eliminates many barriers to screening – access to local healthcare services, transportation, financial means, and time.

Today there is still much work, and much opportunity, to address the disparate burden of colorectal cancer affecting Alaska Natives. Researchers and practitioners must have a true partnership with Alaska Native patients that is focused on inclusive decision-making, respect for culture, and maintaining wellness.

## The Alaska Nurse

For frequent updates and information on local nursing contacts hours, opportunities and conferences!



Visit

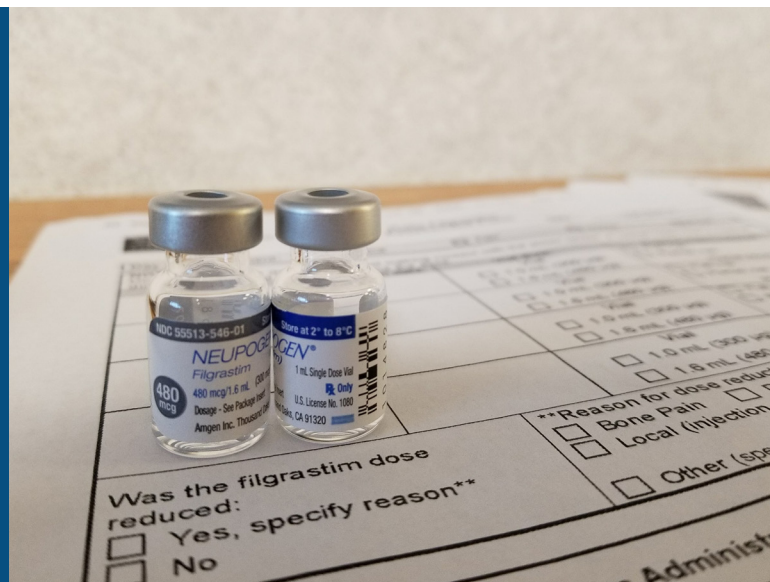
[www.aknurse.org](http://www.aknurse.org)  
or call 907-274-0827



# BEING THE MATCH

## My Journey as a Stem Cell Donor

By Andrea Nutty



In mid-January 2018, I was having an awful week.

It was a true series of unfortunate events. My to-do list at work had grown as long as a CVS receipt as we entered contentious contract negotiations with Providence Alaska Medical Center. Over the course of two or three days, my bad luck accelerated: I got dumped by the guy I'd been seeing, had to undergo an ultrasound to examine a lump in my breast, and rear-ended another car after sliding down an icy hill.

To say I was stressed would be a vast understatement.

Then, I got a series of messages that gave me emotional whiplash. But maybe I should back-up and start at the beginning.

When I joined the National Marrow Donor Program's Be the Match Registry in early 2013, I never thought I would be called upon to help a patient. The odds seemed infinitesimally small: About 1-in-540 registry participants go on to become donors. Statistically, that's roughly the same odds as being born with polydactyly, and two times less likely than falling to your death or dating a millionaire.

I don't know what prompted me to join the registry. Maybe it was a post shared on social media, or a news article I read. The only memory I have is of sitting at my kitchen table and reading directions for completing the cheek swab kit. After returning my

kit in the mail, the registry quickly faded from my thoughts.

On November 9, 2017, I received an email shortly after arriving to work:

*Andrea,*

*You've been identified as a possible marrow match for a 39-year-old female in need of a transplant. The patient's doctor is trying to determine treatment options as quickly as possible.*

*Please call me immediately to tell me if you're willing and able to become a donor.*

*Sincerely,*

*Molly*

*Be The Match*

I called as soon as I could, swallowing my nerves as the phone rang. "Yes, I'm willing to donate," I heard myself say. Before I knew it, I had completed an online health history, signed consent forms for additional testing, and set an intake meeting for the next day to learn more about the donation process.

After learning what would be required of me, the next step was to perform confirmatory typing. Five days after the initial email, I was sent to a local lab so a blood sample could be collected to determine if I was not just a match, but the best match for the patient.

Becoming a donor is both a big commitment and an amazing opportunity. Every



year, thousands of people diagnosed with conditions like lymphoma, leukemia, and sickle cell anemia rely on the Be The Match registry to save their life. Only 30 percent of people needing a donor have a match in their family. Hope for the remaining 70 percent lies with finding a suitable match in the network of potential donors.

Matching is based on human leukocyte antigen (HLA) tissue type. These protein markers are used by the body's immune system to recognize which cells belong in the body, and which do not. The closer the match between donor and patient is, the more likely the transplant will be successful.

The patient's doctor has up to 60 days to review confirmatory typing test results and make a decision on whether to proceed with donation. Sometimes it takes a lot less time, and sometimes it takes the full 60 days.

On January 19, 2018, at the end of my no-good, awful, horrible week, my anxious waiting was finally over. That afternoon, an email arrived. My heart stopped and my vision blurred as I tried to take in the news:

*The results of your testing indicate that you and the patient are a suitable match.*

The excitement I felt was short-lived as I read on. The patient was now too sick to

undergo a transplant. There was a possibility that her health could improve, but for now, my journey as a potential donor was over, and her hope for a life-saving donation was dashed. Over the previous two-and-a-half months, I had grown emotionally invested in the woman's treatment. The news hit me harder than I expected.

I allowed myself to wallow in sadness over the next week, trying to process the bad donation news that had capped off my week of unfortunate events. A few days into my one-person pity party, I got a call.

*"Andrea, you're not going to believe this. The patient's doctor just called me. They want to move forward with the transplant!"*

Luck had turned around! A month-long flurry of activity followed. Within a day or two, my donation day was scheduled. As final steps in the preparation process, I needed to undergo a complete physical exam by an independent medical provider, fill out a bunch of paperwork, have more lab work done, and go to a series of appointments to get my hematopoietic stem cells ready to rumble.

There are two methods of donation to a patient. A surgical harvest of liquid marrow is the most well-known type of donation, but peripheral blood stem cell (PBSC) donation is far more commonly used. Collected by apheresis, it is less invasive to the donor and has a better outcome for patients. I would be giving a PBSC donation.

Alaska has no centers equipped to handle to PBSC donation, so my donation was scheduled at the next available participating apheresis center: Scripps Green Hospital in La Jolla, California. Due to the procedure I would be undergoing, Be The Match had me bring a companion to keep a watchful eye over me. My mom and then-6-year-old son flew down with me. Be The Match covers all travel, medical costs, and other expenses related to donation.

For four days prior to donating, donors have to receive Filgrastim injections to boost blood stem cell proliferation. I received days one and two at Alaska Regional Hospital in Anchorage. Injections three and four were given at Scripps. Be The Match arranged a hotel nearby the hospital, and I was taken to and from appointments by golf cart.

By donation day, I was elated! The final steps in this months-long process were finally happening. As soon as my

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THE AUTHOR WITH HER HARVESTED  
HEMATOPOIETIC STEM CELLS



RECEIVING A FILGRASTIM  
INJECTION IN ANCHORAGE

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donation procedure was complete, my stem cells would be transported to my recipient, who would receive the transplant the following day.

The PBSC center at Scripps Green Hospital is equipped to handle up to three donors per day. The apheresis procedure takes about 4 to 6 hours on average to complete and varies person-to-person. My procedure took between 6 and 7 hours. I had to lie motionless in a partially reclined position the entire time.

For a hematopoietic stem cell collection, one intravenous needle is placed in each arm. Blood is removed from the donor through one arm and run through a centrifuge to separate the components. The unharvested components are returned to the donor through the other arm.

PBSC donors can experience side effects both before donation (due to Filgrastim) and after donation (due to apheresis). Filgrastim side effects commonly include headache, bone pain, and muscle aches. I experienced all of these, though my discomfort was only moderate to mild. After apheresis, donors can experience chills and a decreased platelet count. The median time to full recovery for a PBSC donation is one week.

I'm proud to be a peripheral blood stem cell donor, and I would happily do it again in a heartbeat. Please join me in helping those in need of transplant by taking one of the following actions:

### 1) **Join the Be The Match Registry.**

*If you're between 18 and 40, I encourage you to join the Be The Match Registry, especially if you are a person of color. HLA matching is affected by ethnic background, and minorities are much less likely to find a match on the registry. Your choice to join could save a life.*

### 2) **Update your information.**

*If you've already joined the registry, take five minutes to update your contact information. You'll remain on the registry until your 61st birthday. Make sure Be The Match can get in touch if a patient needs you!*

### 3) **Support the cause in other ways.**

*Not eligible to donate? There are plenty of ways to support the cause. Share a story on social media to spread the word. Is there anyone in your life that could join the registry? Help grow the registry!*

One simple action can be the difference that gives a patient hope for the future. Visit [www.bethematch.org](http://www.bethematch.org) to learn more.



# Heart of the ALASKA NURSE

Carol Klamser

By Marianne Schlegelmilch

## What makes the Alaska Nurse?

Who is she or who is he? What makes them tick? Drives them to greatness? Melds their Alaskan independent spirit with the practice of nursing?

Over the past several years, I have had the pleasure of interviewing several of our great nursing icons along with ordinary nurses whose names we have never heard. Without exception, they have all expressed pleasure and humility at having been asked to tell their stories along with wonderment as to why anyone would care to hear their story.

In seeking a cross section of Alaska nurses and after having talked with so many, the

answer has become clear. Great Alaska nurses do what needs to be done, seek out innovative ways to accomplish the care of their patients, and give wholly of themselves in the pursuit of wellness, safety, and the restoration of health for those entrusted to their care.

I am humbled that so many trusted me to tell their stories. I am proud to be one of them. Each of us and all of us who work tirelessly – and often without recognition – in this great state are the Heart of the Alaska Nurse.

– Marianne Schlegelmilch

Long before Carol Klamser became a family nurse practitioner and a physician assistant and began carrying her own patient load, she worked in the trenches, so to speak, alongside many other nursing professionals as a registered nurse.

Along the way, she has worked as a forensic expert, critical care and emergency room nurse, and began her teaching career working for several universities. After moving to Alaska, she joined the University of Alaska nursing program and attained tenure as associate professor. She obtained her Doctorate of

Nursing Practice through the University of Tennessee Health Sciences program in 2008. Carol developed the Homer outreach site for the RN nursing program on the UAA Kachemak Bay Campus, where she taught for 16 years until her retirement from that position this past summer of 2021.

Carol is also an accomplished musician, having begun singing and piano lessons at the age of 10 and later studying music at Ithaca College in New York. She was even fortunate enough as a child to have sung with the Met and at Carnegie Hall.

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Additionally, Carol is an accomplished equestrian, having learned to ride at a stable in the heart of New York City, where she grew up in the Chelsea District as an only child and where she attended a private school (Bentley) where 75% of her graduating class of 25 became attorneys. As a matter of fact, Carol Klamser has worn so many hats that it's hard to know which one she might be wearing at any given moment — including that of the fashionista with a purple streak in her hair I first met at a campground in Hope, Alaska many years ago.

The timing of Carol's alliance with South Peninsula Hospital and the opening of her clinic, South Peninsula Family Care Clinic, coincides with the onset of the worldwide COVID-19 pandemic. That career transition, coupled with her own battle with SARS and the sudden medical crisis of her husband, immersed her into the roiling new reality of life with the novel virus called COVID-19. For all of us, but particularly for medical practitioners like Carol, COVID heralded an era of immense stress and change within the field of medicine — a new and unique stress also borne simultaneously by each and every one of us on the entire planet Earth.

For Carol, like everyone else, it was learn-as-you-go with COVID – with new testing, treatments, and outcomes all emerging on an almost daily basis. Not only was the world afraid, but the people of the world were suddenly shuttered from virtually every aspect of normal day-to-day life. Across the nation and the world, surgeries were cancelled, medical appointments morphed from office calls into telemedicine, and loved ones were barred from having literally any physical contact with those admitted to hospitals — something Carol experienced first-hand when her husband suddenly experienced a life-threatening medical crisis right as she began her new practice.

In her own words, Carol describes her own personal experience in dealing with the critical illness of her husband:

Unless someone has experienced having a loved one critically ill, medevac'd and undergoing procedures during this time,

they cannot fully appreciate how much anxiety is felt over their loved one's care.

Not knowing if you will ever see them alive again is hard to take. I often think of what the consequences might have been if my husband had not had the procedure that saved his life — a procedure he received after bringing the pulmonary specialist onto his case. Hospital regulations required patients themselves (rather than family members) to request any specialists and I am grateful for the rapid response from that specialist.

But what about other patients who are not fully conscious? How do they get needed healthcare? How do their families advocate for them? Although I am grateful and I was able to find a way to help my husband make an informed decision, I feel this shouldn't have been so hard.

For a practitioner like Carol Klamser, who already possesses the rare combination of extraordinary compassion along with a grounded, knowledgeable approach to medicine, it's easy to see how her husband's critical illness during COVID and her own bout with COVID's close cousin SARS, could only serve to enhance her ability to truly understand the needs of her patients. Fortunately, Carol's husband has made a full recovery, but what about other patients who do not know how to request specialists or how to get specialty care? Perhaps in the telling of her own story, Carol can give them courage and hope. It is a given that if she were caring for them, she would be the right person to help them through.

Today, nearly two years after the emergence of COVID-19, the surviving of personal and family illness, and the launching of her new practice, Carol is able to look back and reflect on that time. I asked if she would share some of those feelings.

Initially it was all scary with the way COVID was impacting every aspect of our lives, but now as we gain more understanding of the virus, I am not as frightened. I am, though, still very concerned over the politicizing of the virus. It is really

hampering what public health is trying to accomplish.

In my mind, the public health response to COVID-19 is no different than it was for TB and all the other diseases we have been mandated in the past to surveil. People need to take it out of the hands of the politicians and allow public health to do their job. If a business, like hospitals, require testing or vaccination, so be it. We need to think about others, not just ourselves.

When asked to elaborate on these past two years that have been a time of immense transition she shares:

Having had SARS, I experienced being really ill. Not life-threatening, but very ill. Having also experienced the trauma of watching my husband go through his life-threatening condition on top of my own illness and within the COVID crisis was a terrible time for me personally. Watching him almost die in front of me at our local hospital only to see him fly off aboard a medevac helicopter in the dark of night, and then not being able to see him or talk to him while he was in the ICU was especially difficult.

I am immensely grateful to South Peninsula Hospital, all the physicians, nurses, and support staff and to CEO Ryan Smith for the support offered during the terrible time when Medcenter (where I had been working) folded just prior to my husband's health issues. Amid that turmoil, also trying to manage two cohorts of nursing students along with four pharmacology courses during significant transitions in the nursing program at UAA definitely prompted me to reflect on what is important in life.

In asking Carol about the little things that bother so many of us during this difficult time, things like COVID hair, shopping, masks, and general life disruption, her response is reflective of the deep perspective her own intense experiences at the onset of COVID have provided.

Certainly, things are different, but I have no real issues with most of those things other than some frustration with individuals who cannot think about the spread of

COVID to others. Having just gone back east where stores are stocked, in Homer shelves are often empty. It also seems people are focusing on uncertainty, rather than doing their best to keep things moving. I see many of the problems being a trickle-down effect. Parts are not being made and this holds up production of stocking things like roofing, freezers, and more — even in the early days of COVID, medical supplies.

Lastly, when asked where she thought the pandemic was going to take us as a nation, Carol replied:

I am hoping that we can start appreciating humanity and simple things like kindness. Rather than arguing for two weeks over mask use, it makes more sense to review sound scientific data and measures and let the scientists recommend what is best, rather than the politicians. In doing so, I hope trust in science can be restored and that this trust — even amidst the many changes in knowledge that continue to evolve within this pandemic — will allow people to understand the need to follow the rapidly changing and sometimes confusing regulations that continue to emerge during this time that modern society has never been through.

I hope we can reach a place where the majority of people understand that just as there are rules and regulations for many things we do in life, and licenses and credentials for our work, that employers — and healthcare employers in particular — have an obligation to protect others as well as themselves. That people can come to understand that if the science determines that protection for everyone is improved with the use of masks and vaccination and/or frequent testing, then most will have some faith that it is best to follow those recommendations.

A lot has changed for Carol Klamser since our first interview in August of 2011, but despite the little — known fact she seems to favor the lowly sloth as her spirit animal (and even though she could retire), she shows no sign of slowing down. I would say with near certainty that if a horse trotted up to her front porch at any given moment, she would

CONTINUED ON PAGE 22



readily climb upon its back and ride off just for the adventure.

Still, there have been small signs that Carol is slowly reaching a different level of work/life balance since the devastating events of the past two years, although it is really too soon to be sure. I could ask her again for the sake of this story (just as I have so many times before) if and when she plans to retire, but I know the answer would be the same now as it was last year and even 11 years ago during our first interview: *“Hmm. I don’t know. I’m still trying to figure out what I want to be when I grow up.”*

For a lot of us whose lives Carol Klamser touches and cares for, those words are music to our ears because they mean she is still learning, still engaged, still searching, and still achieving. Smelling the roses will have to wait for her, for she is still way too busy brushing past the rose bushes (even though occasionally getting scratched by one of their thorns) to slow down and savor them as she flies through life. For now, she’ll save that task for her spirit sloth or maybe for her last day on earth, because right now, she is busy making plans on how to coordinate the next steps in figuring out what she really wants to be.

Join me in thanking Carol Klamser for sharing her very personal story — one that each nurse now working on the battlefield of COVID care can surely relate to, and one

that also lets the rest of us know that our healthcare workers are there in the trenches — not only with us, but for us and beside us.

**About the Author**

*Marianne Schlegelmilch is one of the last of the once dominant field of Diploma Nurses. She proudly considers nursing as the biggest part of who she is and credits her long career in caring for others as making her the person she is today. “If I could have found a way to survive financially, I would have done it for free,” she writes.*

*She has written for as long as she can remember and often used writing to deal with the stress of critical care work. She is the published author of eleven books, with fiction being her preferred genre. She credits nursing with giving her the ability to understand people and life and uses her deep nursing experience in bringing characters to life in her books. Marianne lives in Homer, Alaska, where she is inspired by the natural beauty that surrounds her and by the array of genuinely interesting people who live there.*

*The stories written in this publication are as told to the author by the individuals about whom they are written. The author has relied on the individuals written about for the accuracy of their information and each featured individual has reviewed the final version of their story for accuracy.*





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# Calendar of Events

## AaNA Meetings

**AaNA Board of Directors Meeting**

4:30-6pm  
4th Wednesday each month

**AaNA Labor Council Meeting**

6-7pm  
4th Wednesday each month

**Providence Registered Nurses**

4-6pm  
3rd Thursday each month

**RNs United of Central Peninsula Hospital**

Contact for times: 907-252-5276

**KTN - Ketchikan Registered Nurses (PHKMC)**

Contact for times: 907-247-3828

## Education and Events

**Tuesday Talks  
Cultural Safety and Nursing Education**

Presented by Marianne Murray,  
DNP, RN, CHSE  
Tuesday, January 18 @ 6 PM  
[Register at www.aknurse.org](http://www.aknurse.org)  
FREE CE: Earn 1.25 contact hours

**Tuesday Talks  
Wound Care**

Presented by Shelly Burdette-Taylor, PhD,  
MSN, RN, NPD-BC  
Tuesday, February 15 @ 6 PM  
[Register at www.aknurse.org](http://www.aknurse.org)  
FREE CE: Earn Contact hours

**Alaska Nurses Book Club**  
Meets every other month  
[Register at www.aknurse.org](http://www.aknurse.org)  
FREE CE: Earn contact hours

**Alaska Health Summit Virtual Conference**  
January 18-20, 2022  
[www.alaskapublichealth.org](http://www.alaskapublichealth.org)

**Alaska Maternal Child Health & Immunization Conference**  
February 22-24, 2022  
[www.alaskamchconference.org](http://www.alaskamchconference.org)

**Alaska School Nurses Annual Conference**  
April 23-25, 2022  
[alaskasna.nursingnetwork.com](http://alaskasna.nursingnetwork.com)

**National Tribal Public Health Summit**  
May 10-12, 2022  
Anchorage  
[www.nihb.org](http://www.nihb.org)

**Pacific Northwest Sepsis Conference**  
June 6-7, 2022  
Seattle, WA  
[www.sepsisinseattle.com](http://www.sepsisinseattle.com)

**SAVE THE DATES!**  
2022 Trending Topics in Nursing Conference  
October 6-8, 2022  
[www.aanaconference.org](http://www.aanaconference.org)

**2022 AaNA General Assembly**  
October 8, 2022  
[www.aknurse.org](http://www.aknurse.org)

Want to list your event in The Alaska Nurse Calendar of Events and at [www.aknurse.org](http://www.aknurse.org)?  
Send information to [andrea@aknurse.org](mailto:andrea@aknurse.org)

Remember to visit [www.facebook.com/AlaskaNurses](https://www.facebook.com/AlaskaNurses) for current events and [www.aknurse.org/index.cfm/education](http://www.aknurse.org/index.cfm/education) for frequent updates and information on local nursing continuing education opportunities and conferences.





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