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The Official Publication of the Alaska Nurses Association  
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# AaNA

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Phone: 907.274.0827  
Email: andrea@aknurse.org


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PO Box 221344  
Anchorage, AK 99522  
Phone: 907.868.9050  
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# From our President




What a hot, hot, HOT June and July we have had! I can't remember another time that we have had so many days full of sun and heat; I can count on one hand the number of days that we have had a sunny Solstice. Everybody looks so healthy, too! We Alaskans all have been spending time under the midnight sun, which is great for our Vitamin D levels. However, be sure to wear sunscreen, including on cloudy days! You should cover even your unexposed skin and reapply every two hours in order to stay protected. Sun exposure has a cumulative effect and can lead to pre-cancerous and cancerous growths, including melanoma.

I planted my garden a little late this year (well, and last year too). Come to think of it, I plant late just about every year. But this year, it paid off. My broccoli isn't bolting; my lettuce isn't bolting; the squash is starting to bloom: and the peas are blooming too. Man, they are taking off! I almost can't keep up with the stringing and the watering. It is a never-ending chore. The tomatoes and cucumbers have been liking the hot greenhouse. I thought that with all this heat, they would have keeled over, but they're blooming and growing. Yay!

I'm quite concerned about our nation's current border crisis, particularly with practices concerning families at the borders. Numerous atrocities have come to light in recent reports about the horrific conditions present in migrant detention facilities. Families belong together, and children do not belong in cages. These inhumane practices are causing potentially long-term physical and mental health problems for children seeking asylum. We should be helping these kids, not scarring them for life. Write to your legislators encouraging them to end the separation of families at the border and stop the atrocities taking place at these detention camps.

I also want to recognize the activism that is happening right here in our home state. Over the past month, an unprecedented groundswell of Alaskans have called and written their legislators, rallied, and testified about our state budget. This level of civic engagement is fantastic! As Alaskans from all walks of life, we have come together to advocate for our state's future, to ensure that the most vulnerable among us are protected, and to safeguard the Alaskan spirit and our way of life.



**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.





## THE SUMMER I MET NOR

BY KATIE PHILLIPPS

I was a 20-year-old, a volunteer living in Athens, Greece the summer before entering nursing school. I had met Nor a week prior as I brought baked goods and tea to her squat, an abandoned building that 200 people called home. In Aleppo, Syria she had been a nurse for 5 years before needing to relocate her family after her home was destroyed. Having been in Athens for 2 months, she began to tell me about the disparities she was witnessing within her community and wanted to address them. She began inviting me to come with her to different camps of town to perform assessments, distribute donated supplies and meet patients where they were at.

So here I was, entering an underground basement of an abandoned building to be involved in one the most personal situations of a woman's life. This woman and her 3-year-old son, who was playing with trucks in the corner, had been separated from her husband when Greece's border was shut down. She welcomed me with hospitality. Nor guided me through the stages of labor, and I held this woman's leg through every push in over 100-degree heat. We had minimal supply for sanitation, no examination table, two blankets rolled up as pillows for the mother's comfort. Nor encouraged the mother through the pain with a comforting smile and calming presence throughout her labor. While I was able to catch the baby and give this beautiful healthy baby boy to his mother, I looked back at Nor and to find the essence of nursing through her smile.

I encountered the heart of nursing within Greece through Nor's hospitality and qualities I intend to carry with me throughout my nursing career. Hospitality requires hands and heads and hearts of one's willing to serve in the capacity they can. Nor used the knowledge and skills she learned back home to continue the heart of nursing care whenever needed. While we saw the barriers to care and some of complex issues related to refugee care, I was reminded that there will always be a way to serve the community you are involved with. As I begin my career, I will take with me the heart of teaching of my patients and future students as Nor did with me. I have seen the impact authentic compassionate care can give to a distressed client. I have seen the importance of culturally competent and sensitive care in working with Syrian refugees.

While I can confidently say I will never be a labor and delivery nurse after that four hours of an echoing basement and experiencing the copious amount of fluids lost, I will always remember the importance of using the knowledge and skills that nursing provide for the communities in which we have the opportunity to interact with.

*Katie Phillipps graduates from the University of Alaska Anchorage in August with her BSN. She hopes to continue combating health disparities by furthering patient education and advocacy while working with vulnerable populations in Anchorage as she begins her career.*

## SHOWING UP TO HELP THOSE IN ST. CROIX

BY BREANN HEBEL, RN, IBCLC

I started the week by boarding a plane to an island that I knew very little about. Two weeks earlier, I had responded to an email from our Montana Nurses Association's executive director asking for volunteers to travel to the U.S. Virgin Islands for nursing assistance.

The people of the U.S. Virgin Islands are Americans whose lives have been torn apart, and the hurricane recovery assistance has been slow — or nonexistent. I couldn't say no to this opportunity to offer any assistance needed. I responded to the email, and later that day I was signed up with AFT Nurses and Health Professionals for hurricane relief in St. Croix.

I would meet up with a group of nurses from around the country who were able to put their lives on hold for one week and assist our schoolchildren in the Virgin Islands. Our group was supported and organized by the AFT, which covered expenses, and Airlink, which provided our flights. The Renaissance St. Croix Carambola Beach Resort (which is closed to the public due to hurricane damage) was our home base for the week.

Before I left, I sent out six emails about my upcoming trip: to my children's first- and third-grade teachers, to Local 4 of the Montana Nurses Association in Bozeman, to my dentist at Four Corners Family Dentistry, to my eye doctor at Advanced Eyecare and to the Bozeman Health Pediatric Clinic. They all responded and donated supplies, including eye charts, eyeglasses, toothbrushes, toothpaste, floss, hand sanitizers, Band-Aids and ointment. The Local 4 in Bozeman donated \$200 for me to purchase supplies and equipment.

When we arrived in St. Croix, we learned that we would be completing vision and hearing screenings on school-age children across the island. These students hadn't been screened since the hurricanes seven months prior, due to lack of time and resources.

While the public schools are back in session, students and educators are facing



tough conditions at the school sites. We visited five sites, shared by 13 different schools, if you can imagine that. The first wave of schools use the facilities from 7:30 a.m. to 11:30 a.m., then the other schools move in from 12:30 p.m. to 4:30 p.m. The students, teachers, administrators, nurses and other school staff share the same spaces. And they are handling these circumstances with professionalism and understanding.

In five days, we assessed more than 2,500 K-12 children. Many of the students broke or lost their glasses during the hurricanes and have not been able to get them replaced, while others needed glasses for the first time. And we saw a couple of children with severe hearing loss. These were the children who needed us there at that moment. Our assessments will be passed on to the 13 different school nurses who will contact the parents of the children in need of vision or hearing correction.

Our five overflowing suitcases of supplies were divided up and given to the school nurses to distribute as needed. The children were very grateful and excited to have us there. They were happy to have our attention and share their stories. The school nurses were also grateful to have help with the screenings, so they could complete the necessary requirements for students with special needs. We even helped a high school student who needed a vision screening to be able to get his driver's license. Thank you to all who helped make this experience possible, and to those who were able to "show up" for our fellow Americans in need.

*BreAnn Hebel, RN, IBCLC, is a member of the Montana Nurses Association. She is now forever a fan of the Virgin Islanders. This story was originally published in AFT's Healthwire Voices in April 2018.*



# Am I Safe while on a Medical Mission Trip?

BY STACEY SEVER, BSN, RN, CCDS  
AANA HEALTH AND SAFETY CHAIR



Participating in a medical mission trip can be a very personal and professionally rewarding opportunity for nurses. Finding the right medical mission can be a daunting task for those who are embarking for the first time. Even more so if you do not happen to know of anyone who has engaged in a medical mission trip and are unsure of which company to join and what country to travel to. While the following is not meant to scare anyone, sadly, there are many examples of healthcare workers or hospitals being targeted in both political or religious conflicts and wars. Health workers have been kidnapped and/or killed by insurgents of various ideology (De Cauwer H, 2016). Not all trips are created equal, and being able to look for signs that you have chosen a good company, as well as being aware of the potential red flags that can indicate a poor choice. By knowing what to look for, you will be able to determine if a trip is potentially dangerous or not.

Here are some considerations to make when you are researching the right trip that will help you find one that will meet the personal and professional goals that you want to achieve and keep safe while doing so.

- **Choose an organization with experience.** A company with experience will have the knowledge and experience necessary to plan your trip with minimal problems. They monitor conditions on the ground and U.S. State Department travel advisories.

- **Choose an organization with strong leaders.** Good leadership is essential when working in foreign countries. The choice of clinic locations should have workers safety in mind. They should be cognizant of the cultural norms of the region in which you will be working. For example: Wear appropriate clothing for the country you are visiting.

- **Reach out directly to former participants.** Feedback from former participants in the mission trip can be some of the best information about an organization. Does the company provide safe drinking water, food and personal protective equipment? Do they have established procedural protocols for personnel safety?

- **Look for an organization that is prepared and organized.** An organized company should easily have access to individuals who can explain the timetables you can expect, documents you need to provide, as well as details about what sort of experience you will have. Inquire on how the company is able to provide for your health and safety while serving. What happens if you get sick while abroad?

- **Select an organization with a clear emergency plan.** Unfortunately, bad things do happen. When researching organizations, be sure to ask what their emergency management procedures are. If they are not clear on this, walk away and find a different group to join.

- **Ask about government and legal red tape.** Evidence of a good organization should include clear breakdowns of the documentation that you will need to provide including visas, evidence of all required vaccinations, and any other specific government documentation that may be needed to enter and work in a foreign country.

All missionaries should be attentive to how they may be viewed as Americans in foreign lands. For all of your noble intentions to help others, your American citizenship, in a rapidly evolving geopolitical environment, could bring unwanted attention from those who consider your country an oppressor or worse.

Medical mission trips can be the highlight of a healthcare professional's career. In order for it to be successful, you will need to take personal responsibility for your health and safety during the trip. Even the best medical mission organizations cannot absolutely guarantee your safety; however, they will have the knowledge, expertise and tools (such as PPE) to ensure that the trip is as safe as it possibly can be.

## REFERENCES

De Cauwer H, S. F. (2016). *Hospitals: Soft Target for Terrorism? Prehospital Disaster Med. How to pick safe mission trips.* (n.d.).

# WHEN A TRIP COMPLETELY CHANGES YOUR PERSPECTIVE ON LIFE



BY MISTY RICHARDS

Thankful. That is the best word to describe the way my time in Puerto Rico has impacted me. I am so thankful I answered when the call came for nurses to join the disaster relief effort. The timing couldn't have been more inopportune for me and my family. But, to be honest, I was at a point in my nursing life where I felt like I was not making a difference. That's a tough place to be as a nurse. I am beyond grateful that I took that leap of faith and answered the call to action, for it rekindled my passion for my profession and my belief in humanity.

From day one, our work was filled with purpose, and every day was something new.

In the beginning, our team would go to Costco and pick up supplies to distribute, using money that volunteers raised through from family and friends. The teams of nurses, doctors and others ventured out into remote areas. Often we would find that there was no running water, no electricity and no cell service. We

made connections to those in need by reaching out to community leaders and other advocates, more often than not, being the first help they had seen since the hurricane. We would set up clinics to teach residents about healthy hygiene and clean water, dispense supplies, and see patients who were homebound or otherwise had no access to medical care.

In nursing school, I learned that the basis for our profession is empathy. We share space with our patients and their families, listening to their stories, supporting in whatever way we can. In today's nursing, especially in hospitals, the basics are often lost. But here in Puerto Rico, sometimes the basics were all I had to offer. And, for me, it was good to get back to the basics.

Working as a critical care nurse can wear on you, on your spirit. But in Puerto Rico, I was surrounded by hope. The people I met were amazing. They invited us in, and, knowing they had nothing, they offered us

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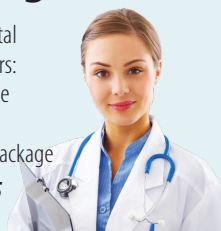
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everything. They were focused on taking care of their neighbors, so much so that we had to learn how to ask the right questions to get at any real issues people may have had. I could ask someone, "Have you eaten?" and they would say yes, but if you weren't specific, you would miss that they did eat yesterday, or even the day before, but not today because they didn't want to take food away from someone else.

I will never forget the woman who opened her kitchen to her neighbors because her stove was the only one working in her community. I would walk into homes with a missing roof or where people were sleeping on wet, moldy mattresses, and they would tell me to check on their neighbors who might be worse off. That is the true meaning of community.

I walk away from Puerto Rico with some life-changing revelations. My time here reminded me to be grateful — I have luxury problems (or some would say first-world problems). I was also reminded to be joyful, that life is a gift. And service is my payment for that continued gift.

It was sad but, at the same time, life-affirming because I strive to have enough faith to know I have enough. I provided a nursing ear to them and in return got a view into humanity that has restored me. I'm having faith, I'm laughing, and I feel like I've filled my cup, and I am thankful.

*Misty Richards is a critical care nurse and a member of the Oregon Federation of Nurses and Health Professionals. This story was originally published in AFT's Healthwire Voices in November 2017.*

# Meet the Board of Nursing:

## WENDY MONRAD, APRN, CRNA, MSN



## APRN REPRESENTATIVE TO THE ALASKA BOARD OF NURSING

Hello Alaska nurses! My name is Wendy Monrad. I am the newly appointed APRN representative to the Alaska Board of Nursing. I am excited to be serving our great state in this role and look forward to working with you all.

I am a Certified Registered Nurse Anesthetist (CRNA) currently employed at the Alaska Native Medical Center (ANMC) in Anchorage. I have been a CRNA for almost 20 years after graduating from the Graduate School of Nursing at the Uniformed Services University of the Health Sciences (USPHS) while serving in the United States Air Force. I have been a Registered Nurse (RN) for nearly 28 years after graduating from the University of Wyoming with my RN.

I arrived in Alaska on assignment with the USAF in 2002. I separated from the USAF in 2005 after nearly 14 years of service and began working at ANMC. In 2007, I went back on active duty with the United States Public Health Service (USPHS), continuing to work as a CRNA at ANMC. I will be retiring from active duty with the USPHS on September 1, 2019 after 25 years of government service. I plan to remain at ANMC as a direct hire in my current CRNA position.

In addition to my years of experience as a nurse and advanced practice nurse, I have developed leadership

skills and experience with policy through these government agencies and service to my professional organization at both the local (Alaska Association of Nurse Anesthetists – AKANA) and national level (American Association of Nurse Anesthetists – AANA). I have also functioned as a Co-Chief Nurse Anesthetist at ANMC for the past 9 years.

I have been quite interactive with the Board of Nursing over the last several years. I have presented projects from ANMC to the Board for training approval and annual review. I was also part of the APRN team responsible for drafting revised nursing regulations in the implementation of SB 53 legislation (APRN Consensus Model) which was signed into law in July 2017 with regulations finalized by the Board of Nursing in October 2018.

My husband, Greg Monrad, and I have three children (grown twin sons Jesse and Jade and our 12-year-old son Ben). My family and I enjoy fishing, boating and exploring Alaska. I love nursing and nurse anesthesia and am grateful, humbled and excited to be called to serve Alaska in this capacity. Please feel free to contact me if you have questions about my experience or my role on the Board of Nursing.



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## BRINGING MY MISSION HOME

BY LISA FRIESEN

What do you call a person who uses their vacation time to travel to a third world country, work 16 hours a day, sleep in less than ideal conditions, eat strange food, and likely have at least one day of “colonics”? An international volunteer nurse.

I was taught at a very young age the importance of helping others. As long as I can remember, our family always helped others in the neighborhood. My grandmother sewed blankets for poor families that were immigrating to Canada from Mexico, my mom sewed underwear for a very poor family in our community, and my dad spent every spare minute working with a large

group of adults with Down syndrome. Volunteerism was a way of life.

I started international volunteerism in 1999, when I had the opportunity to go to the Republic of Georgia to set up a PICU. Honestly, I didn’t even know where this place was, but I knew I was willing to go. I went with an organization out of California that was helping children born with Congenital Heart Defects. They were training local doctors and nurses to care for these children, surgically and medically. I was excited to go-teach the nurses everything I knew. Imagine my surprise when I spent the majority of that trip sitting on

a dirt floor, going through supplies that had been donated by hospitals in the USA. I don’t think I taught anyone anything, but I learned a lot! For example, I was speaking with a group of nurses about charting, and the importance of documentation. The response was, “We don’t have paper. How are we supposed to write things down?”

I did three more trips with this organization and sure enough, they had a beautiful little unit up and running, helping children every day, even when we were not there. The nurses were eager to learn to care for the children. Much of what I did was work side by side with the nurses being a role model of caring for sick children. I remember coming home, feeling guilty for all I had, and questioning why I had been placed here with so many resources? That day, I decided that I would share those resources with others who were not so lucky.

Since then, I have gone on at least 120 medical missions. Most have been with an organization that repairs children born with Cleft Lips and Cleft Palates. These missions are hard work and oh so rewarding! My role is as a Clinical Coordinator, which means that I supervise and organize all the nurses on the mission, triage the patients and make the OR schedule. I am on-call all nights for the duration of the mission. The mission generally has a team of about 50-60 international volunteers – nurses, plastic surgeons, anesthesiologists, speech pathologists, logistics personnel,

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a dentist, and a child life therapist. We generally have three to seven OR tables going at the same time. The most surgeries I have ever done on a mission is 150 in one week. The kids do very well, and most go home within 24 hours.

I have also volunteered as a transport nurse, transporting children that are born with Congenital Heart Disease from places like Mongolia, Bolivia, Uganda, and Honduras and taking them to hospitals in the USA, Canada and the Caribbean for repair. My last trip with this organization resulted in me falling in love with the child that I was transporting and adopting him.

Sampson, the boy I was asked to transport, was born with Neurofibromatosis. This resulted in him having large tumors growing on his face. An organization had raised money for him to have surgery done in Minnesota. I was to pick him up in Liberia, make sure he was healthy enough to travel, and come with him to Minnesota where he would be met by the host family he would stay with during his surgery and recovery. I fell in love with this young boy of 15, who had been abandoned by his mother and had lost his father 5 years before. He had no one except an older grandmother that he worked for. He could not read or write. What he had though was resilience and determination.

After lots of tears, and a fierce battle, nine months later Sampson's dream came true: he had a forever family. Sampson has been with us now for almost two years, and I have not done any more medical missions. I have brought my mission home.

I plan to do more medical missions once Sampson has graduated from high school. He had hardly gone to school because of the terrible bullying that went on. For now, I am content to complete this mission: helping a young man fulfill his dream of going to college.

If you have ever wondered if you could do a medical mission, here are a few questions to assess yourself:

1. How high maintenance am I? Will I survive if I can't have a cold diet coke every day?

2. Am I willing to give up the comforts of home to help someone who may never have a chance in life?

3. Do I want to be fulfilled as a nurse, helping someone without monetary gain?

4. Am I flexible? Do I work hard without complaining?

If you do a true evaluation of yourself and think "yes I could do this!", start your research! Once you do one, you will be hooked! Once you are on a mission and have been gone for a week, you will dream of your favorite food, your comfy bed, and the list goes on, but I assure you, as you are flying home, you will be planning your next medical mission.



# Alaska to Nicaragua



BY QUINN SHARKEY, MA, RN-BC, CCDS, CEM  
AT-LARGE DIRECTOR, AANA BOARD OF DIRECTORS

When I take a moment to reflect on my career so far, certain events and experiences immediately spring to mind. One of the experiences that stands out is the one medical mission I had the opportunity to participate in back in November 2007. I had the opportunity to volunteer with Operation Smile during the 25th Anniversary "World Journey of Smiles." I had met another OR nurse while traveling years before who was an accomplished volunteer with Operation Smile. I'm not sure how many medical missions she had been on (although certainly not more than Lisa Friesen!) but it was an astonishing number and she suggested I should go with her sometime. A few years later in 2007, she tracked me down and off to Nicaragua I went. Operation Smile was ambitiously running 40 simultaneous missions in 25 countries with a goal of treating an estimated 5,000 children living with facial deformities and I was able to be a part of it.

I remember how supportive all my peers were at the hospital when I announced I was headed down and I was surprised to learn how many of them had been on medical missions all over the world themselves. They

offered a wealth of advice from vaccinations to what to expect. One suggested that I take a bunch of "beanie boos" (small stuffed animals) to give to the kids. I went to the famous "White Elephant" in Sitka and cleaned them out in preparation.

It was a long journey, and I can remember that it was pretty hot in Nicaragua in November (kind of like Anchorage in June/July this year!) and the children's hospital did not have air conditioning. We had a tour of the facility and unpacked all the gear. Operation Smile arrives basically self-contained with all the baseline equipment, augmented by local resources as available. I immediately recognized the defibrillator in the PACU from the 1970s' television series Emergency!

Operation Smile is all business and 14-hour days are not uncommon. They have it down to a science and it is amazing how much you can accomplish when there is no charting and no EHR. For a group of people who had, for the most part, never met and are from hospitals all over North America, it was pretty amazing how everyone immediately worked as a team. Some great



# Are you on your mettle?

BY SHELLY BURDETTE-TAYLOR, PhD, MSN, RN-BC, CWCN, CFCN

Mettle is defined as the ability to meet a challenge or persevere under demanding circumstances. When one is on their mettle, they are in a position of being incited to do one's best. In reference to Florence Nightingale, to be at the top of their professional role as a nurse.

Florence Nightingale was born in 1820 into a rich, robust, royal Victorian family and expected to behave as a Victorian female. Now in 2019, we have Duchess Meghan who is expected to behave as a member of the royal family as the wife of Prince Harry. Duchess Meghan is the mother of baby boy Sussex the new Earl der Barton, seventh to the royal throne, and first American British Bi-Racial Royal (ABBR).

Florence was called to be a nurse at the age 16 years old, by God. Her first patients were pets in the community – she was called on to close the wounds and cuddle the furry friends of families. She was reprimanded by her parents for entering a home of a family servant to provide care for an elderly husband. It took her from age 16 to 36 to convince her family to allow her to go to nursing school with the Franciscan Order of Nuns in Kaiser Werth, in Dusseldorf, Germany. She was instructed not to speak, write or tell anybody about this venture.

Florence Nightingale advocated for the poor in London, women of ethnicity and different religious backgrounds as superintendent of the women's hospital, and wounded warriors of the Crimean War in Scutari. She addressed the entire country of India from her sick bed in London, by working with and for the British occupation in India. She developed and sent a 2,000-page step-by-step policy on how to improve the health of the people of India by improving public health, to include water, air and sanitation concerns.

We all must ask ourselves, what is your purpose, as a nurse, mother, writer or professor? Florence Nightingale felt strongly that her purpose was to Stop and care, have compassion, especially for those less privileged, and to go out of your comfort zone to help improve the environment. She convinced (persuaded), those that be to allow her to travel to Scutari, Turkey to take care of the British Soldiers. She interviewed hundreds of women who felt the need to go to war, and finally selected 37 of the best, with the right intentions (those NOT indulging in alcohol, drugs, or

promiscuity, the norm in 1800s), to travel 2,300 miles by boat, buggy and ferry to Turkey.

Florence used every influence, ability to persuade, her knowledge of mathematics, language, the arts and, of course, her status as a royal Victorian female to improve the British Army Medical System. She was on her mettle – to persevere under challenging circumstances to do one's best and do what is ethically, legally, morally and socially RIGHT.

Four years ago, I proposed a foot and wound care clinic for the homeless of Anchorage – now in its third year, it has been consistently well-received and is now funded. The project goal is to improve social justice, reduce foot issues – which can lead to cellulitis, infection, amputations, frostbite and death. The design of the project was to incorporate an interprofessional academic service learning opportunity so University of Alaska WWAMI medical students, School of Nursing (SON) nursing and nurse practitioner students, community partners and providers can work together as a team to provide care for a vulnerable population: the homeless. The project incorporates the opportunity for students and providers to complete criteria to become board certified in foot and wound care while providing unconditional, culturally sensitive, and nonjudgmental care. Touch, connection, aromatherapy and massage were some of the approaches offered for the “untouchable, unapproachable” members of the community.

The responses have been heart-wrenching and wonderful – the recipients of care express their appreciation by either falling asleep, laughing, crying or talking. They feel safe enough to sleep, to engage in conversation and share their stories. The students and providers have reflected on the experience as worthwhile in understanding the population and ability to serve them.

Social justice is everyone's responsibility – and this is one small way I can facilitate that. Nurses are the largest and most trusted group of healthcare providers. Nurses are brilliant by the sheer fact that, as healthcare providers, they are exposed to a magnificent amount of daily experiences, diseases, conditions and opportunities to make a difference in the lives of people.

Florence Nightingale lived until she was 90 years old, she died in August 10, 1910 – in 2020 she would have been 210 years old. Her PURPOSE was to take care – to improve public health, soldier health across borders, across stigmas, religions and socioeconomic status. She developed a 5,000-page step-by-step policy on how to improve hospital design and the military medical care after the Crimean War, a document that was required by the Secretary of War and Queen Victoria. She wrote Notes on Hospitals in 1860 in response to her findings, data, statistics, observations and innovative methods to solve problems.

Recently the USA Today featured an article written about the characters in the “Game of Thrones.” The title was “Arya shows 'GoT' mettle (and metal).” The article discussed how Arya heroically slayed the dragon to save the people of her land, in other words, she was on her mettle.

Florence was not in the “calling as a nurse” as a heroic initiative. In fact, the complete opposite was true. Her heroic measures were to build social justice, improve sanitation, assist populations of people and countries to health and wellness. She returned from Scutari quietly and weak, now we know with post-trauma stress and a pulmonary condition known as Crimean fever. She was not in this “calling” for fame, but she truly believed everyone everywhere deserves to heal and be well. She believed she needed to PROCEED until APPREHENDED.

So, my question to you my colleagues and comrades in nursing:

ARE YOU ON YOUR METTLE?

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nurses and extremely gifted surgeons had volunteered their time to go down, and the results were astonishing. There were some challenges, as we all had to basically share one interpreter, and my Spanish was, and remains, pretty ineffective. One really learns to think outside-the-box when it comes to non-verbal communication in a scenario like that. I can remember making the mistake of not wearing shoe covers once and being confronted by the DON. I didn't need an interpreter to figure out from that interaction that shoe covers were a must – a hard lesson learned.

They were long days, but there is something super rewarding helping people who, for the most part, pretty much had nothing. I can remember listening to a pediatrician have to explain to some devastated parents that their child wasn't going to have surgery this time because they had arrived with pneumonia which contraindicated the required anesthesia. I was told that they had traveled for 3 days for the surgery – heartbreaking. There was another who had to be turned away for the second or third time for similar issues. We sometimes get complacent and forget just how lucky we are here until you see something like that.

I still keep in touch and remain friends with folks I met on that mission so many years ago. I would recommend anyone who gets an opportunity to participate in one, go for it!





## Addressing an International Challenge: Fetal Alcohol Spectrum Disorders

BY MARILYN PIERCE-BULGER, MN, FNP-BC, CNM

Every year on September 9, we recognize International Fetal Alcohol Spectrum Disorders Awareness Day. As I consider Alaska's history of work in this field, we have made many efforts over the past 30-40 years but have much more to do to address the 'three legs' of the FASD stool: prevention, diagnosis, and services. Australian developmental pediatric colleagues believe that we must focus on all three areas simultaneously to provide effective interventions.

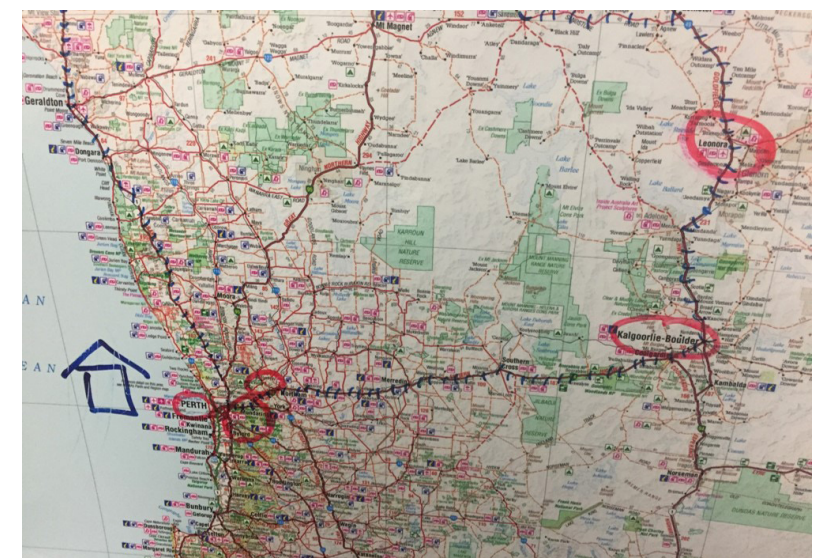
My April trip to Western Australia (WA) was at the invitation of Rotary International to participate in a Vocational Training Team (VTT) for a Global Grant collaboration between Rotary Clubs in Anchorage and Perth. (My Alaska VTT colleagues included Judge Mike Jeffery-Uqtiavik, Monica Charles-Bethel, Tami Eller-Anchorage, and Dr. Pam Hill- Palmer). Australia has drinking patterns similar to the U.S. and has healthcare

and other systems that are also trying to figure out how best to serve individuals impacted by FASD. Our mission was to bring new flexible funding from a Global Grant from The Rotary Foundation; attract more interest in and awareness about the hidden disability of FASD; conduct FASD trainings for teachers, clinicians, law enforcement officers, and juvenile justice staff; and promote Rotary fellowship with international partners. At their invitation, we traveled to three progressively smaller communities to do this work. At Perth, Kalgoorlie, and Leonora (the latter two being in the interior/gold mining/outback region) and made multiple presentations in each location.

The WA Rotary project is to aide in the replication of a previously successful effort conducted in a largely Aboriginal area north of Perth (Fitzroy Valley <https://www.marulustrategy.com.au/pages/the-fitzroy-valley>

includes Indigenous Hip Hop Project video worth watching). Marulu is a Bunuba word meaning precious. The Marulu Strategy is evolving over time, responding to changing needs, building new evidence, and creating exciting possibilities. The strength based approach in the Fitzroy Valleys' journey is designed to enable deep understandings, drawing on strong partnerships with leading experts to inform the comprehensive dynamic responses to the high levels of Fetal Alcohol Spectrum Disorders (FASD) and Early Life Trauma (ELT) in the region. A prevalence study (The Liliwan Collaboration) identified that in that region 1 in 5 children had FASD, 1 in 8 had FAS (the most severe condition on the spectrum), and 1 in 7 had neurodevelopmental disorders associated with prenatal alcohol exposure (PAE).

Long-term collaboration has been conducted between the community leadership, PATCHES Pediatrics traveling developmental clinic members, Western Australian and federal government partners, and varied research groups (i.e. Telethon Kids Institute in Perth and international entities including members of the University of Washington FASD diagnostic team to name two). The community readiness model that evolved has resulted in a significant reduction in drinking during pregnancy (55% to 15% at last evaluation), supportive resources for individuals with FASD are provided across agencies in the community (i.e. education, social services, health, justice) and many lessons have been learned about the path to wellness, as defined by these specific communities. Of



importance is the recognition that men are part of the solution. FASD prevention is not a 'pregnant woman problem.'

Leonora, the site of the replication effort, is a community of about 3,000 that is the intersection of three Aboriginal tribal groups' land, and it presents some different challenges than those seen in the Fitzroy Valley area. Tribal rivalry, challenging lines of communication, mistrust of government schools/service systems, and poverty/lack of job opportunities are not dissimilar from what we see here in Alaska.

Australia and Alaska have many challenges in common including healthcare providers who do not know about or understand FASD, community members who drink frequently and/or in high dose ranges and who think that there are 'safe times and safe doses' of alcohol during pregnancy, and service systems that still 'miss the boat' in terms of recognizing this disability so that individuals who have it can receive appropriate interventions. Our health, mental health, educational, social service and criminal justice systems are all feeling the impact of unrecognized and inappropriately treated FASD. Rotary International anticipates a return exchange in 2021 (i.e. the Australians will come to Alaska)

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On September 5 at the Anchorage Museum, the Alaska Center for FASD will be holding a screening of the film *Moment to Moment: Teens Growing Up with FASDs*. The Center plans to screen the film in various communities around the state over the next year to stimulate conversation around FASD. Visit [www.alaskacenterforfasd.org](http://www.alaskacenterforfasd.org) for details.





# ABOARD THE AFRICA MERCY

BY VINCE LANGMANN, RN



In the springs of 2014 and 2016, I had the opportunity to serve as a PACU nurse on the hospital ship, Africa Mercy, which is operated by Mercy Ships. Mercy Ships, a global charity, has operated a fleet of hospital ships in developing nations since 1978. Mercy Ships delivers free, world-class healthcare services to people of some of the poorest countries in the world. More than 1,500 crew members from around the globe serve annually. Each volunteers their services to help fulfill the mission of Mercy Ships.

The ship, Africa Mercy, is a 498' ship with 8 decks that was converted from a ferry to a hospital ship in 1999. It has 5 operating theatres, 75 inpatient hospital beds and 3 ICU beds. While onboard, the team performed approximately 8-15 surgeries per day, such as oral-maxilla procedures for cleft pallet repairs and complete huge tumor removals and facial repairs. Other cases included orthopedic repairs, optometry, and general surgery thymectomies, hernia repairs, etc. Another type of surgery is the VVF (vesicovaginal fistula repair). The VVF is a life-changing repair for women who have had childbearing complications after extended labor occurs where C-section is unavailable. Some other services provided include rehab (inpatient/outpatient), clubfoot treatment, palliative care, X-ray, CT, lab, transfusions, dental care. Trainings in PTSD

care, WHO surgical safety, crew members surgical skills, and a dental course were provided.

The ship has quarters for 450 crew and includes a school for children of long term crew members. Crew serve anywhere from 2 weeks for surgeons, anesthesiologists, and RNs in the OR and PACU to ward nurses, galley staff, engineers and many other support positions who serve for up to 2 years or more. All crews pay their own travel, vaccines, board and personal expenses. Many crew do fundraisers or are supported by their churches. During my time on board in April 2014 there were crew members from 32 nations. Most are Christian, but only a desire to serve is a requirement. "Mercy Ships mission follows the 2000-year-old model of Jesus, bringing hope



and healing to the world's forgotten poor." Volunteers from a variety of religious faiths have served.

Africa Mercy will perform free surgeries while docked in a major city for approximately 10 months each year, then travel to spend the remaining two months at another port for repairs, refitting and resupply. Countries it has served include many West African nations such as Benin, Ivory Coast, Guinea, Ghana, Congo, and this past year Madagascar. I have served two two-week stints in Congo (DRC) and Madagascar. I found Mercy Ships to be incredibly well organized, sending prearrival screening teams to the country, screening patients, finding translators and laying groundwork for the ship and crew's arrival.

*This article was previously published in our June/July 2017 issue.*



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and has a keen interest in helping us to make FASD history. As a worldwide organization that focuses on service and loves maternal child health projects, they have been key players in the effort to eradicate polio and are looking for new challenges. We want prevention, diagnosis and services for FASD to be their next 'big thing' via some well-strategized partnerships.

In summary, FASD is an international public health problem, as noted by my recent experience in Western Australia and we are all dealing with similar challenges related to prevention, diagnosis and services. Rotary International partners and nurses in Alaska can play a key role in moving the conversations forward toward better strategies that work for our varied communities and that can improve the lives of those we serve.

*Marilyn is a Family Nurse Practitioner and Certified Nurse Midwife who founded the Anchorage FASD Diagnostic team, is owner/medical manager of FASDx Services, LLC, is a consultant for CDC-related FASD prevention projects, and is Vice President of the Alaska Center for FASD non-profit.*



# Mission to Chicamán:

## NURSING IN THE GUATEMALAN HIGHLANDS



BY SARA HANNON, BSN, RN

In April 2015, I embarked on my first medical mission in Guatemala with Providence Health International and Faith in Practice. Opportunities like these are one of the many reasons why I became a nurse. I was thrilled to be part of a team that would set up clinics in El Soch and Belajú, in the remote highlands near Chicamán; a place where there is one doctor for every 10,000 people, and incomes average less than two dollars a day.

There, I met kind, hard-working people who are passionate about their communities. A farm worker named Pedro helped us in the lab to translate Spanish into three different Mayan languages. In the summers, he works on the Pacific Coast of Guatemala carrying one or two “Quintals,” or hundred-pound sacks of sugar cane on his back up mountainous terrain to the roads that connect the sugar fields to towns where the sugar cane is processed. He was one of my favorite translators because he not only spoke four languages fluently, but he also had a knack for explaining the lab tests that we needed administered. Additionally, people also seemed comfortable around him. Many people thought that peeing into a cup or having their fingers pricked for a blood sample was strange and invasive. There were many shy, modest people who had never been to a doctor’s office before and we provided them with one of their first medical experiences. Ladies would hold their scarves to their faces when asked for a

urine sample. Pedro would explain why we were doing the tests and the patients would visibly relax, allowing us to check their blood pressure and do a fingerstick H and H. People would dutifully return with their urine cups, sometimes still giggling. To one patient that was reluctant to bring us a urine sample, Pedro posed a question: “The body is like a car, what is the point of looking good on the outside if the engine doesn’t run?” She brought us back the cup, though still well hidden under one of her scarves.

One day, outside of our lab, I heard the impassioned voice of Ana Garcia, RN instructing a group of 20 women about sexual education, a much needed topic in a place where women are 10 times more likely to die from cervical cancer than in the United States and becoming a mother at the age of 14 is not uncommon. It was a hot, sunny day but everyone was paying attention. When I was given the task of doing hypertension and diabetes education on the second day of our clinic, I spoke with Ana about the best way to explain these complex chronic conditions to people living in this region. People who are likely to have only a few years of formal education under their belts and little familiarity with allopathic medicine. During this time, Ana chose to share some aspects about her history. She grew up in a family of 15 children, and her mother becoming widowed when Ana was very young. Her mother remarried and she fled this abusive step-father

at the age of 9 to work at the front desk of a hotel in Guatemala City where she was given the chance to attend school. When she was a teenager, Faith in Practice gave her a scholarship to attend nursing school, and she now works as a community health educator and does cervical cancer screening in clinics around the country. I was thrilled to meet a nursing colleague so far from home with such exemplary skills as a clinician and educator.

Women carried babies in shawls across their backs as did siblings with each other, mirroring their mothers, up dusty mountain trails, across corn and sugar fields and to our clinics. Children without shoes walked miles with their families. There was a woman named Maria who was carried to our clinic in a plastic chair by her brother and husband. She was one of our first patients and had bypassed the triage line to be placed squarely in front of myself and Clarissa, our team photojournalist and Spanish translator. She held a small square card in her hand and asked us for help. After she visited one of the family practice doctors, I found out she was only expected to live a few weeks and that she did not want one of the 10 wheelchairs that we could offer to those with impaired mobility. She gave me a hug before she was carried back to her thatched roof house in her plastic chair.

I am honored to have had the opportunity to care for and work with all of the people I had met during my time in Guatemala. Our team of 30 professionals, including doctors, nurses, dentists, nurse practitioners, physician assistants, translators and pharmacists, took care of 1,573 patients, pulled over 1,000 teeth, filled



around 4,000 prescriptions, and made several surgical referrals in just four days. With the help of Mayan language translators, I was able to educate six people about hypertension and diabetes. This number may not seem large, but I spent about 20 minutes with each person and taught them about their medications through an educational approach tailored to the needs of each individual. People were truly interested to learn about how their medications worked as well as how to check their blood glucose levels. They wanted to learn how to improve their diets despite healthy food being costly and money scarce. I hope to return and provide education about chronic conditions that are becoming more prevalent in the Guatemalan highlands.

*This article was previously published in our August/September 2015 issue.*

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Alaska Native People Shaping Health Care



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After you've read this issue of The Alaska Nurse, visit AaNA's online CE center ([alaskanurse.litmos.com/online-courses](http://alaskanurse.litmos.com/online-courses)) and find the CE offering for this issue (August / September 2019) - The Alaska Nurse. Add the course to your cart and sign-in or register for a new account. Follow the course instructions to complete the post-test and evaluation. Your CE certificate will be awarded upon successful completion of the course!

The Alaska Nurses Association is an approved provider of continuing nursing education by the Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

## Calendar of Events

AaNA		
UPCOMING MEETINGS		
<b>AaNA Board of Directors Meeting</b>		
4th Wednesday each month		4:30-6pm
<b>AaNA Labor Council Meeting</b>		
4th Wednesday each month		6-7pm
<b>Providence Registered Nurses</b>		
3rd Thursday each month		4-6pm
<b>RNs United of Central Peninsula Hospital</b>		
Contact for times: 907-252-5276		
<b>KTN – Ketchikan Registered Nurses (PHKMC)</b>		
Contact for times: 907-247-3828		

Alaska State Board of Nursing	
<b>Anchorage</b>	<b>August 7-9, 2019</b>
Anchorage Atwood Bldg, Room 1270	
Agenda deadline: July 14, 2019	
<b>Anchorage</b>	<b>November 13-15, 2019</b>
Anchorage Atwood Bldg, Room 1270	
Agenda deadline: October 14, 2019	
The Alaska Board of Nursing has a listserv that is used to send out the latest information about upcoming meetings, agenda items, regulations being considered and other topics of interest to nurses, employers and the public. To sign up for this free service, visit <a href="http://www.nursing.alaska.gov">www.nursing.alaska.gov</a> .	

## Education and Events

### TUESDAY TALKS

(FREE Event)  
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Post-Traumatic Stress Disorder  
Tuesday, August 20th @ 6 PM  
AaNA Office – Anchorage  
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### Alaska Comprehensive Forensic Training Academy

(FREE Event)  
In-person training session  
August 20-22, 2019  
Anchorage, AK  
[alaskanurse.litmos.com/online-courses](http://alaskanurse.litmos.com/online-courses)

### 14th Annual Asthma and Allergy Conference

September 6-7, 2019  
Alyeska Resort – Girdwood  
[www.aafaalaska.com](http://www.aafaalaska.com)

### TUESDAY TALKS

Now in-person AND online!  
New Information about an Old Teratogen:  
Effects of Prenatal Alcohol Exposure  
Presented by Marilyn Pierce-Bulger, MN, FNP-BC, CNM  
Tuesday, September 17th @ 6 PM  
AaNA Office – Anchorage  
FREE CE: Earn 1.25 contact hours  
RSVP to [chanti@aknurse.org](mailto:chanti@aknurse.org)  
[www.facebook.com/AlaskaNurses](http://www.facebook.com/AlaskaNurses)

### 35th Annual Alaska Native Diabetes Conference

October 8-10, 2019  
Sheraton Anchorage Hotel  
[www.cvent.com/d/cbqg6f](http://www.cvent.com/d/cbqg6f)

### 7th Annual Trending Topics in Nursing Conference

October 10-12, 2019  
BP Energy Center – Anchorage  
[www.aanaconference.org](http://www.aanaconference.org)

### All Alaska Pediatric Symposium

October 11-12, 2019  
Hotel Captain Cook – Anchorage  
[www.a2p2.org/pediatric-symposium](http://www.a2p2.org/pediatric-symposium)

### Alaska Comprehensive Forensic Training Academy

In-person training session  
December 10-12, 2019  
Anchorage, AK  
[alaskanurse.litmos.com/online-courses](http://alaskanurse.litmos.com/online-courses)

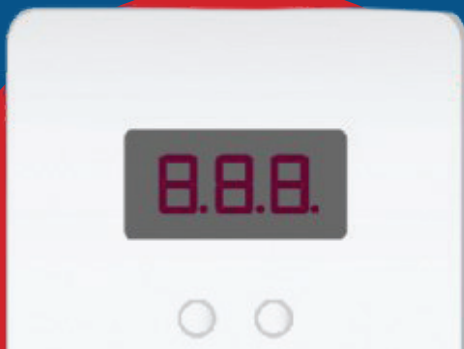
### Moment to Moment: Teens Growing Up with FASDs

Film Screening at the Anchorage Museum  
September 5, 2019  
[www.alaskacenterforfasd.org](http://www.alaskacenterforfasd.org)

Remember to visit [www.facebook.com/AlaskaNurses](http://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

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)





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