The Alaska Nurse
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Free Sticker Inside

Veterans Health

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We're pleased to announce that each issue of The Alaska Nurse will now include a free CE offering!

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LEARN – Discover new information and gain knowledge

EARN – Earn free contact hours when you pass the online post-test

How to Earn Contact Hours:

After you've read this issue of The Alaska Nurse, visit AaNA's online CE center (alaskanurse.litmos.com/online-courses) and find the CE offering for this issue (Fall 2020 - 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!

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From our President

We are now more than half a year into the pandemic. By now, we are all used to wearing masks in public places, not hugging friends, keeping 6 feet from people in grocery stores, in hallways, and generally everywhere, and using hand sanitizer ALL the time. We've also doubled-down on hand hygiene, one of the easiest ways to stop the spread of germs. Make sure also, when combat fishing, that you wear a mask, because I know that nobody is social distancing when the fish are biting! Just saying.

Our summer has been a mix of rain, clouds, and warm sunshine. My garden is exploding with peas, green beans, lettuce, and eight-ball zucchinis (super sweet and fun to grow!). My greenhouse is producing cucumbers and I think the tomatoes will be a bumper crop. I'm going to try my hand at making marinara sauce. I'll let you know in the winter issue how that all went. Right now, my step daughter Becky and grandson Mikey are here from North Carolina, and Becky made an amazing cucumber salad with the early cukes. I'm growing melons and hot peppers for the first time also in the greenhouse. Every morning Mikey and I go out to the greenhouse to watch them grow. He helped me water, pull weeds, and hand pollinate the flowers. Had loads of fun digging in the dirt and playing with the hose; he got grandma good a couple of times.

The outdoors has just been amazing this year! I was very fortunate to have been able to rent state cabins in the Talkeetna and Chugach Mountain areas. Backpacked into a couple with the girlfriends and drove to a couple with the sister. Hatcher Pass, which is in my backyard, has been easy to access to get out and do day hikes. It's on the bucket list to do an overnighter, hopefully Reed Lakes or the Bomber Hut. This is definitely the summer to do just that. So be sure to get out and hike, explore, and pick berries! Water and weed that garden and pick your bounty! Be sure to email me how you all did and what you grew!

Be safe out there. Wear your masks, wash your hands, stay apart while staying together, and most of all be kind to one another during these trying times. I know by now that it's a cliché but I want all of you to know that we are in this together, and we will all get through this together!

Jane Erickson

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

In This Issue

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.

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.

Oregon Nurses Call on Hospital to Invest in Essential Caregivers

Frontline nurses and healthcare workers, who are members of the Oregon Nurses Association and Service Employees International Union 49, rallied outside Columbia Memorial Hospital in Astoria, Ore., on June 24 to demand hospital administrators invest the federal coronavirus relief funds they received in essential healthcare workers and community health and safety.

"Nurses, healthcare workers and support staff are doing the best we can, but we can't keep adding patients without bringing back our co-workers to help care for them. Our patients and staff deserve a hospital that invests in its community and chooses people and safety over profits," says Angie Tucker, a nurse at the hospital and an ONA member.

See what nurses are fighting for: www.aft.org/news/oregon-nurses-call-their-hospital-invest-bailout-funds-essential-caregivers

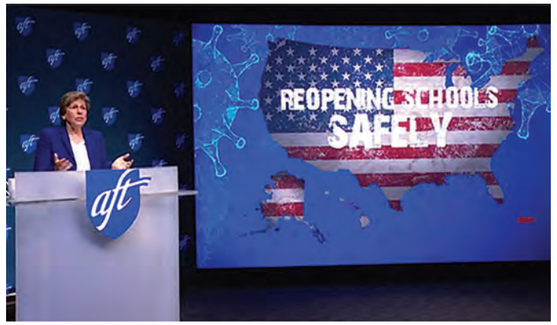
AFT Members Honored for Stepping Up and Speaking Out

During the coronavirus pandemic, AFT members are stepping up to meet the needs of the people they serve. The AFT honored two members who earned the national spotlight with their efforts: Yolanda Fisher, a food service manager, who prepared and packaged meals for Dallas students and their families while schools were closed because of the pandemic, and Trung Le, a registered nurse, who spoke up about the need for personal protective equipment in hospitals.

Hear their stories: www.aft.org/news/aft-members-honored-stepping-and-speaking-out

New Jersey Healthcare Workers Report Shows They are "Exposed & At Risk"

A new HPAE survey details systemic failures in New Jersey public health infrastructure and recommendations on preparedness plans and urgent measures to mitigate surges in COVID-19 and future outbreaks. It shows us what nurses and healthcare workers learned: they were largely alone, with little consistent guidance from state or federal agencies; policies in their healthcare institutions were based more on economics than public safety; and there was even less enforcement of existing laws to protect them as they went through their day. Seeking to protect patients, they were left unprotected.



View the report here: www.hpae.org/campaigns/exposure-report/

Safety, Not Recklessness, Must Drive School Reopening

We know that children connect and thrive best in person—not through remote learning—and so 76 percent of AFT members polled are ready to return to school. But only if public health measures are in place to keep them safe from the coronavirus. Unfortunately, these measures are not in place. In her most recent column, AFT President Randi Weingarten insists that appropriate protections be adopted before schools open, and presses for the congressional funding we'll need to do this.

Read Randi's column: www.aft.org/column/safety-not-recklessness-must-drive-school-reopening

Brown University Grad Workers Win Groundbreaking First Union Contract

Graduate workers at Brown University in Providence, R.I., have signed a groundbreaking labor contract, winning job security, hundreds of dollars in COVID-19-related healthcare relief and a stipend increase, in the middle of an unprecedented national crisis. The contract marks the first time an Ivy League school has agreed to a labor contract with graduate workers. The tentative three-year agreement, covering more than 1,200 workers, will provide graduate employees with peace of mind and financial relief to chart a path through the coronavirus and economic turmoil upending U.S. higher education. It comes after five years of organizing and 13 months of bargaining by their union, Stand Up for Graduate Student Employees, which is affiliated nationally with the AFT.

Check out their union win: www.aft.org/news/ivy-league-grad-workers-win-historic-first-union-contract

AFT Expands Anti-Racism Efforts

The AFT executive council has passed a groundbreaking resolution, "Confronting Racism and in Support of Black Lives," that lays out 19 commitments to combat systematic racism and violence against Black people, including the separation of school safety from policing and police forces. "There is a serious crisis in our society," says AFT Secretary-Treasurer Lorretta Johnson. "Violence against Black people cannot be normalized. People of color in America are exhausted, and we're terrified, and we have every right to be. As civil rights activist Angela Davis said, 'I am no longer accepting the things I cannot change. I am changing the things I cannot accept.'"

Learn about the commitments: www.aft.org/news/aft-expands-anti-racism-efforts-calls-separating-police-and-schools

CARING FOR VETERANS:

CULTURAL COMPETENCY

By Stacey Sever, BSN, RN, CCDS
Staff Nurse Director,
AaNA Board of Directors

When I was much younger and learning about WWI, my paternal grandfather shared with me the actual reason why the war had come to an end. It was a reason that I was not going to find in the history books. He pulled out a small wooden box to show me the contents inside. The items were his induction and discharge papers, a WWI Victory medal, and an unused bullet. He explained to me that he was inducted into the Army in August of 1918 and was given that bullet with strict orders to "go kill the Kaiser." He further explained that once the Kaiser had found out that my grandfather was coming to kill him, he immediately surrendered, and the bullet that he showed me was the bullet that ended WWI.

My maternal grandfather was killed in action while serving in France during WWII. My uncle fought in Vietnam and told me how he would have to brush Agent Orange off of his food before he ate it. He also told me stories of death and destruction that he probably should not have shared with a preteen girl. My father was also in the Army, but it was during the time between the Korean Conflict and Vietnam. He was shipped out to Germany a week after Elvis Presley had left and he stated that it was nothing but "Elvis this and Elvis that." It was also in the Army that he learned to put hot sauce on all of his food to make it taste better.

While some of the stories that have been shared with me are humorous, many stories were not. My uncle suffered many long-term effects from serving in Vietnam, including strained interpersonal relationships, drug use, and health issues that eventually shortened his life. People who have been in the military and who have served in physically and psychologically demanding situations and/or combat zones can have health problems that are different from those of most civilian patients. A common consensus with veterans is that nonmilitary providers, nurses, and other healthcare workers do not understand them and their unique healthcare needs. For some veterans, it is enough reason for them not to seek the care or treatment that they need.

Some of the health problems experienced by veterans include but are not limited to:

• **Musculoskeletal injuries and pain:** Because of the strenuous daily existence most servicemembers experienced, lingering back, leg, knee, and shoulder problems are common.

• **Chemical exposure:** Veterans who served in combat zones or countries with looser regulatory restrictions on the environment are sometimes exposed to chemical agents that can have a lasting negative effect. Gulf War nerve agent sarin or sarin gas and Agent Orange from the Vietnam era are well-known examples of chemical exposures that have affected veterans.

• **Infectious diseases:** Despite the fact that servicemembers receive inoculations before serving overseas, some vets suffer from infectious diseases contracted in foreign countries. Leishmaniasis, for example, is typically caused by a small sand fly found in the Middle East. This potentially life-threatening disease can cause weight loss, fevers, weakness, anemia, and dangerous enlargement of the spleen and liver.

• **Noise and vibration exposure:** The decibel level of gunfire, artillery fire, and aircraft can cause a range of health problems, including deafness, hearing loss, and tinnitus. Pain and numbness can also occur after long exposure to heavy vibrations.

• **Traumatic brain injury (TBI):** A blow to the head during training exercises or in combat can cause irreparable damage. Veterans who have suffered such injuries have experienced physical symptoms including headaches, balance disorders, and seizure disorders, along with cognitive impairment and behavioral or emotional changes such as memory loss, difficulties with concentration and executive functioning, depression, and anxiety.

• **Mental health issues:** The trauma of serving in a combat zone often causes psychological damage. Veterans suffering from depression or PTSD can also suffer from problems related to their primary issues, such as alcoholism, drug addiction, paranoia and violent behavior. Veterans also are at much higher risk than the general population for suicide, being twice as likely to die by suicide as civilians. And while veterans account for 14% of all suicides, they make up only 8% of the US population.

It is crucial for non-military nurses to become familiar with common terms and lingo of the military to provide better care to veterans and reduce cultural barriers. One of the first things nurses can do is start by learning the basics about the different military branches as each has their own mission and core values.

As the oldest and largest military branch, the Army's mission is to engage and destroy enemy land forces. The mission is always first, and they never accept defeat, quit, or leave a fallen

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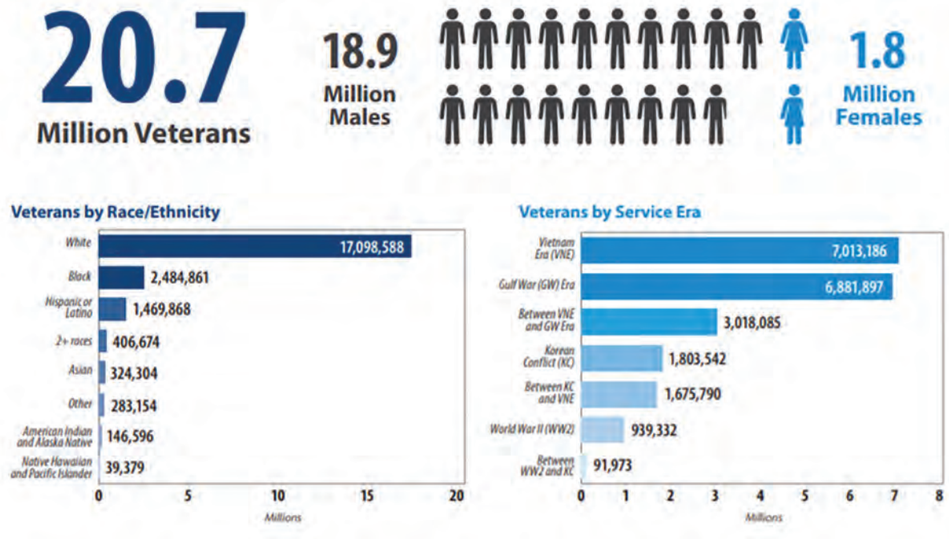
Figure 1: *The U.S. Veteran Population*



Of the approximately 20 million Veterans in the U.S. — who include almost 2 million women — less than 10 million[3] receive one or more benefits or services from VA. Of these, approximately 6 million receive VA health care, as depicted in Figure 2.[4]

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comrade (Cavidad, 2017). The Army's core values are loyalty, duty, respect, selflessness, honor, integrity, and personal courage.

The second largest branch of the military is the Navy. Their mission is to maintain, train, and be equipped for combat, thus maintaining freedom of the seas. The Navy's core values are honor, courage, and commitment.

The smallest branch is the Marine Corps and they protect naval shore facilities and government properties, such as the American Embassy. Their mission is to conduct amphibious operations and develop amphibious doctrine. The Marine Corps' core values are honor, courage, and commitment.

The Air Force is the youngest branch and are involved in aerial warfare. The Air Force's mission is to defend the country from air, space, and cyber space threats and their core values are integrity first, service before self, and excellence in all we do.

The Coast Guard's mission is to protect the public, the environment, and the United States economic and security interests in any maritime region in which those interests may be at risk, including international waters and America's coasts, ports, and inland waterways. The Coast Guard core values are honor, respect, and devotion to duty (Cavidad, 2017).

The military experience in a nutshell: It starts with exposure to military culture such as language and military codes. Upon the completion of boot camp, recruits will have developed a new identity and commitment to the military. It is after boot camp when an assignment is given which can include their tour of duty or deployment. A tour of duty is a period of time usually spent in combat or operational duties specific for the service branch. The tour can range from six months to four years. Once the tour is complete, the service member then decides whether they will continue military service or separate from military service. After the military service, the individual who has served in any military service branch for any length of time is considered a veteran (Cavidad, 2017).

In addition to understanding the military lingo used by service members, a nurse or other healthcare worker in the civilian world needs to assess the depth of which that military culture has on an individual's behavior and their engagement in their own healthcare. The military ethos, or Warrior Ethos, is core to military culture that can be challenging in understanding the veterans' response.

The Warrior Ethos is summed up in the four lines of the soldiers' creed: "I will always place the mission first. I will never accept defeat. I will never quit. I will never leave a fallen comrade." Whether in the front line or in peacekeeping, it is this statement that emphasizes teamwork, moral focus, and a deep and enduring sense of loyalty and commitment to fellow service members. This heroic ethos may delay veterans from seeking care or treatment as it may be perceived as accepting defeat by having to ask for help.

Culturally competent care will lead experienced nurses to ask the right questions. This relationship starts first by asking the veteran for permission to ask questions about their service. Those questions could look like: "Would it be OK if I talked with you about your military experience?" or "May I ask about some things you may have been exposed to during your service?" or "Would it be okay to talk about stress?" This approach not only allows the veteran to feel in control, but it helps establish rapport and trust in the nurse/veteran relationship. Consequently it allows for veterans to discuss issues later if the experience may be too difficult to discuss at the moment. Due to the broad range of patients' reactions related to military training, nurses must ask about a patient's key functions and roles in military organizations, tour of duty or deployment, and/or military career continuation decisions. Understanding the veteran's background can eliminate biases about those experiences, values, or goals that could factor into the patient's self-identification.

Nurses also need to be cognizant that military training encourages service members to be proud of their ability to overcome any challenge. Veteran-centric nursing emphasizes understanding a veteran's interpretation of recovery and resilience, especially when it comes to mental health, as these might interfere with help-seeking and treatment success (Cavidad, 2017). An example would be regarding how a veteran may have interpreted the term "resilient" while serving. For them, it may mean that no matter what, being a "good soldier" means overcoming your problems on your own and returning to duty. Although resilience allows some veterans to persevere despite physical and/or mental handicaps, it can hinder other veterans' transition to civilian healthcare as it tends to focus on the patient's

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ALASKA BOARD of NURSING REPORT

By Marianne Murray DNP, MSN, RN, CHSE
Executive Administrator, Alaska Board of Nursing

About the Alaska Board of Nursing

The Board of Nursing is made up of seven members. The Board's current members are RN Member and Chair Danette Schloeder, APRN member Wendy Monrad, Education member Cathy Hample, RN member Lena Lafferty, LPN member and Secretary Emily Shubert, Public member Shannon Connelly, and Public member Julie Tisdale. The BON has oversight of 17,600 total active licensees in six distinct categories: Advanced Practice Registered Nurses, Registered Nurses, Licensed Practical Nurses, Certified Nurse Aides, Retired Registered Nurses, and Preceptorship Approvals for Advanced Practice Nursing students. The Board also grants various types of annual approvals to schools of nursing in Alaska and ensures that nursing education standards and certified nursing aide education standards are maintained to ensure safe healthcare for the citizens of Alaska. The Board has received approximately 350 various applications a month in 2019-2020.

The Board of Nursing's notable accomplishments during FY 2019-2020

The Alaska Board of Nursing supports acceptable standards in nursing practice and nursing education in Alaska. The members of the Board take their responsibility to protect the public very seriously. This year especially, the Board's actions reflect its commitment to ensuring Alaskans have access to healthcare in the face of a global health pandemic.

In 2019 the Board began proactive legislation to ensure "right touch regulation" by evaluating nurse interest in supporting the national Nurse Licensure Compact (NLC). In partnership with the National Council of State Boards of Nursing, the Alaska Board of Nursing surveyed the 15,000 active LPN and RN nursing licensees. Results from respondents unveiled the NLC had 92 percent approval from licensed nurses in Alaska. HSB 238 and SB 170 concerning the Nursing Multistate Compact Licensure were introduced to the Legislature as Governor's bills. Unfortunately, because of the COVID-19 pandemic both bills did not move from committee.

The Board responded quickly to the COVID-19 pandemic and emergency declaration called by Governor Dunleavy. The Board jumped into action in March 2020 and scheduled weekly meetings to create regulations which would allow Alaska to have access to additional frontline healthcare workers if needed. The Board also considered the needs of the nurses here in Alaska and created other regulations to lengthen renewal dates, eliminate fee increases, and increase telehealth capabilities. The Board coordinated efforts with the local nursing schools to help senior nursing students graduate and receive temporary permits to work as nurses. Correspondingly, the Board Chair also contributed with other health occupation board chairs and met weekly to share best practices and contemplate interprofessional assistance during COVID-19. Chair Schloeder was also instrumental in rewriting health mandates to

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ensure safety of the citizens of Alaska.

The Board of Nursing's notable accomplishments during the declaration of the public health disaster emergency FY 2020 include:

• The Board created the Emergency Courtesy License (ECL) during the beginning stages of the pandemic (REG 12 AAC 44.318). This ECL has been instrumental in ensuring that the citizens of Alaska have healthcare. One of the requirements of the ECL is that the applicant must have a position as a nurse in Alaska to apply. To date over 150 employed ECL licensees have come to Alaska since April. The licensees have been employed all over the state but especially in small villages and areas with fisheries and canning facilities. The availability of the ECL is set to expire August 7th, 2020.

• The Board extended the nurse aide certification date from March 3, 2020 to a date set by the department (REG 12 AAC 44.815). When Governor Dunleavy declared a disaster, the Board was in the middle of the Certified Nurse Aide renewal. The Board recognized the great need to extend the renewal date so that CNAs would not be severely worried about this during the beginning of the COVID-19 response.

• The Board repealed Temporary Permit Fee and Courtesy License Fee (12 AAC 02.280). The Board followed the national trends related to the lack of nurse staffing and were moved to help new nursing graduates start practicing as quickly as possible to support the staffing that might be necessary.

• The Board created new regulations for APRNs practicing telehealth (12 AAC 44.295). The Board worked tirelessly to create telehealth regulations for nurses that would both represent best practice and follow previous legislation such as SB 74 that was passed in 2016. Recently, Senate Bill 241, that was passed April 9, 2020, allows for telehealth across state lines without licensure while the public health disaster emergency remains or until November 15, 2020.

• The Board created orders to decrease continuing education (CE) requirements under SB 241. The Board was involved with the National Council of State Boards of Nursing (NCSBN) and was watching other national boards' responses to the pandemic to evaluate CE requirements during the 2020 renewal period. The Board heard that many nurses were not able to attend conferences that were cancelled, and many Alaskan families have been hit hard financially by COVID-19. For these reasons the Board created orders to decrease the amount of CE's required for the 2020 renewal by 50 percent, from 30 CEs to 15. The Board also heard from licensees that they were unable to complete their volunteer hours with the state shutdown to flatten the curve. Subsequently, the Board waived the volunteer hour requirement for the 2020 renewal.

• The Board created orders to accept simulation as an alternative to hands on clinical hours for nurses who were enrolled in the nurse refresher course so that they could be successful when the hospitals and clinics were shutdown to non-essential staff and visitors.

• The Board recently approved virtual visits of CNA programs and has allowed CNA programs to collaborate regarding clinical and didactic training to ensure student success and meet workforce demands.

The COVID-19 pandemic has created an unfamiliar rapidly-shifting situation for everyone. Board of Nursing members are collaborating with stakeholders across Alaska to develop solutions through legislation, regulation, or board orders. The BON remains dedicated to meeting the immediate needs of the citizens of Alaska while ensuring public safety.

On a Personal Note

It is with mixed sentiment that I advise you all of my resignation from the Alaska BON effective August 24, 2020. I have accepted a Professor appoint and will be heading to Alaska Pacific University to lead and teach the nursing program this fall.

I love to teach anyone interested, about all things nursing! I jest that I "speak nursing" in my attempt to educate the general public about the importance of our profession, especially now with the COVID-19 pandemic.

I wanted to personally thank the board members for working with me over the last year. They have shown up at numerous emergency meetings to create methods to ensure Alaskans had access to nursing care and nurses were not stressed by regulatory burdens. The BON members have gone above and beyond, so if you see one of the members be sure to thank them! I have also truly loved the opportunity to work with the National Council of State Boards of Nursing. I encourage all nurses to visit the NCSBN website to understand the inner workings of nursing policy and regulation at the state and national level.

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problems, rather than their strengths. Hence, nurses that take care of veterans need to help their patients create an adaptive definition of resilience, such as redefining resilience as the ability to identify when something is wrong and actively addressing it by seeking support or healthcare.

The military culture can be difficult to understand for those that have not been exposed to it either by serving in one of the branches or being directly connected to it through family or friends. As more and more veterans are turning to the civilian healthcare system for care and treatment, it is important for civilian nurses to gain knowledge about the military culture in order to be an effective member of the veteran's healthcare team and ensure that interventions and treatments are successful in maintaining the health and wellbeing of those that have served our nation.

References

Affairs, U. D. (2019). National Strategy for Preventing Veteran Suicide. Washington DC: Office of Mental Health and Suicide Prevention.

Branch, A. F. (2019, April 1). Health.mil. Retrieved from Update: Exertional Rhabdomyolysis, Active Component, U.S. Armed Forces, 2014–2018: https://health.mil/News/Articles/2019/04/01/Update-Exertional-Rhabdomyolysis

Cavidad, M. F.-C. (2017). Impact of Veteran-Centric Prepared Nurses on Veteran Outcomes . International Journal of Nursing , 13-18.

HELP and TREATMENT FOR VETERANS SUFFERING FROM PTSD

By Karlene Dettwiller, BSN, RN
Rural Director, AaNA Board of Directors

Veterans honorably serve our country, risk their lives, get injured, and some die serving the country that they protect. Their injuries can be physical or psychological, and they can have long-lasting impacts on their lives and wellbeing. The physical and psychological injuries impact veterans' many aspects of life when they return from duty. Often veterans have a hard time adjusting back into society, finding work, interacting with people, and suffer from physical and mental conditions.

Veterans' struggles don't just impact themselves, but also impact those around them to include family, friends, coworkers, and the general public. Veterans may struggle in their daily relationships, which can put pressure on their friends and families. Out of the service members returning home from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND), on average, 23 percent of them face posttraumatic stress disorder (PTSD) (Ellison et al., 2018).

PTSD is important to the field of nursing, as many of us will work with veterans; some we will not know are veterans. PTSD is a co-morbid condition that directly impacts the quality of life of these individuals and their interactions with others (Raab et al., 2015). Veterans with PTSD show signs of depression, avoidance, numbness, hyperarousal, lack of expressions, relationship struggles, anxiety, fear, and lack of satisfaction. Knowing how to work with these individuals, and what help and treatment options are available is key to assisting veterans and their quality of life.

PTSD is important to study because of the significant impact it has on veterans' physical and mental health. PTSD affects our nation as well as other nations. Veterans are not the only ones to suffer from PTSD, but they are our target population of interest. Many veterans will not seek formal help for their mental health issues upon returning from military service due to stigma, their beliefs, attitudes, environment, and societal factors (Nolan, Lindeman, & Varghese, 2019). As nurses, we must engage in conversations with our veterans about various factors that influence their lives so we can ensure they are receiving proper care wherever they are seen.

The Veterans Health Administration (VHA) is the most extensive integrated healthcare system in the United States (U.S. Department of Veterans Affairs, 2019). The VHA is comprised of 144 medical centers and 1,232 outpatient sites. These medical centers and outpatient sites range in complexities across our nation. The U.S. Department of Veterans Affairs (VA) serves over 9 million veterans out of the 22 million veterans across the country. Some veterans do not know about the services the VA provides, so resources must be shared with them.

In Alaska, there are approximately 68,145 veterans; the majority of them are not enrolled in the Alaska VA Healthcare System. The Alaska VA has clinics available in Anchorage, Fairbanks, Mat-Su, Kenai, and Juneau (U.S. Department of Veterans Affairs, 2019). Veterans are encouraged to use the services that are available to them through the VA.

Veterans Affairs is a leader in the utilization of measurement-based care for mental health to include PTSD. The VA follows guidelines and monitors veterans' access to care. Unfortunately, due to demand, some veterans are seen in the community. The VA monitors the veterans' access to care and to resources it provides to service members. One resource the VA provides is the Veterans Crisis Line. The crisis line is a free and confidential support network that veterans and their families can use. Veterans can call 1-800-273-8255 or text 838255 to talk to someone.

Veterans are 15 times more at risk of developing PTSD compared to the general public. Twenty one veterans commit suicide per day, with the majority of them not being enrolled in the VA (Hester, 2017). The VA offers same day access services for those in crisis, apps for phones, and outreach programs to assist in providing care.

Getting help and treatment for PTSD can be difficult in Alaska due to limited resources. The VA offers mental health help in various ways: individual psychiatry and psychology appointments, primary care mental health integration appointments, and more. To learn more about PTSD in veterans and what the VA offers, go to www.ptsd.va.gov.

References

Affairs, U. D. (2019). National Strategy for Preventing Veteran Suicide. Washington DC: Office of Mental Health and Suicide Prevention.

Branch, A. F. (2019, April 1). Health.mil. Retrieved from Update: Exertional Rhabdomyolysis, Active Component, U.S. Armed Forces, 2014–2018: https://health.mil/News/Articles/2019/04/01/Update-Exertional-Rhabdomyolysis

Cavidad, M. F.-C. (2017). Impact of Veteran-Centric Prepared Nurses on Veteran Outcomes. International Journal of Nursing, 13-18.

THE FLORENCE NIGHTINGALE LEGACY IN MEDALS

By Quinn Sharkey, MA, BSPH, BMASc, RN-BC, CCDS, NHDP
Director at Large, AaNA Board of Directors

As we continue to celebrate 2020 as the International Year of the Nurse in recognition of the 200th birthday of the founder of modern nursing, Florence Nightingale (as best we can in the midst of the COVID-19 pandemic), some might be surprised to learn a little more about some of Florence Nightingale's medals and her ongoing influence in the world of numismatics.

The links between nursing and the military are well understood, with Florence herself having been awarded many honors including the Order of Merit (OM), Royal Red Cross (RRC), and Dame of The Most Vulnerable Order of the Hospital of Saint John of Jerusalem (DStJ). Nurses have been and continue to be recognized for their service and bravery in conflict zones and public health emergencies globally, as well as their contributions to the science of healthcare with unique methods of recognition in the form of medals and decorations, several specific to the profession of nursing.

There are numerous such medals and awards from around the globe but probably the most well-known of these awards is the Royal Red Cross (RRC) from the United Kingdom. Established on St George's Day, 23 April 1883, by Queen Victoria, with Florence Nightingale becoming amongst its first recipients, this medal has been continuously awarded to nurses in the United Kingdom and throughout the commonwealth ever since. Queen Victoria was reportedly appalled that British army nurses had been killed in fighting during the first Anglo-Boer War of 1880-81[1]. At that time, no official decoration existed to recognize women who had showed exceptional service and dedication in nursing the sick and wounded servicemen, whether at home or abroad, and the RRC was developed to address that. In November 1915, undoubtedly in response to the challenges of WWI, the Royal Red Cross was expanded to two classes: First Class, or Member (RRC); and Second Class, or Associate (ARRC). In 1917, arrangements were made for members of the First Class who performed further outstanding services to be awarded a bar.

The medal consists of a cross, 1.375 inches wide, enameled red, and edged with gold, with a circular medallion at its center. For mounting, there is a small ring at the top of the cross through which a larger ring passes. The badge may be worn from a bow or a ribbon if worn with other medals. On the obverse of the medal, a bareheaded effigy of the reigning monarch is in the center, with the words FAITH (top), HOPE (left), CHARITY (right), and 1883 (bottom) in gold on the arms of the cross. On the reverse of the medal the Royal Cypher of the reigning monarch appears in the center, surmounted by a crown. The ribbon is in a bow formation, and is dark blue edged with crimson[1]. A rosette is worn on the ribbon in undress to denote a bar to the RRC. The first-class award was originally a gold cross pattée, enameled red with gold edges, but from 1889 silver-gilt was substituted for gold[3]. Reportedly, only 50 first class and 100 second class medals were awarded before the metal change in 1899 to silver-gilt. The second-class award has the same design as the first class, except that the inscriptions on the arms appear on the reverse. Awards from 1938 have the year of issue engraved on the reverse of the lower arm.

Figure 1. The RRC medal in the Parliamentary collection from the United Kingdom.

Figure 2. Images courtesy of Megan C. Robertson of www.medals.org.uk

The decoration was conferred exclusively on women until 1976, when men became eligible, with posthumous awards permitted from 1979. Recipients of the Royal Red Cross are entitled to use the post-nominal letters "RRC" or "ARRC" for Members and Associates respectively. These awards are now restricted to members of the Nursing Services of the Armed Forces and properly constituted Auxiliary Nursing Services working under Armed Forces control.

The most widely-recognized civilian medal for nurses is likely the Florence Nightingale Medal, which recognizes exceptional courage and devotion to victims of armed conflict or natural disaster from around the world. It also recognizes exemplary service or a pioneering spirit in the areas of public health or nursing education.

At the Eighth International Conference of Red Cross Societies in London in 1907, the assembled delegates decided to create a commemorative International Nightingale Medal to be awarded to those distinguished in the nursing field. That ultimately lead to the institution of the Florence Nightingale Medal in 1912. However, WWI forced a delay in the initial presentation of the first set of medals until 1920. Recipients are nominated by their respective National Red Cross or Red Crescent Society and selected by a commission comprised of the ICRC, the International Federation of Red Cross and Red Crescent Societies and the International Council of Nurses. The medal was restricted to female nurses until regulation changes in 1991. Under the new regulations it is open to both women and men, and is awarded every two years to a maximum number of fifty recipients worldwide. The medal consists of a silver-gilt with a portrait on the obverse of Florence Nightingale with the words "Ad memoriam Florence Nightingale 1820-1910". On the reverse it bears the inscription on the circumference "Pro vera misericordia et cara humanitate perennis decor universalis." The name of the holder and the date of the award of the medal are engraved in the center and attached by a red and white ribbon to a laurel crown surrounding a red cross.

Figure 3. Florence Nightingale Medal Image courtesy of Megan C. Robertson of www.medals.org.uk

It is awarded accompanied by a diploma on parchment. The medal may be awarded posthumously if the prospective recipient has fallen on active service. The 48th set of medals were awarded to 29 nurses from 19 countries in 2019 of which, two of the recipients were from the United States[2]. It would be surprising if the maximum number of 50 are not all awarded in 2021 given current events.

In a highly unusual move, on May 12, 2020, the Commission for the Florence Nightingale Medal decided to award a global collective Florence Nightingale medal dedicated to all the nurses and midwives in the world who are deprived of liberty because of their humanitarian engagement. Contrary to the traditional award of the medal, this one was not be an individual, but a collective, non-nominative recognition[11].

One of the lesser known and rarely issued awards in the world is the Order of Merit in the United Kingdom. This order, established in 1902 by King Edward VII on the occasion of his coronation is restricted to a total of 24 members (plus the Sovereign) at any one time and is the sole gift of the Sovereign of the United Kingdom[6]. This highly prestigious order comprises six admirals, six generals and twelve civilians eminent in the fields of art, music, literature and science[7]. Members of the Order of Merit have the right to use the postnominal initials "OM."

In 1907, Florence Nightingale became the first woman to be admitted to the Order, and remains one of only eight women total who have ever been

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admitted[7], two of which have been nurses. It is so exclusive it has been referred to as the "most exclusive club in the world."[8] Past members of the order included figures such as Lord Baden-Powell (founder of the scouting movement), with current members of the order including figures such as Sir James Dyson of vacuum cleaner fame. When a member of the order passes away, the badge is customarily returned to the Sovereign, who receives the next-of-kin personally. There are also portraits painted of each member, which becomes part of the royal collection, and the Sovereign hosts a gathering for the entire Order every five years[8]. It is awarded to citizens of countries within the commonwealth and may also be awarded to an unlimited number of honorary members, but is rarely awarded to citizens of countries of which the British Sovereign is not head of state[9]. Notable exceptions include General Dwight Eisenhower from the United States[9].

Figure 4. Order of Merit Image courtesy of Megan C. Robertson of www.medals.org.uk

The insignia is an eight-pointed cross of red and blue enamel surmounted by the imperial crown; in the center, upon blue enamel and surrounded by a laurel wreath, are the words 'For Merit' in gold lettering. The insignia for the military division (when used) is differentiated by crossed swords placed between the angles of the cross of the badge[10]. The ribbon of the Order of Merit is divided into two stripes of red and blue. Men wear their badges suspended on a neck ribbon, while women carry theirs on a ribbon bow pinned to the left shoulder.

Florence Nightingale's legacy continues to span many areas of society, from nursing and healthcare to the world of orders, medals, and decorations with her personal medals now residing in the collection of the British Army Museum in London, England. Currently, there is an ongoing effort to pass federal legislation in the form of the United States Cadet Nurse Corps Service Recognition Act which is designed to recognize and honor the service of individuals who served in the United States Cadet Nurse Corps during World War II. Among the several provisions of the act, it would authorize the Secretary of Defense to design and produce a service medal or other commendation to honor individuals who receive an honorable discharge from the United States Cadet Nurse Corps.

This has been a challenging time for nurses around the world during their year with many examples of dedication that will no doubt being worthy of significant recognition in the months to come. Perhaps you know a nurse who has gone above and beyond?

Quinn Sharkey has been a Registered Nurse for twenty-five years and has a passion for history. He is currently serving on the board of directors of the Alaska Nurses Association and is a member of the Orders and Medals Society of America (OMSA).

References

(1) About the Royal Red Cross. (n.d.). Retrieved April 7, 2020, from www.parliament.uk/about/living-heritage/building/cultural-collections/medals/collection/royal-red-cross/history/
(2) Florence Nightingale Medal: Honoring exceptional nurses and nursing aides - 2017 recipients. (2017, May 12). Retrieved April 6, 2020, from www.icrc.org/en/document/florence-nightingale-medal-2017-recipients
(3) medals.nzdf.mil.nz/category/i/i6.html
(4) www.gov.uk/government/news/ebola-medal-for-over-3000-heroes
(5) www.royal.uk/queen-and-honours
(6) collection.nam.ac.uk/detail.php?acc=1963-10-54-1
(7) news.bbc.co.uk/2/hi/uk_news/magazine/8584941.stm
(8) web.archive.org/web/20090718173106/http://www.royal.gov.uk/MonarchUK/Honours/OrderofMerit.aspx
(9) www.gg.ca/en/honours/canadian-honours/directory-honours/order-merit
(10) www.icrc.org/en/document/florence-nightingale-award-2020
(11) https://www.nursingandpublichealth.org/
(12) https://www.congress.gov/bill/116th-congress/senate-bill/997/text

Tobacco Cessation for Veterans

PART 1: MICHAEL'S STORY

"I was suffocating to death!" That's how Michael Patterson—a veteran, an Alaska Native, and member of the Tlingit tribe—thought back to why he quit smoking. A smoker since he was 9 years old, Michael was addicted to cigarettes for most of his adult life, including the 2 years he served in the U.S. Army. At 44, he was diagnosed with chronic obstructive pulmonary disease (COPD)—a group of diseases, including emphysema and chronic bronchitis, that cause airflow blockage and make it harder and harder to breathe.

"Smoking was something I did to fit in," he said, remembering why he started smoking. "At first it was unpleasant, but the more I smoked, the more I became addicted to cigarettes." In the early days, he would hide the fact that he smoked and even smoked other people's cigarette butts. Even though Michael lost his father, sister, and many other people in his community to smoking-related diseases, he continued to smoke.

Michael served in the U.S. Army from 1977–1979. He smoked cigarettes throughout that period. Even though he made attempts to quit, he always came up with an excuse to start smoking again. Michael was shocked when doctors found serious lung damage from smoking. He was only 44. "I would wake up with 'smoker's cough.' That was a warning sign that I ignored," he said.

He ignored the symptoms until age 52, when he awoke gasping for air. It was a day he said he would never forget. He woke up struggling to breathe. "It was 4 hours of stark raving terror. I was suffocating to death. Every cell in my body was screaming for oxygen!" He remembered riding in the ambulance, wondering if he was going to die.

Michael quit smoking that very day and never smoked another cigarette. "Losing your breath is losing your life force," he said.

Michael continued to fight for his life. To help improve his breathing, he had lung volume reduction surgery. Diseased parts of his lungs were removed to help healthier lung tissue work better. After he quit smoking, his condition improved slightly, but his doctor said Michael needed a lung transplant. Michael was unsure he would survive the surgery in his weakened state.

Wanting to help others to quit tobacco, Michael participated in the "Tips from Former Smokers" public health campaign by the Centers for Disease Control and Prevention in 2013. Prior to sharing his story in the national campaign, Michael also volunteered with the Alaska Tobacco Control Alliance and told his story at schools in Juneau.

Michael enjoyed the company of his daughter and two grandchildren and struggled with the thought of having to say goodbye. "I can't bear the thought of not watching them grow up," he said. He wished he had more energy to play with them. "I used to play volleyball and hike in the mountains, but I don't do that anymore," he said. "I avoid anything that involves running and carrying things. I stay away from smoke and exhaust. Now, it's all about friends, good memories, and living a little bit longer."

Michael died earlier this year at the age of 64. He spent the final decade of his life helping people who smoke to quit tobacco products and encouraging youth to never start.

PART 2: THE FACTS ON VETERAN TOBACCO USE

United States military personnel—both active duty members and veterans—are willing to risk their lives for their country and to preserve American freedoms. But, this population can be at risk for preventable disease and death caused by tobacco use as a result of unique factors influencing tobacco use in the military including stress, peer influence, boredom, camaraderie and morale-boosting, and easy access to discounted tobacco products.

Research has found high rates of smoking initiation among military personnel, with the CDC reporting that more than one third of veterans who smoke began after enlisting. Current smoking among veterans is higher than the national adult average, which underscores the need for comprehensive efforts aimed at reducing cigarette smoking in the United States.

About 3 in 10 U.S. military veterans used some form of tobacco product during 2010–2015, according to data published by the Centers for Disease Control and Prevention in 2018. More than 1 in 5 (21.6%) veterans in the United States reported being current cigarette smokers.

In an effort to reduce and prevent the harms associated with combustible tobacco use among all Americans, especially those disproportionately affected by cigarette smoking such as members and veterans of the military, the FDA is considering lowering nicotine in cigarettes to minimal or non-addictive levels. If enacted, such an action is expected to have a substantial impact on population health by helping addicted adult smokers quit cigarettes while preventing future generations of kids from becoming addicted to cigarettes in the first place. In fact, one modeling estimate found that if a nicotine product standard were put in place by 2020, nearly 8 million premature deaths caused by smoking would be avoided by the year 2100.

PART 3: GET OR GIVE HELP TO QUIT

Have a patient or loved one who wants to quit tobacco? Perhaps you yourself need help with tobacco cessation? Here are some resources to help.

Veterans who receive their health care through VA can access treatment, including medications and counseling from their provider, as well as free quit help at 1-855-QUIT-VET (1-855-784-8838) and SmokefreeVET, a supportive text messaging service. Veterans may also access online tobacco cessation resources at www.publichealth.va.gov/smoking and smokefree.gov/veterans.

Non-veterans and veterans not enrolled in VA health care can call 1-800-QUIT-NOW (1-800-784-8669) to speak with a quitline counselor or visit www.smokefree.gov or www.alaskaquitline.com for comprehensive mobile health resources, evidence-based information, and support.

Active duty and retired service members and their families can access quit services through their TRICARE coverage and Department of Defense programs.

Additionally, CDC's Tips From Former Smokers® campaign (www.cdc.gov/TipsMilitary) features real stories to motivate smokers to quit, including military service members and veterans who live with smoking-related diseases and disabilities.

NURSES WEEK 2020

A New Kind of Celebration

By Chanti Ward, AaNA Program Specialist

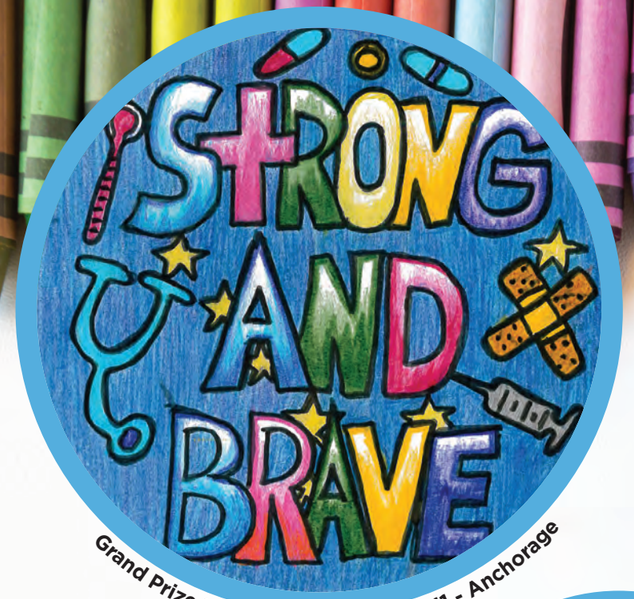
When the World Health Organization declared 2020 the Year of the Nurse and Midwife, I don't think anyone could have predicted the year it has turned out to be. As we have navigated our way through 2020, nurses have been the driving force caring for our communities.

At the Alaska Nurses Association, we look forward to honoring our nurses through various events in the month of May. Our usual Nurses Week celebrations include hosting a film screening and Nursing Narratives storytelling night, bringing free coffee to our bargaining unit nurses, and organizing our Love a Nurse Run 5K.

This year, our celebratory efforts looked a little different as we tried to thank our nurses virtually. With the help of the community, we held our fifth-annual Kids Art Contest, where children in Alaska got to put on paper the ways that nurses keep Alaskans safe. Our winners' artwork is featured here, and you can view all the entries at www.facebook.com/AlaskaNurses.

We also hosted a virtual continuing education event celebrating Florence Nightingale's 200th birthday with a lecture entitled "Illuminating Nightingale: History of Trauma and Resilience in Nursing" presented by local nurse Michele Burdette-Taylor, PhD, MSN, RN-BC, CWCN, CFCN. For those who missed the event, Illuminating Nightingale is now available as a webinar on our online learning system at alaskanurse.litmos.com/online-courses.

To round out the week, our Love a Nurse Run went virtual. Local artist and AaNA member Ashley Seabolt created a one-of-a-kind shirt design for participants, and runners were able to complete the 5K anywhere and anytime they wanted through Nurses Week. Our 2020 charity recipient was the Foundation for Alaska Nurses. As AaNA's new charitable affiliate, the Foundation for Alaska Nurses works to uplift nurses, advance our profession, and make Alaskans healthier by providing educational scholarships and opportunities, supporting Nurse Honor Guard ceremonies, and taking on projects that help Alaska's nurses and patients. Thanks to strong participation from nurses and community members this year, we were able to raise $5,000 for the foundation. We hope to see you at our events next year!



Grand Prize Winner - Babie P., Age 11 - Anchorage


Pre-K to K Winner: Addie W., Age 6 - Fort Wainwright


4th to 6th Grade Winner: Caleb M., Age 11 - Palmer

1st to 3rd Grade Runner-up: Victoria S., Age 8 - Anchorage


Pre-K to K Runner-up: Caylen B., Age 6 - Anchorage

1st to 3rd Grade Winner: Averie B., Age 8 - Dillingham

4th to 6th Grade Runner-up:- Avery D., Age 10 - Anchorage

Join AaNA to Continue Receiving The Alaska Nurse

Are you a member of the Alaska Nurses Association? If not, this could be one of the last issues of The Alaska Nurse that you receive unless you take action now. Beginning in 2021, we will distribute the printed version of The Alaska Nurse as an exclusive members-only benefit for nurses who belong to AaNA. This change comes about as AaNA's leadership commits to choose environmentally friendly practices and to dedicate our resources in ways that best serve the interests of our members.

This means that if you're not yet a member of AaNA and would like to keep receiving The Alaska Nurse in 2021 and beyond, you'll have a couple options to choose from:

1) **Join AaNA and receive both a print and digital version of The Alaska Nurse (and much more!) as part of your membership. Email chanti@aknurse.org to join today or check your membership status.**
2) **Subscribe online to receive the digital edition of The Alaska Nurse. Watch for our announcement about a new online subscription option in the Winter 2020 issue of The Alaska Nurse. Winter 2020 will be the last issue non-members receive in a print version.**

2020 is the beginning of lots of exciting changes as we improve and expand the way AaNA communicates. What isn't changing is our commitment to keep sharing what's important to you – interesting clinical content, nursing practice news, upcoming events, stories from nurses across the state, and the advocacy topics that are central to our mission to advance and support the profession of nursing in Alaska.

If you have questions or comments about The Alaska Nurse, please email andrea@aknurse.org. We'd love to hear your feedback, read your stories and articles, and have you become a member of AaNA as we lead the profession of nursing into 2020 and beyond!

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
Tuesday, September 15 @ 6 PM
Developmental Considerations in Children for Invasive Procedures, Chronic Illnesses, and/or Grief
Presented by Rosemary Price, MS, CCLS

Alaska Nurse Practitioner Association Conference
September 18, 2020
anpa.enpnetwork.com

2020 Trending Topics in Nursing Conference
October 8-10, 2020
A Virtual Event by AaNA
Register today at www.aanaconference.org

2020 AaNA General Assembly
October 10, 2020
A Virtual Event by AaNA
Get details at www.aknurse.org and www.aanaconference.org

TUESDAY TALKS
Tuesday, October 20 @ 6 PM
Acute Stroke
Presented by Maddy Bird, BSN, RN, CEN, TCRN
A Virtual Event by AaNA
Register at http://bit.ly/tuesdaytalksonline
FREE CE: Earn 1.25 contact hours

TUESDAY TALKS
Tuesday, November 17 @ 6 PM
Neglect
Presented by Barbara Knox, MD
A Virtual Event by AaNA
Register at http://bit.ly/tuesdaytalksonline
FREE CE: Earn 1.25 contact hours

Want to list your event in The Alaska Nurse Calendar of Events and at www.aknurse.org? Send information to andrea@aknurse.org

Remember to visit www.facebook.com/AlaskaNurses for current events and www.aknurse.org/index.cfm/education for frequent updates and information on local nursing continuing education opportunities and conferences.