

The Alaska Nurse AaNA



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Human Trafficking in Alaska



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From our President



Hello to all my fellow nurses in this great state. Just as the rest of the world has, the nursing world has been laser-focused on the COVID-19 pandemic this year. As an ICU nurse, I know how hard it is to take care of a COVID-19 patient. I too have had to help with intubation and central line insertion, administer the huge amount of sedation that is required, assist with proning, and take care of all my patients' needs while they are so sick for so long.

On top of that, we have to ensure oral care is done when patients are on BiPap/HFNC and address nutrition when they are too weak or can't breathe well enough to eat. All these things to do just to take care of these special patients. They are sick for such a long, long time, and require a lot of bedside attention. I've never seen anything like this in all my 38 years of nursing. Nurses have pulled together so incredibly this year. Every single one of you has stepped up to the challenge of COVID-19. My heart goes out to all my nurses that are taking care of COVID-19 patients. I appreciate you and love all of you (from a distance with my mask on).

I am looking forward to a winter wonderland and snowshoeing up at Hatcher Pass and the local trails in the Mat-Su. As the days are getting shorter and colder, it is super important to make a plan to get outside and play. Get your friends together and start hiking now, or start walking the dog

with friends on a certain day, or get together with other parents and take the kids out. Remember the saying "there's no bad weather, there's just bad gear," and be sure to do your research and get good gear for your feet, body, head, and hands. My sister always uses toe warmers and she swears by them. She says that having warm feet can keep her going more than any other part of her body. Be sure to get your walking or hiking shoes studded. Skinny Raven will put studs on any shoes, and Ice Bugs are available at Alaska Mill and Feed or icebugs.com in a wide range of styles that are already studded. Warm feet with sure footing removes a huge barrier to enjoying the outdoors.

I also want to put a plug in here for nutrition and vitamins. Between our lack of sun in winter and now as a COVID-19 disease-fighter, be sure to take the proper amount of Vitamin D. Vitamin C is also a good all-around vitamin to keep your immune system healthy. And as always, drink plenty of water throughout our dry winter (and for a bonus it also keeps the wrinkles in check!). Be safe out there and enjoy life outside!

Warmest Regards,

Jane Erickson

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

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An Alaskan Response to Interpersonal Violence across the Lifespan through Comprehensive Medical Forensic Training

By Angelia Trujillo, DNP, MSN, WHNP-BC and L. Diane Casto, MPA

As Alaskans, we know that our state is unique being the largest state in the US at one-fifth the size of the lower 48 states. Our population is approximately 735,000 persons (World Population Review, 2019) and only 14% of Alaska communities are connected by road to other places. As Alaskans we enjoy the challenge of living in communities that are considered “the most remote and rural in the nation, scattered across vast tracts of undeveloped land and separated by challenging topographical features” (Commerce.alaska.gov, p. 50).

However, Alaska also has a “dark side”, as the state has consistently ranked in the top five states for per capita domestic violence rates for more than 20 years. Alaskan women are sexually assaulted at 2.6 times the national average and killed by intimate partners at 1.5 times the national average (Family Violence Prevention Program, 2007; National Coalition against Domestic Violence, 2007). Alaska Natives represent 15% of the population; however, 84% of Alaska Native women have experienced violence in their lifetime (Rosay, 2016; U.S. Census Bureau, 2018).

Interpersonal violence (IPV) comprises a spectrum of sexual and physical violence against individuals that are often interconnected and share similar root causes across the lifespan (Wilkins, Tsao, Hertz, Davis & Klevens, 2014). IPV includes intimate

partner violence and/or domestic violence, sexual assault, child physical and sexual abuse, and elder abuse. Women experiencing mental, emotional, and physical trauma are at risk for short- and long-term disability, poor health, chronic pain, unexplained pelvic pain, post-traumatic stress disorder, depression, substance abuse disorders, increased rate of healthcare utilization, and death in rates much higher than the general population (Alpert, 2004; Ambuel, et al., 2013; Campbell et al., 2000; Iverson, Wells, Wiltsey-Stirman, Vaughn & Gerber, 2013; Janssen, Dascal-Weichhendler & McGregor, 2005; Kleven, et al., 2012; Lawoko, et al., 2013). These sequelae cause long-term and damaging effects for families and communities. Economically, IPV is responsible for \$900 million dollars in lost productivity and healthcare costs for abused women are reported to be 50% higher than for non-abused women (Ambuel, Hamberger, Guse, et al., 2013).

Identifying and caring for victims of IPV is complicated by the fact that 33-61% of nurses and healthcare providers (HCP) report that they lack of training IPV (Parsons, Zaccaro, Wells & Stovall, 1995; Gutmanis, Beynon, Tutty, Wathen & MacMillan, 2007). Nurses and HCP report barriers to screening patients due to lack of time, lack of education, difficulty in talking about complex and sensitive issues, and HCP perception of the prevalence of abuse in their patients (Beynon, Gutmanis, Tutty, Wathen & MacMillan, 2012; Chamberlain

Photo of participants at the first in-person ACFTA training by L. Diane Casto.



& Perham-Hester, 2002; Eliot, Nerney, Jones & Friedmann, 2002; Iverson, et al., 2013; Sprague et al. 2012; Sprague, et al., 2013; Waalen, et al., 2000).

Nurses and HCP are in a unique position to recognize, report and intervene proactively in IPV (Garcia-Moreno, 2002) and patients want nurses and HCP to ask about IPV. Morse, Lafleur, Fogarty, Mittal and Cerulli (2012) found that 66% of women (n=142) said they would admit IPV if asked; this emphasizes the positive role that nurses and HCP have in the assessment and response to IPV. Ramachandran et al. (2013) notes that many of the major healthcare provider associations support screening, and that the US Department of Health & Human Services recommends that all women be screened for IPV as part of preventive services. Nurses and HCP are a gateway to health services and by increasing training and awareness of IPV and IPV screening would improve practice and patient outcomes (Bournnell, 2010).

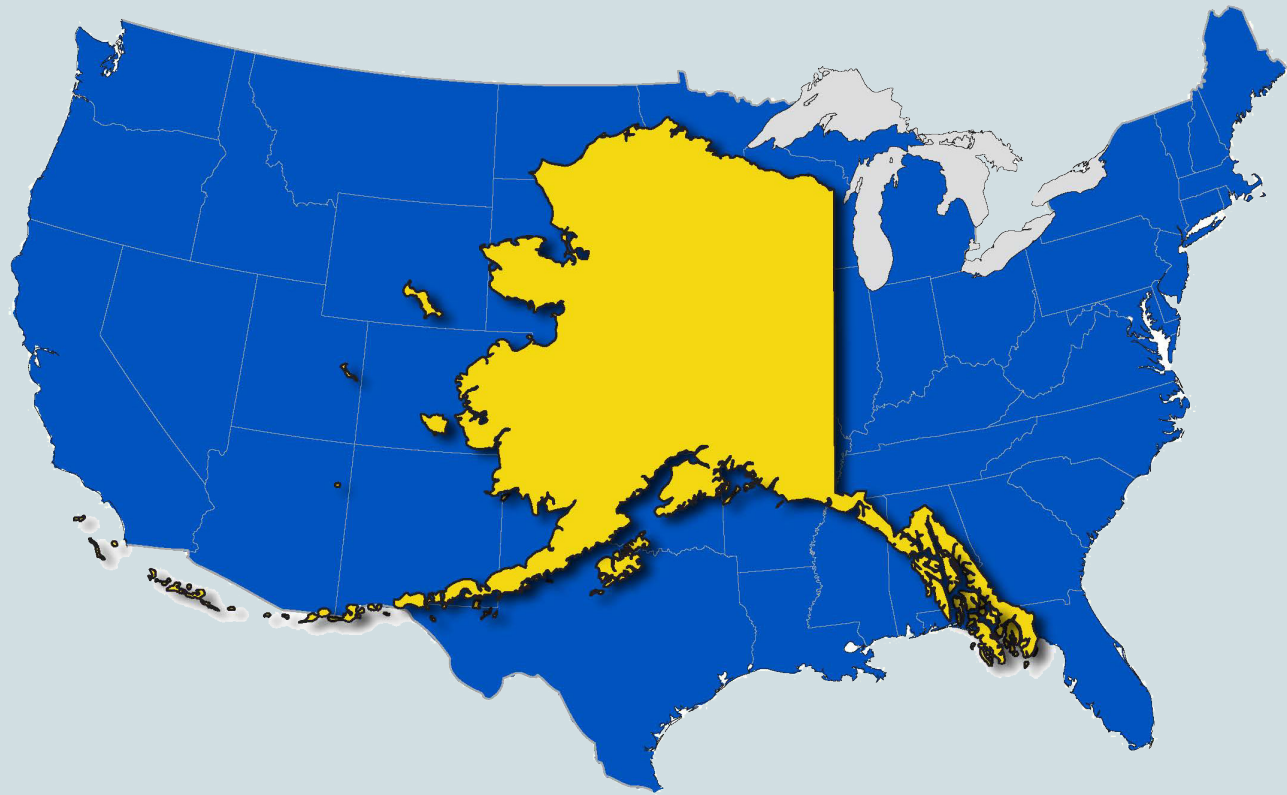
Historically, Alaska has relied on the Sexual Assault Nurse Examiner (SANE) model to meet the needs of sexual assault victims. However, there are a number of issues associated with this model: 1) there is intermittent and limited training availability in Alaska, 2) this model focuses on nurse response only, 3) the response is limited to victims of sexual assault, and 4) there is often difficulty in recruiting and retaining nurses

and preserve that evidence, and accurately document a patient's words and/or condition. Nurses and HCP may also be requested to function as fact and/or expert witnesses in medical legal investigations; this requires that they hold the necessary knowledge, skills and abilities to do so from the onset of care of the patient.

Interpersonal violence in any form is emotional and trauma-inducing for victims, families of victims, perpetrators and communities. Alaskans who are working to stop violent behaviors need more tools and resources, as well as better training, in order to provide healing to victims and accountability for perpetrators. In order to meet Alaskan needs, the University of Alaska Anchorage's College of Health, the Council on Domestic Violence and Sexual Assault (CDVSA, part of the Alaska Department of Public Safety) and the Alaska Nurses Association collaborated in March 2019 to launch the Alaska Comprehensive Forensic Training Academy (ACFTA), a training for comprehensive forensic documentation that is the first of its kind in the nation. The ACFTA is a pilot program designed to promote and develop forensic training for nurses, physicians, nurse practitioners and physician assistants in order to build communities' capacity to respond to violence. The academy does not replace specialized sexual assault trainings. Rather, it gives participants important tools to assist

for this limited role, especially in rural locations. Of importance, the skills typically associated with SANEs are the same skills which are also utilized for the care of victims of domestic violence, strangulation, child abuse, elder abuse, and other IPV issues. However, in many areas of the state of Alaska, nurses and HCP find themselves in situations in which they need to identify forensic evidence, collect,

CONTINUED ON PAGE 6



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victims of all forms of interpersonal violence, whether sexual assault, intimate partner abuse, child abuse, elder abuse, strangulation, or other forms of assault. Participants develop the skills needed to screen and assess patients for IPV, collect and preserve evidence from victims, and learn to work in partnership with local law enforcement, advocates, service providers and others to consistently assess and document victimization.

The academy is a two-part program that includes approximately 25 hours of online training and 24 hours of in-person, hands-on training. The online training, offered on an ongoing basis, includes modules developed by national and Alaska educators and researchers in the fields of sexual assault, domestic violence, strangulation, sex trafficking, elder abuse, and pediatric sexual and physical abuse. The in-person training takes place at the University of Alaska Anchorage campus and is being offered every four months. The hands-on portion of the curriculum focuses on experiential training to develop the ability to complete forensic exams that will help the victim and improve outcomes in the justice system. Participants work with actors and live models, using case studies designed to simulate cases that might present in the hospital, clinic or outpatient setting. Attendees can practice trauma-informed screening and patient communication,

evidence collection and preservation, medical photodocumentation, narrative and graphic forensic documentation, as well as network with other members of the multidisciplinary teams from around the state. CDVSA is also currently offering travel scholarships for nurses and providers in geographically remote locations of the state, who would otherwise be unable to travel to Anchorage for a three-day training due to costs of travel.

The ACFTA is designed to provide an evidence-based and trauma-informed care approach: Instead of simply treating and releasing a victim, a healthcare provider who is trained at the academy can more comprehensively evaluate a patient, document evidence with an awareness of forensic principles, and connect the patient to community resources. Additionally, the academy will increase community awareness of occurrences of violence that are not reported, investigated and, when warranted, prosecuted.

Building community capacity to respond to violence is especially important for small communities with limited human and fiscal resources. In rural Alaska, many communities cannot sustain a specialized sexual assault nurse examiner or a sexual assault forensic examiner, but have available healthcare, law enforcement, and advocacy

roles. If nurses and HCP in a community are trained broadly to respond to many forms of violence and understands how to work with law enforcement and advocates, there is a better chance that victims of violence will be identified, cared for, and that forensic evidence will be collected to assist in the pursuit of justice.

ACFTA completed three in-person training sessions August 2018, May 2019, and December 2019. Participants represented rural and urban communities from throughout the state and have diverse roles including nursing, community health, advocacy, legal and advanced practice. Future cohorts have registrants that include physicians, physician assistants, emergency medical services, juvenile justice and social workers. Participant evaluations have been overwhelmingly positive. Evaluation comments included: “These skills/knowledge will be helpful to me in my role”; “This should be a basic skill for nurses [providers]”; and “I think all providers, ER and clinical staff should receive this training.” Participants reported that the most valuable portion of the training was the use of live models and also competency stations in which they were required to demonstrate proficiency at tasks including evidence collection and processing, medical photodocumentation and pelvic examinations. One participant summed up the consensus of the attendees: “I’ve never handled a situation where I can talk with/ interview a victim. Being able to go through the process in detail definitely helped piece together everything that needs to be involved.” Due to the pandemic, we opted to change the in-person session to a live, virtual training utilizing avatar simulation. We sent participants training materials and handouts to use for activities and faculty observed participants completing assessment, care, photodocumentation and evidence collection activities using case studies and actors. Participants in the virtual training stated that they were challenged by the assessments and that the transition to virtual went “better than they expected.”

The goal for ACFTA is to develop a sustainable model of care for victims of violence, regardless of age, gender, or location. It is expected that this comprehensive forensic training will meet medical-forensic needs for victims, hospitals, law enforcement and prosecution. The availability of this generalist training may also be more palatable to individuals who are not interested in solely being a SANE or for those individuals who reside in locations without ability to support dedicated SANEs. Having providers with forensic training strengthens documentation and evidence collection practices, improves future law enforcement investigation and prosecution, provides needed data for research to support response and prevention of violence, and improves ability of providers to adequately respond in difficult situations.

About the Authors

Angelia Trujillo is associate professor with the University of Alaska Anchorage School of Nursing and primary nurse planner for the Alaska Nurses Association. L. Diane Casto is executive director of the Alaska Council on Domestic Violence and Sexual Assault.

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FORGOTTEN HEROES:

THE UNITED STATES CADET NURSE CORPS

By Quinn Sharkey, MA, BSPH, BMASc, RN-BC, CCDS, NHDP-BC

During these difficult times, we likely have all now experienced some sense of what it is like to deal with a national emergency and realize just how important our profession is in a time of crisis. There was another time, in 1943, during the Second World War, when the nation was facing another crisis: a crisis on the home front of which most of us have never heard. Nurses across the nation did what they have always done in a time of national emergency and so by 1943, one out of four nurses had volunteered to serve in the armed forces. This however, created another issue - leaving the civilian healthcare system in the United States on the verge of collapse due to a massive nursing shortage. This shortage had existed pre-war and was only exacerbated by the high rates of enlistment.

To meet this challenge, the U.S. Cadet Nurse Corps was organized under the provisions of the Nurse Training Act of 1943, commonly referred to as the Bolton Act. The purpose of the act was to furnish an adequate supply of nurses for the armed forces, governmental and civilian hospitals, health agencies and war industries.⁽¹⁾ Consideration at that time was given to establishing a program exclusively for the armed forces but it was decided that one unified training program should be undertaken to meet both the military and civilian needs.⁽²⁾ Under the provisions of the act, participating schools agreed to deliver accelerated programs (24 to 30 months in duration, as opposed to the standard 36-month programs at the time) and the cadets received free tuition and other associated training costs.

Many Cadet Corps nurses were sent to rural areas to fill critical roles, including here in Alaska. As many as 124,000 young women were recruited through the program and ultimately provided upwards of 80% of the healthcare in military and civilian hospitals as well as other government agencies nationwide.



Brooklyn Museum Costume Collection at The Metropolitan Museum of Art, Gift of the Brooklyn Museum, 2009; Gift of Lucille Petry, 1946

Each cadet was required to swear the following oath:⁽²⁾

At this moment of my induction into the United States Cadet Nurse Corps of the United States Public Health Service:

I am solemnly aware of the obligations I assume toward my country and toward my chosen profession;

I will follow faithfully the teachings of my instructors and the guidance of the physicians with whom I work;

I will hold in trust the finest traditions of nursing and the spirit of the Corps;

I will keep my body strong, my mind alert, and my heart steadfast;

I will be kind, tolerant, and understanding;

Above all, I will dedicate myself now and forever to the triumph of life over death.

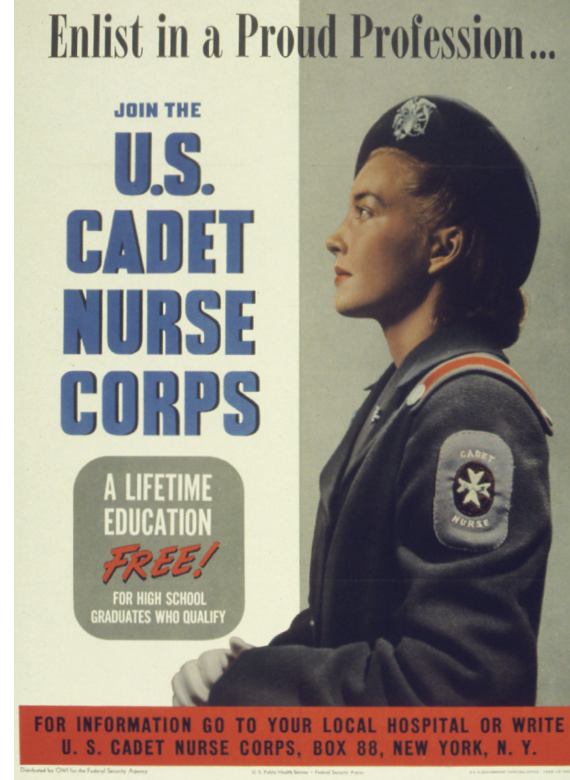
As a Cadet Nurse, I pledge to my country my service in essential nursing for the duration of the war.

Cadet Nurses were also issued dress uniforms that they were required to wear when off duty outside of the hospital. There were summer and winter

uniforms, which included jackets, skirts, covers (hat), a winter coat and raincoat, a handbag, official epaulets, and pins and buttons decorated with the insignia of the U.S. Public Health Service.⁽³⁾ During the war, the uniform was regarded as so important that according to the Public Health Service publication "Wear It Proudly Wear It Right U.S. Cadet Nurse Corps," Cadet Nurses were advised:⁽¹⁾

Your uniform is a symbol of what the U.S. Cadet Nurse Corps means to you. What it will mean to others will depend in large measure on how you wear it. In military language, you are in uniform if everything you wear is according to the "regs". If one article of dress is wrong you are out of uniform. It isn't just a matter of wearing summer suit or winter; reefer coat or raincoat. It is the slant of your beret, the snowy whiteness of your blouse. It is the way you walk, the way you stand. It is the dignity with which you wear the uniform of your proud profession. Your uniform is YOU.

The U.S. Cadet Nurse Corps was highly successful and may very well have been the most successful recruitment effort of the war.⁽²⁾ More than 1,100 out of a total of 1,300 nurse training schools in the United States participated. Of the approximately 10,500 nurses who graduated from the Cadet Nurse Corps during its first eighteen months in existence,



40% applied for the military service, and this record was made during the time when the public believed that the war was about to end.⁽²⁾ It is important to keep in mind that the cadets didn't pledge their service for a specified period of time (as is commonplace today), but rather for the duration of the war and no one really knew how long that would be.



Despite the needs the Corps filled during a

critical moment in U.S. history, it has almost been forgotten. In the testimony of then-Surgeon General Thomas Parran Jr. before the House Committee on Military Affairs in January 1945, he summed it up in this way, "In my opinion, the country has received and increasingly will receive substantial returns on this investment. We cannot measure what the loss to the country would have been if civilian nursing service has collapsed; any more than we could measure the cost of failure at the Normandy beachhead."

There is now a movement to recognize these nurses more formally through federal legislation, most recently in the form of the United States Cadet Nurse Corps Service Recognition Act which would

allow these nurses to be honored as veterans⁽³⁾, an honor long overdue. The Alaska Nurses Association adopted Resolution 2020-8 Supporting the United States Cadet Nurse Corps Service Recognition Act at our 2020 General Assembly to support this endeavor.

During this Year of The Nurse, the demands of the pandemic response hampered our celebrations and those demands appear to be poised to continue well into 2021. Take a moment to think about the challenges that those who preceded us faced and let's hope that when this crisis has passed, society won't be so quick to forget the sacrifices made by those on the front lines and what many of you did during your year to make a difference for your communities.

About the Author

Quinn Sharkey has been a Registered Nurse for twenty-five years in a variety of practice settings and has a passion for history. He is currently serving his second term on the board of directors of the Alaska Nurses Association.

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Fairbanks Memorial Hospital Targets Prenatal BREASTFEEDING Education and Community Support

By Dawn Groth, BSN, RN, MSOEE
State of Alaska Division of Public Health, Chronic Disease and Health Promotion

At a Glance

In 2019, Fairbanks Memorial Hospital recognized a health equity opportunity for infants born to socio-economically marginalized mothers as twofold; 1) improve breastfeeding prenatal education, and 2) foster and refer families to breastfeeding community support services after delivery.

Fairbanks Memorial Hospital submitted a plan to support the expansion of evidence-based breastfeeding support services and outreach education for prenatal and postpartum for socio-economically marginalized mothers. The hospital developed a video class for the lactation service team, created a scholarship for breastfeeding classes and supplies, dedicated a lactation space, trained a lactation team member as the hearing coordinator, and developed a billing system for lactation support.

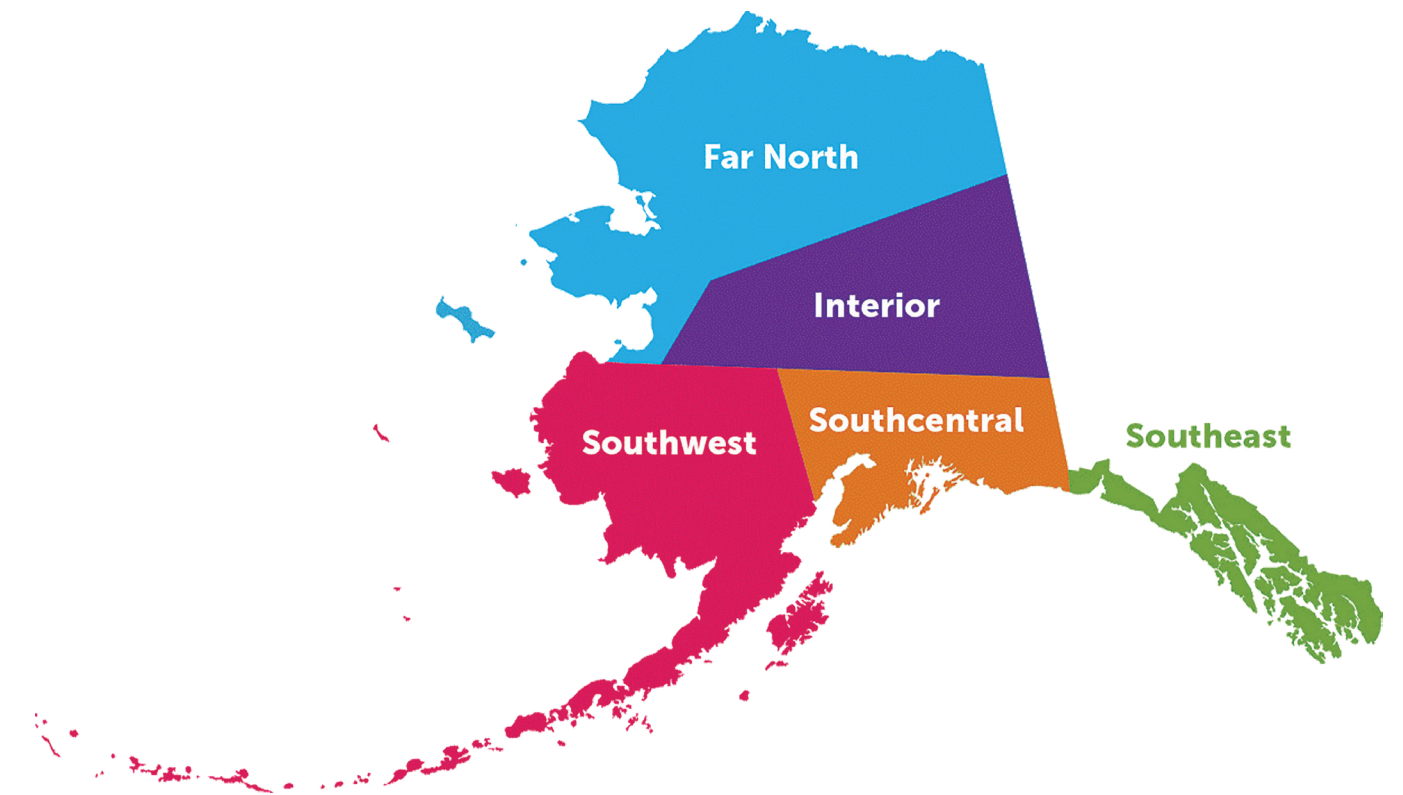
Public Health Challenge

Fairbanks Memorial Hospital serves a large geographic area, is isolated, and serves a diverse and socio-economically marginalized population. These

are the “Far North” and “Interior” regions shown in the map, covering roughly the same geographic area as Minnesota, Wisconsin, South Dakota, Iowa, and Nebraska. The hospital serves two military bases and the northern interior villages of Alaska, is greater than 350 miles from the closest medical center, and is the only acute care facility located in the Interior. The women served represent a vastly diverse population; including socioeconomically marginalized Alaskan women. The hospital has the second largest number of annual births statewide with an annual average of nearly 1,800 births (17%). Approximately 25% of births are to Alaska Native mothers and 25% of those born to American Indian/Alaska Native teens (15-19 years).⁽¹⁾ 2019 WIC breastfeeding rates at initiation are 82%, exclusivity at 6 months 58%, and any breastfeeding at 12 months at only 45%, with 10% of children age 2-4 with obesity.⁽²⁾

Approach

The goal of this project was to increase breastfeeding rates in the region by focusing



Courtesy Centers for Disease Control and Prevention Media Library

on developing evidence-based and sustained support for breastfeeding families before and after inpatient delivery, and targeting specifically socio-economically marginalized women.

The plan was to develop an adverse childhood experience class for lactation service team, establish a scholarship for breastfeeding classes or support supplies, develop a permanent outpatient lactation space, cross train a lactation team member as the hearing coordinator, and develop a billing system for lactation support.

Results

The hospital filmed multidisciplinary professionals discussing adverse childhood experience and trauma informed care. Staff was filmed in fireside chats describing the struggles and rewards caring for substance exposed families. This is to become a mandatory training tool for all mother/baby staff Fall 2020.

The scholarship for breastfeeding classes and supplies included class registration for parents and families, breast pumping supplies, and necessary

equipment for mothers who are unable to afford supplies.

The new and permanent outpatient lactation space staffed by highly trained lactation care staff, will be used to support lactation appointments. Hospital policies are under development including access, visitor restrictions, and escort requirements.

The lactation consultant became cross-trained as the Newborn Hearing Program Coordinator to provide increased staffing stability. This allows for convenient, seamless care of patients from inpatient to outpatient settings, and gives the lactation specialist more intimate support and time with the family to ensure positive breastfeeding practices and results, and benefits both the hospital and the families needing these nearly universally used services.

A billing system for lactation support was explored and created to assure consistent funding source and sustainability for continued lactation support.

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Be a Voice for the Voiceless: Human Trafficking in Alaska

By Staci Yates, Director of Human Trafficking Recovery Services at Mat-Su Youth Housing, ASHTA Coordinator (Alaska Stop Human Trafficking Alliance)

Human Trafficking. Is it a problem in Alaska? Why don't we see it or hear more about it? Sexual exploitation is a hideous, silent crime against our youth, teens, and young adults here in Alaska. Victims rarely come forward to seek help due to fear of their trafficker or even fear of law enforcement. For this reason, human trafficking has largely remained a hidden crime. We have found that inadequate victim identification tools were a problem not only for law enforcement but also victim service providers. As a result, our numbers are grossly underrepresented for the trafficking victim population. Better training of officers and service providers will ensure that victims receive the services they need.

2019 FBI uniform crime report indicates Alaska's rate of sexual assault is nearly 4 times the national average. Alaska has 161.6 sexual assaults per 100,000

residents, compared to 42.6 nationally. Child sexual assault is nearly 6 times the national average here. 59% of women in Alaska have experienced violence and that number climbs upwards to 90% in some smaller villages.

As we delve more into the dark world of sexual exploitation of our young people, we must understand that these victims are not there by their own choosing. Predators mostly prey on vulnerable children who are either in foster care, have previous sexual trauma, or your most vulnerable homeless or runaway teens. Human trafficking is a modern-day form of slavery involving the illegal trade of human beings for the purpose of exploitation or commercial gain. It is estimated that human trafficking is a \$32 billion per year industry, second only to drug trafficking.

Victims may be in plain sight and learning more about the signs can help identify a potential trafficking victim. Traffickers often operate using violence or threats against the victim and their family members. They also deprive the person of necessities like food, water, sleep.

These are the common indicators found in trafficking victims:

- Bruises/wounds in various stages of healing or consistent with the application of physical restraints
- Scars, mutilations, or untreated infections
- Tattoos with ownership or money symbols
- Urinary difficulties, pelvic pain, pregnancy, or rectal trauma (from working sex industry)
- Malnourishment, or lack of healthcare
- The victim may be accompanied by another person who is controlling, provides the victims' information, or who does all the communicating
- Victim has no ID or fake ID, or controller has their ID on them
- Does the victim seem confused, claim to just be visiting, or seem unable to identify his or her location?
- Does the victim seem submissive or fearful, refuse to make eye contact, or seem afraid to speak in the presence of others?
- Is the victim reluctant to discuss his or her injuries?

Child Victim Indicators:

- Bruises, cuts, burns
- Pain in jaw or abdomen
- Vaginal discharge
- Headaches
- STI's
- UTI's
- Withdrawn, agitated, dissociation
- Afraid of their caregiver

Victims commonly are not aware they are victims. They are simply surviving the only way they know how. Do not be surprised if the victim does not self-identify as a victim of trafficking. Remember, they have probably been groomed for months or years and truly believe their "boyfriend" or "friend" loves them and is taking care of them. They may not want to leave their trafficker. Trauma bonding is very strong and real, but so are the threats, force, and coercion that keeps them there.

If you can separate them from their controller and ask a few simple questions, I encourage you to listen with keen ears, lots of compassion, kindness and love. Victims are taught to fear you or anyone in authority and will need to feel a genuine care before they will open up. Do not be discouraged if they do not open up the first time. It may take a few visits before they will feel safe enough to ask for help. You and your team can help stop the cycle of exploitation by simply following those gut feelings. 85% of trafficking victims did not feel safe enough to ask for help in an office setting and 57% of survivors reported never being asked trafficking or abuse assessment questions while in a medical setting. Simply asking a few questions when your instinct is telling you something is off is the first step to disrupting the hideous cycle of exploitation.

Here are a few questions you could ask:

1. That tattoo is very unique; does it mean something special to you?
2. Are you being forced to do things that you may not like to do?
3. Have you ever been afraid to leave home or a work situation due to fears of violence to you or your family?
4. That is an interesting place for a bruise; how did you get it?
5. Or even a direct "Honey, are you OK? You don't look OK; do you need help?"

Depending on the answers, and listening to your gut, you can call the toll-free National Trafficking Hotline at 888-373-7888 and they can guide you from there if you have a concern.

Medical service providers will need to think outside of the box to reach sex trafficked individuals while their traffickers are sticking to them like glue. I recently met Tyfanae Brinke, ANP of Empower Medical and Wellness here in Wasilla who had a brilliant idea on how to give the victims a way to ask for help without being seen. If Tyfanae's practice senses an individual is in danger and seems to be a victim of trafficking, they will ask the person to go in the bathroom alone to give a urine sample. Once safely alone in the bathroom, they will

CONTINUED ON PAGE 14

Get help. Report a tip. Request Services.
Anonymous. Available 24/7.

Human traffickers use violence, threats, lies, and debt bondage to force people to work or sell sex against their will. We have helped thousands of people find safety and services.

Contact the National Human Trafficking Resource Center at **1-888-373-7888**.

see a poster describing what being a victim of trafficking looks like. Remember most trafficking victims do not know they are a victim so signs with good descriptions of what they are going through is key. Next to the poster are containers for urine samples with a PINK and a black marker. A sign above the station states if you are in danger and identify with the signs on the poster, please write your name on the urine sample in PINK MARKER. If we see your name in PINK MARKER, we will call the authorities immediately and keep you here until we can separate you from your trafficker. This is a great tool to give potential victims a way to ask for help without anyone knowing. It is imperative to educate the staff to know what to do if a urine sample with PINK MARKER comes through. An office would need to implement a procedure for this intervention method and train all staff how to respond discreetly and call 911. I am currently working on posters for this intervention for medical providers. Trauma centered care and compassionate conversations can make a huge impact on whether a person will even contemplate leaving and asking for help.

Lastly, I want to ask you, if you SEE something, DO something. Please put this number in your phone contacts: the National Trafficking Hotline number is 888-373-7888. You can call 24/7 and all calls are anonymous. There is also a victim texting number I would put on my posters which says: If you are a victim of human trafficking and want help then please text HELP or INFO to 233733.

In Wasilla, we have wrap-around services at MY House for victims of sex trafficking and you can

reach us at nottrafficking@myhousematsu.org or call 907-631-2522 for more information. Together can we make a world of difference, one life at a time.

RESOURCES:

- A great 3-hour training for nurses that discusses what puts children at risk, uncommon signs to look for, ways to engage the patient, and reporting protocols: www.pavingthewayfoundation.org/nurse-ceu-course.html
- Information from the National Center for Missing and Exploited Children on child sex trafficking: www.missingkids.org/theissues/trafficking
The Department of Homeland Security's Blue Campaign to end human trafficking: www.dhs.gov/blue-campaign/identify-victim
Additional information on the National Human Trafficking Hotline: <https://humantraffickinghotline.org/states>

About the Author

Staci Yates currently lives in Alaska with her six children for the past 18 years and she is a survivor of commercial sexual exploitation at the age of 17 in North Carolina and a survivor of 7 years of sexual assault inside a Christian cult in South Carolina. She has a deep passion to help girls and boys who fall into the category she did: being a youth needing to do whatever needs to be done to survive.



"One crisp fall day, four years ago, I heard a passionate woman speaking on her mission to help homeless teens in Wasilla, Alaska. Michelle Overstreet, Executive Director of Mat-Su Youth Housing (MY House) was speaking at Wasilla Chamber. After hearing Michelle pour her heart out for an hour with story after story of kids she has helped get off the streets and become successful in life and after hearing those heart breaking unfortunate stories of the kids that overdosed on opioids and died on the streets, I knew right there and then that one day, I would spend my life helping those who were only trying to survive the only way they know how, for I had been one of them."

References

- 1) <https://www.alaskapublic.org/2019/11/12/alaskas-rate-of-sexual-assault-is-four-times-national-average-according-to-latest-fbi-numbers/> 2) <https://wicworks.fns.usda.gov/resources/infant-nutrition-and-feeding-guide>
- 2) <https://nij.ojp.gov/topics/articles/gaps-reporting-human-trafficking-incidents-result-significant-undercounting#:~:text=Gaps%20in%20Reporting%20Human%20Trafficking%20Incidents%20Result%20in,interviews%20and%20data%20analysis%20shows.%20August%204%2C%202020>

Identification of Sex Trafficking Victims

By Martha Carver, MS, RN



Imagine the following patient presents to your clinic: Jane, a 19 year-old female, complains of abdominal pain, vaginal discharge, and fever. You saw her previously when she was prescribed antibiotics, although she never started taking them. You notice bruises in various stages of healing along with a barcode tattoo. The patient is frequently checking her phone.

Is this patient a victim of interpersonal violence? As she seems younger than her stated age, perhaps she is a victim of child abuse. Or is it sex trafficking? It can be difficult to differentiate between these, but it is important to continue your assessment and have policies and procedures in place to address all of these issues.

In this case, the patient is a victim of sex trafficking. This is a global problem, and, unfortunately, one that appears in Alaska as well. Sex trafficking occurs when an individual, male or female, is recruited, harbored, transported, provided for, or obtained through force, fraud, or coercion for a commercial sex act. If the victim is younger than 18 years old, force, fraud, or coercion do not need to be present, as a minor cannot consent to a sex act.

It is important for healthcare professionals to be able to identify these victims since they usually do not self-identify. Some may not even realize they are being trafficked. Many survivors throughout the United States have reported they received healthcare services during the time they were trafficked. This provides a unique opportunity for nurses to identify these victims and offer help.

There are many red flags that may be present in victims, as listed in Figure 1. No one of these signs alone can provide enough evidence that the person is a victim of trafficking, but should be cause for concern and further investigation. Likewise, it can be difficult to differentiate between interpersonal violence, child abuse, labor trafficking, or sex trafficking. Regardless of the type, the healthcare professional should identify the victim and provide appropriate interventions.

The National Human Trafficking Resource Center has helpful tools for healthcare providers at <https://humantraffickinghotline.org/resources/framework-human-trafficking-protocol-healthcare-settings>. This link provides an outline of assessments and follow up. Included is a phone number (1-888-3737-888) for healthcare providers to call if they need help determining if the patient is a victim of human trafficking or what the next step should be. The website offers many screening questions

for different types of trafficking. They also provide medical interpreters for victims of trafficking, as recommendations are to interview the patient alone without any accompanying visitors. I encourage you to review this resource and also your policies and procedures regarding treatment of victims of trafficking prior to providing care to them. This will enable you to provide appropriate trauma-informed care to a vulnerable group of patients.

I volunteer with Priceless, a faith-based organization in Alaska that walks with sex trafficking survivors as they build healthy, vibrant, and self-sustaining lives. Priceless provides mentorship to assist survivors through healthy relationship and community. We also connect survivors to available local, state, and federal resources.

Visit the website at www.pricelessalaska.org to learn more about our organization and view the Freedom Gallery. The Gallery contains beautiful success stories from the survivors themselves. There is also a section for healthcare professionals with more details on how to assess and assist victims of sex trafficking.

Recognition of sex trafficking victims is challenging due to the wide variety of presentations, but crucial in order to provide appropriate care to this population. There is much work being done in our state to combat this problem, and healthcare professionals are on the forefront of providing care to victims and survivors. Thank you for taking the time to increase your knowledge of trafficking so we can address this often hidden problem.

- National Human Trafficking Hotline. (2016). Framework for a human trafficking protocol in healthcare setting. Retrieved from <https://humantraffickinghotline.org/resources/framework-human-trafficking-protocol-healthcare-settings>
- National Human Trafficking Hotline. (2016). What to look for in a healthcare setting. Retrieved from <https://humantraffickinghotline.org/resources/what-look-healthcare-setting>.
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About the Author

Martha Carver is a nurse in Alaska and also volunteers with Priceless Alaska, an anti-sex trafficking organization based in Anchorage, Alaska that walks with victims to find new life while meeting practical needs. Find out more about Priceless Alaska at www.pricelessalaska.org.

HUMAN TRAFFICKING

in Alaska:

IT'S EVERYONE'S PROBLEM

By Joseph S. Gamache

I recently spoke to a mother of a teen daughter who was concerned about her daughter's friend who returned from the Lower 48 after reportedly making \$75,000 for five months of work. The friend wanted the woman's daughter to come back down south with her. Her daughter was excited to make so much money so quickly, as were several of her friends. They were making plans for several of them to head out of state.

I asked the mother if they ran out of high school aged boys and girls in Georgia and now had to recruit in Alaska. If the money was so great why was the friend back in Alaska? What was the name of the business? What exactly did they have to do? Money too good to be true, vague details, moving far away from home, and needing to rely on other people they would not know. It only takes a few weeks of messages back and forth on social media for young adults to consider others their good, close friend. All are red flags.

To some people the job opportunity may sound innocuous, but not to me. I am a 26-year veteran law enforcement officer and anti-sex trafficking instructor in the state of Alaska. These stories are all too common in Alaska and there are far too

many missing women from towns across Alaska, big and small, to throw caution to the wind.

In the villages, it may be an offer to come to Anchorage to hang out for a while. Or a job offer that may seem legitimate, but soon after arriving, turns ugly. Once teens hit the streets of Anchorage, a homeless boy or girl is targeted and solicited for sex within 24 to 48 hours. A homeless teen sticks out and is vulnerable, quickly in need of a hot meal, and a warm, safe place to stay. Enter the traffickers or their recruiters, which often are teens themselves.

Many people here in Alaska do not ever think about sex trafficking. If they do, they may think there is no problem in Alaska relating to sex trafficking. But there certainly is. If we break it down into some of the elements of crimes like sexual assault, domestic violence, sexual abuse and neglect of minors, prostitution and child pornography, then yes, Alaska has those problems in spades. Alaska has some of those problems in such a bad way, if we were to cut our statistics in half, we would still be the worst in the nation for sexual assaults. If we cut those stats in half again, we would STILL be the worst state. That is not the

vision we want for our big beautiful state. And we must all work together to end it.

Sex trafficking in Alaska looks more like the Jeffery Epstein documentaries, where vulnerable young girls were recruited (tricked) for one purpose and it quickly turns into something else. Trafficking rarely looks like the Hollywood movies such as Taken but even that happens, where girls are forced to participate in trafficking. I refer to girls, but all persons have been trafficked, women and men and boys alike. The common thread among these targets are their vulnerabilities.

Alaska's victims, young and old, may be vulnerable for many reasons. An innocent chat online with pictures exchanged can quickly turn into blackmail or "sextortion." The trafficker threatens to show embarrassing pictures to the parents, teachers, coach, or friends, only to get more content for exploitation. A victim addicted to drugs or alcohol may find themselves trading sex to feed their addiction and then having to "work" off a debt that never can get paid in full. Trafficking can also look like the homeless teen that was given a place to stay and a few meals, who is now in debt and has no way of paying it back and engages in survival sex. Or one of the hardest to rescue, those with the Romeo or Don Juan-type boyfriend. These are the guys that the victim thinks of as a loving, caring boyfriend. The boyfriend that at some point has a story of a debt of his that only she can pay... with sex. Sex with other men, sex on camera, sex in videos attached to internet sites. Some of these victims are so deep in love they do not see the real picture of what is going on in their life; a life where they have no more freedom, no ability to say no or refuse to do the "work" and no way out. This is modern day slavery. However a victim got involved in sex trafficking, they need rescuing and the police can't do it alone.

There are several groups that work to rescue trafficking victims all over the world. Several organizations operate here in Alaska with safe homes, counseling, advocacy, and restoration, to try to get the victims out of their dark world. And even these organizations cannot do it all.

That's where community comes in. That's where folks with a little training and guidance can step in and make a huge impact. Human Trafficking Awareness training can highlight some of the common indicators of human trafficking victims. These victims are everywhere among us and are trapped and need rescuing.

A staggering-stumbling girl getting assisted into a car outside a bar may seem like she has friends taking care of her. In reality, the date rape drug Rohypnol aka "Roofies" is taking effect and she is getting taken to a hotel where there are paying customers for the unsuspecting and unknowing

assault that is about to take place. This is rape and it is also trafficking. These victims with no memory the following day have zero chance to obtain justice.

What if there was training available for bartenders and bouncers to look for these signs of trafficking victims? They could intervene before the unspeakable happens. What if the taxi and uber drivers knew what to look for in these situations and alerted the police before her nightmare begins? What if hotel staff knew what to look for in their establishments and alerted law enforcement? All these persons can help and start to turn this problem around.

The men and women involved in the medical profession here in Alaska are in a unique position to see the boys and girls and men and women throughout Alaska in the towns and villages big and small. Your profession places you at the front line of this atrocity. The law recently changed taking effect September 1, 2020, regarding mandatory reporting of suspected child abuse/neglect or suspected sex offenses. The new law requires notification to both OCS as well as the nearest local law enforcement agency if the harm appears to be a result of a suspected sexual offense.

This is designed to be doubly sure if there was suspected sex abuse, it would get reported, acted on and stopped as soon as possible. Law enforcement needs these additional eyes and ears to alert them to abusive situations so they can act on them and stop any abuse and prosecute the offenders.

Healthcare professionals that care for children may have their suspicions. They can see the bruises in various stages of healing. They can see the shyness, downcast or defeated countenance of a child victim. The healthcare professionals know what does not look right in these instances. For this situation as well as many others in your lives, you have to trust your gut. You will have a "gut feeling" that something is not right. You do not need to prove an abuse case, you do not need to have evidence, all you need is a suspicion and OCS and law enforcement will do the rest.

I conduct Human Trafficking Awareness training all over the state. I have had attendees tell me they are worried they may be wrong for what they suspect and report. Although there is that possibility, I would not expect someone to get the awful "gut feeling" by simply seeing a bruise on the arm of a toddler and feel they need to report it to someone. When the totality of several indicators building on each other tips the scales, you'll feel it in your gut, and that's when you have to report it.

What if you are right? Your report may be the one puzzle piece that allows OCS or law enforcement

CONTINUED ON PAGE 18

the tools to contact the parents or guardians and look closer into the situation and end the nightmare of a sexual abuse victim. If you make a good faith report, you cannot be held liable for any damages or charged with any crime for reporting. A report that is made from genuine concern for a child's safety is not considered a false report, even if the facts gathered during the assessment don't confirm that the child was neglected or abused.

Law enforcement cannot do it all. We need the public's help. We need more eyes and ears out there. We can tackle this nefarious crime together and rescue the victims, but we must take action. Get some training and pay attention when you are out in public. If you see something that gives you pause, if something does not feel right in your gut, trust it! If you see something, say something, and call the police alerting them to possible sex trafficking. If we all work together with a sense of urgency and treat this scourge with the seriousness it deserves, we will make a difference and we will take our state back.

Healthcare professionals have a unique opportunity to see into people's lives in a very personal and private setting. You will encounter victims of sexual abuse; some of it will be known and under the direction of law enforcement or

victims' advocates, but some will be unknown to anybody but the victim and offender. These are the victims who need you the most; you need to be the voice for the voiceless. Trust your gut. If you see something, say something. We must spot the signs of sex trafficking to stop it. Do not worry about being wrong, and instead think about the end of a nightmare if you are right.

About the Author

Joseph S. Gamache is a Yupik native, born and raised in Anchorage. He has worked across the entire state throughout his 26-year career. Currently he is a commander at the Anchorage International Airport Police Department and is their Human Trafficking Liaison. He is a graduate of the FBI National Academy and a member of the Alaska Human Trafficking Task Force and the Alaska Human Trafficking Working Group. He is a subject matter expert for the detection of human trafficking victims and suspects and is a Human Trafficking Awareness instructor. Joseph and his wife Debraly recently started Alaska Aware, a non-profit focused on training and awareness to eradicate human trafficking in Alaska.



The Alaska Nurse:

LAST ISSUE FOR NON-MEMBERS

By Andrea Nutty, AaNA Programs Director

Are you a member of the Alaska Nurses Association? If not, the Winter 2020 issue of The Alaska Nurse will be the last that you receive unless you take action now.

2) Subscribe online at www.aknurse.org to receive the digital edition of The Alaska Nurse. Winter 2020 will be the last issue non-members receive in a print version.

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 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 nursing profession.

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

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 2021 and beyond!

1) Join AaNA and receive both a print and digital version of The Alaska Nurse (and much more!) as part of your membership. Visit us online at www.aknurse.org to join today. Need to check your membership status? Email chanti@aknurse.org or give us a call at 907-274-0827.



This program is supported by the State of Alaska Department of Health and Social Services

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Heart of the ALASKA NURSE

S. Martine Burdick Clayton

By Marianne Schlegelmilch

Introducing Heart of the Alaska Nurse

A new column by Marianne Schlegelmilch

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

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

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

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

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

– Marianne Schlegelmilch

I met Maraley McMichael at the home of a local writer one fall several years ago when we both arrived at the same time for our first experience with the local writers' group. When the meeting was over and we had both listened to others read their works and receive feedback from the group, we met again on the front porch of the hostess and asked each other if it was a good thing or a bad thing that no one had commented on either of our stories. To this day, I believe we are still not sure.

Maraley and I both attended several more meetings before she finally left to return to her home in Slana near Nabesna, Alaska that spring.

She had only been in Homer for the winter, visiting her elderly father.

Maraley and I stayed in contact by email off and on over the years. I saw her again, once when she was in Homer tending to her aging father. We talked of her concern about his welfare and safety as we shared our ideas about how to deal with aging parents. Then, I saw her once more in town, before we each drifted into our own separate lives and lost touch.

That is, until one Saturday in April 2011 in the Homer post office, when she tapped my shoulder

as she stood behind me in line and reminded me of who she was.

I filled her in on my latest endeavors, including the fact that I was writing a book about nurses, and she told me:

My mother was one of the first secretaries of the Alaska Board of Nursing.

For a moment the information didn't register. Was her mother a nurse? Where had she worked? When had she been on the Nursing Board? Was she still alive? Would she consider letting me do a story on her mother?

As it turns out, her mother had died and, although Maraley had retained a lot of information and documentation about her, at that point she had not yet decided how to best present that information – that is, until I mentioned that I thought her mother's story would be interesting and asked if I could write about her. She said she would think about my proposal and let me know. It had been good to see me, a sentiment I returned. Several days later she emailed me.

Mom's name is S. Martine Burdick Clayton. She did all her nursing at the Seward Tuberculosis Sanatorium in the early 1950's before she met and married Al Clayton, my dad. She would have been 84 now. She died in 1998 here in Homer.

Since her mother was no longer living, Maraley wondered whether or not her story could fit into a series about living Alaska nurses, especially since most of her own memories of her mother were of her in her post-nursing career as a teacher.

I have to admit that I decided to think about that, too. Could the story of a nurse whose heart had stopped beating inspire today's generation of readers and spawn interest in any future nurses? A woman who had worked in nursing for a relatively short time, albeit a significant time. I quickly determined that it could, and so with the tremendous assistance of S. Martine Burdick Clayton's daughter, Maraley, here is her story.



In reviewing the information provided to me by Martine Burdick Clayton's daughter, two things stand out as the defining summary of her career: the first is that, despite her own significant educational and professional accomplishment, Martine's family came first in her life, and the second is that she was on the Board of Nursing as Alaska moved from being the Territory of Alaska to the State of Alaska – serving on the Board of Nursing from 1958 (at the written invitation of Territorial Governor, Mike Stepovich) until 1963, and serving first as Secretary-Treasurer before becoming Chairman.

As written in her own hand, here are the words in Martine's letter of acceptance to her nomination to the Board:

Box 4453, Spenard, Alaska
March 22, 1958

The Honorable Mike Stepovich
Governor of Alaska
Office of the Governor
Juneau, Alaska

Dear Sir:

Thank you for your letter of March 7, 1958. Our family was enjoying a short holiday at our cabin on Kenai Lake. Since our return to Spenard, our children have been quite ill so this reply may be too late to be of any value to you in the work of appointments for the Board of Nursing for the Territory of Alaska.

I have enclosed the affidavit to indicate my interest in helping in any way the nursing profession in our Territory of Alaska, either now or in the future. The reasons I have stated for the delay in my reply to you in turn indicate that my family is my first concern.

If I should be honored by an appointment to the Board of Nursing for the Territory of Alaska, I would endeavor to fulfill such responsibilities to the best of my ability.

Whatever decision may be made, may I join with others in asking God's blessing on you and your family, as the leading unit of our Alaska.

*Sincerely yours,
S. Martine Clayton
(Mrs. Alfred T. Clayton)*

In an interesting side note to the above letter, Maraley's family provided me with a copy of Martine Clayton's application to the Board, written as: "Qualifications of Shirley Martine Burdick Clayton."

Maraley writes in a note attached to the copy of this "qualifications" application:

This Qualification 'list' dated 1/10/1957 in my dad's handwriting kind of surprises me, as he did very little writing! Perhaps with me aged 13 months and Mom 6 months pregnant with my sister, this was Dad's way of helping her out with anything that needed doing.

Indeed, as already stated, Martine Clayton was appointed to the Territory of Alaska Board of Nursing and went on to serve, first as secretary-treasurer and then Chairman from 1958-1963.

In an undated letter, written in the old font of the typewriters that were the norm at that time, Mrs. Clayton issued a renewal notice to the nurses of the state from its then address:

CONTINUED ON PAGE 22

**Alaska Board of Nursing
Box 4-776, Spenard, Alaska**

In the letter, she reminds nurses that the annual renewal fee of \$3 is due promptly and by June 30th (sixty days before the expiration date). She also reminds nurses that if they are not practicing nursing, they may be placed on a non-practicing list until such time as they resume work, at which time their license will be re-instated upon payment of the renewal fee. Penalties for not notifying the Board of name or address changes, or of the resumption of work, would be, "subject to the penalty of the law as outlined in Article VII." The letter is signed: S. Martine Clayton R.N., Secretary-Treasurer.

It is also interesting to note that along the path to appointment to the highest professional level in Alaska Nursing, Martine Clayton began her studies as Martine Burdick. She graduated in the top third of her high school class in North Binghamton, NY, and cum laude from Syracuse University School of Nursing in 1950, which she entered in 1948 after graduating as a nurse from the Cadet Program managed by the US Government during WWII, and from which she was a member of the last graduating class of this program in 1948 (having begun the program in 1945).

After graduation, Martine worked as an assistant Nursing Arts Instructor at Wilson Memorial Hospital, Johnson City, NY after which she signed on as a missionary nurse for the Methodist Church for three years. This assignment took her to Seward, Alaska, where she worked at Seward Sanatorium at Bartlett, Alaska, which she describes as, "a 150 bed 'tuberculosis' hospital."

It was near the end of that assignment that she met Al Clayton, the man she would marry and with whom she would have four children. After her marriage to Al and when they had moved to Glenallen for his job, Martine left nursing and became an elementary school teacher after attending Alaska Pacific University to obtain her teaching certificate.

She and Al went on to raise their four children and enjoy their fifteen grandchildren until her death from lung cancer in 1998, even as her daughter points out that Martine never smoked a cigarette in her life.

Martine's husband, Al died in 2008, leaving Martine Burdick Clayton's children and grandchildren, her accomplished nursing and teaching careers, her missionary work, and her humble goodness as her legacy.

In 1948, Martine received the Arria Huntington Award, given by the Auxiliary of the State University of New York Health Science Center in memory of Arria Sargent Huntington, daughter of the first Episcopal bishop of Central New York, who founded the Hospital of the Good Shepherd, now the State University Hospital. This was the first and only time this award was given for a graduate in the early years of the school of nursing.⁽¹⁾

On June 5, 1971, she was awarded Syracuse University's highest Alumni award — the George Arents Alumni Award — established in 1939 to honor excellence in the alumni's field of endeavor. Her husband and children were able to attend this event with her.



About the Author
Marianne Schlegelmilch is one of the last of the once dominant field of Diploma Nurses. She proudly considers nursing as the biggest part of who she is and credits her long career in caring for others

as making her the person she is today. "If I could have found a way to survive financially, I would have done it for free," she writes. She has written for as long as she can remember and often used writing to deal with the stress of being a critical care worker. She is the published author of eleven books, with fiction being her preferred genre. She credits nursing with giving her the ability to understand people and life and uses her deep nursing experience in bringing characters to life in her books. Marianne lives in Homer, Alaska, where she is inspired by the natural beauty that surrounds her and by the array of genuinely interesting people who live there.

All copies of letters and handwritten notes provided by Maraley McMichael, daughter of S. Martine Burdick Clayton.

⁽¹⁾ Newsclip from unknown publication provided by Maraley McMichael with handwritten note attribute to Martine Clayton stating the one-time administration of this award to a nursing student.

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

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, January 19 @ 6 PM
A Virtual Event by AaNA
Register at www.aknurse.org
FREE CE: Earn 1.25 contact hours

TUESDAY TALKS

Tuesday, February 16 @ 6 PM
A Virtual Event by AaNA
Register at www.aknurse.org
FREE CE: Earn 1.25 contact hours

TUESDAY TALKS

Tuesday, March 16 @ 6 PM
A Virtual Event by AaNA
Register at www.aknurse.org
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.



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