



The Alaska Nurse AaNA

The Official Publication of the Alaska Nurses Association
Vol. 76, Issue 4 Winter 2025

GASTROINTESTINAL HEALTH

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



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The Alaska Nurse is produced in
Anchorage, Alaska and published four times.

From our President



With the snow creeping down the mountains and the first snowfall dusting the streets, winter is upon us and can be seen in the increasing darkness and frosty breaths of passersby. Changes in healthcare are being felt throughout the nation from reduction in SNAP benefits, insurance premiums growing, and the government shutdown causing times of uncertainty for what is to come.

This issue of the AK Nurse looks to the problems associated with GI Issues, Trending Topics in Nursing 2025 Conference, and Western Alaskan Relief efforts. The CDC notes that over 20 million people suffer from Gastrointestinal issues and over 250,000 people die each year from these illnesses. The Trending Topics Conference was a fun

and fact-filled journey that allowed individuals to explore a variety of subjects from Stroke Awareness, Diabetes, Infection Control, and Workplace Violence. For our neighbors in Western Alaska where flooding has caused widespread devastation, we are here to support them and be a safe space for anyone who needs it. I am always open to meeting for a cup of coffee and a chat, so please contact me at any time.

Stay Safe and Keep Warm,

Shannon J. Davenport

Shannon J. Davenport, BSN, MSN, RN
President, Alaska Nurses Association



AaNA is taking on the staffing crisis. Fill out our survey to help win safe staffing standards in Alaska.



[WWW.SURVEYMONKEY.COM/R/SAFESTAFFINGAK](https://www.surveymonkey.com/r/safestaffingak)



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.

IN AFT HEALTH CARE: 'POLICIES TO ACHIEVE HOSPITAL NURSE STAFFING ADEQUACY: EVIDENCE ABOUT IMPACT'

In 2002, the groundbreaking research of Linda H. Aiken and her colleagues demonstrated that patient outcomes had a direct relationship to nurse workload. So why, more than 20 years later, are we still fighting so hard for safe staffing? In the fall issue of AFT Health Care, Aiken reviews the current research and offers her perspective on how we can win more safe staffing provisions to improve patient outcomes and nurse well-being.

CTA: aft.org/hc/fall2025/aiken

JOIN AN AFT STUDENT DEBT CLINIC

Do you have questions about your student debt? The AFT is hosting virtual student debt clinics in December and January to help our members navigate their debt. Learn more about Public Service Loan Forgiveness, income-driven repayment plans, how the latest news is affecting these programs, and how you can save with the online resource Summer.

CTA: <http://bit.ly/47Q6hHC>

AFT'S COLLECTIVE BARGAINING CONFERENCE COVERS WORKERS' MOST CRITICAL TOOL

At the AFT's Collective Bargaining Conference on July 23 in Washington, D.C., AFT President Randi Weingarten argued that collective bargaining is not only

an essential tool for securing better wages and working conditions, but also for enshrining civil rights and defending our basic freedoms at a time when they are under assault.

Understand the five principles of successful bargaining: bit.ly/4oiZA7f

LEGACY RESOURCE POOL NURSES VOTE TO JOIN THE UNION

In another victory for healthcare organizing, more than 200 resource pool nurses working at Legacy hospitals in Oregon and Washington voted July 8 to join the Oregon Nurses Association. Resource pool nurses float between Legacy's hospitals to fill vacancies in specialty units, including hospital emergency departments, operating rooms, family birth centers, pediatric care centers, behavioral health departments and more.

Read about their organizing win: bit.ly/4m5Ao2M

AFT CALLS ON OSHA FOR STRONGER HEAT PROTECTIONS FOR WORKERS

The AFT is asking the Occupational Safety and Health Administration to develop a strong, enforceable national standard to safeguard workers from the growing threat of excessive heat as record-breaking temperatures sear cities and towns all over the country. On June 26, five AFT leaders spoke before OSHA on a virtual panel and told riveting, personal stories. They made it plain that no one should have to work in dangerous heat, whether they are inside or outside. The proposed regulation from OSHA, Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings, would require employers to make

heat safety plans and take reasonable efforts to protect workers from hazardous heat. The panelists said the stakes are high and the time is now to safeguard all workers who are exposed to heat on the job.

Learn about excessive heat in the workplace: bit.ly/4fiOmLK

SAVE ON YOUR MONTHLY PHONE PLAN WITH AT&T

As an AFT member, you can save monthly on your phone plan with AT&T, the only nationwide unionized wireless carrier. Save up to \$10 per line per month on AT&T's best unlimited plan, plus receive up to \$50 in waived activation and upgrade fees. Available to new AND existing customers!

Access your member benefit: bit.ly/3J1wIFP

OREGON HEALTHCARE WORKERS DEMAND A FAIR CONTRACT

Thousands of healthcare workers across Oregon and Southwest Washington spent five days on the picket lines, demanding better working conditions but also fighting to uphold the foundational mission of Kaiser Permanente. Physician associate Josh Oppenheim, who has been with Kaiser for four years, says "We're fighting for protections that prevent or reverse the burnout that's already happening. We're doing this so that we can serve patients better. We want Kaiser to provide the best healthcare possible. This is why we work at Kaiser."

CTA: <https://bit.ly/4qA1Rfv>



AFT+ Member Benefits

AaNA union members have access to a rich array of discounts, services, and benefits that go beyond the workplace. Benefits include exclusive financial products, trauma counseling, pet insurance, scholarships, and savings on travel, computers, prescriptions, cell phone service, and so much more!

Explore your benefits at www.aft.org/member-benefits



BREAST CANCER & MICROPLASTICS

Focus on Prevention & Action!

By Samarys Seguino Medina, DrPH, MSEM, Environmental Health Director; and Pamela Miller, M.En., Executive Director and Senior Scientist with Alaska Community Action on Toxics

The World Health Organization (WHO) reports that breast cancer (BC) has emerged as the most prevalent and widespread invasive malignancy among women globally, presenting a serious risk to women's health.¹ Women of color in the United States suffer from breast cancer disproportionately compared to other groups, in terms of higher mortality rates and more advanced disease at the time of diagnosis.²

Breast cancer is the most diagnosed cancer among women in Alaska, accounting for nearly one-third of all female cancer cases.³ The issue worsens when we see a trend in younger women being diagnosed with breast cancer at earlier ages observed before. A comprehensive

study using data from all 50 states found that breast cancer incidence in women aged 25–39 increased by more than 0.5% per year from 2001 to 2020 in 21 states.⁴ The Western U.S. (which includes Alaska) had the highest rate of increase in early-onset breast cancer during that period.⁵ Breast cancer rates among Alaska Native women tripled from the 1970s to the mid-1990s, then stabilized. Despite stable incidence and mortality, breast cancer in younger women trends to be more aggressive and is often diagnosed at later stages, partly due to the lack of routine screening especially in underserved and remote areas.⁶ For example, 41 percent of breast cancers in AI/AN women are diagnosed after they have spread beyond

¹ Tian et al. 2025. Microplastics accumulated in breast cancer patients lead to mitophagy via ANXA2-mediated endocytosis and IL-17 signaling pathway. *Environmental Pollution* 364:125321. <https://doi.org/10.1016/j.envpol.2024.125321> Proceedings, 86(4), 304–314. <https://doi.org/10.4065/mcp.2010.0575>

² Malhotra P. & El-Ashry D. Breast Cancer Research Foundation. Understanding Breast Cancer Racial Disparities. Accessed October 25, 2025, at <https://www.bcrf.org/about-breast-cancer/breast-cancer-racial-disparities/>

³ ANTHC. Alaska Native Tribal Health Consortium. Alaska Native Epidemiology Center & Alaska Native Tumor Registry. Cancer Among Alaska Native People. An Executive Summary of the Alaska Native Tumor Registry's 50-year report. Page 8. 2025.

⁴ Kehm, R.D., Daaboul, J.M., Tehranifar, P. et al. 2025. Geographic differences in early-onset breast cancer incidence trends in the USA,

2001–2020, is it time for a geographic risk score? *Cancer Causes Control* 36: 707–717. <https://doi.org/10.1007/s10552-025-01968-7>

⁵ Kehm, R.D., Daaboul, J.M., Tehranifar, P. et al. 2025. Geographic differences in early-onset breast cancer incidence trends in the USA, 2001–2020, is it time for a geographic risk score? *Cancer Causes Control* 36: 707–717. <https://doi.org/10.1007/s10552-025-01968-7>

⁶ Kurumety SK, Howshar JT, Loving VA. 2023. Breast Cancer Screening and Outcomes Disparities Persist for Native American Women. *J Breast Imaging* 5(1):3–10. doi: 10.1093/jbi/wbac080. PMID: 38416957.

⁷ ACS. Cancer Facts & figures 2022. Special Section: Cancer in the American Indian and Alaska Native Population. American Cancer Society, Surveillance and Health Equity Research. Accessed October 25, 2025 <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-special-section-ai-an.pdf>

the local stage, compared to 33 percent in white women.⁷ Black women are least likely to be diagnosed with localized-stage breast cancer, along with AI/AN women, contributing to disproportionate mortality in both groups.⁸

Younger women are more likely to be diagnosed with triple-negative breast cancer (TNBC),^{9,10} a particularly aggressive and invasive form of cancer that is hard to treat. According to the Silent Spring Institute, the leading scientific research organization dedicated to understanding the links between chemicals in our environment and women's health, with a focus on breast cancer prevention: "Recent data show incidence rates for many cancers have been going up in people under age 50, and most of these early-onset diagnoses are breast cancer. Because well-studied risk factors, such as having fewer children, cannot fully explain this trend, researchers have turned to chemicals in food, water, and consumer products, as likely factors."¹¹

Plastics and Endocrine-Disrupting Chemicals

Plastics were once believed to be miracle materials, and they have been used widely across the world. Global plastics production has increased exponentially since the 1950s, reaching 400 million metric tons in 2022, and estimated to triple to more than one billion tons by 2060.¹² Plastics contaminate our rivers, oceans, lands, and air. Microplastics (MPs) are tiny plastic fragments with a diameter of 5 mm or less that result from the breakdown of larger plastic items and are easily ingested by organisms. MPs enter the human body through food, water, and personal care products. They are found in our food, water, air, and in human tissues such as the placenta, reproductive organs, brain, and human blood.

According to the 2024 State of the Science of Hazardous Chemicals in Plastics report, there are 16,325 chemicals used or present in plastic materials and products, with 25% of these classified as hazardous and 66% not assessed for safety. The report concludes that no plastic chemical can be classified as safe.¹³ Plastics contain endocrine-disrupting chemicals such as bisphenol A (BPA), phthalates, flame retardants, and per- and polyfluoroalkyl substance (PFAS or "forever chemicals"). These chemicals can leach into food, water, household dust, and our environment. Exposures to these chemicals can cause a range of adverse health effects including "abnormal reproductive, metabolic, thyroid, immune, and neurological function."¹⁴

Scientists at Silent Spring Institute identified more than 900 chemicals that could increase breast cancer risk "based on their ability to cause mammary tumors in animals, damage DNA, or interfere with estrogen and progesterone, a well-established risk factor for breast cancer." They also found that 414 of these chemicals are used in plastics, commonly found in everyday products such as food packaging and personal care products. In a 2025 study, microplastics were found in human breast cancer tissues for the first time. Microplastics can enter cells and cause damage to the mitochondria.¹⁵

Protecting Our Health

Some suggested tips:

- Eliminate the unnecessary use of plastics, especially single use plastics.
- Avoid the worst plastics including PVC (number 3), polystyrene (number 6), polycarbonate (number 7).
- Use glass, stainless steel, and cast iron to store and cook food and beverages.

CONTINUED ON PAGE 8

⁸ ACS. American Cancer Society. Breast Cancer Facts & Figures 2024-2025. Atlanta: American Cancer Society; 2024. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/2024/breast-cancer-facts-and-figures-2024.pdf>.

⁹ According to the American Cancer Society, "triple-negative breast cancer refers to the fact that the cancer cells don't have estrogen or progesterone receptors (ER or PR) and also don't have too much of the HER2 protein (The cells test "negative" on all 3 tests)." <https://www.cancer.org/cancer/types/breast-cancer/about/types-of-breast-cancer/triple-negative.html>

¹⁰ ACS. American Cancer Society. Online factsheet: Triple-negative Breast Cancer. Accessed October 25, 2025 at <https://www.cancer.org/cancer/types/breast-cancer/about/types-of-breast-cancer/triple-negative.html>. And SEER*Explorer: An interactive website for SEER cancer statistics. Surveillance Research Program, National Cancer Institute. Accessed at <https://seer.cancer.gov/explorer/> on October 3, 2025.

¹¹ <https://silentspring.org/news/curbing-plastics-pollution-could-help-reduce-global-burden-breast-cancer>

¹² OECD. 2022. Plastic pollution is growing relentlessly as waste management and recycling fall short, says OECD. Accessed 2024-02-14 <https://www.oecd.org/environment/plastic-pollution-is-growing-relentlessly-as-waste-management-and-recycling-fall-short.htm>.

¹³ Wagner, M., Monclús, L., Arp, H. P. H., Groh, K. J., Løseth, M. E., Muncke, J., Wang, Z., Wolf, R., & Zimmermann, L. 2025. State of the science on plastic chemicals - Identifying and addressing chemicals and polymers of concern. <https://doi.org/10.5281/zenodo.17208791>.

¹⁴ Flaws, J. et al. 2020. Plastics, Endocrine-Disrupting Chemicals, and Health. A publication of the Endocrine Society and the International Pollutants Elimination Network (IPEN). <https://www.endocrine.org/topics/edc/plastics-edcs-and-health>.

¹⁵ Tian et al. 2025. Microplastics accumulated in breast cancer patients lead to mitophagy via ANXA2-mediated endocytosis and IL-17 signaling pathway. Environmental Pollution 364:125321. <https://doi.org/10.1016/j.envpol.2024.125321>.



- Never microwave in plastic.
- Use re-usable containers such as stainless-steel water bottles.
- Bring your own containers and re-usable cutlery for take-out.
- Bring cloth bags to the grocery store.
- Avoid synthetic clothing when possible and install a filter for your washing machine so these plastic fibers don't enter our waterways.
- We can't buy our way out of the problem. Let's work together for policy changes at the local to international levels.

Ideas for Policy Engagement—needed at a local to international level because chemicals and plastics don't respect political boundaries:

- Work with your hospital or clinic to reduce and eliminate the use of plastics and chemicals. From medical products such as IV tubes and pulse oximeters to flooring, carpets, and building materials, safer alternatives are available. Health Care Without Harm is an international organization dedicated to providing resources, knowledge, and inspiration for the health care sector to help reduce its environmental impact. Check out their resources here: <https://us.noharm.org/safer-chemicals>.
- Plastic Free 907 is a coalition of Alaskans who want to make a difference in the fight against plastic pollution in our communities, our oceans, and other waterways. Contact Courtney Moore (courtney.m@akaction.org), Plastics and Petrochemicals Coordinator with Alaska Community Action on Toxics to join, support and learn more!
- Support state legislation such as House Bill 25 (sponsored by Rep. Josephson). HB 25 prevents

the use of carcinogenic polystyrene ("Styrofoam") in disposable foodware such as restaurant take-out containers. This bill prevents further harm from a significant source of plastic waste, protects public health, and directs restaurants to move to safer, biodegradable, or compostable disposable food service ware. Safer alternatives are widely available and economically viable. For more information on the bill, please go to this link: <https://www.akleg.gov/basis/Bill/Detail/34?Root=HB%20%2025>. Contact your legislators to urge them to support and pass HB 25 in the upcoming session. For more information, please contact Brittani Robbins, Civic Engagement Coordinator with Alaska Community Action on Toxics: brittani@akaction.org.

The International Treaty on Plastics—A Hopeful and Necessary Prospect

In 2022, the UN Environmental Assembly adopted a historic resolution to create a global legally binding treaty. The resolution recognizes that "the high and rapidly increasing levels of plastic pollution represent a serious environmental problem at a global scale, negatively impacting the environmental, social and economic dimensions of sustainable development." It requires the countries of the world to develop and adopt a legally binding instrument on plastic pollution based on a comprehensive approach that addresses the full life cycle of plastics. There have been six negotiating sessions involving 184 countries, with the most recent held in Geneva Switzerland in August 2025. The next round of negotiations (INC-5.3) will take place in 2026.

Pamela Miller and Vi Waghiyi of Alaska Community Action on Toxics (ACAT) are participating in the negotiating sessions for the new plastics treaty, calling on delegates to enact a strong health-protective

treaty. We are seeking to protect human health and the environment from all adverse impacts of plastics, including curbing toxic and climate pollutants, based on the precautionary principle and to:

1. Eliminate non-essential uses of plastics and promote innovation to safer, sustainable materials for a toxics-free circular economy.
2. Require sustainable production and consumption of plastics with a focus on reduction and minimization.
3. Require reporting and transparency on the types and amounts of plastics produced, imported, and exported, as well as plastic waste generation, collection, and end-of-life management.
4. Require transparency for the chemicals used in plastics production and as plastics ingredients.
5. Identify and phase out the use of groups of hazardous chemicals. Priority groups for phasing out include bisphenols, brominated flame retardants, chlorinated paraffins, phthalates, benzotriazole UV stabilizers, and PFAS.
6. Ensure an end to the toxic recycling of existing plastics that contain hazardous chemicals, to ensure a smooth transition to a non-toxic circular economy.
7. Require that plastics be assessed for their health impacts throughout their life cycle, in line with the precautionary principle.
8. Prioritize environmentally sound end-of-waste policies with a focus on best available techniques such as zero-waste strategies and non-combustion technologies.
9. Provide new, additional, sustainable, and adequate funding for the implementation of the Treaty and require the chemical and petrochemical industry to contribute to financing the prevention and remediation of the pollution their materials cause.
10. Apply the “polluter pays” principle, which requires that the costs of all impacts on human health, society, and the environment caused by the production, use, dumping, import and export of plastics are recovered.

11. Ensure open, transparent, and inclusive participation for civil society.
12. Provide resources for capacity building and technology transfer to low- and middle-income governments and civil society.
13. Include a compliance mechanism to ensure the effectiveness of the implementation of the Treaty, including provisions on access to justice.

ACAT is a participating organization of the International Pollutants Elimination Network (IPEN), a network of more than seven hundred participating organizations in 130 nations. For more information about the plastics treaty and to get involved, please contact Pamela Miller: pamela@akaction.org.

Additional resources:

- Project TENDR (Targeting Environmental Neurodevelopmental Risks) Briefing Paper: Protecting the Developing Brains of Children from Plastics and Toxic Chemicals in Plastics, 2024. <https://www.akaction.org/publications/project-tendr-plastics-briefing-paper/>.
- Protecting Our Mamaqs: An Environmental Health Toolkit for Breast Cancer Prevention, 2024. <https://www.akaction.org/protectingourmamaqs/>.
- The Arctic’s Plastic Crisis: Toxic Threats to Health, Human Rights, and Indigenous Lands from the Petrochemical Industry (a report by Alaska Community Action on Toxics and IPEN), 2025. <https://www.akaction.org/publications/the-arctics-plastic-crisis/>.



WRITE FOR THE ALASKA NURSE MAGAZINE!

CALL FOR ARTICLES



Do you have a perspective to share or knowledge that could benefit your fellow nurses? **The Alaska Nurse magazine is looking for contributors for our upcoming issue!** Whether you're a seasoned writer or just passionate about a topic, this is a great opportunity to highlight your work, share your experience, and connect with nurses across Alaska.

Each issue of our magazine features a different focus related to nursing and healthcare. Articles do not have to fit the theme and can be personal, educational, or just plain interesting. In 2026, we're particularly interested in book reviews, visual art, poetry, and personal stories – see below for details.

We welcome a wide range of formats, including well-researched articles, profiles, personal essays, and more. If you have something to say related to one of these topics, or a fresh idea we haven't thought of yet, we want to hear from you!

NEW SUBMISSION OPPORTUNITIES

Deadlines for all of these will be the same as the deadlines to have articles included in each issue. For

example, if you want to have your work in the Spring 2026 issue, please submit by January 17.

- **BOOK REVIEWS:** We're interested in reviews of books related to nursing, care work, disability, healthcare, and more. There is no minimum / maximum word count. Please send a pitch in to mat@aknurse.org if you'd like to write a book review.
- **VISUAL ART AND POETRY:** We'd love to highlight the work of nurse artists. Poetry can be submitted by email. Art can be scanned, or you can send a photo of your art for us to print. A wide variety of visual art will be accepted, including but not limited to: collage, paintings, earrings, sketches.
- **RECIPROCITY:** Tell a short story in your own words! This column will center personal narratives by nurses, those we've cared for, and people who inhabit the intersection of both nurse and patient. The goal of this column is to encourage reciprocal understanding between those of us who give and receive care. Word count limit: 700 words.

SPRING 2026

Disability Justice

Submission Deadline: January 17

Created by queer, disabled activists, organizers, and cultural workers of color, disability justice is a framework that resists ableism, racism, capitalism, colonialism, and oppression in all its interconnected forms. In “Skin, Tooth, and Bone: A Disability Justice Primer,” the collective Sins Invalid articulates a working definition, initially written by Patty Berne, which includes the following understandings:

- All bodies are unique and essential
- All bodies have strengths and needs that must be met
- We are powerful, not despite the complexities of our bodies, but because of them
- All bodies are confined by ability, race, gender, sexuality, class, nation state, religion, and more, and we cannot separate them.

For this issue, we're interested in articles about the following:

- The intersection of disability and nursing
- How disability justice can, and does, change our nursing work
- How to combat ableism, advocate for our disabled patients, and resist stereotypes in the workplace

Article Submissions

Submit by sending a pitch or completed piece to mat@aknurse.org by January 17.

Submission Guidelines:

Articles should be your own original work. Any material made with AI must be disclosed.

Articles typically range from 400 to 1,200 words, but word count is flexible.

Submit all articles in Microsoft Word or Google Doc format.

Include the full names and credentials of all authors. Author photos are appreciated when possible. Photos are encouraged! Please submit high-resolution images along with photo credits and captions.

If applicable, include a list of references or sources used in your article.

Feel free to share our call for articles with interested friends and colleagues.

We look forward to featuring your article in an upcoming issue!

UPCOMING 2026 THEMES

After the Spring Issue, the following themes will be:

JUNE ISSUE: Transitions

SEPTEMBER ISSUE: Workplace Conditions

DECEMBER ISSUE: Refusal

Please email mat@aknurse.org if you'd like to pitch or submit an article, or if you have any questions.

Check our website for more details:

<https://aknurse.org/write-for-the-alaska-nurse-magazine/>



Editor's Note

Throughout my nursing career, I've been struck by how nurses support people during the most vulnerable, traumatic, and painful moments of their lives, all while cutting the tension, cracking jokes, explaining things in ways people can actually understand, and holding others' stories with the tenderness they deserve. It's our ability to hold nuance, to connect with people, and to recognize ourselves as interconnected with the people we serve, that allows us to have such a special role within the care ecosystem.

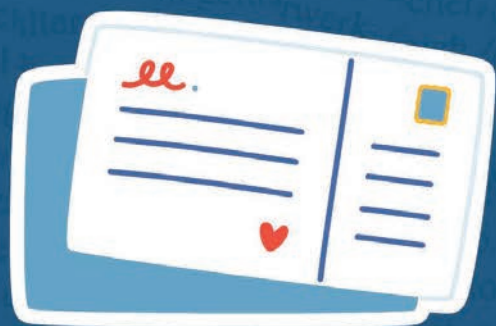
In these pages, you'll find: a deep dive on Familial Adenomatous Polyposis, from a nurse intimately impacted by the genetic condition; a perspective on stomach pain as it relates to intergenerational trauma and colonization; an article highlighting the relationship between microplastics and breast cancer. You'll also find work highlighting nurses in Alaska, including from multiple events put on by the AaNA - Nursing Narratives and Trending Topics – and updates from AFT. Alaska nurses have also been involved in recovery efforts for

those impacted by Typhoon Halong, and we've included resources for those who want to get involved or donate.

As a new editor exploring the editorial role, I see the magazine as one place where nurse-writers, nurse-artists, healthcare workers, and those we care for, can have our voices heard. I envision the magazine as a place to create connections between people who wouldn't otherwise hear each other's stories – from rural to urban, patient to nurse, hospital to clinic. I'm interested in including more narratives by those we care for, along with book reviews, submissions of art and poetry, and more. While our focus will always remain on the world of nursing that we inhabit, and that so few outside the profession understand, I'm also interested in creating opportunities for cross-pollination, to collaborate with other professions, and to work in solidarity for a more liberated future.

With care,

Mat



CHANGE OF ADDRESS?

Don't miss out on future issues!

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FAMILIAL ADENOMATOUS POLYPOSIS

A Silent Killer

By Jeff Matthews, MDM, BSN

Familial Adenomatous Polyposis (FAP) is a rare but deadly hereditary cancer syndrome that often goes undetected until it has already set an irreversible course toward malignancy. Although uncommon in the general population, for affected families the condition is devastating, relentlessly progressive, deeply genetic, and unforgiving when missed. My family has battled FAP for eight generations. Behind the textbooks and genetic terminology are real families who bury siblings, parents, and children far too young. For nurses, the lesson is clear: vigilance, trauma-informed communication, and early screening can mean the difference between life and death.

My father was one of six children. Five of the six inherited FAP at a time when genetic testing did not exist, colonoscopy screening was limited, and the disease was poorly understood. By the time screenings became more widely available, the pathology in his generation was already progressing. Years later, when my generation underwent testing, I was the oldest of four siblings. My sister and I tested negative, but my two younger brothers tested positive. At twenty-six years old, one brother, the index case in our generation, was diagnosed after months of gastrointestinal symptoms dismissed as stress or diet-related. By

the time his true diagnosis was made, cancer was already present. He died at age twenty-eight. My father later died of duodenal cancer, another recognized manifestation of FAP. The mutation in our family's APC gene has taken lives for more than 150 years. My family is not unique among FAP families; this disease leaves behind a trail of shortened futures, traumatic grief, and generational anxiety.

THE PATHOPHYSIOLOGY OF A SILENT THREAT

FAP results from a germline mutation in the adenomatous polyposis coli (APC) gene, located on chromosome 5q21. The APC gene is a tumor-suppressor gene essential to regulating the WNT/ β -catenin signaling pathway, which controls cellular growth, differentiation, and apoptosis which is the body's programmed process for removing old or damaged cells in the intestinal epithelium. When this process is disrupted, abnormal cells are not eliminated as they should be, allowing unchecked cell proliferation that leads to the development of hundreds to thousands of adenomatous polyps.

CONTINUED ON PAGE 14

In healthy cells, the APC protein binds and degrades excess β -catenin, preventing uncontrolled cell division. When the APC gene is mutated, the degradation complex fails, β -catenin accumulates in the nucleus, and epithelial cells proliferate unchecked. The result is the formation of hundreds to thousands of adenomatous polyps, typically beginning in adolescence.

This is why FAP without intervention has a near 100% lifetime risk of colorectal cancer. With gene mutation present at birth, polyps develop silently through adolescence and early adulthood, and malignancy often emerges by the third or fourth decade of life. Because APC mutations affect all mucosal epithelium, FAP is not confined to the colon. Polyps may develop anywhere along the gastrointestinal tract including the stomach, duodenum, and small intestine as well as extracolonic sites such as the nasal cavity and thyroid. This systemic potential explains why FAP also increases the risk of duodenal cancer, hepatoblastoma, and papillary thyroid carcinoma.

Because cancer develops so predictably in FAP, screening begins early. Current guidelines recommend annual or biannual colonoscopy starting in adolescence, with prophylactic colectomy typically considered between ages 16 and 25, or earlier if high-grade dysplasia is detected. In addition to colon surveillance, upper endoscopy every 1–3 years is recommended to monitor for duodenal disease, a major cause of morbidity in FAP.

DESMOID TUMORS: THE SECOND BATTLE

One of the most feared manifestations of FAP, beyond colorectal cancer, is the development of desmoid tumors. Desmoids are aggressive fibroblastic growths that arise from connective tissue, often occurring in the abdomen or mesentery. Although benign in cellular behavior (they do not metastasize), desmoids can be lethal due to their infiltrative growth. They can compress the bowel, ureters, or major vessels, leading to bowel obstruction, sepsis, ischemia, or organ failure.

Treatment is difficult. Surgery is risky, manipulating desmoid tissue can trigger explosive regrowth. As a result, management often includes NSAIDs, anti-estrogen therapy, tyrosine kinase inhibitors, or chemotherapy, and in some cases, careful observation. For many FAP survivors, desmoids

become a second, lifelong battle after colectomy. Nurses caring for these patients must understand that “benign” does not mean harmless, desmoids bring chronic pain, repeated hospitalizations, and profound psychological distress.

WHAT NURSES MUST RECOGNIZE

Because FAP often presents insidiously and can appear in otherwise healthy young adults nurses are in a key position to interrupt the trajectory of FAP. The earliest symptoms are nonspecific: intermittent abdominal pain, fatigue from anemia, rectal bleeding, changes in bowel habits, or unexplained weight loss. Too often, these symptoms in young patients are minimized or misattributed to irritable bowel syndrome, stress, hemorrhoids, or diet. A nurse’s curiosity and advocacy can initiate life-saving referrals.

BEYOND YES/NO QUESTIONS: ASSESSING BOWEL PATTERNS WITH CLARITY

Nurses must be aware that bowel-related questions require clarity and specificity. Closed questions such as, “Have you had any changes in your bowel habits?” often produce misleading answers. In my own family, my father answered “no” to this question for years, despite experiencing explosive diarrhea for a decade, because his symptoms had not changed. Patients often feel embarrassed discussing bowel habits and may minimize or withhold details unless given permission to speak openly. Nurses should instead ask descriptive, normalized questions such as, “Tell me about your bowel movements, are they formed, loose, or watery? How often do you go? Is that your usual pattern?” Trauma-informed, shame-free communication helps uncover critical information that can trigger earlier referrals, earlier colonoscopy, and ultimately earlier detection.

NURSING PRIORITIES INCLUDE:

- Recognizing family-history red flags, especially early colon cancer, duodenal cancer, thyroid cancer, or “multiple relatives with GI problems”
- Encouraging genetic counseling and APC testing for at-risk relatives
- Reinforcing colonoscopy timelines (annual or biannual, beginning in adolescence)
- Preparing patients for life after colectomy,

including stoma care, nutrition, and body-image support

- Promoting trauma-informed communication, avoiding shame, blame, or minimization
- Addressing survivor's guilt, anticipatory grief, and chronic fear of cancer recurrence

Nurses are often the professionals who spend the most time with patients and families. Nurses' tone, word choice, and level of empathy can determine whether a patient feels empowered or defeated.

WHY THIS MATTERS IN ALASKA

Alaska's unique geographic and healthcare landscape makes early nursing recognition even more critical. Many communities lack local gastroenterology services, and patients may wait months or fly hundreds of miles for screening or specialty care. Limited access increases the danger of delayed diagnosis in hereditary syndromes like FAP. When nurses in Alaska ask clear screening questions, identify red-flag family histories, and trigger early referrals, they can shorten time-to-diagnosis and improve survival sometimes by years. In rural, frontier, and Tribal communities, nurses are often the first and only clinicians' patients see, which makes their role in early detection indispensable.

A DISEASE OF FAMILIES, NOT INDIVIDUALS

FAP is not a one-time diagnosis; it is a lifelong identity. It dictates childhood screening schedules, influences reproductive decisions, and shapes family planning conversations before adulthood. In families like mine, children grow up knowing that a genetic coin toss may decide whether they live a normal lifespan—or spend their twenties preparing for colectomy.

This disease also creates invisible trauma:

- Parents grieve before illness even starts, fearing what they might have passed down.
- Siblings experience survivors' guilt, wondering why they were spared.
- Spouses become lifelong caregivers far earlier than expected.
- Children face medical complexity before they understand mortality.

For families in genetic cancer syndromes, grief is anticipatory, complicated, and generational. Nurses must recognize that education alone is not enough. Support must include empathy, validation, peer resources, and referrals to psychology or support groups when appropriate.

CONCLUSION

FAP is a silent killer but it is also a highly preventable one when detected early. Nurses who understand this disease can interrupt its trajectory through awareness, early advocacy, genetic referral, trauma-informed support, and patient-centered education. The lives stolen in previous generations do not need to be repeated in the next. Screening saves futures. Surveillance saves families. And one well-timed nursing intervention can alter the entire course of a genetic legacy.

Jeff Matthews, MDM, BSN is a nurse leader and educator with clinical and military experience in trauma, disaster response, and patient advocacy. He is committed to advancing nursing awareness of hereditary cancer syndromes and improving early-detection practices through education and trauma-informed care.

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“THAT’S THE MEDICAL JUSTICE WE SERVE”

ARRAN FORBES AT NURSING NARRATIVES

By Mat

On October 8th, hundreds of people gathered at Bear Tooth Theatrepub for Nursing Narratives, a night of storytelling presented by the Alaska Nurses Association. Hosted by Jennifer Hazen and Arran Forbes, who has since left Anchorage to work in Scotland, the night was full of body humor, tears, and stories specific to our world of nursing. Storytellers included Ginger Johnson, Tasmin Kurth, Krista Malevich, Frances Ortiz Mortenson, Jordan Thompson, Monica Perez-Verdia, and Kitty Wellman.

This was my first time at Nursing Narratives, and I appreciated the way the nurses on stage

shared their stories in a way that is so unique to nurses. We share a common language, and with this common language we can talk about complex, heart-wrenching subjects. Themes that night included: caring for people regardless of what they’ve done – even if they’ve literally murdered your family member – and how we don’t choose who we care for; the exhaustion of our work; the journey of learning to say no; the impact we have on people’s lives, even if we don’t get to see what happens to them after we care for them. Alongside the heavier material, there were moments that had the whole room roaring with laughter. Nurses are

ELECTION RESULTS

AaNA 2025 Election Results Are In!

We're excited to announce the newly elected members of the AaNA Board of Directors, Labor Council, and Delegates to the 2026 AFT Convention! Congratulations to all the outstanding leaders chosen to represent and advocate for Alaska's nurses.

BOARD OF DIRECTORS HIGHLIGHTS

Shannon J. Davenport
President

Jori Nicholson
Greater Alaska Director (1-year term)

Brittany Mackey
Rural Director

Marina Rae Banks
Directors at Large

JOINT BOARD & LABOR COUNCIL

Caitlin M. Smiley
Treasurer (Labor & Board)

Stacey Sever
Secretary (Labor) & Staff Nurse Director (Board)

Trisha Pavlicek
Director (Labor) & Director at Large (Board)

2026 AFT CONVENTION DELEGATES

Caitlin Brady, Shannon J. Davenport, Jane Erickson, Jori Nicholson, Trisha Pavlicek, Donna Phillips, Caitlin M. Smiley

All terms begin October 15, 2025. We look forward to the leadership and vision these individuals will bring to our organization.

Thank you to everyone who participated in this year's election!



Photo credit: FLS Photography

skilled at bringing humor to the visceral, tragic, and mundane aspects of our care.

Even though I no longer work in hospitals, the night brought me back to the sense of affection, camaraderie, and cynicism, that acute care nursing

simultaneously holds. Thank you to everyone who shared the stage that night, and to all the brave nurses who have told stories at Nursing Narratives! You can find the recordings from previous Nursing Narratives events on the AaNa website: <https://aknurse.org/nursing-narratives-recordings/>

PAINED TUMMY

By Río Oxas



There is pain trapped in my tummy. On top of our tummy there's a massive enteric nervous system and the vagus nerve that runs down from the brain. It is called our second-brain, it's why we say I have "a gut feeling." My gut feeling is often interrupted by cramping, bloating, twisting and turning pains. I can't quite seem to find foods for comfort. I've had a series of changes with my relationship with food; I've carefully watched what I drink or eat, nearly to an obsessive level. I've struggled with eating disorder after eating disorder. My masculinity often masks this eating disorder. It is easier to excuse eating disorders if you are masculine, after all we are "just looking to build muscles and strength." I called myself in and stopped my eating disorder habits. I realized I no longer needed to fine tune my body like a fighting machine. I could let go of some of the stress of my ancestors who were killed, displaced and horrified at the hands of the invaders. I could let go of the stress of my Two-Spirit ancestors who bled, sweated and cried to allow our fluidity today! I am Two-Spirit, Nahuatl-Pipil, Mayan, spaniard, and so many other unknown lineages cut from my awareness. My existence proves our ancestors' success. Your existence proves your ancestors' success.

Even after an intense healing with drums, singing prayers and sacred plants I still writhe in pain in my tummy. Too often to count each week. I began to think it is normal. On a night with two of our Two-Spirit elders Jacquie and Terry Garza-Lawrence I sat with all the medicines and decided to get to the bottom - yes, a pun intended - of this tummy issue. I followed deeply inside. I saw horrific images trapped in my tummy. I realized it was intergenerational trauma.

Many of my family members who'd be uncles, aunts, cousins, grandparents, etc have died from starvation. My

mom Bernarda grew up in Tonacatepeque, El Salvador. She survived starvation. Three of her siblings died as toddlers due to a lack of food. My dad Wilfredo grew up in Tiquisate, Guatemala. He survived being left to fend for himself at age 11. Both of my families were deeply impacted by the outright stealing of land for fast food cattle, for store bought bananas, and for overproduction of sugar canes. No longer could our families tend the land for their corn, beans, and squash. No longer could our families feed their children with tamales, atole, chuco, or pepian.

Hungry my parents set forth toward Tongva Lands aka Los Angeles. Here they regularly ate fast food, bananas, and overloaded sugar foods. My parents went from starving to bountiful eating, which led to diabetes and high cholesterol. What a set-up. Our families displaced from their homelands to head "north" where they could be manipulated to work and be sickened by horrible foods. My mom pays \$800-\$1000 on medical bills each month, the diabetes is making her lose her eyesight, two of my tias already lost their eyesight. I am pissed. My tummy churns.

The pain has been trapped in my tummy. My ancestors were deliberately killed by the stealing of their land. Our bodies have been manipulated to be working machines so other people who've wrongfully privatized land can enjoy the fruits of our labor. Our communities have been forced to make money on cheap plastic wares instead of tending and loving the land that nourishes us.

The pain trapped in my tummy is now self-induced; I kept repeating over and over the generational traumas in my mind and body both consciously and unconsciously. How do I release this intergenerational pain related to food? Tears barely stream down my cheeks. I cried every night when I was a kid that it permanently changed

some of the coloring of my skin. I have very little tears left for pain. I had anger so profuse that I beat the hell out of my body to make it a killing machine; this resulted in massive adrenal fatigue and chronic pain for over one year. I am still healing from that. So what do I do to heal this? My emotions are exhausted. My breath is shortened.

So I inhale slowly. I accept my own and my ancestors' past. I will no longer hide this story of intense impoverishment. My duality (wife) Xoxikoyotl urges me to share this painful tummy story. No, I don't share this story to cause pain to others. For so long in my roar filled speeches I timidly held onto this pain. I was afraid of hurting and causing discomfort to others because I didn't want to deal with the backlash of people shaming me. People's fragility is no longer my concern. Instead, I will begin to share this story to honor my ancestors. While my mom may deal with this pain on a daily basis I am committed to releasing it so that she nor any of my other living relatives

carry this burden in the next plane. I let go of these pains for my ancestors, my family, myself and the generations to come.

Bio:

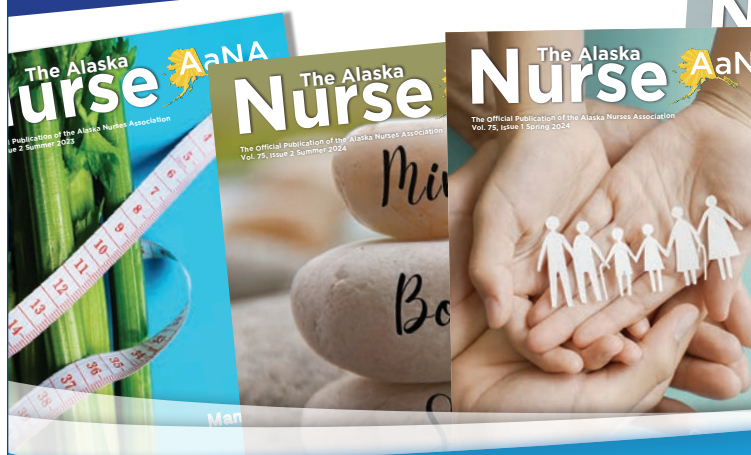
Río Oxas is Two-Spirit Nonbinary with Náhuat-Pipil, Mayan, and spaniard lineage and was born & raised in Tongva lands (Los Angeles). They are the co-founder of RAHOK, a family-owned social enterprise that illuminates the interdependence of Race, Ancestors, Health, Outdoors and Knowledge to cultivate loving neighborhood-ecosystems. RAHOK provides services in education, land stewardship, and asset management. Río is a national speaker, educator, realtor and consultant for equity and racial justice. Over the past twenty years they have worked alongside Black Indigenous People of Color communities to advocate for mobility, food, racial, environmental, and health justice amongst many other movements. Río is an avid life-long bike rider, bike mechanic, bike tourer, bike artist, bike-tivist, and more committed to the continued revolution and expansion of bicycles as a tool for joy, freedom, liberation, medicine and meditation!

IG: @rio00oxas

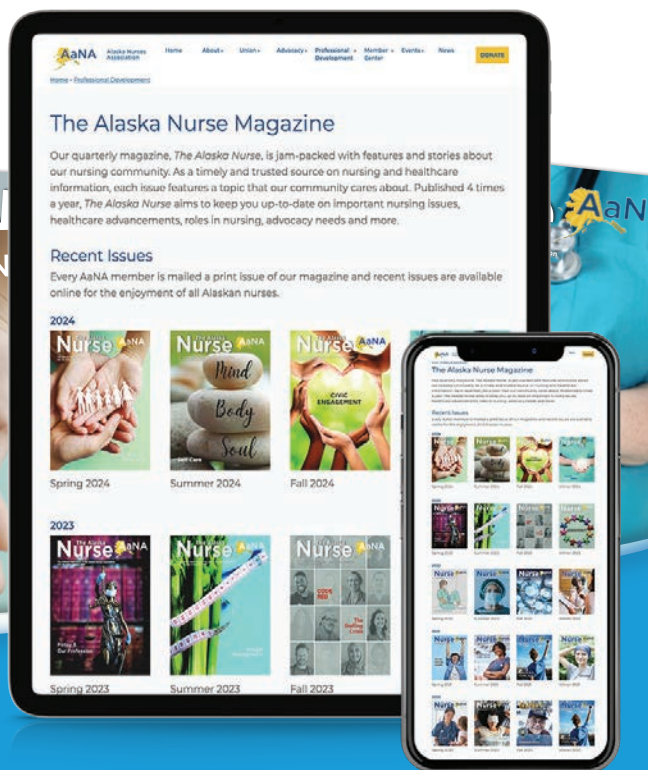
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DONATE TO THE AMERICAN RED CROSS

<https://www.redcross.org/donate/dr/alaska-storms-floods-2025.html/>



DONATE ITEMS IN ANCHORAGE

Team Rubicon coordinating donation drop offs at a central location in Anchorage, at 1120 East First Avenue. At the time of this writing, they were seeking donations of new items, including:

- Heavy winter coats, all sizes
- Children's snow pants, all sizes
- Winter hats and boots, all sizes
- Subsistence living equipment (nets, fishing poles, hunting equipment, etc.)
- Outdoor and sports equipment for kids (basketballs/hoops, volleyballs/nets, etc.)
- Crafting supplies (especially traditional, including leather, beads, fabric, etc.)

DONATE ITEMS ONLINE

The Association of Village Council Presidents (AVCP) has posted an Amazon wishlist for items to distribute to villages. Link here: <https://www.amazon.com/hz/wishlist/ls/1C1NSKNI9HD16>



VOLUNTEER

with the Municipality's "We Welcome the YK" Program: Fill out the online form at <http://tinyurl.com/5basn3by>.



DONATE TRADITIONAL ALASKA NATIVE FOODS

visit the MUNI website for information on how to donate to the Alaska Native Heritage Center and ANTHC, who are providing traditional foods to those displaced: <https://www.muni.org/Departments/Mayor/AnchorageWelcomesWesternAK/Pages/How-To-Help.aspx>



HOUSING

If you have places for people to stay (hotels, apartments, micro-units, etc.), please email info@AlaskaHousingDisasterRelief.us or visit this website: <https://www.ahfc.us/newsroom/resources-alaskans-displaced-typhoon-halong-how-help>



DONATE NON-TRADITIONAL FOODS

to the Food Bank of Alaska

ANIMAL SUPPORT AND ADDITIONAL RESOURCES

see Muni website for a list of organizations working with animals

ALASKA NURSES ASSOCIATION TRENDING TOPICS 2025 CONFERENCE RECAP

The Alaska Nurses Association (AaNA) hosted its highly anticipated Trending Topics 2025 Conference, a dynamic two-day event celebrating facts, fun, and fellowship among nursing professionals.

DAY ONE HIGHLIGHTS

Morning Sessions:

- **Stroke Awareness:** Latest insights into prevention and early intervention.
- **Non-Accidental Trauma:** Recognizing signs and supporting affected individuals.
- **Communication Styles:** Enhancing interpersonal effectiveness in clinical settings.

Afternoon Sessions:

- **The Art of Precepting:** Best practices for mentoring new nurses.
- **Advancements in Type 1 Diabetes:** Emerging technologies and treatment strategies.

DAY TWO HIGHLIGHTS

Morning Focus:

- **Healthy Work Environments:** Strategies for cultivating supportive and resilient teams.
- **Meaningful Recognition:** Fostering appreciation and morale in healthcare settings.

Afternoon Focus:

- **Infection Control – Identify, Isolate, inform:** A practical framework for managing infectious threats.
- **Workplace Violence Panel:**
 - o Impact on healthcare workers
 - o PTSD and mental health implications

o Legislative efforts driving systemic change

CLOSING SESSION: GENERAL ASSEMBLY

Open to all AaNA members, the General Assembly provided a platform to:

- Vote on **bylaw and policy changes**
- Introduce **new resolutions for 2026**
- Celebrate and **recognize AaNA officers**

AANA TRENDING TOPICS 2025 CONFERENCE RECAP

The Alaska Nurses Association's two-day Trending Topics 2025 Conference delivered a powerful blend of education, inspiration, and connection. Day one explored stroke awareness, non-accidental trauma, communication styles, precepting excellence, and innovations in Type 1 Diabetes. Day two focused on cultivating healthy work environments, meaningful recognition, infection control strategies, and the impact of workplace violence on healthcare professionals. The event concluded with the General Assembly, where members shaped the future of AaNA through policy votes and officer recognition. Huge thanks to all who joined us for the sessions, panels, and the General Assembly. Here's to



Photo credit: Krista Kandrick Photography

Calendar of Events

Holiday Helping Hands

AaNA Holiday Assistance Program
for Members Donate online through
December 10!

www.aknurse.org

Alaska Native Health Research Conference in-person

December 8-9, 2025
BP Energy Center, Anchorage
anthc.org/events/anhrc/

AaNA Legislative Committee

virtual

Meets every other Tuesday
Beginning January 2026
Email madison@aknurse.org to join
www.aknurse.org

Book Club virtual

Hosted by AaNA
Meets every other month
Contact hours available
Email krista@aknurse.org to participate
www.aknurse.org

TUESDAY TALKS virtual

Hosted by AaNA
etal Alcohol Spectrum Disorder
Presented by Leah Coffman, DNP, APRN,
FNP-BC
January 20, 2026 at 6 PM
Free contact hours available
www.aknurse.org

Alaska Public Health Association & Maternal Child Health & Immunization Health Summit hybrid

January 20-22, 2026
Dena'ina Center, Anchorage
alaskapublichealth.org

TUESDAY TALKS virtual

Hosted by AaNA
March 17, 2026 at 6 PM
Free contact hours available
www.aknurse.org

2026 Alaska ENA Conference & CEN Review

in-person

April 22-24, 2026
BP Energy Center, Anchorage
connect.ena.org/ak/home

Alaska School Nurses Association Conference

in-person

April 2026
alaskasna.nursingnetwork.com/

Nurses Week 2026

May 6-12, 2026
Stay tuned for exciting event
announcements!
www.aknurse.org

Nursing Narratives

in-person

Hosted by AaNA
May 6, 2026
Bear Tooth Theatrepub, Anchorage
www.aknurse.org

2026 Love a Nurse 5K

hybrid

Hosted by AaNA
May 9, 2026
Goose Lake Park, Anchorage
Virtual 5K option available!
www.aknurse.org

2026 Trending Topics in Nursing Conference

in-person

Hosted by AaNA
September 30 - October 2, 2026
BP Energy Center, Anchorage
aanaconference.org

AaNA General Assembly

Hosted by AaNA
October 2, 2026
BP Energy Center, Anchorage
www.aknurse.org

AaNA MEETINGS

Board of Directors hybrid

Held on 4th Wednesday
of each month at 4:30 PM
Email geri@aknurse.org
if interested in attending

Labor Council hybrid

Held on 4th Thursday
of each month at 4:30 PM
Email geri@aknurse.org
if interested in attending

Providence Registered Nurses Bargaining Unit Meeting hybrid

Held on 3rd Thursday
of each month at 4 PM
Email invites sent
to members each month

Ketchikan Registered Nurses Bargaining Unit Meeting

Held on 1st Thursday
of each month at 5:30 PM
Text invites sent
to members each month

RNs United (Central Peninsula General Hospital) Bargaining Unit meeting

Email jenipher.ak.rn@gmail.com
for meeting dates

Visit www.aknurse.org/events
for frequent updates and
information on AaNA events
and local continuing education
opportunities.

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

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Creating opportunities for nurses to be dynamic and powerful leaders

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