As this issue goes out to you all, I find myself just a few days short of one full year as your elected President of the Board of Directors for the Alaska Nurses Association. It’s been quite a year, both for me and the Association. I can’t quite fathom how my life has changed this past year. I’ve been taken in a direction I had never contemplated and found that once again my dreams and goals have shifted. I seem to do that every few years. One of those seismic life shifts is how I ended up in Alaska 10 years ago. I have learned so much about nursing, healthcare, and myself since you elected me as your president.

I have spent most of my career in hospital nursing. Before nursing school I worked in an MD’s office, and while in school I worked in a nursing home, but the majority of my nursing career has been in the hospital setting and further narrowly focused to adult intensive care. I had a vague notion of what it is like to work in other areas of the hospital from the occasional required float to another department. I really didn’t have much of a clue about public health nursing, school nursing, or advanced practice nursing. I was seemingly not the best person to take the lead in an organization dedicated to representing all nurses in the state of Alaska. I had no idea what I was exactly signing up for either. I figured I would lead a few meetings and maybe sit on a committee or two. Wow! I had a thing or two, or ten, to learn.

In this past year I have learned a great deal about the very important role of population based nursing and public health nursing. I have learned how critically important school nurses are to Alaska’s most vulnerable children. I’ve learned how important it is to have a nurse’s voice and perspective involved in healthcare policy and legislation. I’ve learned how difficult and complex the processes of legislation are, and how rewarding it is to see something that you’ve worked hard on be passed and become law. I’ve learned about the special issues faced by military and VA nurses, especially in rural Alaska. This has been one of my learning curve this past year. Pretty steep, but I’ve enjoyed every minute of it.

The Association has also undergone some changes over this past year. While we have endured some growing pains, we are indeed growing and making a difference for nurses in Alaska. It has been exciting seeing our different agendas grow and develop this past year. For example last year was the busiest legislative year for the organization to date. We had several bills that we were either testifying on or working behind the scenes. It was in fact a pretty successful year for us legislatively. We hope to continue developing the relationships we made with the legislature and keep working on healthcare issues for Alaskans.

Our Continuing Education committee is larger and more active than we’ve ever had, bringing new educational offerings to you throughout the year. Our first webinar has been filmed and the website updates to bring the webinars to you is in the final stages for release. The fall conference is this weekend concluding a full year of planning and development to bring you two full days
of education. We’ve had a very successful partnership with Alaska AHEC to bring the Healing our Heroes program to you, and we are hopeful that the partnership will continue into future offerings. We have plans for educational offerings that we can take on the road to rural Alaska.

This year our health and safety committee will take on the subject of violence in the workplace, as well as continuing to work on safe patient handling and safety from toxic chemicals in our environment.

The editorial committee is dedicated to bringing you interesting and informative issues of the Alaska Nurse. Writing for the Alaska Nurse has been the most amazing experience for me, reviving a love of writing that I had forgotten about.

Can I be humble and proud at the same time? Because that is exactly how I feel. I am humbled by the confidence in me you showed when you elected me as your president of the board. And I’m so proud of all that we as an organization have been able to do on behalf of Alaska’s nurses. Thank you for having me as your president this last year. I have worked very hard to represent you and help the organization make new goals and grow. I have one more year to go and I can’t wait to see what the next year brings for the AaNA.

Alaska’s Unique VA

by Jana Shockman, RN, CCRN-CSC

The Veterans Health Administration has been a hot topic in the news recently, mostly for its reported inadequacies. Problems relating to long wait times, computer incompatibilities, misdiagnosis, and falsified records have been in the headlines. While Alaska has experienced some of these issues, the problems have not been as extensive here as in the lower 48. There is a good reason for this. Alaska’s program is different from any other program in the United States. The Alaska Veteran’s Administration is partnered with 26 Indian Health Service facilities to provide health care to Alaska’s veterans.

In 2011 Senator Mark Begich brought VA Secretary Eric Shinseki, and Health and Human Services Secretary, Kathleen Sebelius to Alaska. He was able to show them around the state and highlight the needs and challenges of Alaska’s rural veterans. The unique geographical challenges faced by Alaska Native and rural veterans can be hard to imagine if you’ve never been to Alaska. Most people have a hard time understanding that so much of the state is “off the road system,” and what means for travel within the state. Senator Begich feels that “Alaska Natives have a long history of serving our nation and have a right to access the same quality care that veterans in more densely populated areas do." By bringing Shinseki and Sebelius to Alaska, Senator Begich was able to successfully make the case for individual agreements with the tribal health programs in Alaska and the VA.

“Many of our rural veterans, who may have to travel hundreds and even thousands of miles to get care at VA hospitals,” Begich said. “Now these veterans will be able to receive care at local or regional facilities, closer to home and their family support networks.”

This agreement, for now, only applies to VA and IHS. Moving forward it will inform agreements negotiated between the VA and other tribal health programs.
If Not Now, When?
by Andrea Nutty

When I first contacted Sinnamon Bovey in May 2013 to set up an interview, I didn’t yet know what I was getting into. We first sat down over one year ago, and I just now feel like I have “enough” to be able to tell her story. You see, when I write about someone, I want the article to showcase the subject as authentically as possible; I want the reader to be able to see the light that I saw within that person. Sometimes it’s much more difficult a task than it seems. Sometimes I simply can’t string together the right words in the right amount and in the right sequence. At least, that was certainly the case with Sinnamon.

I sat down to interview Sinnamon because she was a finalist for the 2013 American Heart Association Go Red for Women Red Dress Award, which each year is awarded to a woman who has made significant lifestyle changes to lower her risk of heart disease and lead a healthy life. But I soon learned that there was much more to tell.

Originally from Tennessee (where she grew up on a farm eating veggies), Sinnamon Bovey is the Women Veteran Program Manager at the Alaska Veterans Health Administration. She garnered a recent promotion from her position as Veteran Health Education Coordinator, beginning as Interim Women Veteran Program Manager in December 2012 and winning the official title in March 2013.

Ten years ago, Sinnamon was at her most unfit. She was newly married and trying to become pregnant. Within three months, she had gained 100 pounds and was diagnosed with polycystic ovarian syndrome. Gloriously, after some time, her youngest son Braeden, now aged 11, arrived. Adding to her health troubles during this time period, Sinnamon fell and sustained a compression fracture on her back and had to undergo surgery.

After her son’s birth, she tried weight watchers and personal trainers. A turning point came when she applied for a life insurance policy and was denied because of her weight. Sinnamon then made the decision to undergo gastric bypass surgery. She had to show that she had undergone a diet regimen for six months. After gastric bypass, her weight was down to 191 pounds, but she says, “It didn’t bring me to health.”

Part of Sinnamon’s job at the VA requires teaching veterans’ classes on topics ranging from chronic disease self-management to a program called MOVE – Motivating Overweight Veterans Everywhere, which focuses on healthy diet and exercise. But it turned out that the veterans she was teaching were not the only ones being motivated. Sinnamon thought to herself, “If I’m going to be teaching this, I should actually be in better shape.”

Sinnamon started her journey towards improved health by going to small gym at the VA. Eventually, she joined a “real” gym. She used the Couch-to-5K phone app and the MyFitnessPal phone app to help keep her on track. For Sinnamon, being healthy boiled down to one question: “If not now, when?”

In 2008, Sinnamon weighed 309 pounds. Today, she is half her former size. “I feel good and I’m active.”

At a recent appointment, her physician pulled her aside after finding her heart rate was just 55 bpm, asking her, “Sinnamon, you know what this means, right? You have an aerobic heart now.”

When I first spoke with Sinnamon, she was nearing the end of her training for the Gold Nugget Triathlon – her first, and it was approaching quickly – something I mentioned. In response she said, “Only 20 days left… but who’s counting?” On May 19, 2013 Sinnamon completed her very first triathlon. In 2014, Sinnamon competed in the Gold Nugget Triathlon again – this year shaving a whopping 45 minutes off her 2013 finishing time.

Sinnamon came to Alaska in 1997 to “visit” and ended up with a job as a case manager at ANMC. She’s been a nurse for 18 years, after graduating with an associate’s degree while still living in Tennessee. Sinnamon completed her BSN in 2010. Now that she has settled in to her role as Women Veteran Program Manager, she is gearing up to go back to school once again to begin a master’s degree program. She’s worked in med-surg and case management for the majority of her nursing career. As a nurse educator, she worked on continuing education competencies for new nurses. A job that was severely challenging, “but so rewarding,” she says.

At the end of April, the first event that Sinnamon planned as the Women Veteran Program Manager in 2013 came to life for the second year under her guidance: the 4th Annual Women’s Spring Health and Wellness Fair. In 2012, 32 women attended. In 2013, 50 women attended. And in 2014, over 70 women attended the fair. Women veterans were invited to attend sessions on self-defense, financial wellness, yoga, art, an introduction to military sexual trauma, and the Midnight Sun Service Dogs.

Sinnamon connected with Lisa Sauder, the American Heart Association Executive Director in December 2012 and has become increasingly involved ever since. On “Go Red” day at the VA, 70 participants wore red to show support for heart health research and outreach. Sinnamon participated in the AHA “Hockey with Heart” event and has taught Hands-Only CPR. She also attended the Red dress luncheon in 2013 and 2014, the American Heart Association wine tasting, and wrote an article for the AHA newsletter.

As for the Red Dress award, Sinnamon was intent on finding a veteran to nominate. She tried and tried to find someone – and got nothing. Eventually, she went home to her husband, who asked, “Well, what are they looking for?” When she described the criteria to him – someone who had made lifestyle changes to increase their heart health such as changes in diet and exercise – he said, “Look, all of these are you!” And with that, she was nominated.

One of the things that has kept Sinnamon motivated is her supportive family. Her husband has lost 60 pounds alongside her. When her husband asked her what she wanted for a recent special occasion, she requested something a little bit outside the box – to be able to complete her workouts and not feel guilty. To which her husband replied, “Done.” Her oldest son, Grey, who has autism, is a rule follower – so if a rule is “there is always something green on the plate” – he’ll eat it. After Grey signed up to do the Color Run with Sinnamon in June 2013, her youngest boy, Braeden, began running with her once or twice a week, saying, “Mom, I will always help you.” So far this year, Grey has completed his first 10K run and learned two valuable lessons: If you’re going to run in an 10K you should train, and if you’re going to wear duct tape shoes in a race, make sure you wear insoles. Braeden has participated in the Eagle River Triathlon and an
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Professional Profile:
United States Air Force Captain Phi Tran

By Erin Evans, MS, RN

Military nurses come from unique backgrounds as varied and diverse as the profession itself. Captain Phi Tran of the United States Air Force is one such nurse. In celebration of Veteran’s Day, we honor all military nurses by profiling a professional who exemplifies what nursing is all about.

Phi Tran was born in Vietnam, where she spent the first 11 years of her life. Her father was a Medical Doctor, and her mother was an elementary school teacher. Near the end of the Vietnam War in 1975, Phi’s father was sent to a concentration work camp because he did not adhere to communist doctrines. He was imprisoned for 6 years, and upon his release he was blacklisted from employment in Vietnam. Phi’s parents struggled to support their 3 children in a country that had been ravaged by war.

Fortunately for the Tran Family, the United States had begun an immigration program for non-communist Vietnamese citizens, whereby families who completed a rigorous and lengthy interview process could be sponsored by US citizens to come to the USA. In search of the ‘American Dream’, Phi’s family emigrated to California in 1993. Phi was 11 years old, and like the rest of her family, spoke not a word of English. Thrust into a mainstream 5th grade classroom, Phi was forced to learn the language and American customs as quickly as possible. As Phi recalls one of her first days of school, she cringes with the memory. Phi recounts how she showed up for class in the middle of the school year with a shaved head (the result of a lice-prevention decision by her overzealous Mom), and a bright purple dress which, by Vietnamese standards was quite fashionable, but was less so in trendy California. Not only did Phi feel awkward and out of place, she lacked the language skills to express any of that to her peers or teachers.

Meanwhile, her father, unable to get credentialed as an MD in the states, and unable to speak English, was forced to take on a paper route as a means of supporting his family of five. The family was on welfare, housing assistance, and food stamps. Phi remembers collecting recyclable pizza boxes and aluminum cans as a way of earning extra money for treats. The family could not afford to eat out at restaurants and finances were extremely tight.

Phi, however, was determined to assimilate into her new life and became involved in afterschool programs available to English as a Second Language (ESL) kids. She learned to read by going to a free reading program at Barnes & Noble, and often stayed after school to take advantage of free tutoring.

Education was highly valued by the family and Phi never missed a day of school. Her parents were so determined to have their kids succeed, they even excused them from doing dishes and other household chores so they could focus on studying English. Phi’s father eventually learned the language well enough to pass the US Citizen exam, thereby qualifying Phi for citizenship as well.

By High School, Phi began to fit in more at school and was very outgoing. She continued to take advantage of free tutoring programs for ESL students. She got good grades and was accepted into college at San Jose State University. Even though her parents wanted her to be a physician, Phi determined that nursing was the path for her. She worked 3 jobs to pay for college, including caring for disabled adults in assisted living homes. She utilized tutors to help edit her papers and clarify vocabulary words. She graduated with a Baccalaureate in Nursing and passed her NCLEX.
Phi had always been interested in the patriotic aspect of the military, as well as the disciplined lifestyle it afforded, but her parents encouraged her NOT to join. Not deterred however, Phi was establishing herself as a person of independence and determination. She joined the military in spite of her parents’ concerns and selected the Air Force over the Navy so that she wouldn’t have to complete a swimming test.

Phi’s nine year military career has been rewarding and challenging. She has risen to the rank of Captain and has earned a Master’s Degree in Public and International Health. She is the Nurse Manager of the Peri-Anesthesia Unit at the Joint Base Elmendorf Richardson (JBER) Hospital, and she even spent 6 months on deployment to Afghanistan. While there, she drove a Humvee, carried a machine gun, and provided instruction and education to Afghan Nurses.

Phi’s favorite thing about being a military nurse is serving and caring for veterans and their families. She loves that nurses get to take care of all types of patients without regard for their rank, status, or income level. There are no boundaries or defining lines when it comes to patient care and everyone is treated the same. That mindset of serving everyone equally is what helped Phi become who she is today, and is the driving force for why she gives so much of herself in return. Phi volunteers with Big Brothers/Big Sisters, and serves on a scholarship committee at her Alma Mater. She is thankful for her career and feels blessed for the opportunities she’s had since moving to America. She likes to encourage others to become nurses and views nursing as a favorable career.

AaNA would like to thank Phi and all of Alaska’s military nurses and veterans for their hard work, patriotism, and dedication & service to our country. The professionalism and determination displayed by Captain Phi Tran is an honor to the profession of nursing.
Fun Times in the Air Force

By MaryLee Hayes, RN

When my good friend from nursing school decided to go to Detroit with me and see if we were eligible to join the Air Force, I knew this was a good sign.

We each were five years out from having graduated together, and had gotten some nursing experience from different hospitals. We still called each other nicknames that stuck from when we were students; I was called “Goat” (because my mother brought me goat’s milk at the dorm, sure that this would help me graduate, and apparently it did), and my friend was named “Asthma,” because she sometimes has a wheeze.

Now we were ready for a new adventure, and the Air Force seemed a possibility.

Arriving in big Detroit for further Air Force information and testing, we sought out a hotel the night before.

It is best to preface this part of our joining the Air Force by explaining that we each were raised on farms in Michigan. Despite at this point of being in our mid-twenties, we both were still pretty naive.

So when we found a fairly normal-looking hotel not far from the location where we needed to do the pre-testing and forms for the Air Force, it seemed the right thing to not seek any further. Besides, the traffic was a bit much and we were ready to stop for the day. After all, we wanted to be in top form in the morning to be ready to block some of the late afternoon chill of November.

I expressed an idea to Asthma. I told her that it wasn’t good for us to be carrying all this cash in our purses. What if someone robbed us? It would be better if we tucked the bills in our pantyhose on our way to a bank in town.

I could tell that Asthma wasn’t so sure of this, but I talked us into a restroom where we each took the bills from our purses and stuffed the money into the upper leg part of our pantyhose. There. That felt much more safe.

On our way to the bank, the car needed gas. As I got out and proceeded to place the hose into the gas tank, I noticed that some of the bills were beginning to slip down and be visible near my knees.

“Let’s hurry up,” I called to Asthma, “because I can feel some slippage happening with this money.”

When we both got out of the car at the bank, each of us needed to hand-hold the upper part of our legs through the blue uniform skirts. We bent over a bit as the bills were beginning to slip down and be visible near my knees.

Asthma was a little worried about passing the physical exam because of her occasional wheezing, but it was me who flunked the exam. I was too small, weighing in at 98 pounds.

I was started on a diet to gain weight, and eventually we found ourselves pledged and dressed in uniform at the Fairchild Air Force Base in Spokane, Washington.

Since we both had moved to Spokane from other states, money was given for the expenses of the move, as is regular procedure; but the amount of $100 bills that began to be laid out on the counter where we checked in, was nothing less than shocking.

When we left the base to go to a house that we were now going to rent in town, I began to get nervous, having all these $100 bills in our purses. We were wearing our blues, and in the 1970s the style for women was skirts reaching the knees. They still seemed short to me. I’m always cold anyway. The little blue cute hats that we were wearing didn’t add any further. We both were assigned to work at the relatively small Air Force hospital. Although I had minimal obstetrical nursing hours before this time, I soon found myself feeding babies, caring for new mothers post-partum, and assisting with deliveries.

The manager of our OB unit was an older major who I could tell was exceptional in her ability to keep us younger, military personnel focused and professional in our work. She was strict with enforcing the necessary rules, such as not wearing our military clothes, with the bars showing our officer rank, when off-duty and in a casual, play mode.

Thus started the days of our Air Force experience in Spokane, Washington.

It didn’t take long for us to realize that we were in a setting where many fast friends were made: lots of us were in the same boat, many of us single, and there was an added bonus for Asthma and I—we were living off base. It was a natural attraction for others to congregate at our big house during free hours, and suddenly our lives were full and transformed with much social activity.

As luck would have it, I couldn’t always remember all the rules.

One night, another of the nursing lieutenants and myself got off about eleven o’clock at night from working a busy shift. Lieutenant Roth, (name has been changed to protect the guilty), had heard of a ventriloquist performing at a club in town, and asked me to go. I’ve always enjoyed watching a person speak with a dummy, using their own voice for two, and not moving their lips for the dummy’s voice. Of course we went.

Where is your bathroom? We need to make a deposit.”

I spoke loudly to the teller:

“Can you make a deposit?”

Of course we went.

The official publication of The Alaska nurses association.
After we walked into a crowded, darkened room where the performance was taking place, we thought we were inconspicuous. However, we rather quickly realized that the ventriloquist and dummy began to talk about the two military lieutenants who had just sat down. We couldn’t believe it as joke after joke was made about us, and people all around were laughing in an uproar, because the performer really was clever and humorous in his words and presentation. Pretty soon we were giggling and feeling hilarious too.

The situation, you see, was that we had forgotten to change from our uniforms to casual clothes, and remove the officer rank bars after work; so naturally it wasn’t difficult to identify and use us to be objects of the humor.

Well, the rest of the evening passed happily; but the next morning I (and later the other lieutenant) was called by the manager major into her office. “Lieutenant Hayes,” she said sternly, “were you and Lieutenant Roth at the Supper Club last night after your work shift?”

I replied that I was, wondering where this was leading.

“And were you and Lieutenant Roth in uniform?”

Uh Oh. My gaze went to the floor. “Yes, I’m afraid we were,” I said softly.

Then my ears heard her next question to be this: “And did you and Lieutenant Roth take your bras off?”

My eyes snapped up in shock.

“We most definitely did not!” I exclaimed. This had gone too far!

“I would never do that in public!” I continued loud and clear. “We most certainly did not take our bras off!”

The major’s expression suddenly changed as she bit back a restrained grin.

“Lieutenant, Lieutenant…” she patted my shoulder. “I said bars. Did you take your bars off.”

Oh. The rank bars. Well no. Who could possibly remember that detail…

The oddness of the moment saved the day. Neither the other lieutenant nor I were ever disciplined, although you can be sure I didn’t forget this military code rule again.

And thus came and went many other memorable times within the course of commitment that Asthma and I signed up for.

Accompanying our memories is the realization that many persons in the military have serious and even traumatic experiences as they serve our country. We know that we were very fortunate to be on board in the Air Force during a period of time when the United States was at peace, and that we were privileged to be in this area of assignment wherein we had our fun.

Though neither of us were prone to be lifelong officers in the military, we look back on our time in the Air Force as a gift received.

We are grateful to have served.

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Healing Our Heroes: Competencies for Healthcare Providers and Community Advocates

by Jana Shockman, RN, CCRN-CSC

This summer the Alaska Nurses Association teamed up the Alaska Health Education Centers and the VA to bring Healing Our Heroes: Competencies for Healthcare Providers and Community Advocates to providers in Soldotna, Bethel, and Ketchikan.

The program begins with a focus on Military Culture and how veterans and active duty military personnel might have a difference in perspective from non-military healthcare providers. This difference in perspective should be considered when treating veterans. For instance, some of the aspects of military culture include, uniformity, anonymity, depersonalization, hard work, boredom, teamwork, camaraderie, stoicism, loneliness, trust, and orderliness. These attitudes may affect how a veteran may seek treatment and how they may respond to treatment. For instance, a veteran may under-report pain and feel like they need to be stoic and “buck up.” The veteran may fail to seek treatment because they have been trained that the group is more important than the individual and they feel that someone else may be more needful than they are. When it comes to mental health issues, the service member/veteran may fail to seek treatment for fear of being perceived as weak or “unfit for duty.” Veterans may have challenges when seeking healthcare that other groups don’t. They may be alone, with family far away, they may not have VA Healthcare facilities close by which is then exacerbated by a lack of transportation.

The program then moves on with a discussion of what benefits may be available to veterans that they might not be aware of. The Department of Veteran Affairs consists of 3 administrations: the Veterans Health Administration (VHA), the Veterans Benefit Administration (VBA), and the National Cemetery Administration (NCA). Within these three administrations several types of benefits and services are available to Alaska’s veterans.

Each state has its own VA office, which administers the various veterans’ centers. In Alaska the veterans’ centers are in Anchorage, Fairbanks, Kenai, and Wasilla. These veterans’ centers provide such services as readjustment counseling services for individuals and groups, family counseling for military related issues, bereavement counseling for families related to an active duty death, substance abuse assessment and treatment referral, VBA benefits explanation and referral, and screening and referral for medical issues including TBI, PTSD, depression, etc. All contact with the veteran centers is kept strictly confidential.

Many veterans are not aware that they are eligible for benefits, the Healing our Heroes program stressed the importance of asking the question, “Have you or a family member served, or are currently serving, in the armed forces, including the National Guard or reserves?” Anyone who can answer “yes” to this question should apply for benefits. The application for enrollment form is the 10-10EZ and can be obtained at any VA facility, or calling 1-877-222-VETS, or on-line at www.1010ez.med.va.gov.

The Alaska VA Rural Health mission’s goal is increase benefits and services to underserved rural Alaskans. The Alaska VA has employed some unique strategies to meet this goal. The VA has entered into Sharing and Reimbursement agreements with 26 Native Healthcare organizations to provide purchased healthcare to veterans closer to home. They have an agreement with Mt. Edgecomb and Southeast Regional Health Corporation to provide Tele-mental health services. There are plans for future outreach to community and private sector healthcare providers. The VA also partners with rural communities in the form of Tribal/ Community Veteran representatives and Rural Veteran Liaisons.

The Healing Our Heroes program then moves on to discuss PTSD, defining the disorder and discussing co-morbidities such as drug and alcohol abuse. Risk factors for development of PTSD include being female, having suffered a previous childhood trauma, pre-existing psychiatric problems/depression, lack of a social support system, ongoing stressful events, increased perception of threat and lack of perceived control or predictability of threat.

Protective factors that make a person less likely to suffer from PTSD include, high-school or above educational level, older age at time of trauma, positive and supportive family relationships, and a feeling of connectedness.

There are 3 basic approaches to treatment of PTSD, psychosocial approaches, medication, and a combination of the two. Psychosocial approaches include supportive measures, cognitive behavioral interventions, cognitive restructuring therapy and exposure therapies. Medication based treatments are primarily antidepressants, typically SSRIs and tricyclics, mood stabilizers, such as Lithium or Tegretol, and anxiolytics.

The service member suffering from PTSD has many resources available to them from the VA, as well as mobile applications to help bring them “down” when they are feeling panicked. These include T2Mood tracker, and Tactical Breather. Online resources can be found at www.PTSD.VA.gov, www.NIMH. NIH.gov, www.SAMSHA.gov, and www. afterdeployment.org.

The program closes with a presentation of suicide awareness and prevention. Suicide is a major problem in US. It is the 10th leading cause of death overall, and the 3rd leading cause of death for young adults (15-24). In Alaska those numbers are higher. Alaska has the 2nd highest suicide rate in the nation. The highest risk group is Alaska Native men aged 15-24. As healthcare providers it is important that we examine our own attitudes about suicide as this may hinder our ability to recognize and properly assess that patient who is experiencing suicidal ideation. Even the terminology we use can be unintentionally judgmental. It is less judgmental to use the phrase “died by suicide” that “committed suicide.” Do we have pre-existing ideas of the “type” of person that kills themselves or why a person would be suicidal?

If a veteran or veteran’s family member needs help, they can call the Veterans Crisis Line. At 1-800-273-8255 and Press 1. Live chat with a crisis worker at www. Veteranscrisisline.net, or send a free text message to 83-8255. These calls are answered by local crisis workers and referrals are made to local practitioners. The Alaska Careline is another crisis intervention number that can be called at 1-877-266-HELP (4357).

The Healing Our Heroes program can be summed up by the realization that keeping the military service member or veteran connected and feeling connected to society is important. Dr. Charles Hoge of the Walter Reed Army Institute of Research stated that “The most important thing we can do for service members who have been in combat is to help them understand that the earlier that they get help when they need it, the better off they’ll be.”
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Military Mentor: Major Select Wichman

By Teresa Beitel & Michelle O’Brien

Major Select Wichman is a nurse, mom, wife, and Major Select of the United States Air Force. Over the last twelve years, of her nursing career in the Air Force, she has spent time seizing opportunities to develop her career. In theatre, she worked as a PACU and Infection Control Officer, with responsibilities ranging from ensuring OSHA standards, managing pain control and providing wound care. I was curious about the acuity level of patients so I asked Captain Select Wichman how a nurse’s role changes during deployment. She stated “this era of war is dealing with burns, amputees, and a lot of blast injuries”. If you are not used to that on a daily basis it can be tough. “If you came into our hospital in Iraq and you were alive when you came in 98% chance you would leave us alive and go on to Germany”. Sanitation is better, infection control is better, there is better equipment and training than in any other period of military history. The technology is much more advanced than what they have ever had before in any other wars. Being deployed has offered her many opportunities and experiences that she would not change for anything.

In garrison, Major Select Wichman continues to build her career. She began as a clinical nurse and throughout the years she’s held positions ranging from Nurse Manager, Flight Commander, Infection prevention officer, to her most current position as the staff development officer in the group Education training at 673 MDG Joint Base Elmendorf-Richardson. She is part of a team that provides education and training for the hospital staff, including civilian students. She conducts sustainment training for personnel in the medical group such as teaching, shadowing, Simulations, and making sure everyone meets the requirements to work at the hospital.

Not only does her team carry on the education and training mission, they also open their facility as clinical sites for UAA, Charter College, and the Avtec Nursing programs. Major Select Wichman is responsible for making sure everyone’s needs are met without affecting the Air Force Mission. In addition to maintain the mission, JBER provides learning experiences to student nurses from the basic level nurse all the way to the Nurse Practitioner student.

I have been able to experience, first hand, the hard work this team has put into growing nurses by opening their doors for training. My first clinical experience was at the Multi Service Unit (MSU) at JBER, and the staff has not only been present but they have been mentors, proactively guiding and shaping us into competent, caring nurses. They love teaching and have let myself and my fellow students actively participate in all aspects of patient care. The experience has been nothing less than rewarding.

Labor Lines

Collective Bargaining Unit Nurses of AaNa

Weingarten Rights for union workers

In 1975 the United States Supreme Court, in the case of NLRB v. J. Weingarten, Inc. 420 U.S. 251 (1975), upheld a National Labor Relations Board (NLRB) decision that employees have a right to union representation at investigatory interviews. What this means for you is that you have the right to a union officer when an investigation is occurring that may result in your discipline.

What do you do if your supervisor wants you to meet with them, or someone from Human Resources regarding a patient, MD or another co-worker complaint? It is extremely important that you preserve your rights and ask the question “could this lead to discipline?” If the answer is yes, stop the meeting and request a union representative be present for the meeting. If you are covered by one of the Alaska Nurses Association collective bargaining contracts at Ketchikan General Hospital, Central Peninsula Hospital or Providence Alaska Medical Center, you have the right to a Union representative under the Weingarten Act. We represent all nurses covered by our agreements despite their membership status.

Unsure how to find help? Check the Alaska Nurses Association website www.aknurse.org Go to the Labor Program tab on the far right and check your local bargaining unit grievance officers contact information. If you are unsure, feel free to contact me, Donna Phillips at donna@aknurse.org or call my cell phone at 907.830.5333. My cell phone is always on and I can get you lined up with a local officer. As the Labor Council Chair of the Alaska Nurses Association, I take very seriously the responsibility to represent the interests of over 1200 Registered Nurses of the AaNA.

Weingarten Rights and “just cause” for discipline or termination are two of the cornerstones of why nurses enter into collective bargaining for workplace issues. Imagine a work environment where you could be terminated for bringing up a patient safety issue. As nurses we often desire to take care of others before ourselves. Without contracts, nurses would be seeing wage cuts for senior employees, unequal decreases in benefits and countless other cutbacks as the number of Registered Nurses increase.

Please remember to call a Union officer if you suspect something may be happening in regards to a potential discipline, or a contract violation. You can also be a more effective union member, by attending your local bargaining unit meetings; you too can be an advocate for fellow nurses in your local as well as across the State and Nationally.

Finally, becoming an Officer in your Local Bargaining Unit, or with the Alaska Nurses Association Labor Program can enhance your sense of pride and professionalism as Registered Nurses. You will not only be helping your co-workers, but also helping the vulnerable patients we care for as they work their way through the healthcare system.
Flight Medic to RN

By Teresa Beitel, Charter College Student Nurse Liaison

Two pilots, a crew chief, one flight medic, and a Black Hawk

On deployments, Brett Schlieve was the single flight medic on a four-man Blackhawk team responsible for locating, evacuating, managing, and treating injured Soldiers, civilians, local nationals, and anyone else that made it on the nine-line medevac request. The team responded to calls from dental pain to mass casualties.

The mission was to save lives, and Schlieve's role as a medic on the Dustoff team was to respond and treat any and all emergencies. Dustoff, or CASEVAC, teams provide emergency patient evacuation from combat zones. Missions were conducted around the clock as enemy threat was always near. Schlieve always wore around his neck a St. Michael medallion that his wife had blessed. He made it through each day by never thinking about past missions, allowing him to stay in the moment and deliver the highest quality of care to each and every one of his patients.

An EMT prior to becoming a flight medic, Schlieve always knew he wanted to further his education and training and dive at the opportunity to become a flight medic when offered. The Army required medics of his company to go through specialized education and live tissue training. Schlieve noted that being a medic was a job he really loved and which gave him a great sense of accomplishment. He appreciated taking what he learned during his extensive training and using those skills to save lives. The job required the ability to think quickly and act independently. The fast pace was an adrenaline rush and very fitting to him. Schlieve was motivated by the understanding that his position in combat was essential. He saw people at their very worst, and it was rewarding to know that he was giving other soldiers the best chance possible to return home to their families.

Schlieve enjoyed being a soldier but realized that this was not a pace that he could keep up forever. With that in mind, he made the decision to continue his education in order to become a registered nurse. "I have a lot more to learn. I am the kind of person who can never know enough and am excited about what I learn every day," Schlieve explained.

Schlieve has attended Charter College for the past year and is well on his way to completing his Associate Degree in Nursing. His experience in combat acted as a catalyst in gaining real world medical experience, which is able to use as a tool in the nursing program.

Becoming a nurse is very important to Schlieve and his family. His military service made family life difficult for Schlieve for the better part of the last decade. His wife, Katherine Schlieve, is a nurse in Fairbanks, and is described as nothing short of "amazing" by Brett. He commutes weekly from Fairbanks to Anchorage to go to nursing school and will always remember the sacrifices his wife and children have made to allow him to become a nurse. Katherine has supported their two children while continuing to advance her own career. "She runs everything," Brett remarked.

Not only was Katherine a military wife, she was also a fulltime RN, while managing their household and taking care of their two children. His wife has been a mentor and helped him with managing nursing school by giving him direction, perspective, and reminding him that the algorithmic process of battlefield medicine doesn't always apply to the complicated processes of nursing. His family's lives have always revolved around his military career, and by becoming a nurse, Brett Schlieve hopes it will offer him a chance to return the dedication.

Why Alaskans Should Become Mental Health First Aid Certified

By Geran Tarr, Alaska State Representative

Imagine, you are sitting in a restaurant and you see a man at another table repeatedly wincing and rubbing his chest. A few minutes later, you see his breathing becoming faster and he breaks into a cold sweat. He makes a small choking noise and places a hand on his chest, clearly unable to breathe. At this point you, along with other restaurant patrons, recognize the signs of a heart attack and immediately call 9-1-1.

Now imagine that you are sitting in that same restaurant and you see a man crying. His hands are shaking and he is clearly hyperventilating. What do you do?

If you are like the majority of people, you assume that this is not your problem. However, you may be seeing the symptoms of a major panic attack. In fact, you are ten times more likely to witness a panic attack than a heart attack during your lifetime. Yet, few of us know what to do when confronted with a mental or emotional crisis.

When a loved one has heart disease or cancer, families rally around — they cook, clean, drive their loved ones to doctor’s appointments, give support, and much more. But when someone is struggling with depression, anxiety, trauma, or other mental conditions, no one is sure what to do, which can be heartbreaking when what we want more than anything is to help. This leaves a person struggling with a mental illness feeling even more isolated and alone. Our communities and families are often our first responders and can be a person’s primary support network, whether they are ill with a medical or mental illness.

Mental and emotional crises are at the root of many of the problems we face in Alaska today. Most of us are familiar with Alaska’s high suicide and suicide attempt rates, high rates of domestic violence and sexual assault, and high alcohol consumption, dependence, and abuse rates. Compounding this problem, youth exposed to suicidal behaviors, alcohol, and abuse are more likely to become part of these statistics. Creating an environment...
where people know how to properly respond to the triggers for these situations is a small step towards treating Alaska’s problem with suicide, addiction, and abuse.

The Mental Health First Aid (MHFA) course was developed in Australia in 2001 by an RN (also a CPR instructor) and her husband (a researcher). It was brought to the US in 2008 and is now taught in all 50 states, Puerto Rico, and Guam. MHFA is a Substance Abuse Mental Health Administration (SAMHSA) endorsed Evidence Based Practice for raising literacy on these issues while reducing stigma and costly crisis care. It is regulated and supported by the National Council for Behavioral Health.

Thanks to evidence of success and national support, over 200,000 people have become certified in MHFA in the US. This training is considered a cost saving and community building measure by reducing social stigma, use of fire and police department time, and emergency room care.

Training to become MHFA certified in Alaska consists of an eight-hour course to help people identify and understand risks and warning signs of mental illness and substance abuse disorders. They also learn a 5-step action plan to assess the information and intervene appropriately. This training can assist nurses in recognizing relevant symptoms during a primary care visit and increases sensitivity through this recognition. Patients are more inclined to seek specialty behavioral healthcare if it is suggested in this context.

The Trust Training Cooperative (TTC) has taken the lead on delivering this course, frequently after special requests from groups like first responders, school district employees, shelter employees, assisted living home employees, local nurses, and the National Guard clergy. TTC also provides community-wide trainings, with spots often filling up before the training is even advertised.

Alaska has trained 1778 people in MHFA in the three years during which courses have been offered, but has a long way to go! I encourage you all to participate in and encourage others to participate in MHFA training, leading us to a healthier future and healthier Alaskans. The next community-wide training is in Anchorage on October 30th, 2014.

For more information, contact my office at (907) 269-0144.

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The Front Lines of Mental Health

By Paul Mordini, MS, BSN, RN-BC
Director at Large, Alaska Nurses Association Board of Directors

I wish I could tell you I provided critical nursing care on the front lines of war, but the reality is I fought on a different front. I provided care to those with mental illness. Those unable to cope with stress, anxiety, or depression. Those that made poor choices to use alcohol, drugs, or violence to cope.

I started my nursing career in 1983 as a med-surg nurse working at a local hospital waiting to join the Air Force. The recruiter said they needed psych nurses, and thus began my 20 year career of doing and going where I was needed in the Air Force. I learned a lot about mental illness and drug abuse during my first assignment at Andrews AFB in Maryland. I also learned that to have a career in the Air Force, you had to be flexible and ready. After getting a year of On the Job Training (OJT) as a Mental Health Nurse, I was able to work solo and dealt with the multitude of clients and diagnoses that come through most inpatient settings. In the big picture, you are working for Uncle Sam. Uncle Sam wants a fit and ready force. Many clients had to meet medical boards and were medically retired or separated. It could be a long process back then, sometimes over a year. We did have small victories sending clients back to duty, recovered from their illness with a new perspective on life and mental illness.

However, the reality is, there was, and still is, a huge stigma on mental illnesses in the military. Few military members want to concede that they aren’t mentally tough, can’t handle their life, relationships, or issues, and often take their own lives or resort to alcohol or drugs to cope. On inpatient units, you usually see people at their worst. With my indoctrination in Mental Health complete, I took advantage of opportunities as they presented, and before I knew it was attending flight nursing school and had an assignment as a flight nurse in the Philippines and later in Japan. As a flight nurse you are part of an Aeromedical Evacuation Team, usually two flight nurses and three aeromedical evacuation technicians (AETs). We provided in-flight care and managed Aeromedical Evacuation missions.

After four years and 1,200 flight hours (not including dead-head time), I was off to Wiesbaden, Germany and back to inpatient mental health nursing during the first Gulf War in 1990. It was hectic and busy and we had plenty of business. We emptied all the offices, discharged everyone we could, went on 12 hour shifts and waited for casualties. The 100 hour war didn’t produce the number of casualties expected, and we were relieved with that. I also had the opportunity to spend a year in Health Promotion, a new field the Air Force was moving toward in health prevention. The Air Force also started a new fitness testing program called cycle ergometry and it needed a centralized testing facility and medical staff to run it. They thought that since you had a captive audience (stuck on a stationary bike), why not hit them with health information and news?

After Germany it was back to inpatient mental health at Eglin AFB in Florida. I became the charge nurse and began to move into nursing administration. Not by choice, but by necessity. I was the highest ranking captain and therefore, in charge. Administration is a whole different animal; new rules, new peers, and paperwork, lots of it. I learned if you are fair, work hard, and follow through, people respect you much more. I also believed in transparency and nothing I did surprised anyone. I found that humor is a lubricant to making relationships last and it helped to get through tough times. Now with three young kids and knocking on the door to my next promotion, I attended night school at Troy State University and got a Master's Degree in Counseling and Human Development. It was a great opportunity to both learn and practice my trade.

I was selected to run a Health and Wellness Center (HAWC) at Elmendorf AFB as my next assignment in 1996. Running the fitness program along with stress management, tobacco cessation, nutrition, weight management, cancer awareness, and substance abuse prevention programs can be daunting. I learned that Colonels can be your ally or your nemesis. Some shoot from the hip and others know their stuff and do their homework. They can also make or break you. I showed them all and garnered the best Health Promotion Program in the Air Force.

Where to next? Mental Health was calling me back to Wright-Patterson AFB in Ohio to be the Nurse Executive of the Mental Health Flight. I also had three other hats. One as the Nurse Manager of the Alcohol and Drug Abuse Prevention Program, the second as the Hospital Education Champion for JCAHO standards, and my third hat when I was selected as the Mental Health Nursing Consultant to the Air Force Surgeon General. All exciting and busy jobs. I learned how to do Drug and Alcohol American Society of Addiction Medicine (ASAM) assessments, run outpatient recovery and education programs, counseling, and therapy. I was called on as the consultant to be an expert witness for legal cases and to review and provide expert analysis of cases as well. One of the most rewarding tasks I accomplished was getting the Air Force to accept, credential, and provide full time equivalent (FTEs) positions for Psychiatric/Mental Health Nurse Practitioners. I finished my career at the Air Force Systems Command Surgeon’s office supervising the Health and Wellness programs for nine bases around the country. As most things do, the fitness program came full circle and I spent the last six months implementing the new Air Force Fitness Program that included the original 1.5 mile run.

My Air Force career took me all over the world and provided training and life opportunities that few get to experience. It was an honor to serve my country and I feel my service was honored as well. I have returned to Mental Health Nursing and currently work as the Clinical Coordinator for the last 10 years at the Alaska Psychiatric Institute. I’ve got some stories to tell about that as well, but that will have to be another time.
Midnight Sun Guardians

By Captain Laura Delgado, RN, AK ANG

It is 0630 Saturday morning. I hand the Joint-Base Elmendorf Richardson (JBER) gate guard my military ID. He pops a quick salute, waves me on, saying, “Have a nice day, ma’am.” It is a short drive to my destination, the 176th Medical Group which sits just outside the Emergency Department for the 673rd Joint Medical Hospital. The drive is filled with lush woodland and unassuming, cream colored buildings which all look remarkably the same except for the building numbers painted in black. As I pull into the aptly named Moose parking lot, I catch a flash of a moose darting into the tree line and I smile.

Today is not my typical lounge around the house Saturday morning. It is a drill weekend. Instead of reviewing my grocery list or surfing the internet I will be reviewing web-based health assessments and updating individual medical readiness requirements for some of Alaska’s bravest and brightest: the 1400 men and women of the 176th Wing, Alaska Air National Guard (ANG).

It is a weekend I look forward to with both trepidation and enthusiasm. In part I dread drill weekends. I know I am going to be busy, non-stop, from the second I walk into the building on Saturday morning until I remove my boots Sunday evening. There will be physicals, self-inspections, and training; lots and lots of training. There is always more work than time and I frequently spend time outside of drill weekend to complete my obligations. So much for the “one weekend a month” commitment; this does not happen when you serve in the most diverse ANG Wing in the United States.

But each month, the dread of drill weekend is trumped by excitement when I slip on my uniform, greet fellow airmen, and hear what new mission or adventure awaits us. Will we be tasked to run medical clinics for underserved populations as we have done in Hawaii and Mongolia in 2013? Will we be assigned to supply aid to villages in Alaska plagued by the latest wild fires or natural disaster? Will we participate in a field mass casualty exercise? Or, will we be providing medical support for events like the 2014 Arctic Thunder Air Show which hosted more than 200,000 community members?

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Meet the Board:
Julie Gillette, Fairbanks public member

by Jana Shockman, RN, CCRN-CSC

In this issue dedicated to the military and federal nurses, I would like to introduce you to one of the public members of the Board of Nursing. The Board of Nursing has a mandate to protect the public as well as regulate nursing. In order to provide the public perspective, there are two members on the board that are not nurses and may or may not have any medical knowledge. Julie Gillette, public member from Fairbanks has been on the board since April of 2011. She comes to the board with an extensive military background and dedication to service to others.

Julie grew up surrounded by a family that reveres service to country. Both of her grandparents and her father served in the military. Her father was a Navy man who was stationed primarily on the East coast. When Julie graduated from high school, it was a natural choice for her to join the military too. Instead of following her father’s footsteps into the Navy, Julie was hoping to be a hurricane chaser, so she joined the Air Force. Once in the Air Force, Julie’s aptitude tests set her on another path. Julie scored very high in electronics and found herself working in the Minute Man II program. For the next 10 years Julie found herself working as an Electro-mechanical technician in Montana. Julie is proud of her time in this program as it is a very physically demanding program and only 1 out of 6 women who apply to the program are successful. Julie married a fellow serviceman and they will celebrate their 25th wedding anniversary in February 2015.

When Julie was a “kid in Maine” she read many books about Alaska and always wanted to come here. When her husband retired from service in 1995, Julie took the opportunity to move from the Minute Man II program into logistics planning. When she was in this position she worked primarily deploying and receiving equipment and personnel to and from forward operating locations. This job also gave her the opportunity to travel and work in California, Korea, Saudi Arabia and Alaska. She was finally in Alaska and loved it here. Her family was here for six years when the military transferred Julie to Minot, North Dakota. She continued to serve there for two more years until her retirement. When Julie retired she left as a Senior Master Sergeant (E8). After retirement the family came back to Alaska, settling in Wasilla. Julie decided to go to school and in 2008 she earned her Associate’s degree in Health Information Technology. She worked for two years for a local neurology clinic.

In 2010, Julie decided to be a stay at home mom and homeschool her daughter who is now 11 years old. Describing her as “stay at home” is deceiving though, as Julie has been active in local politics and volunteering for her church. While working with the local Republican Women’s Club, Julie came to know club members who served on state boards. Julie explored what a board position would entail and decided that serving on a board felt like a call to service for her. Never being able to resist a call to service, she put in her application. She said she initially felt like a position on the APOC board would suit her background and interest in politics, but a friend suggested that she apply for one of the public member positions on the Board of Nursing. Julie is very interested in healthcare issues, but admits that she could never work in healthcare as she is a self-described “chicken” around blood. In 2011 she was appointed to the Board of Nursing by Governor Sean Parnell.

Julie’s history may not seem to lend itself to being on a board of nursing, but for Julie it’s been a natural fit. She feels that her work history and education in logistics helps her bring a “Big Picture” perspective to the board. Julie enjoys her service on the Board, and in particular working with her fellow board members. She likes that the board members are a “cohesive team” that is able to have respectful debates over issues. “Everyone is very fair and there is no game playing or collusion,” Julie values integrity very highly and respects that her fellow board members bring that value to their work on the board as well. Julie feels that the work of the Board is important and meaningful to nurses and the public, and plans to seek reappointment to the board when her current term is up next year. She currently serves as the secretary, as position she started in April when the board voted on new positions.
AaNA Board of Directors Meeting
Fourth Wednesday of each month
4:30 to 5:30 pm

AaNA Labor Council Meeting
Fourth Wednesday of each month
5:30 to 6:30 pm

AaNA Professional Practice Committee
Contact for times: andrea@aknurse.org
or 907-274-0827

AaNA Legislative Committee
Contact for times: andrea@aknurse.org
or 907-274-0827

Providence Registered Nurses
3rd Thursday of each month
4:00 to 6:00 pm

RN’s United of
Central Peninsula Hospital
Contact for times: 907-252-5276

KTN Ketchikan General Hospital
Contact for times: 907-247-3828

Alaska State Board of Nursing Meeting
Oct 22-24, 2014 • Agenda deadline 11/1/14
Jan 21-23, 2015 • Agenda deadline 12/30/14
The Alaska Board of Nursing has a listserv
that is used to send out the latest information
about upcoming meetings, agenda items,
regulations being considered, and other
topics of interest to nurses, employers, and
the public. To sign up for this free service, visit
www.nursing.alaska.gov. Inquiries regarding
meetings and appearing on the agenda
can be directed to: Nancy Sanders, PhD RN,
Executive Administrator. Alaska State Board of
Nursing, 350 W 7th Ave, Ste 1500, Anchorage,
AK 99501, Ph: 907-269-8161, Fax: 907-269-8196
Email: nancy.sanders@alaska.gov

IMPORTANT LICENSE RENEWAL DATES
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Alaska Nurses Association
Board of Directors – Labor Positions
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☐ Director at Large
☐ Director at Large

2014 Alaska Child Maltreatment Conference
November 17-19, 2014 Anchorage, AK
www.akchildrensalliance.com

March of Dimes Nurse of the Year Awards Banquet
November 21, 2014 Anchorage, Alaska

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Remember to visit: www.aknurse.org/index.cfm/education for frequent
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