2020
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Passed by the General Assembly  |  October 10, 2020
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Resolution 2020-1
Affirming Association Membership Dues

WHEREAS, the Alaska Nurses Association bylaws require the annual confirmation of membership dues for AaNA Professional Association members:

BE IT RESOLVED, that the association dues for Professional Members of AaNA will not exceed $196.50 for 2021.
Resolution 2020-2
Affirming Collective Bargaining Dues

WHEREAS, the Alaska Nurses Association bylaws require the annual confirmation of union dues for AaNA Labor Program members:

BE IT RESOLVED, that the dues for the nurses represented by the AaNA Labor Program will not exceed $930.50 for 2021.
Resolution 2020-3
Affirming Affiliate Member Organizations of the Alaska Nurses Association

WHEREAS, the AaNA bylaws require the annual confirmation of affiliate member organizations of the Alaska Nurses Association:

BE IT RESOLVED, that the current affiliate member organizations of AaNA are the Alaska School Nurses Association and the Alaska Association of Nurse Anesthetists.
Resolution 2020-4
2021 Continuing Education Program Priorities

BE IT RESOLVED that the following are priorities for the Alaska Nurses Association’s Continuing Education program for 2021:

- Establishing as a focus for 2021 promotion of awareness around family safety; and
- Maintaining continuing education activities for nurses throughout the state of Alaska through in-person education, online webinar opportunities, and The Alaska Nurse magazine; and
- Continuing to joint provide continuing education activities with community partners; and
- Promoting increased opportunities for continuing education in rural Alaska; and
- Ensuring the sustainability and progress of the Alaska Nurses Association’s Continuing Education program.
Resolution 2020-5
Creating Safe Work Environments through Workplace Violence Prevention

WHEREAS, workplace violence (WPV) in healthcare settings is a significant occupational hazard that threatens healthcare worker and patient safety and well-being and has caused death and serious injury; and

WHEREAS, workplace violence has been defined by the National Institute for Occupational Safety and Health as “any physical assault, threatening behavior, or verbal abuse occurring in the work setting”; and

WHEREAS, according to the Bureau of Labor Statistics (BLS), healthcare workers suffer injuries associated with workplace violence at almost twice the rate of all other private sector workers; and

WHEREAS, there currently is no consistent surveillance system for tracking the incidence of violence in healthcare settings across state and federal agencies, resulting in inconsistent measures of the extent and nature of the problem from various sources; and

WHEREAS, research indicates that work-related assaults and injuries associated with violence in healthcare facilities are routinely underreported. Healthcare workers are often discouraged from reporting assaults or threats of violence, and many healthcare employers and workers accept it as part of the job; and

WHEREAS, workplace violence leads to increased medical and stress-related disability claims, higher turnover, increased overtime usage, interruptions in continuity of care, and lower productivity, as well as greater legal liability for the employer; and

WHEREAS, bullying is a form of workplace violence that also has significant implications for the health and well-being of healthcare workers, patient safety, and the ability to retain healthcare workers; and

WHEREAS, there is currently no Occupational Safety and Health Administration (OSHA) workplace violence standard:

BE IT RESOLVED, that the Alaska Nurses Association will push for enactment of a federal OSHA standard and other state and federal legislation that would require healthcare employers to establish and maintain comprehensive workplace violence prevention programs that include a written program, record-keeping on work-related violence, risk evaluation and implementation of control measures, training, and union and worker involvement; and

RESOLVED, that AaNA will support legislation that directs OSHA to promulgate a comprehensive workplace violence prevention standard with the following elements:
• Written employer workplace violence prevention programs that also address bullying and harassment specific to the risk factors and characteristics of the individual healthcare setting
• Genuine worker and union involvement in the development of the program; and
• Healthcare facility analysis to identify existing hazards and conditions, including the tracking of violent incidents and injury/illness
• Hazard prevention and control: the identification and implementation of engineering
• Record-keeping including methods to ensure that violent incidents are reported without fear of reprisal or discrimination
• Training of frontline workers and management in the prevention of workplace violence
• Evaluation of efforts to prevent workplace violence incidents; and

RESOLVED, that the Alaska Nurses Association will take a strong position against all forms of bullying and promote anti-bullying education, policies, and contractual language in all bargaining units; and

RESOLVED, that the Alaska Nurses Association will support, in the absence of a federal OSHA standard, the development of national and/or state legislation that mandates comprehensive workplace violence programs for hospitals, healthcare facilities, and other healthcare settings.
Resolution 2020-6
Affirming Opposition to Nurse Licensure Compact Legislation in Alaska

WHEREAS, AaNA is the recognized leader and voice of nurses in Alaska and works with the Alaska Board of Nursing on issues that affect nurse licensure and practice in our state; and

WHEREAS, the Alaska Board of Nursing is responsible for protecting the health and safety of the Alaskan public by regulating nurse licensure and the practice of nursing in Alaska; and

WHEREAS, the National Council of State Boards of Nursing (NCSBN), a private, non-regulatory, non-governmental trade association, has created a Nurse Licensure Compact for multistate nursing practice; and

WHEREAS, the State of Alaska is not a member of the Nurse Licensure Compact, and Alaska currently enjoys complete autonomy over the regulation of the profession of nursing, allowing local experts to make local decisions that are best for our state; and

WHEREAS, joining the Nurse Licensure Compact would erode Alaska’s state sovereignty and pose significant new complications for regulating nursing practice in our state; and

WHEREAS, the Alaska Board of Nursing would be forced to comply with the protocols, rulings, and regulations adopted by the Compact, which may impact practice standards and licensing standards established in the state of Alaska; and

WHEREAS, the Nurse Licensure Compact undermines the mission of the Alaska Board of Nursing by hindering the Board’s ability to protect the health and safety of the Alaskan public; and

WHEREAS, the Nurse Licensure Compact allows nurses to circumvent Alaska’s rigorous and necessary standards regarding nursing education, continued competency, and safe conduct and practice; this ultimately lowers nursing standards and diminishes the quality of patient care that Alaskans receive; and

WHEREAS, joining the Nurse Licensure Compact would affect a significant loss of revenue to the Alaska Board of Nursing, and the NCSBN has determined this would require an increase in the cost of licensing fees and licensing renewal fees to Alaskan registered nurses, licensed practical nurses, advance practice registered nurses, and certified nurse aides who already pay some of the highest licensing fees in the nation; and
WHEREAS, any member state discovering that the Nurse Licensure Compact overrules the state at excessive cost, will find it difficult, expensive, and perhaps impossible to extricate itself from the Compact; and

WHEREAS, there are other regulatory solutions to providing for telehealth and allowing expedited licensing processes, and these solutions do not require the State to cede its authority to an unaccountable and amorphous bureaucracy, nor do these solutions undermine standards for nursing nor jeopardize the health and safety of Alaskan patients; and

WHEREAS, the Nurse Licensure Compact presents barriers to all nurses, including obstacles to advancing practice authority and advocacy through collective bargaining, and by potentially suppressing wages, undermining worker and safety protections, and deteriorating working conditions through generalized –instead of community– standards:

BE IT RESOLVED, the Alaska Nurses Association affirms our position that licensure for nurses working in Alaska should be under the jurisdiction of the Alaska Board of Nursing; and

RESOLVED, AaNA affirms our unequivocal opposition to Nurse Licensure Compact legislation in the state of Alaska; and

RESOLVED, AaNA will intensify our efforts to educate Alaskan nurses, legislators, and the public on the dangers of joining the Nurse Licensure Compact and will mobilize our members in opposition to Nurse Licensure Compact legislation in Alaska.
Resolution 2020-7
Protecting Healthcare Workers through Infectious Disease Preparedness

WHEREAS, infectious disease specialists have warned governments for years of an impending, serious infectious disease outbreak, and the emergence of SARS, MERS, H1N1 influenza, Zika, and Ebola over the last two decades reinforced the need to prioritize emergency preparedness for newly emerging infectious disease outbreaks; and

WHEREAS, past and present administrations failed to address the lack of domestic production of personal protective equipment, particularly N95 respirators, ensuring the global supply chain problems we currently face; and

WHEREAS, the Trump administration systematically dismantled the federal government’s ability to effectively respond to any infectious disease outbreak, disbanding global health security taskforces in the National Security Council and the Department of Homeland Security that would have ensured interagency coordination and timely leadership; cutting the Centers for Disease Control and Prevention’s international epidemic prevention programs by 80 percent in 2018, allowing scores of positions within the CDC to remain unfilled; and eliminating programs to study zoonotic disease outbreaks, ensuring a disorganized, inadequate federal response; and

WHEREAS, the United States lacks a functioning state and local public health infrastructure with the capacity to respond to any large-scale infectious disease outbreak or other public health emergency, and state and local public health departments have historically been severely underfunded and are highly reliant on the CDC for support and direction; and

WHEREAS, the supply of N95 respirators and other personal protective equipment in the Strategic National Stockpile had not been replenished since 2009, and states and hospitals are not required to maintain and restock their own stockpiles, resulting in an inadequate supply of unexpired respirators and PPE; and

WHEREAS, President Trump has refused to deploy the Defense Production Act to require American manufacturers to produce badly needed respirators, and delayed centralizing a federal procurement and distribution process for respirators and other personal protective equipment, forcing states and employers to enter a bidding war and artificially inflating the cost of PPE; and

WHEREAS, the CDC initially provided infection-control guidance to healthcare employers, recommending N95 or stronger respirators for healthcare workers caring for patients with suspected or confirmed COVID-19, but downgraded this guidance in March in response to lobbying by hospitals and some local health departments over concerns about the supply and supply chains of N95 respirators, saying that SARS-CoV-2 is spread primarily through droplet transmission, ignoring a growing body of
evidence that SARS-CoV-2 is an airborne-transmissible virus, and giving cover to employers wanting to avoid providing respiratory protection to healthcare workers; and

WHEREAS, multiple federal agencies under the Trump administration have failed to uphold their mission to protect the public from harm, including the CDC providing weak guidance to healthcare employers and failing to systematically gather data on healthcare-worker infections and deaths from COVID-19, the Occupational Safety and Health Administration failing to require employers adhere to CDC guidance or OSHA standards in order to protect healthcare workers from a recognized serious and deadly hazard, and the federal government prioritizing decontamination of N95 respirators over production and stockpiling of respirators that were designed to be reused; and

WHEREAS, as a result, an estimated 69,761 healthcare workers are known to have been infected and at least 368 have died; we know this to be a gross undercounting, as many states are not reporting this information, and the federal government is not requiring it; and

WHEREAS, testing for SARS-COV-2 is the only way to track where and how quickly the virus is spreading in communities and whether or not healthcare workers are getting infected:

BE IT RESOLVED, that the Alaska Nurses Association joins the American Federation of Teachers in calling for a national policy of mass testing and contact tracing of SARS-COV-2, with guaranteed access to free and regular testing for healthcare workers; and

RESOLVED, that AaNA will work alongside the AFT to push the federal government, states and employers to develop regulations and systems to prevent this massive failure to protect healthcare workers and the public at large from an infectious disease or other public health emergency from ever happening again; and

RESOLVED, that AaNA will advocate for AKOSH and OSHA to promulgate a temporary infectious disease standard immediately and a permanent infectious disease standard within 24 months of enactment, and in the interim, for AKOSH and OSHA to enforce existing standards to protect healthcare workers from occupational exposure to COVID-19; and

RESOLVED, that AaNA will advocate for strong investment in public health on the federal and state levels to develop a rigorous system that supports prevention of illness as a public good, re-establishing defunded global infectious disease prevention, and tracking and establishing new and stronger state and local public health funding; and

RESOLVED, that AaNA will support increased funding for OSHA enforcement and whistleblower protection, and increased funding for the National Institute for Occupational Safety and Health for research on respiratory protection, PPE and engineering controls like ventilated headboards, establishing incentives for improved technologies; and
RESOLVED, that because no healthcare worker should have to experience the gross failure to uphold their right to a safe and healthy workplace, and one healthcare worker death from COVID-19 is too many, AaNA will work through collective bargaining to ensure healthcare employers are prepared to protect healthcare workers from occupational exposure to COVID-19 and any other infectious disease outbreak.
Resolution 2020-8
Supporting the United States Cadet Nurse Corps Service Recognition Act

WHEREAS, in 1943, after 1 out of 4 nurses had volunteered to serve in the armed services, the healthcare system was on the verge of collapse in the United States; and

WHEREAS, to meet the shortfall, the United States Cadet Nurse Corps was established and developed a very successful recruiting campaign which likely mitigated the need for a draft; and

WHEREAS, the United States Cadet Nurse Corps remained active until 1948 with a total of about 125,000 women having completed their training and having cared for wounded soldiers on their return to military hospitals; and

WHEREAS, by the end of the war in 1945, the US Cadet Nurse Corps was providing 80 percent of the nursing care in U.S. hospitals; and

WHEREAS, although the US Cadet Nurse Corps operated under the U.S. Public Health Service and the military for the duration of WW2, it is the only uniformed service that was not given veteran status on discharge; and

WHEREAS, the United States Cadet Nurse Corps played an active role on the provision of care to the then-Territory of Alaska during WW2:

BE IT RESOLVED, that the Alaska Nurses Association supports the passage of the United States Cadet Nurse Corps Service Recognition Act and similar legislation in recognition of the service of these nurses to the nation in a time of war; and

RESOLVED, that AaNA encourages the State of Alaska and local government entities to include recognition of the United States Cadet Nurse Corps (and nursing in general) at the state and local level in their museums and public buildings; and

RESOLVED, that AaNA encourages all Alaska Nurses to take an interest in the history of their profession and the crucial roles nurses have played in the history of our state and of the nation.
Resolution 2020-9
Addressing COVID-19 Workplace Safety Standards

WHEREAS, The Alaska Occupational Safety and Health Section (AKOSH) is delegated authority from the federal Occupational Safety and Health Administration to establish and enforce workplace safety standards; and

WHEREAS, COVID-19 is a leading cause of death in the United States, and workplaces are a primary place at risk for spread of the virus; and

WHEREAS, public health experts, industrial hygienists, and frontline workers have urged the Alaska Occupational Safety and Health Section to issue enforceable COVID-19 workplace safety standards, and;

WHEREAS, the Dunleavy administration has refused to issue such life-saving standards even as the pandemic spirals out of control; and

WHEREAS, tracking of high-risk COVID-19 workplace exposures in healthcare is currently treated differently than other workplace exposure events involving other infectious diseases such as TB, Hepatitis B and C, and HIV; and

WHEREAS, Alaska is unique in that we have limited ICU nurses available to care for the critically ill patients we could potentially encounter with COVID-19:

BE IT RESOLVED, that the Alaska Nurses Association urges the Alaska Occupational Safety and Health Section to issue enforceable workplace safety standards to improve safety and reduce transmission of the COVID-19 virus; and

RESOLVED, that the Alaska Nurses Association will continue to pursue any and all avenues to work with various state and national agencies to ensure the health and safety of frontline nurses and their families.
Resolution 2020-10
2021 Advocacy Priorities

BE IT RESOLVED, that the following are advocacy priorities for the Alaska Nurses Association in 2021:

- Maintaining the collective bargaining rights of Alaska’s workers and safeguarding worker protections including those related to workplace safety, worker privacy, and labor rights; and
- Opposing Alaska’s participation in the Nurse Licensure Compact and working to maintain a strong and independent Alaska Board of Nursing; and
- Ensuring nurses have the resources they need during the COVID-19 pandemic, including safe workplaces, access to PPE, mental health support, and economic security; and
- Campaigning to end workplace violence in healthcare settings; and
- Supporting strong, fully-funded state health programs, which include Medicaid services, public health services, preventative dental care, behavioral health and mental health care, substance abuse prevention and treatment, and assisted living facilities for Alaska’s elders; and
- Opposing efforts to undermine Alaska’s Medicaid system such as underfunding, limiting eligibility or covered services for Alaskans, eliminating Medicaid expansion, or implementing a block grant program; and
- Ensuring every Alaskan student has daily access to a professionally-prepared school nurse, during both in-person and virtual education; and
- Protecting Alaskans from harmful chemicals and educating nurses on the impacts of climate change and other environmental health issues affecting Alaskans; and
- Standing up for improved staffing and safe workplaces for all Alaskan nurses and healthcare workers; and
- Supporting proposals for debt-free higher education and advancing policies to alleviate the student loan debt crisis; and
- Addressing the healthcare workforce shortage and increasing recruitment and retention of nurses and healthcare professionals; and
- Engaging in active solidarity with Alaska’s labor movement, allied organizations, and our communities to resist all attacks on working people and to build union power across our state; and
- Ensuring all Alaskans receive fair and equitable treatment in healthcare and in our communities, celebrating diversity and inclusion, and reducing racial, economic, health, and gender disparities.
Resolution 2020-11
Essential Principles for a COVID-19 Vaccine

WHEREAS, vaccines are proven to be the most effective strategy to reduce and eliminate the spread of infectious diseases and are an important and necessary tool for eradicating disease. We sometimes forget how the landscape looks in an unvaccinated population; and

WHEREAS, we have entered into a dangerous time in our nation’s politics where even fundamental and scientifically noncontroversial public health responses have been deeply politicized and ignored by many, needlessly risking the lives of hundreds of thousands of Americans; and

WHEREAS, in order to ensure the safety and efficacy of a COVID-19 vaccine and the public’s trust in it, it is essential that any possible vaccine successfully complete all of the steps of the Food and Drug Administration’s normal rigorous testing and review process, even if on an accelerated timeline. Fundamentally, the medical community must be allowed to do its work, and we must trust science, even if it means the vaccine isn’t available as quickly as we would hope; and

WHEREAS, once an effective, safe COVID-19 vaccine has been approved by the FDA, the United States must create a fair, equitable, and efficient distribution system at scale, which only the federal government can ensure. A well-developed and resourced public health infrastructure is critical to ensuring vaccine distribution and administration meets people where they are, whether at work or in the community; and

WHEREAS, we cannot rely on our profit-driven healthcare system as a model for vaccination, as it will leave vulnerable communities with vaccine deserts, just as it has for access to necessary healthcare; and

WHEREAS, many of the steps our nation has taken to safeguard our communities against COVID-19 have been conditioned upon the development and ultimate availability of a vaccine; and

WHEREAS, the Alaska Nurses Association understands that initial vaccine production will not be sufficient for all people to be vaccinated at outset. A well-managed national priority distribution plan must give priority to the most highly vulnerable in the community, including essential workers; and

WHEREAS, high influenza vaccination rates will help limit the impact on hospitals treating COVID-19, and once one has taken the flu vaccination, the flu can usually be ruled out as a cause of symptoms for those taking a COVID-19 test, making COVID-19 testing more efficient; and

WHEREAS, workers in a wide variety of settings – healthcare, education, public employment, meat packing and agriculture, among others – are at increased risk of
work-related exposure to SARS-CoV-2, the virus that causes COVID-19. These workers are entitled to all evidence-based, employer-provided protections from exposure at work, including access to a safe and effective COVID-19 vaccine; and

WHEREAS, AaNA knows that many people are skeptical about the vaccine, and the World Health Organization cites vaccine hesitancy as one of the 10 biggest threats to global health; and

WHEREAS, communities of color, such as Black communities, have a well-warranted distrust in new vaccines, stemming from centuries of medical experimentation and long-standing discrimination and difficulty with access in our healthcare system. With only 28 percent of Black people planning to get the first-generation COVID-19 vaccine, it is essential that those participating in the COVID-19 vaccine trials represent the full racial diversity of the population that will be vaccinated. Additionally, it is critical that those developing the vaccines share information about how they are conducting their late-stage trials, including demographic information on trial subjects, trial methodology and protocols, and safety precautions that are being taken; and

WHEREAS, vaccination, even if the most effective tool to prevent infection, must only be part of a comprehensive strategy. Vaccines are never 100 percent effective, and other protective strategies must stay in place in the community and the workplace. A good workplace model for this approach is the Occupational Safety and Health Administration’s bloodborne pathogen standard, which requires employers to assess potential exposures throughout a facility and then develop a plan to address those exposures. This standard mandates that the employer offer the Hepatitis B vaccine free of charge to at-risk workers, along with education on the benefits of the vaccine. And to strengthen vaccine acceptance and uptake, the standard also requires rigorous annual education and training on the benefits of vaccination as well as comprehensive measures that address exposure-control methods in the facility:

BE IT RESOLVED, that the Alaska Nurses Association supports robust and rigorous vaccination programs for both influenza and COVID-19; and

RESOLVED, that, in order to protect hospital capacity in the event of increased COVID-19 infections, it is more important than ever for all AaNA members to receive the flu vaccine; and

RESOLVED, that AaNA will not endorse a COVID-19 vaccine until it has been proven to be both safe and effective by science; and

RESOLVED, that AaNA urges the federal government to roll out a coordination vaccination plan with the goal of everyone having a COVID-19 vaccine. The program must have an effective communication and education strategy, as recommended by the Center of Health Security COVID-19 Working Group, so that the nation achieves 70 percent of the population being vaccinated in the coming year, the medically and ethically appropriate way to achieve herd immunity. The weight of responsibility cannot
solely rest with the states; the federal government must maintain active oversight of the program. Distribution planning should be based on principles of equity, safety, and priority, and the plan should include robust efforts to address a high degree of skepticism about its safety; and

RESOLVED, that once a COVID-19 vaccine has been proven to be safe and effective through the normal, rigorous U.S. Food and Drug Administration process, AaNA will urge all members to receive COVID-19 vaccines; and

RESOLVED, that once proven to be safe and effective, the COVID-19 vaccine must be free to all who receive it; AaNA opposes any policy that makes health insurance or financial resources a prerequisite for accessing the vaccine; and

RESOLVED, that AaNA supports employers in schools, healthcare, and other settings being mandated to provide:

- All employees with access to the vaccine at no cost to the employees as it becomes available
- Vaccination during work hours at the worksite for employees working in person, as well as an option to receive the vaccine at no cost with a healthcare provider
- Employee education that includes the risks and benefits of the vaccination, as well as the known efficacy rates of the vaccine
- An informed declination for those who opt out after receiving education as described above; and

RESOLVED, that AaNA advocates for employers to bargain in good faith with their employees over their specific vaccine distribution plans so that vaccination is convenient and readily available for employees to access; and

RESOLVED, that AaNA urges the Occupational Safety and Health Administration to accelerate the promulgation of an infectious disease standard to address this pandemic and to be prepared for future outbreaks, including enforcement of exposure guidelines and specific requirements for personal protective equipment for individuals who decline the vaccine.