Lamoureux: Health Care is on the Road to Change

In this era of rising medical costs and sometimes heated debate over health reform, hospital executives are thinking lots about systems change. Bruce Lamoureux had a giant head start 17 years ago – courtesy of a notorious California earthquake.

Lamoureux is ASHNHA’s incoming board chairman for 2012 and Senior Vice President and Chief Executive for Providence Health and Services Alaska.

In 1994 he was CEO at Saint John’s Health Center, a 551-bed hospital in Santa Monica, Calif. On Jan. 17 at 4:31 a.m. a major earthquake struck nearby Northridge. (See Page 4)

The daily commute: Bruce Lamoureux is Senior Vice President and Chief Executive for Providence Health and Services Alaska. He is also ASHNHA’s incoming board chairman for 2012.

HHS SECRETARY SEBELIUS MEETS WITH ASHNHA TEAM

U.S. Health and Human Services Secretary Kathleen Sebelius met with ASHNHA representatives Aug. 30 in Anchorage as part of a several-day visit to Alaska. For more on the ASHNHA meeting, see Page 6. Pictured with Sebelius, center, are, from left: Joel Gilbertson, Providence; Karen Perdue, ASHNHA; Al Parrish, Providence; Annie Holt, Alaska Regional; Alaska Sen. Mark Begich; Shawn Morrow, Bartlett; Pat Branco, Ketchikan; and Susan Johnson, HHS Region 10 Administrator. (Photo courtesy Office of Sen. Mark Begich)
Alaska Health Workforce Coalition Releases Action Agenda

The Alaska Health Workforce Coalition – a public-private partnership created to address health workforce issues – has released a dynamic Action Agenda with specific objectives to be completed before 2015. The coalition is comprised of government, industry and education partners.

The Action Agenda focuses on six occupational groups and six systemic change initiatives determined by the coalition to be in highest need of attention and with strategies that can be implemented and achieved within the short term. The Action Agenda will be released in Ketchikan, but is also available through the Coalition’s website at http://sites.google.com/site/alaskahealthworkforcecoalition.

The Action Agenda stems from the Alaska Health Workforce Plan, which was adopted by the Alaska Workforce Investment Board as well as Coalition member organizations in May 2010. The coalition has now merged with the Alaska Mental Health Trust Authority’s Workforce Focus Area and will include a leadership team comprised of ANTHC, APCA, ASHNHA, AWIB, The Trust, DEED, DHSS, DOLWD and University of Alaska. The Coalition strengthens and sustains the efforts to ensure the vision that Alaska has an adequate and qualified health workforce. All organizations are pledging support to take the planned strategies forward into implementation.

Because the number of occupations that comprise the health workforce is so large, the coalition realized early on that not all areas of need could be addressed immediately. Therefore, the coalition worked diligently during 2011 to identify a reasonable set of priorities that can be advanced over the next four years. The graphic below summarizes the coalition’s priorities.

For more information about the coalition or to receive periodic updates on the progress of the Action Agenda, contact Kathy Craft, Alaska Health Workforce Coalition Coordinator at Kathryn.Craft@alaska.gov.

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**Health Workforce Coalition Action Priorities 2012-2015**

- Primary Care Providers
- Direct Care Workers
- Behavioral Health Clinicians
- Physical Therapists
- Nurses
- Pharmacists

**Systems Change and Capacity Building**

- Health Profession Loan Repayment and Incentive Programs
- Training and Professional Development
- Aligning Regulatory Policies that Impact the Health Workforce
- Engage and Prepare Alaskan Youth for Health Careers
- Health Workforce Recruiting
- Health Workforce Data

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Sara Steffen Grew Up in the Ketchikan Hospital – Now She Works There

This is how workforce development in Alaska should work – almost.

Sara Steffen, a Physical Therapy Assistant at Ketchikan General Hospital, was born and raised in Ketchikan. Her mother was a longtime nurse, so Sara literally grew up hanging around the hospital.

She is the daughter of Shawn Caskey and the late Elaine Caskey.

After an early career as a bear guide in the area, she decided to turn to the health care field and naturally gravitated back to those familiar hallways.

The “almost” part has to do with her schooling. Because there is no Physical Therapy Assistant program available in Alaska, Sara had to head south.

While her experience at Whatcom Community College in Bellingham, Wash., was a good one (see more below), she says she’s interested in helping spread the word that such training should be available to Alaskans closer to home.

There’s another “almost” part to this story. No one should have to go through the experience that ultimately led to Sara’s interest in the field of physical and occupational therapy.

She was involved in an August 2007 floatplane crash that killed six people. The accident happened about 20 miles north of Ketchikan after a bear-viewing tour in the Traitor’s Cove area. Sara was the guide on that trip and aboard the plane. According to reports, the plane crashed into a stand of trees and caught fire.

Sara suffered third-degree burns on 11 percent of her body. Her treatment included two stints at Harborview Medical Center in Seattle, including one for a skin graft. Sara was a multi-sport athlete at Ketchikan High School and familiar with physical endurance. Yet the therapy that followed her accident was surprisingly painful. And at times it took a dedicated Physical Therapist to keep her motivated.

“I was just sobbing on this treadmill and she was saying, ‘Keep running’ and I was like, ‘Are you kidding me?’” Sara says.

Not long after that she realized how important PTs and PTAs can be in people’s lives. She entered the CNA program at the Ketchikan campus of the University of Alaska Southeast and soon was pursuing her PTA credentials.

She needed two years of college basics and 100 hours of related job shadowing to get into the two-year Whatcom program. She started as a volunteer at the Ketchikan Hospital, but soon they began to pay her. Once she was accepted at Whatcom, the hospital chipped in a $10,000 scholarship.

Sara graduated from the PTA program this June, and is now working full-time at KGH. She is also pursuing a bachelor’s of Physical Therapy Assistant through a correspondence program at Northern Arizona University.

Here are excerpts from an interview she did recently with Lanetta Lundberg of KGH about her Whatcom experience:

**Why Whatcom?** I looked for programs in Alaska and found there were none. I could receive a bachelor’s degree in biology from UAA, but not directly in the field of physical therapy. My decision started out for practical reasons. It was the closest school to my home in Ketchikan, it was a correspondence program and I could do most of it from home. I also received partial scholarship funds from my employer, which I am very grateful for. The structure of my scholarship provides forgiveness over time while employed as a PTA. This is a win-win for both me and my home employer.

**Would you do it again?** Absolutely, it is a good program, a very nice campus, professional staff and the instructors are working PTs that rotate their times of being an instructor. ... I heard there was consideration for an affiliate campus in Soldotna. This would not have helped me because of travel and logistics. Bellingham would remain easier to commute to. It would be great if there were affiliate locations in Alaska for future students. It would be great to be able to pay in-state tuition. I also would like to mention that the American Physical Therapy Association has a financial aid program that offers forgiveness with time served.
Lamoureux Led Hospital’s Post-Quake Fix
(Continued from Page 1) ...

Lamoureux, always an early riser, was at home in his shower. It didn’t feel like much. “Just another day in L.A.,” he says.

He drove the 15 miles from home to work. “It wasn’t until I got to Santa Monica that I realized the street lights weren’t on.”

It got worse. The hospital’s lights were out, too, meaning the backup generator had failed. Windows were blown out of the building. Neonatal nurses cradled babies and carried them outdoors.

Water streamed through the hallways. Thankfully, there was only one very minor injury in the hospital. Yet it quickly became clear the building was unstable. Soon patients were being transferred to other facilities.

“One of the stories is a man entered our OR for open-heart surgery and awakened hours later at UCLA Medical Center,” Lamoureux says.

After initial cleanup, the hard work of forced systems change began. Within nine months Saint Johns reopened. But for an often under-capacity hospital in a saturated, competitive market already deep into managed care, things would never be the same. Within a year of the quake there were 200 fewer beds at Saint John’s and many layoffs. Because of structural damage, a brand-new facility needed to be built on the already crowded urban campus.

All of this led to significant long-term planning and an intense restructuring of the hospital’s approach. Lamoureux was in the middle of it, a process of systems change that took nine years to complete.

By late 2005 he was looking north, partly because the Saint John’s realignment was mostly accomplished and partly by coincidence. Lamoureux was a colleague of Providence executives in California and aware of the organization’s solid reputation. A “headhunter” friend called him.

“He said, ‘I’ve got this great opportunity and I don’t want you to say no until you listen to it,’” Lamoureux recalls.

The offer sounded intriguing. Then his friend revealed it was in Alaska. “I burst out laughing,” Lamoureux says. “The prospect of having this conversation with (his wife) Nadia was humorous to me.”

That’s because Nadia, his high school sweetheart, had grown up in Los Angeles. They raised their children there. She was very close with her mother and sister, who lived only minutes away. Alaska probably seemed as far as Mars.

It was Christmastime, and Lamoureux decided not to bring up the Alaska job during the holidays. But Nadia’s gift to him was a book, “Winterdance: The Fine Madness of Running the Iditarod.”

He asked her how she knew. She told him she had no idea what he was talking about.

After he eventually explained, Nadia surprised him by saying she wanted to find out more. They visited Anchorage in February 2006.

Now, nearly six years later, they are firmly entrenched in the Alaska lifestyle. “I say to people I wish I would have come to Alaska decades ago,” he says. “It has been the replenishment of my soul.”

Lamoureux is active and athletic and always has been an avid weightlifter. Now he also commutes five miles to work on his bicycle nearly every day – all year long. He enjoys landscaping with Nadia. “She would tell you I am at my best moving a pile of dirt from Point A to Point B, especially if there’s no particular reason to do so.”

And, because he was lured to the ski slopes by their youngest son, Lamoureux is now a frequent – if careful – snowboarder. “Any time I catch air it’s unintentional, and I immediately look like a helicopter” while waving his arms and trying to keep his balance, he says.

He and Nadia have three grown children: Tyson, 29, an information systems expert for a Los Angeles financial company; Sasha, 27, an RN and nurse educator at the Alaska Psychiatric Institute (Continued on Page 5)
Lamoureux (Continued from Page 4)...

now completing her master’s degree in nursing; and Chad, 20, a junior in the University of Rhode Island’s Doctor of Pharmacy program.

As for their dad, Lamoureux earned a bachelor’s degree in management from the University of Redlands and a master’s in business administration from the University of Southern California. He grew up in Montreal (coincidentally, the original home of the Sisters of Providence) and moved to Los Angeles as a teenager.

While life has changed for Lamoureux since he left L.A., that doesn’t mean he works fewer hours or thinks any less about health system change. So, what are the biggest issues facing Alaska health care providers today?

“Inertia and abundance are key and they go hand in glove,” he says, explaining that providers who are relatively successful financially are more likely to be content with a fragmented and inefficient system – and less likely to embrace increasingly necessary change.

All of which is not a good omen in this era of escalating health care costs and calls for reform. Lamoureux says many Alaska providers are not sure where to begin, who to collaborate with or who to trust.

“While it may not be HMO-2, there will be some form of risk-sharing,” he says. “Whether you’re Providence or an ASHNHA member or an independent doc in a small practice, it can be a frightening proposition.”

The good news is, Lamoureux is not afraid of the discussion. He already knows a thing or two about systems change.

AK HEALTH REFORM WORKGROUP HOSTS FORUM ON DEFICIT TALKS, HEALTH CARE IMPACTS

About 35 health care stakeholders joined the AK Health Reform Workgroup at the University of Alaska Anchorage for an Aug. 17 discussion titled, ‘After the Debt Agreement: What Does it Mean for Health Care in Alaska?’ National presenters were online from the American Hospital Association, AARP, the National Rural Health Association and the Substance Abuse and Mental Health Services Administration. Participants then were joined in the room by Susanne Fleek (center left), state director for U.S. Sen. Mark Begich, and Amanda Makki (center right), legislative assistant for health policy to U.S. Sen. Lisa Murkowski. More information about the meeting and links to the presentations will be available soon on the workgroup website: www.akhealthreform.org
Sebelius, ASHNHA Team Talk Medicaid and System Reform Rules that Will Fit Alaska

U.S. Health and Human Services Secretary Kathleen Sebelius told ASHNHA representatives Aug. 30 in Anchorage that hospital leaders in the states and nationally need to keep Medicaid in mind as the budget-cutting debate continues in Congress.

The discussion was part of the Secretary’s tour of health care facilities throughout Alaska. Sebelius came to the state at the invitation of U.S. Sen. Mark Begich, D-Alaska, who also attended the meeting.

As the congressional “Super Committee” meets this month to discuss a trillion-dollar budget cut that is part of the recent debt-ceiling agreement struck by Congress and the President, significant cuts to government health care programs are on the table.

ASHNHA Board Chairman Pat Branco reminded the Secretary that Medicaid is a significant payer of health care costs in Alaska – unlike all but one other state it is a better payer here than is Medicare. Sebelius, in turn, said Medicaid is an easier target for some budget cutters because Medicare has a built-in constituency – AARP and other advocacy groups. She urged the American Hospital Association (AHA) and other providers to be vigilant about Medicaid in the ongoing budget debate. ASHNHA President and CEO Karen Perdue pledged to take that message to AHA leadership.

Begich, meanwhile, suggested to the ASHNHA team that not only hospital executives but also their governing boards – often made up of broad cross-sections of their communities – can be very effective advocates in fighting to protect health care programs or promoting system reforms.

The ASHNHA team told Sebelius that hospitals nationally supported many of the reforms authorized in the Affordable Care Act.

But they said there is ongoing concern in Alaska that one-size-fits-all policies and pilot programs drawing praise in urban settings don’t necessarily work in extremely small markets and the challenging geography and demographics unique to our state. ASHNHA asked that a special rural focus be added to the newly created Center for Medicare and Medicaid Innovation.

The Secretary was receptive and agreed to take that idea back to Washington, D.C. As the former governor (and insurance commissioner) of a small state – Kansas – she said is sensitive to rural issues. She also acknowledged that her trip through Alaska would give her a new understanding of what “rural” really means.

As part of her visit, Sebelius met with a panel discussing senior issues (Branco was on that panel) and toured health facilities and clinics in Anchorage, Fairbanks, Anaktuvak Pass and other locations.

She also met with Alaska Gov. Sean Parnell. According to news accounts, the two discussed Medicaid and the need for more management flexibility for the states. The meeting coincided with the release of a Republican Governors Association report on Medicaid cost containment.
Legislative Redistricting Plan Awaits Review, Court Challenge

Election district boundaries and the future makeup of the Alaska Legislature are still up in the air as a fight over redistricting awaits action by the U.S. Justice Department – and a ruling by Alaska’s courts.

On Aug. 11 the Alaska Redistricting Commission submitted its plan to the U.S. Department of Justice for approval. The Justice Department will review Alaska’s plan and either approve it or send it back to the Commission to make changes with regard to minority representation.

That decision is due within 60 days – early October.

In addition, the redistricting plan is being challenged by three lawsuits in Alaska courts. The first lawsuit pertained to the City of Petersburg objecting to the plan. Under the proposed plan Petersburg will be lumped into a legislative district with Juneau. Petersburg has historically been tied to the smaller communities of Sitka, Wrangell, and Ketchikan. Petersburg would like to remain that way.

The second lawsuit was filed by the Fairbanks North Star Borough, objecting to the plan’s splitting of two Fairbanks House Seats (House District 38 and House District 6). Fairbanks believes that given its population it should not have to be paired with rural areas. In addition, Fairbanks is concerned with the paring of its Senate seats to House Districts residing outside of the greater Fairbanks area.

The third lawsuit was filed by Fairbanks area residents George Riley and Ron Dearborn. Their lawsuit is similar to the suit filed by the borough and contends the same issues with regard to splitting House and Senate seats into rural parts of Alaska.

In July, the three lawsuits were consolidated into one case and assigned to Fairbanks Superior Court (Case Number 4FA-11-2209CI).

One interesting note is that the Alaska Democratic Party and the Alaska Republican Party have not filed lawsuits against the redistricting plan. In past redistricting years one party has usually filed suit to challenge portions of the plan.

While it is still possible for a suit to be filed by one of the political parties (and either party could intervene in the above lawsuit) it would appear that this is not likely.

For more information and latest updates, you can visit the Alaska Redistricting Board website: http://www.akredistricting.org/welcome.html
New UAA Health Building Brings Programs, Students Together

Four of the health-related disciplines at the University of Alaska Anchorage (UAA) will soon take up residence in a new home. The new Health Sciences Building, located on Providence Drive across from the Wells Fargo Sports Center, is opening for classes this fall.

The $46.5 million, 65,321-square-foot building will house UAA’s nursing, medicine, medical laboratory, and physician assistant disciplines. Currently, these disciplines are scattered across campus, making it difficult for faculty and students to come together to learn to communicate and work as a team.

“Once in the workplace, patient safety and quality of care depends on all the health professions being able to work together. Having a health campus with students and their faculty close together will provide opportunities to learn, practice and communicate together before entering the workplace,” says Jan Harris, UAA vice provost for health programs.

During the planning phase, UAA made use of suggestions from health care industry partners about how the programs might work together in an interdisciplinary way. Each discipline also has an advisory council that provides ongoing recommendations and guidance.

As health programs are among the fastest growing at UAA, the new building will offer the additional space and improved facilities, equipment and technology needed for the programs to continue to thrive. The facility will feature offices, “smart” classrooms, skills laboratories, and advanced clinical simulation equipment and facilities.

The Health Sciences Building is the first phase of a planned “health campus” on the south side of Providence Drive. A second phase has been outlined conceptually to include the rest of allied health sciences programs (with the exception of dental), student commons areas, additional classrooms, skills labs, an interdisciplinary clinical simulation suite, faculty offices and a parking garage.

Two additional health programs buildings could be constructed on the site at a later time, along with an additional parking structure. The funding to design phase two could be received as early as fiscal year 2013; the timeframe for additional phases is not currently identified.

– Reprinted from the UA Corporate Programs’ UA@Work Newsletter

Call for ASHNHA Associate Members – Help us Pass the Word!

Do you know an organization that would benefit from being an Associate Member of ASHNHA? Participating organizations receive information on industry trends through our monthly newsletter and can participate in our annual meeting.

Have News You Would Like Us to Feature? Please Give us a Call!
ASHNHA, Members at Work on Perioperative Nursing Project

ASHNHA and its members have launched an initiative to deliver training and professional development for specialty perioperative nurses. Board members and instructors for the Northwest Perioperative Consortium (NWPC) were invited to Alaska to assess the feasibility of an Alaska-based consortium to develop and deliver an accredited certificate program to a statewide cohort.

These programs can assist with recruitment, professional development and retention of perioperative staff. Also, they may result in a decrease in the use of non-resident agency or traveling RNs and their attendant costs. In a survey conducted of ASHNHA members in July, approximately $22 million was spent in 2010 on travelers and locum tenens.

ASHNHA members realize that efforts to invest in training for locally-based specialty nurses could increase the capacity of the Alaska nursing workforce and reduce the level of non-resident workers.

Rep. Peggy Wilson, R-Wrangell, who is also a registered nurse, introduced a FY 2012 budget request for $65,000 to support the implementation of an Alaskan-based training program that would be cooperatively conducted by hospitals. That request was vetoed by the Governor.

Workgroups were formed in August to address specific tasks around logistics, development of educators, curriculum and delivery and student recruitment.

The goal is to implement training on Feb. 1, 2012. Lots of effort by the participating facilities will need to occur over the next few months. ASHNHA is providing staff support to the creation of the consortium and housing it within ASHNHA.

ASHNHA’s Armstrong Moves South for Less Winter

ASHNHA Business Office Manager Debra Armstrong has tendered her resignation and already headed south to be closer to her grandchildren – and to milder winters.

Debra, who was born in Alaska and raised on the Kenai Peninsula, is moving to Kirkland, Wash. She has lived south in the past but returned last year. After yet another Alaska winter she says she decided she’d had enough.

While at ASHNHA, Debra helped with the transition of administrative and operations functions from the longtime Juneau headquarters to Anchorage. She also oversaw a change in accounting systems and implemented computerized record keeping for all transactions.

Her last day in the office was Aug. 31, though she’ll return in both September and October to help with quarterly financials and in the training of her yet-to-be-named replacement.

We offer Debra our thanks and wish her good luck!
A New Resource for Continuing Education – Alaska CACHE

The Alaska Center for Rural Health - Area Health Education Centers (AHEC) has launched a new on-line resource to serve as a clearinghouse for continuing health education support in Alaska. The website includes a calendar of upcoming trainings for health professionals and detailed information about each training session.

Health professionals can search for information on trainings and learn the details about upcoming educational events. Health care facilities and continuing education providers can post information about upcoming training opportunities and locate trainings for healthcare staff.

Check out the Alaska CACHE (Clearinghouse for Alaska’s Continuing Health Education) and the Calendar of Events and Trainings at the website: [http://www.akcache.org](http://www.akcache.org).

In the future (available in July 2012), Alaska CACHE will provide expanded functionality for smaller facilities to manage their education program and track employees, CE Providers will be able to manage event registration through the Alaska CACHE and providers will be able to register and receive notifications of events via e-mail and mobile devices and create/manage their own e-portfolios.

Training is available on how to use the Alaska CACHE and how to submit trainings. If you have questions or training requests, please send an email request to vemiller@uaa.alaska.edu or call (907) 786-6589 or you can call toll free: 1-855-446-6583.

Community APGAR Program Coming to Alaska to assist CAHs

The Alaska AHEC is working with Dr. Barbara Doty at the Alaska Family Practice Residency and WWAMI to conduct Boise State University’s Community Apgar Questionnaire in Alaska. The Community APGAR is a tool for improving rural communities’ recruitment and retention of physicians. The focus in Alaska will be on communities with a Critical Access Hospital.

The process uses an inquiry tool to assess and give feedback to communities on how they are doing in physician recruitment compared to like settings.

Each hospital has two interviews and two presentations approximately one year apart.

The information is presented to the governing body of the organization in a confidential manner with comparative data from other communities, both statewide and interstate. This approach allows a dialogue to develop around strategies for recruiting in a neutral manner, and opens the door to also discuss physician retention.

The questionnaire looks at five classes of variables impacting recruitment and retention of family physicians from a community perspective. The variables are:

- Geographic: example factors - schools, climate, perception of community, spousal satisfaction
- Economic: example factors - loan repayment, income guarantee, revenue flow, competition
- Scope of Practice: example factors - obstetrics, C-sections, ER, endoscopy/surgery, nursing home
- Medical Support: example factors - nursing workforce, EMS, call coverage, perception of quality
- Hospital and Community Support: example factors - physical plant and equipment, internet, hospital leadership, EMR

ASHNHA is supporting the Alaska AHEC in sharing information with CAHs and encouraging participation. This study is ongoing in other states, including Idaho, Wyoming and Maine, and will result in a comparable dataset benefiting advocacy efforts at national and state levels and inform decision making at a local level.

The first interviews at CAHs will be scheduled for this fall. If you are willing to participate or would like more information contact Jeannie Monk, ASHNHA Program Officer at (907) 586-1790 or Jeannie@ashnha.com.
AHA Ready to Unveil New User-Friendly Website, Asks Feedback

The American Hospital Association was planning to introduce a new website over the Labor Day weekend – assuming all goes according to plan.

AHA Vice President Rick Pollack says the redesign aims to make navigation easier and more intuitive, improve the search functionality and enhance our online capabilities.

The new site features a crisp, uncluttered look. The homepage prominently features a rotating carousel updated regularly with new events and initiatives. We’ll continue to post the latest member content on the “Popular Content” channel, making it easy to locate what’s new. In addition, the new “AHA Action Center,” located on the homepage, will place our current advocacy efforts front and center.

The top navigation bar has been greatly streamlined into four categories. The “Advocacy Issues” tab features links to our issue-specific pages and resources, as well links to ongoing key initiatives. The “Performance Improvement” tab links visitors directly into the resources of our Hospitals in Pursuit of Excellence initiative, while the “Research & Trends” tab takes visitors to the latest AHA policy research on hospital trends and statistics, as well as the research being produced by HRET and other parts of the organization. The “Products & Services” tab links visitors directly to the online store and other AHA offerings and related organizations.

The State Issues Forum also received a facelift. It can be found at the bottom of every page in the “fat footer” quick navigation, as well as on the drop-down menu at the top of each page under “Member Center.” It also appears under “Tools & Resources” in the drop down menu under “Advocacy Issues.”

If you have any questions or feedback, please contact Heather Drevna, director of advocacy and member communications, at hdrevna@aha.org.

IDITAROD STAR JONROWE WOWS AHA CROWD

Well-known Iditarod musher Dee Dee Jonrowe, left, poses this summer in Girdwood with American Hospital Association Board President John Bluford and Jonrowe’s mother, Peg Stout. The AHA Region 9 Policy Board met in June, hosted by ASHHA’s AHA delegate John Bringhurst and President and CEO Karen Perdue. ASHNHA invited Jonrowe to talk with over 40 hospital officials from the western states who attended the meeting. Breast cancer survivor Dee Dee’s talk about teamwork and how to overcome the challenges of not only the Iditarod but her illness and recovery resonated with the attendees. Once again, Alaska set a high standard for its visitors. (Photo by John Bringhurst)