



# MassCRNA

**Massachusetts Association of Nurse Anesthetists**  
**March 2010**

**Officers:**

**President:**

Robert Gauvin, CRNA  
 gauvin1@comcast.net

**President Elect:**

Michael Storey, CRNA  
 michael.storey@comcast.net

**Secretary:**

Anthony Craig, CRNA  
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**Executive Director/Newsletter:**

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*Massachusetts Association of Nurse Anesthetists*

## A Letter From Your President

Dear MANA Members:

My term as president began October 17<sup>th</sup> at the annual board retreat held at Northeastern University. This annual retreat serves many purposes but most importantly it is a chance for the new incoming board members to network and strategize for the upcoming year.

I have learned many things since October about our organization. Your board of directors is a dedicated, diverse group of individuals who love their profession. They come from all practice areas and are very passionate about what they do. I have learned that being 100 e-mails behind on a daily basis is normal! Weekly conference calls with various committees have also become a norm as have trying to answer membership questions as promptly as possible. I have also learned that as president there are times when I have to put aside personal opinion to do what is best for the organization as a whole.



Most importantly I have come to appreciate how those before me have surrounded MANA with the tools and people to make this organization so great. Immediate past President **Norma Sorelle** was an outstanding mentor in my year as president-elect and continues to advise the board. Gene Blumenreich, our legal counsel, has been very busy with our current prescriptive authority legislation and without our Executive Director, Pam McKenna I don't know where we would be. Her organizational skills are the glue that holds our volunteer board together. I would also like to recognize MANA member and current AANA vice-president **Steve Alves** who has been instrumental both as a resource and someone who continues to serve MANA in many capacities. From testifying at the State House with me to participating in numerous conference calls Steve is always there for MANA. Steve has been nominated by MANA to run for the office of President of the AANA. I urge you all to give him your vote in the upcoming election. I can think of no one better equipped to protect our scope of practice and advance our interests than Steve Alves.

Because we are an all-volunteer organization I urge all of you to participate in our organization in any way you can. Participation can be as simple as writing a check in support of the MANA PAC or keeping up with current events on the MANA and AANA websites. Not all of us have a lot of extra time but keeping current with the issues, contacting your senators and representative when asked makes such a huge difference. If you have some spare time and would like to give back to a profession that has given so much to you, we have a committee for you! In 2011 the AANA national convention will be back in Boston and we will have lots of opportunities to get involved in any capacity.

With healthcare reform in the spotlight we are coming into a very historic time for CRNAs. We must remain vigilant and informed and we must make sure the public knows who we are and what we do. We can no longer afford to be the best kept secret in healthcare. I hope to see many of you at the NEANA conference April 16-18 in Burlington.

Respectfully submitted,

Bob  
 Robert J. Gauvin, CRNA, MS  
 President, MANA

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## Haiti Deployment

By: *Michael P. Storey, CRNA, MS*

The MA-1 Disaster Medical Assistance Team (DMAT) is a cadre of professional and paraprofessional medical personnel designed to provide medical care during a disaster or other event. DMATs are designed to be a rapid-response element to supplement local medical care until other Federal or contract resources can be mobilized. DMATs deploy with 35 personnel, including doctors, advanced practice nurses, PAs, nurses, paramedics, EMTs, and communication specialists. They carry sufficient supplies and equipment to be self sustaining for a period of 72 hours while providing medical care at a fixed or temporary site.

MA-1 was activated on Wednesday, January 13 to deploy to the devastated Haitian capital, Port-au-Prince. On Sunday, January 17<sup>th</sup> MA-1 DMAT had established a field hospital in the courtyard of Quisqueya University alongside members of an International Medical Surgical Response Team (IMSuRT). Over the next 7 days the combined MA-1 and IMSuRT team saw 505 patients, delivered 9 babies (including 1 set of twins), performed 66 surgical procedures, and had 1 death. MA-1 was demobilized and returned to Boston on January 26<sup>th</sup>. At this time the Quisqueya Field Hospital is still operating, staffed by another DMAT and IMSuRT team.



I have deployed for several disasters with MA-1, including Hurricane Katrina, and the North Dakota Red River floods. All of these experiences pale in comparison to what I witnessed in Haiti. The devastation was absolute, the injuries horrific. As the days went by word of our field hospital spread and more patients came to our doors. Each day scores of patients with orthopedic injuries and severe wounds would come for treatment, most often these injuries were over a week old. Babies with dehydration, congenital anomalies, severe respiratory distress, and tetanus were a daily sight. It was not uncommon to have two infants, both less than two months old, next to one another intubated awaiting medivac to the USNS Comfort.

Despite the devastation the Haitian people were some of the kindest, warmest, and most thankful people I have ever encountered. It was eye opening to see an impoverished person whose few possessions were just stolen from them by mother

earth, helping to teach a new mother to nurse. Complete strangers tending to each other's needs, calming a fresh post-op patient, or sharing what little food and water one had with a fellow Haitian.

The relief effort in Haiti is composed of over 30 nations and hundreds of Non Governmental Organizations (NGOs). These various countries and organizations are supplying technical expertise, food, shelter, medical aid, logistical support, and security. It truly is an international effort. But it is important to remember that this response effort is not just about international aid; it is also about Haitians helping Haitians, and neighbors helping neighbors.

Michael P. Storey, CRNA, MS  
MA-1 DMAT  
National Disaster Medical System



## Congratulations!



Congratulations to Northeastern University's December 2009 Graduates!

Back Row: Steve Alves (Faculty) Patricia Kelly, Patrick Evans, Derek Evans, Maria Estrada, Cary Endoza, Brian DelGrosso, Glenn Colassi, Marc Bozenski, James Whalen Jr.

Middle Row: Janet Dewan (Faculty) Connie Calvin (Faculty), Sandra Klein, Jennifer McIntyre, Debra Sloboth, Laura Calabrese, Summer Bray, Tara Gamache, Megan Burns, Christine Cabeceiras, Jon Jordan

Front Row: Karen McKie, Christopher Pereira, Tisha Stradtman, Ann Schwartz, Kevin Boog, Meryn Boraski



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## Please Donate to the MANA PAC Fund

**By: Brett Heffernan, CRNA**



My name is **Brett Heffernan CRNA** and I am your MANA PAC Fund Chairperson. I want to thank Steve Carrier CRNA the outgoing MANA PAC Chair for his dedication and hard work these last three years, we all wish him luck in his future endeavors.

I have been a CRNA for six years and I always have done my part donating my 100 dollars yearly and that's it. I was asked to get involved more. I thought what an awful job getting up in front of strangers and asking for their hard earned money and not knowing why or where. Well as your new PAC chair I am here to share it with you. The money you donate to MANA's PAC fund is presented to our elected officials. Money is sent to candidates running for office, senators, congressman, and representatives to support their campaigns. This money sends a message to them that we are concerned about our profession and that we are serious about our issues. Each of your checks, whether they are for \$52 or \$100 dollars is more than just money, it is your voice saying I support my profession and I want to fight for it. We are in the mist of a vast change in healthcare, and our profession is at the forefront of this change. Now more than any time in the past your contribution can and will play a pivotal role. There are over six hundred certified registered nurse anesthetists in the state of Massachusetts and I am asking each one of you to personally help support your profession. We need your help.

Writing this letter reminds me of those winter Olympic visa card commercials so I made up my own. Double latte mocha chino on debit master card two dollars sixty five cents, having a voice on capital hill priceless. Please help us by donating to the exclusive 52 club, for a dollar a week, less than half the price of a double latte you can have a voice on capital hill. Click the "Donate" gold button half-way down the PAC page on our website, <http://www.masscrna.com/pac.html> to make a donation online with a credit card. Or you can mail a check to:

MANA PAC Fund

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Chelmsford, MA 01824

Each person that donates will get their name in our newsletter. Everybody likes their name in the paper ☺

## Thank You for supporting the MANA PAC Fund!

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Elisabeth Compagnone

**In the News:**



MANA member **Tom Norcross** is happy to report that his niece, 19 year-old Siobhan Magnus, of Marston Mills is a contestant on the popular TV show, American Idol. At press time, Siobhan had made the cut to be one of the ten girls still in the running to be this year's American Idol!



MANA member **Derek Evans** was featured on the front page of the Boston Globe recently in an article entitled *Role Adjustments*. Derek recently graduated from Northeastern's Nurse Anesthetist program and is working at MGH. In addition, Derek had a case study published in the International Journal of Student Nurse Anesthesia. His mentor for the project was **Lana Yaney** MS CRNA, clinical preceptor at South Shore Hospital. His report documented the use of dexmetomidine to mitigate emergence excitement after sevoflurane anesthesia.

**Vote For**

**Steve L. Alves, CRNA, PhD**  
**>> AANA President-Elect**

**I Will Not Stop**

- ✓ **Listening to our members**
- ✓ **Asking the difficult questions**
- ✓ **Fighting for our practice rights**
- ✓ **Believing in our profession**



**Steve L. Alves, CRNA, PhD**  
 273 Ash Street, Brockton, MA 02301  
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**CURRENT PRACTICE**

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**AANA SERVICE**

- AANA Vice President 09-10
- AANA Region 1 Director 07-09
- AANA Foundation Trustee 09-10
- AANA CRNA PAC 08-09
- AANA Resolutions Comm. Chair 04-05
- AANA Nominating Comm. 02-03
- AANA Journal Reviewer 03-08
- AANA Found. Research Comm. 03-08
- AANA Found. Prof. Dev. Comm. Chair 98-01
- AANA Education Comm. 96-97
- Council on Accred. on-site Reviewer 96-06
- Council on Recertification 95-96
- AANA C. E. Comm. Chair 95-96;
- Member 94-95

## Saving the Life of a Baby in Haiti.....it's a small world

*Here is a story within a story....This is a story about several health care workers volunteering in Haiti who crossed paths to save the life of infant in Port Au Prince, Haiti after the earthquake. This first exert piece from a NYU physician, Dr. Patricia Poitevien shares a story about an infant she helped saved. The second story is from Nelson J. Aquino, CRNA, a pediatric nurse anesthetist, who while assisting the same baby, ran into two of his colleagues from the United States. As you will soon read, our planet is a small world....*

**Written by Dr. Patricia Poitevien, NYU Medical Center**

1/23/10

...As I walk away, I pass another group of cameras orbiting around the universe of Sanjay Gupta, MD...more annoyed...I see a small group of people running towards me. One of them is carrying a baby, he shouts, "Where is Peds?" I run up to them and realize one is holding a newborn, one man is giving chest compressions and one is bagging. I ask them to follow me and begin running back to the tent. "What's the story?" I ask. "We have no idea. Someone just handed us this baby." We run pass Sanjay, and back to the tent. We lay her down. She has no pulse. "Does anyone have a story?!" I shout. "She's an ex-32 wker. 2 days old. She's been seizing 20 minutes or more." "Can I have Ativan?" I scream to no one in particular. I ask them to stop bagging - no spontaneous respirations. "Can I have 3.0 ET tube?" again to no one. I hear back, "We don't have any of that doc!" I look around as the EMT continues to bag her with a mask that is entirely too big for her face. No chest rise. My colleague is back. "What's going on?!" she yells. Someone gives her the story. She feels for pulses. "Guys, we can't do anything with this kid." she shrugs. The EMT is relentless and continues with chest compressions. I feel for a pulse again. "She has a pulse!" I scream, but realize I have nothing with which to intubate her. There is no pediatric crash cart in the peds tent, and the EMTs only have adult resuscitation equipment. EMT one is bagging, EMT two is giving chest compressions. I run out of the tent and to the OR...

Daiana is at the head of a table with David and Ken hovering over a patient. They are operating, she is monitoring. The OR is cool and calm (speaking comparatively, of course). "Daiana! I need a 3.0, a blade, Ativan, epi and atropine!" I can barely speak. She runs over to me and starts rummaging through boxes. She hands me the tube and the blade and a vial of valium after what feels to be an eternity. I run out, followed (unbeknownst to me) by two nurses...

We run past Sanjay again, and push one of his entourage out of the way. We arrive at the tent. As I approach the bed, one of the nurses announces, "I am a pediatric nurse anesthetist (Nelson Aquino, CRNA). I can get that airway." I quickly hand over the tube and blade to him. He secures the airway. I administer the valium. "She needs to go to the Comfort." someone shouts. We lift her and bring her to an army truck that will take her. The nurses accompany her to the ship...the back of the army I sigh, exhausted and sweating...it's only 2:30 I feel like I have been here forever...

**Nelson Aquino, CRNA, MS shares his story of that same day....**



While searching for extra beds, and the right Red Cross tent, Jay Hartford, RN and I stumbled upon some chaos. A 2 day old baby had been seizing on and off since birth. A team of paramedics were screaming for intubation, but only had large endotracheal tubes (ETT). So being a pediatric CRNA, I naturally swarmed over and told the team that. Immediately they moved everyone aside and said, "Let him intubate." As the paramedic removed the ambu bag off the neonate, I used a large blade and intubated this 3 kg baby. As they listened for breath sounds and confirmed placement, everyone was clapping. The U.S. military arrived and helped us transport this neonate in a hummer. With no monitors, no meds and an unstable IV, the military guys shut the doors and it was pitch black and 100 degrees.

Both Jay and I looked at each other and really couldn't believe this was happening. This small baby's life was in our hands. During the 10 minute ride to the DMAT unit, I manually ventilated the baby as

*(Continued on page 7)*

(Continued from page 6)

Jay held the ETT. We were both praying and hoping this baby would make it there. We felt no pulse at one time and started CPR. When the doors on the hummer opened we rushed the baby to the disaster tent.

When we arrived we were greeted by Dr. David Mooney and pharmacist Shannon Manzi from Children's Hospital Boston! We couldn't believe it!!! At the same time, I was greeted by a fellow Massachusetts Nurse Anesthetist **Mike Storey, CRNA** (who trained me). I could not believe this was happening at the time. We handed off to Dr. Mooney and his team. The baby was alive and stabilized. What a miracle.

*Follow up: Mike Storey CRNA later transported this baby to the USS Comfort where the baby was treated for neonatal tetanus.*



## Condolences:

**John "Jack" T. Delaney**, 62, of Blackstone, Mass. died on November 28, 2009 at his residence after a courageous battle with cancer. He was the husband of Denise J. (Dussault) Delaney.



An Army veteran, he was in active duty for seven years serving a tour in Vietnam and was in the Army Reserves, retiring as a Lt. Colonel. He received the Bronze Star Medal, National Defense Service Medal, Vietnam Service Medal, Vietnam Campaign Medal and Republic of Vietnam Cross of Gallantry with Palm.

He retired as a Certified Registered Nurse Anesthetist for the Veterans Administration and worked for D&G Associates.

He was Blackstone's emergency management director, and was on many town committees. He was also on the Board of Directors for Visiting Nurses of Greater Woonsocket.

Contributions in his memory may be sent to the Emmanuel Episcopal Church or VNA Care Network & Hospice, Development Office, 120 Thomas St, Worcester, MA 01608.

**Dennis R. Kissell**, of Wareham, died October 24, 2009 at home. He was the husband of Louise D. (Hallahan) Kissell and the son of the late Robert S. and Edith C. (Heimann) Kissell. He was born in South Bend, Indiana and lived in Hamilton, OH before moving to Wareham in 1974.

Mr. Kissell graduated from St. Joseph's High School, South Bend, IN, Alexian Brothers School of Nursing in Chicago and Mercy Hospital C.R.N.A. program in Springfield, MA.

He served as a Captain in the United States Air Force and was stationed in Great Falls, Montana. Mr. Kissell worked as a Certified Registered Nurse Anesthetist at Good Samaritan Medical Center (Cardinal Cushing Hospital) for 33 years before retiring. He enjoyed boating, snow skiing, gardening, and vacationing in Hawaii.

Donations in his memory may be made to the Pan-Mass Challenge to benefit cancer research and treatment at Dana Farber Cancer Institute, Pan Massachusetts Challenge, 77 4th Ave., Needham, MA 02494, [www.pmc.org](http://www.pmc.org).



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One of the most important decisions you will make to improve your financial situation is to select an advisor you can trust who has the experience and desire to provide quality service both now and long into the future. To tell you a little about myself: I began my career in the financial services industry in 1977 and hold the prestigious designations of Chartered Life Underwriter (CLU) and Chartered Financial Consultant (ChFC).

In 1994, after working for many years in the insurance and investment industry, as well as serving as Vice President and Trust Officer for the Old Stone Bank in Rhode Island for five years, I formed Wealth Management Resources, Inc. with lifelong friend Alan S. Wardyga, CFP. In fact, Alan and I are both currently members of the faculty of Bryant University's Executive Development Center, teaching courses for the CFP program.

Our firm Wealth Management Resources, Inc. was founded with the goal of assisting clients with the many aspects of their financial lives. For each of our clients we strive to create a financial plan to assist them in achieving their financial goals to create a future that is secure with financial independence and peace of mind. As your Financial Advisor, I will do everything in my power to keep you focused on where you want to go, advise you on how to get there, and continually remind you of the importance of maintaining a disciplined approach to realizing your dreams.

If working with a dedicated financial advisor with experience in advising CRNAs is of interest to you call me personally at 401-356-1400.

Arthur C. Everly, CLU, ChFC

## New England Assembly of Nurse Anesthetists (NEANA) Spring Meeting April 16–18, 2010 – Marriott Hotel, Burlington, MA

**Visit the NEANA web site, <http://www.neana.net> for more info and to register**

### Friday, April 16th (8 CEUs)

06:45-07:30	Registration
07:30-08:30	<b>Consciousness Monitoring: a Critical Review</b> Michael Fielder CRNA, PhD, <i>Sponsored by: Anesthesia Abstracts</i>
08:30-09:30	<b>Obstetric Crisis and Catastrophes</b> Dr. Sugantha Sundar
09:30-09:50	Break / Visit Vendors
09:50-10:50	<b>Adrenergic Drugs in Anesthesia</b> Joseph Pellegrini CRNA, PhD
10:50-11:50	<b>“The evidence is In”: Treating and Preventing PONV</b> Joseph Pellegrini CRNA, PhD
11:50-12:50	Vendor Appreciation Lunch
12:50-13:50	<b>Sugammadex : A Novel Reversal Agent for Steroidal Non-depolarizing Muscle Relaxants</b> Ann Schwartz CRNA, MS
13:50-14:50	<b>Kicking Aspiration: A closer look at the cause and treatment</b> Andrew Teich CRNA, MS <i>Sponsored by: Covidien</i>
14:50-15:10	Break
15:10-16:10	<b>NBCRNA Overview and Update</b> Mary Kay Moyer CRNA, MS <i>Sponsored by: NRCRNA</i>
16:10-17:10	<b>The Romance of Infection Control and Infusion Therapy</b> Gwen Cole RN, CRNI

### Saturday, April 17th (7 CEUs)

06:45-07:30	Registration
07:30-08:30	<b>Ketamine in Modern Anesthesia Practice</b> Michael Fielder CRNA, PhD <i>Sponsored by: Anesthesia Abstracts</i>
08:30-09:30	<b>Anesthesia Considerations for Treatment of Tracheobronchial Malacia</b> Dr. Deborah Reynolds
09:30-09:50	Break/ Visit Vendors

### Saturday, April 17th — continued

09:50-10:50	<b>Double Lumen Tube Placement and One Lung alternatives for Thoracic Procedures</b> Dr. Lorraine Foley
10:50-11:50	State Breakouts
11:50-13:10	Lunch/Business Meeting
13:10-15:00	Student Seminar - (see special announcement at <a href="http://www.neana.net">http://www.neana.net</a> )
13:10-14:10	<b>AANA Update</b> Cheryl Nimmo CRNA, MSHA
14:10-15:10	<b>Pharmacologic Management of Pt. with Pulmonary Hypertension</b> Regina Raynaud MSN, RN, CCRN, CEN
15:10-15:30	Break/Visit Vendors
15:30-16:30	<b>Perioperative Pulmonary Edema Pathophysiology and Current Treatment</b> Margaret Roseann Cannon CRNA, MHS.
16:30-17:30	<b>Case Report, “You be the Judge”</b> Margaret Roseann Cannon CRNA, MHS

### Saturday, April 17th (5 CEUs)

07:30-08:30	<b>Postoperative Cognitive Dysfunction: Can we improve outcomes?</b> Connie Calvin CRNA, MS, CRNA, ARNP, PhD
08:30-09:30	<b>Blood Transfusion: An independent predictor of adverse outcomes</b> Connie Calvin CRNA, MS, CRNA, ARNP, PhD
09:30-09:45	Break
09:45-10:45	<b>Trans-esophageal Echocardiography (TEE); A solution for Diagnostic Dilemmas in the Main OR</b> Dr. Lauren Cornella
10:45-11:45	<b>Preoperative Assessment of the Surgical Patient</b> Margie Pothier, CRNA, MS
11:45-12:45	<b>Essential tremor and Deep Brain Stimulation: a Provider as Patient Perspective</b> James Wishart, CRNA

## Meet Your President, Bob Gauvin

MANA: *What 3 words would you use to describe your presidency?*

Gauvin: Vigilance, Determination, Compassion

MANA: *What is the primary area you want to focus on as MANA's President?*

Gauvin: Every year MANA becomes a better more organized association. I would like to continue this trend so that the transition from board to board is seamless and projects and goals continue to move forward without interruption. I also believe it is time that we form a strong coalition with our other APN colleagues.

MANA: *How would you describe your board?*

Gauvin: This is one of the most diverse, professional boards we have ever had. We have providers from all practice areas so our membership is very well represented. They are also a very passionate dedicated group.

MANA: *How have you participated in MANA prior to your presidency?*

Gauvin: In 2004 I became a board member and immediately found myself in the position of PR chair. Our committee that year started the 1<sup>st</sup> Annual MANA Celebrates NNAW at Wachusett Mountain as a way to give back to our membership and celebrate national nurse anesthetist week. This year marked the 5<sup>th</sup> annual event that has grown each year. Our chairman this year, Nelson Aquino and Carol Lemiszky made sure it was the best yet. I took a break from the board from 2006-2008 because of business reasons and was then elected president-elect in 2008.

MANA: *Tell us about your job – how long you worked there & in what capacity.*

Gauvin: I have worked for Anesthesia Professionals, Inc. since 1992. I began part-time and then came on board full time in 1998. I started as a staff CRNA and then in 2006 I bought the practice from my dear friend and mentor Rita LeBlanc. I am currently the president and owner of A-PRO, Inc., which is group practice that employs CRNAs as well as anesthesiologists. We have several of our own contracts and also provide traditional staffing services to all practice locations.

MANA: *Where did you work prior to Anesthesia Professionals?*

Gauvin: After graduation I worked at St. Luke's Hospital in New Bedford, MA from 1991 to 1998. I was also Active Duty Air Force and served in the Army reserve.

MANA: *What have you noticed has changed in MANA since you have been in the organization?*

Gauvin: MANA has really transformed and been reborn since 2004 when I became involved. A big part of that was the foresight of the leadership back then to bring an executive director on board. That single action really propelled MANA to where it is today. Because we are all volunteers with busy work and personal lives we need that consistency to keep us moving forward.

MANA: *What changes do you think need to occur in MANA?*

Gauvin: As organized as we are today we need to get better. We need a strong grassroots legislative taskforce that has CRNA representative in all areas of the state. We also need to establish coalitions with our other APN colleagues and we need to maintain a strong presence on the BORN.

MANA: *What if any changes do you anticipate in MANA in the future?*

Gauvin: Non-profit organizations are becoming more complex and more difficult to manage due to increased government regulation. I foresee the role of the executive director expanding to keep pace with all the new regulations.

MANA: *Why do you think people should volunteer for MANA positions and leadership roles?*

Gauvin: It is essential to the continuing success of our profession. Organized medication continues to try and define our scope of practice. As a profession we must remain vigilant to protect our right to practice. Without the work of past CRNA leaders we would not be enjoying the success and autonomy we have today. It is imperative to give back to a profession that has given so much to us. All of our lives are crazy and hectic but at some point in our careers we all have a duty to give back. That point in our careers that we give back is different for us all and the level of commitment can be small. The point is none of us would be where we are today without those who volunteered before us.



**MANA President, Bob Gauvin with wife Kara at AANA 2009 Annual Meeting.**

(Continued from page 10)

MANA: *What do you do for fun in your spare time?*

Gauvin: What's spare time? It really does not exist. There is no glamour in owning your own business. It's 24-7, 365 days a year but a nice night out with friends and a good wine list really can't be beat.

MANA: *Who is your biggest supporter in your life?*

Gauvin: My wife Kara and my family. I would be lost without them. The sacrifices they make are the reason I can juggle so many things on a daily basis.

MANA: *Tell us about your family.*

Gauvin: I will be celebrating my 25<sup>th</sup> wedding anniversary this summer with my high school sweat heart Kara. We have 5 beautiful children from ages 13 to 24. Zachary, Julie, Luke, Andrea & Meredith. Of course our family would not be complete without our dog Chloe and cat Tobey.

MANA: *What is the one thing you want to do in life before you die that you haven't done already?*

Gauvin: Visit my Grandfather's grave at the Epinal American Cemetery and Memorial in Epinal France.

MANA: *If you weren't working as a CRNA and business owner, what other career could you see yourself doing?*

Gauvin: I would love to own a vineyard and make wine. Cheers!

## Welcome!



MANA welcomes **Patricia Kelley, CRNA** to the Board of Directors. Trisha is a Massachusetts native and a recent graduate of the Northeastern University class of nursing anesthesia. She is beginning her CRNA career at Boston Medical Center.

Northeastern University has a new School of Nursing Dean, Carole Kenner.

## WG FASHION

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## A MANA Member's Trip to Guatemala

*By: Christopher Hoeman, CRNA*



*Christopher Hoeman, CRNA, went to Guatemala with HELPS International. He served the indigenous Mayan people of the Central highlands of Guatemala. Below are reprints of some of his communication.*

It was a long trip getting here, feeling pretty tired. Met this Guatemalan guy on the plane. Talked a lot in Spanish with him. He lived in Michigan and worked in construction. Returning to Guatemala visiting his family in Huehuetenango about 3 hours north of Solola where we are now. He was staying in Guatemala city and his brother was picking him up the next day. Too dangerous to drive at night way up there. I asked him why. He said I just wanna keep living a bit more, just not safe moving around late at night. When we were landing he asked me to fill out his customs form and hands me his license and Guatemalan passport. We talked a bit more, he was illiterate. He owned a house in Michigan. I asked him how come he couldn't read or write. He said "no schools in Huehuetenango," where he grew up. Just knew how to work hard and no time now to learn because he is working so much in Michigan!

So far the trip has been exhausting. Arriving in the country at 10 pm, getting to the hotel in Guatemala city at 11pm, a quick meeting, then to bed for not much sleep. Sunday we drove about 4.5 hours up to the central highlands with a military escort. I'm not sure if the military was clear on the concept though. They kept pointing this big gun turret right at us with one of the soldiers hands on the triggers. I think he thought his job was to protect his country from us and not us from his country. We starting unpacking and setting up the hospital immediately. Everything was very dirty and had to be cleaned. We did well and were ready to go the next morning. This place gets used as a hospital once a year and the people come from all over the highlands to get care. Mostly people of Mayan descendant.



The anesthesia equipment is shaky at best and the first case was anxiety provoking because it was a 1 and a half year old baby with a large cleft palate. Things went very well though so I started to get more comfortable. We had three more kids and more operations to go. By the end of the day (around 6 30 pm) I was feeling tired and a little sick with stomach pains and a bit of diarrhea. The trusty Pepto-Bismol was failing me. Got some antibiotics and hopefully not getting some parasite from the water ( which we treat like poison.)

We had a women from a village north of here who spoke Quiche. Which is a Mayan dialect close to Spanish at times but completely different other times. At one point with this patient I was trying with my limited Spanish with an interpreter who was speaking Spanish to another women from the same village who was speaking Quiche to the patient and then in turn would translate to Spanish and the interpreter would translate to English. Confused? We were too. Quite the scene.

Warm down here with cool nights. At 7 - 8000 feet above sea level with volcanic mountain views. Gratitude like you'll never see from these proud Mayan people. Woke today to a small earth quake at 4 :50 am and then while in surgery another. The surgeon looks at me as if the patient was moving then realized the whole room was moving. Then we lost power, but jumped onto a generator. Crazy 12 hour days.



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## Do You Know a Compassionate Caregiver?

Nominations are now open for the 12th annual Schwartz Center Compassionate Caregiver Award. This prestigious award honors Massachusetts caregivers who display extraordinary compassion in caring for patients. The winner will receive \$5,000 and four finalists will receive \$1,000 each.

The Schwartz Center will present the award at its annual dinner on Wednesday, November 16, 2010 at the Boston Convention and Exhibition Center in South Boston. Nominations are due by **April 16, 2010**. For more information or to nominate someone online please visit [www.theschwartzcenter.org](http://www.theschwartzcenter.org) or call (617) 726-0512. Nomination packets are also available upon request.

## Call for News!

The next edition of MANA's Newsletter, *MassCRNA*, will be going to print in the Fall. Please send your news, photos, and articles to [info@masscrna.com](mailto:info@masscrna.com) by **September 1st**.

## Donations Wanted:

**Christopher Hoeman, CRNA** will be heading to Haiti on April 17th to provide health care with an organization call Partners in Development (PID). Their web site is: <http://pidonline.org/Home.html>. They are a non profit organization with headquarters in Ipswich, MA.

Chris wants to let you know of the opportunity for people to give things that are needed for his trip and the people who are there long after I am gone.

There is a desperate need for ANTIBIOTICS, steroids, nebulizers and delivery systems, inhalers, field anesthesia supplies and dressings, regional anesthesia equipment and supplies, etc. If you would like more information, please feel free to contact Chris at 978-766-1150 or [roundtrip@me.com](mailto:roundtrip@me.com) or you can donate directly to PID.



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## Life After Haiti

*By: Nelson Aquino, CRNA*

Two days after returning, things really started to hit me emotionally and I began to have overwhelming feelings of anxiety and withdrawal. I had never experienced anything like the situation in Haiti before, and the feelings that followed this experience frightened me. I needed to talk with someone who could understand what I was feeling. I needed to know if the feelings were normal, or if it was a severe case of post-traumatic stress. I called a longtime colleague, and spoke with him about what I was experiencing. It was at that moment that it finally hit me: The mission in Haiti has forever changed my life.

After 10 days of running on adrenaline despite physical and emotional exhaustion, I was only then starting to process what really happened in Port Au Prince. I tried to “re-enter” into my daily routines, but the tragedies and horrors of all those we left behind haunted me every day. I would start speaking to someone I hadn’t seen in a while and I would get teary-eyed and all choked up. It didn’t really matter what I was talking about. It would just happen, and I know many who went on the mission came back feeling the same way.



Now that I am here, all I want to do is be back there (Haiti). There, nothing is wasted. Everyone is real. There, it didn’t matter what I was wearing; it didn’t matter what people were thinking; it didn’t matter what I owned. There, I was just one human being helping another.

“How was your trip?” “What was it like?” That’s what most people ask, and usually I answer: “It was life-altering, unfathomable, indescribable.” Other times, I didn’t know what to say or share. Should I just share the positive? Or do I talk about the corruption, describe the smell of death, explain how it feels to see people starving, homeless, and injured knowing hundreds and thousands continue to die because of the lack of resources? The questions are difficult.

Going to Haiti is not about you. Going to Haiti is about THEM. It’s about helping people who need help. As these past weeks have progressed, I’ve found myself crying at odd times. I’ll be in the supermarket or walking down the hallway, and suddenly tears begin to fall. Until now, I’m not sure what triggers these moments, but something inside of me is different. It has been one month now since the earthquake. The shocking news is now old news. The Winter Olympics will now be the main attraction. Many people who haven’t been to Haiti probably aren’t interested in hearing about it as much anymore. I know it’s human nature to be this way, but after seeing all those people suffering in Port Au Prince, it is hard for me to accept. The earthquake is not old news to the people in Port Au Prince. They are living with the devastation every day—and they will be living with it for many months and years to come.

The other day, my friend John Kimbrough, RN, returned from Port Au Prince after working at the General Hospital. I asked him if things had gotten any better. He said, “It is so disorganized and by any stretch of the imagination, people are still dying.”

I keep wondering how this is even possible with all the volunteers, donated supplies, and supposed financial aid? Still, the struggles the Haitians continue to face are so basic—getting water, food, medications. I hope after reading this some of my questions may inspire others. What do I do now? How do I not forget? What can I do to contribute if I can’t be there?

Here is what I am doing: I have started to learn more about Haiti. I am trying to become more aware of their struggles and what challenges face them now. When I am feeling helpless, I remember the good things I witnessed: the love the patients in the hospital had for one another, their amazing faith, their resilience, and their laughter despite the fact that they lost family members, their home, their livelihood.

A group of us are also currently working on stories and pictures to share with colleagues, family, and friends. Some will be returning to Haiti this March with Dr. Meara and his team. Ultimately, we must not forget Haiti and continue to give Haiti some exposure and aid in whatever way we can. The people there need all the help they can get.

## MANA Celebrated NNAW at Wachusett Mountain on January 23, 2010



Once again, we had another beautiful day for those who chose to ski and our largest attendance ever for the lectures.



Lectures, such as Intubation Techniques for Pediatric Airway by Peter Kovastis, MD received outstanding evaluations from attendees.



Attendees were asked to bring a nonperishable item or monetary donation. MANA Secretary, **Tony Craig, CRNA** (right) is pictured with a volunteer from the Worcester County Food Bank. Members contributed 130 lbs of food and \$172.



**Janet Dewan, CRNA** (center) is pictured with NU 1st year, 2nd year and recent grads at Wachusett.



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