



WASHINGTON STATE NEWSLETTER

NOVEMBER 2007 LATE FALL EDITION

**SSWLHC ADVOCACY,
PRIORITIES, ISSUES &
ACTIVITIES**

- NOVEMBER 8, 2007
SSWLHC ETHICS CONFERENCE
"THE RIGHT USE OF POWER"
* Susan Buckles, JD, MSW
"CURRENT ISSUES IN HEALTHCARE
ETHICS: Social Work Perspectives"
* Brigitte Folz, LICSW
AMR 13075 Gateway Dr. Seattle, WA

- DECEMBER 4, 2007
SSWLHC Annual LEGISLATIVE FORUM
"HEALTH CARE REFORM"
* Cassie Sauer, MSW,
VP OF Communications WSHA
* Bill Blake, MBA,
Economist, Healthcare Vouchers.org
* Roslyn Solomon, JD, Director of
Legal Programs, Uplift International
OVERLAKE HMC Auditorium, Bellevue

- JANUARY 19, 2008
NASW WA STATE—
LASW/LICSW LICENSURE PREP CLASS
STEVENS HOSPITAL, EDMONDS WA

- JANUARY 18-19, 2008
NASW WA STATE
"MY BODY IS NOT YOUR PLAY-
GROUND: SEXUAL BOUNDARIES
COURSE", HILTON HOTEL, BELLEVUE

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**SOCIETY PRESENTS
ANNUAL SOCIAL
WORK ETHICS
CONFERENCE**

The Society for Social Work Leadership in Health Care has scheduled a full day conference on Ethics for Thursday, November 8th, 2007 at the Seattle offices of AMR (American Medical Response). This will fulfill 6 hours of CEU required for professional licensure.

Susan Buckles, JD, MSW will present information on "The Right Use of Power". This is a relational method of examining ethical dilemmas and building ethical practice. "Power is simply the ability to have an affect, or to have influence, but the right use of this influence is profound and complex. Right use of power in positions of trust, far from being an automatic result of good intentions, must be learned and practiced. The ability to act sensitively, creatively, and effectively on behalf of others requires attention, skill, and wisdom, and a lifetime interest in the impact of your use of power."

Brigitte Folz, LICSW, will present the nuts and bolts of information on developing an understanding of healthcare ethics and the health care system. The goal of

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*Presents
Social Work
Ethics*

*"The Right Use
of Power"*
**Susan Buckles, JD,
MSW,
&
"Current Issues in
Healthcare Ethics:
Social Work
Perspectives"
Brigitte Folz, LICSW**

Thursday, November 8th, 2007

8:00 am to 4:00 pm

6 CEUs

AMERICAN MEDICAL RESPONSE

13075 Gateway Drive, Suite 100

Seattle, WA 98168

206-444-44

**For Brochure and Registration:
www.sswlhlc-wa.org**

SSWLHC ADVOCACY WORKSHOP TO FOCUS ON CITY, STATE,

By Lynn Carrigan, MSW, LICSW, Chair,
SSWLHC Social Health Policy Committee

Hot topic of the year: HEALTH CARE REFORM

Back on everyone's political agenda after a long hiatus, we are at flashpoint for deciding on effective methods to improve access, quality, and affordable health care. Health care reform needs to occur at all levels, preferably in an integrated, coordinated effort that will not leave anyone behind. But, predictably, proposals on health care reform are coming from a variety of perspectives that deserve close examination.

The Washington Chapter of the Society for Social Work Leadership in Health Care is pleased to present three outstanding activists who are part of the action in health care advocacy, and who will present at the 2008 SSWLHC Annual Legislative Advocacy Workshop from 9 a.m. to noon December 4, 2007, at the Overlake Hospital Auditorium in Bellevue.

Timed to prepare SSWLHC members in advance of the upcoming Legislative Session that begins in January 2008, the Advocacy Workshop will be formatted as a panel discussion and presentations on city, state, national, and international efforts regarding health care reform. The workshop will be sponsored by our community partners and is free to members and the public, with 2.5 CEU's offered as an incentive to increase social work participation in civic engagement.

CASSIE SAUER, MSW, is Vice President of Communications for Washington State Hospital Association, serves on their Policy Advocacy team, and was formerly WSHA's Policy Advocacy Director. A graduate of the University of Washington School of Social Work, Cassie's background includes previous work as Health Policy Director for the Children's Alliance, Washington. She has been featured for several years at SSWLHC Legislative Advocacy Workshops. Cassie will return to describe the context of state government politics and leadership, updates from the Governor's Blue Ribbon Commission on Health Care, and how the state is faring with Basic Health Plan and attempts to cover all children by 2010

Health Connector Bill: Last year's ambitious and complex 'health connector' bill, introduced by Rep. Eileen Cody (D-34) as a way to improve health care quality in Washington, is being revamped by Democrats but may not be released to the public in time for a detailed report. Based on recommendations of the Blue Ribbon Commission, Cody's 2007 House Bill 2098 (along with its companion SB 5930) asked the state to develop a five year plan to change reimbursement for state-purchased health care to reward outcomes, increase patient preference, require evidence-based standards of care, tie rate increases to improvements in care, and better support primary care, prevention, and management of chronic illness.

It created a system of medical homes and called for pilot projects for managing the needs of long term care clients and for developing a health information infrastructure that involved consumers in the design, implementation, and oversight of health records. The bill also attempted to create a statewide public-private partnership, called the Washington Health Insurance Connector, through which group health insurance could be purchased. HB 2098 did not make it through committee hearings for a floor vote, but we understand it will be reintroduced with modifications.

This year, the Washington State Hospital Association (WSHA) has issued a policy brief on health care reform, which outlines state health care issues, history, and components of needed reform. The WSHA has also prepared a brochure containing a draft set of working values and principles to guide any health care reform discussion. You can download a PDF version of the brochure on their website: <http://www.wsha.org/page.cfm?ID=81>.

BILL BLAKE, M.B.A., is the Coordinator for HealthcareVouchers.org. He served as an economist with the Central Intelligence Agency for nearly 20 years. In 1985, he began working as a corporate strategist for

NATIONAL, AND INTERNATIONAL HEALTH CARE INITIATIVES

the Boeing Company and the Gartner Group, devoting the past several years to healthcare reform policy. Bill holds a BA from Lafayette College and an MBA from New York University in economics and was a Mid-Career Fellow at Princeton University's Woodrow Wilson School for Public and International Affairs.

How it started: Blake was galvanized into the health care reform fray when he met Ezekiel Emanuel, Chair of the Department of Bioethics at The Clinical Center of the National Institutes of Health. Blake is now managing educational efforts to promote Emanuel's ideas about a health care voucher system for the U.S.

According to a Brookings Institute Report (Policy Brief No. 2007-11), Emanuel has been working with Victor Fuchs of Stanford University to propose major health care reform through a universal health care voucher system that would ensure universal and continuous coverage, control costs, and improve quality of care. The voucher proposal would guarantee every American a comprehensive package of benefits through private health plans, establish quality control and independent oversight and curb the ever-increasing malpractice premiums. They propose funding their system through a value-added tax (VAT) that would replace premiums currently paid by employers and families.

Brother of U.S. Congressman Rahm Emanuel, D-IL, Ezekiel Emanuel served on President Clinton's Health Care Task Force, and has the political connections to garner support for his ideas. He has been on the stump. This writer heard Zeke present at Seattle's City Club on October 11, 2007, and found herself sitting next to Blake, who had conspired to bring Emanuel to Seattle.

Blake formed HealthcareVouchers.org to provide a forum for the voucher movement. Their website says, "Our organization is dedicated to the proposition that every US citizen should have access to effective, affordable and essential health care, and furthermore,

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SCHEDULE OF EVENTS

Tuesday, December 4, 2007
Overlake Hospital Medical Center
Auditorium
1035 116th Ave. NE
Bellevue, WA

8:30—9:00 AM Registration

Continental Breakfast To be provided by the SSWLHC-WA Chapter

9:00—Welcome and Introductions

9:15—Panel Statements:

Background, Roles, Context for Presentation. Each presenter will then speak for 30 minutes, with 10 minutes for Q & A.

9:30—Cassie Sauer, MSW,

Context of 2008 WA State Legislative Session: Leadership, Health Care Issues before the State, Upcoming Bills; WSHA Priorities; Health Care Reform Issues.

10:10—Bill Blake, MBA

National efforts on health care reform, advantages and disadvantages; Financing and political aspects of health care reform. Proposal and rationale for health care voucher system.

10:50—Break

11:00—Roslyn Solomon, JD

Uplift's international health care advocacy, medical and humanitarian assistance; UN International Declaration of Human Rights, Covenant of Civil and Political Rights, Applying Health as a human right framework in Seattle and Tacoma.

11:40—Panel and Audience Discussion:

Strategies for Effective Advocacy.

11:55—Workshop Evaluation

ADVOCACY WORKSHOP, CONT. FROM PAGE 3

that the HealthCare Voucher Plan is the best means of achieving that vision. The Plan was initially introduced into the public debate in early-2005 in an article co-authored by Ezekiel Emanuel and Victor Fuchs that appeared in the New England Journal of Medicine. Since that time, the concept has steadily gained credibility, particularly among academics and policy think tanks, but still remains relatively unknown among elected officials and the general public.

Blake will outline comparisons between several national health reform proposals, and make an argument for vouchers. This is a new and provocative concept that deserves consideration.

ROSLYN SOLOMON is Director of Legal Programs for Uplift International. Adjunct Professor for Seattle University School of Law, Solomon received her B.A. from Wellesley College, Wellesley, MA in 1982, and her J.D. from the University of Washington, in 1986 where she was a Finalist in the Faulkner Moot Court Competition, and an extern for the Lawyer's Committee on Human Rights. She has practiced litigation, land use, construction, business and bankruptcy law at several Seattle area firms. Solomon is a volunteer at the Bailey-Boushay House, and is President for the Women's Endowment Foundation of the Jewish Federation of Greater Seattle.

According to their mission statement (<http://www.upliftinternational.org/background.htm>), **Uplift International's purpose is to improve the well being of the world's most vulnerable populations by promoting the universal human right to health through education, advocacy, and humanitarian efforts.**

Uplift International views health through a human rights lens and human rights through a health lens. Founded in 1997 to promote corporate social responsibility to develop sustainable health programs

Mike Kriedler, Insurance Commissioner, announced on 10/25 that he will be sponsoring legislation in this session that will cover all Washingtonians for catastrophic care, with some limited preventive care like cancer screenings.

that contribute to economic development, Uplift International worked with humanitarian and medical assistance projects in Vietnam and, during the depths of the Asian economic crisis in 1998, expanded its programs to Indonesia.

In a guest columnist article in the Seattle Post Intelligencer on July 17, 2007, Solomon suggested that we begin addressing the U.S. health care crisis by looking at grounding health care reform in international human rights law. The Universal Declaration of Human Rights adopted by the United Nations in 1948, and its related treaties, provide for a right to health care that can be used to design, implement, and evaluate health care programs.

Solomon says that health care that meets international requirements provides for universal care, medical facilities, and services that are offered without discrimination based on any external factors such as race, financial circumstances, or insurance status. Cities can adopt international standards that put the health of the individual first, and give doctors the authority to make decisions about medical treatment, not insurance companies.

Uplift's current domestic initiatives involve working with the City of Seattle to implement the 2005 initiative that was passed regarding the right to health care, and campaigning within the City of Tacoma for a similar health care rights mandate in the upcoming November elections. Solomon will discuss these initiatives and describe the international human rights framework that activists can use in pressing governments to adopt international standards in planning and implementing health care services.

The Advocacy Workshop promises to be a thought-provoking, stimulating discussion that should offer us hope and direction for the coming year. For more information on this workshop, contact Lynn Carrigan at luc@u.washington.edu. Flyers/registration forms can be downloaded from www.sswlhc-wa.org. Please distribute them widely, and invite clients and colleagues to this important event. .

The President's Message: **A Challenge: Serving the Underserved - Reaching out to Health Care Social Work Colleagues**

**By Diedrich Meinken, President,
SSWLHC, WA chapter**

Last summer our SSWLHC chapter was approached by colleagues from an inactive SSWLHC chapter in Oregon. They are interested in revitalizing their group and wished to explore the possibility of an alliance between our state chapters. The preliminary Board discussions about this request are summarized in the July Newsletter. Like many opportunities, the possibility of establishing a working relationship with a sister chapter in Oregon brings many challenges. As we consider how we might collaborate with Oregon, our discussion has also touched upon ways that we may reach out to other health care social workers who are unable to benefit from and contribute to the work of our chapter. It was interesting to me to learn that our chapter has a history of sponsoring and participating in continuing educational events in Spokane and in Yakima prior to the 21st century. These efforts have not been sustained for a variety of reasons including cost, distance, and limited participation (lack of critical mass).

Health care systems have changed significantly in the recent past. The changes we are certain to see in health care in the near future make our professional affiliations more important than ever. The clients and communities we serve benefit from social work collaboration, leadership and advocacy. As individuals, we benefit from the information and support we extend to each other. As professional social workers we express core values of stewardship, diversity and inclusiveness.

In this context, I challenge us all to seek and to find more effective ways to reach our "underserved" health care social work colleagues. The group of underserved colleagues includes those who practice in communities that are rural and / or remote from the Puget Sound area. There are also areas of health care social work practice that are under-

represented within our membership. Long term care, home health, and clinics (particularly those that serve persons of color) are practice settings that will grow with the demographic changes we expect in the coming decades. There are several hospitals within 25 miles of Seattle that are poorly represented (if at all) within our membership. Students of schools of social work are another group that could benefit from and make significant contributions to SSWLHC – WA.

Communication Technology Advancements: There have been major advancements in communication technology during the past decade. Distance learning technology is available at several of the sites where our members practice. Our newsletter can be delivered anywhere within seconds by email. This technology should be considered and tested as means to reach those who are not able to attend our workshops in person. The very real need for personal affiliation may be unmet by electronic communication. The challenges of distance, cost, and critical mass remain as we seek to meet this need for face-to-face interaction. Rotation of training locations and longer conferences should not be abandoned as options to be more inclusive. Experience has taught us that extensive planning and promotion of events held outside the Puget Sound area is required.

We have a vibrant chapter with many experienced health care social work leaders. Our newsletter is truly exceptional for a local professional society. Our advocacy efforts have often impacted issues concerning our profession and health care policy. The continuing education events that we sponsor are consistently of high quality and help us meet the requirements of licensure and the organizations where we practice. We can take pride in the diversity, professionalism and collegiality of our local membership. This is a package worth sharing!

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IN FOCUS: LEADERSHIP PROFILE



KARIN BROOK COTNER, MSW, LICSW

This month's Leadership Profile takes us to Yakima, WA to interview long term SSWLHC-WA Chapter member, Karin Brook Cotner, MSW. Karin is a social worker whose long tenure at Yakima Regional Medical and Cardiac Center (YRMCC) has offered her an interesting and varied career, through a variety of national economic upturns and downswings.

Karin is currently working as a staff social worker at the Rehab unit at YRMCC formerly Providence Yakima Medical Center/St. Elizabeth Hospital. She is one of two social workers in a 212 bed hospital with a daily census of 90—100 patients, in a department that comprises two full time social workers, four utilization/case management nurses, a chaplain (the remaining Sister of Providence) and a nursing supervisor.

EDUCATION

Karin received her MSW from the University of Washington in 1981. Field placements included the Family Intervention Project, a UW SSW Research program, where she designed, coordinated, and implemented behavioral interventions with families who were court ordered into treatment for child abuse/neglect. She also worked with the Wallingford Senior Center where she participated with a team in designing and facilitating a comprehensive wellness program for area seniors. Her BSW, earned in 1978, placed her at the UW Child Development and Mental Retardation Unit as a Behavior Modification Teaching Assistant.

PROFESSIONAL

Born and raised in the Seattle area, Karin graduated from Sammamish High School. Her interest in social work has been long standing. While a student in the 8th grade, two people presented "careers in social work" to her class and "I knew at that moment what I wanted to do".

In 1981, Karin was beginning her social work career at the beginning of an administration that was cutting back social service programs across the country. "After spending 1 ½ years looking for work in my field, I accepted a position

with the Yakima Crisis Residential Center, packed up my horse and cat and moved to Yakima. Working with runaways and youth in crisis was not a good fit with my background, and when a half-time position opened at St. Elizabeth Medical Center (now Yakima Regional) I applied and was accepted.” She was later told that her somewhat limited ability to speak Spanish made her the prime candidate.

“St. Elizabeth (a Providence Hospital) had 212 beds, provided open heart surgery, cardiac care, acute inpatient rehab, oncology care and general medical care to a large multiple county area, with a diverse rural population that had a higher percentage of Medicare age patients than other counties. In 2003 the hospital was in the midst of financial difficulties and Providence sold it to Florida based Health Management Associates (HMA). It became the first Washington hospital to convert from nonprofit to profit status. There was initially much resistance from doctors and community to this change (and a resulting rough time for employees). Yakima is a two hospital town and initially much business went to the other hospital. Few people understood the difference between ‘for profit’ and ‘nonprofit’ and assumed the generosity towards the low income and indigent that Providence had shown would end. It didn’t. And additionally the community has benefited from the expanded programs and state of the art equipment. It did take HMA a while to understand the value and role of hospital social workers as Yakima Regional was, at the time, the largest hospital they owned, and most of their smaller hospitals had utilization nurses only.”

Karin’s initial position in the hospital focused on the oncology program, with some coverage of other floors and departments. She became very involved in hospital/community oncology committees and issues and participated in community education in these areas. She was the Volunteer Chairperson for the American Cancer Society Service and Rehab. In the following years, she also covered hospice and home health services, rehab, and the skilled nursing unit which subsequently was closed after severe cutbacks in Medicare.

Community Service: Karin was also involved in several intra-hospital and community ethics committees. One, they discovered, was unique in the state: The Long Term Care Ethics Committee which is made up of administrators and social workers from Yakima Regional Hospital, skilled nursing units in two counties, several assisted living facilities, geriatric physicians, and elder law attorneys. “This dynamic group has been active in aging advocacy, impacting legislation (with trips to Olympia) providing professional and community education in aging issues. As a hospital social worker, I had recognized the discrepancy between what the public understood about a code situation (which is mostly from the 67% positive outcomes that they see on television) and what actually happens. I facilitated an educational subcommittee that developed a program to present at senior centers and other public venues that provided education from a multidisciplinary perspective on what happens in a code situation. We additionally had the elder law attorneys present to provide updates on advance directives, to help people make more informed decisions about end of life care.”

In addition to time at the hospital, Karin also designed and implemented a quality management program for two of the local dialysis units and provided part time supervision of their social work staff. She has also provided LCSW supervision to the social workers at the other hospital who were working on social work licensure.

PERSONAL

“I have finally adapted to life on the drier east side, although I cherish the few rainy days. I enjoy quick access to the mountains for hiking, cross country skiing and kayaking, and recently retired from several years of running marathons. Living in the middle of Yakima Valley wine country is an added bonus. I am looking forward to what else life will bring.”

Lip Reading Interpretation Helps Patients with Ventilators and Tracheostomies

By Kathleen Fellbaum, MSW

One of the most difficult aspects of being mechanically ventilated, or having a tracheostomy, is the inability to speak. Many patients in this situation are too weak or ill to write or use a keyboard. This causes great frustration for patients, families and caregivers. One new approach that Regional Hospital for Respiratory and Complex Care in Tukwila is utilizing, is a professional lip reader to enhance the quality of life for these patients.

Case study:

JD was accustomed to being in charge at his place of business when he was struck by a variant of Guillian Barre, which left him paralyzed and unable to breathe independently. He was extremely frustrated in his efforts to communicate his concerns with his wife and hospital staff. He had many ideas about how we could do things differently, both in terms of his care and in terms of general hospital operations. He seemed unhappy and agitated, and often wouldn't cooperate with care and therapy.

I began to meet weekly with him, with the aid of the lip reading interpreter. Mouthing what he wanted to say, the lip reader would repeat the statement out loud. If she misunderstood him, he would let her know. Using this strategy, we managed to address several concerns. We managed, with much trial and error, to find a chair that was comfortable for him. He was able to tell therapy staff what worked for him and what didn't, and he started cooperating with his exercises. Most importantly, he felt heard and no longer voiced complaints.

This is just one example of how useful the lip reading services have been to our trached/vented patients. Several other patients experiencing depression while ventilated report that their regular visits with the lip reader are their therapy. Sometimes the lip reader acts as a conduit, passing information on to family or staff members, and sometimes she just sits and chats with the patient. Either way, we have found these services both useful and therapeutic.

SSWLHC BOARD APPOINTMENTS TO BE MADE DO YOU YEARN TO SERVE?

The SSWLHC Board membership will be considering Board appointments for Members at Large and a Scholarship Committee Chair.

Appointments under consideration include:

Member at Large positions (2). Responsibilities include attendance at the monthly telephone conference call, and occasional assistance at educational conferences sponsored by the SSWLHC,

Scholarship Chair: Responsibilities include advertising scholarship availability, reviewing applications, and corresponding with the winner. Attendance at the monthly telephone conference call is highly desirable.

The Board is also seeking members with interest in serving on the Education Committee. A series of three to four symposiums are developed by this committee each year, and assistance is needed in developing/marketing the symposiums with registration of attendees.

If you are interested in serving in these positions, please contact any Board member. → → → → →

President: Diedrich Meinken, MSW

President Elect: Kathleen Fellbaum, MSW

Past President : Pam Haithcox, MSW

Secretary: Alice Chang, MSW

Treasurer: Erica Taylor, MSW

Communications Coordinator, Jacqueline Durgin, MSW

Member at Large: Hildur Gleason, MSW

Education Chair: Kathleen Fellbaum, MSW

Membership Chair: Linda Batway, MSSA

Newsletter Editor: Jacqueline Durgin, MSW

Scholarship Chair: Sandi Johnson, MSW

Social Health Policy Chair: Lynn Carrigan, MSW

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SSWLHC ANNOUNCES NEWLY ELECTED BOARD MEMBERS FOR 2008

SSWLHC officers will begin their term of office on January 1, 2008.



Kathleen Fellbaum MSW
SSWLHC President

Kathleen Fellbaum, MSW, President of the WA Chapter, is in the second year of a three year commitment to the Executive Committee and can be located at Regional Hospital, 206-248-4535 or kath@fellbaum.com



Sandi Johnson, MSW
President Elect

Sandi Johnson, MSW, President-Elect has a three year commitment to the Executive Committee and one year as chair of the Education Committee. She is available at Swedish Cancer Institute, 206-386-3079 or sandraS.Johnson@swedish.org



Carole O'Brien, MSW
Secretary

Carole O'Brien, MSW, with a one year commitment as Secretary, has retired from Evergreen Medical Center, and is available at her home 425-333-4073 or frear1@hotmail.com



Erica Taylor, MSW
Treasurer

Erica Taylor, MSW has accepted a second two year commitment as Treasurer and is available at VAMC, Puget Sound. She can be located at 206-277-1077 or erica.taylor@va.gov



Diedrich Meinken MSW
Past President

Diedrich Meinken, MSW is completing his year as President and begins his third year commitment as Past President and Chair of the Membership Committee. Diedrich is President of CareForce and can be located at 425-712-1999 or dmeinken@careforce.com



Jacqueline Durgin MSW
Communications Coord.

Jacqueline Durgin, MSW, has been re-elected as Communications Coordinator. Jackie has responsibility for the Chapter Newsletter and website maintenance. She is available at 206-325-8358 or jackiedurginbeck@comcast.net



Carmen Washington,
Member at Large

Carmen Washington will begin her appointment as student member at large. Winner of the 2007 SSWLHC Scholarship, Carmen will represent the interests of the UW SSW student body. Carmen is available at 206-934-4822 or carmenw1@u.washington.edu



Lynn Carrigan, MSW
Social Health Policy

Lynn Carrigan, MSW, will continue in her appointment as Chair, Social Health Policy Committee. She is also a regular contributor to the SSWLHC Newsletter and is chairing the December 4, 2007 Legislative Conference. Lynn can be located at 206-221-7459 or lrc@u.washington.edu

President's Message, Cont. from Pg. 5

Most of us have frequent interactions with other health care social workers. Remember the incredible value that SSWLHC offers to your colleagues. Please help us increase the size and diversity of our chapter. I trust that our collective wisdom, creativity and efforts will result in better service to our "underserved" colleagues.

Diedrich Meinken, WA Chapter President can be reached at 425-712-1999 or dmeinken@careforce.com



Ethics Seminar, Cont. from Page 1

Brigitte's seminar is to review the history of health care ethics, to examine models of ethical thinking, understand the structure and function of hospital ethics committees and to be aware of the current issues in Healthcare Ethics.

Sponsors for this seminar include

**AMERICAN MEDICAL RESPONSE
AGING SAFELY,
FEDELTA HOME CARE,
PROVIDENCE HERITAGE HOUSE,
PROVIDENCE SENIOR AND COMMUNITY SERVICES
RIGHT AT HOME.**

We want to thank our sponsors for their support of this important seminar.

HAPPY THANKSGIVING

Washington Chapter
1620 43rd Ave. E., #4B
Seattle, WA 98112

