

# THE Bulletin

March 2018 Volume 95, Number 3

**Veteran's  
Administration  
Disability  
Compensation  
Claims**



**Dr. McMurray  
Remembered**

**Mindfulness  
Town Hall Revisited**

**Elected Official's  
Contact Information**

**GENESEE COUNTY MEDICAL SOCIETY**

*Organized Medicine's Leading Edge*

# RMI leads the way, being the FIRST to bring 3D Mammography (Tomosynthesis) to Genesee County

## RMI now offers 3D mammography (tomosynthesis)

The newest breast imaging technology is available for your patient's screening. Offered at our Lennon Road, Flint location.

## About 3D mammography (tomosynthesis)

3D mammogram (tomosynthesis) is an optional mammogram service for patients at RMI. Although 2D mammograms are the common standard for women's breast imaging, 3D mammograms (tomosynthesis) may be a more applicable screening exam. As with mammograms, breast screenings should start at age 40 on an annual basis.

## What is 3D mammography?

Like a 2D mammogram, a 3D mammogram (tomosynthesis) uses x-rays to image the breast. However, it takes a set of image "slices" at various angles to produce a 3D view. It is generally performed in addition to a 2D mammogram.

## What makes 3D mammography (tomosynthesis) useful

- The detailed, thin slices of the breast produced by tomosynthesis allows for improved detection of problems within the breast.
- For women with dense breast tissue, detection rates are improved.
- The 3D view allows better determination of the size and shape of abnormal tissue.
- Reduced callbacks due to better reading.
- Not affected by hormone replacement or menstrual cycles.

## Cost to the patient

**Annual** 2D mammograms are a covered benefit with insurances. Most insurance providers will cover 3D mammography (tomosynthesis), but for those that do not, or for patients without insurance, the additional cost for tomosynthesis is \$60 in addition to the standard fee for our UltimateMamm® (2D mammogram).

We also provide CESM (Contrast Enhanced Spectral Mammography) for patients who've had an inconclusive mammogram or abnormal ultrasound. Our radiologist will determine if CESM is recommended. CESM uses an injection of iodinated contrast (similar to CT) to highlight areas with suspicious lesions using subtracted imaging. The resulting image shows only where contrast has pooled, indicating areas that are potentially cancerous. CESM is especially useful for patients at high risk or who have dense breast tissue.

[Click here to download a mobile flyer about CESM](#)

## Why RMI?

We see ourselves as your partner for your patient's healthcare, and our specialized radiologists are here to meet your needs. Our team of seven women's imaging specialists bring decades of experience and are trained in 3D mammography (tomosynthesis). Our newest member, Dr. Yilmaz, comes to us from the department of radiology at Karmanos Cancer Institute in Detroit, where she was medical director for breast imaging since 2016.

[Click here to download a mobile flyer about 3D mammography \(tomosynthesis\)](#)

[For more information, visit rmipc.net/tomosynthesis](http://rmipc.net/tomosynthesis)



2/18

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# THE Bulletin

*Read by 96% of GCMS members.*

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*Cover Photo: Rachel Brown, photographer*

### Our Vision

That the Genesee County Medical Society maintain its position as the premier medical society by advocating on behalf of its physician members and patients.

### Our Mission

The mission of the Genesee County Medical Society is leadership, advocacy, education, and service on behalf of its members and their patients.

### PLEASE NOTE

The GCMS Nominating Committee seeks input from members for nominations for the GCMS Presidential Citation for Lifetime Community Service. The Committee would like to be made aware of candidates for consideration.

### THE BULLETIN

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# Healthcare in America — a Broken System (Part 2)

Capitalism must have a conscience. If it doesn't, it is doomed to settle into an unintended economic aberrancy. It can become the proverbial rabbit hole where corporatocracy and later plutocracy are birthed. If ethical considerations and practices are not routinely woven into its very fiber, nearly all of its virtues will be lost to those of great wealth or power. Within the macrocosm of the US healthcare system, there are several examples of corporatocracy. The most obvious is the pharmaceutical industry. Americans pay the highest price in the world for prescription drugs. In part because of this, we also have one of the lowest total healthcare ratings in the industrialized world.

As a collection of large corporations, drug manufacturers hold tremendous power and influence. They often act in a monopolistic fashion within the free market. In 2016, pharmaceuticals made up roughly 14% of total US healthcare expenditures, dwarfing the costs to other high-income nations. This was not always the case. Several countries spent a similar amount in the 1980s. From there on, prescription medication costs grew rapidly. This industry has had some of the highest profit margins of all corporations. Scientific American stated that US prices for the world's top-selling medicines are three times higher than in Great Britain, six times higher than in Brazil and sixteen times higher than in India. This is in large part secondary to a slower arrival of generic alternatives than in other markets. According to the BBC, last year the US pharmaceutical giant Pfizer, the world's largest drug company by revenue, made an eye-watering forty-two percent profit margin. In the UK, there was widespread anger when the energy companies profit margins were predicted to grow from four to eight percent. However, it is a rare occurrence. Instead, in most cases,

drugs simply treat the chronic symptoms.

The former Editor-in-Chief of the New England Journal of Medicine, Marcia Angell, MD, states that the pharmaceutical industry has an iron grip on Congress and the White House. It has the largest lobby in Washington and contributes heavily to political campaigns. She also believes that drug companies promote diseases to match their drugs like the exaggerated ailments of 'erectile dysfunction', 'PMDD', and 'GERD.' Drug companies have enormous influence on what doctors prescribe and lastly, she adds, they have substantial control over clinical trials of their own drugs which contributes to scientific bias.

Some drugs cost upwards of \$100,000 for a full course. Yet the cost to manufacture the medication is but a very small fraction of the price. The argument that the research and development (R&D) costs are huge, is the common rebuttal, but that does not hold up to analysis. Pharmaceutical companies spend far more on marketing than R&D. Profit margins, when determined, include research and development anyway. Rules of marketing to physicians in the US are



**Gerald D. Natzke,  
DO, FAAEM, DIBEM**

**HURLEY MEDICAL CENTER PEDIATRIC ONCOLOGY UNIT**

## Coordinated Care, Close to Home

**KH** was a 12-year-old girl living in Ontario, Canada with her father. Her parents were divorced and her mother moved to Pinconning, Michigan. KH was diagnosed with cerebellar Medulloblastoma in 2011. She received her brain radiation at Victoria Children's Hospital and needed to start chemotherapy. It was agreed that her mother in Michigan could provide the most supportive care throughout her treatment so KH moved to Pinconning. She was registered on the Children's Oncology Group (COG) Protocol and that is how she came to be treated at Hurley Medical Center and counseled periodically by a child psychologist. KH received the same level of quality care much closer to her new home.

hurleychildrens.com

often not clear, which magnifies potential overspending and overuse.

The pharmaceutical industry has substantial influence on US health care expenditures and practice patterns, tied directly to its need to make a profit. As physicians and patients, we would hope that there is also a humanitarian mission for the industry. There are many issues within this industry that need to be addressed. Ethical considerations

should bear more heavily on all corporatocracies that fit into this mold. Considerations must be made to accommodate the greater good so long as 'reasonable' profits and growth are accomplished. These issues and concepts need to be more thoroughly elucidated and examined by the pharmaceutical executives and policy makers of this country.

The Genesee County Medical Society cordially invites you to a Quarterly Dinner Business Meeting

and a **Medical Community Town Hall**

sponsored by the **United Way of Genesee County** and the **Greater Flint Health Coalition**

**May 3, 2018**

## GCMS TOWN HALL

## SAVE THE DATE!

### Suboxone and Opioid Issues for Physicians and Health Care Professionals

There are many components to the opioid crisis. This session will provide input on Suboxone certification, how physicians and other health professionals fit into the opioid crisis, and what resources exist in Genesee County as part of an emerging community-wide strategy to address the opioid epidemic.

**Details to come!**



**Meeting Location:**

Flint Golf Club  
3100 Lakewood Drive  
Flint, MI 48507

**Evening Schedule:**

6 pm, Registration & Social Hour  
6:30 pm, Dinner  
7 pm, Meeting  
7:15 pm, Presentations

**Space is limited!**

**Please register by April 26, 2018**

Please mail your reservation payment to:

Genesee County Medical Society  
4438 Oak Bridge Drive, Suite B  
Flint, MI 48532

**Watch for info!**



Email Sherry at [ssmith@gcms.org](mailto:ssmith@gcms.org) to register your attendance or call **810-733-9923** for more information.

Please invite your fellow physicians, practice managers, and health care professionals to this meeting!

- \$40.00 - GCMS Members, Spouses, Practice Managers, & Staff
- \$40.00 - Genesee County Osteopathic Association Physician Members & Spouses
- \$25.00 - Residents & Students
- \$75.00 - All Non-Member Guests

GCMS Physicians, spouses, GCMSA, family members, practice staff and other interested professionals are encouraged to attend!

## Public Must Engage on Personal and National Health Care Decisions

As presidents and policymakers continue to wage a war about who gets and who pays for healthcare coverage in the United States, one important party has escaped responsibility: the American people.

Much of healthcare cost is embedded in expensive, high-risk care; often provided to the very sick and/or very old. Stem cell, bone marrow and organ transplants, cancer treatment and other expensive courses of care often are provided indiscriminately, with little regard for whether the resources expended have a strong chance of producing a positive outcome. In some countries, major healthcare resources are rationed using lists. Let's hope it doesn't come to that here.

American culture is ruggedly individualistic. Americans generally like to make their own decisions and control their destinies. Well, there is no better place than one's healthcare to step up and take responsibility.

In the big picture, it will be difficult—but not impossible—for Americans to weigh in and influence how policymakers divide the healthcare resource pie. Self-education and grassroots advocacy won't take place overnight. If the public doesn't come to a consensus about the use of resources, the time will come when policymakers refuse to fund individual choices at the end of life.

In the meantime, and perhaps to help stave that off, there are a few things everyone can do to better manage the resources used for their care. Everyone has to experience death at some point, but not everyone has to experience it without having control of their treatment. In truth, the easiest part of policy change would be to require each person to have an advance directive, a medical-durable power of attorney and an advanced care plan.



*Peter Levine, MPH*

Many individuals have strong wishes about how their care should be provided during terminal phases, but rarely is this placed on paper. Completing this process would seem to be the most simple and responsible way to make sure one's wishes are known regarding treatment. This could have a tremendous impact on how one's healthcare is provided and how resources are used.

Should you need material or support with advance care planning, the following is a link to the Greater Flint Health Coalition's Advance Care Planning website <http://www.yourhealthyyourchoice.org/>. All of the materials found there are intended for use by patients, allied health providers, lawyers and physicians.

### *Announcement*

**GCMS members now entitled  
to a 15% discount on automobile  
and homeowners insurance.**

**For details, contact:**

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# Peace Begins with Us

The Crim Fitness Foundation is delighted to host the nationally celebrated Holistic Life Foundation to lead a mindfulness workshop to help us deal with stress in healthy ways; to become more powerful peacemakers in our families, schools, and communities.

Adults and youth age 12 and older are welcome.

**MARCH 19, 2018**

6:00 - 6:30

WELCOME AND REFRESHMENTS

6:30 - 8:30PM

MINDFULNESS WORKSHOP

**Location: Flint - TBD**

Space is limited, please register at :

[www.crim.org/mindfulness/events/](http://www.crim.org/mindfulness/events/)

QUESTIONS:  
MINDFULNESS@CRIM.ORG  
810.235.4761



## President's Message

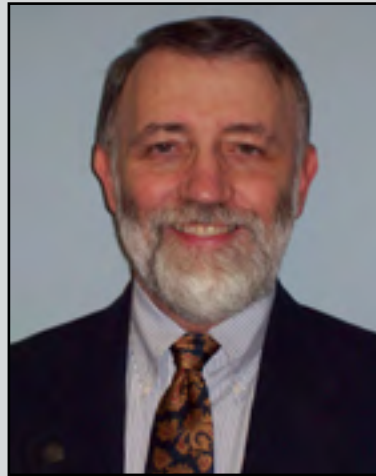
*John Waters, January 2009*

Compassionate Caring! We hope this is how we treat all of our patients. It is a noble goal. Unfortunately, during these difficult economic times even more will be demanded of the medical community in the way of compassion and charitable care.

Some would argue we should provide charitable care because healthcare is a right. I disagree. I disagree because it cannot be a classic right, as it is not inherent in our being. Rather, health care is a necessity, just like food and shelter. It is because of the Hippocratic Oath and basic humanity that I argue for charitable and compassionate care.

Throughout this country's history our government along with physicians have failed many people. That failure is a main reason we have entitlements today and an unfortunate reason that we have such significant health disparities. How do you rectify a history that was not created by us personally? We voluntarily take responsibility for improving the course of history and steering the present into a future we can be proud of.

It starts with compassion and continues with our efforts to become culturally competent physicians who



*John Waters*

provide the best care for each individual patient who enters our doorways.

When you ask patients if they trust doctors, some say "no." When you ask patients if they trust their doctor, they invariably say "yes." That response is a powerful testament to the fact that as individuals, we are personally making a difference in the lives of our patients.

It will take all of us personally to help restore trust in the healthcare system and actually help those most vulnerable to reduce their dependence on government entitlements with our compassionate caring, cultural competence and partnerships within our community. In doing so, we take

the focus off of health care as a right, and place the focus on providing the "right" kind of care.

I don't need to tell you, as Medical Society members, the importance of our mission, because you have contributed greatly to the charitable care of our citizens via our practices, the Genesee County Free Medical Clinic, Genesee Health Care, and Covering the

Uninsured. I applaud our efforts and encourage you to pursue compassionate caring. If only other components of our community would give similarly.

**For Out-of-County Elected Official Contact Information,  
please reference the MSMS Legislative Directory:**

<http://cqcengage.com/msms/ElectedOfficials?4>

Scan This  
QR Code





## GCMS MEETINGS

—March 2018—

**Legislative Liaison Committee, 3/5**  
8:00 am, GCMS Office

**Community & Environmental  
Health Committee, TBD**  
12:30 pm, GCMS Office

**2018 Ball Committee, 3/15**  
3:00 pm, GCMS Office

**Practice Managers, 3/22**  
8:00 am, GCMS Office

**Finance Committee, 3/27**  
5:15 pm, GCMS Office

**Board of Directors, 3/27**  
6:00 pm, GCMS Office

*Do you recognize this*  
**DOCTOR?**



Look for the Answer inside!

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# Physician and Staff Burn Out

Physician and staff burn out was the featured topic of the January practice managers meeting. Julie Hardy, Lead Physician Services Consultant for Data Integrity and Compliance from The Rybar Group provided the presentation. Attendees participated in the interactive presentation and learned a lot about how to avoid



burnout. Attendees were surprised to find out that burn out has an ICD-10 code: Z73.0. The symptoms include physical and emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. Sources of burn out include lack of control, values

conflict, insufficient reward, work overload, unfairness, and breakdown of work community. Signs of burnout include dreading going to work, always being tired, insomnia, difficulty concentrating, decreased productivity, conflicts with colleagues, boredom, health problems, use of unhealthy coping mechanisms. Ideas for relieving burn out included, taking time off, refraining from taking on other staff person's problems, setting boundaries, delegating, prioritizing, taking a timeout, and good sleeping habits.

Practice managers were encouraged to develop wellness programs within their office, and to meet regularly with the staff and physician leadership to enhance acceptance.

Those members wishing to have their practice managers attend these very important sessions should contact Sherry Smith at [ssmith@gcms.org](mailto:ssmith@gcms.org) or phone 810-733-9923.

The March 22 session will be a discussion with Blue Cross Blue Shield of Michigan regarding service issues. The April 26th session will be on Compliance and will feature a presentation by Carrie Berlin, of Regional Medical Imaging.



## What Is Burnout?

- Physical and Emotional Exhaustion
- Depersonalization
- Reduced Sense of Personal Accomplishment
- ICD-10-CM:Z73.0 (Burn-Out)

"An Erosion of The Soul Caused by a deterioration of One's Values, Dignity, Spirit and Will."

## Relief

- Take Your Time Off
- Don't Take on Others Problems
- Set Boundaries
- Delegate
- Prioritize
- Take a Time Out
- Get Sleep

## Relief

- Dreading Going to Work
- Always Tired
- Insomnia
- Difficulty Concentrating
- Decreased Productivity
- Missed Deadlines
- Conflicts with Colleagues
- Boredom
- Health Problems
- Use of Unhealthy Coping



## Medical Society Foundation

Consider a donation to the Medical Society Foundation for all of your holiday giving. What a wonderful way of expressing your holiday sentiments while supporting important health related causes.

The Medical Society Foundation has been coordinating physician giving in Genesee County since 1987. This holiday season, why not use the Foundation to make sure your gifts to family, friends and colleagues help to improve the health and well-being of our community.

By giving to the Medical Society Foundation, you receive a great year-end tax benefit at the same time that you tell others how much their health – really means to you.

The Medical Society Foundation funds have been used to support the charitable activities of the Genesee County Medical Society.

Contributions can also be made in memory of an individual or to honor someone.

**For questions or information on how your gift can help support the charitable activities of your Medical Society Foundation contact Peter A. Levine, MPH at (810) 733-9925 or at [plevine@gcms.org](mailto:plevine@gcms.org).**

*Medical Society Foundation Mission Statement: The Medical Society Foundation is organized and does operate for the purpose of supporting continuing medical education and health-related charitable activities that further the cause of medicine.*

*Mail your donations to:*

Medical Society Foundation  
4438 Oak Bridge Drive, Suite B  
Flint, MI 48532-5467

# Issues of Serious Concern for Medical Practices!

*Don't let your practice manager miss these important meetings!*



**Held 4th Thursday of each month from 8am to 10am.**

**The following topics are tentatively scheduled and subject to change**

**March 22nd  
Presenter(s):**

**“Discussing BCBSM Service Issues”**  
Dan Martin, Director II Provider Outreach  
Blue Cross Blue Shield of Michigan

**April 26th  
Presenter(s):**

**“A Local Practices’ Approach to Compliance”**  
Carrie Berlin, Director Technology &  
Operations Regional Medical Imaging

**Genesee County Medical Society | Rapport Conference Room  
4438 Oak Bridge Drive, Suite B | Flint, MI 48532**

# February Legislative Liaison Committee Meeting

The Genesee County Medical Society Legislative Liaison Committee met Feb. 5 with Daniel Farhat, Principal of the Capital Strategies Group, as well as staff to Representatives Justin Fisher, Legislative Director of the Capital Strategies Group, and Amber Dunlop of MSMS, to review current legislative issues.

Mr. Farhat reported that there are currently three scope of practice bills in the legislature, which MSMS is assertively opposing. He described the issues with the legislation, and noted that this is an annual battle. Maintenance of certification is a major issue for MSMS. Legislation has been introduced to make maintenance of certification requirements less odious in the state of Michigan. He did note that some specialties are opposed to changing the use of maintenance of certification by insurers, hospitals, and other entities as a primary criteria for empaneling a physician.

Mr. Farhat also reviewed several bills which

have been introduced to move the auto no-fault reform aggressively into a full tort system. This will require a lot of attention by MSMS and the counties.

MSMS is pushing a major bill to make prior authorization less onerous in the state of Michigan.

Implementation of the opioid legislation will also result in large changes to how medicine is practiced. The Committee was fully engaged on these pieces of legislation.

The next meeting of the Legislative Liaison Committee will take place March 5, at the GCMS offices. If you wish to attend these meetings, please email Sherry Smith at [ssmith@gcms.org](mailto:ssmith@gcms.org), or phone (810) 733-9923.

## YOUR \$\$\$ AT WORK

- GCMS helped several physicians with licensure requirement problems
- GCMS met with two insurance companies regarding problems that practices were having with them
- GCMS held practice managers session on “Physician & Staff Burnout”
- GCMS held a successful Town Hall on Mindfulness
- GCMS met with the Genesee County legislative delegation to discuss pending legislation which would impact the practice of medicine
- GCMS represented physicians in multiple meetings of the Greater Flint Health Coalition, Genesee Health Plan, Genesee County Free Medical Clinic, and hospital venues
- GCMS Presidents Message on lead treatment featured in Healthcare Michigan

# Making a VA Disability Compensation Claim, What Is ‘Presumptive’ Service Connection?

By: Brandon K. Wagner, Esq

The tradition of caring for our veterans predates the founding of our nation. The General Court of the Plymouth Colony in 1636, provided that a soldier who returned from battle “maimed would thereafter be ‘maintained competently’ for the rest of his life at the expense of the public treasury.” *Veterans Benefits and Judicial Review: Historical Antecedents and the Development of the American System*, at 21 (Fed Research Div of the Library of Congress, Washington DC, Mar 1992). In his Second Inaugural Address, President Lincoln committed our nation “to care for him who shall have borne the battle, and his widow, and his orphan.”

An individual must establish his or her status as a veteran before any VA benefits are awarded. After basic eligibility of the veteran has been established, it is necessary to demonstrate the claimant’s entitlement to a particular benefit. The claimant may be the veteran or his or her survivor or dependent. The possible benefits to the veteran include disability compensation, pension, low or no cost healthcare, educational assistance, life insurance, burial allowances, home loans and others. Dependents and survivors may receive educational assistance and compensation or pension. The purpose of this article is to bring awareness to making a VA disability claim under the category of “presumptive” service connection.

Compensation is provided to qualifying veterans who incur a disability as a result of military service. There are no time limits to apply for this benefit. In 2015, veterans and survivors received approximately \$57 billion in compensation and pension benefits, with \$1.95 billion of those benefits paid to Michigan veterans. There are five common elements in a veteran’s claim for VA benefits:

- status as a veteran
- existence of a disability

- connection between the veteran’s service and the disability
- degree of the disability
- effective date of the disability

*Collaro v West, 136 F3d 1304, 1308 (Fed Cir 1998).*

Service connection connotes many factors. It means that the facts, as shown by the evidence, establish that a particular injury or disease resulting in disability was incurred incident with service in the Armed Forces. *38 CFR 3.303(a)*. When it is established that a disability is connected to service, the claimant is eligible for an award of disability compensation. The VA presumes that specific disabilities diagnosed in certain veterans were caused by their military service. VA does this because of the unique circumstances of their military service. If one of these conditions is diagnosed in a Veteran in one of these groups, VA presumes that the circumstances of his/her service

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caused the condition, and disability compensation can be awarded. Several presumptions exist to reduce a veteran's burden for establishing service connection. These include certain chronic and tropical diseases; conditions related to internment as a prisoner of war; diseases specific to exposure to ionizing radiation; diseases due to exposure to herbicides, commonly identified as Agent Orange, while serving in the Vietnam conflict; and certain undiagnosed disabilities related to service in the Persian Gulf War. *38 CFR 3.309(a)-(e), .317*. Of particular note are the more commonly encountered diseases related to Vietnam veterans, which include type 2 diabetes and prostate and respiratory cancers, as well as the recently added conditions of ischemic heart disease and Parkinson's disease. As the listing of disabling conditions is rather extensive and subject to periodic additions, it is best to consult the applicable provision of the regulation for additional guidance. Effective March 2017, the VA considers other disabilities to be presumptively related to exposure to contaminated water at the U.S. Marine Corps Base Camp Lejeune in North Carolina. These conditions include bladder, kidney, and liver cancers; non-Hodgkin's lymphoma; Parkinson's disease; and others. The potential exposure occurred for those who served on the base for more than 30 days between August 1, 1953, and December 31, 1987. In addition, Congress took the unusual step of authorizing health care for 15 named medical conditions for those service members and their families stationed at Camp Lejeune. As with Agent Orange, it is likely that additional medical conditions will be added to the presumptive list as scientific evidence evolves. Veterans claiming entitlement to service connection benefit from the legal presumption that the claimant is presumed to have been in sound condition when "examined, accepted and enrolled for service," except for defects noted at time of service entry. *38 USC 1132*. To take advantage of this presumption, the veteran must have served six months or more active duty. This presumption may be rebutted by clear and unmistakable evidence that the disease or defect existed prior to service and that the disease or defect was not aggravated by service. *38 CFR 3.304(b)*. A medical opinion is necessary to rebut this presumption.

For veterans injured while engaged in combat, a special presumption applies that a disease or injury alleged to have been incurred in service must be accepted by VA if consistent with the "circumstances, conditions, or hardships of such service." *38 USC 1154(b)*. In fact, "the law specifically provides that service connection may be proven by satisfactory lay evidence, *without the support of official*

*records.*" See *Sheets v Derwinski*, 2 Vet App 512, 515 (1992) (emphasis in original). This presumption may only be rebutted by VA through clear and convincing evidence to the contrary. *38 USC 1154(b)*. As the number of combat veterans and the locations to which they are sent grow, it likely follows that the "presumptive" list of service connected disabilities will become more and more applicable to our veterans seeking compensation from the VA. If you have specific questions related to benefits available to our nation's veterans please contact me to set up a consultation at [bwagner@ccglawyers.com](mailto:bwagner@ccglawyers.com).

Brandon K. Wagner, Esq., an associate attorney at Cline, Cline & Griffin, PC, can be reached at (810) 232-3141.

## Say What, Dr.?

"*Say What, Dr.?*" is a book recently written by Ted and Naomi Reynolds, who worked as physician's transcribers for many years. GCMS will periodically share these enjoyable "lapses" dictated into medical records. This is simply published in fun.

- "she denied any gross medical problems except for multiple pregnancies"

---

- "weight today more consistent with baseline. The difference in weight between ICU and floor could be explained by removal of ICU lines and equipment "

---

- "his blood pressure was normal at 120/70 beats per minute"

---

- "the patient felt fine. His only complaint was that dancing girls appeared in his room at night, but he did not really mind it, since they were pleasant and attractive."

# Genesee County Medical Society

## Dinner Business Meeting Minutes

### February 1, 2018 Minutes

#### **I. Call to Order:**

The meeting was called to order at 6:30 p.m. by Gerald Natzke, DO, President, in the Flint Golf Club dining room. Dr. Natzke welcomed the assembled guests to the Town Hall meeting on Mindfulness in Medicine: Promoting Health, Well-being, and Resilience in Patients, Physicians, and Health Care Providers.

#### **II. Introduction of Guests:**

Dr. Natzke introduced distinguished guests and members, including Dr. S. Bobby Mukkamala, Trustee of the American Medical Association, Chair of the Michigan State Medical Society Board of Directors, and Co-Chair of the Crim Mindfulness Medical Advisory Board.

He also introduced the speakers for the evening Dr. Anju Sawni, who serves as an Advisory Board member of the Crim Mindfulness Initiative, Dr. Ruth Lerman, Mindfulness Medical Director at Beaumont Hospital, Dr. Barbara Wolff who teaches mindful practice at McLaren Flint, and Sarah Sullivan, Mindfulness Program Director for the Crim Fitness Foundation. Dr. Natzke also introduced Jamie Gaskin, Executive Director of United Way of Genesee County, and reported that the United Way of Genesee County is supporting the continued development of the Genesee County Physicians Public Health Alert System, a project of the Genesee County Medical Society. Dr. Natzke invited Mr. Gaskin to say a few words.

Dr. Natzke invited Jenn Shew, of the Flint Area School Employees Credit Union to say a few words as a valued sponsor.

#### **III. Review of Minutes from November 19, 2016 President's Ball Business Meeting:**

**Motion: That the minutes of the November 18, 2017 President's Ball Business Meeting be approved as published in The Bulletin. The Motion Carried.**

#### **IV. Nominating Committee Election:**

Dr. Natzke explained that five representatives from the general membership and two from the Board of Directors need to be elected to the GCMS Nominating Committee.

**Motion: that Drs. JoAnn Christy, Sherry Cavanaugh, Harris Dabideen, and Edward Holden be nominated to serve as nonmembers and Board member participants on the 2018 GCMS Nominating Committee. The Motion Carried.**

**Motion: that Drs. EG Raj and Niketa Dani be approved to serve on the GCMS Nominating Committee as Board members. The Motion Carried.**

#### **V. Announcements:**

##### **A) MSMS House of Delegates**

Dr. Natzke reported that the MSMS House of Delegates will take place on April 28-29th at the Henry Hotel in Dearborn. He invited members who would like to attend to let Peter Levine or Dr. Cathy Blight know.

He also invited members to submit names for the GCMS Presidential Citation Award, for Nominating Committee consideration.

#### **VI. Introduction of Speakers, Town Hall Meeting**

Dr. Natzke introduced Dr. S Bobby Mukkamala, who framed the evenings discussion on Mindfulness, and a dynamic set of presentations ensued.

#### **VII. Next Meeting:**

The next general membership meeting will take place on May 3, 2018.

#### **VIII. Adjournment:**

No further business appearing. The meeting was adjourned at 8:45pm.

Submitted by,

Peter Levine, MPH

Executive Director







The Genesee County Medical Society cordially invites you to a Quarterly Dinner Business Meeting

and a **Medical Community Town Hall**

sponsored by the **United Way of Genesee County** and the **Greater Flint Health Coalition**

**May 3, 2018**

**GCMS TOWN HALL**

**SAVE THE DATE!**

## **Suboxone and Opioid Issues for Physicians and Health Care Professionals**

There are many components to the opioid crisis. This session will provide input on Suboxone certification, how physicians and other health professionals fit into the opioid crisis, and what resources exist in Genesee County as part of an emerging community-wide strategy to address the opioid epidemic.

### **Meeting Location:**

Flint Golf Club  
3100 Lakewood Drive  
Flint, MI 48507

### **Evening Schedule:**

6 pm, Registration & Social Hour  
6:30 pm, Dinner  
7 pm, Meeting  
7:15 pm, Presentations

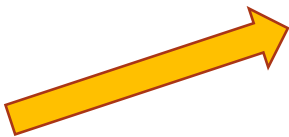
### **Space is limited!**

**Please register by April 26, 2018**

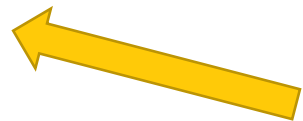
Please mail your reservation payment to:

Genesee County Medical Society  
4438 Oak Bridge Drive, Suite B  
Flint, MI 48532

**Details to  
come!**



**Watch for  
info!**



Email Sherry at [ssmith@gcms.org](mailto:ssmith@gcms.org) to register your attendance or call **810-733-9923** for more information.

Please invite your fellow physicians, practice managers,  
and health care professionals to this meeting!

- \$40.00 - GCMS Members, Spouses, Practice Managers, & Staff
- \$40.00 - Genesee County Osteopathic Association Physician Members & Spouses
- \$25.00 - Residents & Students
- \$75.00 - All Non-Member Guests

GCMS Physicians, spouses, GCMSA, family members, practice staff and other interested professionals are encouraged to attend!

# ELECTED OFFICIALS CONTACT INFORMATION

## STATE OF MICHIGAN



### GOVERNOR RICK SNYDER (R)

Mailing Address: P.O. Box 30013  
Lansing, Michigan 48909  
Office Phone: (517) 373-3400  
Constituent Services: (517) 335-7858  
E-mail: [http://www.michigan.gov/snyder/0,4668,7-277-70766\\_57579-267869--,00.html](http://www.michigan.gov/snyder/0,4668,7-277-70766_57579-267869--,00.html)  
Website: <http://www.michigan.gov/snyder>



### SENATOR JIM ANANICH (D)

District: 27  
Mailing Address: Post Office Box 30036  
Lansing, MI 48909-7536  
Office Phone: (517) 373-0142  
E-mail: [senjananich@senate.mi.gov](mailto:senjananich@senate.mi.gov)  
Website: <http://ananich.senatedems.com>



### SENATOR KEN HORN (R)

District: 32  
Mailing Address: Post Office Box 30036  
Lansing, MI 48909-7536  
Office Phone: (517) 373-1760  
E-mail: [SenKHorn@senate.michigan.gov](mailto:SenKHorn@senate.michigan.gov)  
Website: <http://www.senate.mi.gov/horn>



### SENATOR DAVE ROBERTSON (R)

District: 14  
Mailing Address: Post Office Box 30036  
Lansing, MI 48909-7536  
Office Phone: (517) 373-1636  
E-mail: [SenDRobertson@senate.michigan.gov](mailto:SenDRobertson@senate.michigan.gov)  
Website: <http://www.senate.mi.gov/robertson>



### REPRESENTATIVE JOSEPH GRAVES (R)

District: 51  
Mailing Address: P.O. Box 30014  
Lansing, MI 48909-7514  
Office Phone: (517) 373-1780  
E-mail: [JosephGraves@house.mi.gov](mailto:JosephGraves@house.mi.gov)  
Website: <http://gophouse.org/representatives/southeast/graves/>



### REPRESENTATIVE TIM SNELLER (D)

District: 50  
Mailing Address: P.O. Box 30014  
Lansing, MI 48909-7514  
Office Phone: (517) 373-3906  
E-mail: [TimSneller@house.mi.gov](mailto:TimSneller@house.mi.gov)  
Website: <http://housedems.com/state-rep-tim-sneller>

# ELECTED OFFICIALS CONTACT INFORMATION

## STATE OF MICHIGAN



### REPRESENTATIVE PHIL PHELPS (D)

District: 49  
Mailing Address: P.O. Box 30014  
Lansing, MI 48909-7514  
Office Phone: (517) 373-7515  
E-mail: RepPhelps@house.mi.gov  
Website: <http://housedems.com/state-rep-phil-phelps>



### REPRESENTATIVE PAM FARIS (D)

District: 48  
Mailing Address: P.O. Box 30014  
Lansing, MI 48909-7514  
Office Phone: (517) 373-7557  
E-mail: PamFaris@house.mi.gov  
Website: <http://housedems.com/state-rep-pam-faris>



### REPRESENTATIVE SHELDON NEELEY (D)

District: 34  
Mailing Address: P.O. Box 30014  
Lansing, MI 48909-7514  
Office Phone: (517) 373-8808  
E-mail: SheldonNeeley@house.mi.gov  
Website: <http://housedems.com/state-rep-sheldon-neeley>

## UNITED STATES



### US SENATOR DEBBIE STABENOW (D)

Flint/Saginaw Office: 432 N. Saginaw St, Suite 301  
Flint, MI 48502  
Office Phone: (810) 720-4172  
E-mail: <https://www.stabenow.senate.gov/contact>  
Website: <http://www.stabenow.senate.gov/>



### US REPRESENTATIVE DAN KILDEE (D)

Flint District Office: 111 East Court St. #3B  
Flint, MI 48502  
Office Phone: 810-238-8627  
E-mail: <http://dankildee.house.gov/contact/email-me/>  
Website: <http://dankildee.house.gov/>



### US SENATOR GARY PETERS (D)

Saginaw Office: 515 North Washington Avenue, Suite 401  
Saginaw, MI 48607  
Office Phone: (989) 754-0112  
E-mail: <https://www.peters.senate.gov/contact/email-gary>  
Website: <https://www.peters.senate.gov/>



## Final Legionella report provided to GCMS

Faculty from Wayne State University and University of Michigan Feb. 14 provided an update on the Assessment of the Legionnaires disease outbreak that occurred in Flint. Drs. Shawn McElmurry, Paul Kilgore of Wayne State University, and Dr. Michele Swanson, of the University of Michigan presented the final results to members of the GCMS Board as well as members of the Community & Environmental Health Committee, and 16 medical students.

The report shows that the changes in drinking water source and treatment altered water quality, as measured by a reduced chlorine residual, enhanced legionella growth in the water distribution system, and increased residents risk of legionnaires disease. Key points included the following:

- The odds of a Flint neighborhood reporting a case of LD increased sevenfold after the switch to the Flint River
- After boil-water advisories, the odds of an LD case in a Flint neighborhood decreased by 40%
- The risk of LD returned to pre-Flint Water Crisis levels after the switch back to Lake Huron
- 80% of LD cases in Flint could be attributed to the change in water source and treatment
- McLaren Hospital: when these reportedly nosocomial cases were omitted from the analysis, the switch to Flint River still increased by six-fold the odds of Flint resident contracting LD
- Non-Flint cases: after the switch to the Flint River, the incidence of LD in communities adjacent to Flint increased proportionally with the number of commuters into Flint, consistent with exposure to Flint water as cause of the LD outbreak in neighboring municipalities

The Committee also reviewed resolutions written by Michigan State University College of Human Medicine students. Those resolutions will be presented to the GCMS Board for consideration for submission to the 2018 MSMS House of Delegates.

The Committee also discussed holding a Town Hall

meeting on Suboxone certification, and opioid information of importance to physicians.

GCMS members who are interested in attending future Community & Environmental Health Committee meetings are encouraged to contact Sherry Smith via email [ssmith@gcms.org](mailto:ssmith@gcms.org), or phone, 810-733-9923, to be placed on our contact list.



## Save the Date!

*"The Beauty of Love is that it Never Dies"-KB*

2018 Hospice Teleconference

"Transforming Loss: Finding Potential for Growth"



When: May 2, 2018

Time: 8:00 a.m. Registration  
8:30 a.m.-12:30 p.m. Program

**\*\*Full breakfast to be provided\*\***

Where: Genesys Conference & Banquet Center  
Grand Blanc, MI

Please look for your FORMAL invitation, with registration information in March!  
CEU's available.

Funded by a grant from The Community Hospice Foundation Fund of The Community Foundation of Greater Flint in cooperation with Heartland Hospice, Kindred Hospice, McLaren Hospice, Reverence Hospice, Brown Funeral Home, Hill Funeral Home and Reigle Funeral Home.



# THE 14 THINGS YOU NEED TO KNOW



## TO REDUCE ILLNESS AND DEATH

**T**he physicians of the Genesee County Medical Society identified the following 14 actions that are key to living a longer, healthier life:

1. Eliminate all exposure to tobacco, including passive smoke.
2. End addictions (such as alcohol, tobacco, sex, drugs, food, gambling, etc.).
3. Increase physical activity and limit screen time.
4. Reduce exposure to toxins.
5. Reduce prolonged exposure to sunlight and avoid tanning beds.
6. Reduce salt, sugar and all processed foods. Eat a variety of fruits and vegetables and whole grains daily. Maintain a proper body weight.
7. Wash hands often and appropriately.
8. Breast feed infants and assure their proper immunizations.
9. Babies are fragile. Refrain from inappropriate force to calm or discipline your child.
10. Get sufficient sleep.
11. Brush and floss your teeth.
12. Don't drive impaired or distracted.
13. See your physician about disease prevention ideas.
14. Take as few medications as possible and with advice from your physician.

**Take the first step to improve your health today.  
Join the MOVEMENT! Visit [commit-2-fit.org](http://commit-2-fit.org).**

For more information, please contact the Genesee County Medical Society at 810.733.9923 or the Greater Flint Health Coalition at [gfhc@flint.org](mailto:gfhc@flint.org).







# March 2018 Fitness Calendar

FREE! Commit to Fit! Class Schedule

Commit to Fit offers fitness classes at **no cost** to all individuals who live or work in Flint and Genesee County. Fitness Centers require participants to be age 18 and older, other locations are open to all ages. See back side for details. [Click HERE to Access the Nutrition Education & Resources Calendar](#)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
MARCH 2018				<p style="text-align: right;">1</p> <p><b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10-11:00am</p> <p><b>Basic Yoga</b> IHFC 6:45 p.m.</p>	<p style="text-align: right;">2</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11am-12pm</p>	<p style="text-align: right;">3</p>
	<p style="text-align: right;">5</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Senior Stretch</b> YMCA Downtown 10am</p> <p><b>Pound</b> GAC 10:15am</p> <p><b>Aqua Fitness</b> U of M-Flint Rec 5:30-6:30 pm</p>	<p style="text-align: right;">6</p> <p><b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am</p> <p><b>Splash Bash</b> U of M-Flint Rec 11:00 am</p> <p><b>Enhance Fitness</b> Hamilton North Pointe Clinic 5:30 pm</p>	<p style="text-align: right;">7</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:30-1:30pm</p> <p><b>Community Yoga</b> 5:15 PM - 6:15 PM Crim Fitness Foundation</p> <p><b>Enhance Fitness</b> Hamilton Main Clinic 5:30 pm</p> <p><b>Zumba</b> GAC 5:30 p.m.</p>	<p style="text-align: right;">8</p> <p><b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10-11:00am</p> <p><b>Basic Yoga</b> IHFC 6:45 p.m.</p>	<p style="text-align: right;">9</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11am-12pm</p>	<p style="text-align: right;">10</p>
	<p style="text-align: right;">12</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Senior Stretch</b> YMCA Downtown 10:00 a.m.</p> <p><b>Pound</b> GAC 10:15am</p> <p><b>Aqua Fitness</b> U of M-Flint 5:30pm</p>	<p style="text-align: right;">13</p> <p><b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am</p> <p><b>Splash Bash</b> U of M-Flint Rec 11:00 am</p> <p><b>Enhance Fitness</b> Hamilton North Pointe Clinic 5:30 pm</p>	<p style="text-align: right;">14</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:30-1:30pm</p> <p><b>Zumba (Beginner)</b> GAC 5:30 p.m.</p> <p><b>Enhance Fitness</b> Hamilton Main Clinic 5:30 pm</p>	<p style="text-align: right;">15</p> <p><b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am</p> <p><b>Basic Yoga</b> IHFC 6:45 p.m.</p>	<p style="text-align: right;">16</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11am-12pm</p>	<p style="text-align: right;">17</p>
	<p style="text-align: right;">19</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 am</p> <p><b>Senior Stretch</b> YMCA Downtown 10:00</p>	<p style="text-align: right;">20</p> <p><b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am</p>	<p style="text-align: right;">21</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:30-1:30pm</p>	<p style="text-align: right;">22</p> <p><b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am</p>	<p style="text-align: right;">23</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Arthritis Foundation</b></p>	<p style="text-align: right;">24</p>

# March 2018 Fitness Calendar

FREE! Commit to Fit! Class Schedule

<p><b>Pound</b> GAC 10:15am</p> <p><b>Aqua Fitness</b> U of M-Flint 5:30pm</p>	<p><b>Splash Bash</b> U of M-Flint Rec 11:00 am</p> <p><b>Enhance Fitness</b> Hamilton North Pointe Clinic 5:30 pm</p>	<p><b>Zumba (Beginner)</b> GAC 5:30 p.m.</p> <p><b>Enhance Fitness</b> Hamilton Main Clinic 5:30 pm</p>	<p><b>Basic Yoga</b> IHFC 6:45 p.m.</p>	<p><b>Exercise Program</b> Swartz Creek Senior Center 11am-12pm</p>	
26	27	28	29	30	31
<p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 am</p> <p><b>Senior Stretch</b> YMCA Downtown 10:00</p> <p><b>Pound</b> GAC 10:15am</p> <p><b>Aqua Fitness</b> U of M-Flint 5:30pm</p>	<p><b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am</p> <p><b>Splash Bash</b> U of M-Flint Rec 11:00 am</p> <p><b>Enhance Fitness</b> North Pointe Clinic 5:30 pm</p>	<p><b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:30-1:30pm</p> <p><b>Zumba (Beginner)</b> GAC 5:30 p.m.</p>	<p><b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am</p> <p><b>Basic Yoga</b> IHFC 6:45 p.m.</p>	<p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.</p> <p><b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11am-12pm</p>	



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**GENESYS** |  **Ascension**

# March 2018 Fitness Calendar

FREE! Commit to Fit! Class Schedule

## Class Descriptions & Locations

### Basic Yoga (1 hour)

This class is a balanced flow of postures designed to build stamina, strength, and flexibility while promoting weight loss and general stress relief.

#### Insight Health & Fitness Center (IHFC)

Formerly Hurley Health & Fitness Center  
4500 S. Saginaw St  
Flint, MI 48507  
(810) 893-6489



**Community Yoga (1 hour)** – This is a yoga class for all levels. Please wear comfortable and loose-fitting clothing. Some yoga mats will be available to borrow as well

Mindfulness@crim.org  
(810)-235-7461



#### Crim Fitness Foundation

452 Saginaw Street Downtown Flint

**Senior Stretch (1 hour)** - This class will help improve overall strength and flexibility. The class is led by a certified senior fitness instructor who will guide you through the exercises at your own pace. This class is perfect for all ability levels.

#### YMCA Downtown Flint

411 E. 3<sup>rd</sup> Street  
Flint, MI 48503  
(810) 232-9622



**Zumba Gold (1 hour)** - A less intense version of the classic Zumba. This class offers fun music to keep the excitement high while keeping the impact low.

**POUND®** transforms drumming into an incredibly effective way of working out. Instead of listening to music, you become the music in this exhilarating full-body workout that combines cardio, conditioning, and strength training.

#### Genesys Athletic Club (GAC)

801 Health Park Blvd  
Grand Blanc, MI 48439  
(810) 606-7300



Questions?  
Email [commit2fit@flint.org](mailto:commit2fit@flint.org)

**Aquafitness/Splash Bash**- An invigorating water workout. Ideal for all fitness levels. No swimming required

#### University of Michigan-Flint Rec Center

401 Mill Street, Flint, MI 48502  
(810) 762-3441



**Enhance Fitness (1 hour)** – A fun, energizing class geared toward improving overall functioning and well-being. Improve your cardiovascular fitness, strength, flexibility and balance!

#### TIMES & LOCATIONS:

##### Hasselbring Senior Center

1002 Home Ave. Flint, MI  
(810) 766-7128 Mon, Weds, & Fri 9-10 am



##### Flint Farmers' Market- Tuesdays &

Thursdays 10:00-11:00 am  
300 E. First St Flint, MI  
(810) 232-1399



##### North Pointe Clinic - Demonstration site

5710 Clio Road  
Flint, MI 48504  
Tuesdays starting February 13, 5:30 - 6:30pm

##### Main Clinic

2900 N. Saginaw Street  
Flint, MI 48505  
Wednesdays starting February 14, 5:30 - 6:30pm

#### Genesee County Parks and Rec

Visit the calendar at: <http://geneseecountyparks.org/> to learn more about fun family events in Genesee County Parks!



**Arthritis Foundation Exercise Program (1 hour)** A low-impact physical activity program proven to reduce pain and decrease stiffness. The routines include gentle range-of-motion exercises that are suitable for every fitness level!

##### Grand Blanc Senior Center:

Tuesday & Thursdays 10am – 11am

##### Swartz Creek Senior Center:

Fridays 11am – 12pm



**Genesee County Medical Society**  
**Board of Directors**  
**November 28, 2017- Minutes**

**I. Call to Order**

The meeting was called to order in the Rapport Conference Room at 6:10 pm, by Gerald Natzke, DO, President.

Dr. Natzke introduced Dr. Syed Osama, and Dr. EJ Raj to their first Board of Directors meeting. Dr. Natzke complimented Dr. Herbert for his exemplary service as President. He stated that he was looking forward to his year of presidency and hopes to do as well as Dr. Hebert did.

**II. Review of Minutes**

**Motion: that the minutes of October 24, Board of Directors meeting be approved as presented. The motion carried.**

**III. Reports**

A) Community & Environmental Health

A resolution was developed for GCMS Board consideration entitled School Drinking Water Quality Testing, Monitoring, and Maintenance and Associated Availability of Bottled Water Purified by Reverse Osmosis for School Children.

**Motion: that the resolution entitled School Drinking Water Quality Testing, Monitoring, and Maintenance and Associated Availability of Bottled Water Purified by Reverse Osmosis for School Children be approved as presented by the GCMS Community & Environmental Health Committee be approved as presented. The motion carried.**

Resolution regarding School Drinking Water Quality Testing, Monitoring, and Maintenance and Associated Availability of Bottled Water Purified by Reverse Osmosis for School Children

Whereas, the Genesee County Medical Society is an association of physicians in Genesee County. Many whose mission is to advocate on behalf of physicians and their patients and the people of Genesee County, and

Whereas, the Genesee County Medical Society has engaged in multiple discussions and reviewed detailed information regarding the state of the City of Flint's water supply and its potential health impacts to all residents, and

Whereas, evidence-based research indicates that even a small amount of lead in a child's body can cause serious health problems, and

Whereas, other studies have demonstrated lead's compromising effects on child health, the immune system, and association with impairments in neurobehavioral factors such as a child's learning skills, hearing, and self-regulatory ability resulting in delinquent behavior, and

Whereas, children may be more susceptible to the adverse health effects of chemical, physical, and biological hazards than adults, while having reduced immunity, immaturity of organs and functions than adults, and

Whereas, rapid growth and development can make children more vulnerable to the toxic effects of environmental hazards than adults, and

Whereas, during critical developmental stages, children spend much of their day within school environments, and

Whereas, the current action limit for lead in drinking water of 15 ppb is a regulatory measure, not a public health one, and

Whereas, research shows that there is no 100 percent "safe" level of lead in drinking water for school children, and

Whereas, the State of Michigan has committed to supporting the City of Flint in recovery from city-wide lead contamination of Flint's water supply, providing resources and financial support to ensure water quality

**Genesee County Medical Society**  
**Board of Directors**  
**November 28, 2017- Minutes**

improvements, pipe replacement, healthcare, food resources, educational resources, job training and creation, and more, and

Whereas, these committed resources include the availability, distribution, and warehousing of bottled water purified by reverse osmosis for local schools, made possible through a public-private partnership between the State of Michigan and a coalition of national corporations, therefore, be it

RESOLVED: that the Genesee County Medical Society Board of Directors recommends the State of Michigan continue to provide resources to ensure a robust protocol is both in place, implemented and sustained, that ensures school building water quality is free of contaminants and toxins, including lead and bacteria, and safe for the consumption of children at all times, prior to any discontinuation of State of Michigan supported availability of bottled water purified by reverse osmosis for school facilities and school children, and be it further

RESOLVED: the Genesee County Medical Society Board of Directors recommends the State of Michigan, its Department of Environmental Quality, and its Department of Education collaborate with the City of Flint, Flint Community Schools, School for the Deaf, and local private and charter schools to develop a sustainable protocol to ensure school water safety that includes detailed water monitoring and maintenance protocols and schedules, guidance on flushing of pipes and filter replacement/maintenance as deemed necessary given the condition of the water system, technical assistance, and both regulatory and independent oversight to ensure such protocols are sustained by associated state, local, and school system entities.

THIS RESOLUTION has been unanimously adopted by the GCMS Board of Directors effective November 28, 2017.

**Motion: that a resolution to the Michigan State Medical Society House of Delegates be developed asking MSMS to request that the AMA work with federal authorities to close the lead and copper rules loopholes relating to schools. The motion carried.**

B) Finance

**Motion: that the budget to actual report for the period ending October 31, 2017, be approved as presented. The motion carried.**

C) AMA Update

Dr. Bobby Mukkamala reported on the AMA Interim meeting. He noted that the key issue discussed was healthcare reform. AMA has not endorsed any of the plans for health reform designed to repeal and replace the Obama healthcare plan, because it has not felt that those plans meet the principles of the AMA. All 12 Michigan resolutions passed. The organization is looking forward 15 years, developing interventions to reduce physician hassle factors. Dr. Mukkamala described computer related technologies that the AMA is attempting to develop with technology partners. Regarding maintenance of certification, there are specialty groups which like their maintenance of certification and other specialty groups that hate theirs. AMA is dealing with the conflict.

D) MSMS Update

Dr. Mukkamala reported that Dr. Venkat Rao is running for AMA Alternate Delegate at the next House of Delegates. There are discussions at MSMS about adjusting the budget based on membership trends.

E) Legislative Liaison

On behalf of Dr. Blight, Peter Levine reported that the last Legislative Liaison Committee meeting was very productive. He invited Board members to attend, and noted that there are new people coming to these meetings. The meetings are first rate.

F) Greater Flint Health Coalition

In the SIM program, physicians are incentivized. The program is looking for decreased ER utilization. Levine noted that this particular project will give participating physicians a leg up on future methods of improving

Genesee County Medical Society  
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productivity and population-based health outcomes. They will also be supported by navigators, funded by the program.

G) Medical Society Foundation Fundraising Committee

Dr. Waters encouraged Board members to make donations at year end. He also noted that Dr. Turcke should be recognized. He will be talking to him about that.

H) Presidents' Report

Dr. Natzke reported on the meeting of the Islamic Medical Association which several Board members attended on 11/15/17. Drs. Hebert and Mukkamala spoke about the importance of membership in organized medicine. Board members collected six new applications, along with several names to follow upon.

Dr. Natzke encouraged Board members to send key staff to the practice managers meetings which are highly productive.

The President's Ball had 140 attendees. It was fun, and the entertainment was very special. The Jumbie's performed, from the Boys and Girls Club of Flint.


IV. Adjournment

No further business appearing, the meeting was adjourned at 7:40 pm.

Respectfully submitted,

Peter Levine, MPH

Executive Director



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# DR. RICHARD McMURRAY, WORLD WAR II

## Taking care of the wounded during WWII

In the latter half of 1943, a young man with dreams of going to Europe and fighting for his country in World War II found out his future was being decided for him instead by military leaders. Richard McMurray recounts, “we were told our new address would be in care of the post master in San Francisco, California, that quieted down any ideas about a European adventure that I was looking forward to.”

McMurray went for an interview with the Army Specialized Training Program, ASTP, where he was asked if he wanted to go into engine school or study languages. “I told them, ‘I don’t want to do either, I want to go to medical school.’” He was informed that he needed to be already accepted into medical school before the Army would educate him in that field.

So, he applied to the University of Michigan Medical School. The involved process of debarkation had begun for Dr. McMurray. He and other men sailed from New York

Harbor. They were headed to New Caledonia in the South Pacific, located between Australia and Fiji.



“Coincidentally, I got my mail and received a letter from the University of Michigan that I’d been accepted into their medical program,” McMurray said. “I wrote to them and told them I was on my way to New Caledonia, thousands of miles away, and my



medical training would need to be put in abeyance.

He remembers arriving on New Caledonia, a long, narrow island, on Jan. 31, 1944. “We were on the ship so long, I wondered if I was in the Navy or the Army,” McMurray said.

They were transported on a 6,000-ton Liberty ship, a former banana boat, which wasn’t very comfortable, according to Dr. McMurray. Arriving at the Replacement Depo, he was assigned to the 27th Station hospital. Situated on a beautiful spot on Ansavada Beach, the hospital was two miles outside of the town of Noumea on New Caledonia.

A Private First Class (PFC), he started out as a “ward boy,” running errands for physicians, taking care of bed pans and other less glamorous duties. “We were getting the influx of injuries and casualties from Bouganville.” He recalled seeing all sorts of injuries, and a lot of sexually transmitted diseases, too.

A fellow named Fred, who was in charge of the lab, was looking for a new lab clerk. Fred was bunking with a tech sergeant who was in charge of hospital personnel. The tech sergeant noticed that McMurray could type, so he requisitioned him to be the clerk in the lab. McMurray had previously

requested to go to lab tech school. The commanding officers said that would be fine, but he was already classified #858, in other words, lab tech. “That was the Army,” he said of the mix up. “Clerking work in the lab took me about 30 minutes a day,” McMurray said. The rest of his time in the lab he observed and paid attention. Eventually he was allowed to perform a few procedures. The fellow in charge of the lab made McMurray a lab tech in no time and had to requisition someone else to be the clerk.

“I learned on the job,” McMurray said. “It was great duty for the Army. We would work hard in the morning, then half the crew sat on the beach in the afternoon. In Army-life, it was pretty nice.”

Working in the lab was sort of a status symbol, he said. For one thing, it took him off ward duty. He liked running tests and going out in the ward to collect blood samples and doing counts. It provided him with independence, he said. Sometimes he might have to do a blood count at night, so he was “on call,” but most of the time he was in the lab at scheduled times. He didn’t care for examining stool specimens, though.

They ran a few clinics, as well, including a dermatology clinic, because the lab officer happened to be a dermatologist. They saw a lot of hook worm in the natives. The lab performed work that was ordered by the physician in the ward for the GIs, and also for the French people who lived on the island. New Caledonia had been a French penal colony. The French residents were a nice group of people, Dr. McMurray remembers. They knew the hierarchy of the military organization, and they’d



come in and get lab work done. “You had special privileges if you knew someone.”

The military closed the hospital about the time McMurray’s group went into Okinawa, which was D-day plus 12 (days). While he was on Okinawa, few months later in April, President Roosevelt died. “I was sadder about Ernie Pyle dying than I was about Roosevelt,” McMurray said. “Pyle was one of us. He was killed on a small island off Okinawa.”

On Okinawa, he was immediately put on detach service. McMurray was attached to the 31st Field hospital because he had needed skills such as drawing blood, starting IVs, etc. He worked in the shock ward for a while, helping casualties from an aid station. “We did anything big that came in,” McMurray recalls, whether it required supplying the casualty with plasma, an IV, blood transfusions, they did it. “We’d get them stabilized, hopefully.”

More than a month after the battle on Okinawa began, they finally got the hospital organized and opened on the island. The tent hospital provided full services – surgery, an X-ray department, medicine department, you name it. Suddenly, that hospital was closed, and McMurray and his outfit were moved “up north” to Saipan to open another hospital. He remembers hearing the B-29s flying overhead as they were heading to bomb Tokyo, Japan. “We were a staging area for the invasion of Japan.”

They were receiving casualties from Naha, a city on Okinawa. The largest group of casualties he remembers were from the sinking of a beer ship during one battle. The military would provide beer to soldiers, and it arrived on ships. When the beer ship sank, some cargo was salvaged. Some beer bottles were fine, he remembers, and others were nothing but salt water. “At least they

didn’t charge you for it,” McMurray.

The Okinawa hospital was an active hospital until the end of the Japanese war. The European war had ended. In August of 1945, the Japanese surrendered. Dr. McMurray remembers he and many men were watching a movie outside one night.

A Marine detachment on a nearby hilltop started shouting and carrying on. They were announcing that the war was over.

It was still “business as usual” for McMurray and hospital crew until they finally closed the hospital in November 1945. He was loaded into a C-47 aircraft and flown into Seoul, South Korea.

Once they were in South Korea, he was “billeted” in the Korean Institute of Technology. It was a beautiful building, but it had slit trench bathrooms. “Our carpenters came in and installed stools over the trenches,” Dr. McMurray said, laughing. When that hospital closed, McMurray was one-point shy of being eligible to be sent home. The Army sent him to the 29th General Hospital as a lab technician. He describes it as leading by “the seat of my pants,” because he was enlisted as the man in charge of the lab, something he’d never done before. While in Korea, he saw his first and only case of smallpox. The patient was an adult and McMurray said it was memorable.

In December of 1945, he was finally rotated home to the States. The liberty ship took McMurray and

others from Inchon, Korea, to Seattle, Wash. “The prettiest thing was seeing all the white houses along Puget Sound,” Dr. McMurray said.

After his discharge, McMurray returned to Coldwater. Within two weeks he was enrolled at the University of Michigan, where he

“made up a few deficiencies,” he claimed, thus ending his military career as a T4 (Technical Sergeant). The following fall he began in the U of M Medical School. He graduated from medical school in 1950.

His medical internship was performed at Hurley Hospital in Flint,

Michigan. He wanted to be a family practitioner, but soon learned that “I wasn’t smart enough to be a family doc,” he said, because they had to know everything. An opportunity developed for him to go into obstetrics and gynecology, an area of medicine he really enjoyed. “I’ve been taking care of women and babies all my life,” Dr. McMurray said proudly. He finished his residency at the U of M Medical School in 1955.

By then, McMurray and his wife, LaMoine were married and had started a family.

They had two boys and one girl. Over the years McMurray joined a physician practice in Flint. He worked for 37 years delivering babies. In the early years, he kept track of how many deliveries he performed, but then he lost count. He estimates at least 5,000 babies took their first breath with his help, and that includes his training years. His wife was a school teacher while raising the children.



## OBITUARIES



# Orestes Jung, MD

Dr. Orestes Jung, 83, of Flint, passed away on January 29, 2018.

Dr. Jung was born in Triunfo, Rio Grande do Sul, Brazil, in 1934. Dr. Jung studied medicine at the Universidade Federal de Santa Maria from which he graduated in 1962. It was there that he met his wife Maria.

Dr. Jung was a practicing physician for 51 years. He specialized in Internal Medicine and Cardiology. His residency was served at Hurley Hospital. He was affiliated with McLaren Regional Medical Center, Hurley Medical Center, and Saint Joseph Hospital. He was a Past President of the Michigan Heart Association, and a life member of GCMS and MSMS. He served on several GCMS committees; Preventative Medicine and Public Health, Intra-Professional Relations and Program Planning. Dr. Jung was the recipient of several awards.



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## OBITUARIES



# *Richard McMurray, MD*

Dr. Richard McMurray passed away on January 27, 2018, at the age of 95.

Dr. McMurray was an obstetrician. He was born in 1922 in Coldwater Michigan. He received his medical degree from the University of Michigan in 1950 and performed his OB/GYN residency at the University of Michigan. Dr. McMurray was a Past President of the Genesee County Medical Society and the Michigan State Medical Society. He also served as the Chair of the American Medical Association's Council on Ethical and Judicial Affairs. He was a past Chief of Staff at McLaren General Hospital, a long-time delegate to the American Medical Association and served as Chair of the Michigan State Medical Society House of Delegates. He also served as a Board member of Blue Cross Blue Shield of Michigan.

## *Paying Tribute to Richard McMurray, MD*

### **Dr. Cyrus Farrehi Reflects on Dr. Richard McMurray**

I am so sorry to hear Dick McMurray is gone.

He was a pillar of strength, a symbol of proper conduct, and a role model for any physician. He believed we must stand visibly together and act in unison—any difference put aside. He was a mentor to me when I arrived.

He spent much time and energy to promote unity among the medical staffs of different hospitals, to discuss local issues in GCMS or rehash wider concerns in MSMS. He lead them all with honor. He saw no line among physician groups or specialities—none. To him like to all physicians of his generation, pride of being a doctor and enjoying the trust and respect of people were

enough of a reward, no more was needed to work your heart out. Friendship meant more than the bottom line. Duty came before self-interest. Bitterness had no place among us.

A smile was always on his face and you sensed the joy in his soul by his look. You took a little of both when you left him as we do now for the last time plus some tears.

Our condolences on behalf of GCMS to his family.  
With prayers and respect,  
Cyrus Farrehi  
Past President

### **The Sloan's Remember Dr. McMurray**

Dear McMurray family,

My wife and I, regret the news of Dick's passing. What an outstanding human being/physician/OBGyn he was.

The last time we met face to face was in the Petoskey

One evening 10 years ago while we were attending an evening movie in the building across from the

public library, Dick and his wife, LaMoine, were among the patrons of the movie chewing down fresh hot popcorn as we did.

Bless you Dick McMurray and your family. Dick, if you were standing next to me today I would say thank you for " Making America Great Again."

Dr. Bernie & Deena Sloan

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# Easy Ways to Donate to the Medical Society Foundation:

The Medical Society Foundation is engaged in a Capitol Campaign. The purpose of the Campaign is to grow the corpus to support the charitable activities of the Genesee County Medical Society. Those activities include public and community health, support for the underserved, and wellness initiatives.

To continue its good work, the Medical Society Foundation is asking you to consider leaving a legacy gift to the Foundation. If all, or even a significant portion of our membership left just a small part of our estates to the Foundation, the Foundation could continue helping this community in so many ways, by supporting the Medical Society.

To make a gift, simply use these words:

In your Trust, *"Grantor directs Trustee to distribute \_\_\_% of all assets then held in Trust or later added to this Trust to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing board of directors in furtherance of the purposes of the Foundation"*

In your Will, *"I give, devise and bequeath \_\_\_% of my Estate to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing Board of Directors in furtherance of the purposes of the Foundation"*

While this is not a subject that is comfortable to broach, it is an opportunity to support the Foundation which supports the Medical Society's charitable activities on behalf of the membership. Please give. You can give via a trust or will. You can give from your IRA. You can give appreciated stock, and you can give cash. Please support the organization which does so much on behalf of the medical community and the patients we serve.



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**Please feel free to contact Peter Levine, Executive Director at 810-733-9925 or [plevine@gcms.org](mailto:plevine@gcms.org).**



## Opioid: BeAWARE resource site

GCMS would like to make you aware of the MSMS Be AWARE website, which is devoted to the opioid laws that were just signed at the end of 2017. You will find a robust list of FAQs and some bill analyses, which were jointly created with the MOA and MAFP, as well as the much-anticipated consent form.

<http://MSMS.org/BeAWARE>



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MARCH

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Nathaniel Narten, MD .....	1	Rachel Ford, MD .....	20
George Arnold, MD .....	2	Yaseen Hashish, MD .....	20
Christopher Singh, MD.....	2	Pouya Abhari, MD .....	21
Anju Sawni, MD .....	2	Asif Ishaque, MD .....	21
Joseph Varghese, MD .....	2	David Lee, MD .....	22
Paul Kocheril, MD .....	3	Tjin Lim, MD.....	22
Wendy Lawton, MD .....	4	Susumu Inoue, MD.....	23
Rama Rao, MD .....	4	Nuzhat Ali, MD .....	26
Vijay Naraparaju, MD.....	5	Harold Rutila, MD .....	26
Rizwan Danish, MD .....	5	Clinton Dowd, MD .....	26
Kristin Krizmanich-Conniff, MD .....	6	James VanBrocklin, MD .....	26
Ghassan Bachuwa, MD .....	8	Gerard Surmann, MD .....	27
Dilip Desai, MD .....	9	Chang Lee, MD .....	27
Robert Rosenbaum, MD .....	9	Tomy Kalapparambath, MD.....	28
Madan Arora, MD .....	10	Jawad Shah, MD .....	28
Suresh Anne, MD.....	14	Shawky Hassan, MD .....	28
Christie Samuels, MD .....	16	Joseph Batdorf, MD .....	28
James Neubeck, MD .....	16	Radhika Kakarala, MD.....	29
Russell Sandberg, MD .....	17	Chaitanya Vemulapalli, MD .....	30

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