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FEBRUARY 2011 Volume 87, Number 2

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THE Bulletin

Read by 96% of GCMS members.

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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.

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HAPPY NEW YEAR TO THE MEMBERS OF THE GCMS



S. Bobby Mukkamala, MD

This time of year seems to be one filled with rituals.

Mine included celebrating the end of 2010 (happy to see it go), anticipating what 2011 will bring (cautiously optimistic), watching the Big Ten lose embarrassingly in five dismal bowl games, and clearing out my filing cabinet for 2010. This last one is the one that gives me the greatest pleasure. Purging last year's files and preparing fresh empty folders for the next year is a ritual I do every year at this time.

It gives me a chance to look over papers from the past year, save some, and toss others. Most importantly, it offers the opportunity to look at my own office operations and see areas for improvement. These improvements relate to both patient care, and office efficiency.

It is also a good opportunity to implement changes to office policies. I look over all our various forms and procedures, everything from the equipment vendors we use, to who picks up our trash, to what interest rate I have on my office mortgage.

For those of us who have become less "hands on" with these details of our office, it's a good exercise to get us reconnected with the more mundane aspects of running our office.

I have noticed that I have indeed become less hands on in the 10 years since I have started my practice. As I

have become busier taking care of patients, I have had less time to dive in to the details of the "back office." There is a tendency to think that the billing and management issues that I was so keenly aware of when I had time to track every one of them, have somehow become less of an issue now that I am busier. However, the reality is that they are just as much of an issue now as they were back then. The only difference is that now I am insulated

from them by staff that I have hired to deal with them. So it is this time of year that I reconnect with those issues. And it is this time of year that I am SO glad that there are others who stay connected to these issues throughout the year. These people are the staff of our county and state medical societies. When coding changes, or coverage changes, or contracts change, they serve as an extension of our staff and will let us know what we need to do to navigate.

If that dues statement is still sitting in your "Bills to be paid" file, please take a second to check the renewal box, write a check/insert CC#, and mail it in. This will be another year of keen interest in the roll out of the PPACA, and we will need good eyes and ears out there to let us know what's going on.

Wishing you a great beginning to another successful year.

ATTENTION!!!
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Henry A. Kissinger (1923-)



Daniel Ryan, MD

The woman laying in the hospital bed in the ICU was in her early 80s, had been admitted to that same unit more than four months earlier, and had never left. The admitting diagnoses included acute mental status changes, progressive weakness, and pneumonia. Of course, several more afflictions had been added to her problem list since admission including renal failure, multiple decubitus ulcers, and now candidemia. She was on a ventilator, had a feeding tube in place, urinary catheter, PICC line, and a diaper. The nursing staff was busy tending to her multiple sores, applying lotions and changing dressings. The patient was sort of awake but obviously was unable to communicate effectively to with those around her. Those in charge of her treatment had decided to forego hemodialysis, at least for the time being.

The patient's son was standing at the bedside. He was wetting his mother's dry and cracked lips with a water-soaked sponge on a stick and talking to her sometimes. He commented that his mother had a long way to go before she would get better. He seemed genuinely caring and concerned.

As of January 1, 2011, the first of the so-called post World War II Baby Boom generation, those born between 1946 and 1964, became eligible for Medicare coverage. A recent story in the Detroit Free Press described the anxiety that a majority of these people have regarding whether they will be able to rely on Medicare to take care of their health care needs throughout their retirement years. Today, Medicare covers about 46

million elderly and disabled people at a cost of more than \$500 billion each year. Costs have been going up at the rate of about 7 percent every year, even without the boomers.

In the next 20 years, the number covered will swell to 80 million. At the same time that expenditures will be increasing, the ratio of working taxpayers supporting the system will shrivel from 3.5 to 2.3 per benefit recipient. Unlike Social Security, the

average Medicare patient receives far more in benefits than they ever contributed through payroll taxes during their working years. There is no possible way that this teetering house of cards will be sustainable the way the system is presently designed.

There are lots of reasons that Medicare is on shaky footing, including the high cost of medical technology, fraud, waste, and abuse. But about 28 percent of Medicare expenses are incurred in the last year of a person's life and often under circumstances similar to the unfortunate woman described above, who seems to be subjected to cruel and unusual punishment. Every one of us has seen this scenario as medical students, in postgraduate training, and/or in our daily practice. Physicians, hospital administration, nursing staff, families, and even the patients themselves need to be vigilant concerning issues regarding futile treatment near the end of life. Unnecessary patient suffering and the burden on a failing system of financing are at stake. Just because something can be done does not necessarily mean that it should be done.



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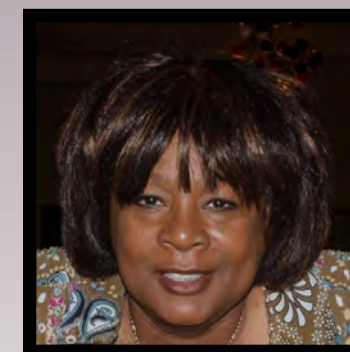
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ACCOUNTABLE CARE ORGANIZATION MEETING

JUSTICE CORRIGAN TO LEAVE THE SUPREME COURT

Please come to our February 3, 2011 meeting on Accountable Care Organizations (ACOs). This meeting will feature two experts on ACOs. As a physician practicing this is an issue that you and your practice managers really need to be familiar with. As health care reform begins to take effect, and reimbursement systems begin to shift, the possibility exists that the way payments are made, and the things for which payments are made, will change. Relationships between physicians and other organizations may shift to accommodate the changes in reimbursement structure. Come and hear about this so you know what your options may be.

There are no hard and fast rules about what the future will bring, but one thing is sure. The Genesee County Medical Society will work hard to keep you abreast of what the future may look like.

Supreme Court Justice Mora Corrigan will be leaving the Michigan Supreme Court to serve as Director of the Michigan Department of Human Services, in Governor Rick Snyder's cabinet. Justice Corrigan has received major support from physicians over the years. It is a shame to lose her on the high court, but it is also exciting that the governor has recognized her skills and leadership by placing her in such an important position in his



Peter Levine, MPH

administration. As I write this, Governor Snyder has picked 1st District Court of Appeals Judge Brian K. Zahra to replace Justice Maura Corrigan, who is leaving to head the Dept. of Human Services. Zahra is 51 years old. He was appointed to the appeals court in 1999 by GOP Gov. John Engler and elected to the court in 2000 and 2006. The Northville resident was a Wayne County Circuit Court judge from 1994-98 and an attorney and partner at the Dickinson Wright law firm from 1989-94. Zahra is a Republican and was nominated and ran

for the Michigan Supreme Court in 2004. According to the Associated Press, at a 2006 meeting of the Eastside Republican Club Zahra said that he shares the judicial philosophy of the Republican majority on the state Supreme Court and he lamented the role of special interest money in judicial races.

Announcement

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YOUR NEW YEAR'S RESOLUTION: ENGAGE IN MSMS LEGISLATIVE ADVOCACY EFFORTS FOR MEDICAID REFORMS & MORE IN 2011

With a new governor, more than 80 new state lawmakers, a new Supreme Court majority and new state department leaders, this is a crucial time to get involved in state legislative advocacy efforts through MSMS.

Medicaid rolls are increasing every year-at an estimated cost of more than \$200 million this year-and Michigan's unemployment percentage leads the nation. MSMS is positioning itself to work with new state leaders to maintain access to health care for Michigan's most vulnerable citizens.

MSMS President Daniel B. Michael, MD, a Wayne County neurosurgeon, said it best: "Now is the time for true leadership. Medicaid rolls are increasing as people are losing their jobs and their health insurance. Let's continue to support Michigan citizens when they need it most.

"Physicians want to be part of the solution. We stand ready to work with state leaders toward creating a climate in our state in which we have a good tax structure to support programs such as Medicaid. This, in turn, would improve our jobs outlook and enable more employers to offer health insurance coverage to employees."

GETTING DOWN TO BUSINESS IN 2011

The MSMS Board of Directors recently approved the 2011 MSMS Legislative Agenda, which outlines what we hope to accomplish this year through the state legislature, and was compiled with input from county and specialty medical societies. From Medicaid funding to scope of practice issues, the agenda tells legislators-and others in health care-which issues matter the most to organized medicine. Find it online at www.msms.org/legagenda.

MSMS invites physicians, their spouses/guests, medical students, and medical group managers to meet



Venkat Rao, MD
District VI Director

freshman (and returning) members of the Michigan Legislature during the New Lawmaker Reception on Wednesday, February 16, 5:00 - 7:00 pm, at MSMS Headquarters in East Lansing. MSMS also has invited Governor Rick Snyder. This is a golden opportunity to build early relationships and to cement MSMS as a resource to new lawmakers as they begin their first legislative session. Continued physician involvement and leadership is vital to the success of organized medicine and is valued by lawmakers who look to physicians for expert information about health care issues. Term limits have necessitated

shorter learning curves for these new decision makers. To RSVP, contact Anne'ka Marzette at MSMS at 517-336-5736 or amarzette@msms.org.

MSMS and the Michigan Doctors' Political Action Committee (MDPAC) remind MSMS members, MSMS Alliance members, medical students, and Michigan Medical Group Management Association members to help drive the MSMS Legislative Agenda by participating in the "Doctor of the Day" program in Lansing. During these worthwhile visits, you will meet with key legislators, influence health care policy, and learn more about the legislative process. MSMS will accompany you, coordinate the day, and provide materials. Learn more at www.msms.org/docofday.

Another way to make an impact and help accomplish our legislative goals is to join MDPAC, the political arm of MSMS. MDPAC enables you to contribute, engage, unite and lead at the grassroots level of advocacy and politics. Learn more or join online at www.mdpac.org. For more information about Doctor of the Day or MDPAC, contact Joshua Richmond at 517-336-5788 or jrichmond@msms.org.

For more information about MSMS legislative advocacy efforts, contact Colin Ford at 517-336-5737 or cford@msms.org. Also, visit www.msms.org/medicaid.

YOUR \$\$\$ AT WORK

- GCMS and MSMS have been working with new legislators, explaining organized medicine's agenda
- GCMS has reorganized to provide maximum service with reduced resources
- GCMS planned the Accountable Care Organization meeting to bring members up to speed on this critical issue
- GCMS is working to identify actions by a major employer which have impacted a subset of the membership
- GCMS working with Oakland County and MSMS on issues relating to bad debt



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Creating the Future of Health Care is Easier Than Predicting It

By Julie L. Novak, Executive Director, Michigan State Medical Society

If there's one thing you can count on in the health care industry, it is unpredictability. Not only does health care delivery evolve on a daily basis as a result of advanced scientific knowledge, but it is also affected by countless other factors. Technology, insurance, legislation and regulation, pharmaceuticals, bioethics, state and federal economy, medical student loan debt, geography and even social media affect the way health care is delivered and received.

So, rather than trying to predict what may come our way in 2011, the Michigan State Medical Society has been working tirelessly to bring a little predictability to a very unpredictable industry. With its 16,000 members and incredible physician leadership, MSMS has been at the forefront of several momentous events in Michigan's health care system this past year.

Rather than predicting how many thousands of people would die in 2011 from exposure to secondhand smoke, MSMS led the charge to help pass Michigan's smoke-free workplace legislation, which went into effect in 2010. According to the American Cancer Society, secondhand smoke is the third leading preventable cause of death in the United States, killing 38,000 to 65,000 nonsmokers every year. The "Dr. Ron Davis Smoke-free Air Law," named after the late Ronald M. Davis, MD, a longtime smoke-free air advocate, protects Michigan employees from dangerous carcinogens.

Rather than predicting how much worse our physician shortage would get as a result of an ill-conceived, job-killing "doctor tax," MSMS mobilized hundreds of physicians from across the state for a "White Coat Rally" at the Capitol and stopped this dangerous legislation dead in its tracks. Michigan, like many other states, is already facing a considerable

physician shortage and is in direct competition with other states for recruiting and retaining the highly skilled, highly educated professionals. Physicians, who already pay considerable income and small business taxes, would have been driven from the state with an additional tax on their profession, putting access to care in jeopardy for all Michigan patients.

And rather than predicting how many millions of dollars would be sucked from Michigan's health care system because of out-of-control malpractice lawsuits, MSMS was instrumental in the re-election of Justice Robert Young and the election of Mary Beth Kelly to the Michigan Supreme Court. These two political victories are colossal in terms of keeping Michigan's liability climate stable and protecting health care professionals from judges who may be more inclined to "legislate from the bench."

However, as proactive as MSMS is, we understand that with each year comes a new wave of unforeseen changes to the health care system. But because of the partnerships and communication networks we've built over several decades, MSMS is well-positioned to respond to these issues as they emerge.

New federal rules and regulations spinning out of the American Reinvestment and Recovery Act (ARRA),



along with sweeping federal health care reform passed by Congress and signed into law by President Obama earlier this year, will most certainly have a considerable impact on health care in this state and across the country. MSMS continues to analyze the bill and follow the legislative debate on behalf of our physicians. From a new federal long-term care insurance program and increases in health savings account withdrawal penalties that take effect on January 1, 2011, to the Medicare payroll tax hike that will hit most physicians on January 1, 2013, and the mandate that every American citizen purchase health care by January 1, 2014, MSMS is tracking the new federal law and keeping doctors and their staffs across in the know so they can focus on what they do best-providing their patients with the best medical care. We must also prepare physicians to deal with possible delay or change in the law as well, since the political debate continues on.

In addition, over five-dozen new faces will be arriving in the Michigan legislature on January 1. So, as we help physicians navigate the new health care reform legislation - in whatever form it ultimately takes - MSMS will continue to build strong relationships with lawmakers to ensure that the Capitol makes decisions that help protect the physician-patient relationship. Doctors are not only experts in medicine; they also represent a tremendous resource on the health care issues of the day that members of the legislature rely on regularly. Many are also small business owners, leaders in their community and people, who in the course of seeing patients have contact and conversations with a dozens of voters every day. Physicians bring a unique and important perspective to the Capitol, one that is desperately needed and almost universally respected.

We understand that the only real solutions to health care challenges in Michigan will come from working together, seeing the problems from

different perspectives, and looking at new approaches. Physicians play a critical part in that discussion, and each and every day, MSMS helps them to tell their stories, build on important collaborations that exist in Michigan and prepare to handle whatever the world, the state or Congress throws at them.

As the saying goes, "Success always comes when preparation meets opportunity." Over 140 years of experience and preparation has made MSMS one of the most successful and influential state medical societies in the nation. So, regardless of what 2011 brings to MSMS or what MSMS brings to 2011, we will face it together, as one unified voice for physicians, their patients, and a healthier Michigan.

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Representative Charles Smiley and his wife Pam have two children, Angela (Angie) and Jeffrey. He is a lifelong resident of Burton and graduated from Bendle High School in Burton. Rep. Smiley is a former Lieutenant of the Burton Fire Department, former UAW Union Representative. He was elected to Burton City Council in 1987, and served until 1991. He was elected to Mayor in 1991, and re-elected to Mayor in 1995 - to present

He was severed on the Board of the National League of Cities, and also served on the Energy, Environment, and Natural Resources Steering Committee. He was elected President of The Michigan Municipal League in 2000, is Past President of the Michigan Mayor's Association and Chairman of F.A.N.G. (Flint Area Narcotics Group) 1996 - Present. Rep. Smiley established Burton Chamber of Commerce and Burton Ministerial Clergy Association. He is a Mason, Shriner and also a member of the Burton Rotary.



Paul Scott

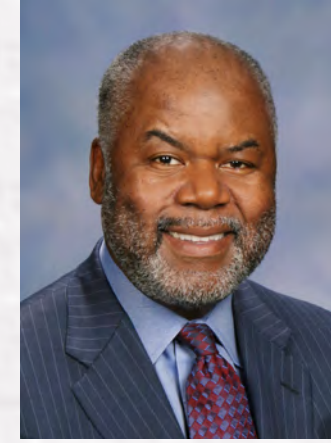
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State Representative Paul Scott was elected to a first term in the Michigan House of Representatives in November 2008, representing residents of Grand Blanc City, Grand Blanc Twp., Mundy Twp., Atlas Twp, Fenton Twp., City of Fenton, City of Linden and Argentine Twp.

Scott serves on the House Education Committee, Health Policy Committee, and Transportation Committee. He also has been appointed Republican vice chair of the House Urban Policy Committee.

Scott graduated from Grand Blanc High School before going to the University of Michigan-Ann Arbor and earning his BA in political science and economics. He also attended Harvard University for his Master's in Public Policy and completed his Juris Doctorate at University of Michigan-Ann Arbor Law School.

Scott was born and raised in Grand Blanc and is a product of a GM family.



Woodrow Stanley

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State Representative Woodrow Stanley is serving his second term in the Michigan House of Representatives, representing the 34th House District, which includes the City of Flint.

Representative Stanley is a graduate of Mott Community College and the University of Michigan-Flint. He also has an honorary doctorate from Detroit College of Business, now Davenport University.

Stanley has spent decades working for the people of Flint and Genesee County. He was first appointed 2nd Ward Councilman in 1983, and won four consecutive terms until his election as Mayor of Flint in 1991.

Since 2004, Stanley has served on the Genesee County Board of Commissioners and was elected Chair in 2008.

Stanley and his wife, Reta, live in Flint and are active members of Vernon Chapel A.M.E. Church. They have two children, Heather and Jasmine.



Richard E. Hammel

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State Rep. Richard Hammel lives in Mount Morris Township in Genesee County.

Rep. Richard Hammel retired after working as a skilled tradesman at Delphi Corp. for 29 years.

Rep. Hammel was a Genesee County commissioner for nine years. He served as chair for seven years, making him the longest continuously serving board chairman in Genesee County history. As chairman, Rep. Hammel established Genesee County's first Hazardous Materials (HAZMAT) Emergency Response Team; established a VEBA trust to address the county's retiree health care obligations; and brought Automation Alley, a nationally recognized economic development organization, to Genesee County.

Rep. Hammel earned a Bachelor of Applied Science-Industrial Technology from the University of Michigan-Flint.

Rep. Hammel and his wife, Debi, have four grown daughters and five grandchildren.



Jim Ananich

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State Representative Jim Ananich is serving his first term representing residents of the 49th House District.

Before coming to the House, Ananich served for four years on the Flint City Council, including one year as its president.

A former teacher at both Carmen-Ainsworth and Flint Community Schools, Ananich most recently worked as an education coordinator for Priority Children, helping train Flint-area youth to secure internships, jobs, and to get into college.

Ananich graduated from Flint Central High School and earned a bachelor's degree in Political Economics from Michigan State University, as well as a Secondary Education Certificate in Social Studies. He also earned a master's degree in Public Administration from the University of Michigan Flint.

He and his wife, Andrea, make their home in Flint where they were both born and raised.



Dave Robertson

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State Sen. Dave Robertson first served in Michigan House of Representatives in 1991-92. He returned to the House of Representatives in 2002 and was re-elected in 2004 & 2006. Dave is currently state senator for the 26th Senate District, consisting of parts of Genesee and Oakland counties. Senator Robertson is chair of the Local Governments and Elections committee, Vice Chair of Health Policy, and serves on the Insurance, Finance, as well as the Reform, Reinvent and Restructuring committee.

Robertson graduated from University of Michigan-Flint, where he obtained a B.A. in Political Science & History.

Since leaving the House of Representatives under term limits in 2008, Dave has been employed as an insurance agent with the Al Bourdeau Insurance Agency in Flint.

In 1998, Dave was elected to the Genesee County Board of Commissioners. He was re-elected in 2000.

Dave lives in Grand Blanc Township with his wife Teresa.



John J. Gleason

First elected to the Genesee County Board of Commissioners in 1994, Gleason was a strong voice for fiscal responsibility in county government and a champion for working families. In 2002, John J. Gleason was elected to the Michigan House of Representatives where he has been an independent voice and reliable advocate for Genesee County.

After winning the 27th District State Senate seat, Gleason now brings that same level of effectiveness to the State Senate on behalf of the working men and women of Genesee County.

On a personal note, John is married to his wife Karen, and they have two children, Eamonn and Clancy Rose. John worked as a skilled trade millwright for 30 years before being elected the first time.

In September 2001, John received a kidney transplant when his sister, Rita Blanchard, donated a kidney to him.

John is a dedicated Irishman who is well known for wearing green daily, displaying shamrocks wherever possible and using Irish quotes as often as possible.

John is proud to serve the people of the 27th Senate District.



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BEFORE



It is hard for me to believe, but I had really let myself go. I went from being a finely tuned athletic machine to a remarkably overweight meeting goer constantly surrounded by food and my diminishing willpower. To my dismay, I apparently fit right in with our county's health ranking of last in the state for healthy behaviors!

Back in August of 2009 my son Evan finally put his foot down and I began working diligently with his trainer, Matt Greshock at the Pierson Road YMCA. The process of getting into shape and improving my cardiovascular health with Evan's careful guidance was arduous. Despite working out regularly, I didn't begin to lose weight until I changed my eating habits in June of 2010. This led to virtually instantaneous results.

From my top weight, with careful monitoring of my daily eating habits and exercise two to four days per week, I have been able to lose 25 percent of my total weight, while all of my blood work has dramatically improved.

My personal and professional support system was critical to sustaining my progress. My primary care physician, Dr. Katneni, would continuously encourage me by his reminder that "you have to lose to gain!" My wife, Marion, has also been helpful in so many ways. I have sat through multiple presentations by Dr. Paul Dake regarding his Diabetes Group Medical appointments that work so well for managing diabetes patients (I wish more physicians would try this because of the excellent compliance results - they really are life changing for patients). Witnessing the radical changes in Debbie Green of PPI Communications, Cheryl Thoms of the GCMS Alliance and S. Bobby Mukkamala, MD, our current President, as they went through major weight losses provided

LOSE TO GAIN

By Pete Levine

positive reinforcement that I could succeed too.

Relative to my eating habits, Semaj Brown, a member of the GCMS Alliance who coaches weight loss, suggested to me one time to "think about what you are about to put into your mouth before you put it in and decide if you really need it. Then if you wait five seconds before eating something, you can resist the urge." The other thing that has been drilled into me by my son Evan is to read labels. Fat, sugar, and sodium are of critical importance when attempting to control diet. You would be amazed at how much sodium, high fructose corn syrup, and various fats there are in most of our foods.

Everyone reading this article is surrounded by food all day, every day. We go to endless meetings, often with breakfast, lunch, or dinner. It is possible to eat well, even under those circumstances.

Perhaps the most important message I can share is it feels good to get healthier. Every single physician spends hours per week talking to patients about this. As physicians, your encouragement can be a difference maker. Our whole health care system would cost a lot less if we were to lose weight as a nation. But to accomplish it means having a lot of will and a team to help.

I could never have done this without the constant encouragement of our GCMS and GCMSA members. For me, it would have been impossible without: Marcia reminding me to eat carefully; Matt Greshock helping me physically; my wife Marion handling me so well at home; and most of all, my son Evan, willing me forward in the first place and monitoring everything since June 2010, when the big changes started.

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GCMS MEETINGS

– FEBRUARY 2011 –

2/2, 7:30 a.m. - Bulletin Committee @ GCMS

2/7, 8 a.m. - Legislative Liaison @ GCMS

Recessed, 12 Noon - Membership Committee @ GCMS
(meets every other month)

2/22, 5:15 p.m. - Finance Committee @ GCMS

2/22, 6 p.m. - GCMS Board of Directors @ GCMS

2/23, 12:30 p.m. - Community & Environmental Health
Committee @ GCMS

2/24, 8 a.m. - Practice Managers @ GCMS

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Recollections of Medicine in Flint

By Robert Ormond, MD



I arrived in Flint at the age of 47, in 1970, with 26 1/2 years of experience in the medical field. I will briefly comment on the changes in the practice of radiology that have occurred over my career and since.

I entered medical school in 1944, with 128 fellow students of which four were women and two were African American. We were tested for tuberculosis and three students tested negative. All three developed open tuberculosis by our third year and were hospitalized in a sanitarium for several years. Only one student returned to school to complete his education.

The drugs available to combat and prevent infections were limited to the sulfa drugs and such things as iodine and alcohol. Penicillin became available for civilian care in 1946. Diabetics received insulin and fruit juice. There was no medicine for psychoses, and patients were locked up in secure quarters. Streptomycin became available in the early 50s. It was effective against the gram negative bacteria, including TB.

Poliomyelitis (infantile paralysis) was a scourge that every parent feared. The Salk and Sabin vaccines became available in the early 60s.

Surgical correction of some congenital heart disorders was developed at Johns Hopkins in the 40s and introduced to Detroit in 1948. The correction of valvular heart disease and the surgical correction of coronary artery obstruction became common in the early 60s. It is interesting to note that coronary angiography was first performed in the 50's at the Cleveland Clinic when a catheter placed at the base of the aorta to evaluate competence of the valve slipped into the coronary artery on injection of the contrast. There were no untoward effects and a beautiful arteriogram was produced. It was amazing how quickly coronary arteriography was adopted throughout the world.

X-ray image intensification was developed during World War II but was slow to be adopted by radiologists. It became universal in the late 60s. Sixteen millimeter, then 35 mm, and eventually 70 mm filming became available. Now, with electronic filming one can obtain any size image that one wishes and send that image by telephone anywhere that has digital reception. Even in the 1950s there was conflict as to whether radiologist or cardiologists would perform the studies.

Ultrasonography was developed in the 50's, however, the technique required the patient to have the

area of interest submerged in water, and it was not until the 60s that an ultrasound transducer was developed that worked with a generous supply of an oily compound. The early commercial units were used to evaluate the skull for midline shift. The first useful machine for evaluation of the body appeared in the early 70s. It was a bistable unit (i.e. it recorded an eco or didn't). Hurley had one of the first units in the state in 1972. There has been constant improvement in machines as well as a marked increase in the cost of the machines that produce superior images. The training and education of the registered ultrasound operator has been also markedly advanced.

Nuclear medicine was handicapped initially because of the justified concern of the then available radioactive agents. Evaluation of the thyroid using radioactive iodine was the most frequent study performed in the 40s and early 50s. Technician-90 became available in the mid-60s. It had a half life of six hours. There has been progressive improvement in the cameras used to record images.

CT (computerized tomography) was developed to the point of usefulness in the 60s, but became available for clinical use in the mid-70s. In Flint, there was a committee of individuals, not connected to the medical field, who under state sanction ruled that there was to be only one unit in the county. There were four hospitals and one group of physicians that applied to receive the authorization. It was given to the private group with the implied reason that it would assure greater utilization. Hurley installed its CT in 1978. It became fully used during the day and available for emergency use at night. There has been progressive advance in the equipment and utilization of CT for study of vascular structures as well as clinical functions.

Magnetic Resonance Imaging came into the medical field with little preamble, much like Athena springing fully developed from the forehead of Zeus. The first unit in Flint was a combined program of the three MD hospitals. The Chairmen of Radiology of each of the hospitals participated in many of the discussions. The unit became operational in 1988 or 1989.

It is fascinating to think of how medicine has advanced over such a short period of time. It would interest me to hear others reflections on our community's medical history.

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