



THE Bulletin

MARCH 2014 Volume 91, Number 3



**HUMAN TRAFFICKING:
WHAT DOCTORS NEED TO KNOW!**

**PHOTOS OF GREECE:
DR. ROBERT SODERSTROM**

**14 THINGS THE PUBLIC NEEDS
TO KNOW TO AVOID ILLNESS!**

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Cover photo by Dr. Robert Soderstrom, Acropolis

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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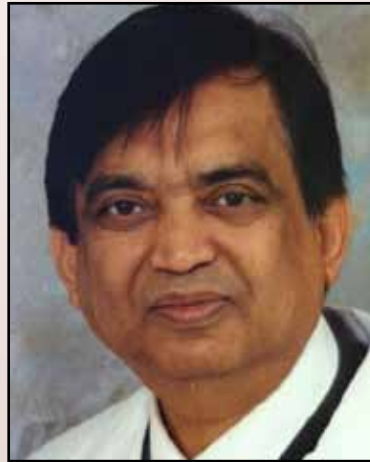
FROM A BASKET OF APPLES TO ICD-10

ORGANIZED MEDICINE IS WORKING FOR YOU

It was not very long ago, when doctors used to visit patients at home, carrying a black bag and wearing a long black coat. The physician would sit at the bedside and check the patient's pulse, listen to the patient's lungs and heart and invariably prescribed a bitter tasting mixture to swallow. Today's pharmacopeia is massive in comparison to those mixtures. Medical practice has come a long way in the last century. Today medical science has a much better understanding of the human body and how it functions. Today's physician has an array of treatments, both medical

and surgical, to offer. Immunization and preventive care has significantly improved quality of life. Despite all the pollution and modern day life stress, life expectancy has significantly improved in both the developed and third world. Small pox, which used to bring devastation to communities, is being eradicated from the face of the earth. TB and Leprosy, the other two devastating maladies are now treatable diseases. For the first time, heart disease is now in decline. Though not curable, cancer and AIDS are now much better managed.

Despite all these success and achievements, physicians today have much less autonomy and respect than their predecessors. Regulatory authorities are making new rules almost daily to introduce new monitoring mechanisms with administrative hassles. Patient discharges from the hospital are more and more determined by the insurance companies and case managers. In the name of prior authorization, insurance companies now control medication prescription and diagnostic test ordering. Physicians are forced to spend more and more time on paper work and telephone calls than taking care of patients. Non-physician medical



Shafi Ahmed, MD

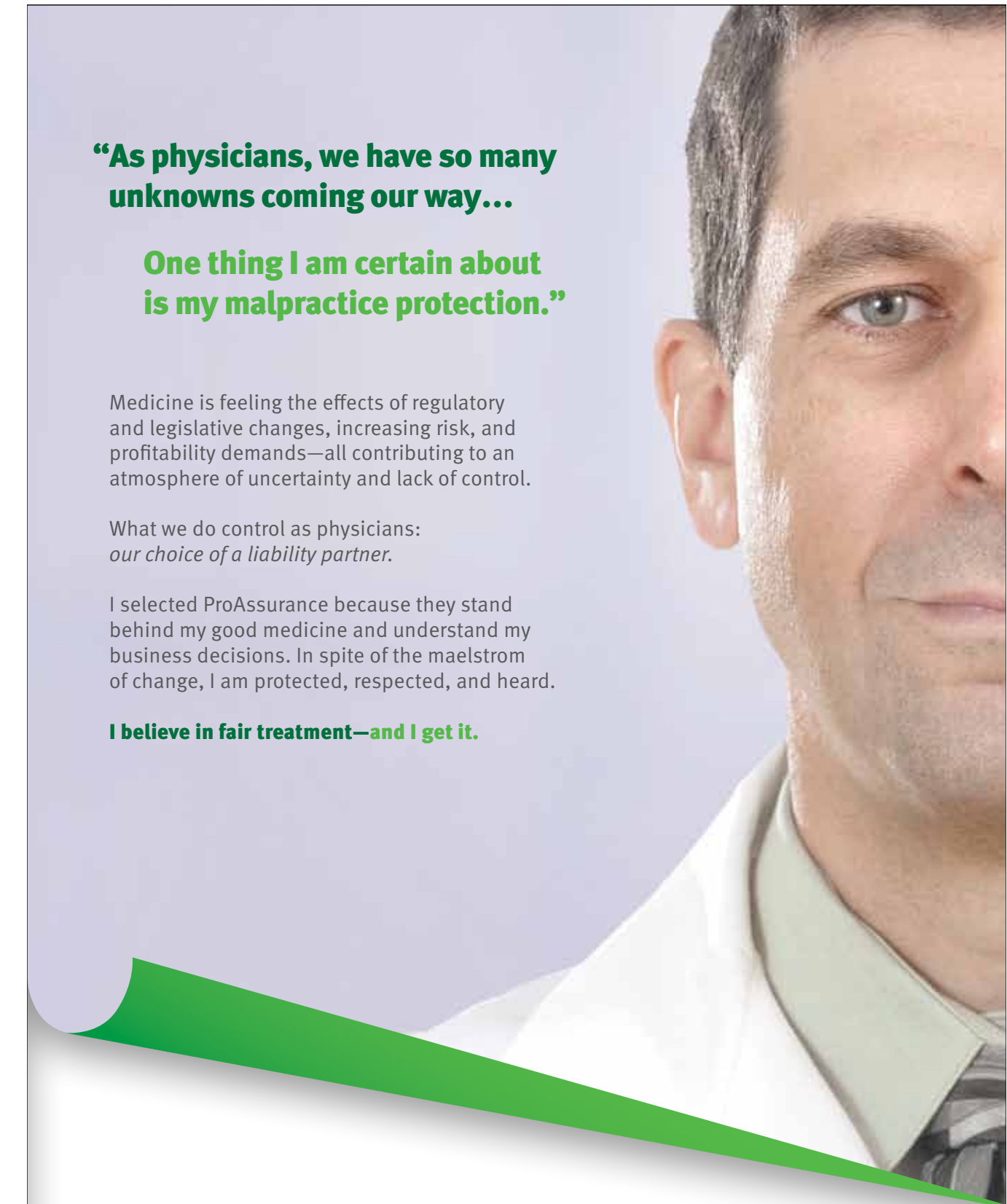
personal want to prescribe medications and to give life-threatening narcotics and anesthetics to patients with limited education and training.

The field of medical science is suddenly in danger of turning back to a time when there was no regulatory oversight and every quack on the corner was claiming to be a doctor. It was the establishment of medical schools and professional associations separating the early physicians from those quacks, which provided safeguards to patients via peer review and rule making about educational requirements to be a

physician. Society has seen the tremendous achievements in the health care field in last century as a result.

At a time when the practice of medicine is undergoing seismic change, instead of organizing into a single voice to protect the integrity of this great profession and to safeguard the safety of their patients, physicians are drifting apart into small groups. The AMA, state medical societies and county medical societies are now experiencing drops in membership.

For the sake of this great profession, and to protect the right of patients who deserve the best treatment, physicians must organize together under the leadership of the AMA: The only countrywide organization that represents physicians. There and at the state and county levels, we may debate policies, challenge the leadership and express our thoughts and ideas. It is only with a single voice that physicians can bring change and preserve the integrity of our great profession while safeguarding the rights of our patients who have repeatedly expressed their trust in the medical profession to look after their interests when they are in need.



“As physicians, we have so many unknowns coming our way...

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TO TAN OR NOT TO TAN; IS THAT THE QUESTION?

*The sun – my almighty physician.
Thomas Jefferson (1743-1826)*

Since the real Michigan springtime is still weeks away, you may be considering a trek to a warmer climate in the next few weeks, if you haven't done so already, during this brutal winter. If you are light-skinned, you don't want to forget to prepare for the tropical sun by getting your "base tan," right? A full-page ad in a recent issue of the popular *My City Magazine*, (which focuses on positive people, places, history, and events in our area), asks the question, "Why Do You Tan?" A smiling couple beneath the banner answers, "We tan because we love having some color and it makes us feel better." After this winter, most of us will admit to being victims of Seasonal Affective Disorder. A little sunshine, whether real on a beach in the Caribbean or simulated at the local tanning salon, can thaw the bones and may help us feel better. Like the hippie mantra from the 60s, if it feels good, do it. The indoor tanning industry will happily accommodate you.

On an average day, more than 1 million people visit a tanning salon. A majority of these customers are women between the ages of 16 and 29. Industry revenues in 2010 are estimated at \$2.6 billion. Tanning is certainly popular. However, the American Academy of Dermatology (AAD) opposes indoor tanning and supports a ban on the production and sale of indoor tanning equipment for non-medical purposes. Since this is highly unlikely, the AAD supports restrictions for indoor tanning by minors by banning tanning completely for those under 16 or requiring parental consent. The AAD position is that salons should not be advertising that tanning devices are safe, that there are no harmful rays, and that there are no adverse effects, or similar such wording.

The World Health Organization has declared that UV radiation from the sun or indoor artificial sources is a known carcinogen. There is a 75% increase in the risk



Daniel Ryan, MD

of melanoma and the risk increases with each use. The risk of non-melanotic skin cancers such as squamous cell and basal cell carcinomas is also increased. UVA/UVB rays damage the DNA in skin cells, leads to premature aging, immune suppression, and eye damage including cataract formation and uveal melanoma. About 3,000 Emergency Department visits are generated each year by burns from indoor tanning.

A website promoting the tanning industry, Tanningtruth.com, cites numerous scientific articles debunking the link between UV exposure from indoor tanning and skin cancers. Their

perspective is that the AAD and other skin care groups are conspiring with chemical sunscreen producers because these groups receive their marketing budget from the sunscreen industry in exchange for product endorsements. Also, dermatologists are hypocritical because of their use of burning doses of UV light to treat psoriasis, a non-life threatening cosmetic skin condition. Dermatologists see tanning salons as competitors for "phototherapy sessions" done in their offices, according to the website. The claim is that 1 million tanners were referred to a salon by their own dermatologist. (This claim seems somewhat suspect.) Tanningtruth.com claims that UV light should not be declared a carcinogen. Saying that sunlight is harmful and should be avoided is like saying that water causes drowning and, therefore, we should avoid water.

We are free to draw our own conclusions about the safety and health benefits of sun exposure. Warnings on cigarette packs have not seemed to scare smokers. Warnings about risks of tanning are probably not going to change too many minds either. The ad mentioned above has a line at the bottom that advises, "Always tan responsibly." Sounds like either good advice or a disclaimer.

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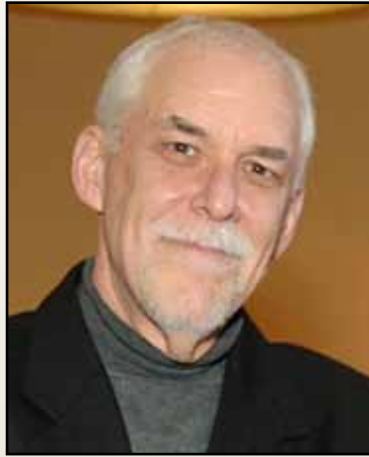
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I LOVE OUR BULLETIN AND HEALTHCARE MICHIGAN

Every month it thrills me to see *The Bulletin* come together, jammed with information for our readers. The group that puts this magazine together is pretty darn small. The committee consists of Dan Ryan, MD, Editor, and Peter Thoms MD, Associate Editor. Staff is Sherry Smith and myself. In the background, we have Paul Natinsky of the Natinsky Publishing Group. He and his staff turn the content into a wonderful electronic magazine. We use nearly all locally generated material, and are constantly looking for ideas and material from our members and the Alliance. The only external content that we consistently use is from our legal firm Cline, Cline and Griffin. Material from our *Bulletin* is consistently reprinted in other periodicals, which is a testament to the quality of what is provided here.

A critical element of this magnificent communication vehicle is advertising. We really appreciate our advertisers, and hope that that our readers test their products. If you know any organization, company or individual who should be advertising in *The Bulletin*, please let Sherry Smith know at ssmith@gcms.org. Please take some time with this magazine. Click URLs and enjoy the vast content. It is very exciting to put together, and I hope it is of real value to you as members.

It is a pleasure to report to you that *Healthcare Michigan* (formerly *Healthcare Weekly Review*) will now be provided to members, as a benefit of membership in the Genesee



Peter Levine, MPH

County Medical Society. This is a statewide newspaper, which is available electronically and in hardcopy version, containing health care news. It is edited and published by Paul Natinsky who is referenced above. We hope you enjoy having access to *Healthcare Michigan*.

In addition, the first issue of a new magazine called *Innovative Health* will also be available to our members. The first issue will be coming out soon, and will feature coverage of the Genesee County Medical Society Presidents' Ball. It will also include 14 Things the Public Needs to Know to Avoid Illness and Death,

developed by our Community and Environmental Health Committee, contributed to by your Board of Directors, and adopted by the Greater Flint Health Coalition as part of the Commit to Fit Program.

We hope you enjoy these new periodicals.

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THE 14 THINGS YOU NEED TO KNOW TO REDUCE ILLNESS AND DEATH



The 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.**

For more information, please contact the Genesee County Medical Society at 810.733.6260 or the Greater Flint Health Coalition at gfhc@flint.org.



GRE



ECE

Beautiful Despite the Euro

BY ROBERT M. SODERSTROM, MD

Susan and I joined a University of Michigan Alumni tour of Athens and the Greek Isles last fall. While we had heard much about the serious economic problems there, we found a beautiful country filled with evidence of a greater glory.

We spent a few days in Athens, wandering around the Acropolis and admiring the Parthenon from innumerable angles. In preparation for the 2004 summer Olympics, the area around the Acropolis was redeveloped with wide beautiful walkways and a new museum. A new subway, which we found to be clean, efficient and safe, criss-crossed the city. In excavating some of the subway stations, archeological finds of significance were uncovered and some of the stations incorporated these ancient structures in a way that each becomes a museum piece in its own right. No doubt, part of the reason Greece is in great debt is because of the money spent refurbishing the areas around the Acropolis and creating the world-class Athens subway, but if so, from our standpoint, it was money well spent!

The Acropolis was everything I had hoped it would be. The Parthenon itself, still carrying the awful wounds of Venetian cannon fire, is nonetheless incredibly impressive; how did they ever build it in 450 B.C.? In addition, the famous Erechtheion with the caryatid columns was simply exquisite. The top of the Acropolis, even today, is simply a place of wonderment. Built into the side of the hill of the Acropolis, down at the city level, is the famous theatre, the very place where the eternal Greek tragedies were originally performed. The

remains of the current theatre are from Roman times for the Romans, ever the engineers, cleared out the old original Greek theatre and put their own in the spot. However, the place is there to contemplate, still carved out of the hillside.

We took a side trip to the site of the Delphi Oracle, about three hours northwest of Athens. I was quite taken by the site, 3000 feet up in the mountains, overlooking the Bay of Corinth. It was a gorgeous place and one could only imagine the thousands upon thousands of pilgrims who trekked to the site in Greco-Roman times. Some of the ruins of the Temple of Apollo still remain and, of course, there was the ever-present Greek theatre.

Our trip out of Athens to the Isles in the Aegean was perfect. We stopped at Delos, the birthplace of Apollo and a pilgrimage site for thousands for centuries before the Christian era. According to Greek religious edict no one could be born or die on Delos so no permanent population lived there. It was a place only for transient pilgrims, offering homage to Apollo. The more practical Romans saw Delos as a perfect trading post, sitting almost in the middle of the busy Aegean seaways and made it a tax-free port. It soon became the busiest slave-trading site in the eastern Mediterranean, sometimes processing 10,000 slaves a day according to ancient sources. One can only imagine the agony the island must have witnessed in those days.

From there we went to Santorini, without a doubt the most beautiful island we saw. A volcano erupted and collapsed here in about 1600 B.C. Some feel the



resulting destruction of Minoan settlements on the island gave rise to the stories of Atlantis. Cruise ships today literally sail into the caldera to anchor while Santorini sits atop the surrounding caldera. It is a most enchanting outpost.

From Santorini we went to Rhodes, the ancient crusader outpost just off the coast of Asia Minor. Just north of Rhodes is the island of Kos where Hippocrates, the father of medicine practiced. Under the Romans, the island was a renowned healing center, which attracted emperors and ordinary citizens alike. We did not get to Kos, but I would love to get back there and wander through the remains of the Asklepieion. Making our way up the coast of Asia Minor, we stopped at Ephesus, the ancient Ionian city that was a major commercial center in Roman times. The beautiful Roman theatre seats 25,000 and concerts are still regularly held there. Finally, we stopped at the site of Troy in the northern Aegean. The place is little more than a pile of rocks today, but much archeological



excavation is still taking place. One can stand on the remains of the walls, see the Hellespont in the distance, and look over the very plain where Achilles and Odysseus fought the Trojans and finally, through the ruse of the Wooden Horse, despoiled the city.

We took the trip in late September and the weather was beautiful. I understand the University of Michigan Alumni Association is offering the same tour again this fall. I would recommend it as a wonderful way to explore ancient and modern Greece. One does not have to be an alumnus to join the tour – just contact the Alumni Society.

REECE





Health Care Community Can Help Derail Human Trafficking

By PAUL NATINSKY

Women, men and children in communities around the world are increasingly getting caught up in the vile vortex of “human trafficking.”

The bad news is that the business of sexual slavery and forced labor is local as well as global, is growing and is likely to continue that trend at least in the short term. The good news is that physicians and other health care professionals can be of great help in slowing or stopping the damage.

“Human trafficking is the fastest growing criminal enterprise in the world today. The leading human traffickers are the leaders in the criminal syndicates in the world; and yes, they were in drugs and may still be in drugs, but how they are in human trafficking,” said Genesee County Prosecutor David Leyton Feb. 6 at a Genesee County Medical Society dinner meeting on the subject.

“Trafficking,” might be a bit of a

misnomer, as the crime it describes is not moving people from one place to another, but the act of exploiting them for sex or labor. And that exploitation is big business. Leyton pegged the global dollar amount at \$32 billion annually. He said approximately 100,000 to 300,000 children are at risk for sexual exploitation each year in the United States, with an average age of between 11 and 14 years. The situation is fueled by modern technology, with 76 percent of transactions for sex with underage girls starting on the Internet, according to Leyton.

The problem is local; it's not an issue insulated from any community, as stories from Leyton and activist Andy Soper illustrate.

"In one local case," said Leyton, "victims got ahold of a cell phone and dialed 911. They didn't know where they were, just that they were locked in the back of a van somewhere near Flint. The 911 operator was able to track them and the police were down the street and they looked through the window of the van. The police kicked in the back door of the van and (the victims) ran out without a stitch of clothing on. The police grabbed them and (the victims) told the police that there was one other victim in a nearby house. And down in the basement of that house was another victim with her infant baby, living in the basement of a house. I want you to think about cinder block walls and a cement floor. These women were forced into sex trafficking."

Soper works with traumatized youths and kids with substance abuse problems at Wedgwood Christian Services in Grand Rapids. For the past almost year and a half he has worked on the Manasseh Project, a 12-bed program in Grand Rapids "specifically geared to help minor

"Human trafficking is the fastest growing criminal enterprise in the world today."

female victims of human trafficking."

Perhaps fittingly, the Manasseh Project was inspired by a case of human trafficking.

"I had seen victims of trafficking at Wedgwood Christian Services for most of the time I worked in residential care. More often than not, they were victimized by parents or by a boyfriend. Many were substance abuse kids who were looking to get sober," said Soper in an interview last year.

"For whatever reason, I wasn't really moved by their stories. They were just clients. I was just a staff member. I didn't get emotionally involved.

"However, when a 13-year-old girl I worked with was lured away from us by an older boy at school and then trafficked by a woman in downtown Grand Rapids, my callus broke. As a team, we looked for her whenever we could, knowing she was being hurt.

"Through the entire ordeal, I noticed a lack of services for her and a lack of education in our area about what happens to children who slip through the cracks of our systems. They're chum in the water for perpetrators.

"We made it our goal to educate professionals, do excellent prevention





“We recognize that her behavior is the result of trauma, not choice.”

work with youth, and advocate for victims in our area.”

Since October 2012, the Manassah Project Trauma Recovery Center has helped 13 girls ages 13 to 17. Unfortunately, the road to a happy healthy life is often a bumpy one. Soper tells the story of a bright 15-year-old girl who is very close to earning her high school diploma. After initially seeking help, “she ran away back to her pimp for the third time about a year ago.

“She ran back to her pimp, was engaged in all sorts of substance abuse, was beat up, prostituted and pushed outside into the snow.

“She was so cold that when she finally got her clothes back, she was going to the one place she thought she could be safe, which was a hospital in Saginaw. She did not treat the doctors with respect. There was a lot of cussing and a lot of swearing and ‘I’m going to call my boyfriend and he’s going kick your ass,’ and just on and on.

“But the doctors hung in there with her until she came down from the high she was on, and she ended up saying, ‘I need a little help.’ They called us and she was back with us in just a couple of days to move forward again. I’d love to say she is wonderful and great right now, but she’s relapsed since and come back to us, and relapsed and come back to us again. Why is she coming back to us? Because we don’t judge what is going on. We recognize that her behavior is the result of trauma, not choice.”

While that child’s road back will be rocky, she wouldn’t be on the road at all if it weren’t for physicians who recognized what they were seeing and responded accordingly. Soper said it’s a lot harder than it sounds. In many cases, human trafficking victims present with bad hygiene, bad attitudes and aggressive and uncooperative behavior. They are trying to survive and bear the marks of repeated abuse.

Soper said preserving dignity and self-respect for victims is the best thing physicians, law enforcement, social workers and others can do when coming into contact with victims. People who show them empathy, forgive their behaviors and don’t judge create cracks in the wall that binds victims to their pimps

and oppressors. In many cases, the oppressor tells the victim that doctors, police and social workers will treat them with disdain and not help them. When this proves false, it is the first step to victim recovery.

Outside of emergency situations, there are routine opportunities to identify victims, and many of the signs are similar to those exhibited by sexual abuse or domestic violence victims. Prosecutor Leyton provided a list. Aside from obvious signs such as bumps and bruises, here are a few:

- Is the person submissive or fearful
- Is the person being controlled
- Is the person being deprived of food or water or sleep or medical care or other life necessities
- Is the person allowed to be in public alone
- Can a person freely contact family or friends
- Does the minor appear to be in a relationship with a much older person
- Does the person fear his or her employer
- Can the person leave their job if they so desire
- Has someone threatened the person’s family
- Does the person have identification and know his or her own address
- Is there a controlling person who will not let the patient out of their sight
- Victims who come in and have no control over their identification or documents or money
- Victims often present with evidence of prolonged lack of health care

- Old or untreated injuries
- Drug or alcohol addiction
- Victims may have multiple STDs or want some kind of a certification that they are “clean”
- Victims may have brands, scars or tattoos. Tattoos that indicate they are owned by somebody.
- Victims or their escorts will want to pay in cash

“Where it comes off the rails is when as professionals we don’t look at someone and recognize their humanity, but we look at them and recognize the trauma they have been through and judge them for it,” said Soper.

He tells the story of a survivor who was introduced to ‘the life’ when she was 15 by who she thought was a boyfriend, was trafficked all around the country, but mostly in Michigan. By the time she was 25 or 26 and was really beaten down and had no more value to her pimp he got rid of her. She was turning \$10 and \$20 tricks just to support her crack habit. She was beaten up and stabbed in a car and pushed out of the car in Grand Rapids. EMS picked her up and brought her to the hospital. They revived her and got her situated. She was lying there kind of listening and in pain and she heard the nurse say, ‘Well this wouldn’t have happened if she wasn’t out there (whoring).’

“So it wasn’t the psycho that stabbed her that was the problem, it was the woman because of what she had been through and what became her reality,” Soper remarked

Soper pointed out that prostitution is not a choice, particularly when the average age of entry into that activity is 14 years. He argued that if a person is not cognitively developed enough to vote

or drive a car, they certainly are not capable of making the choice to be a prostitute.

Bills making their way through the Michigan Legislature are based on that exact premise, along with reforms regarding restitution to victims and safe harbors from legal action for health care professionals who report suspected human trafficking. Attorney Walt Griffin from the Flint law firm Cline, Cline & Griffin urged support for the safe harbor law as he explained that there is legal exposure for physicians who report suspected instances of human trafficking.

Legislative considerations aside, initially the buck stops with the people who first encounter the victim. Those professionals are in the best position to break the cycle. Soper pointed out that if a physician helps a 14-year-old leave “the life,” she can prevent that child from experiencing hundreds, if not thousands, of sexual assaults.

“If you can do nothing else but maintain their dignity, allow them to make informed choices and don’t act disgusted in any way by behavior or smell or whatever they are presenting, then you have gone an incredible distance. Why? Because they have been told by their pimp that you will mistreat them, you will disrespect them and that you will do something that they don’t want to have done to them. By doing the opposite (of what they expect), the pimp becomes a liar, not a truth teller. You become one crack in that wall, that has the victim thinking, ‘I can trust these people,’ and they will come back to you.

“It’s the same thing for law enforcement. If you don’t use coercion, if you tell us what happened, we can help you. They

will come back eventually. That’s one more person they can trust; one more police officer or social worker that didn’t make them do something they didn’t want to do.

“Solving trafficking is, at its base, really about two things: number one, stopping demand, so getting men to stop buying sex; and number two, interacting with victims and potential victims in a way that allows them to see their value outside of their sexuality and body—their character, their intellect, their humor, their compassion—all these different things can spur on and drive forward the opportunity for them to leave ‘the life.’”

There are a growing number of resources accessible to combat human trafficking. They include:

- National Human Trafficking Resource Center hotline: 888-373-7888
- The Polaris Project, a worldwide organization that provides everything from reporting hotlines to legislative tracking of human trafficking legislation. (www.polarisproject.org)
- The Genesee County Human Trafficking Task Force, a coalition supported by Genesee County Medical Society, Genesee County Medical Society Alliance, Genesee County Free Medical Clinic, Genesee County Human Trafficking Task Force & Michigan Women’s Commission.
- University of Michigan Law School Human Trafficking Clinic, launched in 2009, is the first clinical law program solely dedicated to the issue of human trafficking. Also known as modern-day slavery, human trafficking is the recruitment, transportation, harboring,

or receipt of people for the purposes of slavery, forced labor, and servitude. The HTC offers students the opportunity to work on both domestic and international human trafficking issues and cases. The HTC provides a range of services, including direct representation of both domestic trafficking victims and foreign nationals trafficked in to the United States, advocacy for trafficking victims, and community education and training. (<https://www.law.umich.edu/clinical/humantrafficking>

[clinicalprogram/Pages/humantraffickingclinic.aspx](https://www.law.umich.edu/clinical/humantrafficking))

- Vista Maria in Dearborn, which provides direct services to victims of human trafficking (<http://www.vistamaria.org/>)
- Wedgwood Christian Services in Grand Rapids, which provides direct services on the west side of the state (<http://www.wedgwood.org/>)

Human Trafficking Victim Treatment Protocol

- Interview victim by themselves in a separate, safe area
- Use a trusted or hospital interpreter (not patient's companion)
- Ask the key questions
- Activate Child Protection Services (if patient is a minor)
- Perform a complete physical exam
 - Document, document, document
 - Photograph injuries if possible (maintain HIPAA privacy)
- Treat all medical conditions
- Obtain the following STAT consults:
 - Social work
 - Psychiatry

Local Federal Agents

Brenda Jeanetta

313-580-0068 (cell)

Special Agent, FBI, Human Trafficking

Cara Rose

313-598-8182 (cell)

Special Agent, Homeland Security, Special Investigations

James Klawitter

313-580-0319 (cell)

Special Agent, Homeland Security, Special Investigations

IMPORTANT CONTACT INFORMATION

The National Human Trafficking Resource Center at 1-888-373-7888
DHS Central Intake- 1-855-444-3911

Genesee County Medical Society

Dinner Business Meeting

February 6, 2014

Minutes



I. Call to Order:

The meeting was called to order at 6:45 p.m. by Shafi Ahmed, MD, President, in the Flint Golf Club dining room.

II. Introduction of Guests:

Dr. Ahmed welcomed everyone to the Town Hall Meeting on Human Trafficking, What a Doctor Needs to Know. He welcomed distinguished guests, including State Senator Jim Ananich, State Representative Charles Smiley, State Representative Phil Phelps, Genesee County Prosecutor David Leyton, Paul Natinsky, Publisher of HealthCare Michigan, Andy Soper, creator of the Mannasseh Project, Walter Griffin of Cline, Cline & Griffin, Mark Abbott, President of FarmRaiser and Linsey You nger, Chair of Genesee County Human Trafficking Task Force, several MSU students and many resident physicians. He also introduced display tables, which included MSU medical students' Second Annual Flintstone Challenge 5K Run/Walk and Mark Abbott, President of FarmRaiser, our new partner organization which is linking us to revenue, healthy foods and our food-producing colleagues.



III. Review of Minutes from November 9, 2013 Dinner Business Meeting:

Motion: That the minutes of the November 9, 2013 Dinner Business Meeting be approved as published in The Bulletin. The Motion Carried.

IV. Nominating Committee Election:

Motion: That Drs. Veena Kalra, P. Naik, S. Kaushal, Rama Rao and Junaid Farooq, a resident, be elected to serve on the Nominating Committee representing the members-at-large. The Motion Carried.

Motion: That Drs. Cathy Blight and Robert Soderstrom be elected to the Nominating Committee representing the GCMS Board. The Motion Carried.

V. Announcements:

A) MSMS House of Delegates

Dr. Ahmed announced that the MSMS House of Delegates will be held April 25-27, 2014 at The Henry in Dearborn. He invited those who can, to serve as a Delegate or Alternate Delegate at that meeting, to let Pete Levine or Dr. Cathy Blight know.

B) Resolutions

Dr. Ahmed reported that Resolutions are due at MSMS by March 3, 2014 and they are needed well in advance of the February 25th Board Meeting.





C) Presidential Citation Award

Dr. Ahmed sought input for nominations of candidates for the MSMS Presidential Citation Award for 2014.

Motion: That Dr. Gerald Natzke be nominated for the GCMS Presidential Citation Award for his quiet support of special needs children, an example of which is his annual performance of Special Olympics Physician. The Motion Carried.

VI. Introduction of Speakers on the topic of Human Trafficking:

Dr. Ahmed introduced Dr. Nita Kulkarni, who engaged in a two-day training in Grand Rapids on Human Trafficking and serves on the Genesee County Human Trafficking Task Force.

Andy Soper, the founder of the Manasseh Project, a professional education, prevention and advocacy program on the west side of the state. He has become widely known as an expert on human trafficking, and on the therapeutic interventions relating to it, is a strong legislative advocate on this issue and he speaks all over the country.

Genesee County Prosecutor David Leyton , an elected official responsible for prosecuting criminals. He has been a passionate prosecutor of perpetrators of trafficking crimes.

Walter Griffin of Cline, Cline & Griffin, chief defender of physicians in the legal environment, and has been the Medical Society's' go-to person for many years.

- The Human Trafficking presenters were followed by spirited questioning.

VII. Next Meeting:

The next general membership meeting will take place in May.

VIII. Adjournment:

No further business appearing. The meeting was adjourned at 8:50 p.m.

MDCH REFERENCES ON REPORTING AVAILABLE: *An Update From the GCMS Community and Environmental Health Committee*

Dear Members,

The Michigan Department of Community Health, Communicable Disease Division has recently published the 2014 “Health Care Professional’s Guide to Disease Reporting in Michigan (Brick Book),” and the “Reportable Diseases in Michigan Quick Reference Guide.”

These documents have been updated to reflect the current List of Nationally Notifiable Conditions, and current recommendations and requirements for disease reporting, and submission of laboratory specimens in the State of Michigan.

Printed copies of these documents are not yet available, but they may be downloaded and printed from the MDCH Communicable Disease Information (CD-INFO) website under the Communicable Disease Reporting in Michigan section at: www.michigan.gov/cdinfo

When printed copies become available, they will be listed on the MDCH Communicable Disease Publication Order Form at the URL below: http://www.michigan.gov/documents/emergingdiseases/Publication_Order_Form_357623_7.pdf

Questions or concerns may be directed to the Genesee County Health Department CD Division at: 810-257-1017 or MDCH CD Division at: 517-335-8165

Gary Johnson, MD, MPH
Co-chair and Medical Director GCHD



ERRATA:

In our most recent GCMS Membership Roster, Dr. Aftab Aftab was not included. Dr. Aftab was an active member in good standing. We extend our apologies to Dr. Aftab for this over-site.

Peter Levine, Executive Director

Please make note of the following information which was inadvertently omitted:

ACTIVE MEMBER: AFTAB AFTAB

Specialty: Pediatrics/Adolescent Medicine

Office Address: 10118 N. Clio Rd., Clio, MI 48420

Office Phone: 810-686-7310 Office Fax: 810-686-0988

Home Address: 1377 Springborrow Dr., Flint, MI 48532

Genesee County Breastfeeding Toolkit

The Genesee County Breastfeeding Toolkit is designed as a resource for businesses, organizations, and individuals to create environments that support new mothers with the practice of breastfeeding. Breastfeeding is proven to have significant health benefits for children, including a reduced risk for both diabetes and obesity.

The Genesee County Breastfeeding Toolkit

<https://www.healthycommunity.ca/committofit/CoreHealth.Web.UI.FileStore.axd?id=cec514b7-d72d-43a0-9658-d9176c8daa888> provides employers and businesses with pertinent information in order to create a healthier workplace environment by adopting breastfeeding-friendly policies and implementing a breastfeeding support program in their workplace. To assist employers in this endeavor, this toolkit includes:

- Genesee County Breastfeeding Resource Guide (developed by the Genesee County Breastfeeding Coalition)
- Sample Breastfeeding Policy
- The Business Case for Breastfeeding: Steps for Creating a Breastfeeding Friendly Worksite (developed by the U.S. Department of Health and Human Services: Health Resources and Services Administration)

This toolkit is designed to help guide employers in successfully implementing a cost-effective breastfeeding support program by providing tools that can be easily modified to meet organizational requirements.

This toolkit was developed by the Greater Flint Health Coalition's (GFHC) Health Improvement Steering Committee as one component of the County Health Rankings Action Plan. This plan was adopted by the GFHC as a means to strategically improve the health behaviors and health outcomes of Genesee County and the City of Flint.



Genesee County Breastfeeding Resources

HOSPITAL RESOURCES

Genesys Regional Medical Center

- Lactation Support/Outpatient Breastfeeding Clinic 810.606.5898
- Breastfeeding classes 810.606.5897
- After Hours Nursery 810.606.5840
- Maternal-Infant Health Program & Healthy Start 810.603.8623

Hurley Medical Center

- Maternal-Infant Health Program & Healthy Start 810.262.9317
- Lactation Consultants/Breastfeeding Clinic 810.262.9480
- Breastfeeding classes 1.888.611.4462

McLaren Flint

- Lactation Consultant 810.342.4887
- Breastfeeding classes 810.342.4896

OTHER COMMUNITY SUPPORT

La Leche League (LLL) Genesee County

- Grand Blanc ~ Amanda at 810.836.5649 or ajd021406@yahoo.com or Jodi at 810.695.7674
- Fenton ~ Rebecca at 810.714.5106 or violets-and-lilies@sbcglobal.net or Marta at 810.208.0422 or shaw.marta@gmail.com or Kelsie at 810.869.1751 or xkels81@yahoo.com
- Join us on Facebook: LLL of Fenton or LLL of Grand Blanc

WIC (Women, Infants & Children) Program

- Breastfeeding Peer Counselors & Support Groups (weekly)
810.237.4606

Genesee County Breastfeeding Coalition

- Community Education & Awareness 810.237.4607

ADDITIONAL COMMUNITY RESOURCES

If you are aware of additional community breastfeeding resources, please contact the Greater Flint Health Coalition at gfhc@flint.org or (810)232-2228.

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- School-Based Clinics
- Audiology
- Nutrition Education
- Teen Wellness Center

Child & Adolescent Dentistry (810) 768-7583

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PRACTICE MANAGERS

Practice Managers Get HIPAA Security Drill Down

The February GCMS Practice Managers meeting focused on HIPAA security issues. The presenter was Joe Dylewski, CHP, CHSS, ITIL, VP of Health Care Management. He covered the spectrum of issues which offices must deal with relating to HIPAA security requirements. Questions abounded and there was not a spare seat to be had. For the entire HIPAA Presentation: [CLICK HERE](#)

The March topic will be ICD-10 which is coming right at everyone! Please reserve early by contacting Sherry Smith at ssmith@gcms.org.

PRACTICE MANAGERS MEETINGS

(4th Thursday of each month) 8-10 a.m.

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

*Light breakfast available.
(coffee, tea, yogurt, fruit cups, granola bars)*

ISSUES OF SERIOUS CONCERN FOR MEDICAL PRACTICES!

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

March 27th Topic: ICD-10:

What Every Practice Really, Really Needs to Know!

Presenter: Laura Lovett, CPC, CPMA, CEMC
Data Integrity & Compliance Consultant



SUNDAY
May 4, 2014

2ND ANNUAL



5K RUN/WALK

Early Registration

January 1 - April 18

Run/Walk - \$ 30

Includes Dri-Fit T-Shirt

REGISTER FOR FREE ONLINE or

DOWNLOAD FORMS at:

Flintstonechallenge.org/registration



The Flintstone Challenge

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YOUR \$\$\$ AT WORK

- § GCMS held meetings with individual legislators opposing Nursing Scope of Practice bills
- § GCMS held a Town Hall on Human Trafficking
- § GCMS IMG leaders met with Governors' staff regarding immigration issues
- § GCMS Leaders met with other community leaders regarding Quality and Innovation on a new Greater Flint Health Coalition Task Force.
- § GCMS worked with several practices on problems specific to each
- § GCMS Held a Practice Mangers session on Messaging Security and HIPPA Security.
- § GCMS Surveyed membership regarding future meeting topics.



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FEBRUARY 3 LEGISLATIVE LIAISON COMMITTEE

On February 3, the Legislative Liaison Committee met with Derek Matthews of Senator Levin's office, Adrienne Walker from Senator Stabenow's office, Representative Joe Graves, Senator Dave Robertson, Representative Charles Smiley, Representative Pam Faris, and Mr. Tim Sneller from Representative Smiley's office. From MSMS, Steve Japinga was present. In addition, Dr. Cathy Blight, Gary Paavola, and Pete Levine were present.

The committee reviewed a broad spectrum of Bills, which affect medical practice. They had a presentation on the PT Therapy Compromise Bill by Mr. Japinga.

In addition, extended discussions were held on Senate Bill 2, which would expand nurse practitioner scope, and Senate Bill 180, which would expand nurse anesthetist scope. Strong opposition was expressed for both. It was noted that Representative Graves sits on the committee that is dealing with nurse practitioner scope expansion. Mr. Japinga will send bullet points for Senate Bill 2 to Mr. Graves.

Also discussed at length, were auto no-fault reform legislation, the budget, tanning regulations, patient right to know legislation, and EPT legislation as well. There was a look back at 2013 by all present, and a general discussion of the SGR fix in Washington.

In addition, there was significant discussion on the need to expand the one piece for the community.



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Various shifts are available for part-time.

Full time may be an opportunity as well.

Must be willing to do minor stitches, infants & children, splinting,
and minor eye & ear procedures.

This is a classic urgent care, much like family practice.

Hours of operation:

12-9 pm, 7 days a week, closed on major holidays

Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503.

Contact Joyce Ash at 810-232-2710 or Pete Levine at 810-733-9925.

If you would like
to recognize
a colleague or
loved one
by giving a gift in
his or her honor
or memory
to the

**Medical Society
Foundation,**
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Peter Levine,
GCMS Executive Director,
at 810-733-9925 or
plevine@gcms.org.

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Genesee County Medical Society Alliance

Winter Report 2014

GCMSA has been very busy since our last MSMSA meeting in November of 2013.

The GCMSA has had three Board meetings since November. Our goal for the year has been to increase relevance of programs for the members so that we can increase attendance as well as paid membership. As of February 1, we have over 160 paid members as a result of the dedicated and tireless work of Alliance membership chairpersons Lakshmi Tummala and Cheryl Thoms. This membership number is over our amount we had budgeted so we are ecstatic.

Our very popular GCMS/GCMSA Ball was held on November 9, 2013. This program was held at Warwick Hills Country Club and was very well attended. The new incoming president of GCMS, Dr. Shafi Ahmed, was inducted as predecessor Dr. Ray Rudoni left his post. The "Sopranos" theme made the evening especially enjoyable. A big kudos goes out to our own GCMSA Ball Committee team, which did an awesome job as usual.

The GCMS Alliance was a co-sponsor for a program on human trafficking to inform physicians and other health professionals of this huge growing problem in our world, as well as in our own community. Members from the National Department of Homeland Security, along with Detroit-area physicians, spoke on how to recognize human trafficking victims in the healthcare arena. This program was held at the Grand Blanc High School on Nov. 20, 2013. We had many in attendance from GCMS, our Alliance, and the community, and the event was covered by the local news.

In December 2013, our Alliance took over 3 SUVs filled with children's toys, supplies, and furniture to New Life Center in Flint to furnish and decorate a child care center there. The

center trains at-risk women for re-employment and teaches life skills, and the childcare center will allow them to leave their children in a safe environment as they work toward these goals. We used the \$250 grant given by the MSMSA for this children service project. Our Alliance members donated items for this room as well. It is a very worthwhile project that we hope to continue in future years, perhaps by adding painted murals to make the room brighter for the kids.

Our second issue of our newsletter, Alliance in Focus, was sent to all our members in early January 2014. The third issue will be sent out at the end of March 2014.

In January, we had a Coffee in the home of one of our Alliance members. We had a physician educate us on women's issues and had a question and answer session. It was a really warm and relaxing afternoon where we had fun socializing with other Alliance members with great food, homemade dessert and, of course, coffee. It was fun to get together and forget the frigid cold for the afternoon with the warm company of friends. We will have another Coffee in a member's home at the end of February, with another speaker who is a local author and fitness expert.

We have also contributed to/will continue to contribute to the following ongoing projects:

The AMA Foundation Scholarship Fund helps provide scholarships for medical students. We collected \$700 from contributors this year.

Health Careers Program- A Career Day open house will be held monthly at Hurley Hospital, in which the GCMSA collaborates to get the word out to the Genesee County high schools on health career opportunities in the hospitals.

SAVE in the Schools, in which books are delivered to schools in Genesee County. The books included I Can Handle Bullies, Hands Are

Not For Hitting, and I Can Live Healthy. We delivered these books to Flint and Grand Blanc elementary schools this year and hope to receive evaluation questionnaires back from the teachers so we can have feedback.

Reach Out And Read will continue to distribute new and gently used books to physician offices and hospitals. We will make another distribution of books to physician offices in February /March 2014.

The Healing Hands 5K Race, which helps to fund the Free Clinic, will take place in May 2014. The GCMSA helps to coordinate the race in collaboration with several fraternities and nurse associations. The first planning meeting for the race was held on February 12, 2014.

Respectfully Submitted by
Vibha Kaushal
GCMSA Co-President
2013-2014

Our Sympathy...

To the families of

JOHN RUSSELL DAMM, MD

Longtime member of the Genesee County Medical Society, John Damm, MD died at home on January 27, 2014 in St. Petersburg, Florida. He was born February 4, 1937 in Flushing, Michigan. He attended college at St. Precopius in Lisle, Illinois. He graduated from the Stritch School of Medicine at Loyola University in Chicago, Illinois. He served in the Army at Fort Polk, Louisiana. He joined a group as a family practitioner in Grand Blanc, and practiced medicine there for over thirty years. He retired at the age of 62 and split his time between Platte Lake in northern Michigan and Tarpon Springs, Florida. He is survived by his wife, Linda Winton, 6 children and 10 grandchildren.

MUSA SULEMAN HAFFAJEE, MD

Dr. Haffajee passed away on January 21, 2014 at age 75. He was born in South Africa the youngest of eight children. His favorite past times were golfing, fishing and taking vacations. As the Medical Director of the McLaren Wound and Hyperbaric Center, he devoted the last 12 years of his medical career to treating patients with wounds, surrounded by a staff that always made him smile. Donations can be made in his memory to Hurley Hospital Burn Unit or McLaren Hospitality House Fund.

ROSIE LUMAQUE, MD

Dr. Lumaque passed away at age 75 on January 20, 2014, at home. She was born in Manila, Philippines in 1938. She married Dr. Eleuterio Lumaque in 1964. She resided in Grand Blanc and served the Genesee County Medical Community for 50 years. Donations may be made in her memory to the American Diabetes Association or the National Kidney Foundation of Michigan, Inc.

DAVID BARBOUR, MD

Long time GCMS and MSMS member David Barbour, MD, age 87, died on February 11, 2014 at his home. Dr. Barbour was born in Southport, England and had lived in Michigan since 1954. Surviving are his wife Elizabeth ("Bette"), two daughters, his son and five grandchildren. Dr. Barbour was a Radiologist who served McLaren Hospital and Memorial Hospital in Owosso. American Cancer Society has been designated for memorial contributions.

Genesee County Medical Society Board of Directors Meeting

January 28, 2014 - MINUTES

*Shafi Ahmed, MD	*Mona Hardas, MD	*Venkat Rao, MD	Staff:
*Qazi Azher, MD	*John Hebert III, MD	Lawrence Reynolds, MD	*Peter A. Levine, MPH
*Athar Baig, MD	*Asif Ishaque, MD	*Brenda Rogers-Grays, DO	Guests:
Amitabha Banerjee, MD	Michael Jaggi, DO	*Raymond Rudoni, MD	*Ruqsana Ahmed
Devinder Bhrany, MD	*Rima Jibaly, MD	*Daniel Ryan, MD	*Judenia Aririguzo,
*Cathy Blight, MD	*Gary Johnson, MD	Elmahdi Saeed, MD	MD
*Laura Carravallah, MD	Farhan Khan, MD	*Robert Soderstrom, MD	*Praveen
*Ed Christy, MD	Samasandrapalya Kiran, MD	*Peter Thoms, MD	Bheemanathini, MD
*Pino Colone, MD	*Nita Kulkarni, MD	Venu Vadlamudi, MD	
*Niketa Dani, MD	*Paul Lazar, MD	Tarik Wasfie, MD	
*Deborah Duncan, MD	Sreen Mannam, MD	*John Waters, MD	*in attendance
*Hesham Gayar, MD	*Bobby Mukkamala, MD	Amanda Winston, MD	
Walt Griffin	Gerald Natzke, Jr., DO		

The meeting was called to order at 6pm in the GCMS conference room by Shafi Ahmed, MD, President.

Dr. Ahmed introduced two residents, Judenia Aririguzo, MD and Praveen Bheemanathini, MD, as well as Drs. Baig and Ishaque, who are new board members.

Alliance Report

Ruqsana Ahmed reported on the Alliance program on meditation which is been held. She said it was very well attended. She also asked for contributions to the Alliance from the Medical Society. Mrs. Ahmed also reported that the Alliance has achieved a level of 170 members.

Finance Report

Motion: that the budget to actual report for the period ending December 31, 2013 be approved as presented. The motion carried.

The committee reviewed the pending PPI Lease Update, noting that we are very close to completing the negotiations.

Motion: that the Genesee County Medical Society pilot fundraising efforts in partnership with FarmRaiser. Motion carried.

Membership

Consensus: that a gentle reminder be sent to the list of unpaid non-group members asking them to please rejoin as soon as possible.

Legislative Liaison

Dr. Cathy Blight reviewed the upcoming meeting of the Legislative Liaison Committee. The February Legislative Liaison Committee meeting will revolve heavily around the issue of the Scope and Medicaid updates.

Community & Environmental Health

Motion: that the Genesee County Medical Society again provide three plaques to the Flint Area Science Fair. The motion carried.

Greater Flint Health Coalition Update

Motion: that the Genesee County Medical Society approve a resolution in opposition to House Bill No. 5129 or any other legislation which would relax smoking regulations. The motion carried

Directive: staff was directed to send a memo to the legislative delegation containing our opposition to relaxation of smoking regulations.

District Directors

Drs. Mukkamala and Waters reviewed MSMS recent activities.

Motion: that funds from the tobacco fund be used for smoking cessation. The tobacco fund is already eroded, and the Genesee County Medical Society sees the critical need to prevent illness via public health initiatives as being more critical than the bail out of a single city. The motion carried.

Directive: staff was directed to send a letter to our legislative delegation detailing our desire to protect the tobacco fund.

Presidents' Report

Directive: staff was directed to poll GCMS members regarding topics for which they would be willing to attend meetings.

Adjournment

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

The next meeting of the GCMS Board of Directors will take place on February 25, 2014.

Announcement

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

For details, contact:

POTTER & ROOSE INSURANCE
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Providers of insurance for the GCMS
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906 Mott Foundation Bld., Flint, MI 48502

DEAR GCMS MEMBERS,

The following letter was sent to Senators Ananich and Robertson, as well as Representatives Faris, Graves, Phelps, Smiley and Stanley at the direction of your Board of Directors.

Dan Ryan, MD, Editor



4438 Oak Bridge Dr., Suite B – Flint, MI 48532-5467

(810) 733-9925 – Fax: (810) 230-3737 – www.gcms.org

February 11, 2014

Dear Legislator,

The purpose of this letter is to inform you that the Genesee County Medical Society Board of Directors is opposed to House Bill 5159 to any other legislation that relaxes smoking restrictions in the state of Michigan.

Smoking causes too much death and illness, too much pain and resource wastage to allow anything to ease restrictions on smoking and other forms of nicotine use.

We appreciate your consideration of our opinion on this very important issue.

Sincerely yours, _____

Shafi Ahmed, MD
President

HAPPY BIRTHDAY DOCTOR

MARCH

Nathaniel Narten, MD	1	Sonbol Shahid-Salles, DO	12	Tjin Lim, MD	22
S. Bobby Mukkamala, MD	1	Charles Hennessy, MD	13	David Lee, MD	22
Joseph Varghese, MD	2	John Brady, MD	13	Abdul Alawwa, MD	22
Anju Sawni, MD	2	Virgilio Villarreal, MD	13	Susumu Inoue, MD	23
Sascha Knoblich, MD	2	Karsten Fliegner, MD, PhD	13	R. Roderic Abbott, MD	24
Christopher Singh, MD	2	Cory Cookingham, Sr., MD	14	Nicholas Velarde, MD	25
Lakshmi Mahabashya, MD	2	Paul Karr, Sr., MD	14	Odessa Marie Ramos, MD	25
Rama Rao, MD	4	Suresh Anne, MD	14	James VanBrocklin, MD	26
Rizwan Danish, MD	5	James Neubeck, MD	16	Clinton Dowd, MD	26
Vijay Naraparaju, MD	5	Christie Samuels, MD	16	Harold Rutila, MD	26
Kristin Krizmanich-Conniff, MD	6	Russell Sandberg, MD	17	Shagufta Ali, MD	26
Ghassan Bachuwa, MD	8	Ioana Morariu, MD	17	Chang Lee, MD	27
George Zureikat, MD	8	Olugbemiga Jegede, MD	18	Joseph Batdorf, MD	28
Jon Schriener, DO	9	Robert House, MD	19	Vikram Rao, MD	28
Robert Rosenbaum, MD	9	Silva Doyle, MD	19	Jawad Shah, MD	28
Dilip Desai, MD	9	Yaseen Hashish, MD	20	Tomy Kalapparambath, MD	28
Madan Arora, MD	10	David Gordon, MD	21	Radhika Kakarala, MD	29
Fengxia Qiao, MD	11	Asif Ishaque, MD	21	Elfateh Seedahmed, MD	30
Frank Cook, MD	12	George Makhoul, MD	21	Pramod Kalagara, MD	30
Jeffrey Chenyi, MD	12				

CLASSIFIEDS

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Small office located by front door of Genesee County Medical Society suite. Great exposure for businesses seeking visibility with physicians. Conference room availability possible. Office size 100 sq. ft. at \$12 per sq. ft. triple-net. Additional office space available. Contact Pete Levine at (810) 733-9925 for details.

PHYSICIANS NEEDED

at the Emergency Medical Center of Flint Various shifts available for part-time, as well. Must be willing to do minor stitches, infants & children, splinting, and minor eye & ear procedures. This is a classic urgent care much like family practice. Hours of operation 9:30am – 9pm, 7 days a week, closed on major holidays. Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503. Contact Pete Levine at 810-733-9925.

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High-End Quinton Q-Stress System (includes treadmill), Phillips CX50 Ultrasound Machine, Unetixs Revo ABI Maching. Call Wayne J. Breece, MD (810) 610-6802.

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www.gcms.org

GCMS MEETINGS

– MARCH 2014 –

Bulletin Committee 3/5
7:30am, GCMS Office

Membership Committee 3/17
12pm, GCMS Office

Finance Committee 3/25
5:30pm, GCMS Office

Board of Directors 3/25
6pm, GCMS Office

Community & Environmental Health
Committee 3/26
12:30pm, GCMS Office

Practice Managers 3/27
8am, GCMS Office



**MICHIGAN STATE
MEDICAL SOCIETY**
120 W. Saginaw, Lansing, MI 48823
msms@msms.org • www.msms.org
517-336-5762

**State and County Medical Society
Membership Application**

**GENESEE COUNTY
MEDICAL SOCIETY**
4438 Oak Bridge Dr., Suite B
Flint, MI 48532
810-733-9923



Please PRINT or TYPE

FULL NAME _____ MD or DO (Circle One)
Last First Middle Initial

HOME ADDRESS, CITY & ZIP _____
Area Code & Telephone Number

OFFICE ADDRESS, CITY & ZIP _____
Area Code & Telephone Number

PRACTICE NAME _____
Office Fax Number

EMAIL ADDRESS _____ For mailing, please use (check one): Office address Home address

BIOGRAPHICAL DATA Sex: Male Female Birth Place _____ Date of Birth _____
Month Day Year

Maiden Name _____ Spouse's Name _____

Languages Spoken _____

Government Service (check one): Military National Health Service Beginning Date _____ Completion Date _____

EDUCATION (please complete or attach CV)

INSTITUTION	LOCATION	DEGREE	YEAR GRADUATED	
			Beginning	Ending
College/University _____	_____	_____	_____	_____
Medical School _____	_____	_____	_____	_____

INTERNSHIP, RESIDENCY, AND FELLOWSHIPS	SPECIALTY	COMPLETION DATE
_____	_____	_____
_____	_____	_____

License: MI # _____ Date Issued _____ ECFMG # _____

License held in other states/countries (list states or countries) _____

PROFESSIONAL DATA

Present Type of Practice (check appropriately):

OFFICE BASED: Solo Hospital Based Teaching Research Government
 Group Practice Name _____ Other (specify) _____

Specialty(ies) _____

Board Certifications (list specialties & dates) _____

Present Hospital Appointments (list dates) _____

Practice History _____

Previous Medical Society Membership (list dates) _____

Specialty Society Memberships _____

Within the last five years, have you been convicted of a felony crime?..... Yes No If YES, please provide full information.

Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked?..... Yes No If YES, please provide full information.

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?..... Yes No If YES, please provide full information.

I agree to support the GENESEE COUNTY MEDICAL SOCIETY Constitution and Bylaws, the MICHIGAN STATE MEDICAL SOCIETY Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature _____ Date _____



WHEN COMPLETED, please mail to MSMS or Genesee County Medical Society, or FAX to 517-336-5797. THANK YOU!