



# THE Bulletin

April 2016 Volume 109, Number 26

**GCMS and GCMSA  
Members, Staff  
and their Pets**

**GCMS Honored  
by Healthcare  
Michigan/Comcast**

**GCMS Board  
Meets with  
Asst. Sec. for  
Preparedness  
& Response Dr.  
Nicole Lurie**

**GENESEE COUNTY MEDICAL SOCIETY**

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# THE Bulletin

*Read by 96% of GCMS members.*

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### *Cover Photo of Connie-Dan by Sherry Smith*

#### **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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## 2016 Health Outcomes Rankings Are Out!

Believe it or not, the Robert Wood Johnson County Health Rankings are out for 2016! There are 82 counties in Michigan. For Genesee County, the numbers are interesting. Let's take a look at rankings for health outcomes. For health behaviors we ranked 77th. For clinical care, we rank 20th! For socio-economic factors, we ranked 79th. For physical environment, we rank 79th. For diabetic monitoring, we are doing a better job with 84% being monitored appropriately. The Michigan rating is 86%, and top US performers are at 90%. For mammography screening, we are above the state average at 69%; and the top US performers are at 71% percent.

This medical community needs to be appreciated for what it is doing despite the environmental and behavioral rankings of the county, and despite the sadness over the



*Pino Colone, MD*

water situation.

This medical community is committed to a healthier Genesee County, and that is something to be very proud of. To be ranked 20th for clinical care in the face of the problems we are confronted with would not be possible without a stable committed medical community.

On another front, earlier today, I was sitting in a meeting with volunteer physicians trying to figure out what to do about a major local infectious disease issue. They are questioning the validity of federal guidelines and putting massive amounts of energy into trying to figure out how to tweak it in such a way that it has relevance to the situation here. I kept thinking, "why is it that the folks who are paid to do this don't?" We could ask that same question about so many things right now.

### CLASSIFIEDS

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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.

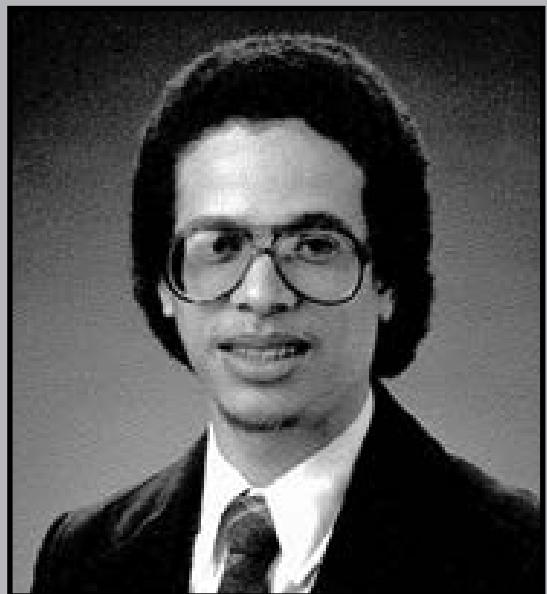
**Contact Pete Levine at 810-733-9925.**

#### AUTOCLAVE NEEDED

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## Do you recognize this DOCTOR?



**Look for the Answer inside!**



Genesee County Medical Society Quarterly Dinner Business Meeting

**May 5, 2016**

A Medical Community Town Hall Meeting on

# **LEGIONELLA:** *A Cyclical Killer*

***Recommendations, rationale, and references!***

**In 2014 and 2015, there were nearly  
90 confirmed legionella cases with 10 deaths.**

**The topic of how to handle this cyclical disease will be  
presented at this very important meeting.**

**The faculty is in process of development, but will feature  
both academic and applied experts. Local research  
investigations relating to Legionella will also be presented.**

**A rich discussion will follow.**

**Faculty roster will be announced as soon as it is finalized.**

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

- \$40.00 - GCMS Members, Spouses, Practice Managers, & Staff**
- \$40.00 - Genesee County Osteopathic Association Physician Members & Spouses**
- \$25.00 - Residents & Students**
- \$50.00 - All Non-Member Guests**

**Flint Golf Club  
3100 Lakewood Drive  
Flint, MI 48507**

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

***RSVP's requested by April 28th, 2016***

**Please mail your reservation payment to:  
Genesee County Medical Society  
4438 Oak Bridge Drive, Suite B  
Flint, MI 48532**

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

**President's note:**

**Dear Readers of the Bulletin,**

**The Genesee County Medical Society is recommending that, in addition to the precautions that are in Dr. Wells Guest Editorial, that all people in the listed high-risk groups for Legionella should either use bottled water exclusively for drinking/cooking/tooth-brushing, OR use water that is filtered cold (to remove the lead and not damage the filter) and then boiled (to kill Legionella).**

**Pino Colone, MD, President**

## IN THE EYES OF THE PATIENT

As spring arrives in Michigan, we are all enjoying the longer hours of sunshine and the warmer temperatures. However, as healthcare and public health providers within the City of Flint and Genesee County, we are also aware that, with warmer weather, comes an increased risk of Legionnaire's Disease. While an increased risk of Legionnaire's Disease (the pneumonia form), or its less severe form, Pontiac Fever, coincides with warmer months anywhere across the United States<sup>1</sup>, Genesee County is entering the season following large outbreaks of pneumonia due to Legionella pneumoniacae that occurred between the summer of 2014 and fall 2015. There is great interest in ensuring maximal prevention and preparedness for potential cases that could emerge this season.

Legionella is a type of bacteria commonly found in natural, freshwater environments, but they are generally present in insufficient numbers to cause disease. Water systems such as potable (drinking) water systems, whirlpool spas, and cooling towers provide the conditions needed for Legionella growth and transmission—heat, stasis, and aerosolization; therefore, these are common sources of cases and potential outbreaks. When people are exposed to the bacteria, it can cause Legionellosis, a respiratory disease that can infect the lungs and cause pneumonia; it is not transmitted person-to-person. At-risk individuals include those over the age of 50, smokers (or past smokers); recent travel with an overnight stay outside of the home, including stay in a healthcare facility; exposure to hot tubs; recent repairs or maintenance work on domestic plumbing; renal or hepatic failure; diabetes; chronic lung disease; systemic malignancy; and, immune system disorders.<sup>2</sup>

The 2014-2015 Legionnaire's outbreaks aligned with the time period that the Flint City water system used the Flint River as its water source. Eighty-eight cases, involving 10 deaths, were recorded during the outbreaks. No cases



*Eden V. Wells, MD,  
MPH, FACPM  
Chief Medical Executive,  
MDHHS*

have been confirmed since late October 2015. This begs the question: Did the Flint River water, or its subsequent damage to the water system, cause the outbreak? Even given the temporal association, conclusive evidence was not available. The investigation did identify an association with one specific healthcare facility that was associated with about half of the cases. Further, a third of the cases had no identified association with Flint City water or with the healthcare facility.<sup>3</sup>

Public health is requesting that the clinical community assist in case finding through increased vigilance, accurate identification, testing and reporting of all suspected cases of legionellosis. Healthcare providers should consider testing the following for Legionella: patients with

pneumonia in the setting of a Legionellosis outbreak; patients with pneumonia who have failed outpatient antibiotic therapy; patients with severe pneumonia, in particular those requiring intensive care; patients with pneumonia who are immunocompromised; patients with pneumonia who have traveled away from their home within two weeks before the onset of illness; and, patients with pneumonia who have inpatient or outpatient healthcare exposure within the two weeks before the onset of illness. Critically, a Urinary antigen (UA) assay AND a culture of respiratory secretions on selective media are requested; a UA is not sufficient for linking cases to a potential environmental source. And most importantly, health care professionals are reminded to report both Legionnaires' disease and Pontiac fever cases via the Michigan Disease Surveillance System (MDSS) or directly to the Local Health Department.

1 CDC. Legionellosis --- United States, 2000—2009. MMWR 2011.60(32); 1083-1086

2 CDC. Legionella. Available at: <http://www.cdc.gov/legionella/about/index.html>. Accessed March 16, 2016

3 MDHHS. Legionellosis Guidance for Clinicians.



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# AN AMAZING ISSUE OF THE BULLETIN

One of the wonderful things that this Medical Society does is create the GCMS Bulletin every month. The last several issues have been spectacular. This issue contains very important information for clinicians and for medical families and gives a broad view of many of the things that GCMS and MSMS are involved with right now.

As can be seen as you go through this magazine, the water related health crisis in Flint is consuming massive amounts of GCMS resources. It is physician-driven public health medicine at its finest. But that doesn't mean that we are not maintaining our cutting edge advocacy work with third-party payers, with regulators, with elected officials, and others.

This issue of the magazine is also fun! We don't do enough fun stuff. This issue is partly dedicated to medical families and their pets. Please enjoy the photographs, and send us pictures for the next time we do this type of issue. We had a great time putting it together.



*Peter Levine, MPH*

The Medical Society Foundation needs your support. Please call me anytime to talk about this.


PLEASE NOTE: We need more members. Please encourage your nonmember colleagues to join!

In addition, we need money. The Medical Society Foundation supports the Medical Society's public health oriented activities. As dues become a smaller and smaller part of our support system, donations to the Medical Society Foundation become more and more important. Physicians give wonderfully and charitably across this community, even across the world. Please consider supporting this organization charitably. It does so much for you and for this community.


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the  
Date

for 2016  
Presidents Ball  
November 12th



# ACTOR MARK RUFFALO VISITS FLINT



*Can you tell which is Dr. Brian Nolan and which is Actor Mark Ruffalo?*



*Have you ever seen Dr. Mona Hanna-Attisha smile like this?*

## YOUR \$\$\$ AT WORK

- GCMS met with third-party payers and specialty societies investigating ways to get physicians paid long term for new care requirements for Flint residents under the Medicaid expansion
- GCMS met with legislators to discuss scope of practice, maintenance of certification, and other issues of critical importance to physicians
- GCMS arranged meetings with key federal and state officials revolving around the Flint Water Crisis, related medical care issues, prevention issues, and the need to work together
- GCMS helped coordinate between dermatologists and federal and state staff regarding the screening of several hundred individuals for rashes
- GCMS represented physicians in virtually every venue impacting physician's practices

## March Legislative Liaison Deals with Governors' Budget, MAPS, and MOC



The March 7 Legislative Liaison Committee meeting dealt with several complicated issues. Present were Representative Joe Graves, Gary Jones of Congressman Kildee's staff, Tim Sneller of Representative Charles Smiley's staff.

The Committee reviewed Governor Rick Snyder's executive budget recommendations. It was noted that graduate medical education has not been proposed for cuts. The issue of a carve out of mental health services is not expected to move forward. Dr. Niketa Dani noted that it is very difficult for primary care physicians to manage mental health services. Managed-care plans are burdensome on mental health issues, which impacts both physicians and patients. To privatize mental health services would be very bad for everyone.

The Michigan Automated Prescription System (MAPS) was discussed. Last year, the Legislature passed legislation to upgrade the system. There was no financial support for that upgrade. This year, the budget proposal includes funding.

The health insurance claims assessment charges

will rise from three 0.75% on insurance claims to 1% through 2020.

There was a general discussion of the Medicaid health risk assessment. Several physicians noted that there are problems submitting the assessments.

Maintenance of certification was discussed briefly, as it has been for the last several meetings. Bills to remove maintenance of certification is the prime criteria for hospitals and insurance companies to offer privileges, are expected to move.

Dr. Blight noted that this meeting would be Tim Sneller's last meeting as a staff person. He will not be invited to future meetings, because he is expected to be a candidate for Representative Smiley's seat. Mr. Sneller thanked the Medical Society for many years of hosting meetings that he has attended. He noted that he would always be there for the Medical Society.

There will be no Legislative Liaison Committee meeting in April. The next meeting will be held on May 2nd, and will be a recap of the MSMS House of Delegates.



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the  
Date*

for 2016

Presidents Ball

November 12th

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# RESOLUTIONS

**TITLE:** Reaffirmation of the Recognition of Haptention and Hypersensitivity Disorders, the Importance of Identification

**INTRODUCED BY:** Qazi Azher, MD, on behalf of the Genesee County Medical Society

**ORIGINAL AUTHOR:** Qazi Azher, MD

**WHEREAS,** despite passage of resolution 7-13 by the MSMS House of Delegates, chemical and/or metal sensitization (e.g. due to cosmetics, medications, and fumes) is poorly understood and grossly under-recognized by physicians, and

**WHEREAS,** haptention is a known and well documented physiologic process occurring in humans, creating symptoms and disease; therefore, be it

**RESOLVED:** That MSMS reinvigorate the use of its communication vehicles to make physicians aware of the process of haptention and sensitization and their multiple ramifications, and be it further

**RESOLVED:** That MSMS reinvigorate the use of its communication vehicles to help physicians recognize that one can teach patients methods to avoid exposure to the haptens, and be it further

**RESOLVED:** That MSMS reinvigorate the use of its communication vehicles to help physicians include chemical sensitivity in the differential diagnosis, take a history focused on exposures to toxins and symptoms related to known toxins and testing, and be it further

**RESOLVED:** That our AMA be asked to reinvigorate the use of its communication vehicles to make physicians nationally aware of the process of haptention and sensitization and their multiple ramifications, as well as to help physicians teach patients methods to avoid exposure to the haptens, and to help physicians include chemical sensitivity in the differential diagnosis, take a history focused on exposures to toxins and symptoms related to known toxins and testing.

---

**TITLE:** Data Tampering in Public Health Reporting

MICHIGAN STATE MEDICAL SOCIETY

Medical Student Section

Resolution # \_\_\_\_ (A-16)

**Introduced by:** Nick Harrison, MSS Vice Chair & Delegate, Alt Delegate for Genesee County Medical Society

Rohit Abraham, MSS Member, Kent County Medical Society

Elaina Molter, MSS Member, Saginaw County Medical Society

Paige Goote, MSS Member, Ingham County Medical Society

**Referred to:** MSMS Reference Committee, (----, Chair)

**WHEREAS,** There is currently a state of emergency in the city of Flint based on dangerously high levels of lead in its water resulting in the doubling of blood lead levels in children 1; and

**WHEREAS,** It has been alleged that data on the amount of lead in Flint's water had previously been manipulated by public employees to hide these elevated lead levels<sup>3,4</sup>; and

**WHEREAS,** Manipulation of public health data to avoid reporting unfavorable circumstances represents an unethical act in any such case; and

**WHEREAS,** Manipulation and/or intentionally inaccurate reporting of public health data presents a tremendous and direct threat to community health and patient safety; and

**WHEREAS,** The intentional distortion of data by state employees is not at this time a clearly punishable criminal offense in Michigan at this time<sup>1</sup>; and

**WHEREAS,** The Michigan legislature is currently exploring legislation to criminalize the distortion of state data, including public health data, to be punishable as a felony<sup>2</sup>; therefore be it

**RESOLVED:** That the MSMS strongly opposes any intentional tampering, distortion, or manipulation of public health data reporting by public employees or other invested parties, and

**RESOLVED:** That the MSMS supports criminalization of intentional tampering, distortion, or manipulation of public health data reporting by public employees or other invested parties.

AUTHOR'S ESTIMATED

FISCAL NOTE, if applicable: \$ \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

**REFERENCES:**

1. [http://www.mlive.com/news/flint/index.ssf/2016/01/governor\\_declares\\_state\\_of\\_eme.html](http://www.mlive.com/news/flint/index.ssf/2016/01/governor_declares_state_of_eme.html)

2. <http://michiganradio.org/post/state-employees-who-intentionally-distort-data-could-face-jail-time-under-proposed-law>

3. <http://detroit.cbslocal.com/2015/10/08/lax-water-system-oversight-manipulated-data-lead-to-public-health-crisis-in-flint-researcher-says/>

4. [http://www.mlive.com/news/flint/index.ssf/2016/02/snyder\\_ordered\\_deq\\_to\\_withhold.html#incart\\_special-report](http://www.mlive.com/news/flint/index.ssf/2016/02/snyder_ordered_deq_to_withhold.html#incart_special-report)

**Title:** All Governmental Communications Be Made Available Electronically Within One Week

**Original Author:** John Waters, MD

**Introduced by:** Laura Carravallah, MD, on behalf of the Genesee County Medical Society Delegation

**WHEREAS** the Flint water crisis resulted from documented failures of all layers of government agencies and departments to act appropriately in the public's interest due to and despite interdepartmental and inter-agency communications, and

**WHEREAS** this interdepartmental and inter-agency communication and lack of in some cases contributed to the Flint water crises, and

**WHEREAS** the lack of public access to government water testing results contributed to the Flint water crisis, and

**WHEREAS** the county of Genesee was forced to Freedom of Information Act the State of Michigan for critical information, and

**WHEREAS** Michigan has an open meetings law to improve public access to improve the accountability of government, and

**WHEREAS** lack of government communications to the public and medical community contributed to the worsening of the Flint water crisis, therefore be it

**RESOLVED**, that MSMS pursue legislation that would establish that all, local, county and state government communications be made available free of charge to the public electronically within seven business days of such communication.

---

**TITLE:** Timely and Transparent Data Sharing for Drinking Water Testing

**AUTHOR(S):** (LAURA CARRAVALLAH, MD), MSU-CHM MD-PH Students, Kendall Bell, Jennifer Choy, Joy Lerner, Myah Ray, Teresa Soldner

**INTRODUCED BY:** Laura Carravallah, MD, on behalf of the Genesee County Medical Society Delegation

**WHEREAS** in the summer of 2014, the Flint River water supplying drinking water to the City of Flint became contaminated with coliform bacteria and Total Trihalomethane (TTHM), a carcinogenic byproduct was elevated, and

**WHEREAS** it took a Freedom of Information Act (FOIA) request and more than 90 days before there was any warning issued to the 100,000 people who were drinking and bathing in the water, and

**WHEREAS** in January 2015, the Michigan Department of Environmental Quality (MDEQ) wrote to the governor that trihalomethane in the water was not a cause for alarm despite it being more than 80 parts per billion, and

**WHEREAS** lead levels in the water tested high in many areas of the city for months before citizens were aware, and

**WHEREAS** the MDEQ threw out the two highest lead in water results without needing to explain their existence which resulted in keeping the average results of their report in compliance (<15 ppm), and

**WHEREAS** the people most at risk from these health hazards were not deemed privileged to see the information gathered, and

**WHEREAS** lack of transparency was able to hide this problem for months, resulting in the poisoning of more than 100,000 citizens without giving them the chance to try and avoid the danger, therefore be it

**RESOLVED**, that MSMS and AMA should lobby for a State law that requires all municipal water test results performed by municipal, city, county, district or state agencies to be posted on a publicly available website as soon as they are reported within one week, except for sewage overflow being reported in four hours, and be it further

**RESOLVED**, that MSMS and AMA should lobby for a state law that requires all reportable disease reports performed by city, county, district or state to be posted on a publicly available website as soon as they are reported within one week, and be it further

**RESOLVED**, that MSMS and AMA should lobby for a state law that requires that reports of sewage overflow be posted within four hours, and be it further

**RESOLVED**, the public should be able to subscribe to a real-time alert system for all test results which exceed federal, state, or local standards within a person's designated zip code(s) of interest, and be it further

**RESOLVED**, that all collected results that are excluded from final data analysis should be annotated and explained.

# RESOLUTIONS

**Title:** Municipal Lead Plumbing Must Go

**Author(s):** (Laura Carravallah, MD), MSU-CHM MD-PH Students, Kendall Bell, Jennifer Choy, Joy Lerner, Myah Ray, Teresa Soldner

**Introduced by:** Laura Carravallah, MD, on behalf of the Genesee County Medical Society Delegation

**WHEREAS** the more than 100,000 people have been poisoned by lead in drinking water from the City of Flint, and

**WHEREAS** it is estimated that the water infrastructure has been aged at least 15 years by the recent 18-month lack of corrosion control in this man-made disaster, and

**WHEREAS** protective scale on the inside of the water pipes in Flint is now corroded and friable, predisposing it to flake off with subsequent exposure of the underlying lead pipes and joints to drinking water as well as depositing flakes of lead compound downstream in household pipes and aerators, and

**WHEREAS** these breakages are unpredictable, thus making systematic testing unreliable, as houses which have previously tested under the EPA limit of 15 ppb may subsequently test extremely high, and

**WHEREAS** despite the switch back to the Detroit water system and optimal corrosion control, more than 10% of households in Flint are still testing over the 15 ppb EPA limit<sup>1</sup>, with some testing at more than 10,000 ppb range<sup>2</sup>, therefore be it

**RESOLVED**, that MSMS strongly advocate that all lead service lines and joins in the City of Flint be replaced immediately, and be it further

**RESOLVED**, that MSMS advocate that lead plumbing in other municipal water supplies in Michigan be replaced as soon as possible, and be it further

**RESOLVED**, that MSMS ask the AMA to strongly for the funding of swift replacement of lead plumbing throughout our country.

1 Mlive - [http://www.mlive.com/news/flint/index.ssf/2016/02/latest\\_flint\\_water\\_testing\\_sho.html#incart\\_river\\_index\\_topics - 2/22/16](http://www.mlive.com/news/flint/index.ssf/2016/02/latest_flint_water_testing_sho.html#incart_river_index_topics - 2/22/16)

2 Mlive - [http://www.mlive.com/news/flint/index.ssf/2016/02/high\\_lead\\_levels\\_still\\_being\\_f.html](http://www.mlive.com/news/flint/index.ssf/2016/02/high_lead_levels_still_being_f.html)

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**Title:** Ban Lead in Plumbing

**Original Author:** John Waters

**Introduced by:** Laura Carravallah, MD, on behalf of Genesee County Delegation

**WHEREAS** according to the International Code Council and the Summary of the Reduction of Lead in Drinking Water Act frequently asked questions, US EPA October 2013, 20% of ingested lead is from drinking water, and

**WHEREAS** the CDC states that there is no safe level of lead, and

**WHEREAS** according to the National Science Foundation, lead leaching is not directly proportional to the level of lead in a water delivery product, and

**WHEREAS** according to 1986 standards produced by the Federal Safe Water Drinking Act allow 8% or less lead in potable plumbing, and

**WHEREAS** lead-free as defined in the safe water drinking act does not actually mean lead free, and

**WHEREAS** major institutions such as the University of Michigan-Flint have found high levels of lead in shower water following treatment of water to the point of being virtually lead free, and

**WHEREAS** the source of that lead has proven to be water fixtures, and

**WHEREAS** physicians are obligated to tell patients when there is a health threat, and

**WHEREAS** the failure of government at all levels to protect the public in the Flint Water Crisis has been made abundantly clear, therefore be it

**RESOLVED**, that the Michigan State Medical Society and the American Medical Association, and all county medical societies in the state of Michigan pursue lead-free standards at the state and federal levels that are actually lead-free, for all plumbing related to drinking water.



**TITLE:** Regular Monitoring of Water at School and Daycare Sites

**AUTHOR(S):** (Laura Carravallah, MD), MSU-CHM MD-PH Students, Kendall Bell, Jennifer Choy, Joy Lerner, Myah Ray, Teresa Soldner

**INTRODUCED BY:** Laura Carravallah, MD, on behalf of the Genesee County Medical Society Delegation

**WHEREAS,** young children are among the most vulnerable to the neurotoxic effects of lead, and

**WHEREAS,** schools and daycares are where children spend a significant amount of their time, and

**WHEREAS,** schools and daycares are not currently required to test the water that they give children for lead or other hazardous materials under the Safe Drinking Water Act, and

**WHEREAS,** lead in water levels at Eisenhower Elementary School, Freeman Elementary school and Brownell/Holmes STEM Academy in Flint all tested above 15 ppb, with Freeman testing at 101 ppb1, and

**WHEREAS,** testing was not conducted by the MDEQ at any schools until specifically requested by the Genesee County Health Department, and

**WHEREAS,** despite having samples picked up by the MDEQ on 10/2/15 with a promise of a “24 hour turnaround”, it was ordered by Governor Snyder not to release any lead level results of Genesee County until after a press conference on 10/8/152 , therefore be it

**RESOLVED:** that the MSMS and AMA should lobby to mandate that all schools and registered daycare sites should routinely be among those sites chosen by municipal water quality assurance testing as part of the Safe Drinking Water Act enforcement, and be it further,

**RESOLVED:** that should there be abnormal test results from the water testing at schools, these sites should continue to be tested repeatedly until results return to normal.

1 Mlive - [http://www.mlive.com/news/flint/index.ssf/2015/10/three\\_flint\\_schools\\_water\\_exce.html](http://www.mlive.com/news/flint/index.ssf/2015/10/three_flint_schools_water_exce.html)

2 Mlive - [http://www.mlive.com/news/flint/index.ssf/2016/02/flint\\_schools\\_sent\\_lead\\_water.html](http://www.mlive.com/news/flint/index.ssf/2016/02/flint_schools_sent_lead_water.html)

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**TITLE:** Raise Minimum Age of Legal Access to Tobacco and Nicotine Products in Michigan

**INTRODUCED BY:** Gerald Natzke, DO, on behalf of the Genesee County Medical Society Delegation

**ORIGINAL AUTHOR:** Gerald Natzke, DO

**WHEREAS,** each year over 15,000 Michiganders die from tobacco use and over 10,000 Michigan children become new regular, daily smokers, of whom a third will die prematurely because of this addiction; and

**WHEREAS,** 95% of adults began smoking before age 21, and 4 out of 5 become regular, daily smokers before age 21; and

**WHEREAS,** raising the legal age of access to 21 would reduce the likelihood that young people would have access to tobacco products through social sources; and

**WHEREAS,** nearly 60 jurisdictions in 7 states have already raised the minimum age of legal access to tobacco products and several states are currently considering statewide legislation to do so; and

**WHEREAS,** smoking-caused health costs in Michigan total more than \$4.5 billion per year, and

**WHEREAS,** raising the age of legal access to tobacco products to age 21 will likely decrease overall tobacco use rates; and

**WHEREAS,** the Institute of Medicine concluded that raising the age of legal access to tobacco products to 21 years of age will likely prevent or delay initiation of tobacco use by adolescents and young adults, thus immediately improving the health of adolescents and young adults, improving maternal, fetal, and infant health outcomes, and substantially reducing smoking prevalence and smoking-related mortality over time, and

**WHEREAS,** it is predicted that raising the age to 21 in Michigan would result in fewer premature deaths, fewer deaths from lung cancer, and fewer years of life lost; therefore, be it

**RESOLVED,** that the Michigan State Medical Society endorse raising the minimum age of legal access to tobacco and nicotine products to 21 years of age in the State of Michigan.

# RESOLUTIONS

**Title:** Assurance and Accountability for EPA's State Level Agencies

**Original Author:** (Laura Carravallah, MD)

MSU-CHM MD-PH Students

Kendall Bell, Jennifer Choy, Joy Lerner, Myah Ray, Teresa Soldner

**Introduced by:** Laura Carravallah, MD, on behalf of the Genesee County Medical Society Delegation

**WHEREAS** local health and environmental safety agencies which are delegated power by state agencies have a regular accreditation process, and

**WHEREAS** state agencies do not have an equivalent accreditation review from the Environmental Protection Agency (EPA), and

**WHEREAS** the Michigan Department of Environmental Quality (MDEQ) was not ensuring the correct lead testing protocols in Flint outlined by the federal Safe Drinking Water Act in that they were not testing the highest risk areas and were eliminating the highest test results from the data sets, and

**WHEREAS** tens of thousands of people in Flint have now been unnecessarily exposed to high lead levels in their drinking water, therefore be it

**RESOLVED**, that MSMS should ask the AMA to lobby for a requirement that the Environmental Protection Agency (EPA) conduct regular quality assurance reviews of state agencies that are delegated to enforce EPA regulations.

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**TITLE:** Prior Authorization and Tiering

**INTRODUCED BY:** Deborah Duncan, MD, on behalf of the Genesee County Medical Society Delegation

**ORIGINAL AUTHOR:** S. Bobby Mukkamala, MD

**WHEREAS**, it is likely that Blue Cross Blue Shield of Michigan will be tiering physicians, both specialty and primary care, based on cost and quality measures, as a component of its PGIP uplift initiative, and

**WHEREAS**, physicians who receive the maximum uplift, have demonstrated their ability to practice high quality medicine, by Blue Cross Blue Shield of Michigan standards while controlling costs appropriately, again by Blue Cross Blue Shield of Michigan standards, and

**WHEREAS**, pre-authorization for surgical procedures and imaging tests is often required by Blue Cross Blue Shield of Michigan in an effort to assure, by Blue Cross Blue Shield of Michigan's criteria, the appropriateness of such procedures and tests, in an effort to improve quality and reduce costs, and

**WHEREAS**, obtaining these pre-authorizations is time consuming for medical office staff and patients, therefore be it

**RESOLVED** that MSMS engage Blue Cross Blue Shield of Michigan in an effort to eliminate the need for physicians receiving the maximum uplift for their specialty to obtain pre-authorization for tests and procedures that they order.

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**Title:** Governmental Water Testing

**Introduced by:** Laura Carravallah, MD, on behalf of GCMS Delegation

**Original Author:** John Waters, MD

**WHEREAS** water test turnaround time and transparency of reporting in the Flint Water Crisis has been a major impediment to avoid lead exposure for infants, children, and adults, and **WHEREAS** this interdepartmental and inter-agency communication and lack of in some cases contributed to the Flint water crises, and

**WHEREAS** the time lag between testing of water and reporting of results in a timely fashion is critically important it for the purpose of primary prevention, and

**WHEREAS** the results of water tests are critical to avoiding morbidity and mortality related to toxic water exposure, therefore be it

**RESOLVED**, that all city, county, state, and federal tests of water for impurities, heavy metals in any other health related inclusions be mandated to be reported to the public, and available electronically as soon as possible, with no allowance for that reporting longer than one week from the time that the sample was taken until the time that it is reported back to the public.

**TITLE:** Reaffirmation of Reverse Onus in the Manufacture and Use of Chemicals

**INTRODUCED BY:** Gerald D. Natzke, DO, on behalf of the Genesee County Medical Society Delegation

**ORIGINAL AUTHOR:** Gerald D. Natzke, DO

**WHEREAS,** despite passage of Action Report #6 of 2006 by the MSMS House of Delegates, Michigan and the Great Lakes region continue to suffer significant chemical contamination as a result of past manufacturing practices and inadequate business and governmental stewardship, and

**WHEREAS,** this historic contamination, particularly by bio-accumulative, persistent chemicals continues to affect the environment and human health, and

**WHEREAS,** some chemical contaminants, including pesticides and herbicides in the Great Lakes ecosystem have been associated with developmental delays and neurological impairments in children and other human health effects, and

**WHEREAS,** there is continuing concern about the potential environmental and human health impacts of chemicals still in common use, and

**WHEREAS,** exposure of the environment and human health to chemicals that are later found to have significant health impacts can result in irreversible health problems in those exposed, as well as significant costs to industry and government for cleanup, and

**WHEREAS,** the State of Michigan has a responsibility to exercise leadership in protection of the Great Lakes ecosystem by virtue of its geographic position at the heart of the Great Lakes basin and the linkage between the health of the lakes and the health of Michigan; therefore, be it

**RESOLVED:** That MSMS reaffirm its commitment to urge the State of Michigan to adopt and advocate policies that prevent avoidable harm to the environment and human health by placing the burden of proof, where there is scientific evidence of harm, for the safety of chemicals on those manufacturing, handling, importing, or proposing to introduce in to commerce such chemicals prior to their use, and be it further

**RESOLVED:** That the Michigan Delegation to the AMA ask the AMA to reaffirm its commitment to urge the Environmental Protection Agency (EPA) to adopt and advocate policies that prevent avoidable harm to the environment and human health by placing the burden of proof, where there is scientific evidence of harm, for the safety of chemicals on those manufacturing, handling, importing, or proposing to introduce into commerce such chemicals prior to their use, and be it further

**RESOLVED:** That MSMS reaffirm its commitment to urge the State of Michigan to adopt and advocate policies based on the precautionary principle where there is scientific evidence of harm, which holds that when an activity raises threats of harm to human health or the environment, precautionary measure should be taken. The burden of proof should be on the user or producer of a hazardous chemical or product to convince government authorities that the product does not deserve to be restricted and that it is the least-damaging alternative available, and be it further

**RESOLVED:** That the Michigan Delegation to the AMA ask the AMA to continue to urge the Environmental Protection Agency (EPA) to adopt and advocate policies based on the precautionary principle where there is scientific evidence of harm, which holds that when an activity raises threats of harm to human health or the environment, precautionary measures should be taken. The burden of proof should be on the user of producer of a hazardous chemical or product to convince government authorities that the product does not deserve to be restricted and that it is the least damaging alternative available, and be it further

**RESOLVED:** That MSMS reaffirm its commitment to urge private parties that are manufacturing, handling, importing, or proposing to introduce into commerce chemicals that may be hazardous to human health or the environment to take such steps and other wise observe such precautions as are needed pro prevent or minimize damage to human health or the environment. These parties should carefully investigate the composition of the product and its properties from the perspective of health and environmental protection. The products should be clearly labeled with data of importance from the point of view of protecting health and the environment, and be it further

**RESOLVED:** That MSMS reaffirm its commitment to urge the State of Michigan to adopt policies discouraging use of substances that are persistent and liable to bio-accumulate, and advocate adoption of federal laws and policies that ban the use of such substances, and be it further

**RESOLVED:** That the Michigan Delegation to the AMA ask the AMA to reaffirm its commitment to urge the EPA to adopt policies discouraging use of substances that are persistent and liable to bio-accumulate, and advocate adoption of federal laws and policies that ban the use of such substances.



Genesee County Medical Society Quarterly Dinner Business Meeting

**May 5, 2016**

A Medical Community Town Hall Meeting on

# **LEGIONELLA:**

## *A Cyclical Killer*

***Recommendations, rationale, and references!***

**In 2014 and 2015, there were nearly  
90 confirmed legionella cases with 10 deaths.**

**The topic of how to handle this cyclical disease will be  
presented at this very important meeting.**

**The faculty is in process of development, but will feature  
both academic and applied experts. Local research  
investigations relating to Legionella will also be presented.**

**A rich discussion will follow.**

**Faculty roster will be announced as soon as it is finalized.**

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

- \$40.00 - GCMS Members, Spouses, Practice Managers, & Staff**
- \$40.00 - Genesee County Osteopathic Association Physician Members & Spouses**
- \$25.00 - Residents & Students**
- \$50.00 - All Non-Member Guests**

**Flint Golf Club  
3100 Lakewood Drive  
Flint, MI 48507**

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

***RSVP's requested by April 28th, 2016***

**Please mail your reservation payment to:  
Genesee County Medical Society  
4438 Oak Bridge Drive, Suite B  
Flint, MI 48532**

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

**HAPPY BIRTHDAY DOCTOR**

**APRIL**

Devinder Bhrany, MD .....	1	Peter Thoms, MD .....	15
Wayne Breece, MD .....	2	Ehab Youssef, MD .....	17
Kenneth Jordan, MD .....	3	Sarah Sanchez, MD .....	19
Vemblaserry Jayabalan, MD.....	3	Abdullah Raffee, MD .....	19
Wilbur Boike, MD .....	5	Gregory Forstall, MD .....	21
Qazi Azher, MD .....	6	Alan Weamer, MD .....	22
Carlo Dall'Olmo, MD .....	6	Gerald Cole, MD .....	22
Kurt Mikat, MD .....	7	Louis Coriasso, MD .....	22
Ahsan Wahab, MD .....	9	Thomas Bossi, DO .....	23
John Bauer, MD .....	9	Byron Schoolfield, MD .....	24
Syed Sattar, MD .....	10	Nita Kulkarni, MD .....	26
Edwin Smith, MD .....	10	Rima Jibaly, MD .....	26
Dilraj Ghumman, MD .....	11	James Martin, MD .....	26
Muhammad Jabbar, MD .....	11	Hesham Gayar, MD .....	28
Elisea Singson, MD .....	12	Ok Kang, MD .....	28
Huda Elhwairis, MD .....	13	Richard Prior, MD.....	28
Jeffrey Diskin, MD .....	13	Sunita Tummala, MD .....	29
W. Archibald Piper, MD .....	13	Mark Camens, MD .....	29
M. Varkey Thomas, MD .....	15	Mark Mattos, MD .....	30
Fook Kuet, MD .....	15	Seif Saeed-Elasad, MD .....	30
Don Rubino, MD .....	15		





# Gcms Member Dermatologists, MDHHS and CDC Investigate Rashes Possibly Associated with Flint Water Exposure

In response to reports from multiple health care providers and members of the public, on January 29, 2016 the Michigan Department of Health and Human Services (MDHHS) launched an investigation to characterize reported rashes possibly associated with Flint municipal water exposure. While rashes are very common in the general population and there are numerous known causes, an important public health function involves being able to identify and rapidly respond to new causes of illness including rashes as they emerge.

A CDC/ATSDR Assessment of Chemical Exposures team has been providing support to MDHHS efforts since February 25 through standardized interviews of over 80 individuals with rash and systematic reviews of medical records on those individuals who have seen a healthcare provider for their rash. These individuals are offered home water testing by EPA for metals and other water quality parameters potentially associated with rash. MDHHS has also begun collaborating with Genesee County Medical Society dermatologists who have volunteered to conduct free dermatological screening exams. This will be a one-time evaluation and no treatment will be prescribed. The dermatologists will send copies of each individual's assessment with any treatment recommendations to their primary care physician.

Health care providers can assist in this effort to better characterize rashes that have a possible association with Flint water exposure. Individuals meeting the following rash criteria may be reported to MDHHS, where they will be interviewed and offered referrals for dermatology screening and EPA home water testing:

1. Place of residence supplied by Flint city water (or other significant exposure location), and



2. Current rash identifiable by exam, with onset on or after October 16, 2015, or

Existing rash with a period of obvious worsening on or after October 16, 2015, and

3. No alternative medical diagnosis that would clearly be unrelated to water exposure.

Rash is not reportable in the State of Michigan, so please ask individuals if they would be agreeable to follow up contact by the MDHHS. If they are, their contact information can be reported directly to MDHHS at 1-800-648-6942. Members of the public with current rashes are encouraged to contact their primary care physician. They may also call 2-1-1 if they have concerns about rash or other health effects in relation to Flint water.

The results of this investigation will help improve our understanding of any potential association between reported rashes and Flint water and inform public health response priorities in Flint.

Thank you,  
Michigan Health Alert Network





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Burton, MI 48509

**Branch Office**  
1005 University Ave.  
Flint, MI 48504

**Branch Office**  
3400 Regency Park Dr.  
Grand Blanc, MI 48439

**Branch Office**  
168 N. Saginaw St.  
Lapeer, MI 48446



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## Meeting the health needs of Genesee County's children

### Child & Adolescent Psychiatry

- Medication Management
- Psychiatric Consultation
- Behavioral Health Counseling, Screening, Support Groups
- Prevention Activities

### Child & Adolescent Health

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

### Child & Adolescent Dentistry

- Dental Exams & Preventive Care
- Dental Treatment & Restorations
- School Screening and Sealant Program
- Infant & Toddler Oral Health Care

**Services provided at no cost to low income families living in Genesee County**

Mott Children's Health Center  
806 Tuuri Place  
Flint, Michigan 48503  
**(810) 767-5750**  
[www.mottchc.org](http://www.mottchc.org)

# HEALTHCARE MICHIGAN AWARD OF EXCELLENCE

## PATIENT/POLITICAL ADVOCACY

### Flint Water Crisis Team

For those who believe grassroots movements have given way to large, moneyed interests and monolithic, unconquerable government bureaucrats, the city of Flint and its dedicated citizens stand as a sterling example of what can be achieved with guts, commitment and passion.

By now, the world knows about Flint and its multicolored, fragrant water and the strife it has caused. And the world has responded. Water donations, financial support, legislation and help-in-kind are being showered on this Michigan community of about 100,000.

This help is too late and not enough in many cases. The damage to Flint's children from lead poisoning is as yet unknown. The cost of replacing all of the city's water pipes is daunting. Feelings of mistrust and lack of confidence government likely will linger long.

Eventually Flint's water quality crisis would have floated to the surface and become too obvious to ignore. But that process of discovery and acknowledgement could have taken months or even years as government agencies, state bureaucrats and politicians seemed to do everything in their power to deny the problem and, when that failed, to minimize its scope.

Presenting evidence of raised lead levels in children and in the water, researchers, physicians and local public health advocates presented their findings to government officials and demanded they aggressively investigate the matter. When their pleas fell on deaf ears, they took their case public with a press conference. And the ball started rolling.

Mass shipments of water began pouring into the city. National and international media and celebrities embraced Flint's struggle. Cash donations in the millions of dollars rolled in. State and federal government began drafting bills appropriating millions more to fix problems created by the tainted tap water.

The pace of the fixes is still too slow for many, and the damage done in some cases might not be reparable. But all of this could have been much, much worse. Committed people in a proud, but struggling city put the first finger in the dike and sounded the alarm that brought the nation to Flint's side.

When we first received the award nomination for what we chose to call the "Genesee County Flint Water Crisis Team," we could tell that behind each name were many more who quietly lent their support to furthering Flint's efforts to force a fix.

Healthcare Michigan is proud to recognize the following community leaders and grassroots activists for their role in exposing and helping to bring solutions to their city.



### From the Genesee County Medical Society:

Lawrence Reynolds, MD    Laura Carravallah, MD  
Gerald Natzke, DO  
Mona Hanna-Attisha, MD    Peter Levine, MPH

### From the Greater Flint Health Coalition: GFHC

Kirk Smith, MHSA

### From the Michigan Legislature:

Senator Jim Ananich



# Issues of Serious Concern for Medical Practices!

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



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

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

## **April Topic:**

Medicaid Drug Formulary's.  
*Presenter: Molina, McLaren Health Plan & MSMS*

## **May Topic:**

Federal Health Opportunities Program –  
A Major Staffing Resource for Practices and Clinics  
*Presenter: Penny Poplar of Greater Flint Health Coalition*

**Light breakfast available – coffee, tea, yogurt, fruit cups and granola bars**

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



# FREE! Commit to Fit! Class Schedule

Commit to Fit offers fitness classes and healthy cooking demonstrations at **no cost** to all individuals who live or work in Flint and Genesee County. Depending on the facility, participants may be asked to complete a brief registration form prior to attending a class. Class sizes are limited and are on a “first-come, first-served” basis. Fitness Centers require participants to be age 18 and older, other locations are open to all ages. See back side for details.

## APRIL 2016 CALENDAR



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY					
					1	2					
					<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Zumba Toning</b> UM-Flint Rec 5:30 p.m.	<b>Healthy Cooking Demonstration</b> Flint Farmers' Market 12:30 p.m.					
4	<b>Senior Stretch</b> YMCA Downtown 10:00 a.m.  <b>Aqua Fitness</b> UM-Flint Rec 5:30 p.m.	5	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m. <b>Healthy Cooking Demonstration</b> Flint Farmers' Market 12:30 p.m. <b>Fit Club at the Local</b> 5:30 p.m.	6	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Zumba Gold (Beginner)</b> GAC 5:30 p.m.	7	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.  <b>Basic Yoga</b> IHFC 6:45 p.m.	8	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Zumba Toning</b> UM-Flint Rec 5:30 p.m.	9	
11	<b>Senior Stretch</b> YMCA Downtown 10:00 a.m.  <b>Aqua Fitness</b> UM-Flint Rec 5:30 p.m.	12	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m. <b>Healthy Cooking Demonstration</b> Flint Farmers' Market 12:30 p.m. <b>Fit Club at the Local</b> 5:30 p.m.	13	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Zumba Gold (Beginner)</b> GAC 5:30 p.m.	14	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.  <b>Basic Yoga</b> IHFC 6:45 p.m.	15	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Zumba Toning</b> UM-Flint Rec 5:30 p.m.	16	
18	<b>Senior Stretch</b> YMCA Downtown 10:00 a.m.  <b>Aqua Fitness</b> UM-Flint Rec 5:30 p.m.	19	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m. <b>Healthy Cooking Demonstration</b> Flint Farmers' Market 12:30 p.m. <b>Fit Club at the Local</b> 5:30 p.m.	20	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Zumba Gold (Beginner)</b> GAC 5:30 p.m.	21	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.  <b>Basic Yoga</b> IHFC 6:45 p.m.	22	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Zumba Toning</b> UM-Flint Rec 5:30 p.m.	23	
25	<b>Senior Stretch</b> YMCA Downtown 9:00 a.m.  <b>Aqua Fitness</b> UM-Flint Rec 5:30 p.m.	26	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m. <b>Healthy Cooking Demonstration</b> Flint Farmers' Market 12:30 p.m. <b>Fit Club at the Local</b> 5:30 p.m.	27	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Zumba Gold (Beginner)</b> GAC 5:30 p.m.	28	<b>Enhance Fitness</b> Flint Farmers' Market 10:00 a.m.  <b>Basic Yoga</b> IHFC 6:45 p.m.	29	<b>Enhance Fitness</b> Hasselbring Senior Center 9:00 a.m.  <b>Zumba Toning</b> UM-Flint Rec 5:30 p.m.	30	

APRIL 2016

## Class Descriptions & Locations

**Basic Yoga (1 hour)** - This class is a balanced flow of postures designed to build stamina, strength, and flexibility while promoting weight loss and general stress relief.

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



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

**Genesys Athletic Club (GAC)**  
801 Health Park Blvd  
Grand Blanc, MI 48439  
(810) 606-7300



**Aqua Fitness (1 hour)** – An invigorating water workout. Ideal for all fitness levels. No swimming required

**Zumba Toning (1 hour)** - When it comes to body sculpting, Zumba! Toning® raises the bar. It combines targeted exercises and high-energy cardio work with Latin-infused Zumba!® moves to create a calorie-torching, strength-training, dance fitness-party. Learn how to use light weights to enhance rhythm and tone target areas.

**University of Michigan-Flint Recreation Center (UM-Flint Rec)**  
401 Mill Street (for mapping)  
303 E. Kearsley  
Flint, MI 48502  
(810) 762-3441



**Healthy Cooking Demonstration (30 minutes)** - Learn how to cook a simple, healthy dish by a vendor at the Market and try a sample after!

**Flint Farmers' Market**  
300 E. First St  
Flint, MI 48502  
(810) 232-1399



**Fit Club Workouts (45 minutes)** – Join the Fit Club every Tuesday at 5:30 pm for fun boot camp style workout videos. All ages are encouraged to attend! Check out their [Facebook](#) page for up-to-date information!

**The Flint Local 432**  
124 W. 1<sup>st</sup> Street  
Flint, MI 48503  
(810) 813-4000

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

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# Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response Meets with GCMS Board of Directors on Legionella

On March 15, Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response for the US Public Health Service at the US Department of Health and Human Services, attended a special GCMS Board of Directors meeting. Infectious disease and pulmonary specialists were also invited to attend, as well as local hospital CEO's.

The purpose of the meeting was to discuss legionella, but issues relating to structure and organization of the recent intervention in Flint were also discussed. Dr. Pino Colone introduced Dr. Lurie, noting that the Genesee County Medical Society Board has serious concerns about the handling of legionella in Flint, past, present, and future. He noted that there have been several deaths due to legionella in the past two years, and the Medical Society is very concerned about the upcoming legionella season. He noted that the Genesee County Medical Society has been critically involved in opening water issues to the public's view, in conjunction with the Greater Flint Health Coalition, when others were rejecting Dr. Mona Hanna-Attisha's data. Before that, the Medical Society was working aggressively with the City of Flint on behalf of patients as members of the Flint Water Technical Advisory Committee, and in fact, pushed aggressively for the return to the Detroit water system. He also noted that member dermatologists are teaming up with the state and federal investigations to work on, and to look at skin issues. Other member physicians are also extremely involved in the entire Flint Water Crisis, along with GCMS staff.

Dr. Lurie reported that the City of Flint has staff from the Environmental Protection Agency, the Centers for Disease Control, the United States Department of Agriculture, the Department of Housing and Urban Development, the Small Business administration, the Department of Education, Department of Health and Human Services, and the Unified Command. Dr. Lurie noted that she was impressed with the folks who have come together to solve the problems of Flint. She wants to leave the community stronger than it was before the water disaster. There are 70-90 federal employees who have been in Flint since early January. They have four major goals. The first goal is that every citizen must have access to clean water. Goal two is fixing the Flint water system. Goal three is to deal with the health effects of the Flint Water Crisis. Behavioral health is a central focus. Two-hundred fifty people have been trained to do key psychological first aid. Goal four is to get hands around



the scope of the Flint Water issues. They want to get as many children tested as possible by April 15, so that mitigation efforts can be planned.

She complemented our local physicians for their powerful efforts on behalf of the citizens of Flint.

Dr. Cindy Whitney from the CDC then provided an overview of legionella.

Dr. Lurie expressed the need to have really a strong Health Department at the County and State levels. She stated that Flint-specific criteria might need to be developed on several issues. The Board of Directors requested a response on the issue of doing sputum tests in addition to urine tests if legionella is suspected from the Community and Environmental Health Committee which would be meeting in two days, on March 16.

Dr. Lurie noted the importance of maintaining communications with the medical community.



*Did you recognize...*

**Paul H. Musson, MD**



## *Announcement*

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## **GCMS MEETINGS**

— April 2016 —

**Legislative Liaison Committee**  
Recessed

### **Bi-Weekly Meeting Schedule:**

**Community & Environmental Health  
Committee, 4/13**  
12:30pm, GCMS Office

**C-Section Task Force, TBD**

**Finance Committee, 4/26**  
5:15pm, GCMS Office

**Board of Directors, 4/26**  
6pm, GCMS Office

### **Bi-Weekly Meeting Schedule:**

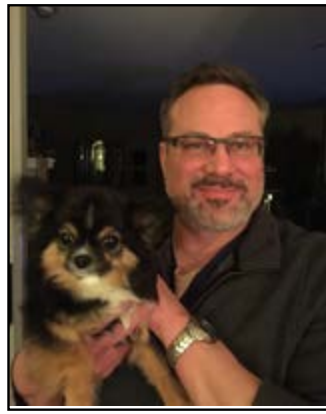
**Community & Environmental Health  
Committee, 4/27**  
12:30pm, GCMS Office

**Practice Managers, 4/28**  
6pm, GCMS Office

**MSF Fundraising Committee, 4/28**  
6pm, GCMS Office



# DOCTORS, ALLIANCE MEMBERS, STAFF AND THEIR PETS



Dr. David Dobies with Marcus



Dr. Dan & Mary Ryan  
Henri-Pierre & Calvin



Peter Levine & Mamie Day and their Dogs - Zeus, Sugar, Peyton



Dr. Sam Dismond  
with Samantha Rose



Dr. Bill & Polly Sheppard's cattle dog -  
Aussie herding bowling balls



Dr. Shafi & Ruqsana  
Ahmed's cat & dog



Dr. Shafi Ahmed with horses



Dr. Shafi & Ruqsana Ahmed's  
alpaca & goats

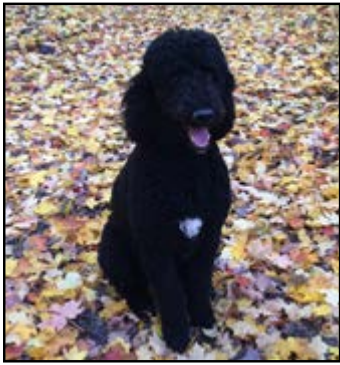


Sherry Smith, her Son Dean and their cat Connie-Dan



Dr. Stephen and Rosa Wang's Cats





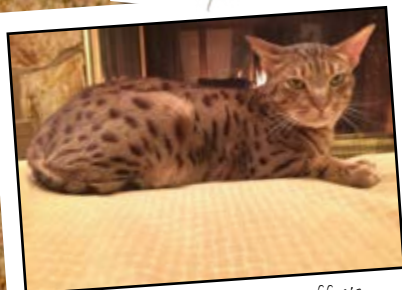
Dr. Laura Carravallah, Dr. Asif Ishaque,  
Danyal & Zena the Warrior Princess



Drs. Tarik Wasfie & Barina Zado's  
Dog Snow



Dr. Raouf & Judy Mikhail & their Dogs Cleopatra, Tutankhamen & Rocky



Dr. Abdullah & Feroza Raffee's  
cat - Milo



Dr. John Waters  
Baroness Rose (Bear)



Sue Soderstrom & Lilly



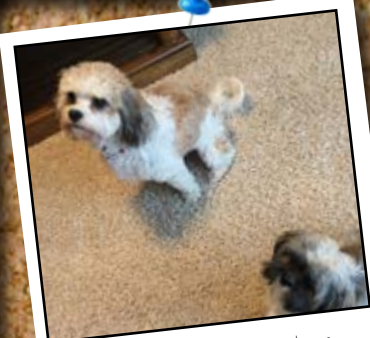
Dr. Meredith Good  
with Archie and Gretel



Dr. Allen Turcke and Sophie



Dr. Paul Lazar & Sue Kirby's  
cat Frankie & Ernie Banks



Dr. Gerald Natzke's dogs



# Save the Date

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*November  
12th, 2016*



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# Genesee County Medical Society Dinner Business Meeting

February 4, 2016

## Minutes

### I. Call to Order:

The meeting was called to order at 6:40 p.m. by Pino Colone, MD, President, in the Flint Golf Club dining room. Dr. Colone welcomed everyone to this very important Town Hall meeting on Drug Diversion, an Epidemic.

### II. Introduction of Guests:

Dr. Colone introduced the speakers for the evening, Judge Mark Latchana, Bryanna McGarry, and Dr. Carl Christiansen. He also welcomed Chris Flores, Hurley Medical Center Trustee and Vice President of Sacred Heart Center, Dr. Jim Forshee, Chief Medical Officer of Molina Healthcare, State Representative John Bizon, MD, members of Families Against Narcotics and guests from St. Clair, Saginaw, and Oakland counties. Dr. Colone introduced Jeff Burkhardt and Karen Biggings of Sanofi, sponsors for the evening.

### III. Review of Minutes

**Motion: That the minutes of the November 7, 2015 President's Ball Business Meeting be approved as published in The Bulletin. The Motion Carried.**

### IV. Nominating Committee Report

**Motion: that Drs. Cathy Blight and Mona Hardas be elected to serve as Board members on the 2016 Nominating Committee. The Motion Carried.**

**Motion: that Drs. Peter Thoms, Ed Holden, AppaRao Mukkamala, Jitendra Katneni, and Abdullah Rafee be elected to serve on the 2016 Nominating Committee as non-board members. The Motion Carried.**

### V. Announcements

Dr. Colone announced at the MSMS House of Delegates will take place on April 30th through May 1st at The Henry in Dearborn. He reminded everyone that resolutions have to be received by February 23rd for the GCMS Board of Directors meeting, and submitted by March 1 to MSMS.

Dr. Colone also solicited nominations for the GCMS Presidential Citation Award candidates.

### VI. Introduction of Speaker, Town Hall Meeting

Dr. Colone then introduced the speakers for the Town Hall Meeting on Drug Diversion. Speakers included Dr. Pino Colone, Chair of the MSMS Task Force on Opioid Stewardship, Cheri Pfeiffer, Vice President, Genesee County Chapter Families Against Narcotics, Honorable Judge Mark Latchana, of the 67th District Court, Bryanna McGarry, MSW, Legislative Assistant for State Senator Jim Ananich, and Dr. Carl Christiansen, Medical Director of the Michigan Health Professional Recovery Program. The presentations were riveting, and resulted substantial questioning of the speakers.

### VII. Adjournment:

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

### VII. Next Meeting

The next General Membership Dinner Meeting will take place on May 5, 2016.

### VIII. Adjournment

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

Submitted by,

Peter Levine, MPH

Executive Director





# Genesee County Medical Society

## Board of Directors

### January 26, 2016 - Minutes

#### I. Call to Order:

The meeting was called to order at 6:05pm, by Pino Colone, MD, President, in the Rapport Conference Room.

#### II. Review of Minutes:

#### III. Reports:

##### A) **Community & Environmental Health**

###### 1. Flint Water Update

Dr. Gerald Natzke reported that the Flint Water Quality Technical Advisory Committee is still not meeting.

**Motion:**                    **that the Mayor be asked to re-implement the Technical Advisory Committee meetings. The motion carried.**

Dr. Colone expressed appreciation to the core group of members and staff who are involved in the water issue on an ongoing and heavy basis.

Dr. Colone reminded the Board that GCMS was the only organization to support the Flint Mayors declaration of a water emergency.

**Directive:**                **the Community & Environmental Health Committee was directed to make recommendations for what advice the Society can provide to treat lead related conditions.**

###### 2. Legionella Update

It was noted that the Health Department has had their emails subpoenaed by the Attorney General.

###### 3. Resolutions

**Motion:**                    **that the Reaffirmation of Recognition of Haptenation and Hypersensitivity Disorders resolution be approved as presented. The motion carried.**

**Motion:**                    **that the Reaffirmation of Reverse Onus in the Manufacture and Use of Chemicals resolution be approved as presented. The motion carried.**

**Motion:**                    **that the GCMS Smoking & Vapor-Free Policy be approved as presented. The motion carried.**

##### B) **Finance**

###### 1. Budget-to-Actual Report

Pete Levine reviewed the budget to actual report for the period ending December 31, 2015, noting that cash is becoming very short.

**Motion:**                    **that the Budget-to-Actual report for the period ending December 31, 2015 be approved as presented. The motion carried.**

##### C) **Membership**

**Directive:**                **staff was directed to contact Debi Wright at Hurley Medical Center to find out why the number of residents is so low.**

It was reported that there are three new GCMS members that have come on board. Carmen Paredes Saenz, MD, Forrest Robart, DO, Tolutope Oyasiji, MD.

**Genesee County Medical Society**  
**Board of Directors**  
**January 26, 2016 - Minutes**

**D) Greater Flint Health Coalition**

Dr. John Waters reported that the primary topic of discussion with the Health Coalition has been water.

**E) District Directors Report**

Dr. Waters reviewed updates from the District Directors. It was noted that correspondence has been received from MSMS noting that GCMS has been reduced to one District Director from two. He covered the House of Delegates Order of Business, which has been released and was included in the Board packet. The GCMS delegation has been reduced to 10. The Joint Section meeting will take place on February 13, 2016.

**F) Presidents' Report**

Dr. Colone reported that GCMS had been successful getting termination from payer panels for three members reversed. Staff has been working with Medicaid payers and legislators to move them to plan for impact of lead on the population. A subset of the Board members and staff have coordinated the response to governmental inertia on the issues of TTHM, lead, legionella, and other Flint water issues. GCMS will receive an award from Healthcare Michigan for its core advocacy work on behalf of the public on the Flint Water Issue.

GCMS staff has spent significant time helping practices through changes in primacy among Medicaid payers. GCMS held a practice managers meeting to help practices with ICD 10 issues between payers and practices.

Dr. Colone reminded everyone to attend the Drug Diversion General Membership Town Hall Dinner meeting.

IV. Other Business

**A) Medical Student Resolutions**

Dr. Laura Carravallah reported that medical students have been asked to write resolutions for submission before the next meeting of the Board of Directors. Those resolutions will be vetted before the Board meeting. The topic will be non-governmental public health. Dr. Carravallah proposed a resolution to ask AMA to lobby the CDC to change testing regimens relating to lead in water.

**B) Award Title for Lifetime Community Service**

**Motion:                   that that the Presidential Citation for Lifetime Community Service be changed to the "Hero of Medicine" Award. The motion carried.**

V. Next Meeting

The next meeting of the GCMS Board of Directors will be February 23, 2016.

VI. Adjournment

No further business appearing, the meeting was adjourned at 7:45pm.

Respectfully submitted,

Peter Levine, MPH  
Executive Director



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**NEXT MEETING DATE: MAY 2<sup>ND</sup>**

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Application Code: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="radio"/> I am in my first year of practice post-residency.                          | <input type="radio"/> I work 20 hours or less per week.       |
| <input type="radio"/> I am in my second year of practice post-residency.                         | <input type="radio"/> I am currently in active military duty. |
| <input type="radio"/> I am in my third year of practice post-residency.                          | <input type="radio"/> I am in full, active practice.          |
| <input type="radio"/> I have moved into Michigan; this is my first year practicing in the state. | <input type="radio"/> I am a resident/fellow.                 |

Male     Female

First (legal) Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  MD  DO

Nickname or Preferred Form of Legal Name: \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Job Title: \_\_\_\_\_

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Office Address     Preferred Mail     Preferred Bill     Preferred Mail and Bill

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address     Preferred Mail     Preferred Bill     Preferred Mail and Bill

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Please base my county medical society membership on the county of my (if addresses are in different counties):  Office Address     Home Address

\*Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Country \_\_\_\_\_ MI Medical License #: \_\_\_\_\_ ME #: \_\_\_\_\_

Medical School \_\_\_\_\_ Graduation Year: \_\_\_\_\_ ECFMG # (if applicable) \_\_\_\_\_

Residency Program \_\_\_\_\_ Program Completion Year \_\_\_\_\_

Fellowship Program \_\_\_\_\_ Program Completion Year \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

• Primary Specialty \_\_\_\_\_ Board Certified:  Yes  No

• Secondary Specialty \_\_\_\_\_ Board Certified:  Yes  No

Marital Status:  Single  Married  Divorced Spouse's First Name: \_\_\_\_\_ Spouse's Last Name: \_\_\_\_\_

Is your spouse a physician?:  Yes  No If yes, are they a member of MSMS?:  Yes  No

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, 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 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: \_\_\_\_\_