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THE Bulletin

MARCH 2010 Volume 86 Number 3

Key GCMS Activities 2009
Shared Medical Appointments
Hate & Hope
Senator George Visits
Estate Tax Repeal

GENESEE COUNTY MEDICAL SOCIETY
Organized Medicine's Leading Edge

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MARCH 2010 Volume 86 Number 3

THE Bulletin

Read by 96% of GCMS members.

FEATURE ARTICLES

REGULAR FEATURES

Our Vision

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

Our Mission

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

PLEASE NOTE

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

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HEALTH CARE DISPARITIES

Venkat K. Rao, MD

• Recent studies have shown that despite the steady improvements in the overall health of the United States, racial and ethnic minorities experience a lower quality of health services and are less likely to receive routine medical procedures and have higher rates of morbidity and mortality than non-minorities. Disparities in health care exist even when controlling for gender, condition, age and socio-economic status.

• The preponderance of studies find that even after adjustment for many potential confounding factors, racial and ethnic disparities in cardiovascular care remain.

• Several studies demonstrate significant racial differences in the receipt of appropriate cancer treatments and analgesics.

• Several studies are consistent in finding that African-American patients (and in some instances, other ethnic minority patients) are less likely to be judged as appropriate for transplantation, even after patients' insurance status and other factors are considered.

• African-Americans with HIV infection are less likely to receive antiretroviral therapy than are non-minorities with HIV. These disparities remain even after adjusting for age, gender, education and insurance coverage.

• Patients of lower socioeconomic position are less likely to receive recommended diabetic services and more likely to be hospitalized for diabetes and its complications.

• When hospitalized for acute myocardial infarction, Hispanics are less likely to receive optimal care.

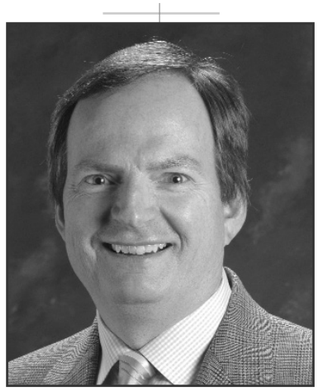
All of us have heard that famous advice from the Gospel: "Physician, heal thyself." Collectively, we need to heal medicine to eliminate disparities in care wherever they exist – in hospitals, clinics and doctors' offices throughout the country.

CORRECTION FOR THE 2010 GCMS ROSTER:
Dr. Mark Weiss address is: 2325 Stone Bridge Dr., Ste. C, Flint, MI 48532

Check Out Our Website www.gcms.org

ONLY THE STRONG WILL SURVIVE

You can no more win a war than you can win an earthquake.
– Jeannette Rankin; first woman in Congress (1880 - 1973)



Daniel Ryan, MD

Calling a campaign a war is a time-honored technique to rally the masses behind a cause. Remember Lyndon Johnson's War on Poverty? There has been a so-called War on Drugs, complete with its own czar, waged for years under multiple presidents. The War on Terror has been with us since the 9-11 tragedies. So far, the result of these wars has not been a resounding success. We are still plagued by: widespread and grinding poverty among sectors of the population, illegal drugs with their attendant crime; morbidity, and mortality are rampant; and terrorism is going to be a fact of life far into the foreseeable future. There is another undeclared war that is not as overt as those previously mentioned but is going to affect physicians and patients. Some folks are calling it the War on Doctors.

An editorial in the *New York Times* in June of 2009 contends that "doctors have become complicit in driving up health care costs." Because physicians determine the need for tests, treatments, drugs, and devices, they tend to overtreat patients in order to reap the financial benefits, according to the *Times*. Physicians are described as "unabashed profiteers." The article continues " . . . if doctors can't be induced to rein themselves in, there is little hope for lasting reform." Of course, some physicians can be categorized as profiteers and push needless treatments on their patients in an attempt to maximize their income, but it is patently unfair to paint all physicians with this brush. Editorials like the one appearing in the *Times* falsely portray physicians as generally avaricious and uncaring. People tend to believe what they see in print.

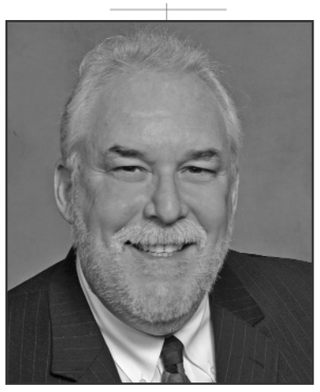
The War on Doctors tends to be over economic issues, primarily. Some battles have been successful for the opposition, such as forcing physicians to eventually incorporate electronic health records into their practices. Some battles have not been won, such as the proposed 3 percent tax on Michigan physicians' gross receipts to help fund Medicaid. If you read our president's message in the February *Bulletin* then you are aware of other ideas that have been proposed to punish physicians. Among those is a tax on elective cosmetic surgery and medical procedures, an enrollment fee for participation in Medicaid/Medicare, a 5 percent cut in Medicare payments to physicians in the top 10th percentile of resource utilization, and an Independent Payment Advisory Board that would establish spending targets for Medicare and could result in cuts to physician reimbursement. Consult codes have already been eliminated which greatly affects the bottom line of those who are primarily, and legitimately, consultants for other physicians.

Every doctor likely has their personal list of ways in which he or she feels harassed, frustrated, and confounded by the system. These problems adversely affect one's sense of autonomy and control, one's return on the investment in their education and training, and interfere with the joy of practicing medicine. Many doctors discourage their own children from entering the profession because of the changes they have seen in their careers and the dread of those to come.

All is not doom and gloom. We can, and do, battle back. The best way is to join, support, and actively participate in organized medicine (you knew where this was headed), at the local, state, and national levels, in both general medical societies and in your specialty groups. Otherwise, we may lose this war and our patients may lose their right to make their own choices regarding medical treatment.

EXECUTIVE DIRECTOR'S MESSAGE

MEMBERSHIP VALUE
MAMIE



Peter Levine, MPH

There are two institutions from which you don't have to worry about getting your money's worth. That value is reflected in membership levels. GCMS and MSMS have extremely high penetrations of members and tremendous numbers of physicians involved in activities. This is truly the result of people working together. I was recently in a meeting where some non-members were very directive toward one of our leaders regarding how an issue should be handled. They seemed oblivious to the irony of the situation. They were hearing about how we were protecting them from something which could eviscerate their annual incomes, and simply could not understand the importance of being a member. They openly said that the work would get done regardless of whether they were a member. While that is true, it cannot be true for long. We need physicians to become members because the organizations that do such a great job of representing the interests of physicians need revenue to do it. While our membership penetration is high, there are still at least 200 physicians who are not members. That represents a significant proportion of the physician community which is living off of your investment in your professional future.

In last month's *Bulletin*, a list of non-members was published. Please invite non-members to join. Members equal power, both for MSMS and GCMS and that translates to representation on your behalf.

You are represented by physician volunteer leaders who are passionate about their advocacy on behalf of physicians and patients. You are represented by a staff which loves what it is doing and is good at it. You could help tremendously by inviting non-members and former members to join. Thank you for your help!

On a completely different note, the January 22 *Flint Journal* featured an article on my wife Marion Day, who is an Infant Mental Health Specialist and Social Worker. I have known for many years that she is an amazing, giving, human being who professionally does things that others simply cannot do, working with people others don't even notice. She turns them into healthier human beings. Family units can be very complicated and twisted. Somehow by coming in contact with her, they are better off. I appreciate the *Flint Journal* noticing her work and doing such a great job of explaining what she does. I have had the pleasure of being awed by her talents for years, and Evan has had the pleasure of having her as a mother. We are lucky guys!

GCMS MEETINGS - MARCH 2010

3/1, 8 a.m. - Legislative Liaison @ GCMS
3/3, 7:30 a.m. - Bulletin Committee @ GCMS
3/15, 12 Noon - Membership Committee @ Grill of India
3/23, 5:15 p.m. - Finance Committee @ GCMS
3/23, 6 p.m. GCMS Board of Directors @ GCMS
3/24, 12:30 p.m. - Community & Environmental Health Committee @ TBA
3/25, 8 a.m. - Practice Managers @ GCMS

MSMS FIGHTS FOR REFORMS TO MEDICAID, MEDICARE & MORE IN 2010

Venkat Rao, MD
District VI Director

With Medicaid rolls expected to increase at a cost of more than $200 million in the next year and Michigan's unemployment percentage leading the nation, it is more important than ever to maintain access to health care for Michigan's most vulnerable citizens. MSMS is looking for strong leadership in funding the state's ailing Medicaid program.

Now is the time for true leadership. We need someone who can step up and keep Michigan from slipping further into a downward spiral. Medicaid rolls are increasing as people are losing their jobs and their health insurance. Let's continue to support Michigan citizens when they need it most.

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

Medicare Clock Is Ticking – Again

In addition to state efforts to fund Medicaid, MSMS has continued to fight in Washington to pass a repeal of the SGR formula that determines Medicare physician reimbursements and to defeat the scheduled 21-percent cut. In Michigan, this cut could mean a $23,000 loss to each Michigan physician this year, according to 2009 AMA report. Congress voted late last year to temporarily postpone the cut, but that measure expires on March 1. If no action is taken by then, the cut will take place.

Take Action Now

Use the MSMS Action Center (www.msms.org/action) to send an electronic message to our US Senators, urging them to stop the cuts and repeal the SGR.

Another way to make an impact and help accomplish our legislative goals is to join MDPAC, the political arm of MSMS. MDPAC enables you to contribute, engage, unite and lead at the grassroots level of advocacy and politics. And with an important Michigan Supreme Court election coming this year that could impact our hard-fought tort reform laws, your MDPAC membership has never been more important.

Answer the Call

Finally, an essential way for you to get involved and help us do this important advocacy work is simply to answer the call. When MSMS calls for members to take action about a particular issue, please take three minutes to click on the Action Center item and send a message to lawmakers. Or pick up the phone and call them. Or attend events that connect you and your colleagues with lawmakers. After all, one of the most effective ways we can push for important policy is to connect personally with lawmakers and build relationships with them.

ATTENTION!

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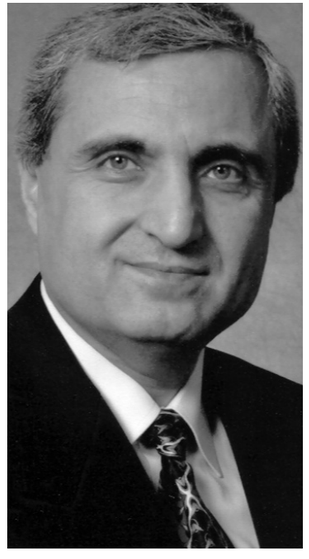

On January 20, 2010, The Michigan Board of Medicine elected **Abd Alghanem, MD** to the vice chairmanship of the board, unanimously. Dr. Alghanem has served on the Michigan Board of Medicine for 7 years. The Board of Medicine oversees the Licensing and Discipline for Doctors of Medicine in the state of Michigan.

2009 GCMS/GCMSA AMA Foundation Contributors

Dr. & Mrs. Peter Almeida
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Dr. & Mrs. Bill Boike
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Thank you for your thoughtful contribution to the AMA Foundation.

Through your support, the AMA Foundation is able to help provide health programs and medical education.

Sincerely,
Kee Ja Kang,
GCMSA AMA Foundation Chair

Editors Note: The following article submitted by Sue Lauber is a reminder to all of us how lucky we are and how we must all work every day to enjoy our good fortune and to help others who have less.
– Daniel Ryan, MD, Editor

Hate and Hope

Jerzy Kowalewski

by, Sue Lauber

"I would get beaten every day at the plant, but at least I was warm working inside."

Paul and I met Jerzy Kowalewski last August while traveling through Warsaw Poland. Kowalewski, 85, is a survivor of not one but three concentration camps: Auschwitz I, Gross-Rosen and Dachau. A Polish political prisoner, Kowalewski shared his story with us retelling his battle for survival, choking up as he relived the horrors of over four years of imprisonment, and what he endured during the Nazi occupation of Poland. This was a story of hate and hope. I shed some tears as we listened.

Kowalewski was born in1924 in Warsaw, Poland. He volunteered in the Polish military during World War II. Both his parents were serving at the front. After his country's defeat by the Germans, Kowalewski participated in the Polish underground resistance movement until his arrest by the Gestapo on April 22, 1941. Kowalewski paid a heavy price for helping the resistance. "After countless interrogations and torture sessions, they knocked my teeth out, packed me into a cattle car and I was deported to Auschwitz I."

At Auschwitz I, which held mostly slave laborers, Kowalewski worked constructing the I.G. Farben plant, a large German chemical plant next to Auschwitz, which utilized at its peak in 1944, 83,000 slave laborers. The I.G. Farben conglomerate held the patent for Zykon B, the poison gas used at the extermination camps. "I would get beaten everyday at the plant, but at least I was warm working inside. If you worked outside, you would freeze to death. We wore nothing more than thin pajamas for clothing." The average life span for a prisoner was three months, dying either of starvation, freezing or physical exhaustion. Warmth in the barracks was from other prisoners sleeping close together, usually four to a bunk "Sometimes fingers and toes would become numb during the cold nights. The rats would gnaw them off and you wouldn't know it. Our daily food ration consisted of coffee in the early morning, watered down soup at noon, and a piece of bread in the evening. I was used for sadistic medical experiments," said Kowalewski. "On one occasion an SS doctor infected me with typhus. After completing his experiments, he gave me some pills and told me they would make me feel better. It was only through a warning from a Resistence friend, who served as a medical orderly, who told me to spit the pills out – they were poison, that I was able to avoid death." Kowalewski said that a prison officer took him to his apartment, pulled down the shade and asked him if he was hungry. "When I said yes, he fed me soup and bread until I couldn't eat anymore. He was being so nice to me. A few hours later, that same officer came into my barracks, lined up five of my friends and shot them in the head. I don't know why." Kowalewski was assigned to help build the nearby Auschwitz-Birkenau II camp, which became Nazi Germany's largest extermination camp, when he was transferred to his second camp, Gross-Rosen. There Kowalewski had to work first in the quarry, then as an electrician, and later as an SS handyman. While at work, he attempted to make contact with the outside world on behalf of the Polish resistance movement operating inside the camp. As punishment for illegally listening to a secret radio, Kowalewski was moved to the Dachau concentration camp, where he was scheduled for extermination, but luck was on his side and shortly after he arrived the camp was liberated by the U.S. Army on April 29, 1945.

"When you wake up and you have another day, it's a very good day."

After his liberation and recovery from the effects of the human experimentation, Kowalewski eventually returned to Warsaw and had difficulty earning a living. He married in 1972, and in 1973 his son, Adam, was born. As a result of the medical experiments performed on Kowalewski, Adam suffered birth defects. Since that time, Kowalewski has served as an advocate for children who were born with handicaps attributable to their parents' imprisonment in concentration camps. He now travels widely relating his experiences to a wide range of audiences including student groups. Kowalewski is currently the President of Auschwitz-Berkenau Protection Society, Warsaw Section. "To survive was a miracle. I thank God for watching over me. During the four years, seeing my friends die, I kept wondering which day will see my end. When you wake up and the sun is shining, it's a good day. When you wake up and it's raining, it's still a good day. When you wake up and you have another day, it's a very good day."

Key GCMS Activities of 2009

The following are key activities taken by GCMS during the 2008-2009 presidential term of John Waters, MD.

- GCMS worked with MSMS successfully worked to pass legislation banning smoking in all workplaces
- GCMS worked aggressively with MSMS to defeat the Michigan Physician Tax
- GCMS worked with MSMS and the AMA to help defer the planned 21% cut in Medicare payments to physicians
- GCMS rewrote the Greater Flint Health Coalitions White Paper on Access to Care, which was ultimately approved by the Health Coalition and sent to President Obama
- GCMS maintained its support of an alternative to the tort system entitled “Michigan Patient Compensation Plan”
- GCMS has highest membership in its history
- GCMS aggressively worked with the news media to increase public awareness of the health threats of BPA, and many other issues
- GCMS held Legislative Liaison Committee meetings as well as other meetings with legislators and members of congress to communicate GCMS positions
- GCMS members were very involved in several political campaigns
- GCMS held three Town Hall meetings for the membership
- GCMS held meetings for members Practice Managers on a monthly basis
- GCMS/GCMSA Presidents' Ball was a major success
- GCMS supported the Hurley Millage
- GCMS completed its 20th year without a dues increase
- GCMS has five members on the MSMS Board
- GCMS held its yearly update with Congressman Kildee
- GCMS remains the go-to organization for members of the public seeking information about the health care system, its physicians, and when seeking help
- GCMS maintained its Peer Review systems handle complaints against members
- The 2010 Roster was compiled and mailed
- Dr. AppaRao Mukkamala received the AMA Nathan Davis Award
- Dr. S. Bobby Mukkamala was elected to the AMA Council on Science and Public Health
- GCMS leaders and staff had articles published in Health Care Weekly Review
- GCMS maintained an excellent relationship with the news media
- Dr. Pino Colone was elected Vice Speaker of the MSMS House
- Many GCMS members served on and chaired Greater Flint Health Coalition committees
- Many GCMS members volunteered at the Genesee County Free Medical Clinic
- MDPAC membership increased by 20%

Legislative Liaison Committee Delivers Messages

The February Legislative Liaison Committee meeting was packed with legislators. The Committee reviewed the state budget and its projected shortfalls as well as proposed changes to the Michigan business tax to make it fairer to physicians. House Bill 4571 was reviewed. Its purpose would be to reverse 20 years of malpractice reform. It is sponsored by Representative Meadows and is opposed by MSMS and GCMS. Federal health reform is also reviewed.

Those assembled were presented with a photograph of the signing of the smoke-free workplace legislation by Representative Lee Gonzales who also sponsored the bill.

ESTATE TAX REPEAL - OR NOT?

By Tim Knecht

This year, 2010, at least as of today, there is no estate tax. However, beginning January 1, 2011, an individual with assets of greater than $1 million will pay an estate tax and will pay an estate tax at a whopping 55 percent rate. How did this all come to pass? Effective in 2001 Congress passed a law which would gradually increase the estate tax exemption from where it stood at that time, $675,000, to $3.5 million in 2009. With no estate taxes due unless all of your assets were worth more than $3.5 million at the time of your death, most people were not affected by the estate tax. Husbands and wives could actually shelter up to $7 million, $3.5 million each, from estate taxes with proper estate tax planning.

Up until the end of 2009, common thinking was that Congress would act to change the law so that there would be an estate tax in 2010 and the exemption amount would be somewhere in the $2 million to $5 million range, per person. Well, Congress did not act and thus we are where we are today.

At first glance, no estate tax certainly can be beneficial to a number of people. Unfortunately, instead of simply repealing the concept of the estate tax, the law in effect in 2010 raises some other taxes which will have a big impact on many people. First, the law in effect from 2001 until 2009 gradually increased the amount of assets exempt from estate taxation and also lowered the rate for estate taxes from 55 percent to 45 percent for assets in excess of the exemption amount. Remember, the exemption amount was $3.5 million in 2009. Also, under the law in effect from 2001 until 2009, persons dying received what is known as a "stepped up basis" in property passing to their heirs. The concept of stepped up basis is important for most people. Stepped up basis means that any unrealized appreciation in an asset which exists at the time of a persons death is not taxed. For example, a family owned cottage which had been purchased many years in the past and had appreciated in value, would not be taxed at the time of death. The heirs of a person dying would be able to use the fair market value of the cottage at the date of death of the previous owners of the cottage as their "basis" in the cottage. All the gain which had occurred would not have been taxed. Under the law in effect in 2010, all that gain is taxed to the heirs. What this means, if a cottage cost $50,000 many years ago and is now worth $500,000, the heirs have to pay capital gains tax on $450,000. Of course there are some exceptions and qualifications to that rule but this is the general concept of stepped up basis.

If the estate tax law remains unchanged going into 2011, the tax rate will increase from 45 percent to 55 percent of assets in excess of the exemption amount. The exemption amount will drop from $3.5 million to $1 million per person. If the law does not change, many individuals will need to take a careful look at their estate plan and will need to revise their estate plan, with an eye toward reducing or eliminating estate taxes.

What will happen? At the end of last year, 2009, consensus was that the law would be changed. Now, Congress is faced with not only attempting to change the law but there will also be some attempt to make any changes retroactive to January 1, 2010. Pay attention to what is happening with the estate tax law. If you find that a consultation becomes necessary, our office can help you come up with the right answer to meet your individual needs.

PRACTICE MANAGERS

SHARED MEDICAL APPOINTMENTS:

IN HOUSE CARE AND REVENUE

The January monthly meeting of Practice Managers revolved around a presentation from the Greater Flint Health Coalition on Shared Medical Appointments. The focus was on diabetes, but it is a concept that can be utilized for many chronic conditions, including: pain management, congestive heart failure, asthma etc. Presenters included Tony Cuttitta, staff from the Greater Flint Health Coalition, and Paul Dake, MD, Chair of the Greater Flint Health Coalition Diabetes Task Force. Those assembled also received updates from the Medical Group Managers Association, and from the MSMS reimbursement advocate. Physicians wishing to have their Practice Managers attend, contact Marcia Gzym at mgzym@gcms.org. The February 25 meeting will have as its primary subject "Communicable Disease Issues for the Physician's Office" featuring Dr. Gary Johnson of the Genesee County Health Department. The March 25 topic will be Blue Cross office accreditation. The April 22 Practice Managers meeting will revolve around OSHA and NIOSHA updates.

GCMS/MSMS NEW MEMBER APPLICATIONS

M. Luay Alkotob, MD
Cardiology
5084 Villa Linde Pkwy, Ste 6
Flint, MI 48532
PH: 810-600-3399
Fax: 810-600-3398
Dr. Alkotob received his medical degree from the University of Damascus, Syria in 1996. He did his residency at Cleveland Clinic, the University of CT School of Medicine, and Boston Medical Center. Dr. Alkotob is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

GCMS HAS TWO ENDORSED SERVICES:

THE EMERGENCY MEDICAL Centre of Flint. Please contact Joanne Pratt at 810-232-6101.

PPI COMMUNICATIONS PHYSICIANS ANSWERING SERVICE Please contact Debbie Green at 810-733-9921.

Senator Tom George, MD Visits Genesee County

The Chairman of the Senate Health Policy Committee, Senator Tom George, MD visited several venues in Genesee County on January 15, 2010. He attended a forum at Hurley Medical Center early in the morning with the expressed purpose of hearing this community's opinions on critical health care issues.

Senator George was introduced by AppaRao Mukkamala, MD, Chairman of Hurley Medical Center Board of Directors, noting that Senator George is a practicing anesthesiologist in Kalamazoo. Among Senator George's comments were that health care is the biggest employer in Michigan, and the biggest piece of the Michigan budget for the past four years. Nursing homes and prescription coverage represent the fasting growing components of the Medicaid program. GCMS Board members present included: Drs. AppaRao Mukkamala, Michael Jaggi, Abd Alghanem, Rima Jibaly, Laura Carravallah, Shafi Ahmed, Cathy Blight, and MSMS Board member Dr. Venu Vadlamudi. In addition, GCMS past president Samuel Dismond, MD was present. Many issues were raised relating to changing reimbursement streams, the standardization of reimbursement methods, eliminating Medicaid referrals from outside the region, and the Michigan Patient Compensation Act drafted by the Michigan State Medical Society in response to a resolution from GCMS.

Announcement

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YOUR $$$ AT WORK

- GCMS continued to focus with MSMS and the AMA on SGR repeal to avoid 21% cut in physician reimbursement by Medicare
- GCMS helped two physicians with employment issues
- GCMS worked with third-party-payors to determine the cause of several physicians reimbursement problems
- GCMS held a Dinner Business meeting/Town Hall on Automotive Insurance issues featuring Blue Cross medical staff
- GCMS actively recruited new physicians to become involved in the Society adding several to committees
- GCMS membership is at the highest level ever (a constant ongoing effort of MSMS and GCMS to prove value)
- GCMS continued work with Greater Flint Health Coalition on issues relating to Regional Health Information Exchange, Timely Payment for Physicians, and Access Issues
- GCMS provided periodic updates on health reform and scope of practice legislation

PLEASE DONATE

When you are mailing donations, please do not forget the Medical Foundation. Your donations help fund charitable activities of the Genesee County Medical Society. Please call Peter Levine for more information on how you can make a difference in our community at (810) 733-9925, or send donations to the GCMS office:
4438 Oak Bridge Dr., Ste. B,
Flint, MI 48532

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Check Out Our Website
www.gcms.org

Happy Birthday Doctor
MARCH

S. Bobby Mukkamala	1	Russell Sandberg	17
Joseph Varghese	2	Silva Doyle	19
Sascha Nicolai Knoblich	2	Robert House	19
Wendy Lawton	4	William Liekweg Jr	20
Rama Devi Rao	4	Yaseen Hashish	20
Rizwan Danish	5	Asif Ishaque	21
Vijay Naraparaju	5	Abdul Alawwa	22
Ghassan Bachuwa	8	Tjin Lie Lim	22
George Zureikat	8	David Lee	22
Dilip Desai	9	Alan Patterson	22
Robert Rosenbaum	9	R. Roderick Abbott	24
Madan Arora	10	Nicholas Velarde	25
Frank Cook	12	Clinton Dowd	26
John Brady	13	Venkata Kilaru	26
Karsten Fliegner	13	Shagufta Ali	26
Charles Hennessy	13	Harold Rutila	26
Virgilio Villarreal	13	James Vanbrocklin	26
Suresh Anne	14	Chang Lee	27
Cory Cookingham, Sr.	14	Jamal Hammoud	27
Paul Karr, Sr.	14	Joseph Batdorf	28
Peter Ng	14	Vikram Rao	28
Bruce Troutman	15	Jawad Shah	28
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James Neubeck	16	James Rhyee	30
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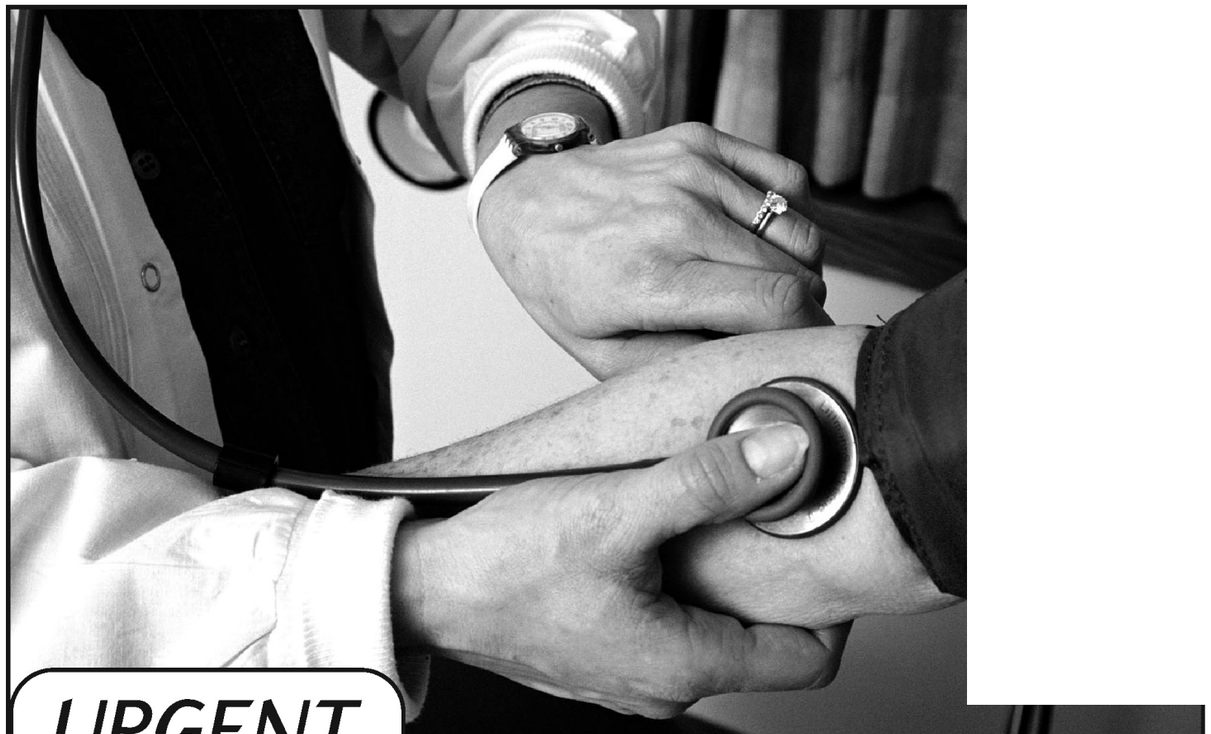

URGENT Medical Centre of Flint

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- Experienced doctor and licensed nurse always on duty
- Treatment for minor emergencies, work-related injuries and common illnesses
- Lab, X-ray & EKG available
- Most insurances accepted, including HMO
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- Worker's Compensation accepted
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- Free blood pressure checks daily
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