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# THE Bulletin

AUGUST 2009 Volume 85 Number 8

**TOWN HALL ON THE  
AUTOMOBILE INDUSTRY**

**NOMINEES FOR GCMS OFFICES**

**OBAMA HEALTH PLAN  
TOWN HALL PHOTOS**

**GCMS FIGHTS MEDICAID  
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AUGUST 2009 Volume 85 Number 8

# THE Bulletin

Read by 96% of GCMS members.

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Cover photo by Marcia Gzym.

#### 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 (USPS 552-820)

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Forward news extracts or material of interest to the staff before the 5th of the month. All statements or comments in *THE BULLETIN* are the statements or opinions of the writers and are not necessarily the opinion of the Genesee County Medical Society.

## THE NEW GMs

Well, General Motors has gone bankrupt. As I sit here writing, they are planning to come out of bankruptcy as a government-owned entity better known as Government Motors. (The UAW will own a significant part of it as well.) We can hope this works out better than the Fannie Mae and the mortgage crises. The impact on Michigan and Flint will be enormous.



John A. Waters, M.D.

Let me elaborate. The 1999 Big Three bonus payments, alone, added \$500 million to the Michigan economy. This was on top of an annual compensation package which was about 42% higher than the US average. Jobs providing that kind of compensation (with only a high school diploma) are very hard to replace. The loss of vision and dental coverages will cost physicians and dentists millions of dollars. Economists are predicting two more years of decline for the Michigan economy, and an unemployment rate that could increase by half (17-20% statewide and over 30% in Flint). With the job losses comes the population loss which is currently in progress.

So, what can we do? The Genesee County Medical Society is working aggressively with the Greater Flint Health Coalition and the mayor's Auto Task Force to fund initiatives which will mitigate the immediate impact. For a detailed discussion, come to our September 9th Membership Meeting at the Flint Golf Club. A less onerous tax and regulatory structure would also help us compete and bring better jobs to Flint.

Meanwhile, health care reform is moving along in committees in the U.S. House and Senate. Some continue to argue for a government plan better known as Government Medicine. We have had government health care for decades, such as the Veterans Administration. I do not need to repeat any of the significant failings of the VA. Certainly few with private health insurance would trade it for VA coverage. Then we have Medicaid. Again, I do not need to repeat the myriad problems of Medicaid. The governments' largest health care effort is

Medicare and it is clearly better than the prior two. Yet the cost shifting to providers, complex billing and documentation rules, prohibition of citizens' right to opt out for care for which they are willing to pay, and the criminalization of the routine practice of medicine are only harbingers of the "control of health care" which government would wield. One can easily envision a "System of Health Care" in which physicians become data entry technicians for government-approved electronic medical records systems and are guided by embedded decision aids to those diagnoses and treatments chosen

by the Comparative Effectiveness Agency to control health care costs. If you need medical care in Britain, their equivalent agency makes those judgments every day. I think we must say NO to Government Health care.

So what does the market have to offer? Well, consumer-driven health plans now have a six-year track record. They routinely save 25-40% over PPOs and HMOs. They have very high enrollee satisfaction. And because consumers make the decisions and can keep left over monies, they enhance personal freedom. Studies have also shown that enrollees seek preventative care at rates higher than regular insured population. Maybe along with some insurance market reforms, consumer-driven health plans could be a real answer for how to have more reasonable costs yet allow individuals the freedom to make their own decisions about the health care they receive and how their money is spent.

### GCMS MEETINGS - AUGUST 2009

Recessed for August - Legislative Liaison @ GCMS

8/5, 7:30 a.m. - Bulletin Committee @ GCMS

8/17, Noon - Membership Committee @ Grill of India

8/25, 5:15 p.m. - Finance Committee @ GCMS

8/25, 6 p.m. - GCMS Board of Directors @ GCMS

8/26, 12:30 p.m. - Community & Environmental Health Committee

@ Sagano Japanese Restaurant

8/27, 8 a.m. Practice Managers @ GCMS

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# MEDICAL SCHOOL DEBT MAY CHANGE THE LANDSCAPE

*A small loan makes a debtor; a great one, an enemy.  
– Publius Syrus (85 - 43 BCE)*



Daniel Ryan, MD

The number of Americans going about their daily lives without coverage by any type of health insurance varies depending on the source of the data. The favorite figure seems to be somewhere between 40 and 50 million. The actual total is open to debate due to millions among the “uninsured” who are not citizens of the United States, those who qualify for government coverage but do not know or do not bother to enroll, and those who should be able to afford insurance but choose not to buy it. No matter what number you choose to

believe, if suddenly the political factions aligned and the funding magically appeared, who will be available to take care of all of the newly insured folks? One would suppose that we would need to rapidly increase the number of physicians almost overnight, especially in primary care.

Lots of people still feel that a career in medicine is a worthwhile pursuit. In 2008, more than 18,000 first-year medical students began their training, a new record. There were two applicants for each available place. But a major concern among newly minted doctors is the oppressive level of debt they incur during training that may dissuade bright and motivated candidates from considering a future in medicine. Another recent record is that 23% of medical school graduates were more than \$200,000 in debt as they started their residency training. Increasing start-up costs and office overhead combined with static or declining reimbursement for services makes supporting that kind of debt overwhelming.

About 86% of U.S. medical students need to borrow to finance their education. The mean debt in 2007 was about \$140,000. The average debt load and medical school tuition has been rising far faster than the Consumer Price Index over the past 20 years. Other factors affecting the amount of debt include increasing accrual of interest on loans, higher levels of undergraduate loans that carry over, and older medical students with a spouse, children, and/ or a mortgage to support.

High levels of indebtedness can affect the choice of residency as a shift occurs away from primary care into, generally, higher paying specialties. When polled, 32% of residents reported that debt load strongly influenced their choice for post-graduate training. The financial pressures also increase the reliance on moonlighting during residency to make ends meet. The result is often increased stress, fatigue, cynicism, depression, early burnout, and the risk of more medical errors.

Another trend felt to be the result of expanding debt load is more medical students coming from wealthy backgrounds. About 60% of students come from the top 20% of annual household income while less than 3% come from the bottom 20%. Less affluent students tend to enter primary care fields. This trend will eventually reduce the percentage of ethnic and racial minority physicians and reduce the diversity of the physician pool.

Less than 5% of physicians default on student loans, but government programs and policies can go far to help doctors cope with an ever increasing debt burden. There needs to be adequate funding of Title VII Health Profession programs and protection of the National Health Service Corps Loan Repayment Program along with broader tax exempt status of medical scholarships. Although unlikely in the present economic climate, caps on medical school tuition increases would be helpful. New student loans need low, fair interest rates, and interest on these loans should be easier to deduct. There should be an increase in the number and variety of federally subsidized loans to medical students to increase options to lessen dependence on more expensive private loans.

If a looming physician shortage is alleviated somewhat by easing the burden of student loan debt, the cost to the taxpayer will be justified.



## DR. EDWIN GULLEKSON RECEIVES DR. CLEMENT A. ALFRED HUMANITARIAN AWARD

The Community Foundation of Greater Flint hosted a reception in honor of Dr. Edwin Gullekson who was awarded the Clement A. Alfred Humanitarian Award. This award was given in honor of Dr. Gullekson for his care and advocacy on behalf of sexually abused children, and for his service to the Genesee County Free Medical Clinic.

The event was well attended in the beautiful surroundings of the Community Foundation's new office space. Dr. Stanley Alfred, came from California to present the award to Dr. Gullekson on behalf of the Alfred Family.

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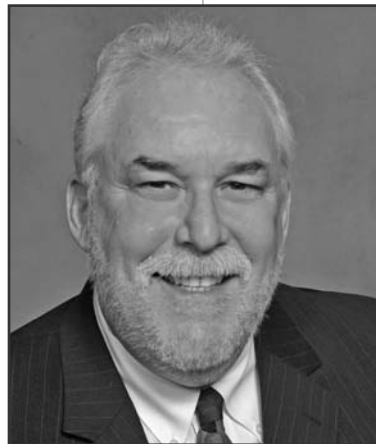
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## DON'T MISS THE SEPTEMBER TOWN HALL! THANKS TO SPONSORS HEALTH SYSTEM CHANGES

If you haven't been coming to our Dinner Business meetings which are formatted as Town Halls you are really missing something. Don't miss the September Dinner Business meeting, entitled The Future of the American Automobile Industry - What every Genesee County Physician needs to know! It will feature a presentation by Dr. David Cole, a worldwide expert on the automotive industry and the chair at the Center for Automotive Research. It will also feature a reactor panel of informed individuals including: Ed Donovan, Senior Vice President for Economic Development Genesee Regional Chamber of Commerce, Ted Henry, Chair of the Genesee County Board of Commissioners, Scott Kincaid, UAW Regional 1C, and a representative for the Michigan State Medical Society. This is not a meeting to miss. Dr. Cole really has the inside track on what is occurring in the auto industry.



Peter Levine, MPH

The Dinner Business meeting held in May on President Obama's Health Plan and its reactor panel was fantastic. Members stayed until 10 p.m. having free ranging discussions. The meeting was exactly what Dr. Waters had hoped. It engaged everyone present.

We must thank our sponsors for helping support these meetings. They have done a wonderful job of making it possible for us to create such great events. The sponsors of the May Dinner Business meeting were: American Physicians Assurance, Citizens Bank, Emergency Medical Centre of Flint, Meadowbrook Ins. Agency, Meritel Group, Michigan State Medical Society, PPI Communications, ProNational, and Saginaw Bay Underwriters. Please note that we can always use more sponsors for our meetings. We will be e-mailing all members information on meeting sponsorships. Please support or sponsors!

This is a fascinating time to be involved in health care. It will be rocky as our national leaders engage on the issue of health system reform, while General Motors and Chrysler restructure and attempt to adapt to the current environment. Our own adaptations maybe difficult. Hopefully, by working together we can mitigate much of the negative and build on the positive. This organization plays a key role maintaining quality and access but also the viability of physician practices in Michigan. We encourage you to invite non-members to join the Society. We need their numbers,

their dues, and they need us very much. By working together much can be done.

An article published on May 14 in *Health Affairs* estimates that physician practices interactions with insurers cost an average of \$68,274 per physician per year. For those policy makers who may be reading this, or members of the media, that is a staggering figure. There is no way for the average practice to sustain that kind of number. Physicians are not reimbursed for the cost of interacting with payors whether it's on a prior approval, overriding a prescription denial, or anything else. If the system cannot be streamlined to save the average practice over \$68,000 our policy makers are looking in the completely wrong directions. Solving the hassle factor costs in the health care system are the hard things to do. The hassle factors are what make the difference, in many cases, between physicians staying in practice and not staying in practice. According to this same study 4.3 hours per week was spent dealing with plans on issues ranging from contracting to reporting data. Again, a waste of time in a country where 50 million people do not have health insurance and need care. By solving these administrative cost issues, a lot of care could be procured.

The Following:  
**SLATE OF NOMINEES FOR GCMS OFFICES 2009-2010,**  
was presented to the Board of Directors on June 23 for approval and published for members review in the August Bulletin:

PRESIDENT-ELECT: S. Bobby Mukkamala, MD      SECRETARY: Jagdish Shah, MD

TREASURER: Shafi Ahmed, MD

DELEGATES:

Jagdish Shah, MD  
Suresh Anné, MD  
Paul Lazar, MD

Michael Boucree, MD  
Shafi Ahmed, MD  
Raymond Rudoni, MD

Tarik Wasfie, MD  
Michael Jaggi, DO

ALTERNATE DELEGATES:

Peter Thoms, MD  
Hemant Thawani, MD  
Samasandrapalya Kiran, MD

Gerald Natzke, MD  
Rima Jibaly, MD  
Nita Kulkarni, MD

Gail Cookingham, MD  
Mona Hardas, MD

FINANCE COMMITTEE:

Hesham Gayar, MD

John Waters, MD

INTERNATIONAL MEDICAL GRADUATES DELEGATION:

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Rao Botta, MD  
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Rima Jibaly, MD  
Sreen Mannam, MD  
George Predeteanu, MD  
Jawad Shah, MD  
Tarik Wasfie, MD

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Qazi Azher, MD  
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Asif Ishaque, MD  
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YOUNG PHYSICIANS SECTION:

Nita Kulkarni, MD - Delegate

Sunita Tummala, MD - Alternate Delegate

PRESIDENTIAL CITATION FOR LIFETIME COMMUNITY SERVICE:

Edwin Gullekson, MD

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**LEGISLATIVE LIAISON COMMITTEE COVERS MYRIAD PHYSICIAN ISSUES**

In June the Legislative Liaison Committee met with Senators Deb Cherry, and John Gleason, Representative Lee Gonzales. Richard Malone was also present representing Congressman Kildee.

The Committee discussed Representative Gonzales' Smoke-Free Workplace Legislation which has just passed the House with some exemptions. Senator Cherry noted that if the Medical Society and the Cancer Society had not been involved in this process the bill would have died.

The Committee also discussed Blue Cross Blue Shield individual market reform legislation.

Legislation to weaken to the malpractice reforms of 1994 has been introduced. MSMS will oppose it aggressively.

The budget deficit for this year and next were discussed at length. Physician reimbursement for Medicaid has been cut 4%. This may only be the beginning.

GCMS members spoke assertively against a tax on physicians gross receipts to support the Medicaid program.

Also discussed was the cost of caring for deaf patients. It costs over twice as much to get an interpreter as a physician is reimbursed. Senators Cherry and Gleason will look into this issue along with Congressman Kildee's office.



**MSMS  
Leadership Summit**

On May 20, several GCMS members attended the MSMS Leadership Summit which featured up to the minute news of legislative activities and presentations on a variety of topics including Patient Centered Medical Homes. Members present included: Drs. Richard Frank, Lawrence Reynolds, Nita Kulkarni, Mona Hardas, and Gary Johnson. GCMS members present, aggressively lobbied Senate and House leadership against slashes in Medicaid physician reimbursement as well as establishment of a physician excise tax.

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## Practice Managers Meet REGARDING CARE CORE

Practice Managers met on May 28, 2009 to discuss several issues. Updates were provided on MedAssurant meetings held by MSMS with GCMS staff present. The primary goal of the session was to hear a presentation by Joan Cieslak on the Care Core Program and HealthPlus for prior authorization program for radiological procedures.

The August meeting of the Practice Managers will focus on employment issues with attorney Walter Griffin presenting. The June session will revolve around Blue Cross issues including the fact that Web-DENIS has problems with copays and deductions which are not accurate, issues with MedAssurant, and Medicare Part B payments being denied because hospital do not need prior authorization where physicians do. In addition, new enrollment system issues and what that means to physicians offices will be covered.



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# Genesee County Medical Society Board of Directors Meeting – April 21, 2009

## MINUTES

### Consent Calendar:

#### Membership Committee:

#### **Motion:**

That the following requests for membership be approved. The Motion Carried.

#### *Requesting change from Full-time to Part-time:*

Leo Madarang, MD

#### **Motion:**

That Drs. Jitendra Katneni and Mike Jaggi be asked to send letters to all of the dropped members from Hurley Medical Center. The Motion Carried.

#### **Motion:**

That a letter be sent to Dr. Edwin Gullekson notifying him that the hospitalist group has dropped its membership and ask him to contact them. The Motion Carried.

#### **Motion:**

That the Genesee County Medical Society Board request that MAPI and IMA receive a presentation on the importance of GCMS and MSMS membership and seek full membership from those medical societies. The Motion Carried.

#### **Motion:**

That Dr. Shafi Ahmed be asked to pursue membership with Dr. Hammoud, who is now the President of the Islamic Medical Association. The Motion Carried.

#### **Motion:**

That the report on the Budget Report ending March 31, 2009 be approved as presented. The Motion Carried.

#### **Motion:**

That the letter of support for the Greater Flint Health Coalitions Flint Area Health Care Opportunities Project be approved as presented. The Motion Carried.



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## INFECTIOUS DISEASE FORUM

By Gary K. Johnson, M.D., M.P.H.

# CHLAMYDIA

*“Infectious disease is one of the few genuine adventures left in the world.” – Hans Zinsser*

According to Michigan law, cases of laboratory confirmed genital chlamydia must be reported within three (3) working days to the Genesee County Health Department. Physicians who have ordered chlamydia tests on their patients receive the patient's results on the “Confidential Venereal Disease” report form. These forms need to be completed fully, which includes providing information on patient demographics and treatment plan. These fully completed forms must then be forwarded to the Genesee County Health Department. Health Department staff is available to consult with you or your office staff about this process.

Genital chlamydia continues to be a major health threat in the United States, in general, and in Genesee County, specifically. The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 3 million new chlamydia infections per year in the United States. More than half of these new cases remain undiagnosed and unreported because patients are often asymptomatic and do not seek health care. Within Michigan, Genesee County has the second highest rate of chlamydia infection, behind the City of Detroit, with a rate of 747 cases per 100,000 per population. This is nearly twice the rate in Michigan and the United States, 409 per 100,000 and 370 per 100,000, respectively. Females aged 15-19 years are burdened heaviest by chlamydia as well as gonorrhea.

In 2007, one in every 25 Genesee County residents ages 15-24 was diagnosed with chlamydia. Based upon reports submitted to the Genesee County Health Department, 3,302 cases of chlamydia were reported in 2007 and 3,175 cases in 2006. This is likely an underestimation of the true number of new infections. Cases also may not be reported as a result of underreporting by physicians, which occurs when a physician does not order a laboratory test and presumptively treats because of symptoms or sexual contact with an infected person.

Chlamydia is caused by *Chlamydia trachomatis*, an obligate intracellular bacterial agent with at least 18 serologic variants (serovars). Chlamydia infection is transmitted through oral, anal, or vaginal sexual contact. The incubation period ranges from 1-3 weeks. Pregnant women can also pass it interurine.

As previously mentioned, most patients with genital chlamydia are asymptomatic. Males most commonly present with epididymitis and females with cervicitis and PID. Both genders may present with nongonococcal urethritis, proctitis, pharyngitis, perihepatitis and Reiter syndrome. Reiter syndrome consists of conjunctivitis, dermatitis, urethritis and reactive arthritis. Newborns exposed to chlamydia may develop conjunctivitis and pneumonia. Chlamydia is one of the leading causes of infertility among women.

In cases which do not involve

sexual abuse, DNA tests or nucleic acid amplification testing (NAAT) of a cervical swab or a urine specimen are now commonly used in many centers. The NAAT tends to be the preferred testing for screening. Chlamydia cell culture tests, the gold standard for cases of sexual abuse, involve identification of the characteristic intracytoplasmic inclusions with fluorescent antibody stain after 48 to 72 hours of growth.

Cervicitis, urethritis and asymptomatic infection are treated with treated with 1 gram of azithromycin orally as a single dose or 100mg of doxycycline twice a day for 7 days. Other recommended and alternative treatments for pregnant women, children, urogenital, rectal and neonatal (ophthalmia neonatorum, pneumonia) may be found in the “2006 CDC Guidelines for Treatment for Sexually Transmitted Diseases.”

Screening women for chlamydia is very important because of the prevalence of the infection in the population and because infection often is asymptomatic. The CDC recommends that all sexually active women under age 26 be screened annually for chlamydia. Annual screening is also recommended for older women who may be at higher risk of becoming infected because factors such as new or multiple sex partners. According to the CDC's 2006 STD treatment guidelines, males and females should be retested for *Chlamydia trachomatis* approximately three months after completing treatment.



# SO YOU HAVE A SECOND HOME

By Timothy H. Knecht, Cline, Cline & Griffin

Your second home may be a cottage, a condominium in Florida, a place in the mountains or a home overseas, outside of the United States. It is a place where family memories are made, a place where life takes place away from the daily grind. What happens to it when you are gone?

If your second home is a place associated with cherished memories, you may want to consider planning for what happens to it after your death. You have several options. Many people choose the simplest option which is to do nothing. That certainly is an option, but is it the right option? If your second home is a place where memories are made, you may want to consider passing it along to your children so that it can stay in the family after you are gone. Rather than simply passing the house to the kids and letting the chips fall as they may, consider some other options.

Who will use the house? Who can afford to maintain and keep up the house? Do your children get along well enough to make it all work? As long as you maintain the home and pay the bills, everybody is certain to use it. Once the support structure for the home is gone, what happens?

There are essentially two ways to come up with a plan to keep the second home in the family. One way is to set enough money aside, as a part of your estate plan, to make sure the home stays in the family. This may require setting aside enough assets so that the home can be maintained. Another way is to sit down and have a family discussion about what to do with the home. Both options are generally superior to the option of simply leaving the home to the kids

and hoping that everything works out.

Whichever option you chose, the next step is implementing the plan. A way to implement the plan is to set up a trust specifically for the second home. The other way is to set up a family limited liability company, slowly giving the home to the children over time, but making sure there is a set of rules established as a part of the limited liability company which suits the needs of the family. The other way is to simply carve out the second home as an asset as part of your estate plan, making it a part of your own revocable trust, with assets set aside to take care of it.

There is no right or wrong answer to the question of what to do with the second home. There are, however, options to be considered in deciding what to do. If you have questions, our office can help you work through those options and come up with a satisfactory solution, one which is right for you and your family.

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<p><b>Howard D. Cline, Jr.</b>  <b>Walter P. Griffin</b>  <b>Timothy H. Knecht</b>  <b>Jonathan M. Hartman</b></p>	<p><b>Glenn M. Simmington</b>  <b>J. Brian MacDonald</b>  <b>Jose' T. Brown</b>  <b>Sandra K. Carlson</b></p>
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**R. Paul Vance**

# DR. JOHN REID



Dr. John Reid passed away June 22, 2009

Dr. Reid was the second intern in the Hurley Hospital Pediatric Residency program. He was warm and friendly, very conscientious and enjoyed his relationship with his patients and their parents. He could explain the problems etiologies and course of treatment in language the parents could understand and he made himself readily available to the families.

In the first year of John's residency, a foreign physician from Germany was assigned to the Pediatric department for six months to see how we dealt with Poliomyelitis. His name was Dr. Ernie Popp. His greatest fear on arrival in the United States was that the citizens would think he was a Nazi. John took him under his wing, kept him busy, and reassured Ernie that he would do well. An additional benefit to having Dr. Popp on our Pediatric service was "night call" came only every third night instead of every two. Therefore, John got to go fishing more often at Lake Shinagaug, in Goodrich.

Dr. Reid always enjoyed Pediatric Journal Club and attended faithfully. He got teased a lot about his appetite for the sweet snacks and coffee. When John finished his pediatric residency he helped to establish the first joint pediatric practice in Flint, known as the Flint Children's Center, with Dr. Lafon Jones, Dr. Arthur Tuuri, Dr. Robert Clark, Dr. William Nicholls, and Dr. Berton J. Mathias. John also worked in the Pediatric After Hours Clinic at Hurley Hospital until the emergency room took over the clinic. He opposed cigarette smoking in the homes and automobiles of his patients long before it was popular to do so. In fact, he eventually would not accept new patients if the parents or anyone in the household were smokers. John was a vigorous and early advocate of many child health measures including the Reach Out and Read Program, which promotes early literacy as an important part of pediatric primary care. The purpose of this program was to encourage physicians to prescribe books to children whom they treat. He formed the initial fundraisers and partnerships with book publishers. This program has subsequently been taken over by the Genesee County Medical Society Alliance. Dr. Reid retired in 1996 and became a very active volunteer. In addition to the Reach Out and Read Program (for which he received the 2003 Children's Championship Award) Dr. Reid was an active member of the Genesee County Medical Society. He focused on Community Health activities. As a result of that commitment, he represented the Genesee County Medical Society in the establishment of the county immunization registry at the Genesee County Health Department for several years.

Dr. Reid was born in 1924. He attended Goodrich High School, Michigan State College and University of Michigan (where he received his MD degree). His internship was served at Hurley Hospital from 1953 to 1954. He performed a pediatric residency at Hurley Hospital from 1954 to 1956. Dr. Reid has been a member of the Genesee County Medical Society since 1956. He served in the Navy for 35 months during World War II. Some of his stories about his harrowing times in the war in the South Pacific have been contained in The Bulletin. Dr. Reid was also an avid glider pilot. He was a member of the Vultures Soaring Club. Dr. Reid was the 2003 recipient of the Michigan State Medical Society Community Service Award.

Dr. Reid is survived by his three children: Barbara Ann Reid, James D. Reid, and Rose Mary E. Lutz. His wife, Helen, passed away in 2003.

— Berton J. Mathias, MD, FAAP

John was finishing his Pediatric Residency when I started my internship at Hurley Medical Center. I met him at the cocktail party that first evening. I found he liked to fish and also had an interest in hunting.

When John started his practice, he wasn't too busy, so he had time to research fishing in Saginaw Bay. Our first trip there was early in the spring. It was cold and cloudy, but not a deterrent to doctors who had some treasured time to play.

John was a friend of John Tury who had a boat and cottage in one of the cuts of Saginaw Bay. So, off we went; tackle, bait and beer. Well prepared for the forces of nature and our needs. We fished the whole day, against wind, cold, running out of beer and not many bites: let alone not catching many fish!!

Back in one of the cuts, John looked over the side of the boat and said "look at all of those perch!" Sure enough, the water was black with them! I was busy baiting up so John took out the dip net and scooped in a bunch of perch. He sorted out the big ones, and threw the little ones back. By dip two or three he had our limit, John said "Home James" so we left. I had only caught two little fish, but home we went.

It was then that I realized how smart he was. He was able to size up any situation and handle it. He not only did that fishing but also in the practice of medicine. He was smart and practical. That was the reason I sent him my patients including my three daughters. They are now older, I am old (but I still fish) and John is gone. I will miss him.

— Jim Martin, MD

## YOUR \$\$\$ AT WORK

- § GCMS leaders served the membership by representing them at the AMA Annual meeting in Chicago
- § GCMS helped with complicated licensure issues for a member
- § GCMS arranged Town Hall meeting on "What Every Doctor Needs to know about the Future of the Automobile Industry"
- § GCMS represented physicians in multiple political and charitable settings
- § GCMS attended meetings between MSMS and AMA on MSMS Connect and the related AMA product on behalf of members
- § GCMS represented members in several news articles: medical marijuana, health reform, and the future of health care in Genesee County
- § GCMS interfaced between an individual physician's practice and a third party payor to solve problems related to prior authorization
- § GCMS convened Practice Managers around the topics of the Care Core Program at HealthPlus and Blue Cross Blue Shield issues



## Hurley Medical Center SAVE THE DATES!

<i>Date</i>	<i>Topic</i>
8/19	Management of Common Skin Conditions
9/30	Emergency Psychiatry Update
10/7	Radiographic Evaluation of Breast Cancer
10/14	Ethnicity & Health
10/24	Endocrine Update
10/28	The Journey and Destination of Patient Safety
11/11	Pediatric Update

*For more information, please contact the Hurley Medical Center, CME Department, at 257-9142.*

## 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



## Genesee County Medical Society Dinner Business Meeting

### September 9, 2009

A Town Hall Meeting  
on

### THE FUTURE OF THE AMERICAN AUTOMOBILE INDUSTRY, WHAT EVERY GENESSEE COUNTY PHYSICIAN NEEDS TO KNOW!

With the bankruptcy of General Motors, this region is entering what might be called a "post industrial era". David Cole, PhD, Chairman, of the Center for Automotive Research will be our keynote speaker. Dr. Cole often serves as keynote speaker at major international meetings on the future of the automobile industry, and is often heard on national media.

Invited responders include: Ed Donovan, Senior Vice President for Economic Development Genesee Regional Chamber of Commerce, Ted Henry, Chair of the Genesee County Board of Commissioners, Scott Kincaid, UAW Regional 1C, and a representative for the Michigan State Medical Society.

### COME READY FOR A DISCUSSION!

All physicians, spouses, and family members, members and non-members of GCMS and GCMSA and interested other professionals are invited.

\$30 GCMS Members & Spouses per person - \$20 Hospital Residents and Students  
\$50 Non-Members per person  
Reservations required by September 4, 2009.

### FLINT GOLF CLUB

3100 Lakewood Dr., Flint, MI 48507  
6 p.m. - Registration and Social Hour  
6:30 p.m. - Dinner  
7 p.m. - Meeting  
7:15 p.m. - Presentations

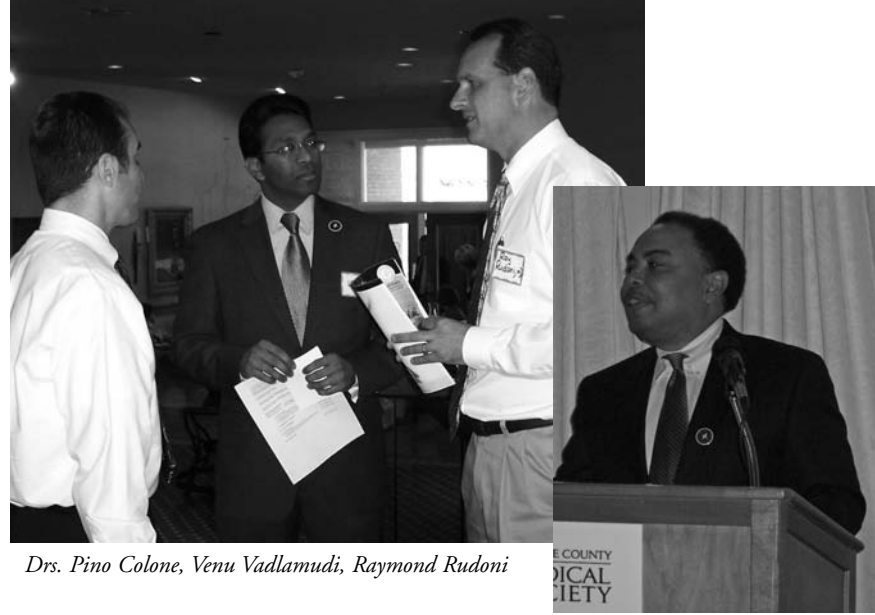
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# TOWN HALL MEETING ON PRESIDENT OBAMA'S HEALTH PLAN



*Drs. Pino Colone, Venu Vadlamudi, Raymond Rudoni*



*Dr. Richard Smith*



*Stella Thomas & Hina Nundkumar*



*Dr. Laura Carravallah*



*Mr. Jibaly & Dr. Rima Jibaly*

Surgeon General Nominee Herbert Smitherman, MD presented an overview of the Obama Health Plan. The audience was also presented with a dynamic reactor panel made up of Drs. Laura Carravallah, John Waters, Luis Perez, of the Dental Society, Richard Smith, President of MSMS, and Stephen Skorcz of the Greater Flint Health Coalition. The discussions were electric and very well attended by over 125. The Town Hall was televised for the General Public to view. Do not miss the next Town Hall on September 9, 2009 at Flint Golf Club.



*Drs. Rima Jibaly, Sunil Kaushal, & Eyassu Hebte-Gabr*



*Robert Leiber- MSMS & Dr. Venkat Rao*



*Dr. Luis Perez*



*Michigan State University Medical Students*



*L-R: Drs. John Waters, Herbert Smitherman, Richard Smith, & Luis Perez*



*L-R : Artina Sadler, Michelle Goodman, & Traci Kim (Dr. Waters staff)*



*Dr. Herbert Smitherman*

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John Schultz	2	Larry Young	16
Harvey Olds	3	Iqbal Allarakhia	17
Venkat Rao	5	Cathy Blight	17
Brian Nolan	6	Kevin Bur	17
Paul Musson	8	Fidel Seneris	18
Zouheir Fares	8	Lavanya Cherukuri	19
Kimberly Pummill	8	Cheng Yang Chang	20
James Forshee	10	Khalid Latif	20
Sreenivas Mannam	10	Bharat Mehta	24
Frazer Wadenstorer	12	Gary Johnson, MPH	26
Edward Christy	13	D V Pasupuleti	27
Anup Sud	13	Michael Kirby	28
Mohammed Saleem	14	Orlando Filos	29
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Dr. William Edward Naill received his medical degree from Medical College of Wisconsin, Milwaukee, WI in 1977. He completed his residency at the University of Wisconsin, Department of Radiation Oncology in 1985. Dr. Naill is Board Certified in Radiology/Radiation Oncology. He is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

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