

THE Bulletin

March 2016 Volume 108, Number 25



**American Academy
of Pediatrics Letter
to Flint Families**

Zika Virus Update

**MDHHS
Teleconferencing
on Lead**

**Surgeon General
Visits Flint**

**Why Wasn't My
Will Honored?**

**Special
Residents Issue**

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FEATURE ARTICLES

Legislative Liaison Committee Covers Several Issues	5
Do You Recognize This Doctor?	6
MSMS Donates \$10,000 to Help Flint Water Crisis	7
Obituary	10
Reflections on Donald Canada	10
Leadership and Advocacy: A Med Student's Perspective	12
Flint Water FAQs	14
An ICD-10 Update for Practice Managers	20
Zika Virus Reporting	21
The Disappearing Gift - Why Wasn't My Will Honored?	22
McLaren Resident/Fellowship Physicians	24
Hurley Medical Center Resident Physicians	28
Hamilton Community Health Network Physicians	30
Introduction of The Surgeon General of The United States	34
Flint Water Crisis Has Physical and Psychological Impact	36
Commit2Fit Calendar	38

REGULARS

President's Message	4
Editor's Message	6
Director's Message	8
Your \$\$\$ at Work	20
Classifieds	22
Happy Birthday Doctor	33
GCMS Meetings	33

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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MEMBER PHYSICIANS STEP UP FOR CITIZENS OF FLINT

Since the visit of the Surgeon General on Feb. 15, I thought it would be useful to review where we started, how we got here, where we are, and where we're going. The following timeline was taken largely from the New York Times. But keep in mind GCMS was heavily involved in the process of demanding information and disseminating it to physicians from the beginning of this crisis because the City of Flint directed patients with concerns to their primary care providers, while providing no real information for primary care providers.

April 25, 2014: City switches water supply from Detroit water (Lake Huron) to the Flint River in a cost-cutting measure. Soon after, residents begin to complain about the water's color, taste and odor, and to report rashes and concerns about bacteria. Flint residents were told, "Flint water is safe to drink."

Aug. 2014: City officials issue boil-water advisories after coliform bacteria are detected in tap water.

Oct. 2014: The Michigan Department of Environmental Quality blames cold weather, aging pipes and a population decline.

Oct. 2014: A General Motors plant in Flint stops using municipal water, saying it corrodes car parts. GCMS begins to discuss TTHM's and asked questions of city management because notices direct patients with questions to see their primary care provider.

Jan. 2015: Detroit's water system offers to reconnect to Flint, waiving a \$4 million connection fee. Three weeks later, Flint's state-appointed emergency manager, Jerry Ambrose, declines the offer.

Feb. 2015: In a memo for the governor, officials play down problems and say that the water is not an imminent "threat to public health." GCMS expresses concern regarding legionella.

Feb. 18, 2015: 104 parts lead per billion are detected in drinking water at the home of Lee Anne Walters. The EPA does not require action until levels reach 15 parts per billion, but public health scientists say there is no safe level for lead in water.

Feb. 27, 2015: Miguel Del Toral, an EPA expert, says that the state was testing the water in a way that could



Pino Colone, MD

profoundly understate the lead levels.

March 3, 2015: Second testing detects 397 parts per billion of lead in drinking water at Ms. Walters's home.

March 12, 2015: Veolia, a consultant group hired by Flint, reports that the city's water meets state and federal standards; it does not report specifically on lead levels.

July 2, 2015: An EPA administrator tells Flint's mayor that "it would be premature to draw any conclusions" based on a leaked internal EPA memo regarding lead.

Aug. 17, 2015: Based on results showing lead levels at 11 parts per

billion from January to June 2015, the Department of Environmental Quality tells Flint to optimize corrosion control.

Sept. 2, 2015: Marc Edwards, an expert on municipal water quality and professor at Virginia Tech, reports that corrosiveness of water is causing lead to leach into the supply. Soon after, the Department of Environmental Quality disputes those conclusions.

Sept. 22-28, 2015: Dr. Mona Hanna-Attisha of Hurley Medical Center in Flint brings her blood lead level research to the Greater Flint Health Coalition and the Genesee County Medical Society. Both organizations demand a lead in water advisory in a press conference urging the city to stop using the Flint River for water after finding high levels of lead in the blood of children. State regulators insist the water is safe.

Oct. 1, 2015: Flint city officials urges residents to stop drinking water after government epidemiologists validate Dr. Hanna-Attisha's finding of high lead levels. Gov. Snyder orders the distribution of filters, the testing of water in schools, and the expansion of water and blood testing.

Oct. 19, 2015: The Department of Environmental Quality director, Dan Wyant, reports that his staff used inappropriate federal protocol for corrosion control.

Oct. 21, 2015: Mr. Snyder announces that an independent advisory task force will review water use and testing in Flint.

Nov. 24, 2015: Genesee County Medical Society Board of Directors passes a motion supporting the Mayor's

PRESIDENT'S MESSAGE

call for a state of emergency.

Dec. 9, 2015: Flint adds additional corrosion controls

Dec. 14, 2015: Flint declares an emergency. GCMS supports the mayoral call to the levels of government.

Dec. 29, 2015: The task force says the Department of Environmental Quality must be held accountable. Mr. Wyant, the director of the state environment agency, resigns.

Jan. 5, 2016: Mr. Snyder declares a state of emergency for Genesee County, which includes Flint.

Jan. 16, 2016: President Obama declares a state of emergency in the city and surrounding county, allowing the Federal Emergency Management Agency to provide up to \$5 million in aid.

Jan. 20, 2016: Two federal officers are assigned to live in Genesee County to address the crisis.

Feb. 15, 2016: The Surgeon General of the United States, Vice Admiral Vivek Murthy, MD, MBA, addresses members of the medical community. The meeting was facilitated by GCMS and attended by approximately 350

people with only four days' notice. Dr. Murthy presented a message of hope but left many questions, including chelation, legionella, long-term monitoring of Flint residents, and others.

Feb. 23, 2016: There remains palpable angst and frustration at the GCMS Board of Directors meeting regarding the above timeline, lack of consistent communication, lack of a plan, lack of coordination of resources, among others. GCMS Board passes a motion requesting a meeting with Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response at the US Department of Health and Human Services, to discuss preparation for legionella season and other issues.

We can't change the past, nor should we ignore it. Despite ongoing frustrations, we must remain positive. We are the champions, and at times the only voices, of our patients. They have been abandoned in the past. We must be vigilant to assure this does not happen again.

FEBRUARY LEGISLATIVE LIAISON COMMITTEE MEETING

Legislative Liaison Committee Covers Your Issues



The February meeting of the Legislative Liaison Committee had great legislator participation. Senators Ken Horn and Dave Robertson were present. Representative Joe Graves was there, along with Tim Sneller from Representative Charles Smiley's staff and Nicole Derusha-Mackey of Representative Pam Faris's staff.

The discussion revolved around maneuvering that is taking place on the auto no-fault front, with House Bill 4946 being the focus of the discussion.

It was reported that requests for exemptions from vaccinations have gone down substantially since new legislation went into effect. Legislation has now been introduced to undo the legislation which would result in a

drop in vaccinations. MSMS is opposed to this.

The longest discussion was on the issue of maintenance of certification addressed in Senate Bills 608 and 609, as well as House Bills 5090 and 5091. It was noted that MSMS supports those Bills. Which remove certification is as sole criteria for hospitals and insurance companies to use when providing privileges or certification on a panel.

The next meeting of the GCMS Legislative Liaison Committee will take place on March 7, 2016. GCMS members are encouraged to attend. Please contact Sherry Smith via email at ssmith@gcms.org, or dial 810-733-9923, if you are interested.

FEATURING YOUR LOCAL RESIDENTS!

The majority of individuals reading the Bulletin have been through medical school, completed their residency, sat for their board exams and are now Board Certified in their field of choice and practicing independently or in an employed capacity. This issue is going to feature current residents practicing at our local hospitals. As you look through the many residents practicing in the community, take a moment to reflect back to your Match Day, when you were accepted into your residency. Match Day this year is March 18, and medical students around the world will be anxiously awaiting their Match into residency! Hopefully, you will have an opportunity to



Amanda Winston, MD

work with some of our current and future residents! As resident physicians, our time is limited as we try to balance our professional and private lives. While we don't always get the opportunity to express it, we definitely appreciate all of the time and energy our many attending's have put forth to help guide us and allow us to become the best physicians we can be!

Editor's Note:

This issue of The Bulletin contains photo rosters of this community's residents and fellows with the exception of those from Genesys Regional Medical Center. When we receive them, they will be published.



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

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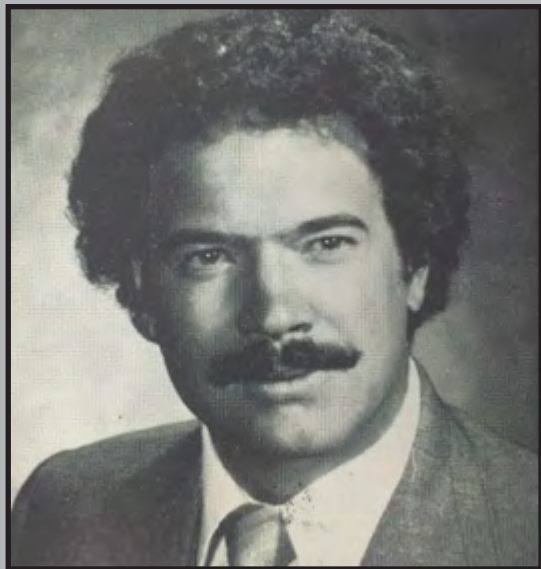
MSMS Donates \$10,000 to Help Children Affected by Flint Water Crisis

by Amanda Emery - MLive

FLINT, MI The Michigan State Medical Society Foundation donated \$10,000 to aid in Flint's water crisis. The MSMS presented the Flint Child Health and Development Fund of the Community Foundation of Greater Flint with the \$10,000 on Friday, Feb. 5. The donation from MSMS will support critical public health, medical and community based services to help mitigate short and long term challenges children in Flint will face, according to a news release from the MSMS. "Physicians are on the frontlines providing care for children and families in Flint," said MSMS Foundation President Dorothy M. Kahkonen, MD in a statement. "We're honored to come alongside the Flint Child Health and Development Fund for critical public health, medical, and community based services to mitigate the short and long term challenges Flint children will face." The fund established at the Community Foundation of Greater Flint is a

supplemental resource to the ongoing pursuit of state and federal funding. "We are incredibly thankful for this contribution from the Michigan State Medical Society Foundation," said Kathi Horton, President, Community Foundation of Greater Flint in a statement. "The generosity of state and local physicians will directly benefit the Flint community specifically the Flint Child Health and Development Fund, founded by Doctor Hanna Attisha." State Minority Leader Jim Ananich said the donation is great for the Flint community. "This donation by the Michigan State Medical Society is great news for our community. Not only will it greatly impact the future of Flint's children, it will also support the import work that the Community Foundation of Greater Flint on behalf of all residents," Ananich said in a statement. For more information on the Flint Child Health and Development Fund or on how to help with the Flint water crisis click here.

Do you recognize this DOCTOR?



Look for the Answer inside!



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THE Bulletin

please contact Sherry Smith at

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CHANGE IS CONSTANT

The amazing changes in health care are heavily documented. The radical changes in the power players, especially on the insurance company side of things, is remarkable. New players are in the community, such as Health Alliance Plan (HAP), with rumors about others joining, such as Kaiser. The expansion of Molina and its diminution of Health Plus, create completely new pressures on practices. The consolidation of insurance companies could potentially be a good thing, because it reduces the number of companies that offices have to deal with. It can also be a rough thing, because it radically changes the methods that physicians have to learn to get paid. It also changes the power relationship. It will become increasingly important for physicians to organize themselves in practice entities, but also within organized medicine to relate to payers effectively. Through organized medicine, relationships with payers can be maintained and reinforced as situations change,



Peter Levine, MPH

just as they are politically, where organized medicine speaks to the shifting issues within the Legislature with one voice. Organized medicine can accomplish this, because political advocacy is a major focus. The same is true for relationships with payers.

One of the constant changes in Genesee County is the faces of the residents and fellows who come here to learn. It is always a great pleasure to meet these people. Every one represents a potential future resource for this community in addition to their present skills which they bring to the

community's patients. This issue of The Bulletin features photographs of the residents and fellows from Hurley, McLaren, Genesys, and Hamilton Community Health Network. We enjoy seeing these fresh new faces and look forward helping integrate them into our medical community.

Change is constant. Without it the environment kills off those who do not adapt.

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Donald R. Canada, MD

Donald R. Canada, MD, passed away on January 24, 2016, at the age of 81.

Dr. Canada was born in 1934. He and his wife Carol, were married for 33 years.

Dr. Canada graduated from Flint Central High School in 1952 and began studies at the University of Michigan in Ann Arbor, where he graduated from the University of Michigan Medical School in 1959. After a one-year internship at McLaren Hospital in Flint, he completed a three-year Dermatology residency at the University of Wisconsin in Madison. He explored clinical practice at the Christie Clinic in Champaign, IL before beginning his own private practice in Flint. For nearly 30 years, he tended to the dermatological needs of the community and retired in 1993. Ever the academic, Don never stopped pursuing knowledge and went on to earn his undergraduate degree (a BA in History) from UM-Flint. Dr. Canada was an avid athlete, playing inning after inning of baseball in his youth and set after set of tennis in his adult life. He was a member of the Lions Club and with the Retired Men's Fellowship of Greater Flint, of which he served as President.

He was a career long member of the Genesee County and Michigan State Medical Society. He served as an avid member of the GCMS Community and Environmental Health Committee until his health made it too difficult to attend the meetings.



Reflections on Donald R. Canada, MD

Don Canada, MD, has passed away. What a neat guy. He was so enthusiastic about so many things. He always had a story about his kids, his grandkids, and always asked about my kid. He loved kids.

He loved this community, and he loved medicine. Even as he declined in health, he attended Community and Environmental Health Committee meetings with Dr. Russ Sandberg. Dr. Canada was extremely active, communicative, up-to-date on everything, and was fascinated by social policy.

It was very sad when he could no longer attend the Community and Environmental Health Committee meetings. Every month people asked about him. They really missed having him as a participant.

He has died, but leaves lots of warm thoughts in his wake. On the fourth Wednesday of every month, I will find myself missing him, and in between too.

- Peter Levine, MPH

Announcement

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**Seasoned physicians - would you like to help bring
GCMS and MSMS positions to the forefront?**

Become involved in the GCMS Legislative Liaison Committee!

Be a part of an elite group of communicators who meet
with our elected officials.

You are invited to engage in conversation with your legislators on the first
Monday of each month at 8:00am in the Rapport Conference Room
at the GCMS office.

You may contact Pete Levine at plevine@gcms.org
or call **810.733.9925**, if you would like to participate.

This is a valuable opportunity; don't let it go to waste!

NEXT MEETING DATE: MARCH 7TH

Leadership and Advocacy:



A Med Student's Perspective

By Nick Harrison

As the final weeks before graduation and The Match pass by, I am reminded of how lucky I was to stumble onto a classmate of mine four years ago. Merely acquaintances at the time, through small talk I learned she was on the student board of the local AMA chapter for our school. At the time I knew very little about the AMA and the world of medical advocacy, but her entreaty to me to get involved was received well by the parts of my personality inclined to issues of social justice, government, administration and leadership.

Fast forward to present day, and the world of medical leadership and advocacy has become a second career for me (med school being the first). This fall, I went through 15 interviews for an Emergency Medicine residency. All anyone wanted to talk about with me was my involvement in legislative and community advocacy. Since my classmate reeled me in four years ago, I've served in many capacities: Delegate to the MSMS, Delegate to the national AMA Medical Student Section, Associate Director of the Michigan College of Emergency Physicians (MCEP) Medical Student Leadership Initiative, planner of statewide med student conferences for MSMS and MCEP, and most recently, Vice Chair of the MSMS Student Section and Board member for the Genesee County Medical Society.

More than any other question, program directors and other faculty representatives asked during my interviews, "do you plan to continue this stuff into residency and

after?" It was great to find out how many programs were happy to hear me say "yes." I informed them of my career goals to combine roles in legislative advocacy, community outreach and health-system administration to better address the ethical, social, economic, and patient care issues facing the American health care system. All but a few were receptive to my advocacy goals, and many gave me specific details of how I could meet those goals within their programs. Even better was the magnified clarity of my goals that I gained simply from talking about them so much. I'm very excited for the future, and I consider the leadership skills I gained through my experiences irreplaceable. With this in mind I would recommend all future or current medical students give leadership and advocacy a try.

For the immediate future, I hope to keep working on involving more students in the kinds of roles I have been lucky to have taken on in the last four years. Here in Flint, we have approximately 90 M.D. students in Michigan State's College of Human Medicine. I believe that there are natural ways in which the student body and the GCMS can form a strong and fruitful relationship for years to come. Recently, I've talked through some of these proposals with the Dean of the Flint Campus, Dr. John Molidor. As residency marches ever closer, I hope to garner more support for implementing some of our ideas. Hopefully, we can leave a lasting legacy in Genesee County's medical education, for the betterment of leadership development and community involvement by doctors in training for years to come.



MORE INSIGHT

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Frequently Asked Questions About Lead in Flint Water

Where does Lead come from?

- Elevated levels of lead have been found in the drinking water from lead pipes in the City of Flint.
- Lead in water is colorless, odorless, and tasteless. Clean looking water may still contain high amounts of lead.
- Lead is a serious health hazard, especially for small children who become lead poisoned when they eat, drink, or breathe lead. Lead has almost no absorption through the skin.




What are the symptoms of Lead exposure?

- Sometimes lead exposure will not cause any obvious symptoms.
- In children, too much lead in the body can cause problems with growth and development. Elevated lead can affect behavior, learning, and intelligence.
- In adults, lead poisoning can damage the brain and nervous system, lead to abdominal pain, and increase blood pressure.

Should I or my child get a blood lead test?

- Children who have consumed unfiltered water at any point since April 2014 in the City of Flint should be tested. This includes drinking water in school, childcare, or with a caregiver in the City of Flint. ***This should be done as soon as possible.***
- Adults absorb less lead than children, but may consider getting tested.

Safe Water Practice

	For People who are:	Pregnant Breastfeeding, or Children under age of 6	Other (Non-pregnant adults)
In the Kitchen 		Bottled Water: <ul style="list-style-type: none"> • <u>ALL Drinking:</u> includes making coffee, drink mixes, juice, baby formula • <u>Cooking</u> - (even if you boil the water, the lead will stay in the water and food) Filtered Water: <ul style="list-style-type: none"> • Washing fruits and vegetables Unfiltered Water: <ul style="list-style-type: none"> • Washing your hands, dishes, countertops 	<i>If a water test has been conducted, and your lead levels are under 150 ppb:</i> Filtered or Bottled Water: <ul style="list-style-type: none"> • <u>ALL Drinking:</u> includes making coffee, drink mixes, juice, baby formula • <u>Cooking</u> - (even if you boil the water, the lead will stay in the water and food) • <u>Washing</u> Fruits/Vegetables Unfiltered Water: <ul style="list-style-type: none"> • Washing hands, dishes, countertops
In the Bathroom 		Bottled water: <ul style="list-style-type: none"> • Brushing teeth (kids) 	Filtered Water: <ul style="list-style-type: none"> • Brushing teeth (adult) Unfiltered Water: <ul style="list-style-type: none"> • Showers • Baths (don't drink the water)
While Cleaning 		Unfiltered Water: <ul style="list-style-type: none"> • Mopping Floors • Washing Clothes 	Unfiltered Water: <ul style="list-style-type: none"> • Mopping Floors • Washing Clothes

What If I am Pregnant or Breastfeeding?

- Pregnant women with high blood lead levels can transfer lead to the baby through the placenta.
- You should use bottled water only for drinking and cooking. If you are using formula, mix with bottled water.
- If you are pregnant or breast feeding, consult a physician for more information.

Where should I go for a blood lead test?

- The best place to get a blood lead test is your doctor's office. Tests are covered by most health plans. Your doctor will follow up with you on lab tests and provide you with information on what to do next.
- You or your child can also get a free lead test at the Genesee County Health Department. If you need transportation, contact 2-1-1 for help.

What can I do to Keep My Family Safe?

- Get your water tested for lead. It's free. Call (810) 787-6537 to learn more.
- Use a water filter in your home. Call 2-1-1 for information on free NSF Certified water filters.
- Run only cold water through the filter.
- If you do not have a water filter, use bottled water for drinking and mixing formula.
- If you have to use unfiltered water for drinking or cooking, run the tap for five minutes before using the water.

Good Nutrition:

Some foods will help keep lead from being stored in a child's body. These are foods with a lot of calcium, iron and vitamin C. These foods include:

Calcium Rich Foods:	Iron Rich Foods:	Vitamin C Rich Foods:
<input type="checkbox"/> Milk	<input type="checkbox"/> Beans	<input type="checkbox"/> Oranges
<input type="checkbox"/> Cheese	<input type="checkbox"/> Lean Meats: fish, chicken	<input type="checkbox"/> Orange Juice
<input type="checkbox"/> Yogurt	<input type="checkbox"/> Whole grain cereals	<input type="checkbox"/> Grapefruits
<input type="checkbox"/> Tofu	<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Tomatoes
<input type="checkbox"/> Spinach		<input type="checkbox"/> Green Peppers

Always wash your fruits with filtered water. If you are concerned about your child's diet, talk with your doctor who may also recommend a daily multivitamin.

WIC and SNAP provide assistance to parents and children who need fresh and healthy foods. Contact the Genesee County WIC office at **(810) 237-4537** to learn more. SNAP also offers a Double Bucks program to purchase even more healthy food for no additional costs.

Where can I get more information on lead or nutrition?

Genesee County Health Department Lead Program
(810) 257-3833
www.gchd.us

Michigan Department of Health and Human Services Childhood Lead Poisoning Prevention Program
(888) 322-4453
www.michigan.gov/lead

United States Environmental Protection Agency
www.epa.gov/lead

U.S. Centers for Disease Control and Prevention (CDC) Web site
www.cdc.gov/nceh/lead

The Emergency Food Assistance Program (TEFAP)
Call GCCARD at 810-789-3746

Commodities Food Program
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Looking Ahead

What Does MU3 Mean for Your Practice?

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A Letter to Parents in Flint, Michigan:

As a mother and a pediatrician for over 30 years, I know that being a good parent means caring for your children, keeping them safe and healthy, and giving them hope to live their dreams. Sometimes this can require courage when times are tough. Flint, Michigan is filled with courageous and strong parents. Mothers, fathers, grandparents and other caregivers in Flint are facing these uncertain times by loving their children and doing their best to care for their families.

The families of Flint, who have always put their children first, are truly heroes. To keep children healthy, families of Flint will need to work with their pediatricians and neighbors in the coming months and years to improve the community — making it a place where every child can thrive.

In the meantime, parents can:

- Continue to use filtered or bottled water for cooking and drinking. Call 211 to get a filter.
- If you are using powdered formula for babies, prepare it with bottled water. Pre-mixed or ready-to-feed formula is also available at WIC (810-237-4537).
- Feed your family nutritious, fresh foods. Foods high in iron, calcium and Vitamin C (such as lean meats, dairy products and green leafy vegetables) can help fight lead. If you need assistance with food, programs like WIC can help (810-237-4537).
- See your doctor. Health professionals can give you advice about how to keep your family healthy and strong. Talk with your child's doctor about any concerns that you may have. You can also ask your doctor for a blood lead test for your child. A blood lead test can help determine if your child was recently exposed to lead. If you don't have a doctor or if you need health insurance, call 211.
- Don't let worries about healthcare costs get in the way. Nearly all children in Flint are eligible to be covered by health insurance. Coverage can help you access all the services your child needs and make sure that your children are growing as they should.
- Read, talk and sing with your children. These are the easiest ways to help them learn.
- Support each other. You are not alone and families in difficult situations can benefit from helping each other. For additional support, call Genesee County Crisis Line 810-257-3740.

The American Academy of Pediatrics celebrates and supports the strong and determined families living in Flint. We are working with pediatricians, government officials and community leaders to find short- and long-term solutions for the health and wellbeing of the children, their families and their city. These families are my heroes.

Sincerely,

A handwritten signature in cursive script that reads "Karen Remley".

Dr. Karen Remley
CEO/Executive Director
American Academy of Pediatrics

FLINT WATER RESPONSE HEALTHCARE PROVIDER WEDNESDAY UPDATES

FROM THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

Weekly updates on the Flint Water Response with the opportunity for questions and answers. Hosted by the MDHHS Chief Medical Executive, Eden Wells, MD, MPH, FACPM. Wednesdays 12 - 1 PM EST.

SCHEDULE

- 2/3/16 An Introduction to the Health Implications of Lead Exposure
- 2/10/16 Pregnancy and Breastfeeding
- 2/17/16 Mitigating Lead Exposure
- 2/24/16 Management of Lead Exposure in Adults and a Brief Note on Chelation
- 3/2/16 Rashes and the Flint Water Crisis
- 3/9/16 Legionella and the Flint Water Crisis
- 3/16/16 Oral Health, Bathing and other Activities of Daily Living and the Flint Water Crisis

To join the meetings: <http://breeze.mdch.train.org/mdhhscmen>

Conference Audio: 1-888-398-2342 Access code: 3667234

Recorded webinars are available on [MI-TRAIN](#) - Course ID [1062012](#)



www.michigan.gov/flintwater

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

March Topic:

Great Lakes Health Connect,
Impact on Physicians
(postponed to March)

April Topic:

Medicaid Drug Formulary's.
Molina, McLaren Health Plan & MSMS
Practice Managers, please don't miss this one!

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**

YOUR \$\$\$ AT WORK

- GCMS and MSMS met with legislators to discuss the problems with Maintenance of Certification and other issues
- GCMS held a Town Hall on Drug Diversion
- GCMS hosted a Grand Rounds with the US Surgeon General Vivek Murthy, MD on the Flint Water Crisis with 340 health care professionals attending
- GCMS leaders and staff coordinated communications with physicians disseminating information from county, state and federal health agencies once they were vetted for accuracy and did not contain information which contradicted other communications on the same issue
- GCMS convened and attended endless meetings with federal and state officials and participated in endless conversations regarding the health issues relating to the water crisis.
- GCMS has submitted several resolutions to the MSMS House of Delegates

An ICD-10 Update for Practice Managers

The practice managers met to discuss an update on ICD-10 Jan. 28. Presenters were from Molina, Blue Cross Blue Shield of Michigan, and the Michigan State Medical Society.

Presenters included Shelley Wagner, Director, Provider Services, Molina Healthcare; Drew Lott, Provider Services Representative II, also from Molina; Sherri Patton, RHIA, Code Management Manager, Blue Cross Blue Shield of Michigan; Tina Gach, Provider Consultant, Blue Cross Blue Shield of Michigan, and Stacie Saylor, Reimbursement Advocate, Michigan State Medical Society.

The attendance was very good, and none left early. The discussion was robust from both practice manager and the presenters.

The Feb. 25 meeting of the practice managers will focus on “Great Lakes Health Connect, Impact on Physicians”, with demonstrations. The March 24 meeting will feature a discussion of Medicaid drug formularies. Molina and McLaren Health Plan representatives will be invited to speak, along with a representative from Michigan State Medical Society.

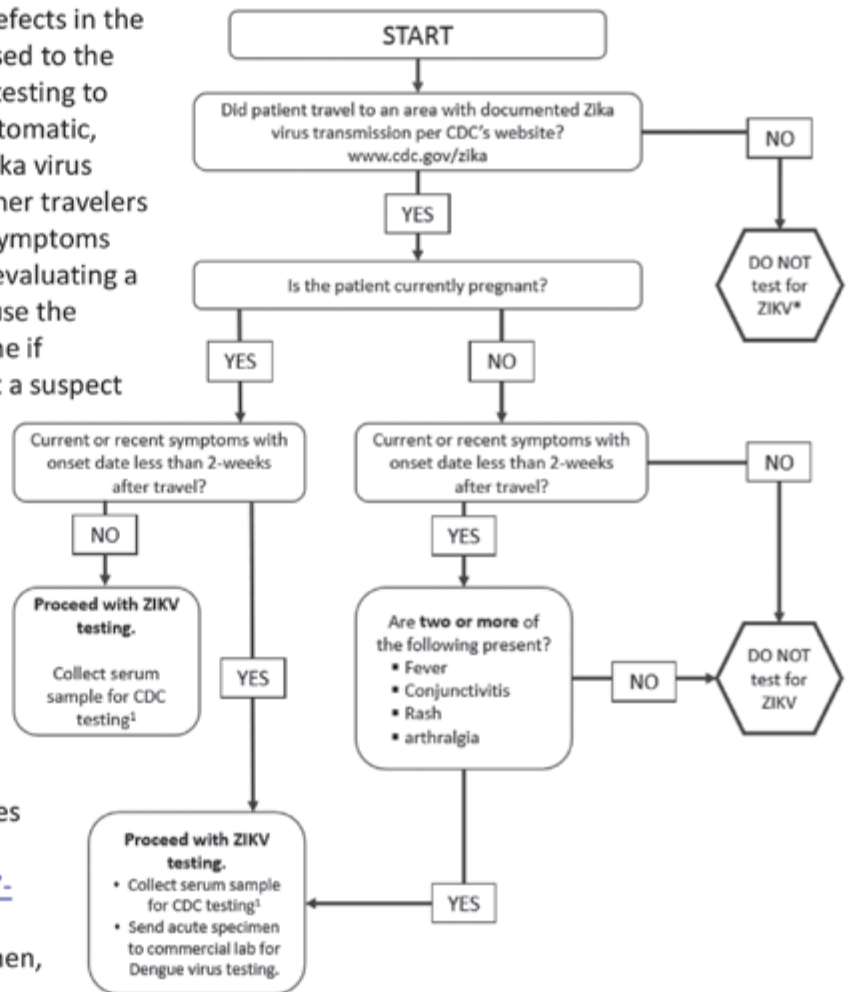


Zika Virus – Diagnostic Testing & Case Reporting

A note from the Genesee County Health Department (GCHD):

At this time, due to the risk of congenital defects in the developing fetus of pregnant women exposed to the Zika virus, the CDC is prioritizing Zika virus testing to pregnant women, symptomatic and asymptomatic, who have traveled to areas with ongoing Zika virus transmission. Testing is also available to other travelers who are potentially exposed and develop symptoms consistent with Zika virus infection. When evaluating a patient for the Zika virus infection, please use the flowchart from MDHHS in helping determine if diagnostic testing is necessary. In the event a suspect case is determined, immediately notify the GCHD at **810-257-1017**. The GCHD will assist in evaluating and coordinating testing requests.

Zika virus testing is not commercially available. Therefore, all specimens for Zika virus testing on Michigan patients must be submitted through the Michigan Department of Health and Human Services Bureau of Laboratories. Specific specimen collection and transport guidelines are available at http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_53072_53073---,00.html under 'Zika Virus.' In addition to the specimen, additional documents consisting of a supplemental questionnaire, CDC Form 50.34, and MDHHS Microbiology and Virology Test Request Form (DCH-0583) must be included when submitting a sample. GCHD will assist with documentation.



*Contact MDHHS if the patient does not meet testing criteria and Zika virus is still being considered by healthcare provider
 ¹ See the "MDHHS Guidance for Local Public Health: Diagnostic Testing and Case Reporting for Zika Virus in at Risk Individuals," and "Zika Virus Specimen Collection and Transport Guidelines," at www.michigan.gov/cdinfo A-Z Index - Zika Virus

This situation is evolving and new information is becoming available daily. Please regularly check the CDC's Zika page at <http://www.cdc.gov/zika/index.html>.

Thank you,

Dr. Gary Johnson
Medical Director

CASE STUDY – THE DISAPPEARING GIFT

Why wasn't my Will honored?

By: Barbara Hunyady, Attorney at Cline, Cline & Griffin, P.C.

Probate court is where your Last Will & Testament goes to carry out your last wishes. If your estate plan does not avoid probate, your estate will be administered by the probate court. However, you may not be aware that some of the rules of probate court could conflict with your wishes and have drastic results on your heirs.

CASE 1: STEP-MOTHER VS. CHILDREN

Max died at the age of 76 leaving behind a very small estate. Earlier in life, Max married and had two children. After their children grew to adulthood, Max's wife died. Eventually, Max began dating and decided to marry Rose.

Shortly after his marriage to Rose, Max had his Last Will & Testament prepared. Max stated in his Will that after his death, he wanted his house to be sold if Rose no longer wanted to live there. Once the house was sold, Max wanted Rose to have the first \$15,000 and for his

children to have the entire balance. However, this is not what happened.

After Max's death and learning of his Will, Max's children were eager to put the house up for sale to get much money as possible for their inheritance. To that end, Max's children abruptly kicked Rose out of the house and changed the locks. Max's children felt their father's Will gave them the upper hand. The relationship between Max's children and Rose completely broke down; arguing and disagreements ensued. Max's children filed the estate with the Probate Court on their own, without a lawyer. Max's children reported to the probate court that the total value of the estate was \$50,000—which was accurate because there was still a mortgage on the house reducing its net value and the rest of Max's belongings had little cash value.

Unfortunately, Max's children had to learn the hard way that because of the probate court rules, they were entitled to nothing from their father's estate, regardless of what was stated in his Will. Michigan law states that a spouse is entitled to certain items and sums of money "off the top" of a probate estate, which are called allowances and exempt property. The law protects husbands and wives when their spouse dies. Because Max did not have an estate plan that would avoid probate court, his estate had to follow all of the probate court rules. This meant that Max's estate was required to pay allowances and exempt property to Rose first, off the top. Next his estate would have to pay for his funeral and pay all of his last debts. Then, if there was any money left over, Max's gifts stated in his Will would be honored, i.e. the first \$15,000 to Rose and the rest to his children.

As the surviving spouse, Rose was entitled to three provisions: the homestead allowance, the family allowance, and the exempt property allowance. All three of these totaled \$64,000, off the top. (The amounts are set by Michigan law.) Remember when Max's children reported to the court that their father's total estate was only worth \$50,000? Since there was not enough value in the estate to pay Rose her total \$64,000 in allowances, it meant that 100 percent of the estate would be awarded to Rose, off-the-top as her allowances. There would be nothing left to pay any of Max's debt or to give anything to Max's children as he directed in his Will. Max's gift to his children completely disappeared.

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Contact Pete Levine at 810-733-9925.

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Check Out Our Website www.gcms.org

As a result, Rose was entitled to Max's entire estate and all of his belongings. Max's children were left at the mercy of their step-mother to receive any mementos of their father. It would have been wise for Max's children to meet with a lawyer and learn this before kicking Rose out of the house and making an enemy out of her.

No one knows for certain if this is the outcome Max wanted and intended for Rose and his children. However, if this was not Max's intent and he would have met with an attorney familiar with these laws prior to his death, there are a number of steps Max could have taken to ensure his exact wishes were carried out and avoid having the probate court rules applied to his estate.

CASE 2: DISINHERITED? . . . MAYBE NOT

Shirley died at the age of 68, leaving three children. Shirley left a Last Will & Testament disinheriting all of her children and directing that they should receive nothing from her estate. Shirley directed that her entire estate would be divided up among three friends. Because Shirley did not take steps to avoid probate court, the probate court rules applied to her estate.

Typically, the Michigan family allowance and homestead allowance are only paid to a spouse or minor children. Shirley did not leave behind a spouse, only adult children. Therefore, none of Shirley's children qualified for the family allowance or homestead allowance to take "off the top." However, the Michigan law for exempt property states that when there is no spouse, a child of any age, whether they are a minor or an adult, has a right to choose property valued at up to \$15,000 to take "off the top" of the estate.

Shirley's personal representative denied the adult children's request for \$15,000 in property, stating that Shirley's last wishes were for her children to receive nothing. Shirley's children took the matter to court and to the Court of Appeals, which agreed with the children. The court ruled that the adult children were entitled to their exempt property right despite what their mother wrote in her Will, and they were awarded property valued at \$15,000. This also meant that Shirley's three friends received \$15,000 less than what was stated in Shirley's Will.

No one will know if Shirley was aware of this rule and if this is the

outcome she intended. However, if Shirley's final wishes were not carried out because of this nuance in the law, it is unfortunate. Like Max, there are a number of steps Shirley could have taken to assure her exact wishes were carried out and she could have avoided probate court and its rules.

TAKE HOME POINTS

One purpose of the probate court process is to make sure that all of the gifts you have written in your Will go where you have directed, of course, after all of your final debts and bills are paid. However, the gifts you write down in your Will also take a back seat to allowances and exempt property as determined by Michigan law. When you are completing your estate planning, you need an attorney who can explain these to you so you can be sure the law is consistent with your plan. If the allowance and exempt property laws would frustrate your plan, you need to be aware and take the necessary steps to avoid them. You can contact this author, Barbara Hunyady of Cline, Cline & Griffin, P.C. at bhunyady@ccglawyers.com or by calling 810-232-3141 to schedule a consultation.

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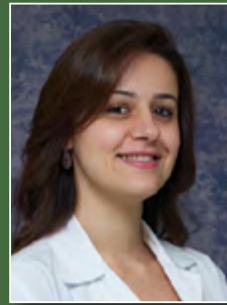
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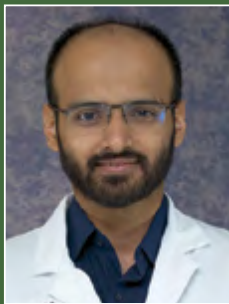
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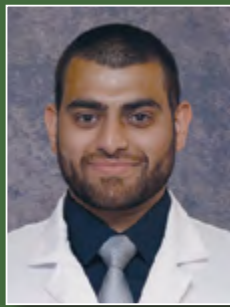


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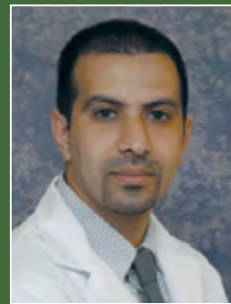
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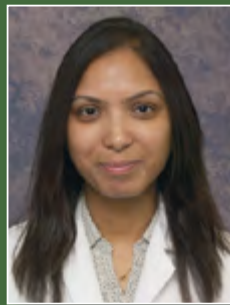
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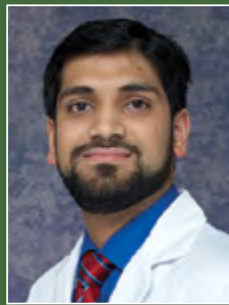
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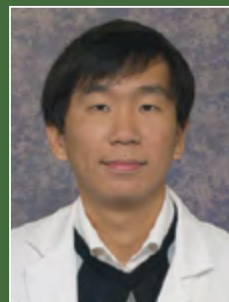
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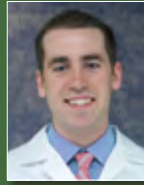
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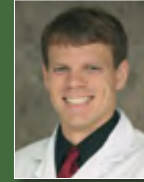
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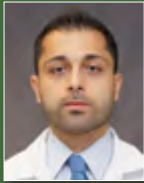
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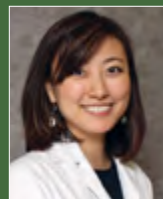
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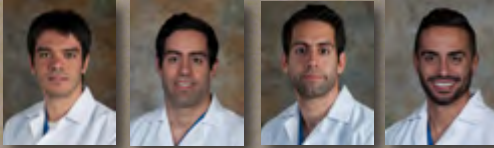


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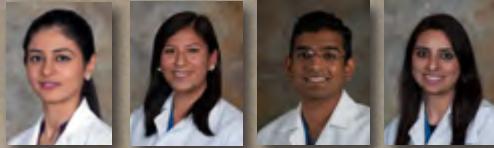
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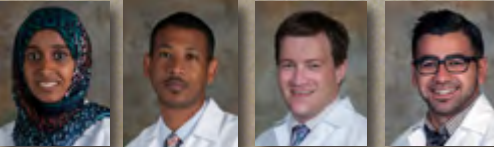
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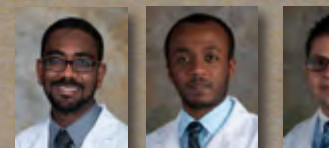
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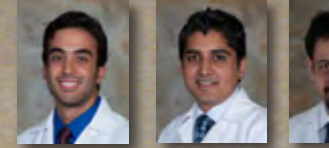
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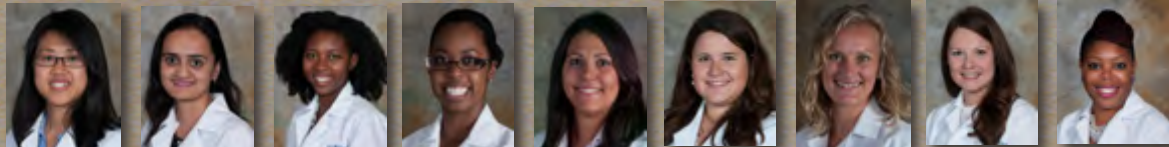


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 Ruqayyah Muslehuddin, M.D. Radiology IV
 Vincent Persaud, M.D. Radiology IV

IDENT PHYSICIANS 2015-2016

COLLEGE OF HUMAN MEDICINE



INTERNAL MEDICINE



Abu Sitta, M.D.
Medicine III
Resident

Mehul Adhaduk, M.D.
Internal Medicine III

Azza Ahmed, M.D.
Internal Medicine II

Samer Al Hadidi, M.D.
Internal Medicine III

Nour Aljariri Alhesan, M.D.
Internal Medicine I

Yanal Alnimer, M.D.
Internal Medicine I

Mohammed Al Salihi, M.D.
Internal Medicine I

Ezzaddin Al Wahsh, M.D.
Internal Medicine II

Baniya, M.D.
Medicine I

Maneesh Gaddam, M.D.
Internal Medicine I

Ranine Ghamrawi, M.D.
Internal Medicine I

Syed Haamid, M.D.
Internal Medicine III

Ra'ad Haddad, M.D.
Internal Medicine II

Mohamed Ibrahim, M.D.
Internal Medicine III
Chief Resident

Mohammad Jubbari, M.D.
Internal Medicine II

Nusrat Jahan, M.D.
Internal Medicine III
Chief Resident

Abir Khan, M.D.
Medicine III

Eswarya Kolli, M.D.
Internal Medicine I

Seetharamprasad Madala, M.D.
Internal Medicine I

Yasmin Mahmoud, M.D.
Internal Medicine III

Muhammad Mughal, M.D.
Internal Medicine III

Mohammed Osman, M.D.
Internal Medicine I

Zaid Qaraghan, M.D.
Internal Medicine II

Qais Radaideh, M.D.
Internal Medicine II

Besher Sadat, M.D.
Internal Medicine III

Shokhan Shukr, M.D.
Internal Medicine II

Sakshi Singal, M.D.
Internal Medicine II

Suresh Subedi, M.D.
Internal Medicine II

Sunil Upadhaya, M.D.
Internal Medicine I

ORTHOPAEDIC SURGERY



Spentier, M.D.
Orthopaedic Surgery IV

Brian Flanagan, M.D.
Orthopaedic Surgery V

Joshua Hammond, M.D.
Orthopaedic Surgery I

Bernard Kemker, M.D.
Orthopaedic Surgery II

Kevin Magone, M.D.
Orthopaedic Surgery II

David Mayor, M.D.
Orthopaedic Surgery V

Osy Nduvaku, M.D.
Orthopaedic Surgery III

James Ostrander, M.D.
Orthopaedic Surgery IV

Jonas Owen, M.D.
Orthopaedic Surgery II

Jeffrey Peck, M.D.
Orthopaedic Surgery IV

Jason Samona, D.O.
Orthopaedic Surgery III

Tyler Stewart, M.D.
Orthopaedic Surgery I

Belal Tarakji, M.D.
Orthopaedic Surgery I

Michael White, M.D.
Orthopaedic Surgery V

Aaron Wynkoop, M.D.
Orthopaedic Surgery III



Christopher Thomas, D.O.
Radiology V

Kevin Welker, D.O.
Radiology V

TRANSITIONAL YEAR



Omar Assasa, M.D.
Transitional Year I

David Francis, M.D.
Transitional Year I

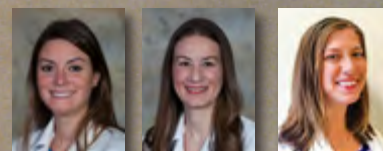
Kristin Kennedy, D.O.
Transitional Year I

Ben Shin, M.D.
Transitional Year I

Mohammed Siddiqui, M.D.
Transitional Year I

Eric Smith, M.D.
Transitional Year I

MEDICAL PSYCHOLOGY FELLOW

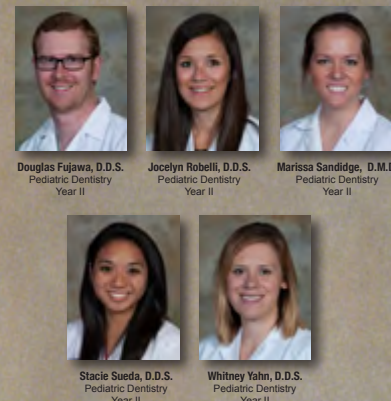


Lauren Czechowski, PsyD
Pediatric Health
Psychology Fellow

Maryellen Dougherty, PsyD
Rehab & Neuro
Psychology Fellow

Erika Updegrave, PsyD
Rehab & Neuro
Psychology Fellow

PEDIATRIC DENTISTRY



Douglas Fujiwara, D.D.S.
Pediatric Dentistry
Year II

Jocelyn Robelli, D.D.S.
Pediatric Dentistry
Year II

Marissa Sandidge, D.M.D.
Pediatric Dentistry
Year II

Stacie Suede, D.D.S.
Pediatric Dentistry
Year II

Whitney Yahn, D.D.S.
Pediatric Dentistry
Year II

GERIATRIC MEDICINE FELLOW



Sriranjani Bajjuri, M.D.
Geriatric Fellow

TRAUMA FELLOW



Kristoffer Wong, D.O.
Trauma Fellow

FAMILY MEDICINE RESIDENCY
CLASS OF 2015-16



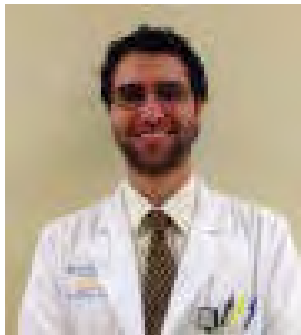
April Fischer, D.O.
PGY-2



Candacy George, D.O.
PGY-2



Zachary Hillman, D.O.
PGY-2



Michael Lacaze, D.O.
PGY-3



Alexis Peplinski, D.O.
PGY-3



Hanna Tesfaye, D.O.
PGY-2



Amy Yip, D.O.
PGY-3



We want photographs of your pets!

We are requesting pictures of both physicians and Alliance members' pets. A Bulletin feature is being planned that will show a photo of your pet, and ask **"Who does this creature belong to?"**

Are they cute, unique, adorable, interesting, or unusual?

Please share them with us!

Guidelines:

- Send at least one photo of your pet or collection of creatures
- Send a second photo of you or your family with the pet(s)
- Clear image, JPG or PNG photos are preferred
- Email your photos to ssmith@gcms.org
- Submit your photos by March 1, 2016

Notes:

- There is no limit on the number of pets or photos accepted
- Photos will be selected and published at the discretion of the Bulletin Committee
- If you have only one photo with you or a family member pictured with the pet, it may be cropped or sized

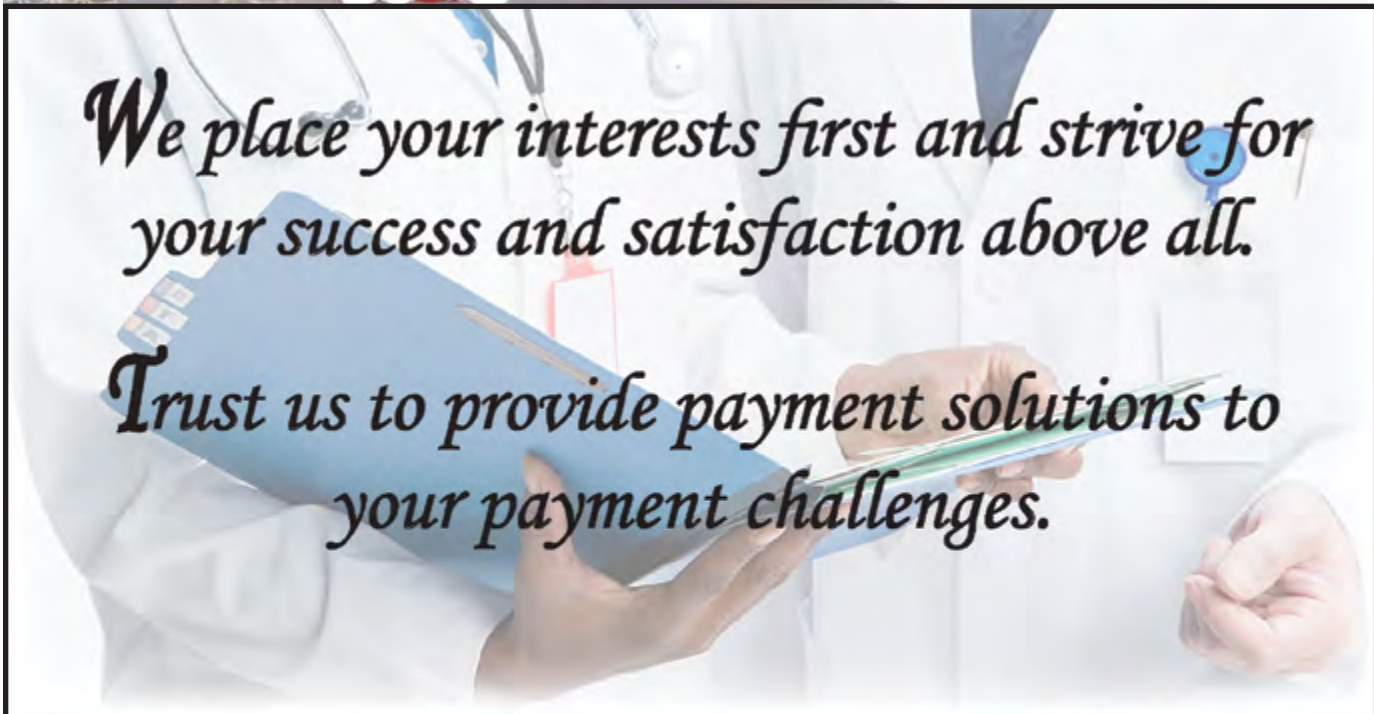
Please send us your photos, and consider writing articles or opinion pieces, on hobbies, travels, concerns about medicine, etc.

Please contact Sherry Smith at ssmith@gcms.org with any material, ideas, or suggestions!



Save the Date
2016
Presidents
Ball

November 12th, 2016



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MARCH

GCMS MEETINGS

— March 2016 —

Community & Environmental Health Committee

**New Bi-Weekly Meeting Schedule, 3/2*
12:30pm, GCMS Office

Legislative Liaison Committee, 3/7
8:00am, GCMS Office

2016 President’s Ball Committee, 3/9
12:00pm, 501 Bar & Grill

Bulletin Committee, 3/14
7:30am, GCMS Office

Community & Environmental Health Committee,

**New Bi-Weekly Meeting Schedule, 3/16*
12:30pm, GCMS Office

C-Section Task Force,
TBD

Finance Committee, 3/22
5:15pm, GCMS Office

Board of Directors, 3/22
6pm, GCMS Office

Practice Managers, 3/24
6pm, GCMS Office

MSF Fundraising Committee, 3/24
6pm, GCMS Office

Nathaniel Narten, MD	1
Srinivas Mukkamala, MD	1
Joseph Varghese, MD	2
Anju Sawni, MD	2
Christopher Singh, MD	2
George Arnold, MD	2
Rama Rao, MD	4
Wendy Lawton, MD	4
Rizwan Danish, MD	5
Vijay Naraparaju, MD	5
Kristin Krizmanich-Conniff, MD	6
Tolutope Oyasiji, MD	7
Ghassan Bachuwa, MD	8
Robert Rosenbaum, MD	9
Dilip Desai, MD	9
Madan Arora, MD	10
Sonbol Shahid-Salles, DO	12
Cory Cookingham, Sr., MD	14
Paul Karr, Sr., MD	14
Suresh Anne, MD	14
James Neubeck, MD	16
Christie Samuels, MD	16
Russell Sandberg, MD	17
Robert House, MD	19
Silva Doyle, MD	19
Yaseen Hashish, MD	20
Gregory Harris, DO	20
Asif Ishaque, MD	21
Tjin Lim, MD	22
David Lee, MD	22
Abdul Alawwa, MD	22
Susumu Inoue, MD	23
James VanBrocklin, MD	26
Clinton Dowd, MD	26
Harold Rutila, MD	26
Shagufta Ali, MD	26
Chang Lee, MD	27
Joseph Batdorf, MD	28
Shawky Hassan, MD	28
Vikram Rao, MD	28
Jawad Shah, MD	28
Tomy Kalapparambath, MD	28
William Shepard, DO	28
Radhika Kakarala, MD	29
Elfateh Seedahmed, MD	30
Mohd Baig, MD	30
Neha Jain, MD	31



On February 15, 2016, the US Surgeon General Vice Admiral Vivek Murthy, MD, spoke to an assembly of 340 healthcare professionals. The Surgeon General's presentation covered four main topics: lead education and information about water safety, mental health and trauma informed care, the role of health care professionals connecting patients to services, the need for community primary care physicians and federal and state agencies to work together in response to the Flint Water Crisis. Dr. Murthy met briefly with the GCMS Board of Directors after the Town Hall Grand Rounds meeting. Dr. Pino Colone's introduction of the Surgeon General follows:

INTRODUCTION OF THE SURGEON GENERAL OF THE UNITED STATES



Pino Colone, MD, GCMS President

Thank you, Senator Ananich. I am honored to be here in a ballroom filled with so many Genesee County health care professionals. But I am sorry that this meeting is necessary.

Before I begin my comments, I would like to acknowledge Drs. Bobby Mukkamala and Nita Kulkarni who have completely underwritten the costs of the hall, the food and the beverages. You have our sincere thanks. I would also like to thank all of you in attendance on such short notice.

Most of you are on the front lines on a daily basis caring for people who are struggling with the terrible water crisis brought on by, at best, human error and faulty decision making.

This was not a natural disaster. This was not an act of war. It is brought about by a set of acts which have deeply traumatized our community. It will take a long time to recover, physically, psychologically, emotionally, economically, medically, and environmentally. Trust has been violated in a community which has been traumatized for many years in many ways. It is hard to believe that despite so much effort to bring this community back, something like this could happen. I am proud that the boards of the Genesee County Medical Society and the Greater Flint Health Coalition (on which many of you serve) demanded a water advisory last September immediately upon reviewing Dr. Mona Hanna-Attisha's Hurley based data. The data was disheartening and ignoring it was not option.

It was GCMS and the Health Coalition which later

also supported the mayor's call for a state of emergency.

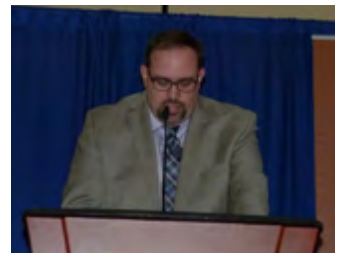
The professionals of this health care community, the physicians, the hospital employees at all levels, the staffs of medical offices, the therapists, social workers, phlebotomists, medical students, residents, and so many others, have a long history of stepping up to help this community in times of need and they have done so again in the face of this devastating crisis.

Our crisis has become the nation's crisis.

Tonight I am honored to introduce the US Surgeon General, Vice Admiral Vivek H. Murthy MD MBA.

Dr. Murthy was confirmed on December 15, 2014, as the 19th United States Surgeon General. As "America's Doctor," Dr. Murthy is responsible for communicating the best available scientific information to the public regarding ways to improve personal and public health. He also oversees the operations of the U.S. Public Health Service Commissioned Corps, comprised of approximately 6,700 uniformed health officers who serve in nearly 800 locations around the world to promote, protect, and advance the health and safety of our nation and our world.

We are honored that Dr. Murthy has brought his experience and spirit of commitment, to our community members of all demographics to help us address our health crisis. It is my distinct pleasure to present to you the Surgeon General of the United States of America, Vice Admiral Vivek Murthy.



FLINT WATER CRISIS HAS PHYSICAL AND PSYCHOLOGICAL IMPACT

When a tornado or flood destroys a community, a coordinated disaster relief team and volunteers from various walks of life rush in to provide shelter, food and comfort, and help rebuild lives.

While what Flint has experienced is a man-made disaster, the impact from a psychological perspective is very similar. The resulting trauma takes a toll on people's abilities to cope and function in their daily lives.

Instead of occurring suddenly, the Flint water crisis built up over time. One revelation built on another until the extent of the damage became known.

Similarly, the negative psychological impact built over time.

One of the hallmarks of a trauma for a child or an adult is a sense of helplessness in the face of a threat. For some of the population, the sense of helplessness stems from concerns about the water quality being ignored and dismissed by those in power. The lack of recognition or acknowledgment of the crisis by officials led the public to frustration and anger.

Those who accepted false assurances regarding the safety of the water might have experienced shock and anger as the dangers became apparent and their sense of trust was shaken.

They fear they inadvertently might have been complicit in the harm done to their children, family members and themselves.

One mother said privately to me, "I believed them. I gave the water to my children to drink and I bathed them in it."

Underlying anger about their sense of betrayal is the shock at being deceived by authorities and a deep resulting sadness. Adults, who have in the past demonstrated significant personal strength when confronted with challenges, are finding their ability to cope greatly diminished. Ultimately, the result can be what is known as a trauma response.

The trauma response is a reaction to an unexpected or harmful event. Symptoms might include an increased sense of powerlessness, depression, inability to concentrate and increased feelings of anger. Some individuals might have thoughts of leaving the area altogether, and others might be tempted to find their relief in substance abuse or other activities.

Significantly, whatever affects the family and the home affects the children in that home.



MARION V. DAY

Service providers for the community (teachers, therapists, home visitors, medical personnel) also can experience an emotional reaction.

When they hear the stories of harm done and identify with the victims of the water crisis, they might be subject to what is called secondary or vicarious trauma. A sense of cynicism, hopelessness and loss of personal purpose can result. This is doubly so for those providers who also live in the areas of water contamination.

When the U.S. Surgeon General, Dr. Vivek Murthy, addressed more than 300 health care providers recently in Flint, he emphasized the stress this crisis has created for the residents and the trauma that can occur.

Medical and mental health care providers are aware of trauma-informed care and can use this approach going forward.

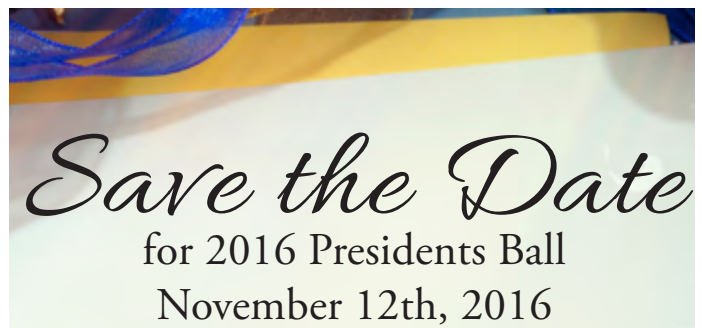
In response to the psychological needs of the community, the Genesee Health Systems has convened a "Community Resilience Group," which is developing plans for care.

Community forums on trauma response, educational measures and counseling for those in need would help the population understand that their responses are normal. This could have the effect of improving resiliency and coping abilities.

Those who serve the population also should be supported. Debriefing sessions within agencies and organizations and a process called "reflected supervision" with a trusted colleague can help in these circumstances.

So, while the leaching pipes are replaced and health care is provided, we must not forget about the psychological healing of this community.

—Marion V. Day is an infant mental health consultant and provides supervision to those who work in this field. She lives in Flint Township.



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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.

MARCH 2016 CALENDAR



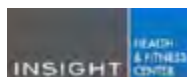
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1 Enhance Fitness Flint Farmers' Market 10:00 a.m. Healthy Cooking Demonstration Flint Farmers' Market 12:30 p.m. Fit Club at the Local 5:30 p.m.	2 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Zumba Gold (Beginner) GAC 5:30 p.m.	3 Enhance Fitness Flint Farmers' Market 10:00 a.m. Basic Yoga IHFC 6:45 p.m.	4 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Zumba Toning UM-Flint Rec 5:30 p.m.	5 Healthy Cooking Demonstration Flint Farmers' Market 12:30 p.m.
7 Senior Stretch YMCA Downtown 10:00 a.m. Aqua Fitness UM-Flint Rec 5:30 p.m.	8 Enhance Fitness Flint Farmers' Market 10:00 a.m. Healthy Cooking Demonstration Flint Farmers' Market 12:30 p.m. Fit Club at the Local 5:30 p.m.	9 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Zumba Gold (Beginner) GAC 5:30 p.m.	10 Enhance Fitness Flint Farmers' Market 10:00 a.m. Basic Yoga IHFC 6:45 p.m.	11 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Zumba Toning UM-Flint Rec 5:30 p.m.	12
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28 Senior Stretch YMCA Downtown 9:00 a.m. Aqua Fitness UM-Flint Rec 5:30 p.m.	29 Enhance Fitness Flint Farmers' Market 10:00 a.m. Healthy Cooking Demonstration Flint Farmers' Market 12:30 p.m. Fit Club at the Local 5:30 p.m.	30 Enhance Fitness Hasselbring Senior Center 9:00 a.m. Zumba Gold (Beginner) GAC 5:30 p.m.	31 Enhance Fitness Flint Farmers' Market 10:00 a.m. Basic Yoga IHFC 6:45 p.m.		

MARCH 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. 1st 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!

Hasselbring Senior Center
1002 Home Ave.
Flint, MI 48504
(810) 766-7128



Senior Stretch (1 hour) - This class will help improve overall strength and flexibility. The class is led by a certified senior fitness instructor who will guide you through the exercises at your own pace. This class is perfect for all ability levels.

YMCA Downtown Flint
411 E. 3rd Street
Flint, MI 48503
(810) 232-9622



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Mona Hanna-Attisha, MD, MPH, FAAP
Director, Pediatric Public Health Initiative
Hurley Children's Hospital at Hurley Medical Center
Michigan State University College of Human Medicine
Department of Pediatrics and Human Development

Don't Be Left Out of the GCMS Membership Roster!



GCMS will be publishing the 2016 Roster in March!

This is a major tool used by members and their practices, to refer to and contact members for a full year or more.

Non-Members are not listed in the Roster.

**Members whose dues are paid by March 15, 2016
will be included in the 2016 Roster.**

If you need assistance in paying your dues, please contact the MSMS Membership Department at 517-337-1351 or

**Sherry Smith at GCMS at
ssmith@gcms.org or 810-733-9923.**

Thanks in advance for your attention to this issue.

Application Code: _____

State and County Medical Society MEMBERSHIP APPLICATION

Join MSMS and your County Medical Society online at www.joinmsms.org

- | | |
|--|---|
| <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: _____

W Phone _____ W Fax _____ H Phone _____ H Fax _____

Mobile: _____ Email Address _____

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: _____

County Medical Society Use Only
Reviewed and Approved by: _____