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# THE Bulletin

DECEMBER 2009 Volume 85 Number 12

**MSMS, County Societies Defeat Physician Tax**

**'White Coat' Rally An Historical Event**

**Money Saved On Doc Tax Pays For Dues—Recruit New Members!**

**Thank Sen. John Gleason and Rep. Paul Scott For Voting NO!**

GENESEE COUNTY MEDICAL SOCIETY

*Organized Medicine's Leading Edge*

# THE Bulletin

Read by 96% of GCMS members.

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Cover photo by Peter Thoms, MD.

### 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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## HEALTH CARE REFORM: STAY ENGAGED IN THE PROCESS

The House of Representatives has passed HR 3962 recently and the full senate will be acting on health care reform soon. The AMA was criticized by some for its support of the bill. It is hard to please everybody with any position taken on this health care reform bill. It is hard to get everything we want. Half a loaf is better than none. Here is the summary of achievements reported by Dr. Rohack our AMA president.



Venkat K. Rao, MD

"The main bill, HR 3962, includes provisions to prohibit a taxpayer bailout of a public plan, and does not link physician payments in a public plan to Medicare. The AMA was adamant about this. We got it.

"As a direct result of AMA advocacy, President Obama set aside \$25 million for pilot programs to test alternative medical liability reform measures. After eight years of a lot of talk with no results, this was the first significant federal development on medical liability reform in decades. And the AMA made it happen.

"The President has announced his plans to take physician-administered drugs out of Medicare Part B - removing it from the Medicare physician payment formula. This

means physicians receive \$45.4 billion more over those five years. The AMA made this happen.

"We've entered an entirely new kind of dialogue with the Federal Trade Commission and the Justice Department regarding changes to antitrust enforcement policies for physicians and to raise questions about the merger mania of health plans during the last decade. We've wanted this for years, and we got it."

I thank AMA for their efforts on behalf of patients and physicians in this health care debate. We are at the 10-yard line. Keep up the pressure on our senators to support our interests in the senate version of the bill. Ask them to repeal the SGR.

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## SATISFACTORY END-OF-LIFE CARE REQUIRES EFFORT

*To Choose, It Is First Necessary To Know.  
—Herman Finer (1898 - 1969)*

If asked, would you be willing to serve on a committee, a sort of star chamber if you will, to determine if a patient should be denied treatment when their health status has reached a point where one foot is in the grave and the other is on a banana peel? The whole notion seems preposterous but opponents of an obscure section of a House of Representatives bill dealing with the controversial issue of health care reform were worked into lather over the possibility of “death panels” whose purpose would be to euthanize the frail and elderly in order to save money. What the proposal was actually designed to do was allow physicians to bill Medicare for taking the time to discuss with patients the options for care when they have little chance for recovery and would be unable to make decisions for themselves. The counseling would not be mandatory but could begin the process of sorting out a patient's feelings, expectations, and wishes regarding end-of-life treatment. A palliative care specialist, Dr. Howard Tach, estimates that the counseling fee might amount to \$75-\$80 per patient every five years.

The cover graphics of a *Newsweek* issue in September of this year showed a cord with a three-prong plug dangling to one side and in bold letters declared, **The Case For Killing Granny**. The title of the well written article within was intentionally hyperbolic but made the point that most of the uncontrolled federal spending and deficit are attributable to Medicare. Almost one third of Medicare spending, or \$67 billion each year, is used to treat chronically ill patients in the last two years of life. Also, the cost of this care varies widely depending on region without corresponding better outcomes. The bottom line is, there is tremendous cost for unneeded and often unwanted treatment.

There are multiple and complicated reasons for the



*Daniel Ryan, MD*

propensity toward aggressive end-of-life treatment. A physician's training and philosophical bent tends to emphasize using whatever means are available to affect a “cure.” Also, there are definite financial incentives for doing procedures and ordering tests in a widespread fee-for-service system such as ours. The threat of lawsuits also contributes to expensive treatment by encouraging defensive medicine. After all, if the patient is kept alive, the family cannot sue for wrongful death. Patients and their families are often not attuned to options for care and the end of their time that do not involve an all out assault on their disease process such as dialysis, artificial nutrition, chemotherapy, or surgery, in spite of the ultimate futility.

Advance directives are certainly not a new concept, but patients and their families need to be reminded and counseled as to specifics that should be included in living wills and a durable power of attorney for health care. A living will informs the physician of your wishes regarding life and death decisions such as whether to accept or refuse life prolonging treatment. The durable power of attorney for health care allows you to select someone to act as an advocate regarding treatment issues in case you are not competent to do so for yourself. Not only do these instruments decrease the costs associated with end-of-life treatment, but they improve the quality of the patient's life and can ease the emotional burdens on family members who are no longer saddled with making agonizing decisions for their loved ones. Allowing physicians to be reimbursed for counseling patients in these important matters only makes sense, both medically and fiscally, and should be part of any health care reform package.



## THE TREE IS ME

The cover picture is of a tree that I pass many times weekly. Every time I pass it I am reminded I am getting to be that old tree. It has been around a long time. Its leaves are few. Construction is taking place all around it. Soon it will be history and with it will go many stories.

Was it once there for shade in the middle of the fields - a place where the farmer and his plow team could get rest in the middle of the day? Was it where cattle gathered to avoid the hot sun? Did it once hold a swing on which children played?

What stories could the old tree tell before it is hewn down to make way for the parking lot of another office?

With the passing of time many of our members are not sharing their stories. There are lots of stories about the past. Jim Martin shared but a smidgen of his recollections. Believe me he has a boat load of memories (not all of them printable); others also have stories to tell. Let's hear them. Write them and send them to the GCMS office at 4438 Oak Bridge Dr. Flint, MI 48532 or email them to mgzym@gcms.org. As we have room in the *Bulletin* they will get published and thereby preserve the past. Perhaps a book of memoirs could be compiled if we get enough of your recollections.

**—Peter Thoms, MD**

## Doctors And Their Families Make A Difference

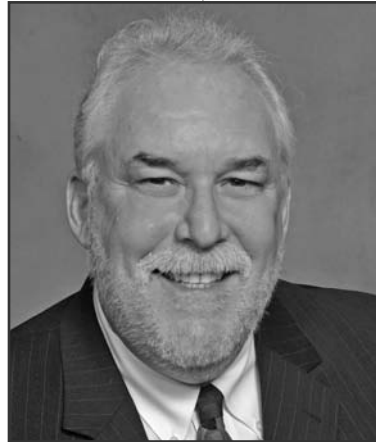
Please help make a difference! Your gifts of deodorant, soap, shampoo, toothpaste, combs, toothbrushes, baby food etc. or cash will help families in our local shelters.

Please fill a bag with personal care and children's items and bring it to the GCMS office. For a complete wish list for SafeHouse please check the YWCA website at [www.ywcaflint.org](http://www.ywcaflint.org).

Please email Rula Ali Bakr for questions at [rulaali@aol.com](mailto:rulaali@aol.com).

# THE DEFEAT OF THE DOCTOR TAX - REFLECTIONS

Oct. 20 was a very exciting day. That was the day of the White Coat March on Lansing to oppose the proposed 3 percent tax on physician's gross revenues. The GCMS had a huge delegation present to communicate Genesee County Medical Society opposition to the tax. About 50 of our members, GCMSA, and MMGMA members passionately communicated the reasons for opposition to House members who had voted for the tax. They also met with Rep. Paul Scott who voted against the tax and Sen. John



Peter Levine, MPH

Glendon who has steadfastly opposed the tax. Everyone was polite. There were several physicians involved on that day who have never attended a GCMS activity before. It was great! It showed the whole state what can be done when physicians work together. Everyone was great. The Practice Managers, Alliance members, Physicians, MSMS staff all worked together beautifully.

Our people explained to the legislators how fragile the Medicaid safety net is, and how dramatically this type of tax would impact patients in our county. The excuse for supporting this tax raised by legislators who did vote for the tax, in addition to the fact that it would generate

180 million dollars for the General Fund, is the fact they felt they could safely support it because it would not pass the Senate. In essence the Genesee County Representatives to the Michigan House expected the Senate to save the state from the House decisions (with the exception of Rep. Paul Scott who voted "no"). A state legislator is elected to represent their constituency, and also to do that which is best for the state. Proposing something which is so inherently wrong that they assume that the Senate will save the state from the

House decisions is really unbelievable. I know of no malpractice jury that would accept as a physician's defense "I knew someone else would stop my actions." The House actions are multiplied in their impact by the fact that these same legislators will not support further malpractice reforms. They were, however, smart enough to indemnify themselves against their own actions. Physicians believe in "do no harm." The House of Representatives has indicated that they are willing to make decisions that would do harm, but assumes that there is another branch of the legislature that will save the state from them.

Please tell your colleagues who are not members, or who are members but are thinking of dropping membership in GCMS and MSMS that beating this tax pays their dues every year in multiples. Three percent of gross revenue is a huge tax. Please explain this to new members and encourage them to join or rejoin!

## GCMS MEETINGS - DECEMBER 2009

Recessed- Legislative Liaison @ GCMS

12/2, 7:30 a.m. - Bulletin Committee @ GCMS

Recessed - Membership Committee @ Grill of India

Recessed - Finance Committee @ GCMS

Recessed - GCMS Board of Directors @ GCMS

Recessed - Community & Environmental Health Committee @

Sagano Japanese Restaurant

Recessed - Practice Managers @ GCMS

# Physician Dinner Meeting To Learn More About Diabetes Group Visits

The Greater Flint Health Coalition & Genesee County Medical Society invite you to join us to learn how Diabetes Group Visits can be conducted in your practice, leading to improved patient outcomes, improved practice efficiency, and better reimbursements!

Join us for dinner on:

December 2, 2009

6:00 p.m. – 8:00 p.m.

Fandangles'

6429 West Pierson Rd # 3

Flushing, Michigan 48433

(Dinner will be served)



This event is dedicated to providing the tools needed to implement diabetes group visits in your practice!

**SPACE IS LIMITED – RSVP TODAY!**

I will be attending the December 2<sup>nd</sup> Diabetes Group Visit Physician Dinner Meeting at Fandangles'.

NAME: \_\_\_\_\_

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Phone: (810)232-2228

Email: [gfhc@flint.org](mailto:gfhc@flint.org)

Please visit our website at [www.gfhc.org](http://www.gfhc.org)

## BILL CORRECTLY AND COMPLETELY

In the AMA Morning Rounds of Nov. 2 there is an article titled "CMS Announces Physicians Payment Cuts".

In the article CMS announces a 21.5 percent cut for all physicians with lower reimbursements for specialists. This reduction will be made over four (4) years rather than imposed all at once in 2010.

Congress so far has rejected the bill designed to fix the payment formula.

This brings me to another concern.

As many of you know, I now work in Coding and Clinical Documentation at McLaren Regional Medical Center. Our goal is to obtain complete, correct and compliant coding (diagnosis) for each payment. But I have had physicians tell me that they don't code appropriately in their offices. They



*Edwin M. Gullekson, MD  
District VI Director*

(the physicians) under code and are afraid to code correctly because of CMS.

As CMS takes money from you, you should be billing correctly and completely. This is perfectly legal.

MSMS has many courses to be offered next year that deal with correct coding. The courses are specific for your specialty, for example coding for primary care, gastroenterology, chest surgery, oncology, etc. It behooves every physician to get paid for what they do accurate and complete.

Please consider taking one of these courses or having a member of your staff attend. As you reimbursement is in decline, you should be paid for what you do. The electrician, plumber, car mechanic all do!

### Practice Managers Meeting



## Physician Tax and The White Coat Rally

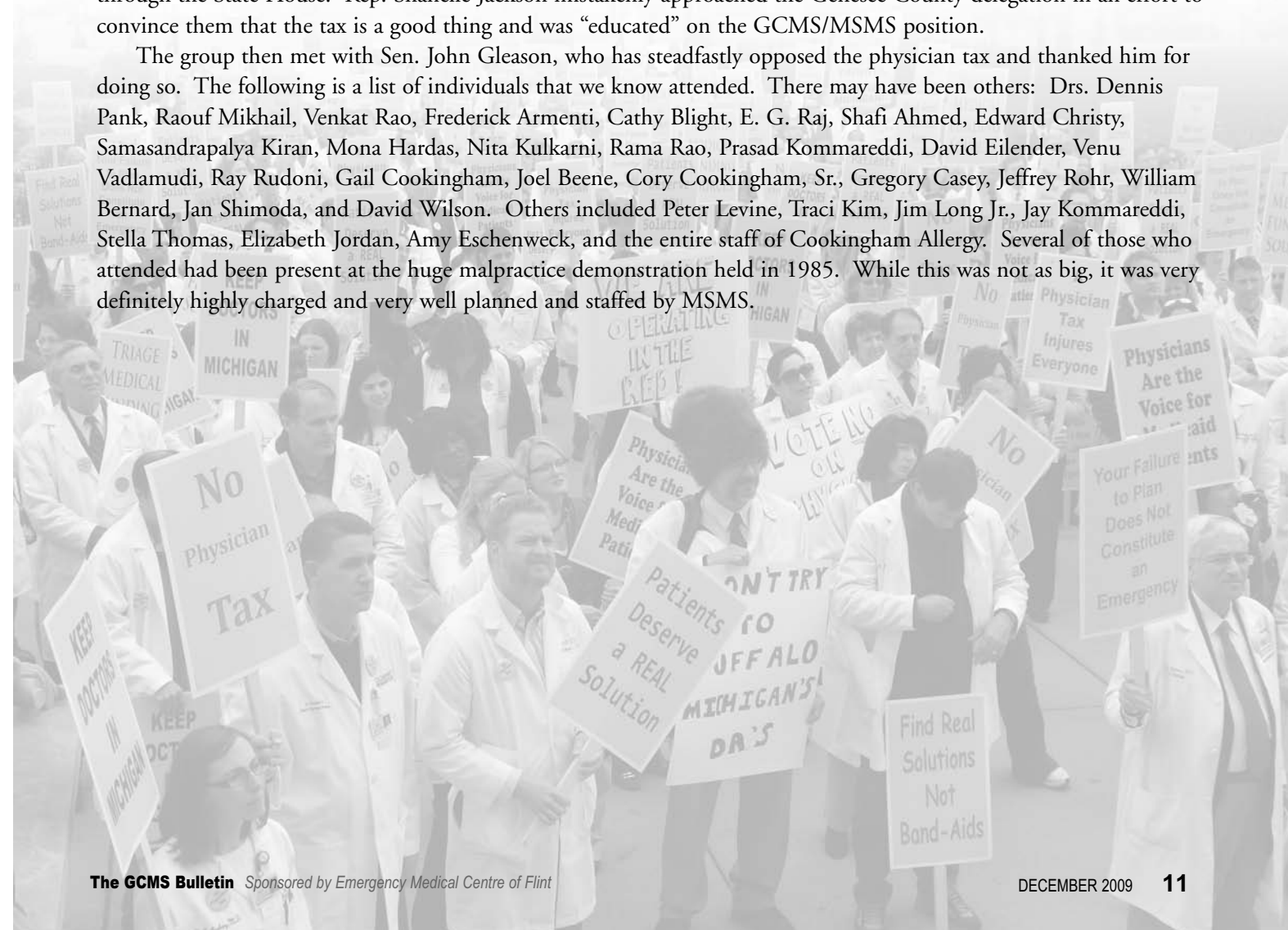
By Pete Levine

On Oct. 20 a caravan left the GCMS offices heading to Lansing to protest the proposed 3 percent Tax on Physicians Gross Incomes. More than 50 GCMS, GCMSA, and MMGMA members attended the White Coat Rally in Lansing to express grave opposition to this tax which would seriously erode the Medicaid and medically indigent care safety net.

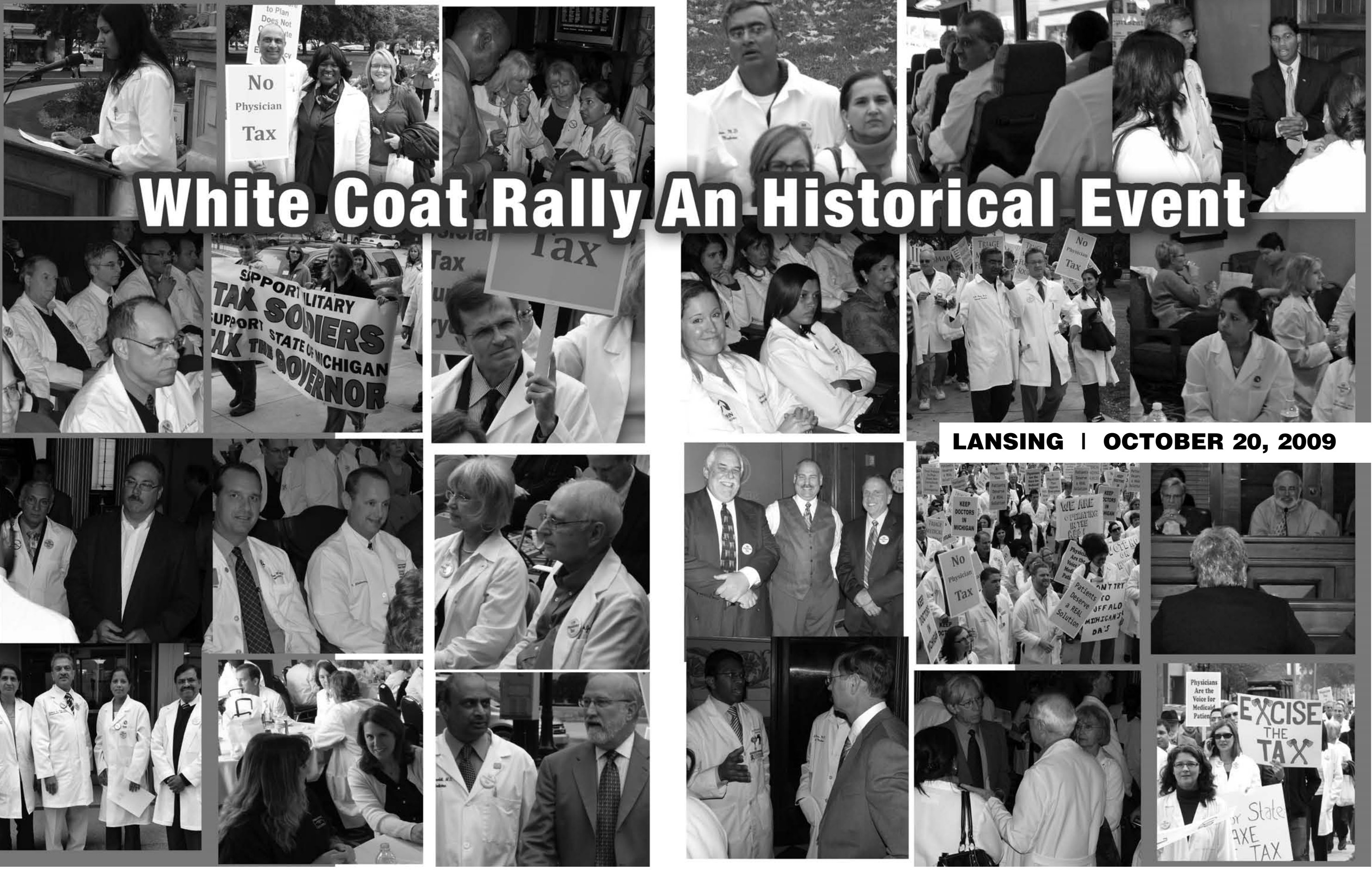
Over half of the GCMS delegation attended a fact-finding committee chaired by Sen. Roger Kahn, with our own State Sen. Deb Cherry and gubernatorial candidate and anesthesiologist Sen. Tom George in attendance. The others attended the march and rally which circled the Capitol and then assembled before its steps. At the rally, GCMS member Nita Kulkarni, MD spoke to those assembled about why she is opposed to the Physician Tax. Dr. Venu Vadlamudi had been scheduled to attend speaking on behalf of residents and fellows, but was caught on a flight from New Orleans. He made it in time to meet with legislators.

Those who were not at the hearing went to the lobby of the State House to speak with Representatives Woodrow Stanley, Jim Slezak, Richard Hammel and Lee Gonzales about their vote in favor of the tax. They also met with Rep. Paul Scott to thank him for opposing the tax. The group also met with Chairman of the Department of Community Health Committee, Rep. Gary McDowell, to express their consternation that he had helped force this tax through the State House. Rep. Shanelle Jackson mistakenly approached the Genesee County delegation in an effort to convince them that the tax is a good thing and was "educated" on the GCMS/MSMS position.

The group then met with Sen. John Gleason, who has steadfastly opposed the physician tax and thanked him for doing so. The following is a list of individuals that we know attended. There may have been others: Drs. Dennis Pank, Raouf Mikhail, Venkat Rao, Frederick Armenti, Cathy Blight, E. G. Raj, Shafi Ahmed, Edward Christy, Samasandrapalya Kiran, Mona Hardas, Nita Kulkarni, Rama Rao, Prasad Kommareddi, David Eilender, Venu Vadlamudi, Ray Rudoni, Gail Cookingham, Joel Beene, Cory Cookingham, Sr., Gregory Casey, Jeffrey Rohr, William Bernard, Jan Shimoda, and David Wilson. Others included Peter Levine, Traci Kim, Jim Long Jr., Jay Kommareddi, Stella Thomas, Elizabeth Jordan, Amy Eschenweck, and the entire staff of Cookingham Allergy. Several of those who attended had been present at the huge malpractice demonstration held in 1985. While this was not as big, it was very definitely highly charged and very well planned and staffed by MSMS.



# White Coat Rally An Historical Event



LANSING | OCTOBER 20, 2009

## Dr. Nita Kulkarni White Coat Rally – Speech

My name is Nita Kulkarni. I am an obstetrician gynecologist, and wife of Bobby Mukkamala - an otolaryngologist. I am also a mother of twin boys Deven and Nikhil.

Here we find ourselves away from our comfort zone. Away from the exam room, the hospital bedside, the operating room. It is not often that we are collectively motivated enough to hang up our stethoscope and scalpel for a day to do something other than care for our patients.

In fact, if you are anything like my husband or me, you work through all sorts of ills, aches and pains to continue to provide the care your patients deserve.

But, what will stop you dead in your tracks is the threat of the injustice that is being deliberated here today. An injustice that one body in our legislature has passed.

I don't need to educate anyone here today about their personal ramifications of a 3 percent tax on gross receipts. It is a staggering dollar value. It is an amount so high that you will undoubtedly think twice before investing in your EMR next year, or hiring another staff person.

I don't need to stand here and tell you what you already know about the flawed logic of our elected officials who drank the Kool-Aid of government number crunching.

Do they think we are so naïve that we believe that they will take millions of our hard earned dollars, run it through a federal bureaucracy matching program and give it back to us? What if the matching program ceases to exist before we get the money back? Where in the bill does it guarantee that the money will come back to the physician and not to plug another gaping hole in our state budget?

I don't need to tell you that when a young woman finishes her OB-GYN residency at Rush - St Lukes next June in Chicago, just as I did 10 years ago, she will not see Michigan as a wonderful natural paradise, a great place to raise a family, work, grow old, and retire. That young woman will see Michigan as the state that has its tort reform on a very shaky foundation, and as a state that just voted to tax her gross income another 3 percent and keep thousands of her hard earned dollars to plug a hole in a budget.

This plan is a short-sighted way for -legislators to get out of a mess. They are attempting to get out of it on the fruits of our labor alone. They will be long gone when the stimulus money, upon which the federal match is based, is dried up. They will be long gone when, instead of getting Medicare rates for our services to the Medicaid population, we get blank stares from their successors as we pay into a system that doesn't pay us back.

This experiment at our expense has been tried elsewhere. It has failed elsewhere.

Let us not save our passion on this issue for AFTER this tax passes. Let us not save our anger for its failure for the successors of those making this decision now.

Let us bring that passion and anger at their shortsightedness To their doorstep now before they cast their vote.

This is the most critical piece of legislation since I have been in practice. I refuse to be apathetic while someone else decides, with flawed facts and logic, about my fate, and most of my colleagues, and my patients, in this great state that I call home.

## SAVE THE DATE

### The Genesee County Dental Society

Dr. Richard Nagelberg from Philadelphia, PA will be speaking on the medical manifestations of periodontal disease with a focus on cardiovascular problems, diabetes, rheumatoid arthritis and even low birth weight babies.

**Tuesday, January 12, 2010**

Flint Golf Club, 6 p.m.

\$30 for guests and non-members of the Dental Association

Call 810-733-7120 for more information.



## Tentative Dates for Genesee County Medical Society Committee and other Meetings for 2010

### Bioethics - Meets as needed at 6 p.m.

### Board of Directors - Meets the fourth Tuesday of the month at 6 p.m. at GCMS

January 26	April 27	Recess for July	October 26
February 23	May 25	August 24	November 23
March 23	June 22	September 28	Recess for December

### Bulletin Committee - Meets the first Wednesday of the month at 7:30 a.m. at GCMS

January 6	April 7	July 7	October 6
February 3	May 5	August 4	November 3
March 3	June 2	September 1	December 1

### Constitution & Bylaws Committee - Meets on an as-needed basis

### Community & Environmental Health - Meets the fourth Wednesday of the month at 12:30 p.m. Location TBD

January 27	April 28	Recessed for July	October 27
February 24	May 26	August 25	November 24
March 24	June 23	September 22	Recess for December

### Finance Committee - Meets the fourth Tuesday of the month at 5:15 p.m. at GCMS

January 26	April 27	Recess for July	October 26
February 23	May 25	August 24	November 23
March 23	June 22	September 28	Recess for December

### Legislative Liaison Committee - Meets the first Monday of the month at 8:00 a.m. approximately 9 times a year

Recess for January	April 5	Recess for July	October 4
February 1	May 3	Recess for August	November 1
March 1	June 7	Recess for September	Recess for December

### Membership Committee - Meets on the third Monday of each month at 12:00 p.m. Location TBD

January 18	April 19	Recess for July	October 18
February 15	May 17	August 16	November 15
March 15	June 21	September 20	Recess for December

### Practice Managers - Meets the fourth Thursday of the month at 8 a.m. at GCMS

January 28	April 22	Recess for July	October 28
February 25	May 27	August 26	Recessed for November
March 25	June 24	September 23	Recess for December

### Peer Review: Mediation/Ethics/Aid to Impaired Physicians-Meets on an as-needed basis

### Political Action Strike Force - Meetings TBD

### Dinner Business Meetings: February 4, May 6, September 2, and Presidents' Ball November 6, 2010





# Happy Holidays!

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## Medical Society Foundation



Consider a donation to the Medical Society Foundation for all of your holiday giving. What a wonderful way of expressing your holiday sentiments while supporting important health related causes.

The Medical Society Foundation has been coordinating physician giving in Genesee County since 1987. This holiday season, why not use the Foundation to make sure your gifts to family, friends and colleagues help to improve the health and well-being of our community.

By giving to the Medical Society Foundation, you receive a great year-end tax benefit at the same time that you tell others how much their health - and the health of those who are most vulnerable in our community - really means to you.

In the past, the Medical Society Foundation funds have been used to support specific public television programs, support of HIV programs, Reach Out and Read, Michigan State Medical Society Alliance, continuing medical education programs, Greater Flint Health Coalition, Turkish Red Crescent Society, Orissa Relief Fund, Sloan Museum's health exhibits, The Genesee County Free Medical Clinic and the Richard A. Rapport Memorial Conference Room.

Contributions can also be made in memory of an individual or to honor someone.

If you want to designate your gift(s) to a special cause, please indicate your choice on your check. A holiday card will be sent to the person(s) of your choice acknowledging your gift. (We will deduct only 10% from the amount of your check to cover expenses).

Mail your donations to: Medical Society Foundation  
4438 Oak Bridge Drive, Suite B  
Flint, MI 48532-5467

For questions or information on how your gift can help support the charitable activities of your Medical Society Foundation contact Peter A. Levine, MPH at (810) 733-9925 or at plevine@gcms.org.

*Medical Society Foundation Mission Statement: The Medical Society Foundation is organized and does operate for the purpose of supporting continuing medical education and health-related charitable activities that further the cause of medicine.*

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# HHS STRENGTHENS HIPAA ENFORCEMENT

By J. Brian MacDonald, CLINE, CLINE & GRIFFIN, P.C.

The US Department of Health and Human Services published an interim final rule Oct. 30, that incorporates changes to the Health Insurance Portability and Accountability Act (HIPAA) included in federal stimulus legislation enacted earlier this year. The rule covers modifications of the civil penalty provisions of HIPAA that flesh out part of the health information technology privacy and security sections of the American Recovery and Reinvestment Act of 2009, also known as the stimulus law.

The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information, and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.

The Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

The stimulus law, and now the rule, significantly increases the maximum individual penalty for civil violations of HIPAA from \$100 to \$25,000 and increases the penalty cap from \$25,000 to \$1.5 million for total violations of the same provision.

The law also removes a defense under HIPAA that barred HHS from imposing civil penalties on a so-called "covered entity" that could demonstrate "it did not know that it violated the HIPAA rules," according to an HHS statement. Now, under the new rule, "A covered entity can no longer bar the imposition of a civil money penalty for an unknown violation unless it corrects the violation within 30 days of discovery."

The interim final rule amends HIPAA's enforcement regulations to include new categories of violations and tiered civil penalties on covered entities, and revises limitations on the authority of the HHS secretary to impose civil penalties for violations.

Under the interim final rule published Oct. 30 the

following penalties for HIPAA violations will apply on or after Nov. 30, 2009:

- The minimum civil penalty is \$100 per violation if the covered entity was unaware of it and, by exercising reasonable diligence, would not have known about the violation.
- The minimum civil penalty is \$1,000 per violation for those that were the result of "reasonable cause" involving circumstances that would make it unreasonable for the covered entity to comply.
- The minimum penalty is \$10,000 for violations that result from willful neglect and are subsequently corrected.
- The minimum penalty is \$50,000 for violations that result from willful neglect but are not corrected.
- The maximum penalty for multiple violations is \$1.5 million per calendar year.
- The new penalty amounts apply to HIPAA violations occurring on or after Feb. 18.

Several other changes also were made to HIPAA as part of the American Recovery and Reinvestment Act of 2009. They include:

- Notification within 60 days of a privacy breach involving an individual's HIPAA-covered personal health information.
- Business associates, such as consultants and third-party administrators, must meet most security requirements that previously applied only to covered entities.
- Notification of the Department of HHS and the media in privacy breaches involving 500 or more individuals.
- Authorization of state attorneys general to bring suit for HIPAA violations.

The stimulus law gave HHS authority to impose civil money penalties for violations occurring after Feb. 18, 2009, but the new rule doesn't go into effect until Nov. 30, 2009. HHS also asked for public comment on the rule. The public-comment period is open until Dec. 29, 2009.

The rule changes may be viewed and commented on at: [www.regulations.gov](http://www.regulations.gov).

- § 3 percent tax on physician gross receipts defeated. Any physician with over \$30,000 a year in gross receipts made their dues back with this defeat. Let non-members know that their dues have been paid for decades with the defeat of this tax.
- § GCMS efforts continue to turn back a planned 21.5 percent cut in Medicare reimbursements to physicians.
- § GCMS work continues on establishing methods to hold group medical appointments to enhance patient outcomes and physician reimbursement.
- § GCMS efforts renewed to establish statewide smoking ban in the workplace.



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# MEMORIES OF FLINT

## INTERNSHIP

By Peter Thoms, MD

Fifty years ago on June 28 I set foot in Flint for the second time in my life and I plan on staying a lot longer. Let me go back to then.

I had stopped in Flint to interview for my internship position during my senior year of medical school in Ann Arbor. I had made the circuit from Lansing, to Kalamazoo, to Grand Rapids, Traverse City. McLaren and Hurley were my last stops. There were opportunities at all of these places. I chose Hurley as number one on my match list and they chose me.

Fresh out of school, I had learned from a multitude of books and lectures but had only scant hands on. At Hurley, with its indigent patient load, I was assured I would get lots of "hands on" experience. Having found a house to rent (with the help of the assigned administrator for intern housing) I had a place for my wife and child. It was time to get started on this 12-month journey.

My first assignment was the emergency room. Four of us interns would rotate responsibility to be the physician on duty. The shifts were 12 hours of the day shift, then 12 hrs of the night shift followed by 24 hours of second call before having a day off. Not too bad except you were THE ONLY physician in the E.R. Residents were our back up but you needed to have a darn good reason to summon one to the E.R, especially at night. We had six stretchers separated by curtains, an ENT chair, a cast room, and an isolation/observation room.

I started out in the evening shift July 1. I had had a two-week emergency room experience at the Wayne County Hospital (Eloise Hospital) shadowing a resident and a 4-week elective in plastic surgery under Dr. Sweet. Guess what? July 4th I got the day shift. There was a skeleton "house" crew and a paucity of private physicians available and none

of them wanted to be bothered.

Perhaps my salvation in this rotation was our head nurse, Miss Ruth Sadai. She was a veteran at dealing with interns. She knew more than we did and often came to my rescue especially when dealing with uncooperative patients. She minced no words. She took no guff. I think she had been a World War II nurse and had learned her trade well.

I can remember as if it were yesterday my difficulty dealing with an inebriated fellow who had gotten the worse end of a fight. Blood had coagulated in his hair from a gash but a right forearm slash would spurt whenever the pressure was released. All the while I was trying to inject local he would bellow out a list of adjectives while writhing on the gurney. Miss Sadai came to my rescue. She spoke his language and in no uncertain terms let him know he had better lie still or she would have to take action. Moments later she took action. Grabbing his head by the blood caked hair she jerked it up and slammed it against the unpadded gurney. He was silent from then on. I finished the job. He left under police escort, but I am not sure he remembered any of the event.

Hurley was a great place to intern. I got paid \$250 a month from which my Blue Cross premium was deducted. With that came free meals and free laundering of my intern uniform. Had I been single I would have been given a room. I was well mentored in that year by Drs. Jack Tauscher, Sid Smith, Greg Bolduc, and Don Harris who were the Chief Residents in their specialties they left me with fond memories more of which I will share before my name is called for the trip to the beyond.

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### GCMS/MSMS NEW MEMBER APPLICATIONS

#### Sudhir Arumanla, MD

Radiology  
Greater Flint MRI  
G3231 Beecher Rd.  
Flint, MI 48532  
Ph: (810) 733-6184  
Fax: (810) 733-7667

Dr. Arumanla received his medical degree from Kilpauk Medical College, Madras, India in 1985. He did his residency in Radiology at the University of Arkansas Medical Center, Little Rock, AK. Dr. Arumanla is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

#### Nimrod Golovoy, MD

Radiology  
Diagnostic Radiology Associates  
G3239 Beecher Rd., Ste. F  
Flint, MI 48532  
Ph: (810) 733-6780  
Fax: (810) 733-8871

Dr. Golovoy received his medical degree from Wayne State University School of Medicine, Detroit, MI in 1995. He did his residency in Radiology at William Beaumont Hospital, Detroit, MI. Dr. Golovoy is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

#### Tomy Kalapparambath, MD

Radiology  
G3239 Beecher Rd., Ste. F  
Flint, MI 48532  
Ph: (810) 733-6780  
Fax: (810) 733-8871

Dr. Kalapparambath received his medical degree from T. D. Medical College, University of Kerala, Alleppey, Kerala, India in 1992. He did his residency at Long Island Jewish Medical Center in New York. Dr. Kalapparambath is sponsored by Amitabha Banerjee, MD and S. Bobby Mukkamala, MD.

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# Genesee County Medical Society Board of Directors Meeting – September 22, 2009

## MINUTES

### Consent Calendar:

#### **Motion:**

That Dr. Jose Jota's membership be allowed to lapse. The Motion Carried.

#### **Motion:**

To approve the establishment of resident's dues at \$5 for fiscal year 2010-2011. The Motion Carried.

#### **Motion:**

To ask members to put referral to the Emergency Medical Centre on their answering services and answering machines. The Motion Carried.

#### **Motion:**

That the Budget to Actual report be proved as presented. The Motion Carried.

#### **Motion:**

That the proposed Budget for Fiscal year 2009-2010 be approved with \$243,700 in revenue, and \$243,524.16 in expenses with net ordinary income of \$100,075.84. The Motion Carried.

#### **Motion:**

That the requests for memberships be approved.

#### Requesting Membership:

Parrish Sadeghi, MD - Dermatology

#### Requesting change from Active to Retired:

Cyrus Farrehi, MD

#### Requesting Membership McLaren Residents :

Aileen M. Arguelles, MD

Victoria N. Dooley, MD

Shagun Dutt-Arora, MD

Mehvish Javaid, MD

Naveed A. Klair, MD

Nobin J. Kottukapally, MD

Anil K. Nalubotula, MD

Harishchandra Nuthakki, MD

Negeswarrao Pothula, MD

Ashvin K. Tadakamalla, MD

Jija Thomas, MD

Chetankumar Keshavbhai Chauhan, MD

Andrew M. Duda III, MD

Ovidiu Grigoras, MD

Mohammed N. Kanaan, MD

Vidya s. Kollu, MD

Cheryl Mariano-Panggat, MD

Aditya Neravelta, MD

Deepthi Panjam, MD

Shantala Sonnad, MD

Eugene Tan, MD

Ramesh C. Yarlagadda, MD

The Motion Carried.

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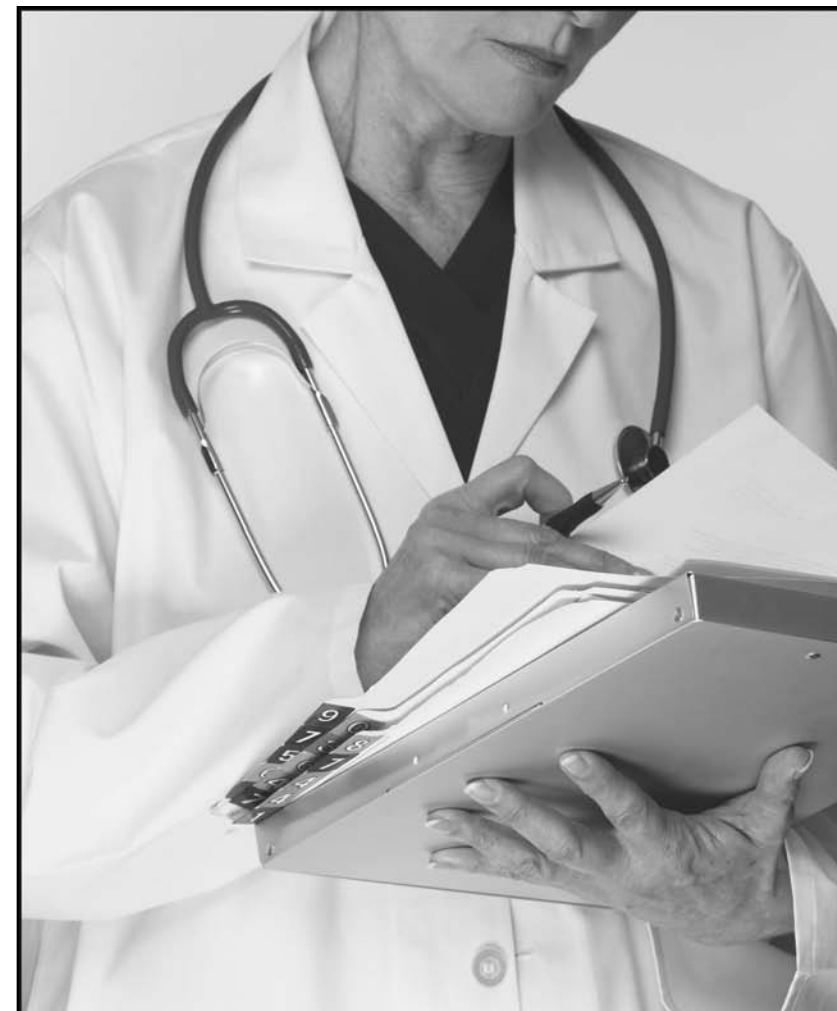
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**Evelyn D. Alunit, MD  
Jagdish B. Bhagat, MD  
Eyassu Habte-Gabr, MD  
Susumu Inoue, MD  
Chandulal B. Malde, MD**

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Piyush Patel	1	Edward Stack	17
Alexander Malayev	1	F Dale Roth	18
Samiullah Sayyid	1	Jack Benkert	19
Gary Wease	1	Samasandrapalya Kiran	20
Saiqua Waien	3	Catherine DeLeeuw	21
Sridhar Rao	3	Rao Botta	22
Basim Towfiq	3	Siavosh Varjavandi	22
Sumathi Mukkamala	4	Gail Cookingham	22
Paul Lauber	5	Peter McLeod	23
Randall Sturm	5	Sukamal Saha	23
Eduardo Reyes	6	Russell Becker	23
Miriam Pellerito	7	Abd Alghanem	25
Abner Espinosa	8	Edgardo Paguio	26
Stephen DeFriez	8	Mohammad Ashraf	27
Mary Marshall	9	Robert Michels	27
William Nail	9	David Dobies	28
Omar Bakr	10	Saqib Hasan	28
Ureddi Mullangi	11	Haesook Kim	28
Frank White	11	David Eilender	29
Randy Hicks	12	Evelyn Del Rosario	30
Zheng-Ping Guo	12	Leon Friedman	30
Tejal Joseph	12	Paul Schroeder	30
John Martin	14	Walter Rundles Jr	31

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