GCMS and GCMSA Members, Staff and their Pets

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GCMS Board Meets with Asst. Sec. for Preparedness & Response Dr. Nicole Lurie
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Cover Photo of Connie-Dan by Sherry Smith

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

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

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

THE BULLETIN
Published by the Genesee County Medical Society Publication Office
4438 Oak Bridge Drive, Suite B, Flint, Michigan 48532
Phone (810) 733-6260 Fax (810) 230-3737

By subscription $60 per year. Member subscription included with Society dues. Contributions to THE BULLETIN are always welcome. Forward news extracts or material of interest to the staff before the 5th of the month. All statements or comments in THE BULLETIN are the statements or opinions of the writers and are not necessarily the opinion of the Genesee County Medical Society.
Believe it or not, the Robert Wood Johnson County Health Rankings are out for 2016! There are 82 counties in Michigan. For Genesee County, the numbers are interesting. Let’s take a look at rankings for health outcomes. For health behaviors we ranked 77th. For clinical care, we rank 20th! For socio-economic factors, we ranked 79th. For physical environment, we rank 79th. For diabetic monitoring, we are doing a better job with 84% being monitored appropriately. The Michigan rating is 86%, and top US performers are at 90%. For mammography screening, we are above the state average at 69%; and the top US performers are at 71% percent.

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

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

On another front, earlier today, I was sitting in a meeting with volunteer physicians trying to figure out what to do about a major local infectious disease issue. They are questioning the validity of federal guidelines and putting massive amounts of energy into trying to figure out how to tweak it in such a way that it has relevance to the situation here. I kept thinking, “why is it that the folks who are paid to do this don’t?” We could ask that same question about so many things right now.
In 2014 and 2015, there were nearly 90 confirmed legionella cases with 10 deaths.

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

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

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

---

Genesee County Medical Society Quarterly Dinner Business Meeting

May 5, 2016

A Medical Community Town Hall Meeting on

**LEGIONELLA:**

*A Cyclical Killer*

*Recommendations, rationale, and references!*

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

Legionella is a type of bacteria commonly found in natural, freshwater environments, but they are generally present in insufficient numbers to cause disease. Water systems such as potable (drinking) water systems, whirlpool spas, and cooling towers provide the conditions needed for Legionella growth and transmission—heat, stasis, and aerosolization; therefore, these are common sources of cases and potential outbreaks. When people are exposed to the bacteria, it can cause Legionellosis, a respiratory disease that can infect the lungs and cause pneumonia; it is not transmitted person-to-person. At-risk individuals include those over the age of 50, smokers (or past smokers); recent travel with an overnight stay outside of the United States, Genesee County is entering the season following large outbreaks of pneumonia due to Legionella pneumoniae that occurred between the summer of 2014 and fall 2015. There is great interest in ensuring maximal prevention and preparedness for potential cases that could emerge this season.

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The 2014-2015 Legionnaire’s outbreaks aligned with the time period that the Flint City water system used the Flint River as its water source. Eighty-eight cases, involving 10 deaths, were recorded during the outbreaks. No cases have been confirmed since late October 2015. This begs the question: Did the Flint River water, or its subsequent damage to the water system, cause the outbreak? Even given the temporal association, conclusive evidence was not available. The investigation did identify an association with one specific healthcare facility that was associated with about half of the cases. Further, a third of the cases had no identified association with Flint City water or with the healthcare facility.

Public health is requesting that the clinical community assist in case finding through increased vigilance, accurate identification, testing and reporting of all suspected cases of legionellosis. Healthcare providers should consider testing the following for Legionella: patients with pneumonia in the setting of a Legionellosis outbreak; patients with pneumonia who have failed outpatient antibiotic therapy; patients with severe pneumonia, in particular those requiring intensive care; patients with pneumonia who are immunocompromised; patients with pneumonia who have traveled away from their home within two weeks before the onset of illness; and, patients with pneumonia who have inpatient or outpatient healthcare exposure within the two weeks before the onset of illness. Critically, a Urinary antigen (UA) assay AND a culture of respiratory secretions on selective media are requested; a UA is not sufficient for linking cases to a potential environmental source. And most importantly, health care professionals are reminded to report both Legionnaires’ disease and Pontiac fever cases via the Michigan Disease Surveillance System (MDSS) or directly to the Local Health Department.

1 CDC. Legionellosis --- United States, 2000—2009. MMWR 2011.60(32); 1083-1086
3 MDHHS. Legionellosis Guidance for Clinicians.
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AN AMAZING ISSUE OF THE BULLETIN

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

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

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

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

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

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

Peter Levine, MPH

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Peter Levine, MPH
GCMS met with third-party payers and specialty societies investigating ways to get physicians paid long term for new care requirements for Flint residents under the Medicaid expansion.

GCMS met with legislators to discuss scope of practice, maintenance of certification, and other issues of critical importance to physicians.

GCMS arranged meetings with key federal and state officials revolving around the Flint Water Crisis, related medical care issues, prevention issues, and the need to work together.

GCMS helped coordinate between dermatologists and federal and state staff regarding the screening of several hundred individuals for rashes.

GCMS represented physicians in virtually every venue impacting physician’s practices.
The March 7 Legislative Liaison Committee meeting dealt with several complicated issues. Present were Representative Joe Graves, Gary Jones of Congressman Kildee’s staff, Tim Sneller of Representative Charles Smiley’s staff.

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

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

The health insurance claims assessment charges will rise from three 0.75% on insurance claims to 1% through 2020.

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

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

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

There will be no Legislative Liaison Committee meeting in April. The next meeting will be held on May 2nd, and will be a recap of the MSMS House of Delegates.
If you would like to recognize a colleague or loved one by giving a gift in his or her honor or memory to the Medical Society Foundation, please contact Peter Levine, GCMS Executive Director, at 810-733-9925 or plevine@gcms.org.

PHYSICIANS NEEDED AT THE EMERGENCY MEDICAL CENTER OF FLINT

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Save the Date for 2016 Presidents Ball November 12th

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TITLE: Data Tampering in Public Health Reporting
MICHIGAN STATE MEDICAL SOCIETY
Medical Student Section
Resolution # ____ (A-16)
Introduced by: Nick Harrison, MSS Vice Chair & Delegate, Alt Delegate for Genesee County Medical Society
Rohit Abraham, MSS Member, Kent County Medical Society
Elaina Molter, MSS Member, Saginaw County Medical Society
Paige Goote, MSS Member, Ingham County Medical Society
Referred to: MSMS Reference Committee, (-----, Chair)
WHEREAS, despite passage of resolution 7-13 by the MSMS House of Delegates, chemical and/or metal sensitization (e.g. due to cosmetics, medications, and fumes) is poorly understood and grossly under-recognized by physicians, and
WHEREAS, haptenation is a known and well documented physiologic process occurring in humans, creating symptoms and disease; therefore, be it
RESOLVED: That MSMS reinvigorate the use of its communication vehicles to make physicians aware of the process of haptenation and sensitization and their multiple ramifications, and be it further
RESOLVED: That MSMS reinvigorate the use of its communication vehicles to help physicians recognize that one can teach patients methods to avoid exposure to the hapten, and be it further
RESOLVED: That MSMS reinvigorate the use of its communication vehicles to help physicians include chemical sensitivity in the differential diagnosis, take a history focused on exposures to toxins and symptoms related to known toxins and testing, and be it further
RESOLVED: That our AMA be asked to reinvigorate the use of its communication vehicles to make physicians nationally aware of the process of haptenation and sensitization and their multiple ramifications, as well as to help physicians teach patients methods to avoid exposure to the hapten, and to help physicians include chemical sensitivity in the differential diagnosis, take a history focused on exposures to toxins and symptoms related to known toxins and testing.

TITLE: Reaffirmation of the Recognition of Haptenation and Hypersensitivity Disorders, the Importance of Identification
INTRODUCED BY: Qazi Azher, MD, on behalf of the Genesee County Medical Society
ORIGINAL AUTHOR: Qazi Azher, MD
WHEREAS, despite passage of resolution 7-13 by the MSMS House of Delegates, chemical and/or metal sensitization (e.g. due to cosmetics, medications, and fumes) is poorly understood and grossly under-recognized by physicians, and
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REFERENCES:
Title: All Governmental Communications Be Made Available Electronically Within One Week

Original Author: John Waters, MD

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

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

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

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

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

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

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

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

---

TITLE: Timely and Transparent Data Sharing for Drinking Water Testing

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

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

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

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

WHEREAS in January 2015, the Michigan Department of Environmental Quality (MDEQ) wrote to the governor that trihalomethane in the water was not a cause for alarm despite it being more than 80 parts per billion1, and

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

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

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

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

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

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

RESOLVED, that all collected results that are excluded from final data analysis should be annotated and explained.
Title: Municipal Lead Plumbing Must Go

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

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

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

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

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

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

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

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

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

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


Title: Ban Lead in Plumbing

Original Author: John Waters

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

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

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

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

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

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

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

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

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

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

RESOLVED, that the Michigan State Medical Society and the American Medical Association, and all county medical societies in the state of Michigan pursue lead-free standards at the state and federal levels that are actually lead-free, for all plumbing related to drinking water.
TITLE: Regular Monitoring of Water at School and Daycare Sites
AUTHOR(S): (Laura Carravallah, MD), MSU-CHM MD-PH Students, Kendall Bell, Jennifer Choy, Joy Lerner, Myah Ray, Teresa Soldner
INTRODUCED BY: Laura Carravallah, MD, on behalf of the Genesee County Medical Society Delegation

WHEREAS, young children are among the most vulnerable to the neurotoxic effects of lead, and
WHEREAS, schools and daycares are where children spend a significant amount of their time, and
WHEREAS, schools and daycares are not currently required to test the water that they give children for lead or other hazardous materials under the Safe Drinking Water Act, and
WHEREAS, lead in water levels at Eisenhower Elementary School, Freeman Elementary school and Brownell/Holmes STEM Academy in Flint all tested above 15 ppb, with Freeman testing at 101 ppb, and
WHEREAS, testing was not conducted by the MDEQ at any schools until specifically requested by the Genesee County Health Department, and
WHEREAS, despite having samples picked up by the MDEQ on 10/2/15 with a promise of a “24 hour turnaround”, it was ordered by Governor Snyder not to release any lead level results of Genesee County until after a press conference on 10/8/15, therefore be it
RESOLVED: that the MSMS and AMA should lobby to mandate that all schools and registered daycare sites should routinely be among those sites chosen by municipal water quality assurance testing as part of the Safe Drinking Water Act enforcement, and be it further,
RESOLVED: that should there be abnormal test results from the water testing at schools, these sites should continue to be tested repeatedly until results return to normal.


TITLE: Raise Minimum Age of Legal Access to Tobacco and Nicotine Products in Michigan
INTRODUCED BY: Gerald Natzke, DO, on behalf of the Genesee County Medical Society Delegation
ORIGINAL AUTHOR: Gerald Natzke, DO
WHEREAS, each year over 15,000 Michiganders die from tobacco use and over 10,000 Michigan children become new regular, daily smokers, of whom a third will die prematurely because of this addiction; and
WHEREAS, 95% of adults began smoking before age 21, and 4 out of 5 become regular, daily smokers before age 21; and
WHEREAS, raising the legal age of access to 21 would reduce the likelihood that young people would have access to tobacco products through social sources; and
WHEREAS, nearly 60 jurisdictions in 7 states have already raised the minimum age of legal access to tobacco products and several states are currently considering statewide legislation to do so; and
WHEREAS, smoking-caused health costs in Michigan total more than $4.5 billion per year, and
WHEREAS, raising the age of legal access to tobacco products to age 21 will likely decrease overall tobacco use rates; and
WHEREAS, the Institute of Medicine concluded that raising the age of legal access to tobacco products to 21 years of age will likely prevent or delay initiation of tobacco use by adolescents and young adults, thus immediately improving the health of adolescents and young adults, improving maternal, fetal, and infant health outcomes, and substantially reducing smoking prevalence and smoking-related mortality over time, and
WHEREAS, it is predicted that raising the age to 21 in Michigan would result in fewer premature deaths, fewer deaths from lung cancer, and fewer years of life lost; therefore, be it
RESOLVED, that the Michigan State Medical Society endorse raising the minimum age of legal access to tobacco and nicotine products to 21 years of age in the State of Michigan.
Title: Assurance and Accountability for EPA's State Level Agencies  
Original Author: (Laura Carravallah, MD)  
MSU-CHM MD-PH Students  
Kendall Bell, Jennifer Choy, Joy Lerner, Myah Ray, Teresa Soldner  
Introduced by: Laura Carravallah, MD, on behalf of the Genesee County Medical Society Delegation  
WHEREAS local health and environmental safety agencies which are delegated power by state agencies have a regular accreditation process, and  
WHEREAS state agencies do not have an equivalent accreditation review from the Environmental Protection Agency (EPA), and  
WHEREAS the Michigan Department of Environmental Quality (MDEQ) was not ensuring the correct lead testing protocols in Flint outlined by the federal Safe Drinking Water Act in that they were not testing the highest risk areas and were eliminating the highest test results from the data sets, and  
WHEREAS tens of thousands of people in Flint have now been unnecessarily exposed to high lead levels in their drinking water, therefore be it  
RESOLVED, that MSMS should ask the AMA to lobby for a requirement that the Environmental Protection Agency (EPA) conduct regular quality assurance reviews of state agencies that are delegated to enforce EPA regulations.

Title: Prior Authorization and Tiering  
INTRODUCED BY: Deborah Duncan, MD, on behalf of the Genesee County Medical Society Delegation  
ORIGINAL AUTHOR: S. Bobby Mukkamala, MD  
WHEREAS, it is likely that Blue Cross Blue Shield of Michigan will be tiering physicians, both specialty and primary care, based on cost and quality measures, as a component of its PGIP uplift initiative, and  
WHEREAS, physicians who receive the maximum uplift, have demonstrated their ability to practice high quality medicine, by Blue Cross Blue Shield of Michigan standards while controlling costs appropriately, again by Blue Cross Blue Shield of Michigan standards, and  
WHEREAS, pre-authorization for surgical procedures and imaging tests is often required by Blue Cross Blue Shield of Michigan in an effort to assure, by Blue Cross Blue Shield of Michigan's criteria, the appropriateness of such procedures and tests, in an effort to improve quality and reduce costs, and  
WHEREAS, obtaining these pre-authorizations is time consuming for medical office staff and patients, therefore be it  
RESOLVED that MSMS engage Blue Cross Blue Shield of Michigan in an effort to eliminate the need for physicians receiving the maximum uplift for their specialty to obtain pre-authorization for tests and procedures that they order.

Title: Governmental Water Testing  
Introduced by: Laura Carravallah, MD, on behalf of GCMS Delegation  
Original Author: John Waters, MD  
WHEREAS water test turnaround time and transparency of reporting in the Flint Water Crisis has been a major impediment to avoid lead exposure for infants, children, and adults, and WHEREAS this interdepartmental and inter-agency communication and lack of in some cases contributed to the Flint water crises, and  
WHEREAS the time lag between testing of water and reporting of results in a timely fashion is critically important it for the purpose of primary prevention, and  
WHEREAS the results of water tests are critical to avoiding morbidity and mortality related to toxic water exposure, therefore be it  
RESOLVED, that all city, county, state, and federal tests of water for impurities, heavy metals in any other health related inclusions be mandated to be reported to the public, and available electronically as soon as possible, with no allowance for that reporting longer than one week from the time that the sample was taken until the time that it is reported back to the public.
TITLE: Reaffirmation of Reverse Onus in the Manufacture and Use of Chemicals

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

ORIGINAl AUTHOR: Gerald D. Natzke, DO

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

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

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

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

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

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

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

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

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

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

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

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

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

Recommendations, rationale, and references!

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

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

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

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

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

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

Flint Golf Club
3100 Lakewood Drive
Flint, MI 48507

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

RSVP’s requested by April 28th, 2016

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

Email Sherry at ssmith@gcms.org to register your attendance or call 810-733-9923 for more information.
HAPPY BIRTHDAY DOCTOR

APRIL

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

Save the Date
2016 Presidents Ball
November 12th, 2016
Gcms Member Dermatologists, MDHHS and CDC Investigate Rashes Possibly Associated with Flint Water Exposure

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

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

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

1. Place of residence supplied by Flint city water (or other significant exposure location), and
2. Current rash identifiable by exam, with onset on or after October 16, 2015, or Existing rash with a period of obvious worsening on or after October 16, 2015, and
3. No alternative medical diagnosis that would clearly be unrelated to water exposure.

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

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

Thank you,
Michigan Health Alert Network
Meeting the health needs of Genesee County’s children

Child & Adolescent Psychiatry
- Medication Management
- Psychiatric Consultation
- Behavioral Health Counseling, Screening, Support Groups
- Prevention Activities

Child & Adolescent Health
- Pediatrics
- School-Based Clinics
- Audiology
- Nutrition Education
- Teen Wellness Center

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

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

Mott Children’s Health Center
806 Tuuri Place
Flint, Michigan 48503
(810) 767-5750
www.mottchc.org
Flint Water Crisis Team
For those who believe grassroots movements have given way to large, moneyed interests and monolithic, unconquerable government bureaucrats, the city of Flint and its dedicated citizens stand as a sterling example of what can be achieved with guts, commitment and passion.

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

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

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

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

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

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

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

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

From the Genesee County Medical Society:
Lawrence Reynolds, MD   Laura Caravallah, MD
Gerald Natzke, DO
Mona Hanna-Attisha, MD   Peter Levine, MPH

From the Greater Flint Health Coalition: GFHC
Kirk Smith, MHSA

From the Michigan Legislature:
Senator Jim Ananich
Issues of Serious Concern for Medical Practices!

Don’t let your practice manager miss these important meetings!

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

The following topics are tentatively scheduled and subject to change

April Topic:

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

May Topic:

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

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

Genesee County Medical Society | Rapport Conference Room
4438 Oak Bridge Drive, Suite B | Flint, MI 48532
FREE! Commit to Fit! Class Schedule

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

### APRIL 2016 CALENDAR

<table>
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<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
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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

Questions?
Email commit2fit@flint.org
Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response Meets with GCMS Board of Directors on Legionella

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

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

Dr. Lurie reported that the City of Flint has staff from the Environmental Protection Agency, the Centers for Disease Control, the United States Department of Agriculture, the Department of Housing and Urban Development, the Small Business administration, the Department of Education, Department of Health and Human Services, and the Unified Command. Dr. Lurie noted that she was impressed with the folks who have come together to solve the problems of Flint. She wants to leave the community stronger than it was before the water disaster. There are 70-90 federal employees who have been in Flint since early January. They have four major goals. The first goal is that every citizen must have access to clean water. Goal two is fixing the Flint water system. Goal three is to deal with the health effects of the Flint Water Crisis. Behavioral health is a central focus. Two-hundred fifty people have been trained to do key psychological first aid. Goal four is to get hands around the scope of the Flint Water issues. They want to get as many children tested as possible by April 15, so that mitigation efforts can be planned.

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

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

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

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

— April 2016 —

Legislative Liaison Committee
Recessed

Bi-Weekly Meeting Schedule:
Community & Environmental Health Committee, 4/13
12:30pm, GCMS Office

C-Section Task Force, TBD

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

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

Bi-Weekly Meeting Schedule:
Community & Environmental Health Committee, 4/27
12:30pm, GCMS Office

Practice Managers, 4/28
6pm, GCMS Office

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

Did you recognize...
Paul H. Musson, MD

Announcement

GCMS members now entitled to a 15% discount on automobile and homeowners insurance.

For details, contact:

POTTER & ROOSE INSURANCE

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Providers of insurance for the GCMS & its members for 50 years.

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Save the Date

for 2016 Presidents Ball
November 12th
DOCTORS, ALLIANCE MEMBERS, STAFF AND THEIR PETS

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

Dr. David Deliès with Marcus

Dr. Shafi Ahmed with horses

Dr. Sam Diamond with Samantha Rose

Dr. Dan & Mary Ryan - Henri-Pierre & Calvin

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

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

Dr. Shafi & Ruqnsana Ahmed's alpaca & goats

Dr. Stephen and Rosa Wang’s cats
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2016
President's Ball

November 12th, 2016
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I. Call to Order:
The meeting was called to order at 6:40 p.m. by Pino Colone, MD, President, in the Flint Golf Club dining room. Dr. Colone welcomed everyone to this very important Town Hall meeting on Drug Diversion, an Epidemic.

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

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

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

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

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

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

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

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

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

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

Submitted by,
Peter Levine, MPH
Executive Director
I. Call to Order:
The meeting was called to order at 6:05pm, by Pino Colone, MD, President, in the Rapport Conference Room.

II. Review of Minutes:

III. Reports:
A) Community & Environmental Health
1. Flint Water Update
Dr. Gerald Natzke reported that the Flint Water Quality Technical Advisory Committee is still not meeting.

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

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

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

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

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

3. Resolutions

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

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

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

B) Finance
1. Budget-to-Actual Report
Pete Levine reviewed the budget to actual report for the period ending December 31, 2015, noting that cash is becoming very short.

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

C) Membership

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

It was reported that there are three new GCMS members that have come on board. Carmen Paredes Saenz, MD, Forrest Robart, DO, Tolutope Oyasiji, MD.
D) **Greater Flint Health Coalition**

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

E) **District Directors Report**

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

F) **Presidents’ Report**

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

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

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

IV. **Other Business**

A) **Medical Student Resolutions**

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

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

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

V. **Next Meeting**

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

VI. **Adjournment**

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

Respectfully submitted,

Peter Levine, MPH
Executive Director
WE WANT YOU FOR THE LEGISLATIVE LIAISON COMMITTEE!

Young physicians - are you looking for interchange with your legislators?

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: MAY 2ND
State and County Medical Society

MEMBERSHIP APPLICATION

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

☐ I am in my first year of practice post-residency.
☐ I am in my second year of practice post-residency.
☐ I am in my third year of practice post-residency.
☐ I have moved into Michigan; this is my first year practicing in the state.
☐ I work 20 hours or less per week.
☐ I am currently in active military duty.
☐ I am in full, active practice.
☐ 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:  _______________________________