Legionella Update from GCHD & MDHHS
Nutrition & Fitness Classes for Patients
MSMS House of Delegates Report
Estate Planning for the Worst
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- Fluoroscopy
- DEXA
- Vascular Imaging
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FEATURE ARTICLES

Legionellosis Guidance for Clinicians and Laboratories 8
Do you Recognize this Doctor? 13
Gov. Snyder: Medicaid services available 14
Dinner Business Meeting Minutes 15
Practice Managers Discuss Medicaid Drug Formularies 19
The Bottom Line 20
GCMS Report from MSMS House of Delegates 23
A Marshal Plan for Flint? 26
Legislative Liaison Committee Discusses Resolution Activity 31
Legal Advisor: Planning For The Worst 32
June 2016 Nutrition Resource Calendar 35
Your $$$ at work 36
Commit to Fit 37
Resolutions 42
Obituaries 48
On a Sad Event 49

REGULARS

President’s Message 4
Director’s Message 6
Happy Birthday Doctor 39
GCMS Meetings 39
Classified 39
Board of Directors Minutes 40

Cover Photo by Peter Levine

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
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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.
As we approach the summer season, the most active period for organized medicine is also upon us.

The 151st session of the House of Delegates (HOD) of the Michigan State Medical Society (MSMS) was held at The Henry in Dearborn from April 30 through May 1. This was the second year of the shortened two-day format, starting Saturday morning rather than Friday evening. This allows a full participation in the meeting without having to sacrifice an office day Friday, and was the result of suggestions from the members of the House.

Genesee County has a very strong presence and level of respect at the MSMS House, just as the Michigan Delegation does at the American Medical Association (AMA). The level of commitment to MSMS by the AMA is evident each year by those who attend our meeting. This year Dr. Patrice Harris, Chair-Elect of the AMA Board of Trustees, attended and presided over the AMA Town Hall Meeting Saturday. Each year the Town Hall is better attended and provided a direct connection with the issues facing all of us nationally.

There were also educational sessions with CME, at one of which it was announced that Michigan was selected as the state to partner with the AMA and few other organizations on a campaign to educate and combat pre-diabetes. The other organizations include the Ad Council, the American Diabetes Association, and the CDC. The morbidity and mortality associated with pre-diabetes are staggering. The test is incredibly simple and can be found at https://doihaveprediabetes.org.

By all accounts, the meeting was a success. It is my sincere hope that you agree if you attended and that you will attend next year if you didn't. It's never too late to attend your first House of Delegates. Last year I reunited with a classmate from medical school over 20 years ago, who was attending his first meeting.

Your Speakers of the MSMS HOD, myself and Ted Jones, an OB/Gyn from Detroit, are always looking for ways to increase involvement and improve your experience. Please fill out the survey you received if you attended. For those who did not attend, feel free to contact me or MSMS staff if there are suggestions you have that would motivate you to attend.

Now it's on to the annual meeting of the AMA, June 11-15 in Chicago.
As a company founded by doctors for doctors, we believe that doctors deserve more than a little gratitude for an outstanding career. That’s why we created the Tribute® Plan—to reward our members for their loyalty and commitment to superior patient care with a significant financial award at retirement. How significant? The highest distribution to date is $138,599. This is just one example of our unwavering dedication to rewarding doctors.

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GROUND SHIFTS IN WATER CRISIS

Sadly, the President’s visit to Flint appeared to crush the community’s hope of federal funding coming to help with the tremendous regional needs, resulting from the man-made Flint Water Crisis. The President told us that he is with us. He said he would not leave us behind, and that everything will be better than it was before the crisis. You could almost feel the oxygen drain from the room when it became clear that he would not even hint at offering a penny of federal support to this stricken community. Congress has done nothing to provide that support either. It would be a lot easier to get federal support if the President would declare Flint’s Water Crisis a disaster. This community was devastated before the Water Crisis, but now the healthcare, educational, and infrastructure needs of this community, and the county which surrounds it as a result of this disaster, will not be met by what the state alone can provide. There has been an announcement of a massive private foundation commitment of support to the community, led by the Mott Foundation. Thank goodness for them, but why is this necessary? Sadly, Flint has been used by many politicians for their own purposes. We don’t know what Flint will be facing 20 years from now as a result of this Water Crisis. The costs may just be starting to be identified, but we know that it is massive – long term. A lot of services need to be provided to prevent the impacts of lead alone, and they need to begin being provided immediately.

So while there appears to be no will to provide the Federal support that this community needs, hopefully something will change the inertia which is blocking needed support in Congress and in the state legislature. This is not a time for posturing. There has been far too much of that already. If it is up to the Greater Flint area to do it alone, long term, then it will take all of us working together to get things done. All of us, in this case, means everyone. And we may have to do it as individual concerned citizens.

Peter Levine, MPH

UNDER THE BIG TOP

A Family Affair

Save the Date

November, 12 2016
The Medical Society Foundation is engaged in a capital campaign. With a goal of $2 million, the purpose of the campaign is to raise funds for the Foundation to use in support of the Genesee County Medical Society’s charitable and public health related activities. We are seeking major gifts, and smaller ones too. Appreciated stock, IRA disbursements, and cash donations are all accepted with pleasure. The funds will go to the best of all uses. Examples of the types of activities that the funds have supported include the Genesee County Medical Society’s efforts on behalf of a safer flint water supply, human trafficking advocacy and education, and support of end-of-life, fitness and community health initiatives.

Please do not hesitate to contact Pete Levine for more information at 810-733-9925 or plevine@gcms.org.

Sincerely yours,

Allen F. Turcke, MD
President
Medical Society Foundation

Deborah Duncan, MD
Immediate Past President
Genesee County Medical Society

Pino Colone, MD
President
Genesee County Medical Society
Legionellosis Guidance for Clinicians and Laboratories

In the past two years, over 80 cases of Legionellosis have been reported from health-care providers in Genesee County, Michigan. Public health investigations are ongoing in 2016 to determine possible common sources of exposure. The Michigan Department of Health and Human Services (MDHHS) and Genesee County Health Department (GCHD) are asking that the clinical community assist in case finding through accurate identification, testing and reporting of all suspected cases of Legionellosis.

**Epidemiologic Risk Factors for Legionellosis**

- Age ≥ 50 years
- Chronic renal or liver disease including end-stage organ disease
- Diabetes
- Chronic lung disease
- Solid organ or hematologic malignancy
- Immune system suppression (e.g., organ transplant recipients, immunosuppressive medication usage)
- Current or former smoker
- Recent travel with an overnight stay away from home (up to 14 days prior to symptom onset)
- Recent inpatient or outpatient healthcare exposure (up to 14 days prior to symptom onset)
- Exposure to hot tubs (e.g., whirlpool spas) including either direct use, walking or sitting near a spa
- Recent repairs or maintenance work on domestic (i.e., household) plumbing

**Diagnosing Legionellosis**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Legionnaires’ Disease</th>
<th>Pontiac Fever</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical features</strong></td>
<td>Pneumonia (fever, cough, chills, dyspnea), neurologic abnormalities, myalgia or arthralgia, diarrhea, chest pain, headache (e.g., obtundation, seizures and focal neurological findings) and nausea/vomting may also be present</td>
<td>Flu-like illness (fever, chills, malaise) without pneumonia</td>
</tr>
<tr>
<td>Radiographic</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Incubation period</td>
<td>2 to 14 days after exposure</td>
<td>24 to 72 hours after exposure</td>
</tr>
<tr>
<td>Etiologic agent</td>
<td>Legionella species</td>
<td>Legionella species</td>
</tr>
<tr>
<td>Attack rate</td>
<td>&lt; 5%</td>
<td>&gt; 90%</td>
</tr>
<tr>
<td>Isolation of organism</td>
<td>Possible</td>
<td>Never</td>
</tr>
<tr>
<td>Outcome</td>
<td>Hospitalization common</td>
<td>Hospitalization uncommon</td>
</tr>
<tr>
<td></td>
<td>Case-fatality rate: 5- 30%</td>
<td>Case-fatality rate: 0%</td>
</tr>
</tbody>
</table>

Source: [http://www.cdc.gov/legionella/clinicians.html](http://www.cdc.gov/legionella/clinicians.html)

**Who to Test for Legionnaires’ Disease**

Clinicians should use the following guidance to determine which patients to test for Legionnaires’ disease. Additionally, infection control practitioners can use these guidelines to determine which respiratory specimens may be eligible for further testing.

- Any adult or pediatric patient with pneumonia
- Review of clinical presentations of Genesee County residents diagnosed with Legionnaires’ disease during 2014-2015 demonstrates that respiratory symptoms (e.g., shortness of breath, cough) may be subtle or even absent initially and that a subset of patients may present with mental status changes and gastrointestinal symptoms (e.g.,
diarrhea, vomiting) in addition to or prior to the onset of pneumonia. While a pneumonia diagnosis is still a necessary threshold for pursuing testing for Legionnaires’ disease, it is critical for healthcare providers to maintain a high index of suspicion for Legionnaires’ disease, particularly in patients with multiple risk factors.

Testing for Legionnaires’ Disease

Isolation of Legionella from respiratory secretions, lung tissue, or pleural fluid is still an important method for diagnosis, despite the convenience and specificity of urinary antigen testing. Investigations of outbreaks of Legionnaires’ disease rely on detection of Legionella in both clinical and environmental isolates. Clinical and environmental isolates can be compared using monoclonal antibody and nucleic acid-based typing tests. Because Legionella are commonly found in the environment (including residential water systems), bacterial isolates from case-patients are necessary to trace back to possible sources of exposure and to interpret the findings of an environmental investigation in order to prevent disease from that source. Further, Legionnaires’ disease may require enhanced therapy beyond the usual community-acquired or hospital-acquired pneumonias, so swift diagnosis is important.

- The Legionella urinary antigen test AND culture of lower respiratory tract secretions on selective media are the recommended diagnostic tests for Legionnaires’ disease (Please note that the Legionella urinary antigen test detects serotype 1 of Legionella pneumophila; other L. pneumophila serotypes and other Legionella species may not be detected by the urinary antigen test).

- If a provider obtains a Legionella urinary antigen test on a patient with suspected Legionellosis, a lower respiratory tract specimen should be collected for Legionella culture at the same time.
  - A tracheal aspirate or bronchoalveolar lavage may be collected in patients who are intubated or undergoing bronchoscopy.
  - Sputum sample collection should be attempted in patients who are not intubated or not undergoing bronchoscopy.

- Oropharyngeal or nasopharyngeal swabs are not acceptable clinical specimens for Legionella culturing.

- Culture for Legionella should specifically be requested so that specimens are plated on the correct growth media. Any clinical specimen remaining from the respiratory culture should be immediately frozen and stored by the hospital laboratory. If hospital laboratory capacity is limited, then sputum samples can be transported and stored at the MDHHS Bureau of Laboratories (BOL) free-of-charge.

Note: For new onset community-acquired pneumonia or health-care associated pneumonia, testing by a Legionella urinary antigen test and respiratory secretion culture is recommended within 24 hours of patient presentation to a healthcare provider. This diagnostic approach is recommended to facilitate early identification of patients with Legionellosis and help guide early appropriate treatment which can reduce mortality. This activity will also help identify increases of illness in Flint and Genesee County as well as institute targeted Legionellosis prevention measures.

For patients with a Legionella urinary antigen test that is positive or negative, collection and submission of lower respiratory tract secretion specimens for Legionella culture test is recommended.

We request that your facility perform culture isolation of Legionella, lower respiratory tract secretion specimen samples for all urinary antigen positive Legionellosis patients. Respiratory samples from patients whose urinary antigen test is negative should be sent with specific request to have the specimen cultured for Legionella at the MDHHS Bureau of Laboratories (BOL). Any hospital laboratory experiencing concerns with laboratory capacity in performing cultures can communicate those concerns to GCCHD or MDHHS and we will provide assistance.

A positive Legionella culture isolate identified in hospital laboratories should be preserved and shipped to the BOL for confirmatory testing.

CONTINUED ON PAGE 10
Clinical Isolates or Specimen Shipping
The MDHHS state laboratory will test clinical isolates or respiratory specimens submitted to the BOL for Legionella. Please note: There is no fee for specimen shipping or testing. Please avoid repeated freezing and thawing of isolates/specimens. Contact the MDHHS BOL with any questions about isolate/specimen submission or shipment at: (517) 335-8067.

Treatment

Adults
Recommended treatment for Legionellosis in most patients includes either a fluoroquinolone (e.g., levofloxacin, 750 mg once daily or moxifloxacin, 400 mg once daily) or a macrolide (e.g., azithromycin, one gram on day one, followed by 500 mg once daily) for a total treatment duration of 10 to 14 days. Because macrolides may interfere with drugs metabolized by cytochrome P450 (CYP) 3A4 isoenzyme (e.g., cyclosporine), the quinolones mentioned above are suitable alternatives to treat Legionnaires’ disease in patients taking cyclosporine or other CYP3A4 substrates.

Children
Azithromycin is the drug of choice for children with suspected or confirmed Legionellosis. The initial course should be intravenously administered. After a good clinical response is observed, azithromycin can be switched to the oral route. The recommended duration of therapy is 5 to 10 days for azithromycin and 14 to 21 days for other drugs. Longer courses of therapy are recommended for patients who are immunocompromised or who have severe disease (American Academy of Pediatrics Red Book 2015, 30th Edition).

Reporting
By law, Legionellosis is a reportable disease in Michigan. We are asking health care professionals to report both Legionnaires’ disease and Pontiac Fever cases via the Michigan Disease Surveillance System (MDSS) or directly to the Local Health Department. Physicians are requested to collect and record illness onset dates as part of the patient record. An accurate illness onset date is extremely important to determine the patient’s potential environmental exposures and is vital to the investigation of an outbreak. In patients with chronic respiratory conditions, the first appearance of fever may be a useful indicator of Legionellosis onset date.

Legionellosis Prevention Measures
- Be sure to ask about travel history including cruise ship related travel.
- Smoking increases the risk of Legionnaires’ disease if exposed to Legionella bacteria. This is an opportunity to promote smoking cessation.
- The mode of transmission can include inhalation of vapor or aspiration.
- This is also an opportunity to promote use of pneumococcal and flu vaccines.
- Recommend use of bottled water for drinking/cooking/brushing teeth for vulnerable populations: immunocompromised/suppressed, diabetics, cancer, leukemia, lymphoma, COPD, CHF and the frail/elderly, including those with swallowing difficulties.
- Also, recommend tub baths for these vulnerable populations unless there is a risk for falls.
- While public health experts believe the risk of getting Legionnaires’ disease from a home water system is much smaller than the risk from large water systems, home owners may be able to reduce the risk further by maintaining their water systems.
- Showers: Because they remain damp, shower heads could hold Legionella bacteria. Removing the shower head, manually cleaning it to remove scale and sediment, and soaking it in a mixture of 1 tablespoon of household bleach to 1 gallon of water for about 2 hours will disinfect the shower head.
• Humidifiers: Some homes have whole house humidifiers. You should clean and disinfect humidifiers regularly according to manufacturer's directions. Always unplug the humidifier first. Clean the inside of the humidifier per the manufacturer's instructions, using a mixture such as 1 tablespoon of household bleach to 1 gallon of water, and dry. Thoroughly clean the outside of the humidifier before and after storage.

• CPAP machines and nebulizers should also be cleaned per manufacturer’s recommendations. Distilled water should be used. If the manufacturer’s instructions cannot be located, the healthcare equipment supplier can provide them.

• Water Heaters: In some cases, Legionella bacteria have been found in residential water heaters. When found, it’s more often been in electric water heaters than in gas water heaters. Regularly maintaining the water heater according to manufacturer’s instructions is recommended to help reduce the risk of Legionella bacteria growing. Most manufacturers recommend that water heaters be flushed on an annual basis. If you cannot locate the manufacturer’s instructions, seek the advice of a licensed plumber.

• Water scientists, public health officials, and healthcare experts are currently discussing the risks and benefits of increasing the recommended water heater temperature from 120°F to 130°F which may reduce the risk of Legionella bacteria growing. However, because of the risk of scalding, increasing the water heater temperature from 120°F to 130°F is not currently being recommended. Updated guidelines regarding water heater management for risk prevention will be provided should recommendations change.

For additional information, please contact: Genesee County Health Department: (810) 257-1017 or (810) 257-3815 or MDHHS Communicable Disease Division: (517) 335-8165.

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**Announcement**

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

For details, contact:

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

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Please direct patients to [www.flintcares.com](http://www.flintcares.com) for the latest information regarding Flint water issues.
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Annual President's Ball

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November 12th, 2016
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Our members provide high quality educational services and exceptional healthcare to our community. We help them keep more of their hard earned money! As a member of FASECU you can expect:

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  Burton, MI 48509

- **Branch Office**
  1005 University Ave.
  Flint, MI 48504

- **Branch Office**
  3400 Regency Park Dr.
  Grand Blanc, MI 48439

- **Branch Office**
  168 N. Saginaw St.
  Lapeer, MI 48446

Do you recognize this DOCTOR?

Look for the Answer inside!

Please direct patients to www.flintcares.com for the latest information regarding Flint water issues.

Please direct patients to www.flintcares.com for the latest information regarding Flint water issues.
Gov. Snyder: Medicaid services available to help more children and pregnant women in Flint, additional services also available for Flint residents already enrolled

Tuesday, May 3, 2016

LANSING, Mich. – Children and adults up to age 21 and pregnant women who were served by Flint’s water system within the past two years should be eligible for Medicaid health coverage beginning Monday, May 9. Others in those groups already on Medicaid would be able to apply for additional coverage, as well.

“Thanks to the committed work of the Michigan Legislature and our federal partners, enrollment in the Flint Medicaid program would be available for thousands of children and pregnant women,” said Gov. Rick Snyder. “With the House approving the plan last week and expected Senate approval on Wednesday, eligible residents will have greater access to benefits and case managers to help with coordinating primary and behavioral health care, providing nutrition support and improving access to education and extended social supports and services.”

The additional health coverage through Medicaid is available under a federal waiver approved March 3 by the U.S. Department of Health and Human Services. Gov. Snyder applied for the waiver to help ensure that Flint residents get the medical services they need now and in the future as a result of the city’s water emergency.

Coverage would be available to children up to age 21 and pregnant women who were served by the Flint water system since April 2014, and who have income levels up to 400 percent of the federal poverty level.

Although enrollment would begin May 9, coverage is retroactive three months prior to enrollment into Medicaid – but no earlier than March 1, 2016. Approximately 15,000 additional children and pregnant women would be eligible for Medicaid coverage, and roughly 30,000 current Medicaid beneficiaries in the area would be eligible for additional services under this waiver. Those eligible for this coverage would not have to pay premiums, contributions or co-pays.

Later this year, Michigan will allow those residents with incomes greater than 400 percent of the federal poverty level to purchase Medicaid health coverage.

As part of the coverage, residents also would be eligible for targeted case management services designed to support those exposed to lead through the water system. Targeted case management services would include help for residents to gain access to needed medical, social, educational and other services.

Residents who already are covered by Medicaid will be notified of the additional services in a letter from the Michigan Department of Health and Human Services. Other eligible residents not already on Medicaid would be able apply online at www.michigan.gov/mibridges. They also can apply by calling the Michigan Health Care Helpline at 1-855-789-5610 (TTY 866-501-5656 for persons with hearing and speech disabilities).

More information about the Flint water emergency is available at www.michigan.gov/flintwater.
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Save the Date
November, 12 2016

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www.TheRybarGroup.com
I. Introduction of Guests:
Dr. Duncan introduced distinguished guests and members. Dr. Eden Wells Chief Medical Officer for the Michigan Department of Health and Human Services, Dr. Lawrence Reynolds, a member of the Governor's Flint Water Advisory Task Force, and evening speaker’s, Drs. Marcus Zervos, Paul Kilgore, Shawn McElmurry, and Matthew Seeger from Wayne State University, and Dr. Laura Sullivan of Kettering University. Dr. Duncan finally introduced Julie Forbush and Jennifer Shew of the Flint Area School Employees Credit Union, our sponsor for the evening.

I. Announcements:
Dr. Duncan reported that the MSMS House of Delegates was held on April 30th – May 1st. Most of our resolutions passed and our candidates were all reelected. We had three members on the leadership dais for the whole weekend: Dr. Colone, Speaker; Dr. Rao, Treasurer; and Dr. S. Bobby Mukkamala, Vice Chair. It was a terrific weekend. Dr. Rao has stepped down as Treasurer. Dr. John Waters has been elected to replace him. Most notably, Dr. Bobby Mukkamala was elected as Chair of the MSMS Board of Directors. Several GCMS members and staff were presented with the MSMS Public Health Leadership Award: Drs. Gerald Natzke, Laura Carravallah, Lawrence Reynolds, Mona Hanna-Attisha, and Peter Levine.

GCMS Practice Managers Meetings
Practice Managers Meetings are held at the Medical Society office at 8:00am on the 4th Thursday of each month. Next meeting will be May 26th and will focus on the Federal Health Opportunities Employment Program.

III. MSMS Community Service Award Presentation:
Dr. Duncan called Dr. S. Bobby Mukkamala, Chair of the Michigan State Medical Society Board of Directors, to the podium noting that his first official responsibility would be to present Dr. Nita Kulkarni, the 2016 Michigan State Medical Society Community Service Award. Dr. Mukkamala introduced Dr. Kulkarni and commended her outstanding leadership in communitywide charitable activities in the field of obstetrics and gynecology. Dr. Kulkarni thanked GCMS for the nomination and encouraged physicians to work together on behalf of the needs of the community.

IV. Town Hall Meeting
Dr. Lawrence Reynolds was introduced to provide a report on the Governor’s Flint Water Advisory Task Force. This was followed by presentations by Drs. Marcus Zervos, Paul Kilgore, Shawn McElmurry, Laura Sullivan, and Matt Seeger. They reported on legionella issues from the clinical perspective and reviewed input on how to proceed with the study they are performing for the State of Michigan by Wayne State University.

V. Next Meeting
The next General Membership Meeting will take place on September 1, 2016.

VI. Adjournment
No further business appearing. The meeting was adjourned at 8:45pm.

Submitted by,
Peter Levine, MPH
Executive Director
The Medical Society Foundation is engaged in a capital campaign. With a goal of $2 million, the purpose of the campaign is to raise funds for the Foundation to use in support of the Genesee County Medical Society’s charitable and public health related activities. We are seeking major gifts, and smaller ones too. Appreciated stock, IRA disbursements, and cash donations are all accepted with pleasure. The funds will go to the best of all uses. Examples of the types of activities that the funds have supported include the Genesee County Medical Society’s efforts on behalf of a safer flint water supply, human trafficking advocacy and education, and support of end-of-life, fitness and community health initiatives.

Please do not hesitate to contact Pete Levine for more information at 810-733-9925 or plevine@gcms.org.

Sincerely yours,

Allen F. Turcke, MD
President
Medical Society Foundation
Deborah Duncan, MD
Immediate Past President
Genesee County Medical Society
Pino Colone, MD
President
Genesee County Medical Society
In late April, the GCMS Practice Managers group met to hear an update from McLaren Health Plan, Molina Healthcare, and the Michigan State Medical Society on Medicaid managed care drug formularies.

Teresa Dufresne, Director of Pharmacy Services at McLaren Health Plan, and Dr. Jennifer Walters, Director of Pharmacy for Molina Healthcare provided a succinct overview of how the formulary was developed by 11 health plans in the State of Michigan. Stacie Saylor, Reimbursement Advocate from the Michigan State Medical Society commented as well. It was noted that it will take six months to implement the managed-care drug formulary. It is different from the fee-for-service formulary. It promotes continuity of care, reduced administrative burden, and reduced complications related to transitions of care. Safeguards have been put in place to avoid as many transitional complications as possible. From April through September, members will be transitioned to the formulary. Maintenance drugs will be provided for a minimum of 90 days. Many drugs will be provided for a full year. This process will reduce prior authorizations. The formulary will be updated quarterly. The formulary is available on each plan’s website. The link to the formulary is: http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-380454--,00.html

It is hoped that this process of having a single formulary will make it easier on practices. GCMS submitted a resolution several years ago to MSMS asking for a single drug formulary for Medicaid. MSMS aggressively pursued that formulary and it is now coming to fruition.

The May practice manager session will revolve around the Greater Flint Health Coalition’s Federal Health Opportunities Employment Program. The June session will focus on Insurance 101 for the physician’s office. The August practice manager session will revisit the Medicaid drug formulary to provide feedback to Molina and McLaren Health Plan as the formulary problems will have arisen by the time.
Dear GCMS and GCMSA members, please feel free to copy the following document from Flint Cares, for your patients. Flint Cares is a coalition of organizations and agencies which are working together to develop accurate, vetted information for the public on the Flint water issues. Pino Colone, MD, President.

---

**The Bottom Line**

**Issue 1**

**Should I drink, cook, or brush my teeth with my tap water?**

**NO!**

**Where do I get bottled water?**

Free bottles of water, filters, replacement cartridges, and home water testing kits are available at water resource sites. These locations do NOT ask for IDs to obtain items. You may be asked for your address to confirm that non-Flint residents are not taking advantage of the Flint water crisis.

**IMPORTANT:** There are lots of things to remember when using bottled water:

- Keep it out of the sunlight and avoid high heat. If you have to store it outside, it’s best to cover with a tarp or dark cloth.
- Water is heavy! Make sure you don’t stack too high and be sure your floor joists are strong enough to handle the weight.
- Do not drink bottled water after it has been opened and in heat for a long time. Bacteria can grow once a bottle is open and heat makes it grow faster!
- Be sure to rotate your stock! It’s best to use the water you’ve had the longest first.

---

**Water Resource Sites**

**Sites below are open:**

- **Monday, Wednesday, Thursday and Saturday:**
  - Noon – 6 p.m.
- **Tuesday and Friday:**
  - Noon – 8 p.m

**Ward 1:**
- Genesee County Land Bank
- Ross Plaza, 2320 Pierson Road

**Ward 3:**
- Universal Systems
- 1401 E. Stewart Avenue

**Ward 6:**
- West Court Street Church of God
- 2920 W. Court Street

**Ward 7:**
- Dort Federal Credit Union Event Center
- 3501 Lapeer Road

**Ward 9:**
- Genesee County Land Bank
- Eastown Bowl Bowling Alley
- 3001 S. Dort Highway

Many churches and organizations do water deliveries throughout the City. For more information, please dial 2-1-1. Or, you may call 866-561-2500, if your phone will not dial 2-1-1.
Are the filters safe?

The EPA, State of Michigan and City of Flint all say the NSF-53 certified filters are safe for filtering out lead below 150 parts per billion and other minerals.

These minerals and chemicals can be found on the manufacturer’s box. EPA’s data also shows that the filters are working at higher levels above 150ppb.

Caution

Some experts say while the filter may filter out 99% of the lead, we aren’t sure what else is in the water – chemicals, bacteria, etc.

These individuals would say until further testing is complete people should use bottled water.

All agree that unfiltered water is not safe to drink, cook or brush teeth.

Pregnant and nursing women, children under the age of 6 should only use bottled water for drinking, cooking, washing children’s dishes, bottles, pacifiers and for mixing infant formula.

Do your research, listen to trusted sources and use either filtered or bottled water.

How do I use the filter?

First, check that it is NSF-Certified* to remove lead.
Follow the manual that comes with your filter for correct installation.
Do not run hot water through the filter.
Start with cold filtered water then heat to cook.
Your hot water heater tank should be flushed regularly.
Follow manufacturer’s instructions or contact a licensed professional for assistance.

You can run unfiltered water with the filter attached.
Turn lever for filtered water to flow from under the cartridge.

*National Sanitation Foundation

Why can’t I run hot water through my filter?

Per the manufacturers:

If hot water is run through the cartridges, it will not be adequately filtered

IN SOME CASES MAY ACTUALLY REVERSE THE CHEMICAL ABSORPTION AND ADSORPTION PROCESSES, RELEASING CONTAMINANTS BACK INTO THE WATER.

USE ONLY COLD OR COOL WATER WHEN OPERATING THE FILTERS.

If you happen to accidentally run hot water through the system, simply run cold water through the unit for 2 minutes to flush out the hot water.

With regard to whole house systems, you will still get clean filtered hot water because the cold water line of your home will connect to the filter system, get filtered first and then will go to the hot water heater to be heated.

If you do not have a water filter and would like one, you may call 2-1-1.

Do your research, listen to trusted sources and use either filtered or bottled water.
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

June Topic:

Insurance 101

Presenter: Cheri Vaupel, Director Business Development
The Doctor’s Company

July Topic:

No Meeting in July
Happy Summer!

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
Genesee County Medical Society delegation had a remarkable MSMS House of Delegates. Our delegation arrived with 12 resolutions. One was merged with another and approved. One was referred to the MSMS Board. The resolution referred to the MSMS Board is expected to be approved. The other 10 passed, giving GCMS a 100% resolution passage rate for 2016. A compendium of the GCMS resolutions, result sections, and titles follows this article.

In elections, Dr. Venkat Rao was reelected as an AMA alternate delegate. Dr. Cathy Blight was reelected as an AMA delegate. Dr. Pino Colone was reelected as Speaker, and Dr. S. Bobby Mukkamala was elected District 6 Director. In addition, Dr. S. Bobby Mukkamala was elected Chair of the MSMS Board and Dr. John Waters was elected Treasurer of the Board. Drs. Eyassu Habte-Gabr, David Lee, Eranio Malto, and K.V. Mathew were each honored with the 50 Year Award. Drs. Gerald Natzke, Caravallah, Reynolds, Hanna-Attisha, and Mr. Peter Levine were conferred the MSMS Public Health Leadership award for their work on behalf of the Greater Flint Region in the face of the Flint Water Crisis.

Dr. Deborah Duncan served as Chair of Reference Committee B. Drs. Cathy Blight and Bobby Mukkamala served as AMA advisors to Reference Committee C. Dr. Gerald Natzke served on Reference Committee D. Drs. John Waters and Venkat Rao served as MSMS Board Advisors to the Committee on Ways and Means. Drs. Asif Ishaque and Rubin Raju served on the Reference Committee on Environmental and Scientific Affairs. Drs. Rama Rao and Pino Colone served on the Committee on Rules and Order of Business.

The 2016 roster of GCMS participation included Drs. Cathy Blight, Laura Carravallah (The American College of Physicians), Pino Colone, Deborah Duncan, Mona Hardas, Asif Ishaque, Rima Jibaly, Nita Kulkarni, Gerald Natzke, Rubin Raju, Rama Rao, Nick Harrison, Lawrence Reynolds, Edward Christy, as well as Myah Ray and Kendall Bell, medical students. Thank you!

GCMS members on the MSMS Board included Drs. S. Bobby Mukkamala as Chair, John Waters, Treasurer, Venkat Rao, Treasurer, and Pino Colone, Speaker. Dr. Mona Hardas Chaired the International Medical Graduates Section meeting.
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: JUNE 6TH
A Marshal Plan for Flint?

Guest Editorial by Robert Soderstrom, MD

My younger brother, Bill, and I spent 10 days wandering around Berlin, Germany, a month ago. This was a city that was totally devastated at the end of World War II, little more than a pile of rubble. Russian troops fought from street to street, building to building, floor to floor to finally take the city at the end of April, 1945. Pictures of the place at the end of that human catastrophe are hard to believe.

You would never know it in Berlin today. You can walk their beautiful streets, ride their incredibly clean and efficient mass transit, eat at the innumerable restaurants on open and wide plazas, and never even sense the destruction of 70 years ago.

The Reichstag, where the German parliament convenes, was the final target of the Russian assault. The most famous picture from 1945 shows the building as rubble with a single Russian soldier triumphantly waving the red flag from a shattered tower.

The Reichstag has been completely rebuilt. Oh, yes, there are still a few bullet holes here and there, but the new dome of the building is an architectural wonder with beautiful views over the whole city. When one reviews the pictures of 1945 and then walks the city today it is, really, hard to believe it is the same place.

In 1948, the United States initiated the

CONTINUED ON PAGE 28
Marshall Plan which provided money to rebuild a devastated Europe. It is revered today as one of the most successful international projects we have ever initiated. It consisted of $13 billion dollars (about $130 billion in today’s money) spent from 1948 to 1952. Most of that money went to our allies in the war, Great Britain and France, but 11% of it went to a defeated and destroyed Germany. So, yes, Germany received a welcome “jump start” from the United States, but the rebuilding that we see there today is mostly a credit to the German people. They have determinedly and resolutely rebuilt their nation.

The Berlin Wall came down in 1989 to much relieved celebration, but East Berlin was a neglected and dilapidated section of the city. There was no Marshall Plan for East Berlin and what little surplus the former communist regime generated went into maintaining the Wall. But my brother and I spent much time walking around the former East Berlin and the reconstruction there in the last 25 years is most impressive. In fact, it is ongoing. I don't think I have ever visited a city with so many construction cranes all over the place. I finally told my brother that I didn't think I could take a picture of Berlin without a construction crane in the background.

I read just recently that our spending in Afghanistan has crossed the $800 billion mark since we invaded in 2002. We hear so much about the lack of accomplishment in Washington D.C. because Congress is so polarized. But that isn't true when it comes to spending money in Afghanistan. Every vote for every dime we have spent over there was bipartisan. We did it under Republican President Bush and Democratic President Obama. Some of the funding bills were rushed
through Congress in a matter of weeks because of the military urgency. Today the country is in shambles, opium production is at record highs, the Taliban rules the place when the sun goes down, and the Afghan army can still barely stand and fight. I challenge anyone in the continental United State to tell us what we have gained for this overwhelmingly bipartisan expenditure.

Now let us return to our home community, Flint. Can we help OUR OWN PEOPLE? Can we find the determined resolution the Germans have had to rebuild their country? Can we find a fraction of the funds we have poured down the bottomless pit in Afghanistan to accomplish this task?

An expenditure of $150 million dollars has been proposed by Michigan's United States Senators to initiate the rebuilding of Flint. It would be a good start. Let’s rebuild the horribly outdated water system, yes, but let’s tear down the abandoned homes all over the place, put parks in their place, put

up modern affordable housing, build new innovative schools for OUR children, train and employ AMERICANS in Genesee County and show the world that the United States can rebuild, too. Use Flint as a model community for innumerable other cities across this country that have been punished and neglected by economic policies in the last few decades. $150 million dollars to start the process in Flint is 0.19% of what we have spent in Afghanistan since 2002.

So how is this proposal for Flint faring in Congress? Bogged down, we are told, in inter-party bickering, lost in our political polarization. Where is the bipartisanship we have found again and again for Afghanistan? Can this government function for OUR OWN PEOPLE? Of course it can. Will it? Don’t hold your breath.
Did you recognize...
Venkat Rao, MD

Kelly Preuss, CP
President
kelly@linguisticarete.com

Haslett, Michigan, USA
Office: 1.517.993.6873
Mobile 1.517.214.1344

If you or someone you know would like to advertise in
please contact Sherry Smith at
ssmith@gcms.org
or call (810) 733-9923.

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We Are Your Medical Reimbursement Specialists
Legislative Liaison Committee Discusses GCMS Resolution Activity

On May 2nd, the Legislative Liaison Committee met to review resolutions from the Michigan State Medical Society House of Delegates, which are likely to result in legislative activity. In attendance were Clyde Edwards, from Representative Neely’s office, Gary Jones, from Congressman Kildee’s office, Representative Phil Phelps, and Senator Dave Robertson.

Dr. Blight reviewed the impact of the Flint Water Crisis on the MSMS House of Delegates, noting that the MSMS Public Health Leadership Award was given to four GCMS physicians, Drs. Natzke, Carravallah, Reynolds, Hanna-Attisha, and to GCMS Executive Director, Peter Levine.

The AMA will have a presentation at their interim meeting of the AMA House of Delegates regarding the Flint Water Crisis. There were several resolutions introduced by Genesee County Medical Society regarding greater governmental accountability and transparency which were successful at the MSMS House of Delegates. The overriding focus of the entire MSMS House of Delegates was public health issues, much relating to the Flint Water Crisis.

There is a clear consensus that residency slots have to be expanded, to partly ameliorate the pending extreme shortage of physicians. There was also a resolution to make attacks on healthcare workers a felony. Maintenance of certification remains a critical issue to the Michigan State Medical Society and to the Genesee County Medical Society.

The next meeting of the GCMS Legislative Liaison Committee will take place on June 6, 2016. Any interested GCMS members are encouraged to attend. Please contact Sherry Smith via email at ssmith@gcms.org, or dial 810-733-9923, if you are interested.
When most people think of estate planning, many wish to put it off as long as possible out of the unpleasantness that may come with thinking about one’s own mortality. Others simply do not think they are in imminent risk of needing an estate plan. Alternatively, others do not think that they have enough assets to really be concerned with estate planning. However, one area of estate planning that transcends all of these considerations is planning for the placement of your minor children in the event of your death. This consideration with estate planning impacts those with minor-aged children, who may otherwise feel that estate planning is not necessary at this time. While nobody wants to think of tragedy striking their own family, planning for the unexpected ensures that your voice will be heard so that your child(ren) may be taken care of by those who you, as their parent, feel is the appropriate party.

What Happens if I do not Make Arrangements for my Child(ren) and Something Happens

If one parent dies, in almost all circumstances, the other parent is then the responsible party for fully taking care of the children you had together. However, where both parents are no longer alive, and the last surviving parent does not make arrangements for the child(ren), then the probate court will determine who will be the child(ren)’s legal guardian. Individuals who have an interest in the welfare of your minor children may petition the probate court to be the child(ren)’s legal guardian. While the probate court judge will be guided by the minor child(ren)’s welfare, it certainly does not mean that the probate court judge will choose the same individual as you would have chosen for your particular child(ren).

How to Make Proper Arrangements for Your Child(ren)

The mechanism by which you can make your wishes known is through a will or a writing in which you may nominate a guardian and you then sign the writing and
have it attested by two witnesses. Within your will, however, you can contemplate not only a legal guardian for your child(ren), but also contemplate contingencies in the event your first choice, so to speak, is unavailable to accept the duties, as well as nominate a conservator. It also should be noted that children fourteen years old or older may file a written objection with the probate court to prevent the appointment, but the objection would not necessarily preclude the appointment.

Other Things to Consider
It is imperative that after you have contemplated who would be the right fit to care for your child(ren) in the event something should happen to you, that you speak with the person who you nominate as a legal guardian as well as the contingent legal guardian. While this may be a difficult conversation to have, it is much better to know if a person is willing and able to take on this incredibly important role. It is also a necessary conversation to have because the legal appointment becomes effective when the guardian’s acceptance is filed in the court in which the will containing the nomination is probated. In other words, the person nominated, needs to understand that he or she must take action in the event their role becomes necessary. Within your will, you may also nominate a conservator who would act as a fiduciary to handle the child(ren)’s money and finances that may be left to them at your death. The nominated conservator is often, but not always, the same person as who is appointed to be the legal guardian as it facilitates the ability of the person raising the child(ren) (i.e. the legal guardian) to pay for the child(ren)’s activities and necessities with ease; however, in some situations these roles are filled by two separate individuals.

For specific questions regarding this article you may contact the author at eberezny@ccglawyers.com or 810-232-3141.

RESPECTUFLLY SUBMITTED AND PREPARED BY:
Erica L. Berezny
Attorney at Law
Cline, Cline, & Griffin
503 S. Saginaw Street, Suite 1000
Flint, MI 48502-1861

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
UNDER THE BIG TOP

A Family Affair

Annual President's Ball

Save the Date

November 12th, 2016
## June 2016 Nutrition Resource Calendar

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<td>Partner Cooking Demo&lt;br&gt;Foss Ave. Baptist Church 10:00 am</td>
<td>The National Diabetes Prevention Program&lt;br&gt;YMCA of Greater Flint 5-6:00pm</td>
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### Additional Events
- **The GCMS Bulletin**
- **Eat Smart, Live Strong for Seniors**
  - 9:00-10:00 am<br>Max Brandon Park Pavilion 2
  - Meijer on Center Rd 4:30pm
- **Grow it, Try It, Like It! & Botany on Your Plate**
  - 11:00-12:00 pm<br>Davison Roadside Park Pavilion
  - McKinley Park Vista Center
  - 1:30-2:30pm<br>Davison Roadside Park Pavilion
  - For-Mar Nature Preserve
- **Kids Nutrition**
  - 11:00-12:00 pm<br>McKinley Park Vista Center
  - 1:30-2:30 pm<br>Max Brandon Park Pavilion 2, near MLK and Stewart
- **Cooking Matters Shopping Tour**
  - Meijer on Center Rd 5:30pm
  - 11:00-12:00 pm<br>McKinley Park Vista Center
Nutrition in the Parks
FREE: Nutrition in the Parks is a fun interactive way to teach kids about healthy eating. Kids will learn the best way to fill their plates with healthy, nutrient dense foods every time they eat. Play fun games that teach them about hydration, which foods are the best for us, and which foods we should limit in our diet. After each nutrition lesson, kids will take part in different physical activity games and challenges.

Eat Smart, Live Strong for Seniors
FREE: Six Week Program: Pre-registration Required by 6/17/16 Call Liz Josaitis 810-244-8511 Eat Smart, Live Strong includes fun, social and interactive sessions designed to improve fruit and vegetable consumption and physical activity among 60-74 year olds. Throughout the sessions, participants will gain the skills needed to promote healthy behavior changes to improve overall health and wellbeing.

Botany on Your Plate for ages 7-13
FREE: Youth ages 7-12 will have an opportunity to join the Genesee Intermediate School Districts Healthy Schools Healthy Families Program to participate in a life science program called Botany on Your Plate. This program will allow children to explore the fascinating realm of plants we eat. Each class will also provide them with an opportunity to taste all the parts of the plant in a delicious new way.

Grow it, Try It, Like It! Fun with Fruits and Veggies for ages 3-7
FREE: Children ages 3-6 are invited to join staff from the Genesee Intermediate School Districts Healthy Schools Healthy Families Program for hands on activities designed to encourage children to learn more about the fruits and vegetables we eat. Children will also have the opportunity to experiment with tasting different fruits and vegetables.

Cooking Matters Shopping Tours (One Hour) Free program teaches participants how to shop for fresh/frozen/canned produce; best time to buy fruits/vegetables; reading nutrition labels; and discuss other produce/nutrition related topics. Questions? Contact Jessica Robinson (810) 285-2210 **Meet in the produce section

Mass Food Delivery Schedule
These agency partners receive a truckload full of supplemental food for distribution on the same day.

**Salvation Army: 1475 W. Coldwater Rd. Flint Tuesday 10 AM**

**Foss Ave. Baptist Church: 1159 E. Foss Ave. Tuesday 10 AM-12 PM**

**Greater Flint Outreach: 1114 University Ave. Wednesday 12 PM**

**Enrichment Center: 322 E. Hamilton Ave. Friday 8:30 AM**

Healthy Cooking Demonstration (30 minutes) FREE: Learn how to cook a simple, healthy dish by a vendor at the Market and try a sample after!

**Flint Farmers’ Market**
300 E. 1st St, Flint, MI 48502

Cooking Matters for Adults
FREE: 6 Week Long Program Cooking and nutrition taught by a chef and nutritionist! We’ll cover topics that include Healthy Snacks, Shopping Smart, Food Safety at Home, Cooking Tips from the Chef, Planning Balanced Meals, and Tips for Eating Out, and you’ll get FREE groceries and a FREE cookbook so you can make the recipes at home.

For ages 16 and older, all abilities Pre-Registration required Call Liz Josaitis 810-244-8511

The National Diabetes Prevention Program
DPP is a year-long program that teaches participants strategies for incorporating physical activity into daily life and eating healthy. Cost is $50, class is 16 weeks long followed by 6 monthly sessions. Please call 844-935-5463 or email PreventDiabetes@hurleymc.com to register

2016 Preserving Summer’s Harvest Learn to Make Jam and Jellies
Interested in preserving food but don’t know where to start? Come learn the fundamentals of food preservation with Food Safety Educator Lisa Treiber 989-832-6643 **This class does require a fee but scholarships are available

Eat Healthy, a Parent’s Guide to Raising a Healthy Eater
FREE: Learn more about feeding your child, because we all know that they are watching! This class will act as a parent’s guide to raising healthy eaters and will focus on how to keep healthy foods in the home, role modeling with healthy food and drinks, making positive family mealtimes and ways to reduce food struggles. For parents, all ages and abilities

• GCMS had a very successful MSMS House of Delegates, with all resolutions progressing and all elections won

• GCMS has participated in the coordination of efforts to vet and provide accurate information to the public regarding Flint Water Crisis issues

• GCMS has participated in the coordination of efforts to vet and provide accurate information to the medical community regarding Flint Water Crisis issues

• GCMS has aided several physicians and larger physician organizations with payer issues

• GCMS held a practice manager’s session on the Medicaid Drug Formulary

• GCMS held a practice manager’s session on the Federal Health Employment Opportunities Program

• GCMS held a Town Hall Dinner Meeting on the Legionella issue
**FREE! Commit to Fit! Class Schedule**

Commit to Fit offers fitness classes at **no cost** to all individuals who live or work in Flint and Genesee County. Fitness Centers require participants to be age 18 and older, other locations are open to all ages. See back side for details.

**Click HERE to Access the Nutrition Education & Resources Calendar**

**JUNE 2016 CALENDAR**

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
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<tr>
<td>Senior Stretch</td>
<td>YMCA Downtown</td>
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**FREE! Commit to Fit! Class Schedule**

**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

**Enhance Fitness (1 hour)** – A fun, energizing class geared toward improving overall functioning and well-being. Improve your cardiovascular fitness, strength, flexibility and balance!

**TIMES & LOCATIONS:**

**Hasselbring Senior Center**
1002 Home Ave. Flint, MI 48504
(810) 766-7128 Mon, Weds, & Fri 9-10 am

**Carriage Town Ministries**
605 Garland St Flint, MI
Tuesday 2:39-3:30 pm

**Faith United Methodist Church**
2266 Coldwater Rd Flint, MI
Tuesdays and Thursdays 12:30-1:30 pm

**Flint Farmers’ Market**
- Tuesdays & Thursdays 10-11 am

**Triumph/North Star (MBC)**
1657 Broadway Blvd Flint, MI
Mondays- 6:00-7:00pm & Thursdays 5:30-6:30 pm

**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.

**Line Dance N2 Fitness (1 hour)** – Come get fit with non-stop moving and grooving! Easy, Effective, Fun Beginners Class!!

**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

**Walk to Wellness- (1 Hour) Walking Clubs-**
Participate in local walking clubs for lively conversation, tips on walking toward health, and just a lot of fun!

For all ages and all abilities.
McKinley Park (Thursdays)
Max Brandon Park Pavilion 2,
Near MLK and Stewart Avenue (Mondays)

**Questions? Email**
commit2fit@flint.org

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**Line Dance N2 Fitness (1 hour)** – Come get fit with non-stop moving and grooving! Easy, Effective, Fun Beginners Class!!

**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!
GCMS MEETINGS
— June 2016 —

Community & Environmental Health Committee, 6/1
12:30pm, GCMS Office

Legislative Liaison Committee, 6/6
8am, GCMS Office

2016 Ball Committee, 6/7
12pm, Taboon-Flint

Community & Environmental Health Committee, 6/15
12:30pm, GCMS Office

Practice Managers, 6/23
8am, GCMS Office

MSF Fundraising Committee, TBD

Finance Committee, 6/28
5:15pm, GCMS Office

Board of Directors, 6/28
6pm, GCMS Office

Edmund Louvar, MD.......................................... 12
Shah–Naz Khan, MD.......................................... 12
Marigowda Nagaraju, MD............................... 14
Monee Rassolian, MD................................. 15
John Macksood, MD................................. 16
Peter Mikelens, MD................................. 16
Madhusudana Tummal, MD......................... 17
Stephen Morris, MD................................. 17
Fayez Kotob, MD................................. 20
Ronald Sparshu, MD............................... 21
John MacKenzie, MD.............................. 22
Ethiraj Raj, MD................................. 22
Michael Kia, DO........................................ 25
Stacey McEwen, DO............................... 25
Alan Rice, MD.......................................... 26
Sasikala Vemuri, MD.............................. 26
Dale Wilson, MD........................................ 27
Julio Badin, MD........................................ 28

READY TO MOVE IN 4,500 SQ. FT.
Custom designed physician office. Available for rent or purchase in Stone Bridge office complex off Linden Rd. across from Genesee County Medical Society. New roof and heating/cooling.

Contact 810-610-0965

PHYSICIANS NEEDED
at the Emergency Medical Center of Flint
Various shifts available for part-time, as well. Must be willing to do minor stitches, infants & children, splinting, and minor eye & ear procedures. This is a classic urgent care much like family practice. Hours of operation 9:30am – 9pm, 7 days a week, closed on major holidays. Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503.

Contact Pete Levine at 810-733-9925.

AUTOCLAVE NEEDED
by not-for-profit urgent care center. Please contact Brenda at bcraft@gcms.org or call (810) 232-2710.

Check Out Our Website www.gcms.org
I. Call to Order:
The meeting was called to order at 6:00pm, by Pino Colone, MD, President, in the Rapport Conference Room.

Dr. Pino Colone introduced Cheryl Gibson Fountain, MD, candidate for MSMS President Elect. Dr. Fountain provided an overview of issues that she is interested in pursuing as president. Dr. Colone thanked her for making the trip.

Dr. Colone reported that the Healthcare Michigan/Comcast Awards will be presented at some future date. The awards are to go to the flint water action team made up of the Genesee County Medical Society, Greater Flint Health Coalition, and Senator Ananich and his staff. Named individuals include, Drs. Laura Carravallah, Lawrence Reynolds, Gerald Natzke, Mona Hanna-Attisha, as well as Senator Ananich, Kirk Smith, and Peter Levine.

II. Reports:
Report on March 15th Meeting with Dr. Nicole Lurie
Dr. Colone reported that on the evening of March 15th, the Medical Society Board, and member infectious disease and pulmonary specialists, met with Dr. Nicole Lurie, the Presidents’ lead representative in Flint to discuss the issue of Legionella and its pending arrival with warm weather, and concern about related fractures in the water mains. Dr. Lurie described the federal staffing of the community, as well as the goals of the federal intervention. The first goal is to have every citizen have access to clean water. Goal two is fixing the water system. Goal three is to deal with the health effects of the Flint Water Crisis. Goal four is to get hands around the scope of the Flint water issues.

Dr. Colone introduced a panel of investigators from Wayne State University and Kettering University who have been contracted by the city to look at the Legionella issue: Laura Sullivan, PhD, Matthew Seeger, PhD, Paul Kilgore, MD, Shawn McElmurray, PhD, and Mark Zervos, MD.

The presenters, led by Dr. Marcus Zervos, reviewed the need for clinical specimens in order to study the Legionella issue in the community. They noted that as cases are identified, they will be responsible for providing records back to physicians. This information will include information from potential patient’s homes. Early case identification is critical to the studies. Urinary and sputum tests are needed for all pneumonia cases. X-ray confirmed cases of pneumonia should have both urine and sputum tests performed.

Consensus: that there is a need to make a statement to the Medical Society regarding the risks of Legionella.

Consensus: that the Wayne state and Kettering academic leaders of the legionella study be asked to provide updated information to the GCMS Board as soon as it is available.

A) Community & Environmental Health
1. Lead Treatment Update
   Dr. Natzke reported that the Committee is still looking at the issue of lead treatment.
2. Legionella Testing Recommendations

Consensus: to publish Dr. Eden Wells’ Legionella testing recommendations in The Bulletin as a guest editorial, accompanied by a Presidents’ notation saying the Medical Society recommends that sputum samples be taken, in addition to urine testing. Also note that at high-risk individuals including those with COPD, the frail elderly, pregnant women etc. should drink only bottled water, or water which has been lead filtered cold and then boiled to avoid legionella.

3. Skin Concerns

Dr. Soderstrom reported that 300 individuals with concerns about their skin have been surveyed by the CDC’s team. Member dermatologists will serve all of them by the end of April.

B) Finance

Motion: that the Budget-to-Actual report for the period ending February 29, 2016 be approved as presented. The motion carried.

C) Legislative Liaison

Dr. Cathy Blight reviewed the Legislative Liaison Committee meeting of March 7th in which maintenance of certification, the Governor’s budget, and other issues were discussed.

D) Greater Flint Health Coalition

Dr. Waters reported that the FEMA report was given at the Greater Flint Health Coalition meeting. He noted that the GISD is doing a great job of working on the water issues.

E) Presidents’ Report

Dr. Colone reported that there have been seemingly endless interviews of members and staff regarding the water issues as well as state budgetary issues.

Dr. Colone also reported that the May Town Hall Dinner Meeting will feature the current Flint Water Crisis along with an update on Legionella. The title should be “Resetting the Legionella Mindset”.

In a discussion of GCMS’s intense activity level regarding the Flint Water Crisis, it was suggested that Levine meet with Senators Jim Ananich and Dave Robertson and ask them how the GCMS could garner some state funding to offset its financial problems.

VI. Adjournment

No further business appearing, the meeting was adjourned at 8:00 pm.

Respectfully submitted,
Peter Levine, MPH
Executive Director
RESOLUTION 02-16

TITLE: Reverse Onus in the Manufacture and Use of Chemicals

INTRODUCED BY: Gerald D. Natzke, Jr, DO

COUNTY/SECTION/INDIVIDUAL: Genesee

ORIGINAL AUTHOR: Gerald D. Natzke, Jr, DO

ACTION: REAFFIRM

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 in to commerce such chemicals prior to their use; and be it further

RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to reaffirm its commitment to urge the Environmental Protection Agency 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 measures 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 American Medical Association (AMA) ask our AMA to continue to urge the Environmental Protection Agency 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 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 MSMS supports the obligation of private entities that are manufacturing, handling, importing, or proposing to introduce into commerce chemicals that may be hazardous to human health or the environment to implement steps and precautions that are necessary to prevent or minimize damage to human health or the environment including carefully investigating the composition of the product and its properties from the perspective of health and environmental protection and clearly labeling products 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 American Medical Association (AMA) ask our AMA to reaffirm its commitment to urge the Environmental Protection Agency 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.

Rationale: After review of the resolution and MSMS and AMA policy, it has been determined that both MSMS and the AMA have addressed this issue in the past and both have related existing policy. Also of note, the components of this resolution were previously acted upon following the referral of Resolution 35-05 to the MSMS Board of Directors.
RESOLUTION 54-16
TITLE: Replace Municipal Lead Plumbing
INTRODUCED BY: Laura Carravallah, MD
COUNTY/SECTION/INDIVIDUAL: Genesee
ORIGINAL AUTHOR: Laura Carravallah, MD
ACTION: APPROVE
RESOLVED: That MSMS strongly advocate that all lead service lines and joints 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 the Michigan Delegation to the American Medical Association (AMA) ask our AMA to strongly advocate that the United States of America end the man-made scourge of lead in drinking water and advocate for the swift replacement of lead plumbing throughout our country.

RESOLUTION 82-16
TITLE: Governmental Water Testing
INTRODUCED by: Laura Carravallah, MD
COUNTY/SECTION/INDIVIDUAL: Genesee
ORIGINAL AUTHOR: John Waters, MD
ACTION: DISAPPROVE
RESOLVED: That MSMS supports the adoption of regulations to require the public reporting and electronic availability of all water tests for impurities and heavy metals by city, county, state, and federal units of government no later than seven business days from the date that the water sample was taken.
Rationale: The Committee spoke with the author and acknowledged the similarities to Resolution 58-16 which was approved.

RESOLUTION 52-16
TITLE: Assurance and Accountability for EPA’s State Level Agencies
INTRODUCED BY: Laura Carravallah, MD
COUNTY/SECTION/INDIVIDUAL: Genesee
ORIGINAL AUTHOR: Laura Carravallah, MD
ACTION: APPROVE
RESOLVED: That Michigan Delegation to the American Medical Association (AMA) ask our AMA to lobby the federal government for a requirement that the U.S. Environmental Protection Agency (EPA) conduct regular quality assurance reviews of state agencies that are delegated to enforce EPA regulations.

RESOLUTION 53-16
TITLE: Ban Lead in Plumbing
INTRODUCED BY: Laura Carravallah, MD
COUNTY/SECTION/INDIVIDUAL: Genesee
ORIGINAL AUTHOR: Laura Carravallah, MD
ACTION: APPROVE
RESOLVED: That MSMS and all Michigan county medical societies pursue lead-free standards at the state and federal levels that are actually lead-free, for all plumbing related to drinking water.
RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to pursue lead-free standards at the federal level that are actually lead-free, for all plumbing related to drinking water.
RESOLUTION 83-16
TITLE: Prior Authorization and Tiering
INTRODUCED BY: Deborah Duncan, MD
COUNTY/SECTION/INDIVIDUAL: Genesee
ORIGINAL AUTHOR: Deborah Duncan, MD
ACTION: REFER
RESOLVED: That MSMS engage Blue Cross Blue Shield of Michigan in discussions about the possibility of removing pre-authorization requirements for ordering tests and procedures for those physicians receiving the maximum uplift for their specialty under the Physician Group Incentive Program as these physicians have already demonstrated their ability to practice high quality medicine, while appropriately controlling costs.
Rationale: This Resolution proposed to encourage Blue Cross Blue Shield of Michigan (BCBSM) to remove pre-authorization requirements for ordering tests and procedures for those physicians demonstrating the ability to practice high quality medicine and control costs as evidenced by the receipt of the maximum uplift for their specialty under the Physician Group Incentive Program.
Although the Committee was supportive of the concept of unburdening physicians from the task of obtaining prior authorizations, they recommended disapproval. They had philosophical concerns about acquiescing to programs that support picking winners and losers and therefore. Members viewed this as an issue that extends beyond BCBSM as other health plans also have quality programs that measure and evaluate physician performance. In fact, there were many concerns that measurements used to determine quality were not consistent across health plans resulting in the potential to be considered a high-performer by one plan but not by others.
The Resolution was extracted on the Floor and the House of Delegates voted to refer it to the MSMS Board of Directors for further study.

RESOLUTION 84-16
TITLE: Raise Minimum Age of Legal Access to Tobacco and Nicotine Products in Michigan
INTRODUCED BY: Gerald D. Natzke, Jr, DO
COUNTY/SECTION/INDIVIDUAL: Genesee
ORIGINAL AUTHOR: Gerald D. Natzke, Jr, DO
ACTION: REAFFIRM
RESOLVED: That MSMS endorses raising the minimum age of legal access to tobacco and nicotine products to 21 years of age in the State of Michigan.
Rationale: After review of the resolution and MSMS policy, it has been determined that MSMS has existing policy pursuant to the adoption of Resolution 22-15.

RESOLUTION 81-16
TITLE: Electronic Availability of All Governmental Communications
INTRODUCED BY: Laura Carravallah, MD
COUNTY/SECTION/INDIVIDUAL: Genesee
ORIGINAL AUTHOR: John Waters, MD
ACTION: REFER
RESOLVED: That MSMS pursue legislation that would establish that all local, county, and state government communications be made available to the public free of charge and in an electronic format within seven business days of such communication.
Rationale: The Committee understood the rationale of the resolution and supports its intent but believed it would be difficult to enforce. The Committee recommends referral to the Board of Directors for further study, specifically on the issue of availability at “no cost” and the existing FOIA exemptions for specific government officials or agencies.
RESOLUTION 58-16
TITLE: Timely and Transparent Data Sharing for Drinking Water Testing
INTRODUCED BY: Laura Carravallah, MD
COUNTY/SECTION/INDIVIDUAL: Genesee
ORIGINAL AUTHOR: Laura Carravallah, MD
ACTION: APPROVE
RESOLVED: That MSMS 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 within seven business days of their receipt; and be it further
RESOLVED: That MSMS lobby for a state law that requires all reportable disease reports performed by city, county, district, or state agencies to be posted on a publicly available website within seven business days of their receipt; and be it further
RESOLVED: That MSMS lobby for a state law that requires reports of sewage overflows to be posted on a publicly available website within four hours of the receipt of such reports; and be it further
RESOLVED: That MSMS supports the creation and availability of a real-time alert system for all water test results, which exceed federal, state, or local standards within a person’s designated zip code(s), to which the public could subscribe; and be it further
RESOLVED: That MSMS supports the creation and implementation of a process in which all collected test results related to the quality of water that are excluded from final data analysis are annotated and explained; and be it further
RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to lobby at the federal level for legislation, regulations, and/or policies that would do the following:
1. Require all municipal water test results performed by municipal, city, county, district or state agencies to be posted on a publicly available website within seven business days of their receipt.
2. Require all communicable disease reports performed by city, county, district or state agencies to be posted on a publicly available website within seven business days of their receipt.
3. Require reports of sewage overflows to be posted on a publicly available website within four hours of the receipt of such reports.
4. Create and make available a real-time alert system for all water test results, which exceed federal, state, or local standards within a person’s designated zip code(s), to which the public could subscribe.
5. Create and make available a process in which all collected test results related to the quality of water that are excluded from final data analysis are annotated and explained.

RESOLUTION 84-16
TITLE: Raise Minimum Age of Legal Access to Tobacco and Nicotine Products in Michigan
INTRODUCED BY: Gerald D. Natzke, Jr, DO
COUNTY/SECTION/INDIVIDUAL: Genesee
ORIGINAL AUTHOR: Gerald D. Natzke, Jr, DO
ACTION: REAFFIRM
RESOLVED: That MSMS endorses raising the minimum age of legal access to tobacco and nicotine products to 21 years of age in the State of Michigan.
Rationale: After review of the resolution and MSMS policy, it has been determined that MSMS has existing policy pursuant to the adoption of Resolution 22-15.
RESOLUTION 01-16
TITLE: Reinvigorate Haptenation and Hypersensitivity Disorders Communication
INTRODUCED BY: Qazi Azher, MD
COUNTY/SECTION/INDIVIDUAL: Genesee
ORIGINAL AUTHOR: Qazi Azher, MD
ACTION: REAFFIRM
RESOLVED: That MSMS reinvigorate the use of its communication vehicles to help physicians understand the importance of including chemical sensitivity in the differential diagnosis, as well as taking a history focused on exposures to toxins and symptoms related to known toxins and related testing; and be it further
RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA 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 haptens, 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.
Rationale: After review of the resolution and existing MSMS and American Medical Association (AMA) activities, it has been determined that both organizations have addressed this issue in the past. Pursuant to Resolution 7-13, adopted by the MSMS HOD, MSMS included an article in an issue of Michigan Medicine addressing haptens and chemical sensitivity. Additionally, a Resolution was presented at the AMA annual meeting in June 2013. Finally, the AMA currently has a variety of policies and directives related to environmental health.

RESOLUTION 56-16
TITLE: Regular Monitoring of Water at School and Daycare Sites
INTRODUCED BY: Laura Carravallah, MD
COUNTY/SECTION/INDIVIDUAL: Genesee
ORIGINAL AUTHORS: Kendall Bell; Laura Carravallah, MD; Jennifer Choy; Joy Lerner; Myah Ray; and Teresa Soldner
ACTION: APPROVE
RESOLVED: That MSMS lobby for a mandate that all schools and registered daycare sites be among those sites routinely chosen by municipal water quality assurance testing as part of the Safe Drinking Water Act enforcement; and be it further
RESOLVED: That MSMS lobby for a requirement that in cases where there are abnormal test results from water testing at schools and registered daycare sites, these sites should continue to be tested repeatedly until results return to normal; and be it further
RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA to lobby at the federal level for the following mandates: 1) that all schools and registered daycare sites be among those sites routinely chosen by municipal water quality assurance testing as part of the Safe Drinking Water Act enforcement; and 2) in cases where there are abnormal test results from water testing at schools and registered daycare sites, these sites should continue to be tested repeatedly until results return to normal.
The Medical Society Foundation is engaged in a capital campaign. With a goal of $2 million, the purpose of the campaign is to raise funds for the Foundation to use in support of the Genesee County Medical Society’s charitable and public health related activities. We are seeking major gifts, and smaller ones too. Appreciated stock, IRA disbursements, and cash donations are all accepted with pleasure. The funds will go to the best of all uses. Examples of the types of activities that the funds have supported include the Genesee County Medical Society’s efforts on behalf of a safer flint water supply, human trafficking advocacy and education, and support of end-of-life, fitness and community health initiatives.

Please do not hesitate to contact Pete Levine for more information at 810-733-9925 or plevine@gcms.org.

Sincerely yours,

Allen F. Turcke, MD
President
Medical Society Foundation
Deborah Duncan, MD

Immediate Past President
Genesee County Medical Society
Pino Colone, MD

President
Genesee County Medical Society
Jack Price, MD

Jack R. Price, MD of Waterford passed away on May 1, 2016, at the age of 83. Dr. Price was a mainstay in the Medical Society for many years, in addition to being a prominent obstetrician gynecologist. Dr. Price received countless honors. He was designated President for a Day by the Genesee County Medical Society. He received the Michigan State Medical Science Community Service Award. He served as Medical Director for Planned Parenthood for 40 years. He served for many years on the Genesee County Medical Society Board of Directors, and was a member of the Board of the Regional HIV Task Force, and the Kalamazoo College Board of Trustees. In addition, Dr. Price was a well-known movie critic and stamp collector. Dr. Price served in the Community & Environmental Health Committee and the Mediation Committee of the Medical Society, as well as the Genesee Coalition on Adolescent Pregnancy and Parenting.

Dr. Price served as Chief of the Department of Obstetrics and Gynecology at McLaren Hospital

He attended Kalamazoo College, and received his medical doctorate at Wayne State University in 1958. His residency was served at Grace Hospital in Detroit. He served on the staff at Hurley Medical Center, McLaren Regional Medical Center and St. Joseph Hospital.

Silva Doyle, MD

Silva Doyle, MD of Flint passed away on May 12, 2016, at the age of 70. Dr. Doyle was born and raised in Switzerland. She earned her MD degree at the University of Lausanne School of Medicine. Subsequently she went on to a fellowship in neonatology and infectious diseases in Lausanne, Switzerland.

Dr. Doyle came to Michigan with her American husband and child to again complete a three-year pediatric residency at Hurley Medical Center after which she passed her pediatric boards and was named Director of Pediatric Education at St. Joseph Hospital and Family Practice Residency Program. She remained in this position for over 20 years.

Over the years she was awarded several times, the Best Teaching Faculty Award by the Medical Students of Michigan State University.

She developed pediatric outpatient clinics with the Mott Children’s Hospital of the University of Michigan with Dr. Amon Rosenthal.
On a Sad Event

Another fewer left from those who planted the trees we tasted the fruits of.

Dr. Jack R. Price left us on the first of this month with the same dignity and peace that marked his life. He was dedicated to his family, his church, and his profession, the same three that stood together to see him off. Few teary eyes except for his family, but much reverence not excepting the minister, Rev. Dr. D. DeMars Conrad, who referred to the event as a Legacy Funeral for the Woodside Church in Flint.

We thought of Jack’s professional and community service enough to honor him by President for a Day, and MSMS Community Service Award.

May we all be reminded of the transience of life as its foremost quality, unbelievable as it appears on a given Tuesday.

With Respect,

Cyrus Farrehi, MD - Past President, May 2016

PHOTO CAPTION: This tulip with its unusual color bloomed on the day Dr. Price died. It may be the best way for us to commemorate the date and the sad event.
**State and County Medical Society**

**MEMBERSHIP APPLICATION**

Join MSMS and your County Medical Society online at [www.joinmsms.org](http://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**
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First (legal) Name:  |  
Middle Name:  |  
Last Name:  |  
Nickname or Preferred Form of Legal Name:  |  
Maiden Name (if applicable):  |  
Job Title:  |  
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W Fax:  |  
H Phone:  |  
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<td>Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?:</td>
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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:  

State and County Medical Society

Application Code:  

**County Medical Society Use Only**

Reviewed and Approved by: