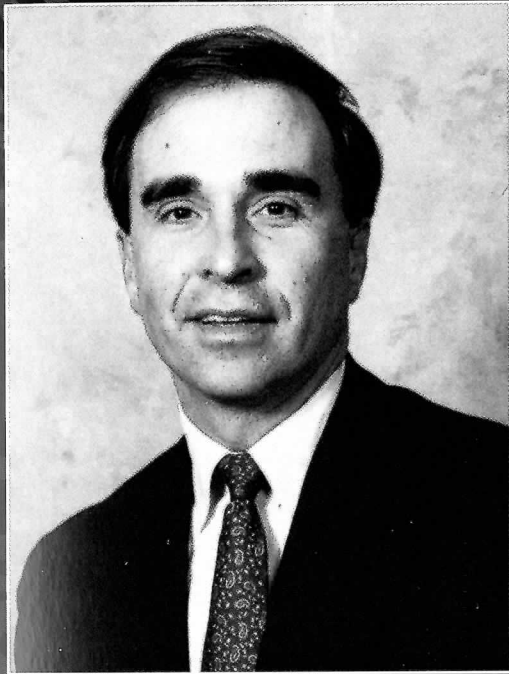
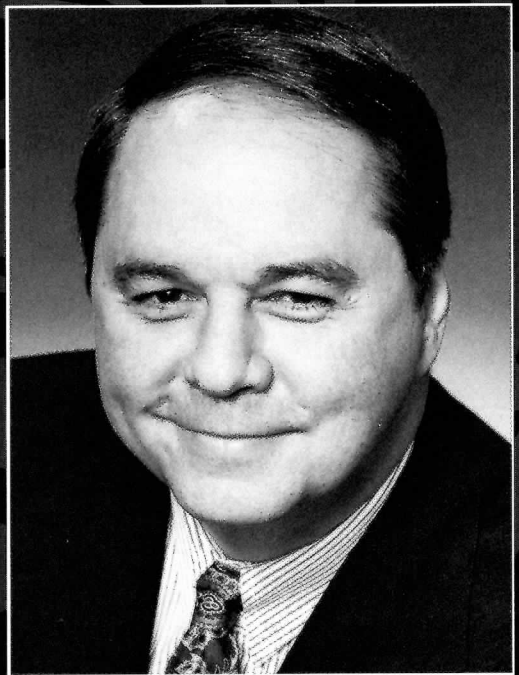


BULLETIN



Chris A. Knight, MD
OSMA Sixth District Councilor



Daniel W. Handel, MD
AMA Delegate

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OSMA Highlights

Dr. Chris Knight was re-elected to serve as Sixth District Councilor and Dr. Dan Handel was elected to serve as Delegate to the AMA. These elections took place at the annual OSMA House of Delegates meeting held in Cincinnati May 14-16. Other physicians representing the MCMS at that meeting were:

Denise Bobovnyik, MD
Tom Detesco, MD
Chander Kohli, MD
Marc Saunders, MD
Janardan Tallam, MD

BULLETIN

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Is Our Health Care Really Local?

LOCAL CONTROL AND DIRECTION OF HEALTH CARE IS BEING SERIOUSLY CHALLENGED THROUGHOUT THE MAHONING Valley. There has been erosion of commitment to keeping the provision of care in the hands of physicians who are resi-

dents of our community. Likewise, administrators far from our community now make executive decisions with no thought of local impact.

I believe the physicians of this community have the obligation and opportunity to redefine local control and direction of health care. This will be seen as a positive signal to consumers and purchasers of health care and to providers.

For many decades now the leadership role of hospitals was thought to represent local commitment to the provision of health care. Hospitals were also looked upon, as were their board members, as a point of pride and distinction. In recent years, local ownership and control of hospitals has all but disappeared as a result of various mergers and acquisitions. The authority and governance of hospital systems has been moved outside of our community. Several examples of this are readily apparent. The founding of Forum Health, along with the closing of Southside Hospital, has resulted in a substantial loss of brand name recognition by the once proud Youngstown Hospital Association (YHA). The same can be said for Humility of Mary Health System, formerly St. Elizabeth Hospital, another name with great local appeal and recognition. This facility is now owned by Catholic Health Partners, an entity owning hospitals

all over the Midwest. In both cases, the local identity has been completely sacrificed.

This lack of local identity is exemplified by the fact that many institutional services are now provided by out-of-town, and sometimes out-of-state providers. This should be seen as a grave mistake; one that the physicians of the Mahoning County Medical Society may be able to have a strong hand in reversing. Through our newly-inaugurated community outreach project, the Society has targeted core messages that serve as guiding principles to correct these misdirections and miscalculations. We wish to affirm our thoughtfulness and local commitment in these principles. They are:

1. Your health and well being is the number one concern of your physician.
2. Your physician is best qualified to determine your health care.
3. You can get top quality health care here in Mahoning County.
4. The Society is the community's best source for healthcare information.

We anticipate bringing all of these messages to local leadership from the areas of labor, employer groups, local and state legislators and, most importantly, our patients who are the consumers of our services. Physicians will need to spend time committed to various community activities and to become more familiar with and to interact with other leaders and organizations in an attempt to foster needed expanded social and political prominence for physicians at all levels.

If physicians fail to grasp this opportunity, we will leave ourselves vulnerable to the relentless implementation of expanded and harsher regulations in a profession already top-heavy with such regulations.

A necessary element in bringing this to reality is the implementation of a program of local political influence and involvement. To that end, I am introducing the creation of Valley Physicians Political Action Committee (VPPAC), made up of physicians from our community only with the expressed intent of reviewing and supporting local legislators and issues, which we see as representing our goals and objectives. The local Political Action Committee is not to be confused with the Ohio State Medi-

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Thomas N. Detesco, MD



Thomas N. Detesco MD

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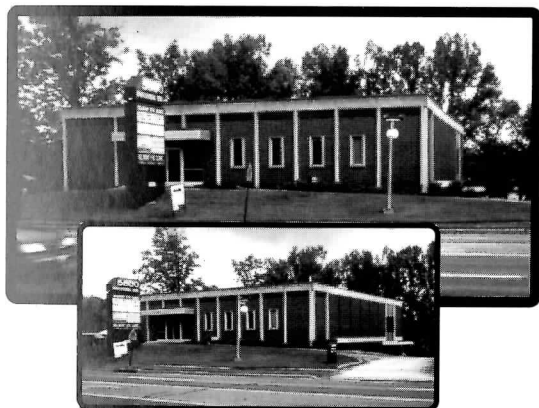
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Death of a Child

THE PHONE RANG TWICE BEFORE IT WAS ANSWERED BY MY OLDEST DAUGHTER. PERHAPS IT COULD BE ATTRIBUTED TO the imagination, but the ring seemed to possess a more reverberant quality than usual. It sang out a tempo of urgency.

When I learned that the call was for me, I reluctantly arose from my dinner table and took it. On the other end was my mother-in-law frantically instructing me to go to Tod Children's Hospital right away. An accident with her grandson, Patrick, had just occurred. My inquiry as to what happened went unanswered. I was not immediately privy to information detailing the incident. Due to the urgency of the situation, conversation was kept at a minimum and once again I was beckoned to rush to Tod's. Changing into something more appropriate for a hospital visit, my wife made a number of calls to elicit news of the event. By the time I left the house, details that a tragic accident had occurred were slowly emerging.

While in transit, the destination had been changed to the Beeghly Medical Park and upon arrival, the six-month-old boy was in the usual recumbent position for one who had just suffered a potential catastrophic event. The small square-shaped room was not in chaos as expected, but quiet except for the rhythmic beeps

from a monitor and the verbal instructions given by the Emergency Department's physician. The infant appeared ashen gray, lifeless and torpid. His face was not contorted by pain but appeared neutral—as if he were at peace with himself and perhaps life.

There were an array of plastic tubes inserted into his tiny body including an endotracheal tube and an intravenous line—modern medicine's desperate attempt to keep the child from "expiring." It was the usual "team" situation—curtains drawn and a half dozen or so concerned medical personnel surrounding the patient. All eyes were busily shifting back and forth between the monitors and the child. Almost everyone possessed a mask of solemnity over their faces. Blanketing the entire scene was the invisible but very much noticeable cloak of anxiety and tension. No miracles, neither spiritual nor medical, were to transpire that evening.

Patrick passed away despite substantial medical intervention performed at both the site of the accident and the hospital. No matter what heroics anyone performed, he would not come back.

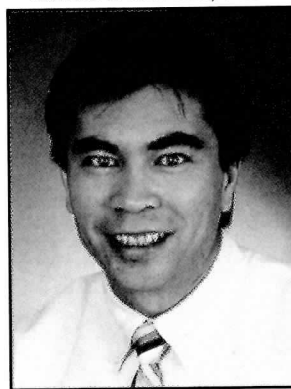
The baby was just a few days shy of six months of age. His life span had been less than the time he spent preparing for life within his mother's womb. In a few days, he would have been sitting up by himself—in no time, crawling. His diet choices would have increased and certainly would have included foods more palatable and Epicurean. The six months immunization would have been due soon. But none of these events would ever be realized—fate had intervened. His parents were left with one less child to nourish, love and raise to adulthood.

A ceremony dictated by society to bid farewell was held four days later. Parents, relatives, friends and clergy were all in attendance. Most utilized this mechanism to help alleviate their grief and sadness. All mourned the loss of the little boy.

Physicians also mourn the loss of their loved ones and patients. Death is particularly difficult for members of the medical profession—it is deemed as a failure. It is a battle lost. All of our professional lives, beginning with the first day of medical school, the education and training

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Ronald Dwinells, MD



R Dwinells

cal Association Political Action Committee (OMPAC). We do not intend to duplicate their activities in any way. We will be interested in only local candidates and issues. Thus, it will be our responsibility, as physicians, to bring the message to our local political leadership.

Many times I have heard physicians complain that there is no discernible evidence of Organized Medicine's impact in the community. Now I challenge each physician to step forward and to invest in Valley Physicians Political Action Committee (VPPAC). This will be an investment that will permit them to have a very

direct impact on how they are perceived throughout the community. The initiatives that I have put forward are meant to deliberately and firmly establish a role for physicians in all segments of community life.

We will strive once again to establish an influential role and collaboration that has either been lost or never attained in the areas of physician-hospital relationships, political and legislative agendas, and the needs of organized labor and consumers' rights proponents.

This is not a time to simply assume that individual involvement will not make a difference.



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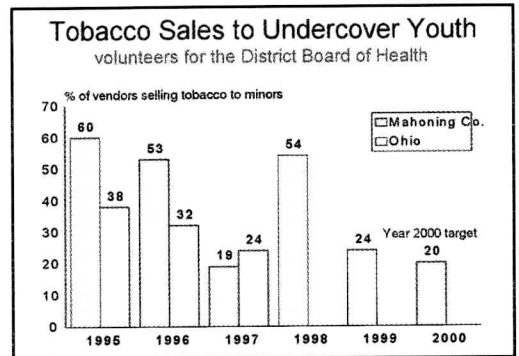
Creating a Tobacco-Free Mahoning County With State Tobacco Settlement Dollars

KEEPING KIDS AWAY FROM CIGARETTES IS THE SINGLE MOST EFFECTIVE WAY TO FIGHT THE NATION'S LEADING CAUSE OF preventable death. Every year, over 400,000 Americans die from tobacco-related disease. Let's put this figure in perspective. One hundred thousand Americans will die from the effects of alcohol abuse and 5,000 Americans from illicit drug use this year. From these figures it is apparent that tobacco is really the number one drug problem in the U.S. Ohio's recent settlement with the tobacco companies can pay for an effective campaign against the drug.

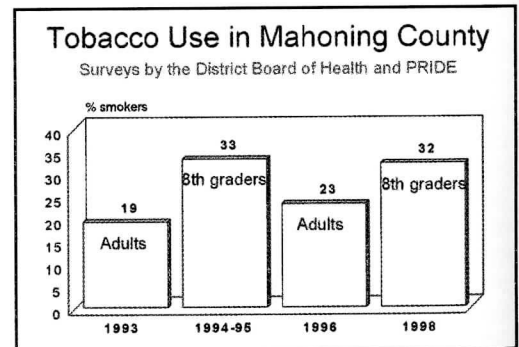
Our own community has identified tobacco use as one of the most pressing health problems we face in Mahoning County. Last year, the Healthy Valley 2000 Commission for Community Health published a community health plan that included many practical strategies for reducing tobacco and other drug use among our youth. You can visit the Healthy Valley website at www.mahoning-health.org/valley2000 and read the Healthy Valley recommendations.

Youth are the key to creating a tobacco-free community. Almost 90 percent of smokers start smoking by the time they are 18 years old. Youth have easy access to cigarettes and other tobacco products in Mahoning County, as the results

from six years of District Board of Health undercover buy surveys show. With tobacco so readily accessible and aggressively marketed to youth, it is no wonder that so many are hooked.



The effects of easy access and the hard sell to kids show up in smoking rates. While adult smoking has generally been decreasing throughout the country in recent years, local surveys show that smoking among kids increased steadily throughout much of the 1990's.



The national Campaign for Tobacco-Free Kids organization has proposed a comprehensive plan to turn around these increasing smoking rates among kids. The plan incorporates counter-marketing, law enforcement, education, and treatment strategies that have proven effective in controlling tobacco use.

The Centers for Disease Control and Prevention has developed estimates of what it would cost to carry out an effective tobacco control

Matthew Stefanak, MD
Mahoning County Health Commissioner



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The AMA and Unionization

THE DATE OF JUNE 23, 1999, WILL BE REMEMBERED AS THE DAY THE AMERICAN MEDICAL ASSOCIATION FIGURATIVELY crossed the Rubicon. At the Hilton Hotel in Chicago, the AMA House of Delegates gave a resounding okay, for the development of an affiliated national labor organization to represent employed (non-supervisory) physicians and, where allowed, residents.

Prior to the Annual AMA meeting, the Board of Trustees prepared an extensive 73-page report for the House of Delegates to review. This document, with the assistance of in-house and outside counsel thoroughly reviewed the complexities of the development of a "collective bargaining unit for physicians". The report, I believe, was balanced in its presentation. The Board did not wish to make the unilateral decision to proceed without further House of Delegates input.

There was much discussion during the testimony given during the Reference Committee hearing on both the pros and cons of "Unionization". After the Reference Committee testimony was completed, the Report was presented to the full House of Delegates. The Committee recommended immediate implementation of a national labor organization under the National Labor Relations Act to support the development and operation of local negotiating units as an option for employed physicians and resident and

fellow physicians (who are currently authorized under State law to collectively bargain.)

What does all this mean for self-employed physicians? Under current law, self-employed physicians cannot collectively negotiate. It will require legislative intervention to accomplish anti-trust relief for self-employed physicians whom the government considers independent contractors House Bill 1304, "The Quality Health Care Coalition Act of 1999" sponsored by Rep. Tom Campbell [R-Ca] currently being heard in the Judiciary Committee will provide for the necessary anti-trust relief for physicians to more effectively advocate for their patients. This will be a tough fight with much opposition from Insurance Companies, Managed Care entities, and certain segments of the Federal Government (e.g., the Federal Trade Commission). Congressman James Traficant has not yet taken a position on this piece of legislation, and I strongly urge you to communicate with him, asking him to sponsor the Campbell Bill.

Another option that can be taken to break the bonds of anti-trust is to seek relief through the principle of the "State Action Doctrine" which provides immunity for certain collective actions by physicians. This has been successfully achieved in Texas and recently signed into law by Governor George Bush. You can be certain that this approach, which requires legislation at the state level, will be employed by the Ohio State Medical Association.

Change will not come quickly, but it will come. One delegate from Florida stated that the actions taken by the House are a move "to the dark side." On the contrary, the first resolution calls for the AMA to "maintain the highest level of professionalism, consistent with the Principles of Medical Ethics and the Current Opinions of the Council on Ethical and Judicial Affairs" in all activities regarding negotiation by physicians. The AMA has stated that the union tactic of striking will not be employed. Such a tactic would place our patients in harm's way and violate the sacred trust embodied in the patient-physician relationship. By committing ourselves to our profession and putting our patients first, our efforts to bring about collective bargaining for our fellow physicians should be viewed as "enlightened reasoning".

As your representative to the AMA, I welcome your comments.

*Daniel W. Handel, MD
AMA Delegate*



Daniel W. Handel, MD

Tissue Engineering Project Fabricates First Joint: NEOUCOM Scientist Co-Authors Project

THE ABILITY TO "GROW" REPLACEMENT FINGERS AND OTHER EXTREMITIES WITH JOINTS HAS BECOME A CONCRETE possibility because of a highly successful tissue engineering research project published last week in the international *Journal of Bone and Joint Surgery*. The paper was co-authored by William J. Landis, Ph.D., of Bath, Ohio, professor and chairperson of biochemistry and molecular pathology at the Northeastern Ohio Universities College of Medicine (NEOUCOM).

The project, titled "Formation of Phalanges and Small Joints by Tissue Engineering," involved science's first fabrication of an actual joint, including bone, cartilage and tendon tissue.

"This work offers the prospect and the promise that replacement parts someday will be a reality for amputees and others with severely injured or congenitally defective extremities," Landis stated. "While progress will be incremental and faces significant obstacles, including nerve formation and bridging the body's immune response, we now have something definite on a subject that we previously didn't even dare to dream about."

Noritaka Isogai, M.D., Ph.D., of the Department of Plastic and Reconstructive Surgery, Kinki University Hospital, Osaka, Japan, was the principal investigator on the project that also involved Tae Ho Kim, M.D., of the Department of Surgery, University of Massachusetts Memorial Health Care, Worcester, Mass.; Louis C. Gerstenfeld, Ph.D., of the Musculoskeletal Research Laboratory/ Orthopedic Surgery, Boston University School of Medicine; Joseph Upton M.D., of the Department of Plastic Surgery, Beth Israel Deaconess Medical Center, Boston; Joseph P. Vacanti, M.D., a pediatric surgeon at the Massachusetts General Hospital, Boston; and Landis.

The work was performed in Vacanti's laboratory at the Children's Hospital of Boston and Harvard Medical School, where Vacanti worked previously. Landis also was with Children's Hospital and the Harvard Medical School at the time, serving as senior research associate and director of the electron optical core facility in

the Laboratory for the Study of Skeletal Disorders and Rehabilitation and as associate professor of orthopaedic surgery. Isogai and Kim were visiting fellows in Vacanti's laboratory.

The project involved the creation of a new type of biodegradable polymer "scaffold" shaped like a human finger. Bovine (calf) bone, cartilage and tendon cells were strategically implanted on the polymer scaffolds, which then were surgically implanted between the back muscles and skin of special laboratory mice. The result was the formation of new tissue with the shape and dimension of jointed human fingers.

According to Landis, the scientists discovered not only that the implanted cells grew, but that they grew as they would have been expected to grow in their natural state. Within 40 weeks, the bone cells actually replaced the polymer scaffold, creating a nearly solid bone. The cartilage and tendon cells also generated cartilage and tendon tissue with the same microscopic structure as in their natural states. While bone and cartilage have been grown before in similar experiments, this project was the first to attempt to create a finger with a full joint.

"We don't yet fully understand why the formation occurs, but it does," Landis stated. "The host mouse generates capillaries to provide a blood supply for the implanted cells, and then unknown signals apparently act on the cells to make tissue just as if they were in their original state. Bone that looks and grows like bone is created, as is cartilage and tendon tissue. We were actually surprised by what we found. It was much more than we expected."

According to Landis, the project opens the possibility of engineering jointed fingers—and other extremities—which are immunologically compatible and able to grow with the patient. The ability for the new finger-joint construct to grow with the patient is particularly important when considering possible implants for children who are severely injured or born with joint defects.

continued on page 17

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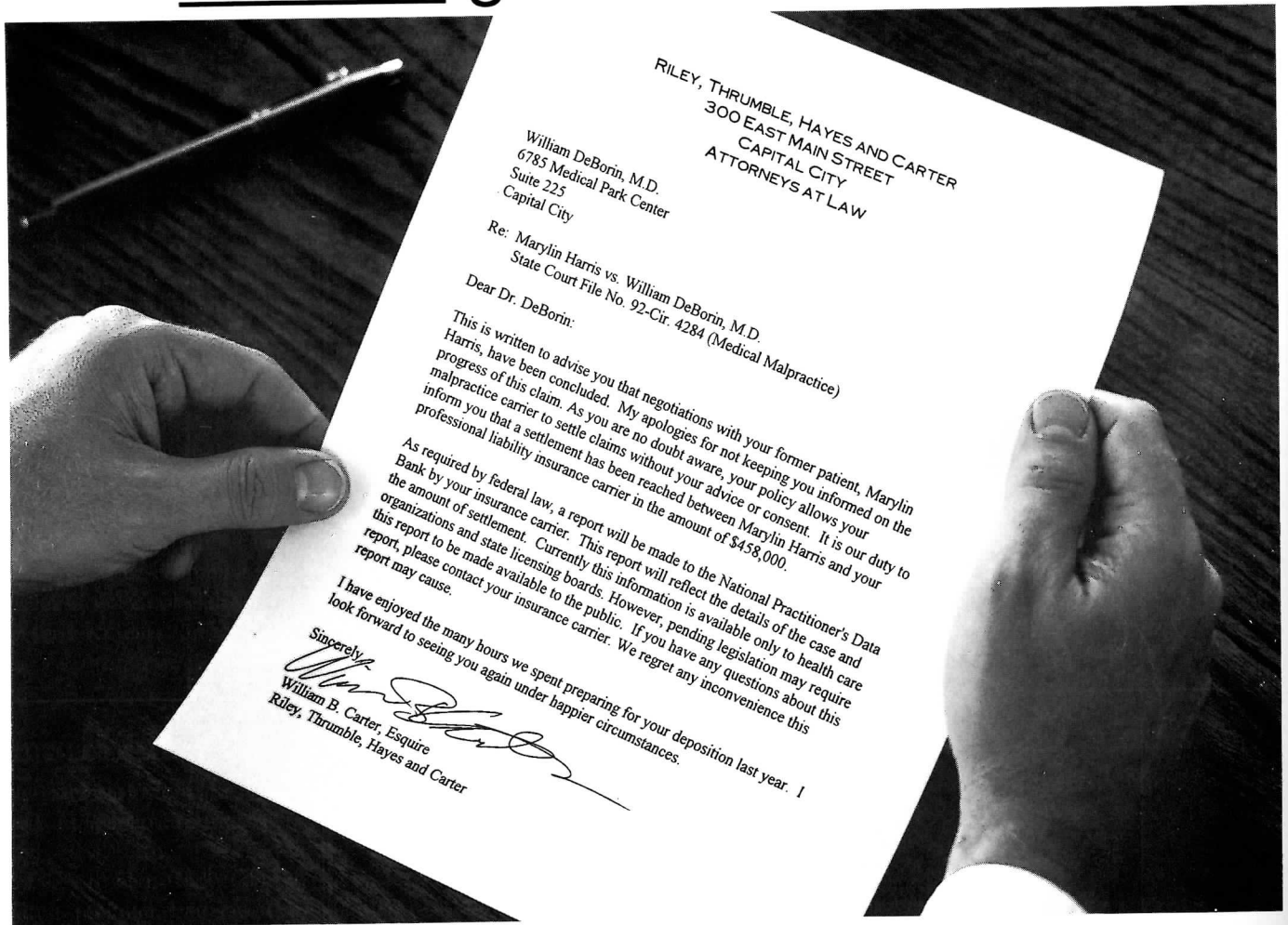
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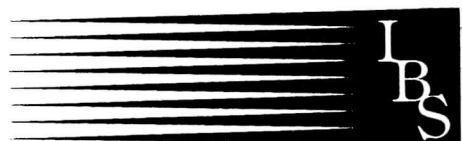
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Donna Hayat Receives "Gem of the Year" Honors

The MCMS Alliance was pleased to present its "Gem of the Year" award to Donna Sanders Hayat at the annual combined dinner meeting of the Society and Alliance. The event, which



Dr. Shaukat and Donna Hayat

also commemorated National Doctor's Day, was held at the Tippecanoe Country Club in Boardman.

Donna was born and raised in McKeesport, PA. She met her future husband, Dr. Shaukat Hayat, while working as

the coordinator of the radiology department at the McKeesport Hospital.

After their marriage in 1981, she and Dr. Hayat purchased a 200-year-old home in

Greensburg, PA. They converted it into a 150-seat restaurant, with Donna serving as manager.

While in Greensburg, Donna became active in the Medical Auxiliary group of Westmoreland County. She was to become their president right around the time Dr. Hayat decided to accept a position in Youngstown.

The Hayats moved to Youngstown in 1986 and Donna became an active member of the Alliance almost immediately. Since then she has served in just about every capacity the Alliance has requested of her, including president.

Donna is on the Board of Sojourner House Battered Persons Crisis Program. She is a past Board member of the American Cancer Society and a parent representative to the Youngstown Youth Hockey Association.

Donna's hobbies are cooking, running, Tae-Bi kickboxing. Last May, she was named as one of the *Vindicator's* "Our Good Cooks". She and Dr. Hayat have two sons: Josh and Jeffrey.

Charitable Donations Among the Year's Highlights

The annual installation of officers was held May 18th at the Colonial House Restaurant on market Street. New officers are as follows: Kathy Dwinneles, president; Susan Yarab, president-elect and treasurer;

Linda Awad, vice president; and Gloria Detesco, recording secretary.

In her final message as president, Annette El Hayek, recapped some of the year's events, including a new members' luncheon/fashion show, a joint meeting with the

Columbiana and Trumbull County Alliances, and the joint meeting/international dinner with the MCMS.

The Alliance's primary fund-raiser was the "Riches to Rags" Garage Sale, which allowed them to make donations to the following organizations: Sojourner House for Battered Persons

(\$2500), Potential Development Program (\$1500), and Junior League of Youngstown (\$1000).

The general Board will be introduced at a new members' tea in September. Plans for the coming year include a Christmas open house/luncheon in December, a bus trip in the spring, and a cookbook fund-raiser featuring recipes from local physicians.

New President Kathy Dwinneles

Kathy Dwinneles has a bachelor of science degree in Nursing and a master's degree in Maternal Child Nursing. She has taught at Kent State University for the past several years.

Kathy is involved in various community activities, including the Red Cross and the Youngstown Symphony. She enjoys traveling, reading, and exercise—especially yoga.

Kathy is married to Dr. Ron Dwinneles, CEO of the Youngstown Community Health Center and editor of the *Bulletin*. The Dwinneles reside in Poland with their four daughters.



*L to R Seated: Kathy Dwinneles, Susan Yarab.
Standing: Linda Awad, Gloria Detesco.*

Guess Who's Working for the U.S. Attorney

Qui tam lawsuits take 'whistleblowing' to a whole new level

TWO LITTLE LATIN WORDS COULD SPELL REAL TROUBLE FOR A HEEDLESS PHYSICIAN. QUI TAM MEANS "ON BEHALF OF," and it refers to a private citizen's right to bring a lawsuit on his/her government's behalf.

The federal False Claims Act capitalizes on this principle by providing for—indeed encouraging—individuals to bring action against healthcare providers for false claims. The person who initiates a qui tam suit may be eligible to receive up to 30% of any recovery the government wins.

It's working, too. In 1987, qui tam lawsuits totaled only 33. In 1997—just 10 years later—qui tam suits totaled 534. By mid-1998, the grand total stood at 2,400 suits producing recoveries of more than \$2 billion!

No wonder Ohio attorney Edwin L. Skeens advises clients to treat all employees as potential qui tam plaintiffs. Skeens has helped clients ranging from small practices to large hospitals reduce their risk of such legal action.

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Compliance with federal claims submission rules

Consideration

Since the typical qui tam lawsuit begins with an angry or frustrated employee, you can't afford to take your staff's concerns lightly. While you need not "walk on eggs," take positive steps to keep hard feelings from developing. Policies

like these can help your staffers from turning on you:

- Train management not only to take all employee concerns seriously, but also to take action as soon as they arise (especially on compliance-related concerns).
- Provide "safe" avenues for employees to raise issues.
- Use exit interviews to probe departing employees' qualms about compliance (and other) issues.
- Since disgruntled employees are such a potential threat, it pays to "regruntle" them quickly.

Control

To pursue a qui tam complaint, the U.S. Attorney needs specific data and supporting documentation as evidence. Don't make it easy for dissatisfied employees to remove such documents. To reduce your risk further, develop document retention and security policies like the following:

Retention. Establish both minimum and maximum retention periods for all records:

- Obey legal time limits for retaining records.
- Determine your own practical guidelines for off-site, microfilm or electronic media archives.

Security. Develop ways to inhibit unauthorized access to your records:

- Use filing and tracking systems to control your charts' location.
- Minimize staff access to record storage areas.
- Use your computer system's security features to control data access.
- Minimize the amount of time a chart is off the shelf.

Compliance. The best risk reduction would be to flawlessly comply with every federal insurance billing rule in effect. Unfortunately, the

continued on page 15

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Complementing the office visit to increase patient understanding and satisfaction.

What your patients don't know about their medications can be harmful to your practice.

In this managed-care environment where the emphasis is on outcomes and most office practice resources are stretched to the limit, there is little time to educate the patient effectively about medication use. Most drugstores offer more information on motor oil and lawn furniture than on medication use. Only 40 to 50% of all patients take medications as recommended. In this era of capitation, risk, withholds and report-carding, patient noncompliance can result in significant treatment failures and increased utilization of services. Kids'n Cures programs focus on helping patients adhere to treatment regimens by combining technology with "cohesive consultations" that enhance what was started at the office visit. Kids'n Cures programs can be tailored to fit the needs of individual and group practices and can be a valuable component of most Disease Management programs.

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— Kids'n Cures, where the pharmacy is not an afterthought. —

Physician's Advisory

continued from pg. 14

sheer volume of today's rules and the variety of interpretations render that virtually impossible. And yet, the law makes you—the doctor—ultimately responsible for your entire practice's obeying billing regulations.

To strive for "squeaky clean" billing practices—and to prove that you're trying—start and maintain a deliberate compliance program. An effective plan can sometimes mitigate penalties even if you are found in violation, says attorney Skeens.

We've written before about establishing an effective

compliance program, and our book tells small and mid-sized practices how to do it without breaking the bank.

Editorial Note: We acknowledge the cooperation of Leif Beck, who has granted reprint rights for topics which have appeared in his regular monthly publication, The Physician's Advisory. His organization, The Health Care Group, with offices in Plymouth Meeting, PA, is a group of leading national consultants and attorneys specializing in medical practice organization and management.

From the Desk of the Editor

continued from pg. 6

evolves around sustenance of life. We learn about life's processes—the Krebs cycle, glycogenolysis, the Frank-Starling law, pharmacokinetics. It seems to go on and on. But nowhere are we formally introduced to death. We are almost ignorant of life's end.

Because of this ignorance, we ask questions to somehow console our intellect. Why did the child pass from life? Did I fail the family? Did I betray my profession by conceding to death? How do I deal with this event?

I must do something. But, what? Prescribe medications to bring him back? Can I refer him to a surgeon to repair death? Do I perform radiological studies? The reluctant an-

swer is no. I cannot do anything to make this child alive again. I have done the best I can and I have lost. This is where physicians have a difficult time dealing with life's final event.

I have no answers that deal with the process of death—from a medical perspective, anyway. Perhaps that is why the power of spirituality exists. Their answers, however, are sometimes vague—not tangible—the way we like it to be.

Thus, one final question—what was the meaning of Patrick's life? I would like to think that it was to help educate, at least this doctor, to understand more about death. For ironically, death is part of life.

A Look Back...

Sixty Years Ago April-June 1939

Officers were: Wm. M. Skipp, president; R.B. Poling, president-elect; John Noll, secretary, Elmer H. Nagel, treasurer, and H.E. Patrick, editor of *Bulletin*.



An article by Samuel H. Sedvitz and Myron H. Steinberg, published in the *American Heart Journal* in June 1938, described the earliest attempts to obliterate varicose veins by Provatz in 1851. DeLore in 1894 first demonstrated the action of drugs.

Fifty Years Ago April-June 1949

Officers were: John N. McCann, president; G.G. Nelson, president-elect; V.L. Goodwin, secretary and L.H. Getty, treasurer. Editor of the *Bulletin* was C.A. Gustafson, while F.S. Coombs was co-editor.



One of our most prolific writers was Warren DeWeese Coy. His many, many writings are published in four volumes. (J.C. Melnick has two complete sets.) In the May 1949 issue of the *Bulletin*, Dr. Coy wrote "To an old Pipe".

Forty Years Ago April-June 1959

Officers were: M.W. Neidus, president; F.G. Schlecht, president-elect; A.A. Detesco, immediate past-president, A.K. Phillips, secretary; C.W. Stertzbach, treasurer, and L.O. Gregg, editor of the *Bulletin*.



Post-Graduate Day brought home Charlie Wolferth, then clinical professor of medicine at the University of Pennsylvania. Dr. Wolferth was pathologist at the Youngstown Hospital in 1916 and went to Base Hospital 31 to France. When C.R. Clark was elevated to consultant, "Charlie" took

over as chief of medicine. After the war he went to Philadelphia and became an authority on heart disease.

An old friend of R.L. Fisher, John Talbott returned for Post-Graduate Day. He was best known for work on heat cramps in the mills with his Harvard team.

Thirty Years Ago April-June 1969

Officers were: J.W. Tandatnick, president; Robert Jenkins, president-elect; R.L. Fisher, immediate past president; Henry Holden, secretary, M.C. Raupple, treasurer, and D.J. Dallas, editor of *Bulletin*.



John Parimucha, Jr., received a plaque for his efforts toward the fundraising campaign for the feasibility study for a medical school.

John McCann was re-appointed to his third term as president of the Ohio State Medical Board by Governor DeSalle.

John C. Melnick was elected president of the Citizens Committee of Mill Creek Park Inc., which is fighting pollution of the park's lakes.

Twenty Years Ago April-June 1979

Officers were: Y.T. Chiu, Jr., president; B.P. Brucoli, vice-president; G.H. Dietz, immediate past president, J.W. Tandatnick, secretary; J.A. Ruiz, treasurer; and H.S. Wang, editor of the *Bulletin*.



Bulletin publications omit months of May, June, and July.

The OSMA announces the voluntary dismissal of a lawsuit brought against the Association in 1975 by the Ohio Attorney General's Office. This lawsuit challenged OSMA ownership of Ohio Medical Indemnity, Ohio's largest Blue Shield plan.

Ear piercing ruled non-medical by Ohio Attorney General.

Harold Chevlen won first prize in a nation-wide photo contest sponsored by *Diversion* magazine. His slide is one of 30,000 entries.

Ten Years Ago April-June 1989

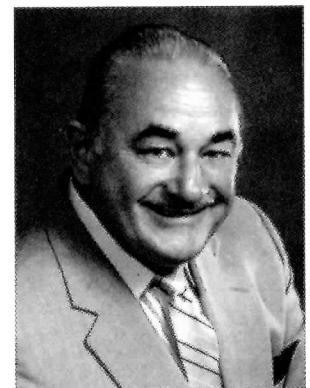
Officers were: Karl F. Wieneke, president; James A. Lambert, vice-president; Kimbroe J. Carter, secretary, Danny Chung, treasurer, Hai-Shiuh Wang, immediate past president; and Brian S. Gordon, editor of the *Bulletin*.



Completing his eighth year as Sixth District Councilor, James A. Anderson announced that he was running for the office of president-elect of the OSMA.

A nursing shortage caused the closing of beds in 95% of rural hospitals and more than 18% of large urban hospitals, where 14% also closed emergency rooms temporarily.

John C. Melnick, MD



John C. Melnick, M.D.

Health Dept.

continued from pg. 8

program in Ohio. By investing only a fraction of settlement payments in tobacco control programs, Ohio could

Elements of a Comprehensive Tobacco Control Program

Campaign for Tobacco-Free Kids

- counter-marketing with radio, TV and print advertising
- community-based programs for prevention and treatment of tobacco addiction
- school curriculums for tobacco use prevention
- enforcement of laws against tobacco sales to minors and second-hand smoke exposure

dramatically reduce its number one drug problem and the enormous tobacco-related costs borne by taxpayers and businesses.

In Florida – where the state has used its tobacco settlement dollars to support community partnerships in each of the state's 67 counties – cigarette smoking by middle school students has declined by 19 percent since the tobacco control program began.

The Ohio legislature and Governor Taft have already begun deciding how the state will spend its settlement dollars. There is no guarantee that any of the money will actually be used to reduce tobacco use. While opinion polls show that the public supports using the settlement

dollars to reduce tobacco use, many interest groups, organizations, and state government officials are working to direct

Tobacco Settlement Dollars Needed to Fund an Effective Tobacco Control Program in Ohio

U.S. Centers for Disease Control and Prevention Recommendations

annual cost of tobacco control	\$172 million
amount Ohio will receive over next 5 years	\$1.634 billion
percent of settlement needed to fund tobacco control	18.6%

the money to other purposes.

Ohio's health commissioners have proposed that tobacco settlement dollars be returned to Ohio communities and distributed among community organizations in accordance with tobacco control plans tailored to meet each county's needs. The health commissioners also support legislation like Senate Bill 121 to license tobacco vendors and strictly enforce laws against selling tobacco to children.

We have the opportunity to get serious about our county's drug problem. I urge physicians to tell our state legislators that about 20 percent of the tobacco settlement dollar must be set aside for community tobacco control plans to do the job.

NEOUCOM

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The project was presented at the 1997 annual meeting of the New England Society of Plastic and Reconstructive Surgeons and won the Joseph E. Murray Award for outstanding work. Its publication in the current issue of *Journal of Bone and Joint Surgery* signals its importance to the scientific community.

An internationally recognized expert on the structure, composition and formation of mineral in the skeletal and dental systems of vertebrates, Landis joined NEOUCOM in 1998 and is a key member in the College's developing research focus area of skeletal biology/bone disease, as well as in a collaborative tissue engineering initiative. Five research areas were recently identified at the College by Associate Dean for Research and Basic Medical Sciences

Director Gary B. Schneider, Ph.D., as those in which the College has particular strength and the ability to contribute new knowledge. In addition to skeletal biology/bone disease, they include: infectious disease/virology, neuroscience/behavioral systems, cardiovascular medicine/lipid metabolism and clinical outcomes/health policy.

Landis is the principal investigator on current National Institutes of Health and National Aeronautics and Space Administration (NASA) grants and was the principal investigator for bone culture experiments that were flown aboard two NASA space shuttles. He also is a member of the Baylor College—Harvard University—Massachusetts Institute of Technology consortium for NASA's National Space Biomedical Research Institute.

In the News

Dr. Denise Bobovnyik was quoted in a recent Wall Street Journal article entitled "Scheduling a Checkup Takes Careful Planning in Age of Managed Care". The article published 5/24/99, described the lengthy waits new patients are facing when scheduling appointments with the physicians listed on their HMOs.

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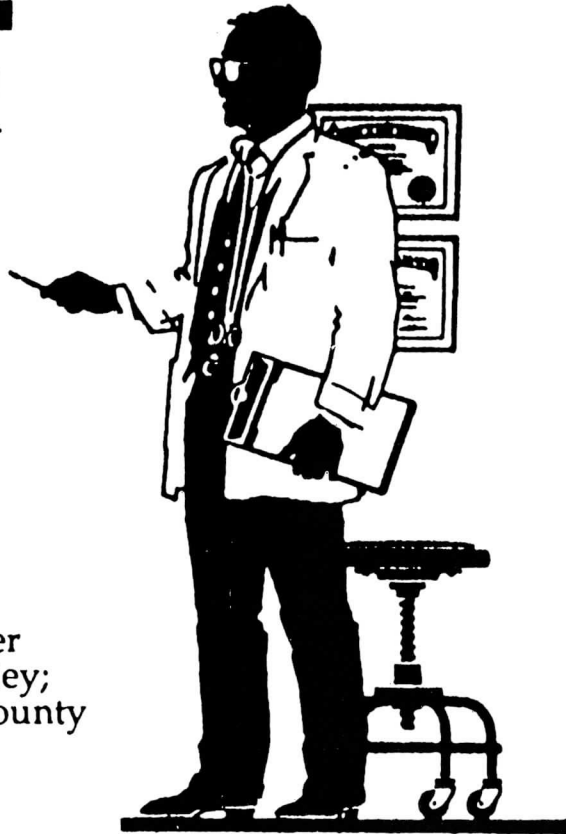
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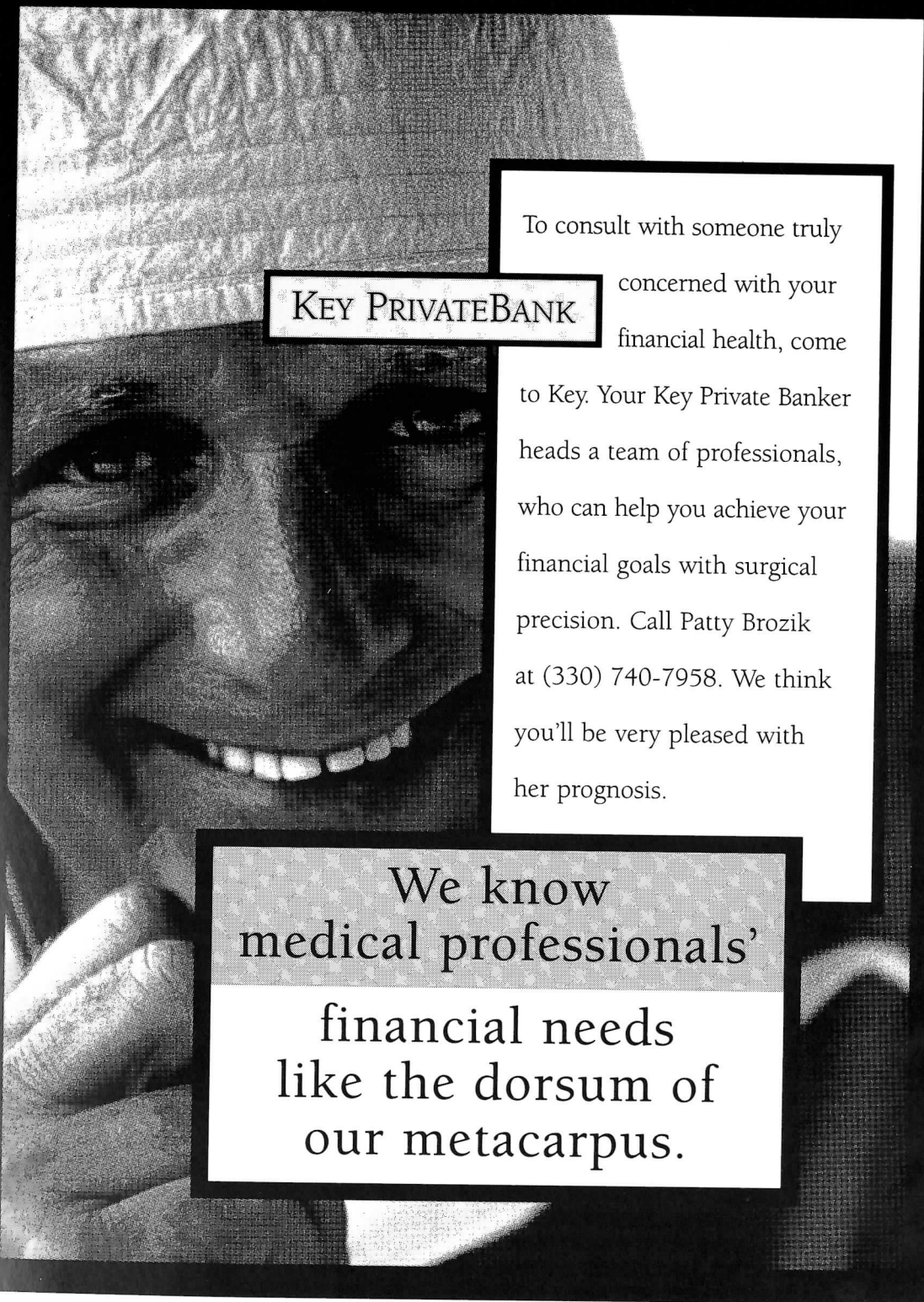
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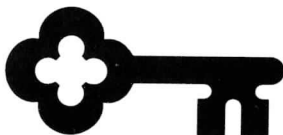
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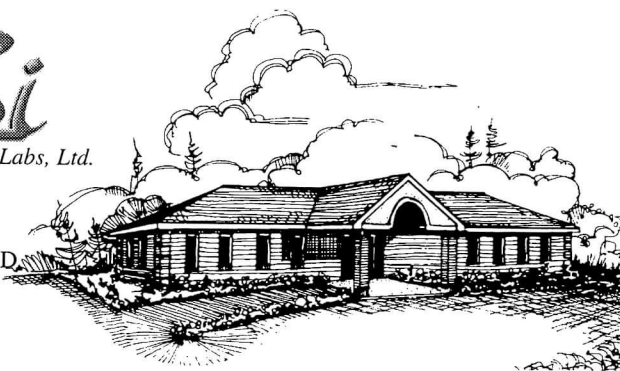
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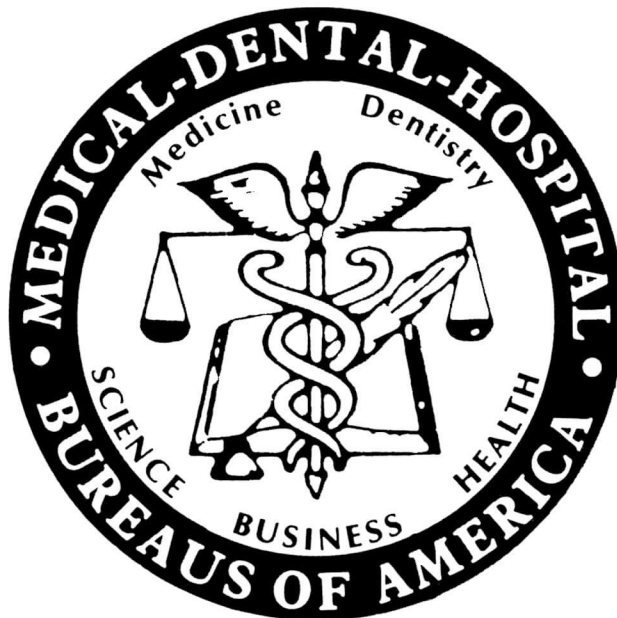
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