BULLETIN

Founded 1872

Vol. 63, No. 4 Bulletin of The Mahoning County Medical Society July/August 1993

La Infanta y Su Gato
1986 - Original Etching by Graciela Rodo Boulanger

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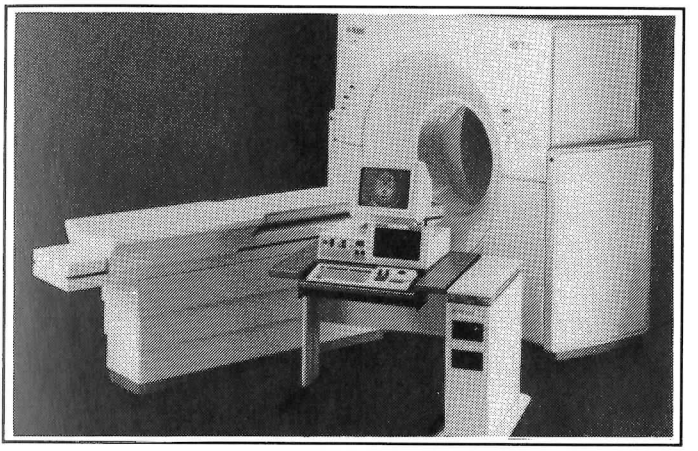

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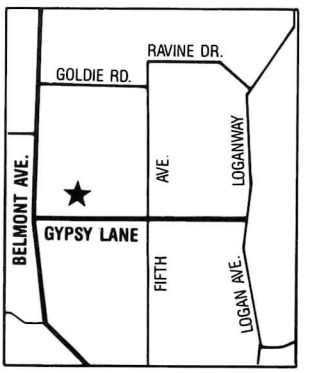

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AMA Questions Concerning the Clinton Proposal for Health Reform

The AMA has compiled the following list of 10 questions for patients. Post the list in your waiting room and discuss these points with them. Tell your patients they can be instrumental in affecting change if they don't like the answers they're hearing. All they need to do is contact their legislators, on both the national and state level — and let their representatives and senators know what they think of the health reform proposal.

Is the Clinton proposal for health reform good for you and your family? You need to think about these 10 questions.

1. Will I still be able to see my own doctor? Will I have to pay extra? And will my doctor and I be free to decide how to treat my illness?

2. I have a group insurance policy through my employer. Will that change? Will my premiums, deductibles and co-payments go up?

3. Will I be able to choose my own type of health insurance? And can I buy extra insurance if I want it?

4. Will anything be done to reduce and simplify all the insurance forms I have to fill out?

5. What happens if I change jobs, get sick or am injured? Will I risk losing health insurance coverage?

6. What if someone in my family has a preexisting health condition. Will they be covered?

7. Will the quality of care my family receives be maintained under a new system?

8. I'm retired and on a fixed income. Will my medicare coverage be affected?

9. Will costs be controlled in a way that doesn't interfere with my medical care?

10. Will everybody in America have health insurance? And if so, how will we pay for this?

SCOPE OF SERVICES
Tuberculosis Controller

The Mahoning County General Health District Board of Health is seeking a physician or physician group interested in providing tuberculosis controller services to the board's tuberculosis control program. The tuberculosis controller's responsibilities include providing diagnostic and treatment services in weekly clinics, consulting with physicians treating tuberculosis patients in private practice, and providing tuberculosis surveillance in the community.

Interested physicians should be licensed to practice medicine in Ohio, board-certified in pulmonary medicine, and prepared to devote up to eight hours per week to tuberculosis controller duties.

Inquiries should be directed to the Mahoning County health commissioner or medical director, 2801 Market Street, Youngstown, Ohio 44507.

MEDICAL ASSISTANTS TRAINED AT MAHONING COUNTY JVS

Area medical centers seeking trained personnel will be interested in students prepared in Canfield at the Mahoning County JVS. Adult students are trained in clerical, clinical, and laboratory skills and are prepared for a variety of jobs in the allied health field. Areas of training include transcription, computerized billing, preparation of patients for examination, and operation of various test equipment. All students acquire a basic understanding of medical terminology, anatomy, and physiology. Clinical skills taught include pharmacology, electrocardiology, CPR, first aid, vital signs, and the taking of a medical history. Graduates of the program are able to conduct such lab skills as blood sugar analysis, venipuncture, and cultures.

A unique job placement service is available to the community through the placement division of the adult education department at the JVS. Placement coordinators, Mary Kohut and Dick Mahoney, are available to work with employers in finding the right person to fill a particular job. These services include skill testing and assessment and screening of applicants. Qualified applicants can fill openings as medical assistants, medical secretaries, medical receptionists, medical transcriptionists, and various clinical roles. There is no charge for this placement service.

For further assistance, call Mahoning County JVS, Adult Education Placement Service at 533-3923.

Courage

The plan was to depart for Toronto as soon as I finished on Thursday. It was going to be a hectic morning (as usual), and I had been pushing very hard for the past three weeks. The schedule called for rounding on nine inpatients, office hours, a speaking engagement at YSU for the new BS/MD students, and hopefully starting on the road by noon. A long weekend in Toronto featuring *Miss Saigon*, Thai food and trooping all over Bloor-Yorkville sounded like the right prescription.

I finished hospital rounds and made it to the office by eight. We had five people scheduled and had left room for a few extra since I seem to radiate some sort of invisible, inaudible signal that my patients pick up on – "Have to see Dr. Nash before he goes out of town." We ended up seeing nine, including Mrs. A. She's a very lovely lady with very bad diabetes. She called in indicating her sugars had been wildly out of control for the past few days — a very unusual event for Mrs. A. who takes scrupulous care of herself. Even though she didn't give us any localizing signs, I suspected infection and had her come in. I only had to lay eyes on her to realize she was very sick and her U/A showed 4+ glucose and 4+ ketones — an obvious keeper. We also got a call from Mrs. S. about her husband who had been getting progressively weaker and more short of breath over the past few days.

Mr. S. had only been a patient of my practice for about two months or so and had already lost 40 or 50 pounds when he arrived for a second opinion. He had already been very competently worked up for a possible occult malignancy but nothing had been found. Even when I first met Mr. S., I was impressed by his rugged sagacity and reserved dignity. He didn't come expecting a miracle or anything; he just wanted a no-nonsense answer to an honest question — "Am I dying and why?" He had come at the urging of his wife and his friend, Mr. D.H. (a natural born wheeler-dealer who probably deserves an editorial of his own!) Mr. S. had had significant reservations about being hospitalized and having an open lung biopsy (not to mention EMG's and a bone marrow biopsy) but endured it all because he owed it to his wife and had never won an argument with D.H. anyway. After an extensive work up (and a lot of help from my friends), we knew he had very severe COPD and some nagging questions concerning disseminated histoplasmosis and a perplexing neuromuscular problem.

I had seen Mr. S. a few days previously, and he had deteriorated since going home from the hospital despite oral therapy with intraconazole. My gut feeling at that time was it didn't much matter whether he had histoplasmosis or not, or if ALS or multiple myeloma was involved because there wasn't going to be much we could do to help Mr. S. At his last office visit, Mr. S. knew without having to ask that his time was limited and conveyed in his quiet, dignified way that he was tired of suffering and just wanted to die in peace. Mrs. S.' phone call was a simple, honest plea for something to help keep her poor husband from suffering so badly.

I subsequently went to YSU, and it was invigorating and renewing to see all the starry-eyed, excited faces of the new students entering the BS/MD program at YSU. I hope the message my colleagues and I delivered provided a sense of inspiration. Even though it has already been more than fifteen years since I sat in their seats, I can still distinctly recall my early role models and still admire them. To be honest though, I think I get as much inspiration from them as they get from me.

I went back to the hospital and got Mrs. A. admitted. The residents had already done a very competent job outlining the management for her DKA, and I gave them a whole page of paternalistic suggestions and cautions to optimize her care. It's always a little awkward to admit somebody the day you're going out of town even if it's just for a long weekend. Mrs. A. already looked a lot better after a liter of fluids and some IV insulin. She was gracious as always and was kind enough to wish me a safe trip and a good time while away.

Mr. S. was still in the emergency room when I arrived. The poor man had deteriorated badly in the week or so since I had last

seen him. He was awake and according to Dr. T. in the ER he was significantly improved from when he arrived. His ABG's on arrival showed an impressive hypercarbia with a pCO_2 of 110. He was ashen gray and breathing in the mid-30's.

Mr. S had very specific stipulations concerning his hospitalization: "I don't want any machines or any more tests and don't let D.H. talk you into anything else." I examined him and wrote his admitting orders. I checked him one more time before I left the ER and had to tell him I was going out of town that afternoon. Mr. S. looked at me with a wry smile and pointed his finger at me saying in a serious tone, "You have a good time now, you hear?" I felt a little chill run through me because without saying so, I knew and he knew that he wouldn't be here when I got back.

Toronto was wonderful. *Miss Saigon* was well worth the trip, and we were able to snag a pair of tickets to the Sunday matinee for *The Phantom of the Opera*. We arrived back in Youngstown late Sunday evening, and my colleague indicated that all had gone well with my practice and patients in my absence.

"Oh, by the way," he added, "Mr. S. died Saturday evening."

This has been a rambling sort of editorial, but I can only describe Mrs. A. and Mr. S. as being courageous and courteous. It struck me very deeply the simple, honest appreciation these individuals expressed to me. I don't think I'll ever forget Mr. S. □

L. Kevin Nash, MD

Is Your License in Jeopardy?

What should you know in order to avoid jeopardizing your medical license? The answer may be as close as your own back pocket.

For the past several years, the flip side of the wallet identification card issued to each currently registered physician has included a list of ten things the doctor can do to reduce the likelihood that he or she will become the subject of a Medical Board investigation. Some of the following activities are violations of the law; others may simply arouse board concern, leading to time consuming, and perhaps unnecessary, board investigations.

1. ***Failure to maintain proper moral and ethical standards in patient relationships.***
   In an effort to help Ohio's physicians avoid complaints of inappropriate physical contact with patients, the Medical Board adopted a position paper entitled "Guidelines for Physical Examinations" in March 1989. The need for physicians to continually strive to preserve the patient's dignity in all contexts is emphasized. The guidelines also suggest that a third party be present whenever the physician conducts an examination of the sexual or reproductive organs or rectum.
2. ***Failure to learn the laws pertaining to prescribing to addicts.***
   A physician acting independent of a narcotic treatment program may administer narcotic substances to an addicted individual on a daily basis for up to three days to relieve acute withdrawal symptoms while the physician makes arrangements to enroll the individuals in a narcotic treatment program. This treatment cannot last more than three days, and may not be renewed or extended.
3. ***Failure to document the need for scheduled drugs and to maintain adequate records for controlled substances.***
   Medical Board rules specify that "...a physician shall complete and maintain accurate medical records reflecting his examination, evaluation, and treatment of all his patients. Patient medical records shall accurately reflect the utilization of any controlled substances in the treatment of a patient and shall indicate the diagnosis and purpose for which the controlled substance is utilized, and any additional information upon which the diagnosis is based." (O.A.C. 4731-11-02 (D))
4. ***Prescribing controlled drugs for yourself or your family.***
   Appropriate prescribing of controlled substances presupposes a doctor/patient relationship. It follows then, that a physician may not self-prescribe or self-administer controlled substances. The board also recognizes that it is difficult for a physician to maintain detached professional judgement when prescribing to a family member. For this reason, a March 1992 Medical Board position paper urges licensees to refrain from prescribing or administering controlled substances to family members except in the event of a medical emergency.
5. ***Failure to learn and understand potential drug interactions.***
   Board rules require that, before prescribing controlled substances for patients, a physician must take into account the drug's potential for abuse, the possibility the drug may lead to dependence, the possibility the patient will obtain the drug for a nontherapeutic use or distribute it to others, and the possibility of an illicit market for the drug.
6. ***Pre-signing prescriptions.***
   Pre-signing prescription forms to be completed and distributed by others is illegal under an Ohio law and may constitute a felony in this state.
7. ***Use of scheduled drugs for treatment of obesity in violation of board rules.***
   Chapter 4731-11-04, Ohio Administrative Code, defines the precautions that must be followed when prescribing controlled substances to patients for weight loss.
8. ***Commission of a felony.***
   Ohio's Medical Practices Act lists commission of a felony, whether or not the underlying acts occurred within the course of practice, among the grounds

Annand G. Garg, MD

for disciplinary action that may be taken by the Medical Board against a practitioner's license. Certain felonious crimes of violence will result in automatic suspension of a physician's license. Also, Ohio law requires the board to immediately suspend a physician's license for specific drug related offenses.

9. ***Splitting fees.***
It is inappropriate for a physician to accept remuneration for a patient referral. This kind of activity may result in disciplinary action by the Medical Board.

10. ***Failure to maintain documentation of CME.***
All doctors must comply with the legislatively mandated CME requirement. If you are included in the 2 per cent of physicians audited for compliance with this requirement, you must be able to provide documentation of attendance at the requisite number of programs. Acceptable documentation includes certificates of attendance, hospital printouts and accredited organization printouts.

Copies of the rules and position papers referred to in this article are available by contacting the public inquiries division of the Medical Board at (614) 466-3934. □

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Clinical Teaching Skills Workshop

A teacher can learn a lot from a student. Just ask the 13 faculty members of the NEOUCOM who learned to develop their teaching skills by working with medical students who were trained to demonstrate learning deficiencies. The program helped faculty deal with the many challenges they face teaching medical students in hospital medical offices.

"Clinical teaching is very challenging," said Deborah Simpson, Ph.D., who presented the "Clinical Teaching Skills" workshop at NEOUCOM. Simpson is associate professor of family and community medicine and director of educational service at the Medical College of Wisconsin. As part of the program, students demonstrated deficiencies in history-taking of patients, organization of case presentations, and physical exam skills.

Family Medicine faculty participants practiced and received feedback on their clinical teaching skills from their peers and the students during the workshop. They learned to apply a systematic decision-making model to their teaching situations. They also learned what constitutes a good clinical teacher and how to enjoy the challenge of the learning process.

Teaching in a clinical setting is challenging, said Simpson, because the teacher has to assess the patient's problem and then quickly determine how to teach the proper assessment to the student.

"The strategy is to think out loud," said Simpson. "A student needs to follow the instructor's train of thought in order to fully understand decisions that are made." This method helps the student understand the diagnosis process; this also helps the teacher clarify an incorrect diagnosis by the student. Although they are in the learning process, the students want to be treated with dignity and as emerging colleagues, said Simpson.

A practice case in the workshop involved a two-year-old boy with an iron burn on the back of his leg. The medical student diagnosed only the burn. The teacher then guided the student to consider the possibility of child abuse and encouraged the student to focus on the social history of the family in addition to the injury.

Dinah Fedyna, M.D., director of undergraduate education, Department of Family Medicine, NEOUCOM, and director of the Clinical Teaching Skills Workshop, said she received a lot of positive feedback from the participants.

"I was pleased with the hands-on method of the workshop," said Fedyna. "Both the faculty and the students benefited from the learning taking place in the workshop."

The Clinical Teaching Skills Workshop was based on a program developed by Simpson called, "Standardized Ambulatory Teaching Situations" (SATS). Simpson has conducted workshops at national medical education meetings and at medical schools across the United States.

Fedyna hopes other NEOUCOM departments can utilize the information and teaching methods presented in Simpson's SATS program.

"Learning from learners is the best way to improve faculty teaching skills and to increase student knowledge," said Simpson. □

Why a Complaint Record Is Good Marketing

Beyond malpractice protection, keeping track of patient complaints helps you two ways. It makes sure someone mollifies the complaining patient, and it calls for changes so the problem won't happen again.

As a physician, you may be the last person in your office to hear about a patient's complaint. Foul-ups over next-day lab reporting, inordinate waiting room delays or discourteous receptionist patterns will often be addressed to the staff—but not to the doctor. Even medically more significant patient concerns over misdiagnosis, ineffective prescription, painful injection and the like may fail to reach you, the doctor.

Overcome the communications gap by setting up a reporting format. Make one employee responsible as keeper of a *Complaint Record.* Then firmly instruct all doctors and staff that every complaint (including a comment which might later become a complaint) *must* be reported to that person. He or she should write-up each complaint, using a simple preprinted form, and then process the items in a systematic pattern.

The Pattern

Require giving photocopies of each write-up immediately to the doctor(s), the office manager/administrator, and any employee directly involved in the complaint. Keep the original in a notebook for regular reference, updating it by any later responses or developments. Then circulate the book or a listing of all entries for review and comment on a regular schedule—perhaps quarterly.

The complaint record has for years been a basic part of malpractice protection, and it is also called for by some of the newer regulatory programs like OSHA and CLIA. It makes sense beyond these "protective" purposes, though, as an integral part of your patient satisfaction program. Good marketing requires attention to complaints, whether or not they are legitimate.

By having a written complaint record and a specific program for handling each entry, you can emphasize consumer satisfaction. The program creates a duty to investigate the complaint and resolve it with the dissatisfied person. And it lets you identify and correct weaknesses so the problem won't happen again.

Recording complaints, mollifying the complainer and preventing recurrence, it's simply good marketing strategy. □

Excerpted with permission from The Physician's Advisory, Lief C. Beck, L.L.B., C.P.B.C., Publisher

Children Need Most of Their Vaccinations by the Time They Are Two Years Old

Too few children in the U.S. are receiving the proper battery of vaccines by their second birthday. This has led to serious outbreaks of diseases which are preventable. A retrospective study conducted by the Ohio Department of Health and completed in 1991 showed that 66 percent of the second graders in the city of Youngstown and 44 percent of the second graders in the remainder of Mahoning County were under immunized before they were two years old. This means that these children had not completed the full series of recommended immunizations by the time they were two years of age.

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- **4 - HIB**
  (haemophilus b influenza)
- **3 - OPV**
  (oral polio virus)
- **1 - MMR**
  (measles, mumps, rubella)

Just prior to this finding, a county-wide immunization task force was formed. The task force is comprised of representatives of the three local hospital systems, social and human service agencies, and city and county health departments. The task force meets regularly to network and discuss immunization issues.

The Youngstown Health Department is the recipient of a federally funded grant from the Ohio Department of Health. Free infant immunizations are now available to all Mahoning County residents regardless of ability to pay. The grant is called the Infant Immunization Initiative or III. The grant funds provide a comprehensive approach to primary preventative care for children. These funds remove the financial and geographic barriers to individuals seeking immunizations for their children. Seven free clinic sites have been established in Mahoning County. Daily, evening and Saturday morning hours are available. The Health Department contracts with a nurse and an office manager to provide these services to the community. The grant also provides for a computerized tracking system which is currently being used by III staff and will, likely, be available to private physicians in the future.

An additional goal of the III Program is to educate parents and providers about the need to immunize and not miss opportunities to immunize young children due to conditions, such as mother being pregnant or children experiencing minor illnesses. The precise standards and contraindictions can be found in the *Advisory Committee on Immunization Practices* (ACIP) manual. All services are provided without charge.

For further information, call 783-LOVE (5683). □

Neil H. Altman, MPH
Youngstown Health Commissioner

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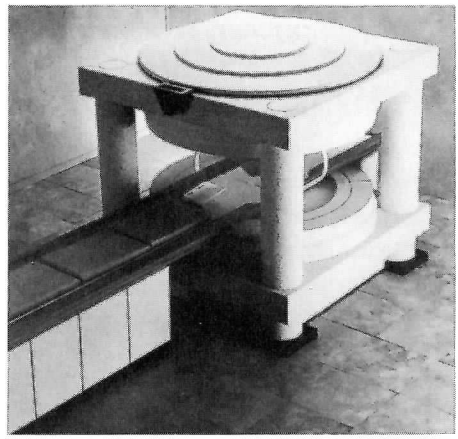

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THE PHYSICIANS' PERSPECTIVE

No matter what manner of reform is adopted for the American healthcare industry, the physician will remain pivotal in rendering care. Physicians views, concerns and cautions must be incorporated in the evolving concept of community-based healthcare reform. The FORUM will offer insights into how local physicians view such issues as:

- *external pressures on their patient care decisions and their style of medical practice*
- *how primary care physicians and specialists work together; how medical staffs monitor care within their hospitals*
- *managed care, managed competition, and fee for service concepts*
- *how paperwork and billing form requirements are impacting the practice of medicine*
- *medical technology on the quality and cost of services, is it worth it?*
- *medical liability and the practice of defensive medicine; tort reform*
- *evolving methods for measuring quality and establishing standards of care*
- *the role of the patient, and the provider, in decisions regarding management of the patient's condition*

The format will provide for a panel, composed of business, labor, nursing and community leaders to respond to the various positions expressed by the physicians' panel.

PARTICIPANTS

Moderator - **Mark Barabas**, *Administrator Youngstown Osteopathic Hospital*

PHYSICIAN PANEL

Mark H. Belfer, D.O., *Family Practice*
Gene A. Butcher, M.D., *Medical Affairs Administrator*
David R. Delliquadri, D.O., *Family Practice*
James J. Enyeart, M.D., *Family Practice*
David B. Nash, M.D., *Pathology*
Dan N. Olson, M.D., *Internal Medicine*
Robert G. Slating, M.D., *Medical Affairs Administrator*
Eric W. Svenson, M.D., *Radiation Oncology*
Paul Wm. Weiss, D.O., *Medical Affairs Administrator*

RESPONDENT PANEL

Evelyn Arambasick, RN-CS, J.D., *Ohio Nurses Association, District 3*
Allen Morrow, *Cold Metal Products, Inc.*
Jack O'Connell, *Pres., Greater Yo. AFL-CIO Council*
William Pounds, *Copperweld Steel Corp.*
Herbert G. Thomas, *Trumbull County Board of Education*
Patricia Snow, *Packard Electric*

La Infanta y Su Gato

1986 - Original Etching
Graciela Rodo Boulanger

In La Paz, Bolivia, Graciela Rodo Boulanger was born in 1935 to a distinguished bourgeois family of the privileged minority. Graciela's mother was a professional pianist, and Graciela began her piano studies at the age of seven. When Graciela was eleven, her father took her to her first art lessons, and Graciela began painting. Graciela's desire to paint came about at the younger age of four when she accompanied her sister to the dentist. A rabbit appeared in the office, and Graciela followed it down the hall where it disappeared into another room. Graciela entered what was the artist studio of the dentist's wife. It was a room of magic and wonderment to her with all its canvases, brushes and paint, and aroma of linseed oil and turpentine. Graciela left the studio as if coming out of a dream and at that moment knew she wanted to spend the rest of her life as a painter and surrounded by these same objects. Unable to concentrate on anything but her piano and paintings, Graciela quit school at age 15 to study music at the National Music Conservatory. She studied drawing simultaneously at the School of Art in Santiago, Chile. At age 17, she traveled to Vienna to continue her studies. During this Vienna period, painting began to push forth inside her and became the more predominant profession of her life but did not exclude her performances as a concert pianist.

During a subsequent four year stay in Argentina where Graciela gave concerts and participated in art exhibitions, she saw an engraving by the German artist Friedlaender who lived in Paris. Graciela spent the next seven years in Paris absorbing the secrets of Friedlaender. She continues today to work in two mediums, oil painting and engraving for her etchings. She has exhibited in many European countries; Canada; South America; New York; Washington, D.C.; Chicago; and Miami. In 1979, she created the poster for UNICEF's "The International Year of the Child" which circulated to five continents and made her a worldwide figure in the art world.

The subjects of her work reflect primarily activities of children, of which *La Infanta y Su Gato* is an example. The majority of her subjects seem to focus on the gentle appearance of protagonists playing games, practicing sports or performing r usic or dance. She maintains a permaner race in expressions. Graciela has her c n colors which display her personal sensitivity and technical knowledge. The rainbow is her palette, but the colors do not dominate the painting but instead gently support the image and allow the feeling of her message to dominate the canvas instead. From her various studios, she consistently creates examples of joy, happiness, and innocence to counterbalance a world filled with bitterness and contradictions.

This road traveled was by no means as easy as the created image indicates. There were many struggles and tragedies to work through, but Graciela continues to "... surround (people) with all the beauty I am capable of. And in that, art has not betrayed me... at this very moment, my studio awaits me with all its color tubes, paint pots, paint brushes and 'the perfume' which was the wonderful revelation of my childhood and which determined the course of my life...." □

Jeannine M. Lambert

Update on Health Care Reform Task Force Deliberations

The Ohio State Medical Association's Health Care Reform Task Force has met on seven occasions throughout the summer with the last meeting being held on August 7. The meetings have been held on every third Saturday throughout the summer. Scheduled meetings are forthcoming and will be held on August 28 and September 11. The focus of this group has been on dealing with the seven critical choices which deal with health care reform. It is the hope of this group to have a consensus statement arrived at in time for presentation at the OSMA Council meeting on September 18.

The group has agreed that every Ohioan should be guaranteed a health plan and that the health plan be mandated. The group has agreed that every person should be required to purchase basic health care coverage initially based on the current employment based system. It is the wish of the task force members to have increased individual responsibility for health care decisions and financing. With this in mind, the OSMA proposal will incorporate a mechanism to convert from an employment based system to a system of individual responsibility. The mechanism for payment of expanded coverage has as yet not been decided.

After discussion it was agreed that Medicaid as it exists today should be eliminated. It is the task force's recommendation that there should be focus on the concept of "mainstreaming" current Medicaid recipients into private sector health coverage. These patients would have the same basic benefits package as those patients who are currently involved in an employment based system.

The task force agreed that there should be a basic benefits package and at the present time is reviewing the AMA's revised basic benefit package. There is some concern about the estimated annual cost of this package, and the task force will be reviewing other basic benefit packages if the AMA is not forthcoming with actuarial information. The task force members also agreed that the package should be portable. If a particular benefit is not part of the "basic benefit package" then it should not be mandated for coverage by the state.

The issue of cost controls has also been discussed by the task force members. This issue was looked at from several perspectives, that is as cost containment efforts directed at third party payers, at government and at providers. Thus far, the following concepts have been agreed upon:

1. Third party administrative expenses should decrease to 15 percent of the premium dollar.

2. In regards to insurance ratings, community rating is preferable to the experience rating.

3. The task force members have agreed that the "gatekeeper" issue must be reasonable and that OSMA should not take a position either for or against this concept. The members were in agreement that there are certain instances when direct referral is the least costly alternative. The "gatekeeper" concept was the one issue which has evoked the strongest comments during the deliberations. It is the one issue which I believe will be potentially most divisive among our membership.

Another issue which will need to be discussed is who should administer the health plan. This subject will be discussed at our next meeting. It has also been recommended by the task force that the issue of long term care should be considered at a later date and should not be linked to Medicaid.

It has been an interesting experience watching the evolutionary process of this task force. Dr. Reiling, who heads the task force group, has been very fair and efficient in allowing for full discussion of the

issues. He has been uncanny in his ability to help bring the group together to form a consensus statement on the various issues at hand. His appointment as chair of this reform group was an excellent decision on the part of Past-President Stanley Lucas. Finally, the OSMA Health Care Reform Task Force members realize that not all members of the OSMA will be in total agreement with the final conclusions of this group. In fact, the recommendations brought forth by the group must be presented to the OSMA Council before release to the general membership. It is our hope that as a group, the members will close rank and support the OSMA's health care reform proposals. □

Daniel Handel, MD.
Chairperson, MCMS Committee on Legislation

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Daniel W. Handel, M.D. *Anthony L. Mehle, M.D.*

August 12, 1993

Dear Colleague:

OMPAC represents one of the best investments you can make. OMPAC represents a means to making your voice heard at the Capitol. Physicians should be actively involved and knowledgeable in the workings of the state legislative process. The OSMA through OMPAC is lobbing on your behalf everyday. But OSMA needs your personal financial support.

As Dr. Jerry Kimmelman, the OMPAC chairman, has so correctly pointed out that for less than the cost of a presidential haircut you can renew your membership to OMPAC. Just $125 is required and you can join thousands of your colleagues that want their voice heard. As Dr. Kimmelman has said we either win by taking an active role in politics or lose from lack of involvement. Everyday we delay we are one step closer to losing please respond now.

P.S. You need not limit your contributions to a $125 but may wish to contribute at a higher level. For $200 a member and a spouse will become sustaining members of OMPAC. The "$300 club" established in 1992 represents another level of contribution. With this level of contribution come tokens of special acknowledgment.

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Daniel W Handel MD

Daniel W. Handel, M.D.
6th District Representative for OMPAC

DWH/jae

60 Years Ago — July/August 1933

The annual golf outing was held at the Squaw Creek Country Club. Greens fees and a chicken dinner were one dollar. The Great Depression was showing signs of lifting. President Franklin Roosevelt passed the N.R.A. (National Recovery Act) putting America back to work. The minimum wage was 35 cents per hour. New members were **H.E. Chalker, Raymond Hall, John F. Dulick, Andrew Miglets** and **J.L. Scarnecchia.**

50 Years Ago — July/August 1943

President **William H. Evans** was serving as a lt. commander somewhere in the Pacific theater. Captain **Harry Chalker** was in Seattle; Captain **Sidney Davidow** didn't say where he was. Major **Sam Goldberg** was in North Carolina. Acting President **Elmer Nagle** kept hoping for the end of the war, "so we can return to the routine of pre-war days."

40 Years Ago — July/August 1953

After WW II came the Korean War in 1950. Extension of the Doctor Draft Law was passed by Congress. Since 1950, 12,527 physicians had been inducted into the armed forces. This war was designated a U.N. "police action." New member was **Robert A. Brown.**

30 Years Ago — July/August 1963

Robert R. Fisher, MD

The Athletic Injuries Committee sponsored the first conference on prevention and treatment for high school personnel at the Boardman Junior High School. Participants were **Asher Randall, George Cook, Michael Vuksta, Robert Perry,** Arthur Nicollette (DDS), **Fred Schlecht, W.H. Charlebois** and **James Gordon. J.A. "Cash" Altdoerffer** was committee chairman. New members were **Robert J. Hritzo** and **Richard J. Jarvis.**

20 Years Ago — July/August 1973

It was summer, and the doctors were out participating in community affairs. **Robert Perry** was parade marshal for the annual Boardman Memorial Parade. **Robert Wiltsie** was the featured speaker at the commencement exercises for the Mahoning County School for the Retarded. **Norma Hazelbaker** was named a Fellow of the American Academy of Pediatrics at its meeting in Boston. **Dr. Hazelbaker** also was the speaker at the annual meeting of the Mahoning County Chapter of the March of Dimes. **Gene Fry** was named Medical Director for the Youngstown works of the U.S. Steel Corporation.

10 Years Ago — July/August 1983

No *Bulletin* was printed in July or August of this year, a decision that was made by Council. At the last Council meeting on June 14, the following new members names were presented. They were **James F. Ervin, Catherine E. Molloy** and **Jeffrey D. Resch.** □

PHYSICIAN DIRECTORIES AVAILABLE

Copies of The Mahoning County Medical Society's first Physician Directory are still available for sale at the Society office. This handy reference guide to our membership may be purchased for $20. Anyone wishing to purchase additional copies may contact the Society office at 788-4700.

Advertising List

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