HMO "Gag" Rules Prevent Open Exchange Between Doctor and Patient

Many doctors who are under contract to HMOs are not allowed to discuss treatment options with their patients. This restriction violates the principle of informed consent.

HMOs Expand Eye and Dental Care

As further incentives to join their health plans, many HMOs are now offering benefits to their ophthalmic and dental coverage. To help you cut through some of the self-serving ballyhoo, authors have analyzed the promotion, listed below are a dozen tips for doing so.

A MAJOR MEDICAL DILEMMA: Picking A Health Plan That's Best For You

Trying to make an informed decision about the choice of a managed health care plan can provoke frustration and total confusion. To help you through some of the self-serving ballyhoo, writers have analyzed the promotion, listed below are a dozen tips for doing so:

HMOs Report Big Surge in Enrollment

They Project Jump In Membership of More Than 25% Over Last Year

Managed Care Companies Target Senior Citizens

HMOs have intensified their recruitment campaigns in their race to sign up Medicare members.
Cover: The wide ranging scope of physicians’ interests and concerns is manifest in this issue of Chironian. The photo on the cover was taken by Aron Rose ‘85 during a medical mission in China last year. The headlines, samples of which were clipped from the media at random, point to the issues of managed care that are discussed by alumni and faculty in the articles beginning on page 4.

Photo Credits: Page 3, Helen Kozak; pages 4, 5, 8, 12, 13, Julie Kubaska/Michael A. Antonelle; page 11, Joseph Dursi, David Beccia.

Design: Graphic Guidance

Production: MAK Production Group/Kase Publications Inc.
Dear Colleagues,

In this age of computer networking, E-mail, Internet, and the World Wide Web, the alumni/ae of NYMC have our own way of keeping in touch and reaching out for help. Our data base is the Alumni Directory, our modem is a regular telephone, and our network consists of all the alumni and alumnae. Let me give you a recent example of how helpful this network can be.

Having been home less than 24 hours after the end of the CME seminar in Puerto Rico (see pages 4-8), I received a phone call from the wife of a friend, one of our speakers, who was at the ER in a Fort Lauderdale hospital. During the landing at Fort Lauderdale, my friend had experienced chest pain and shortness of breath. He was taken to the ER for evaluation and his wife was calling to learn if I knew of anyone in the area who could help them. I immediately reached for my Alumni Directory and under “Fort Lauderdale” I found the name of Roland Molinet ’59. Roland had been a resident during my student days; I had met him at several Florida chapter meetings, and he had attended our CME program two years ago. I called Roland at home, and he said he would take care of everything. Before I could get back to my friends at the ER, Roland had called the ER physician, arranged for admission, and was on his way to the hospital.

We all had a good night’s sleep knowing my friend was in good hands. The next morning he had a coronary occlusion and Roland arranged for immediate balloon angioplasty and stent placement. Three days later my friend was at home and subsequently had bypass in New York with no myocardial damage.

This is not the only time I have used our Directory to care for family and friends, but it is the most recent and most striking example. What a comfort knowing we have this valuable resource.

The newest edition of the Directory will be published in 1997, and you will soon receive a form to fill out noting any changes in your listing or verifying the accuracy of the information shown. (See box on page 18.) We ask you to make any corrections needed and return the form promptly so we can update the Directory. You may wish to consider purchasing a copy when it becomes available.

For those of you who wish to contact NYMC via computer, we are online at http://www.nymc.edu for information about the school and upcoming Alumni Association events. For dues-paid members who may be doing a Medline search, reprints are available (at regular fees) from the NYMC library mailbox at msl_nymc@nymc.edu. The E-mail address for Julie Kubaska, Director of Alumni Relations, is julie_kubaska@nymc.edu and I am at mantonelle@mem.po.com.

Surf’s up!

Michael A. Antonelle ’62
As promised in the last issue of Chironian the following section presents views of NYMC graduates on the changing healthcare scene. On these pages, alumni of different Classes, geographic locations, specialties, and areas of professional responsibility, relate their experience and offer recommendations.

These informative and provocative contributions to the discourse on this topic have come to the Chironian in the mail and in presentations during the 13th Annual Winter CME Seminar, held in Puerto Rico January 29-February 4, 1996. The presentations are excerpted starting below and through page 8, and are followed by articles sent to Chironian by alumni. We welcome your thoughts on this subject of virtually universal interest to the profession.

Address your comments to: Editor, Chironian, Alumni Center, New York Medical College, Valhalla, NY, 10595.

In his remarks on the opening day of the seminar, Monsignor Barrett spoke of changes taking place at the medical university to enable the College to move forward effectively in these times of change and challenge.

Referring to the issues the seminar would be addressing, the president discussed several ramifications of the movement to managed care, including the relationship of medical schools and hospitals. Whereas until recently those accrediting the College saw its lack of hospital ownership as a disadvantage, this circumstance is now seen as ultimately advantageous, Msgr. Barrett said.

The College’s educational programs are being designed to prepare students for the new ways of practicing medicine, the president continued. Teaching will take place increasingly in ambulatory non-hospital settings and students will be exposed to various types of managed care organizations.

President Barrett stressed the importance of students having a strong intellectual and scientific base that will give them, as future physicians, the ability to move from one career path to another, to change direction, to continue learning, and to “reinvent themselves” if necessary in order to ensure useful and successful careers in medicine.

Msgr. Barrett then updated participants on matters of academic, organizational, and philosophic interest at the medical
school. Noting changes taking place to implement the university’s strategic planning process, he reported that a major organizational change occurred when Ralph A. O’Connell, M.D., was appointed Provost of the University and Dean of the School of Medicine. (See page 14.) With the creation of the post of university provost, one academic leader now heads the faculties of all three schools of the university; the deans of both the Graduate School of Health Sciences and the Graduate School of Basic Medical Sciences now report to Dr. O’Connell as provost. This important change will enable Msgr. Barrett to devote far more time to the external work of the university, including government relations and fund raising, he pointed out.

On the subject of admissions, President Barrett said the number of applications to NYMC has increased from some 4,000 in 1985 to about 12,000 for the current first-year class, and he noted that this increase is part of a trend that now seems to have topped out. He added that the admissions office has been reorganized, with important improvements that show the College at its best. Applicants who visit can get a better sense of the quality of life offered by the medical school, including the natural beauty of the environment and the existence of 501 on-campus housing sites—an impressive enhancement.

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Kaiser Permanente:
On The Inside Looking Out

William Zarowitz ’78
Internist, Northeast Permanente Medical Group

Speaking with 15 years of experience in managed care behind him, Dr. Zarowitz first presented a brief history of Kaiser Permanente from its roots in the Mohave Desert in 1933. He noted that the organization grew from a partnership between industrialist Henry Kaiser and a physician, Dr. Sidney Garfield. Formed to provide medical services for Kaiser’s employees, today the program has three components: Kaiser Foundation Health Plan, a non-profit insurance corporation; Kaiser Foundation Hospitals, also non-profit, which owns and operates hospitals; and the Permanente medical groups, which consist of some 9,500 physicians in 16 independent for-profit corporations or partnerships. The first component, operating regionally, provides service and office management to the medical groups, which in turn provide professional services to some 6.7 million plan members. The Northeast Region, of which Dr. Zarowitz’s group is a part, encompasses New York, Connecticut, and Massachusetts, and has about 170,000 members.

Major topics Dr. Zarowitz covered included benefits to physicians, the gatekeeper function of the primary care physician, physician autonomy, and gag rule/non-disclosure clauses.

While Dr. Zarowitz feels both the direct and indirect benefits Kaiser Permanente provides to physicians are enormous, he believes the latter are probably the more important trade-off for lower compensation and other disadvantages of prepaid group practice. Qualifying under the catch-all word “lifestyle,” Dr. Zarowitz said, are such benefits as being on call only about three times a month, having three out of four weekends off, and “not worrying whether my patients will be seen if I’m ill or on vacation.”

Direct benefits include health insurance, pension plan options, malpractice insurance, payment of fees for various licensing and certifications, time off for teaching, and four to six weeks vacation, as well as a bonus plan that is not dependent on the individual’s spending of health care dollars.

“As gatekeeper, the primary care physician coordinates everything from preventive measures to surgery to home care,” Dr. Zarowitz added. “To be effective a primary care internist needs to have a broad range of knowledge, a wide array of skills that foster the ability to handle many problems alone, and the judgment to know when and to whom to refer a patient for further care.”

A confidentiality or non-disclosure clause is part of the contract between physicians and many managed care organizations. At Kaiser Permanente in Ohio, a recently publicized instance involved a clause so restrictive it prohibits discussion of potential treatment with a patient until authorization is received. “Most of the ‘gag rules’ don’t go that far,” Dr. Zarowitz said, “but rather prohibit discussion of financial arrangements like bonuses, denigration of the organization and its policies, and questioning the quality of the organization’s care. It is my feeling there is no place for such rules anywhere in medicine. And I know of no such rule in Kaiser Permanente, other than that in Ohio.”

Summing up, Dr. Zarowitz said, “I believe group practice managed care is the optimal setting for both patient care and physician practice. I’m proud to be considered a primary care internist and am very comfortable acting as a gatekeeper. I accept the trade-off of less control over my work environment for more benefits and a better life-style. Furthermore, my patients and I have the same relationship, and I feel the same responsibility toward them as any physician in fee-for-service practice, the only difference being the method of payment.”
The always-absorbing topic of predictions was the primary focus of Dr. Cimino's presentation during the seminar. He highlighted significant discernible trends in healthcare for the '90s and beyond, showing how these trends relate to various populations, including physicians and other health professionals, the growing number of elderly, and the corporate sector.

Noting the estimates of the U.S. Health Care Financing Administration (HCFA), that healthcare costs, if not controlled, could take 32 percent of the U.S. gross national product by the year 2030, Dr. Cimino cited factors accounting for the increase in health care costs: simple inflation 45%; advanced technology (CAT, MRI, microsurgery, transplants, and genetic therapy) 25%; a growing population and the aging of the population, 10%; and medical inflation, 20% of which includes such items as greater intensity of care, the need for more and better trained health care workers, overexpansion of hospitals and clinics, increased government regulations and health insurance, malpractice and defensive medicine costs, and the impact of new diseases such as AIDS.

Pointing out that the over-85 age group will double in the '90s to 4.6 million by the year 2000, Dr. Cimino noted that over 20% of today's Medicare costs are incurred for patients during the last three months of their lives.

The growth of HMOs will increase but they will come under great pressure and competition from physician groups and networks and newer conglomerates, Dr. Cimino said. He added that the great advantage of shorter hospitalization days by HMO participants will narrow as a result of DRG's, pre-hospital reviews, practice guidelines, pressure by payors and competitive pressure.

Ambulatory care and surgery, although reducing some inpatient costs, has led to increased office and outpatient visits, with greatly increased costs, Dr. Cimino added.

Use of home care and adult residences with support services may alleviate suffering for affluent and poor elderly, who will either be covered or able to afford those services but will add to the total health care bill for the nation while leaving a large group of elderly near-poor and middle-class Americans without these coverages. The corporate sector has increased cost containment, limiting benefits to employees and retirees, becoming self-insured or administering their own health insurance programs.

Finally, in his outline of trends, Dr. Cimino pointed out that the growth of the health care system and increasing costs are precipitating much more regulation and tinkering by government: this results in much more activity on the part of local, state, and federal government as the share of Medicare, Medicaid, and other public programs exceeds half the cost of health care. Costs will rise and "quality" care will deteriorate, resulting in the development of policies for the deliberate rationing of care, as, for example, the Oregon Plan. "This will be true across the board," Dr. Cimino said, "but especially for the marginally poor and elderly; and regional differences will be marked."

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Medical Malpractice Implications For Managed Care Systems

Francis P. Bensel, L.L.B.
Senior Partner, Martin, Clearwater and Bell, New York, NY

Frank Bensel, a prominent attorney who has participated in almost all the College's winter seminars, said that since there is to date little legal precedence for patient claims against HMOs his comments would be speculative, and "basically guesses."

"I thought we could at least discuss some of the concepts," he said. He then pointed to the critical difference between law suits brought against physicians and hospitals on the one hand, and suits against HMOs. In the case against a doctor the premise of the jury is that no doctor would intentionally harm a patient, whereas in cases where the defendant is an HMO, juries may be moved by the patients' lawyers to ask for punitive damages.

Mr. Bensel talked of HMOs being generally protected under ERISA, which requires that actions under a plan be brought in Federal Court, but said that cases have been made on the theory of ostensible agency, in which the primary care physician is seen as the agent of the HMO. Discussing the relationship between the
physician and the HMO, he gave as an example a case in which a primary care physician recommended that a patient be tested with a Holter monitor but the HMO refused to authorize the test. A suit was brought against the doctor as the agent for the HMO and against the HMO.

In a very complicated decision, the judge allowed the case against the HMO to go forward but not for their failure to authorize the Holter monitor, since the HMO required the physician to obtain prior approval for this diagnostic procedure.

Noting the complexities of this relatively new area of legal determination, Frank Bensel emphasized that at this point in time the basic question of whether patients will have access to the courts to bring claims against HMOs remains wide open.

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**Viewing Medicare and Medicaid in these Changing Times**

Charles Aswad '57, Executive Director
*The Medical Society of the State of New York*

Leading seminar participants through a valuable reexamination of Medicare and Medicaid, Charles Aswad discussed the history of these programs and the dilemmas—ethical and political—they posed, and concluded with a discussion of "the transition that warrants physicians' close attention."

Dr. Aswad recalled the position taken by the AMA when Medicare was first considered in Washington 20 years ago as a program for the elderly: that Medicare was not sustainable, that it would not be possible to give that much care to that many people for the premiums set at the time, and that Medicare should not be an entitlement program based on age but rather should be based on need. Noting that the AMA "took a hammering for that from the press and all sorts of criticism from the public," he said that "now many, many people very well positioned economically are consuming resources others need."

Dr. Aswad pointed out that Medicare has never addressed the issue of long-term care, saying that failure to deal with this has made Medicaid an entitlement of the middle class, not the poor for which it was intended; and he noted the ethical implications of the practice of divesting resources in order to gain Medicaid eligibility. He reviewed some of the social history and philosophy surrounding the question of family versus government responsibility to care for society's elders, and posed the question: "Who is responsible for care of the elderly, government or children?"

Also in discussing Medicaid, Charles Aswad spoke of "the basic ethical concept under which doctors were trained—the obligation to treat the poor and in some cases not to expect compensation." He pointed out that some Medicaid fees, such as that set by New York State--$7 per office visit--were so low that doctors could afford to treat only 10%-12% of their patient caseload at that fee. This led to people in the non-medical sectors asking "What happened to the charity doctor?", and led to legislators' perception of medicine as a business not a profession.

Dr. Aswad spoke of the options being given to patients, which include staying in Medicare programs they now have, without any change; establishing medical savings accounts on which they can draw in case of illness that is otherwise uncovered by any other type of insurance; saving for indemnity insurance, which pays on a regular indemnity plan--if they incur a charge the insurance company pays; or taking the option of going into managed care. Here, Dr. Aswad mentioned the various questions patients who have been in Medicare would be asking themselves in deciding whether to take the option of managed care, and noted that "it remains to be seen how it turns out."

In concluding his talk Dr. Aswad said that despite the fact that organized medicine originally spoke against Medicare, "the program has proven the greatest bonanza for private practice medicine," and summing up, he said, "medicare is going through a transition that warrants your closest attention. The choice of options people make will have a material impact on how and how much physicians are reimbursed; and if more people take managed care options than stay in the traditional Medicare system, that will have a greater impact than many of us can anticipate. It remains to be seen how it turns out."

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Improvising, Don’t Compromise: Working Successfully with 58 HMOs

John R. Addrizzo ’64, Director
Brook Island Medical Associates, Staten Island, NY.

Sharing with his colleagues the “seven keys” to effectiveness in working with HMOs, Dr. Addrizzo said the theme of his practice is to “improvise, not compromise.” In the case of Brook Island, this involves currently working with 58 managed care programs.

Dr. Addrizzo, his two full partners, and 11 additional full-time physicians specialize in internal medicine and pulmonary diseases.

The first key, Dr. Addrizzo noted, is to get budget overhead below 45%; next is to computerize the data for new patient appointments, recalls, and HMO reviews. He then recommends contracting an out-of-office billing service, which he says will deliver 90% of collections for 8%/10% of the gross collected.

Staffing at the front desk is a critical key to success in working under managed care, Dr. Addrizzo said. Personnel in these positions should be multilingual and computer-competent.

Another requisite is the inclusion of a designated HMO secretary to take care of all processes involved in credentialing and recredentialing. These processes take 20 hours of the secretary’s time each week, Dr. Addrizzo said, and he noted that improving charting techniques is the sixth key.

In working with HMOs—and in all medical practice, Dr. Addrizzo emphasized—the most important key to success is unquestionably patient satisfaction. When successfully established, this state allows physicians to achieve a good performance profile, which in turn results in maximum utilization of their services with optimum fees.

The physicians of Brook Island Associates work at five different sites and are affiliated with several hospitals on Staten Island and in Brooklyn. Dr. Addrizzo reiterated that their standard is the practice of high quality medicine, which they deliver “without compromise.”

Recommendations for Physicians Entering or Working in Managed Care

by Joseph A. Intile, Jr. ’57,
Medical Director of ODS Health Plans, Portland, Oregon

To the Editor:

In response to your invitation to alumni and alumnae to contribute their thoughts concerning managed care, I am submitting a list of considerations and recommendations for my fellow graduates.

I could not agree more with Dr. Leone’s opening comment in the last issue, “Managed care is here to stay.” Rather than placing blame, we must learn how we can best deal with managed care to the advantage of our patients and ourselves. As an internist with more than 25 years of solo primary care clinical experience, I believe that I am doing just that.

My classmate Charlie Aswad had very sage advice. Get involved. Avoiding the current situation will place the controls where they should not be—in the hands of politicians and bureaucrats.

Sincerely,

Joe Intile

30 January 1996

(continued →)
Dr. Intile’s recommendations follow:

1. Ask to meet or talk with the medical director of the managed care organization (MCO), who ideally will have at least 10 to 15 years of clinical practice background; optimally should have been a primary care doctor; should be approachable in a true collegial sense. A good physician can easily be made into a good administrator; the reverse is not true.

2. Determine the philosophy of the managed care organization. What are its priorities? Does it keep costs as low as possible even if it means restricting services? Does it provide maximal services under contract benefits with only essential fiscal oversight? Is the MCO interested in preventive care?

3. What is the local reputation of the MCO compared to other managed care organizations?

4. Determine the restrictions brought to bear on physicians and other professionals in the MCO. What are referral requirements? Must each referral be preauthorized, or is there recognition for past performance and the physician’s referral reputation? Who absorbs penalties, if any, for inappropriate referrals—patient, referring physician, specialist, or hospital?

5. Ask questions about finances. What is the basis for claims reimbursement (U&C, RBRVS)? Is there a “buy-in” cost? Is there a withhold? What is turn-around time for claims payment? What change in patient census can you anticipate as a result of joining the MCO? What are the expectations for number of patients to be seen and the impact on quality of care? What criteria are used for reimbursement for multiple surgical procedures? How does the MCO differentiate between “experimental” and “new” procedures?

6. Determine credentials requirements: frequency, details, cost to you, amount of paperwork. Does the MCO collaborate with other MCOs with respect to credentialing? Does the MCO require more information than necessary for its purposes?

7. Determine practice restrictions. Is there a prescription formulary, “open” or “closed”? Is change in practice patterns and time worked to be expected? Are weekend and/or evening hours anticipated? Will “call coverage” change or be restricted?

8. Who will be the patient advocate? This responsibility and privilege must remain with the physician. Abdication of this responsibility by the physician will place it in the hands of government and/or special interest groups within and outside the MCO, whose primary interests are based not on clinical but on fiscal considerations. Advocacy must be distinguished from autocracy. Form a bond with the patient and include him or her in the decision-making process.

9. Use common sense. Be sure the MCO does likewise. Only when common sense fails should you have to refer to the rules and regulations.

The Impact of Universal Coverage on Emergency Departments: An Economic View

Robert Barish ‘79
Professor of Surgery and Medicine, University of Maryland School of Medicine, Director of Emergency Services, U of M Medical Center, and CEO of the Medical Center’s Clinical Enterprise

Proponents of healthcare reform continue to predict that the utilization of hospital emergency room departments will decline when the 35 million Americans who are currently uninsured become eligible for unlimited primary care coverage, principally through managed care plans. Robert Barish disagrees. He has directed emergency medical service at the University of Maryland Medical Center for the past 11 years.

Speaking with Chironian, Dr. Barish said that certain economic concepts indicate an escalation of emergency department (ED) utilization as well as costs that result from universal coverage provisions in healthcare reform proposals. Hospital administrators should anticipate the impact of these increases, he said, in order to avoid compromising the quality of patient care.

In a recent article in the Journal of Emergency Medicine, Dr. Barish and co-author Robert Doherty, M.D., looked at the potential effect of universal coverage on EDs in the light of three economic concepts.

1. The insulation of consumers from the true cost of healthcare fosters higher demands. The authors cite a study showing that patients with free care used about 40 percent more ED services than those whose co-insurance covered nearly the entire cost. In the government-regulated healthcare system of Canada, people made 83.8 percent more ED visits per capita in 1990 than did people in the U.S.

2. Financial benefits are afforded physicians and HMOs by the ability and legal responsibility of EDs to assess and treat any patient at any time. As one-stop diagnostic, admitting, and referral centers, EDs are the “silent partners” of thousands of physicians and managed care providers who can refer their patients at any hour. The HMO structure often precludes immediate care for unscheduled patients with acute conditions, who are instead sent to the ED—to which even liability and malpractice costs can be transferred by primary care providers. EDs, including those not participating with HMOs, are mandated by law to provide service to patients with urgent and nonurgent conditions regardless of their ability to pay. HMOs limit the amount of reimbursements paid nonparticipating EDs to as little as 30 percent of usual plan rates.

3. Access to EDs by persons with urgent and nonurgent conditions generates fixed costs, regardless of patient volume. In addition to treating emergency conditions, EDs make service accessible to people with nonurgent conditions who, for whatever reason, do not or cannot visit a physician. Fixed costs...
associated with operating an ED will not decline with a reduced volume of nonurgent patients, and many would argue that nonurgent care in the ED is a valuable use of resources that must be present anyway. Finally, population groups that will not be "universally covered"—illegal aliens, the homeless, some persons with mental impairments—will continue to use EDs as their primary sources of care. Since such patients often delay early treatment, when they do eventually seek help they are likely to be sicker and require more extensive, expensive care.

In view of the increased ED utilization that universal coverage may well generate, Dr. Barish believes hospital administrators must be prepared to face and deal with these economic factors so that compromise in the quality of patient care is avoided.

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**Integrating Public Health Services into Managed Care**

David M. Paige, '64
Professor of Maternal and Child Health
Johns Hopkins University School of Hygiene and Public Health

"Integrating the vast array of community based public health services that have long been a part of community life in every section of our country into the present-day managed care environment presents an enormous challenge," says David Paige '64. This tremendously challenging task is one that Dr. Paige deals with daily in his role as principal investigator for Johns Hopkins on a CDC-funded project to identify new, innovative ways to merge the individual health care needs of high-risk, low-income children into the managed care sector.

There are fundamental differences, Dr. Paige told *Chironian*, between the health care needs of low-income children and those in middle-class families. "Low-income children often require access to a broad range of providers, including social workers, counselors, and health educators, as well as effective linkages to public health programs and 'non-health' public programs, such as housing and food assistance. Yet these services are often not covered by traditional managed care plans.

"Many high-risk, low-income children," he continued, "move on and off the Medicaid rolls. How do you move the information about them? We have to determine accountability and follow-through. Who monitors treatment? Who follows up to see if services are given? What about visiting nurse services? We need to restructure the provision of services in the most productive, efficient, and cost-effective manner. It is a task of immense complexity, posing problems we have not yet confronted; we are just at the threshold.

"For low-income populations, we have to combine traditional therapeutic approaches with preventive approaches and expand our thinking to include services such as food stamps and the WIC program. Traditional social services have been dichotomized and must be reintegrated."

Speaking on this issue at the National Child Health Leadership Conference sponsored by the U.S. government in Washington, DC, December 7, 1995, Dr. Paige suggested a model for merging a community-based health program with individual health care needs into a Medicaid managed care program. That model is WIC, the USDA Supplemental Food Program for Women, Infants, and Children, which Dr. Paige helped establish.

"WIC is a major national effort to improve the nutritional and health status of low-income populations," he said, addressing the conference. "The program has specific health objectives that can be integrated into the health-service system. The resulting synergy will accrue to the benefit of both the client and provider, while more efficiently and effectively meeting program objectives."

The achievement of WIC in improving the health of mothers and children across the nation is widely recognized. Yet despite the program's reliance on medically based and health-related data to establish and monitor nutritional risk, WIC is often independently administered or appended to establish health-based activities. "Integration of services will permit an efficient flow of health related data upon which to forge nutrition and health specific services," Dr. Paige said. This approach will diminish the redundancy, multiple visits, and discontinuities in service that exist.

Noting that the provision by WIC of food, nutrition education, and health counseling can be most effectively directed and integrated by the primary health care provider in a managed care setting, Dr. Paige said, "The result is a more effective health care delivery system that integrates personal health services with public health programs, thereby eliminating the dichotomy between the two that has existed through most of the century."

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Winter Seminar in the Caribbean

The Alumni Association’s calendar for the academic year 1995-96 offered a rich mixture of events that brought together graduates from many regions of the country, many class years, and a considerable number of medical specialties. One special event, the Thirteenth Annual CME Winter Seminar, took place outside mainland USA, in Puerto Rico. It combined top-level presentations on managed care with opportunities for friends to enjoy time together and acquaintances to become friends.

Special Events Director Joseph E. Dursi ’59 planned and directed the course program, in which leading authorities discussed their experiences in today’s changing health care environment and offered informative viewpoints and recommendations. Summaries of the daily presentations start on page 4.

Alumni Association President Michael Antonelle ’62 and his wife, Kathy, hosted the seminar participants and guests for cocktails on several evenings, and the parties, coming after a full day’s schedule of study and sports, gave people a chance to exchange thoughts evoked by the course topics as well as the attractions of the island.

At the end of this very successful annual event, Martha Dursi and Frank Bensel were pronounced winners of the golf tournament. But in the words of one participant, “this was a winning experience for everyone,” and many attendees were already looking ahead to next year’s seminar (see back cover).

Chapter Meetings

Long Island Chapter

The Long Island Chapter did it again—more than fulfilling the promise of a festive gathering, by planning and producing an evening of great fun and frolic at the Timber Point Country Club in Great River, NY, Friday, September 15.

Described in the invitation from the co-chairs, David Beccia ’70 and Frank Esemplare ’58, as an “Island Party,” with cocktails, dinner, and a Reggae band, the evening found everyone in a convivial mood, aided by a wet and raw bar and a massive feast of lobster, clams, barbequed chicken, and all manner of luscious accompaniments, prepared on an outdoor grill.

Best of all was the great gathering of Long Island alumni and alumnae, one of whom, “Billy” Tesuaro ’62, by happy coincidence was observing his birthday, which all were happy to join in celebrating.

In between their enjoyment of the excellent food and beverages, members of the group responded with enthusiasm to the Reggae band music, taking rhythmic turns on the dance floor; and when they took a break they clearly relished the chance for conversation with colleague and friends.

For the Long Island Chapter co-chairs there was a special pleasure in tallying the numbers and noting that 23 NYMC classes were represented. And it was to the surprise of no one that this wonderful group of New York Medical College Long Islanders, whose classes spanned the years ’41 to ’86, mixed and mingled merrily throughout the delightful evening.
On Staten Island, John Addrizzo '64 and his wife, Amy, hosted a luncheon Sunday, October 1, described by the guests as delightful. The day was beautiful, the group congenial, and the Addrizios' home, situated on Emerson Hill (named for Ralph Waldo Emerson) overlooks the Verrazano Narrows and provided a superb environment. John Addrizzo told Chironian he hoped the Chapter membership would continue to grow and added that he and Amy would be happy to make the luncheon an annual event.

From left: Michael Antonelle '62. Alumni Association President; Joseph Fulco '76, chapter co-chair; Donnamarie Fulco; David Kubaska; Julie Kubaska, director of alumni relations; John Addrizzo '64, chapter co-chair; Amy Addrizzo; Kathy Antonelle; Lina Merlino '56, Christina Finn, David Finn '75.

Specialty Society Meetings

New Orleans

NYMC alumni/ae representing classes that span the years 1945 to 1990 joined surgeons who trained in the College's surgery residency program at a reception hosted by the Medical College and the NYMC Surgical Society during the American College of Surgeons 1995 annual meeting in New Orleans. The party was held on Tuesday, October 24, at the Marriott, in an atmosphere of warm hospitality enjoyed by all.

Atlanta

The 1995 annual meeting of the American Society of Anesthesiologists in Atlanta was an occasion of special pride and pleasure for graduates attending the Alumni Association's reception at the Marriott Marquis. On that day, October 22, the newly elected president of the Society, Bernard Wetchler '50, and Louis Blancato '45, a past president of the Society, joined in the festivities. Alumni Association President Antonelle congratulated Dr. Wetchler on behalf of the Board of Governors and noted that Dr. Blancato had served on the reunion committee for the golden anniversary of his class, last year.
Specialty Society Meetings

NEW YORK

During the annual meeting of the American College of Gastroenterology, held at the New York Hilton last fall, William Rosenthal, M.D., director of the division of gastroenterology at NYMC and a past president of ACG and Alumni President Michael Antonelle, a fellow of ACG, warmly welcomed the guests. They included both alumni and physicians who trained as residents and fellows in the College’s postgraduate program, several of them under Dr. Rosenthal.

Chironian later spoke with Dr. Rosenthal, who described the strong connections between NYMC and the ACG, saying that during the history of ACG the Medical College has been represented with leadership by alumni such as Roy Upham ’01, who founded the medical school’s renowned Upham Clinic and Frank Borrelli ’33, a former Alumni Association president and NYMC chairman of the Department of Radiology. Dr. Rosenthal noted that the growth of the subspecialty has resulted in a dramatic increase in ACG membership, which has now reached more than 5,000.

William Rosenthal, M.D., Rick Ho, M.D., Robert Sable, M.D., and Gay Ho, at the reception. Drs. Ho and Sable trained as fellows under Dr. Rosenthal in the NYMC postgraduate gastroenterology program.

Stephen Heier, member of the NYMC Department of Medicine faculty, with two members of the Class of ’89, Robert Antonelle and Robert Walker.


Voice Your Choice: Help Select Honorees

Here is your opportunity to nominate for high honors an alumnus/alumna whose professional accomplishments you find especially noteworthy.

Each year the Alumni Association honors NYMC graduates for exceptional work in patient care, research, or medical education, or a combination thereof. Honorees are chosen from among all active alumni/ae. Awards are presented at the Annual Banquet, held during reunion weekend.

To recommend a candidate, send an up-to-date curriculum vitae of the person you are suggesting and a brief letter stating your reason for the choice to: Marvin Weingarten, M.D., Chair, Alumni Association Awards Committee, Alumni Center, New York Medical College, Valhalla, NY 10595.
Ralph Anthony O’Connell, M.D., has been a member of the NYMC faculty since 1980 and currently holds the rank of professor in the Department of Psychiatry. He previously served on the faculty of Cornell University Medical College, from which he graduated in 1963. While a medical student at Cornell he completed a fellowship at Oxford University Medical College. A graduate of Fordham Preparatory School, he earned his A.B. degree *cum laude* from the College of the Holy Cross.

With time out for his service in the U.S. Army in 1965-66, Dr. O’Connell took all his postgraduate training, through a fellowship in psychopharmacological research, at St. Vincent’s Hospital and Medical Center in New York, where in 1971 he was named chief of the psychiatric inpatient service. In 1974 he was appointed vice-chair and clinical director of St. Vincent’s Department of Psychiatry, the posts he held until January 1, 1996, when he became provost of New York Medical College and dean of its School of Medicine.

A prolific writer and highly respected speaker both at home and abroad, Dr. O’Connell has authored more than 50 publications and 10 book chapters. His major research interest is psychopharmacology, the focus of his fellowship at Oxford. His work and resulting publications in this area concern the long-term outcome of the use of lithium in manic-depressive disease; he has also studied and published on psychiatric complications following open heart surgery. His recent publications and presentations have dealt with brain imaging, centering on the use of single-photon emission computed tomography (SPECT) of the brain in acute mania and schizophrenia.

Since 1984, Dr. O’Connell has been editor-in-chief of Comprehensive Psychiatry, the official journal of the American Psychopathological Association. He is a member of the editorial board of the Journal of Neuroimaging, a member of the American College of Psychiatry, and a fellow of the New York Academy of Medicine, where he serves as vice-chair of the board of trustees. He is on the Council of The Rockefeller University, is a trustee of Catholic Charities of the Archdiocese of New York, and is immediate past president of the University Club.

Dr. O’Connell and his wife, Jane Burke O’Connell, have three children, Ralph E., III, Ellen, and John.

Ralph A. O’Connell, M.D.
The New Provost and Dean

*During his first week in office Dr. O’Connell met with Chironian for the interview that follows.*

**Q.** Dr. O’Connell, one might say you had the best of all possible worlds in your roles at St. Vincent’s, since you enjoyed teaching, research, writing, private practice, and administration, and by all accounts did all at a very high level of excellence. At this time of vast challenges to the medical profession and tremendous changes—some already apparent, others not yet predictable—what persuaded you to make such a dramatic transition in your own professional life?

**A.** There were several reasons, starting perhaps with the fact that I have enjoyed close contact with a fair number of the people at the medical school during the past few years, when I was a member of the institution’s steering committee for strategic planning. During that time and the ensuing planning process I became impressed with both the direction the medical school has been taking and the vitality of the university under Msgr. Barrett’s leadership as president and CEO. Working on the steering committee afforded me the opportunity to become more familiar with the College and its plans for the future and added to what I already knew through the College’s connection with St. Vincent’s, its academic medical center in New York City.

I’ve known for a long time that this is an excellent medical school, which for 135 years has played a major role in the education of our country’s physicians. We receive a large number of applications for admission from student’s of high standing, and our students do very well on their MCATS and national boards. We can be proud of these young people. Further, the school’s high standards have been recognized by the Liaison Committee for Medical Education of the American Association of Medical Colleges, which has awarded us the longest possible accreditation period, seven years; and our school has also been accredited by the Middle States Association of the Commission on Higher Education until the year 2000—again, the longest period permitted in our category with no required follow-ups.

**Q.** How will the College adapt to the changing healthcare environment?
A. We need to adhere to our basic principles of serving the underserved, continuing and enhancing our commitment to the poor, while making changes in our programs that anticipate and respond to the changing healthcare environment. We should also take a leadership role in advancing dialogue on critical issues that confront society in our time.

The strategic planning process led by Msgr. Barrett is resulting in significant new initiatives. The university-wide reorganization he has announced will implement key objectives of the strategic plan, and I am enthusiastic about this plan and the strengths the planning process has identified. The School of Medicine is the largest component of the university and its primary underpinning. The new organization will enable our three schools to share and enhance their strengths. Strength in basic sciences is critical to medical education, and the School of Basic Medical Science offers that component. An important part of the clinical experience is to know the disorders affecting people in different cultural and economic circumstances; the Graduate School of Health Sciences focuses on major epidemiological, public health, and population-based studies.

The strategic plan calls for an integrated, university-wide approach to research. It will coordinate the work of the schools, institutes, and departments of the university in ways fully consistent with education and healthcare delivery.

Q. How are our medical students being prepared for the new realities of managed care? Are we able to position them for what is “out there”?

A. The education track incorporates the basic principles of managed care, and this medical school is well positioned for today’s realities and—so far as we can see—for tomorrow’s. Managed care calls for greater emphasis on primary care, an area NYMC has emphasized increasingly and efficiently for more than a decade. Further, while the doctors we graduate will be well-grounded academically, they must also have the ability to continue to learn. We must encourage them to keep learning beyond their years of postgraduate training, and we must teach them how to do so. They will work in an era of exponential advances in molecular biology, and we must give them a strong scientific grounding, the ability to grasp new concepts, and the skills to find answers as new questions arise.

The students we graduate should also be able to appreciate the part played by cultural and social forces in the lives of those who seek their help. An appreciation of the relationship between mind and body should be part of their armamentarium. And whether they teach or practice medicine—or whatever career path they follow—a combination of science and humanism in our graduates’ outlook will benefit humanity. With these thoughts in mind, we plan to expand the programs of the Institute for Human Values in Medical Ethics. Central to our Catholic tradition is respect for the dignity of the individual. Our graduates should have the ethical foundation on which to confront dilemmas posed by continuously advancing technology, dilemmas such as how to allocate our resources, when to use heroic methods or to recognize the inevitable.

Q. Do you have some words for physicians now coping with the changes presented by managed care?

A. Let me tell you an anecdote. Medicare began at the time I first came into medicine, and everyone in the profession, at least everyone I talked with, was skeptical about it. It was viewed as the end of the world. Now we would be delighted to have it stay as it is until the end of the world. A more recent innovation is the prevalence of group practice, which was almost unheard of 30 years ago but has since become the way of practice for many physicians.

Changes are tough, and the current changes are dramatic, which means we must find ways to communicate and connect more, both within medicine and with those involved in public policy. I’m pleased that this medical college is reaching out, making connections, internally and externally, through our computer network. We might explore how alumni and alumnae can become more involved in the network for their benefit and the benefit of the College.

And I look forward to meeting and becoming acquainted with many of this school’s very fine graduates in the years ahead.
Alumni/ae Notebook

This notebook continues Chironian's series of first-person articles by NYMC graduates reporting on noteworthy professional experiences in training, practice, or teaching, at home or abroad. If you would like to participate, please address inquiries summarizing the nature of the experience and the availability of pictures to Editor, Chironian, Alumni Center, New York Medical College, Valhalla, NY 10595.

With a Flying Eye Hospital Mission in China

Aron D. Rose '85

Dr. Rose is an assistant clinical professor of ophthalmology and visual sciences at Yale University School of Medicine and a practicing ophthalmologist in New Haven, CT. In October 1995 he was invited to China to perform and teach eye surgery as a volunteer with Orbis International, a non-profit organization funded by donations and gifts-in-kind from foundations, corporations, and individuals and by a grant from USAID.

I had a life-changing, formative experience in my last year of medical school when I spent eight weeks in New Delhi representing NYMC's Department of Community and Preventive Medicine at the All India Institute of Medical Sciences. It was my first exposure to medicine in the developing world. A central part of the experience involved living with a Hindu family—the husband and wife both doctors—who offered me their warmth and hospitality in typical Indian style. For me, acclimating to the medical environment went hand in hand with immersion in traditional Indian culture, and that made a deep impression on me. I'll never forget the experience of practicing medicine in a place where the need is so overwhelming. The satisfactions there were different from those at home—not better, but distinctly different.

Ever since I was a kid I've had the travel bug. I was lucky enough as a child to travel all over the world with my family. But what I've discovered as an adult is that the practice of medicine offers a wonderful way to get under the skin of another culture. That was what I felt three years ago in Uzbekistan in central Asia, and again in China this past October, both times as a volunteer with Orbis International.

Orbis operates what is described as "the world’s only flying eye hospital." An Orbis mission is an inspiring teaching modality, aimed not at performing volume surgery and then departing, but rather at imparting medical skills that serve as the foundation for the professional growth of the doctors and nurses in the local community. Orbis has sponsored more than 130 programs in some 70 countries, teaching sight-saving skills to over 30,000 doctors and nurses and saving the sight of about 18,000 patients.

The "flying eye hospital" is a DC-10 equipped with an operating room, recovery room, laser treatment room, conference and class rooms, and a complete audio-visual communications center. While the aircraft is parked at an airport, faculty doctors perform eye surgery, and local doctors and nurses in a classroom on the plane watch the procedures live on TV monitors. The plane's permanent field staff of 24 includes four ophthalmology fellows, an anesthesiologist, a nurse anesthetist, and six nurses, in addition to administrative and technical personnel and the flight crew.

I joined the Orbis mission in Dalian, a port city in northeastern China, on Sunday, October 9, and spent all the next day at the First Affiliated Hospital of Dalian Medical University, screening about 50 patients for the surgeries I would do that week. These patient exams were also teaching sessions, as patients with problems were presented by local doctors.

Each day from about 8 a.m. to 5 p.m. for the rest of the week I operated and taught on the plane and lectured in a "peripheral classroom"—a large room near the airport terminal. Since it was up to each visiting faculty member to decide how to teach, I began the first case of the week by commenting on and assisting in surgery performed by one of the local doctors. I wanted to understand where they were starting from in order to have a taking-off point for my introduction of new techniques and concepts. One afternoon I elected to work at the hospital in Dalian, performing surgery with the assistance of local
ophthalmologists, so as to get a better idea of their standards and equipment; the local doctors are more relaxed in their own setting and take pride in showing their facility. That was a very long day, ending with a lecture to a large group that wound up at about 10 p.m.

In midweek the provincial government hosted a huge Chinese-style banquet in honor of Orbis, which featured a 200-foot table groaning under the weight of various delicacies. There was a long reception line, and the speeches and toasts by local and provincial functionaries—aided by Chinese rice liqueur, Great Wall wine, and local beer—lasted well into the evening. The affair took place in Dalian’s Hall of the People and was packed. Quite the spectacle! Food included sea cucumbers (slugs), “century-old” eggs, jellyfish, oxen meat, and whole roasted sparrows on skewers.

I stayed at a local hotel with Orbis staff members. It turned out to be pretty deluxe, Dalian being a free-enterprise zone that’s booming with development, but accommodations on Orbis missions vary widely depending on the location. In Tashkent, Uzbekistan, for instance, I shared my room with some very, very big cockroaches.

Working overseas will be an ongoing interest for me. Twenty million people in the world are blind because of cataracts. That blindness is completely preventable, but the vast majority of the world’s cataract blind have no access to state-of-the-art surgical care as we know it. In some parts of the world—Africa, for example—only one or two ophthalmologists serve an entire country. In poor, agrarian societies, where there are no community resources to support a person who is not productive, the average life span after the onset of blindness is about five years. These facts have focused my clinical research interests on refining cataract surgery so that it can be done by ancillary personnel. I have more academic research interests here at home, but I’m excited about exploring this new surgical modality, which is aimed at broad-scale visual rehabilitation in the developing world.

I also enjoy overseas work because it provides a necessary perspective on my work in private practice. Switching gears and working in a foreign environment forces one to use different “muscles” in surgical and medical problem-solving. It turns any tendency to fall into a rut on its head. Coming home, I find the practice of medicine fresh and, as a result, I feel I’m a better doctor.

My specialty interests are in anterior segment surgery—that is, in cataract, refractive, and glaucoma microsurgery. I’m very happy being in partnership with a terrific ophthalmologist and human being, David Silverstone of the NYMC Class of ’73, who is vice-chairman of the Department of Ophthalmology at Yale.

Ophthalmology is a fantastically satisfying specialty because of the changes one can make in the lives of patients, whether in Connecticut or in China—changes that are often dramatic. That’s certainly the feeling of everyone who serves with the Orbis missions. Their visiting faculty come from many parts of the world—Scotland, the Scandinavian countries, Saudi Arabia, and other areas—and they return again and again. I can’t say enough good things about the energy, the idealism, and the focus of the Orbis staff and volunteers.

My three daughters are immensely interested in my work. I remember, as a young child, noting the enormous satisfaction that medicine offered my father, who, at age 73, is still going strong in his psychiatric practice. I learned from him what a privilege it is to practice medicine. Now I see that the enthusiasm I feel about my work is being absorbed by my girls, just as I absorbed my father’s enthusiasm for our profession.
Vice President for Development
Appointed

WAYNE A. STEFFY, a fund-raising and development executive with a highly successful track record in the fields of health care, human services and education, has been appointed vice president for development of New York Medical College. He took office February 12, 1996.

Mr. Steffey’s experience of 20 years includes the post of senior vice president and chief development officer for the Presbyterian Hospital, Columbia-Presbyterian Medical Center, where he managed an annual fund-raising program with revenues of over $16 million. Working with the hospital’s trustees, he directed a $150 million capital campaign, $75 million of which was raised during his tenure.

As northeast regional director for the Statue of Liberty-Ellis Island Foundation, he planned and carried out campaigns that raised a total exceeding the region’s $50 million goal.

His other posts included vice president and foundation executive director for the Cathedral Healthcare System of Newark, NJ, where he established a system-wide development program and laid the groundwork for the successful $15 million campaign to rebuild St. Michael’s Medical Center. He also revitalized a major capital campaign for Hackensack Medical Center that succeeded in raising $22 million in support of the center’s modernization and expansion program.

Wayne Steffey holds a bachelor’s degree from Drew University. He is active in community and church affairs, and serves as a Scout leader, fund-raising volunteer, and elder of the First Presbyterian Church of Ridgewood, NJ. He and his wife Trish have two children, Cara, and Andrew.

In a message to Chironian for alumni and alumnae, Wayne Steffey said:

The graduates of any educational institution are extremely important to its long term success. Their involvement in alumni activities and their support of the school’s development program send a clear message about the value of the school’s educational offerings.

New York Medical College has an outstanding list of alumni/alumnae throughout the country who have distinguished themselves in the medical field. Increasingly, they are making the College a beneficiary of their resources by contributing to the Alumni Association and its annual fund and participating in alumni activities. One of my objectives is to build upon the success achieved to date and continue to increase the level of support and participation of the alumni. I look forward to working with Mike Antonelle ’62, president of the Alumni Association, Julie Kubaska, director of alumni relations, New York Medical College president. Rev. Msgr. Barrett, and the many graduates of New York Medical College, to accomplish this objective and help the College enhance its position as an outstanding medical university.

Comming: The 1997 Alumni/ae Directory

As Michael Antonelle has documented dramatically in his President’s Message on page 3, the Alumni directory is a valuable resource, a ready reference to more than 7,200 NYMC graduates. It will become even more useful when the new edition is published a year from now. The main section of the new volume will include the current name, office and home address, phone number, specialty, and academic data, in an alphabetical listing; separate sections will list graduates by class years and geographical locations. A questionnaire will be coming to you soon from the Harris Publishing Company. To ensure your accurate, up-to-date listing, please respond promptly. If you do not return the questionnaire, your listing may be omitted or out of date. A Harris representative will call you to verify your listing before the Directory goes to press. Your cooperation will increase the usefulness of the Directory and is much appreciated.
Class Notes: A reunion for five-year "milestone" classes will be held Sunday, May 19, at The Alumni Center on the campus at Valhalla.

Editor's Note: As we announced in the last issue, we are now abbreviating names of institutions and locations in order to have space for a greater number of Class Notes. In addition to familiar abbreviations such as WCMC for Westchester County Medical Center and UMDNJ for University of Medicine and Dentistry of New Jersey, we use Ctr for Center, C for College, H for Hospital, M for Medicine or Medical, S for School and U for University; thus, UC San Diego S of M, Baylor C of M, Harvard M S, Texas Tech U S of M, NYH-Cornell U M Ctr, Einstein C of M. We will, as appropriate for clarity, use the Postal Service's abbreviations for states when they are part of institutional names, as in Massachusetts General Hospital (MA Genl H).

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When sending us information for Class Notes, don't worry about following any particular form of abbreviation. However, if the name of an organization or institution is not widely known, please provide its full name — and always include the location (town, city, or campus, and state). If an academic institution is well known, but has several campuses, please name the campus involved. This is still a "work in progress" and we will welcome your comments. Address: Editor, Chironian, Alumni Center, New York Medical College, Valhalla, NY 10595.

1941

HENRY LEIS, emeritus professor of surgery at NYMC, is clinical professor of surgery in breast surgical oncology at U of South Carolina S of M. He continues with committee and consultant work in the field of cancer, in which he has won high honors. His activities include chairing the Speakers' Bureau Committee of the American Cancer Society's South Carolina division.

MATTHEW MCKEWEW reports that he suffered a bout of Legionnaire's disease last year and has successfully recovered. He described it as "a nasty experience." His colleagues will be glad to hear of his recuperation.

1942

EDWARD MCDERMOTT, his wife, Mary, their son and daughter-in-law, classmates JOSPEH MCDERMOTT and CATHERINE DONEGAN MCDERMOTT '88, were subjects of a feature in a Westchester County, NY, newspaper, in which they were described as "this fabulous family." [See Class of '88 for an update on Joseph and Catherine.]

1943

ADELAIDE SCANLAN SHEEHY and her husband, Dr. John Sheehy, Jr, celebrated their 50th wedding anniversary on October 13, 1995.

1944

MARGARET (PEG) HART MADDEN reports that she and Tom "moved in a grand flurry from Connecticut to North Carolina (sold the house to the first couple that looked at it three days after we put it on the market). Our 44 years' accumulated 'stuff' was mostly absorbed (sic) by our three sons and seven grandchildren. We hurriedly packed basics to bring to this fine retirement center. Most of our medical books (Tom's pathology, my psychiatry) went to libraries, young friends, our M.D./Ph.D. son, or, in the case of ancient tomes (from the '40s to '80s), to a recycling bin. This is the life. Y' all write, hear?," she concludes.

1946

GLADYS RASKIN writes: "Marty and I are enjoying the good life in Florida. We celebrated our 51st wedding anniversary last year and are looking forward to the 50th celebration of my graduation."

1947

ADA BIFFAR RYAN sends regards to all her classmates, whom she hopes to join for their 50th anniversary reunion in '97. She adds: "Our daughter, Cathi Sellinger, works at Jacoby in pediatric emergency medicine."

1948

MORTON CONNOR reports that he retired in '93 from his practice as an internist/cardiologist and lives in Miami Beach. He writes that his youngest daughter, Caroline, is now in family practice, and extends an invitation saying "call if in Miami, (305-861-5761)."

1949

LAURA GREY MORGAN has been fully retired from pediatric/public health practice since October '91, has been busy with home, community, and church activities in Old Greenwich, CT, and will stay involved as long as her health remains good. She adds: "New York Medical College was a wonderful training ground, and I will always remember my fiercely dedicated 'profs' who kept all of us on our toes."

DAVID PLOTKIN writes: "Soon to become the oldest living ob/gyn doctor in the country. Still going. Regards to all."

1951

RITA GIROLAMO and ALTA GOALWIN, co-chairs of this milestone reunion of the Class, looked forward to visiting with classmates at the 45th anniversary luncheon, Sunday, May 19.

1953

MELVIN BRONSTEIN has been reelected to the board of directors of the NY State Ophthalmological Society, "helping the society to ensure effective utilization of ophthalmology in the health care system." He is on the emeritus clinical faculty of Albert Einstein C of M and has been a faculty instructor for the American Academy of Ophthalmology.

MARTIN STahl writes that he retired from private practice, adding, "I am now employed by Raritan Bay M Ctr, the hospital with which I have been associated for more than 35 years. I cover the active clinic population, similar to the old Metropolitan." Dr. Stahl and his wife live in Edison, NJ.

1954

ROGER DUVOISIN retired last summer as chair of neurology at UMDNJ-Robert Wood Johnson M S, but is continuing there part-time as professor of neurology. Also last summer, he was appointed chair of the Scientific Advisory Board of the American Parkinson's disease Association. In 1992 the Alumni Association cited Dr. Duvoisin for his extraordinary contributions to the understanding of Parkinson's disease and its treatment.

ANITA CURRAN-SMITH has been elected to the executive committee of the American Board of Medical Specialists. She writes that she is the first woman to be elected to this post from the organization's Assembly. She is also vice chair for preventive medicine/public health of the American Board of Preventive Medicine, and is the first woman to serve as an officer of that board. Currently associate dean for community health at UMDNJ-Robert Wood Johnson M S, Dr. Curran-Smith also enjoys time spent with her 11 grandchildren.

1956

NAOMI GOLDSTEIN continues to practice psychiatry in NYC and to "enjoy two wonderful grandchildren, Rebecca, 5, and Benjamin, 2." She sent greetings to all.

ROBERT LINDON wrote that he retired last summer from the practice of orthopedics.
DAVID WERDEGAR is now director of the California Office of Statewide Health Planning and Development in the California Health and Welfare Agency in Sacramento. In 1944 his wife, Kay, was appointed a justice of the California Supreme Court.

1957
JOHN DEANGELIS retired two years ago and now lives in Florida during the winter and New Hampshire in the summer. He would love to hear from classmates and friends and gives the address and phone number for each place of residence: 3033 Rum Row, Naples, FL 33940. Telephone: (941) 261-3020. P.O. Box 116, Prospect Hill, Melvin Village, NH 03850. Telephone: (603) 544-6116

JOSEPH INTILE discontinued clinical internal medicine in December 1994 but still does FAA medical exams once a week “for all my flying cronies.” In February 1995 he became the full-time medical director of ODS Health Plans, an HMO in Portland, OR. He adds: “We like to think of ourselves as physician and patient friendly.” (See Page 8.)

ROBERT LITTLEJOHN has been in family practice in Barberton, OH, for 35 years. He writes that he has eight children, eleven grandchildren, and "30 years to go."

WILLIAM MCCULY, JR. retired last year after more than 30 years in private practice of internal medicine in Babylon, NY. He says: “I love retirement and spend one day a week running an outreach clinic at our local hospital, Good Samaritan in West Islip,” adding, “From my second year in practice, I was covered by fellow NYMC alumnus FRANK ESMERALDE." 58.

FOSTER TAFT, JR. reports that he has been “coaxed out of retirement to volunteer at the Good News Center in Visalia, CA, a few days a month and am enjoying it.” He and his wife, Mary Georgia, celebrated their 40th wedding anniversary November 19, 1995.

1958
EDWARD PENDERGAST, JR. writes: “Joined the triple bypass club last summer. Luckier than some, I’m back to full time work in the emergency department. Wonder how many of us are in the club. Who would have thought this possible when we graduated?”

1959
CHARLES BECHERT II is one of fifteen physicians of the International Institute for Advanced Laser Surgery participating in mission work in the Santana Mission H in the Dominican Republic, performing Excimer laser surgery for nearsighted, indigent patients on a monthly basis.

1960
THOMAS DONELLY retired as chief of anesthesiology at Auburn Memorial Hospital in Auburn, NY, after 30 years of practice. He is now a part-time volunteer physician at Sacred Heart Free Clinic in Orwell, NY.

RAFAEL PEREZ has been retired since 1992, and has traveled extensively. Back in L.A. he is giving some evenings to a free clinic.

1961
EARL DIPIERRO writes that he is still performing plastic surgery in Bergen County, NJ, using lasers in his practice. He adds, “And I have three grandchildren!”

1962
MICHAEL ANTONELLE, Alumni Association president, has been elected to a second two-year term as a member of the NYMC board of trustees.

BARRY METZGER has accepted an instructorship in ob/gyn at the physician’s assistant program of Northeastern U in Boston, MA.

JOHANNA PALLOTTA is a clinical endocrinologist at Beth Israel in Boston, teaches Harvard medical students, and pursues her clinical research interest in parathyroid disease. Reporting on the status of her family, she says her oldest daughter, Jacqueline Steven, is a second-year ob/gyn resident at Columbia Presbyterian and will be married in May. Daughter Antonia is a fourth-year Harvard medical student. Son Michael graduated from Brown and son Andrew from Phillips Academy, Andover. She concludes: “We continue to be busy.”

1964
LEWIS ROHIT has been named director of epidemiology at Hoechst Marion Roussel, Inc. pharmaceutical company in Kansas City, MO.

1965
RICHARD ALLEN was elected to the AMA House of Delegates at a delegates meeting in Washington, DC, December 6, 1995. Dr. Allen is chairman of the Colorado Medical Society council on legislation and is director of the residency education program at St. Joseph’s H in Denver, where he is chairman designate for 1997 of the Department of Ob/Gyn. In 1993 he moved to Colorado from Portland, OR, where he had served as president of both the county and state medical associations and was also an Oregon delegate to the AMA.

ARTHUR CALICK has reported the passing of his wife, Barbara Calick, and suggests that those wishing to honor her memory might make a contribution to the Alumni Association.

RICHARD SINGER writes that he and his wife, Nancy Knight Singer, “are perking along in the San Francisco Bay area where he is in part-time private practice of psychiatry and has recently become medical director of Alameda County’s behavioral health care services. Nancy is a special education teacher who has been honored as Contra Costa County’s 1995-96 teacher of the year.”

1966
ALAN OSTROWE and his wife, Patty, announced the birth of Alan, Jr. last September.

LAWRENCE SCHECHTER is director of the division of nuclear medicine, Department of Radiology, NY H M Ctr of Queens, NY; formerly Booth Memorial H, and is a clinical assistant professor of radiology at Cornell U M C.

1967
VINCENT CATRINI is chief medical officer of M.D. Health Plan in North Haven, CT, and is a senior vice president of Health Systems International.

STEPHEN OBSTRAUM has been director of ophthalmology at Lenox Hill Hospital in NYC since 1988. He is now president-elect of the American Academy of Ophthalmology and will take office as president in 1997.

1968
THEODORE EISENSTAT has been elected president of the American Board of Colon and Rectal Surgeons. He is director of the colorectal residency program at UMDNJ-Robert Wood Johnson M S in New Brunswick, NJ, where he is professor of surgery.

MICHAEL MACDUFF writes: “Practicing in local obscurity in the San Joaquin (CA) Valley. As of January 5, 1996, I have seen 230,000 patients. I am married with two children, have long hair, totally gray.”

DONALD RUBICK, a Board certified urologist has joined the medical staff of St. Mary’s Regional M Ctr in St. Mary’s, PA.

1971
SANDRA RUFF writes: “I can’t believe my three kids and two step kids are teenagers. I live in a house of raging hormones and insanity. I earned my M.B.A. from Rensselaer Polytechnic Institute in May 1995. In addition to the enjoyment of learning a new discipline and perspective on the ‘businessification’ of medicine — it makes my administrative responsibilities as administrative director of the endocrine section at New Britain General more fun.”

1972
JAMES ANGIILO, who holds a J.D. degree in addition to his M.D., has been
appointed Justice of the Peace Pro Tempore for the Consolidated Justice Courts of Pima County, AZ.

KENNETH GOULDBLATT, whose specialty is pulmonary diseases, has been named president of the medical staff of the Medical Center of Princeton, NJ, for a two-year term.

1973

JEFFREY TRILLING is vice-chair, director of geriatrics, and associate professor in the Department of Family Medicine at SUNY Stony Brook, NY.

1974

SAMUEL MILES has been certified with special qualifications in forensic psychiatry by the American Board of Psychiatry and Neurology. Dr. Miles is an assistant clinical professor at UCLA S of M and senior analyst at the Southern CA Psychoanalytic Institute.

1976

JOSEPH ORTIZ is clinical associate professor of surgery (ophthalmology) and director of the glaucoma service at the Eye Institute, Cooper Hospital/UMC, UMDNJ in Camden, NJ, and is one of a large private practice group in Philadelphia. His book, Color Atlas of Scleritis, has been published, and Dr. Ortiz has donated a copy to the Medical Sciences Library at NYMC. He and his wife, Paula, celebrated their 19th wedding anniversary last August with a trip up the Amazon River in Brazil, accompanied by their five-year old son, Isaac.

GRAHAM WHITEFIELD has been appointed clinical assistant professor in the health professions division of Nova Southeastern U, North Miami, FL. He practices orthopedic surgery in West Palm Beach.

1977

DOUGLAS BYRNEs, whose specialty is cardiovascular disease, continues to enjoy his affiliation with St. John's Episcopal Hospital in Smithtown, NY. Reporting on his family, he says, "Lake is a sophomore, premed, and a quarterback at Albany; Liz is a senior in business administration at Hofstra; Erin is a senior at Harborfield High School; and my wife, Kathleen, an R.N., has retired after 22 years on staff at Huntington H in Huntington, NY."

1978

PETER DELUCA, a pulmonologist and internist, on staff at Huntington H in Huntington, NY, since 1983, is now chairman of the hospital's Department of Medicine; he had been chief of the section of pulmonary medicine since 1989. Dr. DeLuca is Board certified in internal, pulmonary and critical care medicine. He and his wife, Donna, have three children: Kristen, 14; Meredith, 12; and Peter, 5. In his free time, he enjoys playing piano and communicating with ham radio operators in distant countries.

JACK DIPALMA is associate professor of medicine and director of the Division of Gastroenterology at the U of South Alabama.

1979

ROBERT BARISH was promoted to professor of surgery and medicine at the U of MD S of M in July 1995. At the same time he received an MBA degree from Loyola C, and entered his eleventh year as director of emergency medical services at the U of MD M Ctr. (See page 9) In addition, Dr. Barish was recently appointed CEO of the M Ctr's Clinical Enterprise, which has a strategic role in development and operation of the U of MD's integrated health care delivery system.

DEBRA SELTZER, who was named chief of the division of developmental pediatrics at Beth Israel M Ctr in NYC last year, writes: "It's been a challenging and exciting year, starting up a new division, and one with many accomplishments, one of which is the initiation of a hospital-wide child development team composed of professionals from six departments. On the personal front, my husband and I are enjoying our home in the suburbs now that emergency repairs have been completed."

MICHAEL SIMMS is chair of the Department of Medicine at St. Mary's H, Waterbury, CT.

1981

15-YEAR REUNION

JUDITH ZANDER has joined the physician group practice at Blue Cross Blue Shield Health Ctr in Cranford, NJ. She is a specialist in internal medicine and is serving as medical director of the Center.

1982

JOSEPH LOB has worked full-time in the emergency room of St. Mary's H, an affiliate of the Mayo Clinic, in Rochester, MN, where he is a member of the Department of Medicine. He reports that his wife, Robin, two daughters, Jessica, 9, and Adrienne, 7, enjoy life in the only county without a lake in this "beautiful land of 10,000 lakes."

SCOTT MESSINGER, an otolaryngologist, has been named to fellowship in the American College of Surgeons. He practices in Peekskill, NY, and is on the medical staff of Hudson Valley H Ctr.

1983

PARK GITTLEMAN writes that he and his wife, Margie, welcomed their second daughter, Lindsay Brook, last November. He is in private practice of otorhinolaryngology in Mamaroneck, NY.

DANIEL HADDAD, whose office is in Dearborn, MI, is president of the Michigan Refractive Society.

WILLIAM SACKS has joined the staff of St. Joseph's M Ctr in Stamford, CT, as an emergency department physician. Previously he was an attending at Yale-New Haven H.

CARMINE SORIA, an assistant professor at NYMC and an interventional cardiologist at WCMC, has recently been named director of clinical cardiac electrophysiology at NYMC/WCMC. He is Board certified in internal medicine, cardiology, and clinical electrophysiology.

REBECCA STECKEL wrote that her second child, Asher Alexander, was born in February '95 and that the family moved to a new home in Piscataway, NJ.

1984

FRANK NAVETTA practices interventional cardiology in Tyler, TX. He writes, "Believe it or not, two NYMC grads live here, myself and SCOTT LIEBERMAN, '87". He and his wife, Mary, have three children, Andy, 7, Kevin, 4, and Gabrielle, 2.

1985

PETER BENTIVELGA wrote that he was certified by the American Board of Plastic Surgery in 1994 and received a certificate in added qualification in hand surgery from the Board in 1995. He also reported that he started Cape Cod Plastic and Hand Surgeons, PC, in 1995.

ELAINE AND THOMAS PACICCIO moved to Charlotte, NC, last summer. Tom is a gastroenterologist at Carolinas M Ctr in Charlotte. Elaine is in private practice at Arborrettum Pediatrics. She reports, too, that they and their three children are doing very well.

1986

10-YEAR REUNION

PHILIP CARON is an assistant attending physician in the Department of Medicine, clinical immunology/leukemia services of Memorial Sloan-Kettering Cancer Ctr in NYC.

RANDI SALZMAN FELDMAN is a solo pediatrician in Chappaqua, NY. She is happily married and lives in Mt. Kisco, NY, with her husband and two children, Jeremy, 7 and Ali, 4 1/2.

MICHAEL SCHAFER is an associate in the Department of Pulmonary Medicine at Deborah Heart and Lung Ctr in Browns Mills, Pemberton Township, NJ. He completed critical care fellowships at the Hospital of the U of P and Temple U H...
and a pulmonary research fellowship at Deborah and had a faculty appointment at Temple U S of M.

1988
Michael Brown has been appointed to the full-time staff of the Department of Sports Medicine at Lenox Hill H in NYC.

Ronald Caronia has joined Long Island Ophthalmology Consultants, PC, an ophthalmology practice in Lynbrook, NY. He took his ophthalmology residency at Lenox Hill and glaucoma training at New York Eye and Ear Infirmary, where he was the director of clinical trials and clinical co-investigator of two national glaucoma studies funded by the National Eye Institute. His wife, classmate Catherine Caronia, is an intensive care pediatrician at Long Island Jewish M Ctr. They have two sons.

Joseph Johnson and his wife, Elizabeth, welcomed their second son, Matthew Richard, in November 1994. He joins Brian, now 4-1/2 years old.

Charles Episalla practices orthopaedic surgery in Ferndale, NY, with Catskill Orange Orthopaedics, LP. Board certified, he is a member of the medical staff at Community General H.

Joseph McDermott returned last fall from a six-month deployment aboard an aircraft carrier that participated in the NATO air strike in support of United Nations operations in Bosnia. He and his wife, NYMC classmate Catherine Donegan McDermott, have two daughters, Kelly Eileen and Bridget Rose. The family lives in Virginia Beach, VA. (See 1942 for word of Joseph McDermott's father, '42, and his mother.)

1989
Michael Boutin, a Board certified family practice physician, joined the staff of the St. John Valley Health Ctr in Van Buren, ME, in October '95 and was welcomed with a reception in his honor, at which free flu shots were offered to the area residents and a new recreational structure, built by the AmeriCorps program as an addition to the Center's residential facility for the mentally retarded, was dedicated. Dr. Boutin was director of the family practice program and of emergency services at Loring Air Force base while in the Air Force and was in family practice in Vermont before accepting this post. He and his wife, Laura, have five children.

Thomas DeBernardo will move to West Point, NY, this June for the second year of his two-year sports medicine fellowship in the Army. He completed his orthopaedic residency at Tripler Army M Ctr at Honolulu, HI, and spent the first year of fellowship in San Antonio at the Army's Institute of Surgical Research. He was married in June '93.

Francis Fahey has joined Florida Heart Group in Fern Park, FL, a team of nine cardiologists who offer a full range of cardiovascular services. He completed internship, residency, and a fellowship in cardiovascular medicine at NYH-Cornell M Ctr in NYC, and was on staff there as an instructor of medicine before joining the Florida group. His special interest is acute cardiac care.

Lawrence Miller has joined United Medical Associates in Binghamton, NY, as an associate in urology, after completing urology residency training at Lenox Hill in NYC.

Arthur Pidoriano, Jr., an orthopaedic surgeon specializing in sports injuries, has been appointed to the surgical staff at Hudson Valley H Ctr at Peekskill-Cortland, NY. Before going to Peekskill, he traveled with the Hartford (CT) Whalers hockey team as their physician. He is now in the group Community Orthopaedics in Peekskill and Jefferson Valley.

Henry Roy has been elected president of the medical staff of Northern Cumberland Memorial H in Bridgton, ME, where he also serves as chief of staff.

Board certified in internal medicine, he has been on the staff since 1992, after completing internship, residency, and fellowship at Maine M Ctr in Portland.

Robert Walker is a gastroenterologist on the staff of Horton M Ctr in Middletown, NY. His postgraduate training includes internship, residency in internal medicine, and a two-year fellowship in gastroenterology at Northwestern U M S in Chicago.

1990
Keith Kanik is an assistant professor in the division of rheumatology at U S F College of Medicine in Tampa. He completed internship and residency training at Johns Hopkins U and a two-year fellowship with NIH, which combined patient care, basic, and clinical research. His clinical interests include rheumatoid arthritis, lupus, and myositis.

Douglas Karmel is completing his residency in internal medicine at the U of Tennessee, Memphis, and will join Memphis Medical Specialists, a multispecialty group, this summer.

1991

5-Year Reunion

Michele Abercrombie has joined the staff of Putnam M Ctr's Department of Pediatrics. She has a doctorate in anatomy and cell biology from NYMC in addition to her M.D. and completed internship and residency at WCMC, followed by a fellowship at Columbia-Presbyterian M Ctr in NYC.

Daniel Gray is doing a radiology fellowship at Thomas Jefferson U H and will join a private practice in Philadelphia in July. (Also see note from Maya under 1995).

Tony Huelscher, whose specialty is ob/gyn, has joined Beth Israel HealthCare, the Beth Israel Obstetrics and Gynecology Foundation, Inc. in Chelsea, MA. She is also an instructor in ob/gyn at Harvard M S. Beth Israel HealthCare is described as a regional system of care that includes individual physicians and medical groups, nurses, and other professionals associated with Beth Israel H in Boston, a major teaching and research affiliate of Harvard M S.

John Mulkern has been appointed to the active medical staff of South Shore H in Weymouth, MA, and has joined Coastal Medical Associates, with offices in Weymouth, Quincy, and Pembroke. He is Board certified in family medicine.

1992

Daniel Glatt wrote that he was to marry April Spitzer in Tucson, AZ, March 16th of this year. He will complete his internal medicine residency with the U.S. Navy in San Diego this summer and will then move on to the next duty station to which the Navy assigns him.

Julie Roth Greenstein, a pediatrician, reports that she and her husband, Barry Greenstein, welcomed a son, Kenneth Scott, last June.

Albert Ritter has joined the medical staff of John Mather Memorial H in Port Jefferson, NY, where he is assigned to the emergency pavilion.

1995

Gerard Curran is engaged to Lara Galoz of Fairfield, CT, whom he met while on his medical rotation at Stamford H in CT. They expect to be married late this year. He is in the Department of Emergency Medicine, DAHC, Ft Hood, TX.

Maya Lundborg Gray reports that she and her husband, Daniel '91, celebrated their first wedding anniversary on February 10th of this year. She says: "I am enjoying my first year as an emergency medicine resident at the M C of PA. Dan is at Thomas Jefferson U H and will join a private practice in Philadelphia starting in July."
Helen Singer Kaplan '59, who won world renown as a pioneer in sex therapy and founded the first clinic for treatment of sexual disorders offered at a medical school in this country, died August 17, 1995, at her home in New York City. She was 66. The cause of her death was cancer.

Following her medical school graduation, Dr. Kaplan trained in clinical psychology at the VA hospitals and clinics in Montrose, NY, and the Bronx and interned at Bronx Hospital. She completed a fellowship in psychiatry at Bellevue and NYMC-Metropolitan, where she began her teaching career by developing and coordinating a basic behavioral science program for residents and a course in psychiatry for first-year medical students.

From 1960 to 1970, Dr. Kaplan served as an associate professor of psychiatry at NYMC and an associate attending psychiatrist at Metropolitan, Flower, and Bird S. Coler hospitals. In 1970 she completed the comprehensive course in psychoanalysis that NYMC had introduced. In the same year she accepted an appointment as professor of psychiatry at Cornell Medical College and founded the Human Sexuality Program at the Payne Whitney Clinic of New York Hospital-Cornell Medical Center, which she directed until her death.

Helen Singer was born in Vienna, Austria, on February 6, 1929, came to the U.S. in 1940, and became a citizen in 1947. She received a bachelor's degree in fine arts from Syracuse University in 1951, a master's degree in psychology from Columbia University in 1952, and a Ph. D. in psychology, also from Columbia, in 1955.

Dr. Kaplan was the author of more than 100 publications, including seven books still in print.

She is survived by her husband, Charles P. Lazurus; two sons, Dr. Phillip Kaplan and Dr. Peter Kaplan; a daughter, Jennifer Kaplan D'Addio, all of New York City; a brother, Frank Singer of California; and two grandsons.
Mark Your Calendar

NEW YORK MEDICAL COLLEGE
THIRTEENTH ANNUAL TRUSTEES' CELEBRATION
TO BENEFIT THE TRUSTEES' SCHOLARSHIP AND LOAN FUND
Monday evening, November 11, 1996
The Waldorf Astoria, New York

ALUMNI ASSOCIATION
FOURTEENTH ANNUAL WINTER CME SEMINAR
The Westin Rio Mar Beach Resort and Country Club
Puerto Rico

For further information about these special events, call the Alumni Office (914-993-4555), and watch your mail for word of Chapter meetings in your area.