

**American College of Osteopathic Emergency Physicians
MEMBERSHIP MEETING
Marriott Hotel and Marina
San Diego, California
September 30, 2007**

MINUTES

Anthony Affatato, D.O.	Paul DePonte, D.O.	Robert Hunter, D.O.	Matthew McCarthy, D.O.
Fahim Ahmed, D.O.	John DeSalvo, D.O.	I. Brady Husky, D.O.I.	Lynn McCoy, D.O.
D Gregory Alexander, D.O.	Emalissa Domingo, D.O.	George Hutchins, D.O.	James McCorry, D.O.
Roger Allen, D.O.	James Donaldson, D.O.	Leo Huynh, D.O.	Genevieve McGerald, D.O.
Leonardo Altamirano, D.O.	Joseph Dougherty, D.O.	Jason D. Idelson, D.O.	Charles McIntosh, D.O.
Joseph Artale, D.O.	William Downs, D.O.	Christopher Jackson, D.O.	Robert McManus, D.O.
Harry Arters, D.O.	Paul Dubiel, D.O.	Juleen Jandali, D.O.	Kay McMillan, D.O.
Sarah Arzt, D.O.	Craig Dues, D.O.	Alan Janssen, D.O.	James McMullen, D.O.
Glen Bailey, D.O.	Anita Eisenhart, D.O.	Heidi Jenney, D.O.	Roger Meadows, D.O.
Gaiti Bakhsh, D.O.	Brent Felton, D.O.	Julie Johns, D.O.	Derek Meeks, D.O.
Jerry Balentine, D.O.	Delvon Ferguson, D.O.	Wayne Jones, D.O.	Travis Mellon, D.O.
Raj Baman, D.O.	Jack Field, D.O.	Risty Kalivas, D.O.	Brian F. Miller, D.O.
Stacy Barnes	Clifford Fields, D.O.	Mark Kalna, D.O.	David E. Miller, D.O.
Gary Beasley, D.O.	Charles Finch, D.O.	Kalmal Kalsi, D.O.	Mark A. Mitchell, D.O.
Gregory J. Beirne, D.O.	David Fisher, D.O.	Dmitriy Katkovsky, D.O.	Thomas Mucci, D.O.
Peter A. Bell, D.O.	Christine Fleming, D.O.	Mark Katsoras, D.O.	Alicia Morales, D.O.
Thomas Bell, D.O.	Edward Fog, D.O.	Sophie Kay, D.O.	Javier Morales, D.O.
Jason Benn, D.O.	Mark Foppe, D.O.	Michael Kelly, D.O.	Michael Morgenstern, D.O.
William Bennett, D.O.	Michele Fowler, D.O.	Kyle Kennedy, D.O.	Timothy Muchnok, D.O.
Ronald Bishop, D.O.	Gregory Frailey, D.O.	Rebecca Kirsch, D.O.	Shawna Murphy, D.O.
Suzana Bogdanovska, D.O.	J. Gregory Frappier, D.O.	Drew A. Koch, D.O.	Eran Muto, D.O.
William Bograkos, D.O.	Howard Friedland, D.O.	Shahrokh Kohanim, D.O.	Kevin Neenan, D.O.
Gary Bonfante, D.O.	Joseph Frontino, D.O.	Lawrence Kohn, D.O.	Joe A. Nelson, D.O.
Allyson Borgstedt, D.O.	Raul Garcia-Rodriguez, D.O.	William Kokx, D.O.	Tung Nguyen, D.O.
Chad Borin, D.O.	Brent Gear, D.O.	Diana Kontonotas, D.O.	David Niles, D.O.
Thomas Boyle, D.O.	Goiru Ghaffari, D.O.	Brian Kostuk, D.O.	Thomas O'Hare, D.O.
Thomas Brabson, D.O.	Christine Giesa, D.O.	Rajesh Kothari, D.O.	Daniel Oberdick, D.O.
Alkesh Brahmabhatt, D.O.	Tara Gleeson, D.O.	Michael Kubek, D.O.	Steven J. Parrillo, D.O.
Steven Burkholz, D.O.	Pradeep Golla, D.O.	Joseph J. Kuchinski, D.O.	Nilesh Patel, D.O.
Jeffrey Butler, D.O.	Alan Goodrich, D.O.	Jay Kugler, D.O.	Christine Patte, D.O.
Joseph Calabro, D.O.	Terrence Goyke, D.O.	Cindy Kuo, D.O.	Kenneth Patton, D.O.
Brad Caloia, D.O.	Jonathan Graff, D.O.	Nicole Lang, D.O.	Frank Paul, D.O.
Chad Carman, D.O.	John W. Graneto, D.O.	Bret Langerman, D.O.	Christine Perry, D.O.
Tania Castro, D.O.	Justin Greene, D.O.	John Larsen, D.O.	Naendralall Persaud, D.O.
Anthony Catapano, D.O.	Jeffry Greenlee, D.O.	Sang Lee, D.O.	Carl Piel, D.O.
Nicole Ceccacci, D.O.	Raymond Griffith, D.O.	Teddy Lee, D.O.	Catherine Polera, D.O.
Timothy Cheslock, D.O.	Stephen Gunn, D.O.	James Leonard, D.O.	Pamela Portnoy, D.O.
Fang-Chin Chiang, D.O.	Michael Guttenberg, D.O.	Johanna Leuchter, D.O.	John Prestosh, D.O.
A. Dale Chisum, D.O.	William Halacoglu, D.O.	David L. Levy, D.O.	Brian Purchase, D.O.
Ben H. Chlapek, D.O.	Peggy Hale, D.O.	Sam Lightsey, D.O.	Fred Rawlins, D.O.
Gregory Christiansen, D.O.	Robert Harding, D.O.	Joshua Linebaugh, D.O.	Kellee Reed, D.O.
Bernard Cieniawa, D.O.	Douglas Harmon, D.O.	Kevin Loeb, D.O.	Keri Robertson, D.O.
Clarence Clarke, D.O.	Karl Harnish, D.O.	Bethe Longenecker, D.O.	Ellen Rodman, D.O.
Gerald Coleman, D.O.	Beth Hayes, D.O.	Aaron Love, D.O.	J. Allen Roseberry, D.O.
Steven Conroy, D.O.	Oliver Hayes, D.O.	Freda Lozanoff, D.O.	Mark Rosenberg, D.O.
Duane Corsi, D.O.	Steven Hazelcorn, D.O.	James Lundy, D.O.	Sanford Ross, D.O.
Mario Cosenza, D.O.	John Herrick, D.O.	Koha Luong, D.O.	Rosarita Rullan, D.O.
John Cunha, D.O.	Christopher Hill	Ned Magen, D.O.	Otto Sabando, D.O.
Melissa Cusumano, D.O.	Douglas Hill, D.O.	Gerald Maloney, D.O.	Michael Sabatino, D.O.
Jack David, D.O.	Robert B. Hix, D.O.	Andrea Marconi, D.O.	Steven Sattler, D.O.
Jeffrey Davies, D.O.	Tom Hubmer, D.O.	Melissa Marker, D.O.	Victor J. Scali, D.O.
Paula W. DeJesus, D.O.	Mary Hughes, D.O.	Bruce Marts, D.O.	Ronald Scheer, D.O.
Michael Denney, D.O.	Joanne Hullings, D.O.	Manjushree Matadial, D.O.	Cary Schneider, D.O.

Jennifer Scott, D.O.	Peter Spence, D.O.	Elizabeth VanDerAue, D.O.	James Williams, D.O.
Steven Schwartz, D.O.	Theodore A. Spevack, D.O.	Matthew Wakeley, D.O.	Christian Willingham, D.O.
Neena M. Shah, D.O.	Jon Spyridakis, D.O.	Neil Wang, D.O.	Thomas Wills, D.O.
Michelle Shaprut, D.O.	Bryan Staffin, D.O.	Michael Ward, D.O.	Valerie Woodmansee, D.O.
Ashwin Shetty, D.O.	Chris Steinacker, D.O.	Susan Watson, D.O.	Jody Wozniak, D.O.
M. Lee Shriner, D.O.	Murry B. Sturkie, D.O.	Kevin Weaver, D.O.	Michael Yangouyan, D.O.
Michael Sheehy, D.O.	Glenn Suacillo, D.O.	Gary Wells, D.O.	Timothy Ying, D.O.
James Shuler, D.O.	Robert Suter, D.O.	Fred G. Wenger, D.O.	Natalie Zaharoff, D.O.
Duane Siberski, D.O.	Paul Traficanti, D.O.	Sita Whitaker-Robinson, DO	John Zambito, D.O.
Kevin Sirchio, D.O.	James Turner, D.O.	Brian Wiboon, D.O.	Shelly Zimmerman, D.O.
Dennis Solomon, D.O.	Sherry Turner, D.O.	Brian Wiley, D.O.	Kristy Zionitz, D.O.

Peter A. Bell, D.O., FACOEP, ACOEP President, called the meeting to order at 5:00 p.m. and asked for a motion to approve the Minutes of the April 2007 Meeting as written. A motion was made and duly seconded to approve the Minutes of the Membership Meeting of April 2007, as written. The motion was unanimously supported and the Minutes Approved.

At this time a motion was made and duly seconded to approve the revisions of the Bylaws as follows:

RESOLVED, that the Bylaws of the American College of Osteopathic Emergency Physicians be amended as follows and APPROVED:

Old material crossed out; new materials in CAPITOLS)

ARTICLE III – Members

Section 1 – Membership

- (b) **Active Member.** Active membership may be granted to any individual who is a duly licensed Doctor of Osteopathic Medicine (the “physician”) who meets the criteria set forth below:
- (1) The physician must engage primarily in the practice or administration of emergency, who is defined as the (i) practice or administration of emergency medicine in an emergency care facility for three years prior to the date of application; or (ii) successful completion of an emergency medicine residency program approved by the AOA AND/or ACGME.
 - (2) The physician must engage in appropriate educational activities, as defined in one of the following: (i) participating in continuing medical education activities to satisfy ACOEP CME requirements for emergency medicine specialists (this activity must occur during the three years prior to the date of application); or (ii) successful completion of an emergency medicine residency program approved by the AOA AND/or ACGME.

The remainder of Section 1 and Sections 2, 3, and 4 are unchanged.

SECTION 5. AUTOMATIC TERMINATION: THE MEMBERSHIP OF ANY MEMBER WHO IS IN DEFAULT OF PAYMENT OF DUES OR ASSESSMENTS FOR MORE THAN SIXTY (60) DAYS, OR OTHERWISE BECOMES INELIGIBLE FOR MEMBERSHIP, SHALL BE TERMINATED AUTOMATICALLY, UNLESS THE BOARD OF DIRECTORS DELAYS SUCH TERMINATION.

ARTICLE IV - Ethics

Sections 1, 2 and 3 are unchanged.

~~Section 5. Automatic Termination: The membership of any member who is in default of payment of dues or assessments for more than sixty (60) days or otherwise becomes ineligible for membership, shall be terminated automatically, unless the Board of Directors delays such termination.~~

ARTICLE VII – Board of Directors

Section 1 is unchanged.

Section 2. Composition. The Board of Directors shall be composed of fifteen (15) Board members to include 10 at large Board members, the President of the ACOEP Student Chapter, and the President of ACOEP Resident Chapter, and the President, President-elect and Immediate Past President of the College. The Executive Director shall be invited AS A NON-VOTING GUEST to attend and participate in all meetings of the Board of Directors.

Sections 3 through 14 – Nominations , subsection 1 are unchanged

(2) The Board of Directors shall in accordance with the Constitution and Bylaws (or the equivalent thereof) of the American Osteopathic Board of Emergency Medicine (“AOBEM”) and in compliance with the AOA requirements nominate College members to serve on the AOBEM. THE AOBEM SHALL SUBMIT THE NAMES OF QUALIFIED EMERGENCY PHYSICIANS TO THE ACOEP’S EXECUTIVE COMMITTEE OF ITS BOARD OF DIRECTORS AND THE ACOEP WILL SELECT MEMBERS FROM THIS LIST OF CANDIDATES TO THE AOBEM FOR SELECTED TERMS. THE AOBEM SHALL THEN SUBMIT THE NOMINEES TO THE AMERICAN OSTEOPATHIC ASSOCIATION FOR FINAL APPROVAL. ~~The College shall submit such nominations to the Bureau of Osteopathic Specialists.~~ Members of the College Board of Directors are not eligible for nominations to the AOBEM AND the Board shall take into consideration the slate of qualified candidates presented to the Board by the College’s ~~Nomination / Election~~ EXECUTIVE Committee in determining such nominations.

IN THE EVENT THAT ANY CANDIDATE’S NOMINATION IS DISPUTED, THE AOBEM WILL SUBMIT SUBSEQUENT NAMES FOR NOMINATION. IF, AFTER THREE SUCH SUBMISSIONS, THE ACOEP AND THE AOBEM FAIL TO REACH AGREEMENT ON A CANDIDATE, THE ISSUE WILL BE FORWARDED TO THE AOA BOARD OF TRUSTEES FOR RESOLUTION, IN ACCORDANCE WITH THE NOMINATION AND ARBITRATION PROCESSES DESCRIBED IN THE HANDBOOK OF THE BUREAU OF OSTEOPATHIC SPECIALISTS.

Explanatory Statement These changes will meet the concerns by the AOA and bring the document into compliance with newly adopted wording by the BOS.

A vote was taken and the bylaws were amended as stated above. These changes would be forwarded to the AOA for final action at its Midyear Meeting in February.

At this time, Dr. Bell asked that all candidates for Board positions come to the dias to introduce themselves to the Members. He also explained that Dr. David Malicke and Dr. Anthony Jennings were not available as both were taken ill at the last minute and although both are extremely interested in positions on the Board, there could not be at this meeting.

Dr. Duane Siberski, Dr. Greg Christiansen, Dr. Joe Nelson, Dr. Douglas Hill, Dr. Anita Eisenhart and Dr. James Shuler each came to the podium to speak to the Members and provide them with background information on themselves and reasons they wished to either stay on the Board or be elected to it.

Following the completion of the candidate introductions voting commenced and the Nominations Committee excited the Hall to count the votes with the assistance of the ACOEP staff.

Dr. Bell then addressed the Membership and provided his President's Report as follows:

It has been a year since you inaugurated me as the 2006-2008 President of the ACOEP. In that time, much has occurred that directly concerns you as members of our organization, and much is yet to happen. Much of what I'm about to share has been communicated to you by letter, or publication. Some will be new, some will be surprising, and some will be unsettling.

We are pursuing new opportunities and breaking new ground. 2008 will be a major time of change. If you read The Pulse, Presidential Viewpoints October 2007, you can more fully appreciate this statement. We have matured as an organization and are pursuing opportunities to assure proper care and duty to our college. We are not leaving the AOA, but like other large, osteopathic specialty colleges are exercising more independence. We have elected to manage our own finances separate from the AOA for the Fall convention. We are looking at our current rental space in the AOA building, and considering our long term space needs. We have also asked the AOA to consider alternatives to supporting all osteopathic GME education processes.

In order to better understand all that I wish to share, allow me to offer a brief historical overview of our organization.

The ACOEP was established in 1975 to perpetuate the ideals and promote the vision of a new group of Osteopathic specialists. The Social Security Act of 1965 had brought new revenues to health care. The Viet Nam War had brought many innovations and technologies to medicine. A second reformation of the medical school curriculum (circa 1972) was underway, and society was ready for a major change. Weekly TV shows like "Emergency" introduced the general public to the miracle of Emergency Medical Services, where no one ever seemed to die. Public expectations were set optimistically or perhaps unrealistically, high.

The ACOEP began as an organization of like practitioners interested in developing their new specialty. The first order of business was the establishment of a body of knowledge and skills they could call their own. Meetings became centered on continuing medical education with the ultimate goal of establishing a certification board for the specialty. The American Board of Osteopathic Emergency Medicine was established by the same pioneers that established ACOEP, but over time was progressively moved farther from college business. It stands today as a separate entity under the AOA certification authority.

The next order of business was to establish residency training programs in osteopathic emergency medicine. The first programs were opened in 1980, and today we are training approximately 900 residents in 42 programs. Compare that to our ACGME counterparts who have 125 programs.

Finally, the ACOEP was established to promote the general welfare of our patients and our members. The relationship between the patient and physician was an essential osteopathic concept that is reflected today in our Political Advocacy.

The history of the College from Dr Bruce Horton (1975) through Dr George Miller (1994) was slow growth, with careful attention to the 3 primary orders of business: CME/Certification, Residency Training, and Advocacy. These early years established a solid foundation upon which the next generation would build.

In 1995, Dr Ben Field became our President and served for 3 years. He was followed by Dr Ted Spevack (1998) and Dr Joe Kuchinski (2000). This period was marked by new standards for CME, greater Quality Assurance in the residency inspection process, and Advocacy. Dr Field was recognized for his

contributions by becoming the first residency trained emergency physician to receive the AOA's Educator of the Year Award. Dr Spevack accelerated our momentum by assuring compliance in both our CME and GME and currently represents us on the AOA's Post-doctorate Training Review Committee. Dr Kuchinski was the first residency trained emergency physician to be appointed Vice Chair of the Bureau of Federal Health Programs, a position he holds to this day.

Dr Victor Scali (2002) and Dr Paula Willoughby DeJesus (2004) emphasized relationships, and expanded our influence and importance as stakeholders in the national health care arena. Under their leadership the ACOEP was established at the national level as a consistent, reliable, and altruistic partner in the development of health care policy. With the inception of TIPS, the College offered financial support and today we boast the largest number of graduates. We were no longer the small organization with the big name. During their tenure various federal agencies engaged our expertise. We were also actively courted by other medical organizations, most notably the American College of Emergency Physicians and the American Academy of Emergency Physicians. These relationships are being nurtured today through liaison relationships, and a sense of duty to assure that the patient-physician relationship is strengthened.

Last year, I presented to you our objectives for my term. They are in fact an application of principles put into action. They represent a continuity of purpose from one President's term to the next, and were confirmed by the ACOEP Board of Directors last year. The following is an accounting of our progress.

ACOEP Presidential Objectives 2006-2008

- 1) Membership participation
 - a) Membership required for each AOA EM resident.
 - i) We have sought accurate information from each residency program to be submitted to the ACOEP office within 30 days of the start of the new academic year. Residents can then be enrolled more efficiently as members. Resident membership is free and affords the residents membership benefits.
 - ii) We have encouraged our GME committee to consider appropriate language to facilitate this requirement. It is currently a requirement for program directors.
 - b) Each AOA EM residency is required to send a resident representative to each biannual meeting.
 - i) We currently subsidize the residency representatives at \$500 per Fall meeting, and this year increased the total resident chapter budget by 25%.
 - ii) This is currently a requirement for each program director (or their designee) to attend the biannual program directors committee.
 - c) Every AOA EM resident must attend one ACOEP conference and membership meeting once during their 3 years of residency.
 - i) The ACOEP is the primary support agency for the AOA EM residency programs. Without the ACOEP, these programs would not exist. All residents are required to pursue educational conferences outside their residency program, and have been encouraged to select the ACOEP Spring or Fall conference as one of their options. The GME committee has also been encouraged to consider appropriate language to facilitate this.
 - d) Every core faculty member must be an Active member of ACOEP.
 - i) The GME committee has progressively added higher standards for core faculty. A resolution (from ACOS et al) addressing board certification and specialty college membership was presented to the AOA Board of Trustees in July and rejected. We will re-introduce this concept in another venue this year.
 - e) Every AOA EM residency is required to enter the CPC/POSTER competition.
 - i) The revised residency program standards now require scholarly activity by the core faculty, and a research project by all residents beginning in July 2008. This year we have a huge increase in participation. 14/42 programs have entered the CPC and 57 posters were submitted for review.
 - f) Fellows are required to participate in one membership meeting per year in order to maintain fellowship.
 - i) The concept was submitted for consideration to the Fellowship, Awards, and Nomination Committee. The result has been an advanced level of fellowship.

- g) Pursue BOSS initiative for required membership in a specialty college if you belong to AOA.
 - i) The ACOS et al took the initiative and submitted the resolution to the AOA Board of Trustees.
- h) Establish recurrent theme in publications; "the member is our building block".
 - i) Various publications have repeated this theme. ACOEP materials will increase their frequency of use. In addition, the issuing of pins in conjunction with years of membership will be considered.
- i) Become the second largest specialty society in the AOA
 - i) We have achieved this goal and will continue to increase our lead.
- 2) Leadership
 - a) Future leaders
 - i) Institution of progressive committee appointments
 - (1) Done this past year with cyclical, renewable 3 year appointments
 - ii) New board members developed from committee chairs
 - (1) Done. This concept was developed as "the farm team" approach following the Boards last Strategic Planning Retreat.
 - b) Annual evaluation process for
 - i) Board members
 - ii) Committee chairs
 - iii) Committee members
 - (1) Standardized Excel sheet electronic evaluation to be submitted for completion this December by all board members, committee chairs, and committee members.
 - iv) Executive director
 - v) Office staff
 - (1) A standardized instrument was initiated last year.
 - c) Effective strategy for appointment of members to AOA committees.
 - i) This has been a long term objective of the ACOEP. Development of relationships with AOA leadership continues. Activities include hosting the AOA President-elect at the Spring Conference, hosting a cocktail reception for the AOA Board of Trustees at the July Trustees meeting, and actively seeking to assist the AOA in the pursuit of its mission. We are seeking qualified, dedicated, interested individuals who desire to serve.
- 3) Advocacy
 - a) Regular political advocacy through AOA
 - i) 100% board member participation in OPAC
 - (1) All Board members have been asked to make an annual contribution. Some have regularly given \$500 to \$1000 each year.
 - ii) Board representation at BSGA
 - (1) Dr Bell re-appointed to 3 year term.
 - iii) Board representation at Federal Health Council
 - (1) Dr Kuchinski in second of 3 year term as the V-chair.
 - iv) 50% of board members participate in annual DO Day on the Hill
 - (1) The Board has been given the April 24th 2008 date as an expectation.
 - b) Annual board member visits to EM Clubs and Residencies.
 - i) A matrix defining the clubs, board members, and dates has been constructed. The President's discretionary funds were used last year. The new budget now includes \$10,000 to visit EM clubs this year.
 - c) AOA actively seeks the advice, collaboration, and expertise of ACOEP.
 - i) A cadre of academic, political, and health policy leaders are assuming more prominent positions in our college. We have also funded the TIPS scholars. Subsequently, we have yielded progressively more inquiries for assistance. Emergency Preparedness, Disaster Planning, and Educational standards have been common requests.
- 4) Education
 - a) Publication of an OPP curriculum for EM residents.
 - i) Topics, practices, and data collection through a pilot project are underway.
 - b) Two year calendar of educational offerings available on the website
 - i) Done.
- 5) Finance

- a) Draft budget requests are submitted to the finance committee by the spring meeting of each year.
 - i) Still working on compliance.
 - b) Final budget for the next fiscal year is completed by mid-July
 - i) Done.
 - c) Appointment of a member-at-large on the finance committee that demonstrates superior expertise in financial management.
 - i) Done.
- 6) Benefits
- a) Agreement with other Emergency Medicine organization(s) to provide additional benefits
 - i) Publications
 - (1) We have made inquiries to NREMT, NAEMSP, AAEM, and ACEP. No agreement as of this date.
 - b) Interactive website with searchable data base
 - i) The new website is up and the added features will go live later this Fall.
 - c) Advanced level of fellowship
 - i) Approved and in the process of implementation.

Finally, I need to address the political dynamics we all face as emergency physicians. Despite the recent reports by ACEP, ACS, and IOM, we continue to provide a disproportional share of the uncompensated care. Many believe this is related to the lack of primary care access, and the growing number of uninsured or underinsured. For a long time I've asked questions about the uninsured in order to better understand the issue. Who is uninsured?? What are their current resources? What is their job status? Where do they live? Are there additional nuances to the problem??

It is VERY difficult to get accurate information. Sometimes, by asking the questions, someone (or group) assumes you are taking a position, when in fact a viable solution must be predicated on verifiable facts. To arrive at a solution that does not fit the problem would be a waste of time (and eventually resources).

On June 29th, the CDC released their annual report on Emergency Department use ("National Hospital Ambulatory Medical Care Survey: 2005 Emergency Department Summary", number 386, data 1995-2005). The CDC takes all ERs into account so the poor community ERs are mixed with the wealthy. I frequently hear that the uninsured go to the ER. On page 3, under "Payment", the percentage of "no-insurance" is 16.7%.

On August 28th, the U.S. Census Bureau released the latest data on the number of Americans without health insurance. The number of uninsured rose to 47 million, from 44.8 million in 2005.

This represents about 15.5% of the population in 2006, and 15.4% in 2005. It appears that Emergency medicine may be accepting a disproportionate share of the problem. In looking closer at the data, a clearer picture of the uninsured is revealed.

Quoting Karen Davis, PhD, Director of the Commonwealth Foundation, "*Nearly all uninsured adults are employed, and are increasingly likely to be in middle-class families. In 2006, an additional 1.3 million working adults were uninsured, of which 1.2 million worked full time. Both younger adults ages 25 to 34 and older adults ages 45 to 64 experienced major increases in the number of uninsured, a sign of the difficulty of obtaining health coverage in entry-level jobs and of staying covered as older adults experience serious health problems. Those particularly affected by the loss of coverage have incomes between \$25,000 and \$75,000. But even among those in families earning more than \$75,000, the number of uninsured grew by 1.4 million...The number of uninsured children rose to 8.7 million in 2006.*"

Another perspective came from an analysis reported in INVESTOR'S BUSINESS DAILY on Wednesday, August 29, 2007. "*The median household income, according to the data released this week, is \$48,200. You might be surprised to discover that 38% of all the uninsured — that's almost 18 million people — have incomes higher than \$50,000 a year. An astounding 20% of all uninsured have incomes over \$75,000. These are people who can afford coverage...Drilling even deeper, one finds that fully 27% of all the*

uninsured in the U.S. — that's 12.6 million people — aren't even citizens...By some estimates, another 20% or so is uninsured only for a couple of months a year."

These facts alone exemplify the problem of the uninsured as much more complex. It covers various ethnic groups, financial classes, and age groups. Unfortunately, we need to be cognizant of how we are viewed and the potential influence we have.

According to Dennis Gilbert author of *The American Class Structure* (1998, Wadsworth Publishing), the upper class or "rich" constitute less than 1% of the population. Most are old money, political dynasties, business tycoons, sports and entertainment figures, and a cadre of terminal degree professionals. This later group consists of PhDs, MDs, DOs, JDs, and MBAs. In addition, this later group holds considerable public trust and quiet influence. Other sociologists, such as Leonard Beeghly place more emphasis on heritage, education, and influence, and seeks household net worth (minus the primary residence) of greater than a million dollars as primary criteria.

In 2005, the US Census Bureau placed the top 5% of household incomes at greater than \$154,000. The top 1.5% made greater than \$250,000 and the top 1% greater than \$350,000. Now, consider your own household income. Where do you stand in the public's eye?

We have the opportunity to influence the outcome of health care in this country. We have influence based on our degree, and our income. We have an organization with a national presence, and are actively collaborating with similar organizations.

This year we are funding our Government Affairs Committee much like our GME committee. This tight group of 7 individuals will be lobbying in Washington twice a year, and implementing plans between meetings.

So how do we leverage the resources of our membership? Specifically, what can you do that will make a difference? There are three things. First, look at the October 2007 issue of the Pulse. Included is an advertisement for GOAL (Grassroots Osteopathic Advocacy Link). Sign up for the e-mail alerts. In Washington, decisions are made quickly and the only way to be effective is to be connected! The e-mail alerts give you an update on the issue and allow you to sign and send (electronically) a model letter to your elected officials.

Second, skip the expensive night out next week and make a donation to a PAC (I have a particular one in mind). You have the income. Invest some of it in your future. The lawyers, chiropractors, and podiatrists put physicians to shame when comparing the amount of money they contribute.

Finally, take an active, constructive role in the health policy dialogue. The 2008 elections are going to be full of health care issues. Remember your position of influence, and seek the fundamentals of protecting the patient-physician relationship. For without the patient, there can be no practice of medicine.

At this time, the Nominations Committee brought back the information on the results of the vote and Dr. Bell announced that the new Board members are: Dr. Gregory Christiansen, Dr. Anita Eisenhart, Dr. Douglas Hill, and Dr. Anthony Jennings. He thanked all the members participating in the electoral proceedings and stated that any member interested in becoming a Board member should send his or her letter of intent to Dr. DeJesus with a current CV for consideration.

Dr. Bell asked Dr. Victor J. Scali, D.O., to come to the podium. Dr. Bell announced that Dr. Scali was given the 2007 Benjamin A. Field D.O. Mentor of the Year Award for his continuing teaching of medical students, residents, and his peers since he graduated from his own residency at Albert Einstein Medical Center. The Award will officially be presented to Dr. Scali at the Fellowship Ceremony. Dr. Scali came forward and said a few words.

Dr. Bell, stated that the Bruce D. Horton D.O. Lifetime Achievement Award was awarded to Anthony Gerbasi D.O. a founding father of the ACOEP who because of illness couldn't be here today. He also announced that Wayne Jones,

D.O. was the 2007 recipient of the Robert D. Aranosian, D.O., Excellence in EMS because of his involvement in EMS in the Erie, Pennsylvania area. This will be presented to Dr. Jones in the Fellowship Ceremony.

Dr. Bell asked that the new members of the Board come to the dias and take the oath of office. He then asked Ms. Wachtler to come to the dias. Dr. Bell stated that Ms. Wachtler is celebrating her 15th Anniversary as Executive Director and the Board presented her with a gift for her excellent service.

Ms. Wachtler thanked the Board and the Members for their support during her tenure as Executive Director.

Dr. Bell thanked the Members for their support and attention and asked for a motion to adjourn. A motion for adjournment was made and seconded and the meeting was adjourned at 6:30 p.m.

Respectfully submitted,

Janice Wachtler
Executive Director