Gregory Lukaszewicz, M.D. Assumes SMCMA Presidency for 2011-12

Dr. Gregory Lukaszewicz began his service as President of the SMCMA at the conclusion of the 106th Annual Meeting of Members on July 13, 2011, previously serving as President-Elect and Secretary-Treasurer for the Association. He is enthusiastic about ensuring that the diverse needs of the SMCMA members are met, as well as aligning with the County Health System and other non-profit organizations to best serve the community’s uninsured and underinsured populations.

Dr. Lukaszewicz is currently a Vascular/General Surgeon with Permanente Medical Group in South San Francisco. His clinical focus is venous and lymphatic disorders and he is currently involved in the development of a regional peripheral arterial disease (PAD) screening program. The project is designed to detect PAD in its earliest stages, when patients who are at risk for the disease are still asymptomatic. The program also develops individualized nutrition, exercise and smoking cessation programs for PAD patients to prevent the further progression of the disease and by extension, cardiovascular disease in general. “We have currently piloted this project in South San Francisco and San Francisco Kaiser facilities and will be rolling it out throughout the region in the coming year,” he added.

In addition to piloting a PAD screening and prevention program, Dr. Lukaszewicz is the South San Francisco smoking cessation champion for patients at Kaiser South San Francisco.

Meeting the Needs of All SMCMA Members

As an employed physician, Dr. Lukaszewicz is well aware that the Association serves a variety of members in different practice situations. The biggest dichotomy perhaps being those who are employed and those who are in a solo practice environment. Dr. Lukaszewicz sees the common need of these two groups – communication. “It will be crucial that the Association inform both employed and private-practicing physicians as to they will be affected by major health care changes and other issues,” he stated. “The Association stands ready to serve both groups and recognizes their unique needs.”

Reiterating the Importance of Membership

Dr. Lukaszewicz also wants to learn why there are physicians in the County who are not Association members. “They may not be joining because we are not meeting their needs or covering issues that are important to them,” he says. “I want to hear from those physicians and address any problems they may have.” As a long-time member, he wants to educate potential members as to the benefits of membership. “The Association stays on the forefront of what its members need, consistently delivering high-value member benefits and legislative advocacy at the local, state and national level,” he added.

Being A Resource to the Community

Probably the most important area of concern for Dr. Lukaszewicz is patient access to care. He is interested in sitting down with leaders in the County Health System and throughout the community to learn how the Association can help the County’s uninsured/underinsured populations. “I want to find out what is the best role for the Association in not only caring for these groups, but what other public health issues are impending where physicians need to...”

CONTINUED ON PAGE 12
The San Mateo County Medical Association-endorsed Workers’ Compensation program, with its 5% member discount (15% depending upon where you place your group health insurance), will be even more important to members this year.

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Taking Time to Give Back to the Community

By Gregory C. Lukaszewicz, M.D.
SMCMA President

This year’s annual Medical Association meeting marked the 106th anniversary of the San Mateo County Medical Association. At the dinner Dr. Josefina Enriquez, a solo practitioner in Half Moon Bay, was presented with the 2011 Distinguished Service Award for her inspiring work providing care to the underserved and uninsured residents living along the coast. Dr. Enriquez was instrumental in establishing the RotaCare free clinic in Half Moon Bay, which has cared for over 5000 uninsured and underinsured patients. She is also involved in efforts to educate farm workers about health and nutrition. In addition to her regular practice, she continues to donate her time to see uninsured patients for the Coalition of Concerned Medical Professionals.

Dr. Enriquez epitomizes the qualities of selflessness, altruism and dedication to which our profession has traditionally aspired.

In medicine selfless effort is by no means rare. This issue of the Bulletin presents other examples of physician volunteers donating their time locally, nationally and internationally. Dr. Gerald Saliman writes about his experiences providing care at the Samaritan House Clinic. Dr. Elizabeth Watson recounts how she provided orthopedic services at clinics in the United Kingdom of Bhutan and Kenya, as well as locally for Operation Access. Finally, Dr. Kim Erlich shares his overseas volunteer experience in the Philippines with Philos Health.

These examples indicate that there are numerous opportunities for physicians to volunteer. Those interested in local opportunities should contact the RotaCare Bay Area clinics, the Samaritan House, Operation Access and the Coalition of Concerned Medical Professionals. There are countless organizations providing care throughout the country and the world for those who want to travel. There are also numerous internet sites which provide information for physician volunteers. Researching volunteer programs within my own specialty, The American College of Surgeons offers Operation Giving Back, which has a comprehensive web site providing resources and support on various volunteer opportunities for surgeons. This resource also publicizes the efforts and stories of these volunteers.

Physicians find the time and energy to provide care to others despite all the stress in their lives. This stress being attributable to ever expanding medical knowledge, changing regulations and requirements, new technology, complicated reimbursement, and increasing societal expectations. Many physicians describe how their volunteer experience has changed their lives in profound ways by giving them a chance to explore medicine outside their normal practice environment, rejuvenating their skills, passion and excitement for their profession and giving them a chance to help those most in need.

Providing care to those in need regardless of their ability to pay has been part of the American Medical Association’s Code of Medical Ethics since the mid 1800s. The American College of Surgeons recognizes the difference between volunteer care, which is defined as the planned delivery of health care services outside of one’s normal practice. Conversely, pro bono (or charity) care is essentially un- or under-compensated care delivered during one’s daily, normal practice. Our current medical system has come to depend upon physicians providing free or grossly under compensated care for the system to function.

However, solely relying upon providing volunteer care is not sustainable. Once Dr. Enriquez retires, will there be a physician or even a group of physicians to fill her place? Whether one agrees with its methods, one of the key goals of The Affordable Care Act is to correct the uncertainty of access to medical care coverage currently built into our health care system for both patients and physicians. Currently it is estimated that 77,000 residents in the county

CONTINUED ON PAGE 12
Josefina Enriquez, M.D., Receives Distinguished Service Award

The Association honored Dr. Josefina Enriquez with its 2011 Distinguished Service Award, recognizing her tireless efforts to provide health care to nearly 5,000 uninsured and underinsured patients through efforts such as the RotaCare Coastside clinic and the Coalition of Concerned Medical Professionals.

“Dr. Joy,” as many call her, was born in the Philippines and moved to the United States in 1965, eventually opening a practice in Half Moon Bay in 1983. She wasted no time contributing to her community and became the first woman member of the Rotary Club of Half Moon Bay in 1986 and Director of Community Service from 1990 - 1993. Through her Rotary Club involvement, Dr. Enriquez was instrumental in founding the Coastside RotaCare free clinic. She recalls the early days of the clinic when patients would pay physicians with what little they had. “We got paid with vegetables and chickens,” she remembers.

In addition to her RotaCare efforts, Dr. Enriquez also donates one half-day a month to see an average of 8-12 low-income patients through the Coalition of Concerned Medical Professionals. The CCMP is an all-volunteer association of medical professionals and others working with low-income workers and their families providing health care free of charge. She also opens her office an hour early everyday to see walk-ins who do not have insurance.

A majority of the patients that she sees are Latino farm workers with health care issues that stem from a high fat traditional Latino diet. These problems include diabetes, high cholesterol and hypertension. Other common health care problems include skin disease, asthma and other environmentally related issues that come from poor living conditions.

Dr. Enriquez has proactively addressed these population issues by hosting health fairs for field workers through organizations like the Nurserymen's Exchange. “The goals of these health fairs are to educate this community about proper nutrition and the prevention of obesity in children as well as provide routine care such as blood pressure checks,” she explains. They also enlisted psychologists and social workers available at the health fairs to address socioeconomic issues associated with poverty.

There are other barriers to health care for the poor that Dr. Enriquez frequently encounters. One of those barriers is transportation. She recalls seeing an uninsured 91-year-old female patient that complained of what she thought was a boil. Dr. Enriquez determined it was skin cancer and immediately called a local general surgeon to refer the patient for further diagnosis. Unfortunately, the patient did not have transportation to the specialist’s office. “At this point, we have to do things like pay for taxi cabs to get patients to the care that they need,” she added.

Full of seemingly boundless energy, Dr. Enriquez also continuously fundraises and recruits physician volunteers for the RotaCare clinic. “Most of the time, I just ask physicians that I know personally to help out.” She mentioned names of fellow SMCMA members such as general surgeons, Robert Perez, M.D., and Tobin Schneider, M.D., as well as ophthalmologist Daniel Buckley, M.D., and orthopedic surgeon, A Shabi Khan, M.D., that have volunteered their skills on more complex cases requiring a specialist. However, she is constantly looking for primary care physicians who are willing to follow up on chronic cases.

Recruiting physicians aside, Dr. Enriquez makes sure that there are enough funds to run the clinic and has come up with creative fundraising ideas. For instance, she recently hosted her own birthday celebration, cooking food from her native homeland, the Philippines, in order to raise money for the clinic. The event drew 250 guests and $10,000 in funding. “I just told people to bring their checkbook to the party,” she says with a smile. She also writes to her colleagues during the holiday season urging them to contribute to the RotaCare clinic and last year was able to bring in $5,000.

When asked what motivates her to do this work, Dr. Enriquez is almost brought to tears. “It hurts me to see people who don’t have anything. I’ve been given the knowledge and the ability to assist them,” she adds, “It’s innate in me to do this work. I don’t have to be told.”

At 72 years old, with 50 years practicing medicine, Dr. Enriquez does not plan to hang her hat anytime soon. “I am still planning to work for ten more years,” she says.

The RotaCare clinics are always looking for physician volunteers and/or donations. If you are interested in either opportunity, please contact RotaCare Executive Director, Tammy Janosik at (408) 379-8005 or tammyj@rotacarebayarea.org. Clinics are located throughout the Bay Area in Concord, Daly City, Gilroy, Half Moon Bay, Monterey, Mountain View, Pittsburg, San Jose, San Leandro, San Rafael and Santa Cruz. For more information, please visit www.rotacarebayarea.org. Ω
I am delighted to introduce the newest member of our team at the San Mateo County Medical Association - Whitney Wood, the Association’s new Membership, Development and Programs Director.

Whitney brings a great deal of experience and enthusiasm to the SMCMA working in membership management from her previous role as Director of Membership Services and Events Coordinator with the Salt Lake Home Builders Association. She has a deep understanding and know-how in the way of recruitment efforts as well as a desire to truly help members benefit from their involvement in the Association. She believes that every member joins for different reasons and it is our responsibility to learn their motivations.

“She is eager to meet SMCMA members and learn more about their needs in order to help them get the most out of their membership. Please don’t hesitate to contact her with membership questions or suggestions.”

Gone are the days where professionals would simply belong to their association for networking opportunities alone. Whitney feels that now, more than ever before, it is crucial that professional associations deliver high-level and usable value to their entire membership. She is eager to meet SMCMA members and learn more about their needs in order to help them get the most out of their membership. Please don’t hesitate to contact her with membership questions or suggestions.

Whitney will also be focusing a great deal of her time and attention toward growing the San Mateo Hep B Free campaign. The campaign seeks to eradicate hepatitis B through a program of community education, outreach, testing and vaccination as well as ensure that physicians of high-risk patients are aware of the threat. The SM Hep B Free campaign is modeled after the highly successful San Francisco Hep B Free campaign. We aim to build partnerships with local community leaders to address specific needs in San Mateo County.

In order to facilitate these efforts, Whitney will also be writing grants to corporations, foundations, and pharmaceutical groups as well as planning fundraising events. She has also suggested that we challenge members to support SM Hep B with donations to the campaign when they pay their annual dues. The program is run through SMCMA’s charitable foundation so all contributions are tax-deductible.

Of course, we are always looking for volunteers to donate their time at screening and vaccination events. I encourage members and their staff to contact Whitney to get involved with this program. She can be reached by email at wwood@smcma.org or by calling (650) 312-1623. Also, in her first month of employment with SMCMA, Whitney put together a website for the SM Hep B Free campaign in order to raise awareness about the program and encourage community involvement, please visit www.smhepbfree.org for more information.

Whitney is originally from Salt Lake City, Utah and is a recent transplant to the Bay Area. She has a Bachelors of Science Degree in Business Management from the University of Utah and has been working in Association Membership Management for the past 5 years. She has a lot of energy and is excited about the opportunity to work with SMCMA members and help our programs develop successfully! Although Whitney has only been in the Bay Area a short time, she and her German Shepherd puppy are loving our sunny weather and sandy beaches. She couldn’t be happier about making the move to California! Ω
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A patient that I recently saw had survived the 2005 Hurricane Katrina, but was now facing a more serious threat to her life. She came to see me at Samaritan House Medical Clinic in San Mateo a few months after the hurricane. She was complaining of abdominal pains, nervousness, and diarrhea. Her previous physicians had treated her with a cocktail of proton pump inhibitors (for presumptive peptic ulcer), antidepressants and sleeping aid remedies to no avail. I had seen a few patients with post-traumatic stress disorder, and this patient looked unusually thin for this to be the sole explanation. I suspected there may be something else going on. I requested she obtain an ultrasound of her abdomen and then an abdominal CT scan, which were both performed at Peninsula Hospital. On her next visit I broke the news to her that she had a carcinoid tumor. Her reaction was unlike any other patient’s reaction to similar news. She hugged me! It was a relief to her that everything she had experienced now had a physical explanation. She was overtly appreciative for the care she received at Samaritan House Medical Clinic.

In addition to working as an internist at Kaiser Permanente South San Francisco for 30 years, it has been my joy to volunteer at Samaritan House Medical Clinic at least once a month for the past several years. I have found volunteering to be rejuvenating because it is a reminder of why I chose to be a physician. The goal at the free clinic is simply to help patients without the other outside demands on doctors. At this clinic, there are no Medicare coding requirements, no electronic charting, and there is little worry about litigation.

Although most of the volunteer physicians have already retired, I am lucky to have discovered this opportunity during my working career. I knew about this free clinic because I was acquainted with Dr. William Schwartz, one of the founders. Prior to volunteering at Samaritan House, I served on the board of directors of non-profit organizations and fundraised for charitable causes. However, the opportunity for a direct service experience where I could use my skills really appealed to me. The Samaritan House Medical Clinic seemed like a perfect fit.

I enjoy meeting patients from all over the world including those from Russia, Samoa, Philippines, Turkey, the Middle East, Egypt, and almost every country in Central and South America. The patients I see at this free clinic are the working poor. They earn a little too much to be eligible for Medi-Cal, and they don’t have health insurance through their employers. Patients have shared their personal stories with me, and this has resulted in many rewarding relationships. In general, these patients are very appreciative no matter what can be done to help them.

The medical conditions of these patients are similar to those seen in the pay-for-service world, but their health status is compounded by poor nutritional status, occupational stress, poverty, and family issues. Working there reminds me to look at each patient as a person, not as a collection of maladies. I recently treated two patients in their 50’s for strokes related to underlying hypertension and poor compliance with their medications.

One of the ways it helps to deal with these challenging issues is the unspoken camaraderie among the physicians and the entire staff at Samaritan House Clinic, including the nurses, office assistants, and interpreters. We are bonded in our desire to improve the health of the people in our local community. I have become aware that there are many unfortunate people who live in our neighborhoods who don’t have access to medical care. Although many physicians travel to remote countries to help others who are impoverished, we have many people in San Mateo County who have trouble obtaining the care they need. Some residents, such as the patient with a carcinoid tumor, would not be alive if it weren’t for us.

For more information on volunteering at the Samaritan House Medical Clinic, contact their Medical Director, Dr. Stuart Viess. He can be reached by email at stuart@samaritanhouse.com or by phone at (650) 578-0400.

Dr. Gerald Saliman is an internist at Kaiser Permanente South San Francisco Medical Center.
San Mateo County Medical Association Annual Meeting of Members

From left to right: 2011-12 SMCMA President, Gregory Lukaszewicz, MD, Distinguished Service Award Recipient, Josefina Enriquez, MD, Richard Gordon, State Assembly, 21 District, and William Black, MD, touch base before the evening’s program.

William Black, MD, thanks Thomas Hazlehurst, MD for his two years of service on the SMCMA Board of Directors.

Susan Butler, MD and her husband Jaret Butler, MD.

From left to right: Mark Tsuchiyose, MD, Alberto Bolanos, MD, Alexander Moldanado, MD, Swarna Moldando and Robert Benner MD enjoy catching up.

Gregory Lukaszewicz (left), MD assumes the 2011-2012 Presidency with the passing of the gavel presented by William Black, MD (right).

2011-12 SMCMA Secretary-Treasurer, Amita Saxena, M.D shares a laugh with Neel Patel, MD.

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Menlo Circus Club, Atherton

July 13, 2011

From left to right: CMA President, James Hinsdale, MD, Gregory Lukaszewicz, MD and David Goldschmid, MD

Past SMCMA Presidents, Michelle Caughey, MD (2005-06) and Barry Sheppard, MD (2004-05).

Sonja Declercq, MD and her husband, Eric Denys, MD.

Stephen Nagy, MD, and his wife, Marina White, MD, chat with Past President, Donald Cheu, MD and his wife Jennie Cheu.

Gregory Lukaszewicz, MD poses with his wife, Nicole Moayeri, MD and their children Gabriel, 10 and Leila, 12.

Jerry Hill, State Assembly, 19th District, Fiona Ma, State Assembly, 12th District, Richard Gordon, State Assembly, 21st District, present William Black, MD with a State Assembly Resolution recognizing his hard work as 2010-2011 SMCMA President.
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Elegance without formality
Navigating Volunteer Opportunities

By Elizabeth Watson, M.D.

Medical volunteering has been a passion of mine since my first stint as a volunteer orthopedic surgeon for two months in the Kingdom of Bhutan with Orthopedics Overseas, a branch of Health Volunteers Overseas. I like to call it my “first job” since I did it fresh out of residency during a six-month hiatus while waiting to start a fellowship. From then on, I have been hooked on volunteering. Having now volunteered with at least three overseas organizations that include Orthopedics Overseas, Tiba Foundation, and Operation Arthroscopy, and one local organization, Operation Access, I have learned that there are many ways to volunteer and contribute.

Volunteer organizations vary from sending individuals to work with and to teach the locals to sending big groups that can be either single or multi-specialty groups. Going as an individual allows for a more immersed cultural experience, whereas going with a group affords a somewhat higher degree of comfort and safety.

The opportunities can also vary in terms of “teaching” vs. “doing”, while some combine both. Personally, I get more gratification on the teaching side, but there are certainly individuals who like the accomplishment of doing such as physicians who work with organizations like Operation Smile or Operation Rainbow, groups dedicated to providing surgical teams to perform many surgeries at a time. Some organizations are faith-based or have other special interests. There are opportunities that can be as short as a week, and others can go on for weeks to months. Locations can be very remote with scant resources, rough accommodations, and lack of usual comforts, all of which challenge our usual routine both in and out of the hospital. By contrast, some are in major urban cities with very nice accommodations, a higher degree of safety, and better resources to allow a more typical practice in the hospital.

One universal truth that I have learned from my volunteer experience is that I always come away having learned and received more than I ever thought I could give. The staff, the patients and the families are all incredibly generous and giving. Gratitude abounds. And while ostensibly I am there to teach and do, I always take away some pearls that add to my everyday practice. The rich cultural exchange also feeds back into my relationships with patients back home. I enjoy returning with a renewed sense of purpose and excitement for medicine as a profession. I would strongly urge anyone on the fence to make that leap, find the opportunity that best fits your needs and then go do it! Ω

Dr. Elizabeth Watson is an orthopedic surgeon at Kaiser Permanente Redwood City Medical Center.
President’s Column

CONTINUED FROM PAGE 3

are uninsured. With the enactment of the Affordable Care Act, it is estimated that approximately 60,000 will have access to coverage, either through the subsidized Insurance Exchange or expansion of Medi-Cal. It is estimated that by 2014 roughly 22,000 county residents will remain uninsured despite these coverage expansions. Thus, the need for physician volunteers will certainly not go away with the Affordable Care Act. While physicians will continue to provide this important social safety net at the individual level, we need to continue to advance social and political policy to create a system which provides coverage for all residents. I hope that you find inspiration in the physicians’ stories contained in this issue and welcome your involvement in the Medical Association’s ongoing efforts to improve the care we provide to residents in our County. Ω

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2011-2012 SMCMA Presidency

CONTINUED FROM PAGE 1

take an active role,” he stated.

Of course Dr. Lukaszewicz stays committed to SMCMA’s ongoing work of the San Mateo Hep B Free program, a project aimed at eradicating Hepatitis B in the Asian and Pacific Islander communities by providing regular screenings and vaccinations for these populations. “I am particularly excited to continue working with Assembly Person, Fiona Ma and other Asian and Pacific Islander leaders in the County to address this issue,” he says.

Addressing Challenges That Lie Ahead

Dr. Lukaszewicz is acquainted with the many challenges physicians face in this practice environment such as continued cuts to Medicare, impacts of the Affordable Care Act, constant technological changes and the instability of the ever-increasing costs of health care. With these large-scale issues, Dr. Lukaszewicz is quick to point out that the Association is in front of these issues. “The SMCMA works closely with the California Medical Association to make sure that physicians’ voices are heard in regards to constant threats of drastic Medicare cuts and their effect on access issues for the nation’s most vulnerable populations,” he says. “In terms of technology, the Association has partnered with Lumetra, a CALHIPSO Local Extension Center, to offer Electronic Health Record implementation consultative services to small practices for free or a nominal fee, depending on a physician’s specialty.”

Dr. Lukaszewicz is married to Nicole Moayeri, M.D., a Permanente Medical Group Neurosurgeon at the Redwood City facility. They have two children, Leila, 12 and Gabriel, 10. He enjoys many outdoor hobbies that include hiking, cycling, sailing and kayaking, as well as other interests such as reading, gardening and cooking. Family being one of his main priorities, he chose his part-time schedule to be actively involved in his children’s many scholastic and athletic activities. Ω
Giving Back to the World in a Meaningful Way

By Kim S. Erlich, M.D.

I recently returned from my fourth volunteer medical trip with Philos Health, a nonprofit organization formed in 2004. Comprised predominantly of physicians and other health care workers from San Mateo County, Philos Health provides primary and preventative health care to the municipality of Jagna, an island of 32,000 people located 500 miles from Manila.

There have been over 20 medical trips to Jagna over the past several years. Jagna is relatively impoverished and most of the residents lack access to health care. The focus of the trips is to provide direct primary patient care to the local population and contribute to improving the health of the community. Philos Health brings all supplies and medications for distribution and employs a local nurse who conducts follow-up visits and medication refills for patients. Most recently, we have also begun a childhood nutritional assessment and supplemental feeding program. In addition, we started to provide surgical care to the community.

There were five doctors on this last trip: Lorraine Massa, MD (internist/pulmonologist), Jennifer Normoyle, MD (OB-GYN), Roberto Diaz, MD (OB-GYN), Lovella Diaz, MD (psychiatry) and myself (internist/infectious diseases). We also had six students on this trip - a first-year UCSF medical student, and five high school and college students.

Providing Primary Care

With the assistance of the one local government physician, Dr. Massa and I saw about 635 patients over three and a half days in four different sites. As usual, we saw a variety of illnesses that included localized skin infections, boils, upper respiratory infections, pneumonia, tuberculosis, diabetes mellitus, hypertension, osteoarthritis, acute gouty arthritis, large goiters, urinary tract infections, ear infections, viral exanthems, localized fungus infections, lethargic newborns, prostate enlargement, etc. By bringing an extensive pharmacy with us, we are able to treat many of the acute problems as well as provide ongoing therapy for chronic illnesses.

Expanding Into Surgery

For the first time, our group performed ten major OB-GYN surgeries in the small local district hospital. Drs. Normoyle and Diaz performed four vaginal prolapse surgeries and five abdominal procedures, hysterectomies for fibroids “the size of watermelons” and removal of large, complex ovarian cysts. The surgeons also performed an emergent complicated C-section of a woman with a baby in a transverse presentation, with constricting uterine bands - she and the baby would likely have died in childbirth without a C-section. Each procedure was much larger and more complicated than what is usually seen in the United States and the operative conditions in the hospital were somewhat primitive and less than ideal. However, the surgeons and local anesthesiologist that we employed were quite skilled and all patients had excellent results with no complications.

Improving Childhood Nutrition

In addition, our students continued our ongoing nutritional project. On a trip last year, we surveyed over 1000 kids in Jagna under the age of 10 and demonstrated substantial nutritional depletion. Beginning about two months ago, we instituted a feeding program. This project provide a nutritional product, referred to as MannaPack, that is soy and rice based with vegetables and vitamins. The MannaPack is cooked and served to children in communal settings in 33 villages. So far, we have distributed over 270,000 meals within Jagna and are currently serving 3,678 meals, five days a week to children less than six years of age. The local children enjoy the food and the program is going better than expected. The food is supplied free of charge by a Minnesota-based non-profit group called “Feed My Starving Children” that supplies over 55 million meals per year to non-profit organizations for distribution in over 70 countries. Philos pays the shipping charges, resulting in a final cost of about three cents per meal. Our goal is to sustain the program through ongoing donations as well as re-survey the population in a year to evaluate its impact.

We were asked to make “home visits” to allow for extra meals on a case-by-case basis. The worst example was a malnourished woman with seven underweight children living in a small one room hut. We will provide needy families additional food. Although it is true that we can’t feed every starving family in the world, or in the Philippines, we have the capability to feed particularly disadvantaged families.

Future Trips

Each year we actively fundraise for Philos Health. Forrest Malakoff, VP at Mills Peninsula Health Services and Philos Health Founder, organizes the Jagna trips two or three times per year.

Upcoming trips will be in September or October of this year and next year in February and June. If you are interested in making a donation or joining a future trip, please visit www.PhilosHealth.org and let us know.

Dr. Kim Erlich is board certified in internal medicine and infectious diseases and practices in Daly City.
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Members are always encouraged to submit articles, commentary and Letters to the Editor. Email your submission to the SMCMA Editorial Committee at smcma@smcma.org for consideration for publication in the Bulletin.

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