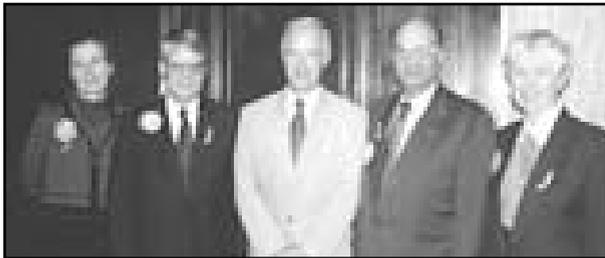




RESPONSE TO SEPT. 11

CMS launches anti-terror initiative



Scott Warner

John Wilhelm, MD (*center*), commissioner, Chicago Department of Public Health is shown at the CMS Council Meeting, Oct. 2, where he was guest speaker. With Dr. Wilhelm are (*from left*): Drs. Janis M. Orłowski, ISMS chairman of the Board and past president, CMS; Edmund R. Donoghue, CMS president; Richard A. Geline, president-elect; and Sandra F. Olson, past president CMS and ISMS. Watch for the October *Chicago Medicine* featuring our interview with Dr. Wilhelm.

IN THE WAKE OF THE SEPT. 11 TRAGEDY, CMS President Edmund R. Donoghue, MD, has appointed an Ad Hoc Committee on Ter-

rorism. Led by John F. Schneider, MD, ISMS president-elect and former CMS president, the committee will examine the physician's role in responding to terrorism in Cook County. As part of the CMS initiative, Dr. Donoghue has contacted John Wilhelm, MD, commissioner of the Chicago Department of Public Health, offering to assist in the review of the City's Terrorism Response Plan. Mayor Daley has stated he will reactivate that plan.

Other members of the CMS Ad Hoc Committee on Terrorism include Drs. Paul Mesnick, Thomas Chorba, Brian Farrell, and Martin Greenberg. *Any physician interested in participating should contact Cathy Faedtke@312-670-2550, ext. 322.*

Be sure to watch future issues of Chicago Medicine for a series of articles authored by Martin Greenberg, MD. The series, which begins this October, addresses blast and explosion injuries, biological weapons and chemical warfare. CMS will also include a course on the topic of terrorism at the Midwest Clinical Conference next March.

CMS passes resolution denouncing the attack on America

MEMORIAL RESOLUTION

- WHEREAS, A horrific terrorist attack on the United States occurred on Tuesday, Sept. 11, 2001 killing many innocent citizens; and
- WHEREAS, Four commercial airline jets were hijacked with two being deliberately flown into the twin towers of the World Trade Center in New York, one being deliberately flown into the U.S. Pentagon and one crashing in rural Pennsylvania; and

- WHEREAS, There were more than 200 passengers and crew killed on those four flights, alone; and
- WHEREAS, The two flights that crashed into the World Trade Center caused four of the World Trade Center buildings to collapse killing or trapping thousands more innocent citizens; and
- WHEREAS, The loss of life in these attacks is likely to be unknown for several months; therefore be it

continued on page 2

- RESOLVED, That the Chicago Medical Society vehemently oppose terrorism in any form and against any peoples around the world; and be it further
- RESOLVED, That the Chicago Medical Society express its deepest sorrow for the innocent victims that were harmed or lost their lives and that this resolution be

recorded in the minutes of the CMS Council; and be it further

- RESOLVED, That the Chicago Medical Society express its condolences to the families who lost loved ones in the attacks on the World Trade Center and the Pentagon and the attempted hijacking of United Flight 93.

Resolution adopted by the CMS Council, Oct. 2.

What members are saying

Is Cook County prepared for a bioterrorist attack?

At the Oct. 2 Council Meeting CMSnews asked several physician-members to consider the disturbing possibility of a bioterrorist attack in Cook County. Here are their responses:

"Government agencies in Cook County and the City of Chicago are excellently prepared to respond to mass disasters and terrorism. This is largely a result of the 1995 Heat Wave and the 1996 Democratic National Convention here in Chicago. Fire, police, public health, and medical examiners have had extensive training in mass disasters, and in responding to terrorism.

"I am concerned about the national response to chemical and bioterrorism, which depends on early recognition of an outbreak and the movement of the federal drug and biological cache to the site of the attack. Since urban centers are likely terrorist targets, we need to look at the possibility of storing these drugs locally, and perhaps anthrax and smallpox vaccine should be made available to persons who wish to be immunized."

Edmund R. Donoghue, MD

*Forensic Pathology
CMS President*

"The medical community can best offer support to the public by removing any unwarranted fears and providing information to all citizens who desire information. For example, many people may worry about the possibility of an anthrax attack after the re-

cent problems in Florida. Doctors can talk about the unlikelihood of a biological attack of incredible proportions and suggest that vaccines are being produced today. In short, we must make sure that mass hysteria does not cloud the public reasoning.

"The medical community must project an image of solidarity and professionalism. This projection must be based on realities. People cannot be confident about the handling of future terrorist attacks unless they know that our "system" is ready and capable of action."

Nivedita Dave, MD

*Diagnostic Radiology
President, West Side Branch*

"I don't believe we're ready for a biological attack. But CMS can do a lot to educate physicians and students on the diseases that result from the spread of biological weapons. CMS could present lectures, and publish photographs of diseases like smallpox and tularemia. Someone needs to deliver this information."

Ray Tsai

*Northwestern University
Vice-president, Student Branch*

[*Editor's note: Chicago Medicine is already publishing a series of articles on the weapons of terrorism. Watch for the October and November issues, which address bomb and blast injuries and biological weapons.*]

ARE YOU UPDATED ON PBM?

Population-based medicine helps to align physician practice with patient needs

POPULATION-BASED MEDICINE (PBM) IS AN important concept that physicians should know more about. That's why CMS is cosponsoring a half-day forum on Nov. 3 (*see adjoining page for details*).

"PBM can give physicians an overall view of the community in which they serve, allowing them to better treat individual patients," says Kevin Sherin, MD, MPH, program director at UIC Christ Family Practice Residency. Dr. Sherin is one of the scheduled speakers at the upcoming conference.

Practitioners of PBM target specific groups of patients by common demographic characteristics (e.g., age groups), risk factors (e.g., smokers), or diseases (e.g., diabetes), using data gleaned from previous studies about similar groups of patients.

An ongoing approach that brings scientific knowledge to bear on practice problems, PBM can answer questions such as:

- Should physicians offer Chlamydia and GC screening to all sexually active adults between 18 and 35?
- Should HIV screenings be routine?
- Should physicians automatically screen young pregnant women for intimate partner violence?
- What sorts of tools should physicians utilize in the office to increase mammography screening rates or colon cancer screening?
- How effective is it to counsel patients about to-

bacco cessation?

- Are physicians effectively offering immunizations to their pediatric or adult patients?

PBM is valuable for examining health disparities that may exist in physician practices—it can help to promote cultural competence in dealing with various groups of patients. "From the literature we know that women with coronary artery disease receive less timely care than men with the same symptoms. We know that African-American women are often diagnosed in later stages of breast cancer than Caucasian women are when other variables are controlled for. We know that native-born Asian children have higher rates of Hepatitis B than other residents of Cook County," said Dr. Sherin.

The concept of PBM historically has been known as community-oriented primary care. The Chicago Department of Public Health and the Cook County Department of Health offer needs-assessment assistance. Various epidemiologic measures are available to guide physician efforts including teen pregnancy rates, infant mortality statistics, STD rates, HIV burden of disease, Hepatitis B or C, intimate partner violence and mental health statistics, etc. Information is also available through hospital statistics, studies by other physicians, and census demographics.

Mark your calendar for Branch and Specialty Society meetings

Wednesday, Nov. 7, 2001

Douglas Park Branch

Thursday, Nov. 8, 2001

North Side Branch

Thursday, Nov. 8, 2001

Hines/Loyola and West Side Joint Meeting

Wednesday, Nov. 14, 2001

Chicago Dermatological Society

Wednesday, Nov. 14, 2001

Student Branch

Wednesday, Nov. 28, 2001

Chicago Gynecological Society

Wednesday, Nov. 28, 2001

Northwest Branch

Wednesday, Dec. 5, 2001

Southeastern Branch

Thursday, Dec. 13, 2001

Student Branch

The above meeting dates, current at press time, are subject to change. Please refer to your mailed meeting notice for full details (i.e., cost, date, time, topic, location, etc.) and to confirm dates; or visit our web site at www.cmsdocs.org. Detailed listings also appear in Chicago Medicine.

OFFERINGS

Physician, keep track of your stress

MEMBERS OF THE CMS PHYSICIAN STRESS Study Committee are available without charge to make presentations to groups of doctors. Discussions on physician stress have been given in the past at hospital medical staff meetings, CMS Branch events, medical school groups, residency training programs and specialty society sessions, as well as the Midwest Clinical Conference. Subject materials can be adapted to the needs of the group seeking the presentation. Mary-Jane Jensen, MD, chairs the committee.

For information, please contact Scott Warner at: swarner@cmsdocs.org or call (312) 670-2550, ext. 336.

Dine with us and view AMA's art collection on Nov. 28.

THE CMS PHYSICIAN ART COMMITTEE INVITES physicians to enjoy an evening at the AMA viewing the organization's extensive art collection and dining in the Nathan Davis Room. The event is scheduled for Wednesday, Nov. 28, at 6:00 p.m. Cost per person is \$30. *For more information, contact Liz Sidney, CMS staff, at (312) 670-2550, ext. 335.*

HAVE YOU COMPLIED?

OSHA revises and updates bloodborne pathogens standard

WHEN THE CDC ESTIMATED THAT 600,000 injuries to health-care workers annually result from contact with contaminated needles, Congress responded by passing the Needlestick Safety and Prevention Act in November 2000. The Act brought OSHA criteria up-to-date with the most recent technological and medical advances. (Deadline for meeting all bloodborne pathogen standards was Oct. 18, 2001):

NEW STANDARDS AND/OR REVISIONS TO OLD STANDARDS

- New requirements in the Exposure Control Plan
 - must be updated to include changes in technology
- Solicitation of input from non-managerial employees
 - includes identification, evaluation and selection of engineering controls
- The addition of Sharps Injury Log
 - for each incident—type and brand of device involved, department or area or incident and description of the incident must be entered into the Log.
 - workplaces with 10 or fewer employees are exempt from maintaining a Sharps Injury Log

DEFINITIONS ADDED

- Engineering controls—controls that isolate/remove hazards
- Needleless systems—a device that does not use a needle for any procedure with potential exposure to contaminated sharps

- Sharps with Engineered Sharps Injury Protection (SESIP)—non-needle sharp or needle device with built-in safety feature

The above information is a summary of the revised OSHA regulation and does not replace the actual regulation. For more detailed information about the revisions, please refer to the standard at www.osha.gov or visit www.dodsongroup.com, the Society's workers' compensation provider. CMS is also offering an OSHA training program on Nov. 7. For details, please refer to the listing on the back page.

Information provided courtesy of Dodson Group

ASK YOUR COLLEAGUES TO SIGN UP NOW --

**14 months CMS membership
for the price of 12**

Why not take this opportunity to become a member of CMS and ISMS for the remainder of year 2001, and a full year for 2002? To be included, you need only send your check for full membership dues of \$790 to cover year 2002, while receiving the rest of year 2001 free. Your membership will take effect immediately and will not expire until Dec. 31, 2002.

For information, please call Silvia Salinas at (312) 670-2550, Ext. 331.

CMS-SPONSORED PROGRAMS

OSHA 2001 Training

OSHA Training (1.0 CME Credit Hour, Category 1)

Schedule for the remainder of the year:

- Wednesday, Nov. 7, at 3 p.m. (AMA Bldg.)

Fees

\$25 members and staff

\$80 nonmembers and staff

All health-care workers are required by the U.S. Department of Labor Occupational Safety and

Health Administration to participate in annual training on bloodborne pathogens and use of personal protective equipment. Our OSHA training is an easy and affordable update to help you and your office staff comply with federal regulations.

For registration information, contact Eloveria Rubio at CMS: (312) 670-2550, ext. 338; or by e-mail at erubio@cmsdocs.org

On-Site Training – CMS will hold this OSHA program in the convenience of your own facility. Please contact Cecilia Merino: (312) 670-2550, ext. 339; or by e-mail at cmerino@cmsdocs.org

SAVE THE DATES...

**CMS
ANNUAL
HOLIDAY RECEPTION
DEC. 12**

See ad on page 3

**CMS
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CLINICAL CONFERENCE
MARCH 21-24, 2002**

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