

# NEWSLINE

Published monthly for members of the Medical Society of the District of Columbia

*From the Department of Health*

## Health Care Providers Can Now Pre-Register Online for the H1N1 Vaccine

The District of Columbia Department of Health (DOH) requests interested vaccine providers to sign up to receive H1N1 influenza vaccine. Pre-registered sites are not *committed* to administering vaccine; however, they will receive periodic updates and vaccine planning information.

Prior to receiving vaccine, your site will need to complete a Provider Agreement that outlines the specific terms and conditions of vaccine use and accountability as defined by federal and state authorities. This agreement will be available shortly from the Centers for Disease Control and Prevention (CDC).

Facilities with multiple locations should submit a separate pre-registration form for each vaccination site.

Please contact the Department of Health if your business has centralized distribution for multiple sites and would like to discuss pre-registering as one site. Please ensure that information is provided on the authorized prescriber, under whose authority vaccinations will be administered at your site. Please review the pre-registration definitions prior to completing the survey.

To access the Department's pre-registration material, please visit their website at:

[www.doh.dc.gov](http://www.doh.dc.gov)

Select the news item related to the H1N1 flu, under their DOH News section.

### *Next Steps*

The following forms will ultimately need to be submitted before vaccine is shipped to your site. We anticipate that vaccine supplies will be available in mid-October, but may be available as early as the last week of September. These documents are not yet available but will be emailed or faxed to the H1N1 Point of Contact for completion when provided by CDC.

- H1N1 Provider Agreement for vaccine use and accountability
- H1N1 Vaccine Order Form

### *Vaccine Accountability*

Guidance on the tracking and submission of doses administered data will be emailed or faxed to the H1N1 Point of Contact.

### *For Questions or Concerns Contact:*

District of Columbia Department of Health at: [H1N1.Vaxsite@dc.gov](mailto:H1N1.Vaxsite@dc.gov)  
(202) 671-4222

## “Do You Believe?”

Such a simple question hardly evokes a more complicated response than that one. Many never find an answer. But some do. And do so remarkably.

The area has suffered from neglect, from in consequence and from insignificance, but we will be significantly successful. Do you believe? There has been a slow decline in capabilities and outlook, but we will gain it all back and more. Do you believe? The immediate past has been one of struggle and strain, but we will become a great organization. Do you believe?

Many times we are unable to see the possibilities in a situation due to our focus on current problems. We see the obstacle only, and not the path it is placed. Many people become discouraged at such a tough prospect. Others simply avoid the challenge completely, and convince themselves that they are wholly satisfied with the little progress they have made thus far, without much difficulty.

Still, there are a few who recognize that obstacle as something different. It's the same obstacle, and the same path, but it's a different perspective. Instead of fearing the challenge, they relish the chance to prove to themselves and others that they are capable of finishing the path they chose. And behind each one of those pathfinders, there's a team of equally capable men and women encouraging each other's success and commitment to the cause. Washington DC has many of these people. And most recently, they've teamed up at United Medical Center in Southeast Washington DC.

“The situation was extraordinarily dismal. This hospital had become a manifes-

*(See DO YOU BELIEVE?, p. 5)*

# History's Memories: Howard Medical School's Second Female Grad

We've had some very important people share their lives and stories with the Society. They knew presidents, generals, robber barons and congressmen. They left an impression on their world that we still see in everyday life – and it's our turn to make the same impression on our world now...

"As the *Independent's* Hamilton Holt has said, "nothing worthwhile comes easy." This has held true over the years, and will continue to hold true long after I've served my tenure as Vice President of the Medical Society of the District of Columbia.

I graduated from Howard University Medical School as only the second female to do so. Looking back on 1874, that fact doesn't strike me as out-of-the-ordinary – many women became pioneers in their professions for other women to follow during that time. But what has left an impression on me is the road I traveled professionally after I graduated and settled in Washington, DC. As I look back now, it was never about the destination as much as the journey.

Upon graduation in '74, my application for a license to practice medicine was denied, on the grounds the licensing rule read, "Gentlemen," which effectively prevents the licensing of a

woman, as the rule was written. Under advice from J. Ford Thompson, MD, a respected Washington, DC physician, Dr. Mary Spackman and I petitioned Congress to amend the rule to read, "Persons," stating that without licenses, we could not earn the privileges of consultations or collect fees from our patients for medical care. Congress approved of the new language in March of 1875. This was a major breakthrough for the practice of medicine in the District.

Beyond the medical license, I believed – and still do – that the prestige of participating with our Society was the premier achievement of my medical career.

As a pioneering woman in medicine, I practiced in an unusual and extraordinary professional environment. For many years, there were only a handful of other women practicing in the District. But as time marched on, more and more woman graduated from Howard, and even Columbian's medical program open its doors to women. After the years progressed from 1875, in 1888, I became the first woman physician granted membership to the Medical Society of the District of Columbia.

Now, 13 years after becoming a member, and 26 years after graduating

from Howard, my colleagues have elected me a leader of my Society. Looking back over the progress I have made, and my profession has made, it is clear to me the choices we make throughout our careers can only be fully appreciated in the context of a road well traveled."

If you are the first member to name the person who is telling his story in the above section, you will receive a \$50 gift card to McCormick and Schmicks Seafood. The two runners' up will receive \$25 to Barnes and Noble. To submit, please CALL Chris Lee at (202) 355-9414. No e-mails will be accepted – timing can be inaccurate with email.

## "Red Flags Rule" Compliance Delayed Again! – Until November 1st

The Federal Trade Commission (FTC) extended the deadline for compliance with their "Red Flags" rule to November 1st. This rule has been postponed many times since its inception, in order to reevaluate its effect on physicians.

This rule requires all creditors, which as of now does include physicians, to institute policies to identify, detect and respond to potential risks of identity theft. As the compliance date approaches, be sure you have policies in place to comply with the rule. Resources to assist your practice comply with the "Red Flags" rule can be accessed at the AMA's Practice Management Center web site through a link on the MSDC website, [www.msdc.org](http://www.msdc.org). Helpful materials include:

- Essential information about what qualifies and how to implement
- A sample policy
- Other related guides and resources

## Your Voice – Your Membership

"Early Bird" members strengthen the voice of your MSDC – locally and nationally – and do so at a preferred dues rate!

Your MSDC has been working diligently over the past several months to be your voice at the DC Council and at a national level over health system reform. There is no limit to what we can do as a Society, but there is a requirement – we need your support!

If you actively participate with your Society and join for the 2010 membership year by September 30th, 2009 – you will qualify for a 20% discount on your entire yearly dues - no questions, no hassles. As an example, if you qualify as an active member, and you're in your third year of

membership, your total dues for your MSDC will drop \$130.

But active participation is more than a discount. Your fellow physicians in the District want you to be a voice for yourself and others. If there's an issue you feel strongly about, call someone at your MSDC office. If you have an idea that could improve your Society, or a concern that you feel may hinder your Society, share it.

**Do more than lend your voice – raise your voice!**

For more information on being an active member and joining for the 2010 membership year, please contact Chris Lee at [lee@msdc.org](mailto:lee@msdc.org) or (202) 355-9414.

# Electronic Health Records and the 21st Century Health Care System

David Blumenthal, M.D., M.P.P.  
National Coordinator for Health  
Information Technology  
U.S. Department of Health & Human  
Services

In my role as National Coordinator for Health IT, I have the privilege to be part of a transformative change in health care that will help to extend the benefits of health information technology (HIT) to all Americans. With the passage earlier this year of the Health Information Technology for Economic and Clinical Health (HITECH) Act, we have the tools to begin a major transformation in American health care made possible through the creation of a secure, interoperable nationwide health information network.

My personal belief in this transformation is not based on theory or conjecture. As a primary care physician for over 30 years, I spent the first twenty shuffling papers in search of missing studies and frequently hoping, during middle-of-the-night emergencies, that I knew enough about patients' medical histories to make good decisions. All that changed when I began to have access to patients' electronic med-

ical records. It made me a much better doctor. I would never go back, and neither would the vast majority of American physicians who have made that leap.

It would be hard for any health professional today to escape the conclusion that the paper-dominated system we have in place isn't working well for patients, creates added costs and inefficiencies, and isn't sustainable. As we look at our nation's annual health care expenditures, there are many ways our current system fails both patients and providers. It is clear that change is necessary.

But how and why is nationwide electronic health information exchange so critical to achieving such change? Most importantly, it provides the best opportunity for each patient to receive optimal care. The technology will make patients' complete medical information securely and reliably available to health care providers where and when it is needed – when clinician and patient are together facing medical decisions that can make a lasting difference.

Reliable and efficient care also ultimate-

ly reduces system-wide costs by delivering results that help to avoid expensive or ineffective treatment, avert costly and sometimes fatal adverse events, and can help to eliminate the onset of disease by better informed management of each patient's health.

The goal of assuring an electronic health record for every American is daunting. We at the Office of the National Coordinator for Health Information Technology (ONC) do not pretend otherwise. We know this will be hard for some clinicians and hospitals, and we stand ready to help with resources provided by the Congress and the Administration.

We also recognize that we cannot achieve the benefits of a nationwide health information system unless we can assure all Americans that their personal health information will remain private and secure when this system exists. Putting into place safeguards for the privacy and security of this information, when it is in electronic form, will be an ongoing priority that

(See *HEALTH RECORDS*, p. 6)

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## Share Your Vision for Your MSDC

### *Leading Your Profession Begins with Sharing Your Vision*

By completing the online survey published on your MSDC's homepage, your Society's leadership will have a better understanding of what you want the Society to become. Your ideas and your efforts are the central driving forces behind the success of your Society and of your profession – share them and watch how you impact your world.

[www.msdc.org](http://www.msdc.org)

\* The survey link is located under the "What's New" banner in the left hand column

## Join Us at Your Society's Annual Meeting at the National Museum of Health and Medicine

What will you be doing on October 21st?

I know what your friends and colleagues will be doing – they'll be enjoying a nice cocktail and conversation at the National Museum of Health and Medicine, currently located at the Walter Reed Army Medical Center.

Bring your spouse and join your fellow physicians this year. Wander the exhibits and watch the practice of medicine evolve and change right before your eyes! No other collection of medical material and information can match the history preserved at Washington, DC's own National Museum of Health and Medicine.

View the changes that have occurred within American medicine from the

American Revolution, through the Civil War and on to Operation: Iraqi Freedom.

Save the date, and remember the following vitals:

- *Guests:* MSDC Members and their families
- *Occasion:* Annual Meeting
- *Time:* 5:00pm; October 21, 2009
- *Location:* National Museum of Health and Medicine; 6900 Georgia Avenue, NW
- *Cost:* \$35 for members; \$50 for couples; \$80 for non-members

Watch your mail for your invitation, or contact Barbara Allen at [allen@msdc.org](mailto:allen@msdc.org) for more information.

## Physicians in the News

**William B. Lawson, MD, DFAPA**, Chairman of Psychiatry at Howard and Distinguished Fellow of the American Psychiatric Association, is now serving as the President of the Washington Psychiatric Society. The WPS represents physicians who diagnose and treat mental illness, with members in the District of Columbia, Suburban Maryland and Northern Virginia. The WPS remains close partners with MSDC. Congratulations, Dr. Lawson!

**W. Tabb Moore, MD**, an endocrinologist, has moved to the DC area and joined the Society as a new member! Please welcome Dr. Moore to the area, and invite him to join you at our Annual Meeting and Reception this October 21st.

**Busy Family Practice on Capitol Hill** in Washington, DC for sale. 2,200 active patients with excellent payor mix. Includes medical equipment, office furniture and patient charts. Great opportunity for PCPs new to the DC area or local physician looking to expand. For additional information, please call (703) 350-5756

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**BUSINESS FOR SALE.** Pre-employment physical and screening bureau, downtown Bethesda. Established 35+ years, solid reputation/client base. 2007 revenue \$530K; 2008 \$404K. Physician/Owner can net

40 pct. Excellent for retiring MD. Contact Frank Ruffing (703) 283-5220 or [frank@farragut.us.com](mailto:frank@farragut.us.com).

Check out all classified ads at: <http://www.msdc.org>. Click on Classified Ads.

Would you like to place an ad? Contact Barbara Allen for details, e-mail [allen@msdc.org](mailto:allen@msdc.org), phone 202-466-1800, ext. 103. MSDC members may post ads at no charge!

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*(DO YOU BELIEVE?, from p. 1)*

tation of decades of neglect from public policy that had largely ignored this area and its hospital, which can also be seen at the other 150 “safety net” hospitals across the nation.”

When asked about the state of a Southeast DC hospital that he undertook as a turn-around project, Eric Rieseberg, CEO of Specialty Hospitals of America, lowers his voice.

“The plight of health care for Southeast Washingtonians had been largely ignored until recently. And being from Washington, I always believed this has been an embarrassment for our district. And an embarrassment for our nation, as United Medical Center sits in the shadows of our nation’s Capitol.”

With a core of diverse and passionate leadership, United Medical Center has undergone major fundamental overhauls in its operations and its facilities since the November 2007 acquisition by Specialty Hospitals of America. The purchase was approved by the District of Columbia City Council, with key support from Health Chairman David Catania, and Mayor Adrian Fenty.

With this purchase, SHA committed itself to improving the lives of patients and citizens in the immediate vicinity of the hospital grounds “East of the Anacostia”. As an endorsement of SHA’s mission here, the DC Council provided \$79 million in grant and loans to get the program jump-started and headed in the right direction.

Do you believe?

UMC’s leadership recognized an immediate need for change in the organization’s facilities, structure and its core communications. “With our new vision of increased communication and education, we began to build upon four cornerstones we felt needed to be addressed: regulatory compliance, quality enhancement and improved outcomes, service enrichment and revenue development, and cost rationalization,” outlined Mr. Rieseberg. “The hospital faced many imminent threats – from fire safety to generators to malfunctioning medical equipment. All these issues were dealt with quickly with the proper infrastructure upgrades, but they highlighted a larger challenge for our organization – the patients were in a safe environment now, but we needed them to have confidence in UMC and to know they are as safe as they



*United Medical Center received this new façade as an improvement under Specialty Hospitals of America, with the support of the DC Council and Mayor.*

could possibly be.” After years of neglect, patients from the community had lost confidence in their community’s hospital, and the medical staff had grown exasperated at the historic lack of support for their skills and services. No one could characterize this as a positive environment and culture to begin an organizational overhaul. However, with a never-say-die attitude, the leadership at the hospital began its toughest task of patching up the relationship between the institution and its patients, suppliers and employees.

“For such a poorly-managed institution, the morale among the medical staff and support staff was very positive and encouraging. Right away I knew there was hope for building a world-class hospital in the area. But most importantly, our team knew it. The physicians, nurses, and administrators all knew it,” recalls Frank DeLisi, CEO of United Medical Center. “A great cultural foundation was there. We just needed to work on a few structural improvements and increase our clinical and operational efficiencies.”

UMC took on a broad variety of programs aimed at serving the immediate communities’ needs. Their team began with improving the emergency department – cutting the wait time by 60% in the process. They established a skilled nursing home for care and management of long term diseases for our older patients. And

even became the first hospital in the Northeast United States to offer a “hospital-within-a-hospital,” by way of a 50-bed critical care center for longer term patients in need of intensive care.

UMC hasn’t stopped there. In early August, UMC announced a joint-program with Children’s National Medical Center to institute a pediatric emergency care department. Later this year, UMC anticipates beginning work on a wound care center that features new high-pressure hyperbaric oxygen systems. “What we’re essentially becoming is a ‘medical mall.’ Our community has a demand for all of these different hospital features – we’re just beginning to coordinate them and put them all under one roof,” says Mr. Rieseberg.

Do you believe?

In any organizational turn-around, there are needs that must be met from a variety of sources. Some are tangible needs, such as facility and capital. Others are harder to define, but just as important.

“We knew this would take a lot of work, and we’ve gotten a lot done so far. We understood there were basic shortcomings that needed to be met, such as the infrastructure. Once we had those covered, we could move on to sharing our broader, long-term vision for the organization, which was important to keep the hospital sustainable over time,” reports Mr.

*(See DO YOU BELIEVE?, p. 6)*

*(DO YOU BELIEVE?, from p. 5)*

Rieseberg.

Through an increased focus on communication and education from new leadership and staff, a new hospital emerged from the environment of decay and neglect that previously strangled the prospect of high-quality medical care for the community. A new hospital shook off the bonds of pessimism and futility that once prevented the growth and potential that could be realized. A new hospital broke through as the leader in health care for communities east of the Anacostia.

“We still face tough challenges for the future. We are still a ‘threatened organization.’ It will be years until UMC’s leadership will be close to satisfied with their progress.” Rieseberg has consistently said to the community and City Council, “it took 15 years to destroy the hospital... give us three or more years to fix it.”

Mr. DeLisi echoes this sentiment.

“We’ve managed to stop the bleeding, but now we must focus on the healing and growing process for United Medical Center and our communities.”

Since UMC’s new attitude became the

## Young Physicians’ Section Events

MSDC Young Physicians’ Section will be hosting several events in the coming months, including happy hour socials and a Residents’ Forum on Health Care Reform. Please stay tuned for updates and invites! For more information, please contact Kayla Pope, MD at [kpopemd@gmail.com](mailto:kpopemd@gmail.com).

prevailing culture, the hospital has seen an explosion of activity, improvements and success. Just over a year after the purchase was made, JCAHO studied, analyzed and scrutinized UMC over a 4-day inspection in December 2008. The following month, UMC’s leadership was notified of their new JCAHO accreditation – a huge accomplishment considering all the change that was needed in such a short time frame.

Rieseberg beams, “yes, we’ve made

strides. Yes, we’re improving clinically. Yes, we’re rebuilding the community. And yes, we’re still a threatened organization with plenty of challenges to face down and tough decisions to make. But we are and will continue to work ourselves out of these issues.”

“The theme of hope amid uncertain change reverberates through this hospital. But positive progress doesn’t come on its own – you have to work for it,” says DeLisi.

“And people believed. They believed.”

Do you believe?

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*(HEALTH RECORDS, from p. 3)*

influences and guides all of our efforts.

In the days, weeks, and months ahead, we will be rolling out a number of pivotal initiatives called for under the HITECH Act. I urge you to join and support us as we lay the foundation for every American to benefit from an electronic health record, as part of a modernized, interconnected, and vastly improved system of care delivery. We at ONC will be making every effort to keep you updated and fully engaged in all the steps of this national journey.



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# MSDC-Sponsored Talk to Georgetown University Master's Students

By Gerald P. Perman, MD

Did you know that 15% of physicians are impaired during their career? That 300 physicians in the U.S. commit suicide each year (almost one a day)? That male physicians kill themselves 1.5 times and women physicians almost 4 times the rate of age-matched controls in the general population? That 8% of physicians report substance abuse or dependence at some time in their lives? That almost 10% of doctors have sex with their patients?

On August 24, 2009 I presented "Wounded Healers: Physician Impairment and Recovery" to 200 master's degree students at the Georgetown University Medical Center, all of whom will be applying to medical school next year. The students were taking a course organized by Adam Myers, Ph.D., Associate Dean for "Biomedical Career Pathways," along with Ms. Amy Richards and Susan Mulrone,

Ph.D. I spoke as a representative of the Medical Society's Physician Health Committee (PHC).

After opening with a Marvel Comic Book panel of Doctor Stratos, the narcissistic and grandiose (i.e. impaired) ruler of the weather who was about to make the beautiful Melinda cruelly submit to his will, I presented a newspaper article about two physicians, one disciplined for self-prescribing narcotics and the other for taking sexual advantage of a patient. I then discussed several disguised vignettes of physicians referred to the PHC, stressors that contribute to impairment, the typical developmental path of physician impairment, physician and societal resistance to getting help, steps that medical students and physicians can take to get help, and how the PHC works.

In spite of exhaustion from having

taken their first exam earlier in the day, the students were attentive and had plenty of questions. Some included: When is smoking marijuana abuse? Do all medical students and doctors enter a 28 day inpatient drug treatment program (as did the doctors in the vignettes I presented)? How much stigma is there for physicians who seek treatment? How is the PHC funded (we beg for money from local hospitals, I replied!)? And I got the usual scattered laughter from young people when I defined binge drinking as "five or more drinks for men, four or more drinks for women over an evening during a two week period."

I've already been invited back to speak next year. I applaud Dr. Myers and his forward thinking initiative to get this information to students who are still a year away from medical school!

For years patients have entrusted you with their lives, but when your disability insurance company has let you down, who should you trust to protect you?

**LEE NORWIND, ESQ.**  
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## American College of Physicians DC Chapter "Save the Date"

*DC Chapter of the ACP –  
Annual Scientific Meeting*

**Saturday, November 7, 2009**

**Breakfast at 7:30am**

**Adjourn at 4:30pm**

At USUHS - Bethesda, MD

Register on-line through ACP website.

### *Chapter Meeting Highlights:*

- Confronting the challenges of HIV/AIDS in the National Capital region
- Health Care Reform
- The role of race and ethnicity in colon cancer
- Community Health: Heart, Hair and Health Project

**Governor's Awards Banquet**  
**(Friday night Nov 6 at Chevy Chase Club)**

# MSDC NEWSLINE

Published monthly for members of the Medical Society of the District of Columbia

MSDC Newsline is published by the Medical Society of the District of Columbia.

202-466-1800 (phone)  
202-452-1542 (fax)

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**Christopher W. Lee**

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## And the Winner Is...

### *Call for Nominations*

Your Medical Society of the District of Columbia presents our annual awards to individuals and organizations for outstanding service to the profession and the community. We have been presenting awards since 1941 and are very proud of the continued and distinguished history of these awards. We invite all MSDC members to submit nominations.

#### • **Entry Requirements**

Any member of your Society may submit a nomination for one or more categories. Each nomination must have a separate submission. No past winners are eligible for nomination in their previous category. Contact Chris Lee at (202) 355-9414 to receive a Nomination Form and a list of past winners.

#### • **Deadline**

All entries must be at your Medical Society's office by 5:00 PM on **Friday, October 2, 2009**. Mail entries to "Special Awards Nominations, c/o Medical Society of DC," 1115 30th Street, NW, Suite 100, Washington, DC 20007. Or, fax forms to 202-452-1542 (attn: Chris Lee).

#### • **Judges**

Your Medical Society's Board of Directors will review all nominations submitted by the deadline. The decisions of the Board will be final.

#### • **Presentation**

The awards will be presented at your MSDC's Annual Meeting on October 21, 2009.

#### • **Four Awards**

*Certificate of Meritorious Service.*  
Presented to a physician in recognition

of distinguished service to the medical profession.

*Dr. Charles H. Epps, III Community Service Award.* Presented to a physician for outstanding public service to the community.

*Distinguished Service Award.* Presented to a physician member for outstanding service to your Medical Society of the District of Columbia.

*John Benjamin Nichols Award.* Presented to a lay person, organization, or both, in recognition of outstanding contributions toward improving the health of the community.

#### • **Questions?**

Contact Chris Lee at 202-355-9414, or [lee@msdc.org](mailto:lee@msdc.org)