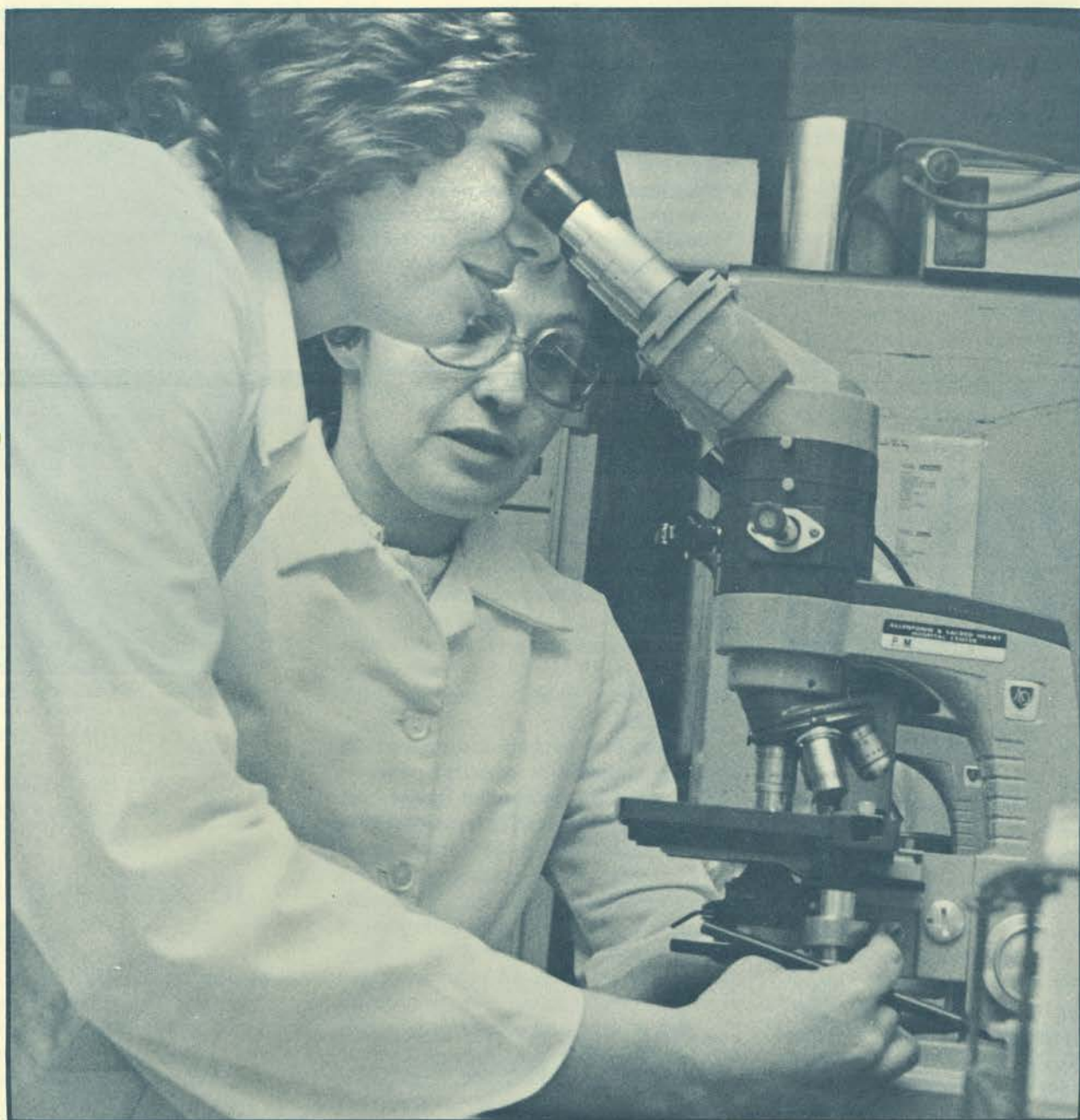


update

Vol. 4 No. 7

April 6, 1981



Gaining proficiency at the microscope is med tech student Pat Carroll; behind her, Louise Solomon, M.T., ASCP, provides assistance.

Medical Technologists honored!

see back page



The Center Welcomes

To Centrex

Mary Jane Zanders

To Housekeeping

Beverly McIntosh
Ana Pareja
Coleen Patterson
Janet Watson

To Medical Records

Glenn Miller

To Nursing Service

Robyn Collins
Carol Pochran
Jeanette Rudderow
Sandra Smith

To Radiology

Michelle Dombroski

To SPD

Robert Maier
Darin Sawka

Welcome Back

Terri Miller - Dietary

MAY DAZE

May 15, 16, and 17!
See you there!



Gale Schmidt Hodavance — Editor
Jim Higgins — Associate Editor
Janet Laudenslager — Staff Assistant
Jack Dittbrenner — Photography
Darla Molnar — Photography

Critical care director named

“Critical Care.” For many severely injured or critically ill patients, these two words describe the practice of medicine, the nursing skill and the application of technology and technical expertise that is needed to widen the gap between life and death.

At the Hospital Center, the term “critical care units” applies to 16 beds in the intensive care unit, 6 beds in the burn center, 12 beds in the acute coronary care unit, 24 beds in the progressive coronary care unit on 3B, and 16 beds in the special care unit including 4 beds in the central nervous system unit.

Managing these beds for staffing, equipment, and patient load — resource utilization and triage — is vital.

With an eye to the future, a director for these critical care areas has been named to provide more day-to-day bedside teaching for everyone involved in the total patient care on these units and to provide closer coordination with related departments.

Joseph E. Vincent, M.D., past president of the Medical Staff and staff pulmonary specialist, is in charge of developing and maintaining policies, procedures for triage, effectiveness and utilization of these critical care beds. Working with him are John P. Galgon, M.D., and John A. Kibelstis, M.D. All three physicians are partners in Pulmonary Associates, Allentown.

Dr. Vincent and his partners feel that their goal is “to make the critical care area function optimally and to promote quality of care by working with individual private practice physicians, the nursing department and the services of the hospital.”

He emphasizes that the group will not be acting as “intensivists” (intensive care physicians), but as a resource for day-to-day coordination of the varied critical care functions.

Dr. Vincent plans to establish a critical care conference, as well as day-to-day bedside teaching for those involved in patient care on these units.

This emphasis on education, quality assurance, and a direct rapport with the department of nursing and the medical directors of the critical care units, will “develop unity of the critical care concept,” Dr. Vincent feels.

“Teamwork is necessary, and people outside of critical care should not feel excluded, just as people shouldn’t feel that this is a mechanism for dominance,” he explained, “the position will supplement other departments and services in the hospital, rather than replace anything.”

Since the position is an administrative function, Dr. Vincent will report to administration, and the President of the Medical Staff.

Dr. Vincent’s concern for the work ahead is apparent as is his optimism: “Now, there is a focal point for the critical care areas, so that problems have a place to be heard ... the buck stops here!”



Dr. Vincent ... teamwork emphasized.

Cancer course begins

An Oncology Core Course for Nurses has begun at the Hospital Center and at The Allentown Hospital.

Sponsored by the Clinical Oncology Program, the course has attracted 60 registrants from eastern and mid-central Pennsylvania.

The course will be held for five weeks, two days per week, and will offer an overview of current cancer management and nursing techniques in the community hospital.

Leave of absence: there if you need it!

Stan, an SPD aide, has just been called back to complete his active service in the Coast Guard.

Marianne, a medical laboratory technician in the clinical laboratory, wants to return to school for one semester to finish the requirements needed for her medical technologist degree.

Fred, an O.R. nurse, needs a few weeks off so he and his wife can settle his father's estate.

Liz, a secretary in Radiology, is expecting a baby and will deliver in a few weeks.

What do all these people have in common?

They may all qualify for the Hospital Center's leave of absence policy. Under certain conditions, full-time and permanent part-time employees with over 6 months of service may be absent from work, without pay, for a specific period of time.

Leaves of absence (LOA) are available for these medical and non-medical reasons: military, education, personal, and medical.

Requesting a leave of absence

Requests for an LOA from a job should first be submitted to your department head, stating the reason for the request and the expected dates of the leave.

If you are requesting a medical LOA, you must have a Request for Medical LOA form completed by your physician — these forms are available from Employee Health.

Note: Excused absences (those not exceeding two weeks) are not considered a LOA and can be noted on time sheet — talk with your department head first!

After your request is completed by your department head and sent to the Personnel Department, a letter of formal approval or disapproval of the leave will be sent to you from the Personnel Department.

Granting a leave of absence

Requests for an LOA will be granted, or denied, after considering their purpose, the requesting employee's past performance and length of service, as well as current and projected needs of the employee's department. In considering the needs of the department, the ability of the Hospital Center to deliver quality patient care is very important. No leave of absence will be given to any employee who does not reasonably expect to return to work at the end of the leave.

Note: Holding other employment during a leave of absence constitutes grounds for immediate dismissal, unless approved in advance.

Benefit availability

Employees do not receive fringe benefits during their leave of absence, except as listed under the individual leave policies. However, when the employee returns, he/she will receive the same seniority and level of benefits which he/she had before the beginning of the leave. All employees requesting a leave of absence should be counseled by a member of the Personnel Department to make sure that they understand the policies and benefits related to leaves of absence.

Types of leaves

Military — for annual reserve training or when drafted into the Armed Forces of the United States, or for enlistment during national emergencies, in accordance with the Veteran's Re-employment Act. All benefits are suspended for inductees. Benefits will not be suspended for annual Reserve training.

Education — granted on the approval of the Department Head and with the concurrence of Personnel, provided the employee returns to the Center at the end of such leave. Employees on education leaves receive no benefits except life insurance. Education leaves for over one year must be approved by the Administrator upon the recommendation of the appropriate Department Head and the Assistant Administrator for Human Resources.

Note: Employees going on educational leave are given the option of making arrangements to pay for their group health insurance at the Hospital Center rates before they go on leave.

Personal — eligible employees may request a personal leave of absence for extenuating personal circumstances. Reasons for asking for a personal leave include child-rearing and other non-medical family matters. Personal leaves may be granted for up to six (6) months. Employees on personal leaves for sixty (60) days or less may return to their position or a similar position. Employees on personal leaves for over sixty (60) days will be offered the first appropriate position available. During a personal leave, an employee continues to receive health insurance, life insurance, and employee discounts for sixty (60) days. (Coverage ends the first of the month following 60 days.)

Medical — an employee who is ill or disabled such that he/she is physically incapable of working must first utilize all accrued sick leave before requesting a medical leave. If the employee returns to work within two (2) weeks after using up his/her available sick leave, the employee does not need to request a medical leave. If, however, the employee's illness or disability will last longer than two weeks after sick time is used up, he/she must request a medical leave. Such a request must be accompanied by a note from the employee's physician describing the illness or disability and the approximate length of time during which the employee will be absent from work. Medical leaves are given for a period of up to six (6) months. After six (6) months, full-time employees are eligible for Long Term Disability coverage. The Hospital Center may request that the employee be examined by a physician of the Center's choosing before granting a medical leave.

During a medical leave, an employee receives life and health insurance benefits and employee discounts. Full-time employees who intend to return part-time will continue to receive full-time benefits for the length of the medical leave and will be considered part-time when they return from their leave. Medical leave includes leave for illness or disability related to pregnancy.

Returning to work after an LOA

Employees should notify their Department Head at least two weeks before the end of any leave to confirm their return to work and to allow proper scheduling. If extenuating circumstances arise, the employee should request an extension of his/her leave prior to the end of the leave. Failure to return at the end of the leave will result in immediate termination.

Except in the case of personal leave, over sixty (60) days, when an employee returns from a leave of absence, the Hospital Center will attempt to return the employee to his/her former position if the position is available. If it is not, the Center will make every possible effort to place the employee in a similar position, after considering the employee's skills, abilities and performance record, and the general needs of the Hospital Center. In considering the needs of the Hospital Center, the ability of the Center to deliver high quality patient care is of primary importance.

Questions concerning the leave of absence policy should be directed to the Personnel Department, 3100.

Two chapters published in a new medical book, Microsurgery for Cerebral Ischemia, were written by several A&SHHC staff members. "Ocular Pneumoplethysmography in Carotid Occlusive Disease" is the contribution of Vascular Laboratory Medical Director **William Gee, M.D.**, Vascular Lab Technical Director **Alice E. Madden**, **Harry W. Stephens, M.D.**, staff neurosurgeon, and **Ann L. Miller** and **Gary E. Whitehouse** of the vascular lab.

The paper describes the basic physiologic relationship between arm blood pressure and eye blood pressures. This testing technique is performed with an ocular pneumoplethysmograph (OPG) and is useful in determining the significance of carotid artery blockage.

The second article, "Measurement of Intracranial Arterial Pressure in Patients Undergoing Extracranial to Intracranial Microsurgical Anastomosis for Cerebrovascular Ischemia," was written by **Harry W. Stephens, M.D.** The paper describes a method by which blood pressure can be measured directly through arteries in the brain during microsurgery to detect where pressure is dangerously too low. Blood can then be brought to the brain in these areas. This marks the 6th time Drs. Stephens and Gee have had articles published.

Microsurgery for Cerebral Ischemia is published by Springer-Verlag of New York.

O.R. course completed

Sue Peeples, R.N. (left), Georgine Saliba, R.N., Terry Roth, R.N., Chris Larkin, R.N., and Sue Niemkewicz, R.N., have received graduation certificates from the Hospital Center in recognition of completing a 6-month training program in operating room nursing.

Instructing the nurses in the O.R. course were Mary Ann Frankl, R.N., and Shirley Lathbury, R.N., O.R. Head Nurse.

Carol Torbey, R.N., ACU, 3:00 P.M. - 11:30 P.M. shift, has an article published in the April issue of Nursing '81. Carol's entry in the "Tips and Timesavers" column, discusses color coding multiple I.V. lines.

Stephanie Roth, junior volunteer at A&SHHC, is one of 20 recipients of a certificate from the Whitehall Women's Club. The award is presented to area youth in recognition of total volunteer services in church, school, and community.

Stephanie began volunteering at the Hospital Center in June, 1980, working on 6C. She is currently a pharmacy volunteer on Saturdays.

Janine Fiesta, Risk Manager, was a guest speaker recently at Rutgers University, speaking to medical students on medical malpractice and other legal issues in medicine.

Janine also presented a discussion on risk management to attorneys and physicians in the Pittsburgh area on April 3. On April 25, she will be at Cornell Medical Center, New York, speaking on the legal aspects of nursing.

Employee Health M.D. named

Gene Ginsberg, M.D., is available in the Employee Health Office on 7A, four days per week, two hours per day for consultation.

According to Rose Haas, R.N., Employee Health Nurse, Dr. Ginsberg's hours in the department are on a rotating basis for availability to all shifts. For a schedule of the hours, contact Mrs. Haas, 2189.

Dr. Ginsberg is a graduate of Jefferson Medical College, of the Thomas Jefferson University, Philadelphia. He did a residency in internal medicine at the Allentown Affiliated Hospitals, and is on the medical staffs of A&SHHC, The Allentown Hospital, and Sacred Heart Hospital.

He is Board Certified in Internal Medicine, and is a Diplomate to the American Board of Internal Medicine. Dr. Ginsberg is also chairman of the Medical Records Committee for the Hospital Center.



Fire!!!

be prepared at home...

Taking precautions and planning ahead in the event of a fire is an essential part of assuming more responsibility for your health and well-being.

Smoke and heat detectors, which range in cost from \$20 to \$30 are among the best investments you can make. Because many fires are the result of a cigarette left smoldered in an upholstered sofa or chair, these detectors can warn sleeping residents of danger long before a fire becomes lethal.

Most fires occur during the night. When sleepy homeowners wake up to an alarm in the middle of the night, they often rush out of their bedroom, exactly the wrong thing to do, according to the National Fire Protection Association.

The following safety tips might save your life and lives of your family members:

1. If there is dense smoke in your bedroom, do not stand up. You could easily be overcome by toxic gases. There will be less smoke nearer the floor. Roll out of bed and crawl to the bedroom door.
2. If the door or the doorknob is hot, do not try to open it. People who have opened hot doors have sometimes been blown across the room by the heat and smoke. Instead, seal the cracks of the door with anything available, open a

window and call the operator or the local emergency number. (911 is used in many communities, but your local area may have a different telephone number to call. Be sure the emergency fire number is taped to your telephone and can be read in the dark.)

3. Alert other family members by calling out to them, but don't open the door. Remember, families that have practiced fire drills will be less likely to panic.
4. If possible, leave the bedroom through a window. Tenants of high rise apartment buildings often have no alternative but to lie down on the floor and wait to be rescued.
5. The natural reaction of high rise apartment dwellers is often to run out into the hallway. If the hallway is hot and full of smoke, stay in your apartment. More victims of smoke inhalation are found in hallways and stairwells than in their own apartments.
6. Should your clothing catch on fire, do not run. The suggested reaction is to "stop, drop, and roll".

Don't avoid thinking and talking about fire escape emergencies with your family because "it just can't happen to you." Knowing how to react in a life-threatening situation is what prevention is all about.

and at work

Know what to do when a fire situation develops! Follow these instructions:

1. Pull fire alarm located nearest the fire.
 - Take hold of handle and pull it down. The handle will lock and the fire bell will sound.
2. Telephone the switchboard operator.
 - Dial "118", the fire telephone number.
 - Give your name. "My name is _____".
 - Give exact room number or room name and type of fire.For example, "There is a mattress fire in room 4A18," or "there is an electrical fire in Radiology CAT Scan."

3. After reporting the fire, make an attempt to control the fire with the extinguishers available until help arrives.
 - Extinguishers
 - Type A - water extinguisher; to be used on mattresses, rags, or paper files.
 - Type B or C - chemical type extinguishers for electrical or liquid fires.After help arrives, return to your regular work area.

Remember, when fire is present, stay calm, and know what to do!



When a fire situation occurs, be sure to know what type of extinguisher to use.

Fires are termed Class A (paper, mattress, rags); Class B (oil, grease); and Class C (electrical). Extinguishers found in the Hospital Center hallways and departments are from left:

- Water - for Class A fires only
- CO2 - Class A, B, and C;
- Powder (dry chemical) - Class A, B and C; and
- Halon - computer or electronic equipment fire.

Rx for assistance

Q. How do you get the attention of pharmacists during evening and night shifts when the pharmacy staff is reduced and you need help?

A. Use the pharmacy communication button! Located on the wall to the left of the "dutch door" in the Pharmacy, the button, when pushed, will activate lights in the Unit Dose Area and I.V. clean room. This will alert any pharmacist or technician that assistance is needed at the door.

The light stays lit for a one minute period. If there is no response from within the pharmacy, press the button again. A sign stating "Push for Assistance" will be installed soon, and with the addition of this button, it is requested that non-authorized personnel remain outside the door at all times, unless requested to enter by a pharmacist.

Neurology course held

Lawrence Levitt, M.D., Chief of Neurology at A&SHHC and The Allentown Hospital, and **Howard Weiner, M.D.**, Associate Professor of Neurology at Harvard Medical School, presented the fourth annual Intensive Clinical Neurology Course in New York City, recently.

The clinical neurology course is designed to give family physicians, internists, psychiatrists, and other health care professionals a problem-oriented approach to common neurologic problems.

Over one hundred people from all over the country attended the course, including **Linda Dowgla, R.N.**, **Deborah Kantz, R.N.**, **Susan Merrifield, R.N.**, **Patricia Scotta, R.N.**, and **Diane Spade, R.N.**, all of the Hospital Center's nursing department.

Also attending were **Betty Moncrief** and **Marianne DeJoseph** of the EEG lab; A&SHHC medical residents **Joseph Abate, M.D.**, **David Goldner, M.D.**, **David Laskin, M.D.**, **Richard J. Lazar, M.D.**, **Joseph Niedzwiecki, M.D.**, and **Everett Siegel, M.D.**, and family practice residents **Patricia Clancy, M.D.**, **Joseph Daday, M.D.**, **Allen Ditto, M.D.**, and **Deborah Smith, M.D.**

The course featured videotaped case presentations of patients treated at the Hospital Center.

Drs. Levitt and Weiner are co-authors of Neurology for the House Officer and Pediatric Neurology for the House Officer.



Hot news!

The latest addition to the SPD Department is a new floor loading, high vacuum steam sterilizer.

According to **Sue Keyser**, department supervisor, the unit will increase the department's sterilization capacity by 66%.

Heated to 270°, the unit will sterilize everything except plastic items, which are sterilized in the department's combination steam/ethylene oxide gas sterilizer or two smaller gas sterilizers.

on call

Appearing on "On Call: A Valley Health Series," broadcast on **WLVT-TV, Channel 39**, during April, will be:

April 6, 7:30 P.M., April 11, 3:00 P.M. — How to Eat Right — The daily diet of most Americans contains too many calories, sugar, and salt. Eating right or wrong can affect how you feel, look, or act. **Francis Kleckner, M.D.**, and **Barbara Millenbruch, R.D.**, offer tips on healthier eating for everyone, and a quiz on eating habits and an insert on nutritional "do's and don'ts" is also featured on the program.

April 13, 7:30 P.M., April 18, 3:00 P.M. — Hypnosis — Throughout the ages, people have regarded hypnosis as magic, telepathy, and stage entertainment.

Although still misunderstood, hypnosis has attained a reputation as a valid and important tool used by medical professionals. **Robert Laurenzano, D.M.D.**, and **Helen Pettinati, Ph.D.**, discuss how hypnosis is used today and its effectiveness.

A videotaped insert provides a look at hypnosis used in pain relief and in breaking habits like smoking and overeating.

April 20, 7:30 P.M., April 25, 3:00 P.M. — Problems of the Elderly — For 20 million Americans over age 65, life doesn't get easier.

Forced retirement, poverty, chronic illness and disability are factors which eliminate the opportunities for many senior citizens to comfortably enjoy their "golden years." **Samuel Criswell, M.D.**, and **Peter Johnstone** discuss ways the elderly can lead more productive and satisfying lives.

The program is broadcast "live" and viewers are encouraged to phone in their questions, which will be answered over the air, by calling 867-4677.



Casino fever

Due to the overwhelming response to the Atlantic City Casino Trips, we're doing it again. This time, on Saturday, May 9. The cost is \$16.00 per person and includes roundtrip bus transportation and \$10.00 upon arrival at the Casino Bus will leave the A&SHHC parking lot at 12:30 P.M., and will depart from Atlantic City at 9:00 P.M.

Seats are limited and reservations will be taken on a first-paid, first-serve basis.

For reservations, contact Elsie in Administration, 2100.

Great Adventure

Discount tickets are available for Great Adventure in Public Relations. Ticket price is \$10.95 (a \$3.00 saving) for combination tickets for the safari and amusement park. Great Adventure will be open daily beginning April 15.

Penn National

There are still seats available for the Penn National Race Track trip on Wednesday, June 10. The cost is \$12.00 per person which includes bus transportation and a baked half chicken dinner, plus admission to the clubhouse and an official racing program. Payment is due when reservations are made. Contact Janet in Public Relations for reservations.

Candy on sale!

Don't forget — Easter is coming soon and the Rec Committee has candy available at a good price. See Janet in Public Relations.

Ballfield parking

The recreation area parking lot is ready for use. Located south of the entrance road to the campus, the gravel and stone lot is for individuals using the ball field. Parking along the entrance road or on the grass near the ball field is *verböten!*

Coming Events

April 25 - Raft Trip
May 9 - Atlantic City Casino Trip
May 15, 16, & 17 - May Daze Wine Booth
June 10 - Penn National Race Track
July 12-16 - Hyannis, Massachusetts Trip
July 17-19 - Williamsburg/Busch Gardens Trip

For more information on any Recreation Committee activities, contact Janet in Public Relations at 3084.

Self-help groups—can they help you?

Self-help groups exist for almost every problem or need that an individual can imagine. Alcoholics Anonymous is only one of over 500,000 mutual aid support groups that exist nationwide. Compassionate Friends is a support group for parents whose children have died through illness, accident, murder, or suicide. Mended Hearts and Zipper Clubs are for those who have had heart surgery. Recovery Inc. deals with former mental patients and Parents Anonymous focuses on parents of abused children.

Like the participating spirit of neighborhood and community groups, self-helpers provide an avenue for participation - a place where individual voices are heard and individual experiences count. Self-help groups bring people together with a common need. By helping someone else who has the same problem, members of the support network are themselves helped.

Many self-help groups revolve around common chronic disorders - arthritis, diabetes, emphysema, hypertension - all of which require small amounts of professional intervention and large doses of caring. An arthritis support group might share methods to ease zipping and buttoning clothing. A mutual aid group of hypertensive people might exchange ways to deal more effectively with stress and how to select and cook foods with less salt.

Self-help groups have made major contributions toward dealing with problems which have not gotten enough needed attention from other institutions or agencies. A group of individuals who face similar life situations can begin to assume responsibility for their own bodies, psyches and behavior as well as help others do the same. Self-help groups can complement and supplement professional expertise. These groups return to the individual a feeling of competence and self-respect. If you have a particular interest in a self-help group, whether it be for families of stroke victims or parents of retarded children, write the National Self-Help Clearinghouse, 184 Fifth Avenue, New York, NY 10010 for more information or call me at the Wellness Center at 3184.

Seven rules for the health wise

One of the most significant public health studies has revealed that following seven simple health rules could extend a man's life by eleven years and a woman's life by seven years.

Close to 7,000 Californians were studied over a 10 year period of time and the findings seem to agree with the good health habits many grandmothers have recommended for years.

1. Get 7 or more hours sleep a day.
2. Participate in some form of regular exercise.
3. Maintain the proper weight for your size.
4. Eat breakfast daily.
5. Avoid between meal snacking.
6. Do not smoke cigarettes.
7. Avoid excessive alcohol consumption.

Of course, following these seven rules won't guarantee good health and a longer life. But it will increase your chances of staying healthy and enjoying a longer than average life span.

Know your labels

Have you ever strolled down the aisles of the grocery store and wondered how the government sets standards on the grading of canned and fresh foods?

The labels "U.S. Fancy" and "U.S. Prime" have little or nothing to do with nutritional value, wholesomeness or safety of food. In fact, as the food grading system is presently organized, the best looking foods are given the best grade. Foods with less than perfect appearance may be just as nutritious, or even more nutritious than those that appear to be prettier.

The labeling of meat is particularly misleading. There are eight grades of red meat. Only the top three are sold in most stores - U.S. prime, choice, and good. The age of the animal and degree of marbling (those flecks of fat within the lean) combined together make the grade of meat.

There is little relationship between nutrition and this type of grading. Nutritionists are concerned that well-marbled meat is labeled "prime", when there is general agreement that leaner cuts of beef are better for you than meats with high-fat content.

Dependable data equals future health

The week of April 12-18, 1981 has been set aside to salute the nation's medical technologists. At the Hospital Center, we honor all clinical laboratory personnel, including 65 M.T.'s, 5 histological technicians, 2 cytotechnologists, 5 pathologists, 2 Ph.D.'s and 16 secretaries, clerks, and lab assistants.

These technical and medical personnel in the clinical labs utilize ever increasing advances in medical technology to perform a wide variety of tests that contribute to the detection, diagnosis, treatment, and study of disease.

It's no wonder that 90% of the laboratory staff have acquired a college level degree or higher. In fact, several people are now enrolled in various Ph.D. programs at regional colleges and universities.

The clinical labs are more than "full service," having many specialty areas including automated blood differential capabilities, an automated microbiology system, and a complete toxicology department.



Ann Eckenrode, M.T., ASCP, (left), and Kathy Mundt, S.B.B., blood bank supervisor, work with Lab's new cell washer, located in the blood bank. Washing red blood cells has many advantages for certain patients. For example, if a patient experiences an allergic reaction from receiving whole or packed blood, these units can be washed to remove the plasma which contains proteins and leukocytes which can cause adverse reactions in some people. Also, cell washing can be invaluable in intra-operative auto transfusion. When a patient undergoes surgery, blood from the surgical site is suctioned and collected, then washed free of microemboli, tissue debris and hemoglobin. It can then be transfused into the patient without the risk of exposure to donor cells.

Allentown and Sacred Heart Hospital Center
1200 S. Cedar Crest Blvd.
Allentown, PA 18105

Non Profit
U.S. Postage Paid
Permit No. 1922
Allentown, Pa.
18105

BOARD OF DIRECTORS

Richard Fleming
President
James E. McCambridge, Jr.
Vice President
James C. Lanshe, Esq.
Secretary
J. Walton St. Clair, Jr.
Treasurer
Frank B. Andrews
Valeria S. Boyer
W. Richard Covert, D.D.S
Henry H. Dent
Michael J. Egan, Esq.
Peter E. Farrell, M.D.
Walter J. Okunski, M.D.
Orlando R. Pozzuoli
Abram Samuels
Alan H. Schragger, M.D.
Morton I. Silverman, M.D.
Morton Schneider
Chairman Emeritus

Ellwyn D. Spiker
Administrator