

Lifespan issues strong opposition to proposed CNE/Partners merger

Lifespan's board of directors and chief executive officer announced on April 24 that they strongly oppose the proposed acquisition of Care New England by Partners HealthCare.

Lifespan Chairman of the Board of Directors, **LAWRENCE AUBIN**, said, "Allowing such an acquisition to move forward would have devastating consequences for Rhode Island and its health care delivery system, now and for years to come," and lists as examples the following:

- Higher cost of health care for Rhode Islanders, based on the higher reimbursement rates commanded by Partners HealthCare and lack of regulatory oversight by the Rhode Island Office of the Health Insurance Commissioner (OHIC) on those rates
- Loss of ability to attract the best medical experts to Rhode Island due to loss of necessary patient volumes
- Negative impact on patients, who will have to travel out of the state for care they currently are able to receive here
- Vital health care jobs will be moved from Rhode Island to Boston
- Critical health care decisions that affect all Rhode Islanders will also move to Boston

"With the recent release of the Change of Effective Control [posted to the DOH website in March], we now know that Partners intends to make no investment in CNE – pay \$0 for CNE and commit no capital investment, just a takeover of community assets that were built by Rhode Islanders for Rhode Islanders. Loss of Care New England, a community asset, and the decision to turn these assets over to Boston at zero cost is a travesty," Aubin adds.

A recent report commissioned by OHIC found that:

- Partners' Mass General and Brigham and Women's Hospitals are among the highest priced general acute care hospitals in Massachusetts;
- This proposed takeover already contributed to the closing of Memorial Hospital; and
- Partners physician organizations are up to 50 percent more expensive than Rhode Island commercial physician fee schedules.

TIMOTHY J. BABINEAU, MD, president and chief executive officer of Lifespan added, "It is essential that Rhode Island have a locally controlled academic medical center that can attract top specialists and primary care physicians working for the people of Rhode Island. The proposed acquisition places that at great risk."

Lifespan has developed a website to present its perspective to the public at www.ProtectRIHealthCare.org. ❖

Joint statement from Betsy Nabel, MD, president and CEO, Brigham Health, and James E. Fanale, MD, president and CEO, Care New England Health System

The following statement was released on April 24th :

"Brigham Health's proposed acquisition of Care New England will create a stronger health system for Rhode Islanders. Together, we'll deliver affordable and world-class care right here in Rhode Island. Our longtime affiliation at Kent Hospital proves we keep care local. Less than one percent of our patients are transferred to Brigham Health – and those are the sickest patients who require highly specialized care. The acquisition by Brigham Health would further CNE's recent financial turnaround and provide much-needed financial stability. We're exploring the potential for clinical expansion, including the development of new, lower-cost, community-based ambulatory care centers, which could create more clinical jobs and lead to the recruitment of specialty physicians offering an expanded array of clinical services in Rhode Island. We are working closely with the Rhode Island Department of Health and the Attorney General to ensure that this collaboration will strengthen the Rhode Island health care system for all." ❖

Statement from Brown University President Christina Paxson

"In the past, I have advocated for an integrated healthcare solution that brings Care New England and Lifespan together with Brown to create a unified academic medical center in Rhode Island. However, multiple previous attempts to realize this vision have failed. While I remain committed to the vision of a thriving academic medical

center, it's uncertain that another attempt involving Lifespan and Care New England would be successful at present. Brigham's financial strength, its standing as a world-class medical center, and its stated commitment to locally-provided care offer an attractive alternative to a "local" solution. In the end, Rhode Island's Department

of Health and Attorney General will have to decide what's in the best interest of Rhode Islanders. Brown remains strongly dedicated to the goals of providing the highest quality healthcare and exceptional medical training, enhanced opportunities for research, and biomedical innovation that fuels economic development in Rhode Island." ❖



From left, **David DeMaso, MD**, psychiatrist-in-chief of Boston Children's Hospital and chairman of The Leon Eisenberg Chair in Psychiatry; **Henry Sachs, MD**, Vice President and Chief Medical Officer of Bradley Hospital; **Margaret M. Van Bree, MHA, DrPH**, president of Rhode Island Hospital and its pediatric division Hasbro Children's Hospital; **Kevin Churchwell, MD**, President and Chief Operating Officer of Boston Children's Hospital; **Sandra Fenwick, CEO**, of Boston Children's Hospital; and **Timothy J. Babineau, MD**, president and chief executive officer of Lifespan. [BILL MURPHY/LIFESPAN]

Boston Children's, Hasbro sign alliance agreement to broaden access to pediatric complex care

BOSTON AND PROVIDENCE, APRIL 12, 2019 – Boston Children's Hospital and Hasbro Children's Hospital have signed an agreement to identify areas of care for children and adolescents in which a formal collaboration will enhance the organizations' ability to ensure that each patient gets the right care in the right setting, with the goal of treating patients close to where they live whenever possible.

The agreement builds on the existing collaboration of both organizations' clinicians in treating patients with heart conditions and cancers by reinforcing those collaborations and identifying new areas of opportunity to improve care, including in fetal treatments and behavioral health. Relying on the talents and expertise of their clinicians, Hasbro Children's and Boston Children's will jointly develop protocols and pathways, especially for patients

with rare and complex conditions. Hasbro Children's Hospital patients will benefit from a defined relationship with Boston Children's for stem cell transplantation; Boston Children's patients will benefit from work with Lifespan's Bradley Hospital, a psychiatric hospital for children. Because both hospitals have strong programs, they will share expertise and research and will provide consultation to advance pediatric care in the region.

"Hasbro Children's Hospital provides 95% of the inpatient care for pediatric patients in Rhode Island, with less than 1% of patients leaving the state for care. This collaboration is designed to keep patients local, continue to provide what the local community expects from Hasbro Children's, while cementing a relationship that will inspire further advances in pediatric care," said Rhode Island Hospital

President **MARGARET M. VAN BREE, MHA, DRPH**. "Together, our goal is to advance the scope and quality of care we deliver regionally and facilitate access to the innovations of another pediatric hospital."

"Boston Children's is committed to the best clinical and research-based care with the highest-quality patient outcomes," said **SANDRA L. FENWICK**, CEO of Boston Children's Hospital. "This agreement recognizes that great care should be provided as close to a patient's home as possible, which can be achieved only if we work with other excellent pediatric hospitals. Boston Children's and Hasbro Children's together have the determination and know-how to bring the best quality outcomes to patients efficiently. We aim to build on two strong records of success and deliver value to our patients through this collaboration." ❖

Rick Majzun, president and COO of W&I, resigns; Matt Quin, RN, MSN, named interim chief

RICK MAJZUN, FACHE, who was named president and chief operating officer of Women & Infants Hospital effective July 23, 2018, resigned from his position on April 8 immediately “to pursue other professional opportunities,” according to a statement from Care New England.

Majzun came to Women & Infants from Barnes Jewish Hospital and St. Louis Children’s Hospital in St. Louis, MO.

“Care New England and Women & Infants would like to thank Rick for his efforts since arriving last fall and appreciate his support, energy, and enthusiasm for the important work taking place both at Women & Infants and across Care New England, and we wish him well in his future endeavors,” CNE spokesperson **JIM BEARDSWORTH** said in a statement. “A search for a



Rick Majzun

PHOTOS: CARE NEW ENGLAND



Matt Quin

new president/COO is expected to commence in a few months.”

MATT QUIN, RN, MSN, has been named interim chief operating officer. He joined Women & Infants in 2013 as vice president for nursing operations, and was named senior vice president of patient care services and chief nursing officer in 2015. Previously, Quin served in several roles at Brigham and Women’s Hospital including the director of the Surgical, Burn and Trauma

Intensive/Intermediate Care and director of Cardiac Surgical Intensive Care, where he led the units’ clinical discipline of nursing.

A graduate of Saint Anselm College in Manchester, NH, Quin earned a master’s of science in nursing at Simmons College. ❖



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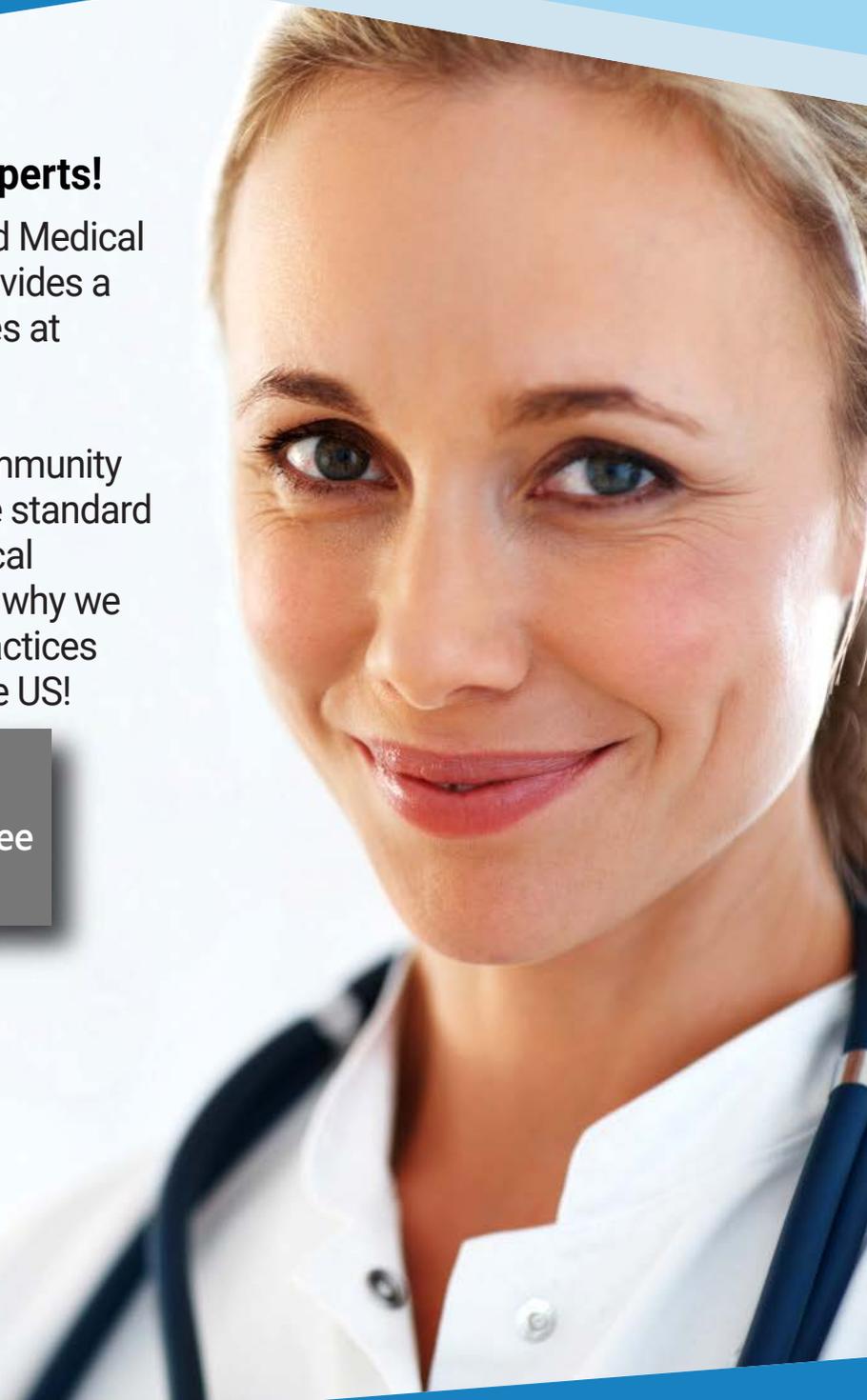
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Rhode Island receives failing grades for ozone pollution on Air Quality Report Card, finds 2019 ‘State of the Air’

PROVIDENCE (APRIL 24, 2019) – The American Lung Association’s 2019 “State of the Air” report found all three reporting counties in Rhode Island received failing grades for ozone pollution this year, and all three also reported an increase of year round particle pollution. The annual air quality “report card” tracks Americans’ exposure to unhealthy levels of ozone or particle pollution, both of which can be deadly.

“Rhode Island residents should be aware that we’re breathing unhealthy air, driven by emissions from power plants and extreme heat as a result of climate change, placing our health and lives at risk,” said **JENNIFER WALL**, Director of Advocacy for the American Lung Association in Rhode Island. “In addition to challenges here throughout Rhode Island, the 20th-anniversary ‘State of the Air’ report highlights that more than 4 in 10 Americans are living with unhealthy air, and we’re heading in the wrong direction when it comes to protecting public health.”

This year’s report covers the most recent quality-assured data available collected by states, cities, counties, tribes and federal agencies in 2015–2017. Notably, those three years were the hottest recorded in global history.

Each year the “State of the Air” provides a report card on the two most widespread outdoor air pollutants, ozone pollution, also known as smog, and particle pollution, also called soot. The report analyzes particle pollution in two ways: through average annual particle pollution levels and short-term spikes in particle pollution. Both ozone and particle pollution are dangerous to public health and can

increase the risk of premature death and other serious health effects such as lung cancer, asthma attacks, cardiovascular damage, and developmental and reproductive harm.

Ozone Pollution

Compared to the 2018 report, the counties of Kent and Providence recorded more bad air days for ozone, causing their 2018 D grades to drop to Fs. Washington County maintained a failing grade, but also experienced more bad ozone days that recorded in the previous report. All together, the three counties recorded a total of 41 bad “orange” and “red” ozone days from 2015–2017, compared to 29 from 2014–2016.

“Rhode Island has over 18,000 kids with pediatric asthma, over 91,000 adults with asthma, and over 55,000 adults with COPD. Ozone can be harmful to anyone, but these populations as especially at risk, often driving them to the doctor’s office, the hospital or the emergency room,” said Wall.

Debra Keating-Cole, a Providence resident with asthma and COPD, said, “Bad air days force me to stay inside, and can even keep me from walking my dog. I used to love sitting on the porch, but now if I step outside on the wrong day the humidity and pollution hits me like a ton of bricks.”

This report documents how warmer temperatures brought by climate change make ozone more likely to form and harder to clean up. This year’s report showed that ozone levels increased in most cities nationwide, in large part due to the record-breaking global heat experienced in the three years tracked in the report.

Particle Pollution

The 2019 report also found year-round particle pollution levels higher than the 2018 report in all three counties, which goes against the national trend showing progress reducing year-round levels of particle pollution. Providence measured a significant increase, from 7.6 µg/m³ in the 2018 report to 9.1 µg/m³ in this year’s report.

“Particle pollution is made of soot or tiny particles that come from coal-fired power plants, diesel emissions, wildfires and wood-burning devices. These particles are so small that they can lodge deep in the lungs and trigger asthma attacks, heart attacks and strokes, and can even be lethal,” said Wall. “It’s concerning that our local year-round particle pollution levels have increased – and it’s likely due to regional and local weather patterns as well as some weather events caused by climate change.”

“State of the Air” 2019 also tracked short-term spikes in particle pollution, as these can be extremely dangerous and even lethal. The report found that Providence did have one fewer days when short-term particle pollution reached unhealthy levels, but it was not a significant enough difference to improve its 2018 B grade.

While the report examined data from 2015–2017, this 20th annual report online provides information on air pollution trends back to the first report. Learn more about Rhode Island’s rankings, as well as air quality across the state and the nation, in the 2019 “State of the Air” report at Lung.org/sota. ❖

New England's first in-utero spina bifida surgery performed at Hasbro Children's Hospital

PROVIDENCE – Hasbro Children's Hospital and Women & Infants Hospital, through their joint Fetal Treatment Program of New England, have performed the first open fetal surgery of its kind in the Northeast – microscopic repair of a baby's spinal cord before birth.

A 15-member multidisciplinary team, including nine physicians and two teams of nurses and scrub technologists, came together at Hasbro Children's last May to perform the delicate two-hour surgery on the fetus, then at 25 weeks of gestation, and mother Emily Hess, of Attleboro, MA. It's critical the intervention be done by 26 weeks of gestation for the safety of mother and baby, with the goal of the mother carrying as close to term as possible. Emily's son, Selwyn, who had a severe defect on the lower level of his spine, was successfully delivered via C-section in late July at Women & Infants Hospital, just two days before a scheduled C-section.

"It was a huge success. It was as if the team had been doing this for years, and it's heartwarming to see how well Selwyn is doing now. He's growing like an otherwise normal child, and that certainly bodes well for his future,"

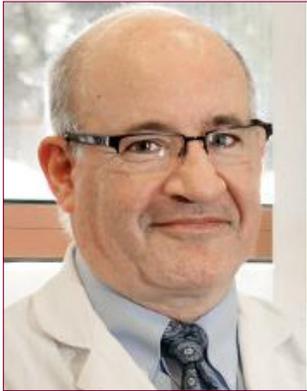
said **FRANCOIS LUKS, MD, PhD**, pediatric surgeon-in-chief and division chief of pediatric surgery at Hasbro Children's.

Traditionally done after a baby is born, in-utero surgery for spina bifida requires specific criteria be met such as early diagnosis of the defect and health of the mother. Significantly more delicate than surgery after delivery, the in-utero surgery requires opening the uterus to allow access to the fetus. Once the fetus' back is exposed, pediatric neurosurgeons repair the defect, closing it in layers and covering it with skin and grafts so that leakage of spinal fluid is eliminated and the spinal cord is no longer exposed. The fetus is then repositioned within the uterus and the uterus is closed.

A 3-D model of the fetus was printed at Hasbro Children's a couple of weeks prior to surgery to illustrate the patient's spinal cord and defect, and the surgical team rehearsed in the Hasbro Children's operating room in advance.



Emily Hess and her son, Selwyn. [PHOTOS: LIFESPAN]



Francois Luks, MD

"With this incredible team with amazing talent and expertise in so many different areas, we are now able to perform work that used to have to be done after the baby was born. The earlier you can modify things, the better chance you have of effecting a really good outcome," said **STEPHEN CARR, MD**, director of the Prenatal Diagnosis Center at Women & Infants and co-director of the Fetal Treatment Program of New England.

"When we learned that Selwyn had spina bifida, it was a blow, and very emotional, but he is doing very well. He's meeting most of his developmental milestones and kicking his legs all the way down to his toes," said mother Emily Hess. ❖



Stephen Carr, MD



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Rhode Island Hospital, Teamsters Local 251 reach 5-year contract agreement

PROVIDENCE – Rhode Island Hospital and Teamsters Local 251 are pleased to have reached a five-year contract agreement, effective April 1, 2019 through March 31, 2024. Union membership overwhelmingly ratified the tentative agreement proposed to them on Thursday, April 11.

The agreement includes annual wage increases of 3 percent each year for a total of 15% over the five-year contract term. Effective April 2023, a minimum wage of \$15 per hour for all positions will go into effect across the Lifespan system. The contract offers competitive health coverage benefits for full and part-time employees, along with retirement and earned time benefits for future employees that align with the overall Lifespan system benefits. It injects stability in the workforce by addressing transfers, leaves of absence and the use of per diem employees.

The negotiations process included dozens of hours at the table, with a high degree of professionalism and cooperation, and both parties are confident that this is a fair and sustainable agreement that reflects the value placed on the 2,500

Local 251-represented employees.

“After months of member-to-member organizing and surveying the needs of the members, the Teamsters Local 251 negotiating committee set out to satisfy key demands of the workers,” said **MATTHEW TAIBI**, secretary treasurer and principal officer of Local 251. “This contract addresses the important issues of fair wage increases, a \$15 minimum wage, Teamster healthcare benefits, retirement security, quality jobs that support families, and job security.

“The valuable employees represented by Local 251 comprise a broad cross-section of the Rhode Island Hospital workforce,” said **MARGARET M. VAN BREE, MHA, DRPH**, president of Rhode Island Hospital. “Our CNAs, unit secretaries, environmental services, central transport, facilities, buildings and grounds, and other key personnel who are Local 251 members are the backbone of keeping the hospital functioning and friendly to all who pass through its doors. We are grateful for their work, and pleased to have agreed upon this smart and fair contract.” ❖



Pictured are (L-R) **Timothy J. Babineau, MD**, Lifespan president and CEO; **Lisa Abbott**, Lifespan senior vice president of human resources and community affairs; **Gary DaSilva**, radiology tech assistant and Local 251 liaison; **Paul Santos**, Local 251 president and business agent; **Matt Taibi**, Local 251 secretary treasurer and principal officer; **Matthew Maini**, Local 251 business agent; **Margaret M. Van Bree, MHA, DrPH**, Rhode Island Hospital president; **Tony Suazo**, receiving clerk and Local 251 vice president/RIH steward; **Bill Schmiedeknecht**, Lifespan vice president for business partnerships & labor relations. [PHOTO: LIFESPAN]

Community Physician Partners signs on to statewide Choosing Wisely campaign to improve dialogue between physicians and patients

PROVIDENCE – Lifespan partner Community Physician Partners (CPP), an independent association of primary care physicians, has signed on to the Choosing Wisely campaign, a nationwide initiative to promote conversations between patients and clinicians aimed at avoiding unnecessary medical tests and procedures.

CPP's move to sign an agreement with Choosing Wisely RI means that the more than 170 primary care physicians in the partnership, which is part of the Lifespan Health Alliance, will be embracing the tenets of the campaign in caring for their more than 100,000 patients across Rhode Island.

"The Choosing Wisely campaign is a great and long overdue conversation starter between patients and their doctors," said **DAVID MARCOUX, MD**, president of CPP. "Patients seek and deserve good care and doctors want to deliver nothing less. Doctors want to order the right test or treatment at the right time and avoid what has limited to no value. This is an excellent program. We're all in."

The campaign cites a National Academy of Medicine statistic that an estimated \$765 billion per year is spent on unnecessary or needlessly expensive care and that 30,000 deaths per year are attributable to overly aggressive treatment. Surveys by ABIM have found that physicians feel pressured by patients to prescribe unnecessary tests or

treatments for fear of lawsuits and losing patients. The surveys also indicate that physicians lack the tools to have better conversations with patients and that patients feel uncomfortable asking their doctors questions. The national campaign was launched in 2012.

The campaign is supported by a variety of literature, videos and phone apps, including a list of "5 Questions to Ask Your Doctor Before You Get Any Test, Treatment or Procedure."

Choosing Wisely is a national campaign of the ABIM (American Board of Internal Medicine) Foundation that was launched in Rhode Island by the Rhode Island Business Group on Health, a non-profit group that advocates for affordable, high-quality health care. Other supporters include the Rhode Island Foundation, the Rhode Island Department of Health and the Rhode Island Medical Society.

CPP is a not-for-profit physician-governed association whose members are part of the Lifespan Health Alliance, an accountable care organization (ACO) that strives to deliver high-quality, high-value care in a patient-centered medical home. In CPP, patients and providers are true partners in care decisions. CPP also maintains a network of highly talented specialists to provide integrated care that is efficient and affordable. ❖



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Dr. Kenneth Allen publishes evidence of impulsive behavior in nonsuicidal self-injury

Outcome suggests promising treatment target for some at high-risk for suicide

Are young adults who harm themselves more at risk for suicide? New research suggests there could be a connection under specific conditions associated with negative emotions.

KENNETH J.D. ALLEN, PhD, a postdoctoral research fellow in the Psychosocial Research Program at Butler Hospital and the Department of Psychiatry and Human Behavior at The Warren Alpert Medical School of Brown University, recently published several articles related to this important topic. His research suggests that nonsuicidal injury (NSSI), when people harm themselves without wanting to die, is associated with impulsive behavior, but only under specific conditions associated with negative emotions. Importantly, this research also identifies potential areas of treatment for a select group of individuals deemed as high-risk for suicide attempts.

Dr. Allen's work was published in the peer-reviewed scientific journals *Psychiatry Research* (Frequency of nonsuicidal self-injury is associated with impulsive decision-making during criticism) and *Behavior Therapy* (Negative Emotional Action Termination [NEAT]: Support for a cognitive mechanism underlying negative urgency in nonsuicidal self-injury). Dr. Allen's work was completed with the support of his PhD advisor **JILL M. HOOLEY, DPhil**, who is affiliated with the Department of Psychology at Harvard University, and **HEATHER T. SCHATTEN, PhD**, his co-mentor at Brown and Butler.

"People who self-injure, both more frequently and more recently, also make more impulsive choices when experiencing distress than those who self-injure less frequently and/or less recently," said Dr. Allen. "Importantly, this suggests the response to actual, perceived, or even self-criticism may be a promising treatment target, particularly for those at highest risk of future suicide attempts."

Common examples of NSSI include cutting, burning, or hitting oneself. NSSI is common, especially among adolescents and young adults, even those without any diagnosable psychiatric conditions. While NSSI occurs without the intent of suicide, it is also one of the strongest predictors of future attempted suicide, so determining shared and distinct factors involved in nonsuicidal and suicidal forms of self-injury is critical.

Dr. Allen explained that while NSSI without suicidal intent may be a common behavior, the potential for serious consequences is significant, as research suggests these events are equivalent to prior suicide attempts in predicting future suicidal behavior.

"The clinical implications of this research could be substantial," said Dr. Allen. "When and where the NSSI occurs in conjunction with negative mood and accompanying impulse control problems might inform assessment, treatment, and prevention of both NSSI and suicide, which is really what we're here for."

The published research shows the results of new laboratory tasks created by Dr. Allen and his colleagues addressing the discrepancy between self-reported impulsivity in people who engage in NSSI and their lack of impulsive behavior on existing laboratory tasks. The impact of this indicates that NSSI is associated with impulsive

behavior, but only under specific conditions associated with negative emotions.

Although previous studies did not identify impulse control deficits in NSSI, Dr. Allen's research demonstrates that people who self-injure have more difficulty controlling impulses directly motivated by negative emotions such as anxiety, anger, and sadness. Dr. Allen's studies suggest that difficulty controlling impulses motivated by distress might help explain the link between NSSI and future suicide.

This impairment is specific to negative emotional action termination, or the final stage of response inhibition, meaning that such individuals might only act impulsively once their negative feelings reach a certain level of intensity.

"Therapeutic interventions focusing on increasing 'mindfulness' could be particularly useful in helping individuals become aware of their emotions and accompanying urges before they become overwhelming and reach this breaking point," said Dr. Allen. "Ultimately, our findings suggest that once someone gives in to an impulsive urge to self-injure, they may find it especially difficult to stop, whereas if that person can catch this urge early on, they may be able to choose a more adaptive strategy to reduce their unpleasant emotional state, such as exercising or listening to music." ❖



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Inquiries to Newell Warde, nwarde@rimed.org