

Medical Undergraduate Society

Special General Meeting minutes - March 2nd 2020; 7:00 PM

Date	MSAC	IMP	NMP	SMP	Call-In # 1-877-792-2770
March 2 2020	VC Room	RJH 246 MSB 107 VGH 1908	UHNBC 5032 NHSC 9-370	KGH 250 RHS 148	30335 https://meet.vc.ubc.ca

Preparation

Review Robert's Rules [here](#).

Add/update/verify your contact information [here](#).

Minutes

Present: Zach, Annette, Parker, Gabriel, Stephen, Monica, Khash, Chris, Tribesty, Micheal, Jason, Jeremy, Isaac, Andrew (Doctors of BC), Army, Maichael, Eric, Katrina, Dr. Lui

VC: Aaron, Rohit, Lisa, Jordanna, Vivian

<https://meet.vc.ubc.ca> **Call 30335**

Regrets:

title	proposer	time
Approval of Agenda	Mover: Maichael Seconder: Stephen In favour: All	
Approval of Previous Minutes https://docs.google.com/document/d/1GVEGIZHmv3JoY-j84Zpt1z5ivBfdVovbSPpqCrMjFzQ/edit	Mover: Maichael Seconder: Stephen	

	In favour: All	
<p>Remarks from the Chair</p> <p>https://drive.google.com/file/d/1f9PuLObgkBi0Sf0iTWhBgNcy_TgfgU2w/view?usp=sharing</p> <p>Introductions</p> <p>UGME Finances There have been a number of questions for additional funding that has come to faculty and the MUS. The challenge is that the way faculty handles funding is that they give a lump sum each year. There is no new additional funding from the faculty side. There could be an option to allow faculty give out or retain amounts throughout the year. For more information, talk to VP finances.</p> <p>Canada QBank QBank used to be funded by the College of physicians but will no longer be available after this cohort. It will not be available freely next year. There was a conversation at UGME to see if there will be funding for alternative board exam material. Those were not supported at this time due to funding restraints.</p> <p>Fraser cohort There have been heresay whether the fraser cohort will be a new distributed site. From the information we have, it will not be a new site but an alternative track with only fraser health authorities for 3rd year. The opportunity to be part of this cohort will start with the incoming class of 2021.</p> <p>VP Planetary Health This came up with VP IH and Internal whether this is something of interest. If there is growing interest, I would love to have further conversations regarding this. We can bring this up to CFMS for a potential national position. If you have any questions, reach out to me after the meeting.</p>	Zach Sagorin (President)	

Awards Applications

Reminder that there are a lot of award applications and decide whether you want to apply for them. There is an abundance of leadership amongst the council so I would highly encourage people to look into that.

MEC Positions

Proposed constitution amendments:

<https://drive.google.com/file/d/1LGFexu5KQbS6u3u2GKbApFEnPvYASJPi/view?usp=sharing>

MEC was created by students to be an impartial and streamlined method to select the most qualified student representatives from all four sites in a blinded, fair manner. Based on the success of MEC, it is time for the leaders of this subcommittee to become elected, and accountable to the MUS and each Class Council. If the resolution passes by a 2/3 supermajority vote, the following positions would be elected upon in the near future:

MEC Director (2-year position, reports to the MUS Council)
4 MEC Class Executives (1-year position, report to each Class Council)

These 5 new positions would be non-voting members of MUS Council or Class Councils. The MEC Webmaster would be appointed by the MUS. Here is a link to the MUS constitution with the proposed amendments:
<https://drive.google.com/file/d/1LGFexu5KQbS6u3u2GKbApFEnPvYASJPi/view?usp=sharing>

Presentation

MEC

Division of the Academics that select students to sit on various faculty committees and working groups. Maintain communication between students and faculty. The idea is to upgrade MEC. Due to its success, instead of the nomination form we are hoping to have the positions be elected.

Stephen
McCarthy (VP
Academic Sr.)

7:15

So far, there is fair and equitable selection of student reps based on skills and experience. The temptation to pick friends is minimized due to the transparent process. Selection of new committees can be done fairly quickly.

Improvements can be made on group identity. There is a drifting away from MUS. There is no formal connection with class councils. Students may also feel isolated and don't receive support from MEC or MUS. We want to do reports so that once you finish your committee positions we can start training right away. If we connect MEC reps to class council we can increase support. We can also improve accountability by moving from self-appointing to electing the representatives.

The proposed solution is that we have the senior chair and junior chair, admin and year reps be part of MUS. MEC director will be elected as a two year term. The year reps will be attending class council meetings as non-voting members. The reps will be elected through their class councils.

Eric: Will there still be a junior and senior chair?

Stephen: The roles will be divided into new ways.

Katrina: The senior rep is in charge currently and everyone else splits the roles. We are thinking that this is an easy transition where the MEC director is leading and everyone shares the other roles.

Stephen: Instead of Sr/Jr having the defined roles, the MEC director can distribute the roles accordingly to peoples' strengths?

Maichael: Does MEC have attendance of MEC representatives within the committee meetings? There has been feedback that the MEC reps may not be attending some of the meetings so we are not getting that voice. How many meetings are your reps supposed to be going and if

they are attending. This structure will work well if they have perfect attendance. I think it is a good direction.

Katrina: That is definitely the accountability piece where we are trying to fix. Students that are reps may not necessarily aware and better communication with the reps may help.

Stephen: Once a year, the reps need to fill out the survey for reappointment. It is a low bar for them to be appointed again.

Katrina: We do get feedback from the faculty as well.

Advantages to elected positions

MEC director and IT officer will be accountable to MUS and MEC reps will relay information from class council. Spring and Fall recruit will improve.

Proposed Constitution changes

See presentation

Chris: Will the election be at the same time as class council?

Stephen: The idea is that the MEC director is elected in the spring and the Year 2-4 reps in April. The Year 1 rep will be elected in the fall with the year 1 class council. This will allow an overlap of the MEC director with the Sr/Jr chairs for continuity.

Chris: This would also affect the president's role in the constitution?

Stephen: I updated the election rules for the class council but not the president's role.

Khash: Will the MEC reps only be attending class council meetings once per term?

Stephen: That is a minimum but they can definitely attend more based on need.

Annette: MEC has a Sr/Jr chair currently and we are thinking of the MEC director being a two term position? Is that the only two year position?

Stephen: Currently, yes. The other positions will be one year terms.

Katrina: With the director position being a two year position, there will be a continuity.

Eric: Some of the continuity can be repeated from the year reps but now that is only a one year term. If they are elected in April, then it could span year $\frac{2}{3}$ which may impede their ability to do their role. Would it be possible to have a jr/sr roles for these reps? This will have built in continuity and offload some of the work. From my perspective, it looks great and I am glad that MEC is doing well over the years. I think bringing in the tight relationship with MUS will improve transparency and communication.

Annette: I like the idea that Eric brings up with the jr/sr roles.

Stephen: The reason why I am opposed to this because we are creating one more MEC position already and I don't want to dilute the roles too much. Continuity should still be possible with the MEC director and academic roles.

Annette: If the director is a two year position, how do you train the next director?

Stephen: Currently, it is a temporary measure.

Katrina: Ideally, the MEC director will have been part of MEC before. There may be some positions in MUS that are two years, do you have any suggestions?

Annette: The advantage of having the jr/sr is that it offloads the position to two individuals.

Stephen: We are creating a new position already and one of the positions will be two years and the rest will be one year. The MEC terms of agreement is still open and we can always make amendments to have it top heavy for the year 2 role.

Zach: The VP Academic will appoint the MEC webmaster. Can you clarify? The VP Academic Jr/Sr will become voting members of MEC. Is that different?

Stephen: The VP Academics will select the webmaster because the position has been empty recently.

Zach: Will MEC be able to function with shorter term notice. Because there are new opportunities and committees with short notice that spring up throughout the year. Would we be able to add that responsibility under MEC instead of under MUS council?

Stephen: We can put this in the MEC terms of reference. If we can set a deadline, we can create a threshold for MUS to reference. It should be more than a month for us to put out the call and interview application. We can add this to section 8.7?

Katrina: It may be helpful to put it in terms of reference for better flexibility.

Zach: After this has been accepted in the constitution, who is responsible for editing the document to ensure consistence?

Stephen: That is Isaac's job.

MOTION:

WHEREAS the Medical Education Committee (MEC) has agreed to have its leadership elected during the Spring MUS elections,

BE IT RESOLVED THAT the representatives of the Medical Educational Council (MEC) become democratically

Motion mover:
Stephen
Seconded:
Eric

elected positions, as amended in the MUS constitution in sections 4.2.25, 4.3.14 and 8.7, and minor amendments in sections 3.2, 3.3, 3.5, 4.2.3, 5.1.6 and 5.1.9.

For

Isaac: I am speaking in support of this, thank you for all of your work.

Eric: I am speaking in favor of the motion. This can definitely be tried for a year and then revised as needed.

In favour 22
Against 0
Abstentions 0

Doctors of BC Disability Insurance- Making it an opt-out program

Disability insurance currently is opt in. Beginning of the year forms are given to see apply for disability insurance - people are encouraged to sign up but there is not 100% coverage (even though there is no cost to students). While in medical school there is no proof of health however when graduated there is a health assessment required which could leave people uninsured.

Main goal - make it easier for med students to be covered!

Maichael

- What is the ask of the society? What asking for here is you want the MUS to support a mandate for opt-out that DoBC would offer, this isnt something UBC would offer
- Our direction as a society should be to educate students about making the informed decision of group plan vs. individual plan (not deciding for them). For example, there were additional preconditions added onto the sunlife vs. manulife transition that negatively affected some students.

Dr. Clarke

Ruvini
Amarasekera
(VFMP 2023)

Guest
presenter:
Dr. Andrew
Clarke,
Executive
Director of
the Physician
Health
Program

- This is basically setting people up so they are covered. And then they can still be educating themselves and switch plans if they want, they can still buy more later. For example, if you have had one episode of depression you will never be able to be covered for disability again

Dr. Lui

- I support this but I think that students should be made aware they may need to supplement later. Also, there is a conflict of interest because DoBC has a financial incentive to want to have everyone opt in (ie. pool of healthy applicants lowers premiums for all)

Dr. Clarke

- This resolution is about making sure med students are covered. It makes it administratively simple because students do not need to pay anything and there is no questionnaire
- The major difference between dobc and RBC is that RBC pays commission to its agents whereas dobc does not. Everything else is identical.

Annete: How much does this free coverage extend to if you signed up in the first year? Does this end at the end of residency? Do I have to buy a new insurance policy then?

Dr. Clarke: The key difference is that at the end of medical school, the DofBC will not continue to pay premiums for you. THE plan gets extended not cancelled.

Annette: IF we use an opt-out program, it is up to the students to cancel the plan if they no longer want it?

Dr. Clarke: With this, the opt out can ensure people are covered with an alternate plan.

Khash: What is that RBC is giving that is competing with you guys.

Dr. Clarke: What are the differences between a group vs individual plan. A group plan is much better because if you make a plan, RBC may treat you worse because you are one individual. If you are under DofBC, they can back you up against the claims adjudicator. Prior to this, the DofBC plan was not portable so if you went to residency outside of BC you would have to maintain your membership. Now it has been taken care of and it is now a national plan. Historically, the DofBC had fewer features than RBC but now they have been added.

ARmy: I think it is a great idea but I just find that in the first few weeks I did not have the ability to make an informed decision. An opt-out program is better because you are protected and then you can make an informed decision. My recommendation is making the process of opt-out transparent to make sure they are not stuck in something they did not want to stay in.

Rohit: Have you consulted Jennifer Fong and student affairs yet?

Dr. Clarke: Their advice was id like to know what the students want?

Ruvini: I am interested in bringing this to student affairs. Before I do that, I would like to understand MUS's position on this.

Rohit: We encourage to come to the student affairs meeting. To the students, how many have you accessed Jennifer Fong via the workshops or the clinics. I encourage everyone to ask her because there is no conflict of interest. Before we make any decisions, it would be great to hear from the financial officer.

Maichael: We do need to clarify the ask. Do we want to request to the faculty regarding an opt out program? It is a

highly personalized choice in fourth year whether to be part of a group or individual plan.

Dr. Clarke: There is no conflict of interest from Doctors of BC.

Parker: Some of the challenges would be that the AMS plan ends after you graduate but the DofBC plan does not end? The faculty has been hesitant to endorse organizations beyond UBC. Would making insurance a curricular requirement be a better solution? One, it will relieve the pressure of faculty being skittish outside of UBC's walls. It will make students make a choice about insurance which would aid in the education aspect. Not sure if this would be feasible but it may be good.

Dr. Clarke: Yes it does end after you graduate.

Gabe: I'm curious about that you mentioned this would be similar to the AMS opt out for health/dental program. Opting out of the AMS insurance was a nightmare in undergrad for me personally.

Dr. Clarke: The opt-out process can be made simple. It was originally mandatory to require residents to sign up for disability insurance. There is no way to enforce this and just stop the training. The people that are not getting insurance are the marginalized populations.

Dr. Lui: I have to disagree about conflict of interest. It may not be a financial conflict of interest but in the handout if this will continue everyone will have insurance without proof. I think that itself is a conflict of interest. That is no benefit to the students that want to opt out rather the people that are already in the pool.

Zach: I would advise making a working group and a survey about the medical students' perspectives regarding this. If you are bringing up to the faculty, you will need more data. Please raise this at your various meetings in the future.

Bring this up at the AGM with a formalized motion once you get the data. Whether it be advocating for an opt-out policy or better education for the students.

Approval in Principle - PAC Draft Position Paper on Access to Contraception

Paper:

<https://drive.google.com/file/d/1jTxBjTn8EINsnvoE0JyRNILMt8O6lpaT/view>

Paper this year will be brought to Victoria to bring to elected officials (MLA, Sr. officials in Ministry)

This is on Access to Contraception

- Purpose of day of action = exposure to health policy and politics, conduct research in area of interest, develop advocacy tools and skills

Background

- Many BCians lack basic pharmaceutical coverage for contraception - ed to medical debt and adverse social issues. Can save 95 million dollars!

Objectives

- Ensure MLAs aware of issue, build up media attention so public is aware, pressure on provincial government to act now

Zach: Good job on this! Regarding the 95 million dollar cost-benefit analysis could you clarify about this? I'm just wondering if there is more detail because the citation is from a news article.

From what i remember, it was alluding to the cost of abortions and social support from unplanned pregnancies. We can definitely incorporate into the paper.

Tribesty: We have to go through and clean some of the citations. That citation was more for the sexual health.

Tribesty
Nguyen (PAC
Chair Sr)

Reem: Thank you to PAC for all of the hard work about this.

Tribesty: We are going to go back and clean up some of the citations and expand. The content wise we are not adding anything new. Thank you to the council earlier last month for approving the joint statement. Unfortunately, the BC budget did not include universal contraception. Our push now is more important.

MOTION

WHEREAS UBC medical students selected universal access to contraception as PAC's annual advocacy topic for 2019-2020

WHEREAS PAC researches and writes an annual position paper as the background to its annual advocacy efforts
WHEREAS the MUS recently approved a joint-statement supporting universal access to contraception

BIRT the MUS approve in principle PAC's position paper on access to contraception,

BIFRT that PAC may edit the position paper for flow, language, and expansion, but will not add any additional content

Motion

mover:

Tribesty

Secunder:

Monica

In favour 14

Against 0

Abstentions

0

External Updates

SGM Application

March 6th deadline for UBC applicants. As the MUS, everyone should apply here because we could provide good discussion. You are aware of a lot of the issues we are exposed to and it could be good to meet other students. They will not need CFMS involvement to attend this meeting.

Stephen: How many delegates are you looking for?

Reem: We can have around 12 delegates other than the allotted MUS members that are able to go. We are looking at around 18 UBC delegates.

Strategic innovation fund - March 16th

Reem Aziz

(VP External)

If you have a global large scale project, you can bring about meaningful change with this.

Jeopardy with the docs - March 19th

We are inviting physician leaders that are involved with politics to speak to the students. UBC is generally isolated due to geographics. Currently, we have confirmed panelists (Dr. Kathleen Ross, Dr. Sandy Buckman, Dr. Heidi Fry). These are prominent doctors that are coming to UBC. Registration will be released tonight or tomorrow. I encourage everyone to spread the word. It will be VC'd to other sites and it will be organized in jeopardy style.

Lobby day - March 23rd

It has been discussed heavily from PAC so we will have updates in a couple of weeks.

Annette: Are MUS members supposed to apply for the delegate?

Reem: VP External Jr/Sr, Incoming jr, VP Academic Jr, PAC Chair Jr, Incoming MUS president and Dallas.

Zach: John and I both went so it is different this year?

Isaac: How are the MUS positions chosen?

Reem: I believe it is from the constitution.

Internal Updates

1. Elections (will send email in next couple of days, get your friends and people who you think would be great to run!)
2. Constitution and By Laws Committee (will send email in couple of days, general MUS members and MUS council members, please email me if you want to join). Stephen wants to join.
3. Med Gala - March 7th, BUY YOUR TIX
4. Run for rural medicine - March 8th

Isaac Rodin
(VP Internal)

5. Med Ball - March 14th!		
<p>Communication Updates</p> <ol style="list-style-type: none"> 1. UBC MAA Award Nominees <ol style="list-style-type: none"> a. Year 1&2: Christopher Pang, Rohit Singla, Kaitlyn Harding b. Year 3&4: Maichael Thejoe, Vivian Tsang, Jack Yuan 2. AMS Elections Endorsement <ol style="list-style-type: none"> a. Ian Stone and Andy Wu b. https://docs.google.com/document/d/1Ps9A2r3dkgSGBuaOU0eKQ63xQI7-xbTUeq2PL739Y9M/edit?usp=sharing 	Monica Hsieh (VP Comms)	
<p>Update on Textbook Sale</p>	Chris Pang (2022 Class President)	
<p>Update on Clothing Sale: design competition winner selected and their award & group discussion to finalize sale amount (7 min)</p> <p>Winner: the one with mountains</p> <p>Stephen: What is the most expensive item in the clothing store.</p> <p>Chris: The sweater of their own choosing.</p> <p>MOTION:</p> <p>WHEREAS Students spend time and effort in creating artwork for the MUS Clothing Design Competition</p> <p>BE IT RESOLVED THAT the winner of the Design Competition receive a complementary version of the sweater of their choice from the UBC Bookstore subsidized through MUS clothing sale profits to reward their efforts.</p>	<p>Chris Pang (2022 Class President)</p> <p>Motion mover: Chris Second: Monica</p> <p>In favour 15 Against 0 Abstentions 0</p>	

Chris: Traditionally, the discount is 10% and we would get 5% discount. I was asked about by the grad committee if they could get 20%

Parker: As all budgets do, the expenses come out as more unexpected. Billy is worried that certain parts of the budget may go into deficit without this expected revenue.

Zach: If we do change it at this time, it could potentially create a deficit? I would be cautioning against the idea to increase the discount rate. With that being said, does anyone feel strongly about changing the current practice?

MOTION:

WHEREAS Students find the current 10% discounted rate for the annual MUS Clothing sale to be unaffordable

BE IT RESOLVED that the MUS changes the discount rate to __% for a __ % remittance instead.

Motion
mover: Reem
Seconded:
Stephen

Tabling
motion
In favour all
Against 0
Abstentions
0

Coast Mental Health Student Run Clinic

I appreciate fitting this into tight agenda. The purpose is to introduce this project to kickstart student run clinics with Coast Mental Health. They serve 5000 clients and we hope to have a clinic at one of their sites. I started by doing need assessments and found comorbidities, poor continuity of care, distrust of healthcare professionals, cannot continue healthcare plans and end result is they receive care in emergency cases and lack in management. Causes of death are usually stroke, heart attack and manifestations of long term diseases. I found a model on student run clinics, there are 8 in Canada and over 100 in US. There is management of

Michael Song
(VFMP 2022)

Guest
presenter:
Lianne Cho

chronic disorders not limited to hypertension, diabetes, smoking cessation and mental illness. Some staff members mentioned proper foot care is very important so understanding health needs is better for medical students. There is a table for all the student run clinics in Canada but there is none in Vancouver. There was a meeting recently but I was the only student from UBC surprisingly. This will happen at the Resource Centre, which has many amenities. we will use their medical room one day a week. It will be similar to family practice. Patients would come in, medical students will see and assess patients, then discuss with the preceptor about diagnosis and management. Preceptor, student, support worker and patient to meet and discuss treatment plan. This is located downtown. Stakeholders include Cost Mental Health, UBC medical students in PAC, UBC Health... The timeline this year is to hold focus groups and final clinical model, physician recruitment, finance chair recruitment, and of other disciplines. Next year, we will expand students. There are some questions to be solved, such as what is the most effective way to recruit physicians, payment and funding for preceptors, MOAs, what are the unknown unknowns. I'm looking for some feedback

Stephen: Two issues. Is there a reason that the provincial health authority is preventing this from happening. Go to student affairs and see if student license covers this or not. If it does not, then this may have to be done independently of UBC

Monica: Great initiative. I would talk to McGill students who tried to start a student run clinic but got shut down. I recommend talking through those problems.

Annette: What are the demographics for the patients? What is the opportunity cost of each stakeholder in this? Who are we actually benefiting, the students or the actual community. This seems like a lot of preceptors time.

Michael: At the meeting, there was a point brought up that this is 100% student education portfolio as in it has less

community impact and this is more of the preceptors. But for students, this is a great opportunity for students to hone in the things that they learn. But for the community, we are actually trying clients who don't have access to these services because Coastal Mental Health does not offer other health care services. There was an incident where a lady did not get care she needed. This could be an opportunity for students to intervene and prevent these.

Reem: we might be a little late. Some schools are including telemed in their clinics so maybe we could look into that. This may be a great opportunity for Canadian unmatched candidates to practice and to stay active in their skills.

Gabe: can you clarify the logistics because a lot of the weight falls to the preceptors and students may not be covered. We have an effective medical education system but students may feel out of depth and so they still depend on the preceptor.

Zach: let's ask Michael questions after!

COVID-19 preparation and UBC Medical Students:

1) In year's 1 and 2, how are students to participate in family practice and clinical skills, and will PPE practices change?

- Family doctors will start having sanitizers, seat distancing etc.

2) Are Year 3 and Year 4 students on Emergency or Family Practice rotations prepared for isolating patients suspected for SARS-CoV-2, who need further lab testing?

3) How might electives change for Year 3 or Year 4 students traveling out of province in the unlikely event of a quarantine in Vancouver, Toronto or Montreal? Should this be an issue we can raise through CFMS?

- Can you ask CFMS whether electives will be affected by the outbreak?

4) Could we survey all med students to make an FAQ answered by our Faculty and the BC CDC?

Stephen
McCarthy (VP
Academic Sr.)

I recommend modules 2 and 3 regarding the coronavirus outbreak from WHO. CoV causes a wide range of illnesses from the common cold to more severe diseases. Incubation period is 5-6 days and this will improve when we get more data. People can be asymptomatic carriers and transmit without any symptoms. This has caused issues at airports for screening. This is different from Zika and ebola. If anyone is interested, the WHO has daily situational reports. I avoid the media. The current map of the epidemic that the WHO has developed is on the website. The epidemic started at China and spread to Korea and Japan. New infections have occurred at Iran and Italy. The WHO has changed the risk assessment for every country. In my view, this has been a pandemic for the past two weeks. They have advised countries to switch from prevention to preparation. Good news is that the new infections have gone down with the quarantines. The population affected is mostly adults. South Korea has 476 new cases and it was spread from a religious sect. Iran and Italy also have outbreaks. The countries I am most worried about is France, Germany, Spain and USA.

Lessons from Italy, the virus spread undetected since Jan. 21st. By the time the quarantine happened, it was too late. It should have some effect in the next few days. Lessons from Iran, the government understated the risk of coronavirus due to the election. A large source of international spread is from Iran because we do not have clear data. There is no large scale quarantine in Iran. This will most likely be the source of the continued epidemic. Lessons from USA, the index case in Washington is similar to someone isolated 6 weeks ago. It may have been brewing in Washington for 6 weeks already. In Canada, recent cases are not local transmission. The worry is that the man in Scarborough was on the public transit. The story I am about to share is that we may not know for 3-4 weeks.

Annette: I just did my ER rotation in burnaby. When there was a presumed case, the preceptor did it alone and I stayed outside. This was the decision my preceptor made.

Khash: I did witness a 4th year student have to go and screen a presumptive case. This may not be extended to all of the student population. I would recommend sending a general email to preceptors and faculty to promote this behaviour where the preceptor protects the students. This is because 4th year students will be going on CaRMs tour soon where we are moving around a lot. It is reasonable for the administration to be mindful of that.

Dr. Lui: Maybe a formal request should go to the administration so that they could develop a policy based on evidence and ethical approaches. People should be involved in a need-to-be involved basis and the steps should be taken from the faculty to communicate this. Students should not have to fight for their own right without backup from the faculty.

Zach: This would be an appropriate concern to bring up to the UGME meetings and Dr. Holmes.

Dr. Lui: You should ask for action by the end of this week.

Stephen: A CDC representative will be getting back to me this week.

Motion to Adjourn

Moved: Gabe

Seconded: Monica

In favor: All