

## **SHE GOT US THERE**

*Stephan D. Fihn, MD, MPH*

**O**n March 8 we lost an esteemed colleague and dear friend. Elnora Rhodes was the founding Administrator of SGIM and its first Executive Director. Many long-time members of the Society recall a time when it seemed that Elnora was SGIM. Elnora organized the Annual Meeting (including typing the program, mailing the abstracts out for review, and manning the registration desk), maintained the books, organized the Council, managed our grants and contracts, and even answered the phones. As an SGIM member, it was practically impossible not to interact with Elnora, and invariably that interaction was gratifying.

Despite her ebullience, Elnora was, in many respects, a private person, and she did not readily share her background or personal life. Even after she had been with SGIM for several years, many members remained unaware of Elnora's background and remarkable accomplishments before coming to Washington, DC. Born in Indiana, she moved with her family, which included her two sisters and three brothers, to Falmouth, Massachusetts when she was twelve. She attended Green Mountain College in Poultney, Vermont, where she was the fifth graduate in the school's history to be awarded the Gold Key for leadership and scholarship.

Following college, she received her first exposure to primary care as the office manager for a general internist in Falmouth. Seeking greater challenges, she then joined the Peace Corps during the heady days shortly after it was founded by President John F. Kennedy and Sargent Shriver. Her first assignment was in Lima,

Peru, where she worked with three general internists who provided care for the Peace Corps volunteers. After a two-and-one-half-year tour of duty, she reenlisted for a second, even more challenging assignment in Lagos, Nigeria, where she helped to oversee the 800 volunteers stationed there. One of her first duties after arriving was to coordinate a large-scale evacuation of 350 Peace Corps officers who were stationed in and around Biafra, the scene of a bloody civil war.

After five years with the Peace Corps, Elnora returned to the U.S., taking up residence in Washington, DC. She joined the staff of the local Professional Standards Review Organization (PSRO) and worked mainly with issues related to long-term care. After several years she then accepted a position at the newly created Washington, DC, office of the American College of Physicians, established to address the burgeoning health policy agenda of College.

In 1987 Elnora was recruited to become the administrator for the Society for Research and Education in Primary Care Internal Medicine (SREPCIM), a title later changed to SGIM. Prior to this time, SPREPCIM had been managed as part of the ACP in Philadelphia. It was Elnora's first order of business to establish a new national office in Washington, DC, and create the foundation for a fully independent Society. This was not a simple task. By way of historical perspective, it should be recalled that 15 years ago, internal medicine was dominated by subspecialties, and primary care was regarded

*continued on page 10*

## **Contents**

- 1 She Got Us There**
- 2 Remembering Elnora**
- 3 President's Column**
- 4 Elnora and Friends**
- 6 Research Funding Corner**
- 7 Services for Persons with Limited English Proficiency Threatened**
- 7 SGIM Invites Comments on UpToDate**
- 16 Classified Ads**

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**Remembering Elnora**

When I think of Elnora my first thought is of feeling welcomed into the SGIM family. She made everyone feel

like they were an important part of the Society. It didn't matter whether you were a new Associate or a member of the Council. She was excited about the work that we did as a Society and exuded that enthusiasm every time I saw her. The Elnora Rhodes Service Award is a fitting way to help us keep her wonderful spirit alive within the Society.

*Eric B. Bass, MD  
 Johns Hopkins University School of Medicine*

Elnora Rhodes represented the essence of joy combined with mission. The *Oxford Dictionary* defines joy as "pleasure; extreme gladness; a thing that causes joy." It defines mission as "a particular task or goal assigned to or assumed by a person or group."

How glad we all are for having known Elnora. We still hear her laugh, recall her words of advice and counsel, revel in her wisdom and remember her professional persistence in achieving goals—be they the goals of SGIM, the profession, or our own individual goals. She encouraged all of us to pursue our dreams and embrace life to the fullest. Wasn't that evident when she would reach out to us with a big hug?

As we approach the upcoming SGIM meeting in San Diego, we will each remember this magnificent woman in our own way as well as through the Society that she nurtured to the max, like a prize-winning garden. We will

honor her memory by keeping that garden healthy, by renewing the soil each year for continued expansion and for rejoicing over the multicolored, fragrant blooms of spring. She would expect nothing less.

And so, Elnora, thank you for the joy you provided to us all and for the sense of mission to which we are fully committed.

*Linda L. Blank  
 American Board of Internal Medicine*

I am looking forward to attending this year's Annual Meeting in San Diego. The Program Committee has planned a wonderful event. But Elnora, one important ingredient in the success of past meetings will be missing. That ingredient is you.

You have always been there. Your warm smile, your laugh, your great bear hugs have always been the welcoming sign, the signal that we were in store for another wonderful time together.

I have learned a lot about you as I have assembled the reminiscences of my colleagues for this issue. Parts of your life story were familiar to me. I knew about your early work in a general internal medicine practice in Falmouth, Massachusetts, a practice in which I would later receive some of my training. I knew about your contributions to the ACP and more recently to SGIM. But there were things about you that I did not know, including that you had worked with the Peace Corps and that you were a talented musician and chef. These activities did not surprise me, however. They fit well with my image of you, an image that is equal parts service, friendship, and fellowship.

I feel honored to have known you, Elnora. You were a very special person. By shepherding SGIM through its formative years, you gave us all a great

*continued on page 11*

# ELNORA: PAST AND FUTURE

**Kurt Kroenke, MD**

**O**n March 7th, David Calkins told me that my first column as President would be due by April 1st. The very next day I was informed that Elnora Rhodes had died. Her death has caused such an outpouring among SGIM members that this *Forum* is filled with reflections upon her legacy. While my own reminiscence of Elnora is simply one among many, her death overshadowed anything else that came to mind. I am at once saddened by the occasion for this inaugural column and yet privileged to express my own indebtedness to Elnora. I'd like to share a few of the ways Elnora influenced our Society. Then I'd like to look toward SGIM's future, as I know she would like us to do.

My first introduction to SGIM was in the mid 1980's when its name (SREPCIM) was still awkward and the several hundred attendees at its Annual Meeting could be accommodated by a handful of meeting rooms in the Shoreham Hotel. I do not recall exactly when I first became acquainted with Elnora, but neither can I recall a "pre-Elnora" SGIM. She is inextricably linked with my earliest SGIM memories. Although calling her influence maternal may not be original, there is no better description. She took an infant organization and nurtured it through childhood and adolescence. Not until she felt SGIM had grown up did Elnora consider retirement.

Elnora infused SGIM with a sense of joy and celebration. For me, the word "professional organization" often triggers images of a business-like group, focused on such things as membership services and strategic planning. Elnora valued all of these, but something else was paramount. When she was around, suddenly it was our relationships with one another and our enthusiasm as a community that mattered most. Mutual

support and encouragement regularly renewed our passion for patient care, teaching, and research. Intimacy is not my strong suit. However, Elnora's spontaneous hugs and unmistakable laughter were contagious. SGIM meetings continue to radiate warmth not nearly as tangible at other medical meetings.

Elnora also role modeled a deep sense of service. Fittingly, our highest service award carries her name. Besides camaraderie, SGIM members are characterized by a strong spirit of active participation in their Society. Ask past



Program Chairs what they most remember about planning the Annual Meeting, and their unanimous response is the volunteerism of so many members. The same is true of committees, task forces, interest groups, and regional meetings. Elnora was the consummate

"SGIM-er." The organization meant the world to her, and its mission and members were not simply her job but her calling.

In remembering what Elnora bestowed upon us, I also would like to envision briefly where her bequests might take us. Individuals who are nominated for a position on SGIM

*continued on page 9*

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SGIM *Forum* welcomes submissions from its readers and others. Communication with the Editorial Coordinator will assist the author in directing a piece to the editor to whom its content is most appropriate.

The SGIM World-Wide Website is located at <http://www.sgim.org>

# ELNORA AND FRIENDS



*Elnora Rhodes and Wendy Levinson (President, 1995-1996) at the 1999 Annual Meeting*



*Tom Inui (President, 1987-1988) and Elnora Rhodes at the 1999 Annual Meeting*



*John Noble (President, 1989-1990; Glaser Award recipient, 1999) and Elnora Rhodes at the 1999 Annual Meeting*



*Ollie Fein (Rhodes Award recipient, 1999) and Elnora Rhodes at the 1999 Annual Meeting*



*Steve Fihn (President, 1998-1999) and Elnora Rhodes at the 2000 Annual Meeting*



*Eric Larson (President, 1982-1983) and Elnora Rhodes*



*John Eisenberg (President, 1982-1983) and Elnora Rhodes at the 2000 Annual Meeting*



*John Eisenberg (President, 1982-1983), Elnora Rhodes, Martha Gerrity (Council), Lisa Rubenstein (Council), and Kurt Kroenke (President, 2001-2002) at the 2000 Annual Meeting*

# Research Funding Corner

Joseph Conigliaro, MD, MPH

**T**his month's Research Funding Corner highlights two federal program announcements: 1) an initiative of the Agency for Health Care Policy and Research (AHCPR), the National Cancer Institute (NCI), and the National Institute of Dental and Craniofacial Research (NIDCR) to evaluate the role of health claims-based data systems in cancer surveillance; and 2) a program of the National Institute of Mental Health (NIMH), the National Institute of Drug Abuse (NIDA), and the National Institute of Alcohol Abuse and Alcoholism (NIAAA) to study strategies to enhance HIV treatment adherence.

## Cancer Surveillance

In this program announcement (PA-99-015) AHCPR, NCI, and NIDCR invite investigator-initiated grant applications to study the use of health claims-based data to describe the national cancer burden, including patterns of care, outcomes of care, and effects of cancer therapies. Health claims-based data include fee-for-service insurance bills, managed care encounter data, and discharge summaries. Examples of research questions that could be addressed concerning the use of health claims information for cancer surveillance include, but are not limited to, the following:

- ◆ Can claims data be used to assess practice patterns for cancer-directed treatment immediately following diagnosis and for long-term follow up and treatment over the course of the disease? Using the claims data, what are the patterns of cancer for persons with specific cancers? What is the pattern for end-of-life care? What factors influence the care received at the end of life? How are treatment patterns and outcomes affected by the use of carve-out contracts for cancer

treatment?

- ◆ What is the availability and completeness of encounter data from managed care settings? Do comparisons of data collected by health claims-based systems vs. registries differ depending on the reimbursement system (fee for service vs. managed care)?
- ◆ Using claims data, what are the long-term complications for cancer survivors as sequellae to their cancer treatment?
- ◆ Can claims data be used to assess the use of diagnostic tests? Using claims data, how are diagnostic tests used? How can health claims-based data systems be used to track the emergence of new technologies for detecting, diagnosing, or treating cancer or pre-cancerous conditions? Can these data be used to develop an evaluation of the introduction of health care innovations related to cancer?
- ◆ How can health claims-based data systems contribute to the identification of environmental causes of

cancer, such as cluster analysis of incidence in small areas.

- ◆ To what extent do health claims-based data systems provide information beyond what is routinely collected by cancer registries? Can claims data be used to assess cancer recurrence or metastasis? Can claims data be used to augment the case ascertainment of cancer registries?
- ◆ Do dental claims data provide useful supplementary data, especially as regards oral cancer detection or treatments or the prevention and treatment of oral complications of radiation or chemotherapy? Do health claims-based data reveal how patterns of cancer-related oral care differ for cancer patients who have medical health insurance coverage only, as compared with cancer patients whose health insurance includes supplemental dental benefits?
- ◆ Do encounter data in managed care settings permit assessment of whether the oral health services provided include screening for oral cancers or

*continued on page 8*

## American Heart Association-Bugher Foundation

Awards for the Investigation of Stroke

**T**he American Heart Association-Bugher Foundation Awards for the Investigation of Stroke are intended to stimulate the development of better stroke preventive measures and better stroke interventions in the future. Proposals may address any aspect of brain vascular function related to stroke. Support is available for basic and clinical studies, including all aspects of primary and secondary prevention and acute treatment of stroke.

**Application deadline:** July 19, 2001

**Award:** \$100,000 per year, for a total four-year maximum of \$400,000

Information and application forms are available on the American Heart Association website:

**[www.americanheart.org/research](http://www.americanheart.org/research)**

# Services for Persons with Limited English Proficiency Threatened

Susana R. Morales, MD

**D**uring its first 70 days, the Bush administration has established several policy measures with direct and indirect impact on health and the environment. Two days after the inauguration, the Bush administration issued a ruling limiting funding to international family planning programs. On March 20, the Environmental Protection Agency (EPA) withdrew a rule approved by President Clinton, which would have reduced the standard for arsenic concentrations in drinking water. The EPA said that it did not believe that the Clinton standard was supported by “the best available science,” despite a 1999 finding by the National Academy of Sciences that the current arsenic standard of 50 parts per billion “could easily result in a 1-in-100 risk of cancer.”<sup>1</sup> Now, attention in Washington is turning to civil rights. Efforts are underway to reverse Clinton administration policies regarding services to persons with limited English proficiency (LEP).

The 2000 Census identified over 32 million individuals who speak a language other than English at home. Persons with LEP experience decreased access to hospital and medical services and may receive care based on inaccurate data. To address this concern, on August 11, 2000, President Clinton issued Executive Order 13166, entitled “Improving Access to Services for Persons with Limited English Proficiency.” This Executive Order states: “Each Federal agency shall examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services.... The Department of Justice has today issued a general guidance document..., which sets forth the compliance standards... to ensure that... programs and activities... are accessible to LEP persons and thus do not dis-

criminate on the basis of national origin in violation of title VI of the Civil Rights Act of 1964.”<sup>2,3</sup>

In August 2000, the Office of Civil Rights (OCR), U.S. Department of Health and Human Services, issued a guidance memorandum entitled “Title VI Prohibition Against National Origin Discrimination—Persons with Limited English Proficiency.” The guidance memorandum states: “Section 601 of Title VI states that ‘no person in the United States shall on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.’... A recipient may not discriminate and may not... use criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin.... A recipient should take reasonable steps to provide services and information in appropriate languages other than English....” The guidance memorandum explains that “language barriers experienced by LEP persons can result in limiting their access to critical services.... LEP persons are often excluded from programs or experience delays or denials of services..., (which) may constitute discrimination on the basis of national origin, in violation of Title VI.... The U.S. Supreme Court, in *Lau v. Nichols*,... recognized that recipients of Federal financial assistance have an affirmative responsibility, pursuant to Title VI, to provide LEP persons with meaningful opportunity to participate in public programs.” Policies recommended by the guidance memorandum include development of “a procedure for identifying the language needs of patients,.... ready access to interpreters,...

*continued on next page*

## SGIM Invites Comments on UpToDate

Bob Badgett, MD

We would like to hear from you if you have comments on a chapter you have read in *UpToDate*. You may submit comments at [www.sgim.org/uptodate](http://www.sgim.org/uptodate).

We request your comments because we cannot review every chapter in *UpToDate* as often as we would like. SGIM is responsible for the peer review of approximately 5,000 chapters in *UpToDate*. We review about 20 chapters per month.

We request your comments if you have read a chapter in *UpToDate* that you believe has significant problems and should be considered for peer review. Most of the chapters we review are rated well by SGIM reviewers, and we hope you have found most chapters to be helpful. However, we need to know about chapters with important weaknesses, so we can consider reviewing the chapter, if it is not already scheduled for review.

If you have time to be a “regular” reviewer for SGIM, we continue to welcome SGIM members who are interested in the benefits of being a “regular” reviewer. More information is available at [www.sgim.org/uptodate](http://www.sgim.org/uptodate). **SGIM**

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**RESEARCH FUNDING CORNER**
*continued from page 6*

services involved in the prevention or treatment of oral complications of cancer treatments?

Use of health claims-based systems to identify cancer burdens in special populations, such as minority populations (African-Americans, Hispanics, Native Americans, Native Alaskans, Asian Americans, and Pacific Islanders) and the underserved (low-income groups, blue-collar groups) is encouraged. The complete program announcement is available at [www.ahcpr.gov/fund/99015.htm](http://www.ahcpr.gov/fund/99015.htm).

**HIV Treatment Adherence**

The efficacy of combination antiretroviral therapies (ART) for HIV treatment is well documented. However, the benefits of ART are realized only when there is rigorous adherence to dosing schedules and when other treatment requirements are followed. Partial or poor adherence can lead to rapid viral replication, poorer survival rates, and the development of resistant strains of HIV. Therefore, understanding and enhancing ART treatment adherence is important.

In this program announcement (PA-01-073) NIMH, NIDA, and NIAAA seek applications to study factors influencing adherence through all phases of HIV treatment and illness, interventions to enhance treatment adherence, and the needs of special populations. There is an emphasis on the development of innovative approaches to improving adherence, particularly approaches based on basic behavioral principles such as cognition, emotion, decision-making, motivation, social interaction, and cultural context.

Examples of research on HIV treatment adherence include but are not limited to the following:

- ◆ Research on the relationship(s) among disease stage, individual characteristics, treatment response, and adherence, to identify points where different types of adherence interventions can have the greatest impact.
- ◆ Research on the mechanisms by which factors such as depression and substance use influence adherence.
- ◆ Research on provider-caregiver-consumer alliances, how these interrelationships affect adherence, and identification of the active ingredients of effective alliances.
- ◆ Studies of changes in high-risk behaviors that occur as a result of HIV therapy and of the factors that influence long-term therapeutic effectiveness, development of viral resistance, disease progression, and medical outcomes in high-risk individuals.
- ◆ Research to improve the training of staff involved in consumer education to promote adherence.
- ◆ Studies to develop, adapt, and assess interventions to improve adherence in underserved, high-risk, or special-needs populations (e.g., persons with severe mental illness, incarcerated individuals, active drug and alcohol users, adolescents).
- ◆ Research to understand how integrated service delivery systems contribute to adherence, especially when environmental transitions are addressed.
- ◆ Studies on the interactions of antiretrovirals with medications used in drug abuse treatment and medications for dually-diagnosed individuals.
- ◆ Research to refine measurement of ART adherence (e.g., studies that account for the myriad of biological and behavioral factors that can influence CD4 count and viral load, in the context of treatment and adherence interventions).
- ◆ Research on the effectiveness of consumer education in improving adherence, including modalities such as group, individual, and computer-based education.
- ◆ Research on economic and other structural barriers or facilitators to ART, and studies of the relationships between these factors and adherence.
- ◆ Studies of how factors underlying adherence or behavior change in

other chronic diseases might inform adherence to ART.

The complete PA is available at [grants.nih.gov/grants/guide/pa-files/PA-01-073.html](http://grants.nih.gov/grants/guide/pa-files/PA-01-073.html).

Please contact me by e-mail at [joseph.conigliaro@med.va.gov](mailto:joseph.conigliaro@med.va.gov) for any comments, suggestions, or contributions to this column. **SGIM**

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**SERVICES THREATENED**
*continued from previous page*

written policies regarding interpreter services,... [and efforts to] disseminate interpreter policies to staff." Options for compliance with interpreter services can include "bilingual staff,... staff interpreters,... volunteer staff interpreters,... a contract with an outside interpreter service,... [or a] telephone interpreter service.... OCR's concern will be whether the recipient's system allows LEP beneficiaries to overcome language barriers and thus have equal access to, and an equal opportunity to participate in, health care and social service programs and activities."<sup>4</sup>

On March 23, the *Washington Post* reported that "more than 30 House members, most of them Republicans, have urged President Bush to overturn a Clinton administration proposal asking federal agencies to plan to provide interpreters and literature in multiple languages. After taking office, Bush blocked a variety of proposed rules, including some agency plans for complying with Clinton's order to help people with 'limited English proficiency.'" In addition, 51 medical and dental organizations have signed a letter to HHS Secretary Tommy Thompson, requesting an immediate moratorium on enforcement of the OCR guidance memorandum on LEP.<sup>5</sup>

Some health care providers have expressed concern that the Executive Order and OCR guidance memorandum are "unfunded mandates." However, in August 2000, the Health Care Financ-

*continued on page 10*



## ELNORA: PAST AND FUTURE

continued from page 3

Council are asked to write a brief paragraph describing what their special emphasis would be. Prior to my election a year ago, I said that my four goals as President would be to:

1. Keep SGIM a *centered* organization, able to meet both clinician-educator and clinician-investigator needs;
2. Forge *partnerships* with other internal medicine and primary care organizations on issues of health policy, advocacy, and education;
3. Increase *development* efforts, since SGIM currently depends solely on member dues and meeting revenues for over 85% of its budget; and
4. Make SGIM a “*year-round*” experience by fostering activities between Annual Meetings (e.g., interest groups, website, and membership services).

Regarding the first goal, another word that complements what I mean by centered is diversity. Besides diversity of roles (clinician, teacher, researcher, administrator), we need to strive hard for diversity of demographics (such as gender and race) as well as stage of career (from fellows through senior faculty). Diversity should be reflected at all levels of SGIM, from new members to volunteers to leadership. At the same time, we want diverse interests to feel part of a single family. As a generalist society, we may be more eclectic than some specialty organizations, but inclusiveness under a single roof makes each separate interest stronger.

SGIM's potential exceeds its size. Its 3,000 members are uniquely deployed in medical schools, teaching hospitals, and other institutions. SGIM members have been pioneers in medical education, faculty development, health services research, clinical epidemiology, evidence-based medicine, medical interviewing, the doctor-patient relationship, medical decision making, geriatrics, biomedical ethics, and numerous other disciplines that transcend the boundaries of organ-based specialization. However, SGIM should not go it alone. The limited time and

financial resources of our 3,000-member society can be leveraged through strategic partnerships with other organizations in areas of common advocacy. Nonetheless, partnerships must be approached cautiously. We can share the podium on issues where we agree but must maintain our unique voice where our values and priorities may diverge from potential partners. In other words, partnership should be issue-specific rather than generic.

Development is also a two-edged sword. Right now, SGIM is disproportionately dependent upon its members for the majority of its financial resources. This provides a “ceiling effect” on the initiatives we might undertake to enhance our benefits to members or to serve our larger constituencies of patients, students, and the public. Soliciting and/or accepting external funds, however, also must be approached carefully in order to maintain SGIM's independence and reputation. Because of this, the Council has crafted several policies (available on the SGIM

## SGIM's potential exceeds its size.

website) regarding the appropriate procedures for accepting external funds.

Finally, SGIM provides superb annual and regional meetings, a journal, and a newsletter for its members. At the same time, we would like to continue to “meet members where they are” throughout the year. We can do this by networking through a specific committee or interest group, making additional products and services available on the website, facilitating distant mentorship, promoting education and research initiatives, and supporting career development.

These four goals will not be completed in a single year. However, increased attention to these areas can strengthen SGIM as a pivotal organization in academic medicine. We thank Elnora for raising us when we were young. We honor her by moving forward. **SGIM**

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at our website: <http://sugerc.stanford.edu>

**SHE GOT US THERE***continued from page 1*

with disdain within many departments of medicine. The Society's membership was relatively small (under 1,500), and we were \$100,000 in debt. The *Journal of General Internal Medicine* was barely a year old, while the American Federation for Clinical Research (now AFMR) controlled many facets of our Annual Meeting.

In retrospect, it is clear that Elnora was uniquely suited to assume a leader-

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**In retrospect, it is clear that Elnora was uniquely suited to assume a leadership role in SGIM.**

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ship role in SGIM. Her employment with practicing general internists had given her first-hand knowledge of the nature of our clinical domain and culture. Her service in the Peace Corps had provided invaluable administrative experience, often under highly stressful conditions. As a result of her work with the PRSO, she was trained to work with complex health systems and knew how to manage large amounts of data. And during her stint at the ACP, she became knowledgeable about health policy and the politics of internal medicine, and she established an invaluable network of contacts within the internal medicine community. Throughout her professional life, Elnora had maintained an unswerving commitment to the principles of primary care. Moreover, her work with both the Peace Corps and ACP, two extremely successful voluntary organizations, had shown her the potential power of volunteers.

Elnora devoted 10 years to SGIM, and during her tenure the Society flourished. Due in considerable part to the efforts of SGIM members, primary care became recognized as a cornerstone of health care in the U.S., and strong divisions of general internal medicine sprouted across the country. SGIM's

membership more than doubled, as did attendance at the Annual Meeting. The Society not only achieved solvency but also accrued adequate reserves to help secure its future. Elnora was omnipresent during these times and worked tirelessly to insure the success of the organization. Under Elnora's guidance, SGIM successfully competed for several federal contracts and grants to develop training programs for addressing

substance abuse and a curriculum for clerkships in internal medicine.

During this tumultuous period of change and growth, Elnora also helped to maintain an important sense of stability and continuity.

By her example and her

force of personality, SGIM continued to be an organization that was oriented toward individuals. Even though she was committed to seeing SGIM achieve national prominence, no member of the Society was ever too unimportant not to receive her personal attention. She also steadfastly supported the Society's leadership in cleaving to the highest ethical principles. She felt strongly that we would succeed according to our own standards and not by compromising.

Elnora was immensely popular with the SGIM membership. Younger members were often enticed into greater participation simply for the opportunity to work more closely with her. She possessed an ineffable enthusiasm that was not only delightful but also an important source of support and motivation for those with whom she worked. Any conversation with Elnora invariably closed with an optimistic declaration that "we're getting there" or some semblance thereof.

During an interview published in the *Forum* shortly before her retirement in 1997, Elnora closed with the statement: "You are my family. You are my friends. Peace." Elnora valued family and friends above all else. Her greatest affections were reserved for her own

family, including a bevy of nieces and nephews. That she regarded SGIM as family represents the highest possible compliment that she could pay. Her spirit and her work were imbued with devotion to others, and it was a tremendous privilege that she chose to dedicate a decade of her life to an organization about which we all care so much.

Much like a mother's influence on her child during the formative years, Elnora's imprint on SGIM is indelible. As a result of her work, our commitments to professional values, and to one another are inextricably woven into the fabric of our organization. In this way, Elnora's contributions to SGIM and to all of us are enduring. We will sorely miss her. Peace, Elnora. **SGIM**

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**SERVICES THREATENED**

*continued from page 8*

ing Administration announced federal matching funds for expenditures on translation activities and services in Medicaid and SCHIP. Many states already recognize the needs of LEP individuals and require language assistance in specific categories of health services. Under state statutes, providers unable to communicate appropriately with patients may not obtain adequate informed consent, potentially breaching professional standards of care. Two major healthcare accrediting organizations, the Joint Committee on Accreditation of Healthcare Organizations and the National Committee for Quality Assurance, mandate language assistance services. Language assistance requirements have long been established in managed care organizations in many states. In almost two thirds of the states, Medicaid managed care contracts or requests for proposals require the provision of materials in other languages and interpreter services.<sup>6</sup>

The National Health Law Project, the National Hispanic Medical Associa-

*continued on page 15*

## Her enthusiasm and openness encouraged others to create and share new visions and pursue new directions.

gift. We are now a stronger organization, ready to take on new activities and new challenges. But your greatest gift was to make each of us who knew you feel valued and, in turn, to make SGIM an organization which values the contributions of each and every member. You had the ability to make every individual who came into your presence feel special, to feel as if their place in your life was important and unique. Because of you, SGIM is now a larger, more diverse, and more welcoming organization, an organization that lives by your example.

As we continue to grow, your spirit and example will continue to guide us. We will do our best to be inclusive, to welcome others as you have welcomed us. We will do our best to serve others, as you did throughout your life. And we will hold fast to our core values, as you always did.

SGIM is a better organization today because of your leadership. Those of us who knew you are better people because of your friendship. We will miss you very much.

*David R. Calkins, MD, MPP  
Harvard Medical School*

Elnora was a warm, highly visible presence at the first SGIM Annual Meeting I attended. Her interest in the individual members of the Society was immediately obvious. When I joined the Women's Caucus, her support for our growth and development facilitated many ventures. At the end of the 1990 Annual Meeting, I was wandering down the halls on my way out when I found her packing up. We began to talk about the meeting. When I mentioned how ironic it was to me that a Society of

teachers and educators so poorly assessed their own meeting, I soon found myself in a discussion about this with her and Bill Tierney. A few months later I was recruited to develop the evaluation

process for our Annual Meeting, a variation of which is still used today.

During the two years we developed the evaluation process, Elnora and I had regular phone contact and occasional meetings in Washington. At the National Office, hearing her on the phone, it was clear members were sharing professional and personal triumphs and perceiving our Society as a place where integration is possible. I was enriched from watching Elnora up close. She was cheerful, thoughtful, and remembered individual members' interests. Her enthusiasm and openness encouraged others to create and share new visions and pursue new directions.

When I served as Chair of the Membership Committee, Elnora was instrumental in aiding the Committee's efforts to create our first membership brochure, a brochure that captured the diversity we hoped to achieve. The unique home SGIM provides for so many of us is in part her legacy.

*Pamela Charney, MD  
Albert Einstein College of Medicine*

I last saw Elnora in August, when I was visiting Washington, DC. We went out to dinner together with my wife, Charlotte Phillips, and my sister-in-law, Elinor Tucker. After dinner we returned to Elnora's house and had a special sing-along, with Elnora playing piano and leading the rest of us in singing. She did all of this, in spite of being involved in an experimental chemotherapy protocol at the University of Virginia. She must have been sapped of energy, but she didn't show it. She always gave of herself to others.

And, Elnora gave her all to SGIM. She was the glue that held this fledgling

organization together from its inception. She took an interest in all of us personally, as if we were her children. She was always there to help us. With her bubbling enthusiasm and energy, she guided the organization and its leadership through our infancy and adolescence. Although she was always discrete and careful not to impose her own values on others, she was not shy about expressing values and fostering those who she felt would articulate them best. She was an ever-present voice for social justice.

When I was selected as the third recipient of SGIM's Elnora Rhodes Service Award, I said there was no award from the Society that I would value more highly than the Rhodes Award. It symbolized for me what I would want most to be recognized for by my colleagues. On that occasion, I read the following Marge Piercy poem, which reminded me of Elnora.

### To be of use

The people I love the best  
Jump into work head first  
Without dallying in the shallows  
And swim off with sure strokes  
Almost out of sight.  
They seem to become natives  
Of that element,  
The black sleek heads of seals  
Bouncing like half-submerged balls.  
I love people who harness themselves,  
An ox to a heavy cart,  
Who pull like water buffalo, with  
Massive patience,  
Who strain in the mud and the  
Muck to move things forward,  
Who do what has to be done,  
Again and again.  
I want to be with people who submerge  
In the task, who go into the  
Fields to harvest  
And work in a row and pass  
The bags along,  
Who are not parlor generals  
And field deserters  
But move in a common rhythm  
When the food must come in

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**REMEMBERING ELNORA***continued from previous page*

or the fire be put out.  
 The work of the world is  
 common as mud.  
 Botched, it smears the hands,  
 crumbles to dust.  
 But the thing worth doing well done  
 Has a shape that satisfies,  
 clean and evident.  
 Greek amphoras for wine or oil,  
 Hopi vases that held corn, are  
 put in museums  
 But you know they were made  
 to be used.  
 The pitcher cries for water to carry  
 And a person for work that is real.

Elnora made her work real through her contributions to SGIM, its leaders, and its members. We deeply valued her. I, for one, will not forget her.

*Oliver T. Fein, MD  
 Weill Medical College, Cornell University*

My own first contact with Elnora was in 1990, as Coordinator for the Northwest Region, when I was responsible for organizing the regional meeting and for participating in the nominations process. From the outset I was captivated by her enthusiasm and her grace. Over the intervening seven years my initial impressions were repeatedly reinforced as we had the chance to work together on many occasions that included planning two annual meetings and a two-year term on the Council. For several years rarely a week transpired during which we did not speak by phone. (In those days, Elnora's e-mail was fluky.) Throughout it all, working with Elnora was always a high point.

Over time, we became good friends, in part because we shared two very important interests. One was SGIM and its mission and the other was food. Over the years, my work with SGIM and the VA and other responsibilities brought me to Washington, DC, frequently. A nearly invariant feature of all of those trips was dinner with Elnora. We had a couple of favorite spots—a Thai restaurant near UDC and an Indian spot in Dupont Circle—but we often experimented. We would occasionally

saunter into a new restaurant, and I would be amazed to see the staff's faces light up at the sight of Elnora, who apparently was a frequent and highly regarded customer.

Elnora was also an excellent cook. An invitation to Elnora's home for dinner was always a genuine pleasure that I was able to share with a couple of my children. And an even greater treat came after dinner, when Elnora would play the piano. Following high school, Elnora was offered a piano scholarship to the New England Conservatory of Music. Luckily for SGIM she did not accept it, but she retained her love of music. For her, the piano was a natural extension of her personality, and she played with zest and vigor. I also recall a dinner at my home in Seattle during which my youngest son scattered all of our pots and pans around the dining room, much to Elnora's amusement.

During the 1993 Annual Meeting, Elnora appeared to be lacking some of her usual energy, and she secretly revealed that she had been having extensive GI bleeding. Over my objections, and those of Bill Tierney, she steadfastly refused to seek medical care until the meeting was over. Such was her commitment to ensuring the success of the Annual Meeting. When she finally did have an evaluation, the news was bad. It was carcinoma of the colon. She took several months off to undergo surgery and radiation. Thankfully, by summer she was back in her old form.

Then, in 1999, she was diagnosed with a recurrence. It was a great setback, made all the worse by physicians who failed to furnish the hope and empathic care that she needed. Elnora felt that these physicians had "taken her spirit away," and this prolonged several months of discouragement. How ironic, that, of all people, Elnora should have

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**Elnora understood the meaning of freely and willingly undertaking a service without the expectation of tangible reward...**

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been the victim of care that was sterile and insensitive. Ultimately, however, her underlying strength and faith prevailed, and she regained her positive outlook. She undertook a vigorous course of chemotherapy, administered at home by her family, and responded. She ultimately underwent three different courses of chemotherapy.

For the past eight months I have been in the Netherlands on sabbatical, so that I was not able to keep in as close contact with Elnora as usual. We did communicate via e-mail and occasionally by phone. I spoke with her about three weeks before her death. She was disappointed that her most recent chemotherapy regimen appeared to be failing, but she was determined to carry on. She even mentioned plans to come to San Diego for the Annual Meeting, were she feeling up to it. She also asked after many SGIM members. She maintained her keen interest in her SGIM colleagues, her goodness, and her grace right up until the end.

Elnora was not by nature a teacher; she was a doer. Nonetheless, I still marvel at some of the lessons she conveyed by simple example. One of these was about volunteerism. I often find myself hesitant to impose upon others by soliciting their help. Elnora, on the other hand, merely took for granted that others were standing by to lend assistance. By assuming the willingness of others to invest their precious time and energy in important work, Elnora never seemed to suffer a shortage of eager helpers. In fact, sometimes it was a problem to find

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## Relentlessly upbeat and enthusiastic, you were known far and wide for your signature phrases...

useful work for all of them. The Dutch word for volunteer is “vrijwilliger,” literally “one of free will,” a term I find more salient than ours derived from Latin. Elnora understood the meaning of freely and willingly undertaking a service without the expectation of tangible reward. She helped to build an organization upon that credo and had little time to spare for those who did not share it. Shared purpose and volunteerism remain essential ingredients of SGIM’s success.

It is for that reason, I believe, that Elnora was so delighted with the Service Award created in her honor. In her farewell remarks to the membership, Elnora frequently reflected upon the importance that she placed upon this award. I find it moving that, in recognition of her sentiments, her family has directed all contributions in her memory to the fund for the Rhodes Award.

I will miss our frequent chats and boisterous dinners. I will do my utmost to help ensure that Elnora’s spirit remains a part of SGIM now and in the future.

*Stephan D. Fihn, MD, MPH  
University of Washington School of  
Medicine*

When I was president-elect of SGIM, Elnora took me to the convention center where our Society would meet at the end of my term. The banquet hall, which was empty at the time, seemed huge and intimidating. “This is it, Bob,” she said. “When you give your presidential address this room will be full. And *everyone* will be listening to what you have to say!” Quintessential Elnora. She delivered

this notice in an easy, bantering style. It was almost a joke. But underneath were other messages. “You are very important to me.” “Remember that this Society, though still small, has an important place in medicine.” “Its leaders have big responsibilities.”

Later, at the last Council meeting of my presidency, members came to our home for dinner after a hard day’s work. Elnora spotted our piano and went straight for it. She played with joy, skill, and exuberance. Although she had an admiring and appreciative audience, I think she would have played that way if no one had been there.

I attended Elnora’s funeral on a bright, early-spring day on Cape Cod. This one was mainly for family and childhood friends; there had been an earlier service at her home cathedral in Washington, DC. There were lots of children and friends and relatives of all ages, some from far away. Her brother and sister read from the Bible. A family member sang with restrained emotion. The priest knew Elnora well, and obviously found her life, and especially the way she faced her final months, a wonderful inspiration for his observations about religious faith and service.

While driving back to Boston, I reflected on what a privilege it had been to work closely with Elnora. And how SGIM had been extraordinarily fortunate to have her talents, which blended so well with the Society, especially in its formative stages. I will miss her high spirits and unfaltering idealism. She was one of a kind.

*Robert H. Fletcher, MD  
Harvard Medical School*

I worked with Elnora for more than 15 years. My office was right next to hers for several years and at the opposite end of the ACP and SGIM suite of offices for many more. I never needed to ask if Elnora was in. Her exuberance

and hearty laughter made her presence known. Throughout our many years of working together, no matter how late I left the office, Elnora was still there. She was also often there on Saturdays and Sundays, especially in the weeks and months prior to the SGIM annual meetings. Her devotion to SGIM, like her enthusiasm for everything she undertook, was boundless. Her personal goal and one of her proudest accomplishments was to help build SGIM into a strong and financially viable organization.

*Jack Ginsburg  
ACP-ASIM*

How could we have ever gotten started without the kind, gentle, yet persistent and firm hand of Elnora. We so much needed her presence to believe in ourselves. She came with the experience of working with other similar organizations, and she really believed in our organization and our mission. We gained the confidence to press on from her walk with us.

*John D. Goodson, MD  
Harvard Medical School*

Your picture hangs on my wall, Elnora. You sit, with your incandescent smile, next to my other SGIM heroines and heroes: Nickie Lurie, Shelly Greenfield, Steve Schroeder, Wendy Levinson, and Bill Tierney. How I had to work to get that picture! You procrastinated mightily. “I don’t deserve to be there,” you said. “I am not in the same class... there must be someone else’s picture you’d rather put there.” Your humility and grace were qualities from which you never wavered, Elnora, qualities you instilled in all of us.

You’d been given a year to live. The picture was taken on your birthday, two months after the day that you were no longer supposed to be with us. “I’m still here kicking,” you’d say, and we would have a good laugh together. Who can know how long someone will grace this earth with his or her presence? We were

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**REMEMBERING ELNORA***continued from previous page*

graced by yours, Elnora, and it is still hard to believe that you are gone.

My memories of you come like flashbacks. In the early 1980's, I came to my first SGIM (then SREPCIM) meeting. A woman was being honored with a standing ovation; her name was Elnora Rhodes. Who was this special woman that all of my mentors were honoring? I wanted to know.

I found out when our SGIM Career Satisfaction Study Group was funded by the Robert Wood Johnson Foundation, and you were our Project Administrator. To direct the project, we brought together family physicians, pediatricians, social scientists and internists, performed a national survey, and presented the data around the world – under the umbrella of SGIM. SGIM was always your focus, your commitment, and thus it became ours. I was beginning to get to know the person behind the standing ovations. What a privilege it was.

Relentlessly upbeat and enthusiastic, you were known far and wide for your signature phrases, “Just a friendly reminder that the next conference call is ...” and “See you soooooon!” You nurtured us, mentored us, enabled us. Without you, Elnora, I don't know how our study would have been completed. Your spirit infused us with energy, your laughter kept us going when response rates were low, your resilience allowed us to bounce back when the complexity of the grant made things seem hopeless, and your joy for living taught us how to keep life in its proper perspective.

The picture of you arrived four months before you died. It is so full of life, Elnora, as were your e-mails, right up to the end. On February 2, just a few weeks before your death, you wrote, “...My chemo treatments have not been working as I'd hoped. BUT I'm still here to talk about it... So good to hear about the Division Chiefs (our new Association of Chiefs of General Internal Medicine).” Then your advocacy for SGIM—“They're a vital group, and I do hope you'll remain with SGIM.”

When I asked to interview you and take an oral history of the person to whom so many of us owe our careers, our passion, our zest for medicine, your humble reply was, “Can you believe it? Someone wants to interview me. What an honor!”

The honor is ours, Elnora. It has always been. To know you, learn from you, drink deeply from your passion for life, for young, striving physicians, for the community that we know as SGIM. We in SGIM are your legacy, Elnora, we and those who will come after us. Our careers have been strengthened, and our lives enriched. The tone of our organization has been set—we are supportive, nurturing, joyous and loyal, while we strive for excellence.

Your eyes are wide open in the picture, Elnora, and your spirit lives on. When you sent your picture, you said that you cherished my friendship. And I, dear friend, will always cherish yours. As you concluded all of your missives, I conclude mine: peace and love.

*Mark Linzer, MD*

*University of Wisconsin Medical School*

My fondest memory of Elnora was being invited to her house for dinner during the year I chaired the Annual Meeting. It was a cozy house, with books and bric-a-brac and family pictures covering every surface. I don't remember exactly what we ate on that hot summer day in Washington, but I can tell you, it was meal fit for a Sunday family dinner. After dinner, she sang and played the piano, completing the feeling of home for me. Reflecting on that dinner and my year with Elnora, I realized how she worked to make SGIM feel as welcoming professionally as her home was personally. Like your mother, Elnora believed that the potential of all SGIM members for greatness was unlimited. Somehow, you believed her when she smiled and told you that not only *could* you do x or y or z, but that

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## **Elnora's lasting gift to us was her belief in the individual as the strength of SGIM.**

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you were absolutely the best person for that job. She was as quick and free with her opinions as she was with her surprisingly welcome hugs and her joyous laugh. She mentored many of us in the ways of societies and encouraged us to reach even higher. Elnora's lasting gift to us was her belief in the individual as the strength of SGIM. Every time we welcome a new member into SGIM and encourage her/him to accept the challenge to review abstracts, construct a workshop, teach a precourse, or chair a national committee, Elnora's presence will be felt. If we can do so with a smile and a hug, so much the better.

*Catherine R. Lucey, MD*

*George Washington University School of Medicine*

### **To a dear and very special person—Elnora Rhodes**

Thank you for the happiness  
You shared with all  
So amply.

Your friendship and support  
Encompassed the entire  
SGIM family.

Each of us will cherish and  
Carry your love and  
Spirit on.

Doing our very best  
For SGIM  
And in many far-flung  
Fields beyond.

Sincerely and with great appreciation,  
*John Noble, MD*  
*Boston University School of Medicine*

I will honor Elnora in the way she would have liked to have been honored: simply and plainly. I consider myself

*continued on next page*

## REMEMBERING ELNORA

continued from previous page

### Honest, dignified, positive, compassionate, and graceful under pressure... We were blessed to have known and loved her.

fortunate to have known Elnora and blessed that she considered me a friend. We became close through our many interactions over the years, and even closer in the past year as we both struggled with cancer and chemotherapy. She never gave up hope, never stopped being graceful and considerate of others, even when I spoke to her a month before her death, after she had exhausted what medicine could give her. I will never forget the *wonderful* bear hugs she would give me or any of the members of her enormous SGIM family. I could use one now. I love her and miss her.

Peace, Elnora. We're gonna make it.  
William M. Tierney, MD  
Indiana University School of Medicine

A sonnet dedicated to the memory of Elnora Rhodes:

#### The Spark

As I recall those frantic years  
Of having SGIM to prove,  
When primary care—  
with all its fears  
Needed someone upon  
which to move.

Elnora came suddenly  
upon the scene

Sparkling with energy every day,  
She helped us all—so very green  
To steadily strive to find our way.

We grew in confidence with pace  
And kept our mission on the course,  
Wanting so much—to win that race  
Would she now want us to feel remorse?

For all that time she held up our sky  
And now we understand, and why.

Steven A. Wartman, MD, PhD  
University of Texas Health Science Center  
at San Antonio

It is a young organization, struggling for identity. It is going to require a lot of hard work. Do you think I should take the job?" That is what Elnora asked me when she was offered the position as Administrator for SGIM. We both saw the growth potential and worthiness of SGIM's mission, and we also saw the

dynamic, passionate leaders of the small group as expecting super human efforts to get it organized and help it move forward. She was up to the task. I encouraged her to accept the offer. The rest is history. Super human efforts, dedication, loyalty, and love for SGIM members were the trademarks of her career with SGIM, which she helped place on the map of important internal medicine societies.

She lightened the loads of others while burdening herself, often without sufficient help and, at times, little recognition. She took orders while envisioning better ways to accomplish SGIM's goals. She was the heart and backbone of her young organization and enjoyed the friendship of all who worked with her. She accomplished many things and struggled with those that had to remain undone. Honest, dignified, positive, compassionate, and graceful under pressure is how I remember Elnora Rhodes at her work, during her illness, and as her friend. She was a supreme human being whose good cheer and warm greetings lightened and enlightened all of us. We were blessed to have known and loved her.

Linda Johnson White  
Conill Institute for Chronic Illness  
(formerly with ACP)

## SERVICES THREATENED

continued from page 10

tion, and other groups are mobilizing opposition to reversal of the Executive Order on LEP.<sup>7</sup> SGIM has a long track record of valuing communication between provider and patient and prioritizing the elimination of racial and ethnic disparities in health. We have valued access to health care as a human and civil right. Let us support the implementation of Executive Order 13166 and the OCR guidance memorandum as part of an effort to improve access to care for all those who reside in the United States. **SGIM**

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# SGIM FORUM

Society of General Internal Medicine  
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Suite 575  
Washington, DC 20037

## CLASSIFIED ADS

Positions Available and Announcements are \$50 per 50 words for SGIM members and \$100 per 50 words for nonmembers. These fees cover one month's appearance in the *Forum* and appearance on the SGIM Website at <http://www.sгим.org>. Send your ad, along with the name of the SGIM member sponsor, to SGIM Forum, Administrative Office, 2501 M Street, NW, Suite 575, Washington, DC 20037. It is assumed that all ads are placed by equal opportunity employers.

**ASSOCIATE PROFESSOR—TENURE TRACK FTE POSITION.** UCLA Department of Medicine, Division of General Internal Medicine & Health Services Research. The UCLA Division of General Internal Medicine and Health Services Research is recruiting an established scholar appointable at the Associate Professor level or above, who has a Ph.D. or is an M.D. with Ph.D.-equivalent expertise in one of the social sciences or other disciplines relevant to health services research, including economics, decision science, sociology, psychology, political science, anthropology, or statistics. In addition to conducting independent scholarship as a principal investigator, it is essential that the individual have sufficient sophistication to be able to function as the principal methodologist in their area of expertise in consultation to other research projects in the Division, and as principal advisor to trainees working in their area of substantive expertise. Opportunities exist for collaboration with a wide array of health services researchers and clinicians throughout the Schools of Medicine, Policy, Public Health,

College of Letters and Sciences, Nursing, and other. Appointments at the Associate or Full Professor level provide tenure. In addition to salary and benefits commensurate with rank, UCLA has compensation plans for both PhD and MD faculty that provide the opportunity for supplementing the UCLA base salary. Interested applicants are invited to send curriculum vitae, names of three potential references, and up to three articles to: Dr. Ron D. Hays, Chair, Search Committee, UCLA Division of GIM, 911 Broxton, Los Angeles, CA 90024. (310) 794-2294. [hays@rand.org](mailto:hays@rand.org). UCLA is an Equal Opportunity/Affirmative Action Employer.

**DIRECTOR—CENTER FOR HEALTHY AGING & GERIATRICS/PROFESSORSHIP.** The University of California, Davis, School of Medicine is seeking applicants for the position of Director of the Center for Healthy Aging and Geriatrics [Associate Professor or Professor level]. This is an endowed Professorship within the Department of Internal Medicine. The individual must possess an M.D. degree, be Board certified in Internal Medicine and Geriatric Medicine, and be eligible for licensure in the State of California. This position is supported by a state FTE, start up funding, and a large endowment. The candidate is expected to have a successful academic record including research, teaching and leadership. The University of California, Davis, Health System has established the Center for Healthy Aging and Geriatrics to be a matrix organization that will include many clinical and research departments, and link to other successful existing centers including Health Services, Oncology, Neuroscience, and Vascular Medicine. Additional objectives of the position include

community outreach and leadership in developing an inter-departmental geriatrics/gerontology teaching and research program. When applying for this position, please include position number 3128. Please forward CV to: Frederick J. Meyers, M.D., Chair of Department of Internal Medicine c/o: Barbara Garcia, Division of General Internal Medicine, University of California, Davis, 4150 V Street, Suite 2400, Sacramento, CA 95817. Email address: [barbara.garcia@ucdmc.ucdavis.edu](mailto:barbara.garcia@ucdmc.ucdavis.edu). This position is open until filled, but no later than October 31, 2001. The University of California is an affirmative action/equal opportunity employer.

**VISITING PROFESSOR—THE UNIVERSITY OF TOKYO.** The International Research Center for Medical Education at the University of Tokyo invites applications for visiting professor. This person would conduct research in medical education and participate in educational reform at the Medical School. Leaders of the University and Medical School are committed to these activities. Visiting professors would also have an opportunity to pursue their own scholarly interests. The Center will support this position with a salary of \$5-7,000/month (depending on their rank/experience), a housing subsidy of about \$250/month, and round trip air fare. Applications are being accepted for one to two faculty for stays of 3 to 6 months beginning September 2001 and in 2002. For more information, please contact Robert Fletcher, M.D., Chair of the Search Committee, Department of Ambulatory Care and Prevention, Suite 200, 126 Brookline Avenue, Boston, MA 02215. 617 421-6013 (phone), 617 859-8112 (fax), [Robert\\_Fletcher@hms.harvard.edu](mailto:Robert_Fletcher@hms.harvard.edu).