

January 7, 2004

Elizabeth L. Cobbs, M.D.  
Program Director, Geriatric Medicine Fellowship  
George Washington University Medical Center  
2150 Pennsylvania Avenue, NW  
Washington, DC 20037

Dear Dr. Cobbs:

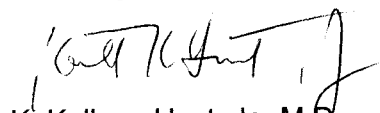
This letter is sent at the request of Dr. Joseph Boggi who is applying for a position in the Geriatric Fellowship that you direct at the George Washington University Medical Center.

I have not worked with Dr. Boggi since late 1991 when I retired from Walter Reed Army Medical Center as the Chief of the Department of Medicine. However, I knew Dr. Boggi very well from the time he started his residency in internal medicine at Walter Reed in 1985 until he completed it in 1988 and during the time that he was a staff internist in the Emergency Medicine Service at Walter Reed from 1988 to 1991.

I remember Dr. Boggi as an extremely hard working physician who showed complete devotion to his work during residency and as a staff internist at Walter Reed. He had a great ability to relate to his patients and a strong work ethic. Because of his outstanding work, he was asked to remain at Walter Reed as a staff internist immediately following his residency in internal medicine. He performed excellently during the three years he was in the Emergency Department. Under extreme pressure from the constant requirement to evaluate critically ill and difficult patients, he showed the ability to rise above the pressures and render excellent care to a large number of patients during that three-year period. Dr. Boggi enjoyed teaching students, interns and residents and always prided himself on his teaching abilities. He was an extremely honest, trustworthy, straightforward physician who could be counted on to perform difficult tasks whenever asked.

I have not been able to keep up with Dr. Boggi in the last 13 years, but remember him well during those critical periods of residency and initial staff internist work at Walter Reed. From those days, I can categorically state that he was an excellent physician in every regard. I give him a high recommendation for the position in your Geriatric Medicine Fellowship.

Sincerely,



K. Kellogg Hunt, Jr., M.D.  
Executive Vice President/Chief Medical Officer  
Director of Medical Education

pki

**RONALD J. KOSHES, M.D.**

***Diplomate of the American Board of Psychiatry and Neurology***

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*1348 East Capitol Street, N.E.  
Washington, D.C. 20003  
(202) 543-0406*

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Elizabeth L. Cobbs, M.D., F.A.C.P.  
Program Director, Geriatric Medicine Fellowship  
George Washington University Medical Center  
2150 Pennsylvania Avenue, N.W.  
Washington, D.C. 20037

Dear Dr. Cobbs:

Over the years, we have had the occasion to discuss several patients who were under our care together. I am hoping you will remember our contacts so that this letter will have some context.

You will be receiving an application for the geriatric fellowship from Dr. Joseph Boggi. I am pleased to recommend Dr. Boggi for the Geriatric Fellowship. I have known Dr. Boggi since he was a resident in Internal Medicine at Walter Reed Army Medical Center. Dr. Boggi earned the reputation of being a thorough, committed, diligent, bright, and caring physician there. His clinic was frequented by members of the medical staff because of his excellent knowledge of medicine. He performed both his military and clinical duties with care, expedience, and competence, and is Board Certified in Internal Medicine. He was regarded as an important, understandable, and inspiring teacher.

Dr. Boggi has remained committed to the practice of medicine and has recently surmounted difficulties regarding his licensing in the State of Maryland. He will, no doubt, explain these to you. I want you to know that in no way did these difficulties involve patient care in any way and would be glad to provide you with more details on a personal level.


As a medical student at George Washington University, I received a grant from the National Council on Aging to develop a curriculum in geriatrics for medical students. This was in the early phase of the development of the fellowship of which you are now director. I know that Dr. Boggi would be an excellent clinician in geriatrics and would work well with staff involved in

**this field. He is intelligent and quick in his understanding of pathologic processes and diligent in the pursuit of treatment. He is friendly and cooperative. He was able to provide valuable help to the staff at So Others Might Eat when he volunteered at this inner-city clinic earlier this year.**

**Please give him your fullest consideration during his application process for the fellowship. I believe you will be rewarded by his hard work, his ability to teach and take care of patients, and his friendly disposition; he will add value to your program.**

**If you have any questions, I will be available at any time to speak with you.**

Sincerely,



**Ronald J. Koshes, M.D.  
Assistant Clinical Professor  
Psychiatry  
George Washington University**

## Personal Statement

Excellent work ethic and ability to relate to patients. These are the qualities that allowed me to stay at Walter Reed Army Medical Center just after my Internal Medicine Residency. My work in the Emergency Department over those three years is noted by Dr. Hunt. These accomplishments earned me the position of Chief of Internal Medicine at Fort Meade Maryland for my next tour of duty. As chief, I was a junior Major in a junior Colonel's position. (That is two grades above) Dr. Hunt sent me there.

I have Attention Deficit Disorder with Hyperactivity. This condition, for which I am currently under treatment, has always allowed me to devote my full energy to the practice of medicine. I see this condition, in many ways, as a positive attribute in my life. Never has my hyperactivity interfered with patient care.

Unfortunately, many state licensing boards see this as a disability and, my ability to practice medicine was restricted. Now I am, on the advice of the state of Maryland pursuing fellowship training, thus this application.

Geriatrics is a natural progression for me. It is a needed field in US Medicine as well. I have always related best to the elderly and I think they to me. You have to be part social worker, part doctor and part family counselor if you are to surmount the sizable problems presented by these patients.

I pride myself on my thoroughness, gentle touch and a comprehensive approach to my patients problems. Very often, and more often with the elderly their problems begin as social ones. You just can't let your patients breeze in and out without making sure the entire package is checked out.

Thoroughness is also how I approach my continuing medical education. I do my reading and am anxious to have you test me in this area. I continue to be self driven to maintain and expand my medical knowledge. I also have five years more teaching experience then residents just out of training.

If I was asked about a research opportunity I would jump at the chance to evaluate my approach to patient's pain, insomnia and related depression. Certainly all three of these are under-treated in all patients and more so in the geriatric patient. For instance, I have been quite sure that you need to treat the sleep, separately, along with the other complaints of your patient. This can almost always be done without narcotics, benzodiazepines or drugs with harmful side effects. Overall these patients are more ill then we realize. Hence the need for several interventions before success is achieved.

Thank you for consideration of my application.