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ATTENTION SOCIETY MEMBERS

We like to feature photographs or other artwork shared by IMS members on the cover of The Bulletin. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office, bhurt@imsonline.org.

The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for The Bulletin; quips; short stories; brief comments; ideas; cartoons, etc.

Remember the Indianapolis Medical Society Foundation when planning your will. (Contribution form included in this issue.) Unless otherwise specified, your contribution will be directed toward medical scholarships.

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On our cover is the Willard Battery J.C. Agajanian Special (replica) roadster. The original was driven to victory in the Indianapolis 500 by Parnelli Jones and is in the Indianapolis Motor Speedway Museum. The replica was built for Dr. Robert E. Dicks by Tom McGriff, a former chief mechanic at the Speedway and Randy Cook, a Speedway mechanic. The picture was taken as Dr. Dicks was entering the pits at the historic Darlington Speedway in Darlington, South Carolina. We thank Dr. Dicks for his photograph and our opportunity to congratulate the 100th Anniversary of the Indianapolis 500 Mile Race.
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An Indianapolis Hospital Icon

The New Wishard

There are very few IU trained physicians who do not hold a special memory for their educational experiences at Wishard Hospital and I am one among them. Yes, I delivered my first baby while on Wishard OB ... and forty-years later I delivered my last baby but while on Wishard psychiatry, when a psychotic inpatient quickly went into labor while I was the only physician on the unit. You wouldn’t believe the stir that created ... a psychiatrist actually delivering a baby. Was it actually possible?? It even captured for me a congratulatory letter from the hospital medical director, Lisa Harris! Nearly every medical student or resident has a Wishard story. Wishard is truly a medical diamond in the rough ... no glamour, just profoundly devoted service to a disenfranchised population who would otherwise be forgotten. In fact, Wishard is one of the largest safety net hospital systems in the country and is recognized by those who know hospitals as unique in its mission of service and education and cost effectiveness.

Wishard’s facade is about to change, however, and a long deserved new structure is on the way. An overwhelming vote of support through a public referendum in November of 2009 opened the doors for a new hospital and ground was broken in May of 2010 with an anticipated completion date of late 2013. Sad as it may seem, it is only appropriate that the old Wishard come to a dignified close. It has served Indianapolis well but is now so antiquated that it makes efficient medical care problematic. The new structure on the site of the old Larue Carter Hospital will remedy that. The New Wishard will be only one of ten hospitals in America to have certified LEED Silver status or higher acknowledging its leadership in energy and environmental design. It will house 327 beds in all private rooms within a 1.2 million square foot campus with an eleven story tower adjoining a 200 room ambulatory care center along with a 90 bed emergency room/Level I Trauma Center. There will be 21 operating rooms and although the hospital will be one-third smaller than the current facility its bed capacity will be 20% greater. It will employ 4,400 people. Parking will be facilitated by a 2,700 unit parking garage on a 37 acre campus. In addition, The New Wishard will include a faculty and research facility housing offices for Wishard’s 1,000 physicians, 99 percent of whom are on the faculty of the IU School of Medicine. The long term loan for the hospital was arranged with very reasonable financing. Amazingly, but not unexpectedly, The New Wishard project is on budget and on time!

Wishard benefits from it close proximity to the schools of medicine, dentistry, nursing, rehabilitation, and the Purdue School of Pharmacy as well as the Regenstrief Institute. These associations provide a steady infusion of students and new ideas as well as cutting edge medical technology including the premier trauma and burn centers. This noteworthy institution had humble beginnings, however going back to 1859, when during a smallpox epidemic tents were set up near the city dump. Five years later a wooden building was constructed and

Continued on page 30.
Interview with an IMS Director – Mary D. Bush, MD

Please tell us about your practice.
I'm in a solo practice and I specialize in OB/GYN.

Have you been practicing by yourself for a long time?
I started practice in August 1985. I had a solo practice until 2000 at that time my daughter joined me for approximately nine years.

That must have been nice for you.
It was fun. We really did enjoy. It was probably good for the two of us, because it was truly a "family" type of practice. We knew how each of us practiced. She had finished her residency at Wayne State and I had finished my residency here at Methodist Hospital. We worked well together. I showed her some of the "old things" and she showed me some of the "new things." We felt quite comfortable. I was able to go to surgeries with her. Residents no longer receive the kind of surgery training we did. It was really quite rewarding to work with her. You could be yourself, you were among family.

Are you originally from Indianapolis?
No. I am originally from a small west coast town in Florida, Tarpon Springs. We moved to Indianapolis because my husband's job at Chrysler brought us here; he has since retired. Chrysler moved us around quite a lot. We were in Baltimore for a year where he earned his Master's Degree. That was the time, when I decided that I wanted to become a doctor. I had earned a BS in nursing from Florida A & M University in Tallahassee, Florida. I went on to Emory University and earned my Masters Degree in Nursing.

Working with a very good friend that I met at Emory, we ran one of the community health centers back in the early 70's. The government thought that we could do better health care, if we brought healthcare to the community. As a requirement, we had to hire people actually in that community. She was the head nurse and I was her assistant and we worked together for six months in Baltimore, Maryland. We had to train people from the community who had been home with their children, people with very little education ... we had to train them to be medical assistants and community outreach people. I worked six months with her. When she was transferred to California and I became the head nurse for the next six months. I was very happy being a nurse. I really enjoyed it. I liked what I was doing. But one day I went home and told my husband that "I just can't believe that I can't be a doctor." I immediately applied to Johns Hopkins in Baltimore. I received a call from admissions and they said they really wanted me to schedule an interview. At the same time, my husband received a call that we were being transferred to Detroit, Michigan. The admissions officer said that I should really apply to Michigan. So we went to Michigan and when we arrived, I applied to Michigan and was admitted on the first try.

Tell us about your family.
I have three daughters. My oldest daughter is the one I practiced with, who has since moved to North Carolina to join a three physician group. Solo practitioners are like dinosaurs these days ... we aren't going to be around much longer. Today's health care system is forcing us into large groups. I really enjoy being a solo practitioner. I like small groups. I have some hesitation about large groups, I know that is the way things are going, but I'm not sure it's for me. I know they say "medicine must be run like a business," I understand. I agree, but I think there are some things that are critical, you are talking about people's lives, families and emotions. I have twin daughters; they were born at the end of my first year in medical school. They are both physicians, anesthesiologists. One has specialized in pain management and the other is in pediatric anesthesiology.

What are your leisure interests?
I have five grandchildren that are my joy and my pleasure. They keep me young. They remind me that I can't get old ... I have to get down on the floor with them. I love golf. I play as much as I can. It helps being in private practice where I can work my schedule so I can get my time in on the course and not affect my patient care or home life.

My second activity is sewing. I like to sew. I made most of the gowns and drapes for patients to wear. I like matching gowns and drapes.

I am a family oriented person. I love my family and I love being with them. My husband, my daughters, and my grandchildren. One of my daughters also had twins. So I'm seeing what that is like again and she's learning what twins are like to raise.

I was able to deliver three of my grandchildren. That was fun. I wasn't the primary physician, but did the delivery. I was able to deliver something that is a part of me.

Why did you choose your specialty?
During medical school rotations, I enjoyed diversity. What I liked about OB was the type of patient – happy and happy things happening. I am not the type of physician who wants to just see a patient; I want to share the surgery experience with patients. When I first went into OB, though, women were still not popular in OB. In fact, I was the first female African-American OB/GYN resident at Methodist.

I went into radiology first for a year. That was my second love, because I wanted to know how you "read those things... read those shadows...to know what those shadows are." After a while, I realized radiology wasn't going to work for me.

I went into OB/GYN. We decided to stay in Indianapolis for the diversity for the children and my husband's job.

Who have been your mentors or did you create your role yourself?
The person that I admired was Dr. Tom Benson, who has since passed. I learned a lot from him and he taught me a great deal about OB/GYN. He was an extremely good surgeon. But my most important mentor was my mother. I was raised in the segregated south. To attend secondary school, I had to be bused fifteen miles away from my home, which meant my parents could not be involved in my school programs. Because, we were bused to another black school, the local community there also saw us as "outsiders." We felt that there was no way out. My mother would say constantly, "the world is still out there for you to get what you want, if you are willing to work for it. But remember, the world is a "mean" place, so be prepared."

I talk with my patients a great about family. My patients have followed me ... I have patients that I have delivered their... Continued on page 26.
why choose a brain surgeon for your back and neck pain patients?

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- Psychological counseling

Physician referrals and patient self-referrals are accepted.

News from Goodman Campbell Brain & Spine ...


Thomas J. Leipzig, MD, addressed a group of internal medicine physicians in Kokomo, Indiana in March 2011. He spoke on cerebral aneurysms, AVMs, and other cerebrovascular issues.

Jean-Pierre Mobasser, MD, was Chairman for the Aging Spine Course hosted by Medtronic in Scottsdale, Arizona in January 2011. He helped coordinate and run the meeting including giving talks on Spine surgery in the aging spine and case presentations to teach the attendees. He also instructed the attendees in the cadaver lab.

Troy D. Payner, MD, and Aaron Cohen-Gadol, MD, served as faculty for the course, “Minimally Invasive Treatments of Trigeminal Neuralgia” at the American Association of Neurological Surgeons scientific meeting on April 9.

Scott A. Shapiro, MD, was elected into the Alpha Omega Alpha medical honor society.

News from IU School of Medicine ...

In a paper published in the March 2011 issue of the Journal of the American Medical Informatics Association, Martin Chieng Were, MD, assistant professor of medicine at the IU School of Medicine and a Regenstrief Institute investigator, and colleagues report that computer-generated reminders about overdue tests yielded nearly a 50 percent increase in the appropriate ordering of CD4 blood tests. CD4 counts are critical to monitoring the health of patients with HIV and guide treatment decisions.

The March 2011 issue of the journal, Health Affairs, highlights an evidence-based model of geriatric care management developed, implemented and tested by researchers and clinicians from Indiana University, the Regenstrief Institute and Wishard Health Services and lead by Steven R. Counsell, MD, principal investigator of GRACE (Geriatric Resources for Assessment and Care of Elders).

News from Franciscan St. Francis Health ...

Mercy O. Obeime, MD, has been appointed to the newly created position of director for Global and Community Health at Franciscan St. Francis Health. In that role, Dr. Obeime will work with St. Francis Health administration, physicians and staff to expand the hospital’s involvement in the health problems, issues and concerns that transcend local and national boundaries. She will continue to work at the Franciscan St. Francis Neighborhood Health Center.

During the May 4, St. Francis Road Show, Jeffery L. Pierson, MD, explains the latest procedures in joint replacement and arthritis treatments. He is a board-certified orthopedic surgeon specializing in adult reconstructive surgery and joint replacement.

Paul E. Driscoll, MD, family medicine, has been selected as medical director for St. Francis Medical Group (SFMG). He had been serving in that position on an interim basis for several months. He will help oversee clinical operations of the 140-member group.

Philip M. Faris, MD, explained the latest procedures in joint replacement and arthritis treatments at the St. Francis “Road Show” on Tuesday, April 12, Columbus, Indiana. He is a board-certified orthopedic surgeon specializing in adult reconstructive surgery and joint replacement.

The St. Francis Heart Center’s “Ask the Doc” series features throughout the spring, “Why does it hurt to walk?” by Donald E. Patterson, MD; “How to protect yourself from stroke,” William J. Berg, MD; “Metabolic Syndrome: How does it fit in with CD4 counts are critical to monitoring the health of patients with HIV and guide treatment decisions. Continued to page 14.
Many of us know Matt Gutwein, CEO of the Health and Hospital Corporation, from seeing him on TV in the fall of 2009. He was informing the public about the need for a new Wishard Hospital. In that election, the people of Indianapolis voted at an amazing approval rate of 87% in favor of the new hospital.

Mr. Gutwein is a Hoosier who hails from Monon, which is south of Valparaiso. He attended Indiana University in Bloomington and also took his J.D. Degree at the same site; he was first in his class in 1988. Matt was Special Counsel to the Indiana Attorney General from 1993-94 and Chief Counsel to the Governor from 1995-97. For a few years, he was a partner of Baker & Daniels before joining the Board of the Health & Hospital Corporation. In 2003, his fellow board members persuaded him to become the CEO and he has been at the helm of Wishard Hospital ever since.

Matt began the talk with some great photos of the old City Hospital. It all began in 1859 during a smallpox epidemic. Tents were set up next to the city dump. Five years later there was a wood structure, which was known as the “Pest House.” During the Civil War, the hospital served Union soldiers and a few Confederate ones, too. In 1887, the first ambulances began carrying sick and injured patients.

In 1909, the Indiana University School of Medicine opened and thus began a long teaching affiliation with the hospital. A new Wishard Hospital, brick in structure, arose in 1914. St. Margaret’s Guild arranged for Hoosier artists, including T.C. Steele, to paint murals at the hospital, believing that their beauty would help people facilitate the healing of their bodies. Many artists donated their time and it is hoped that all of the artworks can be restored at the new hospital.

Wishard Hospital was the first one in town to teach African-American interns and residents. It was also the first to train African-American RN’s and the first to hire African-American physicians. When many cities disposed of their charity hospitals, Wishard survived – and prospered. It now consists of 32 sites and it has the largest Emergency Room in the city. Wishard had the first Burn Center in Indiana in 1977 and the first Level I Trauma Center in Indiana in 1992.

Indianapolis once had the highest infant mortality in the nation. Through various methods, including home visits, the city has improved greatly on that dismal record. Wishard Hospital sponsors Health Fairs and it provides care at the Regenstrief Outpatient Clinic, with the first all electronic medical record in the U.S. Wishard promises to be one of only 3% of American hospitals to be 100% electronic.

The new hospital will have 327 beds, all private rooms, and 21 Operating Rooms. Fresh air will be pumped into the hospital daily. It will be one-third smaller than the current facility but its bed capacity will be 20% higher. It plans to employ a total of 4,400 people. Wishard Hospital had the groundbreaking for the new site on 12 May 2010. It will be the first “green” hospital in Indiana, earning a LEED (Leadership in Ecology and Engineering Design) Silver rating. The long term loan for the hospital was purchased with very favorable financing.

The Hospital building will be eleven stories high and the Clinic will be seven stories. On the roof will be a “Sky Farm” on which vegetables can be grown. It will be the first “farm” to be placed on a hospital roof in the country.

To make room for The New Wishard Hospital, the old Larue Carter Psychiatric Hospital was torn down. On campus, the State Board of Health building had been demolished earlier and the Union Building will fall in October, 2011. The current hospital area will be given to Indiana University, which will build new research buildings on that site. The parking garage will be built this year, the power plant in 2012 and patients will be admitted in December, 2013.

Most of the physicians present at the meeting had some of their training at “City Hospital” or “General Hospital.” They all have their own memories of Wishard. Here are just a few: Do you remember the Charge Nurse at the prison unit? She was a very big gal who didn’t take any guff from anyone. Then there was the 2 a.m. IV restart. The nurse had a flashlight and you worked with the old straight needles, which were sterile, but they were not new ones (and not too sharp, either). On night call, in a four bed room, there was only one phone. When it rang, someone would finally answer it, saying, “It’s for you.”

The New Wishard Hospital will be one of which the city of Indianapolis can be very proud to call its City Hospital.

The Old Wishard, drawing by K.P. Singh in the Collection of the IMS
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Edward Henry Daley, MD
1914 - 2011

Edward Henry Daley, MD, 96, of Carmel, died on April 2, 2011. He was born October 1, 1914 in La Porte, Indiana. He graduated from University of Notre Dame in 1936 and Loyola University School of Medicine in 1942. Dr. Daley interned at University Hospital, Chicago and Milwaukee County Hospital. He completed his residency at the Indiana University Medical Center.

A veteran, Dr. Daley served as a Major in the Army Medical Corps in Brownwood, Texas from 1942 to 1946.

He returned to Oldenburg, Indiana working in private practice before moving to Indianapolis to help found Community Hospital when it opened in 1956. He specialized in Anesthesiology and retired from medicine in 1996. Dr. Daley was a member of the AMA, American Academy of General Practice and the American Society of Anesthesiologists.

In 1993, Dr. Daley was honored as a member of the Fifty Year Club.

He was a founding member of Indiana Quarter Horse Racing Association (1968), charter member of Carmel Golden Kiwanis (1986) and a member of the Knights of Columbus.

Hector P. Rivera-Correa, MD
1939 - 2011

Hector P. Rivera, MD, 71, pathologist, Sheridan, Indiana, expired on March 27, 2011.

Dr. Rivera was born, raised and educated in San Juan, Puerto Rico. He graduated with honors from the School of Medicine of the University of Puerto Rico in 1964. He interned in 1964-65 at University Hospital, University of Puerto Rico. Dr. Rivera completed his residency while he was a General Medical Officer with the United Stated Air Force in San Angelo, Texas from in 1965-66.

From 1967-70 Dr. Rivera specialized at Wilford Hall USAF Medical Center in San Antonio, Texas, becoming board certified in Anatomical and Clinical Pathology in 1972. He served as Pathologist at MacDill AFB, Tampa, Florida (1971-72). After his discharge as a Major, Dr. Rivera was with Wishard Memorial Hospital, Indianapolis, Indiana (1973-76) and St. Vincent Hospital, Indianapolis, Indiana (1976-94), retiring in 1994.

Dr. Rivera had memberships in Alpha Omega Alpha, AMA, ASCP, and CAP.

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Bulletin Board (Continued from page 11)

heart disease?” Anthony J. Bashall, MD (no photo available); “Treatment options for atrial fibrillation,” John W. Moore, III, MD; and “Heart Failure – Medication questions answered,” Polly A. Moore, MD (no photo available).

Peter G. Garrett, MD, medical director for St. Francis Cancer Center Services moderated a cancer center symposium focused on total patient care at the JW Marriott, April 29. The speakers included: David H. Moore, MD, gynecologic oncology; Denise L. Johnson Miller, MD, breast cancer and melanoma surgery; Michael J. Morelli, MD, gastroenterology and hepatology; Bridget M. Sanders, MD, colorectal cancer surgery; Luke P. Akard, MD, hematologist/oncologist and Michael J. Dugan, MD, hematologist/oncologist.
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An estimated 300 million people worldwide suffer from asthma. Uncertainties about asthma diagnosis and treatment, as well as poor patient adherence, allow this disease to annually claim some 250,000 lives, costing upwards of $30B.

Although the traditional and widely used asthma testing (spirometry, PFTs) detects airway obstruction and its improvement with bronchodilator administration, this leaves the second component of the disease, untested:

**Inflammation**
Inflammation is the most important component. Inflammation in the airways is the underlying cause of asthma, inducing the recurring symptoms characteristic of the disease:

- Wheezing
- Shortness of breath
- Chest tightness
- Coughing

Studies show that measuring the amount of Nitric Oxide (NO) in a human’s breath can help physicians effectively measure and monitor airway inflammation. NO is produced by epithelial cells that line the inner walls of the lung’s airway. Higher levels of exhaled NO have been shown to have a significant positive correlation with the presence of eosinophilic airway inflammation, the most common type of airway inflammation in asthma, which limits airflow and increases sensitivity to allergens.

Currently, there is one device on the market in the United States that offers physicians the ability to measure this airway inflammation while analyzing NO when the patient is in the office. The test is very easy to do and only requires a single breath of 10 seconds. This device, NIOX MINO developed and manufactured by Aerocrine, also makes it possible for physicians to obtain a more accurate reading of patient adherence to current treatment plans and manage their asthma on a truly personalized basis.

**Benefits of eNO**
Because eNO is a sensitive marker of airway inflammation, measurements can help physicians predict the onset of symptoms or loss of asthma control in their patients. Having used this device in my practice for the past few years, I’ve been able to predict exacerbations and most importantly, I’ve then been able to prevent them. I’ve also been able to change prescriptions and tweak dosage schedules in order to keep eNO levels, and in turn inflammation levels, on the lower side of the spectrum. In addition, by predicting and avoiding asthma exacerbations, my patients have been less likely to accrue emergency medical costs.

Measurements of eNO can also help physicians identify patients who may suffer from non-inflammatory asthmatic (or similar) conditions and in whom corticosteroids may not have a role. Therefore, determining the type of asthma a patient suffers from allows physicians not only to treat patients effectively, but will also lead to a more cost-effective asthma care while minimizing (unnecessary) medication side effects.

Up until now, airway inflammation testing methods, including biopsy, bronchoalveolar lavage techniques and sputum analysis have not been used in physician offices due to cost and the fact that they are too invasive and time consuming. NIOX MINO is a compact, inexpensive, hand-held device that is easy to operate and provides results in less than 2 minutes.

As we all know, each case of asthma is different (“asthma is the study of one”). There is no universal cause, and consequently, there are no universal solutions. However, by monitoring eNO, we may be able to further optimize treatment for each of our individual patients, improving their quality of life and decreasing asthma’s economic burden on society.
Time Management
There are 168 hours in a week
You Sleep 42, work 70, and the other 56 hours are all yours!

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The Keys to Selecting a Collection Agency

It can be difficult to select a collection agency when most claim to offer the “Lowest Rates” with the “Highest Recoveries.” Try shifting your focus to the following:

1. **Experience:** How long has the agency been in business? Does it specifically collect for physicians?

2. **Compliance:** Every agency should be a member of ACA International, the Association of Credit and Collection Professionals; members are required to comply with all federal/state laws. Beyond membership, consider if the agency truly invests in compliance by:
   - Certifying its collectors through ACA International
   - Adhering to best-practices as an ACA PPMS-CERTIFIED agency; approximately 70 agencies worldwide are certified

3. **Quality Assurance:** Be sure the agency is a Better Business Bureau (www.bbb.org) “Accredited Business” so it’s committed to resolving consumer complaints. Ask for a Liability Insurance Certificate and confirm coverage extends to you. Make sure the agency is licensed/bonded in ALL requiring states. Verify its DATA SECURITY; ask for documentation of an ISO 27002 Assessment, SAS 70 Type II Audit, and a PCI Audit. **How many societies/associations recommend the agency’s services?**

   Additional key factors to consider include the agency’s product offerings and its accessibility.

   **TO LEARN MORE, please request a FREE copy of I.C. System’s 12-page booklet titled THE INSIDE FACTS: Things Most Collection Agencies Won’t Tell You.** You’ll learn the most costly collection mistake you can make, how to avoid making it, and much more.

   To request your free booklet, please visit: www.icmemberbenefits.com or call 800-279-3511.

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East
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715-5600

Northeast
7250 Clearvista Dr.
537-6088

Northwest
8402 Harcourt Rd.
806-6991

South
5136 E. Stop 11 Rd.
859-1020

Carmel
12188A N. Meridian St.
580-0420

Mooresville
1001 Hadley Rd.
859-1020

Franklin
1159 West Jefferson St.
738-4430

Kokomo
2330 S. Dixon Rd.
765-455-8822

For a patient referral, call us at
317-308-2800 (Dial Zero)

www.jwmneuro.com
www.jwmneuro.blogspot.com

Comprehensive Neurological Expertise
Compassionate Patient Care
## CME & Conferences

### Community Health Network

<table>
<thead>
<tr>
<th>Community Hospital East</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Critical Care Conference</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Medical Staff Conf. Room, 12:00 - 1:00 p.m.</td>
</tr>
<tr>
<td>Second</td>
<td>Medical Grand Rounds</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Medical Staff Conf. Room, 12:00 - 1:00 p.m.</td>
</tr>
<tr>
<td>Third</td>
<td>Neuro Grand Rounds</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Medical Staff Conf. Room, 12:00 - 1:00 p.m.</td>
</tr>
<tr>
<td>Months of January, March, May, July, September, November</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Hospital South</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fourth</td>
<td>Medical Grand Rounds</td>
</tr>
<tr>
<td>Thursday</td>
<td>Conf. Rooms A &amp; B, 7:30 - 8:30 a.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Hospital North</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Pediatric Grand Rounds</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Multi Services Rooms 1, 2 and 3</td>
</tr>
<tr>
<td></td>
<td>7250 Clearvista Dr. 7:30 – 8:30 a.m.</td>
</tr>
<tr>
<td>First</td>
<td>North Forum</td>
</tr>
<tr>
<td>Friday</td>
<td>Reilly Board Room; 12:00 - 1:00 p.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Heart &amp; Vascular/Indiana Heart Hospital</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Monthly Conference</td>
<td>Disease Management Conference:</td>
</tr>
<tr>
<td>Wednesday</td>
<td>rotates CHF &amp; EP Case Presentations</td>
</tr>
<tr>
<td></td>
<td>TIHH MCV Boardroom Videoconference to CHVp South Conf. Rm. 7:00 - 8:00 a.m.</td>
</tr>
<tr>
<td>Third Monthly Conference</td>
<td>Ken Stanley CV Conference</td>
</tr>
<tr>
<td>Wednesday</td>
<td>TIHH MCV Boardroom Videoconference to CHVp South Conf. Rm. 7:00 - 8:00 a.m.</td>
</tr>
<tr>
<td>Fourth Monthly Conference</td>
<td>Imaging Conference:</td>
</tr>
<tr>
<td>Wednesday</td>
<td>rotates Cath &amp; Echo Case Presentations</td>
</tr>
<tr>
<td></td>
<td>TIHH MCV Boardroom Videoconference to CHVp South Conf. Rm. 7:00 - 8:00 a.m.</td>
</tr>
</tbody>
</table>

### Cancer Conferences 2011

<table>
<thead>
<tr>
<th>Community Hospital East</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>East General Cancer Conference</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Medical Staff Conf. Room, 12:00 to 1:00 p.m.</td>
</tr>
<tr>
<td>Second</td>
<td>East Chest Cancer Conference</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Cancer Registry Conf. Room, LL 22, 7:00 to 8:00 a.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Hospital North</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First &amp; Third</td>
<td>North Multidisciplinary Breast Conference</td>
</tr>
<tr>
<td>Tuesday</td>
<td>8040 Clearvista Parkway, Suite 500, 7:00 - 8:00 a.m.</td>
</tr>
<tr>
<td>Third</td>
<td>North General Cancer Conference</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Reilly Board Room, 12:00 to 1:00 p.m.</td>
</tr>
<tr>
<td>Fourth</td>
<td>North Chest Cancer Conference</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Reilly Board Room, 7:00 to 8:00 a.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Hospital South</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Second</td>
<td>South Chest Conference (site specific-lung)</td>
</tr>
<tr>
<td>Monday</td>
<td>Education Center Rooms 5&amp;6, 7:00 - 8:00 a.m.</td>
</tr>
<tr>
<td>First</td>
<td>South Multidisciplinary</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Breast Cancer Conference</td>
</tr>
<tr>
<td></td>
<td>Community Breast Care Center South, 533 E. County Line Rd., Ste. 101, 8:00 - 9:00 a.m.</td>
</tr>
<tr>
<td>Third</td>
<td>South General Cancer Conference</td>
</tr>
<tr>
<td>Wednesday</td>
<td>President’s Board Room, 12:00 to 1:00 p.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>North Cancer Pavilion</th>
<th></th>
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<tbody>
<tr>
<td>Third</td>
<td>Melanoma Cancer Conference</td>
</tr>
<tr>
<td>Wednesday</td>
<td>CHN Cancer Pavilion Conf. Rm., 7:30 to 8:30 a.m.</td>
</tr>
</tbody>
</table>

For more information, contact Valerie Brown, (317) 355-5381.

### Indiana University Health

<table>
<thead>
<tr>
<th>IU – Methodist – Riley</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>May 5</td>
<td>Enhancing Professionalism</td>
</tr>
<tr>
<td></td>
<td>University Place Conference Center, Indianapolis</td>
</tr>
<tr>
<td>May 10-12</td>
<td>Biostatistics for Health Care Researchers:</td>
</tr>
<tr>
<td></td>
<td>A Short Course</td>
</tr>
<tr>
<td></td>
<td>Health Information &amp; Translational Sciences (HITS) Building, Indianapolis</td>
</tr>
<tr>
<td>May 13</td>
<td>14th Annual IU</td>
</tr>
<tr>
<td></td>
<td>Gastroenterology/Hepatology Update</td>
</tr>
<tr>
<td></td>
<td>Indiana History Center, Indianapolis</td>
</tr>
<tr>
<td>May 13</td>
<td>Surgical Management of Complex Aortic Problems</td>
</tr>
<tr>
<td></td>
<td>Methodist Hospital Petticrew Auditorium, Indianapolis</td>
</tr>
<tr>
<td>May 13</td>
<td>Management of Breast Issues Encountered in Primary Care</td>
</tr>
<tr>
<td></td>
<td>IU Health North Hospital, Carmel</td>
</tr>
<tr>
<td>May 24</td>
<td>First Annual IU Neonatology Symposium</td>
</tr>
<tr>
<td></td>
<td>Fairbanks Hall, Indianapolis</td>
</tr>
<tr>
<td>May 25-26</td>
<td>46th Annual Riley Hospital for Children</td>
</tr>
<tr>
<td></td>
<td>Pediatric Conference</td>
</tr>
<tr>
<td></td>
<td>JW Marriott, Indianapolis</td>
</tr>
<tr>
<td>June 5-11</td>
<td>Mini-Fellowship in the Management of Diabetes</td>
</tr>
<tr>
<td></td>
<td>Diabetes Youth Foundation Camp, Noblesville</td>
</tr>
<tr>
<td>June 12-18</td>
<td>Mini-Fellowship in the Management of Diabetes</td>
</tr>
<tr>
<td></td>
<td>Diabetes Youth Foundation Camp, Noblesville</td>
</tr>
<tr>
<td>June 17</td>
<td>9th Annual Conference on Health, Disability and the Law: The Role of Disabilities in the Juvenile Justice System</td>
</tr>
<tr>
<td></td>
<td>Wynne Courtroom, Inlow Hall, Indianapolis</td>
</tr>
<tr>
<td>June 19-25</td>
<td>Mini-Fellowship in the Management of Diabetes</td>
</tr>
<tr>
<td></td>
<td>Diabetes Youth Foundation Camp, Noblesville</td>
</tr>
<tr>
<td>July 15</td>
<td>Review and Interpretation of the 2011 ASCO Meeting</td>
</tr>
<tr>
<td></td>
<td>University Place Conference Center, Indianapolis</td>
</tr>
<tr>
<td>July 16</td>
<td>96th Annual Anatomy and Histopathology of the Head, Neck and Temporal Bone</td>
</tr>
<tr>
<td></td>
<td>IUPUI Campus, Medical Science Building Indianapolis</td>
</tr>
</tbody>
</table>

Course dates and locations are subject to change. For more information, please visit http://cme.medicine.iu.edu or call 317-274-0104.

The Indiana University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians. We have more than 100 recurring meetings available. For a listing or more information, please visit http://cme.medicine.iu.edu or call 317-274-0104.

### St. Vincent Hospital and Health Care Center Inc.

<table>
<thead>
<tr>
<th>St. Vincent Hospital and Health Care Center Inc.</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>May 21</td>
<td>Current Issues in the Management of Bone and Soft Tissue Tumors</td>
</tr>
<tr>
<td>3.25 Credits</td>
<td>3.25 Credits</td>
</tr>
<tr>
<td>The Marten House Auditorium</td>
<td>The Marten House Auditorium</td>
</tr>
<tr>
<td>Call 275-8004 for more information</td>
<td>Call 275-8004 for more information</td>
</tr>
<tr>
<td>Nov. 11 &amp; 12</td>
<td>Back Talk: A Comprehensive Review and Practical Approach to Spinal Diagnosis and Treatment, 11.75 Credits</td>
</tr>
<tr>
<td></td>
<td>Renaissance Hotel, Carmel</td>
</tr>
<tr>
<td></td>
<td>Call (317) 228-7000 for more information</td>
</tr>
</tbody>
</table>
Indiana Spine Group

Back Talk: A Comprehensive Review and Practical Approach to Spinal Diagnosis and Treatment

November 11 – 12, 2011
Renaissance Hotel, Medical Academic Center, Carmel, Indiana

Indiana Spine Group is hosting their fifth annual spine symposium. This symposium is for primary care physicians and health care practitioners, and will provide the latest information for the diagnosis and treatment of your patients with spinal problems and abnormalities. New this year are clinical workshops on Saturday. Visit http://indianaspinegroup.com/backtalk/2011/backtalk.html

To receive conference announcements and a brochure, please send your email and mailing address to info@indianaspinegroup.com or call (317) 228-7000.

This activity has been approved for AMA PRA Category 1 Credit. Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

Indianapolis Medical Society

May
17 Executive Committee, Society, 6:00 PM, Sandwiches
14 ISMA Board Retreat
15 IMS Advisory Breakfast, 7:30 am … prior to BOT
15 ISMA BOT, 9:00 AM, ISMA Headquarters
TBA MSE Board Meeting, Society, 6:15 PM, Sandwiches

June
7 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.
8 Senior/Inactive Luncheon Meeting, Noon, Society
11-15 AMA House of Delegates Annual Meeting, Chicago, IL
14 Executive Committee, Society, 6:00 PM, Sandwiches
(May Need to Reschedule)
TBD Project Health Board Meeting, Society, 6:00 PM, Light Meal

July
19 Executive Committee, Society, 6:00 PM, Sandwiches

August
2 IMS Board, Society, 6:00 PM, Social; 6:30 pm, Dnr/Mtg.
17 Executive Committee, Society, 6:00 PM, Sandwiches

September
8 Senior/Inactive Luncheon Meeting, Noon, Society
16-18 ISMA CONVENTION, J.W. MARRIOTT HOTEL
14 Executive Committee, Society, 6:00 PM, Sandwiches

October
4 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg.
18 Executive Committee, Society, 6:00 PM, Sandwiches

November
6 ISMA Board of Trustees, 9:00 AM, state headquarters
6 IMS Advisory Breakfast, 7:30 AM …prior to ISMA BOT
12-15 AMA Interim, New Orleans, LA
15 Executive Committee, Society, 6:00 PM, Sandwiches

December
6 IMS Board, Society, 6:00 PM, Social; 6:30 PM, Dnr/Mtg
14 Senior/Inactive Luncheon Meeting, Noon, Society TBD
20 Executive Committee Dinner, with Spouses/Guests

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Indianapolis Medical Society

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Thank you,  
Dr. Radhika V. Walling

Radhika V. Walling, MD, Community Hospital Oncology Physicians, is Project Health’s doctor of the month. She was born in India. At the age of one, the family moved to Ireland, where her father was an Internist. Later they moved to Chicago, where she says she really grew up. Her younger brother became an options trader in Chicago. “If I went by what I was good at I would be an engineer. Math and the physical sciences were my strong suit,” says Dr. Walling. She says she got the medicine calling in high school. “We lived in a suburb that was practically all physicians and attorneys, so it was expected that we would do well in school, but I didn’t want to be an engineer. Our family liked to travel a lot, and I don’t mean to resorts or fancy places.” The travel exposed her to a lot of poverty and she wanted to help, which led her to become a physician.

Dr. Walling graduated from the University of Wisconsin and the Medical College of Wisconsin and did her internship at Case Western Reserve’s Metro Health Medical Center in Cleveland. Metro Health was their county hospital much like Wishard Hospital is today. “It was my favorite time in training because we had so much autonomy and saw so much variety. It can scare you at first, but if you can survive it, you gain confidence in what you do. We saw everything from the first stages of syphilis to cancer to major trauma.” She moved to Atlanta and Emory University to do a fellowship in hematology and medical oncology. “I went to Emory because I wanted to be somewhere warm.”

During her fellowship, she married Guy Walling, a psychologist. They returned north to be close to family members. In fact, they both applied to Community at the same time. He is at Gallahue Mental Health Center. They have two boys, ages two and four.

She enjoys tennis, music, travel and hiking. “The most exotic place we’ve been is India, but we’ve been through Europe, Venezuela and Brazil. We do a lot of pretty remote hiking.”

She has wanted to go on mission trips, especially when Katrina hit. “The oncology group we were in was kind of makeshift at Community. We barely had enough physicians to cover at that time. We were locked in because of our jobs.” She is confident that at some time they will have enough physicians to cover so that some can participate in missions.

Dr. Walling says Project Health patients are the most compliant she’s had; very nice and very appreciative. “Most of them come in with stage three and four cancers. It’s hard because they are trying to predict their future and they get overwhelmed.”

She enjoys volunteering for Project Health. “It’s a sense of giving back and it’s such a small part of what we do – it should be part of your job. If you really think about why you went into the field you should do this. I don’t look at it as being charitable. It’s just something you should do.”

The Project Health staff is glad Dr. Walling feels that way. Thank you!
Thank you,

Dr. Radhika V. Walling

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  • Dramatic Foyer, 4BR/8BA, Glorious Sunroom, Walk-Out Lower Level
  • Stunning Lake Views, Lushly Landscaped Gardens, Pool and Patio
  • Exquisitely Crafted Home with a European Accent on Elegance
  • 4BR/5BA, Main Floor Master Suite, Library, Sunroom, Pond Views
  • Extraordinary Walk-Out Lower Level Meets Every Expectation

Offered at $1,895,000
6225 Stonegate Lane

• Exquisitely Crafted Home with a European Accent on Elegance
  • 4BR/5BA, Main Floor Master Suite, Library, Sunroom, Pond Views
  • Extraordinary Walk-Out Lower Level Meets Every Expectation

Offered at $1,150,000
55 Monahan Road

• Fabulous Farmhouse Reproduction Situated on 5.5 Beautiful Acres
  • Vintage Appeal, Cook’s Kitchen with Huge Center Island, 4BR/5BA
  • Quaint Covered Porch, Patio, Pool, Large Barn, 4 Car Garage

Offered at $1,225,000
9967 E 300 South

• Majestic English Manor, Designed for Elegance and Comfort
  • Dramatic Foyer, 4BR/8BA, Glorious Sunroom, Walk-Out Lower Level
  • Stunning Lake Views, Lushly Landscaped Gardens, Pool and Patio

Offered at $1,895,000
6225 Stonegate Lane

• Charming Home and Carriage House Set on 1.83 Tranquil Acres with Meandering Creek
  • 5BR/5BA, Wood Flooring, Custom Baths and Kitchen, Screened Porch
  • Carriage House Features Private Lofted Upper Area, Kitchenette, Bath, 5-Bay Garage

Offered at $749,000
645 Bloor Lane

• Artfully Designed Custom Home on 4.25 Lovely Wooded Acres
  • Handsome Paneled Library, 6BR/5BA, Office, Main Floor Master
  • Fabulous Lower Level with Full Kitchen, Craft, and Recreation Rooms

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Delegates to the State Convention, September 16-18, 2011, J.W. Marriott Hotel

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Mary D. Bush (2011)  
G. Gregory Clark (2011)  
Carolyn A. Cunningham (2011)  
David R. Diaz (2011)  
Jonathan A. Fisch (2011)  
Richard K. Freeman (2011)  
Bruce M. Goens (2011)  
Hudner Hobbs (2011)  
Robert M. Huricz (2011)  
Paul D. Isenberg (2011)  
Marc R. Kappelman (2011)  
Alan P. Ladd (2011)  
Daniel E. Lehman (2011)  
Mary Jan McAteer (2011)  
Clement J. McDonald III (2011)  
James D. Miner (2011)  
Maria C. Poor (2011)  
Richard H. Rhodes (2011)  
Linda Feiwell Abels (2012)  
Christopher D. Bojrab (2012)  
Kathy S. Clark (2012)  
John C. Ellis (2012)  
Alan R. Gillespie (2012)  
Robert J. Goulet, Jr. (2012)  
C. William Hanke (2012)  
Gerald T. Keener, Jr. (2012)  
David H. Moore (2012)  
Robert Michael Pearce (2012)  
J. Scott Pittman (2012)  
Bridge M. Sanders (2012)  
John F. Schafer, Jr. (2012)  
H. Jeffery Whitaker (2012)  
Linda Feiwell Abels (2012)  
Christopher D. Bojrab (2012)  
Kathy S. Clark (2012)  
John C. Ellis (2012)  
Alan R. Gillespie (2012)  
Robert J. Goulet, Jr. (2012)  
C. William Hanke (2012)  
Gerald T. Keener, Jr. (2012)  
David H. Moore (2012)  
Robert Michael Pearce (2012)  
J. Scott Pittman (2012)  
Bridge M. Sanders (2012)  
John F. Schafer, Jr. (2012)  
H. Jeffery Whitaker (2012)  
Anne C. Clark (2013)  
Steven A. Clark (2013)  
David C. Hall (2013)  
Ronda A. Hamaker (2013)  
Stephen R. Klapper (2013)  
Peter M. Knapp, Jr. (2013)  
Susan M. Maisel (2013)  
David M. Mandelbaum (2013)  
John P. McGoff (2013)  
Tim E. Taber (2013)  
John J. Wernert (2013)

Alternate Delegates to the State Convention, September 16-18, 2011, J.W. Marriott Hotel

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Keenan R. Berghoff (2011)  
Christopher B. Doehring (2011)  
Thomas G. Ferry (2011)  
Ann Marie Hake (2011)  
Robert E. Holt (2011)  
Douglas J. Horton (2011)  
E. Michael Keating (2011)  
Ramana S. Moorthy (2011)  
Michelle W. Murphy (2011)  
Mercy O. Obeme (2011)  
Rudolph Y. Rouhana (2011)  
Lynda A. Smirz (2011)  
Allison E. Williams (2011)  
Nancy R. Baird (2012)  
Jennifer J. Bucki (2012)  
Stephen R. Dunlop (2012)  
John Duplantier (2012)  
Robert S. Flint (2012)  
Norrisa N. Howard (2012)  
Mark U. Kyker (2012)  
Terry L. Layman (2012)  
Patrick J. Lottin (2012)  
Mark R. Ogle (2012)  
Terri A. Pellow (2012)  
David M. Ratzman (2012)  
Jeffrey M. Rothenberg (2012)  
Benta E. Samuel (2012)  
Steven Richard Smith (2012)  
Abideen Yekini (2012)  
Robert J. Alonso (2013)  
David S. Batt (2013)  
Daniel J. Beckman (2013)  
Craig S. Cieciura (2013)  
Marc E. Duerden (2013)  
Brian W. Haag (2013)  
Mark M. Hamilton (2013)  
Andrew A. Johnstone (2013)  
Jeffrey J. Kellams (2013)  
Frank P. Lloyd, Jr. (2013)  
Andrew L. Morrison (2013)  
David L. Patterson (2013)  
Kenny E. Stall (2013)  
Ronald L. Young, II (2013)  

Indianapolis Medical Society
Officers 2010-2011

Jeffrey J. Kellams .................................. President  
Richard H. Rhodes.............................. President-Elect  
John C. Ellis ............................... Immediate Past President  
Mark M. Hamilton......................... Secretary/Treasurer

Board of Directors 2010-2011

Terms End with October Board Meeting of Year in Parentheses
Bruce M. Goens (2011) Chair, David R. Díaz (2011) Vice-Chair

Christopher D. Bojrab (2011)  
Marc E. Duerden (2011)  
Bernard J. Emkes (2011)  
Paula A. Hall (2011)  
Gerald T. Keener, Jr. (2011)  
John E. Krol (2011)  
Gregory N. Larkin (2011)  
Susan K. Maisel (2011)  
John F. Schafer, Jr. (2011)  
Mary D. Bush (2012)  
Heidi M. Dunnaway (2012)  
Robert J. Goulet, Jr. (2012)  
David C. Hall (2012)  
Marc R. Kappelman (2012)  
Jon D. Marhenke (2012)  
Anthony W. Mims (2012)  
Stephen W. Perkins (2012)  
Bridget M. Sanders (2012)  
Linda Feiwell Abels (2013)  
Richard D. Feldman (2013)  
Ronda A. Hamaker (2013)  
Stephen R. Klapper (2013)  
John P. McGoff (2013)  
J. Mark Michael (2013)  
David H. Moore (2013)  
Barbara K. Siwy (2013)  
Michael T. Stack (2013)  
Tim E. Taber (2013)  
John A. Wernert (2013)  

Delegates to the State Convention, September 16-18, 2011, J.W. Marriott Hotel

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Indianapolis Medical Society
Past Presidents
Jon D. Marhenke 2007-2008  
Bernard J. Emkes, 2000-2001  
Peter L. Winters, 1997-1998  
William H. Beeson, 1992-1993  
George H. Rawls, 1989-1990  
George T. Lukemeyer, 1983-1984  
Alvin J. Haley, 1980-1981
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How did you get started in the IMS and why a leadership position?
When I got out of school I joined, but I never really became involved. Today the leadership of the Society is trying very hard to get young doctors involved. I don't know how we can best do it, but we need to do it now. When I was young and attended Medical Society meetings, all you saw were the very old physicians … and thought oh, dear … old docs. We need to change that … we need to bring in new faces.

When you join and participate, you see that your problems are not unique. That is one thing doctors are missing. We don't talk a lot to each other.

Because of insurance and patient work, all physicians are trying hard to earn a living. I don't think we share some of our problems and our concerns. I think that the Medical Society gives us a chance to see other people, talk and discuss and let others know that we can make a difference. We work so much, we try so hard as physicians to get our voices out and the government seems to turn a deaf ear to us. I am hoping that it is going to get better. That we are going to get back to basics … where doctors can be doctors. I don't know that I will ever see that in my lifetime.

What are the challenges you see for helping physicians become involved in the IMS?
We need to have younger faces and get them more involved while in medical school. We need to talk with the young physicians. We need to involve ourselves more with medical students, perhaps, a mentoring program before they get into residency. If members of the Society could be matched with the medical students that would be great. Someone they can call and talk to … someone that will listen … someone to ask “what would you do?” We need to show that we are family in a way. We are concerned. That would really help to involve more young people. I know that by being involved I’m getting a cross-section of other specialties which helps me to see a more accurate view of the problems in the healthcare system.

What other goals do you have for the Society besides getting young people involved?
I think we have to get bigger … we have to have more members in this organization. I think sometimes that physicians just don’t know what we do … we have to tell them.

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1st Row Standing
Hillary Wu, M.D., Ph.D.
Madelaine Sgroi, D.O.
Melody Sands, APRN-BC
Danielle Doyle, M.D.
G. Irene Minor, M.D.
Tracy Price, M.D.
Elsayed Aly, M.D.

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Sead Beganovic, M.D., Ph.D.
Harold Longe, M.D.
Thomas Whittaker, M.D.
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President’s Page

(Continued from page 7)
came to be known as the Pest House and by the time of the Civil War this structure was serving both Union and Confederate soldiers. In 1887 the first ambulances began making runs. In 1909 the IU School of Medicine opened and started its long-standing relationship with Wishard. In 1914 a brick structure arose and the addition of multiple other buildings ensued. The campus has evolved over the years into a conglomerate of multiple buildings and interconnections.

Wishard has a long history of “firsts.” Wishard was the first hospital to teach African-American interns and residents and RNs and was the first to hire African-American physicians. It had the first burn center in the state in 1977 and the first Level I Trauma Center in the state in 1992. It is also noted along with the Regenstrief Institute to have developed the first electronic medical record in the country. Another first for the hospital will consist of a “Sky Farm” on the top of the new hospital. Here, vegetables will be grown on what will be the first “farm” on the top of a hospital roof anywhere in the country.

The land around The New Wishard is also taking on a new appearance. Obviously, the old Carter Hospital is gone as The New Wishard grows in its place. To the south along Michigan Street the State Board of Health Building has been demolished and soon to be raised is the old Student Union Building. Thus, a wide swath of land from Michigan Street north to 10th Street and from Riley Hospital west to the VA Hospital has now been opened for development. The current Wishard Hospital area will transfer to Indiana University where after more demolition further research buildings are expected to appear.

From Pest House to City Hospital to Marion County General Hospital to Wishard Memorial Hospital the journey continues. How fortunate the citizens of Indianapolis have been to have had a friend such as Wishard. Miracles such as a new Wishard do not just happen however. Foresight, planning, and wise projection of Indianapolis medical needs have come together with the work of city fathers and hospital staff to make a new Wishard possible so that the needs of patients of all races, creeds, religions, and economic backgrounds can be met. To this end the Wishard Foundation is in the midst of a campaign to encourage philanthropic support for the new facility and may be reviewed in more detail at WishardFoundation.org. You may also discover more about The New Wishard at TheNewWishard.org. Accept the challenge and invest in The New Wishard and the future health of Indianapolis.
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