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Bulletin

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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.

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.

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about our cover



"Happy 2010!"

These beautiful photographs of Jenny Lake were taken by IMS Past President, Bernard J. Emkes, MD.

We appreciate Dr. Emke's generosity in allowing the Indianapolis Medical Society to use his wonderful photography.

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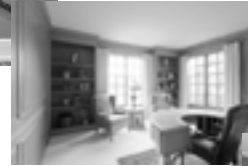
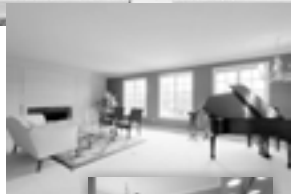
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Reflections on President's Page by Irvin W. Wilkens, MD, November 1959

*As the debate rages on healthcare and healthcare reform, I thought it would be interesting to review what physicians were thinking over 50 years ago ... Here is a reprint from the **IMS Bulletin**, November 1959 by Irvin W. Wilkens, MD.*

"Most of the complaints about medicine today are centered about the cost of medical care. Granted that medical costs, like all other costs, have risen in the past few years, the fact is that they have not increased in proportion to the rise of practically all other activities.

Every physician has been confronted with the statement, "All the doctors are sure getting rich." Yes, doctors are rich ... rich in the tradition of American medicine, rich in the unselfish service and rich in maintaining high standards of medical care, with the monetary aspect as the secondary phase.

Statistics show that living costs have increased 90% in the past 20 years while medical costs have increased only 65% in the same period. The average weekly scale has sky-rocketed to an increase of 165% while physicians' fees have climbed only 48%. As a result the average person works only 60% as long today to pay for the same amount of medical service. Part of this has been due to new techniques, new drugs and better facilities for earlier diagnoses and better treatment resulting in shorter periods of illness and reduced hospital stays. As a result, the total medical bill for many illnesses is actually less than it was 15 years ago.

It is the responsibility of every physician to have a definite understanding with the patient as to medical costs. Often the bill considered to be "too high" is a result of improper explanation on the part of the physician. Whenever possible, the physician should frankly discuss fees in advance with his patients.

Doctors have traditionally shied away from financial discussions, feeling that such talks were unprofessional. The physician who thinks he soothes his patient by saying, "Don't worry about money, just concentrate on getting well," is side stepping his responsibilities.

Explanations of medical costs should extend beyond the doctor's own charges. For example, if a patient is to undergo surgery, the doctor should explain the costs of the operation; the anesthetist's and radiologist's charges, laboratory fees and the approximate hospital bill as well as his own.

Anyone who has been a member of the Grievance Committee can readily understand the above statement. Most patients do not object to fair, understandable charges, but they do object to unexplained, unexpected charges. It's up to America's doctors to sweep away the many misconceptions about medical fees and medical economics; this is truly a good public relations practice.

The following are offered as aids in this endeavor:

1. Performing expensive tests only as necessary
2. Prescribing low cost drugs rather than high cost items when possible.
3. Prescribing items only in quantities needed.
4. Recommending office calls rather than house or hospital calls, if such procedure is clearly warranted.
5. Reducing unnecessary office visits by using telephone follow-ups.
6. Using hospitals only when necessary.

It is the doctor's job to promote voluntary health insurance plans and to co-operate with the patient and the insurance people to the best of his ability.

Opponents of the American Medical System promote false impressions about medical economics, stressing the idea that doctors are rolling in money, driving expensive cars, living in lavish homes; in other words getting rich at their patients' expense.

These then are some ways in which, a physician can reduce complaints and misunderstanding about medical costs. Remember:

1. Always discuss fees in advance with patients to eliminate misunderstandings before they become serious.
2. Help patients reduce medical costs whenever possible.
3. Dispel false impressions about medical economics arising from "conspicuous consumption."

Dr. Wilkens' advice still rings true today. Let us hope we physicians and our nation's leaders make wise choices in the next 50 years so that when others look back, they can reflect on the remarkable achievements of medicine and the health of our fellow citizens, and can do so without such a divisive debate over payments and politics.

I feel certain we'll still be debating dollars, perhaps in another way not yet envisioned.

“An MD’s perspective of what is wrong and right with our nation’s medical system.”

Written by Dr. Thomas A. Doyle, a specialist in Emergency Medicine who practices in Sewickley, PA (tomdoy@aol.com). Dr. Doyle granted permission to reprint without hesitation.

Emergency departments are distilleries that boil complex blends of trauma, stress and emotion down to the essence of immediacy: What needs to be done, right now, to fix the problem. Working the past 20 years in such environments has shown me with great clarity what is wrong (and right) with our nation’s medical system.

It’s obvious to me that despite all the furor and rancor, what is being debated in Washington currently is not health-care reform. It’s only health-care insurance reform. It addresses the undeniably important issues of who is going to pay and how, but completely misses the point of why.

Health care costs too much in our country because we deliver too much health care. We deliver too much because we demand too much. And we demand it for all the wrong reasons. We’re turning into a nation of anxious wimps.

I still love my job; very few things are as emotionally rewarding as relieving true pain and suffering, sharing compassionate care and actually saving lives. Illness and injury will always require the best efforts our medical system can provide. But Emergency Departments nationwide are being overwhelmed by the non-emergent, and doctors in general are asked to treat what doesn’t need treatment.

In a single, night I had patients come in to our Emergency Department, most brought by ambulance, for the following complaints: I smoked marijuana and got dizzy; I got stung by a bee and it hurts; I got drunk and have a hangover; I sat out in the sun and got sunburned; I ate Mexican food and threw up; I picked my nose and it bled, but now it stopped; I just had sex and want to know if I’m pregnant.

Since all my colleagues and I have worked our shifts while suffering from worse symptoms than these (well, not the marijuana, I hope); we have understandably lost some of our natural empathy for such patients. When working with a cold, flu or headache, I often feel I am like one of those cute little animal signs in amusement parks that say “You must be taller than me to ride this ride;” only mine should read: “You must be sicker than me to come to our Emergency Department.” You’d be surprised how many patients wouldn’t qualify.

At a time when we have an unprecedented obsession with health (Dr. Oz, “The Doctors,” Oprah and a host

of daytime talk shows make the smallest issues seem like apocalyptic pandemics), we have substandard national wellness. This is largely because the media focuses on the exotic and the sensational and ignores the mundane.

Our society has warped our perception of true risk. We are taught to fear vaccinations, mold, shark attacks, airplanes and breast implants when we really should worry about smoking, drug abuse, obesity, cars and basic hygiene. If you go by pharmaceutical advertisement budgets, our most critical health needs are to have sex and fall asleep.

Somehow we have developed an expectation that our health should always be perfect, and if it isn’t, there should be a pill to fix it. With every ache and snuffle we run to the doctor or purchase useless quackery such as the dietary supplement Airborne or homeopathic cures (to the tune of tens of billions of dollars a year). We demand unnecessary diagnostic testing, narcotics for bruises and sprains, antibiotics for our viruses (which do absolutely no good). And due to time constraints on physicians, fear of lawsuits, and the pressure to keep patients satisfied, we usually get them.

Yet the great secret of medicine is that almost everything we see will get better (or worse) no matter how we treat it. Usually better.

The human body is exquisitely talented at healing. If bodies didn’t heal by themselves, we’d be up the creek. Even in an intensive care unit, with our most advanced techniques applied, all we’re really doing is optimizing the conditions under which natural healing can occur. We give oxygen and fluids in the right proportions, raise or lower the blood pressure as needed and allow the natural healing mechanisms time to do their work. It’s as if you could put your car in the service garage, make sure you give it plenty of gas, oil and brake fluid and that transmission should fix itself in no time.

The bottom line is that most conditions are self-limited. This doesn’t mesh well with our immediate-gratification, instant-action society. But usually that bronchitis or back ache or poison ivy or stomach flu just needs time to get better. Take two aspirin and call me in the morning wasn’t your doctor being lazy in the middle of the night; it was sound medical practice. As a wise pediatrician colleague of mine once told me, “Our best medicines are Tincture of Time and Elixir of Neglect.” Taking drugs for things that go away on their own is rarely helpful and often harmful.

We’ve become a nation of hypochondriacs. Every sneeze is swine flu, every headache a tumor. And at

Continued on page 14.



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Bulletin Board

Vincent P. Mathews, MD, NWR President/CEO and Neuroradiologist, presented a lecture on Imaging of the Central Nervous System Infections at the Radiological Society of North America annual meeting in Chicago, Illinois on December 1, 2009. The presentation used an audience response system allowing attendees to respond to questions during the lecture. The presentation was accredited by the American Board of Radiology as a self-assessment module for radiologist' ongoing maintenance of certification.

Eric M. Horn, MD, PhD, Assistant Professor of Neurosurgery and Director of Spinal Neurosurgery at IU School of Medicine, was the lead author of a study appearing in the September issue of the *Journal of Neurosurgery Spine* entitled "Biomechanics of C7 transfacet screw fixation." He also co-authored a research paper in the November issue of the *Journal of Neurosurgery Pediatrics* entitled "Circumferential fixation of a cervical spine injury in a child with craniofacial miniplates." In addition, he presented two research papers about the effects of immunosuppression on spine fusion at the October meeting of the Congress of Neurological Surgeons in New Orleans.

Rick C. Sasso, MD, Indiana Spine Group, published an article, "Occipitocervical Fusion Using Contoured Rods and Medial Offset Connectors: Description of a New Technique," in the October issue of the journal, *Orthopaedics*.

Dr. Sasso was featured in a surgical skills CME course DVD for home study, which was produced by the American Academy of Orthopaedic Surgeons (AAOS). The course is "Spine Surgery: Evolving Applications and Techniques." He also taught the surgical demonstration on lumbar disc replacement.

Dr. Sasso was the course director at the American Academy of Orthopaedic Surgeons/Cervical Spine Research Society Joint Hands-On Cadaveric Spine Course, "Contemporary Techniques in Spine Surgery 2009," held at the Orthopaedic Learning Center in Rosemont, Illinois. He also lectured on Lumbar Microdiscectomy Techniques and Techniques for Artificial Cervical Disc Replacement. In addition he taught



Michael D. Fisher, MD



Peter G. Garrett, MD



Eric M. Horn, MD



Vincent P. Mathews, MD



Jeffrey M. Rothenberg, MD



Rick C. Sasso, MD

and gave laboratory demonstrations on Posterior C1-C2 Fusion Techniques, Cervical Artificial Disc Replacement Techniques, Extra Foraminal Lumbar Microdiscectomy Techniques and Translaminar Facet Screw Technique.

Jeffrey M. Rothenberg, MD, MS, Clinical Associate Professor, The Department of Obstetrics & Gynecology, Vice Chair for Faculty Development and Alumni Affairs, Indiana University School of Medicine, was elected Vice President of the Indiana Cord Blood Bank – a new not-for-profit organization, which is a state initiative to collect umbilical cord blood from deliveries in the state for use in research and transplantation.

Dr. Rothenberg, taught a workshop in Denver, Colorado in November at the Annual Meeting of the American Society of Cytopathology, titled, "Clinical Correlates of Gynecologic Cytopathology."

Peter G. Garrett, MD, St. Francis Cancer Center Director and radiation oncologist, and **Michael D. Fisher, MD**, radiologist, St. Francis Breast Cancer Center of Excellence, participated in an informational meeting for the public on the controversial government published study changing the recommendations on mammogram screenings. The meeting was held in December at St. Francis, Indianapolis facility.

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IMS Foundation

Even though this article was written for the Holidays, we feel it expresses cogently the rewards of giving and provides a philosophy we should all take to heart. Let us make this a 2010 Resolution and a habit for life.

When in Doubt - GIVE!

The act of giving is a spiritual principle that never fails to bring rewards. A true gift is one where nothing is expected in return – no thank you notes, no verbal expressions of gratitude, no I owe you's, no belief that the recipient is in our debt.

Giving, in and of itself, is the evidence that we feel blessed. Giving demonstrates our confidence in the future – that we will be OK. Giving suggests that our priorities are in order – that we are focused on what we have rather than what we don't have.

Gifts have many forms: money, possessions, compliments, encouragement, expressions of love, listening, watching, caring, or just being present when someone is in need. The form may relate to our circumstances, but the act of giving suggests that we are the masters of our circumstances.

As this is the season of giving, what are the possibilities for your capacity to give? What do you

have in your closet that hasn't been worn in two years and probably won't be in the foreseeable future? *Give it away.* What do you have in storage "just in case one day we might need it." *Give it away.* What expression of love, or praise, or affirmation have you been meaning to bestow on another? *Give it, give it, give it!*

In this last month of the year many of us are not only amazed once again at how fast time flies, but also that, despite these trying times, we have survived. We may, however, be looking to 2010 as a year when we move into another *thriving* stage of our lives.

Here then is my gift to you for the holiday season. *The seeds of thriving are sown through giving.* Give to your family. Give to your friends. Give to your community. Give to your customers. Give them love, give them support, give them time, and give them great service.

Happy Holidays!

Reprinted with permission from the *David McNally Report - When in Doubt GIVE - Volume 12, Issue 6*

David McNally is the author of ***EVEN EAGLES NEED A PUSH – The Power of Encouragement***

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In Memoriam



Harris B. Shumaker, Jr., MD
1908 - 2009

Harris B Shumacker, Jr., MD, DSc (Hon.), FACS, FRCS (Hon.) died November 13, 2009 in Gladwyne, Pennsylvania. Born May 20th, 1908, in Laurel, Mississippi, he was 101.

A graduate of the University of Tennessee at Chattanooga, Vanderbilt University and Johns Hopkins University, he served in faculty positions at Yale, Johns Hopkins, Indiana University and the Uniformed Services University of the Health Sciences.

One of the pioneers of heart surgery, Dr. Shumacker authored some 600 professional articles and papers, eight books and monographs, and chapters in approximately 40 textbooks. A member of 49 professional societies, often in key leadership positions, Dr. Shumacker advanced the cause of medicine throughout the world. A recent nominee for the Presidential Medal of Freedom, he was still actively writing when he died. An inventor of many of the procedures used routinely to save lives today; he was an expert in such disparate areas as frostbite and the early development of the artificial heart.

Dr. Shumacker served his nation, first as a Lt. Col. in the US Army (1942-1946) and later as Consultant to the Surgeon General, where he was instrumental in putting the first monkey into space. He was a master teacher and visionary, and impacted the lives of thousands.



Keith Richard Ruddell, MD
1917 - 2009

Keith Richard Ruddell, MD, 92, Indianapolis, passed away peacefully at his residence. Dr. Ruddell was born on June 26, 1917 in Indianapolis.

Dr. Ruddell graduated from Cathedral High School, Butler University in 1938 and earned his medical degree from Columbia University College of Physicians & Surgeons in 1942. He interned at General Hospital.

A veteran, he joined the U.S. Army in 1943 and was a Captain serving as a physician and surgeon. Dr. Ruddell completed his fellowship at the Lahey Clinic in Boston, MA and the Crile Clinic in Cleveland, Ohio.

Dr. Ruddell practiced general surgery at Winona Memorial Hospital and Community Hospital. He was honored in 1992 as a member of the 50-Year Club.

To make a memorial contribution to honor a mentor, colleague or friend, please use the IMS Foundation donation form on page 12.

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Robert William Palmer, MD
1922 - 2009

Robert William Palmer, MD, passed away on November 28, 2009 after a brief illness.

Dr. Palmer was born in Tyler, Minnesota and grew up in Waterville, Minnesota. As a youth, he was a talented athlete in football, baseball, basketball, and was a successful Golden Gloves boxer.

When the United States entered World War II, Dr. Palmer enlisted in the Army Air Corps and became a B-24 bomber pilot in the South Pacific. He flew 76 combat missions, became a squadron commander, rose to the rank of Major, and was decorated repeatedly for heroism, including the Distinguished Flying Cross.

After the war, Dr. Palmer enrolled in Macalester College, St. Paul, Minnesota, where he graduated with honors three years later. Dr. Palmer earned his medical degree in 1953 from the University of Rochester, New York. Dr. Palmer interned and completed a residency at Genessee Hospital, Rochester, New York.

Dr. Palmer moved to Indianapolis in 1956, where he became chief resident physician at Methodist Hospital. He entered private practice as an internist in 1960 and retired in 2003 after 50 years in the practice of medicine, though he continued to serve as staff physician for Meals on Wheels.

Dr. Palmer was affiliated with Community Hospital for his entire career, where he served on the board of directors and was one of the founders of the Community Hospital family medicine residency program. He also served as assistant professor of clinical medicine for the Indiana University School of Medicine. He was elected to the Fellowship of Distinguished Physicians of Community Hospital in 1991. Dr. Palmer was active in many civic and charitable causes and served the IMS for many years on the Membership and Physician Assistance Peer Review Committees.

IMS

The Great Debate

(continued from page 8.)

great expense, we deliver fantastically prompt, thorough and largely unnecessary care.

There is tremendous financial pressure on physicians to keep patients happy. But unlike business, in medicine the customer isn't always right. Sometimes a doctor needs to show tough love and deny patients the quick fix.

A good physician needs to have the guts to stand up to people and tell them that their baby gets ear infections because they smoke cigarettes. That it's time to admit they are alcoholics. That they need to suck it up and deal with discomfort because narcotics will just make everything worse. That what's really wrong with them is that they are just too damned fat. Unfortunately, this type of advice rarely leads to high patient satisfaction scores.

Modern medicine is a blessing which improves all our lives. But until we start educating the general populace about what really affects health and what a doctor is capable (and more importantly, incapable) of fixing, we will continue to waste a large portion of our health-care dollar on treatments which just don't make any difference.

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Steven Levine, MD



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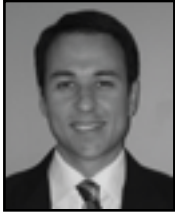
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Project Health

Carrie Jackson Logsdon, Director

Thank you, Pablo M. Bedano, MD



Project Health is honoring Pablo M. Bedano, MD, of Community Hospital Oncology Physicians as January's volunteer doctor of the month. Dr. Bedano grew up in Argentina in a city of about 150,000 that he says is very similar to Indianapolis – except everything is very Western in nature.

He says it has a very cold climate. His grandfather was an urologist and Dr. Bedano credits him with being his biggest mentor. He knew that he wanted to become a doctor by the time he entered high school. Dr. Bedano was the only child in his family. His mother was an historian and his father an agronomist and they set very high expectations for him early in life. He graduated with Distinction from the National University of Cordoba in Argentina and came to study medicine here at Indiana University. "I came here because I knew the I.U. School of Medicine was top notch. The professors were great. I noticed in medical school that things were getting better and better in cancer treatment, and I was able to do research on small cell lung cancer as well." He completed his internship, residency, Master of Science, and fellowship in Hematology-Oncology all at I.U. He is married with a one-year-old daughter.

In 2007 Dr. Bedano left the microscope behind and joined the private practice with Sumeet Bhatia, MD, and William Dugan, Jr., MD. "I wanted to care for people. I like the human aspect of being in touch with the patients who have chronic illnesses. "These people need emotional support as well as an excellent medical team. There is also rapid development in the treatment of cancer and it is a challenge."

He regrets that Project Health patients come to him with advanced stages of cancer. "I realize that Project


Health patients are different. They are mostly middle class patients who don't have insurance and can't afford treatment costs. That's why they wait, and then it is harder to treat them. If they would come in sooner we would have much better outcomes." He says Medicaid patients are on disability or they are indigent. "They have better access to health care, come in the office in the earlier stages of cancer that is easier to treat. Still they are the heaviest users of health care."

When asked about the perception that more and more people are developing cancer, Dr. Bedano said, "people are living longer thus their odds are greater, but people are also living longer with cancer because we have much better treatments today. Since 1990 the mortality rate has improved dramatically."

Dr. Bedano says other doctors should strongly consider volunteering for Project Health, "because it's part of our obligation to care for patients who come from all different walks of life, especially those who are poor and shunned."

In his spare time Dr. Bedano likes to read and watch soccer. He admits his enthusiasm for soccer is mainly because he grew up in Argentina. "People tend to live the game passionately – it really gets in your blood."

Project Health is very glad Dr. Bedano decided to come to Indianapolis and join the Indianapolis Medical Society.

And just a reminder, Project Health is in **dire need of funding** with only enough funds left to get through April. They need you now! **Please consider a tax deductible contribution.** If everyone were to donate that would save Project Health, literally! Otherwise we will have to shut Project Health down and four wonderful people will be out a job, needless to mention the patients who still depend on Project Health everyday! Send checks to IMS Foundation/Project Health at 631 East New York Street, Indianapolis, IN 46202. 

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

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 Woodrow A. Corey (2010)
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 Ronald L. Young, II (2010)

Keenan R. Berghoff, (2011)
 Christopher B. Doehring (2011)
 Thomas G. Ferry (2011)
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 Mercy O. Obeime (2011)
 Rudolph Y. Rouhana (2011)
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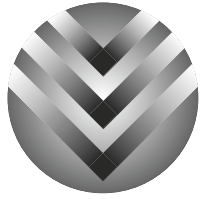
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CME & Conferences

Community Hospitals Indianapolis

Community Hospital East

First Critical Care Conference
Wednesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Second Medical Grand Rounds
Wednesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Community Hospital South

Fourth Medical Grand Rounds
Thursday Conf. Rooms A & B, 7:30 - 8:30 a.m.

Community Hospital North

First Pediatric Grand Rounds
Wednesday Multi Services Rooms 1, 2 and 3,
7250 Clearvista Dr. 7:30 - 8:30 a.m.

First North Forum
Friday Reilly Board Room; 12:00 - 1:00 p.m.

The Indiana Heart Hospital

Third Ken Stanley CV Conference
Wednesday 7-8 a.m., rotate between TIHH and CHE
Every month

Day varies Cath Conference
Every other month 7-8 a.m., TIHH MCV Boardroom

Cancer Conferences 2010

Community Hospital East:

First Cancer Conference East (case presentations)
Tuesday Medical Staff Conf. Room, 12:00 to 1:00 p.m.

Second Chest Conference (site specific-lung)
Wednesday Cancer Registry Conf. Room, 7:00 to 8:00 a.m.

Community Hospital North

Third Cancer Conference North (case presentations)
Wednesday Reilly Board Room, 12:00 - 1:00 p.m.

Third Breast Conference North (site specific-breast)
Friday Reilly Board Room, 12:00 to 1:00 p.m.

Fourth Chest Conference North (site specific-lung)
Wednesday Reilly Board Room, 7:00 to 8:00 a.m.

Community Hospital South

First Breast Conference South (site specific-breast)
Wednesday Center for Women's Health, 8:00 to 9:00 a.m.

Third Cancer Conference South, (case presentations)
Wednesday President's Board Room, 12:00 to 1:00 p.m.

North Cancer Pavilion

Third Melanoma & Cutaneous Skin Cancer Tumor Conf.
Wednesday Pavilion Conf. Room, 7:30 to 8:30 a.m.

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

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Wed., 8-9am Pathology Lab

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Jan. 23 Practical Pearls for General &
Community Pediatrics 2010
Riley Outpatient Center, Indianapolis, Indiana

Jan. 30 Review and Interpretation of the
2009 San Antonio Breast Cancer Symposium
IUPUI Campus Center, Indianapolis

Feb. 26 33rd Arthur B. Richter Conference: Stress Response
Syndromes in Children & Adolescents
The Ritz-Charles, Carmel

May 14 13th Annual IU Gastroenterology/Hepatology Update
Indiana History Center, Indianapolis

May 19-20 45th Annual Riley Hospital for Children
Pediatric Conference
Crowne Plaza Hotel, Indianapolis, Indiana

June 3-4 Garceau-Wray 2010
University Place Conference Center
Indianapolis, Indiana

July 16 Review and Interpretation of the
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Meetings & Events

Indianapolis Medical Society

January

- 19 Executive Committee, Society, 6:30 p.m., Sandwiches
- 20 ISMA BOT, in conjunction with Medicine Day 1:30 p.m.
- 20 Medicine Day 2010, Indiana Statehouse

February

- 2 IMS Board, Society, 6:00 p.m., Social; 6:30 p.m., Dnr/Mtg.
- 16 Executive Committee, Society, 6:30 p.m., Sandwiches;
Activate Nominating Committee @ this EC Mtg.

March

- 1-13 **Pitch-in for Project Health**
On-line auction (www.cmarket.com) to raise funds for Project Health. Sponsored by Channel 13
- 2 AMA President's Forum Grand Hyatt, Washington, DC (Pres & Pres-Elect) precedes Advocacy Conf.
- 2-3 National Advocacy Conference, Washington, DC
- 11 Senior/Inactive Luncheon Meeting, Noon, Society, Speaker TBD
- 16 Executive Committee, Society, 6:00 p.m., Sandwiches. Nominating Committee following EC.
- 30 **Happy Doctor's Day!**

April

- 18 Alliance Delivery of Roses & Candy – Staff Appreciation Week (Administrative Professional's Day, Monday, April 18)
- 20 Executive Committee, Society, 6:00 p.m., In Combination with IMS Board Meeting
- 20 IMS Board, Society, 6:00 p.m., Social; 6:30 p.m., Dnr/Mtg.

May

- 1 Alliance Scholarship Deadline
- 18 Executive Committee, Society, 6:00 p.m., Sandwiches
- 23 IMS Advisory Breakfast, 7:30 a.m. ... prior to BOT
- 23 ISMA BOT, 9:00 a.m., ISMA Headquarters
- TBA MSE Board Meeting, Society, 6:15 p.m., Sandwiches

June

- 1 IMS Board, Society, 6:00 p.m., Social; 6:30 p.m., Dnr/Mtg.
- 9 Senior/Inactive Luncheon Meeting, Noon, Society
- 12-16 AMA House of Delegates Annual Meeting, Chicago, IL
- 15 Executive Committee, Society, 6:00 p.m., Sandwiches
- TBD Alliance – Scholarship Interviews
- TBD Project Health Board Meeting, Society, 6:00 p.m., Light Meal

July

- 20 Executive Committee, Society, 6:00 p.m., Sandwiches

August

- 3 IMS Board, Society, 6:00 p.m., Social; 6:30 p.m., Dnr/Mtg.
- 17 Executive Committee, Society, 6:00 p.m., Sandwiches

September

- 8 Senior/Inactive Luncheon Meeting, Noon, Society
- 21 Executive Committee, Society, 6:00 p.m., Sandwiches
- 24 ISMA Board of Trustees, 12:30 p.m., **Downtown Hyatt**
- 24-26 **ISMA Convention, Downtown Hyatt**

October

- 5 IMS Board, Society, 6:00 P.m., Social; 6:30 p.m., Dnr/Mtg.
- 19 Executive Committee, Society, 6:00 p.m., Sandwiches

November

- 6-9 AMA Interim, San Diego, CA
- 14 IMS Advisory Breakfast, 7:30 a.m. ...prior to ISMA BOT
- 14 ISMA Board of Trustees, 9:00 a.m., state headquarters
- 16 Executive Committee, Society, 6:00 p.m., Sandwiches

December

- 1 Senior/Inactive Luncheon Meeting, Noon, Society TBD
- 7 IMS Board, Society, 6:00 P.m., Social; 6:30 p.m., Dnr/Mtg.
- 14 Executive Committee Dinner, with Spouses/Guests

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