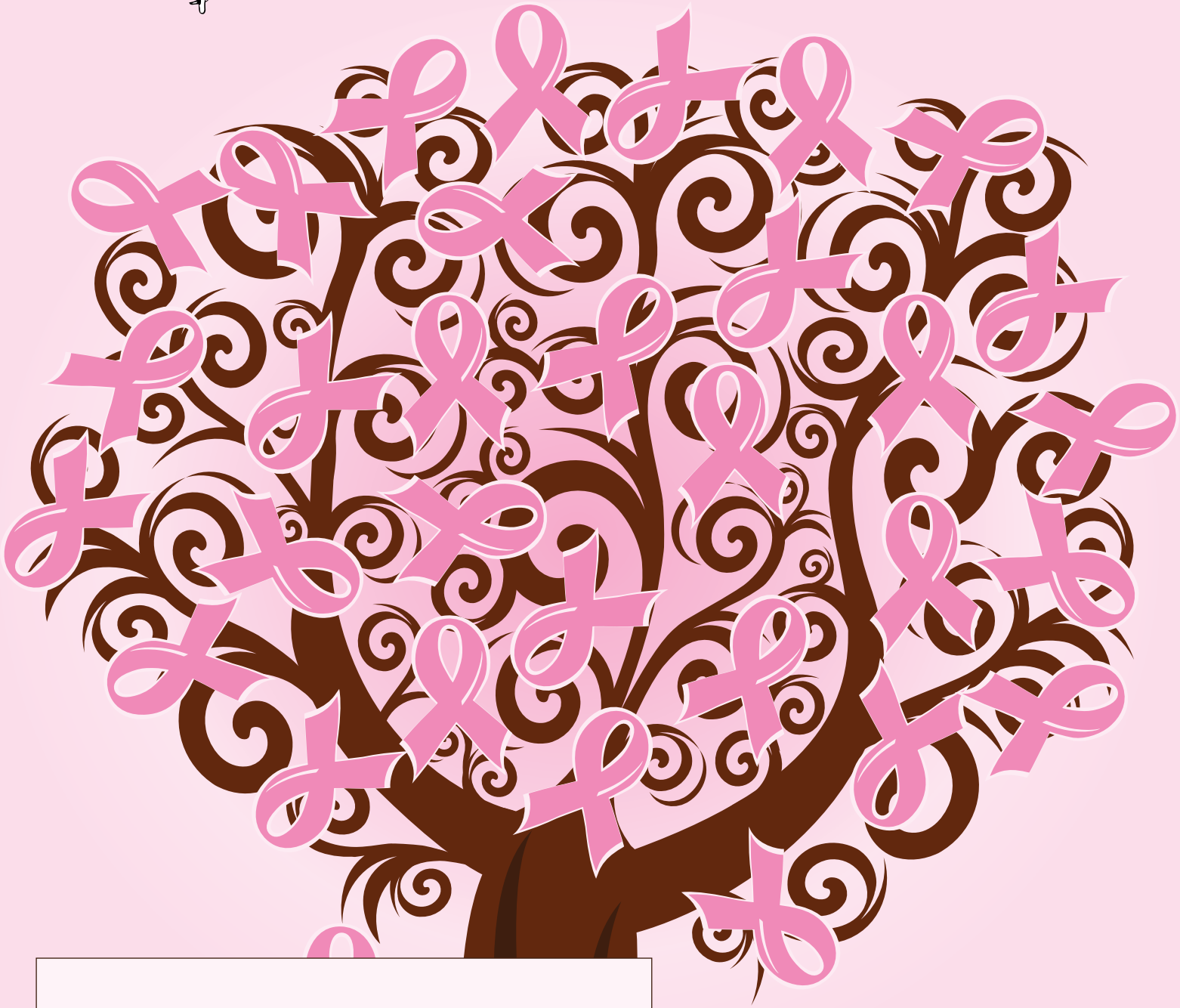


**IMS**  
Indianapolis  
Medical Society  
1848

Volume XCXIV • Number 2  
October 2017 • Indianapolis, Indiana

# Bulletin



**October is National Breast  
Cancer Awareness Month.**

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# JWM NEUROLOGY WELCOMES KOFI QUIST, MD AND RICHARD HUSSEY, MD TO OUR PEDIATRIC NEUROLOGY TEAM



KEITH RIDEL, MD



KOFI QUIST, MD



RICHARD HUSSEY, MD



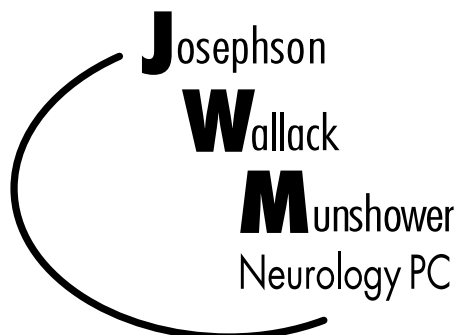
JENNIFER IRWIN, PA-C

---

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October 2017 • Indianapolis

# Bulletin

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Mary Ian McAteer, MD

President-Elect  
C. William Hanke, MD

Direct copy for publication and inquiries regarding advertising to:

Executive Vice President and  
Editor, *The IMS Bulletin*  
Beverly Hurt

*The Bulletin* invites news from and about members of the Indianapolis Medical Society. Copy deadline: First of the month preceding month of publication.

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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](mailto: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.

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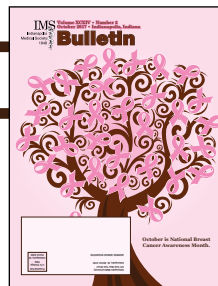
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### about our cover

*The Breast Cancer Pink Ribbon Tree observes October as **National Breast Cancer Awareness Month**. While most people are aware of breast cancer, many fail to follow through on the necessary steps to detect the disease early. We encourage you to be proactive about minimizing your risk for all cancers. Credit: ©Trina - Can Stock Photo Inc.*

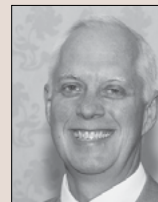
## CONGRATULATIONS!

**John P. McGoff, MD, IMS**  
Past President, was inaugurated as President of Indiana State Medical Association!



John P. McGoff, MD

**Marc E. Duerden, MD, IMS**  
Past President, was re-elected as ISMA Treasurer during the ISMA's Annual Meeting, September 16th, 2017.



Marc E. Duerden, MD

Doctors McGoff and Duerden were sworn in during the ISMA's Annual Meeting, September 16th, 2017, at the Sheraton Keystone.

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# President's Page *Mary Ian McAteer, MD*

## *Let us add our voices*

For me, one of the most satisfying things about being a doctor is developing quality relationships with my patients. I love getting to know my patient

and their family, helping them by using the science of medicine to formulate solutions to their questions and problems. In the current storm of health care debate and changes, we need to include our patients' voices with ours to maintain the good things about practicing medicine.

As a general pediatrician, my relationship with my patient is first dependent upon a relationship with parents. Let me tell you about baby Emma, an otherwise healthy child who screamed non-stop during every well baby visit. As a toddler, she began crying when her parent's car turned into the parking lot. She ratcheted up to all out shrieking when they entered the office. Emma did not stop until the appointment was long over. Her mom let me know that little Emma would play Doctor Mary at home, wearing her toy stethoscope around her neck like I do, addressing her "patients" with a touch that gave away how much she had observed during her exams with me. Eventually, Emma grew out of this behavior and the nature of her visits changed. As she grew older, Emma assumed more of an active role, aided by support from her parents, and eventually came to appointments by herself. Our rocky start developed into a long relationship that continued through her graduate school years. We benefited from the grace of her family, giving us plenty of chances to grow together into a rewarding relationship.

This is just one example of how important it is to create and maintain meaningful relationships. One way to advocate for our relationships is to explore adopting the medical home model for practicing medicine. Holistically serving patients is its primary goal. With the patient/physician relationship at its center, health care is approached as a team. Studies have shown that care within a medical home results in better outcomes, higher patient and provider satisfaction, and more cost-effective care. Many different stakeholders are looking at developing the medical home model to achieve these results. But the feeling that forcing doctors to function in

teams may detract from the ability to work within our all-important meaningful relationship will need monitoring. It is important to involve patients and physicians in the design of the structure and processes needed to serve them best.

Let us add our voices, invite our patients to share their stories, to maintain our great relationships. I invite you to share with me a vignette from your personal experience about the patient/physician relationship or your efforts to practice within a medical home.

*Continued on page 9*

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# Special Feature

## Dear Insurance Doctor: You are not my Peer

*Rick Boulay, MD | Physician | September 1, 2017. Rick Boulay is a gynecologic oncologist who blogs at Journey Through Cancer. Article gleaned from KEVINMD.COM*

I am a gynecologic-oncologist. I work in the high-stakes realm of cancer care. I strategize complex treatment plans involving surgery, radiation, chemotherapy and the newer biological agents to treat the myriad of disease that we call collectively “cancer.” Cure — or at least control — requires urgent and timely administration of these modalities along with various imaging or blood work to assure that the treatment prescribed is effective. I love my job as each day; I am privy to observing the resiliency and grace from those of whom I am fortunate enough to care. Oncology remains a profoundly rewarding profession.

But the care I provide comes at a cost. In addition to the human toll the prescribed therapy takes out of the patient and her family, there is, of course, a financial burden. Chemotherapy can cost tens of thousands of dollars per month and imaging, such as a PET scan can cost upwards of five thousand dollars per test. In efforts to control cost, insurance companies have implemented numerous policies to reduce the number of what they consider to be “nonindicated” tests. My favorite — yes, I’m being facetious — is the peer-to-peer consultation.

Most patients are unaware of this, but your physician is likely your biggest advocate when it comes to getting your care covered. At least weekly, and occasionally daily, insurance companies deny payment for some cancer treatment that I prescribe. In my career, I cannot think of a single aspect of the cancer care continuum that hasn’t been denied: surgery, chemotherapy (I once had to cancel a patient’s scheduled chemotherapy which was both effective and well tolerated, three months into treatment due to an insurance company refusing to pay for more treatment. They also wanted their money back for the three previous treatments. In the end, they covered the service), consultations to other medical professionals such as genetics and physical therapy, medications to cover chemo induced nausea, imaging such as CT scans and PET scans. Oh and this is a good one — back billing of a patient’s estate for the three grand after she died, for a test to see if the chemo would be effective. It was not.

As expected, as the cost is so high, denial of payment equates to a denial of service. After a series of denials and re-requests, which can delay treatment for weeks, the final step in the process of getting the service paid for is the “peer to peer consultation.”

In the peer-to-peer consultation, Peer 1 — that sounds too much like a store, so let’s say Peer A — the insurance company physician, almost never trained in oncology and Peer B (me) discuss, by phone, the medical scenario of the patient and why she is in need of the previously denied, prescribed service. It may go something like this (in fact, this one happened last month):

Peer A – Insurance doc: (matter of factly) “I’ve reviewed your patient’s case and see that you would like the denial of services for her PET Scan overturned. Is that right?”

Peer B – Me: (pleasant, business casual) “Yes that’s right. Let me tell you her story.”

Peer A – Insurance doc: “Sure.”

Peer B – Me: “This patient has a history of recurrent metastatic cervical cancer. She is presently in remission. She was initially treated for stage Ib squamous cell carcinoma with radical surgery. She recurred in the pelvis a year later and was treated with concurrent chemoradiation therapy and was in remission for another year. A PET scan then found two lung lesions. These were NOT seen on a CT scan prior to that. These lung lesions were removed surgically, and she’s been in remission for the past year. I would like to do a PET scan to make sure no small recurrence is present as she is at such high risk having recurred twice already.”

Peer A – Insurance doc: “You said she’s in remission, so there’s no need for a PET scan.”

Peer B – Me: “Her CT from three months ago was normal, but as I mentioned, in the past her CT was falsely negative, and her recurrence was only identified on a PET scan, giving us time to effectively treat her and get her back into remission.”

Peer A – Insurance doc: “Let me check the policy ... Wait, do you know if PET scans are approved for cervical cancer?”

Peer B – Me (now annoyed): “Yes, PET scans are approved for cervical cancer and may have saved the woman’s life. What is your specialty training?”

Peer A – Insurance doc (now annoyed): “I’m board certified in family medicine. Oh, here it is. The policy states that if the CT is positive, then the PET will be covered. So I’ll approve a CT scan.”

Peer B – Me (trying to maintain composure): “I’m board certified in gynecologic oncology. And in oncology school, we review the data to determine the most effective treatment and follow up. Clearly, CT scanning is suboptimal in this patient. She really needs a PET scan.”

**In the end, the PET scan was denied.** I couldn’t convince the insurance doc by scientific reasoning or rational argument, that his circular logic was faulty and the patient may pay with her life for the insurance doc’s inability to look beyond policy. Her CT was approved, performed and was normal for whatever solace that gives us.

I have been doing peer-to-peer consultations for at least five years now. In the past, a discussion of the clinical scenario and available patient data would not infrequently overturn the denial. Not so much now. My approach of educating the insurance physician reviewer to present oncology standard hasn’t changed but is now rarely successful. My tone may have degenerated a bit over time as the frustration of getting care covered has increased. And I wonder aloud, didn’t we have the same degree? Didn’t we have the same training? Didn’t we have the same idealistic view of changing the world one patient at a time? Didn’t we take the same oath that began “primum non nocere” — first do no harm? So, when did our paths diverge? Our values and goals to provide our patients with the utmost in cutting edge and compassionate care, once the same, have strayed. **And although it may have been so in the past, presently I must conclude: Insurance doc, you are not my peer.**



# President's Page

(Continued from page 7)

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Technology makes it easy to get health care when and how you need it. You can reach your doctor through **email**, **video chat**, or after-hour **phone calls**. **Mobile apps** and **electronic resources** help you stay on top of your health and medical history.

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# Bulletin Board

Congratulations to these students and IMS physician members who were inducted into Gold Humanism Honor Society: **David R. Diaz, MD, DFAPA**, Adam Hill, MD, and Richard Schuster, DO.

## *News from Goodman Campbell Brain and Spine...*

**Goodman Campbell Brain and Spine** and the Department of Neurological Surgery at Indiana University School of Medicine hosted its annual Mealey Lecture on August 30 at Goodman Hall Auditorium. Maciej “Matt” Lesniak, MD, was the seventh lecturer of the series named in honor of the late Dr. John Mealey. Dr. Lesniak’s presentation focused on “*Developmental Therapeutics: A Neurosurgeon’s Perspective*,” and he also included a personal tribute to Dr. Mealey as well as bestowed gratitude to mentors who helped pave his career in neurosurgery. Dr. Lesniak is the Michael J. Marchese Professor and Chairman of the Department of Neurosurgery at Northwestern University. His research interests focus on novel targeted therapies for human gliomas, including gene therapy, stem cell biology, immunotherapy, and nanotechnology.

**Mitesh Shah, MD**, and **Charles Kulwin, MD**, presented at The Society of University Neurosurgeons’ 2017 Cape Town, South Africa Meeting that was held July 27–August 3, 2017. They presented an abstract entitled, “Single-institution experience with a novel parafascicular intracerebral hematoma evacuation procedure.” Drs. Shah and Kulwin and their co-authors also recently published new research, “Technology that achieves the Triple Aim: an economic analysis of the BrainPath™ approach in neurosurgery.” The article appeared in *ClinicoEconomics and Outcomes Research* (2017 9:519-523).

**Daniel H. Fulkerson, MD**, and fellow authors were published in the *Journal of Neurosurgery Pediatrics*. The article, “Severe bilateral cerebellar edema from ingestion of ketamine: case report,” appeared on August 15 online ahead of print.

**Chih-Ta Lin, MD**, and co-authors published a new study entitled, “Metastatic angiosarcoma to the brain: case report and review.” The paper can be read in the August issue of *World Neurosurgery*.

## *News from Indiana Spine Group*

**Rick C. Sasso MD**, Indiana Spine Group, was an author on manuscripts recently published in *Global Spine Journal*. One article details a rare complication of cervical spine surgery—Pseudomeningocele. This research comes from 21 different high-volume cervical spine centers in North America selected for their excellence in cervical spine care and clinical research infrastructure and experience.

## *News from JWM Neurology*

**Kofi D. Quist, MD** and **Richard W. Hussey, MD** have joined JWM Neurology as part of its pediatric neurology team.

Dr. Quist is a neurologist with special certification in pediatric neurology. He completed combined residencies in Pediatrics and Internal Medicine at Michigan State University Hurley Medical Center in Flint, MI in 2008. He then completed a Child Neurology Fellowship at The Cleveland Clinic Foundation in Cleveland, OH in 2017. Dr. Quist sees infants, children and teenagers with all types of neurologic conditions and reads EEG and Video EEG testing.

Dr. Hussey is a pediatric neurologist. He completed a Pediatrics Residency at San Antonio Uniformed Services Health Education Consortium in 2003 in San Antonio. He then completed a Child



David R.  
Diaz, MD



Daniel H.  
Fulkerson, MD



Richard W.  
Hussey, MD



Stephen W.  
Perkins, MD



Kofi D.  
Quist, MD



Richard E.  
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Rick C.  
Sasso, MD



Mitesh V.  
Shah, MD

Please submit Bulletin Board Information to Beverly Hurt, IMS EVP, at [bhurt@imsonline.org](mailto:bhurt@imsonline.org) or via fax at (317) 262-5609. Your photo in the IMS files will be used unless an updated picture is submitted with your material.

Neurology Fellowship in 2006 and a Neurophysiology Fellowship in 2011 – both at Walter Reed Medical Center in Bethesda. Dr. Hussey recently served as a Lieutenant Colonel in the United States Army Medical Corps as a staff Child Neurologist/Neurophysiologist. He sees infants, children and teenagers with all types of neurologic conditions and reads EEG and Video EEG testing.

**Stephen W. Perkins, MD**, of Meridian Plastic Surgeons, recently was invited guest faculty at the Mexican Society of Rhinology and Facial Plastic Surgery Annual Meeting in Morelia, Mexico. He presented lectures on the topics of *Successful Endoscopic Brow Lifting*, *Current Techniques of Facelifting*, *Cartilage Sparing Techniques in Rhinoplasty*, and the *Comparison of the Endonasal Approach with the “Open” Approach to Rhinoplasty with Respect to Outcomes and Results*.

## *News from Franciscan*

**Richard Rejer, MD**, is the recipient of the first quarter 2017 Healing Hands Award. He is a member of Franciscan Physician Network Southeast Family Medicine.

With his colleagues and family present, Dr. Rejer recently accepted the award, which recognizes physicians for excellence in clinical skills, patient relations, research, stewardship and their reflection of Franciscan Health’s healthcare ministry, values and mission.

# CME & Conferences

## Community Hospital East

First Wednesday	Critical Care Conference CHE Administrative Conference Room, 12:00 – 1:00 p.m.
Second Tuesday	Medical Grand Rounds CHE Theater, 1:00 – 2:00 p.m.

## Community Hospital North

First Friday	North Forum Reilly Board Room, 7:00 – 8:00 a.m.
First & Third Wednesdays	Psychiatry Grand Rounds 7250 Clearvista Parkway Multi-Service Room, 12:30 – 1:30 p.m.

## Community Heart & Vascular Hospital

First Wednesday of every month	Imaging Conference: rotates Cath & Echo Case Presentation CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.
Second Wednesday of every month	M&M Conference: every other month rotates the Echo & Nuclear Q/A, CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.
Third Wednesday of every month	Ken Stanley CV Conference: rotates Quarterly for CV Quality Data w/Gae Stoops, CHVH 3rd Floor Boardroom w/telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.
Fourth Wednesday of every month	Disease Management Conference: rotates CHF & EP Case Presentations, CHVH 3rd Floor boardroom w/ telepresence to CHV Anderson, CHV East Conference Room (Ste. 420) CHV South Conference Room (Ste. 2400) CHV Kokomo, 7:00 – 8:00 a.m.

## 2017 Cancer Conferences Community Hospital East

Fourth Tuesday	East Multidisciplinary Breast Cancer Conference - CHE Ste. 420, 7:00 to 8:00 a.m.
----------------	--

## Community Hospital North

First & Third Tuesdays	North Multidisciplinary Breast Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550 7:00 to 8:00 a.m.
Second & Fourth Wednesdays	North Multidisciplinary GI/Colorectal Oncology Conference - CHN 8040 Clearvista parkway, Suite 550, 7:00 – 8:00 a.m.
Second Friday	North Multidisciplinary Gynecologic Surgical Oncology Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.
First Wednesday	North Chest Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.
Third Wednesday	Melanoma Cancer Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:30 – 8:30 a.m.
Third Friday	North GU Conference - CHN 8040 Clearvista Parkway, Suite 550, 7:00 – 8:00 a.m.

## Community Hospital South

Second Wednesdays	South Multidisciplinary Breast Cancer Conference - CHS Community Cancer Center South 1440 E. County Line Rd., Community Room, 8:00 – 9:00 a.m.
Second Tuesdays	South General - CHS Community Cancer Center South 1440 E. County Line Rd., Community Room, 12:00 – 1:00 p.m.
Fourth Wednesday	South Thoracic Community Cancer Center South, 1440 E. County Line Rd., Community Room, 8:00 – 9:00 a.m.
Third Tuesdays	South Molecular Community Cancer Center South, 1440 E. County Line Rd., Community Room, 5:00 – 6:00 p.m.
First & Third Fridays	South Case Presentations Hospitalist Office, Ste. 1190 1440 E. County Line Rd., Community Room, 12:00 – 1:00 p.m.

For more information, contact Debbie Wieckert, (317) 274-5193.

## Indiana University School of Medicine/ Indiana University Health

### IU – Methodist – Riley

Online CME Activity	HPV Documentary: Someone You Love: The HPV Epidemic <a href="http://cme.medicine.iu.edu/hpvdocumentary">http://cme.medicine.iu.edu/hpvdocumentary</a>
Oct. 5	Take a Stand Indiana Immunization Coalition Indianapolis Zoo, Dolphin Pavilion
Oct. 6	SAMS 4th National Symposium: A Call to Action for Future Syria Andaz Hotel, New York, NY
Oct. 7	Practical Pearls General and Community Pediatrics Fall Series (Get Ready for Winter: How to Beat the Blues, Bugs, Broken Bones, Frost Bites and Bronchiolitis) Riley Outpatient Center
Oct. 12	IU Health Medicare Medical Record Documentation Seminar Wegmiller Auditorium, IU Health, Bloomington
Oct. 20	Indiana Geriatrics Society Annual Conference Hoosier Village
Nov. 3	24th Annual Eskenazi Health Trauma and Surgical Critical Care Support Eskenazi Hospital
Nov. 3	16th Annual Lingeman Lectureship Fessler Hall
Nov. 4	NANETS Regional NET Education: The Evolving Diagnostic and Treatment Paradigms for Neuroendocrine Malignancies IU Health Neuroscience
Nov. 15	Indiana Statewide Interprofessional Education (IPE) Conference IUPUI Campus Center
Nov. 16	IGianaris Symposium Walther Hall
Nov. 18	IU Health North Fall Primary Care Update IU Health North Hospital

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.

To submit articles, Bulletin Board items, CME & events, opinions or information, email [ims@imsoline.org](mailto:ims@imsoline.org).  
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# New Members

**Jay, Arthur C., MD**  
Inactive, Anatomic/Clinical  
Pathology, 1970  
Indiana University, 1962



**Kulwin, Charles G., MD**  
Goodman Campbell Brain  
& Spine  
355 W. 16th St., #5100  
46202-2274

Ofc – (317) 396-1300  
Fax – (317) 957-0034  
Email – ckulwin@goodmancampbell.com  
Neurological Surgery  
Other Specialty  
University of Chicago, 2010

**LaHood, Amy C., MD**  
Email – amylahood@hotmail.com  
Family Medicine, 1999, 2016  
Rush Medical College, 1996

# In Memoriam



## **Cyrus C. McNutt, MD**

Dr. Cyrus Charles McNutt was born in Indianapolis December 22, 1928 and passed away at his home in Corinth, TX, August 24, 2017.

Having lived in Indianapolis most of his life, Dr. McNutt attended schools locally throughout high school, college and medical school, where he graduated from Indiana University School of Medicine in 1962. He completed an Internship and Residency having started in Pathology at IU Health Methodist and ending in Anesthesiology at IU Health University. Staying local, he practiced Anesthesiology at St. Vincent Hospital for 28 years until his retirement in 1995.

Dr. McNutt also was a member of the Indiana National Guard where he proudly served his country.

He had been a member of IMS since 1965



## **Raelinn M. Spiekhout, MD**

Dr. Raelinn Mary Spiekhout was born November 30, 1971, and passed away August 12, 2017. Residing in Bourbonnais, IL, it was a prolonged illness, as well as injuries and complications which ended her life at the age of 45.

Dr. Spiekhout earned her medical degree in 1997 from Chicago Medical School. Afterward, she moved to Minnesota where she completed an Internship and Residency at The Mayo Clinic in Internal Medicine. She earned her board certification in 2001

and moved to Indianapolis to practice Internal Medicine, but also had a strong interest in Women's Health.

Beyond medicine, her passions included education, reading and sports. She not only enjoyed watching sports, but participating in them as well, until she was no longer able to do so.

She had been a member of IMS since 2001.



## **James J. Szwed, MD**

Dr. James Joseph Szwed was born in Detroit, MI April 8, 1939 and passed away peacefully at his home September 4, 2017.

He attended medical school at Georgetown University where he earned his degree in 1965. Afterward, he completed both an Internal Medicine residency and a Nephrology fellowship at IU School of Medicine, where he was also a faculty member for 13 years.

Dr. Szwed practiced Nephrology and Internal Medicine for more than 50 years, and for 25 of those years, he also offered his services to the uninsured patients of Indianapolis through various clinics.

When he wasn't practicing medicine, he enjoyed his family, gardening, piano and watching IU football and basketball. Other interests also included summers at Clearwater Beach and walking his rescue dogs.

He had been a member of IMS since 1991.

# Special Feature

## When it Comes to Pay Cuts, it's Time to Look Beyond Physicians

*J. DEWAYNE TOOSON, MD | POLICY | SEPTEMBER 8, 2017; J. DeWayne Tooson is a gastroenterologist. Gleaned from KEVINMD.COM*

Well, it's that time of year again. Fall is near, and 'tis this season for more pay cuts from CMS and insurance companies. Are there any other health-related professions that receive across the board pay cuts? I know of none.

The U.S. health care mega-complex includes not only physicians, but hospital administrators, legions of hospital vice-presidents, insurance company executives, elected politicians, federal employees at CMS, hospital employees, pharmacists, nurse practitioners, physician assistants, pharmaceutical executives, nurses, and so on. My intentions are not to offend anyone else listed above. So why are we targeted?

The salaries of gastroenterologists cannot be used as a logical argument, as our salaries are dwarfed by some the occupations listed above. One also has to consider the number of hours worked per week, and the need to respond to emergencies at night, and on weekends. Are we then targeted because we as a group have refused to stand up for our patients and our profession?

Please listen and pay attention. The time has come for each of us to carefully evaluate all proposed fee schedules before they become permanent. Health care premiums for our staffs continue to rise. Our utility costs have not decreased. Medical supply and drug costs increase every year. I fear that any further pay cuts will lead to further job dissatisfaction, bitterness, and more physician retirements. Recruitment of young gastroenterologists to my state of Alabama would become even more difficult. All of these factors result in a decrease in patient access to care, at a time when colon cancer is the number 2 cause of cancer death in America.

In conclusion, we can no longer afford to roll over and "play dead." All of us need to be active in verbalizing our concerns to the policymakers. The time for action is upon us. We have to take a stand for our patients, our nurses and support staff, and our specialty.



# Indianapolis Medical Society

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*Terms End with Year in Parentheses*

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Robert S. Flint (2018)  
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Jeremy T. Sullivan (2018)  
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George T. Lukemeyer, 1983-1984  
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