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BULLETIN

EDITORIAL PG 10

Measles: the preventable epidemic

by RICHARD FELDMAN, MD

INDIANAPOLIS MEDICAL SOCIETY
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INDIANAPOLIS MEDICAL SOCIETY EST 1848

OFFICIAL MONTHLY PUBLICATION OF THE

Indianapolis Medical Society
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Indianapolis, IN 46204

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GOLDEN RICE: FINALLY, A WIN FOR SCIENCE OVER PSEUDOSCIENCE

CHRISTOPHER D. BOJRAB, MD

According to the World Health Organization, vitamin A deficiency causes blindness in 250,000 – 500,000 children each year, 50% of whom will die within 12 months. This is only a portion of the estimated nine million children that die each year from the direct or indirect effects of malnutrition, with the most significant micronutrient deficits consisting of iron, zinc, and vitamin A. For the past 2 decades, scientists have been working on a number of solutions, the most promising of which has been the development of "Golden Rice". White rice, which accounts for nearly 75% of the daily caloric intake for people in some parts of the developing world, contains almost no micronutrients. Golden Rice is a variety of rice which has been genetically modified by adding two genes (one from maize and one from a common soil bacterial strain) that allows the rice to produce beta-carotene, a precursor of vitamin A.

Shockingly, there has been significant resistance, not only from the typical anti-science/anti-GMO crowd, but also from Greenpeace (who opposes the use of any patented GMOs). The typical reasons for opposition include safety concerns (despite decades of science supporting the safety of GMOs), loss of biodiversity (which GMOs increase and protect), and concerns over patents for agricultural products (a reasonable controversy deserving of a nuanced conversation beyond the scope of this article). However, in the case of Golden Rice, free licenses have been granted to developing countries and the product is distributed to subsistence farmers for free. Additionally, farmers are allowed to keep and replant the seeds. The project has been supported by the Bill and Melinda Gates Foundation and over 100 Nobel laureates have signed a letter urging Greenpeace and others to cease their efforts in thwarting the development and distribution of Golden Rice.

Some of the arguments against Golden Rice is that there are other crops that may naturally be better sources of vitamin A, however, farming conditions in many of these areas are such that might make this impractical. Even in areas where it is possible, this strategy would take a considerable amount of time to change farming practices and behaviors. Others have pointed out that even with the most recent version of Golden Rice, it is not sufficient to provide the dietary requirements (however, these arguments are based on the average rice consumption in countries such as the US, not in the countries where rice is a staple food source accounting for up to 75% of daily caloric intake).

THE PRESIDENT'S PAGE

CHRISTOPHER D. BOJRAB, MD

In 2018, the U.S. Food and Drug Administration approved golden rice for human consumption after it had gained similar regulatory approval earlier that year from Australia, Canada, and New Zealand. Interestingly, it is unclear if golden rice will ever be distributed in these countries. Rather, this was done in an effort to reassure other countries of the safety and utility of this agricultural product.

Last month, the Dhaka Tribune reported that "A Committee of the Ministry of Environment will give the clearance for the production of Golden Rice. We will be able to start cultivation of the rice in Bangladesh within two-three months upon getting ministry clearance".

For more information about Golden Rice I encourage you to visit their website at goldenrice.org.

Chris Bojrab MD

Chris Bojrab, MD

President

For more information about Golden Rice I encourage you to visit their website at goldenrice.org

Putting Harm Reduction to Work in Marion County: MCPHD Launches Safe Syringe Program

by MADISON WEINTRAUT
Program Manager, Safe Syringe Access and Support Program

> *"The increased access to and utilization of health and social services through SSPs increases the overall well-being of individuals while opening the door for rehabilitation and stabilizing life in Marion County. "*

The Safe Syringe Access and Support Program will initiate services in April 2019. For updates, locations, and times, please visit www.MarionHealth.org/SafeSyringe. For questions, comments, or concerns, or to be added to an email list for participant referrals, contact MWeintraut@MarionHealth.org.

Marion County faces increasingly troubling statistics as the opioid crisis has taken its toll on residents. The community has witnessed increasing overdose deaths, ambulance runs, emergency room visits, foster care enrollment, and infectious diseases as addiction overwhelms its population. At any given time, only 10 percent of people who use drugs have access to treatment. The Marion County Public Health Department (MCPHD) is implementing the Safe Syringe Access and Support Program to address the remaining 90 percent of people who are caught in the middle between prevention and treatment. This program will deliver harm reduction services to the people who need them, where they need them, through a mobile unit that travels to high risk neighborhoods. The Safe Syringe Program provides syringe exchange, naloxone distribution, immunizations, rapid viral testing, minor wound care, and peer recovery coaching on-site in a non-coercive, non-judgmental environment that celebrates a**ny positive change** in an individual's lifestyle.

"This program will deliver harm reduction services to the people who need them, where they need them, through a mobile unit that travels to high risk neighborhoods."

As a society, we practice harm reduction strategies every day. When we wear a seatbelt in the car, put on sunscreen before going to the beach, or snap on a helmet before a bike ride, we are practicing harm reduction. Harm reduction is simply a set of practical strategies aimed at reducing the negative consequences of an unhealthy or an unsafe behavior. In terms of injection drug use, harm reduction is about approaches that reduce the spread of infectious diseases within the community. While drug use is associated with numerous adverse outcomes, ranging from criminal justice involvement to social issues, syringe services have proven effective over the course of 30 years at reducing the incidence of human immunodeficiency virus, viral hepatitis, and bacterial infections related to injection drug use.

The implementation of syringe service programs (SSPs) understandably does not come without concerns from the community. However, an abundance of research has demonstrated the immense benefits of SSPs – the reduced burden of infectious diseases, overdoses, emergency room visits and hospitalizations; the collection of used needles and syringes from the community; increased utilization of healthcare, social, and recovery-oriented services; and the protection of law enforcement and first responders from needlestick injuries. Furthermore, SSPs have proven to be immensely cost-effective to the taxpayer: for every $1 spent on SSPs, up to $7.58 is saved in HIV treatment costs alone. For those who believe SSPs endorse drug use, again I cite the 30 years of research that shows SSPs do not increase crime or drug use in the community. They neither increase the initiation or frequency of drug use nor expand drug-related social networks. Syringe service programs pragmatically recognize that abstinence from illicit drugs, while preferred, is not always feasible. Rather than ignoring the harmful effects of drug use, SSPs work to mitigate the risks of infectious disease and overdose.

The Safe Syringe Program is not a single solution to the opioid crisis, but rather a component of a multi-pronged approach including prevention, treatment, criminal justice, and social welfare. This program's primary purpose is to reduce the burden of infectious diseases related to injection drug use in the community. The bonus function of this program is that it allows healthcare providers to develop ongoing, trusting relationships with people who inject drugs. The increased access to and utilization of health and social services through SSPs increases the overall well-being of individuals while opening the door for rehabilitation and stabilizing life in Marion County. Patients living with chronic conditions and on a non-medical switch program overwhelmingly reported that their side effects worsened, and over 40% reported that they were forced to visit their doctor or an emergency room as a result. These events are not cost neutral – in many cases non-medical switches promoted greater utilization of health care resources.

It is time to re-think how we approach addiction. The mindset of "those people" and "addiction is a choice" has been ineffective at halting the prevalence of substance use in our communities. The very definition of substance use disorder specifies "continued use despite negative consequences." While the criminal justice system plays a critical role in addressing the opioid crises, we cannot arrest our way out of this problem. The cost of incarceration is up to three times the cost of treatment for substance use, and the integration of medication-assisted treatment and behavioral therapy are recognized as essential to those seeking intervention. Furthermore, we as a society must embrace a new definition of recovery – "a process of change through which individuals improve their health and wellness, live a self-directed life, and **strive to reach their full potential.**" (SAMHSA, 2012).

The Safe Syringe Access and Support Program will initiate services in April 2019. For updates, locations, and times, please visit www.MarionHealth.org/SafeSyringe. For questions, comments, or concerns, or to be added to an email list for participant referrals, contact MWeintraut@MarionHealth.org.

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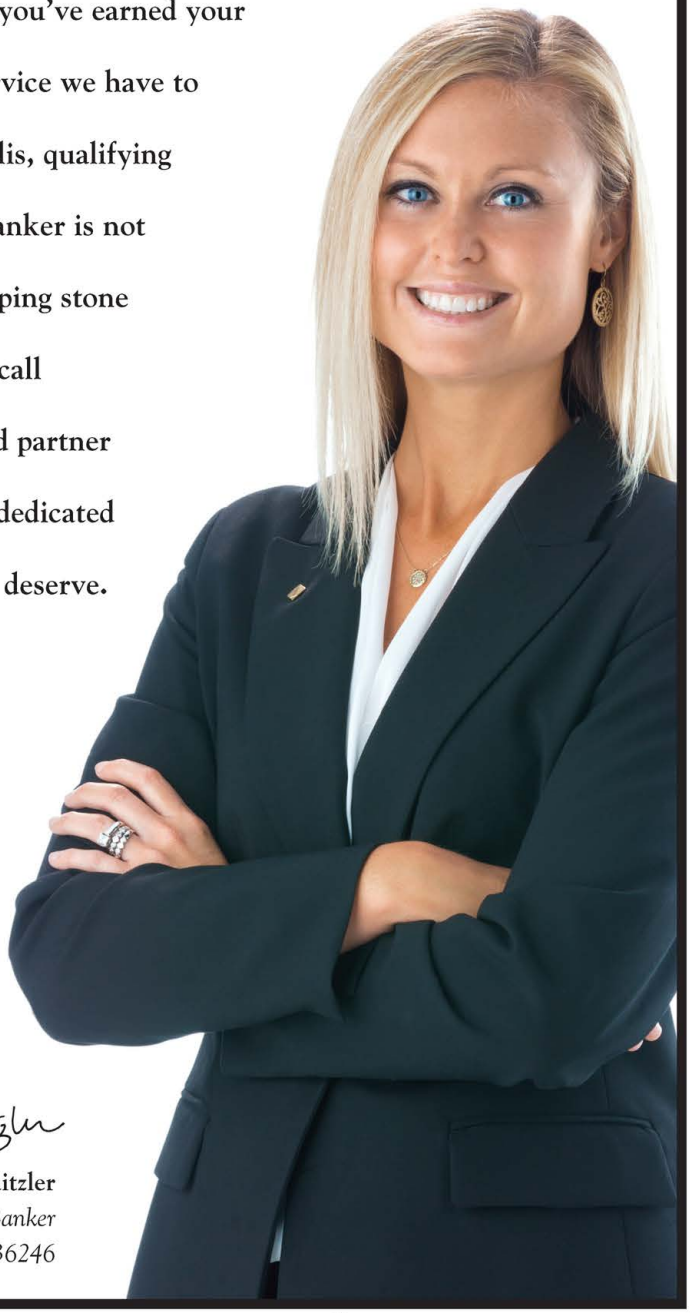

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BRYAN SCHMITT, DO
IU Health
350 West 11th Street
Indianapolis, IN 46228
Medical Microbiology
Des Moines University, 2005

BRIAN T. JOHNSTON, MD
Emergency Physicians Indianapolis
8111 Emerson
Indianapolis, IN 46217
Emergency Medicine
University of Washington, 1990

PIO GARCIA VALENZUELA, MD
Self-employed
1441 E. 151st Street
Carmel, IN 46032
Plastic Surgery
Indiana University, 1979

ALICE X. ELROY, MD
First Year
Anesthesiologist
Indiana University, 2014

SEAN A. TRUSTY, MD
First Year - Community Hospital East
1500 North Ritter Ave
Indianapolis, IN 46219
Emergency Medicine
University of Louisville, 2015

NICOLE TASKER, MD
First Year
Emergency Medicine
Indiana University, 2015

KYLE M. HAYES, MD
First Year – Community Anesthesia Associates
450 E. 96th Street, Suite 200 Indianapolis, IN 46240
Anesthesiologist
Indiana University, 2014

NICOLE M. SAWADA, MD
Resident – Indiana University School of Medicine
Anesthesiologist
Indiana University, 2013

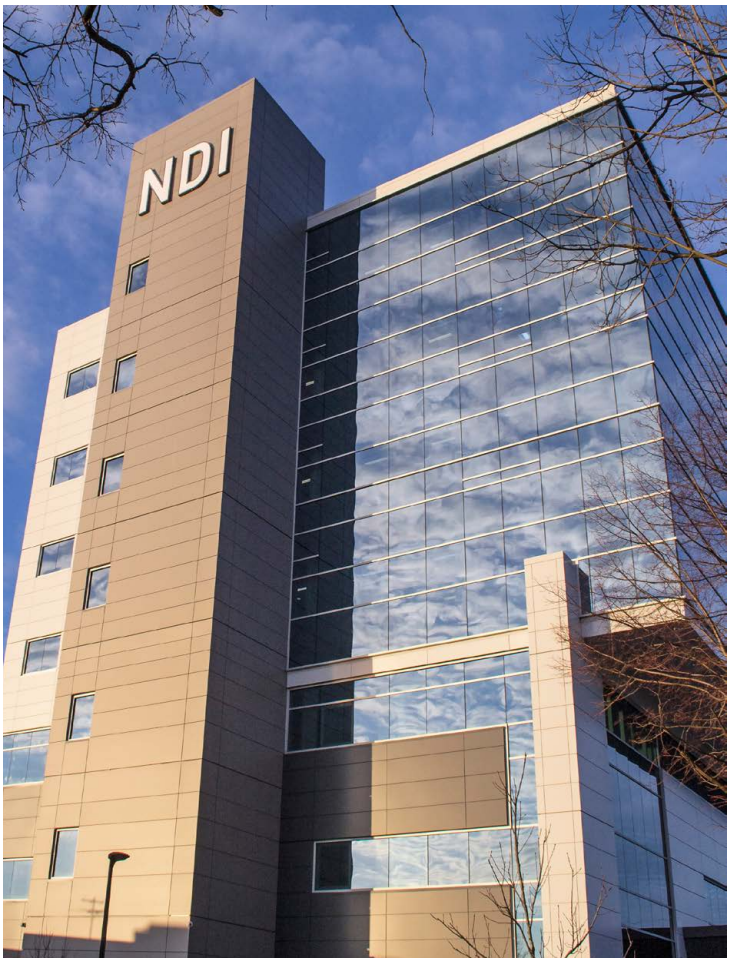
COMMUNITY

March 13, 2019 LaRue D. Carter Memorial Hospital was replaced by the new sparkling new, state -of-the-art, NeuroDiagnostic Institute (NDI).

This $118 million building will serve as the focal diagnostic center for the six mental health facilities which now share electronic records systems, and telemedicine capabilities that will allow providers to treat patients and consult with colleagues around the state.

Each state hospital has a focus and NDI will serve those with complicated diagnoses, housing 159 beds. With better security, including a camera system to better care for patients, the staff of 500 can treat the sever cases they plan to receive.

With special treatment opportunities, design features like curved moldings to protect patients, and specific amenities for children, NDI is sure to impact Hoosiers in need of mental health services.



NeuroDiagnostic Institute and Advance Treatment Center

Measles: the preventable epidemic

by RICHARD D. FELDMAN, MD

IMS Board Member, Family Physician, Former Indiana State Health Commissioner

The recent outbreaks of measles in Washington and New York and 18 other states are stark reminders of the importance of vaccination. Over 600 cases have been reported nationwide.

Each year, there are measles outbreaks largely caused by international travelers who contract measles and bring it into America, primarily infecting unvaccinated communities or pockets of unvaccinated people, predominantly children. It's just the measles? Measles is one of the major causes of child mortality worldwide.

In 2018, there were 17 different outbreaks; in 2017, Minnesota experienced a 75-case outbreak, and in 2015, a large 147-case outbreak that originated at Disneyland spread to multiple states. In 2014, there were 23 measles outbreaks in 27 states totaling 667 cases.

During the 20th-century, the average life span increased by 30 years due to advancements in public health protections. Much of this increase was the result of the massive program to vaccinate all children for a variety of diseases including small pox (eliminated entirely from the world due to vaccination), measles, mumps, rubella, diphtheria, tetanus, polio, and whooping cough. There are also now immunizations against Haemophilus influenzae, meningococcal disease, pneumonia, influenza and rotavirus. Many children previously died or were forever impaired by these diseases. Imagine, just 70 years ago, parents dreaded every summer that their children might be crippled by polio, avoiding swimming pools, movie theatres, and other gatherings.

The internet has been a huge source of misinformation and pseudoscience regarding vaccine dangers. It is unfortunate that some parents exposed to this misinformation refuse to allow their children to become immunized or insist on alternate schedules which delay protection. This information is spread between friends and diffuses widely into the population. It is astonishing to me that some parents prefer to believe internet anti-vaccine sources and celebrities rather than their own physicians, the Centers for Disease Control and Prevention, and trusted academic medical center informational sources. Some believe that physicians, vaccine manufacturers, and these other entities are engaged in a conspiracy to hide the truth regarding vaccines. If one believes there is a conspiracy, then there is no convincing. Better to focus on those with fears or are "on the fence" regarding vaccines.

Vaccines, like any medication, may have unusual and rare side effects. Dozens of large credible mainstream scientific studies (including a recent huge Danish study) have proven that vaccines, the number of immunizations, and all added components are very safe, and do not cause autism. Specifically, the scare that the measles-mumps-rubella vaccine causes autism was fueled by the completely fabricated research of Dr. Andrew Wakefield, despicably motivated by personal greed. He was completely discredited and lost his British medical license.

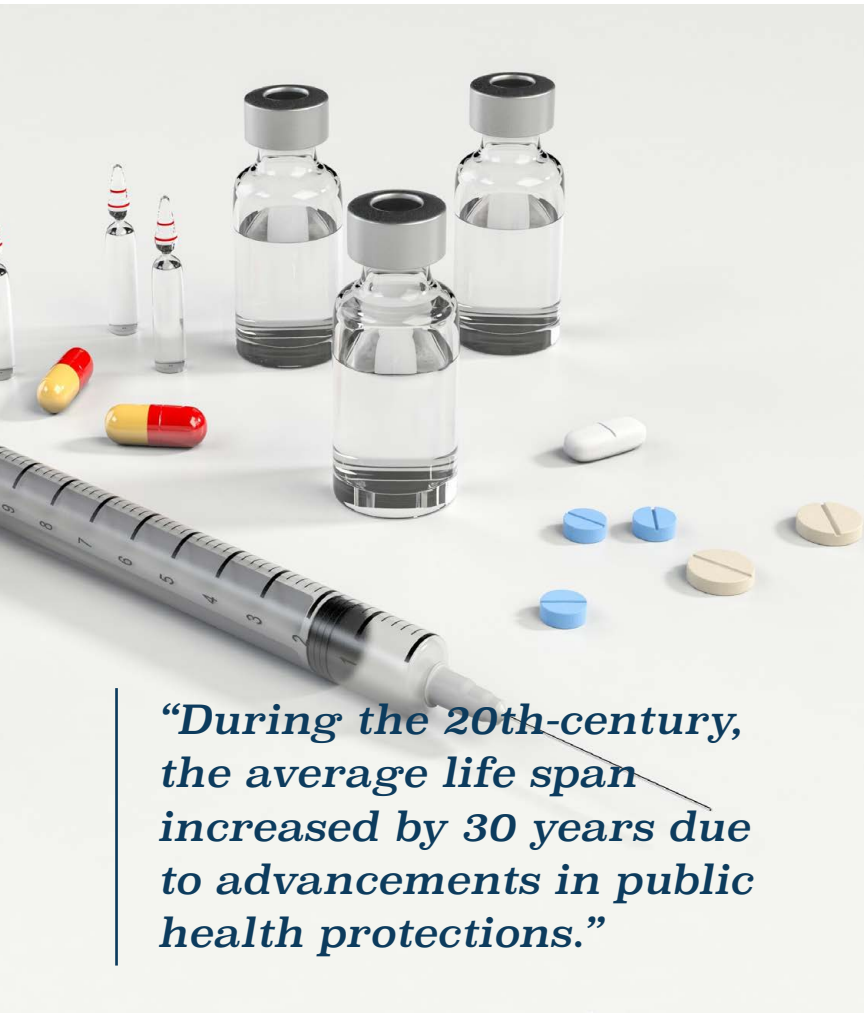
When I encounter vaccine hesitancy, I ask parents to go to an old cemetery. They will see an astonishing number of tombstones of children, many of whom died of vaccine-preventable diseases today. The deaths of young healthy people were just an unfortunate fact of everyday life. It is easy to take vaccines for granted since their very success, the elimination of diseases, makes their value invisible. It's hard to appreciate what one does not experience.

Measles was officially eliminated from the U.S. in 2000, but because of lowered immunization rates in some communities (partly due to opt-out statutes in some states for philosophical or personal beliefs), it again persists today. Unvaccinated people also unfairly put others at risk who are unable to be vaccinated. Examples include infants and the immunosuppressed.

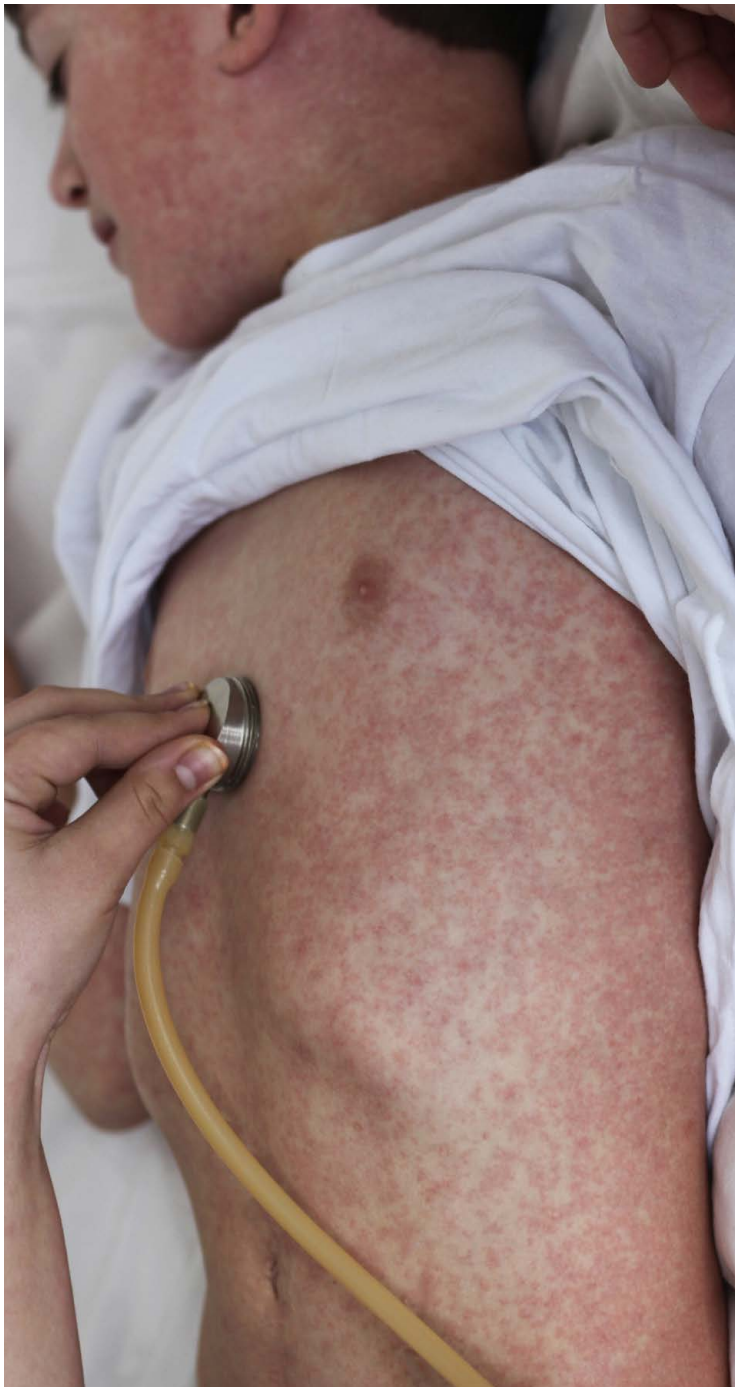
Immunizations are one of the true miracles of modern medicine, and continued high vaccination rates are essential for the common good.

NOTE FROM THE EVP:

The following are the opinions of one of our members. This article is published with the intent to encourage discussion. If you have an opposing viewpoint, please send it. We would be happy to publish it in next month's edition. Additionally, if you have an editorial you would like to share please feel free to submit it to me at mperrill@indymedicalsociety.org.



"During the 20th-century, the average life span increased by 30 years due to advancements in public health protections."



"Although legislative efforts seem to move at a snail's pace there seemed to be a sense of urgency for passing this bill, perhaps because of the heart-wrenching testimony offered by families who had lost children to sepsis. We wanted legislators to understand that sepsis is fairly common, very expensive, and often preventable.

RITA FLEMING, MD

State Representative, House District 71 (D-Jeffersonville)

House Bill 1275:

Legislative Doctors Tackling Sepsis Protocols

by RITA FLEMING, MD

State Representative, House District 71 (D-Jeffersonville)

A seven month old infant, brought to the Emergency Department (ED) by his mother, was seen the previous day at a clinic and prescribed ampicillin for an upper respiratory and otitis media. Symptoms worsened to now include irritability, uncontrolled crying, fever of 103, a petechial rash on his lower extremities, and unusual posturing with arched back. ED personnel immediately started intravenous fluids, drew labs and blood and spinal fluid cultures, and initiated antibiotics and transfer to a pediatric intensive care center. Meningococcal septicemia was confirmed. The infant survived, but has a mild hearing deficit.

After a protracted labor with ruptured membranes for more than 30 hours, a woman underwent cesarean section. At twenty-four hours postpartum, her tachycardia, abdominal pain, and fever were attributed to an exhausting labor. One day later, she was hypotensive, anuric, and coagulopathic. Despite aggressive resuscitative measures, she succumbed. Blood and uterine tissue cultures revealed Group A Streptococcal infection.

An elderly woman had an indwelling urinary catheter placed for three days while hospitalized. After discharge, she became combative and disoriented. She was given sedatives initially. Her mental status continued to deteriorate, her temperature rose to 102, and she appeared to have difficulty breathing. She was readmitted to the hospital with suspected urosepsis, treated with appropriate antibiotics, and discharged one week later.

Three patients-- different ages, different causative organisms, different sites-- all affected by sepsis, where astute observation and early treatment can be the difference between life and death. They represent the most vulnerable— the very young (under one year of age), the elderly, and the pregnant and postpartum patient. Others include those with chronic underlying conditions and immunocompromised status. Patients need our help in averting this often preventable tragedy.

That's what prompted legislators to act recently to promote passage of House Bill 1275. Introduced by Representative Kev-

in Mahan (R-Hartford City), and co-authored by Dr. Brad Barrett (R-Richmond) and myself, it "requires a hospital to adopt, implement, and periodically update evidence-based sepsis protocols for the early recognition and treatment of patients with sepsis, severe sepsis, or septic shock…" Although legislative efforts seem to move at a snail's pace there seemed to be a sense of urgency for passing this bill, perhaps because of the heart-wrenching testimony offered by families who had lost children to sepsis. We wanted legislators to understand that sepsis is fairly common, very expensive, and often preventable.

The protocols must include methods for screening and early recognition of sepsis, a process to identify and document patients needing treatment, guidelines for hemodynamic support and fluid resuscitation, identifications of the infectious source, and delivery of early broad spectrum antibiotics.

It's important for health care professionals to understand that while some signs and symptoms are more readily recognized, others, particularly in the late stages of sepsis, may seem obscure. Sometimes a temperature of 97 degrees or a white blood cell count of less than 3 is a more ominous sign than a fever and leukocytosis.

In my own specialty of Obstetrics and Gynecology, we have helped reduce the incidence of early-onset Group B Streptococcal infection in neonates by using a protocol of screening prenatal patients in late pregnancy. But obstetricians worldwide are seeing an increase in Group A Streptococcal deaths among postpartum women. And in the United States, where maternal mortality is embarrassingly high, sepsis can be a contributor. It was listed as the fifth most common cause of death in the California Pregnancy-Associated Mortality Review, one with often a good-to-strong chance of preventability.

The bill provides that hospitals will submit sepsis data as required, metrics will be carefully analyzed, and recommendations submitted. We hope that this common sense legislation will help us reduce the incidence of sepsis among our Hoosier patients, and be a leader in the country in reducing the morbidity and mortality of sepsis.

THE BULLETIN BOARD

AARON COHEN-GADOL, MD

Aaron Cohen-Gadol, MD, co-authored new research in World Neurosurgery. The article titled, "Virtual, 3-dimensional temporal bone model and its educational value for neurosurgical trainees," was published in the February print issue.

JEFF GREENBERG, MD

Dr. Jeff Greenberg, from the Indiana Hand to Shoulder Center participated as an invited speaker for the Egyptian Society for Surgery of the Hand and Microsurgery, held in Cairo, Egypt on March 25-28. He moderated the opening session on Complex Trauma of the Upper Extremity and presented lectures on Treatment of Scaphoid Fractures and Non-unions, Fracture Dislocations of the PIP Joint, Treatment of Proximal Humerus Fractures and Treatment of Distal Radial Fracture Malunions. He also presented his experience as a volunteer on medical missions following the Keynote presentation on Volunteer-ism.

CHARLES KULWIN, MD

Charles Kulwin, MD, has been named one of the 2019 Forty Under 40 by the Indianapolis Business Journal. Dr. Kulwin is an assistant professor of clinical neurosurgery with Indiana University's Department of Neurological Surgery and Goodman Campbell Brain and Spine (GCBS) and was recognized for helping to pioneer a surgical treatment for patients suffering from severely disabling strokes. He now travels to teach the procedure. "Nothing beats the smile on patients' and families' faces when you can help them through one of the scariest times in their lives," Kulwin told IBJ. Each year, IBJ selects 40 of the city's rising stars and honors their accomplishments at work and in the community.

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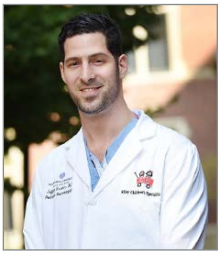
THE BULLETIN BOARD

JEAN-PIERRE MOBASSER, MD

Jean-Pierre Mobasser, MD, was recently published in Clinical Spine Surgery, the monthly journal that provides up-to-date, evidence-based recommendations for spine care. The article, "The use of bone morphogenetic protein in the intervertebral disk space in minimally invasive transforaminal lumbar interbody fusion: 10-year experience in 688 patients," appeared online ahead of print on February 11.

STEPHEN W. PERKINS, MD

Stephen W. Perkins, MD of Meridian Plastic Surgeons, was an invited faculty member at the recent University of California, Irvine Facial Plastic Surgery Conference. Dr. Perkins presented a live video conference presentation titled, "Blepharoplasty: Pre-Operative Evaluation, Intra-operative Techniques, Preventing Complications and Post-Operative Management."



JEFFREY RASKIN, MD

Jeffrey Raskin, MD, played a significant role at the 2nd Middle-eastern Society for Stereotactic and Functional Neurosurgery Conference in Cairo, Egypt. He was chairperson of the plenary session "Pain" and also served as faculty instructor for two courses: "Baclofen pump implantation–surgical tips and tricks" and "Robotic laser ablation in pediatric neurosurgical population: Epilepsy and Oncology." The conference was held February 6–8.

Dr. Raskin was also an invited lecturer at the 1st Annual Surgical Epilepsy Symposium in Indianapolis. His three talks were: "Stereoelectroencephalography and Laser Ablation in Pediatric Epilepsy;" "Disconnection Surgeries;" and "Neuromodulation in Pediatric Epilepsy." The symposium was held on February 9.

THERESA ROHR-KIRCHGRABER, MD

Theresa Rohr-Kirchgraber, MD presented to the Society of Clinical Research Associates on "Sex and Gender in Clinical Research" at their most recent meeting in Indianapolis. She also presented nationally to the American Medical Women's Association Interim Meeting in Washington DC on "Your Medical Career". Her article with Dr.Sotto "(Dis)Incentivizing Patient Satisfaction Metrics: The Unintended Consequences of Institutional Bias" has been downloaded over 2000 times since it was published a month ago. Read it at https://www.liebertpub.com/doi/full/10.1089/heq.2018.0065.

CARL SARTORIUS, MD

Carl Sartorius, MD, is a recipient of a 2018 Distinguished Physician Award at St. Vincent Indianapolis. The award signifies the exceptional work and leadership demonstrated by Dr. Sartorius throughout his career in neurosurgery. He is the first GCBS physician to receive this honor.

RICK SASSO, MD

Dr. Rick Sasso presented a lecture at the American Association of Neurological Surgeons/Congress of Neurologic Surgeons Joint Section Annual Meeting on Spinal Disorders on March 15, 2019 in Miami, FL. His presented on, Cervical Artificial Disc Replacement; "Cervical TDR: A new standard?

JESSE SAVAGE, MD

Jesse Savage, MD, recently joined his co-authors in publishing new research in Cureus. "Endoscopic endonasal surgery for the resection of a cavernous hemangioma with a sellar extension," appeared in the November 18 issue.

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CME & CONFERENCES

MONTHLY EVENTS

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1st Week of the Month	Community North: Breast Cancer Conf. 7-8 am	Community East: CHE Admin Conf. 12-1 pm Community North: Psychiatry GR 12:30-1:30 pm Community North: Chest Cancer Conf. 7-8 am Community Heart & Vascular: Imaging Conf. 7-8 am		Community North: Forum 7-8 am Community South: South Case Presentations 12-1 pm
2nd Week of the Month	Community East: Medical GR 1-2 pm Community South: South General CHS 12-1 pm	Community North: GI/Oncology Conf. 7-8 am Community Heart & Vascular: M&M Conf. 7-8 am Community South: Breast Cancer Conf. 8-9 am St. Vincent Simulation Center: Pediatric GR 12-1 pm St. Vincent Womens: Neonatology GR 12-1 pm	St. Vincent: Echocardiography Conf. 7-8 am	Community North: Gynecological/Oncology Conf. 7-8 am
	Community North: Breast Cancer Conf. 7-8 am Community South: South Thoracic 8-9 am Community South: South Molecular 5-6 pm	Community North: Psychiatry GR 12:30-1:30 pm Community North: Melanoma 7:30-8:30 am Community Heart & Vascular: CV Conf. 7-8 am	St. Vincent Heart Center: Cardi, Medical, Surgery 7-8 am	Community North: GU Conf. 7-8 am Community South: South Case Presentations 12-1 pm
	Community East: Breast Cancer Conf. 7-8 am	Community North: GI/Oncology Conf. 7-8 am Community Heart & Vascular: Disease Manage Conf. 7-8 am St. Vincent Womens: Perinatal Case 7-8 am		

St. Vincent Womens:	MFM Ultra Sound Series	Quarterly 1-4 pm
St. Vincent Simulation Center:	Sim Debriefing Essentials	12x/Year
St. Vincent Simulation Center:	PMCH Crisis Management	12x/Year

WEEKLY EVENTS

Day of the Week	Event
Monday	St. Vincent: General Cardiology 7-8 am
Tuesday	St. Vincent: Trauma Case 12-1 pm St. Vincent Womens: Neonatology Journal Club (every other month) 12-1 pm
Wednesday	St. Vincent: CCEP 7-8 am St. Vincent Heart Center: Interventional Cardiology 7-8 am St. Vincent: Advanced Heart Failure 7-8 am St. Vincent: Surgery Didactics 7:30-8:30 am St. Vincent: Surgery M&M 6:30-7:30 am
Thursday	St. Vincent PMCH: Pediatric Cardiothoracic Surgery & Cardiology Conf. 12-1 pm St. Vincent OrthoIndy: Fractures 8-9 am
Friday	

ONLINE EVENTS

Indiana University School of Medicine

HPV Documentary, Someone You Love: The HPV Epidemic
http://cme.medicine.iu.edu/hpvdocumentary
Opioid TeleECHO Clinic Providers and Prescribers Webinar
https://iu.cloud-cme.com/opioidecho

MAY EVENTS

May 1 IU Health Emergency Medicine & Trauma Conf. IU Goodman Hall

May 3 IU Gastroenterology Hepatology Update, Indiana History Center

May 3 IU Innovation Center (Life Omic Building): Train the Trainer Point of Care Ultrasound

May 3 IU Health North Hospital, Carmel, IN: Clinical Preceptor's Conference

May 7-9 IUSOM: Health Information Translational Sciences (HITS): Agile Implementation Boot Camp

May 14 – 16 IUSOM: Biostatistics for Health Care Researchers: A Short Course, (HITS) Building

May 15-16 Riley Children's Health Pediatric Conference, NCAA Conference Center, Indianapolis, IN

To submit articles, Bulletin Board items, CME & events, opinions or information, email ims@imsoline.org. Deadline is the first of the month preceding publication.

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Linda Feiwell Abels (2021)
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Darrell Daridson (2021)
C. William Hanke (2021)
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Scott E. Phillips (2019)
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Amy D. Shapiro (2019)
Jason K. Sprunger (2019)
Brian D. Clarke (2020)
Julie A. Daftari (2020)
Christopher M. Doran (2020)
David A. Josephson (2020)
Chad R. Kauffman (2020)
Ramana S. Moorthy (2020)
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Eric E. Tibesar (2020)
Ranai Abbasi (2021)
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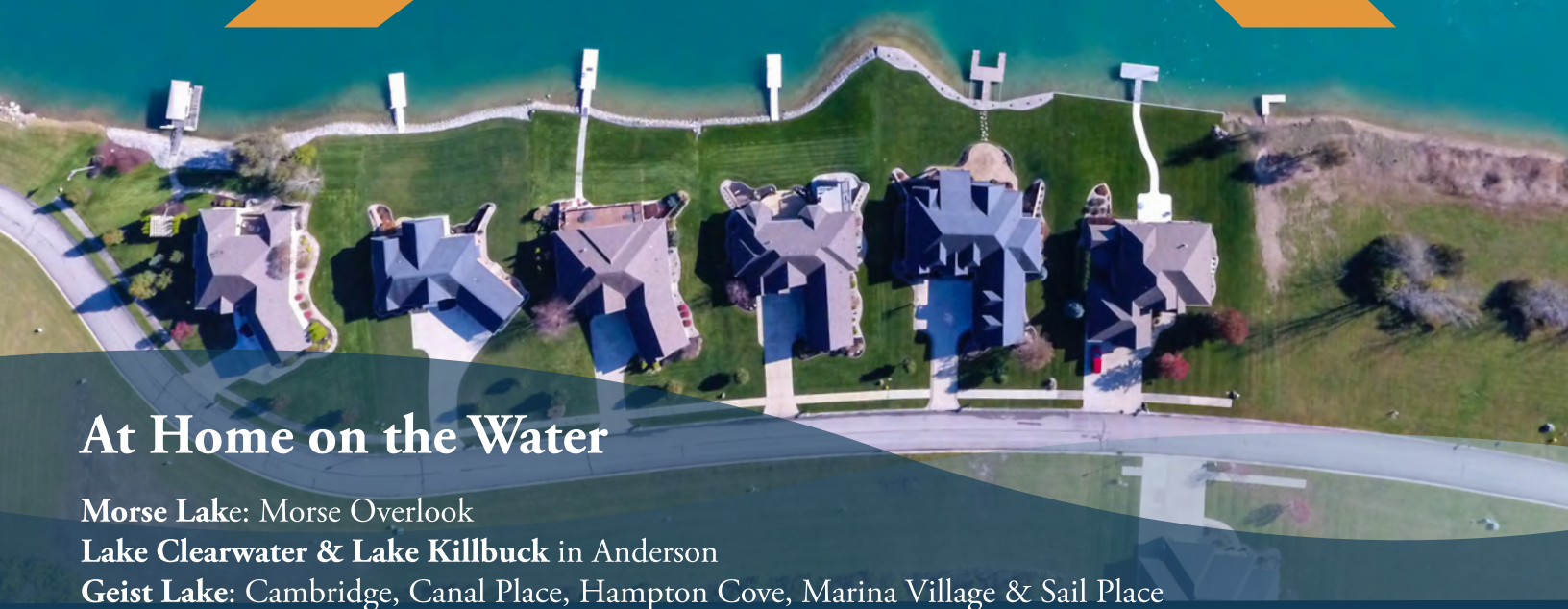

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