EDITORIAL PG 12

A Public Health Approach to Gun Control

by RICHARD D. FELDMAN, MD
IMS Board Member, Family Physician, Former Indiana State Health Commissioner
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LETTER FROM THE EDITOR:

Thank you for your readership! And thank you to those of you who have been submitting articles! The Bulletin is your magazine. If you have an idea or opinion you’d like to share, or an article you have written, please email me at mperrill@indymedicalsociety.org. We would love to publish it.

We have several thought-provoking articles to share with you this month. In our October edition, we will have an update for you from the ISMA Annual Convention so be sure to watch for next month.

Sincerely,

Morgan Perrill
Executive Vice President
Recently at a meeting, I had an exchange with a respected colleague about the potential risks associated with sodas and products sweetened with sugar substitutes. He expressed concern about these potential risks which was contrary to my understanding of the topic. It prompted me to spend some time doing a review of some of the more recent data.

There has been more interest again in this topic lately due to a recent article in JAMA Internal Medicine published September 3, 2019 titled Association Between Soft Drink Consumption and Mortality in 10 European Countries by Amy Mulee, PhD, Dora Romaguera, PhD, Jonathan Pearson-Stuttard, BMMCh, et. al. This was an observational study looking at over 520,000 subjects from 10 countries in Europe evaluating the consumption of sugar-sweetened and artificially sweetened soft drinks and all-cause mortality between 1992 and 2000. They looked at total mortality and cause-specific mortality. Of the total group, over 450,000 were included in the study (86.7%) with an average age of 50.8 years (roughly 71% female and 29% male).

The mean follow-up period was 16.4 years during which time there were just under 41,693 deaths. The all-cause mortality rate among participants who consumed 2 or more glasses per day of total soft drinks was higher than that among participants who consumed less than 1 glass per month. The hazard ratio for total soft drinks was 1.17 (95% CI 1.11-1.22), sugar-sweetened drinks was 1.08 (95% CI 1.01-1.16), and artificially sweetened drinks was 1.26 (95% CI 1.16-1.35). Subgroup analysis showed a positive association between artificially sweetened soft drinks and deaths from circulatory diseases with a hazard ratio of 1.52 (95% CI 1.30-1.78), as well as a positive association between sugar-sweetened drinks and deaths from digestive diseases with a hazard ratio of 1.59 (95% CI 1.12-2.05). A significant difference in mortality rates were not observed for cancer or neurodegenerative diseases.

The confidence intervals of most of the outcomes are largely overlapping, so it is hard to draw solid conclusions. Also, the study did not look at 2 or more glasses consumed per day vs. 1 or less glasses consumed per month, but rather 1 or less glasses consumed per MONTH. I would have been interested to see what many would consider to be an “average” consumption of around 2 glasses per day, a very low consumption of less than 1 glass per month (both of which they did) but then also a very high consumption group (perhaps those individuals consuming an average 6 or more per day?).

The study did attempt to adjust for the role of BMI as the degree of adiposity could be a confounding variable in many ways, but the results were unchanged with or without BMI adjustment. (In a separate review of related articles, 3 of 7 studies pointed to a possible...
increase in hepatic lipogenesis associated with the use of fructose and 4 of 7 studies pointed to possible increases in insulin resistance associated with the use of fructose. (J Hepatol. 2018 May; 68(5): 1063–1075.)

Complicating this type of observational study is the fact that people who are overweight and who are at greater risk of cardiovascular disease are more likely to avoid sugar-sweetened drinks, so while this may strengthen the association, it does not speak to the degree of causation. This is an example of the sick-user effect. This is also seen in the association between the use of a daily multivitamin and an increased risk of mortality (people who are sick or recently diagnosed with a potentially life-threatening illness are more likely to take multivitamins than are the general public).

Other reviews of the association between artificial sweeteners or low calorie sweeteners (AS/LCS) and sugar have pointed to similar associations, but have also pointed out that the use of these AS/LCS may be more likely the result of these other health issues rather than the cause.

There have been some animal (rat and mice) studies that have suggested a correlation between the use of AS/LCS and weight gain, but many of these studies used what appear to be unrealistically high levels/amounts of AS/LCS compared to what would be seen in actual dietary consumption. To be sure, the animal data is a good reason to address the question in human studies, which has been done. Larger scale reviews of the impact of AS/LCS have found that “Low-calorie sweeteners provide a means to reduce energy density while largely preserving food or beverage reward value. Consistent with this, consumption of low-calorie sweeteners compared with consumption of sugars has been found to reduce energy intake and body weight.” (Obesity (Silver Spring). 2018 Oct;26 Suppl 3:S18-S24. doi: 10.1002/oby.22280.)

As a side note, doing a little reading for this article dramatically pointed out the ways in which there are often times difference between theory, basic bench science, animal studies, and human studies. It made me think of some of the information coming out regarding the impact of our gut microbiome on a variety of health concerns (obesity, diabetes, autoimmune disease, autism, depression, etc.). I believe that if we consider what we have learned about these possible differences as mentioned above, we should explore these new hypotheses both vigorously and rigorously. To be sure, there are some fascinating findings early on, but they are still early and almost exclusively limited to animal studies at this point. This may turn out to be the basis of some useful and important treatment interventions for patients, but I am concerned that some people are rushing headlong into making treatment recommendations to patients prematurely.

Chris Bojrab, MD, DFAPA
President
Indianapolis Medical Society
Childhood Sex Abuse: A Pre-Existing Condition Under Attack

A Case Study on Sexual Trauma and Disordered Eating

by CAROLINA VOGEL, BS, OMS-III & THERESA ROHR-KIRCHGRABER, MD

A forty year old female presents for treatment of anorexia with purging behaviors. She described a history of sexual abuse by her father from the age of 3-18. Her mother had died when she was very young and the sexual abuse began soon afterward. She has had intermittent treatment for her ED but only recently disclosed the history of sexual abuse. She currently has a BMI of 15 kg/m² and purges daily.

Adverse Childhood Events (ACE) such as childhood abuse and trauma, especially that of a sexual nature, create a powerful predilection for development of an eating disorder (ED) even years later (Holzer, Victims). Compared with women who reported no abuse, women who reported a history of ACE have twice the odds of suffering from subclinical ED symptoms or meeting criteria for an ED (Rayworth). Additionally, 94% of women who are raped experience Post Traumatic Stress Disorder (PTSD) in the two weeks following the attack and 30% report symptoms after nine months (Victims). Women disproportionately suffer from ED’s and sexual trauma when compared to their male counterparts (Victims).

When seeking treatment for an ED many patients have found coverage and financial protection under the Affordable Care Act (ACA). Prior to the ACA many medical conditions could prevent a person from obtaining coverage or result in the patient being charged a higher premium (Fehr). This is known as “rating up” and can also result from a patient taking certain medications or having other minor and common medical conditions like acne or menstrual irregularities (Assistant). When the ACA was enacted in 2014 it offered protections from pre-existing conditions (Assistant, Sovereign). These protections enabled patients with pre-existing conditions to obtain coverage that they may have previously been denied or unable to afford due to rating up.

Starting in 2017, the Trump administration has proposed changes to the ACA, the American Healthcare Act (AHCA/”Trumpcare”). Versions of the AHCA currently proposed could strip many patients of the insurance coverage protections that the ACA afforded them (Rovner). Therefore, it would also negatively impact those ED sufferers who have a history of ACE from procuring affordable care for their illnesses.

If the AHCA were to move forward as proposed in 2017 or amended in 2018 this patient and hundreds of women with similar histories will not have the same opportunity to obtain recovery due to their history of ACE, PTSD, sexual abuse, or even rape (Assistant, Sovereign). Because these conditions are disproportionately suffered by women the AHCA has the potential to perpetuate gender disparities in healthcare access.

“Adverse Childhood Events (ACE) such as childhood abuse and trauma, especially that of a sexual nature, create a powerful predilection for development of an eating disorder (ED) even years later (Holzer, Victims).”
This case supports that pre-existing conditions such as abuse can lead to significant disease later in life and highlights the imperative of a thorough history that does not preclude treatment. Addendums have been proposed to the AHCA that may help alleviate this potential discrepancy in care. Experts disagree if the currently proposed addendums would truly expand coverage to those most disadvantaged (Kodiak, Christopherson). The legislation and proposed amendments continue to be debated in the public and political spheres, but it is clear that the public is in favor of protections for patients with pre-existing conditions (Rovner). This case further demonstrates the importance of advocacy in support of disadvantaged patient populations and the need for protection for those with pre-existing conditions.

Sources:


SPECIAL FEATURE

2019 Sachem Recipient

Dr. George F. Rapp

by Bernard J. Emkes, MD
IMS Member and Past President

On August 27th, 2019, Dr George F Rapp received from Governor Holcomb the highest honor anyone can receive from Indiana state government. Most of us are familiar with the Sagamore of the Wabash, which is routinely given to deserving citizens. The Sachem (Say-chem -hard CH) Award is given to “at most” one person per year and symbolizes a lifetime of service and excellence. Achievement as well as virtue are required to be considered for this award.

Dr Rapp exemplifies the virtues needed as he has worked and continues to work tirelessly in retirement for New Harmony, his birthplace – both the town and the Arts Community, the medical field and the Indianapolis Art Community. His ongoing support of the Hoosier Salon is incredible. His service on innumerable Boards was also considered in the nomination process.

The Sachem was first implemented as a “business thought leader group” by Governor Ed Whitcomb in 1970, but Gov. Mitch Daniels resurrected the award with a different twist in 2005 – to reflect individual service and excellence. Since that date one award has been given yearly except for 2016.

Past recipients include John Wooden (2005), Father Theodore Hesburgh (2006), Bill Cook (2011) and Eva Kor (2017). These are all names we easily recognize, but there are many other well-deserving recipients.

It is quite an honor for Dr Rapp and Peggy, his lifetime partner. Their children, grandchildren and great-grandchildren were all in attendance. An estimated 200 people attended the event, held at the State Museum. Congratulations to Dr Rapp from his St Vincent family.

SACHEM SCULPTURE

The Sachem sculpture was created by Jeffery L. Fearin, Jr. Born in Knightstown, Indiana, he served three years in the U.S. Army before attending Herron School of Art and Design. He graduated in May of 2006 with a bachelor’s degree in Fine Arts. Jeffery found inspiration for the Sachem sculpture from two sources relating to the Treaty of Greenville of 1795 between the United States and Native American tribes in the region, including the Miamis.

The scroll represents the treaty itself and the pipeline tomahawk represents the one given to Chief Little Turtle by General Anthony Wayne as a gesture of peace when the treaty was signed. In addition to General Wayne, General William Henry Harrison of Indiana was also present at the signing; Indiana’s second largest city was named for General Wayne, and General Harrison later became the ninth President of the United States.
Sachem Award Recipients

2005  
John Wooden

2006  
Rev. Theodore Hesburgh

2007  
Jane Blaffer Owen

2008  
Bill & Gloria Gaither

2009  
Donald C. “Danny” Danielson

2010  
Carl D. Erskine

2011  
William A. “Bill” Cook

2012  
Ian M. Rolland

2013  
Don Wolf

2014  
P.E. MacAllister

2015  
Amos C. Brown, III

2017  
Eva Mozes Kor

2018  
Sammy Davis, Jr.

2019  
George F. Rapp, M.D.
THE HISTORY OF THE SACHEM AWARD

In 1970, Governor Whitcomb introduced the “Confederacy of Indiana Sachems” - a group of business, industry, publishing, banking, and legal leaders - who would serve as state hosts, welcoming visitors to Indiana and promoting the state’s culture and economy. The organization's name came from the Algonquin term given to village leaders, implying wisdom, judgment, and grace. Such Native leaders were consulted on matters that required these virtues, and their guidance and experience accorded them a special place in Native societies.

Following Governor Whitcomb’s term, the Sachem project was not pursued further during the 1980s and 1990s and the organization dissolved. However, in 2005, Governor Whitcomb visited Governor Daniels to acquaint him with the concept, leading Governor Daniels to recreate the Sachem as a recognition to be awarded to our State’s finest citizens.

Today, Indiana’s Sachem honorees are selected by the Governor on the basis of a lifetime of excellence and integrity. Achievement alone, without extraordinary virtue, does not qualify a person for this recognition - rather, the honor serves to underscore the importance of moral example. Along with the designation, each Sachem honoree receives a specially designed sculpture that captures the Native American heritage of the Sachem, and his or her name is placed on a plaque in the Statehouse rotunda.
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Columbine. Sandy Hook. Las Vegas. Pittsburgh. Parkland. El Paso. Dayton. Odessa. Certainly not an all-inclusive list of high-profile mass-shooting tragedies. Mass shootings are becoming more frequent. During 2018 in the U.S., there were 340 mass shootings (defined as 4 or more shot) with 1346 people wounded and 373 killed. That’s just the tip of the iceberg. While mass shootings are horrific, the firearm death toll from homicides, accidents, and suicides is also of great concern. There are 80,000 injuries from firearms each year in the U.S. with 39,000 fatalities. Sixty percent of firearm deaths are from suicide.

Presidental candidates and gun-control activists have promoted various ideas to curb the violence. They include universal background checks, assault-like weapon and high capacity magazine bans, enhanced mental illness intervention, federal gun registration, safe gun storage, and “red flag” laws allowing the temporary confiscation of firearms from high-risk individuals until a court can rule.

I am a gun owner. I believe in the right to defend myself in my home, and that the American public should not be disarmed. It is a necessary defense to a tyrannical and demagogic government, if that should ever occur in America. But reasonable gun control is warranted. What is occurring in our country is outrageous. The vast majority of Americans support reasonable gun-control measures.

So, what can a physician add to this discussion? A public health approach. It has been successful-

A Public Health Approach to Gun Control

by RICHARD D. FELDMAN, MD
IMS Board Member, Family Physician, Former Indiana State Health Commissioner

“There are 80,000 injuries from firearms each year in the U.S. with 39,000 fatalities.”
ly utilized for other public health issues. Take motor vehicle deaths. We didn’t do away with automobiles, but rather researched the issues that gave us answers to making motor vehicles safer. The public health approach has been used to battle tobacco use, obesity, the opioid epidemic, HIV/AIDS, and heart disease.

The approach recognizes that although behavioral change is important, it’s usually more effective to change the environment. It recognizes that garnering common ground between those with opposing perspectives is essential.

Public health professionals, joined by health-care providers, add the health perspective to what is ordinarily a criminal justice and legislative process. Indeed, seven physician and public health organizations just released a position statement regarding firearm-related injury and death published in the Annals of Internal Medicine. It endorses some of the measures listed above. It adds a call for systematic research on gun injury and violence as well as protection of confidential, unrestricted patient-physician communication regarding gun ownership and gun safety.

A public health approach offers a methodical, comprehensive, and scientific method for finding solutions to cultural, social, economic, and mental-health factors; and for researching the agents that deliver the injuries. It involves the entire community including government, law enforcement, public health and health-care organizations, and religious, educational, and business entities working together to find solutions.

The public health approach involves epidemiological research and the rigorous scientific evaluation of suggested constitutionally-consistent changes in regulations, policies, and laws; investigating perpetrator risk factors and factors that may protect against violence and injury; testing the effectiveness of proposed strategies; and implementing proven solutions and best practices. We are currently entertaining changes in policy that sound good or intuitive but not necessarily data-driven and evidenced-based.

But there is a serious lack of necessary federally-funded research on gun violence that may lead to gun control measures since a Congressional ban was enacted in 1996. Although there has been some Presidential and Congressional affirmation for the research of gun violence, the research has never recovered.

Inordinate gun violence is preventable and should not be considered acceptable collateral damage for the right of gun ownership.
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KARA WOOLS-KALOUSTIAN, MD  
Indiana University School of Medicine  
545 Barnhill Drive, Emerson Hall, Suite 421  
Indianapolis, IN 46202  
Infectious Disease  
Indiana University School of Medicine, 1988

RAJA RAMASWAMY, MD  
Radiology of Indiana P.C.  
7340 Shadeland Station, Suite 200  
Indianapolis, IN 46265  
317-579-2150  
Diagnostic Radiology  
Chicago Medical School at Rosalind Franklin University, 2009

Ruby Benn, MD  
Resident  
OBGYN  
Indiana University School of Medicine, 2019

Ravitet Bommu, MD  
Resident  
Pathology  
Indiana University School of Medicine, 2019

DARRIAN BOST, MD  
Resident  
Pediatrics  
Indiana University School of Medicine, 2019

Farah Bshesh, MD  
Resident  
Pediatrics  
Weill Cornell Medicine-Qatar, 2019

Brian Bussey, MD  
Resident  
Diagnostic Radiology  
University of Cincinnati College of Medicine, 2013

Kristin Buterbaugh, MD  
Resident  
Orthopedic Surgery  
Mt. Sinai School of Medicine, 2014

Andrew Carlisle, MD  
Resident  
Anesthesiology  
Ross University School of Medicine, 2017

Amy Hanson, MD  
Resident  
Pediatrics  
Iowa University School of Medicine, 2019

Cody Hillin, MD  
Resident  
Orthopedic Surgery  
Baylor College of Medicine, 2014

Lauren Karbach, MD  
Resident  
Orthopedic Surgery  
Baylor College of Medicine, 2013

Elise Miller, MD  
Resident  
Diagnostic Radiology  
Indiana University School of Medicine, 2013

Mohsin Mukhtar, MD  
Resident  
Radiology  
Indiana University School of Medicine, 2019

Kristin Ploetz, MD  
Resident  
Orthopedic Surgery  
Vanderbilt University School of Medicine, 2014

Wahida Rahman, MD  
Resident  
Diagnostic Radiology  
Indiana University School of Medicine, 2013

Brock Reiter, MD  
Resident  
Orthopedic Surgery  
Chicago Medical School at Rosalind Franklin University, 2014

Sara Takacs, MD  
Resident  
Neurology  
Indiana University School of Medicine, 2016

William Warrender, MD  
Resident  
Orthopedic Surgery  
Sidney Kimmel Medical College at Thomas Jefferson University, 2014
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Carmel office: 13345 Illinois Street, Carmel, IN 46032
Theresa Rohr-Kirchgraber, MD recently presented to the Resource and Adoptive Parent Training (RAPT) attendees on To “REAP” Success: first care for ourselves. Her presentation to the group in Noblesville was well received.

Dr. Rick Sasso was involved with a manuscript published in the International Journal of Spine Surgery and describes a novel non-operative treatment for low back pain that just completed a multi-center FDA prospective trial.


Justin Miller, M.D., Joseph D. Smucker, M.D., Rick Sasso, M.D. and Ryan Snowden, M.D. were published in the Journal of Neurosurgery Spine. It is a prospective clinical study assessing adjacent level disc degeneration after anterior cervical fusion surgical procedures.

## MONTHLY EVENTS

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<thead>
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<th>Week of the Month</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>First Week</td>
<td>Community East: CHE Admin Conf. 12-1 pm</td>
<td>Community North: Chest Cancer Conf. 7-8 am</td>
<td>Community North: Forum 7-8 am</td>
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<td></td>
<td>Community North: Psychiatry GR 12:30-1:30 pm</td>
<td>Community Heart &amp; Vascular: Imaging Conf. 7-8 am</td>
<td>Community South: South Case Presentations 12-1 pm</td>
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<tr>
<td></td>
<td>Community South: Breast Cancer Conf. 8-9 am</td>
<td>St. Vincent Simulation Center: Pediatric GR 12-1 pm</td>
<td>Community North: GI/Oncology Conf. 7-8 am</td>
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<td>St. Vincent Simulation Center: PMCH Crisis Management</td>
<td>St. Vincent: Neonatology GR 12-1 pm</td>
<td>Community North: GU Conf. 7-8 am</td>
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<td></td>
<td>St. Vincent: PMCH: Pediatrics conference 12-1 pm</td>
<td>St. Vincent: Echocardiography Conf. 7-8 am</td>
<td>Community North: Forum 7-8 am</td>
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<td></td>
<td>St. Vincent: Surgery M&amp;M 6:30-7:30 am</td>
<td>St. Vincent Women’s: Neonatology GR 12-1 pm</td>
<td>Community South: South Case Presentations 12-1 pm</td>
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## WEEKLY EVENTS

### Day of the Week

<table>
<thead>
<tr>
<th>Day of the Week</th>
<th>Event</th>
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<tbody>
<tr>
<td>Monday</td>
<td>St. Vincent: General Cardiology 7-8 am</td>
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<tr>
<td>Tuesday</td>
<td>St. Vincent: Trauma Case 12-1 pm</td>
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<td>St. Vincent Women’s Neonatology Journal Club (every other month) 12-1 pm</td>
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<tr>
<td>Wednesday</td>
<td>St. Vincent: CC EP 7-8 am</td>
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<td></td>
<td>St. Vincent Heart Center: Interventional Cardiology 7-8 am</td>
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<td>St. Vincent: Advanced Heart Failure 7-8 am</td>
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<td></td>
<td>St. Vincent: Surgery Didactics 7:30-8:30 am</td>
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<tr>
<td></td>
<td>St. Vincent: Surgery M&amp;M 6:30-7:30 am</td>
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<tr>
<td>Thursday</td>
<td>St. Vincent PMCH: Pediatric Cardiothoracic Surgery &amp; Cardiology Conf. 12-1 pm</td>
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<td>St. Vincent Orth: Indy: Fractures 8-9 am</td>
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<tr>
<td>Friday</td>
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## ONLINE EVENTS

- **Indiana University School of Medicine**
  - HPV Documentary, Someone You Love: The HPV Epidemic
  - [http://cme.medicine.iu.edu/hpvdocumentary](http://cme.medicine.iu.edu/hpvdocumentary)
  - Opioid TeleECHO Clinic Providers and Prescribers Webinar
  - [https://iu.cloud-cme.com/opioidecho](https://iu.cloud-cme.com/opioidecho)

## OCTOBER EVENTS

- **Oct 8-11** Tobacco Treatment Specialists Core Training, Evansville
- **Oct 18** Emergency Medicine Basic Ultrasound Workshop, IU Health Methodist
- **Oct 19** AMWA Learn to Identify & Fight Trafficking Training, Tallahassee, FL
- **Oct 20-23** Collaborating Across Borders, JW Marriott, Indianapolis, IN
- **Oct 24-25** Fundamental Critical Care Support, IU Health Methodist Hospital
- **Oct 29** HPV Medical Provider, Top Golf, Fishers
- **Oct 29-31** Agile Implementation Boot Camp, Indianapolis
- **Oct 30** IU Health Pharmacology for Advanced Practice Providers, IU Health Methodist Hospital, Indianapolis

For more detailed information, please visit the events page on our website at [www.indymedicalsociety.org/imsevents](http://www.indymedicalsociety.org/imsevents)
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Jon D. Marhenke
2007-2008

Bernard J. Emkes
2000-2001

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* Indicates Voting Board Members, Term Ends with Year in Parentheses

Delegates

Delegates to the Annual State Convention

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

Alternate Delegates

Delegates to the Annual State Convention

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

IMS BULLETIN • SEPTEMBER 2019
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