

BULLETIN

EDITORIAL PG 09

Will Congress Accomplish what Indiana could not?

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 continued membership in the Indianapolis Medical Society. You are an important part of what makes IMS great! Please keep submitting articles and responses to be printed in the Bulletin. We love hearing from you.

Don't forget to vote in the leadership election and membership satisfaction survey. I hope you enjoy this month's edition of the Bulletin.

Morgan Perrill

Morgan Perrill
Executive Vice President



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THE PRESIDENT'S PAGE

CHRISTOPHER D. BOJRAB, MD

On October 25, 1988, President Ronald Reagan signed a proclamation naming October Pregnancy and Infant Loss Awareness month. Every year in the US, there are approximately 24,000 stillbirths in the US. Stillbirth is defined as the loss of a baby at 20 weeks' gestation or later (loss of a baby prior to 20 weeks is referred to as a miscarriage). One in four women will lose a baby during pregnancy, delivery, or infancy. Approximately 1 in 160 pregnancies end in stillbirth, about 70 babies per day in the US.

In addition, there are over 3,500 sudden unexpected infant deaths (SUID) in children under the age of 1 each year which have no immediately discernable cause. In 2017, there were approximately 900 deaths due to accidental strangulation and suffocation in beds/cribs, 1,400 deaths due to SIDS (Sudden Infant Death Syndrome), and 1,300 deaths due to unknown causes.

Of the known causes of death, the most common are:

- Complications of the placenta, umbilical cord, and membranes
- Congenital malformations, deformations, chromosomal abnormalities
- Maternal health conditions such as obesity, hypertension, and diabetes

Helping families deal with the loss of a baby can be a daunting task. It is important to be open and honest and to help parents understand everything that they can about what happened to their baby. Parents and other family members may be devastated and overwhelmed following such a tragic event. They may need time to process their grief and loss and may have difficulty remembering information provided to them around that time, so it can be helpful to provide writ-



“One in four women will lose a baby during pregnancy, delivery, or infancy. Approximately 1 in 160 pregnancies end in stillbirth, about 70 babies per day in the US.”

ten information and to offer to follow up with them once the initial shock has passed.

It can be important to discuss the option of an evaluation to attempt to determine the cause of the stillbirth as this can help the family understand what happened and also to understand whether or not future pregnancies may also be at risk. There are a number of protocols that have been established regarding investigations into stillbirths including:

- A thorough medical history
- Autopsy including an evaluation of the placenta
- Genetic testing (specifically chromosomal microarray which is more likely to elucidate of causative chromosomal abnormalities compare to previously used techniques such as a karyotype)

The Center for Disease Control (CDC) is involved in ongoing monitoring of stillbirths and curates a large database through the National Vital Statistics System with information collected from fetal death certificates. In addition, CDC also operates the National Center on Birth Defects and Developmental Disabilities has conducted a pilot program expanding the tracking of birth defects to include all stillbirths.

Moving forward, the National Center on Birth Defects and Developmental Disabilities has launched BD-STEPS (Birth Defects Study To Evaluate Pregnancy Exposures) which is a large population based multi-site study hoping to identify specific risk factors such as exposure to certain medications or environmental toxins that may impact the risk of birth defects and stillbirths.

For more information, please visit the website for the National Center on Birth Defects and Developmental Disabilities at www.cdc.gov/ncbddd/stillbirth.



Chris Bojrab MD

Chris Bojrab, MD
President, Indianapolis Medical Society

Food Insecurity

The Scary Truth

by JIM MERRITT

Candidate for Mayor of Indianapolis, current State Senator, (R-Indianapolis)

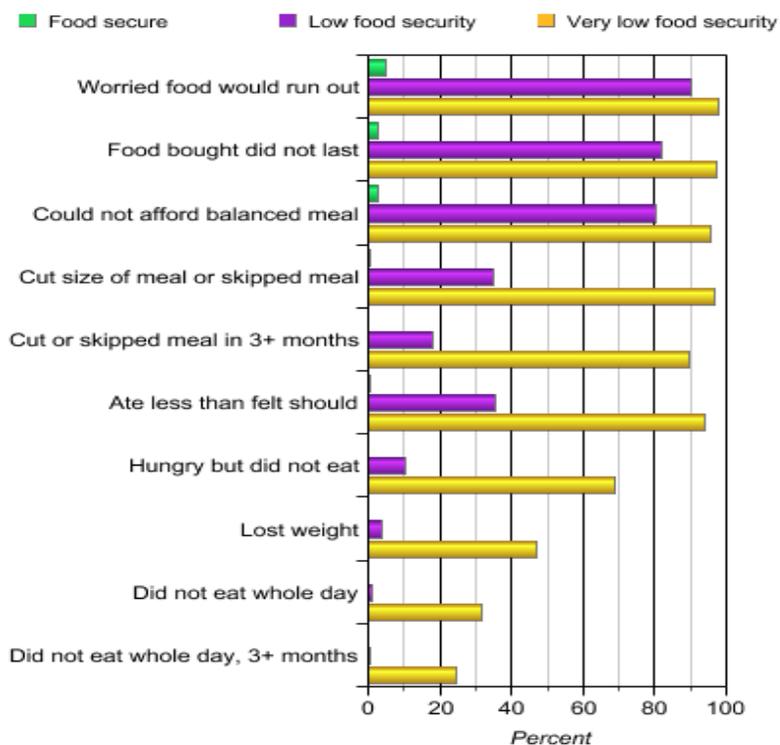


The USDA defines food insecurity as a state in which consistent access to adequate food is limited by a lack of money and other resources at times during the year.¹ Far too many families, children, and senior citizens are haunted by the growling sounds of hunger on a daily basis. In the USDA's annual food security survey of 2018, very low food insecure adults report the following:

- 98 percent reported having worried that their food would run out before they got money to buy more.
- 97 percent reported that the food they bought just did not last, and they did not have money to get more.
- 96 percent reported that they could not afford to eat balanced meals.
- 97 percent reported that an adult had cut the size of meals or skipped meals because there was not enough money for food.
- 90 percent reported that this had occurred in 3 or more months.
- 94 percent of respondents reported that they had eaten less than they felt they should because there was not enough money for food.
- 69 percent of respondents reported that they had been hungry but did not eat because they could not afford enough food.
- 47 percent of respondents reported having lost weight because they did not have enough money for food.
- 32 percent reported that an adult did not eat for a whole day because there was not enough money for food.
- 25 percent reported that this had occurred in 3 or more months.

In Indiana, approximately one million people live with food insecurity.² In Marion County, 17.4% of the population does not know from whence their next meal is coming; and, about 1 in 5 children are food insecure.³ Research indicates that even mild under-nutrition experienced by children during critical periods of growth impacts behavior, school performance, and their overall cognitive development. Additionally, food insecure people are disproportionately affected by diet-sensitive chronic diseases such as diabetes and high blood pressure.

Percentage of households reporting indicators of adult food insecurity, by food security status, 2018



Source: USDA, Economic Research Service, using data from the December 2018 Current Population Survey Food Security Supplement.

1 <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#U9p-Y8vldUqk>

2 https://public.tableau.com/profile/feeding.america.research#!/vizhome/2017StateWorkbook-Public_15568266651950/CountyDetailDataPublic

3 Ibid.

Applying a Public Health Lens to City Government

How the Hogsett Administration is Addressing Social Determinants to Improve Quality of Life

by JOE HOGSETT

Mayor of Indianapolis (D-Indianapolis) and current candidate for Mayor



On day one of my administration, we set out to apply a public health approach to the work of city government, with a specific focus on addressing the social determinants of health. Our approach was two-fold: to create a new office dedicated to bringing evidence-based, public health practices to city operations – the Office of Public Health and Safety – and to streamline our public safety efforts in order to better invest our time and resources focusing on the root causes of violent crime.

In 2016, in order to streamline our public safety efforts, we eliminated the cumbersome bureaucracy of the Department of Public Safety, making the Chiefs of Police and Fire direct reports to the Office of the Mayor, and instead established the Office of Public Health and Safety (OPHS). This represented a significant change to the historical practices of City operations, which traditionally focused more on law enforcement than community-based programs, and has allowed us to grow investments in grassroots organizations targeting the root causes of violent crime by more than \$1 million.

This change also served as a catalyst for a systematic evaluation and reformation of our criminal justice

system. Under OPHS, the Criminal Justice Reform Taskforce was launched in 2016 and brought together stakeholders from across the criminal justice system and community to begin to address the revolving doors of our jail system. The Taskforce concluded that many non-violent, low-level offenders that are housed in jail suffer from mental health and substance abuse issues. These findings led to the establishment of the Mobile Crisis Assistance

Team (MCAT) program and a partnership between the City of Indianapolis and NYU to develop an assessment tool for our law enforcement officers.

The MCAT teams consist of a law enforcement officer and a mental health professional who respond to 911 calls together. The initial

success of the pilot MCAT team on IMPD's East District led to further financial support from the State of Indiana to expand access to services, including connections with peer recovery specialists. It also allowed the City and its partner, the Health and Hospital Corporation of Marion County, to expand the program to all police districts. The City has received financial support from the Arnold Foundation to conduct a randomized case-control study of

“In short, my administration’s steadfast work to address public safety, and food access and insecurity, while streamlining our public safety efforts and investing in community-based programs to target violent crime, represent but a few of the ways we have applied a public health lens to city government.”

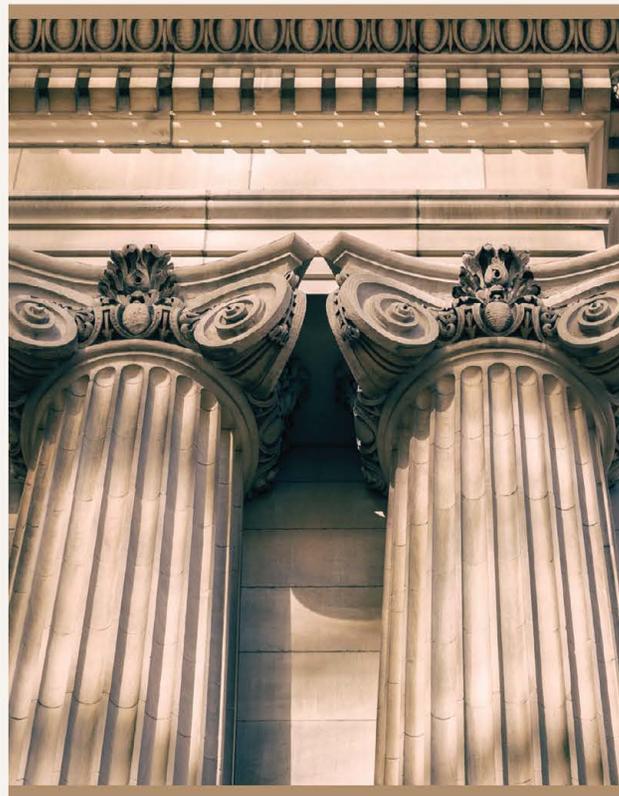
the MCAT program, with the goal of determining whether engagement with the team on a 911 run leads to better outcomes. This approximately two-year study highlights the administration's commitment to evidence-based public health policy and practice.

Public health practice, as applied to criminal justice, represents one area where my administration continues to be at the forefront of addressing the social determinants of health, but it is not the only arena where we are forging a new path for our city. We recently won bipartisan approval from the City-County Council to fund a number of food policy programs across Marion County, including the Food Compass technology and Lyft Rideshare pilot, which will directly address immediate barriers to food access. This work stemmed from the hiring of the City's first-ever Food Policy and Program Coordinator, a campaign promise fulfilled in early 2016. Now, the Food Policy and Program Coordinator focuses every day on addressing food insecurity and food access, which recent public health literature correlates with affecting violent crime, success in school, and overall quality of life.

The Indy Achieves program provides added support to addressing the underlying social determinants of health that impact our city. The program was created by the City in collaboration with Employ-Indy, IUPUI, and IvyTech, in order to ensure that every Indianapolis resident can pursue a post-secondary degree or credential program and expand access to an ever-evolving labor and employment market. By addressing the education gap through Indy Achieves, we are building a foundation for our community and continuing to strive to provide the best quality of life for all of our residents.

In short, my administration's steadfast work to address public safety, education, and food access and insecurity, while streamlining our public safety efforts and investing in community-based programs to target violent crime, represent but a few of the ways we have applied a public health lens to city government. I am proud that we are directly targeting the underlying social determinants of health that contribute to the quality of life and health outcomes of Indianapolis residents. My administration will continue to focus the energy and resources of government to address these needs and apply a public health perspective to our programs and policies.

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Will Congress accomplish what Indiana could not?



Federal Tobacco to 21

by RICHARD D. FELDMAN, MD

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

It appears that Congress will accomplish what the Indiana General Assembly could not: Increasing the legal age for the purchase of tobacco products to 21. To date 14 states and 470 localities have passed “Tobacco 21” legislation. This legislation is an important part of the comprehensive effort to prevent youth initiation of a lifelong deadly addiction.

There are two Senate bipartisan bills introduced requiring this age threshold for the purchase of tobacco and vaping products nationwide. Nice to see Congress working together on something. There is also an introduced bipartisan House companion bill.

One bill is authored by Senators Mitch McConnell, Republican from Kentucky, and Tim Kaine, Democrat from Virginia. Both are from tobacco-growing states which makes the authorship of this bill even more significant. Both Senators expressed that the motivation for this bill was twofold: To address the high cancer and other tobacco-related disease rates in their states and to curb the staggering explosion of e-cigarette use nationwide by youth. The bill appropriately does not exempt military personnel (supported by the military) and does not contain any state preemption preventing additional stronger legislation.

Bill critics point to the fact that the measure requires each state to pass supplementary Tobacco 21 laws or risk losing federal substance abuse block grants. State Tobacco 21 laws are apt to contain provisions, aggressively pursued by the tobacco industry, which block other state actions to reduce tobacco and vaping use, benefiting the tobacco industry’s special interests.

The more appealing bipartisan bill, winning the endorsement of many public health groups, is the Tobacco To 21 Act. It was introduced by several Senators including Indiana’s Senator Todd Young. I generally do not agree with Senator Young’s political perspectives, but I admire him for this move to do the right

thing for the health and future well-being of America’s youth. Their stated rationale for the new legislation is like that expressed by Senators McConnell and Kaine. It’s a simple, clean bill without the state requirement for enacting additional legislation and includes strict and multi-faceted federal enforcement mechanisms.

The tobacco industry (including Juul Labs, the e-cigarette heavyweight) supports Tobacco 21 legislation. This support is clearly not a sincere reflection of industry concern for the health of children. It’s to shield the industry from threatened FDA actions, including additional vaping product restrictions and even product removal from the market because of its past

promotion to youth. The industry concurrently works aggressively in states to weaken or defeat tobacco-control measures. And contrary to their recent public statements, it works to preserve sweet-flavored tobacco and vaping products, so appealing to youth and fueling the epidemic of youth vaping. Tellingly, Juul and tobacco giant Altria

have not endorsed a Tobacco 21 House bill introduced by two Democrats that includes banning flavored tobacco products.

Tobacco 21 legislation makes sense. Ninety-four percent of individuals begin smoking before age 21, and 90 percent of individuals who purchase tobacco for minors are under 21. Between the ages of 18 and 21, many young smokers move from experimentation to regular daily use. Youth e-cigarette use has skyrocketed in the past few years without abatement and ultimately could completely unravel all our progress in tobacco control. This legislation will reduce youth initiation of tobacco and vaping, lower smoking prevalence by 12 percent, and decrease premature deaths among those born between 2000 and 2009 by 223,000.

Tobacco 21 will be a significant health advancement for youth and a blow against the tobacco industry empire.

“Ninety-four percent of individuals begin smoking before age 21, and 90 percent of individuals who purchase tobacco for minors are under 21.”

2019 ISMA Convention

Summary of Final Action

RESOLUTION 19-01

Deadline for Resolutions

Introduced by: Roberto Darroca, MD, Speaker of the House

Final Action: Referred to BOT for Study

RESOLUTION 19-02

Electronic Meeting Notices

Introduced by: J. Elizabeth Struble, MD, ISMA Board of Trustees

Final Action: Adopted

RESOLUTION 19-03

Mental Health Parity

Introduced by: David Diaz, MD, Kyle Jamison, MD

Final Action: Adopted

RESOLUTION 19-04

REPEAL OF RESOLUTION 18-60, MEDICARE PAYMENT SYSTEM CHANGES

Introduced By: Robert Flint, MD

Final Action: Rescinded by Author (taken care of during HOD)

RESOLUTION 19-05

E-Prescribing

Introduced by: Steven Tharp, MD

Final Action: Adopted

RESOLUTION 19-06

Medical Student & Resident/Fellow Representation on the Commission on Legislation

Introduced by: Kimberly Chernoby, MD, Kelsey Quin & Caitlin Harmon, ISMA Students & Resident/Fellow Society

Final Action: Adopted

RESOLUTION 19-07

Medical Provider Qualification: Truth & Transparency

Introduced by: Ben Vickery, IUSM-IV, William W. Pond, MD & Fort Wayne Medical Society

Final Action: Adopted as Amended

RESOLUTION 19-08

Hospital Protocols for Air Medical Transport

Introduced by: Colton Junod, ISMA-MSS

Final Action: Adopted as Amended

RESOLUTION 19-09

Advancing Gender Equality in Medicine

Introduced by: Theresa Rohr-Kirchgraber, MD, Kimberly Chernoby, MD

Final Action: Referred to BOT for Action

RESOLUTION 19-10

Increasing Payments to Physicians Providing Medicaid Services

Introduced by: Tony GiaQuinta, MD, Cynthia Nassim, MD, Mary McAteer, MD, Penny Kallmyer, MD, Indianapolis Medical Society

Final Action: Adopted as Amended

RESOLUTION 19-11

Tax on Sugar Sweetened Beverages

Introduced by: Alan Alvarez de Sotomayor, ISMA-MSS

Final Action: Adopted as Amended by Full HOD

RESOLUTION 19-12

Mandatory Universal Newborn Screening for Congenital Heart Disease

Introduced by: Maria Del Rio Hoover, MD; and William A. Engle, MD

Final Action: Adopted as Amended by Full HOD

RESOLUTION 19-13

Value-based Health Care

Introduced by: Stephen Tharp, MD, Chair, Commission on Legislation

Final Action: Adopted

RESOLUTION 19-14

Reducing the Psychological Trauma of Foster Care Children

Introduced by: Caitlin Harmon, ISMA-MSS

Final Action: Adopted as Amended by Full HOD

RESOLUTION 19-15

Nicotine Replacement Therapy for Minors

Introduced by: Mary Ian McAteer, MD; and the Indianapolis Medical Society

Final Action: Adopted as Amended

RESOLUTION 19-16

Statewide Syringe Service Program

Introduced by: Mary Ian McAteer, MD; and Indianapolis Medical Society

Final Action: Adopted as Amended by Full HOD

RESOLUTION 19-17

Doctor-Patient Relationship

Introduced by: Linda Feiwell Abels, MD; and the Indianapolis Medical Society

Final Action: Adopted as Amended





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- and check out
Membership Resources



RESOLUTION 19-18

ISMA Policy regarding Maintenance of Certification (MOC)

Introduced by: Don Selzer, MD

Final Action: Adopted as Amended

RESOLUTION 19-19

Special Elections for District Officer Vacancies

Introduced by: J. Elizabeth Struble, MD, Chair of ISMA Board of Trustees

Final Action: Adopted

RESOLUTION 19-20

FAA Requirements for In-Flight Emergency Medical Kits (EMK)

Introduced by: Heidi M. Dunniway, MD; and the Vanderburgh County Medical Society

Final Action: Adopted as Amended

RESOLUTION 19-21

Emergency Medical Transportation of Incapacitated Patients

Introduced by: Kimberly Chernoby, MD, JD; and Mark Liao, MD

Final Action: Referred to BOT for Action

RESOLUTION 19-22

Drug Pricing Transparency

Introduced by: Thomas Vidic, MD

Final Action: Adopted as Amended

RESOLUTION 19-23

Dissolution of ISMA Grievance Committee

Introduced by: J. Elizabeth Struble, MD, Chair of ISMA Board of

Final Action: Adopted

RESOLUTION 19-24

Graduate Medical Education Funding

Introduced by: Stacie Wenk, DO

Final Action: Adopted as Amended by Full HOD

RESOLUTION 19-25

Tobacco Settlement

Introduced by: Stacie Wenk, DO

Final Action: Adopted

RESOLUTION 19-26

Prohibiting Unlicensed Midwifery

Introduced by: Rhonda L. Sharp, MD

Final Action: Adopted

RESOLUTION 19-27

Health Reform Principles

Introduced by: Stephen Tharp, MD

Final Action: Adopted

RESOLUTION 19-28

Use of term "Provider"

Introduced by: Stacie Wenk, DO

Final Action: Adopted

RESOLUTION 19-29

Non-Physician Diagnosis

Introduced by: Stacie Wenk, DO

Final Action: Referred to BOT for Action

RESOLUTION 19-30

Hospital Deliveries

Introduced by: Rhonda L. Sharp, MD

Final Action: Adopted

RESOLUTION 19-31

Virtual Annual Meeting Attendance using New Technology

Introduced by: Deepak Azad, MD; and Kevin Burke, MD

Final Action: Adopted as Amended

RESOLUTION 19-32

Issues with the Match, The National Residency Matching Program (NRMP)

Introduced by: Deepak Azad, MD; and Kevin Burke, MD

Final Action: Adopted as Amended

RESOLUTION 19-33

Preventing Neonatal Abstinence Syndrome

Introduced by: Deepak Azad, MD; and Kevin Burke, MD

Final Action: Adopted as Amended

RESOLUTION 19-34

Financial Burden of USMLE Step 2 CS on Medical Students

Introduced by: Deepak Azad, MD; and Kevin Burke, MD

Final Action: Adopted as Amended by Full HOD

RESOLUTION 19-35

Protecting Seniors from Medicare Advantage Plans

Introduced by: Deepak Azad, MD; and Kevin Burke, MD

Final Action: Adopted as Amended

RESOLUTION 19-36

Contraception Counseling for Incarcerated Females

Introduced by: Deepak Azad, MD; and Kevin Burke, MD

Final Action: Adopted as Amended

RESOLUTION 19-37

Oppose Government Intervention into Restricting the Scope of Family Planning Training

Introduced by: Alison Case, MD; and Kathryn Carboneau, MD

Final Action: Adopted as Amended

RESOLUTION 19-38

Oppose the Criminalization of Self-Induced Abortion

Introduced by: Alison Case, MD; and Kathryn Carboneau, MD

Final Action: Adopted as Amended

LATE RESOLUTION 19-02 / RESOLUTION 19-39

Restriction of Assault-Type Weapons

Introduced by: Megan Chiu, Brandon Francis, Abigail Parker and Raveen Sugantharaj, ISMA-MSS

Final Action: Referred to BOT for Action

LATE RESOLUTION 19-03 / RESOLUTION 19-40

Preventing Vaping Deaths

Introduced by: Lisa Hatcher, MD, ISMA President Elect

Final Action: Adopted

Address to the House of Delegates

September 15, 2019

by LISA HATCHER, MD

ISMA President (Columbia City)



Thank you so much, and good morning. Wow. I look out over this audience and I never, ever dreamed I would be standing in this position. Look at the assembled wisdom, knowledge and experience in this room. You are amazing, and I get to stand in front of you. That's just awe-inspiring; I thank you for this opportunity.

During the weekend, I have been privileged to have conversations with many people. At the CME on Friday, I met a gentleman I'd never met before. He's an emergency room-trained physician, an older gentleman who is now working in urgent care. We had conversations about electronic medical records and the struggles that he's had and that I've had, and we made some connections.

Then I went to a Board meeting, and I listened to the trustees – you have an amazing group of trustees that represent you. We discussed the resolutions and the things that have come before us in the past year. We had conversations, and we made connections.

At the IMPAC meeting, I listened to our representatives in the legislature talk to us about the importance of talking to them. They appreciate your input. They want your input. ISMA dealt with some contentious and difficult scope of practice issues in 2019. We reached out to you – the grassroots, the people on the ground, the people across the state – and said, “Okay, here's the deal. You need to contact your legislators.” I did that. You did that. Your colleagues did that. And it made all the difference.

Last night, I had the opportunity to sit around the firepit and talk about some licensure issues with a couple of people. Yesterday in this House, I heard conversations at each one of the microphones as we talked about the issues that have come before us as resolutions. I got to hear pros and cons, just like you did. I heard different perspectives on things, things that when people mentioned them, I said, “Now, why didn't I think of that?” I'm sure that you've had those opportunities, too.

I also heard from our students and our residents. Look back there. Students and residents, stand up. Look at these people. Aren't they amazing? This is our future. This is what we need

– their engagement; their energy. I thank you all for being here and for providing that to us. Please don't stop. Keep making us think.

Yesterday afternoon, I sat with a group of district presidents. The conversation was about, “What are we supposed to do? What's our job?” There were lots of ideas floating around the table. That was amazing.

Afterward, when people were leaving and we had a plan for how to proceed, Julie Reed, our EVP, and I were sitting there, and Julie said, “Look at those pictures on the wall.” I hadn't really noticed them, but there were lines from point to point, interconnecting points on each one of those pictures.

I thought, “You know what? That is what we are doing here.”

“We are a community of colleagues who are dedicated to our patients and each other and our nation and its public health.”

We're having conversations. We're making connections. Do you know what that's doing for us? That's building a community. We are a community of colleagues who are dedicated to our patients and each other and to our nation and its public health.

Over the next year, we're going to face a lot of issues. Some are legislative issues we've talked about before, and we're going to have to talk about them again. We have issues of vaping and mental health crises – a variety of things we're going to need to address. We need everyone's perspective. We need to continue those conversations. We need to continue to build this collegial community.

In conclusion this morning, I'd like to borrow an anecdote that Dr. Stacie Wenk shared. She said that, when she first went to medical school, one of the leaders said at orientation, “Look to your left; look to your right. One of you won't be here to graduate.”

I'm going to change that up a little bit. I'd like for you to look to your left, and then look to your right. These are your colleagues. This is your community. This is your support system.

Thank you.

Dear IMS Readers,

Dr. Feldman's call for more funding for research into 'gun violence' as a Public Health Issue (IMS Bulletin CXXVI:9, p12) was very compelling, and although the rate of gun violence in the U.S. is actually on the decline, any level is 'outrageous'. It is hard to argue against the idea of 'reasonable' gun regulations; the key is defining 'reasonable'.

First, to be useful at all, a measure needs to actually be effective, as measured by lives saved, not merely firearms seized. Then, for an effective policy to be reasonable, any potential harms must be clearly outweighed by lives saved. 'Harm' is not merely 'inconvenience to sportsmen,' but must consider lives lost versus saved, both now and in the future. These are concepts involving knowledge of firearms technology, history, ballistics, current regulations, and both national and international experience – in short, many things the average physician has little knowledge of or access to, so we need to be willing to listen to experts in those areas.

For years we have turned to the pages of NEJM and JAMA for all things medical, assuming them to be honest and objective. However, when it comes to 'gun violence', such has not been the case. As award-winning criminologist Don Kates and his physician co-authors state in their comprehensive law review article on the topic, "CDC and other health advocate sages build their case not only by suppressing facts, but by overt fraud, fabricating statistics, and falsifying references to support them. The following are but a few of the many examples documented in a recent paper co-authored by professors at Columbia Medical School and Rutgers University Law School."

The 83 page, thoroughly referenced article goes on to shred the way that the medical community has treated the issue of 'gun violence', and was part of the evidence presented when Congress rescinded the CDC's funding to study 'gun violence'. The article, "Guns and Public Health – epidemic of violence, or pandemic of propaganda...?" 61 Tenn. L. Rev. 513-596 (1994), is available online at <https://guncite.com/journals/tennmed.html>, and should be required reading for anyone who takes the issue of 'gun violence' seriously enough to want to help shape sound public policy. No matter how sincere the motivation, the most intelligent of physicians will still arrive at the wrong 'solution' if relying on distorted or fabricated information.

It is worth noting that alongside the Librarian Association, the National Rifle Association was cited by the Library of Congress as "one of the two most consistently truthful lobbying organizations" - this is NOT an achievement that the American Medical Association, the American Academy of Pediatrics, or the American Academy of Family Physicians

can claim.

We wouldn't turn to the pages of the American Rifleman or Guns&Ammo to formulate public policy on dyslipidemia, even though many deer hunters will be 'victims' of atherosclerosis, and can recite tragic stories of their own personal and family experiences. Yet we turn to JAMA and NEJM to read emotional stories of physicians crusading for 'tougher gun laws' whose opinions are apparently validated because they treat gunshot wounds. Yet their knowledge of firearms, ballistics, criminology, and national and international experience with firearms laws is surely no better than the understanding of lipids by the average Guns&Ammo writer. In neither case does blood and gore confer expertise.

R.J. Rummel (University of Hawaii) documents that genocide dwarfs the combined total of firearms murders, firearms accidents, firearms suicides, firearms terrorism, and wartime military casualties combined, and has done so for the past two centuries. As Aaron Zelman of Jews for the Preservation of Firearms Ownership points out, this only happens in nations where the seemingly-benign first step of 'background checks' began a cascade of 'gun registration' that ended in incremental confiscation of civilian firearms, starting with easily-demonized but criminologically-insignificant 'military-style semiautomatic rifles', which account for far less murders than "hands, feet, and other blunt instruments". This may be unpleasant to think about, but failing to incorporate genocide deterrence into the 'gun violence' discussion is no different than failing to incorporate nephrotoxicity when contemplating using gentamicin. The risk of genocide and tyranny is something real and contemporary that we cannot ignore – the authors of our Constitution were aware of it, and so we should be.

Andrew Johnstone, RPh/MD, IMS Member

Dr. Johnstone's background is as a family physician for 30 years. His interest in the 'gun debate' began in seventh grade when the teacher wanted the students to debate the Gun Control Act of 1968, which at the time seemed 'sensible' to him. Over the years he has continued to follow the 'gun debate', and believes that he has seen many instances where the proposals were presented deceptively and with political maneuvering that revealed most of the politicians were more concerned with political grandstanding and virtue-signaling than they were with actually saving lives. A couple decades ago, he co-founded an organization called "Doctors for Sensible Gun Laws" whose goal was to provide solid information to physicians from the 'other' side of the debate. However, in the past few years Dr. Timothy Wheeler's group, Doctors for Responsible Gun Ownership (DRGO), has really taken over most of that function.

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Florida Atlantic School of Medicine, 2019

ALLISON J. WILLIAMS, MD

Resident- Indiana University School of Medicine
Internal Medicine
Indiana University School of Medicine, 2019



2020 INDIANAPOLIS MEDICAL SOCIETY BALLOT

Vote now for your 2020 Indianapolis Medical Society Leadership.

Members of IMS can access their online ballot through **December 1** one of the following ways:

using this direct link

<https://www.surveymonkey.com/r/IMS19>

visiting our homepage at

www.indymedicalsociety.org

or using the link provided to you in the emails sent by the IMS staff.

If that doesn't work, please contact Executive Vice President, Morgan Perrill, at mperrill@indymedicalsociety.org or 317-639-3406 for more information on how to vote.

Don't forget to vote before the December 1 deadline. We would appreciate your participation in the ballot and membership satisfaction survey included.

IN MEMORIAM



BRADFORD R. HALE, JR., MD

Bradford Hale Jr. was born on January 25, 1967 in Vallejo, CA. His family moved to Indianapolis in 1971. Bradford attended Cathedral High School. He earned his B.S. in Education at Indiana University in 1990. Bradford became a high school science teacher and girls' basketball coach. Brad received his medical degree from IU Medical School and ended up joining Community Health Network as an Emergency Room physician since 2000.

IMS Member since 2002.

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THE BULLETIN BOARD



JEFFREY A. GREENBERG, MD

Dr Jeffrey A Greenberg recently attended the 74th Annual Meeting of the American Society for Surgery of the Hand held in Las Vegas, Nevada from September 5-7, 2019. At that meeting he presented Contemporary Management of Peripheral

Nerve Injuries

and Compression Neuropathy and Revision Nerve Surgery at the Axogen Nerve Symposium. He presented A Functional Approach to Ulnar Sided Wrist Pain and Distal Metaphyseal Ulnar Shortening Osteotomy at the Distal Radio-Ulnar Joint Precourse. Additional presentations included The Hypothetar Fat Pad Flap for Revision Nerve Surgery and Management of Chronic DRUJ Instability.

At the Business Meeting of the ASSH membership Dr Greenberg was elected to serve on the presidential line. After 2 years as Vice President Dr Greenberg will serve as the President of the American Society for Surgery of the Hand from 2021-2022 and will preside over the 77th Annual Meeting which will be held in Boston, Massachusetts.



THERESA ROHR-KRICHGRABER, MD

Theresa Rohr-Kirchgraber, MD presented at the IUSM Muncie and IUSM West Lafayette on the State of Women in Medicine in Indiana. She recently presented at the IUPUI Women's Conference on Self Advocacy and Self Promotion.

Paul Kirchgraber, MD, MBA and Theresa Rohr-Kirchgraber, MD presented jointly for the Indianapolis Women's Leadership Conference. Their session on "Better Together: Lifting Each Other Up Professionally and Personally" was well received.



RICK C. SASSO, MD

Drs. Barrett Boody, Joseph D. Smucker and Rick Sasso published a manuscript in a peer-reviewed journal-The Journal of Spine and Neurosurgery.

Boody B, Rosenthal B, Lee EN, Smucker J, Sasso RC: Adjacent level degeneration in the lumbar spine after single-level fusion versus arthroplasty: Five-year clinical and radiographic outcomes. J Spine Neurosurg 8: 3, 2019.



PAUL KRICHGRABER, MD

Paul Kirchgraber, MD, MBA the reigning senior vice president and head of Covance's clinical trial testing solutions, will become the CEO of Covance, a division of LabCorp.

LabCorp is highly optimistic about this recent appointment as Dr. Kirchgraber has efficiently run one of Covance's most successful divisions — clinical trial testing solutions. This business unit includes the very prosperous central laboratories, bioanalytical laboratories, and chemistry manufacturing as well as serves clinical trials in more than 100 countries.

Please submit Bulletin Board Information to ims@imsoline.org.
Your photo in the IMS files will be used unless an updated picture is submitted with your material.

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 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
3rd Week of the Month	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: Cardiac, Medical, Surgery 7-8 am	Community North: GU Conf. 7-8 am Community South: South Case Presentations 12-1 pm
4th Week of the Month	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		
Annual		St. Vincent Womens: St. Vincent Simulation Center: St. Vincent Simulation Center:	MFM Ultra Sound Series Sim Debriefing Essentials PMCH Crisis Management	Quarterly 1-4 pm 12x/Year 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 Prescriber Webinar
<https://iu.cloud-cme.com/opioidecho>

NOVEMBER EVENTS

Nov 3-6 Indiana University Radiology Imaging Update, Sonoma, CA
 Nov 7 Oncology Update for Primary Care Providers, Bristol, IN
 Nov 8 Train the Trainer Point of Care Ultrasound, Fairbanks Hall, Indy
 Nov 8 Lingeman Lectureship, Felser Hall, Indy
 Nov 14 Andrea Gianaris Pancreatic Cancer Symposium, Walter Hall, IU, Indy
 Nov 22 American Thoracic Society Chapter Day, IU Health North, Carmel
 Nov 23 Fall Primary Care Conference: Oncology, IU Health North, Carmel

DECEMBER EVENTS

Dec 2 AMWA LIFT Training, Washington, DC
 Dec 7 AMWA LIFT Training, Portland, OR

For more detailed information, please visit the events page on our website at www.indymedicalsociety.org/imsevents

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

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FOR 2020**

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BOARD OF DIRECTORS 2019

Terms End with Year in Parentheses

Linda Feiwell Abels, Chair and Ramana S. Moorthy, Vice Chair

Rania Abbasi (2021)
Linda Feiwell Abels (2019)
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Ann Marie Hake (2020)
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David A. Josephson (2020)

Chad R. Kauffman (2019)
Jeffrey J. Kellams (2021)
Stephen R. Klapper (2019)
John E. Krol (2020)
Ramana S. Moorthy (2020)

Thomas R. Mote (2019)
Mercy O. Obeime (2021)
Scott E. Phillips (2020)
Taha Z. Shipchandler (2020)
H. Jeffrey Whitaker (2020)

PAST PRESIDENTS' COUNCIL 2019

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

Carolyn A. Cunningham
David R. Diaz
Marc E. Duerden
John C. Ellis

Bernard J. Emkes
Bruce M. Goens
Paula A. Hall* (2020)
Susan K. Maisel* (2021)

Jon D. Marhenke
John P. McGoff* (2019)
Stephen W. Perkins
Richard H. Rhodes

John J. Wernert

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.

Linda Feiwell Abels (2021)
Mary Pell Abernathy (2021)
Christopher D. Bojrab (2021)
Ann C. Collins (2020)
Carolyn A. Cunningham (2019)
Julie A. Daftari (2020)

Darrell D. Davidson (2021)
Marc E. Duerden (2020)
Robert S. Flint (2021)
Bruce M. Goens (2020)
Paula A. Hall (2020)
Ronda A. Hamaker (2019)

Mark M. Hamilton (2019)
C. William Hanke (2021)
Chad R. Kauffman (2020)
Jeffrey J. Kellams (2019)
Susan K. Maisel (2019)
Mary Ian McAteer (2020)

Ramana S. Moorthy (2020)
Thomas R. Mote (2021)
Mercy O. Obeime (2020)
Robert M. Pascuzzi (2020)
J. Scott Pittman (2019)
David M. Ratzman (2021)

Michael Rothbaum (2021)
Jodi L. Smith (2021)
Eric E. Tibesar (2020)
John J. Wernert (2020)
H. Jeffrey Whitaker (2020)
Steven L. Wise (2021)

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.

Ranai Abbasi (2021)
Jeffrey L. Amodeo (2021)
Nicholas M. Barbaro (2019)
Daniel J. Beckman (2019)
Brian D. Clarke (2020)
John H. Ditsler (2019)

Ann Marie Hake (2019)
Brian S. Hart (2020)
Tod C. Huntley (2019)
Kyle Jamison (2021)
David A. Josephson (2020)
Penny W. Kallmyer (2020)

Stephen R. Klapper (2019)
John E. Krol (2020)
David E. Lehman (2020)
David Mandelbaum (2019)
Christopher Mernitz (2021)
Martina F. Mutone (2021)

Ingrida I. Ozols (2021)
Stephen W. Perkins (2020)
Scott E. Phillips (2019)
Richard H. Rhodes (2020)
Dale A. Rouch (2019)
Amy D. Shapiro (2019)

Taha Shipchandler (2019)
Jason K. Sprunger (2019)
Richard M. Storm (2021)
Glenn A. Tuckman (2021)
*2 open positions

INDIANA STATE MEDICAL ASSOCIATION

Past Presidents

John P. McGoff 2017-2018	Peter L. Winters 1997-1998	John D. MacDougall 1987-1988
Jon D. Marhenke 2007-2008	William H. Beeson 1992-1993	George T. Lukemeyer 1983-1984
Bernard J. Emkes 2000-2001	George H. Rawls 1989-1990	Alvin J. Haley 1980-1981

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Immediate Past President
John P. McGoff

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David R. Diaz

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