

BULLETIN

THE PRESIDENT'S PAGE Pg 04

The Potential Role of Psychedelics as Therapeutic Agents

by CHRIS BOJRAB, MD
President, Indianapolis Medical Society



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LETTER FROM THE EDITOR:

All,

Thank you for a wonderful year, my first full year as your Executive Vice President. I have enjoyed working with and learning from all of you. I am looking forward to 2020 and the exciting things we have planned for you.

The Bulletin is your magazine and we hope that you will continue to share your input. Please send me your articles to publish next year. We would love to hear from you!

Many blessings on your new year!

Sincerely,

Morgan Perrill
Executive Vice President

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THE POTENTIAL ROLE OF PSYCHEDELICS AS THERAPEUTIC AGENTS

It started as a random conversation with a friend over lunch. I mentioned having seen a couple of headlines about the potential use of psychedelics for the treatment of a variety of psychiatric conditions. A look of fond reminiscence came across his face and he leaned in closer and said, "You know, if you were to ask me about the most important day of my life, I should tell you that it was the day I got married or the day that my children were born. But, honestly, it was probably the day that I tried LSD."

He proceeded to tell me about a day spent with some of his best friends at the end of the spring semester in college, driving around a beautiful wooded area near the campus when one of his friends announced that she had obtained some LSD and thought they should try it. None of them had used it before or knew what to expect. They each took the tiny piece of blotter paper (LSD is dosed in micrograms; the average effective dose of the raw form would be about one-tenth the size of a grain of sand) and popped it into their mouths. The next 10-12 hours were the most extraordinary of his life, filled with wide-eyed wonder at the most mundane things (hours spent contemplating the grain of the wood on a picnic table), spectacular visual experiences, and unprecedented feelings of closeness and love not only for his friends, but for every-

thing and everyone.

In conversations with others over the next few months, I heard similar sentiments expressed a number of times regarding their experiences with LSD, "magic" mushrooms, and other related substances. I became increasingly interested in this class of substances known as psychedelics. Listening to a podcast, I heard an interview with author Michael Pollan about his New York Times Best-Seller: *How to Change Your Mind: What the New Science of Psychedelics Teaches Us About Consciousness, Dying, Addiction, Depression, and Transcendence*, which I immediately downloaded and read. The book is an outstanding overview of humanity's 5,000 – 10,000-year relationship with these compounds, their discovery/rediscovery in the 1930's – 1950's, the research/experimentation as well as the therapeutic and recreational use of this amazing group of molecules.

Researchers in the psychology of religion have evaluated several surveys and studies completed by individuals who have used these compounds and through a statistical factor analysis have identified six major categorical features of experience that seem commonly represented:

- Unity/Interconnectedness
- Preciousness/Sacredness/Reverence
- Positive mood/Open heartedness
- Noetic sense (the experience is "truer or more real than everyday life")
- Transcendence of time and space
- Ineffability (the sense that the experience cannot be adequately expressed in words or language)

Interestingly, when queried about landmark life experiences, over 80% of those surveyed described their use of a psychedelic as one of the top five most important and meaningful experiences of their life.

The effects of most of the substances categorized as psychedelics is believed to be related to their action as potent 5HT_{2A} receptor agonists (in contrast to most of our atypical antipsychotic agents which are 5HT_{2A} antagonists and D₂ antagonists or partial agonists). Multiple functional neuroimaging studies suggest that the effects of these substances serve to reduce the level of activity of the Default Mode Network. The Default Mode Network



THE PRESIDENT'S PAGE

CHRISTOPHER D. BOJRAB, MD

(DMN) is comprised of the Posterior Cingulate Cortex, Medial Prefrontal Cortex, and Angular Gyrus. Essentially, it is the set of brain circuits that are active when your brain is not busy carrying out a specific task or paying attention to something. When your mind is wandering, when you are thinking about the future, remembering the past, when you are thinking about yourself and contemplating your relationship with others, the DMN is active. The DMN is often described as the conductor of the orchestra of the brain, controlling the degree to which sensory and other information flows into our consciousness. It may also be the structural basis for what we conceptualize as the ego. There is evidence that the DMN is pathologically overactive in the setting of major depression, OCD, addictions, and other psychiatric conditions. The activity of the default mode network has been shown to be dramatically reduced during meditation in those with significant (20,000 hours or more) experience with contemplative practices. It is also dramatically reduced by the use of psychedelics.

Small scale studies published in *The Lancet* have demonstrated impressive results in patients with moderate to severe treatment-resistant major depression, with 2 doses of psilocybin given one week apart as early as 1 week with the benefit being maintained after 3 months. In another study published in *The Lancet*, patients who received two 8-hour MDMA-assisted therapy sessions showed improvements in PTSD symptoms with effect sizes ranging from 1.1-2.8 and with improvement being maintained for over a year. A pilot study on smokers conducted at Johns Hopkins provided 2 exposures to psilocybin during guided therapy sessions separated by one week resulted in a (laboratory confirmed) abstinence from smoking in 80% of participants six months after the treatment.

Last month, the FDA granted Breakthrough Therapy Designation for psilocybin in the treatment of major depressive disorder. The Usona Institute based in Madison, WI is conducting a Phase 2 clinical trial evaluating the use of psilocybin-based therapy in a group of approximately 80 patients at seven study sites around the US.

The classic psychedelics (LSD, psilocybin, mescaline, and DMT or dimethyltryptamine) appear to be generally physiologically safe (with the caveat that these substances have not yet been subjected to longer term-controlled studies). Unlike most other controlled substances, they do not appear to be addicting based on human experience and animal testing in which these compounds appear to

be devoid of a propensity for self-administration. However, there are potential risks involved with their use. Patients with a vulnerability to psychosis, or those with a family history of psychosis may be at increased risk for these agents to trigger a psychotic episode. In an online survey, 11% of respondents stated that while under the influence they felt that they could have put themselves or others at risk of harm, 3% sought medical assistance during or immediately following their "trip", 10% reported enduring negative psychological experiences and of those 8% sought professional treatment in the following year.

There is significant interest in the potential therapeutic use of these substances in the treatment of major depressive disorder, PTSD, eating disorders, substance abuse disorders, and OCD. Pilot studies in the US and abroad have shown very promising preliminary data in these and other conditions as well as a favorable safety and tolerability profile assuming appropriate patient selection and treatment settings. For more information, visit the sites below:

<https://www.usonainstitute.org>

<https://hopkinspsychedelic.org>

<https://maps.org>

<https://compasspathways.com>

Chris Bojrab MD

Chris Bojrab, MD

President, Indianapolis Medical Society





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

MCPHD Safe Syringe Access and Support Update

“Of the 150 clients currently served, 40% are infected with hepatitis C and 5% with HIV.”



On April 19, 2019, four Marion County Public Health Department (MCPHD) employees climbed into an unmarked box truck and traveled to Brookside Community Church located on the Near East Side of Indianapolis. Employees gathered in the new mobile unit, sorting through the various medical supplies intermixed with cookers, filters and syringes. They waited patiently for any person who injects drugs (PWID) to enter the van looking for assistance.

On that first day in the field, Safe Syringe Access and Support served exactly one client. However, that one client walked away equipped with clean syringes, immunizations and knowledge about his hepatitis C and HIV status.

Flash forward to November 21, 2019: Five workers return to the parking lot adjacent to the church, this time working non-stop to address the couple of people patiently waiting to be served. A peer support specialist interviews new clients as they nervously enter the oversized vehicle. “What drugs do you use?” “Do you have a place to sleep tonight?” “Do you need naloxone?” These are just a few of the questions that pass from person in recovery to person in active use. A second peer, armed with pen and paper, chats with the returning clients outside, collecting jam-packed sharps containers and checking to see if any new needs have emerged. Back inside the vehicle, a public health nurse and infectious disease counselor consult with clients, linking those who test positive for hepatitis C to care, and immunizing against hepatitis A and influenza.

The church parking lot is located within the heart of Indianapolis’ most vulnerable neighborhood in terms of health risks. In the zip code 46201, residents are twice as likely to die of an overdose and three times more likely to have HCV. Trap houses line the corners of the parking lot, and vehicles

speed through the alley after leaving an oft-frequented convenience store.

MCPHD identified the community as one that would most benefit from its newly-introduced syringe services program, Safe Syringe Access and Support. After consulting with neighborhood leaders, faith-based institutions and health care centers, Safe Syringe launched two mobile locations on the Near East Side: Brookside Community Church on Fridays, and the Damien Center on Wednesday afternoons.

While local PWID were initially hesitant to approach a government-sanctioned syringe services program, the mobile unit now sees 150 clients of various backgrounds and histories. Public health nurses triage a range of health issues related to injection drug use: a gaping 15 centimeter open abscess at the base of a woman’s spine, fever and chills secondary to septicemia that resulted in a six week hospitalization, lessons in advocacy for hepatitis C treatment, and other health services in spite of ongoing drug use.¹

The overarching goal of Safe Syringe is harm reduction; recognizing that, despite our best efforts, drug use persists. A wide-range of health concerns arise with injection drug use. Through harm reduction strategies, individuals can reduce those adverse risks, primarily hepatitis B and C, HIV, subcutaneous abscesses and resulting bacteremia, and opioid-induced overdose. Safe Syringe mitigates those risks by providing PWID with a needs-based number of sterile syringes and other injection equipment, as well as four doses of intramuscular naloxone.²

Of the 150 clients currently served, 40% are infected with hepatitis C and 5% with HIV. While individuals previously recognized the risks of acquiring infections through needle-sharing, the majority were

¹ Current recommendations from ASLD/ISDA identify treating PWID for HCV as second order priority (behind end stage liver disease) for its Treatment-as-Prevention benefits. Evidence suggests that, while reinfection is a possibility, reinfection rates remain low for PWID post-HCV treatment even when compared to non-injecting populations.

² Interviews with local PWID indicate that if emergency medical services are not sought, opioid-related overdoses require approximately three doses of intramuscular naloxone to revive.



largely unaware of the risks of sharing and re-using their injection preparation equipment (cookers, cottons, water, tourniquets). Safe Syringe has administered 91 immunizations, including hepatitis A and B, human papillomavirus (ages 46 and below), tetanus, and seasonal influenza. Sixty-two HIV and/or HCV screening tests have been performed on-site with no reactive results to date.

The benefits of Safe Syringe, however, extend beyond infectious diseases. Since its implementation, staff of Safe Syringe have assisted a participant with creating a resume to obtain gainful employment, linked three individuals with medication-assisted treatment, and provided open ears to those who often don't feel heard by society. It's not uncommon for participants to linger with staff, who might be the only people who offer smiles and genuine inquiries that day. Participants in syringe services programs are five times more likely to enter a drug treatment program and three times more likely to stop using illicit drugs altogether due to the non-coercive, non-judgmental environment created by harm reduction. Safe Syringe offers a safe place for PWIDs to disclose their health, personal, and justice issues without fear of negative consequences.

The greatest barrier identified to program success at this time is the conflicting nature of public health and criminalization initiatives to address the drug epidemic. While respected organizations worldwide have come to define substance use as a health versus behavior issue, criminal justice often lags behind. While the criminal justice system is a key component to a multi-pronged effort to address the drug crisis, the criminal-

ization of paraphernalia, particularly syringes, spurs needle sharing and re-use among PWID, fostering HIV and HCV outbreaks. The tension between the legalization of syringe services in Indiana and persisting unlawful possession of syringe laws - a level 6 felony - often prevents local PWIDs from utilizing syringe services to their full potential.

Safe Syringe in Marion County is 100% grant-funded for its first three years of operation thanks to gifts from the Richard M. Fairbanks Foundation, The Health Foundation of Greater Indianapolis, Indiana State Department of Health, AIDS United, and the Department of Justice. Safe Syringe is up for renewal in June 2020 by the Indianapolis-Marion County City-County Council. Indiana law supports the approval of syringe services in one or two year increments by the local executive or legislative body in response to hepatitis C or HIV outbreaks related to injection drug use.

Safe Syringe currently operates the following days and times:

@ Eagledale District Health Office
Mondays: 12:30 pm - 2:30 pm
Tuesdays: 9:30 am - 11:30 am
Thursdays: 5 pm - 7 pm

@ The Damien Center
Wednesdays: 2 pm - 6 pm

@ Brookside Community Church
Fridays: 11 am - 3 pm



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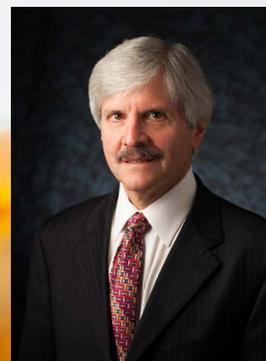
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A Case for Legalization



by RICHARD D. FELDMAN, MD

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

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 to me. We will publish it in next month's edition. Additionally, if you have an editorial you would like to share on a different topic, please feel free to submit it to me at mperrill@indymedical-society.org.



Marijuana, despite some recognized adverse effects, is progressively gaining acceptance by the public and lawmakers for both medical and recreational uses. In Pew and Gallup polls, approximately 65 percent of Americans favor legalization, and in one study nearly 70 percent of physicians believed that medical marijuana should be available, and over half believed it should be legalized.

Marijuana has demonstrated therapeutic benefits for a number of conditions including chronic pain, recalcitrant epilepsy, nausea, and spasticity in multiple sclerosis. There are probable benefits in inflammatory bowel disease, fibromyalgia, and glaucoma, and in stimulation of appetite in cancer patients. Much more research is needed.

Adverse effects include some risk of psychological addiction and mild physical addiction with withdrawal symptoms similar to nicotine. There can be emotional disturbances, some driving impairments, and cognitive and memory difficulties with heavy use, but these are largely reversible. A major concern is adverse effects on adolescent brain development, and although there is some observational evidence, it is principally based on non-clinical indications of brain physiology changes. There is no evidence that marijuana is a gateway drug any more than alcohol can be considered so.

Thirty-three states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands have legalized medical marijuana. Eleven states (including Michigan and Illinois) and the District of Columbia have legalized recreational use. Ohio approved medical marijuana in 2016.

The acceptance clearly crosses political party lines evidenced by the states that have passed legalization statutes and referendums. Voters in Florida approved a medical marijuana referendum with a 71 percent majority.

As one might expect, the conservative Indiana legislature is not presently politically ready for legalization of medical marijuana. But in one recent poll, 73 percent of Indiana voters favored legalization for medical purposes. Accordingly, one would predict that legalization of medical marijuana is inevitable. An Indiana law should include strict regulation, meaningful medical

supervision, limitations on quantities that can be possessed, and formation of a state commission of medical professionals that would issue and update legitimate evidenced-based indications for medical use.

Legalization of recreational use is also currently not realistic in Indiana. Decriminalization is. Note that the Marian County prosecutor has ended prosecution for possession of small quantities of marijuana. Fifteen additional non-marijuana states have decriminalized marijuana. Decriminalization generally involves reducing the offense of personal-use possession of small quantities from a felony or misdemeanor to an infraction. There would be no arrest, prison time, or criminal record much like minor traffic violations.

Marijuana is just not heroin, cocaine or methamphetamine. It's not a narcotic and is probably safer than alcohol; it should be legally treated as such. Convictions and imprisonment and the resulting marginalization and negative consequences to future employment, educational, and other opportunities are not justified from either a moral or cost-to-society standpoint. Resources can be saved in the law enforcement, corrections, and judicial systems and better spent fighting more serious drugs and crimes. Decriminalization has not resulted in increased use.

Both the American Academies of Family Physicians and Pediatrics have recommended the decriminalization of marijuana. As more states embrace both medical and recreational uses, federal illegality and treatment as a Schedule I controlled substance (like heroin) will increasingly become untenable.

Our society is clearly moving towards legalization of marijuana, especially for medical use. Marijuana is far from a harmless substance. But much like the forbearance for tobacco and alcohol or the repeal of Prohibition, the public is willing to accept marijuana as a legal substance and tolerate its untoward effects.

Women DO Belong in Academic Medicine



by THERESA ROHR-KIRCHGRABER, MD, FACP, FAMWA
IMS Member & AMWA Advocacy Committee



by SLAVENA SALVE NISSAN
Advocacy Committee Member
AMWA

As a woman in academic medicine and a past president of the American Medical Women's Association (AMWA) the comments of Indiana University Professor Eric Rasmusen who tweeted the article "Are Women Destroying Academia? Probably" were difficult to read. We appreciate the rebuttal from IU Executive Vice President and Provost Lauren Robel.

"...with the resilience and tenacity of many women, there has been profound advancement in the kind of education and professional roles that are available to women."

Discussing this with my colleagues at IUSM and within AMWA we have address his argument with the following:

AMWA has its roots in a Chicago meeting with Drs. Bertha Van Hoosen and Marion Craig Potter who came together with a group of other women in November 1915. The Victorian era had only recently ended and its history of keeping women in a domestic sphere made it so that occupying

a space as a woman in medicine, particularly in a position of leadership, was incredibly challenging. Over the last 104 years, with the ratification of the 19th Amendment, the women's liberation movement, and the resilience and tenacity of many women, there has been profound advancement in the kind of education and professional roles that are available to women.

Therefore, when people in positions of power put down this progression and suggest that the presence of women somehow diminishes academic spaces, it is imperative for organizations like AMWA to speak out. Universities and colleges are places where both the educators and students are challenged to think and grow both personally and professionally. They are where individuals come together to explore new ways of thinking and doing. How can this happen if we exclude certain groups of people (based on sexual orientation, gender, ethnicity, etc.) from existing in these spaces? This is particularly important in



medicine and science with the constant need of novel approaches to treating and preventing diseases.

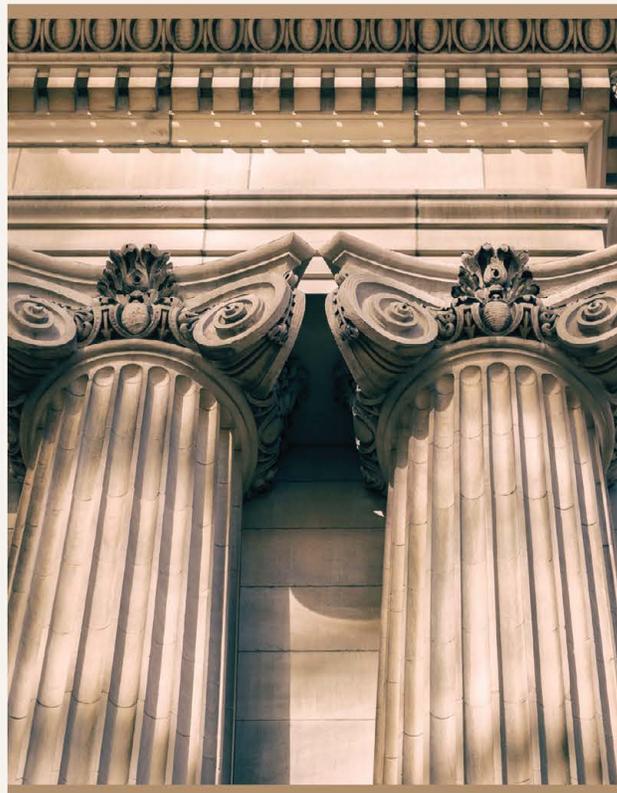
In addition, the idea that “genius” is somehow inherently connected to maleness/masculinity is just simply wrong. Dr. Gertrude B. Elion was responsible for the development of several drugs such as allopurinol, azathioprine, acyclovir, and AZT (the first drug used in the treatment of AIDS). Dr. Patricia Bath was a pioneer in the field of ophthalmology and with her invention of the Laserphaco Probe to treat cataracts, became the first African-American female physician to receive a medical patent. Dr. Helen Brooke Taussig (who was not allowed to speak to her male classmates in histology class because of fears of “contamination”) founded the field of pediatric cardiology and was instrumental to the development of a procedure for babies born with congenital heart disease.

AMWA, with our colleagues in health care and academia, look forward to another century of innovation, collaboration, and growth for women in medicine and beyond.



NOTE FROM THE AUTHORS:
Reprinted from IUSM Women in Medicine blog 12/6/19

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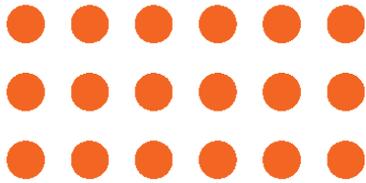
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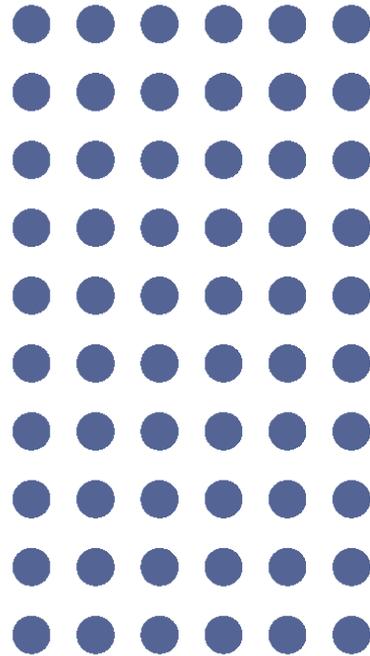
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RICK C. SASSO, MD

Rick C. Sasso MD, Indiana Spine Group, as President-Elect of the Cervical Spine Research Society gave the Keynote lecture at the CSRS in China meeting October 19, 2019. The meeting was held in Xi'an, China and Dr. Sasso's invited speech was titled "Cervical Deformity".

He also served as a faculty member at the Spine Arthroplasty Summit which was held November 15-16, 2019 in Los Angeles, California where Dr. Sasso was asked to lecture on the clinical results of the most recent cervical artificial disc replacement to undergo FDA evaluation. Indiana Spine Group was the highest enrolling research site in the multi-center prospective FDA study. Dr. Sasso also served a panel member in the cervical artificial disc symposia.

Spine Arthroplasty Summit. November 15-16, 2019. Los Angeles, California.

Lecturer: Simplify cervical disc

Panelist: Expanded cervical indications-ADR or Fusion?; Complications of cervical ADR

The following was recently published in the Spine Journal: Kim DH, Hwang RW, Lee GH, Joshi R, Baker KC, Arnold P, Sasso R, Park D, Fischgrund J: Potential significance of facet joint fusion or posteromedial fusion observed on CT imaging following attempted posterolateral or posterior Interbody fusion. Spine J, 2019.



JOSEPH D. SMUCKER, MD

Dr. Joseph D. Smucker, Indiana Spine Group Partner and Faculty Member at Indiana University Department of Orthopaedic Surgery had the privilege of being the Visiting Professor at the University of New Mexico Department of Orthopaedics and Rehabilitation on Wednesday October 16, 2019. Dr. Smucker

gave Grand Rounds to the faculty and residents on the topics of Computer-Assisted Spinal Navigation and Robotic-Assisted Spine Surgery, sharing his experiences with these technologies and describing their applications in current and future patient care. Dr. Smucker uses these technologies and techniques in his daily surgical care of patients at Indiana Spine Group. He also attended resident fracture conference and spoke to the spine surgery faculty and residents at their teaching conference on the topic of Cervical Myelopathy (symptomatic compression of the spinal cord in the neck) - discussing current surgical techniques and modern diagnostic workup. He was honored to be the guest of the Chairman of Orthopaedics, Dr. Bob Schenck, and his wife Trish.

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IN MEMORIAM



DEAN CARL MARR, MD

Dean was an alumnus of DePauw University and Indiana University School of Medicine. Dean completed fellowships in adult reconstructive hip and knee surgery at Johns Hopkins University and Ilizatov Reconstruction at the University of Maryland. He was presented at national and international medical conferences as the assistant editor for The Journal of Arthroplasty from 1991-1999. Dean was a cornerstone at OrthoIndy. He served as Vice-President of its Board of Directors and was instrumental in building the renowned OrthoIndy Trauma Program. Dean invented a surgical device which was patented and is used by surgeons worldwide. Indianapolis Monthly recognized him as a "Top Doctor" for the past 6 years.

Dean spent majority of his career treating accident victims with serious injuries in emergency rooms. Dr. Maar died defending his family from a home invasion on November 27, 2019. He confronted the armed attackers and sacrificed his life to save the love of his life.

IMS Member since 2008

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: Intervention 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>

JAN 2020 Events

Jan 11	Learn to Identify and Fight Trafficking (LIFT) training, MS
Jan 14	Train the Trainer Point of Care Ultrasound, HITS, Indy
Jan 18	LIFT training, Phoenix, AZ
Jan 25	Breast Cancer Year in Review, 502 East Event Centre, Carmel
Jan 25	Pediatric Practical Pearls, Riley Outpatient Center, Indy
Jan 25-26	Access2MD Clinical Innovation Summit - Winter 2020 TBD
Feb 5	Simulation Instructor Course, Simulation Center, Fairbanks Hall, Indy
Feb 14	Eskenazi Health Trauma & Surgical Critical Care Symposium, Ivy Tech, Indy
Feb 22	LIFT, St. Louis, MO
Mar 26-29	AMWA LEADS 2020 Annual Mtg, Hyatt Indianapolis, www.amwa-doc.org

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.

★ INDIANAPOLIS MEDICAL SOCIETY

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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)
Mary Pell Abernathy (2021)
Ann C. Collins (2021)
Julie A. Daftari (2019)

Richard D. Feldman (2019)
Ann Marie Hake (2020)
Mark M. Hamilton (2021)
Tod C. Huntley (2019)
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

Executive Committee

Immediate Past President
John P. McGoff

At-Large
David R. Diaz

SEVENTH DISTRICT

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David R. Diaz (2020)
John C. Ellis (2021)

Alternate Trustees

Susan K. Maisel (2022)
Richard H. Rhodes (2021)

President

Robert Flint (2020)



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