

BULLETIN

PRESIDENT'S PG 06

THE HOME STRETCH

By RICHARD FELDMAN, MD

IMS Board Member, MHM

Board member, Former ISDH

Commissioner



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LETTER FROM THE EDITOR



Members,

I hope you all had a safe and very merry holiday season. With a lot of science and probably a dash of luck, this will be the last one we spend without our family and friends. As another year comes to a close, I want to thank you for the opportunity to represent you as the Executive Vice President. I am blessed to have this experience and to be able work with the greatest physicians in our state. I am looking forward to 2021 and bringing in the next generation of great, Hoosier physicians to IMS.

Happy Holidays!

Morgan Perrill

Morgan Perrill
Executive Vice
President

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THE PRESIDENT'S PAGE

ERIC E. TIBESAR, MD

Well everyone, welcome to the month of December as this is my official last letter as your president of the Indianapolis Medical Society. It definitely goes without saying we have had quite a year. In the tradition of many other magazines and publications, I thought that this last letter would be a summary and highlight (along with some rather obvious lowlights) of the year 2020 for the IMS.

I have to say, the year started off with a lot of enthusiasm, optimism and promise. The medical society board and executive committee had many meetings leading up to this year talking about how we can get the word out about what we do for physicians and trying to get others more involved and ultimately increase our membership. We had a budget in place with strong marketing plans as well as working on increasing our social media presence, improving our website and continuing with the wonderful monthly Bulletin publication. We were planning on continuing with our partnership with the Indianapolis Bar Association and trying to set up several more meetings and presentations with our lawyer colleagues in 2020. Last year we even formed a strategic planning committee which went over several different ideas to increase physician recruitment and engagement in the society. Overall, the year 2020 was looking to be a positive year.

But then, we had a major roadblock. Word began to spread very early on about a strain of coronavirus that was highly contagious and was at risk of becoming a full-blown pandemic. Eventually, all our livelihoods took a huge hit and things were beginning to shut down. Elective surgeries and procedures were put on hold, clinics were either completely closed or volume was cut way down and hospitals were beginning to recruit all physicians to help out with an onslaught of very sick patients. After a few months, clinics and operating rooms begin to slowly open back up but safety became a significant priority and despite all our efforts and care for our patients, we seem to be heading in the wrong direction right now. The next month or even the next few weeks may determine very quickly if we are headed to another lock-down or not.

Despite all of this, members of the IMS board and executive committee trudged on through 2020. We moved all our meetings to virtual meetings and



although we had to cancel many in person events, there were still a few highlights that occurred throughout the year. We had a very successful meeting with Dr. Virginia Caine, the director of the Marion County public health department, who was very gracious to meet with us and give us more insight on what we as physicians could be doing to not only treat our patients and stop the spread but understand this virus a little bit better through contact tracing and testing. We also had a virtual liver rounds (don't worry, as a gastroenterologist I didn't mention anything at all about hepatology) where many members and even former members who no longer live in Indiana anymore attended for drinks and conversation. It was wonderful to meet all of you who were there and hopefully this is a trend that can continue in 2021.

Of course, on the negative side, the pandemic affected our marketing and advertising strategy quite significantly. We had planned on trying to reach out to different hospitals directly and in person for physician recruitment, but this was not able to occur. We were able to make sure that the welfare of our patients was taken care of by sending out letters to hospital CEO's to assure that our more vulnerable patients were still being cared

THE PRESIDENT'S PAGE

ERIC E. TIBESAR, MD

for appropriately in emergency rooms and acute care settings. We also made sure to look out for the general public's health by making sure that during gatherings and protests there were no significantly harmful crowd control measures being used. Finally, the monthly Bulletin magazine pressed on and even though we got hit by advertisers due to the economy shutdown, we were still able to print and distribute without a hitch to all our wonderful members.

As we look towards the new year, it does not appear that anything immediately on the horizon is going to change. We will still be doing our board meetings virtually and many of our normal in person gatherings will likely be put on hold or canceled. But that should not stop us from continuing our mission as Indianapolis Medical Society members in that we will always advocate for physicians and always continue to care for our patients to the best of our ability. I urge all of you reading this to reach out to myself and other board members with any ideas and let us know if you would like to be more involved in helping us with our ultimate mission. Also, I ask that you reach out to your colleagues who may not be involved, let them know of the benefits of membership, what our strategic mission actually is and encourage them to be involved as well.

I want to close by giving a very big and wonderful thank you to my esteemed colleagues on the IMS board and executive committee. I continue to learn more and more from you at each meeting and remain in awe at the ideas and connections you all have. Despite the hardships, we all pulled through this together and I very much look forward to working with you all again in 2021. But a special shout out needs to go to our executive vice president, Morgan Perrill, for whom the society would not run at all without her help and expertise. Thank you, Morgan, for everything that you do and for helping us make it through 2020 in one piece. Here's to the new year and as always, I urge you to be safe, stay healthy and keep fighting the good fight. Take care everyone.



Eric Tibesar
President
Indianapolis Medical Society



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Indianapolis Medical Society
May 29 · 🌐
The Indianapolis Medical Society is partnering with the Marion County Public Health Department to help with COVID-19 and organize volunteers. Interested in volunteering? Sign up using the link below.
<https://www.surveymonkey.com/r/MarionCoVolunteer>

Indianapolis Medical Society added an event.
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TUE, APR 28
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Indianapolis Medical Society added an event.
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TUE, MAY 5
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IMS ON RACISM

STATEMENTS ON RACISM

The Indianapolis Medical Society (IMS) Board of Directors approved at their July Board meeting on July 14, 2020 to stand with American Medical Association (AMA) by stating their agreement with the AMA statement made on June 7, 2020 against racism. The statement reads as following:

- The AMA recognizes that racism in its systemic, structural, institutional, and interpersonal forms is an urgent threat to public health, the advancement of health equity, and a barrier to excellence in the delivery of medical care.
- The AMA opposes all forms of racism.
- The AMA denounces police brutality and all forms of racially-motivated violence.
- The AMA will actively work to dismantle racist and discriminatory policies and practices across all of health care.

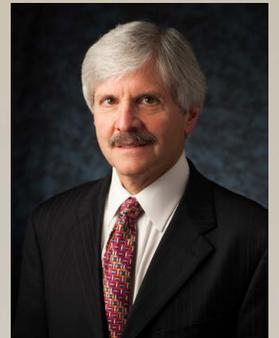
Indianapolis Medical Society
March 16 · 🌐
FOX59.COM
Indiana to close bars, restaurants for in-person dining in response to coronavirus pandemic

BULLETIN
MEDICAL SOCIETY

The Home Stretch

By RICHARD D. FELDMAN, MD

IMS Board Member, MHM Board member and Past President, Former Indiana State Health Commissioner





America's response to the COVID-19 pandemic has been a disaster. A lack of federal and in some cases state leadership made a terrible situation into something horrific. The federal response was delayed, chaotic, and inadequate without a coordinated national pandemic strategy. Ten months into the siege testing is still insufficient and newly rationed again. Personal protective equipment is yet lacking for health-care providers, and effective contact tracing was never accomplished.

Disinformation, minimalization of the seriousness of the pandemic, and encouragement of premature state economic reopening for political purposes was continual and detrimental. Some governors - the poster child being Kristi Noem of South Dakota - deemed individual liberties, without regard to the common good, more important than preserving lives. Once COVID-19 recently became totally unrestrained with colder weather, state responses were generally too little too late. Too many misleading and confusing messages to the public.

Governor Holcomb's initial pandemic response was reasonable, but he eventually caved to conservative political pressure. A mask requirement without a penalty? And in the face of the current onslaught of COVID cases, hospitalizations and deaths, his reopening rollback is almost inconsequential. What happened to following the data and science?

No wonder Americans just don't get it. Not wearing a mask and dismissing public health advice to social distance have become political statements. Incomprehensibly, the Indiana General Assembly will not require masks next session.

Beyond politics, despite massive public educational efforts and 270,000 dead, much of the general public doesn't really comprehend or at least minimizes the dangers of this virus. Wearing a mask as a chin guard doesn't protect anyone. Gathering of multiple households for the holidays and going to gyms, social and religious gatherings, and indoor restaurants and bars are asking for

trouble. It's not about total shutdown but targeted restrictions for the most perilous venues. Desperately needed new stimulus money should be coupled to these restrictions to support businesses and individuals.

I grew up with a girl who contracted polio literally weeks before the first vaccine was available, eventually dying prematurely. How tragic, and how tragic it would be to die from COVID-19 in the last days before a vaccine is available. We can now see light at the end of a very dark tunnel but have a dark winter before us with COVID-19 cases exponentially compounding before it's over.

The two-dose coronavirus vaccines will be available initially for health-care personnel and first responders in late December. It will

then be administered to the elderly, and to people with chronic conditions, essential occupations, and those in congregant-living situations. Finally, mass immunization of the general public should begin by April

2021. Herd immunity could develop by fall if 70 percent of people are immunized. Unfortunately, the already vaccine-hesitant public is even more anxious about the coronavirus vaccine - only 58 percent of adults are willing to take it.

Amazingly, the first two vaccines are 95 percent efficacious. Very few vaccines are that effective. And although clinical development was fast-tracked at "warp speed", these vaccines are very safe. That safety is underscored by the fact study participants were monitored for two months after vaccination for side effects. Almost all adverse events occur within 6 weeks of an immunization. Vaccine data will be extensively reviewed by the FDA, independent scientists, and the CDC.

We're in the home stretch. For a few more months, follow mask-wearing, social distancing, and hand sanitization recommendations, and avoid high-risk situations.

Don't be the last to be killed in this war.

"...how tragic it would be to die from COVID-19 in the last days before a vaccine is available."

Amanda Wright, DO

First Woman Dean of Marian University College of Osteopathic Medicine



By JULIA KASTER

PROVIDED BY DR. THERESA ROHR-KIRCHGRABER

Dr. Amanda Wright, interim dean of Marian University College of Osteopathic Medicine (MUCOM) has instilled the values of service and community into Marian. Fewer than 20% of medical school deans are women and Dr. Wright continues breaking down barriers and stigmas for women in medicine, and her accomplishments enhance the field of medicine and Indiana.

To start out lightly, can you tell me a little bit about you, your family, your interests, and maybe a fun fact?

I completed my undergraduate at Saint Mary of the Woods College in Terre Haute. Then, I graduated



Husband Cameron, baby Conlan, and son Payton

from Chicago College of Osteopathic Medicine and completed my Family Medicine residency at the University of Illinois College of Medicine at Peoria (UICOMP). I practiced in Peoria until 2017. My practice was full spectrum Family Medicine: I did OB, deliveries, inpatient and outpatient medicine. Later in my career I became faculty for the UICOMP and then the osteopathic program director for the family medicine residency. As an alumna of that program, I greatly enjoyed my time there as a learner and an educator!

Then, I made a transition from graduate medical education (GME) to undergraduate medical education (UME). Ultimately, I had the opportunity to return to Indiana. My husband is from Speedway, and he and I both completed undergraduate in IN; we were excited to “come home.” I have two boys, an 11 year old, who just started 6th grade, and a four month old.

In medical school, I realized I did not have any hobbies (that’s not healthy!). As an adult, I searched for hobbies. My son was interested in horseback riding, and that has become a hobby for me. Riding and partnering with a horse are good reminders to relax and to not bring stress to riding. Now that I have a baby, I have been doing more activities in which I can bring him along, like hiking.

You’ve lived in several different regions of the United States, what did you notice on approaches to medicine in these areas, and how did this impact your practice?



Dr. Wright's sister, Joy

In Arkansas, Illinois, and now Indiana, I have been fortunate to work in cities that prioritize medical education and have high quality health care systems. In Arkansas I was at a new medical school and building relationships with those partners was critical. In Indiana, we are very fortunate to have fantastic clinical partners, and I enjoy working with them every day to ensure high quality learning environments for our learners. In each state, I worked in large cities. However, you need not travel very far before skyscrapers turn into cornfields. This has been a benefit for the learner, so they can have exposure to a diverse patient population and type of practice setting.

Why did you decide to become a physician?

I always wanted to be a physician. Growing up, I would always say I wanted to be a physician and (fill in the blank), whether that blank be a singer or an ice skater. My mom pointed out that being a physician is a full-time job: she was right! My sister has a genetic disorder called Cornelia de Lange Syndrome (<https://www.cdlsusa.org/what-is-cdls/>), meaning she has different abilities including physical and intellectual disabilities. So growing up, I saw everything my family went through. We learned how to work with her physicians and other members of the healthcare team to ensure the best quality of life for her. When I was younger, I wanted to be a physician so that I could “fix” my sister. I came to realize she did not need to be fixed; she is perfect the way she is. I learned that as a physician, my role is to help patients and their families with hard diagnoses and to find ways to support them

and improve quality of life.

What triggered your transition from practicing medicine to academic medicine?

The simple answer is learners. When I first started practicing, I did not have any learners. I would come out of the exam rooms so excited to talk about the case. So, I would go talk to the nurse, who finally suggested that I sign up for a medical student. I listened to her advice, and I loved having a student. Then I decided to get more involved with UICOMP (University of Illinois College of Medicine at Peoria), and I began taking residents and students into my practice. I love practicing medicine, but it is even more amazing to see a patient with a learner by my side. Residents already know so much and know what they are interested in, but I could see such growth with the third and fourth year medical students in their interests, passions, and skill sets. So I “blame” the nurse (for guiding me!) and the learners (for showing me my passion!) for my transition to academic medicine. I will be forever grateful to them.

With such an important, demanding job, how have you maintained a work/life balance?

This is a constant struggle, and some days are harder than others. One thing that has helped is utilizing a two-box system. I love to check off boxes on my to-do list. To use the two-box system, first, I prioritize items in my life (list the goals you have for family, self, work, and your community). Then, when confronted with an opportunity, I typically,



Medical mission trip to Peru with students

only engage if it checks two boxes for me. For example, if I am invited to present at a conference, I would say yes if the topic was about UME (checks the work box) and I was able to bring my family (checks the work and family box). However, I might decline the invitation if I could bring my family but the topic was on a topic about which I am not involved or interested. I want what I spend my time on to check two boxes. Even reading to my son can check two boxes: I can read him a medical related story (work related and time with my family).

What challenges have you noticed in your career based on your gender?

One challenge that I have noticed my whole career is the perception of the female's role in the medical community. This comes from patients and from other healthcare workers. In the hospital, I would introduce myself as Dr. Wright, but it was not uncommon for the patient to defer to the male in the room assuming they were the physician instead. There is a cognitive dissonance some people experience when they see a female and hear "doctor". Another thing I have noticed is that in group settings, often the male physicians are introduced as "Doctor," but I am introduced as Amanda Wright, rather than Dr. Wright. Appearances also come up much more for women in medicine. Men are complimented more on their skill set rather than their appearance.

According to the AAMC website, as of 2018, women only accounted for 16% of medical school deans. You have overcome the odds. What advice do you have for females trying to break the glass ceiling?



Her horse is named Corazon Return of Spontaneous Circulation, or Cora for short

There's a saying, "standing on the shoulders of giants." I would not be here without other people lifting me up or learning from others that have gone before me. My best advice is to grab a hold of mentors and don't let them go. Seek input early and often. I have multiple mentors and advisors of whom I ask questions and ask for help, people that push me



Mentor Dr. Karen Nichols, and two classmates from CCOM

outside of my comfort zone. Also, I think it's important to be unapologetically female in the medical environment; talk openly about the things females deal with: being tired, being a mom, breastfeeding, balancing, struggling, and trying our best. We need to normalize the behavior of women in medicine. We need to talk about both things, being a female and being a doctor. People are not acknowledging my whole self if they only talk about me as a doctor or as a mom or as a female. I am all those things; each of these things comprise who I am.

As the dean of MUCOM, you recognize that the medical field is changing, with the opportunities for women increasing. How have you seen the field change since you started your career, and what changes would you like to see in the upcoming years?

The composition of medical school classes now more women than men. I was fortunate that in my residency program there was a good mix of both, which is not true for all specialties. However, we did not have many women faculty members. Recently, there has been a shift. We are seeing more women in medical school classes, residency programs, faculty and administration. Going forward, it is important to have diversity by gender, race and other areas in all specialties. If a patient wants a female urologist or a female surgical specialist, he or she deserves that. Medicine should reflect the racial, gender, and other areas of diversity that is reflected in the communities we serve.

Has there been an influential role model that has inspired you?

I have different mentors for different areas of my life. It is hard to narrow it down to just one to highlight. Professionally, Dr. Karen Nichols is a great mentor. She was the Dean of the Chicago College of Osteopathic Medicine and began her deanship near the time I started medical school. Dr. Nichols has a career path that I want to emulate. Nichols points out my strengths and helps me to leverage them, and she highlights areas I may need to strengthen. She tells me things she encountered on her journey to help prepare me for obstacles I may face or to help me think through a situation. Dr. Nichols allows me to bounce ideas off her and provides the feedback I need to hear and does so in a kind way, even if she disagrees with me. I have other mentors I am very thankful for too, whether they mentor me on motherhood, personal relationships, or wellness.

What has been a highlight or a turning point in your career?

There have been a lot of highlights in my career, but the time of most rapid growth was probably the last six months. I am honored and humbled to serve as the Interim Dean, and I will admit it feels a lot like my intern year! During the first week of residency, there is a steep learning curve that literally goes straight up. These past six months have been the same; I am reading and learning constantly. I've had to evaluate how I interact with others, how to communicate intentionally, and how to ask for help more often. With the COVID-19 pandemic, I have been confronted with situations and concerns that I did not initially know how to manage. On a daily basis, I must quickly gather and assess data and then be definitive and communicate those decisions effectively. Some days I succeed, some days I have opportunities to learn. This pandemic has required my learning, flexibility, compassion, and adaptation to see rapid and exponential growth.

Having already accomplished so much at a young age, what are some of your personal goals for the future?

For short term goals, I would love the opportunity to continue to serve the students of MU-COM. My goals for Marian revolve around our partnerships, interprofessional education, and educational excellence. I would also like to develop ways to make more of a community impact and ensure that the Marian students are a representation of the population they will serve. I want to ensure MU-COM is the best place for our students to receive an education and a place that provides a service to our community. I love and am proud of the osteopathic profession, so for a long-term goal, I want to stay engaged with osteopathy and make sure it stays strong and continues to grow. Wherever my long-term goals may take me, I want my future to include working with students. With students is where I found my passion, and I want to continue working with them to some capacity, perhaps through the AOA or AACOM. I want my future to include service to my profession, to students, and my community.

What is your favorite thing so far about Marian?

There are so many things I like about Marian. One of the highlights of my time here was in March of 2020. Many may think March 2020 was a lowlight because of the pandemic, but in the midst of this hard time, Marian had a 100% residency placement: a reason for celebration!! Match day this year was like Christmas; it was a huge ray of hope, knowing Marian was sending out 150 new great physicians. I loved seeing our team outside handing out match envelopes through a drive-through line to the students. It reminded me how much the school values and rejoices in our students' success. I am proud to be a part of MU-COM.

MARIAN UNIVERSITY
Indianapolis®

A Look Back in History

By MORGAN PERRILL

Executive Vice President, Indianapolis Medical Society



As we prepare for the largest vaccine deployments in history, I find myself looking back into the past. As an individual who loves history and feels a small personal connection to those who suffered from the polio virus, I want to take you on a brief journey back through history.

One of the most amazing things about the Indianapolis Medical Society, what is probably most taken for granted, is our long history and the records kept. The Bulletin, for example, is not just another magazine but was started back in the 1930s and we have bound copies dating to that time. I'm going to take you back to 1955 when the polio vaccine or Poliomyelitis Immunization, was starting in Marion County and share with you some articles from the Bulletin at the time. I hope you find this as interesting as I did.

“Progress in Polio.” Indianapolis Medical Society Bulletin, vol. XV - No. 1, January, 1955, pg. 6

More than twelve hundred days of hospital care were paid for by the Marion County Chapter of the National Foundation for Infantile Paralysis in the first 11 months of 1954 under the Foundation's program of financial assistance in the care and treatment of poliomyelitis patients to whatever extent aid is needed. At a cost of \$26,000 113 cases in both acute and rehabilitative stages were helped. Prosthetics were provided to Patients at a cost of more than \$5,600.

At the national level, more than 20,000 physicians throughout the United States cooperated in the

vaccine field trials sponsored by the Foundation. Evaluation of the Salk vaccine administered to 440,000 school children in the largest medical experiment of its kind ever conducted, is now in progress under the direction of Dr. Thomas Francis at the University of Michigan. Announcement of its effectiveness will be made in the Spring of 1955. Subject to a favorable report from Dr. Francis, more than 9,000,000 children will be eligible to receive the vaccine under National Foundation sponsorship. Marion County physicians, for both science and humanity, are urged to give generously to the 1955 March of Dimes now in progress. Let your patients and friends know that the March of Dimes fights wisely, economically, and effectively against the polio threat.

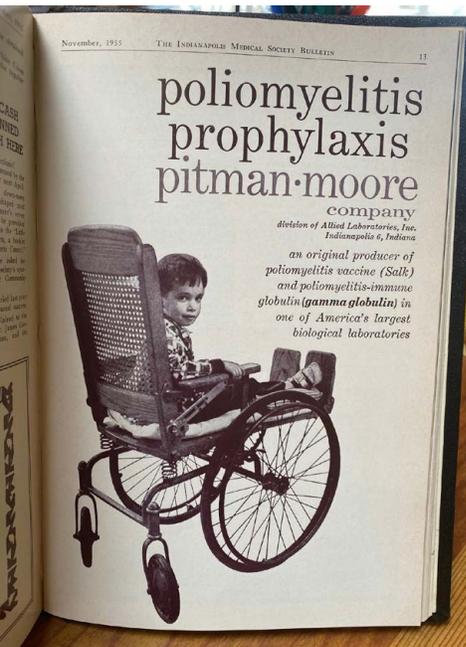
SUMMARY: “Volunteer Doctors Sought for Largest Plan for Mass Immunization in History of County” Indianapolis Medical Society Bulletin, vol. XV - No. 4, April, 1955, pg. 10

This article asks for IMS members to volunteer to inoculate nearly 30,000 1st and 2nd grade school children in Marion County which will take place within the schools and in coordination with other organizations such as the Red Cross and Retail Druggists. At this point, they did not know when the immunizations would occur.

SUMMARY: “Letters” Indianapolis Medical Society Bulletin, vol. XV - No. 8, August, 1955, pg. 15

In a letter to the editor, Francis W. Krauser, chairman of the Marion County Chapter of the National Foundation for Infantile Paralysis, notes that their executive committee follow the lead of the Marion County Board of Health and IMS on the inoculation process and schedule, commending the IMS's Polio Immunization Committee for their “masterly administration of the first phase of the inoculation program.”

Nester, Henry G., Ph.D., M.D., “Preventive Medicine and Public Health, Poliomyelitis Immunization Committee Report.” Indianapolis Medical Society Bulletin, vol. XV - No. 11, Novem-



SPECIAL FEATURE

ber, 1955, pg. 16

On March 1, 1955, the Council of the Indianapolis Medical Society voted to accept the proposal of the National Foundation for Infantile Paralysis, to furnish at its expense Salk Polio Vaccine for immunization of 1st and 2nd grade school children in Marion County. For administering the vaccine, the Council appointed a poliomyelitis immunization committee as follows: R.D. Howell, M.D., Francis P. Jones, M.D., Carl D. Martz, M.D., John E. Owens, M.D., Bryon K. Rust, M.D., Henry G. Nester, M.D., as Chairman.

The committee prepared necessary informative letters to parents and letters to physicians requesting volunteers for administration of the vaccine. These letters were approved by the Council and 403 physician volunteers responded so that the first inoculation could be completed on 25,771 first and second grade children the week of April 18, 1955. This number of children had parental requests for immunization and represents 88% of the 29,049 enrollment in those grades.

Preparations were made for the second injection to be given May 9 but due to insufficient vaccine these were postponed to May 23. A further delay was caused by a recheck of polio vaccine, necessitated after some polio deaths occurred in other states among children who had received Salk vaccine. Because of difficulties in administering the vaccine during the summer it was decided that if vaccine was not available by June 20 the program would be postponed until fall. Vaccine became available July 26 but the second injection was postponed until the week of October 10, 1955. A total of 234 volunteer physicians served in a second round of inoculations.

The committee, on behalf of the Medical Society, wishes to express its thanks for the generous donation of their time by the physicians who served in administering both the first and second injections without pay.

For the second injections parents were again asked to sign a parent request form. A total of 20,589 children, 79% of those who had received the 1st, also received the second injection.

The committee also wishes to thank the 55 Division of Public Health nurses who faithfully and efficiently saw that all necessary equipment and materials were on hand at each of the 175 immunizations centers. We also thank the St. Francis, General, Indiana University, Methodist, Veterans, and St. Vincent's Hospitals for loaning 5,800 syringes and 7,078 needles, furnishing distilled water and autoclaving equip-



ment for the program, the Retail Druggists Association for donation 60,000 cotton balls, the Bemis Bag Company for donation paper bags for packaging supplies, the Indianapolis Chapter of the Red Cross for furnishing workers to wash and reassemble syringes and the Motor Corps of the Red Cross for transporting equipment to and from the hospitals for autoclaving, the Red Cab Company for emergency transportation donation for interns and residents of General Hospital and Indiana University Hospitals who replaced physicians called from their stations. The Indianapolis Police Department graciously provided a 24-hour police guard for vaccine and equipment during the 10-day program. The Parent Teachers Association and March of Dimes Mothers transported supplies to the stations and regulated the lines of pupils reporting for injections.

The committee also thanks the Medical Society Auxiliary for faithfully calling on every physician the day before the remind him of his assignment.

The committee feels that the splendid corporation for all concerned has brought much good will to the Medical and Nursing professions.

Henry G. Nester, M.D.

Chairman, Poliomyelitis Immunization Committee

As we prepare for an even larger immunization distribution across Marion County, this look back into history gives me a sense of comfort. If history is intent on repeating itself, then we have many advocates and groups willing to support each other. Until then, stay safe and healthy.

If you would like to read the full articles mentioned here, please visit the IMS website, www.indymedicalsociety.org, under IMS History.

How does COVID-19 Impact Memory and Cognition?



By JOHN J. WERNERT, MD, MHA
Executive Medical Director, Norton Behavioral Medicine

Now almost a full year in to dealing with the SARS-COV-2 virus, we know much more about the viral impact on the body. It is now known that the virus causes massive activation of our body's immune system, and the various physical reactions to this inflammatory condition. What is now being explored is the more insidious effect of COVID-19 on the brain and nervous system.

It is now clear that many patients suffering from COVID-19 exhibit neurological symptoms, from loss of smell, post-infection confusion and increased risk of stroke. There are also longer-lasting consequences for the brain, including chronic fatigue syndrome, encephalitis and memory impairment. These effects may be caused by direct viral infection of brain tissue. But growing evidence suggests that the virus can cause ongoing impairment through the immune system and inflammation, contributing to lasting neurological changes after COVID-19.

Cognition is how we acquire knowledge, make sense of stored information and use it to complete tasks. Impairment in cognition affects your ability to retain information and recall past experiences (memory), your ability to concentrate (focus) and your ability to respond to stimuli (attention). Because COVID-19 involves a massive release of inflammatory signals, the impact of this disease on memory is a particular concern. That is because there are both short-term effects on cognition (delirium), and the potential for long-lasting changes in memory, attention and cognition. There is also an increased risk for cognitive decline and dementia, including Alzheimer's disease, during aging.

The potential connection between COVID-19 and persistent effects on memory are based on observations of other illnesses. For example, many patients who recover from heart attack or bypass

surgery report lasting cognitive deficits that become exaggerated during aging.

Another major illness with a similar cognitive complications is sepsis— multi-organ dysfunction triggered by inflammation. In animal models of these diseases, we also see impairments of memory, and changes in neuroimmune and neuronal function that persist weeks and months after illness.

Prevention of infection is obviously the primary goal, but treatments must be developed that address both the physical and neurological impact of the virus. Several emerging treatments for COVID-19 are drugs that suppress excessive immune activation and inflammatory states. Potentially, these treatments will also reduce the impact of inflammation on the brain, and decrease the impact on long-term brain health.

COVID-19 will continue to impact health and well-being long after the pandemic is over. As such, it will be critical to continue to assess the effects of COVID-19 illness in vulnerability to later cognitive decline and dementias. It will be many years before we know whether the COVID-19 infection causes an increased risk for cognitive decline or Alzheimer's disease. But this risk may be decreased or mitigated through prevention and treatment of COVID-19.

NOTE FROM THE EDITOR

Editorials are opinions of the author and not the opinion of the Indianapolis Medical Society. Editorials are published with the intent to encourage discussion and opposing viewpoints are **welcomed**. Please submit articles for this publication to mperrill@indymedical-society.org.

WELCOME NEW MEMBERS

GRENVILLE FERNANDES, MD

Rehabilitation Assoc. of Indiana PC
6330 E. 75th Street, Ste 110
Indianapolis, IN 46250-2717
317-588-7130
Phys Medicine & Rehabilitation
Oakland U Wm Beaumont Sch Med, 2016

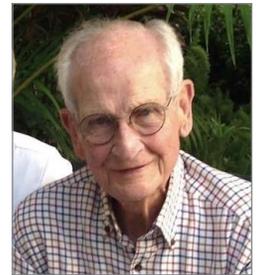
ANURAG R. REDDY, MD

Community Hospitals Oncology Physicians
7979 N. Shadeland Ave.
Indianapolis, IN 46250-2042
317-621-4301
Hematology/Oncology
Indiana University School of Medicine, 2014

IN MEMORIAM

WILLIS WOODSWORTH "WOODY" STOGSDILL, JR., M.D.

Willis "Woody" Stogsdill was born on November 11, 1925 in Sarasota, FL to Willis, Sr. and Kathryn Pearl (Smallwood) Stogsdill. He was raised in Bloomington, IN where he met his high school sweetheart, Patricia Mary Tomlinson. Woody attended Duke University and then went on to Indiana University School of Medicine where he received his M.D. in 1949. He served in the US Navy and Air Force as a medical officer. Following his discharge, he practiced family medicine in Franklin, IN for twelve years before going back to complete a residency in Anesthesiology at the Indiana University Medical Center.



Woody was Chairman of the Department of Anesthesia at St. Vincent Fall Creek and 86th Street Hospitals for 25 years before retiring in 1992. His work was instrumental in establishing the St. Vincent open heart surgery program in 1974. Woody served as President of the Indianapolis Medical Society and the Indiana Society of Anesthesiologists. He was a deserving recipient of the ISA Distinguished Service Award. He was also active in the American Society of Anesthesiologists for many years. Woody was well respected in the local and national medical communities. IMS Member since 1971.



LARRY L. HECK, M.D.

Larry was born in 1940 to Walter Heck and Helen Wise of Lawrence, Kansas. Larry and Frances were married for 58 years. He studied medicine at the KU Medical Center in Kansas City, Kansas. Upon graduating from the KU Med Center, he did his internship at Kansas City General Hospital then did his diagnostic radiology fellowship at the University of Chicago.

Larry served in the US Navy Medical Corps, as the Director of Nuclear Medicine and Director of the Navy's Officer Training Course in Nuclear Medicine at Bethesda Naval Hospital outside Washington DC, now called Walter Reed. He served his community on staff at Methodist Hospital in Indianapolis for twenty-seven years, serving for the last few years as president of Radiologic Specialists of Indiana. He also taught radiology residents and technicians throughout his career. He served on the medical faculties of University of Chicago, George Washington University, Butler University, Ball State University, and Indiana University. Larry authored or co-authored thirty-five medical journal articles. IMS Member since 1974.

A man with short grey hair and blue eyes, wearing blue scrubs, stands with his arms crossed. The background is a bright, out-of-focus window. The text 'BRING THE PAIN.' is overlaid in large white letters.

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BULLETIN BOARD



RICK C. SASSO, MD

Rick C. Sasso MD, Indiana Spine Group, served as a faculty member at the 6th annual Spine Trauma Summit which was held in a Virtual format from Seattle Washington on November 21st. Dr. Sasso was asked to lecture on Hangman's Fracture (a type of C2 cervical spine injury) and the surgical treatment of ThoracoLumbar fractures.

Dr. Sasso also moderated the session on Spinal Cord Injuries.

6th Annual Spine Trauma Summit-Virtual: Advances in Injury Diagnostics and Management. November 21, 2020. Seattle, Washington.

Lecturer: Hangman's Fracture; Flexion-Distraction vs Burst Injuries: Important Pointers

Moderator: Spinal Cord Injuries

SHARE YOUR NEWS WITH US IN 2021!

Inquiring minds want to know.

Were you recognized by your specialty, received a promotion, joined the board of another society? Your fellow IMS members want to know.

Are you looking for a new physician in your practice? Share that too!

We would love to hear from you and your colleagues want to read about you on the IMS BULLETIN BOARD. Simply email your "post" to our editor, Morgan Perrill, at mperrill@indymedicalsociety.org by the 10th of each month for a posting in that month's edition.



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: Electrocardiograph 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

ONLINE EVENTS

Indiana School of Medicine

Indiana University School of Medicine is committed to providing valuable educational opportunities. Many of our educational activities usually offered as face-to-face meetings, have now transitioned to a virtual format in an effort to keep healthcare teams connected and engaged during the COVID-19 pandemic.

Live Webinars, visit: <https://iu.cloud-cme.com>

JAN
21 Breast Cancer Year in Review

Additional virtual events: schedule, visit <https://iu.cloud-cme.com>
Grand Rounds: Dermatology, Gastroenterology, Medicine, Pathology, Pediatric, Psychiatry, Otolaryngology, OBGYN
Project ECHOs: Cancer Prevention & Survivorship Care, Integrated Pain Management
Education & Research: Child Neurology, Clinical Research Ed, Faculty Devel. Simulation, IU Health Pathology Digital Imaging, Neonatal & Prenatal Ed, Pulmonary Research

IMS is not responsible for the events listed. We recommend that before attending any CME/Conference events that you check with the provider to confirm the program is still available.

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

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Stephen W. Perkins

Richard H. Rhodes

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)
Christopher D. Bojrab (2021)
Ann C. Collins (2020)
Carolyn Cunningham (2022)
Julie A. Daftari (2020)
John H. Ditsler (2021)

Marc E. Duerden (2020)
Richard D. Feldman (2021)
Robert S. Flint (2021)
Bruce M. Goens (2022)
Ann Marie Hake (2022)
Ronda A. Hamaker (2022)

Mark M. Hamilton (2022)
C. William Hanke (2021)
Chad R. Kauffman (2020)
Susan K. Maisel (2022)
Mary Ian McAteer (2020)
Ramana S. Moorthy (2020)

Thomas R. Mote (2021)
Mercy O. Obeime (2020)
Robert M. Pascuzzi (2020)
J. Scott Pittman (2022)
David M. Ratzman (2021)
Theresa Rohr-Kirchgraber (2022)

Jodi L. Smith (2022)
Eric E. Tibesar (2020)
Maureen Watson (2022)
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)
Laurie L. Ackerman (2022)
Jeffrey L. Amodeo (2021)
Brian D. Clarke (2020)
Doris Hardacker (2021)
Brian S. Hart (2020)

Kyle Jamison (2021)
David A. Josephson (2020)
Penny W. Kallmyer (2020)
John E. Krol (2020)
Daniel E. Lehman (2020)
James Leland (2022)

Christopher Mernitz (2021)
Martina F. Mutone (2021)
Ingrida I. Ozols (2020)
Scott E. Phillips (2022)
Richard H. Rhodes (2020)
Jason K. Sprunger (2020)

Richard M. Storm (2021)
Glenn A. Tuckman (2021)

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**Indicates deceased*

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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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