

BULLETIN

SPECIAL FEATURE PG 08

INDIANA GIRL REPORT

by MACKENZIE PICKERRELL
Executive Director, Girl
Coalition of Indiana

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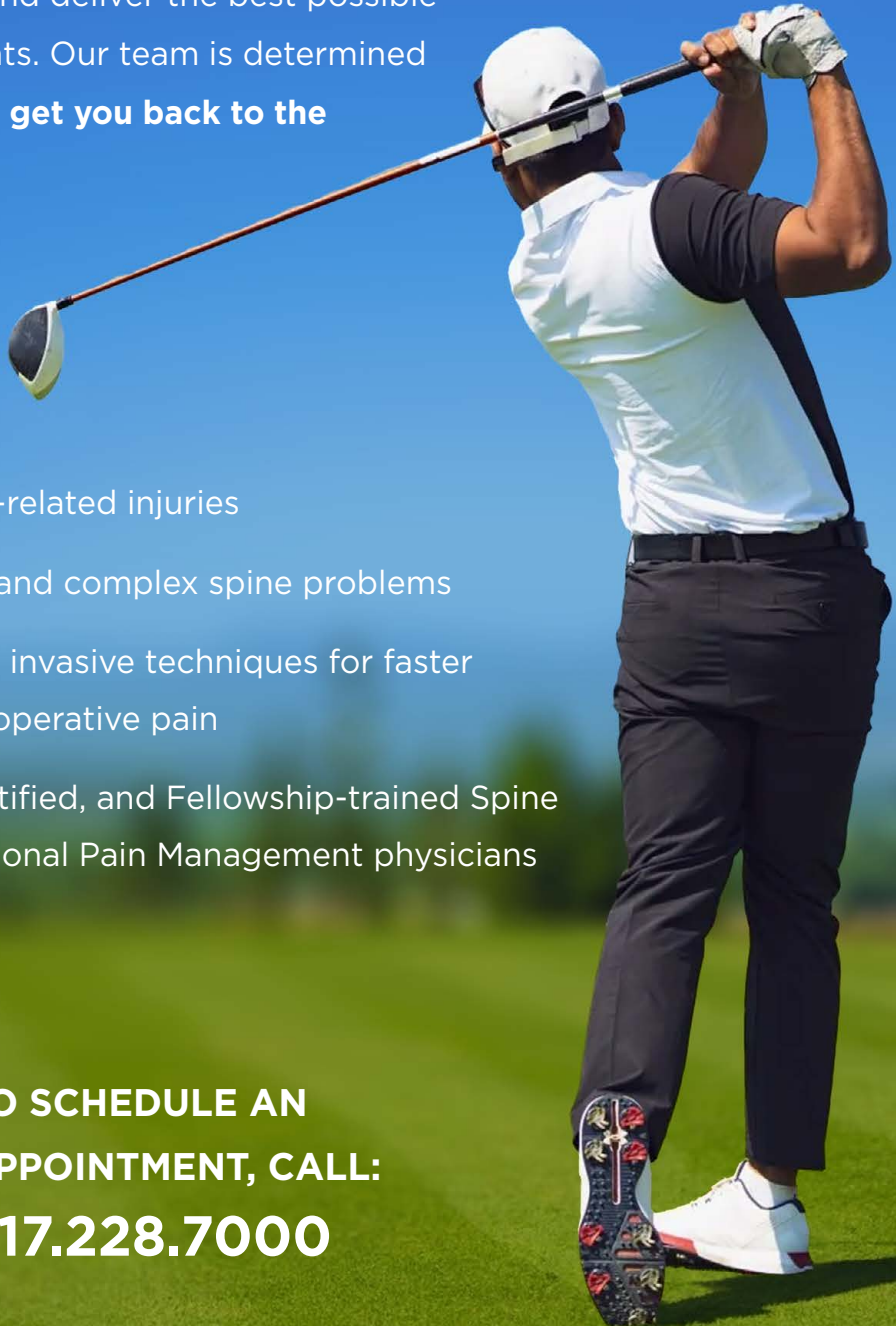
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NOTE FROM THE EDITOR

We hope you enjoy this month's edition of the Indianapolis Medical Society Bulletin. Most of our content or ideas for content are provided by our members. Ultimately, content, especially editorial articles, in the Bulletin are produced by the authors and are not the opinion of the Indianapolis Medical Society (IMS), IMS Board of Directors, or IMS Executive Committee. The goal of all articles and content contained in the Bulletin is to inspire debate and opinions among the membership on public health-related matters and keep the membership informed of issues facing physicians in central Indiana. Opposing viewpoints, comments, and counterpoint arguments are not only welcomed but encouraged and will be printed in the Bulletin by members of the Society. Members who wish to submit articles for publication should do so to me, Morgan Perrill, at mperrill@indymedicalsociety.org.

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THE PRESIDENT'S PAGE

JOSEPH WEBSTER JR, MD

I thought I'd share a little about myself that is not medical. I decided in 2022 that I would start traveling again. Conveniently my buddy was getting married in Lake Como the weekend before Trek Travel sponsored the L'Étape du Tour de France 2022 - Autres Dossards - Partenaires.



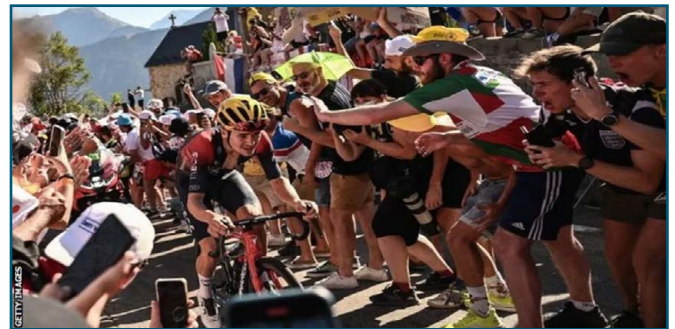
Stage 12: Thursday, July 14 Bastille Day - Briançon to Alpe d'Huez, 166km

The 2022 Tour de France's showcase stage is a repeat of the 1986 Alpe d'Huez stage. Col de la Croix de Fer (29km, 5.2%)? Yep. Alpe d'Huez (13.8 km, 8.1%)? Yep. And on Bastille Day, too.



The event took place on July 10, 2022, and involved climbing Briançon to Alpe d'Huez.

For those that do not follow the Tour de France, in 2022, stage 12 was this exact course. The pros rode the same course on July 14 and was won by British rider Thomas Pidcock from team INEOS GRENADIERS.



It was reported that stage 12 in 2022 was the hardest climbing segment in TDF history with 3 HC climbs over a distance of 167km and 8603 meters of climbing.



I landed July 2 with friends. We toured Milan and took a day trip to Venice. Besides missing our train back, the day trip was uneventful.

The next day was for the wedding. Everything was beautiful and no one objected (ha).

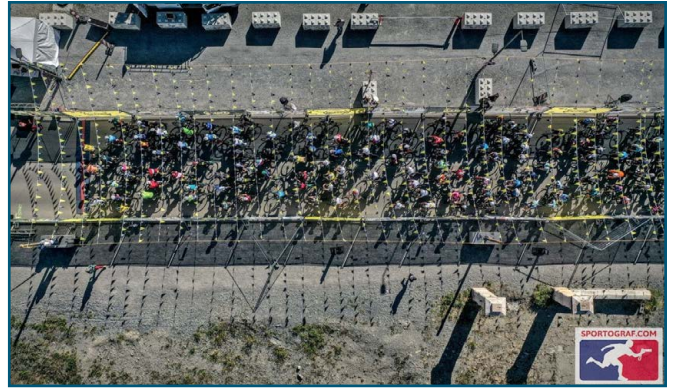


THE PRESIDENT'S PAGE

JOSEPH WEBSTER JR, MD

After a good time was had, I left my party group and took a train to be met by the Trek travel representatives. We started the first day with a big ride and each day after was the same. They were preparing our bodies for the 100 mile ride through 4 large climbs. Every day, our ride started with a 5 minute descent. Obviously, that meant that at the end of each ride was a very long steep climb to our chateau. Our rides were supported with a SAG (support and gear) vehicle and lunch locations. I highly recommend Trek Travel (and similar organized trips like Backroads) when you are considering a tour on your bicycle. I'm not an outdoorsman so any trip where I don't have to plan or think is what I call a vacation. But everyone has their own likes and dislikes.

I cycle all the time and used to compete regularly for my cycling team named Texas Roadhouse. I say this because I'm used to mass starts and all the chaos that surrounds it. THIS WAS SOMETHING ELSE!! My wave (wave 1) had 1000 riders and there were over 10 waves. I wasn't nervous but that was a lot of riders, many of whom were interviewing for pro spots and needed a great result.

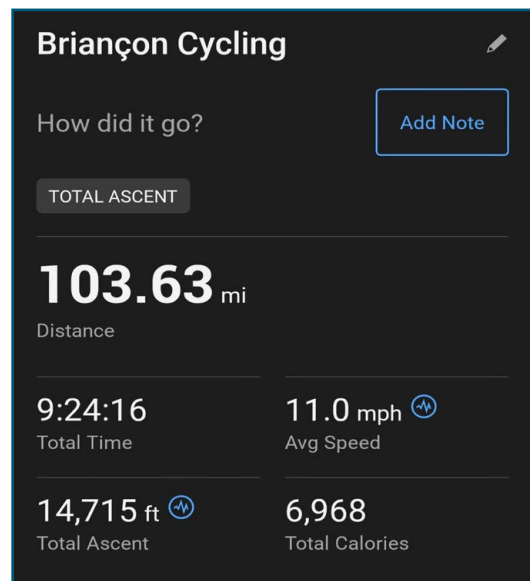


The picture shown is an aerial view of just my coral. Once the speeches were completed, the gun was fired, and we were off hot!! The logic behind the strategy of starting hot is to create distance from you and the pack. Some refer to this as "shock and awe." If you're

not racing to interview or have a PR you are trying to set, this start can throw your entire game plan off. If your goal is to finish with minimal body or psychological damage, then you need to not get caught up in this wave. I decided to get caught up. It was horrible. We had been sitting for 45-60 minutes in the cold and I wasn't warmed up enough for that initial pace. I lasted 30 minutes with the large lead group then fell back to the "just finish the race group." You quickly gain much respect for professional riders after such an experience.



My day went as expected and 14715 feet and 6968 calories later I crossed the finish line.



THE PRESIDENT'S PAGE

JOSEPH WEBSTER JR, MD

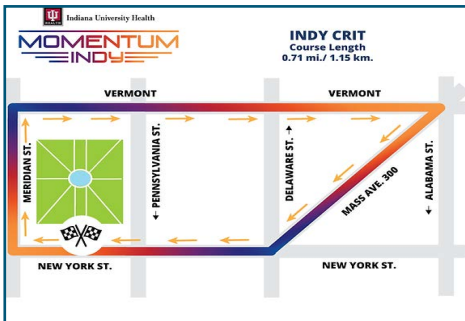
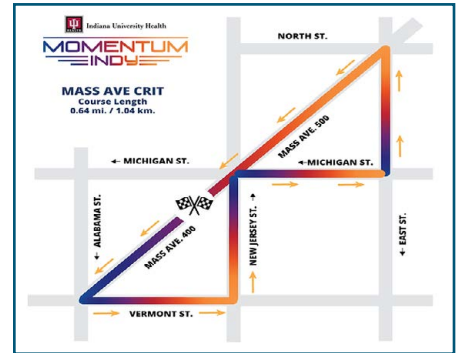
We took a helicopter from the top of Alpe D'Huez to our hotel and later that evening enjoyed a nice dinner. The next morning consisted of a shake down ride, packing, and then travel to our airports.

The experience was amazing, a beautiful wedding and a very organized ride.

The 2024 Tour de France starts June 29th starting in Florence to Rimini. It can be seen on both ESPN and NBC.

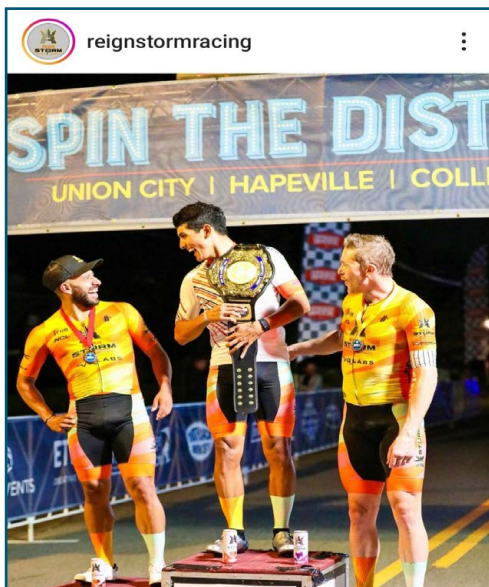
If you'd prefer more local riding to view, the IU Health Momentum Indy is a two-day cycling celebration of bike races, bike rides, food, music, and family festivities in downtown Indy. This race also serves as the 5th race of the American Criterium Cup. The Mass Ave Crit takes place in the Mass Ave Cultural Arts District on July 12 from 4-9:30 pm.

The second race of the series is the Indy Crit which is held around University Park on July 13 from 9:30-5:30 pm.



Come downtown to cheer the riders on. If you want a team to cheer for, my team is called Texas Roadhouse Cycling and we do Masters rated races.

Our elite partners also race those same days and they are called ReignStormRacing.



Sincerely,
Joseph Webster

Joseph Webster, Jr
152nd President
Indianapolis Medical Society



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Indiana Girl Report



by MACKENZIE PICKERRELL
Executive Director, Girl Coalition of Indiana

Girls have enormous potential. Girls are in a state of crisis. These two true statements embody the conflict girls face every day. Girl Coalition of Indiana, in partnership with Girl Scouts and Indiana Youth Institute, released the inaugural Indiana Girl Report in late 2023 to showcase the well-being of Indiana girls today. Understanding the unique challenges girls face and creating an environment that allows girls to meet their full potential, starts with girl-specific insights. Girls make up 48.8% of the population under 18 in Indiana and yet, while boys and girls often have shared experiences, there are many areas in which the experiences and outcomes differ widely between the genders. Without gender-specific data, we are not able to see an accurate picture of how Indiana girls are doing. The findings may shock you.

Physical Wellness for Indiana Girls

For girls to thrive, communities should create conditions for them to develop healthy bodies and live in healthy environments. Proper development of girls' physical bodies requires access to nutritional foods, outlets for physical fitness, health education, and more.

Girls were admitted for an inpatient stay at a hospital more than three times the rate of boys' admission in 2021, making up 76% of all inpatient discharges for youth 0-24 in Indiana.

From 2015 to 2021, the rate of physical and sexual dating violence among girls in Indiana has increased, while the prevalence among boys has decreased. 17% of high school girls reported having experienced sexual dating violence in 2021.

Academic Wellness for Indiana Girls

Creating an educational environment which fosters curiosity, champions risk-taking, and en-

courages girls to try new things is necessary to level the playing field in the classroom. Academic wellness for girls begins with high-quality early childhood education, equitable access to all fields of study including STEM topics throughout their K-12 education, and programs which enable on-going education in higher education or technical training.

Indiana girls achieved a graduation rate of 88.7% in 2022, higher than the male graduation rate by just over 4%.

Girls in Indiana are less likely to declare STEM as their first major, just 25.4%, compared to 41% of college-going boys declaring STEM field as their first declared major.

Emotional Wellness for Indiana Girls

When girls develop the ability to identify, express, and manage their feelings, they build a foundation for emotional resiliency. Nurturing these capabilities requires safe environments where girls learn to care for the full range of their emotions which necessitates the presence of supportive adults. Together, these circumstances can help girls manage the emotional impact of challenges such as bullying, eating disorders, and depression.

Statewide, Indiana lacks enough in-school support professionals for students: there are 4.5 times more students per school psychologist and 11 times more students per school social worker than is recommended.

Indiana girls are almost three times more likely to be victims of cyberbullying than boys, with 22.1% of girls reporting cyberbullying victimization in 2021.

Among girls in 7th to 12th grades in Indiana,

“Girls were admitted for an inpatient stay at a hospital more than three times the rate of boys admission in 2021...”



47.1% experienced depression in 2022, an increase from 45.2% in 2020. Nearly 1 in 4 girls reported they seriously considered suicide.

Social Wellness for Indiana Girls

A robust ecosystem of support including a strong family unit, adequate economic resources, and opportunities to create and sustain social networks in her community helps girls build social skills and social connections needed to thrive. In these environments, girls learn both their intrinsic worth – a precursor for healthy self-confidence – and receive necessary support to navigate complicated social situations.

Among females in Indiana, ages 0-17, girls living below the poverty line make up more than 16% of the female population.

Teen births have been steadily declining, but Black and Hispanic girls are much more likely to become pregnant as teens compared to other racial groups.

The statistics give us pause. Some are shocking. Some hint at optimistic opportunities. A girl's world is a complicated one. The data is just the starting point. Nearly 800,000 girls live in Indiana, each one experiencing a spectrum of pressures, challenges, and stressors that prevent her from living her best life. This fuels us to seek better solutions through validation, innovation, and advocacy to ensure that every Indiana girl can live her best physically, academically, emotionally, and socially.

To learn more about the Indiana Girl Report and the work of Girl Coalition of Indiana, visit www.girlcoalitionindiana.org.



**ONE VOICE.
ONE COMMUNITY. ONE
PROFESSION.**

OUR STORY

The Indianapolis Medical Society (IMS) was founded in 1848 in response to the cholera epidemic and an urgent need to identify health experts and public health treatments. We have continued since then to provide physicians with resources and ensure Hoosiers in central Indiana with the best care.

OUR MISSION

As a county medical society, we believe it is our mission to promote the professional growth of our members, advocate for all physicians, and provide quality health care for our community.

OUR BENEFITS

Advocacy

Members share ideas across specialties and medical communities to improve physician practice and care, IMS represents the physician voice with local government and at the state level through ISMA.

Knowledge & Information

Our members receive a monthly subscription to the Bulletin, available in print and online, which contains new medical information and news. Members are also given access to an online directory.

Professional Development

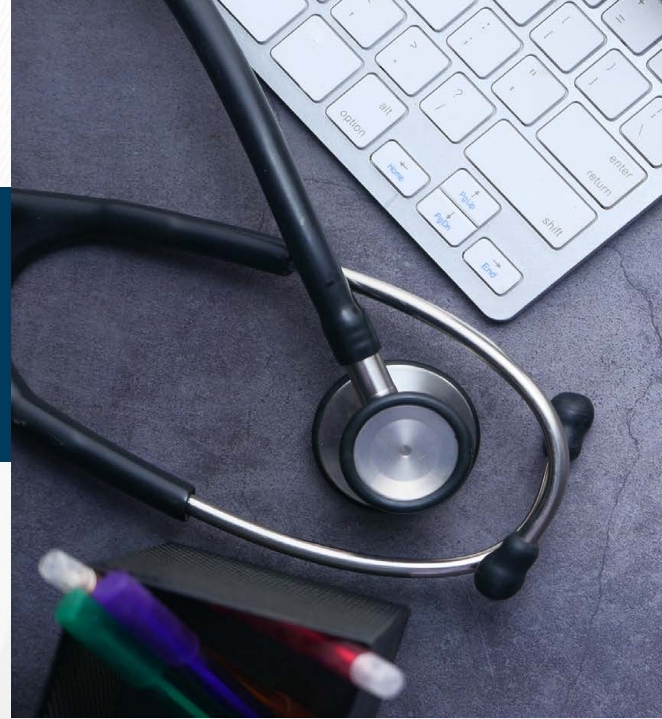
IMS offers opportunities to participate in a variety of events, in person and virtually, designed specifically for our members to learn about issues that are important to them.

Special Events

We have special events and committees members can join to get more involved, such as the Medical-Legal Committee and annual dinner for physicians to learn from and network with lawyers in the area.

Giving Back

IMS Foundation offers members the opportunity to give back to the community in a variety of ways donations, community service, and scholarships for the next generation of physicians.



CONTACT US

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mperrill@indymedicalsociety.org
317.639.3406

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by *RICHARD FELDMAN, MD*
IMS Board Member, MHM Board Member,
and Past President, Former State Health
Commissioner



Reclassification, Isn't it Time?



For many years much of the medical and public health communities have anxiously awaited the long-overdue federal Controlled Substances Act reclassification of marijuana to characterize it more accurately.

In 2022, Biden requested the Health and Human Services Administration to conduct an extensive evaluation of marijuana’s medical benefits and risks. As part of the evaluation, the U.S. Food and Drug Administration determined that marijuana has legitimate medical benefits and relatively low toxicity. The resulting 2023 HHS report concluded marijuana’s reclassification from a Schedule I to a less restrictive Schedule III was appropriate. Now, the Biden administration announced a formal rulemaking process by the Department of Justice for the reclassification by the Drug Enforcement Administration.

“MARIJUANA’S CURRENT SCHEDULE I CLASSIFICATION DESIGNATES IT AS MORE DANGEROUS THAN FENTANYL.”

Schedule I drugs, like heroin and ecstasy, are those with no accepted medical use and which have a high potential for abuse. Schedule I drugs are illegal for medical use, production, distribution, dispensing, and possession except for federally-approved research studies. Schedule III drugs, like acetaminophen with codeine, have low-to-moderate potential for dependence and have accepted medical use. Marijuana’s current Schedule I classification designates it as more dangerous than fentanyl.

Rulemaking will proceed with a 60-day public-comment period. It may also require a public hearing and formal Congressional review before finalization. The DEA has final authority for any change in status, but given the Biden administration’s strong support for reclassification, the DEA will almost certainly approve. Reclassification will take months to finalize.

I’ve written previously about the potential medical benefits as well as the untoward effects of marijuana use. Many studies have demonstrated various medical benefits and also that marijuana is far from a harmless drug. It’s not my intention revisit these subjects now.

Public opinion drives public policy. Marijuana’s reclassification initiative reflects that the clear majority of Americans want legalized marijuana, for better or for worse. Similarly, Prohibition ended because of the public’s

strong desire for alcohol.

A 2024 Pew Foundation report found that 88 percent of Americans favor legalization for either medical or adult recreational use. Fifty-seven percent favor both. Recreational marijuana is legal in 24 states and medically in 38. It’s inevitable that more states will follow. A Carnegie Mellon University study found more Americans now use marijuana daily than alcohol.

What will reclassification to Schedule III do?

The federal government has been permissive of states legalizing recreational use without interference. But reclassification won’t affect the federal illegal status of recreational use, although it would appropriately lessen criminal penalties. Federal decriminalization or legalization would require Congressional legislation removing marijuana from the Controlled Substances Act.

Also, since 2014, Congress has allowed states to legalize medical marijuana without restriction or prosecution despite being in conflict with preempting federal law. Reclassification would now federally legalize marijuana prescribing in states that have legalized medical marijuana.

According to the Congressional Research Service, prescribing would be limited to FDA approved and regulated prescription medications. This could take the form of synthetic or derived pharmaceuticals, extracts, or even regulated cannabis itself.

Importantly, FDA and DEA regulations make it very difficult to study schedule I drugs adequately. A lower classification would facilitate much needed thorough research into marijuana’s benefits and risks.

Reclassification is reflective of the evolving public acceptance of marijuana and the tremendous support for legalization. Further, it more justly treats the substance legally in relation to more dangerous and addictive drugs. Reclassification is a first step to reformulating the federal government’s position.

A hugely significant change in federal attitude looms.

CME & EVENTS

Community Health Network

WEEK DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FIRST WEEK	<ul style="list-style-type: none"> GYN Tumor Board, 7-8AM Hematology Tumor Board, 8-9PM 	<ul style="list-style-type: none"> Breast Tumor Board, 7-8AM 	<ul style="list-style-type: none"> GI/Colorectal Tumor Board, 7-8AM Community Heart & Vascular Conference, 7-8AM Critical Care Conference, 12--1PM East Theater, 12-1PM Psychiatric Grand Rounds, 1-2PM Head & Neck Tumor Board, 5-6PM 	<ul style="list-style-type: none"> Thoracic Tumor Board, 7-8AM 	<ul style="list-style-type: none"> GU Tumor Board, 7-8AM
SECOND WEEK	<ul style="list-style-type: none"> GYN Tumor Board, 7-8AM Hematology Tumor Board, 8-9PM 	<ul style="list-style-type: none"> Breast Tumor Board, 7-8AM Network Medcal Grand Rounds, 12-1PM 	<ul style="list-style-type: none"> GI/Colorectal 7-8 AM Breast & Lung Screening Tumor Board, Anderson 7-8AM Community Heart & Vasculara Conference 7-8AM Psychiatry Journal Club, 1-2PM Head & Neck Tumor Board, 5-6PM 		<ul style="list-style-type: none"> Neuro Tumor-Board, 7-8AM South Case Presentation 12 PM
THIRD WEEK	<ul style="list-style-type: none"> GYN Tumor Board, 7-8AM Hematology Tumor Board, 8-9PM 	<ul style="list-style-type: none"> Breast Tumor Board, 7-8AM Molecular Tumor Board, 5-6PM 	<ul style="list-style-type: none"> GI/Colorectal Tumor Board, 7-8AM Community Heart & Vascular Conference, 7-8AM Melanoma Tumor Board, 7:30-8:30AM Psychiatry Grand Rounds, 1-2PM Head & Neck Tumor Board, 5-6PM 	<ul style="list-style-type: none"> Thoracic Tumor Board, 7-8AM 	<ul style="list-style-type: none"> GU Tumor Board, 7-8AM South Case Presentation 12 PM
FOURTH WEEK	<ul style="list-style-type: none"> GYN Tumor Board, 7-8AM Hematology Tumor Board, 8-9PM 	<ul style="list-style-type: none"> Breast Tumor Board, 7-8AM 	<ul style="list-style-type: none"> GI/Colorectal Tumor Board, 7-8AM Head & Neck Tumor Board, 5-6PM 	<ul style="list-style-type: none"> Thoracic Tumor Board, 7-8AM 	<ul style="list-style-type: none"> Neuro Tumor Board, 7-8AM

For more information regarding Community Health Network CME or program information, contact Jeff Carter at 317-621-3845.

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

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.

CME & EVENTS

Indiana University 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.

Online Activities

For Online Programs, including scheduled series and for individual specialties, visit: <https://iu.cloud-cme.com>

- July 13** Review & Interpretation of the 2024 ASCO Meeting | 8:00 AM - 2:30 PM | Indianapolis Marriott Downtown, Indianapolis, IN | AMA PRA Category 1 Credits (5.5 hours)
- July 14-19** 109th Annual Course on Anatomy & Histopathology of Head, Neck & Temporal Bone | 7:00 AM - 6:00 PM | Glick 103, Surgical Skills Lab, Riley OR and OHNS Temporal Bone Lab, Indianapolis, IN | AMA PRA Category 1 Credits (51.25 hours)
- Aug 21-22** Training for Primary Care Teams in Early Screening and Diagnosing for Children with Neurodevelopmental Disabilities | 8:00 AM - 5:00 PM | IUPUI Campus, Daly Student Center, Indianapolis, IN | AMA PRA Category 1 Credits (17.75 hours)
- Sept 18-20** Simulation Instructor Course | 8:00 AM - 5:30 PM | Simulation Center, Fairbanks Hall, Indianapolis, IN | AMA PRA Category 1 Credits (14.5 hours)
- Sept 27** Gene Therapies Advances in Cancer & Hematology | 8:00 AM - 4:30 PM | Hine Hall (IP) Indianapolis, IN | AMA PRA Category 1 Credits (0 hours)

Indiana State Medical Association

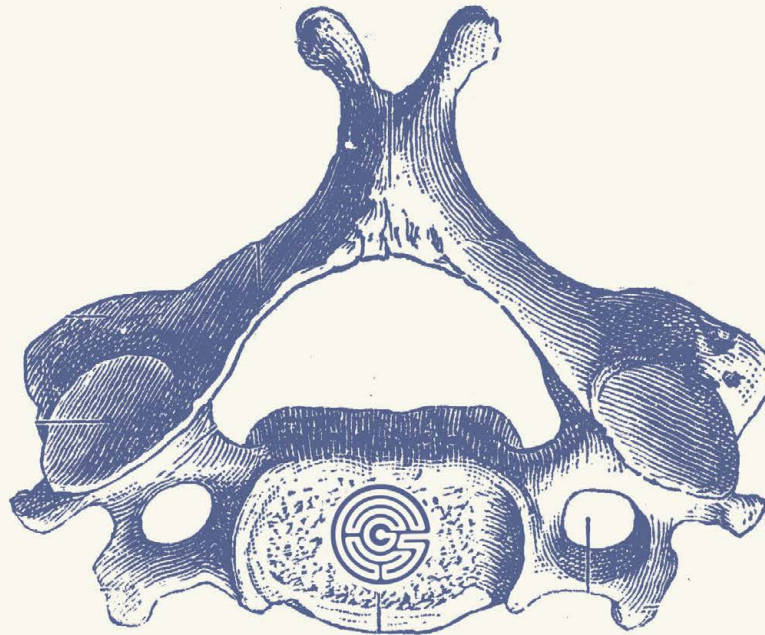
To Register For the live webinars, visit: www.ismanet.org

- June 27** FTC Ban on Noncompetes and its Impact on IN Physicians | 7:00-8:00 PM | Live Webinar | Free for members, Registration Required | AMA PRA 1 Credit
- July 16** Women in Medicine Virtual Discussion: Processing Your Emotions through Grace, Vulnerability and Forgiveness | Free for Members | Live Webinar | AMA PRA 1 Credit
- Oct 15** Advocacy Bootcamp Leadership Training Program | Members Only, limited number of registrations | \$200
- Nov 19** Women in Medicine Virtual Discussion: Trauma Informed Care | Free for Members | Live Webinar | AMA PRA 1 Credit

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Fig 1c

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BARRETT BOODY, MD

We want to congratulate Dr. Barrett Boody, Indiana Spine Group, for achieving the Avant-Garde Healthcare Research All-Star status for 2024! The surgeons and hospitals named to the All-Star lists are honored in recognition of the quality and quantity of their

published research. To be included as an All-Star, surgeons and hospitals must be among the top 5% of those publishing leading-edge healthcare research. This distinguished honor celebrates Dr. Boody's exceptional contributions to spine research. His dedication places him among the elite group of top surgeons in the country driving forward the boundaries of medical research.



RICK C. SASSO, MD

Rick C. Sasso MD, Indiana Spine Group, served as the visiting Professor at the Hoag Orthopaedic Institute Spine Fellows Symposium in Newport Beach, California on May 31, 2024. Dr. Sasso gave the Keynote address titled "Spine Surgeon Inventor" and he was asked to give a second speech

on "Cervical Arthroplasty: Tips and Pearls."



MICHAEL MCCARTHY, MD

The Indiana Spine Group, Medical Academic Center, recently hosted a successful Cervical Spine Research Society (CSRS) Emerging Leaders Course! The course was specifically designed for neurosurgeons and orthopedic surgeons in their first five years

of practice, as well as neurosurgeons in their last year of residency, to meet and network with colleagues and leaders in the spine industry.

The Emerging Leaders Course promotes CSRS's mission of developing young members by addressing various challenges faced by early-career spine surgeons. This course offered a forum for discussion and networking with prominent CSRS faculty. Lab opportunities were provided to practice hands-on advanced techniques on cadaveric specimens, working one-on-one alongside veteran cervical spine experts.

The course covered the latest advances and techniques of the cervical spine and provided useful and informative lectures focusing on topics relevant to young surgeon leaders in and out of the operating room. The course was hosted by Michael Daubs, MD, professor and chair of the Department of Orthopedics at the University of Nevada Las Vegas' School of Medicine, and our very own Michael H. McCarthy, MD, MPH, FAAOS, board certified, fellowship trained spine surgeon and Assistant Professor of Clinical Orthopedic Surgery at Indiana University.

WELCOME NEW MEMBERS

ACTIVE

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TERRANCE M. BROGAN, MD

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Terms End with Year in Parentheses

Jodi L. Smith, Chair and Daniel Udrea, Vice Chair

Rania Abbasi (2024)	Ronda A. Hamaker (2026)	Clif Knight (2026)	Daniel Udrea (2026)
Laurie L. Ackerman (2024)	Doris M. Hardacker (2026)	Katie W. McHugh (2025)	Mary Jean Vorwald (2025)
Alison Case (2025)	Brian S. Hart (2026)	Francis W. Price, Jr (2026)	Monica Wehby (2024)
Julie A. Daftari (2025)	Mercy M. Hylton (2025)	Jodi L. Smith (2025)	Chris Wilson (2025)
Ann M. Hake (2026)	Penny W. Kallmyer (2024)	Eric E. Tibesar (2024)	Maria Wilson (2025)

PAST PRESIDENTS' COUNCIL 2024

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

Linda Feiwell Abels	Marc E. Duerden* (2024)	Paula A. Hall	Stephen W. Perkins
Christopher D. Bojrab* (2026)	John C. Ellis	Jeffrey J. Kellams	
Carolyn A. Cunningham	Bernard J. Emkes	Mary Ian McAteer* (2025)	
David R. Diaz	Bruce M. Goens	John P. McGoff	

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 (2024)	David Diaz (2024)	Doris M. Hardacker (2024)	Mercy O. Obeime (2026)	Thomas P. Schleeter (2026)
Linda Feiwell Abels (2024)	Marc E. Duerden (2026)	Mercy Hylton (2025)	Ingrida I. Ozols (2026)	Jodi L. Smith (2025)
Laurie L. Ackerman (2025)	Richard D. Feldman (2024)	David A. Josephson (2026)	Robert M. Pascuzzi (2026)	Eric E. Tibesar (2026)
Christopher D. Bojrab (2024)	Ann Marie Hake (2025)	Penny W. Kallmyer (2026)	J. Scott Pittman (2025)	Bree A. Weaver (2025)
Alison Case (2026)	Paula Hall (2025)	Kathryn J. Kelley (2026)	Francis W. Price, Jr (2026)	Tracey Wilkinson (2025)
Ann C. Collins (2026)	Ronda A. Hamaker (2025)	Clif Knight (2025)	Haley A. Pritchard (2025)	Steven L. Wise (2024)
Julie A. Daftari (2026)	C. William Hanke (2024)	John E. Krol (2026)	David M. Ratzman (2024)	

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.

Vinayak Belamkar (2025)	Melanie Heniff (2024)	Katie W. McHugh (2024)	Maria Wilson (2025)
Gabe Bosslet (2024)	Richard Huber (2025)	Rick Reifenberg (2025)	Chris Wilson (2025)
David Crook (2024)		Caroline Rouse (2023)	
Richard Hahn (2026)	John Kincaid (2024)	Alexandar T. Waldherr (2023)	
Brian S. Hart (2026)	Diane Kuhn (2025)	Joseph Webster (2024)	
		Monica Wehby (2025)	

INDIANA STATE MEDICAL ASSOCIATION

Past Presidents

**Indicates deceased*

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

President

David R. Diaz

Vice Speaker

Alex Choi

SEVENTH DISTRICT

Trustees

Robert Flint (2024)
Mary McAteer (2026)

Alternate Trustees

Mercy Hylton (2025)
Clif Knight (2026)

President

Jodi Smith (2024)

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