SOUTHERN MEDICAL ASSOCIATION 95TH YEARBOOK



THE JOURNEY BEGINS...
NOVEMBER 8-10, 2001
NASHVILLE, TN

YEARBOOK

SOUTHERN MEDICAL ASSOCIATION

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Telephone

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OFFICERS

SOUTHERN MEDICAL ASSOCIATION

SOUTHERN MEDICAL ASSOCIATION

Officers

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Council Members

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Michael G. Mackey	Jonesboro, Arkansas	2001
Richard P. DeRosa	Washington, D.C.	2001
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PRESIDENT



James C. Waites, M.D.

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M.D. degree, University of Mississippi Medical School, 1958

SPECIALTY: Family Practice

Joined Southern Medical Association: 1962

OFFICES HELD IN SMA:

Associate Councilor from Mississippi, 1986-1993

Councilor from Mississippi, 1993-1999

Member of the Executive Committee of the Council, 1995-1996

Vice-Chairman of the Council, 1996-1998

Chairman of the Council, 1998-1999

President-Elect, 1999-2000

President, 2000-2001

PRESIDENT-ELECT



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B.A. degree, University of Missouri-Columbia, 1968 M.D. degree, University of Missouri-Columbia, 1972

SPECIALTY: Ophthalmology

JOINED SOUTHERN MEDICAL ASSOCIATION: 1979

OFFICES HELD IN SMA:

Secretary-Elect, Section on Ophthalmology, 1986-1987

Secretary, Section on Ophthalmology, 1988-1990

Vice-Chairman, Section on Ophthalmology, 1990-1991

Chairman, Section on Ophthalmology, 1991-1992

Associate Councilor from Texas, 1992-1994

Councilor from Texas, 1994-2000

Member of the Executive Committee of the Council, 1997-2002

President-Elect, 2000-2001

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SPECIALTY: Thoracic Surgery

Joined Southern Medical Association: 1954

OFFICES HELD IN SMA:

Associate Councilor from Missouri, 1976-1987

Councilor from Missouri, 1987-1996

Member of the Executive Committee of the Council, 1988-1989, 1993-1996

Vice-Chairman of the Council, 1994-1995

Chairman of the Council, 1995-1996

Vice-President, 1996-1997

President-Elect, 1997-1998

President, 1998-1999

Immediate Past-President, 1999-2000

Board of Trustees, 1999-2006

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SPECIALTY: Internal Medicine/Geriatric Medicine

JOINED SOUTHERN MEDICAL ASSOCIATION: 1987

OFFICES HELD IN SMA:

Associate Councilor from Tennessee, 1989-1992

Councilor from Tennessee, 1992-1999

Member of the Executive Committee of the Council, 1994-1996

Vice-Chairman of the Council, 1995-1996

Chairman of the Council, 1996-1998

President-Elect, 1998-1999

President, 1999-2000

Editor, Southern Medical Journal, 2000-

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BS degree, University of Alabama, 1964 MD degree, University of Alabama School of Medicine, 1968

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OFFICES HELD IN SMA:

Secretary-Elect, Section on Otolaryngology, 1976-1977 Secretary, Section on Otolaryngology, 1977-1980 Chairman-Elect, Section on Otolaryngology, 1980-1981 Chairman, Section on Otolaryngology, 1981-1982 Associate Councilor from Alabama, 1983-1987 Councilor from Alabama, 1987-1992 Member, Executive Committee of the Council, 1987-1988 Councilor from Alabama, 1999-2004

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Baldwin, Robert L. (Otology/Neurotology)

Bean, Jessie (Mrs. Stuart), Auxiliary Membership Committee Member

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Boulware, Dennis (Rheumatology)

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Gosney, Michael (Anesthesiology)

Harrell, Lindy E. (Neurology & Psychiatry)

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Maddox, Nita (Mrs. Phillip), Auxiliary Councilor for Health Education

Martin, John A. (Surgery)

Maull, Kimball I. (Surgery)

McDaniel, Huey (Endocrinology)

Moore, Jr., Ernest G. (Gynecology)

Pinchback, Warner L., Jr. (Orthopedics) Ramsey, Keith M. (Infectious Diseases)

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Shepard, Winyss (Mrs. Richard), Auxiliary, Archives Committee Chair

Smith, Jr., J. Graham (Dermatology)

Teplick, Steven (Radiology)

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Thomas, William O. (Member, Journal Editorial Board)

Tucker, J. Allan, (Family Practice)

Turner, Jr., Malcolm E., Member, Journal Editorial Board

Wadibia, E. Chuma (Member, Journal Editorial Board)

Wilcox, C. Mel (Gastroenterology)

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Councilor from Arkansas, 1994-2001

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Huskins, John (Family Practice)

Jacks, David C. (Urology)

Jansen, G. Thomas (Dermatology)

Klapper, Margaret S. (Internal Medicine)

Lawton, Andrew W. (Ophthalmology)

Mabry, Ruth (Mrs. Charles), Auxiliary Councilor for Health Education

Mackey, Cathy (Mrs. Michael G.), Auxiliary Councilor for Doctors' Day

Mackey, Michael G. (Nephrology)

Pappas, Gwen (Mrs. Deno), Auxiliary Councilor for Medical Heritage & Nominating Committee Member

Price, Lawrence (Family Practice)

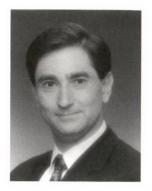
Redman, Anna T. (Family Practice)

Redman, John F. (Urology)

Wynne, George F. (Family Practice)

Young, Gail (Mrs. Michael), Auxiliary Health Education Judges Committee Member and Membership Committee Member

COUNCILOR DISTRICT OF COLUMBIA



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OFFICES HELD IN SMA:

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DeRosa, Richard P. (General Surgery/Laparoscopic Surgery)
Emma, Robert (Psychiatry)
Gold, Ellen (Mrs. Michael), Auxiliary Councilor for Doctors' Day
Hill, Jr., Charles F. (Obstetrics & Gynecology)
Letterman, Gordon S. (Plastic & Reconstructive Surgery)
Reiter, Mark (Obstetrics & Gynecology)

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BIRTHPLACE: New York, New York

SPOUSE: Randee

EDUCATION: M.D. degree, Duke University School of Medicine, 1974

SPECIALTY: Dermatology

JOINED SOUTHERN MEDICAL ASSOCIATION: 1985

OFFICES HELD IN SMA:

Vice-Chairman, Section on Dermatology, 1985-1986

Secretary-Elect, Section on Dermatology, 1986-1987

Secretary, Section on Dermatology, 1987-1990

Chairman-Elect, Section on Dermatology, 1990-1991

Chairman, Section on Dermatology, 1991-1992

Associate Councilor from Florida, 1991-1995

Councilor from Florida, 1995-2002

Member, Executive Committee of the Council, 1998-2002

ASSOCIATE COUNCILORS FLORIDA

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Ferguson, Emmett B. (Occupational Medicine)

Ferrara, Andrea (Colon & Rectal Surgery)

Gallagher, Joseph (Colon & Rectal Surgery)

Giesen, Jr., Andrew F. (Radiology)

Hill, Emily (Mrs. Kenneth), Auxiliary Chairman for Doctors' Day

Hill, Washington C. (Obstetrics & Gynecology)

Hooper, Carol (Mrs. Glenn S.), Auxiliary Councilor for Medical Heritage

Hutton, Marge (Mrs. Patrick), Auxiliary Councilor for Health Education

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Kagan, Liz (Mrs. John), Auxiliary Long Range Planning Committee Member

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Morgan, Jefferson D. (Pathology)

Murrah, Jr., Robert L. (Orthopaedic)

Peaden, Jr., Durell (Emergency Medicine)

Pell, Paula Oliver (Emergency Medicine)

Perniciaro, Charles V. (Dermatology)

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JOINED SOUTHERN MEDICAL ASSOCIATION: 1986

OFFICES HELD IN SMA:

Associate Councilor from Georgia, 1993-1994

Councilor from Georgia, 1994-2001

Member of the Executive Committee of the Council, 1997-2001

ASSOCIATE COUNCILORS

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GEORGIA LEADERSHIP

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Brant, Nancy (Mrs. Jeffrey), Auxiliary Councilor for Health Education

Burson, Jr., E. Napier (Gastroenterology)

Chaudhary, Bashir A. (Internal Medicine)

Collins, William C. (Orthopaedic)

Cox, Frederick (Pediatrics)

Daus, Susan (Mrs. Kevin M.), Auxiliary Councilor for Doctors' Day

Drake, Kelly T. (Oncology)

DuPre, John (Internal Medicine)

Farrow, Royal (Roy) T. (Pediatrics)

Fine, Pat (Mrs. Robert M.), Auxiliary Secretary

Givens, Kenna (Plastic & Reconstructive Surgery)

Hermann, Robert C. (Oncology)

Jones, Bobby W. (Internal Medicine)

Joyner, Douglas R. (Surgery)

Lesher, Jr., Jack L. (Dermatology)

Lovell, Wood W. (Orthopaedic Surgery)

Moore, Jr., William W. (Neurosurgery)

Rahimi, Ali R. (Internal Medicine)

Smith, Kay (Mrs. Larry), Auxiliary Bylaws Committee Member

Smith III, George L. (Family Practice)

Tanner, Terrell B. (Family Practice, Medical Management)

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Tidwell, Miriam (Mrs. T. Jackson), Auxiliary Medical Heritage Judges Committee Member

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JOINED SOUTHERN MEDICAL ASSOCIATION: 1990

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Davé, Aroona (Mrs. Uday), Auxiliary Long Range Planning Committee Member

Davé, Uday (Otolaryngology and Head and Neck Surgery)

Davis, Gregory J. (Pathology)

Davis, Mimi (Mrs. Brett), Auxiliary Councilor for Doctors' Day

Frost, Sandi (Mrs. Chris), Auxiliary Councilor for Health Education

McWhorter, Roberta (Mrs. Bennett), Auxiliary Councilor for Medical Heritage

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Scott, L. Jack (Anesthesiology)

Smith, Jr., Charles C. (Internal Medicine)

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JOINED SOUTHERN MEDICAL ASSOCIATION: 1976

OFFICES HELD IN SMA:

Secretary Section of Ophthalmology, 1991-1994, 1991-2001

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Associate Councilor, State of Louisiana, 1984-2000

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Martin, Clarence (General Surgeon)

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Meyer, Jerry L. (Family Practice)

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Sparkman, Carol (Mrs. Thomas), Auxiliary President-Elect

Sparkman, Thomas C. (Family Practice)

Stephenson, Jr., Hugh E. (Thoracic Surgery)

Vilmer, Gayle (Mrs. Stephen) Auxiliary Southern Connection Editor

Wilkinson, David L. (Neurosurgery)

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EDUCATION:

A.B. degree, Dartmouth College, 1978

M.D. degree, John Hopkins University School of Medicine, 1982

SPECIALTY: Ortho & Trauma Surgery

JOINED SOUTHERN MEDICAL ASSOCIATION: May, 1988

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Associate Councilor from NC, 1991-1996 Councilor from North Carolina, 1996-2003

Member of the Executive Committee of the Council, 1999-2003

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^{*}Hugh E. Stephenson, Jr., M.D. is serving an additional one year term to fulfill the term of Ronald C. Hamdy, M.D., who resigned his position to serve as Editor of the Southern Medical Journal.

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George P. Blundell	DioThier of colembia	1964-1969
W. Reams Perkins		1974-1979
Gordon S. Letterman		1984-1989
Gordon 3. Letterman		170 1707
	FLORIDA	
Andrew F. Giesen, Jr.		1970-1975
J. Lee Dockery		1980-1985
Howard Kurzner		1985-1990
Orestes G. Rosabal		1990-1995
	GEORGIA	
Wood W. Lovell		1969-1974
C. Rex Teeslink		1974-1981
William W. Moore, Jr.		1981-1984
E. Napier Burson, Jr.		1984-1989
Terrell B. Tanner		1989-1994
	KENTUCKY	
Hiram C. Polk, Jr.	REIVICERI	1972-1977
Robert G. Overstreet		1977-1982
Charles C. Smith, Jr.		1982-1987
Kenneth R. Crabtree		1987-1992
Kenneth K. Crabtree		1901-1992
I D I I V	LOUISIANA	1072 1070
J. Ralph Meier		1973-1978
George S. Ellis, Sr.		1978-1983
Paul B. Lansing		1984-1993
J. Patrick O'Leary		1993-2000
		(Continued on next page)

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Robert T. Singleton		1971-1976
Richard D. Richards		1976-1981
William J. R. Dunseath		1981-1986
John F. Strahan		1986-1991
Albert H. Dudley III		1991-1996
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Guy T. Vise, Sr.		1958-1963
Raymond F. Grenfell		1968-1973
Guy T. Vise, Jr.		1978-1983
Jim C. Barnett		1983-1988
J. Edward Hill		1988-1993
James C. Waites		1993-1999
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Robert K. Dorton		1976-1978
Roger L. Mell		1978-1986
Harry S. Jonas, Jr.		1986-1987
Hugh E. Stephenson, Jr.		1987-1996
ragii 2. otephenori, ji.		1701-1770
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J. Leonard Goldner		1961-1966
Thomas B. Dameron, Jr.		1971-1976
George W. Liles		1976-1981
Donald E. McCollum		1981-1986
Angus M. McBryde, Jr.		1986-1991
Thomas L. Pope, Jr.		1991-1996
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James E. White		1973-1978
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Warren Y. Adkins, Jr.		1980-1985
Thomas C. Rowland, Jr.		1985-1990
J. Lorin Mason, Jr.		1990-1995
	TEN IN TRACES	
Benjamin F. Byrd, Jr.	TENNESSEE	1062 1067
G. Baker Hubbard, Sr.		1962-1967
John B. Lynch		1972-1977
J. Patrick O'Leary		1977-1982
Louis A. Cancellaro		1982-1984
Ronald C. Hamdy		1984-1992
Ronald C. Hamdy		1992-1998

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WI Nime K. Joseph M. Bruce Martin Larry C. Smith Jack R. Traylor, Jr. Mehmet V. Kalaycioglu	EST VIRGINIA 1967-1972 1972-1977 1982-1987 1987-1992 1992-1999

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Bachelor of Science in Nursing - 1980 from Southeast Missouri State

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Vice-President, Health Education, 1997-1998

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Management Staff



Executive Vice-President/CEO: Jim Leverett
Primary Responsibilities: Implementing the policies and direction of the Council; Executing and Administering Association
Programs; Managing the Day to Day Operation of the
Association; Employment and Direction of all Staff personnel;
Represents the Association to the Public and other
Associations; Treasurer of Association; Managing Editor of the
Southern Medical Journal and other publications; President of
SMA Services, Inc.



Director of Association Services: Cynthia L. Lichtefeld Primary Responsibilities: Developing and implementing programs on Membership Recruitment and Retention; Meeting Planning for Affiliated Society Meetings; Graphics Department; Travel Department; Auxiliary; Affiliated Societies and SMA Mailing Service and Copy Center.



Chief Financial Officer: William Dunn
Primary Responsibilities: Managing Financial Resources of the
Association and Affiliates; Accounting Department;
Information Systems Department; Grants, Loans and
Scholarship Programs; Management of the Facilities;
Coordination of Annual Meeting Registration.

Management Staff



Director of Fringe Benefit Programs: Luke Hartsfield Primary Responsibilities: Management, Marketing, Administration, Product Development and Financial Accountability for the Association's Insurance, Retirement, IRA and Investment and Financial Services Programs.



Vice President for Marketing: Ed Waldron
Primary Responsibilities: Directing the Marketing Plan for all SMA
products, programs, and services.
Director Practice Performance Products and Services.

MINUTES FROM EETINGS

94TH ANNUAL SCIENTIFIC ASSEMBLY SOUTHERN MEDICAL ASSOCIATION ORLANDO, FLORIDA

Includes all Meetings held between January 2000 and November 2000

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EGISTRATION AND ATTENDANCE)

Southern Medical Association Minutes from the Meeting of the Council

· January 22, 2000 ·

A general business meeting of the Council was held at the Renaissance Hotel in Atlanta on January 22, 2000. Those in attendance were Ronald C. Hamdy, M.D., President; James C. Waites, M.D., President-Elect; Richard P. DeRosa, M. D.; George L. Smith III, M.D.; Robert M. Peroutka, M.D.; W. Alva Deardoff, M.D.; Charles A. Farmer, M.D.; Albert J. Campbell, Jr., M.D.; Jean Edwards Holt, M.D.; Michael G. Mackey, M.D.; Nancy C. Swikert, M.D.; William Browder, M.D.; T. Rudolph Howell, M.D.; Clifford W. Lober, M.D.; Braxter P. Irby, Jr., M. D.; Robert L. Baldwin, M. D.; Louis A. Cancellaro, M.D. Ph.D.; Angus M. McBryde, Ir., M.D.; Others participating included Lawrence Rychlak, interim CEO of SMA: Rusty Irby, legal counsel; Cynthia Lenoir, Dave Barzler, Ed Waldron, and Ken Vinzant from SMA headquarters in Birmingham.

CALL TO ORDER

Dr. Hamdy, President, called the meeting to order at 3:35 p.m.

REPORT FROM LEGAL COUNSEL

Mr. Rusty Irby, outside legal counsel, gave the Council an update on the discussions with the Internal Revenue Service. He informed the Council that as yet there has been no meeting scheduled with the National Office of the IRS due to the fact that the person with whom SMA would meet is somewhat new to his position and needs to acclimate himself with his new role prior to any meeting taking place. Mr. Irby indicated that we would continue to try to obtain a meeting and that he would keep the Council informed of

any developments. Mr. Irby also indicated that there was nothing new to report on the local level since we have not yet heard back from the local IRS office since December.

REPORT FROM CEO

Mr. Rychlak then gave the CEO report. His first item to report was the resignation of Mr. Tim Taylor, Director of Finance & Operations. Mr. Rychlak told the Committee that he had secured the assistance of some interim financial help through a reference and recommendation of our financial consultants, Price Waterhouse Coopers. Mr. Bill Dunn is expected to begin work at SMA in the next week and will be focusing his attentions and expertise in assessing the accuracy of the financial statements and cash flow reporting.

Mr. Rychlak discussed the cash position of the organization. He advised the Council that SMA has drawn \$300,000 of its \$500,000 available line of credit and still had \$200,000 - \$300,000 of outstanding invoices (primarily from the Annual Meeting). He further indicated that SMA was in an extremely tight cash position that would continue to deteriorate over the next 30 - 60 days and would continue to be difficult until April or May, when the cash flow projections showed that the cash position should improve.

Mr. Rychlak continued with his report discussing the progress made on the previously approved budget changes, the negative impact from the increase in health insurance rate to participating members and the fact that a very early indicator showed a potential problem in membership renewals. Mr. Rychlak indicated that it was still too soon to tell, but he and senior man-

agement were concerned about the effect on membership renewals of the insurance rates increase and the dues increase.

The next item addressed in Mr. Rychlak's report was a final report on the 1999 Annual Meeting held in November 1999 in Dallas, Texas. His report indicated that total registrations were down approximately 10% (2,760 vs.3, 081) in 1998, physician registrations were down 17% (1,553 vs., 1874) and paid registrations were down approximately 23% (1,169 vs. 1,523). He indicated that the paid registrations were down as a result of the high level of complimentary registrations. He then provided some financial highlights of the meeting.

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Mr. Rychlak then presented a series of recommendations for the Council to consider in order to reduce the overall cost of the Annual Meeting and the loss to SMA. He indicated that these recommendations were prepared by the senior management team with the objective of redesigning the meeting without compromising the educational component of the meeting. Rychlak said that many of the items dealt with the social and entertainment parts of the meeting and while they would reduce the scope of the events, they would still provide an enjoyable experience to the membership.

After a presentation of the major items by Mr. Rychlak and a review and discussion by the Council, the following motion was made, seconded and approved-

MOTION- That the Council approve the recommendations as presented in the meeting booklet provided to them with the following exceptions-

- The issue of reducing the complimentary registrations, hotel, airfare and social function tickets would be deferred so that the Council could more fully study this issue
- The golf tournament, tennis tournament, fun run and health fair would be eliminated unless sufficient subsi-

- dies were obtained from outside sources in order to eliminate any financial underwriting by SMA.
- Since the communication has already been made to the Education Presenters for next year's meeting, that they would still receive complimentary registrations for this year. This issue would be reevaluated for the following year.
- The auto dealers in attendance would be required to pay the full exhibit fees depending upon the size of their presentations.
- That the recommendation to eliminate the call for abstracts in the SMJournal would be reevaluated.

REPORTS FROM SMA DIRECTORS

Association Services- Ms. Cynthia Lenoir gave her report on the Association Services division. Highlights from her reports are as follows-

MEMBERSHIP:

Total Membership is 38,717; Dues paying membership is 17,832; and loss to date is 383 members. Budgeted projected loss is 405. Dues increase announcement went out in January initial notices. Preliminary figures indicate payments are down, but it is too early to tell for sure.

1998 interim program that included the states of AL, LA, MS, & TX recruited 556 new members and is in its first renewal cycle. 1999 interim program includes the states of MO and AR will conclude in May and initial notices will be mailed in February.

363 new members have been recruited through December 1999 from the direct mail program. The 536 recruited from the 1998 program are in the renewal process. 78% renewed from the 1997 program. Cost of the direct mail program has been reduced from \$1200 to \$298 per member.

SMA's ANNUAL MEETING:

Plans are underway to redesign the exhibit hall floor to improve overall appearance and traffic flow. The SMA booth is also being redesign to make it more member friendly. Two island booths have been sold so far for the Orlando Meeting.

AFFILIATED SOCIETIES:

Annual Meetings are being planned for SOA, SAO, and SAPC. SOA will be meeting in Bermuda in July. SAO will be meeting in Asheville, NC in August and SAPC will be meeting conjointly with SMA'S Hot Topics in Primary Care in August in Charleston. SOA will meet conjointly with SMA in Orlando. An Orthopaedic Update Course will be offered three mornings and will include SMA's Section on Orthopaedic Training and the Resident's & Fellows Conference. intraining exam will be offered. SAO has invited state oncology associations to meet conjointly with them. Several state oncology associations will be holding their 2000 annual meetings with SAO. The next issue of Clinical Reviews will be on Hyperlipidemia and will be mailed in the Spring. Funding has not yet been received for the Ophthalmology issue.

TRAVEL:

Travel has earned 29 travel certificates through our Delta meetings contract. This is a value of \$21,153. There are 939 members in the Travel Club. Custom tours have brought in \$19,476 in commissions.

DESIGN/PRINT:

Design/Print is continuing to build up its outside business. A new client called The Bank is their newest customer and started four jobs in production during January. A proposal has been developed for a new printing press that keep in house 18-20% of the overall printing done by SMA. This should save SMA \$80,000 in outside printing cost per year.

Education Department- Mr. Dave Barzler presented a report on the Education division. His report highlighted the following-

- We're in full swing with our year 2000 Seminar and Conference Schedule. Our first conference is Osteoporosis in Amelia Island next month and so far we have 100 registered, which is above our target of 85. We also have \$46,000 in grant support for this meeting.
- A new satellite videoconference on Osteoporosis has been scheduled for May 23rd, which will be chaired by Dr. Hamdy and is supported by grants from Procter & Gamble and Hoechst Marion Roussel. With this videoconference we will reach our goal of five (5) for the fiscal year.
- * Boehringer Ingelheim is funding, for \$20,900, a videotape "lunch and learn" program for their field force, which is a spin-off of their fall videoconference on Stroke Prevention.

- We are making some changes on sma.org that have improved the look of the home page and have facilitated linking within the site. A list-serve has been set up with the Internet Committee and we've already received some good ideas from several committee members. We're adding a "links page" which will be a service to members looking for other association and medical sites.
- Breast Cancer Guidelines Review Course on the Internet A course will be developed this spring resulting from the Breast Cancer Symposium presented at the Annual Meeting in Dallas. Funding by Bristol Myers Squibb Oncology.
- Osteoporosis Case Studies on the Internet - We expect to begin a series of case studies featuring osteoporosis by February. Participants can answer

multiple-choice questions and see feedback through SMA's website. Funded by The Better Bone Alliance (Procter & Gamble and Hoechst Marion Roussel).

• 2000 Certificate in Business Administration for Physicians has 18 registered. Our break-even point is 15 for this second year. Last year, 90% registered within the last 30 days, so we expect a few more last-minute registrations. Classes begin February 4-6 at the University of Houston Clear Lake and again February18-20 at Auburn and Virginia Commonwealth University.

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- Resident workshops are being scheduled and funding is being found. Dr. Holt and Sarah Fontenot will be giving the first of the new millennium at ETSU next week for Dr. Browder. Also upcoming are Oklahoma University in April and Emory in the fall.
- We're working to reduce seminar expenses hopefully without diminishing seminar registrations. We have reduced the size of the brochure, which saves mailing costs. We have also reduced the use of color and photos in the body of the brochure. The task force Larry Rychlak set up has given us several good ideas. We have combined several brochures in a new 9" x 12" that will save \$3,000.00. We are also not mailing to physicians who have not participated in any SMA programs in the last five years.
- •This weekend at the Section Secretaries' Conference, we'll be talking to the secretaries about development of the 2000 Annual Meeting in Orlando. We'll be talking about ways to cut some expenses without affecting the overall educational program. Specifically, we are looking at ways to better utilize guest speakers and ways to cut AV costs.

Insurance and Retirement Division- Mr. Ken Vinzant then presented his Divisional report highlights of which are the following-

- Insurance participation has steadily declined over the past five years
- Goals include avoiding any additional rate increases to members
- Evaluate current and other carriers to find best coverage at an affordable cost
- Retirement program shows growth evidenced by higher income

We will be working with Dr. O'Leary and the rest of the Insurance and Retirement Committee in the future to resolve these problems.

Marketing and Practice Management Division- Mr. Ed Waldron gave a report on the marketing strategies for SMA as well as an operational report on the Physician's Purchasing Program and Practice Management Services. He discussed broadening product line offerings and the outsourcing of certain programs and services in order to reach a broader audience and reduce SMA selling and marketing expense. He also discussed some customized Practice Management Service offerings that he thought that we should consider offering. Other parts of his report included specific marketing strategies including the means of reaching our audience, the goals and types of segmentation as part of these strategies and some information on an effective client profile.

COMMITTEE REPORTS

Committee on Budget/Administration

Dr. Hamdy and Mr. Rychlak presented a summary of the meeting of the Committee on Budget/Administration that was held earlier in the day (11:30 a.m.) in Atlanta. They reported that the Committee discussed the cash position of the Association as well as the overall financial position. As a result of the discussions that took place, the Committee passed several motions that were brought forth to the entire Council for their review and approval. The

following were made, seconded and approved by the full Council-

MOTION- In order to address the cash position at SMA, the Council authorizes Mr. Rychlak to draw an additional \$100,000 on the line of credit bringing the total outstanding to \$400,000. These funds are to be used at the discretion of Mr. Rychlak to pay vendors as he sees fit. Emphasis will be made to pay the amounts outstanding to various physicians for submission of papers for the Southern Medical Journal and Clinical Reviews.

MOTION- To allow Mr. Rychlak to work with our bank and Investment Manager, Regions Bank, to change the mix of investments in the general fund to increase the liquidity of these investments by creating a fund of \$250,000 that would be available, if necessary, to support the ongoing operations of SMA.

The Committee also decided to put the decision as to whether or not to have the Summer Meeting to the full Council for discussion.

Mr. Rychlak then presented a proposal from management to lease a new printing press for the Design & Print operation. The total cost of the press would be approximately \$80,000 and would have a pre-tax payback of approximately 12 months based on an outright purchase and much less if the equipment were leased. After some discussion, the following was made, seconded and approved-

MOTION- To allow SMA management to lease a printing press costing approximately \$80,000 that would enable SMA do perform more operations in-house resulting in significant annual cost savings.

LONG RANGE PLANNING COMMITTEE

Dr. Rudy Howell presented a report to the Council on the meeting held by the Long Range Planning Committee held earlier in the day. Dr. Howell indicated that the Committee discussed many different topics including 1) how to reach younger physicians in order to get them to join SMA and participate in the programs and services; 2) how to increase membership, in particular reaching out to nurse practitioners and physician assistants; 3) the development of internet strategies; 4) communication and affiliations with medical schools; 5) the range of programs and services SMA should we offer; and 6) corporate restructuring at SMA head-quarters in Birmingham.

Dr. Howell indicated due to the fact that this was the first Long Range Planning meeting in some time and the abbreviated timeframe that the Committee had to discuss these important issues, the Committee felt that future follow up meetings were necessary.

MEMBERSHIP COMMITTEE

Dr. Peroutka presented an update on the three recruitment methods currently being used by the Association and announced that the direct mail campaign will be reduced in the coming vear due to the high cost of this method. He also announced that 556 new members were obtained from the previous Interim Member Program that included the states of Alabama, Mississippi, Louisiana and Texas, and added that Missouri and Arkansas are currently being targeted. He also announced that since its inception the President's Club program has been credited with 654 new members.

Dr. Peroutka also reported that efforts toward membership retention include thank you notes sent immediately upon joining, initiation of an orientation within the first three weeks of joining, reminder postcards to new members who have not participated in any programs or services after six months of membership, mailing of information on services available with dues billings, and thank you notes to all

members who participate in educational meetings. In addition, a member of SMA staff personally calls members who have still not renewed after their third dues billing.

Dr. Peroutka also presented a fiscal year comparison of dues-paying membership and projections for the current year.

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Dr. Peroutka reviewed proposed procedures for the addition of a Member Contact Retention Program to be administered by each Councilor within their state to request Associate Councilors personally contact non-renewing members after the third dues invoice. He also presented suggested additions to the President's Club 2000 program allowing for various points to be earned by Associate Councilors who participate in the Member Contact Retention Program.

A discussion of the suggested additions to the President's Club 2000 program allowing for various points to be earned by Associate Councilors who participate in the Member Contact Retention Program was discussed and a decision was made for the Membership Committee to review this matter further.

The following recommendations were presented from the Membership Committee to the Council for approval:

ACTION: – It was moved seconded for SMA to offer an automatic membership renewal program allowing for membership dues to be paid through a direct debit program on an annual basis or through a direct debit through the existing MBNA Affinity credit card program, and that members using this form of renewal be given a \$15 discount on member dues. The motion carried.

ACTION: - It was moved and sec-

onded that the Education Committee apply for accreditation for CME credit for physician assistants for SMA educational programs and once approved to market programs more effectively to this group. The motion carried.

ACTION: – It was moved and seconded that the Education Committee apply for accreditation for CME credit for licensed nurse practitioners for SMA educational programs and once approved to market programs more effectively to this group. The motion carried.

ACTION: – It was moved and seconded that the inception of a Member Contact Retention Program to be administered by each Councilor within their state to request Associate Councilors personally contact non-renewing members after the third dues invoice is received. The motion carried.

ACTION: – It was moved and seconded that the Education Committee allow a set time during each educational meeting to inform attendees on the services and programs available through SMA. The motion carried.

ACTION: – It was moved and seconded that a task force be created to study the best ways to effectively market membership to medical students and residents and to effectively retain these memberships. The motion carried.

EXECUTIVE SESSION

The Committee then went into a closed executive session.

ADJOURNMENT

There being no further business, the meeting was adjourned at approximately 7:30 p.m.

Proceedings of the Council

- Atlanta Airport Marriott
- Saturday, April 29, 2000 •

CALL TO ORDER

The Council of the Southern Medical Association met at the Atlanta Airport Marriott Hotel, Atlanta, Georgia, on April 29, 2000. The meeting was called to order at 3:05 p.m. by the President, Dr. Ronald C. Hamdy. Dr. Hamdy recognized Mr. Jim Leverett as the new Executive Vice-President/CEO and stated that Mr. Leverett would make introductory comments later in the agenda.

ROLL CALL

Members of the Council present Ronald C. Hamdy, President, Johnson City, Tennessee; James C. Waites, M.D., President-Elect, Laurel, Mississippi; Hugh E. Stephenson, Jr., M.D., Immediate Past-President, Columbia, Missouri; Robert Baldwin, M.D., Birmingham, Alabama; Michael G. Mackey, M.D., Ionesboro, Arkansas; Richard DeRosa, M.D., Washington, DC; Nancy C. Swikert, M.D., Florence, Kentucky; J. Patrick O'Leary, M.D., New Orleans, Louisiana; Braxter P. Irby, Ir., M.D., Brookhaven, Mississippi; Albert J. Campbell, Jr., M.D., Sedalia, Missouri; Charles A. Farmer, Jr., M.D., Tulsa, Oklahoma; Donald R. Johnson II, M.D., Mt. Pleasant, South Carolina; Jean Edwards Holt, M.D., MHA, San Antonio, Texas; and W. Alva Deardorff, M.D., Charleston, West Virginia.

Members of the Council not present were Clifford W. Lober, M.D., Kissimmee, Florida; George L. Smith III, M.D., Covington, Georgia; Robert M. Peroutka, M.D., Baltimore, Maryland; David F. Martin, M.D., Winston-Salem, North Carolina; and T. Rudolph Howell, M.D., Richmond, Virginia.

Also in attendance was Mr. Rusty Irby, legal counsel, Johnson, Barton, Proctor & Powell, LLP, Birmingham, Alabama.

Staff present from Birmingham, Alabama, was Mr. Jim Leverett, Executive Vice-President/CEO.

APPROVAL OF MINUTES

Prior to the meeting, copies of the Minutes taken during the January 22, 2000, meeting of the Council were distributed for review.

After discussion of the details included in the minutes, the following motion was made:

MOTION: It was moved and seconded to approve the Minutes taken during the January 22, 2000, meeting of the Council with the stipulation that Mr. Leverett will write a summary of the Minutes to be utilized for publication in the Yearbook. The motion carried unanimously.

IRS STATUS REPORT Mr. Rusty Irby, Legal Counsel

Mr. Rusty Irby, legal counsel, reported on his April 7, 2000, meeting with IRS representatives in Tampa. He stated that he, Mr. Joe Lundy, and Mr. Thomas Lee, Price, Waterhouse, Cooper, addressed issues needing clarification from previous submissions to the IRS and other issues that surfaced during the Price, Waterhouse, Coopers audit. He indicated that it appears the IRS will not pursue a revocation of SMA's tax exempt status but will consider pursing "intermediate sanctions" against SMA's precious CEO. He explained that "intermediate sanc-

tions" is an IRS remedy to require a person receiving excess benefits to repay the tax exempt organization (SMA) 100% of the value of the excess benefits and pay a 25% fine to the IRS. SMA's legal advisors will assist the IRS Tampa Office in preparing a document within 60 days for submission to the national IRS office to initiate the intermediate sanctions process. Discussion issued as to the potential implications of this process. Mr. Irby also reported that the IRS intends to accelerate the investigation relating to the 1996 Southern Medical Association Services tax filing with particular emphasis on payments made to SMA for advertising and sponsorships. It is anticipated that this will occur by late summer or early fall. Mr. Leverett stated he would keep the Council informed on developments relating to both SMA and SMAS.

REPORT OF THE EXECUTIVE VICE-PRESIDENT/CEO Mr. lim Leverett

Mr. Leverett presented introductory comments in the form of general observations regarding his thought process and practices, his view of the characteristics of membership organizations, and his initial view of the internal operation of SMA/SMAS.

First, he stated that he views a business organization as having similar interdependent characteristics to the human body characteristics that physicians deal with. He stated that as CEO his role is to create structure and processes to be optimally productive but not stifle creativity and to assist the governing body in providing strategic direction for the organization. He indicated he attempts to utilize research appropriately for planning as well as problem solving and challenges coworkers to ask what, why, who, how and when relating to strategy and tactics.

Second, he stated that he views the governing body of a membership organization as individuals who simultaneously fulfill three roles - member, customer, and community trustee. He stated that membership organizations are encountering greater competition from enterprise companies for product/services offerings and more recently for continuing medical education programming. He observed that enterprise organizations tend to be more nimble/ responsive than membership organizations since membership organizations are more inclined to utilize member committees for both strategic and tactical directions. He also noted that a membership organization's challenges have a direct relationship to the membership diversity and geographic dispersion.

Third, Mr. Leverett stated that he has found SMA to be an organization that has undergone significant stress particularly since last summer. There is organizational financial stress and individual stress, which has resulted from several leadership changes in a period of approximately nine months. A positive note is his observation that SMA has a dedicated and concerned staff. He observed that departments operate independently eventhough they are almost totally interdependent; there appears to be an absence of thorough competitive analysis and cost/benefit analysis; and the accounting system is highly complicated and remains a daily obstacle to rebuilding the financial system and understanding business practices. He stated that progress was being made in each of these areas with the support and cooperation of the staff.

He further stated that immediate initiatives include centralizing the coordination of marketing processes and segmenting marketing by age, specialty, group size, gender, academic/non-academic and employed/private practice.

Additional information to include an Environmental Assessment, Com-

petitor Analysis and the 2001 Budget will be presented at the Summer Meeting.

COMMITTEE REPORTS

Dr. Hamdy requested that Mr. Leverett integrate his report items with the committee reports.

Coordinating Committee on Administration/Budget

Dr. Hugh Stephenson, Chairman, reported that the Budget Committee reviewed and discussed the March financial statements, which reflected combined net income of \$202,000 for SMA and SMA Services. Expenses are down and revenue is up due to several one-time adjustments. He also reported that the Committee had received and discussed the report that Dr. Irby presented to the Council.

Dr. Stephenson called on Dr. William Browder to discuss Grants, Loans and Scholarships. After discussion regarding the Council's previous decision to use only the investment earnings from the Endowment Fund, the following motion was made:

MOTION: A motion was made and seconded that an amount of \$40,000 (approximate projected Endowment Fund investment earnings) be allocated for Grants and Scholarships with \$35,000 allocated to scholarships and \$5,000 allocated to grants. The motion carried unanimously.

Coordinating Committee on Insurance

Dr. J. Patrick O'Leary, Chairman, gave an update on the revenues and expenses for insurance products. He stated that insurance generates approximately \$2,517,000 in revenue with \$680,000 in expenses and approximately \$950,000 allocated for educational sponsorships for SMA CME programs

and sponsorships for the SMA annual meeting, which leaves a net profit of approximately \$900,000.

Dr. O'Leary discussed the recent issues relating to the two CIGNA premium increases and other issues related to program administration. He reviewed alternatives utilized by other membership organizations and presented an approach discussed by the Insurance Committee to pursue outsourcing the insurance function. Leverett stated he was concerned about the future of both the insurance and retirement products and program administration and that he would recommend a third party evaluation of both areas. Mr. Leverett further stated that he had talked with Marsh USA. an international consultant, regarding an evaluation and the cost would be approximately \$30,000 plus expenses with the possibility of recovering some or all of the fee if Marsh is used to broker future offerings.

MOTION: - A motion was made and seconded that Mr. Leverett secure the services of a consultant to evaluate the SMAS insurance and retirement programs as soon as possible. The motion carried unanimously.

Coordinating Committee on Education

Dr. Jean Edwards Holt, Chairman, called on Dr. William Browder to present the recommendations regarding the Annual Scientific Assembly.

RECOMMENDATIONS: The Coordinating Committee on Education recommended the following for Council approval:

- Sections are to coordinate presentations in such a manner as to maximize resources through assignment of rooms.
- LCD projectors will be allowed at the 2000 Scientific Assembly when there is greatest need. Sessions will be combined to maximize resources and

minimize expenses.

- The second SMA paid guest speaker must speak to a joint meeting.
- The Physicians in Excellence program will be eliminated and remaining funding will be redirected to increase the resident's awards to \$300, \$150, and \$100.
- Poster presenters will be required to submit a \$50 refundable deposit to be refunded once the poster is presented.
- Dessert with the Experts will be redirected to Dessert with the Exhibitors to promote exhibit floor traffic.
- The section recognition lunch will be combined with the Doctors' Day Luncheon. Approve all section officers to attend in addition to the traditional complimentary ticket for the Section Secretary only.
- * Beginning in 2001, paper presenters, other than residents, will be required to pay a registration fee to attend the meeting. Exemptions only for invited speakers. Members and non-members will pay same fee.

MOTION: - A motion was made and seconded that the eight items recommended by the Coordinating Committee on Education be included as Scientific Assembly protocol. The motion carried unanimously.

Dr. Holt reported that the Education Committee approved the 2001 CME calendar that includes a conference on Alternative and Complementary Medicine and a conference on the Older Patient as well as a continuation of the four Practice Management programs for residents.

Dr. Holt also reported that the Committee had approved providing CME certificates to nurse practitioners and physicians assistants through reciprocity and to test market to these individuals for the Hot Topics Conference, the Diabetes Conference, and the Annual Meeting.

MOTION: - A motion was made

and seconded that Alternative and Complementary Medicine and the Older Patient are included in the 2001 CME schedule. The motion carried unanimously.

MOTION: - A motion was made and seconded that nurse practitioners and physician-assistants be provided CME certificates through reciprocity and that a test marketing be done for these individuals utilizing the Hot Topics Conference, the Diabetes Conference, and the Annual Meeting. The motion carried unanimously.

Dr. Nancy Swikert reported on a plan to develop a joint family oriented reception for young physicians, new members, and the Auxiliary at the Annual Meeting.

MOTION: - A motion was made and seconded that SMA provide a family oriented reception at the Annual Meeting for young physicians, new members and the Auxiliary. The motion carried unanimously.

Dr. O'Leary reported on the Committees discussion regarding Medbytes enhancements and the need to address SMA's future role in Internet applications. Discussion ensued regarding appropriate funding.

MOTION: - A motion was made and seconded that the discussion regarding appropriate funding regarding Medbytes enhancements and the need to address SMA's future role in Internet applications particularly related to CME be deferred to the Internet Committee for further discussion at the Summer Meeting. The motion carried unanimously.

Coordinating Committee on Membership

Dr. Jean Edwards Holt reported that dues-paying membership continues to decline with an estimated net loss of 1,307 projected for year-end. SMA is attracting new members but obviously losing more than we attract. She

stated that the dues increase is impacting renewals. She cited information from the exit surveys for non-renewing members and requested that each Council member receive a copy.

The Committee reviewed the direct debit bank program and the MBNA Affinity Card \$15 discount program, which had been previously approved. After discussion regarding the potential revenue loss to SMA, the following motion was presented to the Council for approval:

MOTION: - A motion was made and seconded that the Council revisit the issue of implementing the direct debit program in Fiscal Year 2000-2001 or postpone implementation until Fiscal Year 2001-2002. The motion carried unanimously.

Dr. Holt acknowledged the recent marriage of Cynthia Lenoir Lichtefeld and suggested the Council offer congratulations.

MOTION: - A motion was made and seconded that Mr. Leverett convey to Mrs. Lichtefeld the Council's congratulations and best wishes. The motion carried unanimously.

Coordinating Committee on Retirement

Dr. Albert J. Campbell, Jr., Chairman, reported that the Retirement Programs are generating a profit of approximately \$75,000 per year after expenses and educational grants and sponsorships to SMA.

He also reported that the Committee had approved modifying the

retirement investment vehicle from a Defined Benefit contract to a Defined Contribution contract. This change will enhance the interest rate and allow the program to pay off a program loan to CIGNA in the amount of approximately \$330,000.

OTHER BUSINESS

Mr. Leverett advised the Council that he had been contacted about revisiting the subject of creating a SMA affiliation for the Philippine Physicians. He stated this initiative had been discontinued prior to the 1999 Annual Meeting and he had taken the position that we would not revisit this subject. The Council concurred with Mr. Leverett's position.

On the agenda item relating to Annual Meeting Expenses, Dr. Hamdy stated that he, Dr. Waites, Dr. Stephenson, and Mr. Leverett would meet to decide on further expense reductions relating to expense reimbursements for individuals.

Dr. Hamdy advised the Council that the authority of the CEO to terminate any staff member be reinstated for the new CEO, Mr. Leverett. Dr. Hamdy stated that the SMA Officers should receive notification prior to action.

ADJOURNMENT

There being no further business to come before the Council, Dr. Hamdy adjourned the meeting at approximately 6:15 p.m.

Proceedings of the Council

- TradeWinds Island Grand Resort
 - St. Petersburg, Florida •
- Friday-Saturday, June 16-17, 2000
 - 8:00 a.m. 12:00 noon •

CALL TO ORDER

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The Council of the Southern Medical Association met at the TradeWinds Island Grand Resort, St. Petersburg, Florida, on June 16-17, 2000. The meeting was called to order at 8:10 a.m. by the President, Ronald C. Hamdy, M.D.

ROLL CALL

Members of the Council present were Ronald C. Hamdy, M.D., President, Johnson City, Tennessee; James C. Waites, M.D., Vice-President, Laurel, Mississippi; Hugh E. Stephenson, Jr., M.D., Immediate Past-President, Columbia, Missouri; Robert L. Baldwin, M.D., Birmingham, Alabama; Michael G. Mackey, M.D., Ionesboro, Arkansas; Richard DeRosa, M.D., Washington, D.C.; Clifford W. Lober, M.D., Kissimmee, Florida; George L. Smith III, M.D., Covington, Georgia; Nancy C. Swikert, M.D., Florence, Kentucky; J. Patrick O'Leary, M.D., New Orleans, Louisiana; Braxter P. Irby, Jr., M.D., Brookhaven, Mississippi; Albert J. Campbell, Jr., M.D., Sedalia, Missouri; David F. Martin, M.D., Winston-Salem, North Carolina; Donald R. Johnson II, M.D., Mt. Pleasant, South Carolina; William Browder, M.D., Johnson City, Tennessee (Friday Only); Jean Edwards Holt, M.D., San Antonio, Texas; T. Rudolph Howell, M.D., Richmond, Virginia; and W. Alva Deardorff, M.D., Charleston, West Virginia.

Members of the Council not present were Robert M. Peroutka, M.D., Baltimore, Maryland; and Charles A. Farmer, Jr., M.D., Tulsa, Oklahoma.

Also in attendance were J. Graham

Smith, Jr., M.D., Editor, Southern Medical Journal, Mobile, Alabama; and Mrs. Betty Haisten, SMAA President-Elect, Beaumont, Texas.

Staff present from Birmingham, Alabama, were Mr. Jim Leverett, Executive Vice-President/CEO; Mrs. Cynthia Lichtefeld, Director of Association Services; Mr. Bill Dunn, Chief Financial Officer; Mr. Dave Barzler, Director of Education; Mr. Ken Vinzant, Director of Fringe Benefit Programs; Mr. Ed Waldron, Vice President for Marketing and Director of Practice Management Services; and Mrs. Judy Fields, Administrative Assistant.

Dr. Hamdy asked Dr. Waites to give an invocation and ask for guidance over the next two days.

Dr. Hamdy recognized Mrs. Betty Haisten, SMAA President-Elect and formally introduced Mr. Bill Dunn, CFO of Southern Medical Association. He also thanked everyone for coming to this year's meeting.

APPROVAL OF MINUTES

Prior to the meeting, copies of the Minutes taken during the April 29, 2000, meeting of the Council were distributed for review.

ACTION: —It was moved by Dr. O'Leary and seconded by Dr. Swikert to approve the Minutes taken during the April 29, 2000, meeting of the Council. The motion carried unanimously.

REPORT OF THE AUXILIARY VICE-PRESIDENT Mrs. Betty Haisten

Mrs. Haisten gave the report of the SMAA President, Mrs. Merrell Rogers and then reported that she had the privilege of attending and addressing Alliances in Kansas, Alabama, Tennessee, Oklahoma, Georgia and Maryland. She also stated that she represented SMA at the conventions in Texas and the AMAA Convention in Chicago. Mrs. Haisten stated that she will address the Florida Convention in August and the convention in North Carolina in November.

Mrs. Haisten stated that until 2004, the Auxiliary's health initiative is to promote breast cancer awareness.

Mrs. Haisten thanked the Council for the opportunity to represent SMA. She stated that she looks forward to working with the Council and with the 2000-2001 President, Dr. James C. Waites.

ANNUAL REPORTS OF THE STATE COUNCILORS

Dr. Hamdy invited each Councilor to comment on any state activity that was not in his or her state report.

Dr. Swikert requested that guidelines be sent to the Chairman of a committee outlining what assistance is available from SMA.

REPORT OF THE EXECUTIVE VICE-PRESIDENT Mr. Jim Leverett

Mr. Leverett reported that he is about to complete three months of his career assignment with SMA and it has been challenging, interesting and very informative.

Mr. Leverett stated that the Fiscal year 1999-2000 has presented formidable challenges for the leadership and employees of Southern Medical Association (SMA) and Southern Medical Association Services (SMAS). He stated that at the start of the year, a change in executive leadership, the decision to discontinue the GODOC.COM initiative and the resurrection of issues relating to prior Internal Revenue Service audits, revealed a need to review the financial practices and operating policies and procedures of SMA and SMAS. In this regard,

Price Waterhouse Cooper was engaged through SMA legal counsel to conduct a financial/operational audit and recommendations from this audit are being appropriately implemented.

Mr. Leverett stated that recent discussions with the IRS indicate that the IRS does not intend to pursue revocation of SMA's tax-exempt status. Issues relating to deductions taken by SMAS for advertising and sponsorships remain

open.

Mr. Leverett stated that the educational programs overall attendance has remained relatively stable with some programs exceeding attendance expectations while others have not met expectations. He stated that enhancements in SMA.ORG have increased educational content including adding the full text of the Southern Medical Journal and the addition of the on-line community. He also stated that appropriations have been made in the budget for Internet research and expansion of capabilities and content. The utilization of the Internet for CME and the increase in competition in the area of CME offerings in general, represent major challenges for SMA's educational offerings. Mr. Leverett stated that the Journal has experienced an extraordinary increase in submissions during this year and has received impressive recognition from the Medscape Publishers Circle.

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Mr. Leverett reported that membership has continued its downward trend with a projected loss of 1,370 members in this fiscal year which yields a projected dues paying membership of approximately 16,394 for the start of the new fiscal year. He stated that aggressive target group marketing would be utilized in an attempt to recruit new members and minimize the effects of non-renewals resulting from the dues increase and withdrawal from participation in insurance and retirement programs.

Mr. Leverett reported that revenue production from SMAS retirement and insurance programs is projected to increase by approximately 4% in the current fiscal year due to increases in program contributions. He stated that to assure that SMAS is properly positioned to compete effectively from a pricing and service standpoint, Marsh USA has been engaged to review retirement and insurance programs for purposes of recommending optimal plan designs and broker and underwriter/carrier relationships.

Mr. Leverett also reported that in the current fiscal year, the decision was made to downsize the Practice Management staff and outsource the practice management offerings. This outsourcing has provided for a more comprehensive array of services to a broader

range of physicians' practices.

Mr. Leverett summarized the major initiatives that the management staff has developed in preparing the Fiscal Year 2000-2001 Budget. These initiatives include expense reductions in some areas and increased expenses in priority areas. The SMA and SMAS staff has dedicated a great deal of time and effort in adapting to a different budget process, which has required detailed departmental forecasting and interdepartmental discussions and cooperation.

Mr. Leverett highlighted the following focus areas that we are going to be working on this year: Internet Development; Coordinated Segmented Marketing; Member Needs Analysis (Research and Development); Retirement/Insurance Evaluation; Annual Meeting Expense Reduction; Annual Meeting Promotion (Florida Focus); Strategic Planning; Medical School Cooperative Programs (Includes Residents' Medical Student Activities); Enhance New Member Recruitment (Includes PA's and NP's); Member Participation and Retention; Address Issues with IRS; and Continue Revision of Financial Reporting System.

Mr. Leverett stated that the challenges remain formidable but he believes a corrective course of action is evolving to appropriately address these challenges.

REPORT OF THE EDITOR J. Graham Smith, Jr., M.D.

Dr. Smith reported that the *Journal* continues to have increased submissions and acceptances, with the acceptance rate between 55% to 60%, and the submissions as of May 2000 almost doubled what they were last year at this time.

Dr. Smith reported that the *Journal* has added a new feature this year called "Trauma Rounds," featuring case reports reflecting the most current trauma procedures and technology, and the upcoming "MUSC Morning Rounds," which will feature cases of interest presented at morning rounds at the Medical University of South Carolina and will be featured on a quarterly basis.

Dr. Smith also reported that during 1999 the Southern Medical Journal was a Member's Choice Award winner for Medscape Publisher's Circle. The Member's Choice Award recognizes publications that make the Medscape site's monthly "Top Ten Articles" list over a six-month period. The Southern Medical Journal earned the Member's Choice Award for each six-month period in 1999.

Dr. Smith recommended that Dr. J. Patrick O'Leary be added as an Associate Editor to the Southern Medical Journal Editorial Board.

Also, Dr. Smith reviewed several candidates for the Editorial Board and made the following recommendation:

RECOMMENDATION: Dr. J. Graham Smith recommended to the Council that Gregory C. Flaker, M.D., University of Missouri - Columbia; Kimball I. Maull, M.D., Birmingham, Alabama; and Huey McDaniel, M.D., Mobile, Alabama be added to the Editorial Board of the Southern Medical Journal.

ACTION: A motion was made and seconded that Gregory C. Flaker, M.D., University of Missouri - Columbia; Kimball I. Maull, M.D., Birmingham,

Alabama; and Huey McDaniel, M.D., Mobile, Alabama be added to the Editorial Board of the Southern Medical Journal. The motion carried unanimously.

Dr. Hamdy appointed Dr. J. Graham Smith, Jr., Dr. T. Rudolph Howell, Dr. J. Patrick O'Leary, Dr. Michael Mackey, and Dr. Clifford Lober to a Task Force to look at the *Journal*. He requested this group to get together by conference call or by meeting and discuss what is expected from the *Journal* and especially from the Editorial Board. He stated that he would like for this committee to come up with recommendations to present to the Council.

Dr. Smith asked if he could poll the editorial Board to see if they wanted to have a meeting at the November Annual Meeting at no cost to SMA. After much discussion, this request was tabled until the Task Force has had an opportunity to meet.

REPORT OF THE ADVISORY COMMITTEE ON GRANTS, LOANS AND SCHOLARSHIPS William Browder, M.D.

Dr. Browder reported that at the April 29, 2000, Council meeting, it was voted to spend the estimated earnings from the Endowment Fund for the coming year. The estimated earnings were established at \$40,000 of which \$35,000 will be allocated for scholarships for the coming (2000-2001) school year and \$5,000 will be allocated to Grants.

He reported that two Research Project Grants were awarded this year for a total of \$4,951. There were no loans awarded this year.

He stated that of the forty-eight medical schools and six osteopathic schools in SMA's territory, only thirty-three responded with nominees for the Third Year Student Scholarships for the 1999-2000 academic year. A total of \$49,500 has been awarded for these scholarships.

RECOMMENDATION: - The Coordinating Committee on Grants, Loans and Scholarships recommended to the Council to authorize offering a \$1,000 scholarship to each of the thirty-three schools that participated in the program this year. The schools will be notified in July of the offer, with the provision they name a recipient by September 30, 2000. At the annual Council Meeting in November, the Council will revisit the issue and make a decision on the balance. This is for only one year.

ACTION: A motion was made by Dr. William Browder and seconded by Dr. Baldwin to authorize offering a \$1,000 scholarship to each of the thirty-three schools that participated in the program this year. The schools will be notified in July of the offer, with the provision they name a recipient by September 30, 2000. At the annual Council Meeting in November, the Council will revisit the issue at that time. This is for only one year. The motion carried unanimously.

Dr. Hamdy charged the Long Range Planning Committee to address the following issues:

1)How to increase the Endowment, not only through the Society of 1906 but through corporate giving and whatever means we have available to us, including possibly levying a tax on all educational programs and maybe 5% to 10% of every educational program be put back into the Endowment Fund.

2) Examine ways SMA can advertise activities being offered by our association in the *Journal*. This would include a monthly news item from the CEO, Chairman of Education or selected individual(s).

REPORT OF COORDINATING COMMITTEE ON EDUCATION Jean Edwards Holt, M.D.

Dr. Holt reported that the Coordinating Committee on Education met April 29, 2000, in Atlanta, Georgia.

She reported that the attendance at

past seminars and conferences has shown a steady increase since 1995 and projected attendance this year should be close to last year with an average attendance of 79.

She stated that seminars and conferences continue to bring in new members. Two hundred ninety-four (294) new members have joined SMA in the last 12 months through attendance at these activities.

Dr. Holt reported that we continue to implement strategies to improve participation in our Annual Meeting Section Program. The goal is to integrate the Sections into the mainstream of SMA education and leadership beyond the Annual Meeting.

Dr. Holt reported that we are also looking at the possibility of enhancing our specialty CME. She stated that over 50% of SMA's membership are

specialist.

Mr. Dave Barzler reported that SMA feels that our seminars and conferences should be self-supporting. He reported that the education department is working toward improving profitability.

REPORT OF COORDINATING COMMITTEE ON PRACTICE MANAGEMENT SERVICES George L. Smith III, M.D.

Dr. Smith reported that the committee has had one conference call since November. He stated that our emphasis remains on assisting relatively smaller practices and groups to grow and enhance viability in an intricate and challenging environment. He stated that SMA needs to expand its practice management education programs at the Annual Meeting to reflect these enhanced capabilities. Plans have been made to invite "Simple Care" physicians to the Annual Meeting in Orlando to explain what they are doing across the country.

He reported that the decision to outsource the practice management services offered to SMA member physicians and non-members has been the genesis of the SMA Practice Performance Group. He stated that the Practice Performance Groups consulting team has expanded our practice management product and service offerings well beyond the issues of coding and reimbursement to cover virtually all practice management education, training and developmental needs.

REPORT OF COORDINATING COMMITTEE ON MEMBERSHIP David F. Martin, M.D

Dr. Martin reported that dues for SMA were increased to \$150 by the Council in November 1999. This increase was implemented in the May 2000 billing cycle that began in January 2000. Preliminary figures indicate that there has been a drop in membership of ten percent due to the dues increase.

Dr. Martin reported that membership recruitment efforts in the Association remain strong and have helped significantly to reduce the impact of members dropping out of the Association. He stated that these efforts have brought in 2,444 new members from July 1, 1999 until April 30, 2000. Dr. Martin reported that the preliminary marketing ideas for recruitment in the direct mail campaign, as well as other marketing initiatives, involves placing non-members into the following six segments: age, specialty, group size, employment status academic, and gender. Market segments will provide an opportunity to be more effective in marketing efforts because it allows for target marketing of the Association's programs and services.

Dr. Martin reported that retaining members is an important indicator of the health of the organization and is the responsibility of the entire organization. Successful retention is achieved by working together to ensure members receive programs/services that are rele-

vant and of high quality.

Dr. Hamdy appointed Dr. Jean Holt to chair and appoint a task force to look into ways of recruiting new members, survey what the members really need from our association, and to look at the

REPORT OF COORDINATING COMMITTEE ON INSURANCE J. Patrick O'Leary, M.D.

Dr. O'Leary reported that the SMA Insurance Program has experienced its share of challenges over the past five years. Specifically, the program has experienced high program utilization (particularly the high utilization for the Long-Term Disability coverage) and the rate adjustments that have resulted from that high utilization. The efforts to change these utilization patterns have been ongoing.

Dr. O'Leary reported that in early November 1999 SMA staff met with CIGNA officials and the utilization reports called for an increase in the range of 40%. He stated that through negotiation, CIGNA accepted a lower adjustment with the understanding that the experience would be reviewed once again in February to determine if there was a need for an additional adjustment for April 1, 2000.

Dr. O'Leary stated that considerable time and effort was invested into the development of a newly designed Network Based Major Medical Insurance product for the program. The new product allows participants (and the program) to benefit from network discounts yet continue to have the freedom to choose providers with no penalties or reductions in benefits. He stated that so far, these changes seem to have been favorably viewed by our program participants.

Dr. O'Leary reported that Marsh USA has been engaged to review insurance and retirement programs to see what is best for our members.

Dr. O'Leary stated that while the SMA Insurance Program has experienced challenges, it continues to provide significant financial support to the SMA.

REPORT OF COORDINATING COMMITTEE ON RETIREMENT Albert J. Campbell, Jr., M.D.

Dr. Campbell reported that SMA's Retirement Program experienced improved stability in 1999. Both the pension and IRA programs exhibited positive numbers in several categories.

Dr. Campbell reported that the most successful product to date is the Manulife 401K. He stated that program assets totaled \$27,344,571 as of March 31, 2000, as compared to approximately \$18.7 million under management for the same period ending in March of 1998 - an increase of nearly 46%. Likewise, total contributions for the period ending March 31, 2000, were up by 32% over the previous period.

Dr. Campbell reported that there are some reductions in the Pension and IRA programs that resulted from a number of factors including reduced program marketing stemming from budget cuts in the latter part of 1999.

REPORT OF COORDINATING COMMITTEE ON LONG RANGE PLANNING T. Rudolph Howell, M.D.

Dr. Howell outlined the long-range goals for future vision for the Southern Medical Association. He stated that the Long Range Planning Committee, along with the Strategic Over-site Task Force Committee needs to work together to come up with ways we can provide services and meet the needs of our membership. He also stated that everyone has a strong responsibility to let him know what they feel is needed to accomplish to meet the needs of our membership. Dr. Howell stated that SMA needs to focus on demonstrating value to its membership. The values that we at one time thought the physician needed from SMA are out of synch. with what is needed now.

Dr. Howell stated that we should have an identifiable strategy to present to the Council by the Annual Meeting in November.

Dr. Hamdy asked Dr. Howell to plan a two day meeting for the Long Range Planning Committee to go over issues presented at the meeting and come up with a strategic plan that can be presented to the Council at the Annual Meeting in November.

ENVIRONMENTAL ASSESSMENT AND COMPETITIVE ANALYSIS MR. Ed Waldron and Mr. Dave Barzler

Ed Waldron presented an abbreviated environmental assessment describing the physicians' professional association role in the dynamic area of healthcare reform. The specific area of practice consolidations and the need for SMA to develop products more attractive to group practice was discussed. Competition to the SMA both traditional and non-traditional was briefly surveyed with observation of increased interest of competitor associations in Practice Management Services and online applications of these services. A model competitive association was overviewed for comparison to SMA products and services.

REPORT OF SUB-COMMITTEE ON INTERNET DEVELOPMENT Michael G. Mackey, M.D.

Dr. Mackey reported that the Sub-Committee on Internet Development held a conference call on June 8, 2000, to review an Internet Competitive Analysis and recommendations that the staff made for the purposes of the Internet next year. He stated that the information was reviewed and each item was prioritized.

Dr. Mackey asked Dave Barzler to pass out a copy of the staff recommendations to the Council members. He stated that as a member of the Budget Committee, he presented these changes to the Council with some reservations because it does represents a substantial increase and substantial

change in the philosophy that we have been using for the past two years.

He stated that under this budget, the handling of the Internet is being brought back in-house with two fulltime employees.

REPORT OF THE BUDGET Hugh E. Stephenson, Jr., M.D.

Dr. Stephenson stated that he would like to congratulate the Council on its wisdom last January in mandating that the Budget Committee receive a report of the fiscal status of the organization every month. He stated that the Committee has complied and he feels they have been well informed and are better able to understand what is going on at SMA.

Prior to the meeting, copies of the Budget were distributed for review. Dr. Stephenson called on Mr. Jim Leverett and Mr. Bill Dunn to give an overview of the Budget for 2000-2001.

RECOMMENDATION: The Coordinating Committee on Admini stration/Budget recommended approval of the 2000-2001 proposed budget.

ACTION: It was moved by Dr. Stephenson and seconded that the Budget for 2000-2001 be approved. The motion carried unanimously.

OLD BUSINESS

Dr. Hamdy reported that Price Waterhouse Coopers has requested that an Operational Oversight Committee be appointed and the Coordinating Committee on Administration/Budget will resume this responsibility. He also stated that Price Waterhouse Cooper requested that we appoint a Management Compensation Committee that will be a sub-committee of the Coordinating Committee on Administration/Budget. The following six (6) members were appointed to serve on the Management Compensation Committee for the terms indicated:

William Browder 3 years President (Term of office) Donald R. Johnson 2 years Pres. Elect (Term of office) Michael G. Mackey 1 year Immed. Past Pres. (Term of office)

Dr. Hamdy also reported that GO-DOC.COM was dissolved on Friday, June 16, 2000, at approximately 12:30 p.m., contingent upon the questions that were raised about the domain registration as to whether there is value and if SMA or GO-DOC.COM owns anything associated with the value.

Dr. Martin stated that he feels that the president, CEO, or both needs to send a letter to the membership outlining the direction SMA is taking and generate some excitement and enthusi-

asm.

Dr. O'Leary stated that he feels that the President/CEO should put a message in the *Journal* each month to the membership.

Dr. Holt stated she would like to see a separate letter sent to the Associate Councilors and Section Officers before going to the general membership.

NEW BUSINESS

Dr. Hamdy reported that the legal counsel for Southern Medical Association has recommended that the Council appoint Mr. Jim Leverett as the registered agent for Southern Medical Association for the purpose of serving legal documents.

MOTION: A motion was made by Dr. O'Leary and seconded that Mr. Jim Leverett be appointed as the registered agent for Southern Medical Association for the purpose of serving legal documents. The motion carried unanimously.

A president-elect booklet and ballot was distributed to the members of the Council with instructions that the ballot must be returned to Price Waterhouse Coopers by July 3, 2000.

Mr. Jim Leverett expressed his appreciation for the Council's cooperation since he has been with SMA. He stated that he feels there has been positive discussion and optimism coming from this meeting.

Mr. Leverett stated that he regrets to report that Mr. Ed Waldron, Vice-President for Marketing, has decided to leave SMA. He stated that he is very pleased with the work that Ed has done with him since he has been with SMA and he has personally benefited from his ideas and creative thoughts.

ADJOURNMENT

There being no further business to come before the Council, Dr. Hamdy adjourned the meeting at approximately 12:15 p.m.

Proceedings of the Council

- Rosen Centre Hotel
 - · Orlando, Florida ·
- Tuesday, October 31, 2000, 12:30 p.m. 5:00 p.m. •
- Wednesday, November 1, 2000, 8:30 a.m. 1:30 p.m. •

CALL TO ORDER

The Council of the Southern Medical Association met at the Rosen Centre Hotel, Orlando, Florida on Tuesday, October 31, 2000, at 12:30 p.m. and on Wednesday, November 1, 2000, at 8:30 a.m. The meeting was called to order by the President, Ronald C. Hamdy, M.D.

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ROLL CALL

Members of the Council present Ronald C. Hamdy, M.D., President, Johnson City, Tennessee; James C. Waites, M.D., President-Elect, Laurel, Mississippi; Hugh E. Stephenson, Jr., M.D., Immediate Past-President, Columbia, Missouri; Robert L. Baldwin, M.D., Birmingham, Alabama; Michael G. Mackey, M.D., Jonesboro, Arkansas; Richard P. DeRosa, M.D., Washington, D.C.; Clifford W. Lober, M.D., Kissimmee, Florida; George L. Smith III, M.D., Covington, Georgia; Nancy C. Swikert, M.D., Florence, Kentucky; J. Patrick O'Leary, M.D., New Orleans, Louisiana; Braxter P. Irby, Jr., M.D., Brookhaven, Mississippi; Albert J. Campbell, Jr., M.D., Sedalia, Missouri; David F. Martin, M.D., Winston-Salem, North Carolina; Charles A. Farmer, Jr., M.D., Tulsa, Oklahoma; Donald R. Johnson II, M.D., Mt. Pleasant, South Carolina; William Browder, M.D., Johnson City, Tennessee; Jean Edwards Holt, M.D., San Antonio, Texas; T. Rudolph Howell, M.D., Richmond, Virginia; and W. Alva Deardorff, M.D., Charleston, West Virginia.

Member of the Council not present was Robert M. Peroutka, M.D., Baltimore, Maryland. Also in attendance were J. Graham Smith, Jr., M.D., Editor, Southern Medical Journal, Mobile, Alabama; George S. Ellis, Jr., M.D., Councilor-Elect for Louisiana, New Orleans, Louisiana; Mrs. Merrell Rogers, SMAA President, Tupelo, Mississippi; Mrs. Betty Haisten, SMAA President-Elect, Beaumont, Texas.

Staff present from Birmingham, Alabama, were Mr. Jim Leverett, Executive Vice-President/CEO; Mrs. Cynthia Lichtefeld, Director of Association Services; Mr. Bill Dunn, Chief Financial Officer; Mr. Dave Barzler, Director of Education; Mr. Luke Hartsfield, Director of Fringe Benefit Programs; Mr. Ed Waldron, Vice President for Marketing and Director of Practice Management Services; and Mrs. Judy Fields, Administrative Assistant.

Dr. Hamdy asked Dr. Waites to give an invocation and ask for guidance over the week.

Dr. Hamdy recognized Mrs. Merrell Rogers, SMAA President, Mrs. Betty Haisten, SMAA President-Elect and introduced George S. Ellis, Jr., as the new Councilor-Elect for Louisiana. He also thanked everyone for coming to this year's meeting.

APPROVAL OF MINUTES

Prior to the meeting, copies of the Minutes taken during the June 16-17, 2000, meeting of the Council were distributed for review.

ACTION: It was moved by Dr. Campbell and seconded by Dr. Baldwin to approve the Minutes taken during the June 16-17, 2000, meeting of the Council. The motion carried unanimously.

REPORT OF THE ADMINISTRATION/BUDGET COMMITTEE

Hugh E. Stephenson, Jr., M.D.

Dr. Stephenson stated that the Committee has met each month reviewing updates of the fiscal status of the organization.

Prior to the meeting, copies of the Financial Statements for August 2000 were distributed for review. Dr. Stephenson called on Mr. Bill Dunn to give an overview of these Financial Statements.

REPORT OF THE AUXILIARY PRESIDENT Mrs. Merrell Rogers

Mrs. Rogers reported that the SMA Auxiliary completed another successful year promoting and funding projects for Doctors' Day, Medical Heritage and Breast Cancer Awareness. She stated that all three-project areas received extensive publicity through newspaper, television and radio coverage. She distributed a list of projects accomplished by the Auxiliary this year.

Mrs. Rogers stated that she would like to thank the Council for the support she has received this year. She stated that she looks forward to another successful year with the Council's continued help and encouragement.

REPORT OF THE AUXILIARY PRESIDENT-ELECT Mrs. Betty Haisten

Mrs. Haisten stated that she and Mrs. Rogers are aware of the problems SMA is facing and that they have been treated with wonderful response everywhere they have gone spreading the SMA story. Mrs. Haisten thanked the Council for their support and looks forward to working with them next year.

REPORT OF THE PRESIDENT Ronald C. Hamdy, M.D.

Dr. Hamdy reported that Dr. Jean Edwards Holt has been elected as President-Elect of the Southern Medical Association and Dr. George S. Ellis, Jr., has been elected as the new Councilor from Louisiana. Dr. Hamdy stated that we did not have a candidate for the Councilor-Elect position for Oklahoma and the Council has asked Dr. Charles A. Farmer, Jr. if he would serve for another year.

REPORT OF THE EXECUTIVE VICE-PRESIDENT Mr. Iim Leverett

Mr. Leverett reported that we are slightly ahead in balancing the budget projections for the first three months of the fiscal year. However, he expects SMA to be in a deficit position in November and December because of Annual Meeting expenses.

He stated that SMA had budgeted for a 15% increase in attendance at the Annual Meeting in Orlando over the Dallas meeting based on the location of the meeting. He stated that our attendance is down from what was expected.

Mr. Leverett reported that the attorneys met with the IRS and gave an overview of that meeting to the Council.

Mr. Leverett stated that the downward trend in membership continues. He stated that there is a net loss of approximately 150 members a month. He stated that while SMA continues to attract new members, more are loss than gained. Mr. Leverett stated that some new marketing approaches have been implemented to better recruit and retain members. For example, less expensive fax communications have been implemented with current members for renewal purposes.

Mr. Leverett reported that the Southern Orthopaedic Association has 1,721 members. He stated that its Annual Meeting was held July 20-22, 2000. He reported that the Southern Association for Oncology has 467 members and its Annual Meeting was held August 10-12, 2000.

Mr. Leverett reported that he and Cynthia Lichtefeld met with the Southern Association for Primary Care's board members in August. He stated that the association has been struggling financially and the Board voted to dissolve the Southern Association for Primary Care effective December 31, 2000.

Mr. Leverett reported that a recent survey sent to a small number of SMA members indicated that CME is the number one reason for joining and remaining a member of the Southern Medical Association with products and services a close second.

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Mr. Leverett stated that SMA is in the process of recruiting a new Editor for the Southern Medical Journal. He stated that Dr. J. Graham Smith, Jr., turned in his resignation effective December 1, 2000. He also stated that a recognition luncheon was scheduled to take place later in the week for Dr. Smith.

Mr. Leverett reported that SMA is offering a new LTD and Life Insurance product. He stated that participating members of SMA would be notified next week about this program. Existing members in the CIGNA plan will be transferred into a plan offered by Standard Insurance Company. He stated that after the current members have been notified, the remaining membership would be notified of this program.

REPORT OF THE EDITOR J. Graham Smith, Jr., M.D.

Dr. Smith outlined the changes that have taken place during his tenure as Editor of the Southern Medical Journal, from 1993 through 2000.

Dr. Smith thanked the Councilors that have contributed to the changes and improvements in the Southern Medical Journal during the past eight years, with special appreciation to the Journal staff in Birmingham, the Associate and Assistant Editors, the Editorial Board members, contributors, and reviewers.

ANNUAL REPORTS OF THE STATE COUNCILORS

Dr. Hamdy invited each Councilor to present a verbal report on their states activities.

REPORT OF THE ADVISORY COMMITTEE ON YOUNG PHYSICIANS Dr. Nancy Swikert

Dr. Swikert reported that the Long Range Planning Committee/Strategic Planning Task Force recommends that the name of the Advisory Committee on Young Physicians be renamed the Advisory Committee on New Physicians. Dr. Swikert discussed the program proposals that this committee would like to implement. The committee recommended the following:

RECOMMENDATION: The Advisory Committee on Young Physicians presented a proposal to develop a program for the Annual Meeting addressing the needs of young physicians identified as zero to seven years and implement the suggestions that are budget neutral.

ACTION: The motion was made by Dr. Swikert and seconded by Dr. Johnson that the Advisory Committee on Young Physicians develop and implement programs for young physicians that are budget neutral for the Annual Meeting. The motion carried unanimously.

Financial Forecast Report Jim Leverett

Mr. Leverett presented the results of three years of financial forecasts utilizing the 2001 budget as a base year for the forecasts. He pointed out that with certain assumptions, including a continued decline in membership and tax consequences relating to SMA Services, SMA and SMA Services would be required to significantly reduce expenses and/or significantly increase SMA Services revenues to maintain financial viability.

REPORT OF THE LONG RANGE PLANNING COMMITTEE AND STRATEGIC PLANNING TASK FORCE

Dr. Howell and Dr. Holt gave an overview of the meeting that took place in Birmingham on September 15-16, 2000. The following recommendations came from the meeting to be presented to the Council for their

approval:

RECOMMENDATION: The Long Range Planning Committee/ Strategic Planning Task Force recommends to the Council that SMA move the entire Annual Meeting to a hotel for the next five years to eliminate expenses associated with a convention center.

ACTION: A motion was made by Dr. Swikert and seconded by Dr. Baldwin that SMA move the entire Annual Meeting to a hotel for the next five years to eliminate expenses associated with a convention center and after five years reevaluate for the next five years. The motion carried unanimous-

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RECOMMENDATION: The Long Range Planning Committee/Strategic Planning Task Force recommends to the Council that the Tuesday functions of the Council, Past President's Dinner, and President's Private Party be eliminated; attempt to make the President's Reception and Doctor's Day Luncheon budget neutral; and scale-back the Opening Ceremony (which will be reviewed after the Orlando Meeting).

ACTION: A motion was made by Dr. Irby and seconded by Dr. Johnson that the Tuesday functions of the Council, Past President's Dinner, and President's Private Party be eliminated; attempt to make the President's Reception and Doctor's Day Luncheon budget neutral; and scale-back the Opening Ceremony (which will be reviewed after the Orlando Meeting). The motion carried unanimously.

RECOMMENDATION: The Long Range Planning Committee/

Strategic Planning Task Force recommends to the Council the following regarding seminars and conferences: 1) "Resort CME" should be continued but profitability has to improve; 2) Program focus should be on Primary Care topics. Topics/location should appeal to specialist; 3) Specific programs should not be developed for PA's and NP's but appropriate programs should be marketed to PA's and NP's; 4) The issue of providing CME at a more local level should be investigated.

ACTION: A motion was made by Dr. Lober and seconded by Dr. Swikert regarding seminars and conferences: 1) "Resort CME" should be continued but profitability has to improve; 2) Program focus should be on Primary Care topics. Topics/location should appeal to specialist; 3) Specific programs should not be developed for PA's and NP's but appropriate programs should be marketed to PA's and NP's; 4) The issue of providing CME at a more local level should be investigated. The motion

carried unanimously.

RECOMMENDATION: Long Range Planning Committee/ Strategic Planning Task Force recommends to the Council that: 1) The Long Term Disability and Life AD&D program should be moved from CIGNA to the Standard Insurance Company effective January 1, 2001. 2) The administration of the SMA Services Insurance Program should remain in-house per the recommendation of consultant, Marsh USA. Also, SMA Services should engage an outside party to review the offerings and operations of SMA Services Insurance and Retirement Programs every three years to ensure the quality and integrity of the programs. 3) SMA Services should consider adding programs - Long Term Care, Medical Supplement, Medical Savings Account, revised Medical Malpractice and Catastrophic Medical Plan - as recommended by Marsh USA. 4) SMA Services should consider using Seabury and Smith for marketing appropriate products.

ACTION: A motion was made by Dr. Mackey and seconded that: 1) The Long Term Disability and Life AD&D program should be moved from CIGNA to the Standard Insurance Company effective January 1, 2001. 2) The administration of the SMA Services Insurance Program should remain in-house per the recommendation of consultant, Marsh USA. Also, SMA Services should engage an outside party to review the offerings and operations of SMA Services Insurance and Retirement Programs every three years to ensure the quality and integrity of the programs. 3) SMA Services should consider adding programs - Long Term Care, Medical Supplement, Medical Savings Account, revised Medical Malpractice and Catastrophic Medical Plan - as recommended by Marsh USA. 4) SMA Services should consider using Seabury and Smith for marketing appropriate products. The motion carried unanimously.

RECOMMENDATION: The Long Range Planning Committee/Strategic Planning Task Force recommends to the Council that SMA eliminate the Student Loan program and maintain Grants and Scholarships at a level commensurate with earnings from Endowment Fund II.

ACTION: A motion was made by Dr. Browder and seconded by Dr. Baldwin that SMA eliminate the Student Loan program and maintain Grants and Scholarships at a level commensurate with earnings from Endowment Fund II. The motion carried unanimously.

ACTION: A motion was made by Dr. Holt and seconded that the name President's Club be changed to President's Leadership Program. The motion carried.

ACTION: A motion was made by Dr. Howell and seconded by Dr. Smith for all Associate Councilors to receive free registration to the Annual Meeting, one night's hotel accommodations, and airfare utilizing an advanced purchase ticket for attendance to the leadership forum. The motion carried.

ACTION: A motion was made by Dr. Farmer and seconded by Dr. Mackey that the motions that were made on October 31, 2000, regarding issues for changes that had Bylaws implications be suspended and brought up for consideration at the Summer Meeting (i.e. name changes, committee eliminations, etc.). The motion carried unanimously.

ACTION: A motion was made by Dr. Baldwin and seconded by Dr. Farmer that the SMA continue the Annual Meeting revised as recommended by the Long Range Planning Committee and Strategic Planning Task Force. The motion carried.

ACTION: A motion was made by Dr. Smith and seconded that the financially draining Dinner/Dance on Saturday night be eliminated and change it to a function that will be budget neutral or profitable for SMA beginning with the Nashville Annual Meeting. The motion carried unanimously.

ACTION: A motion was made by Dr. Howell and seconded by Dr. Irby that the Council recommend to the Scientific Advisory Committee that the CME functions for the Annual Meeting begin on Thursday and end on Saturday p.m., and that the committee also give direction to the Section Secretaries prior to the January meeting with one of the restriction being that there be only one speaker per Section. The motion carried unanimously.

ACTION: A motion was made by Dr. Howell and seconded by Dr. Swikert that the Business Session of the Council and Leadership Forum begin the day before the Scientific Assembly begins. The motion carried unanimously.

ACTION: A motion was made by Dr. Browder and seconded by Dr. Johnson to eliminate the competitive nature of the former President's Club and have the term President's Leadership Program relate to the effort on the part of SMA to educate and motivate Associate Councilors who come to the

Annual Meeting. The motion carried unanimously.

ACTION: A motion was made by Dr. Farmer and seconded by Dr. O'Leary that in addition to the President's Leadership Program, individuals exhibiting increased activity in the form of recruiting at least five paying members will receive five night's hotel accommodations to the Annual Meeting and get to participate in a drawing for three prizes. The motion carried.

ACTION: A motion was made by Dr. Holt and seconded by Dr. Mackey that the Council approve the Southern Medical Association Education Department Mission Statement. The motion carried unanimously.

ACTION: A motion was made by Dr. Irby and seconded that a budget of \$75,000 be set for the Summer Meeting

in 2001 and the staff will decide where the meeting will take place. The motion carried.

Dr. Browder requested that Mr. Leverett come up with suggestions for proposed Annual Meeting cuts to be presented to the Council at the meeting in January.

Dr. Hamdy stated that he has enjoyed working with everyone and he is excited to have Dr. James Waites as SMA's next president.

ADJOURNMENT

There being no further business to come before the Council, Dr. Hamdy adjourned the meeting at approximately 5:00 p.m. on Tuesday, October 31, 2000, and approximately 1:10 p.m. on Wednesday, November 1, 2000.

Section Attendance Figures

(Not Including Joint Meetings)

7 Year Comparison

Section	1994	1995	1996	1997	1998	1999	2000
Allergy & Immunology	14	14	22	14	20	11	15
Anesthesiology	26	22	15	21	20	19	7
Cardiology	26	50	36	81	42	37	30
Chest Diseases	18	30	28	25	16	13	11
Colon & Rectal Surgery	26	34	25	29	25	20	25
Dermatology	59	74	72	75	100	67	42
Emergency Medicine	45	34	40	45	65	41	26
Family Practice	43	110	84	104	35	63	34
Gastroenterology	30	25	25	22	18	15	15
Geriatric Medicine	N/A	33	33	55	12	22	14
Gynecology	40	25	41	43	38	40*	35*
Med Mgmt & Admin	N/A	31	23	32	24	13	9
Medicine	95	80	35	99	46	31	31
Military Medicine							
Neurosurgery	13	18	18	18	18	11	10
Obstetrics	32	17	19	47	28	-*	_*
Occupational Medicine	24	27	18	27	8	20	14
Oncology	15	16	16	30	17	8	12
Ophthalmology	16	25	20	20	24	13	13
Orthopaedics	23	60	25	31	25	66**	36**
Oto-Head & Neck Surg	27	35	20	21	20	13	9
Pathology	30	39	49	57	27	27	26
Peds & Adolescent Med	22	37	24	36	26	16	14
Plastic & Recon Surgery	43	29	20	36	33	19	17
Psychiatry & Neurology	27	32	25	42	38	33	35
Radiology	30	35	17	26	29	21	19
Rheumatology	30	26	26	46	31	16	10
Surgery	40	28	20	47	50	48	33
Urology	29	22	23	30	28	10	10
Totals	823	1,008	819	1,159	863	713	552

Numbers based on head counts taken in all section sessions (highest average of SMA and Secretaries' Counts)

^{*} Only Held Joint Meetings

** SOA Fall Meeting

Annual Meeting Registration Record

		Talliam Ivaccing			7						
	Date	Location	Host Physicians	Other Physicians	Total Physicians	Students	Paramedical Personnel	Technical Exhibitors	Guests	Total	
	1906-1915	No Record of Attendance									
	1916- Nov. 13-16	Atlanta	. 299	1,247	1,476	55	_	103	233	1,867	
	1917- Nov. 12-15	Memphis		1,025	1,168	46	(2 <u>—</u>);	78	184	1,476	
	1918-	No Meeting- Influenza Pandem		- X - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							
	1919- Nov. 10-13	Asheville		912	983	-	54	85	148	1,270	
	1920- Nov. 15-18	Louisville		872	1,102	114	40	149	171	1,576	
	1921- Nov. 14-17	Hot Springs		993	1.074		39	90	241	1,444	
	1922- Nov. 13-16	Chattanooga		1,230	1,337	200	26	129	289	1,781	
	1923- Nov. 12-15	Washington		1,363	1,696	214	26	143	495	2,574	
	1924- Nov 24-27	New Orleans		1,559	1,911	169	15	120	510	2,725	
	1925- Nov. 9-12	Dallas		1,732	2,042	144	19	151	513	2,869	
	1926- Nov. 15-18	Atlanta	0.00	1,557	1,884	139	27	174	445	2,669	
	1927- Nov. 14-17	Memphis		1,728	2,003	251	24	212	438	2,928	
	1928- Nov. 12-15	Asheville		1,221	1,291	-	20	154	379	1,844	
	1929- Nov. 19-22	Miami		1,180	1,343	_	19	84	572	2,018	
	1930- Nov. 11-15	Louisville		1,232	1,490	224	21	144	356	2,235	
	1931- Nov. 18-20	New Orleans		1,266	1,689	231	33	154	462	2,569	
	1932- Nov. 15-18	Birmingham		971	1,247	57.38.7×	32	104	239	1,622	
_	1933- Nov. 14-17	Richmond		1,319	1,583	279	61	141	407	2,471	
22	1934- Nov. 13-16	San Antonio		1,641	1,945	_	27	141	739	2,852	
	1935- Nov. 19-22	St. Louis		1,999	2,694	690	18	279	614	4,295	
	1936- Nov. 17-20	Baltimore		2,365	3,212	660	51	375	581	4,879	
	1937- Nov. 30- Dec. 3	New Orleans		2,238	2,811	736	177	370	1.328	5,422	
	1938- Nov. 15-18	Oklahoma City		1,914	2,267	262	389	342	778	4,038	
	1939- Nov. 21-24	Memphis		1,837	2,222	412	595	300	734	4,263	
	1940- Nov. 12-15	Louisville		1,639	2,075	412	667	361	629	4,144	
	1941- Nov. 10-13	St. Louis		1,944	2,706	683	378	498	774	5,039	
	1942- Nov. 10-12	Richmond		1,130	1,383	337	136	187	392	2,435	
	1943- Nov. 16-18	Cincinnati		1,410	1,715	94	176	255	520	2,760	
	1944- Nov. 13-16	St. Louis		1,557	2,116	441	461	431	762	4,211	
	1945- Nov. 12-15	Cincinnati		1,270	1,477	88	52	269	545	2,431	
	1946- Nov. 4-7	Miami	7. 3.5	1,648	2,091	_	135	241	1,074	3,541	
	1947- Nov. 24-26	Baltimore		1,718	2,667	332	407	445	674	4,525	
	1948- Nov. 25-28	Miami		1,087	1,595	27	115	308	629	2,674	
	1949- Nov. 14-17	Cincinnati		1,235	1,483	32	143	264	490	2,412	
	1950- Nov. 13-17	St. Louis		1,391	2,117	472	92	323	644	3,648	
	1951- Nov. 5-8	Dallas		1,575	2,053	160		190	850	3,253	
	1952- Nov. 10-13	Miami		1,591	2,173	34	177	246	1,107	3,737	
	1953- Oct. 26-29	Atlanta		1,781	2,347	266	195	325	900	4,033	
	1954- Nov. 8-11	St. Louis		1,614	2,201	614	336	391	772	4,314	
	1955- Nov. 14-17	Houston		1.579	2,386	*	*	676	951	4,013	
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Annual Meeting Registration Record

	Date	Location	Host Physicians	Other Physicians	Total Physicians	Students	Paramedical Personnel	Technical Exhibitors	Guests	Total
	1956- Nov. 12-15	Washington	1.083	2.090	3,173	314	*	982	969	5,438
	1957- Nov. 11-14	Miami Beach	1,061	2,174	3,235	177	*	721	1,870	6,003
	1958- Nov. 3-6	New Orleans	1,256	2,331	3,587	454	*	753	1,327	6,121
	1959- Nov. 16-19	Atlanta	685	1,972	2,657	205	ak:	554	799	4,215
	1960- Oct. 31-Nov. 3	St. Louis	628	1,400	2,028	305	*	636	735	3,964
	1961 - Nov. 6-9	Dallas	854	1,868	2,722	121	*	603	939	4,385
	1962- Nov. 12-15	Miami Beach	768	2,255	3,023	99	115	620	1,231	5,088
	1963 - Nov. 18-21	New Orleans	793	2,712	3,505	545	112	593	1,875	6,630
	1964- Nov. 16-19	Memphis	612	1,564	2,176	204	83	418	816	3,697
	1965- Nov. 1-4	Houston	564	1,649	2,213	47	68	626	825	3,779
	1966- Nov. 14-17	Washington	855	1,570	2,425	65	96	666	669	3,921
	1967- Nov. 13-16	Miami Beach	**	**	2,487	55	78	555	607	3,782
	1968- Nov. 18-21	New Orleans	672	2,390	3,062	440	177	726	1.314	5,719
	1969- Nov. 10-13	Atlanta	452	2,339	2,791	187	78	753	1,224	5,033
	1970- Nov. 16-19	Dallas	474	1,819	2,293	82	82	622	1.066	4,145
	1971 - Nov. 1-4	Miami Beach	526	1,606	2,132	57	119	658	1,256	4,222
	1972- Nov. 13-16	New Orleans	785	2,514	3,299	448	178	667	1,387	5,979
	1973- Nov. 11-14	San Antonio	米米	**	2,347	97	183	628	1,842	4,097
	1974- Nov. 17-20	Atlanta	388	2,372	2,760	78	140	451	690	4,119
	1975 - Nov. 16-19	Miami Beach	**	**	1,979	55	116	466	709	3,325
1	1976- Nov. 7-10	New Orleans	**	**	2,364	468	154	293	910	4,189
3	1977- Nov. 6-9 1978- Nov. 11-14	Dallas	**	**	1,332	46	50	410	447	2,285
	1979- Nov. 4-7	Atlanta	**	**	2,504	65	98	411	1,177	4,255
	1979- Nov. 4-7 1980- Nov. 16-19	Las Vegas	**	**	2,142	. 7	116	334	1,229	3,828
	1981- Nov. 15-18	San Antonio	**	**	2,367	25	90	363	832	3,677
	1982- Oct. 30-Nov. 2	New Orleans	**	**	2,376	74	92	419	1,264	4,225
	1983- Nov. 6-9	Baltimore	**	**	2,614	17	112	473	1,405	4,621
	1984- Nov. 4-7	New Orleans	**	34: 34:	2,697 2,627	31 35	105	498	1,480	4,811
	1985- Nov. 17-20	Orlando	**	**	2,618	41	81 82	470	1,619	4,832
	1986- Nov. 8-11	Atlanta	**	**	3,141	41		522	1,585	4,848
	1987- Nov. 1-4	San Antonio	**	**	2,913	61	45 48	493	1,880	5,564
	1988- Nov. 6-9	New Orleans	**	**	4.093	157	117	559	1,540	5,121
	1989- Nov. 5-8	Washington	**	**	2,678	49	62	692	2,360	7,419
	1990- Oct. 14-17	Nashville	**	**	2,759	42	44	545	1,802	5,136
	1991- Nov 16-19	Atlanta	**	**	2,305	11	15	515 712	1,533	4,893
	1992- Nov. 12-15	San Antonio	389	2,030	2,419	9	47	432	1,333 1,202	4,376
	1993 - Oct. 28-31	New Orleans	648	1.777	2,425	63	45	455		4,109
	1994- Nov. 2-6	Orlando	**	**	2,053	26	27	437	1,207	4,195
	1995- Nov. 15-19	Kansas City	390	1,761	2,151	55	23	279	1,165	3,708
	1996- Nov. 20-24	Baltimore	325	1,589	1.914	40	20	471	1,463	3,971
	1997- Nov. 6-9	Charlotte	457	1,994	2,451	19	54	412	584	3,029
	1998- Nov. 18-22	New Orleans	384	1,574	1,958	45	90	400	783	3,719
	1999- Nov. 10-14	Dallas	421	1,133	1,554	24	57	600	700	3,193
	2000- Nov. 1-5	Orlando	293	1,122	1,415	15	135	230	525 555	2,760
			273	1,122	1,713	13	155	230	222	2,350

st Breakdown not available; included in figure under "Technical Exhibitors."

^{**} Breakdown not available see "Total Physicians."

CONSTITUTION AND BYLAWS

SOUTHERN MEDICAL ASSOCIATION

Constitution

ARTICLE	I:	Name
ARTICLE	II:	Purpose
ARTICLE	III:	Powers
ARTICLE	IV:	Term of Existance
ARTICLE	V:	Membership
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Section 2	2. Asso	ciate and Emeritus Members
ARTICLE	VI:	Officers
		Section 1. Officers of the Association
		Section 2. Elected Officers
		(A) General Officers
		(B) Councilors
		(c) Section Officers
		Section 3. Appointed Officers
		(A) Administrative Officers
		(B) Trustees
ARTICLE	VII:	Scientific Activities
		Section 1. Annual Meetings
		Section 2. Scientific Sections
		Section 3. Publications
ARTICLE	VIII:	Seal
ARTICLE	IX:	Registered Agent and Registered Office
ARTICLE	X:	Amendments
ARTICLE	XI:	Requirements of the Alabama Nonprofit Business
		Corporation Act

BYLAWS

ARTICLE	I:	Membership
		Section 1. Classification
		(A) Active Members
		(B) Associate Members
		(c) Interim Members
		(D) Honorary Members
		(E) Ex Officio Members
		(F) Emeritus Members
		(G) Medical Practice Services Members
		(H) Corporate Members
		Section 2. Application for Membership
		Section 3. Termination of Membership
		Section 4. Reinstatement
ARTICLE	II:	Dues
		Section 1. Annual Membership Dues
		Section 2. Non-Payment of Dues
ARTICLE	III:	Officers
		Section 1. Elected Officers
		Section 2. Appointed Officers
		Section 3. Qualifications
		Section 4. Term of Office
		Section 5. Election Process for President-Elect
		Section 6. Election Process for Councilor
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		Section 5. Duties and Responsibilities of Coordinating,
		Advisory, and Presidential Committees

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		Section 4. Creation of New Sections and Abolition of
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		Section 1. Distinguished Service Award
		Section 2. Seale Harris Award
		Section 3. Original Research Award
		Section 4. Determination of Awards
ARTICLE	X:	Southern Medical Association Auxiliary
ARTICLE	XI:	Rules of Order
ARTICLE	XII:	Indemnification of Officers and Agents of the
		Southern Medical Association
ARTICLE	XIII:	Amendments

Constitution · Articles of Incorporation

ARTICLE I- NAME

The name of the corporation shall be the Southern Medical Association.

ARTICLE II- PURPOSE

The purposes of the Southern Medical Association (the "Association" or the "Corporation") shall be to develop and foster the art and science of medicine by:

- A) developing and promoting initiatives in medical education;
- B) providing practice-related services to enhance the ability of the members of the Association to serve their patients;
- C) providing activities which encourage membership and collegial interaction among the members of the Association.

The Association shall not at any time take active part in any political or sectarian questions or take concerted action for securing legislative enactments.

ARTICLE III- POWERS

The Corporation shall possess and may exercise all of the powers and privileges granted by the laws of the State of Alabama to nonprofit corporations, together with all powers necessary or convenient to the conduct, promotion or attainment of the activities or purposes of the Corporation, limited only by the restrictions set forth in these Articles of Incorporation; provided, however, that the Corporation shall not engage in activities that are not in furtherance of its charitable purposes other than as an insubstantial part of its activities.

ARTICLE IV- TERM OF EXISTENCE

The term for which the Corporation is to exist shall be perpetual. In the event of dissolution, the residual assets of the corporation will be turned over to one or more organizations which themselves are exempt as organizations described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code or corresponding sections of any prior or future law, or the

Federal, State or local government for exclusive public purposes.

ARTICLE V- MEMBERSHIP

SECTION 1. Active Members. The membership of this Association shall be by invitation to physicians who are eligible to be members of the following state medical societies: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, and the District of Columbia who are sponsored by the respective state Councilor, to invited medical officers of the United States Army, Navy, Air Force, Public Health Service and Veterans Administration on active duty, and to invited members of the Puerto Rico Medical Association who are citizens of the United States of America.

SECTION 2. Associate, Emeritus and Other Members. This Association may have such classes of associate, emeritus and other memberships as may be provided for in the Bylaws of this Constitution.

ARTICLE VI- OFFICERS

SECTION 1. Officers of the Association. The officers of the Association shall be a President, President-Elect, Immediate Past-President, Trustees, Councilors, and an Executive Vice-President. There shall also be officers of each Section of the Association.

SECTION 2. Elected Officers

A. General Officers. The President shall automatically be that person who was elected and served as President-Elect during the previous year. The Immediate Past-President shall be that person who served as President during the previous year. The President-Elect shall be that person who has won the election process for that position as outlined in the Bylaws. The results of the elections along with the report of the Council shall be submitted to the membership as the final order of business

at the first general session of an annual meeting.

B. Councilors. The Councilors shall be elected by the states as provided in the Bylaws - one from each of the states and the District of Columbia enumerated in ARTICLE V. Membership, Section 1. Active Members and shall serve for five years, and shall be eligible for one and only one re-election after at least a five-year hiatus following their first term. The Councilor terms expire with the close of annual meetings. The Council shall be the governing body of the Association. It shall have jurisdiction over all questions involving the rights and standings of members, whether in relation to other members or to this Association. All matters brought before the general sessions or Sections shall be referred to the Council for consideration.

•

Section Officers. The officers of each Section may consist of a Chairman, Vice-Chairman and Secretary, and when so desired by the members of the Section, a Chairman-Elect and/or Secretary-Elect as an additional officer or in place of the Vice-Chairman, elected annually by the members of the respective Sections at a regular session of the Section during an annual meeting. Section Officers must assume office at the end of the annual meeting during which they were elected and shall be members of the Association. A Section Officer may serve up to three years, as desired by the members of the Section, in any position except Secretary-Elect, whose term shall be one year.

SECTION 3. Appointed Officers.

A. Administrative Officers. An Executive Vice-President shall be selected by the Council, with salary, duties, and tenure of office to be determined by the Council.

B. Trustees. The Trustees shall be six in number and shall be appointed by the Council, one each year, to serve for a period of six years. The oldest member in point of service shall be the Chairman.

ARTICLE VII-SCIENTIFIC ACTIVITIES

SECTION 1. Annual Meetings. The Association shall hold an annual meeting during which there shall be not less than two general sessions, one of which may be devoted to the business of the Association and restricted exclusively to the membership when so determined by the Council or by the Executive Committee of the Council or upon a petition filed by not less than twenty-five members of the Association; there may be meetings of the Executive Committee of the Council and the Council, scientific Section sessions, technical and scientific exhibits, and such general programs as may be arranged by the Section Officers in cooperation with the Committee on Scientific Activities. The time and place for holding each annual meeting shall be fixed by the Council.

SECTION 2. Scientific Sections. The Association may from time to time constitute and designate Scientific Sections of the Association, which shall be organized and shall perform such duties and responsibilities as may be from time to time designated.

SECTION 3. Publications. The Association shall own and publish the Southern Medical Journal, which shall be the official organ of the Association, and other such publications which may be provided for by the Association. The Association may designate such ownerships of publications as deemed advisable.

ARTICLE VIII- SEAL

The Association shall have a common seal, with power to break, change, or renew the same at pleasure.

ARTICLE IX- REGISTERED AGENT AND REGISTERED OFFICE

The address of the registered office of the Association is 35 Lakeshore Drive, Birmingham, Alabama 35209.

ARTICLE X- AMENDMENTS

The Association may, at any annual meeting, amend the Articles of

Incorporation by a two-third's affirmative vote of the members present and voting during a general session of that meeting, provided the amendment has been presented to the membership at least 30 days prior to the meeting.

ARTICLE XI - REQUIREMENTS OF THE ALABAMA NONPROFIT BUSINESS CORPORATION ACT AND SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE

The foregoing clauses of these Articles of Incorporation shall be exercised subject to and consistently with the following affirmative duties:

(i) The corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code ("Code") or the corresponding section of any future federal tax code;

- (ii) The corporation shall not engage in any act of self-dealing in such a manner as to subject it to tax under Section 4941(d) of the Code or the corresponding section of any future federal tax code;
- (iii) The corporation shall not retain any excess business holdings so as to subject it to tax under Section 4943(c) of the Code or the corresponding section of any future federal tax code;
- (iv) The corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Code or the corresponding section of any future federal tax code; and
- (v) The corporation shall not make any taxable expenditures so as to subject it to tax under Section 4945(d) of the Code or the corresponding section of any future federal tax code.

Bylaws

ARTICLE I. MEMBERSHIP

Section 1. Classification

There shall be the following classes of members.

A. Active Members.

- 1. The active membership of this Association shall be by invitation to physicians who are eligible to be members of the state medical societies of Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, and the District of Columbia, and who are sponsored by the respective state or district Councilor: to invited medical officers of the United States Army, Navy, Air Force, Public Health Service and Veterans Administration on active duty; to invited members of the Puerto Rico Medical Association who are citizens of the United States of America.
- Active members shall have full privileges of Association membership, including the right to hold office, vote, and receive the publications of the Association.
- 3. Active members shall pay full dues to the Association, either annually or by payment of a life membership fee. Active members who retire from practice may become active retired members at a rate of 50% of the current dues structure. Active members may be excused from the payment of Association dues for one of the following reasons: financial hardship, extended illness, postgraduate training, (defined as that period during which a member participates in an organized educational program), retirement from active practice, or on temporary service as full-time commissioned medical officers in the reserve Armed Forces. Active members excused from the payment of Association dues shall have the right to vote and hold office, but shall not receive publications of the Association except by personal subscription. Nothing in this or following sections shall be con-

strued to be retroactive to affect previously classified honorary members.

B. Associate Members

The Association may have the following classes of Associate Members:

- Class 1. A member who has moved from the territory of the Association;
- Class 2. A physician from outside the territory of the Association;
- Class 3. The Association may have International Members composed of physicians who are eligible for membership in medical associations in the country where they reside and practice medicine. If they receive The Southern Medical Journal there will be a surcharge to their dues; if they reside in the U.S. there will be no surcharge;
- Class 4. An intern or resident not yet a member of a state medical society and medical students of the medical schools in the member states or the District of Columbia.
- Class 5. A physician assistant or nurse practitioner who is sponsored by an Active Member.
- To be eligible for Associate Membership, under Classes 2 and 4, a person must satisfy the requirements set forth in Section 1. Active Members, except eligible for membership in a state or district society in the case of Class 4, and holding the degree of Doctor of Medicine or Osteopathy in the case of Class 4, medical students or osteopathy students.
- 2. Under Classes 1, 2, 3 and 4 individuals may be accepted for Associate Membership by the Executive Vice-President, their eligibility under the provisions of this Section having been determined.
- Associate Members shall neither hold office nor be entitled to vote.
- Associate Members under Classes 1 and 2, shall pay regular annual dues and shall receive the Southern Medical Journal.
- 5. Associate members under Class 3 shall

pay regular annual dues and may elect to receive the *Southern Medical Journal* at an additional surcharge if they reside outside the U.S.

- Associate Members under Class 4 shall not pay dues, and may receive the publications of the Association by personal subscription at a reduced rate.
- Associate Members under Class 5 shall pay annual dues equal to 50% of the Active Member dues rate and may receive the publications of the Association by personal subscription at a reduced rate.

C. Interim Members

An Interim Member shall be a physician who is otherwise eligible for membership in the Association and who has been invited by the Association to become an Interim Member. Interim Members shall not be required to pay dues, and shall have such rights and privilege of membership as may be determined by the Council. The term of membership of Interim Members shall be limited to one year. Interim Members shall not be eligible to vote or hold office.

D. Honorary Members

The Association may designate Honorary Members who shall be composed of those physicians whose contribution to the promotion of medical science is recognized by the Association in conferring such membership. Such membership shall be approved by the Council. Honorary Members shall have all privileges of other members of the Association, excepting that they shall not be eligible to vote or hold office. Honorary Members shall not pay dues.

E. Ex Officio Members

The Association may designate Ex Officio Members who shall be composed of those persons who by virtue of their positions as active Deans of Medical Schools or other institutions of learning are conferred membership by the Council of the Association. Ex Officio Members shall have all privileges of other members of the Association except that they shall not be eligible to vote or hold office. Ex Officio Members shall not be dues paying members.

F. Emeritus Members

An Active Member in good standing who is over 70 years of age and who has been a member for a period of twenty-five (25) years is eligible for Emeritus Membership. Emeritus Members shall not pay dues but shall enjoy all privileges of the Association, except they may not hold office.

G. Medical Practice Services Members

Membership is available to any medical practice where at least one physician of the practice is an Active member of SMA. Non-physician staff employed by the medical practice services member are eligible to participate in the programs and services offered through the medical practice membership. Non-physician staff are eligible by virtue of the fact that the medical practice pays the dues established for this membership category by the Council.

H. Corporate Members

Corporate membership may be available to any medical practice where all physicians are individual members of SMA and nonphysician staff are eligible to participate in the programs and services offered through the medical practice membership. Corporate members pay dues as established by the Council. Physician and non-physician members in the Corporate Program are eligible for special rates on products as defined by SMA.

Section 2. Application for Membership

Application for membership in this Association shall be made in writing or electronically via the Internet. The Association reserves the right to accept or reject any applicant for membership.

Section 3. Termination of Membership

Any member who is subject to a license revocation or suspension by a state board of medical examiners or comparable licensing agency shall automatically forfeit his membership in this Association. The Association may at any Annual Meeting, on recommendation of the Council, suspend or expel any member of the Association by a majority vote of those present and voting.

Section 4. Reinstatement

A former member whose membership in the Association has been terminated

may, after a period of one year, reapply for membership in the Association. Such application shall be referred to and acted on by the Council.

ARTICLE II. DUES Section 1. Annual Membership Dues

The dues of this Association shall be established by the Council, and shall be payable annually on the member's anniversary date in advance. Membership shall begin on the date of application, provided the application for membership is approved. The Council shall also be authorized to establish Life Membership fees.

Section 2. Non-Payment of Dues

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Any member whose dues are unpaid on the member's anniversary date shall thereafter be deemed a member not in good standing and shall be ineligible after such date for any benefits of membership. If such member's dues remain unpaid for three months after the member's anniversary date, the member shall be automatically suspended at the end of such period. On a full payment of the member's arrearage, the member shall be automatically reinstated as a member in good standing from the date of suspension.

ARTICLE III. OFFICERS Section 1. Elected Officers

Elected officers of this Association shall be a President, a President-Elect, an Immediate Past-President and Councilors.

Section 2. Appointed Officers

The appointed officers of the Association shall consist of the Trustees and an Executive Vice-President (CEO), who will also serve as the Treasurer of the Association.

Section 3. Qualifications

To be eligible for the office of President-Elect of the Association such person shall be a member in good standing of the Association and a current Councilor with at least two years experience as Councilor. To be eligible for the office of Councilor, such person shall be a member in good standing of the Association and either currently be a Section Officer, or an Associate Councilor, or have been an Associate Councilor within the last five years, or be

a Past Councilor or have served in a leadership role in SMA.

Section 4. Term of Office

- A. The term of the elected officers shall be five years for Councilor and one year for other non-Trustee officers commencing at the conclusion of the Annual Meeting at which such officers' election results are announced. Notwithstanding anything contained in this section or these Bylaws to the contrary, those individuals who are serving as Councilors as of November 6, 1997, shall each have their terms extended two years in order to implement extensive changes in these Bylaws and the leadership selection process.
- B. The term of Trustees shall be for a period of six years commencing on the date of their appointment.
- C. Each elected or appointed officer shall serve the term designated or until his successor is elected or appointed.

Section 5. Election Process for President-Elect

Eligible Councilors will declare their intent to run for the office of President-Elect by March 1st each year. They will be required to submit standardized information relating to their accomplishments and involvement in SMA to the Central Office by April 1st. This information along with a letter from each candidate stating his or her motivation to become President of the SMA will be given to the Council at the Summer Council meeting along with the ballot. The ballot must be returned to an independent auditor identified by the SMA no later than two weeks following the close of the Summer Council meeting. The Council will vote in rank order for two candidates from among those listed on the ballot. Two points will be awarded for the "first choice" candidate and one point for the "second choice" candidate. The two candidates receiving the most points will be selected as the candidates to be placed on the final ballot. In case of a tie, the President will have the responsibility of selecting from among those candidates tied with the most points the two that will be presented to the Council. A final ballot will be mailed to the Council by September 1st on which the names of the two candidates will be listed along with the standardized information provided to Council at the Summer Meeting. The Council will select which of the two candidates will become President-Elect. That ballot must be returned to the independent auditor by September 30 in order to be counted. The President will be responsible for breaking any tie.

Section 6. Election Process for Councilor

Councilors will be elected by mail ballot by all eligible active members within the state. The process will begin with the outgoing Councilor nominating four individuals who have agreed to serve as Councilor, prioritizing them from first through fourth. Nominees for Councilor must meet the qualifications outlined in Section 3. of this Article. Should a Councilor feel he does not have four eligible candidates, a letter of explanation for a lesser number will be accepted. The Selections Committee will choose two names from those sought, received or considered by the Committee to be placed upon a ballot to be distributed to all eligible voting members in the state along with a brief written synopsis of each candidate's accomplishments, personal data and statement of why that individual would like to serve as Councilor. The election will be managed through the central office, which will maintain election results and supporting ballots for a period of six months. The winner will be that candidate who receives the simple majority of ballots cast and received by the election deadline. The President shall cast a vote only in the unlikely event of a tie vote between the candidates. The election winners will be announced approximately 60 days prior to the Annual Meeting in order that the Councilors-elect can make travel plans to be present for the meeting at which they will assume office.

Section 7. Vacancy in Office

A. A vacancy in any elected office other than that of President or Immediate Past President, shall be filled by going through the respective election process again. The Selections Committee will contact the Associate Councilors and other state leadership, in the event of a Councilor vacancy, to arrive at a new list of candidates for the ballot.

B. A vacancy in the office of President shall be filled by the President-Elect for the remainder of that term of office.

Section 8. Duties of Officers

A. President

- The President shall preside at all general sessions of an Annual Meeting and all functions at which the Association is host.
- The President may deliver an annual address at the general session to be held at a time and place decided upon by the Executive Committee of the Council.
- 3. The President shall be the Chairman of the Council and of the Executive Committee of the Council, but shall not be eligible to vote for the election of a President-Elect except to cast a vote in the event of a tie. He shall preside at all meetings of the Council and of the Executive Committee.
- The President shall consult with the Committee on Scientific Activities in the formulation of the program for the scientific assembly.
- The President shall appoint members of the Association to carry out duties of local arrangements in conjunction with the Annual Scientific Assembly.

- The President shall appoint, on nomination by the respective Councilor, five Associate Councilors from each state or district.
- 7. The President shall report to the membership of the Association at its Annual Meetings on the activities of the Council during the interval between Annual Meetings and shall recommend to the membership such actions as are appropriate under these Bylaws.
- The President or any two members of the Executive Committee may convene a meeting of the Executive Committee.
- The President shall appoint the members of the Presidential Committee on Special Awards.

- The President shall appoint members of committees and chairmen of such committees in accordance with these Bylaws except as otherwise provided.
- The President shall carry out the planning of the Annual Meeting of the membership.
- The President shall serve as an ex officio member of all committees of the Association, except the Committee on Selections.
- The President shall fulfill such other duties as may pertain to the office of President.

B. President-Elect

- The President-Elect shall assist the President in the discharge of his duties and in the absence of the President shall assume such duties.
- The President-Elect shall serve as Vice-Chairman of the Council and the Executive Committee.
- The President-Elect shall serve as Chairman of the Presidential Committee on Special Awards and shall have such other duties and responsibilities as may be required by the office.
- 4. The President-Elect shall serve as Chairman of the Presidential Committee on Endowments, of the Presidential Committee on Affiliated Societies and of the Presidential Committee on Selections.
- The President-Elect shall, in the absence of the President, preside at the meetings of the Council and of the Executive Committee.
- The President-Elect shall act as Parliamentarian at all meetings of the Council, the Executive Committee and the membership.
- The President-Elect shall serve as a liaison to the Southern Medical Auxiliary.

C. Executive Vice-President

1. The duties and responsibilities of the Executive Vice-President shall be as stated in Article VI, Section 1.

D. Trustees

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1. Composition

The Board of Trustees shall consist of the six most recent Past Presidents of the Association. A person

shall automatically be appointed to the Board of Trustees as of the last day of that person's term of office as President.

2. Duties of the Board of Trustees

- a. It shall be the duty and responsibility of the Board of Trustees to render advisory and consultative advice to the officers of the Association.
- b. At the request of the Council, the Board of Trustees shall serve as the Auditing Committee. In so acting, it will be charged with the responsibility of reviewing the financial audits of the Association and they shall submit an annual audit report to the Executive Vice-President, President-Elect and the President. When acting as the Auditing Committee they shall convene before or at the Annual Meeting of the Association for such purpose. The Auditing Committee shall act by the majority vote of the Trustees present.
- The Board of Trustees shall serve as the History Committee of the Association.
- d. The Board of Trustees shall have other duties as may be designated by either the Council or the President of the Association.

E. Councilors

1. Composition of Council

The Council shall consist of twenty members, three of whom shall be the President, the President-Elect, and the Immediate Past-President. The other seventeen shall be the Councilors, elected by the states and the District of Columbia, as provided in these Bylaws.

2. Annual Meeting of Council

The Annual Meeting of the Council shall be held at such time and place as may be set by the President, during or immediately preceding the general Annual Meeting of the Association.

3. Notice of Meeting of Council

At least ten days prior to a meeting written notice shall be given to members of the Council of the date,

time and place for holding of the Annual Meeting of Council. The Council may hold such additional meetings as deemed necessary.

4. Special Meetings of Council

A special meeting of the Council shall be called by the President to accomplish any business of the Council or shall be called at the written request of any three Councilors. Notice of special meetings shall be the same as for the Annual Meeting.

5. Quorum for Meetings of Council

The quorum for any meeting of the Council shall be a majority of the members of Council.

6. Council Authority

- a. The Council shall be the governing body of the Association.
- b. The Council shall have and exercise between meetings of the Association the following power and authority over the affairs of the Association:
 - It shall cause to be established Committees and Sections in accordance with these bylaws and shall designate the President to appoint the members of such Committees and Sections.
 - It shall be charged with the responsibility to cause to be conducted annually an audit of the financial affairs of the Association.
 - It shall, subject to these bylaws, establish policies and procedures for the conduct of the affairs of the Association.
 - It shall appoint the Executive Vice-President (CEO) of the Association, a Treasurer of the Association, and the Editor of the Southern Medical Journal.
 - 5. It shall establish the fiscal year of the Association.
- c. Any Councilor shall be subject to removal from such office by the President upon the concurrence in that action of two-thirds of the members of the Council.

7. Duties of Councilors

- Councilors shall represent the state or the district in which the Councilor resides or practices.
- b. Each Councilor will represent the Association to the members in his state or district and seek to encourage membership in and participation in the activities of the Association by physicians in his state.
- c. Each Councilor shall attend the meetings of the Council.
- d. Each Councilor shall perform such other duties as may be designated by his position.

ARTICLE IV. ASSOCIATE COUNCILOR

Each Councilor who represents a state or the District of Columbia shall nominate for appointment by the President, five physician members from such Councilor's territory who shall be designated as Associate Councilors. A past Councilor may be considered for appointment as an Associate Councilor without having to serve any waiting period following the completion of a term as Councilor.

A. Duties

Associate Councilors shall be charged with the duty and responsibility to stimulate interest in all activities of the Association with particular emphasis on membership, and to assist their respective Councilor in any way. In the absence of the Councilor, he may appoint one of the Associate Councilors to act in his stead as a member of the Council.

B. Term of Office

The term of office of the Associate Councilors shall be at the pleasure of the current Councilor and concurrent with the term of the Councilor who represents the State or District in which the Associate Councilor resides or practices.

ARTICLE V. EXECUTIVE COMMITTEE

Section 1. Composition

The Executive Committee of the Council shall consist of the Immediate Past President, President and President-Elect, of the Association, and all Councilors having served as Councilor for three years or longer until the term of their Councilorship ends.

Section 2. Chairman and Vice-Chairman of Executive Committee

The President and President-Elect shall serve as Chairman and Vice-Chairman respectively of both the Council and the Executive Committee of the Council.

Section 3. Duties of Executive Committee

The Executive Committee of the Council shall act for the Council between meetings of the Council to consider special matters and report its findings and conclusions to the Council. Any matters of such urgency that they should not be held over to the Council meeting shall be acted upon by the Executive Committee.

ARTICLE VI. COUNCIL APPOINTMENTS

Section 1. Executive Vice-President (CEO)and Treasurer

There shall be an Executive Vice-President (CEO) who shall be responsible for implementing the policies and direction of the Council; execute and administer Association programs; and manage the day to day operation of the Association. The Executive Vice-President (CEO) shall employ and direct all staff personnel, full and part-time, including the assignment of duties of such employees. In this capacity, he shall be generally charged with engaging, promoting, and assigning duties and tasks to all staff personnel, shall seek to expand the membership and participation of the Association and its activities, shall be generally charged to receive and administer funds of the Association, shall represent the Association to the public and to other Associations, and shall perform such other tasks and duties as may be delegated or assigned to him by the Council. He shall act as the Managing Editor of the Southern Medical Journal and other publications of the Association.

The offices of the Executive Vice-President (CEO) and Treasurer will be combined and vested in the same person at the discretion of the Council. The Treasurer shall be charged to receive all funds of the organization and deposit the same in a bank or banks located in the domicile of the Association and shall be held accountable for appropriate documentation for all financial transactions of the Association. Such depositories and investments shall be designated by the Southern Medical Association, the Council, and such appropriate advisory groups as approved by the Council. He shall also perform other duties and tasks as assigned by the Council.

Section 2. Editor

- A. The Editor shall have the following areas of responsibilities:
 - 1. Shall be responsible for the non-advertising portion of the Southern Medical Journal, and other publications of the Association, including the preparation of editorials, the selection and editing of scientific articles, and the general format with approval of the Executive Vice-President (CEO).
 - May appoint or recommend the employment of assistant or associate editors and/or an Editorial Board with the consent of the Council.
 - Shall review, or cause to be reviewed, any books which in his discretion merit the publication of a review in the Southern Medical Journal.
 - Shall establish practical mechanics for handling manuscripts and other materials for publication with the consent of the Executive Vice-President (CEO).
 - May employ necessary secretarial assistance with the consent of the Council.
 - 6. May perform such other duties as may be assigned.

ARTICLE VII. COMMITTEES

Section 1. Coordinating Committees

A. There shall be eight Coordinating

Committees to be known as:

- Coordinating Committee on Education.
- Coordinating Committee on Membership.
- Coordinating Committee on Insurance.
- 4. Coordinating Committee on Physicians' Retirement Program.
- Coordinating Committee on Budget/Administration.
- Coordinating Committee on Long-Range Planning.
- Coordinating Committee on Special Projects and Services.
- 8. Coordinating Committee on Practice Management Services.

B. Chairman

The Chairman of each Coordinating Committee shall be appointed by the President annually, but no person shall be able to serve more than five consecutive years.

C. Composition of Coordinating Committees

- Each of the Coordinating Committees shall have from three to nine members appointed annually by the President.
- 2. The Chairman of each Advisory and Ad Hoc Committee shall be made a member of the appropriate Coordinating Committee. No person shall serve more than eight years as combined member and chairman. The President is charged to provide continuity of these committees when making appointments.
- The President shall be an ex officio member of all Coordinating Committees.
- Each Coordinating Committee shall report in writing each year to the Executive Committee its activities and budget.

Section 2. Advisory Committees

A. There shall be six Advisory Committees known as:

- Committee on Scientific Activities.
- Committee on Grants, Loans and Scholarships.

- Committee on Publications and Advertising.
- Committee on Multi-Media Programs.
- Committee on Constitution and Bylaws
- 6. Committee on Young Physicians.

B. Chairman of Advisory Committee.

- The Chairman shall be appointed annually by the President.
- No person shall serve more than eight years as combined member and chairman.

C. Composition of Advisory Committees.

- Éach Advisory Committee shall have from three to nine members who may be Councilors, Associate Councilors, or members of the Association.
- Each Advisory Committee member shall be appointed annually by the President.
- The President shall be an ex officio member of each Advisory Committee.
- No person shall be eligible to serve for more than six consecutive years as a committee member, except the Chairman.
- The President is charged to provide continuity of these committees when making appointments.

D. Reports of Advisory Committees.

Each Advisory Committee shall report in writing each year to the designated Coordinating Committee for such Advisory Committee its activities and budget.

Section 3. Presidential Committees

- A. There shall be four Presidential Committees known as:
 - Presidential Committee on Special Awards.
 - Presidential Committee on Selections.
 - Presidential Committee on Endowments.
 - 4. Presidential Committee on Affiliated Societies.

Section 4. Ad Hoc Committees

Ad Hoc Committees may be appointed by the President as may be deemed necessary. Ad Hoc Committees may be appointed annually by the President to undertake such activities as shall be designated for such committee and shall have constitution and duration and shall make reports as shall be designated.

Section 5. Duties and Responsibilities of Coordinating, Advisory, and Presidential Committees

A. Coordinating Committee on Education:

Shall coordinate the activities of the Committee on Scientific Activities, the Committee on Multi-Media Programs and such Ad Hoc Committees as shall be annually assigned to it. The Coordinating Committee on Education shall be responsible for supervising all publications related to education of the SMA acting in both a regulatory and advisory capacity. Suggested changes to any publication must be reviewed and approved by the Editor(s) and Executive Vice-President.

A-1. Advisory Committee on Scientific Activities

A. The Committee on Scientific Activities shall be vested with the responsibility for the formulation and content of the scientific activities of the Annual Meeting.

The Committee shall include in its scope of activities the following:

- The format and content of the scientific sessions of the Annual Meeting;
- The development and assignment of a scientific theme or themes for the Annual Meeting in cooperation with the Section Secretaries;
- Design and nature of postgraduate courses, workshops, specialty and multi-disciplinary programs for the Annual Meeting;
- 4. Shall maintain liaison with:
 - Medical school faculties and students in the site of the Annual Meeting;
 - Specialty and sub-specialty organizations;
 - Allied health science organizations, and cooperate with them, in developing and designing of scientific programs and continuing education activities;
- 5. Shall be responsible for the selection

- and judging of scientific exhibits shown at the Annual Meeting.
- Shall be responsible for monitoring and evaluating scientific activities of the Annual Meeting.
- Shall serve as an advisory group to the Section Secretaries in developing their Section specialty programs and coordinating and assisting the Secretaries in arranging combined Section meetings.

A-2. Committee on Multi-Media Programs

A. Duties shall include:

- 1. Dial Access. As availability and needs arise, new programs shall be selected and negotiated with authors, editors and sponsors. All existing programs shall be reviewed on a regular basis so that material presented is current. Minor or major changes shall be made as necessary to maintain the newest and best material. The Dial Access Index shall be maintained and updated whenever necessary.
- Video Access. Production facilities, marketing methods and scientific material for videocassette programs shall be reviewed on an annual basis.
- 3. Internet Development Sub-Committee

By action of the Council, there will be a Sub-Committee on Internet Development whose responsibility will be to oversee the activities and development of SMA's internet web site and which will report through the Advisory Committee on Multi-Media Programs.

B. Coordinating Committee on Membership

Shall coordinate the activities of the Committee on Young Physicians and such Ad Hoc Committees as shall be annually assigned to it.

B-1. Committee on Young Physicians

It shall be the duty of this committee to review specific program areas and services that would be of interest to Young Physicians. The committee will also generate an annual list of both Educational Programs and Membership Services that would meet the perceived needs of physicians in the under forty age category.

C. Coordinating Committee on Insurance

This Committee shall periodically review the insurance program of the Association and work in liaison with the administrator and/or underwriters to ensure the success of the program, and to see that the interests of participants are adequately protected.

D. Coordinating Committee on Physicians' Retirement Program

This Committee shall periodically review the Physicians' Retirement Program of the Association and work in liaison with the SMA staff.

E. Coordinating Committee on Budget/Administration

This Committee shall coordinate the activities of the Committee on Constitution and Bylaws, the Committee on Grants, Loans and Scholarships and such Ad Hoc Committees as shall be annually assigned to it. It shall also be the duty of this committee to meet at least annually to review the staff pension plan(s) and recommend changes that might improve the employee benefits package and to review any personnel problems that may arise during the year relative to the staff. This Committee shall review budgetary information including revenues and expenses, financial projections, major capital expenditures, and key financial indicators. The Committee will also review variances in the Budget and other major program developments from a financial perspective. This committee shall consist of the President, President-Elect, and Immediate Past President, who shall chair the committee, and six (6) members at large from the Council appointed by the President. The members at large should serve rotating terms in a manner that maximizes continuity.

E-1. Committee on Constitution and Bylaws

It will be the duty of this Committee to periodically review the Constitution and Bylaws, to receive suggestions from members of the Association relative to any changes which should be made and to bring the suggested changes before the Coordinating Committee on Budget/Administration for approval and recommendations to the Council.

E-2. Advisory Committee on Grants, Loans and Scholarships

It shall be the duty of this Committee to formulate and recommend policies and criteria for awarding grants, loans and scholarships. It shall review all applications and determine the recipients of the grants, loans and scholarships available through the Association at a meeting to be held annually after the deadline for receiving applications. The Committee may be composed of members who are representative of the specialties of medicine at the discretion of the President.

F. Coordinating Committee on Long Range Planning

This Committee shall select the time, location, and agenda of periodic study sessions for the Council. These sessions are to be spent considering past, present, and future problems of the Southern Medical Association. Recommendations are to be given to the Executive Committee for approval and presentation to the Council.

G. Coordinating Committee on Special Projects and Services

This Committee shall review such potential projects and services proposed to be conducted by the Association as may from time to time be submitted to the Committee for its study and recommendations or which the Committee may independently select for study.

H. Coordinating Committee on Practice Management Services

This Committee shall periodically review the programs, services, and products offered by Reimbursement Services and the Physicians' Purchasing Program and shall make recommendations to enhance participation in these programs.

Presidential Committee on Special Awards

A confidential Committee on Special Awards consisting of five members with the President-Elect as Chairman, shall be appointed by the President to evaluate the contributions of the various candidates for special awards. If suitable candidates are selected by the Committee, it shall submit the names of not more than three such members to the Council for each award. The Council may elect one for each respective award and presentation of the awards will take place at the Second General Session of that Annual Meeting.

J. Presidential Committee on Selections

This Committee shall seek, receive, and consider names for all elected officers with the exception of the Section Officers. The members of this committee shall consist of four Councilors and two members at large who may be, but are not necessarily, Councilors as appointed by the President-Elect who shall chair this Committee. The appointment of this committee will be on an annual basis, but no person shall be eligible to serve more than two consecutive annual terms.

K. Presidential Committee on Endowments

This Committee shall provide direction for the development, visibility and viability of the Research and Education Foundation, a permanent endowment established to ultimately fund SMA's Grants, Loans, and Scholarships programs, recommend and approve programs, policies and marketing efforts required to generate contributions to the Research and Education Foundation, and recommend and approve methods of giving to the Foundation and ways in which contributors can be recognized for various levels of giving. Also, volunteer personal time and effort in securing major gifts to the Foundation and set an example, by personal contributions, for the general membership of SMA. The Committee shall support The Society of 1906 and recommend and approve programs to enhance the visibility and growth of the Society.

L. Presidential Committee on Affiliated Societies

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This Committee shall discuss common goals, objectives and programs among the various affiliated societies and identify ways of effecting stronger working relationships between the Southern Medical Association and the Affiliated Societies.

This Committee shall consist of the President of each of the Affiliated Societies and shall be chaired by the President-Elect of the Association.

ARTICLE VIII. ANNUAL MEETING

Section 1. Annual Meeting

There shall be an Annual Meeting of the Association, which shall be at such time and place as shall be determined by the Council and reasonable prior notice of the time and place of holding such Annual Meeting shall be given to all members of the Association. At all business sessions the attendance of not fewer than twenty members shall constitute a quorum to conduct business.

Section 2. Composition of Annual Meeting

The Annual Meeting shall consist of such sessions to include Business, Scientific, Educational, and such other endeavors as may be designated for consideration. The schedule of activities for the Annual Meeting shall be established by the Council annually and such activities shall be furnished to the membership in advance of the Annual Meeting. The President of the Association shall preside at all general sessions of the Annual Meeting, or in his absence the President-Elect. Such business shall be conducted at the General Session as shall be designated by the Presiding Officer.

Section 3. Scientific Sections of the Annual Meeting

The Scientific Sections of the Association shall hold such sessions as may be arranged by the Section Secretaries with the approval of the Committee on Scientific Activities. All persons attending must be properly registered before being admitted to the Scientific Session.

Section 4. Creation of New Sections and Abolition of Existing Sections.

New Sections may be created by vote of the Council after receiving petition from thirty active members of the Association representing that specialty or sub-specialty and representing twelve of the states or the District of Columbia in the Southern Medical Association territory. Recommendations to abolish a Scientific Section may be made to the Council when that Section's participation, interest, and attendance warrant review over a period of two years. The Council shall consider such recommendations and act with respect to the same.

Section 5. Section Officers

The following Section Officers may be elected by the Section under such procedures and rules as may from time to time be adopted by each section:

A. Chairman.

- The Chairman shall perform such duties as may be provided by the rules of the Section.
- The Chairman shall be responsible for selecting and inviting the "Chairman's Guest Speaker" and shall cooperate with the Secretary in arranging the Section program for an Annual Meeting.
- The Chairman, in cooperation with the Secretary, shall be responsible for enhancing participation in section activities through section promotion, membership recruitment activities and improved quality and content of the program.

B. Vice-Chairman.

The Vice-Chairman shall assist the Chairman in his/her duties and preside over the Section meetings in the absence of the Chairman.

C. Secretary.

- The Secretary shall be responsible for selecting and inviting the "Secretary's Guest Speaker" and shall arrange the Section program for an Annual Meeting in cooperation with the Chairman.
- The Secretary shall be the official correspondent with the headquarters office.
- The Secretary shall maintain or cause to be maintained the records of the Scientific Section.
- The Secretary shall consult with the Executive Vice-President (CEO) to determine if the prospective nominees for Section Officers are eligible to hold office prior to their nomination.
- The Secretary shall be responsible for collecting papers presented at an Annual Meeting and forwarding

- them to the Association offices along with the list of newly elected Section Officers.
- 6. The Secretary shall attend the annual Section Secretaries' Conference to be held as soon as practical after the Annual Meeting for the purpose of formulating the general schedule of scientific sessions for the Annual Meeting in cooperation with the Committee on Scientific Activities.

D. Secretary-Elect

- 1. The Secretary-Elect shall make himself/herself acquainted with the duties of the Secretary and attend the Section Secretaries' Conference.
- The Secretary-Elect shall perform such other duties as may be appointed.

Section 6. Section Officer Requirements and Terms.

A. All sections are required to have a Secretary, Chairman and Secretary-Elect. Sections may elect to have additional officers such as a Vice-Chairman and Chairman-Elect. The term of Secretary and Chairman shall be elected annually for up to three (3) years. The term for Secretary-Elect shall be one year. Sections may elect to vary terms of office with the approval of the Chairman on Scientific Activities.

B. The Secretary-Elect shall serve during the final year of the incumbent Secretary's term.

Section 7. Scientific Section Steering Committees.

- A. The Scientific Section Committees may have a formal Steering Committee at the election of such Committee. If constituted, the Steering Committee shall be made up of the current Chairman, Vice-Chairman, Secretary, the Chairman- Elect, if this office is utilized by the Section, and the three immediate past Chairmen. The duties of the Section Steering Committee shall include:
- 1. Aid in planning the work of the Section;
- 2. Evaluation of papers read before the Section for possible publication;
- 3. Serve as a Section nominating com-

mittee:

- 4. Fill vacancies that occur among Section Officers;
- Perform such other duties as they appear necessary.

ARTICLE IX. SPECIAL AWARDS Section 1. Distinguished Service Award.

There shall be a Distinguished Service Award of the Association which may be awarded annually to any member of the Association in recognition of outstanding contributions to the advancement of medical science and/or the Association. Any member of the Association shall be eligible to receive the award and nominations may be made by any member of the Association.

Section 2. Seale Harris Award.

There shall be a Seale Harris Award which may be awarded annually to any member of the Association as recognition for important research accomplishment in the broad field of metabolism, endocrinology, nutrition, or for research which contributes to a better understanding of the chemical changes occurring in disease. Any member of the Association shall be eligible to receive the award and nominations may be made by any member of the Association.

Section 3. Original Research Award.

There shall be an Original Research Award of the Association, consisting of a medal and a cash prize, which may be awarded annually in recognition of original research in clinical medicine or the basic science as applied to medicine. Any member of the Association shall be eligible to receive the award and nominations may be made by any member of the Association.

Section 4. Determination of Awards.

These awards will be determined by a confidential Committee appointed by the President to evaluate the contributions of the various candidates for special awards. The Committee shall submit the names of not more than three persons to the Council for each award. The Council may elect one for each respective award and presentation of awards will take place at the Second General Session of the Annual Meeting.

ARTICLE X. SOUTHERN MEDICAL ASSOCIATION AUXILIARY

There shall be an Auxiliary to the Southern Medical Association that will function under the jurisdiction of the Council. The Executive Committee of the Council will be the Advisory Committee to the Auxiliary. Financial support to the Auxiliary may be granted at the discretion of the Council. The fiscal year will coincide with that of the Association.

ARTICLE XI. RULES OF ORDER

The rules contained in the current edition of Roberts' Rules of Order, Newly Revised shall govern the proceedings of the Association in all cases in which they are applicable and in which they are not inconsistent with these Bylaws or special Rules of Order which the Association may adopt.

ARTICLE XII. INDEMNIFICATION OF OFFICERS AND AGENTS OF THE SOUTHERN MEDICAL ASSOCIATION

Every person who is, or has been, a Councilor, Trustee, Officer, Employee or Agent of the Association, or of a subsidiary or of an affiliate owned or controlled by the Association, shall be indemnified by the Association in a manner and to the extent authorized and permitted by the Alabama Nonprofit Corporation Act. The foregoing rights of indemnifications shall be without prejudice to any other rights to which any such Trustee, Councilor, Officer, Employee or Agent may be entitled as a matter of law.

ARTICLE XIII. AMENDMENTS

These Bylaws may be amended at any Annual Meeting by a two-thirds affirmative vote of the members present and voting at a General Session of that Meeting after the Amendment has been presented in writing to the Council prior to the meeting and copies of the changes are disseminated to the membership attending the meeting.

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What is the Southern Medical Association?

Even long-time members have difficulty at times recalling all the facts about SMA—so, this portion of the YEARBOOK is designed to give, in capsule form, facts which you—as an Officer—should know about your organization.

Birth of a Medical Association

NAME: Southern Medical Association DATE OF BIRTH: October 3, 1906

PLACE OF BIRTH: The Read House, Chattanooga, Tennessee

FOUNDING FATHERS: Approximately 150 "attending physicians" were on hand for the organizational meeting.

Vital Statistics

1906

Membership—Approximately 200 members from a six-state territory—Alabama, Florida, Georgia, Louisiana, Mississippi,

Tennessee

Annual Dues—\$2 Scientitic Assembly—3 Sections

Publications—None

Assets—Just some dedicated physicians

2000

Approximately 32,000 members from a territory comprised of Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia

\$150

27 Sections

Southern Medical Journal (monthly) and Southern Medicine (quarterly); both owned and published by the Association

A growing roster of dedicated physicians, an Annual Meeting unparalleled for its scientific sessions, its publications, a head-quarters building valued at \$2,100,000.00, Southern Orthopaedic Association and Southern Association for Oncology Affiliates, are but a few of the Association's assets today. SMA Services, a wholly owned for-profit subsidiary providing services to SMA and its members.

Purpose of the Southern Medical Association

The exclusive purpose of this unique organization is to develop and foster scientific medicine. Conceived as an organization which could, on a regular basis, promote the progress of scientific medicine generally and in particular, attack problems peculiar to the South; established as a voluntary, non-profit organization, and chartered under the laws of the State of Alabama, the Association is independent of other medical societies, but works closely with them.

Dedicated exclusively to serving the professional needs of physicians of the South, SMA strives to bring its members into closer touch and in more perfect harmony with each other, creating a society unique in its opportunity for fraternal relationships and in

its personal significance.

Although the Association has grown from a membership of approximately 200 in 1906 to a membership of over 32,000 today, its purpose remains the same and is so stated in its CONSTITUTION and BYLAWS, ARTICLE II—PURPOSE.

Organization and Early History of the Southern Medical Association

The Southern Medical Association, like the sturdy oak, from a little acorn grew; but this was no ordinary acorn. Its embryo contained the elements of need, vision, and opportunity embodied in a previously existing organization known as the Tri-State Medical Association of Alabama, Georgia, and Tennessee, which was composed of some two hundred physicians.

Representatives of the Tri-State group, along with representatives from Florida, Louisiana, and Mississippi, met in Chattanooga, Tenn., on October 2, 1906, in response to an invitation from the President of the Tennessee State Medical Association. The invitational letter stated that the members of the Nashville Academy of Medicine felt that "there was a growing feeling among doctors of the southern group of states that a Southern Medical Association should be organized."

These representatives, most of whom were presidents of their state medical associations, adopted a resolution for presentation to the Tri-State Medical Association, stating among other reasons, that "a greater opportunity for selfimprovement and achievement in the realm of scientific research is required by the progressive and cultured physicians of the district (the South) than is afforded by the state societies, and which, on account of its large membership, is denied them in the American Medical Association." The resolution, presented the next day (October 3, 1906), called for the merging of the Tri-State Medical Association into this larger body, thereby becoming the nucleus of the proposed Southern Medical Association.

Anticipating favorable action on the resolution, a Committee on Constitution and Bylaws was appointed on October 2, 1906, with instructions to have a tentative draft of the CONSTI-TUTION and BYLAWS for the proposed Southern Medical Association ready to present to the Tri-State group the next day. Working all night, the Committee drafted a proposed CON-STITUTION calling for the formation of a voluntary, independent organization of physicians which would eventually embrace all of the sixteen Southern states and the District of Columbia. It further called for the Tri-State Medical Association to "thaw and resolve themselves into a dew; to die in order that the baby Southern Medical Association could be born.'

In an atmosphere charged with emotion, the resolution and the tentative draft of the first CONSTITUTION were debated as the first order of business of the Tri-State group. There were impassioned pleas "on behalf of the young physicians of the Southern states for a wider field to engage our talents," as well as for "a stimulus, an

incentive to spur us on to worthy deeds to more intensive study, to greater accomplishments in the field of medicine and surgery." Jere L. Crook, M.D., Chairman, Committee on Constitution and Bylaws, tried to make the group visualize a great Southern Medical Association whose programs would deal with diseases peculiar to the Southern states and would present to the world the results of the research, the clinical experience, at the bedside and in the operating room, of the splendid body of men composing the ranks of the medical profession of the South.

Naturally, the fine record of the Tri-State group was ardently defended, citing loyalty and accomplishments of its members but the arguments for greater opportunities for scientific improvement and for a wider fellowship among physicians triumphed. The founder of the Tri-State group, J. B. Cowan, M.D., Tullahoma, Tenn., who was Chief Surgeon on the staff of Lieutenant General Nathan Bedford Forrest 1861-1865, understandably loathe to see his own brainchild die, and having pledged to fight any move to that effect, was so impressed with the "pleas of these ambitious young doctors for a chance to try their wings over all Dixie Land" that he moved the adoption of the resolution and the tentative CONSTITUTION and BYLAWS "without changing one jot or one tittle." The motion carried unanimously and thus the Southern Medical Association was born.

The work of organizing moved rapidly—a Nominating Committee was appointed, met promptly, and upon making its report, the first officers of the Southern Medical Association were elected and installed on October 3, 1906, at The Read House in Chattanooga, Tenn.

The first annual meeting was held in Birmingham, Ala. September 24-25, 1907, with a Scientific Assembly composed of three sections: Medicine, Surgery, and Ophthalmology. At this meeting H.H. Martin M.D., Savannah, Ga., first President of the Association, summarized the general feeling of the members of the Southern Medical Association in regard to their new organization when, in closing his President's Address, he said:

"I wish to express my entire satisfaction with the unqualified success of this, our first annual meeting, and to publicly thank the various Section Officers for the most excellent program furnished for this meeting. I have never seen a better one in any medical association in this country The Southern Medical Association is tonight an accomplished fact. Its future is in your hands to make of it what you will."

Thus began the growth and development of the Southern Medical Association.

Officers and Governing Bodies of the Southern Medical Association

Just as the individual shares the responsibility of democratic government so the individual member of the Southern Medical Association shares the responsibility of managing its affairs. But a pure democracy is an inefficient and cumbersome form of organization and each of the members does not wish to study and vote on every single detail of the business of the Association. Therefore, provisions have been made whereby grants of power are distributed among officers and governing bodies.

GRANTS OF POWER...

The membership has adopted a CONSTITUTION and BYLAWS (which it may abolish, change, or amend) which invests power in, and describes the duties of certain bodies and officers of the Association. In addition, the CONSTITUTION and BYLAWS (1) states the purpose of the Association; (2) establishes requirements for and classes of membership; (3) provides for the scope and mechanics of meetings; (4) describes the manner of election, power, and duties of officers; (5) provides for the election or appointment of committees; (6) establishes and defines the administrative machinery; (7) prescribes dues and fiscal procedures and (8) provides for amendments.

OFFICERS...

The officers of the Association fall into two categor es-the elected and the appointed officers. A complete outline of the duties of all officers, elected and appointed, is included in the BYLAWS.

THE GOVERNING BODIES... THE COUNCIL

Through provisions in the CONSTITU-TION and BYLAWS, the membership established the Council as the governing body of the Association, and defined its composition, duties, and powers.

The Council consists of twenty members; three officers and one member representing each of the sixteen states and the District of Columbia which constitute the territory of the Association. Elected by their respective states, Councilors serve for five years and can be eligible for re-election for a second term following a five-year hiatus from ending their first term. The President shall be that person who was elected by the Council as President-Elect the

previous year and the Immediate Past President will be that person who served as President during the previous year.

Much of the detail work of the Council is accomplished by efficient use of committees created for specific purposes. Through the Association's President, the Council makes a report of its findings, recommendations, and actions to the membership at the first general session of each annual meeting.

EXECUTIVE COMMITTEE OF THE COUNCIL

The Executive Committee of the Council acts for the Council and the membership between Annual Meetings. This smaller body is composed of the President, President-Elect, Immediate Past President, and all Councilors who have served as Councilor for three or more years and are currently serving an unexpired term.

The primary function of the Executive Committee of the Council is to consider all matters of business and report its findings and conclusions to the Council for action. Any matters of such urgency that they should not wait over until the Annual Meeting may be acted upon by the Executive Committee of the Council, however.

THE BOARD OF TRUSTEES

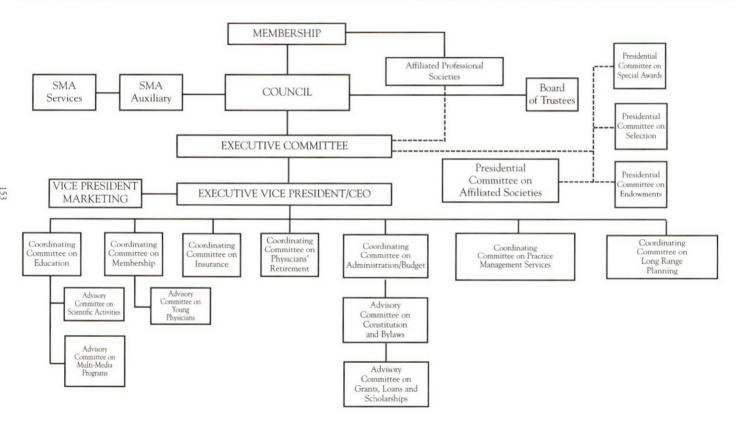
The Board of Trustees shall serve as the Auditing Committee to review the financial audit. They shall also submit an Annual Audit Report to the Executive Vice-President and the Council.

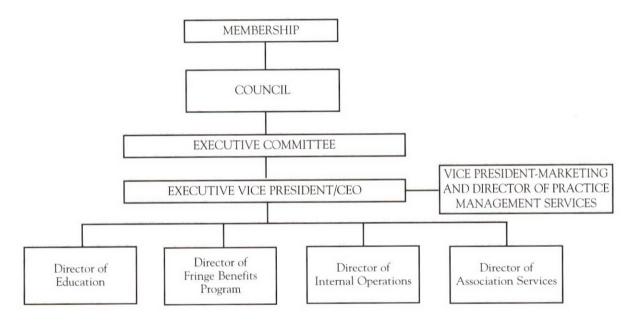
The Board of Trustees is composed of six members elected by the Council, one each year, to serve for a period of six years, with the oldest member in point of service serving as Chairman.

GENERAL ADMINISTRATION

By and large, the official governing bodies of the Association are policy-making groups. Decisions, programs, and policies established by the governing bodies are put into effect through (1) the administrative machinery of the Executive Vice-President and his staff at the headquarters office in Birmingham, Alabama, and (2) the Editor, Associate and Assistant Editors, and the Editorial Board.

Southern Medical Association Organizational Chart





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Membership in the Southern Medical Association

WHO CAN BELONG ...

The membership of SMA is by invitation to physicians eligible for membership in the following state medical societies: Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina. Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, who are sponsored by the respective state Councilor, to invited medical officers of the United States Army, Navy, Air Force, Public Health Service and Veterans Administration on active duty, and to invited members of the Puerto Rico Medical Association who are citizens of the United States of America.

..The CONSTITUTION and BYLAWS of the Association provides for active membership as well as for various classes of associate and emeritus membership.

DUES...

The modest dues of the Association, which includes the member's subscription to the SOUTHERN MEDICAL JOURNAL, keeps membership in this scientific organization well within the financial reach of all physicians. Effective January 1, 2000, the annual dues were set at \$150, payable in advance, with membership effective on the date of the application.

Life membership is available to members in good standing upon application and the payment of the appropriate fee.

Activities of the Southern Medical Association I. The Annual Meeting

GENERAL INFORMATION...

The Association's annual meeting is traditionally held in November each year in one of the cities located within the Association's territory. Dates for the Annual Meeting are selected at least 5 years in advance and conform to a Thursday-Sunday schedule. Dates and sites are subject to review and approval by the Council. All scientific activities, meetings, and exhibits at SMA annual meetings are open to physicians who are eligible for membership in their local and state medical societies whether or not they are members of the Southern Medical Association. Medical and nursing students, interns, residents, and paramedical personnel may also attend.

Generally, the format of an annual meeting consists of two parts—the scientific program and the exhibits both scientific and technical. Specifically, the scientific activities of the Southern Medical Association are divided into twenty-nine Sections, running the gamut from Allergy to Urology. Section work is augmented by general sessions, joint sessions with two or more Sections cooperating to present programs of special interest, special symposia on timely subjects, meetings of conjoint societies, postgraduate courses, scientific exhibits and posters, and technical exhibits, all designed for one purpose — to enhance the practice of medicine.

SCIENTIFIC SECTIONS...

The modern concept of Section work was instituted by the Association at its first annual meeting in Birmingham, Ala., in 1907 when scientific programs were presented in three Sections: Medicine, Surgery, and Ophthalmology. Thus the basic reason for the founding of the Association in 1906 – "to provide a greater opportunity for self-improvement and achievement..."

As specialization developed, the need for a forum for the discussion of problems and progress in these new fields developed also. The Southern Medical Association has been quick to sense these needs related to special interests and has created Sections for their benefit. The Association has often led the way in the recognition of certain specialties by being the first general medical organization to create Sections for these specialties. When interest in, and the need for more than a single session are demonstrated, and the specific needs cannot be incorporated into existing Section programs, a new Section is created for that special need. At the same time, when need for a Section no longer exists or when its work has been absorbed by other Sections, then such Sections are discontinued. This practice of being constantly alert to the needs and wishes of the physicians in the South has produced an ever-changing list of the Association's Sections. The following list summarizes the Sections created by the Association in chronological order, with any changes from the original listed under the appropriate Section.

YEAR APPRO	OVED
BY COUNCI	L SECTION ON
1906	Medicine
1906	Surgery
1906	Ophthalmology
1700	1912— changed to Ophthalmology,
	Rhinology, Otology and
	Laryngology
	1923— changed to Eye, Ear, Nose
	and Throat
	1929— changed to Ophthalmology
	and Otolaryngology
	1963— changed to Ophthalmology
1911	Hygiene and Preventive Medicine
1911	1913— changed to Public Health
	1961— changed to Preventive
	Medicine
1012	1968— discontinued
1912	Ophthalmology, Rhinology,
	Otology and Laryngology
	1923— changed to Eye, Ear, Nose
	and Throat
	1929— changed to Ophthalmology
	and Otolaryngology
	1963— changed to Otolaryngology
	1983— changed to Otolaryngology-
	Head and Neck Surgery
1916	Pediatrics
	1983— changed to Pediatrics and
	Adolescent Medicine
1919	Urology
1919	Orthopedic Surgery
	1923— changed to Bone and Joint
	Surgery
	1942— changed to Orthopaedic
	and Traumatic Surgery
	1994— changed to Orthopaedic
	and Trauma Surgery
1919	Roentgenology
	1920— changed to Radiology
1920	Obstetrics
1920	Neurology and Psychiatry
	1974— changed to Neurology,
	Neurosurgery, and Psychiatry
	1986— changed to Neurology and
	Psychiatry; new Section on
	Neurosurgery formed
	1999— changed to Psychiatry and
	Neurology
1922	Dermatology and Syphilology
	1961— changed to Dermatology
1922	Medical Directors of Southern Life
	Insurance Companies
	1923— discontinued
1923	Pathology
1924	Gastro-Enterology
	1931— changed to Gastroenterology
1926	Medical Education
	1938— changed to Medical
	Education and Hospital
	Training
	1954— discontinued
1927	Railway Surgery
	1944— discontinued
1927	Gynecology
1937	Anesthesia
7,7,70	1945— changed to Anesthesiology
	0

YEAR APPROVED BY COUNCIL SECTION ON... 1938 Allergy 1983changed to Allergy & Immunology 1938 Proctology 1970- changed to Colon and Rectal 1941 Physical Therapy 1944— changed to Physical Medicine 1949— changed to Physical Medicine and Rehabilitation 1980- discontinued

1941 General Practice 1973— changed to Family Practice 1944 Industrial Medicine and Surgery 1980— discontinued 1960 Plastic and Reconstructive Surgery 1973 Chest Diseases Emergency Medicine

1978 1986 Neurosurgery 1987 Oncology 1989 Rheumatology 1992

Occupational Medicine 1998— changed to Occupational & Environmental Medicine

1993 Cardiology 1994 Geriatric Medicine 1995 Medical Management and Administration 1999 Military Medicine

Currently the scientific assembly of the Southern Medical Association is comprised of the following Scientific Sections:

SECTION ON...

Allergy & Immunology Orthopaedic and Anesthesiology Trauma Surgery Otolaryngology-Head Cardiology Chest Diseases and Neck Surgery Colon and Rectal Pathology Surgery Pediatrics and Dermatology Adolescent Medicine Emergency Medicine Plastic and Family Practice Reconstructive Gastroenterology Surgery Geriatric Medicine Psychiatry and Gynecology Neurology Medical Management Radiology and Administration Rheumatology Medicine Surgery

Urology

Neurosurgery Obstetrics Occupational & Environmental Medicine Oncology Ophthalmology

Each Section elects its own officers-a Chairman, Secretary, and Secretary-Elect, with primary responsibility for program planning resting with the Secretary. Other officers may be elected depending on the needs of the Section. Duties of all officers are outlined in the CON-STITUTION and BYLAWS. Section programs are coordinated in the winter at the annual Section Secretaries' Conference which is attended by the members of the Association's Committee on Scientific Activities in addition to the Section Secretaries. Every effort is made to see that well-rounded scientific programs are planned for each Section.

A physician attending a Southern Medical Association meeting is not required to attend only one Section. He/she may spend time where, in his opinion, it will be most beneficial to him. This freedom to choose provides great program flexibility, variety and personal appeal. At the same time this plan enables the Southern Medical Association to reach one of its continuing goalshelping doctors practice better medicine.

EXHIBIT HALL...

SCIENTIFIC POSTERS - In addition to the scientific sessions, postgraduate courses and symposia offered to physicians attending the annual meeting, there is an opportunity for physicians to submit and present scientific posters for display in the Exhibit Hall. Scientific posters were first introduced in 1988, and since then, submissions have continuously increased. Scientific exhibits, effective for the 1996 Assembly, have been discontinued.

TECHNICAL EXHIBITS - Technical Exhibits offer the busy physician the opportunity to view the latest drugs, medical equipment, and services on the market. These exhibits are carefully screened by Committees and represent the highest standards in quality, originality, and value. Awards are made for the most outstanding technical exhibits.

THE SOCIAL SIDE...

The annual meeting, while geared primarily for education, also has its moments of relaxation. Thriving on an informal atmosphere—where physicians from every type of practice can meet to exchange ideas—SMA has a widely known reputation for its "Southern Hospitality." Social highlights of the annual meeting include: alumni reunions, Section social events, annual golf tournament, President's Reception, Luncheon, and Dinner Dance, activities for the spouses planned by the Southern Medical Association Auxiliary, and, of course, fellowship with members of the medical profession from all parts of the United States and many foreign countries.

II. Continuing Medical Education Activities

The Southern Medical Association is committed to expanding and diversifying its educational opportunities to provide a more comprehensive network of continuing medical education activities. Seminars and regional postgraduate conferences are conducted throughout the year in major cities in SMA's territory. Clinical, managed care, and reimbursement CME activities are offered to SMA members at discounted fees. SMA's satellite

broadcasts reach 1,000's of health care professionals at one setting via satellite. Newly added Internet activities on SMA's website at www.sma.org increase SMA's reach through the newest technology. SMA makes every effort to fill physician's needs for Category 1 CME Credit towards the AMA Physician's Recognition Award.

III. Publications

THE SOUTHERN MEDICAL JOURNAL... BRIEF HISTORY

During the first years of its history, the Association did not actually own a journal. Various publications were named "official organ of

publication" from time to time.

At the annual meeting held in Atlanta, Ga., November 10-12, 1908, arrangements were made for the Medical Report of Shreveport, Shreveport La., to serve as the official organ of publication, with the name to be changed to Journal of the Southern Medical Association, effective January 1909 (Vol. 2, No. 1). Oscar Dowling, M.D., Shreveport, La., Secretary-Treasurer of the Southern Medical Association was Editor. It was discontinued as Journal of the Southern Medical Association as of December 1909.

The Gulf States Journal of Medicine and Surgery, Mobile, Ala., formerly the Mobile Medical and Surgical Journal, became the Association's official organ of publication in January 1910 (Vol. 16, No. 1). Owners Seale Harris, M.D., and H. A. Moody, M.D., both of Mobile, Ala., served as Editors.

The Southern Medical Journal, a publication privately owned by a group of Nashville, Tenn., physicians began in Nashville, Tenn., in July 1908 (Vol. 1, No. 1). It was purchased in October or November 1910 by Seale Harris, M.D., Mobile, Ala., as principal owner with some other physicians having minor financial interest. Thus, the owners of the Gulf States Journal of Medicine and Surgery merged this publication (Vol.17, No.5) with their newly acquired publication, the Southern Medical Journal with the December 1910 issue (Vol. 3, No. 11). Also, beginning with the December 1910 issue, the new Southern Medical Journal carried the additional designation of Journal of the Southern Medical Association. Seale Harris, M.D., Mobile, Ala., served as Editor until November 1921, and H. A. Moody, M.D., Mobile, Ala., served as Managing Editor until April 1916.

From December 1910 to May 1916, J. A. Witherspoon, M.D., W. D. Haggard, M.D., William Litterer, M.D., W. A. Bryan, M.D., and M. M. Cullon, M.D., all of Nashville, Tenn., and Oscar Dowling, M.D., Shreveport, La., were

Associate Editors.

From June 1916 to October 1917, M. Y. Dabney, M.D., became Managing Editor and James R. Garber, M.D., Birmingham, Ala., became Associate Editor. From December 1917 to December 1919, Dr. Dabney served as Acting Editor while Dr. Harris was on active military duty. From January 1920 to November 1921, both Dr. Dabney and Dr. Garber were designated Associate Editors.

In November 1921 the Southern Medical Association, with a membership of 6,328, purchased the Southern Medical Journal from Dr. Harris and his co-owners and elected Dr. Dabney, Editor. Dr. Harris resigned as Editor at that meeting. Dr. Dabney served as Editor from December 1921 to December 1954 and his wife, Eugenia B. Dabney, served as Assistant Editor, 1930-1935, and Associate Editor from 1935 until December 1954.

Curtice Rosser, M.D., Dallas, Tex., and Tinsley R. Harrison, M.D., Birmingham, Ala., were Associate Editors from January 1951 to December 1954. Curtice J. Lund, M.D., New Orleans, La., served as an Associate Editor from January 1951 to December 1952. Howard L. Holley, M.D., Birmingham, Ala., served as an Associate Editor from January 1954 to December 1954.

Others who have served as Assistant Editor are Harris D. Riley Jr., M.D. (1967-1970), Sam E. Stephenson Jr., M.D. (1968-1990), Addison B. Scoville, Jr., M.D. (1976-1989), and J. Leonard

Goldner, M.D. (1971-1974).

R. H. Kampmeier, M.D., Nashville, Tenn., became Editor and Mr. V. O. Foster, Birmingham, Ala., Managing Editor, effective December 1, 1954. Mr. Robert F. Butts, Birmingham, Ala., became Managing Editor, December 1, 1960. Harris D. Riley, Jr., Oklahoma City, Okla., became Associate Editor of the *Journal* in January 1971, and assumed the role of Editor in January 1973, upon Dr. Kampmeier's retirement. Dr. Kampmeier was retained as Advisory Editor. In September 1977, John B. Thomison, M.D., of Nashville, Tenn., was appointed Editor succeeding Dr. Riley.

Beginning in 1980 William J. Ranieri became Managing Editor of the *Journal*. In July 1992, the Council voted to name Dr. Thomison Editor Emeritus upon his retirement at the end of that year. In January 1993 J. Graham Smith, Jr., M.D., became Editor. In 2000, James H. Leverett became Managing Editor, and Ronald C. Hamdy,

With sound business and editorial management, the *Journal* has not only grown in size and financial stability, but it has also grown in scientific stature and influence. Its cumulative contribution to the medical literature parallels and mir-

rors the growth and scientific development of

medicine in the South.

M.D., was appointed Editor.

The Journal Today

Throughout its entire life, the Southern Medical Journal has adhered to its main objective announced in the first issue: to help doctors practice better medicine by bringing to them high quality, original articles by leading medical researchers and specialists and general information of concern to the medical profession.

The Southern Medical Journal is a general medical publication which presents monthly some 35 major articles, many of them illustrated with pho-

tographs and drawings. Its contents are as broadly based as the practice of medicine and surgery. Articles are chosen from hundreds submitted and from the 400 or so papers presented at the annual scientific sessions by leaders in the various specialized fields of medicine.

Offices of the *Journal* are in the headquarters building of the Southern Medical Association in Birmingham, Ala. The Editor, Ronald C. Hamdy, M.D., is a practicing internist in Johnson City, Tennessee.

Assisting the Editor are Associate Editors Richard D. deShazo, M.D., Angus M. McBryde, Jr., M.D. and J. Patrick O'Leary, M.D., 10 Assistant Editors; the Editorial Board (established by Dr. Kampmeier in 1954), which now consists of 43 members appointed by the Editor with the consent of the Council; and the Advisory Committee to the Editorial Board, which is composed of the Secretaries of the Scientific Sections of the Southern Medical Association.

Today the Southern Medical Journal goes into the 16 Southern states and the District of Columbia which comprise the Association's membership territory, as well as all other states, Puerto Rico, the Virgin Islands, the Canal Zone, and 22 European and Asiatic countries. One of the most influential medical publications in the world, the Journal brings to practicing physicians knowledge that will enable them to provide the best possible care for patients in this age of rapidly changing modern medicine.

THE SOUTHERN MEDICAL BULLETIN ...

When the Association was only three years old—at the New Orleans Meeting, November 9-11, 1909—the Council recommended the publication of a quarterly bulletin. On November 1, 1912, the Southern Medical Bulletin, Volume 1, Number 1, was issued. It included the program for the forthcoming Annual Meeting and other information about the Association. The Council approved this bulletin, authorized its continuance, and the Southern Medical Bulletin has been published quarterly since 1912.

At the Miami Beach Meeting in 1957 a proposal to expand the quarterly Southern Medical Bulletin to a monthly publication was reviewed and approved by the Council. The first step of the proposed expansion was taken when the new format of the Southern Medical Bulletin was introduced with the March 1961 issue with R. H. Kampmeier, M.D., Nashville, Tenn., Editor. The Bulletin was accepted overwhelmingly by the Southern physicians.

The purpose of the Bulletin was to provide

interesting and up-to-date scientific and non-scientific information for virtually all of the practicing physicians in the Association's membership territory and to stimulate interest in the Association and its various activities.

Each issue was designed to be of reference value, covering various subjects of interest such as current VD problems, cancer, rehabilitation, alcoholism and habituating drugs, family planning, roadside injuries, and the impact of the federal government upon medical care. From 1912 through 1968 the September issue of the Bulletin contained the preliminary program for the Annual Meeting. The second step in expanding the Bulletin came in 1969 when all four of the quarterly issues followed the basic format, but with increased size, and the preliminary program for the Annual Meeting was published separately. During 1970 the Bulletin increased to six issues, one every other month.

Southern Medicine

In January 1972, the name of the Southern Medical Bulletin was changed to Southern Medicine.

After a great deal of thought and intensive costs analysis, it was decided on February 11, 1978 to terminate publication of *Southern Medicine* in its existing form.

Today, Southern Medicine provides important information concerning SMA's educational programs and services for its members, including details for upcoming seminars, workshops, postgraduate courses, and the annual meeting, as well as information on Dial Access, Video Access, and Audio Access offerings. Southern Medicine also provides up-to-date information on the benefits and services offered through the Association, including those of the Fringe Benefits Program, the Physicians Purchasing Program, SMA Travel Services, and Design Print, the Association's graphic design service.

In addition, Southern Medicine also regularly features articles concerning socio-economic and other issues of importance to the physician and his practice, as well as spotlights on various members of the Association and regular messages from its leading officers.

In Winter 2000, Southern Medicine was replaced with SMA ChartNotes. SMA ChartNotes consists of updates regarding the Association, Leadership, and Membership, Practice Management news and additional timely information. SMA ChartNotes is considered a member benefit for all dues paying members of Southern Medical Association and is published quarterly.

IV. Residency Training Loan Fund

ORIGINALLY A GRANT PROGRAM...

Recognizing the increasing need of financial assistance for those physicians who had completed their formal education, but who are seeking additional education in the form of residency training and fellowships, the Southern Medical Association established the Southern Medical Association Residency Training Grant Fund at the Miami Beach Meeting, November 1962. This project of the Association provided funds to allow a physician to complete a chosen number of years of training without adding to his previous indebtedness and still receive an income, which, while not necessarily commensurate with his education and value, would allow him a comfortable existence during this training period. The first four grants under this program were awarded in 1963 for the residency year 1963-1964. Five grants were awarded in July 1964; seven, July 1965; ten, July 1966; eleven, July 1967; fourteen, July 1968.

The Grant Fund was established so that recipients as well as other members of the Association, could make tax-deductible donations to the Fund thereby increasing the number of residents who could be assisted. While recipients of a grant assumed no legal obligation to repay, it was hoped all would assume a moral obligation to do so.

THEN A LOAN PROGRAM...

At the New Orleans Meeting, November 1968, the Council voted to change the existing Residency Training Grant Fund to the Residency Training Loan Fund and the Association's CONSTITUTION and BYLAWS were amended by changing the committee's name to the Committee on Grants and Loans. The amount available for loans for the year July 1969-July 1970 was \$30,000.

THEN A GRANT PROGRAM AND LOAN PROGRAM...

In order to provide assistance to those in financial need as well as give recognition to exceptional individuals, greater flexibility was needed in the program. Therefore, the Council voted at the Atlanta Meeting, November 1969, to give the Committee on Grants and Loans full authority to determine the needs and merits of each applicant and decide if a grant should be awarded or if a loan should be approved. The total amount of funds available for grants and loans for the year July 1, 1977-June 30, 1978 was \$40,000 (\$10,000, grants; \$30,000, loans).

NOW A LOAN PROGRAM...

At its Midwinter Meeting in Birmingham, Alabama, February 13, 1977, the SMA Executive Committee of the Council voted to discontinue giving grants under this program and made it strictly a loan program.

In November 1988 the council voted to increase the amount available for Residency Training Loans and Research Project Grants to \$150,000 (from the previous amount of \$100,000) to become effective July 1, 1989.

RULES GOVERNING THE LOAN PROGRAM...

- Eligibility Requirements...In order to be eligible to apply for a loan from this Fund an applicant must satisfy the following requirements:
 - (a) be a graduate of an accredited medical school who is entering a program approved by the Liaison Committee on Medical Education;
 - (b) have completed one year of post medical training prior to receipt of first loan payment (application may be made, however, during final portion of internship);
 - be engaged (or accepted) in residency training in an approved hospital in the territory of the Southern Medical Association;
 - (d) shall be required to have the Head of Department or the Director of Residency Program to submit a letter outlining the applicants need.

Persons serving in the armed services are ineligible.

- (2) Selection of Recipients...The criteria for the selection of loan recipients shall be based on need and potential. Selection shall be made by the Advisory Committee on Grants, Loans and Scholarships prior to July
- (3) Amount of Loan...The loan shall be primarily for personal use with the exact amount determined by individual need. The maximum loan available to one applicant shall be \$5,000.00, payable at the rate of \$416.67 per month for twelve months, beginning annually on July 1. A recipient may apply for another loan.
- (4) Application for Loan...Official application forms may be secured from the Director, Internal Operations.
 - Southern Medical Association, 35 Lakeshore Drive, P. O. Box 190088, Birmingham, Alabama.

35219-0088. Applicants shall be required to submit to the headquarters office by April 1st:

- (a) a completed official application form;
- (b) a curriculum vitae;
- (c) letter from Head of Department or Director of Residency Program where applicant is currently enrolled or has been accepted outlining applicants need and their assessment of the applicant's caliber;
- (d) a recent photograph of applicant.
- (5) Interest Rate on Loan...No interest shall be charged on loans made from this Fund until the beginning of the second year after the completion of recipient's residency training
- or at the end of the sixth year after recipient's graduation from medical college, whichever comes first. The interest rate charged shall be seven percent per annum or the current interest rate charge for FHA loans, whichever is less.
- (6) Requirements for Recipients...Loan recipients shall be required to:
 - (a) Apply for associate membership (free to residents) in Southern Medical Association's territory;
 - (b) Sign properly executed promissory note to be filed at the SMA headquarters office; and
 - (c) Submit a progress report of the year's activities at the end of the loan yearr.

V. Research Project Fund

Members of the Committee on Grants and Loans observed that funds for initiating small research projects were not readily available in most medical centers or training areas. Therefore, at the Annual Meeting, November 1969, the Council established the SMA Research Project Fund. This Fund originally consisted of \$6,000 annually from which grants could be made to those participating in investigative projects. Due to the large number of applications received for grants from this Fund during the first year of operation, the Committee on Grants and Loans recommended to the Council at the Dallas Meeting, November 1970, that the amount of grants be increased to \$20,000 annually (July 1-June 30). This Fund is under the direction of the Committee on Grants and Loans.

At the New Orleans Meeting in November 1976, the Committee on Grants and Loans recommended that the amount for grants be increased to \$40,000 annually. In 1982 the Committee on Grants and Loans approved a grant increase in the amount of \$20,000, making the total amount available \$60,000.

In November, 1988 the Council of the SMA voted to increase the combined amount available for Research Grants and Residency Training Loans to \$150,000 from the previous amount of \$100,000. This would become effective July 1, 1989.

RULES FOR GOVERNING THE RESEARCH FUND...

(1) Amount Available...

(a) the headquarters office shall be responsible for notifying the Deans and Heads of Departments at the medical schools and their affiliated hospitals located in SMA's territory that limited funds are

available for those participating in investigative projects.

- (b) Money in the Research Project Fund will be available primarily to physicians in housestaff training (Graduate Medical Education) and Medical Students located at medical schools, medical centers, osteopathic schools and their affiliated hospitals rather than to established faculty investigators.
- (c) The maximum grant available from this Fund, per school year, shall be \$2,500. A maximum of two grants may be awarded per medical school or medical center depend-

ing upon availability of funds.

(2) Purpose...

(a) A grant from this Fund shall be primarily for the purpose of starting a new project, or for the

continuation of a relatively new project.

(b) A grant from this Fund shall be used primarily for the purchase of expendable items (which includes the purchase and maintenance of animals) but may not be used for the purchase of computers or computer training. NO TRAVEL EXPENSES WILL BE FUNDED. Funds must be used as applied for or they revert back to SMA. <u>Under no circumstances will funds be transferred outside</u> of SMA's territorial boundaries.

(3) Application...

(a) Official application forms may be secured by writing the Director, Internal Operations, Southern Medical Association, 35 Lakeshore Drive, P. O. Box 190088, Birmingham, Alabama 35219-0088. Deadline for receiving completed applications is April 1.

(4) If Approved...

When a grant is awarded, the Southern Medical Association shall issue a check jointly to the applicant and the institution with which the applicant is associated. The check shall be mailed to the applicant.

(5) Requirements...

Faculty/Clinical Adviser is required to: Submit a letter outlining potential clinical applications of the project. Recipients of grants from this Fund shall be requested to:

- (a) Apply for membership in Southern Medical Association (Free to medical students and residents).
- (b) Recipient and Faculty/Clinical Adviser are required to send Southern Medical Association a summary of the results of the research project upon its completion. Failure to do so will jeopardize future research funding.
- (c) Should this Research Project Grant result in publication SMA requires a reprint.

VI. Medical Student Scholarship Fund

Recognizing the need for providing assistance to third-year medical students, particularly those of superior abilities, the Council established the Southern Medical Association Medical Student Scholarship Fund at the Atlanta Meeting, November 1969. This fund now provides \$1,500 of scholarship per medical school located within the territory of the Southern Medical Association and is under the direction of the Advisory Committee on Grants, Loans and Scholarships.

RULES GOVERNING THE MEDICAL STUDENT SCHOLARSHIP FUND...

- (1) Amount Available. . .
 - (a) The headquarters office shall be responsible for notifying the Deans of all medical schools located in SMA's territory that limited funds are available for scholarships for third-year medical students.
 - (b) The maximum scholarship available from this Fund, per school year, shall be \$1,500. The \$1,500 may be allocated among one or more deserving students at the discretion of the Dean and has historically been distributed to either one or three students.
- (2) Purpose...

A scholarship from this Fund shall be for the

purpose of giving aid in providing tuition to third-year students of superior ability who are in need of scholarship funds.

- (3) Application...
 - (a) Application for a scholarship from this Fund must be made by the Dean on behalf of his students, by writing to the Chairman, Advisory Committee on Grants, Loans and Scholarships, c/o Director, Operations, Southern Medical Association, 35 Lakeshore Drive, P.O. Box 190088, Birmingham, Alabama 35219-0088.
 - (b) The letter should give:
 - (1) full name and mailing address of the student;
 - (2) explanation of student's need;
 - (3) deserving qualities of the student for a scholarship.
- (4) If Approved...

When a scholarship is awarded the headquarters office shall notify the Dean, and shall issue a check jointly to the applicant and the school. The check will be mailed directly to the medical school.

VII. Southern Medical Research and Education Foundation

In 1986 SMA established an Educational Endowment Fund to provide funding for the scholarships, research projects and other programs supporting the educational purposes of the Association. The Association's five year goal is to obtain \$1.5 million in endowment principal. In December 1987, SMA launched a Planned Giving Program incorporating the existing Endowment Fund with several other options for charitable giving. Donors may target gifts for scholarships, lectureships or special educational programs through gifts from various means including bequests, life insurance, real estate, or securities. With any gift, donors may establish memorials for deceased loved ones or recognition for a colleague.

In November, 1988, Southern Medical Research and Education Foundation was established at the charter meeting of the SMA Ad Hoc Funds Development Committee.

Purposes of the Foundation are to provide an investment in the future of medical and health care delivery, to stimulate interest in conducting research, to provide financial aid to deserving medical students and to recognize or memorialize donors and their designees.

In 1991, the Committee on Endowments approved a formal recognition program for contributors to the Research and Education Foundation as follows:

President's Circle- \$1,000 Contribution
Picture at Annual Meeting
Name in Annual Report and Southern
Medical Journal
Annual Meeting Ribbon
Benefactor- \$250 - \$999 Contribution

Name in Annual Report and Southern Medical Journal Annual Meeting Ribbon

Patron- \$50 - \$249 Contribution Name in *Southern Medical Journal* Annual Meeting Ribbon

The Society of 1906

The establishment of the "Society of 1906" was approved in 1990 in Nashville. The Society recognizes major contributors to the Foundation. SMA physicians may become members of the "Society of 1906" by contributing \$5000 to the fund over a five year period or by making a \$20,000 bequest. Recognition and benefits of the "Society of 1906" include:

- · "Society of 1906" medallion
- "Society of 1906" tie and Annual Meeting Ribbon
- "Wall of Fame" picture at Annual Meeting
- Annual Black-Tie Reception

The twenty-seven Charter Members of The Society of 1906 were honored at the SMA's 85th Annual Scientific Assembly in Atlanta in November of 1991. Charter Members attended the first annual black-tie reception and were given a beautiful medallion representing their commitment to the goals of SMA's Research and Education Foundation. As of 12-15-99, The Society of 1906 had seventy-three (73) members.

Donations to the Southern Medical Research and Education Foundation may be sent or inquiries directed to Southern Medical Association Research and Education Foundation.

VIII. Awards

The Southern Medical Association has created from time to time awards so that the Association might honor worthy members. Presently there are three official awards of the Association; the Distinguished Service Award; the Seale Harris Award; and the Original Research Award. Nomination and application forms, which may be obtained from the headquarters office, must be received at the headquarters office by August 1.

All nominations and applications are considered by the Committee on Special Awards. This confidential Committee, consisting of five members with the Vice-President as Chairman, is appointed by the President to evaluate the contributions of the various candidates for special awards. If suitable candidates are selected by the Committee, it submits the names of not more than three such members to the Council for each award. The Council may then select one for each respective award and presentation of the awards takes place at the last general session of the Annual Meeting.

THE RESEARCH MEDAL...

During the 1912 Annual Meeting in Jacksonville, Fla., the Association established the Research Medal which could be awarded from time to time to a member of the Association for meritorious and original research work provided the member had made contributions to medical science of sufficient importance to merit this distinction.

In 1961 both the Research Medal and the Original Research Award existed. Then in 1962 the Research Medal as established in 1912 was discontinued in favor of the Dr. Robert D. and Alma Moreton Original Research Award.

RECIPIENTS OF THE RESEARCH MEDAL

1912 – Jacksonville Meeting – C. C. Bass, M.D., New Orleans, La., "for his epoch-making achievement in the study of malaria, namely: the cultivation of the malaria parasites in artificial media."

1916—Atlanta Meeting—J. Shelton Horsley, M.D., Richmond, Va., "in recognition of his original contributions and studies in the domain of vascular surgery."

1921 – Hot Springs Meeting – Kenneth M. Lynch M.D., Dallas, Tex., "for his original and meritorious investigations in the parasitology of tropical diseases."

1932—Birmingham Meeting—Evarts A. Graham M.D., St. Louis, Mo., "for his outstanding research work, especially on the diagnosis and pathology of inflammatory diseases of the gallbladder and liver."

1933– Richmond Meeting– William de B. MacNider M.D., Chapel Hill, N.C., "for original and meritorious research, especially in the field of experimental nephritis."

1937 – New Orleans Meeting – Ernest W. Goodpasture, M.D., Nashville, Tenn., "for his outstanding achievements through his research on the cultivation and the nature of viruses."

1940 Louisville Meeting Alfred Blalock, M.D. Nashville, Tenn., "in recognition of his distinguished contributions to knowledge of the circulation, especially in relation to shock."

1942– Richmond Meeting– Perrin H. Long, M.D., Baltimore, Md., "in recognition of his outstanding contributions to the knowledge of bacteriology and chemotherapy."

1943 – Cincinnati Meeting – Tom Douglas Spies, M.D., Birmingham, Ala., "in recognition of his outstanding contributions to our knowledge of the science of human nutrition, especially in his elucidation of the earlier and better methods of diagnosis and treatment of disease."

1945 – Cincinnati Meeting – Tinsley R. Harrison, M.D. Dallas, Tex., "In recognition of his outstanding contributions toward the elucidation of structural and functional aspects of cardiovascular disease and particularly of practical problems arising from failure of the circulation."

1946 – Miami Meeting – William H. Sebrell, Jr., M.D. Bethesda, Md., "in recognition of his important contributions to the understanding of nutrition and its relation to public health." 1947 – Baltimore Meeting – George E. Burch, M.D. New Orleans, La., "in recognition of his important investigations in the clinical physiology of the circulation and of his valuable contributions of the understanding of cardiovascular disorders."

1949- Cincinnati Meeting- Seale Harris, M.D., Birmingham, Ala., "in recognition for his original and pioneer description of hyperinsulinism, for continued and meritorious achievements in the fields of nutrition and metabolism and especially his investigations of diabetes mellitus and his contributions to its treatment."

1950— St. Louis Meeting— Guy L. Hunner, M.D., Baltimore, Md., "for clarifying the relationship of focal infections as disease producers in the genitourinary tract, and especially for his constructive work on the diagnosis and treatment of the medical and surgical diseases of the urinary tract."

1954– St. Louis Meeting– Robert E. Stone, M.D., Birmingham, Ala., "in appreciation of his outstanding professional attainments and original research of benefit to mankind in the recognition and treatment of nutritional disorders and diseases

of metabolism."

1957– Miami Beach Meeting– Joseph H. Hill, M.D., Dallas, Tex., "in recognition of his many contributions in the field of hematology, particularly in his original mass production method of desiccating human plasma and application in the therapy of shock, in his additions to the knowledge concerning the Rh factor, and in his current studies on leukemia."

1960– St. Louis Meeting– Leslie V. Rush, M.D., Meridian, Miss., "for research resulting in the development of the Rush pin, an intramedullary steel pin for internal fixa-

tion of fractures."

1961– Dallas Meeting– May Owen, M.D., Fort Worth, Tex., "for research in determining that glove powder was the cause of foreignbody granuloma on the serosal surface of the intestines in abdominal surgery."

THE DR. ROBERT D. AND ALMA MORETON ORIGINAL RESEARCH AWARD...

At the Dallas Meeting in 1961, the Association established the Original Research Award consisting of a medal and cash prize, which may be awarded annually in recognition of original research in clinical medicine or the basic sciences as applied to medicine. Nominations for this award may be made by submitting an essay, curriculum vitae, and a photograph to the headquarters office by July 1. Any member of the Association is eligible to receive this award and nominations may be made by any member of the Association. The Committee on Special Awards evaluates all essays submitted, and the recipient is notified and receives the Award at the last general session of an Annual Meeting.

RECIPIENTS OF THE DR. ROBERT D. & ALMA W. MORETON ORIGINAL RESEARCH AWARD

1968- New Orleans Meeting- Donald E. McCollum, M.D., Durham, N.C., Robert S. Matthews, M.D., Greenville, S.C., and Michael T. O'Neill, M.D., Durham, N.C., for their essay "Aseptic Necrosis of the Femoral Head: Associated Diseases and Evaluation of Treatment."

1973 – San Antonio Meeting – Gilbert H. Fletcher M.D., Houston, Tex., for his work in building the first practical head for the housing of cobalt in the giving of external

radiation.

1974– Atlanta Meeting– John W. Kirklin, M.D., Birmingham, Ala.

1975– Miami Beach Meeting– Cornelia P. Channing, Ph.D., Baltimore, Md.

1978– Atlanta Meeting– Bruce Schoenberg, M.D., Bethesda, Md.

1980– San Antonio Meeting– George W. Molnar, Ph.D., Little Rock, Ark.

1981 – New Orleans Meeting – John Barry McCraw, M.D., Norfolk, Va.

1983 Baltimore Meeting Howard W. Jones, M.D. and Georgeanna Seegar Jones, M.D., Norfolk, Va.

1986– Atlanta Meeting– Franz H. Messerli, M.D. New Orleans, La.

1989– Washington, D.C. Meeting– David W. Bilheimer, M.D., Dallas, Tx.

1990- Nashville Meeting- James A. Roberts, M.D., Covington, La.

1992-San Antonio Meeting-Joseph G.

Sinkovics M.D., Tampa, Fl.

1993 – New Orleans Meeting – John J. Costanzi, M.D., Austin, Tx.

1994– Orlando Meeting– Paul C. Gillette, M.D., Charleston, SC

1995– Kansas City Meeting– R. Neal Garrison, M.D., Louisville, KY

1996– Baltimore Meeting–Richard W. McCallum, M.D., Kansas City, KS

1997 - Charlotte Meeting - Eugene A. Woltering, M.D., New Orleans, LA

1998 – New Orleans Meeting - Steven D. Wexner, M.D., Ft. Lauderdale, FL

1999- No award given

2000- Orlando Meeting - Mark Abel, M.D., Charlottesville, VA

THE DISTINGUISHED SERVICE AWARD...

At the Houston Meeting in 1955 the Association created the Distinguished Service Award which may be awarded annually to any member of the Association in recognition of outstanding contributions to the advancement of medical science and/or the Association. Any member of the Association is eligible to receive this award and nominations may be made by any member of the Association. Deadline for receiving nominations is July 1. The Committee on Special Awards evaluates all nominations and the recipient is notified and receives the Award at the last general session of an Annual Meeting.

RECIPIENTS OF THE DISTINGUISHED SERVICE AWARD

1956– Washington Meeting– Curtice Rosser, M.D., Dallas, Tex.

1957 – Miami Beach Meeting – Kenneth M. Lynch, M.D., Charleston, S.C.

1958 – New Orleans Meeting – T. W. Moore, M.D., Huntington, W.Va.

1959– Atlanta Meeting– R. L. Sanders, M.D., Memphis, Tenn.

1960–St. Louis Meeting– Everett S. Lain, M.D., Oklahoma City, Okla.

1961 – Dallas Meeting – George E. Burch, M.D., New Orleans, La.

1962-Miami Beach Meeting-Wilburt C. Davison M.D., Durham, N.C.

I 963-New Orleans Meeting- Fount Richardson M.D., Fayetteville, Ark. (posthumously)

1964- Memphis Meeting- Hollis E. Johnson, M.D., Nashville, Tenn. 1965- Houston Meeting- Milford O. Rouse, M.D., Dallas, Tex.

1967-Miami Beach Meeting-Robert D. Moreton, M.D., Houston, Tex.

1968- New Orleans Meeting- M. Pinson Neal,

Sr., M.D., Columbia, Mo. 1969– Atlanta Meeting– R. H. Kampmeier, M.D., Nashville, Tenn.

1970-Dallas Meeting-Joe T. Nelson, M.D. Weatherford, Tex.

1971 - Miami Beach Meeting - Seymour F. Ochsner, M.D., New Orleans, La.

1972 - New Orleans Meeting - Charles M. Caravati, M.D., Richmond, Va.

1973-San Antonio Meeting-Edgar Hull M.D., Pascagoula, Miss.

1974 – Atlanta Meeting – Woodard D. Beacham M.D., New Orleans, La.

1975- Miami Beach Meeting- George H. Yeager M.D., Baltimore, Md.

1976- New Orleans Meeting- J. Garber Galbraith, M.D., Birmingham, Ala.

1977 – Dallas Meeting – Harris D. Riley, Jr., M.D., Oklahoma City, Okla.

1978– Atlanta Meeting– N. C. Hightower, Jr., M.D., Temple, Tex. 1979– Las Vegas Meeting– Margaret S. Klapper,

M.D., Birmingham, Ala.

1980-San Antonio Meeting-Howard L. Holley, M.D., Birmingham, Ala.

1981 - New Orleans Meeting - Walter C. Jones, M.D., Coral Gables, Fla.

1982- Atlanta Meeting- George M. Haik, M.D., New Orleans, La.

1983–Baltimore Meeting–Phillip W. Voltz, Jr.,

M.D., San Antonio, Tex. 1984 New Orleans Meeting H. William Scott, Jr., M.D., Nashville, Tenn.

1985- Orlando Meeting- James C. (J.C.) Tanner, Jr., M.D., Atlanta, GA.

1986- Atlanta Meeting- John Adriani, M.D., New Orleans, La.

1987 - San Antonio Meeting - John B. Thomison, M.D., Nashville, Tenn.

1988– New Orleans Meeting– Albert C. Esposito, M.D., Huntington, W.V. 1989– Washington, D.C. Meeting– Hiram C.

Polk, Jr, M.D., Louisville, Ky

1990- Nashville Meeting- Lenox D. Baker, M.D., Durham, N.C.

1991 - Atlanta Meeting- G. Thomas Jansen, M.D., Little Rock, Ark.

1992 – San Antonio Meeting – Charles E. Horton, M.D., Norfolk, Va. 1993 – New Orleans Meeting – Edward T. Krementz, M.D., New Orleans, La.

1994 – Orlando Meeting – M. Pinson Neal, Jr., M.D., Richmond, VA

1995-Kansas City Meeting- J. Leonard Goldner, M.D., Durham, NC

1996–Baltimore Meeting–Thomas B. Dameron, Jr., M.D., Raleigh, NC

1997 - Charlotte Meeting - James E. Davis, M.D., Durham, NC

1998 – New Orleans Meeting - C. Thorpe Ray, M.D., New Orleans, LA

1999 - Dallas Meeting - H. Mac Vandiviere, M.D., Lancaster, KY

2000- Orlando Meeting- Robert E. Pickard, M.D., South Miami, FL

SEALE HARRIS AWARD...

Established at the New Orleans Meeting in 1958, this award is presented annually to any member of the Association in recognition for important research accomplishment in the broad field of metabolism, endocrinology, nutrition, or for research which contributes to a better understanding of the chemical changes occurring in disease. Any member of the Association is eligible to receive this award and nominations may be made by any member of the Association. Deadline for receiving nominations is July 1. After nominations are evaluated by the Committee on Special Awards, the recipient is notified and receives the award at the last general session of an Annual Meeting.

RECIPIENTS OF THE SEALE HARRIS AWARD

1959- Atlanta Meeting- Tom Douglas Spies, M.D., Birmingham, Ala., "for his contributions and accomplishments in the field of nutrition."

1960- St. Louis Meeting-Nicholas C. Hightower, Jr. M.D., Temple, Tex., "for his investigations and achievements in the field of metabolic diseases and gastroenterology."

1961-Dallas Meeting-Henry H. Turner, M.D., Oklahoma City, Okla. "for his distinguished and meritorious work in glandular disorders in the human, to which he has contributed internationally, and for which he is so widely accepted as an authority."

1962- Miami Beach Meeting- Howard L. Holley M.D., Birmingham, Ala., "for his investigations on the synovial fluid in normal subjects and in patients with rheumatoid arthritis and for more recent studies on the chemical nature of hyaluronic acid."

1963- New Orleans Meeting- Joe M. Blumberg, M.D., Washington, D.C., "for his investigations and achievements in pathology and research and for his contributions to medicine which have been recognized and accepted all over the world."

1967-Miami Beach Meeting-Julian M. Ruflin, M.D., Durham, N.C., "for his original investigative work centering about the malabsorption state, elucidation of the etiology of Whipple's disease and its management, and the nature of duodenal ulcer pain." (Note: actual presentation of this award was at the 1968 Meeting in New Orleans).

1970- Dallas Meeting- Grace Goldsmith, M.D., New Orleans, La., "for her investigations and research in the fields of metabolism and nutrition."

1972- New Orleans Meeting- John T. Galambos, M.D., Atlanta, Ga., "for his research and contributions to the field of gastroenterology."

1973 – San Antonio Meeting – Stanley J. Dudrick, M.D., Houston, Tex., "for his work in intravenous alimentation."

1974– Atlanta Meeting– H. Harlan Stone, M.D., Atlanta Ga.; Robert S. Nelson, M.D., Houston, Tex.

1975- Miami Beach Meeting- W. Dean Warren, M.D., Atlanta, Ga.

1976- New Orleans Meeting- John S. Fordtran, M.D., Dallas, Tex.

1980– San Antonio Meeting– Elliot Weser, M.D., San Antonio, Tex.

1981- New Orleans Meeting- Constance Pittman, M.D., Birmingham, Ala

1982 – Atlanta Meeting – Hiram C. Polk, M.D., Louisville, Ky.

1983– Baltimore Meeting– Addison B. Scoville, Jr., M.D., Nashville, Tenn.

1984– New Orleans Meeting– Edward M. Copeland, III, M.D., Gainesville, Fla.

1986– Atlanta Meeting– James M. Moss, M.D., Alexandria, Va.

1987– San Antonio Meeting– J. Claude Bennett, M.D., Birmingham, Ala.

1988– New Orleans Meeting– Albert L. Hyman, M.D., New Orleans, La.

1990- Nashville Meeting- Paul G. McDonough M.D., Augusta, Ga.

1991– Atlanta Meeting– Vardaman M. Buckalew, Jr., M.D., Winston-Salem, N.C.

1992 – San Antonio Meeting – Basil Isaac Hirschowitz, M.D., Birmingham, AL

1993 – New Orleans Meeting – Buris R. Boshell, M.D., Birmingham, AL

1994 Orlando Meeting James A. Pittman, Jr., M.D., Birmingham, AL

1995–Kansas City Meeting–Antonio M. Gotto, Jr., M.D., Houston, TX

1996– Baltimore Meeting–David A. Clark, M.D., New Orleans, LA

1997–Charlotte Meeting - Samuel Eichold, M.D., Mobile, AL

1998– New Orleans Meeting - Alan L. Buchman, M.D., M.S.P.H., Houston, TX

1999- No award given this year

2000- No award given this year

THE SCIENTIFIC EXHIBIT AND POSTER AWARDS...

Scientific exhibits became an official part of the annual meeting at the Louisville Meeting in 1920. The Council established a Committee on Scientific Exhibit Awards, and Certificates were given for: Best Exhibit by an Individual Physician; Best Exhibit by a Medical School; Best General Exhibit. In 1924, the Council voted to change the award designation to: First Award; Second Award; Third Award; and, Honorable Mention Award(s) at the discretion of the Committee. In 1984, six place awards were offered and the Honorable Mention was changed to Certificate of Merit. In 1988, poster presentations were included as part of the scientific portion of the annual meeting.

The Committee on Scientific Exhibits, Posters and Awards is a subcommittee of the Advisory Committee on Scientific Activities.

The following standards are used by the Committee in making the scientific exhibit awards: originality, practicability, applicability to practice of medicine, quality, teaching, value, quantity and personal demonstration.

A plaque, certificate and ribbon are awarded for first place, and certificates and ribbons are awarded for second through sixth places. Certificates of Merit are awarded for those exhibits warranting such recognition. Recognition certificates are given to all participating scientific exhibitors and poster presenters.

THE TECHNICAL EXHIBIT AWARD...

At a meeting of the Executive Committee of the Council held in Atlanta, Ga., March 31, 1973, the C. P. Loranz Award for the outstanding Technical Exhibit was established. Recipients of this award are:

1973 – San Antonio Meeting – Roche Laboratories, "Heart Sounds."

1974 - Atlanta Meeting - Roche Laboratories

1975-Miami Beach Meeting-Eli Lilly & Company

1976– New Orleans Meeting– Merck, Sharp & Dohme

1977 – Dallas Meeting – Roche Laboratories

1978 – Atlanta Meeting – Schering Laboratories

1979– Las Vegas Meeting– Wyeth Laboratories 1981– New Orleans Meeting– Wyeth

Laboratories

1982 – Atlanta Meeting – Pfizer Laboratories 1983 – Baltimore Meeting – Roche Laboratories

1984 – New Orleans Meeting – Schering Laboratories

1985-Orlando Meeting-Roche Laboratories

1986– Atlanta Meeting– The Upjohn Company 1987– San Antonio Meeting– Mead Johnson Pharmaceuticals

1988- New Orleans Meeting- Parke-Davis 1989- Washington, D.C. Meeting- Roerig

Division, Pfizer Pharmaceuticals 1990– Nashville Meeting– Mead Johnson Pharmaceuticals

1991– Atlanta Meeting– Sandoz Pharmaceuticals Corporation

1992 – San Antonio Meeting – Wyeth-Ayerst Laboratories

1993– New Orleans Meeting– U.S. Pharmaceuticals Group: Pfizer Labs, Pratt Pharmaceuticals, and Roerig.

1994 Orlando Meeting Wyeth-Ayerst

Laboratories 1995 – Kansas City Meeting – Hoechst Roussel Pharmaceuticals, Inc.

1996 – Baltimore Meeting – Wyeth - Ayerst Laboratories

1997 – Novartis Pharmaceuticals

1998– Eli Lilly and Company 1999– Pfizer Pharmaceuticals

2000– Aventis Pharmaceuticals

IX. Southern Medical Association Auxiliary

During the Southern Medical Association Annual Meeting in Washington, D.C., November, 1923, Mrs. Seale Harris of Birmingham, Alabama, was chosen to organize an Auxiliary for this group. The proposed Auxiliary was organized the following year during the SMA Annual Meeting in New Orleans, Louisiana. There were 88 charter members from 16 states and the District of Columbia.

Spouses of members of the Southern Medical Association are automatically members of the SMA Auxiliary and there are no membership dues. Membership is limited to spouses of physicians who are members of SMA and widows/widowers of deceased members who were in good standing at the time of death.

Through the year, the SMA Auxiliary participates in several interesting projects, including the promotion of Doctors' Day, the encouragement of participation in Medical Heritage (Research and Romance) projects, Health Education Awareness, and Membership. The

Auxiliary also maintains a close relationship with the state medical auxiliaries in each of its member states and aids in the promotion of membership in the Association.

The Southern Medical Association Auxiliary has made an organized effort to develop meaningful programs for the spouses of SMA members

To improve communications, the SMA Auxiliary publishes a newsletter entitled SOUTHERN CONNECTION. This newsletter serves as a vehicle for presenting information, programs, and services available to Auxiliary members from the Southern Medical Association. It also helps to inform Auxiliary members around the region of activities of interest underway for various Auxiliary members.

The Southern Medical Association Auxiliary continues to grow in strength and in dedication, always striving to build a stronger and more effective organization.

Activities of SMA Services, Inc.

I. SMA Member Insurance Program

The Southern Medical Association Insurance Program was established in 1952 when a Disability Insurance Plan was approved by the Council. Since that time, the program has expanded to include seven basic insurance plans, as well as several other distinctive plans, each designed to meet the specific needs of physicians and their family members.

The Association's Coordinating Committee on Insurance, alert to the needs and wishes of the members of the Association, continuously updates the various plans in an effort to provide the most coverage for the premium dollar and, ultimately, the best insurance program available to the medical profession.

WHO IS ELIGIBLE?...

•

- SMA members and associate members
- Spouses of SMA members and unmarried dependent children up to 20 years of age.
- Coverage is extended for unmarried dependent children to age 30 if they are continuous full-time students.
- Employees and their spouses of physician members

PLANS AVAILABLE THROUGH THE SMA INSURANCE PROGRAM...

- TERM LIFE (Up to \$2,000,000)
 Payable in event of death due to any cause. Dependent coverage available.
 (Spouse up to \$500,000 and Children up
- to \$7,500).

 2. ACCIDENTAL DEATH & DISMEMBERMENT (Up to \$2,000,000)

 Full amount payable in addition to Life Insurance in the event of accidental death; proportional amounts payable for
- death; proportional amounts payable for dismemberment. Spouse benefits also available up to \$500,000.

 3. LONG TERM DISABILITY INCOME
- (Up to \$15,000 per month available)
 The plan provides guaranteed monthly income in the event of long term disability. The plan has four benefit waiting periods to choose from, (30, 60, 90 and 180 days). Benefits are available to all actively practicing physicians and employees. After you have been Totally Disabled for 6 months, premium will be waived for you while Monthly Benefits are payable.
- MAJOR MEDICAL Two major medical insurance plan choices available. Competitive rates, convenient quarterly billing, an SMA customer service team working for you.

- Network Based Major Medical \$2,000,000 lifetime maximum, 7 deductible choices, 80/20% co-pay after deductible.
- PPO \$2,000,000 lifetime maximum, 3 deductible choices, eligible benefits include both in-network and out-ofnetwork services, eligibility is subject to area availability.
- 5. PREFERRED PROTECTION PACK-AGE (Up to \$2,000,000 per person) Twenty percent discount on major medical premiums for non-smoking physicians under age 40. Eighty percent of all eligible expenses up to \$5,000 (\$4,000 in benefits paid) and 100% of all eligible expenses for the remainder of that calendar year payable after deductibles are satisfied. Deductible amounts range from \$300 to \$5,000.
- PHYSICIANS COURTESY PLAN (Up to \$2,000,000 per person) This plan is designed for physicians who are extended professional and medical courtesies by colleagues and require only a hospital expense plan. Deductible amounts range from \$300 to \$1,500.
- DENTAL-Passive PPO Dental Plans available. Calendar year benefit maximum up to \$1,000 after deductible for insured and any covered dependent. Diagnostic and preventive-no deductible. No medical insurance required for eligibility.
- SURVIVOR ANNUITY INCOME (Up to \$1,000 per month)
 Five-hundred or one-thousand dollars per month for five years to any named beneficiary. If named beneficiary is surviving spouse, benefits continue for 10 additional years or until remarriage of the beneficiary. If member and spouse are killed in the same accident, benefits will continue

until the youngest child reaches age 19,

or age 30 if a full-time student.

9. DAILY HOSPITAL INDEMNITY (Up to \$300 per day) Daily benefits of \$100, \$150, \$200, \$250 or \$300 available from the first day of hospitalization. Double daily benefits are payable for hospitalization for cancer, intensive care, or coronary care treatment before age 65. Benefits are payable directly to the insured.

SPECIALIZED COVERAGES AVAILABLE

GROUP INSURANCE PROGRAM...

The Southern Medical Association makes a true group insurance program available to medical related facilities. Programs can be tailored to meet the needs of the group with premiums based on a variety of factors, including location, size of the group and average age.

MEDICAL STUDENT/ RESIDENT INSURANCE PROGRAMS...

In 1992, SMA introduced a special insurance program: designed to meet the particular needs of medical students and residents. Both plans offer two levels of coverage: (1) a comprehensive benefit plan and (2) an economical limited benefit plan. Students and Residents may also choose to add additional coverages including Short Term Disability, Term Life insurance, and Dental insurance.

• ADMINISTRATIVE SERVICES...

In 1992, SMA's for profit subsidiary, SMA Services, Inc., initiated the marketing of insurance administrative services to medical associations. The first sale of these administrative services occurred in the Summer of 1992. Administrative services provided include billing, collections, customer service, limited underwriting and program management and marketing.

MEDJET ASSISTANCE (TRAVELERS ASSISTANCE) PROGRAM...

For an annual membership fee, the MEDjet Assistance Program, a travelers' assistance program-not an insurance policy-makes high quality aeromedical transportation available to program members in the event of an injury or illness (requiring acute medical care or life support technology) occurring anywhere in the world.

The MEDjet Assistance Program is endorsed by SMA and is available to SMA members, asso-

ciate members, their families and employees.

PERSONAL LINES INSURANCE THROUGH LIBERTY MUTUAL...

Affordable protection for your home, auto and boat with competitive rates, convenient payment plans, toll-free 24-hour claims service and direct billing.

COVERAGES AVAILABLE TO FULL TIME EMPLOYEES AND THEIR FAMILI-IES, OF MEMBER PHYSICIANS....

- 1. TERM LIFE Amounts available: Up to \$500,000. Employee Spouse Life Available up to \$250,000.
- ACCIDENTAL DEATH & DISMEM-BERMENT Amounts available: Same as Above.
- 3. LONG TERM DISABILITY Up to \$5,000 per month monthly income in the event of disability. Waiting periods to choose from are: 90 or 180 days.
- DENTAL Passive PPO product is available. Calendar year benefit maximum up to \$1,000 after deductible for insured and any covered dependent. Diagnostic and preventive no deductible. No medical insurance required for eligibility.

5. MAJOR MEDICAL

Both Network Based and PPO products are available to employees who are, or become members of SMA through two new membership categories designed specifically for employees of physicians (except in Alabama, Georgia and West Virginia where SMA membership is not an eligibility requirement). The two new categories are Member Practice Services Membership and Corporate Membership. Employees desiring additional details about the individual health insurance coverages available should contact SMA.

II. SMA Physicians' Retirement Program

The Southern Medical Association adopted a Physicians' Retirement Program during the annual meeting in Atlanta in November, 1974. Marketing of the Retirement Program was initiated in January, 1975. In 1982, an Individual Retirement Account was added.

The Council established a Committee on Physicians' Retirement during the New Orleans Meeting in November, 1981.

In July of 1990, the Council of The Southern Medical Association approved a motion to move the administration and marketing of the retirement program in-house. The move was completed in January 1992.

WHO IS ELIGIBLE?...

SMA members, associate members, and their family and employees.

DEVELOPMENT OF SALES ORGANIZATION

In order to meet the more complex and growing needs of program participants, a new sales philosophy was adopted in 1993. Rather than relying on direct mail and telephone contact to promote and market the program, a sales organization was created with the ultimate goal of having an SMA Regional Representative located within driving distance of ninety percent of the membership. Today our sales organization includes regional representatives who actively service existing program participants and promote and market the program's products and services to the general membership.

2. INVESTMENT AND FINANCIAL SERVICES

At the same time that the sales organization was created, a decision was also made to increase the scope of products and services made available to the membership through the SMA Retirement Program. Effective October 1, 1993, SMA Services, Inc. entered into a business relationship with ProEquities Inc. to make available to Southern Medical Association members the opportunity to purchase such products as Mutual Funds, Bonds, Variable Annuities and Specialized Life Insurance products. ProEquities, Inc. is a wholly owned subsidiary of Protective Life Corporation, a holding company located in Birmingham, Alabama. ProEquities, Inc. is a member of the National Association of Securities' Dealers Securities (NASD) and Investors Protection Corporation (SIPC). SMA Services, Inc. will be providing administrative support for the activities of ProEquities, Inc. being conducted at the Southern Medical Association headquarters in Birmingham, Alabama.

SMA's own Coordinating Committee on Physicians' Retirement has managed the development of this program. The Committee will continue to monitor program operation to ensure that the products and services offered are consistent with the needs of physician members. With a wide range of products and services now available through the SMA Retirement Program and the qualified sales organization in place to deliver these products and services, the SMA Retirement Program is poised to meet the competitive challenges of the next century.

III. SMA Physicians' Purchasing Program

Since the inception of the Physicians' Purchasing Program in 1982 discounted medical professional and consumer items have been purchased by more than 12,500 members of the Southern Medical Association.

The Physicians' Purchasing Program is one of the largest and most comprehensive programs of its kind available to physicians and negotiates contracts with manufacturers and vendors for the distribution of discounted products to its members. All products selected for the program must be of highest quality; must be backed by outstanding service; and must be competitively priced.

As a PPP member you will receive our Bi-Monthly Showcase featuring the latest in products and services available through the program. Each year you will also receive a comprehensive catalog of namebrand products all at discounted prices. Customer service representatives are available via a toll-free number to answer questions or quote prices on most professional and personal items on the market today.

SMA's distributor network allows for prompt delivery and outstanding service on thousands of items.

Professional items available through the Purchasing Program include 70,000 medical/surgical products including vaccines and injectables. Diagnostic capital equipment and computer supplies are also available. A wide range of personal items available include jewelry, luggage, automobiles and cameras. SMA offers an extensive catalog of personal electronic devices such as TV's, VCR's, Camcorders, and stereo systems from the world's most noted manufacturers. This exclusive program is available to members of the Southern Medical Association and their families.

IV. SMA Practice Management Services

The year 2000 brings extraordinary challenges to the practice of medicine and the business of the Practice! After extensive needs analysis, your association has developed and offers you a comprehensive Practice Management Consulting program which meets the needs of our members, joining members, and the medical community at large. The benchmark of SMA Practice Management Services is customization and the Hallmark is Quality.

CUSTOMIZED PRACTICE MANAGEMENT SERVICES

- 1. Practice Strategies and Development Services
 - Orientation & Training for physicians and staff in a Managed Care environment
 - · Contract review and negotiation
 - Capitation contracting and training for capitated ops - Activity based costing
 - Practice mergers, acquisitions and valuation
 - Development of IPA's, Physician Organizations, Individualized Networks and Services
 - Total practice assessments
 - Technical Applications and Info System Evaluation, Selection and Purchase
 - Information System Integration to communication platforms. Internet Application both Clinical and Administrative
 - · Practice Marketing Strategies

- 2. Workshops: On-Site or Mini-Symposia -Customized
 - Managed Care: Contracts Evaluation and Negotiation

- Improving practice efficiency for managed care, advanced capitation and full risk contracting
- Coding and Reimbursement: Basic and Advanced CPT, ICD-10-CM, Evaluation and Management Documentation Guidelines
- 3. Local Seminars and Customized Programs
 - Clinical pathways and implementation from the physicians viewpoint
 - Medical Director's Managed Care Education series for IPA's and Group Practices
 - Utilization and Management URAC
 - Quality Assurance NCQA HEDIS, Joint Commission, ISO 9000
- 4. Compliance Programs from Development to Implementation
- Coding, Reimbursement and Documentation "HELPLINE" services via phone, fax and E-Mail

V. SMA Marketing and Design Print

SMA Design Print was formed as SMA Graphics in 1984 to help defray the costs of typesetting for Southern Medical Journal, as well as other publications of the Association. The division has grown to become a full-service graphic art, imaging, and typesetting production house, creating all of SMA's publications, direct mail, and advertisements. Design Print also makes its graphics services available to the SMA membership and the general public.

The division immediately realized its goal of saving the Association money and is proud to offer its services at extremely competitive

prices.

In 1991 the Marketing Department and the Graphics division combined activities to become a full service in-house resource that performed not only the Association's graphics and typesetting functions, but also all facets involved with internal marketing planning, creative development, corporate marketing, public relations, and communications.

In 1994 Graphics Operations moved to a more spacious location minutes away from SMA's headquarters building to accommodate its newly established printing service and its enhanced imaging services. In moving to a stand-alone location, the division changed its name to Design Print to create more appeal, visibility, and understanding of its services to the general public. The print division was intended to satisfy many of the smaller printing needs of the Association at a fraction of the commercial cost. This division has been such a success that Design Print added a second printing press in the Spring of 2000 to accommodate a larger workload. Now, for the first time in the department's history, Design Print is producing more work for the Association than we are buying from outside vendors.

Design Print's imaging services allow for significant cost savings by saving the cost of preprint filmwork from outside vendors. Together, these have grown to be some of Design Print's most popular and cost-saving services. SMA Marketing and Design Print continue their efforts to meet the needs of SMA membership, staff, and the local public by providing the most complete and technologically modern services available. Design Print is a division of SMA Services, Inc., a wholly owned subsidiary of SMA.

VI. SMA Travel Services

SMA Travel Services was developed in 1987 to handle the travel arrangements for Southern Medical's rapidly expanding educational programs and numerous committee and council meetings. In addition, Travel Services began arranging the annual meetings for the affiliated societies. These programs alone have made SMA Travel very successful. However, as SMA members became familiar with the services available through SMA Travel, requests for personal vacation and business travel increased. SMA Travel now operates as a full service agency reflecting the SMA tradition of quality service and efficiency.

SMA Travel offers the knowledge of an experienced travel staff, trained with an emphasis on service. All types of travel needs can be met whether it be international, domestic, vacation,

or business. SMA Travel also provides extensive special meeting planning services offering group room rates as well as savings for air travel in conjunction with a meeting.

As an added membership benefit, in 1990, SMA Travel developed the SMA Travel Club. Members of the travel club enjoy special discounts offered by selected tour companies, cruises, car rentals, and hotels. In addition, Travel Club members receive a monthly newsletter highlighting special trips and promotions in addition to important travel information.

SMA Travel Services strives to meet the needs of SMA members by offering personalized travel services often neglected in the travel agency industry today.

Headquarters Office and Staff of the Southern Medical Association

Prior to 1910, physicians elected to the office of Secretary, Treasurer, or Secretary and Treasurer maintained Association records. In that year, Seale Harris, M.D., of Mobile, Alabama, was elected Secretary and Treasurer. He maintained the Association offices in Mobile until July 1915, when he relocated to Birmingham, Alabama, and moved the Association's offices to the Empire Building. Dr. Harris served as Secretary and Treasurer, as well as Editor, until his retirement in 1921. While Dr. Harris was on active military duty from November 1917 until November 1919, James R. Garber, M.D., was Acting Secretary.

Upon Dr. Harris' retirement, Mr. C. P. Loranz of Birmingham was named Secretary-Treasurer and Business Manager, a position he held until November 1928. He had worked for Dr. Harris as Business Manager of Southern Medical Journal, which was then privately owned by Dr. Harris. Mr. Loranz was designated Assistant Treasurer of the Association in November 1914 and Business Manager in November 1916. His title was changed to Secretary, Treasurer, and General Manager in November 1928, and, under the all-inclusive title of Secretary-Manager, he served until December 1, 1954.

On that date, Mr. V.O. Foster of Birmingham took over the executive duties of the Association with the new title of Executive Secretary and Treasurer, with a five-year contract. However, the Council, wishing to continue using the vast experiences of Mr. Loranz after his retirement, voted to retain Mr. Loranz as Advisor and Professional Relations Counselor for a period of three years. arrangement was renewed for a second threeyear period ending December 1, 1957. Mr. Butts, who had served as Assistant to the Secretary-Manager, 1948-1950, and Assistant Secretary-Manager, 1950-1954, was elected Business Manager with a five-year contract beginning December 1, 1954.

In September 1959 Mr. Foster became ill before fulfilling his contract. Mr. Butts was asked to serve as Acting Executive Secretary and Treasurer until further notice in addition to continuing as Business Manager.

At the Dallas Meeting, November 1961, Mr. Butts was given the title of Executive Director,

which would include his present titles of Executive Secretary and Treasurer, Business Manager, and Managing Editor.

Following a Constitutional change in November 1977, Mr. Butts assumed the title of Executive Vice-President. The Bylaws were changed during the New Orleans Meeting in November 1976 to reflect this change.

Mr. Butts retired from his position as Executive Vice-President on July 1, 1980, but remained as a Consultant until December 1981.

Mr. William J. Ranieri was appointed the New Executive Officer in August 1980.

In March 2000 Mr. James H. Leverett was appointed the new Executive Officer.

In 1984 SMA Services, Inc. was organized as a wholly owned subsidiary, and Mr. Ranieri was appointed as its President and Chief Executive Officer.

Mr. James H. Leverett was appointed as its President and Chief Executive Officer in March 2000

THE HEADQUARTERS OFFICE

The Association's offices were in the Van Antwerp Building, Mobile Ala., from November 1910 until July 1915 and in the Empire Building in Birmingham from July 15, 1915 until 1958.

Ground-breaking ceremonies for one of the country's most modern association buildings were held on August 4, 1957. The split-level structure of masonry and glass, located at 2601 Highland Avenue, Birmingham, completed at a cost of \$250,000 was dedicated September 7, 1958.

The headquarters office contained 6,854 square feet of space and was situated on a lot of nearly one and one-half acres. It provided a meeting place and business center, executive offices, offices for the Association's publications, Auxiliary room, mailing room, conference room, and storage space.

In July 1984, the headquarters office was moved to a new building at 35 Lakeshore Drive. Tastefully furnished, the building contains 22,000 square feet of space and is situated on 2 acres with beautiful landscaping, convenient to the interstate system. The office building has easy access to all areas of Birmingham and is only 15 minutes from the airport.

Places of Meetings and Presidents

- Chattanooga, TN, organization meeting 1907 Birmingham, AL, *H. H. Martin, Savannah, GA 1908 Atlanta, GA, *B. L. Wyman, Birmingham, AL 1909 New Orleans, LA, *G. C. Savage, Nashville, TN 1910 Nashville, TN, *W. W. Crawford, Hattiesburg, MS Hattiesburg, MS, *Isadore Dyer, New Orleans, LA 1911 1912 Jacksonville, FL, *James M. Jackson, Miami, FL 1913 Lexington, KY, *Frank A. Jones, Memphis, TN 1914 Richmond, VA, *Stuart McGuire, Richmond, VA 1915 Dallas, TX, *Oscar Dowling, New Orleans, LA 1916 Atlanta, GA, *Robert Wilson, Charleston, SC 1917 Memphis, TN, *Duncan Eve, Sr., Nashville, TN 1918 Influenza pandemic; no meeting that year Asheville, NC, *Lewellys F. Barker, Baltimore, MD 1919
- 1920 Louisville, KY, *E. H. Cary, Dallas, TX

1921 Hot Springs National Park, AR, *Jere L. Crook, Jackson, TN

- 1922 Chattanooga, TN, *Seale Harris, Birmingham, AL
 - Washington, DC, *W. S. Leathers, Jackson, MS 1923
- 1924 New Orleans, LA, *Charles L. Minor, Asheville, NC
- 1925 Dallas, TX, *Stewart R. Roberts, Atlanta, GA
- 1926 Atlanta, GA, *C. C. Bass, New Orleans, LA
- 1927 Memphis, TN, *J. Shelton Horsley, Richmond, VA
- Asheville, NC, *William R. Bathurst, Little Rock, AR 1928
- 1929 Miami, FL, *T. W. Moore, Huntington, WV
- 1930 Louisville, KY, *Hugh S. Cumming, Washington, DC
 - 1931 New Orleans, LA, *Felix I. Underwood, Jackson, MS
- 1932 Birmingham, AL, *Lewis J. Moorman, Oklahoma City, OK
 - 1933 Richmond, VA, *Irvin Abell, Louisville, KY
- 1934 San Antonio, TX, *Hugh Leslie Moore, Dallas, TX
 - St. Louis, MO, * H. Marshall Taylor, Jacksonville, FL 1935 1936
 - Baltimore, MD, *Fred M. Hodges, Richmond, VA 1937 New Orleans, LA, * Frank K. Boland, Atlanta, GA
 - Oklahoma City, OK, *J. W. Jervey, Greenville, SC 1938
 - 1939 Memphis, TN, *Walter E. Vest, Huntington, WV
 - 1940 Louisville, KY, *Arthur T. McCormack, Louisville, KY
 - 1941 St. Louis, MO, * Paul H. Ringer, Asheville, NC

 - 1942 Richmond, VA, *M. Pinson Neal, Sr., Columbia, MO
 - Cincinnati, OH, * Harvey F. Garrison, Jackson, MS 1943
 - 1944 St. Louis, MO,*James A. Ryan, Covington, KY
 - 1945 Cincinnati, OH, * Edgar G. Ballenger, Atlanta, GA (Deceased in Office) *E. Vernon Mastin, St. Louis, MO (President at Annual Meeting)
 - 1946 Miami, FL, *M. Y. Dabney, Birmingham, AL
 - 1947 Baltimore, MD, *Elmer L. Henderson, Louisville, KY
 - Miami, FL, * Lucien A. LeDoux, New Orleans, LA 1948
 - 1949 Cincinnati, OH, *Oscar B. Hunter, Sr., Washington, DC
 - 1950 St. Louis, MO, *Hamilton W. McKay, Charlotte, NC
- 1951 Dallas, TX, *Curtice Rosser, Dallas, TX
 - 1952 Miami, FL, *R. J. Wilkinson, Huntington, WV
 - 1953 Atlanta, GA, *Walter C. Jones, Miami, FL
 - 1954 St. Louis, MO, *Alphonse McMahon, St. Louis, MO
 - 1955 Houston, TX, *R. L. Sanders, Memphis, TN
 - 1956 Washington, DC, *W. Raymond McKenzie, Baltimore, MD
 - 1957 Miami Beach, FL, *J. P. Culpepper, Jr., Hattiesburg, MS
 - New Orleans, LA, *W. Kelly West, Oklahoma City, OK 1958

(Continued On Next Page)

^{*} Deceased

1959	Atlanta, GA, *Milford O. Rouse, Dallas, TX
1960	St. Louis, MO, *Edwin Hugh Lawson, New Orleans, LA
1961	Dallas, TX, *Lee F. Turlington, Birmingham, AL
1962	Miami Beach, FL, *A. Clayton McCarty, Louisville, KY
1963	New Orleans, LA, *Daniel L. Sexton, St. Louis, MO
1964	Memphis, TN, *Robert D. Moreton, Houston, TX
1965	Houston, TX, *R. H. Kampmeier, Nashville, TN
1966	Washington, DC, J. Garber Galbraith, Birmingham, AL
1967	Miami Beach, FL, Guy Thompson Vise, Sr., Meridian, MS
1968	New Orleans, LA, *Oscar R. Hunter, Jr., Washington, DC
1969	Atlanta, GA, *Donald F. Marion, Miami, FL
1970	Dallas, TX, J. Leonard Goldner, Durham, NC
1971	Miami Beach, FL, *Albert C. Esposito, Huntington, WV
1972	New Orleans, LA, *J. Hoyle Carlock, Ardmore, OK
1973	San Antonio, TX, *Joe T. Nelson, Weatherford, TX
1974	Atlanta, GA, George J. Carroll, Suffolk, VA
1975	Miami Beach, FL, *Andrew M. Moore, Lexington, KY
1976	New Orleans, LA, *G. Gordon McHardy, New Orleans, LA
1977	Dallas, TX, G. Thomas Jansen, Little Rock, AR
1978	Atlanta, GA, Andrew F. Geisen, Jr., Fort Walton Beach, FL
1979	Las Vegas, NV, Thomas B. Dameron, Jr., Raleigh, NC
1980	San Antonio, TX, G. Baker Hubbard, Sr., Jackson, TN
1981	New Orleans, LA, J. Ralph Meier, New Orleans, LA
1982	Atlanta, GA, Edwin C. Evans, Atlanta, GA
1983	Baltimore, MD, M. Pinson Neal, Jr., Richmond, VA
1984	New Orleans, LA, Richard D. Richards, Baltimore, MD
1985	Orlando, FL, John B. Lynch, Nashville, TN
1986	Atlanta, GA, Guy T. Vise, Jr., Jackson, MS
1987	San Antonio, TX, William W. Moore, Jr., Atlanta, GA
1988	New Orleans, LA, J. Lee Dockery, Gainesville, FL
1989	Washington, DC, Roger L. Mell, Chesterfield, MO
1990	Nashville, TN, Larry C. Smith, Huntington, WV
1991	Atlanta, GA, Jim C. Barnett, Brookhaven, MS
1992	San Antonio, TX, John F. Redman, Little Rock, AR
1993	New Orleans, LA, Thomas C. Rowland, Jr., Columbia, SC
1994	Orlando, FL, Angus M. McBryde, Jr., Mobile, AL
1995	Kansas City, MO, Louis A. Cancellaro, Johnson City, TN
1996	Baltimore, MD, J. Edward Hill, Tupelo, MS
1997	Charlotte, NC, Terrell B. Tanner, East Elijay, GA
1998	New Orleans, LA, J. Lorin Mason, Jr., Pawley's Island, SC
1999	Dallas, TX, Hugh E. Stephenson, Jr., Columbia, MO
2000	Orlando, FL, Ronald C. Hamdy, Johnson City, TN

Future Annual Scientific Assemblies of Southern Medical Association

November 8-10, 2001	Nashville, Tennessee
November 13-17, 2002	Washington, D.C.
November 5-9, 2003	Atlanta, Georgia
November 17-21, 2004	New Orleans, Louisiana
November 9-13, 2005	San Antonio, Texas

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Notes

TERRITORY OF THE SOUTHERN MEDICAL ASSOCIATION



2001 CME By Month

reb -NovCertificate in dusiness Administration for Physicians, Distance Learning
February 4-9SOA's Hot Topics in Cold Weather, Grand Summit Resort, Park City, UT
February 22-254th Annual Conference on Osteoporosis, Ritz-Carlton, Amelia Island, FL
March 8-10SOA's SEC Sports Medicine Symposium, Sheraton Downtown, Nashville, TN
March 26-30Legal Issues in Healthcare, Hyatt Regency Capitol Hill, Washington, DC
March 25-28Hot Topics in Primary Care, Hilton Sandestin Resort, Destin, FL
March 29-31Pain Management: Practical Approaches in Primary Care
Hilton Sandestin Resort, Destin, FI
March 29-31SOA's Expanded Indications for Thermal Treatment
and Management of Golfing Injuries, Pinehurst Resort, Pinehurst, NC
April 27-29Alternative Medicine and Complementary Therapies:
Implications for your Practice, Marriott Hilton Head Resort, Hilton Head, SC
May 10Cost Accounting for Medical Practices, Kingston Plantation, Myrtle Beach, SC
May 11-13Focus on the Older Patient, Bahia Mar Resort, Ft. Lauderdale, FL
May 19-29Medical Horizons Cruise: Current Healthcare Trends
m.s. Amadeus Classic Blue Danube
June 10-1325th Annual Sea Island Lung Symposium, The Cloister, Sea Island, GA
June 15-175th Conference on Hypertension and Cardiovascular Diseases
Ritz-Carlton, Palm Beach, FL
June 25-29Comparative Healthcare Systems: The United Kingdom, London, England
July 8-1212th Annual Focus on the Female Patient, Kiawah Island Resort, SC
July 12-14New Drugs Update 2001, Kiawah Island Resort, SC
July 19-21SOA's 18th Annual Meeting, Coeur d'Alene Resort, ID
July 29-Aug 1Hot Topics in Primary Care, Ritz Carlton, Amelia Island, FL
August 2-4Pain Management: Practical Approaches in Primary Care
Ritz-Carlton, Amelia Island, FL
August 1-5Southern Association for Oncology Annual Meeting
Ritz-Carlton, Key Biscayne, FL
October 5-74th Annual Conference on Diabetes, Hilton Sandestin Resort, Destin, FL
November 8-10SMA's 95th Annual Scientific Assembly, Opryland Hotel, Nashville, TN
November 8-9SOA's 2nd Fall Meeting, Opryland Hotel, Nashville, TN
December 7-914th Annual Regional Burn Conference, Marriott Hotel, Chattanooga, TN