



SMA

Southern Medical Association
Transitioning Physicians Throughout Their Careers

Jane Lawler

SMA...WHERE A PROUD HERITAGE OF VALUES EXPANDS THE HORIZONS OF TOMORROW...



San Antonio, Texas

99th Annual Scientific Assembly • November 10-13, 2005 • San Antonio, Texas

99th
Yearbook



SMA : Southern Medical Association
Transitioning Physicians Throughout Their Careers

2004-2005 YEARBOOK

Name

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State

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SMA

CONTENTS

Officers	7
Minutes from Meetings	63
Constitution and By-Laws	108
Facts on Southern Medical Association	129
Subject Index	166
Index of Names and Addresses	169



SMA

2004-2005 OFFICERS



SMA

Officers

President	Charles A. Farmer, Tulsa, OK
President-Elect	Braxter P. Irby, Jr., Brookhaven, MS
Executive Vice-President	Edward J. Waldron, Birmingham, AL

Council Members

		Term Expires
Judy A. C. King	Mobile, Alabama	2009
Andrew W. Lawton	Little Rock, Arkansas	2008
Paul A. DeVore	District of Columbia	2008
Paula Oliver Pell	St Petersburg, Florida	2007
Bashir A. Chaudhary	Augusta, Georgia	2006
Thomas Bunnell	Crestview Hills, Kentucky	2009
George S. Ellis, Jr.	New Orleans, Louisiana	2005
John B. Umhau	Chevy Chase, Maryland	2008
Eric E. Lindstrom	Laurel, Mississippi	2009
Gary A. Dyer	St. Joseph, Missouri	2009
Peter J. Kragel, MD	Greenville, North Carolina	2009
Mark G. Martens	Tulsa, Oklahoma	2009
Jan N. Basile	Charleston, South Carolina	2007
R. Bruce Shack	Nashville, Tennessee	2008
Veronica K. Piziak	Temple, Texas	2006
Robert W. Klink	Williamsburg, Virginia	2007
Terry L. Elliott	Wheeling, West Virginia	2009

Executive Committee of the Council

President	Charles A. Farmer
President-Elect	Braxter P. Irby, Jr.
Immediate Past-President	T. Rudolph Howell
President-Elect Designate	George S. Ellis, Jr.

President

CHARLES A. FARMER, M.D.

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Birthdate: July 30, 1945

Birthplace: Dumas, Arkansas

Spouse: Sheri

Education:

B.S. degree, Arkansas Polytechnic College, 1967
M.D. degree, University of Arkansas School of Medicine, 1971

Specialty: Emergency Medicine

Joined Southern Medical Association: 1987

Offices Held in SMA:

Chairman, Section on Emergency Medicine, 1990-1991
Secretary-Elect, Section on Emergency Medicine, 1991-1992
Secretary, Section on Emergency Medicine, 1992-1993
Coordinating Committee on Long Range Planning, 2002-2003
Chairman, Advisory Committee on New Physicians, 2001-2003
Coordinating Committee on Insurance and Physicians' Retirement Program, 2001-2003
Coordinating Committee on Administration/Budget, 2002-2004
Member, Society of 1906
Associate Councilor from Oklahoma, 1990-1993
Councilor from Oklahoma, 1993-2003
Member of the Executive Committee of the Council, 1995-1996, 1997-2001
President-Elect 2003-2004

President-Elect

BRAXTER P. IRBY, JR., M.D.



Home Address:

115 Oak Hill Drive NE, Brookhaven, Mississippi 39601

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Telephone: (601) 833-3822; Fax: (601) 835-4330

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Birthdate: October 22, 1944

Birthplace: Grenada, Mississippi

Spouse: Melissa

Education:

BS Pharmacy degree, University of Mississippi, 1967

MD degree, University of Mississippi School of Medicine, 1971

Specialty: Internal Medicine/Nephrology

Joined Southern Medical Association: 1985

Offices Held in SMA:

Coordinating Committee on Education, 2002-2003

Advisory Committee on Management Compensation, 2001-2004

Coordinating Committee on Long Range Planning, 2001-2003

Coordinating Committee on Administration/Budget, 2001-2003

Coordinating Committee on Membership, Chair, 2000-2004

Member, Society of 1906

Associate Councilor from Mississippi, 1994-1999

Councilor from Mississippi, 1999-2004

Immediate Past-President

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Birthdate: May 2, 1933

Birthplace: Wayne County, North Carolina

Spouse: Cheryl

Education:

B.S. degree, Wake Forest College, 1954

M.D. degree, Duke University School of Medicine, 1958

Specialty: Pediatric Radiology

Joined Southern Medical Association: 1969

Offices Held in SMA:

Secretary, Section on Medical Management and Administration, 1996

Chairman, Section on Medical Management and Administration, 1997-1999

Member, Southern Medical Journal Editorial Board, 1992-

Chairman, Coordinating Committee on Long Range Planning, 1996-2003

Coordinating Committee on Administration/Budget, 1998-2003

Advisory Committee on Management Compensation, 2002-2005

Advisory Committee on Constitution and Bylaws, 2002-2003

Presidential Committee on Selections, 2002-2003

Member, Society of 1906

Associate Councilor from Virginia, 1989-1994

Councilor from Virginia, 1994-2002

Member of the Executive Committee of the Council, 1997-2005

President Elect, 2002-2003

Executive Vice-President

ED WALDRON



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Birthdate: March 29, 1942

Birthplace: Philadelphia, Pennsylvania

Spouse: Sallie

Education:

B.A. degree, Bob Jones University, Greenville, South Carolina

Joined Southern Medical Association: 1996

Offices Held in SMA:

Vice President Marketing/Director Practice Performance Product and Services 1996 -

Interim Executive Vice-President 2002

Managing Editor, Southern Medical Journal, 2002

Editor-Southern Medical Journal

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Spouse: Eleanor

Education:

University of Alexandria, Egypt, M.D., 1968
University of London, England, MRSC, LRCP, 1973
Royal College of Physicians, London, 1974

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
Member, Society of 1906
President-Elect, 1998-1999
President, 1999-2000
Editor, Southern Medical Journal, 2000-

Councilor : Alabama

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Birthdate: March 24, 1961

Birthplace:

Spouse: James

Education:

B.A. Degree, Carson-Newman College, 1983
Ph.D. Degree, East Tennessee State University, 1987
M.D. Degree, Medical University of South Carolina, 1992

Specialty: Pathology

Joined Southern Medical Association: 1994

Offices Held in SMA:

Vice-Chairman, Pathology Section, 1997-1999
Secretary-Elect, Pathology Section, 1999-2000
Secretary, Pathology Section, 2000-2003
Ad Hoc Annual Meeting Committee, 2001
Advisory Committee on Scientific Activities, 2002-2004
Advisory Committee on Scientific Activities, Co-Chair, 2004-2005
Advisory Committee on New Physicians, 2002-2004
Advisory Committee on New Physicians, Co-Chair, 2004-2005
Member Society of 1906
Associate Councilor from Alabama, 2001-2003
Member of the Council, 2004-2009
Councilor from Alabama, 2004-2009

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Councilor : Arkansas
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Birthdate: October 24, 1951

Birthplace: New York City, NY

Spouse: Jo

Education:

B.A. Degree, The John Hopkins University, 1972

M.D. Degree, The Albert Einstein College of Medicine, 1976

M.B.A. Degree, Tulane University, 1998

Specialty: Ophthalmology

Joined Southern Medical Association: 1988

Offices Held in SMA:

Member, Society of 1906

Associate Councilor from Arkansas, 1999-2003

Councilor from Arkansas, 2003-2008

Advisory Committee on New Physicians, Co-Chair, 2004-2005

Associate Councilors : Arkansas

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Councilor : District of Columbia

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Spouse: Sherry

Education:

B.S. Degree, Georgetown University, 1956
M.D. Degree, University of Maryland, 1960

Specialty: Family Practice and Geriatric Medicine

Joined Southern Medical Association: 1988

Offices Held in SMA:

Member, Society of 1906
Associate Councilor from the District of Columbia,
Councilor from the District of Columbia, 2003-2008
Member of the Council, 2003-2008

Associate Councilors : District of Columbia

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Councilor : Florida

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Spouse: Donald M. Pell, M.D.

Education:

B.S. degree, Purdue University, 1974

M.D. degree, Indiana University Medical School, 1978

Specialty: Emergency Medicine

Joined Southern Medical Association: 1988

Offices Held in SMA:

Coordinating Committee on Education, 1991-1993

Chairman, Ad Hoc Committee on the Female Physician, 1992-1994

Advisory Committee on New Physicians, 1995-2003

Secretary, Section on Medical Management and Administration, 1996-1999

Chairman, Section on Medical Management & Administration, 1999-2002

Secretary, Section on Pediatrics, 2003-2006

Advisory Committee on Multi-Media Programs, 1999-2001

Advisory Committee on Scientific Activities, 2001-2005

Coordinating Committee on Long Range Planning, 2001-2003

Coordinating Committee on Administration/Budget, 2002-2005

Presidential Committee on Selections, 2002-2005

Associate Councilor from Florida, 1991-2002

Councilor from Florida, 2002-2007

Chairman, Coordinating Committee on Membership, 2004-2005

Associate Councilors : Florida

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Councilor : Georgia

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Birthdate: October 11, 1946

Birthplace: Shimla, Punjab

Spouse: Tesneem Kauser Chaudhary, M.D.

Education:

M.B.B.S. degree, King Edward Medical College, Lahore, Pakistan, 1970

Specialty: Sleep Medicine

Joined Southern Medical Association: 1976

Offices Held in SMA:

Secretary, Section on Chest Diseases, 1982-1985, 1988-1991
Vice Chairman, Section on Chest Diseases, 1997-2000
Chairman, Section on Chest Diseases, 2000-present
Advisory Committee on Grants, Loans and Scholarships, 2001-2005
Advisory Committee on Practice Management Services, 2002-2005
Coordinating Committee on Insurance and Physicians' Retirement
Program, 2001-2003
Associate Councilor from Georgia, 1995-2001
Councilor from Georgia, 2001-2006

Associate Councilors : Georgia

Royal (Roy) T. Farrow, M.D.

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Douglas R. Joyner, M.D.

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Ali R. Rahimi, M.D.

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Councilor : Kentucky

THOMAS BUNNELL, M.D.



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E-Mail: tbunnmd@insightbb.com

Birthdate: July 3, 1940

Birthplace: Beaver Dam, Wisconsin

Spouse: Nancy

Education:

B.S. degree, University of Cincinnati, 1962

M.D. degree, University of Cincinnati, 1965

Specialty: Pulmonary Medicine

Joined Southern Medical Association: 1988

Offices Held in SMA:

Associate Councilor from Kentucky,

Councilor from Kentucky, 2004-2009

Member of the Council, 2004-2009

Associate Councilors : Kentucky

Uday Davé, M.D.

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Madisonville, KY 42431-8646

Specialty: Otolaryngology and Head and Neck Surgery

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William Monnig, M.D.

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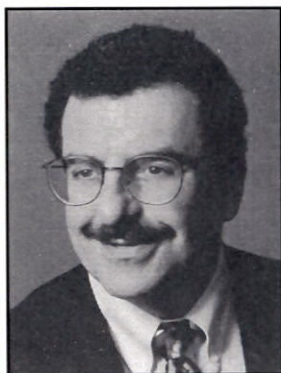
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Councilor : Louisiana

GEORGE S. ELLIS, JR., M.D., F.A.C.S., F.A.A.P.



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Birthdate: April 13, 1951

Birthplace: New Orleans, Louisiana

Spouse: Kelley

Education:

B.S. degree, Vanderbilt University, 1973

M.D. degree, Tulane University Medical School, 1977

Specialty: Pediatric Ophthalmology and Adult Strabismus

Joined Southern Medical Association: 1976

Offices Held in SMA:

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

Vice-Chairman, Section of Ophthalmology, 1994-1995

Chairman, Section of Ophthalmology, 1995-1996

Coordinating Committee on Membership, 2002-2004

Chairman, Coord. Comm. on Insurance and Physicians' Retirement
Program, 2002-2004

Advisory Committee on Constitution and Bylaws, 2001-2006

Associate Councilor, State of Louisiana, 1984-2000

Councilor from Louisiana, 2000-2005

Associate Councilors : Louisiana

Robert G. Ellis, M.D.

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Peyton Randolph Hall III, M.D.

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Specialty: Psychiatry

Joseph J. O'Donnell, M.D.

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Specialty: General Surgery/Nutrition
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Councilor : Maryland

JOHN B. UMHAU, M.D.



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Office Address:

8805 Connecticut Avenue, Chevy Chase, Maryland 20815

Telephone: (301) 652-4200; Fax: (301) 951-8805

Birthdate: November 9, 1926

Birthplace: Washington, DC

Spouse: Janet

Education:

B.A. Degree, George Washington University, 1949

M.D. Degree, George Washington University, 1952

Specialty: Family Practice

Joined Southern Medical Association:

Offices Held in SMA:

President, Southern Association of Primary Care, 1999-2000

Chairman, Family Practice Section, 1990-1991

Associate Councilor from Maryland, 1999-2003

Councilor from Maryland, 2003-2008

Member of the Council, 2003-2008

Associate Councilors : Maryland

Stuart J. Goodman, M.D.

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Michael A. Bolognese, M.D.

Associate Councilor for Maryland
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Councilor : Mississippi

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Birthplace: Helena, Montana

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Education:

B.S. Degree, Wheaton College, 1958

M.D. Degree, University of Maryland, 1963

Master of Public Health, Harvard School of Public Health, 1966

Aerospace Medicine Residency, U.S. Army, 1968

Ophthalmology Residency, U.S. Army, 1975

Specialty: Ophthalmology

Joined Southern Medical Association: 1987

Offices Held in SMA:

Member, Society of 1906

Associate Councilor from Mississippi, 1994-1999

Councilor from Mississippi, 2004-2009

Member of the Council, 2004-2009

Associate Councilors : Mississippi

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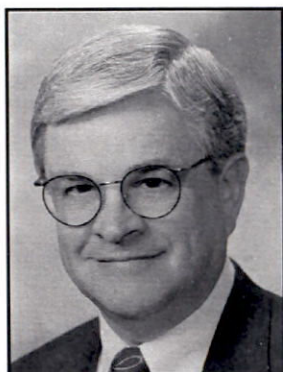
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Councilor : Missouri

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Education:

B.S. degree in Education, Central Missouri State University, 1961

M.D. degree, University of Missouri-Columbia School of Medicine, 1966

Rotating Internship, Kansas City General Hospital & Medical Center, 1967

Dermatology Residency, University of Missouri-Columbia Health Sciences Center, 1970

Specialty: Dermatology

Joined Southern Medical Association: 1987

Offices Held in SMA:

Member, Society of 1906

Associate Councilor from Missouri, 1993-2003

Councilor from Missouri, 2003-2008

Member of the Council, 2003-2008

Committee on Advanced Planning, 1995

Coordinating Committee on Membership, 1996-1997

Coordinating Committee on Budget & Administration, 2005-

Coordinating Committee on Insurance & Retirement, 2005-

Presidential Committee on Selections, 2004

Advisory Committee on Management Compensation, 2005-

Advisory Committee on Practice Management, 2004-2005

Advisory Committee on Grants & Scholarships, 2004-2005

Associate Councilors : Missouri

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Birthdate:

Birthplace:

Spouse: Amy

Education:

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M.D. Degree, Georgetown University School of Medicine, 1981

Anatomic and Pathology Residency, 1981-1985

Specialty: Pathology

Joined Southern Medical Association:

Offices Held in SMA:

Chairman, Section of Pathology

Councilor from North Carolina, 2005-2010

Member of the Council, 2005-2010

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Education:

B.A. Degree, Kenyon College, 1977
M.D. Degree, George Washington University, 1982

Specialty: Obstetrics and Gynecology

Joined Southern Medical Association: 1989

Offices Held in SMA:

Secretary, Section on GYN-Ob, 2003-present
Coordinating Committee on Special Projects and Services, 2004-2005
Coordinating Committee on Education, 2004-2005
Coordinating Committee on Long Range Planning, 2004-2005
Member, Society of 1906
Councilor from Oklahoma, 2004-2009

Associate Councilors : Oklahoma

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BIRTHPLACE: Bronx, New York

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EDUCATION:

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M.D. degree, Medical College of Virginia-Richmond, 1978

SPECIALTY: Internal Medicine/Geriatrics

JOINED SOUTHERN MEDICAL ASSOCIATION: 1974

OFFICES HELD IN SMA:

Vice Chairman, Section on Medicine, 1990-1991

Chairman, Section on Medicine, 1991-1992

Secretary, Section on Medicine, 1992-2003

Coordinating Committee on Education, 1992-2004

Chairman, Coordinating Committee on Education, 2004-2005

Coordinating Committee on Membership, 2002-2005

Advisory Committee on Scientific Activities, 1992-2003

Coordinating Committee on Physicians Retirement, 1992-1998

Chairman, Advisory Committee on Young Physicians, 1997-1999

Member, Society of 1906

Associate Councilor from South Carolina, 1990-2002

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B.S. degree, Midwestern University, Texas, 1969

M.D. degree, University of Texas Medical Branch at Galveston, 1973

General Surgery Residency, Vanderbilt University, 1973-1978

Plastic Surgery Residency, Vanderbilt University, 1978-1980

Specialty: Plastic and Reconstructive Surgery

Joined Southern Medical Association: 1982

Offices Held in SMA:

Section Secretary, Plastic & Reconstructive Surgery, 1986-1988

Chairman, Plastic & Reconstructive Surgery, 1988-1989

Associate Councilor from Tennessee, 1990-2003

Councilor from Tennessee, 2003-2008

Member of the Council, 2003-2008

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Specialty: Diabetes & Endocrinology, Lipid Disorders

Joined Southern Medical Association: 1985

Offices Held in SMA:

Secretary, Section on Medicine, 1990-1992

Chairman, Section on Medicine, 1992-1994

Chairman, Coordinating Committee on Education, 1999-2003

Coordinating Committee on Membership, 2001-2005

Coordinating Committee on Long Range Planning, 2001-2004

Chairman, Coordinating Committee on Long Range Planning, 2004-2005

Coordinating Committee on Administration/Budget, 2001-2005

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JOINED SOUTHERN MEDICAL ASSOCIATION: 1970

OFFICES HELD IN SMA:

Member, Advisory Committee on Scientific Activities, 1982-1987

Chairman, Advisory Committee on Scientific Activities, 1988-1991, 1992-1993

Coordinating Committee on Education, 1988-1992; 1993-1994

Chairman, Strategic Planning Committee, 1992-1994

Member, Society of 1906

Advisory Committee on Constitution and Bylaws, 2002-2003

Advisory Committee on Practice Management Services, 2001-2005

Advisory Committee on Management Compensation, 2002-2005

Presidential Committee on Selections, 2001-2005

Associate Councilor from Virginia, 1982-1990; 1999-2002

Councilor from Virginia, 1990-1994; 2002-2007

Member, Executive Committee, 1990-1991; 1992-1993

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Robert L. Baldwin, M.D.	Birmingham, AL	1992
Jim C. Barnett, M.D.	Brookhaven, MS	1991
Jan N. Basile, M.D.	Charleston, SC	1998
James G. Brooks, Jr., M.D.	Dallas, TX	1993
Albert J. Campbell, Jr., M.D.	Sedalia, MO	1994
Louis A. Cancellaro, M.D.	Johnson City, TN	1991
George J. Carroll, M.D.	Suffolk, VA	1993
Russell C. Chambers, M.D.	Atlanta, GA	1999
Alan Clark, M.D.	Carthage, MO	1995
Kenneth R. Crabtree, M.D.	Tompkinsville, KY	1991
Thomas B. Dameron, Jr., M.D.	Raleigh, NC	1994
Lawrence J. Danna, M.D.	West Monroe, LA	2002
W. Alva Deardorff, M.D.	Charleston, WV	2001
Richard P. DeRosa, M.D.	Washington, DC	1992
Paul A. DeVore, M.D.	Hyattsville, MD	1994
J. Lee Dockery, M.D.	Gainesville, FL	1993
Albert H. Dudley III, M.D.	Baltimore, MD	1991
Gary A. Dyer, M.D.	St. Joseph, MO	1995
Charles A. Farmer, Jr., M.D.	Tulsa, OK	1993
Andrew F. Giesen, Jr., M.D.	Ft. Walton Beach, FL	1992
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Ronald C. Hamdy, M.D.	Johnson City, TN	1992
J. Edward Hill, M.D.	Tupelo, MS	1991
Jean Edwards Holt, M.D., M.H.A.	San Antonio, TX	1992
T. Rudolph Howell, M.D.	Chester, VA	1991
G. Baker Hubbard, Sr., M.D.	Jackson, TN	1991
William D. Hughes, M.D.	Montgomery, AL	1992
Braxter P. Irby, Jr., M.D.	Brookhaven, MS	1995
David C. Jacks, M.D.	Pine Bluff AR	1991
Donald R. Johnson II, M.D.	Mt. Pleasant, SC	1994
Bobby W. Jones, M.D.	Memphis, TN	1996
Mehmet Kalaycioglu, M.D.	Shinnston, WV	1992
Robert W. Klink, M.D.	Gloucester, VA	1991
Andrew W. Lawton, M.D.	Little Rock, AR	2004
Jesus Lemus, M.D.	Huntington, TN	2001
Eric Lindstrom, M.D.	Laurel, MS	1993
Joseph R. Linn, Jr., M.D.	Charlotte, NC	2002
Dallas W. Lovelace III, M.D.	Orangeburg, SC	1993
John B. Lynch, M.D.	Nashville, TN	1991
Michael G. Mackey, M.D.	Jonesboro, AR	1994
Mark G. Martens, MD	Tulsa, OK	2004

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J. Ralph Meier, M.D.	Metairie, LA	1996
Roger L. Mell, M.D.	Chesterfield, MO	1991
Ernest G. Moore, M.D.	Birmingham, AL	1997
Alonzo H. Myers, Jr., M.D.	Roanoke, VA	2003
Durwood E. Neal, Jr., M.D.	Columbia, MO	1999
M. Pinson Neal, Jr., M.D.	Richmond, VA	1992
J. Patrick O'Leary, M.D.	New Orleans, LA	1995
B. J. Parson, M.D.	Somerset, KY	1993
Paula Oliver Pell, M.D.	St. Petersburg, FL	2002
Veronica K. Piziak, M.D., Ph.D.	Temple, TX	1994
Anna T. Redman, M.D.	Pine Bluff, AR	1991
John F. Redman, M.D.	Little Rock, AR	1991
Richard D. Richards, M.D.	Nashville, TN	1991
Orestes G. Rosabal, M.D.	Hialeah, FL	1991
Warran A. Ross, M.D.	Austin, TX	1995
Thomas C. Rowland, Jr., M.D.	Columbia, SC	1991
Rion M. Rutledge, M.D.	Rock Hill, SC	1994
R. Bruce Shack, M.D.	Nashville, TN	2004
James I. Salter, Jr., M.D.	Richmond, KY	1992
Syed MZA Siddiqi, M.D.	Bekley, WV	2002
J. Graham Smith, Jr., M.D.	Mobile, AL	1992
Larry C. Smith, M.D.	Greensboro, NC	1991
Thomas C. Sparkman, M.D.	Cape Girardeau, MO	1996
Hugh E. Stephenson, Jr., M.D.	Columbia, MO	1993
Nancy C. Swikert, M.D.	Florence, KY	1996
Terrell B. Tanner, M.D.	Oxford, GA	1993
John B. Thomison, M.D.	Nashville, TN	1991
Guy T. Vise, Jr., M.D.	Jackson, MS	1994
James C. Waites, M.D.	Laurel, MS	1991
David L. Wilkinson, M.D.	St. Louis, MO	1999

Deceased:

Banks Blackwell, M.D.	Pine Bluff, AR	1991
James E. Boland, M.D.	Chevy Chase, MD	1990
Clovis A. Crabtree, M.D.	Louisville, KY	1991
O. W. Dehart, M.D.	Vinita, OK	1991
Albert C. Esposito, M.D.	Huntington, WV	1994
Mrs. Albert C. Esposito	Huntington, WV	1994
Edwin C. Evans, M.D.	Atlanta, GA	1991
J. Garber Galbraith, M.D.	Birmingham, AL	1993
W. John Giller, Jr., M.D.	El Dorado, AR	1994
William H. Henderson, M.D.	Oxford, MS	1996
Edward J. Tomsovic, M.D.	Tulsa, OK	1991

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Committee Structure

All Committees are approved by the President, except where indicated. The President of the Council is ex-officio member of all Committees. All Advisory Committees report to the appropriate Coordinating Committee unless otherwise indicated. All Committee appointments are one year terms.

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Alan D. Clark, MD
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Veronica K. Piziak, MD, PhD
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Gary A. Dyer, MD
Braxter P. Irby, Jr., MD
T. Rudolph Howell, MD
Robert W. Klink, MD, MMM

2. **Advisory Committee on Practice Management**
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John B. Umhau, MD
Gary A. Dyer, MD
Kevin E Burroughs MD
Rion M. Rutledge, MD
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3. **Advisory Committee on Special Projects and Services**
R. Bruce Shack, MD, Chair
Thomas Bunnell, MD
Mark G. Martens, MD
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Wesley Eastridge, MD
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4. **Advisory Committee on Constitution and Bylaws**
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Thomas C. Sparkman, MD
Pamela M. Otto, MD

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Judy A. C. King, MD
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Gary A. Dyer, MD
Robert G. Ellis, MD
John J. Cook, MD
Sandy Currie, Alliance President

Committee Structure

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Judy A. C. King, MD
Donald M. Pell MD
Alan D. Clark, MD
Mark G. Martens, MD
Robert W. Block, MD
Ronald C. Hamdy, MD
Wesley Eastridge, MD
R. Bruce Shack, MD
Veronica K. Piziak, MD, PhD

1. Advisory Committee on Scientific Activities

Judy A. C. King, MD, PhD, Co-Chair
Veronica K. Piziak, MD, PhD, Co-Chair
Paula Oliver Pell, MD
Mark G. Martens, MD
Mark Wilson MD
Rion M. Rutledge, MD
Wesley Eastridge, MD
Pamela M. Otto, MD
Jewell M. Barnett, MD

2. Advisory Committee on Multi-Media

Alan D. Clark, MD, Chair
Shoban Dave, MD
Andrew W. Lawton, MD
Frederick B. Carlton, Jr, MD
Todd Beasley, DO
Veronica K. Piziak, MD, PhD
Anthony Speights, MD

IV. Coordinating Committee on Physicians' Insurance and Retirement

George S. Ellis Jr., MD, Chair
H. Baltzer LeJeune MD
Thomas Bunnell, MD
John B. Umhau, MD
Gary A. Dyer, MD
Eric Lindstrom MD
Dallas W. Lovelace III MD
Richard P. DeRosa MD
Terry L. Elliott, MD

Committee Structure

V. Coordinating Committee on Long Range Planning

Veronica K. Piziak, MD, PhD, Chair

Judy A. C. King, MD

Kevin E Burroughs MD

Mark G. Martens, MD

Mrs. Sandy Currie

Terry L. Elliott, MD

**I. Presidential Committee on Special Awards
(Members Unpublished)**

II. Presidential Committee on Endowments

Braxter P. Irby, Jr., MD, Chair

Donald M. Pell MD

Mrs. Nancy Lindstrom

Jan N. Basile, MD, FACP

R. Bruce Shack, MD

G. Richard Holt MD

Veronica K. Piziak, MD, PhD

Terry L. Elliott, M.D.

III. Presidential Committee on Selections

Braxter P. Irby, Jr., MD, Chair

Paula Oliver Pell, MD

Thomas Bunnell, MD

Paul A. DeVore, MD

Gary A. Dyer, MD

Rion M. Rutledge, MD

Robert W. Klink, MD, MMM

Jewell M. Barnett, MD

Living Past Presidents

	Years Served
Guy T. Vise, Sr.	1966-1967
J. Leonard Goldner	1969-1970
George J. Carroll	1973-1974
G. Thomas Jansen	1976-1977
Andrew F. Giesen, Jr.	1977-1978
Thomas B. Dameron, Jr.	1978-1979
G. Baker Hubbard, Sr.	1979-1980
J. Ralph Meier	1980-1981
M. Pinson Neal, Jr.	1982-1983
Richard D. Richards	1983-1984
John B. Lynch	1984-1985
Guy T. Vise, Jr.	1985-1986
William W. Moore, Jr.	1986-1987
J. Lee Dockery	1987-1988
Roger L. Mell	1988-1989
Larry C. Smith	1989-1990
Jim C. Barnett	1990-1991
John F. Redman	1991-1992
Thomas C. Rowland, Jr.	1992-1993
Angus M. McBryde, Jr.	1993-1994
Louis A. Cancellaro	1994-1995
J. Edward Hill	1995-1996
Terrell B. Tanner	1996-1997
J. Lorin Mason, Jr.	1997-1998
Hugh E. Stephenson, Jr.	1998-1999
Ronald C. Hamdy	1999-2000
James C. Waites	2000-2001
Jean Edwards Holt	2001-2002
Michael G. Mackey	2002-2003
T. Rudolph Howell	2003-2004

2004-2005 Section Officers

ANESTHESIOLOGY

Chairman

James Boyce, M.D.

Secretary

Todd Beasley, D.O.

CARDIOLOGY

Chairman

James V. Talano, M.D.

Secretary

Dwight D. Stapleton, M.D.

CHEST DISEASES

Chairman

Bashir A. Chaudhary, M.D.

Secretary

Nausherwan K. Burki, M.D.

COLON & RECTAL SURGERY

Secretary

Joseph Gallagher, M.D.

DERMATOLOGY

Chairman

Marilyn C. Ray, M.D.

Chairman-Elect

Charles V. Perniciaro, M.D.

Chairman-Emeritus

Philip R. Cohen, M.D.

Secretary

Erin E. Boh, M.D.

EMERGENCY MEDICINE

Chairman

William W. Bradford, M.D., FACEP

Secretary

Frederick B. Carlton, Jr., M.D.

FAMILY PRACTICE

Chairman

Kevin E. Burroughs, M.D.

Secretary

Thomas C. Sparkman, M.D.

GASTROENTEROLOGY

Secretary

Timothy P. Pfanner, M.D.

GERIATRIC MEDICINE

Chairman

Robert M. Kruger, M.D.

Secretary

James J. Bernick, M.D.

GYNECOLOGY & OBSTETRICS

Chairman

Brent W. Bost, M.D., MBA

Secretary

Mark G. Martens, M.D.

MEDICAL MANAGEMENT & ADMINISTRATION

Chairman

Gail V. Anderson, M.D.

Secretary

Alan Clark, M.D.

MEDICINE

Chairman

Shakaib Rehman, M.D.

Secretary

Ali R. Rahimi, M.D., FACP, AGSF

NEUROSURGERY

Chairman

W. Michael Vise, M.D.

Secretary

Byron N. Bailey, M.D.

2004-2005 Section Officers

OCCUPATIONAL & ENVIRONMENTAL MEDICINE

Vice-Chairman
Timothy Scott Prince, M.D.

Secretary
Mohammed I. Ranavaya, M.D., MS

ONCOLOGY

Secretary
Pamela Medellin, MD

OPHTHALMOLOGY

Chairman
Alan Schaeffer, M.D.

Secretary
George S. Ellis, Jr., M.D., FACS, FAAP

ORTHOPAEDIC & TRAUMA SURGERY

Chairman
Robert M. Peroutka, M.D.

OTOLARYNGOLOGY

Chairman
Paul Friedlander, M.D.

Secretary

PATHOLOGY

Chairman
Jefferson D. Morgan, M.D.

Secretary
Peter J. Kragel, MD

PEDIATRICS & ADOLESCENT MEDICINE

Chairman
Antonio, Muniz, M.D.

Secretary
Paula Oliver Pell, M.D.

PLASTIC & RECONSTRUCTIVE SURGERY

Secretary
Saulius Jankaskas, M.D.

PSYCHIATRY & NEUROLOGY

Chairman
Shantha Pandian, M.D.

Secretary
George R. Brown, M.D>

RADIOLOGY

Chairman
Mel W. Flowers, M.D.

Vice-Chairman
Jay Schwartz, M.D.

Secretary
Pamela M. Otto, M.D.

RHEUMATOLOGY

Chairman
Christopher Morris, M.D.

Secretary
Leonard H. Serebro, M.D.

SURGERY

Chairman
William Browder, M.D.

Secretary
Mark Wilson, M.D.

UROLOGY

Secretary
Rodney Davis, M.D.

Affiliated Societies

Southern Association for Oncology (founded 1987)

President	Hyman B. Muss, M.D.
President-Elect	Marsha D. McNeese, M.D.
Secretary	Bernie F. Schneider, M.D., PhD
Immediate Past President	Michael C. Perry, M.D.
Board Of Trustees	Robert C. Hermann, M.D. Frederic T. Billings III, M.D. Randal H. Henderson, M.D. David A. Rinaldi, M.D. Andrew T. Turrisi III, M.D.
2005 Annual Meeting	July 21-23, Naples, FLorida

Alliance President

SANDY CURRIE



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Telephone: (806) 622-8373 Fax: (806) 622-8374

E-mail: sandycurrie@msn.com

Spouse: Hugh Bob

Offices Held in SMA:

SMAA Membership Committee Member, 1997-1998

Convention Co-Chairman, 1998-1999

Southern Connection Editor, 1999-2000

Alternate, Nominating Committee, 1999-2000

Councilor, Medical Heritage, 2000-2001

Vice President, Health Education, 2001-2002

Vice President, Medical Heritage, 2002-2003

President-Elect, 2003-2004

President, 2004-2005

Alliance President Elect

DONNA GOSNEY

**Home Address:**

108 Chase Drive, Muscle Shoals, AL 35661

Telephone: (256) 381-2288 Fax: (256) 383-5829

E-mail: djgosney@aol.com

Spouse: Michael**Joined Southern Medical Association:****Offices Held in SMA:**

SMAA Councilor, Health Education, 1995-96, 1996-97

Councilor, Doctors' Day, 1997-98, 1998-99

Councilor, Medical Heritage, 1999-2000, 2000-2001

Finance Chair, 2001-2002

Research & Education Endowment Fund Committee, 2001-2002

Vice President, Membership 2002-2003

Young Physicians Committee 2002-2003

Vice President Health Education, 2003-2004

President-elect, 2004-2005



SMA : Southern Medical Association
Transitioning Physicians Throughout Their Careers

MINUTES FROM MEETINGS

Includes all Meetings held between February 2004 and July 2004



SMA

CONTENTS

Meetings

Council

February 24, 2004 63

July 16-17, 2004 67

Proceedings of the Council
Conference Call
Tuesday, February 24, 2004
7:00 p.m. Central Time

The Council of the Southern Medical Association held a conference call on Tuesday, February 24, 2004, at 7:00 p.m. Central Time. Dr. T. Rudolph Howell, President, conducted the call.

ROLL CALL

Board members participating in the conference call were T. Rudolph Howell, M.D., President, Chester, Virginia; Charles A. Farmer, Jr., M.D., President-Elect, Tulsa, Oklahoma; Michael G. Mackey, M.D., Immediate Past President, Jonesboro, Arkansas; George S. Ellis, Jr., M.D., New Orleans, Louisiana; John B. Umhau, M.D., Chevy Chase, Maryland; Braxter P. Irby, Jr., M.D., Brookhaven, Mississippi; Gary A. Dyer, M.D., St. Joseph, Missouri; David F. Martin, M.D., Winston-Salem, North Carolina; Howard A. Shaw, M.D., Tulsa, Oklahoma; Jan N. Basile, M.D., Charleston, South Carolina; Veronica K. Piziak, M.D., Ph.D., Temple, Texas; Robert W. Klink, M.D., M.M.M., Gloucester, Virginia; and W. Alva Deardorff, M.D., Charleston, West Virginia.

Council members unable to participate were Andrew W. Lawton, M.D., Little Rock, Arkansas; Paul A. DeVore, M.D., Hyattsville, Maryland; Paula Oliver Pell, M.D., St. Petersburg, Florida; Bashir A. Chaudhary, M.D., Augusta, Georgia; Nancy C. Swikert, M.D., Florence, Kentucky; and R. Bruce Shack, M.D., Nashville, Tennessee.

Staff participating in the call from Birmingham were Mr. Edward Waldron, Executive Vice President; and Mrs. Judy Fields, Assistant to

the Executive Vice President for Leadership Communication.

REPORT OF THE PRESIDENT

T. Rudolph Howell, M.D.

Dr. Howell stated that the purpose of the Council conference call is for an informational update.

Dr. Howell gave an update on the first round elections for President-Elect Designate. He stated that two Council members did not send in their ballots and one person sent in the ballot late and was not able to be counted. Dr. Howell stated that it is a privilege to vote to select its leadership.

Dr. Howell gave a brief update on the planning for the Annual Meeting. He stated that it is progressing very well. He stated that we are working on the final layout for the program and he feels it has very good topics for discussion, is well diversified and is represented by notable speakers. He stated that podiatry is participating in the program this year and are very enthusiastic.

Dr. Howell stated that he feels that the biggest challenge for SMA is selling the Annual Meeting to its members. He stated that plans are to advertise the meeting to out of territory physicians. He stated that the number of attendees from the SMA membership is extremely low with approximately five to seven percent attending the meeting. He stated that the leadership has an obligation to pursue this matter as much as possible.

Dr. Basile stated that he feels that

a generic letter should be generated by the home office, and sent to each Councilor to fine-tune. He stated that a report could be generated for each state that listed when a member last attended an Annual Meeting.

Dr. Basile stated that from that list a letter would be sent stating, "You have been a member of the SMA for _ _ years and it has now been _ _ years since you last attended an Annual Meeting. I would like for you to join us in New Orleans, Louisiana for the 98th Annual Scientific Assembly, from November 11-13, 2004." He stated that we could put in the letter the reasons to attend, a program of what they will be seeing, and personally invite them to come to the meeting. He stated that SMA could then track the responses.

Dr. Basile stated that using the SMA letterhead might be good with all the leadership's names on the stationery.

Dr. Howell stated that he feels if you mail the letter in the Councilor's envelope, physicians are more likely to open the letter.

Dr. Irby stated that he feels that it would be a good idea for each Councilor to use their personal letterhead and envelop for each letter.

Dr. Piziak stated that we should target the people that joined the SMA this year by going to a resort based CME meeting. She stated that we should add in the letter, "you attended the _ _ meeting, why not the Annual Meeting?" She stated that we could use this approach for anyone that attended one of our meetings.

Dr. Ellis stated that we should also outline the social events taking place at the Annual Meeting.

Dr. Deardorff stated that he would like to be able to get with people from West Virginia that attended the Annual Meeting. Mr. Waldron stated that SMA could send him a weekly report

of physicians that have registered for the meeting so he can contact them.

Dr. Howell stated that we need to pursue the total healthcare team in each state. He stated that we have found interest expressed with the dietitians.

Dr. Howell stated that one of SMA's shortfalls is reimbursement on SMA's CME programs. He stated that this includes the Annual Meeting. He stated that the Coordinating Committee on Education has been charged with placing an actuarial cost on each program. He stated that this also includes the Annual Meeting. He stated that we are working on a database from which we review our CME meetings in order to review the cost of each meeting.

Dr. Howell asked Dr. Farmer to report on the Task Force that came from the Presidential Committee on Endowments.

Dr. Farmer stated that he was appointed as Chairman of the Presidential Committee on Endowments. He stated that a Task Force was selected from this committee to look at other ways of attracting funds, grants, and sponsorships for the Annual Meeting, regional educational meetings, etc.

Dr. Farmer stated that he had a conference call with the Presidential Committee on Endowments and was followed by a Task Force meeting in Atlanta. He stated that the physicians attending this meeting were T. Rudolph Howell, M.D.; Charles A. Farmer, Jr., M.D.; G. Richard Holt, M.D.; Jan N. Basile, M.D.; Veronica K. Piziak; and Mr. Ed Waldron.

Dr. Farmer stated that they had very productive discussions. He stated that Dr. Holt presented a concept of how SMA needs to re-look at the funding situation for the organization.

Dr. Farmer stated that one of SMA's shortfalls in revenue this year

was in sponsorships for the Annual Meeting. He stated that we have to turn this around if we are going to survive into the future.

Dr. Farmer stated that one item discussed at the meeting was that SMA needs to approach industry much like it is approaching the young physicians, residents, and deans. He stated that we are putting together the possibility of appointing a Corporate Advisory Board to penetrate the industry extensively and at a much higher level than we have in the past.

Dr. Farmer also wanted to report on the Dean's Advisory Committee. He stated that the committee is having another meeting with the Dean's at their southern region educational workgroup scheduled on April 15, 2004, in Savannah, Georgia. Dr. Farmer stated that SMA has been asked to present a full days program at that meeting.

Dr. Howell stated that after attending the Task Force meeting in Atlanta, he began thinking about what SMA and SMAS are doing? He stated that there is a shortfall in income in the SMA because its total resource for money is membership, and yet it has an expenditure profile based on its educational programs, which are draining its resources significantly.

Dr. Howell stated that SMA Services paid \$300,000 in taxes last year to the IRS.

He asked how the Council how we reduce this tax burden? He challenged everyone to think about ways that we can marry SMA and SMAS together and reduce the \$300,000 tax penalty.

Dr. Piziak stated that one thing that could possibly be done is to contribute to a charity. She stated that many charity organizations are willing to speak, organize, etc. for organization that contribute to their charity.

Dr. Mackey stated that over the last few years it has been discussed

shifting some of the educational burden over to the SMAS so some of the money losing activities are actually carried out by the Services side of the organization, therefore, balancing out some of the profit so the organization would not have to pay as much taxes.

Dr. Howell asked the Council how they would feel starting definitive action along these lines to find out the issued involved should the Council elect to pursue this matter.

Dr. Ellis stated that he feels that we should let Rusty Irby, SMA Legal Counsel, look into the matter to be sure this is something that would benefit SMA.

Dr. Howell stated that because of the restrictions of the not-for-profit, would the Council ever think of relinquishing the non-for-profit status and consider financial entities.

Dr. Mackey stated that it has been discussed not changing the non-profit status of SMA, but keeping the non-profit entity by changing its mission or focus and shifting more of the money losing entity over to SMA Services to balance out the tax laws. In other words, turning the non-profit into a benevolent organization that perhaps gives scholarships, etc. and turning the educational money losing part of the organization over to SMAS.

Dr. Howell stated we need to ask SMA's legal counsel if SMA wanted to thin some of the cost losing CME programs over to SMAS, would we have to change its not-for-profit charter as it exist? He stated, of course, this would have to be approved by the IRS to allow a change in venue.

Dr. Howell stated, as the leadership of the SMA, each of the Council has an obligation to its membership to insure that this organization is viable for another 100 years.

Dr. Piziak stated that she would be glad to help SMAS look into being a for profit corporation that looks at education.

Dr. Deardorff suggested that SMAS do a for-profit program in New Orleans for seniors and charge for the program. He stated that we could get the voting registration in New Orleans and mail a brochure out to them about the program.

Dr. Howell asked the Council if they would like to ask SMA's legal counsel to look into this matter so that he can have something to report to the Council by the Summer Meeting.

Dr. Howell challenged the Council to think about the idea of pursuing charitable remainder trust as well as individuals to make donations to the SMA. He stated that one of leadership's fiscal responsibilities is to come up with ideas that will help develop funding for programs using other venues outside CME and Endowments.

Dr. Irby stated that with the 2006 meeting approaching, we have an opportunity to develop a program such as a SMA Guardian Society of 2006, being careful not to compete with the Society of 1906. He stated that the 100th Anniversary gives SMA a good opportunity to pursue new programs.

Dr. Howell stated that he has contacted a few Past President's and discussed forming a Past President's Circle or Council so they can get more involved with the organization. He stated that he was amazed at the enthusiasm that was met with this suggestion. Dr. Howell stated that they wanted to know specifically what would be their charge, charter, obligation, and their stimulus, if this idea were pursued.

Dr. Howell stated that he would like each Councilor to give a short summary at the Summer Meeting

on the points of accomplishments and the activities of progressive change within their state for the past year. He stated that he also wants the Chairman of each committee to render a report. He stated that if someone is a Chairman of an Advisory Committee the report should be given to the Coordinating Committee that is responsible for the Advisory committee so the reports can be combined for presentation.

Dr. Howell stated that the reports should be sent to Judy Fields at the SMA Headquarters, no later than 45 days (June 1, 2004) before the Summer Meeting. He stated that the information would be put together and sent to all Council members prior to the meeting.

Dr. Howell challenged each Council member to bring to the table at the Summer Meeting a corporate sponsorship, grant, or individual sponsorship for a total sum of \$10,000 or better. This money will be used to sponsor leadership programs or programs relative to physicians at the Annual Meeting.

ADJOURNMENT

There being no further business to come before the Council, Dr. Howell adjourned the call at approximately 8:00 p.m.

PROCEEDINGS OF THE COUNCIL

El Dorado Hotel

Santa Fe, New Mexico

Friday, July 16, 2004

Saturday, July 17, 2004

CALL TO ORDER

The Council of the Southern Medical Association met at the El Dorado Hotel, Santa Fe, New Mexico, on Friday, July 16, 2004. The meeting was called to order at 8:00 a.m. by the President, T. Rudolph Howell, M.D.

ROLL CALL

Members of the Council present were T. Rudolph Howell, M.D., President, Richmond, Virginia; Michael G. Mackey, M.D., Immediate Past President, Jonesboro, Arkansas; Charles A. Farmer, Jr., M.D., Tulsa, Oklahoma, President-Elect; Braxter P. Irby, Jr., M.D., President-Elect Designate, Brookhaven, Mississippi; Judy A. C. King, M.D., Birmingham, Alabama; Andrew W. Lawton, M.D., Little Rock, Arkansas; Paul A. DeVore, M.D., Washington, DC; Paula Oliver Pell, M.D., St. Petersburg, Florida; Bashir A. Chaudhary, M.D., Augusta, Georgia; Nancy C. Swikert, M.D., Florence, Kentucky; George S. Ellis, Jr., M.D., New Orleans, Louisiana; John M. Umhau, M.D., Chevy Chase, Maryland; Gary A. Dyer, M.D., St. Joseph, Missouri; Jan N. Basile, M.D., Charleston, South Carolina; R. Bruce Shack, M.D., Nashville, Tennessee; Veronica K. Piziak, M.D., Temple, Texas; and Robert W. Klink, M.D., Gloucester, Virginia.

Also in attendance were Ronald C. Hamdy, M.D., Editor, Southern Medical Journal and member of the SMA Services Board, Johnson City, Tennessee; SMA Services Board for introduction on Friday and Reporting to Council on Saturday -

Louis A. Cancellaro, M.D., Ph.D., SMA Services, Inc. Chairman, Johnson City, Tennessee; Jean Edwards Holt, MD, MHA, San Antonio, Texas; Pamela Otto, MD, San Antonio, Texas; Huge E. Stephenson, MD, St. Louis, Missouri; SMA Auxiliary Representatives - Mrs. Nancy Lindstrom, President; and Mrs. Sandy Currie, President-Elect, Dallas, Texas.

Members of the Council not present were David F. Martin, MD, Winston-Salem, North Carolina; Howard A. Shaw, MD, Tulsa, Oklahoma; W. Alva Deardorff, MD, Charleston, West Virginia.

Staff present from Birmingham, Alabama, were Mr. Ed Waldron, Executive Vice President; Mr. Bill Dunn, Chief Finance Officer; Mr. Luke Hartsfield, Chief Operations Officer; Mr. Randy Glick, Chief Information Officer; Mrs. Kendra Blackmon, Assistant to the Executive Vice President for Administration and Leadership Communications; Mrs. Kathy McLendon, Assistant to the Executive Vice President for Professional Development; Mrs. Nancy Mullins, Assistant to the Executive Vice President for Travel Services and Mrs. Kim Thompson, Assistant to the Executive Vice President for Financial and Insurance Services.

Dr. Howell welcomed everyone to the meeting.

APPROVAL OF MINUTES

Prior to the meeting, copies of the Minutes of the November 4-5, 2003, meeting of the Council and of the February 4, 2004 Conference

Call were distributed for review.

ACTION: It was moved and seconded to approve the Minutes of the November 4-5, 2003, meeting of the Council. The motion carried unanimously.

ACTION: It was moved and seconded to approve the Minutes of the February 4, 2004 Conference Call meeting of the Council.

REPORT OF THE PRESIDENT

T. Rudolph Howell, M.D.

Dr. Howell reported that this has been, and is, a year of change. The headquarters staff continues to be refined to meet the challenges of SMA's charter and to be a leading contender in the \$4 billion CME market—hence need to be the “cutting edge.”

Dr. Howell provided a brief summation of the most important activities he had undertaken this year.

Dr. Howell went on to review the status of SMA. He stated that a workable plan was implemented at a strategic workshop in 2002 and was endorsed by the Council had been in place. The six coordinating committees with the supporting advisory committees plus the presidential committees are in place to implement our strategies. To be successful, these committees must function with a single mission in a seamless fashion.

Dr. Howell stated that SMA has experienced many successes, but there have also been some failures. In evaluating activities, the focus tends to be on the end point—was this program a success... or a failure? Outcomes are important, but by looking only at outcomes, the systems and processes that created the success or the failure are overlooked, and the opportunity to evaluate those systems in order to learn from them is lost.

Dr. Howell stated, in properly evaluating failures, one primary

question must be addressed: What can be done to lessen the likelihood of future failure? Dr. Howell also stated that besides learning to properly evaluate failures, there is also a need to find out the answer to this question: Is there a system failure or our failure in the system? The collective answer to this question will serve as the guide for the future.

Dr. Howell stated “To succeed, there must be a vision.” He stated that during the spring conference call, a challenge was issued to be innovative, and, to develop a business plan for each state—so that those plans and ideas could be used to create a larger model for SMA. Dr. Howell stated that being leaders of SMA isn't an easy job. Accepting high-profile leadership roles includes accepting significant demands on time and energy. In this organization, at this time, just about everything does depend on the leaders—and on the president—and the work they do as such.

Dr. Howell continued by stating that leaders can make themselves slaves to their fellow man or they can rise above the plague that is destroying medicine and become true representatives of their membership.

Dr. Howell finished by reinforcing that today, the leaders are the driving force behind SMA - driving into the future. The question being: ARE SOME OF US SPENDING TOO MUCH TIME LOOKING INTO THE REAR VIEW MIRROR? SMA SHALL SURVIVE AND MOVE INTO THE FUTURE. Dr. Howell challenged each leader to be on the team and to justify their place in the history of SMA.

REPORT OF THE EXECUTIVE VICE PRESIDENT

Ed Waldron

A word that best describes SMA now is fragile. Fragile is a relative term and doesn't mean weak, but

rather vulnerable. An example of this is the wide receiver that winds his way through line backers or defensive backs. The path is perilous...the receiver may catch the ball, but the results of the collision and how the route is run can be disastrous. Wide Receivers are not weak, but they are fragile in a dangerous market. Right now, the fragility of SMA is evidenced best by our financial positions, our membership situation and use of our core benefit, professional development, by the market. Fragility for SMA as an organization can be diminished in several ways.

The first of which will be to stay the course on our objectives in the strategic plan...punctuated by strategic thinking along the way. The second is to develop our decision making process skills to avoid mistakes which can be disastrous for us. This skill allows for dynamic strategizing and prioritizing for results in actions evaluated by balanced scorecard metrics.

Staying the course on the long range objectives involves short range tactics which also must be carefully thought through as to viability and cost benefit before implementation. We have the structures in place in Birmingham in organization/personnel and technical resources to carry through on the and tactics to reach the objectives upon which we have agreed.

Developing our decision making process may now well be our most critical activity. Fragility means that mistakes are more dangerous to our health - i.e. we cannot afford them.

Our structure as described in the bylaws allows for the implementation of a solid decision making process with checks and balances, if we utilize the process and its resources. Our advisory committees, coordinating committees, Ex comm. and council system provide a honing and a

winnowing process which moves good ideas along and refines tactics which we will use to implement these ideas. Each of our coordinating committees and advisory or specifically named ad hoc or presidential committees has a part in accomplishing our objectives. If you refer to the objectives and to the stated description of your committee, your good ideas for accomplishing the objectives should become readily apparent.

Many of those ideas are excellent and easily implemented but even these can be improved upon and prioritized for finances etc. as the move from advisory committees to coordinating committees to the excomm and council as necessary. When your ideas are the purview of another committee, take the idea to the proper committee chair and get the ball rolling through that committee and then stay in the loop with that committee or its chair as necessary.

Along the way, committee chairs need to utilize the staff to prepare information to validate financial feasibility, marketability, and predictable results or consequences. Using this approach will assure communication, consensus building, cooperation and decision making which will help us become less fragile and more robust.

Our fragility presently is also expressed in the position of our core product relative to competition in the marketplace. The C.M.E. marketplace is no longer the product of traditional sources for many reasons not the least of which is the fact that it is now a four billion dollar market. Competition from commercial entities like communications groups will continue to grow and these are well funded from traditional sources like the pharmas and marketing groups gathering data for a panoply of derivative and even unrelated companies and industries,

who want information about physicians, their habits, thought patterns and behaviors....there are big bucks to be paid to communications organizations for this information.

CME is now big league baseball. While we endeavor to do obeisance to the dictates of the ACCME, which is necessary but doesn't assure quality, the communications companies are studying the phylogenetics of physician learning and will be moving away from lecture format etc. for educational design of live programming. Our formats are time honored - but so are the tail fins on a 1955 Cadillac. Our product is good. "Good is the enemy of great."

This leads us to another area of fragility which is our membership situation and our expectations for recruiting and retaining members who need to be made "clients."

More and more organizations are realizing that creative community - not just networking events and directories - is something that association executives and boards must address strategically and innovatively.

Embracing the timeless human capacity for an intrinsic movement toward community or communities will move the SMA toward unique activity models informed by the understanding of professional communities and will serve to anchor the association against the storm of quickly changing value propositions and our members ever changing informational needs. Etienne Wenger was the first to use the term communities of practice. Wenger is also widely recognized as a pioneer and leading thinker in the field of organizational community. His recent work, *Cultivating Communities of Practice* (Harvard Business School Press), is a guidebook describing the ups and downs for describing these groups within organizations. In

referring to the world of professional associations Wenger speaks to the changing needs and styles of professional education, the status of affiliation and its relationship to a member's professional identity, the lifelong value of responding to these needs and the reasons why associations would choose to cultivate communities of practice in their constituency of members.

On the surface, communities of practice may appear to be what associations have always offered members: affiliation, access to best practices and forums for discussing policy and procedural changes or clinical trends. But something else needs to take place here - something with which associations have not yet fully come to grasp. The know-how which makes communities of practice valued must be generated by the practitioners themselves not by a centralized source. This is not a distinction which deserves only cursory attention; it suggests a profound change in the role that associations play as sources of knowledge and is potentially the harbinger of radically new ways in which we provide our core product in the future.

According to McDermott, Snyder, et.al., associations which function solely as a centralized knowledge sources are ignoring the critical role of active engagement in effective learning and knowledge sharing. Learning is best understood as an interaction among practitioners, rather than a process in which a producer provides knowledge to a consumer. If we view our members as consumers of knowledge produced by the association, we are forgetting that learning means engagement. According to Wenger and others, most associations are failing not only in considering the role of engagement

and follow up in learning, but also even more fundamental: identity. Barnes and McDonald, et al, assert that "identity" in the context of how associations relate to their members means much, much more than simply "shared interest" or "belonging."

A person's identity is their enhancement in the world around them. This has not been part of association models in the past. The question is, what will it take for our professionals to really feel that they are learning - to really feel that membership in the SMA is transformative? What are the specifics of the education product that members should be engaged in which will draw this feeling out? How often do we think of the learning opportunities provided by the SMA in such a way - as venues not just to provide education but to do something much more profound and transformative: to draw out and engage the very identities of those we serve? Imagine the value we would become to our members.

In the past we have provided affiliation for our members, but the need for affiliation has attenuated dramatically with the advent of the internet. Members and potential members can jump in and out of highly specialized groups all the time, securing the know how they need, when they need it, from those who can most readily provide it - not necessarily those like the SMA one of whose reasons for being is to provide it. The dramatic escalation in the use of the web as a knowledge gathering instrument has the professional association world scurrying to guard against a loss of relevance which they may have only superficially had.

The question of relevance is something that remains at the forefront of every association episode of strategic thinking. It is difficult to mention relevance with out a robust

strategy for using the internet. The web signifies a fundamental change in the way professionals obtain knowledge. This shift has affected all institutions of identity which includes professional medical associations.

Institutions of identity are failing. They are being replaced by something that is much more engaged in the world. Wenger says it is something of a more complex view of how identity is created. The idea of identity is shifting today. People have multiple sources of identity. They have multiple ways of connecting. Affiliation is becoming less important as a component of identity than it has been in the past. We remain fundamentally social beings.

Our participation in human practices is how we became who we are. Learning in the context of professional communities of practice is fundamental. Putnam states that communities of practice will flourish and cause associations to flourish because they are an expression of the member's will to make them exist... they are not driven by institutional fiat that learning takes place by osmosis from experts in lecture format based on general needs analysis. Identity with professional associations is now much more subtle but no less important.

The issue of identity is more intense than ever, but what serves an individual's professional identity is no longer simply providing affiliation and information. Information is now a commodity - to be a source of information does not provide anything unique. What provides something really unique is the ability for individuals to interact with interesting groups of people whose very specific interests also mean a lot to them. Professionals do not seem to desire to have the identity of an association. They want to experience their own identity, engaged in meaningful learning

engaged in knowledge creation.

Associations are beginning to realize that the old model of learning is failing professionals who are starting to resist attending old style learning events that promise a lineup of the latest gurus dispensing knowledge. Physicians can find this in books, tapes, cds, journals, internet searches, etc. In addition to having access to relevant timely information, professionals want an experience that involves feeling like an integral part of a community of practice rather than feeling like students attending a lecture.

The answer to how communities of practice are created in associations may vary, but associations cannot ignore a member's need for community. Communities of practice must be marketed as a core-benefit of SMA. We must provide a more expansive forum for communities of practice to thrive and which allows members to engage their specific professional identities in knowledge sharing and creation.

Later today Dr. Irby will present a slide which will show the result of diminution of Comm of practice in the SMA-It will reveal that we are in danger of losing our multispecialty identity.

The answer lies in our product and our specialty sections...what we do with these will determine our future. Our specialty sections are communities of practice. We need to provide the framework and atmosphere to allow them to flourish.

REPORT OF THE ADVISORY COMMITTEE ON GRANTS, LOANS & SCHOLARSHIPS

**Nancy C. Swikert, M.D.,
Chairman
Reported by
Michael Mackey, MD**

An amount of \$35,000 has been allocated for scholarships for the coming (2004-2005) academic year and \$5,000 was allocated to Research Project Grants. Dr. Mackey stated that a change with regard to the allocation of funds would be recommended by the Executive Committee later in the meeting for referral back to the G & L committee. Dr. Swikert reminded all present to make their 1906 Society payment. She also noted that the funds donated are the support of the Grants and Scholarships offered by SMA.

REPORT OF THE ADVISORY COMMITTEE ON PRACTICE MANAGEMENT SERVICES

Andrew Lawton, M.D.

Dr. Lawton stated that "Time is Money!" sums up everything that is going on with physicians at this time. Time is money for the members of the Association; for their patients with businesses of their own, who sometimes have to wait for half an hour to see the physician; and for the SMA.

Dr. Lawton stated the area of practice management is an area where the SMA has an unusual opportunity to strategically fit into member recruitment, retention and satisfaction. All these features are issues that are going to grow membership in the Association by keeping old members, by training new members and having our members brag about our services to their colleagues.

Dr. Lawton stated that now the SMA provides a broad package of products that can be viewed on the website, and in the brochures. One of the big disadvantages the SMA has in developing relationships with physicians in the market place is its non-political stance which we don't want to change, but it does become difficult when dealing with the issues of multi-specialties.

So the SMA stands out where? There are two options; you can be standing out in left field and be out of contact with your members and the market, or you can be outstanding in your field and have people come looking for you because of your reputation. Tom Peters talks about this in a book he wrote called *The Pursuit of WOW*. An example of this is the department store Nordstroms - its customer service policy lends to legendary experiences, creating loyalty for life. Another thing is you get nowhere unless you immediately come to mind with regard to the topic being discussed.

Dr. Lawton stated we need to set up a situation so that when someone says CME, or Practice Management, one of the first places to come to mind is SMA. We need to establish a reputation for going above and beyond the call when meeting the needs of members in ways they don't expect. Innovative convenience in terms of medicine is one way. Physicians don't have a lot of time, if they have a problem, they want a solution, they don't want to have to search for the answer. Ingenuity - there is always something new and we have to recognize what that is before the customer realizes it as a need. The greatest innovators were all crazy dreamers until their ideas caught on. What can the SMA do to recreate the practice management process? We need new ideas in order to get ahead of the competition. We can do this by providing products at low cost, the best products and relationship marketing - developing a relationship with your consumer.

Dr. Lawton asked, "How do we proceed?" 1) Brainstorming - over the next three weeks (pupildoc@aol.com) send me your ideas and thoughts about the products we have and any new products. 2) These ideas will be collated over the

course of a week. 3) They will then be distributed to committee. 4) A conference call can be done with modified nominal group technique - two weeks after distribution. 5) Then the recommendations will be forwarded to the SMA officers. Does This Method Work? This is a regularly used process in management. It is very effective in setting priorities in a non-confrontational manner.

Dr. Lawton stated that change is good! He suggested some future steps might be to have some focus groups at Annual Session in New Orleans, decomposition studies, surveys, a suggestion box and ongoing reassessment at regular intervals. It was discussed that the ideas to be submitted were to be practice management related. The past usage of the practice management resources provided were discussed, as well as some future projects. Dr. Lawton concluded his report.

REPORT ON THE PROCEDURES MANUAL Ed Waldron

Ed stated the procedures manual was a work in progress as it would always be, and he hoped to have the first draft to Council at the Annual Meeting in New Orleans. Dr. Mackey stated that the procedures manual would mirror to some extent the Bylaws. He stated the procedures manual could be changed and updated without having to go through the membership as was the case with the Bylaws.

REPORT ON THE 2004-2005 BUDGET Michael Mackey, MD

Dr. Mackey stated there was a recent conference call where the budget was approved for the coming year. He noted that in the packet was a copy of the budget. He asked Bill

Dunn to comment.

Mr. Dunn stated the items that fell short last year were being discussed – membership, and sponsorships. This budget reflects a reasonable assumption to go forward as far as the sponsorships related to the Continuing Education which has to do with the Annual Meeting and our CME schedule throughout the year as well as stabilizing our membership.

Information on the cash reserves was discussed. Mr. Dunn stated that the reserves have decreased over the last few years. He stated that monies were removed last year to cover the short fall experienced with regard to the Annual Meeting. Mr. Dunn stated that the reserves related to the general fund at the end of June 30, 2001, was a million two ninety three; at the end of June, 2002, it was a million two fifty three with most of that change having to do with the fluctuating market; June, 2003 they went down to nine hundred forty nine thousand with that decrease having to do with the market fluctuations as well as a draw to supplement Annual Meeting expenses; the projected balance as of June, 2004 is four hundred forty two thousand with that decrease having to do with supporting the Annual Meeting and other operating expenses.

Several options were discussed including a line of credit with Regions Bank and continued improved management of expenses regarding the Annual Meeting as well as increased sponsorships. Dr. Mackey concluded the report.

REPORT OF THE PRESIDENTIAL COMMITTEE ON ENDOWMENTS

Charles A. Farmer, MD

The charge of the committee on endowments is to provide direction for the development, visibility and

viability of the Research and Education foundation and to recommend and approve methods of giving to the Foundation and ways in which contributions can be recognized for various levels of giving.

Dr. Howell appointed a taskforce of this committee to pursue ways corporate giving could be greatly enhanced as a future source of revenue. Dr. Farmer stated we need to develop a program or concept in which we can approach the industry for corporate sponsorship on a higher level. The taskforce met in Atlanta, GA on January 31, 2004. The attendees were Drs. Howell, Farmer, Basile, Piziak, Richard Holt and Ed Waldron. During this meeting, Dr. Holt presented a very comprehensive report outlining a strategy for approaching industry for the above purpose. Dr. Farmer stated that Dr. Holt had been successful in obtaining large corporate sponsorships for the American Academy of ENT.

The next step is in the process of being formulated in that a corporate participation summit is being planned for later this year. This Summit will provide a forum for SMA to present a comprehensive array of opportunities for industry to partner with SMA for future educational and leadership projects. Dr. Farmer stated that all ideas and suggestions would be taken in to account with regard to approaching industry on a much higher level than in the past.

REPORT OF THE AUXILIARY Nancy Lindstrom, President

Mrs. Lindstrom stated that "Opportunities to Excel" had been their theme this year as she and Sandy Currie visited the state Alliance conventions to let them know of the many opportunities available in the Southern Medical Association and the Southern Medical Association

Auxiliary. She stated that to date, they had attended twelve state meetings and had plans to attend the four more in the fall. In each state, they were able to speak to the members and bring greetings from SMA and SMAA.

Mrs. Lindstrom stated that each time the state alliance meeting coincided with the state medical association meeting, she contacted the SMA Councilor from that state to let him/her know that they would be in their state representing SMA. She stated she would like to recommend that the SMA marketing department consider a presence at all of the state association meetings as this would be a valuable Public Relations opportunity for our organization and extremely important for membership recruitment.

Mrs. Lindstrom stated that last November, they voted to expand their Health Education focus beginning November 2004 to include Osteoporosis and Heart Disease in Women in addition to their Breast Cancer Awareness programs. She stated that Donna Gosney, Vice President for Health Education, had begun working on new materials and ideas for next year. She stated they are excited about a new osteoporosis initiative called "Choices for Better Bone Health." Developed by a team of physicians, "Choices" uses a self-management approach that teaches adults to manage their own health and make enduring changes. Mrs. Lindstrom stated that serving as a facilitator of "Choices" is easy, and thus far they have had 60 of their members respond for possible training. She stated that the first training session will be held on Friday afternoon after their Installation Luncheon during the convention in New Orleans. She stated they felt that they had made a difference in Breast Cancer Awareness during the past

ten years, and that now they will be able to make a huge difference in the lives of women (and men) across the country by providing materials and getting involved in osteoporosis and heart disease prevention programs.

Mrs. Lindstrom stated that Doctors' Day was celebrated in every Southern state and they provided materials for many of the states outside our area. She stated that they continue to promote the honoring of our military physicians and Gail Delaney, Vice President of Doctors' Day, used as her theme, "Dust off the Black Bag", to honor the dedication of our physicians to the public good. There were runs, blood drives, community health projects, and dinners to honor our doctors. She noted that new promotional materials will be introduced next year.

Mrs. Lindstrom stated that Kathy Carmichael, Vice President for Medical Heritage, continues to promote this important component of the Auxiliary. She stated that Kathy has been in close contact with their state councilors with new ideas for preserving our medical history.

Mrs. Lindstrom stated their Membership Committee, under the leadership of Annelle Tanner, has written 200 personal notes to new SMAA members. She stated they are also in the process of gathering information through a survey in order to better understand how to meet the needs of members. Mrs. Lindstrom stated the Young Physicians' Committee, under the direction of Donna DeRosa, had developed a "New Physician Travel Benefit Program" for medical students and residents, where they will be able to stay with host families while interviewing for residency programs or jobs following residency. They are asking the SMA membership to volunteer to serve as host families hoping to have 100 volunteers by January of 2005. In

addition, they are asking members to donate Frequent Flyer Miles to provide travel assistance for our young physicians. Mrs. Lindstrom stated that SMAA members have attended three of Dr. Holt's presentations to residents at their respective medical schools this year. Under Donna DeRosa's direction, the Auxiliary members have given a brief update to the residents on the opportunities for them and their spouses in SMA. She stated they plan to continue this as more of Dr. Holt's presentations are scheduled.

Mrs. Lindstrom stated the Long Range Planning Committee, under Barbara Jett, Chairman, is surveying state Alliance presidents and will make a recommendation in November for ways to improve communication between the SMAA Board and state Alliance organizations as well as between all SMA Auxiliary members. She stated they feel that better communication is key in their efforts to help with membership recruitment.

Mrs. Lindstrom reviewed several changes that were adopted at their November 2003 convention including representation by two councilors from each state instead of three beginning in November 2005; reduce the amount of the Doctors' Day, Health Education and Medical Heritage allotments from \$300 to \$100 per state; give a \$500 monetary award to the top winners of exhibits of Doctors' Day, Health Education and Medical Heritage projects at convention, and an additional \$300 to the second place winner of Doctors' Day; and add a new award: the Doctors' Day Award of Excellence for an SMA member physician.

Mrs. Lindstrom stated that at the SMA Council's request, she appointed a committee to reconsider their name change to Alliance. After surveying

the Board, the committee plans to recommend the name be changed to SMA Alliance. This will be voted on as a Bylaws change in November.

Mrs. Lindstrom stated they are working with staff on a Health Walk/Fun Run for Saturday morning during our New Orleans convention. This will be a promotion for better health as well as to raise funds for the Research and Education Endowment Fund. Dr. Nancy Swikert, and her committee, are also planning a boutique and a "Creole raffle" for convention.

Mrs. Lindstrom stated they had arranged their convention schedule so that active auxiliary members will also be able to take advantage of the courses that SMA is offering. They will encourage their members to attend the sessions on women's health.

Mrs. Lindstrom stated that she and Sandy Currie appreciate the opportunity to meet with the Council and trust that the two groups can continue to be a true partnership as they work together to let our medical community know of the many opportunities available in the Southern Medical Association. She stated she has personally enjoyed working with Dr. Howell this year, and also Sandy, Lana and SMA's entire staff, and she looks forward to a great convention and to the future of the Southern Medical Association as we take advantage of our opportunities - opportunities to excel.

REPORT OF THE COORDINATING COMMITTEE ON MEMBERSHIP

**Braxter P. Irby, Jr., MD,
Chairman**

Dr. Irby stated that specific product marketing is no longer effective as the specific product being marketed may not be applicable to the recipient at the time. He stated that our members have no perceived value in the

Association. The perception must be in our corporate capabilities especially the younger physicians. Integrated marketing efforts should promote our corporate capabilities. This is being accomplished by enhancing our education brochures, insurance marketing and our membership pieces so that they promote our corporate capabilities as a whole. He stated an emphasis on membership will be in all pieces.

Dr. Irby stated it was important to communicate with our members. He stated this was important in helping to maintain a higher rate of retention. He stated several ways this can be done including: ChartNotes quarterly, our weekly E-Newsletter, the Insurance and Travel Club Newsletters, E-mails and Faxes, and inserts in renewal notices. Dr. Irby stated the weekly E-Newsletter was a great way to keep SMA on the minds of our members, especially the younger members. He stated the development of the communities on the web was another great tool to use for retention.

Dr. Irby reviewed the aspects of the Travel Club. Ed mentioned that we were in the process of re-organizing the travel department and would be able to offer more into the Travel Club in the future.

Dr. Irby reviewed a chart that reflects the age of the SMA member. He stated that this was a most revealing and disturbing chart in that the largest majority of our members are age 56 and older. He stated the majority of this group could be retiring in the next five years at which time, SMA could hope to possibly retain some of these members at our discounted Active Retired status. Dr. Irby stated it was imperative that we increase our young physician population and practicing physicians who can provide longer Lifetime Value.

Dr. Irby reviewed the numbers

of members who had been members for 16-20 years and stated that these members could be considered representative of our satisfied members. Dr. Basile commented that it was impressive that we have 39 people who had been members for 50 years or more. He suggested that we recognize them in a half-century club as an incentive for other members to do the same. The Council agreed this was good idea.

Dr. Irby stated that the largest number of our members are in solo practice and we need to keep this mind when developing products and services. He noted they would not have the budget available to spend nor time out of office as would members in practices with multiple physicians. He noted that the group members were at some risk in that there may be more than one who is a member, and they may decide that is necessary for only one to be a member.

The next chart he reviewed was a reflection on the specialties of our members. Dr. Irby noted that it was revealing in that the majority of our members are primary care based and we are a multi-specialty organization. He noted it was important that we maintain our multi-specialty roots and strengthen our specialty sections. Budgeting and planning must reflect a desire to maintain a multi-specialty influence. Dr. Irby stated we need to decide what we want to offer the specialists other than Primary Care. He stated this would require planning as well as the determining of local, topic, timing, etc.

Dr. Irby stated that our focus should be on Young Physicians – Residents and Physicians in their first 3 years of practice. He also stated we needed to focus on Physicians who can provide longer lifetime value to the Association.

Dr. Irby stated that it was important that state business plans based on the Association and the state's needs be developed. These plans have to be developed on a state level, not from within headquarters. Dr. Irby stated the need to develop a Corporate Program that provides substance and value to the physician and the entire healthcare team. Dr. Irby stated that there had been an initiative toward Allied Health Professionals. He asked for an update on the Podiatry initiative that had been instituted. Dr. Klink stated this was the first year we had approached the podiatrist and from an educational stand point things were going well. They had developed a podiatry tract to be held at the Annual Assembly. He stated that in conversations with Podiatrists regarding a relationship with the allopathic physician, they were very excited. He did note that it was in the basic stages and he felt it would take several years to find out how well the relationship would work. He noted that in the near future, they may want to be a subsection of the Orthopaedic Section.

Dr. Klink stated that support from the APMA was not as forthcoming as was hoped, therefore, we are going to have to go elsewhere for marketing. He stated it would be good if we could 100 or 200 at the meeting. He stated that several thousand participate in the Cardiovascular meeting in New Orleans each year. He noted their speakers are sponsored. He noted that they seem to be very interested in being part of the allopathic physician community. He stated he felt it was a great opportunity if managed correctly, but it would take several years to see results. Dr. Irby thanked Dr. Klink for his efforts.

Dr. Irby stated the other two areas we have looked into were Physician Assistants and Licensed Nurse

Practitioners. He noted that SMA had attended the American Academy of Nurse Practitioners in June and that was a good step to take. He mentioned that the National meeting of the Physician Assistants had an attendance of 8500. He stated that this seemed like a good opportunity for us to act.

Dr. Basile stated he would like to know how many SMA members had PA's under their guidance. Ed stated that was about six or seven percent that have some kind of affiliation. Dr. Basile noted this would be a good place to start. He stated that the Nurse Practitioners may be more difficult to align with as a group. Dr. Irby stated the face of medicine is changing as is the entire healthcare arena. He stated that these individuals would become a stronger force and the Association needed to be prepared.

Dr. Shack stated partnering with other allied health personnel for education purposes would be a reasonable thing for the Association to do at this time, however, certain care should be taken with proceeding further as there could be political ramifications even though we are non-political. Dr. Irby stated we have to maintain our identity as a physician led organization, but we cannot ignore these groups. He stated he is sensitive to the concerns of the group, but we need to keep our options open. After further discussion regarding the orthopaedic section, Dr. Irby concluded his report.

REPORT OF THE ADVISORY COMMITTEE ON NEW PHYSICIANS

Charles A. Farmer, MD

Dr. Farmer reviewed the goals of the committee since inception. He stated that the focus was to obtain information from the young physician with regard to how SMA could better

serve their needs and become relevant to them. He stated that last year the focus shifted to the leadership of the teaching institutions, specifically the Associate Dean level. Dr. Farmer stated that there was very successful summit meeting with Deans in Birmingham and as a result several very significant cooperative projects were developed. He stated that one of those was a day long pre-conference to be held the day before the start of the Southern Group on Educational Affairs (SGEA) meeting. SMA rose to the occasion and we did very well. With the help of Dr. Franklin Medio of the University of South Carolina, a very successful one-day seminar for Associate Deans of Resident Affairs was held in Savannah, GA this past April. The topics and presenters were put together totally by the Deans, with SMA acting only functionally. All the attendees present spoke highly of the program. Hopefully this will become an Annual event and will be expanded.

Dr. Farmer stated one of the things to come from the meeting was a partnership between SMA and the American Student Loan Consolidation Corporation. A contract has been signed and Mr. Wayne Hood will be going to the Medical Schools speaking on loan consolidation in the name of SMA. This will be a tremendous exposure for SMA to the medical students and residents and even the physicians just out of training. It is a win-win association as it doesn't cost us anything for our name to be put out there plus we receive a commission for every consolidation.

Dr. Farmer stated that another thing to develop from our relationship with Dr. Franklin Medio is his course on How to be a Chief Resident. He has been presenting this at the Medical University of South Carolina and about forty to fifty percent who

attend his course are from outside the university. He would like to expand his course to areas around the region and he would like to team with SMA to do this. Dr. Holt has teamed with Dr. Medio and now puts on one of the aspects of his course.

Dr. Farmer stated in addition we are sincerely grateful to the Auxiliary for the work they do with the Young Physicians Committee. As noted, they are developing the Young Physicians Travel Benefit Program to assist medical students and residents with expenses incurred during interviewing. Donations of frequent flyer miles, monies and volunteers for home away from home stays are being asked for from the members and leadership.

Dr. Farmer stated that there has been discussion on the restructuring of the scholarship program in order to make it more of a recognition program and we will hear more about that tomorrow.

Dr. Basile had been asked to assist with the procurement of funding for the Resident activities this year as well as with the Medical Schools. Dr. Farmer requested that each Councilor nominate at least two residents from their respective state to be considered as participants on the Resident Advisory Committee. Dr. Farmer stated that nomination did not guarantee participation. Dr. Howard Shaw resigned as Councilor and as vice-chairman of the Resident Advisory Committee. Dr. Farmer asked if anyone present would like to be considered to serve as chairman of the Resident Advisory Committee. Nominations and interests should be e-mailed to him. Discussion was held as to what amount was needed to fund a resident for attendance at the annual meeting to participate in the Resident Advisory Committee activities. The amount of \$2500 to \$3000 was agreed

upon as the amount necessary to fund a participant of the Resident Advisory Committee at the Annual Meeting. Dr. Farmer concluded his report.

Dr. Howell stated that the meeting was very productive with proactive discussion. He mentioned that the 1906 Society would like to have all Councilors join and encourage their Associate Councilors to join. He stated this was used to support the Endowment Fund for our young physicians. He noted that the information on dollars spent within a given state for scholarships, and grants was available at headquarters.

REPORT OF THE EXECUTIVE COMMITTEE

T. Rudolph Howell, MD

Dr. Howell referred to the agenda for this report and stated that the first item to be discussed were additions to the Bylaws - specifically to the Duties of Councilors. A hand-out was distributed showing the additions. The items to be reviewed are listed below:

7. Duties of Councilors

a. 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/her State or District and seek to encourage membership in and participation in the activities of the Association.

c. Each Councilor shall attend the meetings of the Council, including conference call meetings.

d. Each Councilor shall responsibly provide a primary and secondary preference for communication, as well as a primary and secondary location.

e. Each Councilor shall

develop an active relationship with the Deans of their respective Medical Schools.

f. Each Councilor shall perform such other duties as may be designated by his/her position.

g. Councilors shall be responsible for developing leadership qualities in their state's leadership group resulting in a continuum of councilor succession in the state.

He stated that the highlighted areas were the additions. He explained that item d. was to help alleviate frustrations in communication with Councilors. He requested that each Councilor before leaving the meeting would provide a primary and secondary preference for communication as well as primary and secondary location. I.e. preferred phone call to my office; preferred phone call to my home; prefer e-mail; prefer fax, etc. He requested that staff in their respective offices be notified to pay special attention to items coming in from SMA. He reviewed the addition in item c regarding attendance at conference call meetings of the Council. He reviewed item e and item g as being new additions to current Bylaws. He encouraged the development of Associate Councilors and other leaders in the state by the Councilors.

Dr. Ellis suggested that item d be part of the procedures manual. Dr. Howell explained that this was discussed, but that due to the importance of communication with Council at this time, it was more important than just a procedure.

RECOMMENDATION: These additions to the current Bylaws be approved for referral to the Bylaws Committee and upon their approval,

come back to Council for final approval and then be submitted to membership at the Annual Meeting during General Session.

MOTION: A motion was made and seconded that these additions to the current Bylaws be referred to the Bylaws Committee and upon their approval, come back to Council for final approval and then be submitted to membership at the Annual Meeting during General Session.

The next item was the review of grants and scholarships – question new approach. Dr. Howell explained that in order to receive more recognition within the Medical Schools for which the monies are used to fund the Grants and Scholarships, that the following be considered:

Emphasis be placed on scholarship based on participation of the trainee physician in the education program of SMA (Proforma based). Requirement – present a paper, abstract or poster at the annual meeting – in competition with their peers. The quality of their product to be judged by a representative from the coordinating committee on education.

Rewards:

1) Recognition of their work at the annual meeting.

2) Allows interaction with more senior practicing physicians.

3) It establishes identity.

4) Develop a CV

5) Presentation would be published in SMA Journal, ChartNotes and on the website.

6) Financial Stipend – 1st, 2nd, 3rd, 4th place –
Suggest \$2500, \$1500, \$1000, \$500.

7) Recognition of their accomplishment in writing to the

dean of students at
their attendant medical
schools.

Dr. Howell mentioned that the presentation of a paper, abstract or poster in competition with their peers could also be extended to the resort based conferences as was suggested sometime back. Dr. Howell mentioned that the Financial stipend was a suggestion and was open for discussion. He also stated that the fourth place award of \$500 could be dropped as insignificant. The number of scholarships awarded would be reflected across our specialty sections, understanding that we may not be able to fund every specialty each year. Dr. Howell stated he would like to make this an action item to be referred to the Advisory Committee on Grants and Scholarships for approval.

Recommendation: This suggested change with regard to the distribution of allocated funds for Grants and Scholarships be referred to the Advisory Committee on Grants and Scholarships for approval or further discussion.

Motion: A motion was made and seconded that this suggested change with regard to the distribution of allocated funds for Grants and Scholarships be referred to the Advisory Committee on Grants and Scholarships for approval or further discussion. The motion passed unanimously.

Dr. Shack questioned whether the guidelines for providing Grants and Scholarships had changed relative to grants being provided based on need and scholarships being provided based on academia. Dr. Howell stated this had not changed. Grants are through an application process through the Dean's office. Dr. Swikert explained that we have \$5000 allotted for grants

and the funds are divided among the number of applicants received and approved. It was further discussed that the suggested changes referred to the scholarships provided.

The next item to be reviewed was the proposal for the creation of the Cornerstone Society for Leadership. The reason for the proposal was to put into place a venue for the utilization of the previous leadership's knowledge and ability for the betterment of the Association. The Executive Committee would like to propose for leadership, not Endowment nor in competition with the Society of 1906 the following:

1) Charter of Society is approved and recorded in the SMA Bylaws like the 1906 Society.

2) The Mission is to be a "Braintrust" for leadership development tracks and to promote SMA relationships.

a) Promote "cutting edge" technology to develop leadership at all levels of medical training and practice.

b) Promote the multiple disciplines of medicine in an interdisciplinary model

c) Foster working relationships with the leadership (deans) of medical schools.

d) Foster relationship with affiliated societies, regional and state medical societies.

e) Foster creative funding for leadership to promote unlimited access to young physicians, residents, and fellows.

f) Promote collegiality with SMAA.

3) Membership eligibility - all Past Presidents of SMA and SMAA, Past Journal Editors and by invitation, all active members that have

established reputations in their field of expertise.

4) Liaison - this Society will directly interact with the Council and Executive Vice President of SMA.

5) Membership is voluntary and may be terminated any time in writing to the chairperson of the Cornerstone Society.

Discussion was brought forward by Dr. Pell that this may create another venue for leadership participation that would potentially conflict with their current obligations to the Association such as Section Secretaries, Councilors, Chairman of currently active committees and it has the potential of being very important for relations. She also stated that it has the potential for having the appearance of being a "good 'ol boy" organization and it continues to be a struggle to remove that appearance. She requested the council take this into consideration.

Dr. Howell clarified that the only automatic memberships are for past presidents and past SMJ editors. All others are by invitation. So anyone in active leadership would not be invited. Dr. Howell stated this is to be a brain rust of the excellent leaders from the past who are no longer involved in the Association. He also reiterated that steps should be in place to keep the active leadership from being impounded.

Dr. Klink requested information regarding the estimated expenses involved. Dr. Howell stated that this had not been approached with regard to cost involved. He stated that should there be a meeting of this group, other than via conference call or through the web that it would be at their own expense. He stated that this was to get the process in place, and the

funding would be like the 1906, there is no funding except for a reception. There is no proposed funding and no cost to the organization other than the possible conference call or if they met at the annual meeting, then they be invited to something, but that was not mandatory. Dr. Howell stated we are not considering a cost to fund this. In other words, this is not appropriated at an expense.

Dr. Ellis stated he thought there used to be a group of past presidents as such and asked Dr. Cancellaro to comment. Dr. Cancellaro stated that there used to be a group of past presidents that would meet at the annual meeting, sometimes in a luncheon setting with a two-hour time frame. They would discuss a variety of issues and the President would update them on the current issues of the Association. He stated they were not asked to do anything, but they were invited and had the opportunity to come and were kept informed.

Dr. Cancellaro stated that he felt something could be activated whereby some of the past presidents, who were interested and wished to be involved. However, again, there should be some need on the part of the Association to present to them. Dr. Cancellaro stated that this would need to be structured or otherwise it would be useless.

Dr. Howell stated that from information that is available the past presidents were brought back to the organization to be given information about what was currently happening by the President but nothing more. This scenario would be completely opposite. The purpose of the Cornerstone Society would be for them to give of their knowledge and information. It was suggested that before this becomes part of the Bylaws that it be an Ad Hoc committee to see if works and then if works

it could be more formalized. Dr. Howell stated that you cannot have an Ad Hoc committee working, but you could have an Ad Hoc evaluate the effectiveness, if this could be predicted.

Dr. Lawton stated that he agreed with Dr. Cancellaro that it should be targeted. For example, the items discussed in his report from yesterday, this would be the perfect group to use as a resource to attack specific issues. Not ask them for general information, but for specific issues that we need their experience and background to assist us with handling.

Dr. Lawton felt that it would work only if they were given specific tasks. Dr. Howell stated this is a tasking issue, the mission is a brain trust; a brain trust is a two-way street. The idea is to get these people active because a lot of them are still very active in regional medical societies, the university systems, some of them are vice chancellors. They are a great resource that we have not thought about or touched upon before in fact we basically told them we don't need them anymore. Dr. Howell requested a proposal to pass this on to an Ad Hoc committee to study the effectiveness of this endeavor. He stated that a lot of this has already been discussed with past leadership and as Dr. Cancellaro stated, a lot of them are very enthusiastic about getting involved.

Dr. Basile stated that he liked this idea very much. He stated some concerns with the expense aspect. Dr. Cancellaro stated that if they were requested to attend a meeting and they received a day paid for, what that demonstrates to them is that they can depend on the Association.

RECOMMENDATION: An Ad Hoc committee be assigned to further investigate the appropriateness of the development of this Society.

MOTION: It was moved and seconded that an Ad Hoc committee be assigned to further investigate the appropriateness of the development of the Cornerstone Society. The motion passed unanimously.

Dr. Howell stated that the last item was to follow-up on the conference call from February regarding the relationship between SMA and SMA Services, Inc. as outlined in the minutes - this being to see if there was a way for SMAS to share its profits with SMA and still meet IRS guidelines. This is still being researched and there is nothing to report beyond this point. Certain recommendations are being considered with regard to avenues of opportunities, however, these are still under investigation.

There being no further comments, Dr. Howell concluded the Report of the Executive Committee.

REPORT OF THE COORDINATING COMMITTEE ON EDUCATION Veronica Piziak, MD

Dr. Piziak reviewed the areas that fall under the purview of the Coordinating Committee on Education - CME conferences, the Southern Medical Journal, the Annual Meeting, preventive workshops, the joint sponsorships, and other learning venues. Dr. Piziak began by asking Dr. Holt to say a few words about joint sponsored education programs.

Dr. Holt reviewed the joint sponsored Certificate in Business program with Auburn University. In exchange, the physician executive MBA was developed which has been quite successful. Dr. Holt stated that as part of the MBA, we jointly sponsor the overseas trip that has been to London three years, Paris last year, back to London this year

and is scheduled for Rome in 2005. The 2005 meeting will have a post-meeting included that will go to Venice and Florence. Dr. Holt invited all present to attend. Dr. Holt stated they had presented a new contract to Auburn that would increase our fee from them and would also make all of their students members and this was received favorably. This would mean that Auburn would be paying for them to be members for the two years they were in the program. Dr. Holt stated this is an excellent educational program in an outstanding venue and she encouraged all present to attend. Dr. Holt concluded by stating the dates of the meeting would be part of the first and second weeks of June, 2005.

Dr. Piziak then asked Dr. Hamdy to present the Report of the Southern Medical Journal.

REPORT OF THE SOUTHERN MEDICAL JOURNAL Ronald Hamdy, MD, Editor

Dr. Hamdy started by asking that everyone note the wide range of locations from which manuscripts were being submitted to the SMJ. The locations included several US states as well as from several countries including Austria, England, France, Greece, the Netherlands, Spain, Brazil, Canada, China, Israel, Taiwan and Turkey. He noted that the SMJ was becoming an international journal.

Dr. Hamdy stated that beginning in June 2004, an audio version will be included with the printed version of the SMJ. He stated this will run as an experiment until November. The readership/membership will be surveyed on a regular basis and there will also be a survey conducted on the website and especially in November to determine whether or not there is a need for the audio version. Based on the results of this survey and the

cost of producing the audio version, a decision will be made as to whether or not to continue its production. Different formats of the audio version will be tested between June and November.

Dr. Hamdy stated that SMA has applied for a grant from the Templeton Foundation to assist with SMJ articles and CME on the subject of spirituality and health. The amount requested was approximately \$300,000. There is a paucity of well conducted studies and very few balanced articles published in this area. There is also a discrepancy between the needs of clinicians and availability of educational material in this area. The CME on Spirituality and Health would be the launching pad of this program. If funded, and depending on the level of funding, the publication will be followed by updates in the Journal, CDs, educational workshops, and educational programs.

Dr. Hamdy stated that last year there was over \$20,000 in revenue generated from requests for CME from the articles in the SMJ. Revenue from reprints has exceeded \$100,000. The SMJ has recently been accepted for indexing in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) database and print index. Dr. Hamdy stated that starting next month the SMJ would contain a Patient Page. The goal is for the physician subscriber to photocopy these pages and make them available in their reception rooms for their patients.

Dr. Hamdy stated he would like to make two requests for the Council's consideration and approval.

The first request is hereby made to the Council to have the following items freely available on the SMJ website:

- (a) Annotated table of contents.
- (b) Full text of editorials.
- (c) Abstracts of manuscripts.

These are already freely available on Medline.

(d) The entire content of the CME topic;

(e) Table of contents of the following month's issue.

Dr. Hamdy stated that there have been some problems with our publishers wanting to restrict this to members only. Dr. Hamdy stated he personally feels very strongly that the main mission of the SMA is education. And the SMJ is the flagship of the SMA and the main mission of the SMJ is education. This is evident in the number of hits received on our website by readers and even non-members.

RECOMMENDATION: A recommendation is hereby made to have the following items freely available on the SMJ website:

- (a) Annotated table of contents.
- (b) Full text of editorials.
- (c) Abstracts of manuscripts.

These are already freely available on Medline.

(d) The entire content of the CME topic;

(e) Table of contents of the following month's issue.

MOTION: A motion was made and seconded to have the following items freely available on the SMJ website:

- (a) Annotated table of contents.
- (b) Full text of editorials.
- (c) Abstracts of manuscripts.

These are already freely available on Medline.

(d) The entire content of the CME topic;

(e) Table of contents of the following month's issue.

The motion passed unanimously.

Dr. Hamdy made a second request for council consideration that was adjustments to members of the Editorial Board. The request was:

(a) Retire the following: Ten Rosen, MD, and Mark Slagle, PharmD

(b) Add the following: James M. Wooten, PharmD, and Seth Mark Berney, MD

RECOMMENDATION: It was recommended that the following adjustments be made to the SMJ Editorial Board:

(a) Retire the following: Ten Rosen, MD, and Mark Slagle, PharmD

(b) Add the following: James M. Wooten, PharmD, and Seth Mark Berney, MD

MOTION: A motion was made and seconded to make the following adjustments to the SMJ Editorial Board:

(a) Retire the following: Ten Rosen, MD, and Mark Slagle, PharmD

(b) Add the following: James M. Wooten, PharmD, and Seth Mark Berney, MD

The motion passed unanimously.

Further discussion: Verification was requested as to whether Drs. Wooten and Berney had been asked to serve on the board. Dr. Hamdy stated that both had been reviewing papers and both were excited to be considered as part of the board. There was no further discussion.

Dr. Hamdy thanked Dr. Howell for the privilege of presenting his report. He also thanked the SMA staff especially Ed Waldron and Kathy McLendon and all the team at Birmingham. Dr. Hamdy stated that in closing his mission for the SMJ was to continue with the educational aspect working in concert with Dr. Piziak and the CME programs much like Osteoporosis where the SMJ complements the program adding additional value both

to the SMJ and the program as well as to the website. Dr. Hamdy stated that he felt the programs Osteoporosis, Hypertension, and Female Patient lent themselves to this type of concerted effort.

Dr. Howell gave a personal thank you to Dr. Hamdy as an unrecognized hero who stands in the background yet does a tremendous amount of work with the SMJ.

Dr. Irby asked Dr. Hamdy to elaborate on the performance of Lippincott and how they have executed the SMJ and what direction the SMJ will be taking. Dr. Hamdy stated that the relationship with Lippincott is being reviewed. He noted that before going with LWW, two other publishers were reviewed. However, after review it was felt that LWW would provide the most support. The sad thing is that over the last year, it has become apparent that LWW has not provided this support nor increased the ads in the SMJ. Dr. Hamdy stated if you look at all the journals that LWW publishes, all the medical journals, there are virtually no ads in any of them except for their own books that they publish. Therefore, it has become necessary to again review Mosby and possibly one other publisher and take it from there. Recently over the past few months, it has become evident that they have found out that we are not satisfied with the service provided. They have been very anxious to work with us in marketing the Journal. However, we will still continue to research other options.

Ed stated that the philosophical views of LWW have obviously changed as they seem to want to focus publishing efforts on books. Also, the way in which they have handled the relationship between us and them regarding the website has been unsatisfactory. Ed stated we are able

to sort out the changes they make that directly affects our site, however, it is done with much effort on the part of our IT staff. Again, the emphasis with their website is more to the publishing of other periodicals and books rather than medical journals. Hence we may not have a good fit.

Ed stated that Mosby's tradition is a bit different and they still seem to understand the importance of medical journals because that is their heritage. That's not always been LWW's heritage. So it looks like LWW is back to the book scenario rather than the journal. Ed stated the relationship is on the edge and he feels we have a lot of material that says there is a breach of contract with LWW relative to what they've done on their marketing both for ads and other scenarios. Ed stated there's a best efforts clause in the contract, however, these clauses are usually pretty general. LWW has a difficult time producing a marketing plan on time, so that in and of itself is breach of contract. Therefore, we are looking very seriously at chatting with Mosby shortly and as well as another publisher.

REPORT OF THE COORDINATING COMMITTEE ON EDUCATION continued

Veronica Piziak, MD

Dr. Piziak began her report by stating that the attendance and grant funding needed to increase for the education meetings. She then asked that the Council review and think about the articles included in education section. Dr. Piziak thanked Ed and staff, especially Kathy McLendon for her assistance with the report. Dr. Piziak stated she had summarized the articles that were included.

Dr. Piziak continued by explaining

who the customers are-people who still go to meetings. She stated that basically older physicians, and this includes a large part of our membership, still go to conferences. Also, women and there are more and more of them who are physicians. Others to be considered are Nurse Practitioners and Physician Assistants. We need to focus our marketing on the audience that goes to resort based conferences.

Dr. Piziak stated that we need to know what our customers want and that is two kinds of education. They want to know what to do about the patient in their office. They want to know the new guidelines, and how to handle patient havens. They have to know these things to practice on a daily basis. Second is general trends in medicine - what about the genetics, what am I missing if I don't go to this meeting. Dr. Piziak stated we also need to know why they attend meetings. The answer here is the location - the most important thing in several studies that bring people to a meeting. First and foremost is the meeting location. The length of the meeting is important, especially to solo practitioners who have to be out of the office. They don't want week long meetings. On the other hand group practices prefer longer meetings. Finally we need to know the venue of the meeting. Studies show that they prefer a conference center as would the sponsors more so than a resort. However, they don't really want it at just a hotel.

Dr. Piziak provided a summary of funding activities. She stated we are looking at increased pharmaceutical company funding. The pharmaceuticals are looking for strong independent CME providers thus we are in their market. They also like live programs with lectures. Dr. Piziak stated the pharmaceutical

sponsors do want some of the meetings to be local. She also stated that the real focus for them is receiving applications way ahead of time. Dr. Piziak stated we are way behind on this aspect. We tend to request sponsorship a month or two out from our meeting. The sponsors' budgets are set a year or a year and half in advance. Dr. Piziak reported that there were fifteen conferences held last year with a total attendance of 1273. Of those participants more were non-members than were members. She stated that there were 319 joining members as well as over 300 other members of the healthcare team including nurse practitioners and physician assistants.

Dr. Piziak asked the Councilors, and Associate Councilors, to let their colleagues within their respective states to know about upcoming conferences. She also asked the SMAA when they go to their state conferences to assist in promoting any upcoming CME meetings that are to be held in that state. Dr. Piziak stated that marketing would include contacting local Managed Care Systems and inviting them to participate in the meetings, possibly at a discounted rate if a large group attended.

Dr. Piziak stated that we would be using CME Conferences to build web communities like Osteoporosis in order to keep the valuable information provided at these conferences available for longer periods of time and to more people. This would also encourage attendees to come back to next year's conference.

Dr. Piziak stated that with regard to organization and funding, the following points would need to be considered.

1. Build Fundable, Innovative, High Quality Programs-Both in Faculty and Content

2. Financial Solvency is Vital

3. Start funding initiative when planning the program

4. Use Business Plan Steps to Review Existing Programs and Add New Programs

5. Innovations in teaching - more interactive programs

She stated if you are program chair, you are going to need to build a fundable high quality program. And, that even though each of you are aware of this, financial quality is going to be vital. Dr. Piziak stated that the program chair is to have a business plan. She mentioned that a business plan has already been submitted by Dr. Holt for the Complementary and Alternative Medicine program for 2005. She mentioned that this plan can be made available for review. Dr. Piziak stated that at a minimum an introduction on why this is a marketable meeting, what will actually be taking place, and also the names of the speakers, the topics and about \$20,000 worth of available funding will be needed. Dr. Piziak requested radical ideas about what can be done in professional development to put more bodies in the seats, and to get more funding be sent to Kathy kmclendon@sma.org. The sooner the better.

Dr. Piziak stated that next year's program format had been changed. She stated there would be fewer programs. This is not, however, a reflection on any of the programs. The ones chosen are those that it was felt were more fundable. The anchor programs for 2005 will be:

- * Osteoporosis
- * Hypertension
- * Primary Care
- * Female Patient
- * Other programs per the business plan

Dr. Piziak stated she had already discussed with the Drs. Pell about

doing a topic track on geriatrics as part of the Primary Care conference. Tracks on specific topics such as sleep, geriatrics or lipids that are themselves fundable can be part of an on-going program.

Dr. Piziak remarked that the Resident Workshops have done more to get us exposure with the young physicians than any other. These are important. She noted that currently SMA is funding them, however, outside funding for them is being researched.

Dr. Piziak reported that the self-directed learning aspect, especially the Lectures On-Line are fairly popular and may bring in some revenue. New concepts in self-directed learning include

The SMA Library "Current Concepts in Medicine" available via subscription package in January, 2005. She mentioned that also available are the Lecture Capture on CD-Rom that you can subscribe to as well. Dr. Hamdy mentioned the Southern Medical Journal featured article of the month earlier and its possibility for bringing in revenue. As well as the SMJ on Audio CD-ROM - Starting June 2004 an abbreviated, audio copy of SMJ will be shrink-wrapped with print copy and offered by paid subscription.

Dr. Piziak stated that Annual Scientific Assembly is going to be organized early for 2005. She mentioned it is well underway for 2004. AM packets are handed out at each of the educational meetings including registration forms, t-shirts, and bags.

Dr. Piziak mentioned that next year is the year for re-accreditation and that some of those present may be asked to help expedite the process. Dr. Piziak stated that in summary the goal is to:

- *Continue to provide High Quality

CME that has overall profitability

- *Start with an idea that includes a business plan

- *Organize early - be innovative

- *Involve the CCOE

She concluded her report and asked Dr. Klink to present his report of the Advisory Committee on Scientific Activities.

REPORT ON THE ADVISORY COMMITTEE FOR SCIENTIFIC

ACTIVITIES

Robert Klink, MD

Dr. Klink stated that the Advisory Committee on Scientific Activities (ACSA) met January 17, 2004 in New Orleans in conjunction with the Section Secretaries planning conference. We reviewed the 2003 annual meeting exit data and financials. Dr. Klink stated mentioned that the meeting attendees wholeheartedly found value in the education content - as much as 90% satisfaction. He stated too expand on this, if we can get them to the meeting, they find value. Dr. Klink also noted that Dr. Palmisano's talk was the most well received. He also added that programs by Dr. Basile and Dr. Piziak were well received. Dr. Klink acknowledged appreciation to them for all their efforts.

There were several comments regarding the decrease in attendance. A graph was provided that reflects the attendance for the past ten years and as you can see it has been declining. Dr. Klink noted that one alarming factor is that only 226 SMA members (2.1% of current membership) paid the full registration fee for the entire meeting. Dr. Klink stated that this information had been used to make some changes. Proceeding along a meeting was held with the section secretaries and a program was developed for New Orleans. The educational content is well underway. As you have already

heard, committed grant funding for 2004 is \$347,000 at this time which is double what it was last year.

Dr. Klink stated that the challenge for the Scientific Activities Committee is to develop a meeting that is very attractive from an educational stand point, it has the ability to be funded and very importantly to get people to the meeting. He stated that New Orleans traditionally has been one of the better Annual Meeting locations with regard to participation and with better funding and good educational content scheduled, if this meeting does not show an increase in participation to change the downward curve reflected in the chart this will be a point of serious discussion in the future.

Dr. Klink stated that all this motivated them to make changes operational with regard to the function of the Scientific Activities Committee. Basically in summarization we have to increase and advance the timeline in which we plan the Annual Meeting. Nine to ten months out from the meeting date is not enough time to properly plan, market and generate funding. Dr. Klink stated that a core group of people have already met to begin the planning process for the 2005 meeting in San Antonio. He stated that by November in New Orleans, almost all the work will have been completed including the participation of the Section Secretaries. He stated that hopefully this would put us in a position where our marketing would be more efficient and our ability to get funding will be increased.

Dr. Klink thanked those who participated earlier in the impromptu meeting held as well as staff. He commented that Jill was doing a great job in marketing and that one of the reasons funding was better this year was because of Brent Cotton's efforts.

Dr. Klink asked for questions or comments.

Dr. Lawton stated that one thing he had noticed was that our meetings are always in the same region of the country. He felt this may be prohibitive to attendance due to a physician's time out of office. He suggested that we schedule our meetings around the territory, instead of in a few locations that are in some instances difficult to reach. He also suggested that audience participation during the sessions might good. Dr. Piziak responded that this had been tried at some of the workshops and it was well received and she felt this was an excellent idea. She also stated that with regard to the location of the meetings, this had to do with holding the meetings in affordable venues. She stated that if anyone could assist with venues in their states, SMA would be more than willing to hold conferences in the state if we could know that they will be attended. For example, Orlando and Las Vegas are very popular are well attended.

It was asked if focus groups or surveys of members and non-members had ever been done. Dr. Piziak stated that this had been done on numerous occasions with a variety of determinates. Some responses for lack of attendance or for not returning were location or attendance at their specialty meetings, respectively. Dr. Klink concluded the report.

REPORT OF THE COMMITTEE ON LONG RANGE PLANNING

**Charles A. Farmer, Jr., MD,
Chairman**

Dr. Farmer stated he would review the sixteen objectives that came from the Strategic Planning Committee meeting last year which are still an active priority for SMA. He stated that on the chart provided it lists who at SMA was responsible for the objective.

He also stated that a list of the current team leaders was provided and to please review this.

Objective 1: Integrate the paradigm of "clinical fiscal methodologies" where appropriate into SMA educational programs and service offerings, and supplement with related products.

Objective 2: Build indispensable value in SMA membership for physicians in the 20-45 year age group, and related professionals.

Objective 3: Build and maintain a line of SMA products and services that are competitive, put money in the physician's pocket and generate revenue for SMA.

Objective 4: Establish the means for routine, two-way dialogue with and between members driven by areas of interest.

Objective 5: More efficiently capture, analyze and respond to customer needs, inquiries, etc.

Objective 6: Identify and attract target membership markets for whom SMA can provide inherent value.

Objective 7: Increase the effectiveness of the SMA membership development strategy.

Objective 8: Ensure the consistency and integration of key messages regarding SMA purpose and value throughout all SMA communications.

Objective 9: Raise awareness of SMA benefits and services, thereby increasing participation.

Objective 10: Establish clear roles and responsibilities for leadership, along with the support to fulfill roles and methods of accountability.

Objective 11: Ensure a governance structure that provides the involvement, focus and support required to achieve SMA goals and

priorities.

Objective 12: Ensure focus and alignment of staff structure and capacity meets the needs and priorities of the SMA plan.

Objective 13: Grow and diversify SMA sources of revenue.

Objective 14: Ensure focus and alignment of fiscal resources per SMA plan priorities.

Objective 15: Streamline processes and procedures to generate operational efficiency.

Objective 16: Operate a plan driven organization to ensure consistent focus on SMA goals and priorities by leaders, volunteers and staff.

There being no further discussion, Dr. Farmer concluded the report.

Dr. Howell stated that he had appointed the Ad Hoc Committee to review the Cornerstone Society and that he had asked Dr. Mackey to chair. Dr. Howell asked Dr. Mackey to review the members selected for the Ad Hoc Committee to review the feasibility of the Cornerstone Society. The members are Jean Holt, MD; Ron Hamdy, MD; Jan Basile, MD; Nancy Lindstrom; Bruce Shack, MD; Louis Cancellaro, MD; and Judy King, MD. He stated that Ed would be the advisory person on staff and Dr. King would be an ex-officio.

Dr. Howell asked Dr. Klink to review his process for soliciting funds from the pharmaceutical reps who visit his office. Dr. Klink stated that he confronted the drug reps who came to his office with the need for funding from their company. He stated that if he was going to be unable to talk with them, then a letter he had drafted in advance could be generated and the rep would then have the letter of request when he left the office.

Dr. Howell stated that local reps would provide lunch for the

physician office in order to gain one-on-one time with the physician(s). Dr. Howell stated that he asked one of these reps what it would take to fund a resident's participation at the Annual Meeting. He stated that as of this time in the State of Virginia, there has been \$42,500 raised in funds. Dr. Howell challenged each person present to go back to his/her office and see if they could achieve the same results for SMA.

Dr. Basile provided his report as Councilor from South Carolina. He stated that total membership and dues paying membership had been on the decline since 2000. He stated he was on an initiative in South Carolina to control blood pressure and that each time he talked to practitioners around the state about hypertension, he showed a slide about the annual meeting or SMA in general. He stated he was disappointed in what his Associate Councilors had done or not done. He stated he wasn't sure if this was a lack of interest on their part, or their not having an accurate charge of what they are supposed to do. He stated as an Associate Councilor he was very active to get a lot of members. He reported that of the counties in his state, the member penetration by county was weak in specific areas. He stated that it was his goal to develop a centralized evaluation form on the expectation of Associate Councilors. He wanted to select Associate Councilors for SC with geographic distribution based on current membership. He would like to develop specific requirements for Associate Councilors to be developed in State Initiative Workshops. He stated that he would like to target Female Physicians (currently 15% of total SC membership) for future membership. Target Members 40 and under who currently make up only 20% of SC membership. He wanted to

have involvement with each medical school through Councilor office. He suggested that a Physician Assistant an Associate Councilor in order to increase those numbers. He stated he would like to develop a strategy for past presidents from South Carolina like Thomas Rowland, MD, Angus McBryde, MD and Loren Mason, MD to encourage people to join SMA. These are three individuals who were involved in SMA and why are they not still involved with SMA. These are some ideas that he would like to try for South Carolina. He stated he was disappointed in the membership activity within South Carolina and felt it was time to move forward. This concluded his report.

STATE INITIATIVE WORKSHOPS

Ed reported that the concept behind the state initiative workshops was similar to what Dr. Basile had reported he would like to do within South Carolina. Ed stated that three groups will be established and it is the goal of these groups to discuss what will happen in each individual state and ideas for initiatives that will improve, not just membership per se, but the influence and the visibility and stature of SMA in those states. Ed stated that Nancy Lindstrom and Sandy Currie would be rotating within each group to ascertain what the Auxiliary's place will be with regard to the initiatives set forth.

After the allotted time, Dr. Howell asked Dr. Shack to report for his group. Dr. Shack stated that many of the same concepts were probably discussed among all the groups. He stated that his group came up with a five point plan the first being to assemble a meeting of all the leadership within the state: Councilors, Associate Councilors, Past Presidents, Section Officers, Auxiliary leaders, etc. to brainstorm in which each individual states leaders would

develop a plan to increase exposure and benefits of SMA within each state. The second step would be to re-evaluate the role and effectiveness of the Associate Councilor physician as was eluded to by Dr. Basile in his report. Certainly a uniform geographic distribution would be critical and those individuals would have their usual role of membership recruitment and retention. We would also want them to be available to represent SMA within their region of the state at any SMA event or any event where the SMA name could be brought to the fore. And also to participate in the SMA mentoring program. And anything else that each state Councilor thought would be helpful in participating. The third item was develop a plan for interaction with each of the medical schools and training programs within our states. This is something that Dr. Farmer's Committee on Young Physicians is already establishing. We need to work on this individually within our states to make a real presence so that the Deans and Directors of Medical Education at each of the medical schools within our individual states get to know us personally and by name and know what SMA has to offer them and their students and residents. The fourth item was to develop within each state a communication network with a list serve that includes all the leadership and use it monthly. Every month there should be a communication from the Councilor to all the leadership outlining what is going on in the state and prescribing initiatives for individuals to carry out. The fifth item was to develop a relationship with the local vendors within your state making them aware of SMA educational activities and the need for their support. This concludes this groups recommendations.

Dr. Howell then asked Dr. Klink to report for his group. Dr. Klink stated that some of the items are redundant, but there were a few side bars to what Dr. Shack mentioned. He stated their group discussed the need for a plan. He stated that his group came up with three key elements for the planning process. The first includes the involvement of the Associate Councilors exponentially. He stated that they discussed some of what Dr. Basile mentioned with regard to having PA's as Associate Councilors for membership recruitment and retention. He stated it was interesting as some people think that concept has some positive aspects and then it was mentioned that the allopathic physician may see this and think if that is what our organization is about, they would not be interested. This of course is an individual opinion. The proper use and distribution of Associate Councilor is an issue. They also discussed that the Bylaws state there can be five from each state. However, some states may not need five where as others may need seven. This is the type of initiative that can visited in the future. Another item was the appropriateness of evaluating the cost effectiveness of having a staff field rep who could go out into the territory and visit those organizations where there are the most schools, large practices, etc. Hit the areas that the Councilors and Associate Councilors don't have the time or the ability to do. The Medical Society of Virginia has a field rep that visits twice a month. Realizing that every office couldn't be visited, but maybe there is the possibility that a staff field rep could be effective. We also agree that it would be a good idea to get all the state leadership together to be a part of the planning process. Dr. Klink stated his group thought it would be a good idea to have a similar brain storming

with the leaders from the states at the Annual Meeting. It was discussed at what time would this take place, the leadership forum or another scheduled time. The member attendees from the state could be invited as well. Dr. Klink stated that concludes his groups recommendations.

Dr. Howell asked Dr. Basile to report for his group. Dr. Basile stated they felt that a centralized evaluation form on the expectations of Associate Councilors should be developed. He stated they felt it important to have involvement with each medical school through Councilor office. Develop a new member program based on - "Get a new member, get reduced tuition to CME or _ membership fee for next year" for entire membership. He stated that the development of a "State of the State" letter be developed that would come out of the Birmingham office and contain several paragraphs that would be common to all the letters that each Councilor would sent out and there would be a group e-mail with personal touches from the Councilor interspersed or at the letter's conclusion in order to keep the members informed on the states status. Establish a diversified Associate Councilor representation throughout the state (female and minority representation). He stated they thought it would be good to have a conference call or face-to-face meeting between Councilor and Associate Councilor's on plan and charges of what is expected to be accomplished. This could be done at the Annual Meeting, but they felt it need to occur sooner. And finally, develop specific charges for Associate Councilors on these evaluation forms. For example how many new members, involvement in local County Medical Society presentations, etc. And develop a central presentation that each Associate Councilor and

Councilor can present that contains the highlights of SMA, heritage and 3 key slides on "What SMA can do for you!" Dr. Basile stated that concludes their ideas.

CENTENNIAL COMMITTEE REPORT

Jean Holt, MD

Dr. Holt stated that the committee was charged with reviewing our one-hundredth anniversary. She stated that as you may recall, the committee worked diligently and presented to you for our grand and glorious celebration - three things: to go somewhere SMA had not gone before, move it to the summer in order to be more family oriented and have a headlining place. So the committee chose the first week in August at the Mandalay Bay in Las Vegas. However, once the contract arrived, it was realized that due to penalties, deposits, levitations, etc. our net worth would be reduced by 50%. They realized this would not be prudent for our organization to do such a risky thing. She stated that Ed had used the word fragile to describe SMA, and she stated that SMA is fragile. She stated the goal was not just to make our hundred-year anniversary and have a big blow-out, but to use our first century as a bridge to our second century.

Dr. Holt stated they investigated virtually every size town in America, from east coast to west coast, places SMA had never been. She stated they looked into Chattanooga where SMA was born; Birmingham where SMA is headquartered now; Colorado, California, Boston. She stated they also realized August was a difficult time, even though we are trying to be family friendly. She stated they had made a decision they were all excited about. First, they will be moving our meeting to the last week in September.

And they recommended the Tampa Bay area – some place SMA had never been. She stated the new convention center is on the river with a brand new hotel connected so buses will not be needed. It is a beautiful setting. It is centrally located to several local attractions including Cyprus Gardens. She stated they were pleased to be able to present this location. This concludes the report.

**REPORT OF THE
COORDINATING COMMITTEE ON
INSURANCE AND RETIREMENT**

**George S. Ellis, Jr., MD -
Chairman**

Dr. Ellis stated that he would be highlighting the insurance and retirement programs previous difficulties over the last year and what will be happening in the future and some new programs and enhancements. He stated that in all of the group health liability, there had been an approximate decrease of 600 participants who hold contracts with us. A large part of this is due to an increase in premium charges by Cigna. He stated the decrease in premiums collected vs. premiums billed recently was due to the Cigna increase in premiums. However, this seemed to be leveling off. He stated that some of the other programs we offer are the Vision Service Plan – a vision care policy for eye exams, glasses, contacts, etc. He stated this is one of the newer plans and seems to be doing well so far. He reviewed the Liberty Mutual and Med Jet programs. He commented that both of these programs offer value to the customer as well as SMA.

Dr. Ellis reviewed program changes forth coming with regard to the Cigna healthcare. He stated that there were three options – a \$1000 in-network deductible and a \$5000 in net-work deductible. The third is a

\$3000 in net work deductible, but all the information was not yet available. Each of these will coordinate with an H S A or a Health Savings Account. With this change there will be a 5-10% reduction in rates next year. The employee plan has a smaller deductible of \$500 and therefore is not eligible for the H S A, but it will provide the option for a larger deductible to be taken therefore making it eligible.

Dr. Ellis noted that there is \$150,000 of Term Life available to joining members without proof of insurability. He stated there is also available a couple of \$1000 add on features.

Dr. Ellis stated that at this time the SMA-IRA is at 4.50% and this is very competitive. This rate is good through December, 2004. A recent analysis showed that the extra half point basis offered was not attractive enough to warrant the additional expense. Dr. Ellis noted that the IRA participants have increased mainly due to fluctuating market. He stated that there is currently \$94,000,000 in the IRA plans, \$89,000,000 in the Pension plans and our After Tax program, which is relatively new, has a \$500,000 balance. Dr. Ellis stated that our current market value provided is \$184,000,000 from which we earn commission. He stated that our long term bond account rate is 4.0% guaranteed through April, 2005. This is part of the retirement program not the IRA. He noted that the guaranteed staple value plan rate is 3.25%, the After Tax Plan.

Dr. Ellis stated that SOMED Financial, LLC is a solely owned subsidiary of SMA Services, Inc. He stated that it is through SOMED that we provide our broker-dealer relationships with the agents that sale our products. Currently we have 6 dealer to dealer agreements and 21 representative agreements. With all of

these we should earn approximately 2.2% commission from these broker-dealer relationships. In summary our income was a bit less this year. Dr. Ellis stated there will be a new Health Savings Account starting up in October. Dr. Ellis concluded his report.

REPORT OF THE WHOLLY OWNED SUBSIDIARY

Louis Cancellaro, MD

Dr. Cancellaro stated that the Board meeting held was very productive. He noted that SOMED as a subsidiary of SMA Services, Inc. has its own board that meets and reports back to SMA Services, Inc.

Dr. Cancellaro stated that in order to maintain a clarity of identities for IRS purposes, Dr. Ellis resigned as an actual board member and will remain on the board as a liaison. Dr. Cancellaro noted that the President of SMA can appoint a new liaison to the board at their discretion, but for now Dr. Ellis will remain the liaison. This move provides a more separate identity from SMA to help alleviate any problems with the IRS.

Dr. Cancellaro stated that the Board had decided to increase the Board by two members-up to eleven members. This will allow the Chairman of the Board to be able to break any ties that may arise from voting. He noted they are looking at several suggestions provided during the meeting. He stated that they would like to fill one of the positions with an attorney. And due to our involvement in a multi-million dollar industry, they are looking into someone from the financial industry, possibly a banker. As well as some individuals who have done diligence to the SMA in other capacities, possibly a past councilor. He stated they would appoint these positions in November.

Dr. Cancellaro stated the Board would be looking into two basic

meetings for the Board. One meeting will be held at the Annual Meeting and one will be in concert with the Council meeting in the summer. He stated there would be several conference calls held throughout the year. He stated there may be a meeting held in Birmingham in mid-winter. This should provide ample opportunity for review of any items proposed.

Dr. Cancellaro reported on the Affiliated Societies managed by SMA Services, Inc. - Southern Association for Oncology and The Southern Psychiatric Association. He stated that the SAO remains solvent. He reported that the Southern Orthopaedic Association continues to owe \$80,000. He stated that options would be reviewed with regard to collecting this money due. This will be reviewed over a three-month period of time. Dr. Cancellaro stated the SPA is a managed association not an affiliated society. He stated they were in the process of reviewing their financial situation as well. He stated the attendance at their Annual Meeting had been down, as well as membership issues. He noted that since the SMA Annual Meeting is moving to the latter part of September, that this provides an opportunity for the SPA to meet conjointly with SMA. This will provide two things. One it will eliminate a separate meeting at some other time. And two it will provide much needed support to our Section on Neurology and Psychiatry.

Dr. Cancellaro stated that SMA Travel will be ending their relationship with CV Travel as of July 31st. He stated that beginning August 1st, SMA Travel Tours will be entity within SMA Services, Inc. He stated we would be marketing to outside parties as this will be a full service travel agency. That will necessitate an influx of funds as there may need to be additional support staff added.

Dr. Cancellaro stated the Board recommends that there be a brief amount of time allotted for the introduction of SMA Services to attendees and members whenever an educational meeting or any other meeting is held.

Dr. Cancellaro stated that the Board is reviewing the option of divinding to the parent company, SMA, an amount equal to the outstanding loan and interest provided by SMA Services through a specific date. He stated this is currently being reviewed by the attorney.

Dr. Cancellaro stated another item being reviewed at this time, both from a business model and legal aspect, was the possibility of SMA Services purchasing the educational programs and becoming the marketer and distributor. Individual meetings would be purchased by SMA Services for a fair market price for resell by SMA Services.

Dr. Cancellaro stated that as the subsidiary charged with the responsibility of producing income and how this is to be achieved, these are the types of items the Board will be reviewing. As you can see our meeting was very productive and this concludes the report.

Dr. Ellis asked that a motion be made to the Long Range Planning Committee develop an organizational chart that encompasses SMA as an overall organization; the Council and its relationship to SMA Services, Inc. And in SMA Services what and how that relationship takes place. For example, is there a need for an Insurance and Retirement Committee or a Practice Management Committee. Or should those things be done within SMA Services. This organizational chart would be developed in order to provide a goal to SMA Services. Dr. Basile requested the reason for Dr. Ellis' requesting the motion as well

as Dr. Cancellaro's thoughts. Dr. Ellis stated that the recommendation actually came from the Services Board with regard to the structuring of the Services Board and the relationship between SMA, also whether or not certain functions needed to be in one place or the other. Therefore, rather than try to build from the ground up, it seemed more important to have a goal at the top for which we could fill in the structure. Dr. Cancellaro concurred.

Dr. Mackey stated that any kind of discussion along these lines or recommendation that might be made from the Council to the subsidiary should be careful not to appear to be in conflict with the arms length relationship. He stated that as well, when thinking of the dissolution of some Committees that the Bylaws Committee should be involved as well.

Dr. Howell stated that the Insurance and Retirement Committee according to the Bylaws, was formed to be an information source to the membership as this is our responsibility and the Chairman of this Committee would be a liaison to the Services Board in order to maintain a two way dialogue between the SMA members and the Services Board. Dr. Howell stated this was the rationale for the set up of the Insurance and Retirement Committee as well as the Practice Management Committee. This can be investigated further.

RECOMMENDATION: The Long Range Planning Committee and the Bylaws Committee review the viable issues, constructive criticisms and possible revisions regarding the Insurance and Retirement Committee and the Practice Management Committee.

MOTION: A motion was made

and seconded that the Long Range Planning Committee and the Bylaws Committee review the viable issues, constructive criticisms and possible revisions regarding the Insurance and Retirement Committee and the Practice Management Committee. The motion passed unanimously.

Further clarification of the two committees responsibilities was for a quality mechanism to review products.

There being no further business, the meeting was adjourned.

ANNUAL MEETING ACTIVITY ATTENDANCE

4 Year Comparison

Activity	1999 Attendance # Sessions	2000 Attendance # Sessions	2001 Attendance # Sessions	2002 Attendance # Sessions
*Section/Team Abstracts Attendance	713(27)	540(27)	248(15)	136 (15)
Symposium Attendance	2619(16)	3160(14)	3150(16)	1563 (15)
Other Sessions	1767(22)	1566(18)	2642(18)	1769 (37)

*Total of average attendance of largest section meeting held.



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99th Annual Scientific Assembly

San Antonio, Texas

November 10-12, 2005 • San Antonio Convention Center

"Traditioning Physicians Throughout Their Careers...
Professionally and Personally"

Annual Meeting Registration Record

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	143	1,025	1,168	46	-	78	184	1,476
1918-	No Meeting- Influenza Pandemic								
1919- Nov. 10-13	Asheville	71	912	983	-	54	85	148	1,270
1920- Nov. 15-18	Louisville	230	872	1,102	114	40	149	171	1,576
1921- Nov. 14-17	Hot Springs	81	993	1,074	-	39	90	241	1,444
1922- Nov. 13-16	Chattanooga	107	1,230	1,337	-	26	129	289	1,781
1923- Nov. 12-15	Washington	333	1,363	1,696	214	26	143	495	2,574
1924- Nov. 24-27	New Orleans	352	1,559	1,911	169	15	120	510	2,725
1925- Nov. 9-12	Dallas	310	1,732	2,042	144	19	151	513	2,869
1926- Nov. 15-18	Atlanta	327	1,557	1,884	139	27	174	445	2,669
1927- Nov. 14-17	Memphis	275	1,728	2,003	251	24	212	438	2,928
1928- Nov. 12-15	Asheville	70	1,221	1,291	-	20	154	379	1,844
1929- Nov. 19-22	Miami	163	1,180	1,343	-	19	84	572	2,018
1930- Nov. 11-15	Louisville	258	1,232	1,490	224	21	144	356	2,235
1931- Nov. 18-20	New Orleans	423	1,266	1,689	231	33	154	462	2,569
1932- Nov. 15-18	Birmingham	276	971	1,247	-	32	104	239	1,622
1933- Nov. 14-17	Richmond	264	1,319	1,583	279	61	141	407	2,471
1934- Nov. 13-16	San Antonio	304	1,641	1,945	-	27	141	739	2,852
1935- Nov. 19-22	St. Louis	695	1,999	2,694	690	18	279	614	4,295

(continued on next page)

Annual Meeting Registration Record

Date	Location	Host Physicians	Other Physicians	Total Physicians	Students	Paramedical Personnel	Technical Exhibitors	Guests	Total
1936- Nov. 17-20	Baltimore	847	2,365	3,212	660	51	375	581	4,879
1937- Nov. 30- Dec. 3	New Orleans	573	2,238	2,811	736	177	370	1,328	5,422
1938- Nov. 15-18	Oklahoma City	353	1,914	2,267	262	389	342	778	4,038
1939- Nov. 21-24	Memphis	385	1,837	2,222	412	595	300	734	4,263
1940- Nov. 12-15	Louisville	436	1,639	2,075	412	667	361	629	4,144
1941- Nov. 10-13	St. Louis	762	1,944	2,706	683	378	498	774	5,039
1942- Nov. 10-12	Richmond	353	1,130	1,383	337	136	187	392	2,435
1943- Nov. 16-18	Cincinnati	305	1,410	1,715	94	176	255	520	2,760
1944- Nov. 13-16	St. Louis	559	1,557	2,116	441	461	431	762	4,211
1945- Nov. 12-15	Cincinnati	207	1,270	1,477	88	52	269	545	2,431
1946- Nov. 4-7	Miami	443	1,648	2,091	-	135	241	1,074	3,541
1947- Nov. 24-26	Baltimore	949	1,718	2,667	332	407	445	674	4,525
1948- Nov. 25-28	Miami	508	1,087	1,595	27	115	308	629	2,674
1949- Nov. 14-17	Cincinnati	248	1,235	1,483	32	143	264	490	2,412
1950- Nov. 13-17	St. Louis	726	1,391	2,117	472	92	323	644	3,648
1951- Nov. 5-8	Dallas	478	1,575	2,053	160	-	190	850	3,253
1952- Nov. 10-13	Miami	582	1,591	2,173	34	177	246	1,107	3,737
1953- Oct. 26-29	Atlanta	566	1,781	2,347	266	195	325	900	4,033
1954- Nov. 8-11	St. Louis	687	1,614	2,201	614	336	391	772	4,314
1955- Nov. 14-17	Houston	807	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	*	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	**	**	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
1976- Nov. 7-10	New Orleans	**	**	2,364	468	154	293	910	4,189

(continued on next page)

Annual Meeting Registration Record

Date	Location	Host Physicians	Other Physicians	Total Physicians	Students	Paramedical Personnel	Technical Exhibitors	Guests	Total
1977- Nov. 6-9	Dallas	**	**	1,332	46	50	410	447	2,285
1978- Nov. 11-14	Atlanta	**	**	2,504	65	98	411	1,177	4,255
1979- Nov. 4-7	Las Vegas	**	**	2,142	7	116	334	1,229	3,828
1980- Nov. 16-19	San Antonio	**	**	2,367	25	90	363	832	3,677
1981- Nov. 15-18	New Orleans	**	**	2,376	74	92	419	1,264	4,225
1982- Oct. 30-Nov. 2	Atlanta	**	**	2,614	17	112	473	1,405	4,621
1983- Nov. 6-9	Baltimore	**	**	2,697	31	105	498	1,480	4,811
1984- Nov. 4-7	New Orleans	**	**	2,627	35	81	470	1,619	4,832
1985- Nov. 17-20	Orlando	**	**	2,618	41	82	522	1,585	4,848
1986- Nov. 8-11	Atlanta	**	**	3,141	5	45	493	1,880	5,564
1987- Nov. 1-4	San Antonio	**	**	2,913	61	48	559	1,540	5,121
1988- Nov. 6-9	New Orleans	**	**	4,093	157	117	692	2,360	7,419
1989- Nov. 5-8	Washington	**	**	2,678	49	62	545	1,802	5,136
1990- Oct. 14-17	Nashville	**	**	2,759	42	44	515	1,533	4,893
1991- Nov 16-19	Atlanta	**	**	2,305	11	15	712	1,333	4,376
1992- Nov. 12-15	San Antonio	389	2,030	2,419	9	47	432	1,202	4,109
1993- Oct. 28-31	New Orleans	648	1,777	2,425	63	45	455	1,207	4,195
1994- Nov. 2-6	Orlando	**	**	2,053	26	27	437	1,165	3,708
1995- Nov. 15-19	Kansas City	390	1,761	2,151	55	23	279	1,463	3,971
1996- Nov. 20-24	Baltimore	325	1,589	1,914	40	20	471	584	3,029
1997- Nov. 6-9	Charlotte	457	1,994	2,451	19	54	412	783	3,719
(continued on next page)									

Date	Location	Host Physicians	Other Physicians	Total Physicians	Students	Paramedical Personnel	Technical Exhibitors	Guests	Total
1998- Nov. 18-22	New Orleans	384	1,574	1,958	45	90	400	700	3,193
1999- Nov. 10-14	Dallas	421	1,133	1,554	24	57	600	525	2,760
2000- Nov. 1-5 ***	Orlando	241	962	1,203	11	129	230	485	2,058
2001- Nov. 8-10 ***	Nashville	206	900	1,106	18	41	267	419	1,851
2002- Nov. 14-16	Washington	29	643	672	15	13	148	266	1,114
2003- Nov. 6-8	Atlanta	41	683	724	15	141	255	323	1458
2004- Nov.11-13	New Orleans	59	614	673	14	13	148	266	1114
* Breakdown not available; included in figure under "Technical Exhibitors."									
** Breakdown not available see "Total Physicians."									
***Excludes "No Shows" - prior years do not.									



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CONSTITUTION AND BYLAWS



SMA

CONTENTS

Constitution

Article I:	Name	112
Article II:	Purpose	112
Article III:	Powers	112
Article IV:	Term of Existence	112
Article V:	Membership	112
	Section 1. Active Members	112
	Section 2. Associate and Emeritus Members	112
Article VI:	Officers	112
	Section 1. Officers of the Association	112
	Section 2. Elected Officers	113
	(a) General Officers	113
	(b) Councilors	113
	(c) Section Officers	113
	Section 3. Appointed Officers	113
	(a) Administrative Officers	113
Article VII:	Scientific Activities	113
	Section 1. Annual Meetings	113
	Section 2. Scientific Sections	113
	Section 3. Publications	114
Article VIII:	Seal	114
Article IX:	Registered Agent and Registered Office	114
Article X:	Amendments	114
Article XI:	Requirements of the Alabama Nonprofit Business Corporation Act	114



SMA

CONTENTS

Bylaws

Article I:	Membership	115
	Section 1. Classification	115
	(a) Active Members	115
	(b) Associate Members	115
	(c) Interim Members	115
	(d) Honorary Members	115
	(e) Ex Officio Members	115
	(f) Emeritus Members	116
	(g) Medical Practice Services Members	116
	(h) Corporate Members	116
	(i) Institutional Members	116
	Section 2. Application for Membership	116
	Section 3. Termination of Membership	116
	Section 4. Reinstatement	116
Article II:	Dues	116
	Section 1. Annual Membership Dues	116
	Section 2. Non-Payment of Dues	116
Article III:	Officers	117
	Section 1. Elected Officers	117
	Section 2. Appointed Officers	117
	Section 3. Qualifications	117
	Section 4. Term of Office	117
	Section 5. Election Process for President-Elect	117
	Section 6. Election Process for Councilor	117
	Section 7. Vacancy in Office	117
	Section 8. Duties of Officers	117
Article IV:	Associate Councilor	119
Article V:	Executive Committee	120
	Section 1. Composition	120
	Section 2. Chairman and Vice-Chairman of Executive Committee	120
	Section 3. Duties of Executive Committee	120



SMA

CONTENTS : Bylaws

(continued from previous page)

Article VI:	Council Appointments	120
	Section 1. Executive Vice-President (CEO) and Treasurer	120
	Section 2. Editor	120
Article VII:	Committees	121
	Section 1. Coordinating Committees	121
	Section 2. Advisory Committees	121
	Section 3. Presidential Committees	122
	Section 4. Ad Hoc Committees	122
	Section 5. Duties and Responsibilities of Coordinating, Advisory, and Presidential Committees	122
Article VIII:	Annual Meeting	124
	Section 1. Annual Meeting	124
	Section 2. Composition of Annual Meeting	124
	Section 3. Scientific Sections of the Annual Meeting	124
	Section 4. Creation of New Sections and Abolition of Existing Sections	124
	Section 5. Section Officers	124
	Section 6. Section Officer Requirements & Terms	125
	Section 7. Scientific Section Steering Committees	125
Article IX:	Special Awards	126
	Section 1. Distinguished Service Award	126
	Section 2. Seal Harris Award	126
	Section 3. Original Research Award	126
	Section 4. Determination of Awards	126
Article X:	Southern Medical Association Auxiliary	126
Article XI:	Rules of Order	126
Article XII:	Indemnification of Officers and Agents of the Southern Medical Association	126
Article XIII:	Amendments	126

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.

C. 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.

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.

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 any state medical society in the United States, District of Columbia, Canada, Mexico and Puerto Rico; to medical officers of the uniformed services on active duty and Veterans Administration. The Association may include International Members composed of physicians who are eligible for membership in medical associations in the country where they reside and practice medicine.
2. 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.

B. Associate Members

The Association may have the following classes of Associate Members:

- Class 1.** A licensed allied health professional who is a member of his/her professional association; or a physician assistant or nurse practitioner;
- Class 2.** An intern, resident, or fellow, not yet a member

of a state medical society and medical students of accredited medical schools as well as interns, residents and fellows at accredited osteopathic training programs in the United States, District of Columbia, Canada, Mexico and Puerto Rico.

1. Associate Members shall neither hold office nor be entitled to vote.
2. Associate Members under Class 2 shall not pay dues, 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 or an Associate Member in Class 1 or 2, and who has been invited by the Association to become an Interim Member. The term of membership of Interim Members shall be determined by the Council. 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. Honorary Members shall have all privileges of other members of the Association. They shall not be eligible to vote, hold office, or 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 the Association.

H. Corporate Members

Corporate membership may be available to any medical practice where all physicians are individual members of the Association and non-physician 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.

I. Institutional Members

The Association may have Institutional Members composed of Physicians who are members of medical associations, which have entered into affiliation agreements with the Association for educational programs, and other programs of the

Association.

Section 2. Application for Membership

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/her membership in the 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 who membership in the Association has been terminated may, after a period of one year, reapply for membership in the Association if that member's license has been reinstated. 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.

Section 2. Non-Payment of Dues

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. 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, a President-Elect Designate, and Councilors.

Section 2. Appointed Officers

The appointed officers of the Association shall consist of the Executive Vice-President.

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 in his/her present term 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, or Past Councilor, or have served in a leadership role in the Association within the last five years.

Section 4. Term of Office

A. The term of the elected officers shall be five years for Councilor and one year for other officers commencing at the conclusion of the Annual Meeting at which such officers' election results are announced.

B. Each elected or appointed officer shall serve the term designated or until his/her 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 the last regular business day of the calendar

year prior to the election.

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. Nominees for Councilor must meet the qualifications outlined in Section 3. of this Article.

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.

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

1. The President shall preside at all general sessions of an Annual Meeting and all functions at which the Association is host.

2. 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/She shall preside all meetings of the Council and of the Executive Committee.

4. The President shall provide advising consent to the Committee on Scientific Activities in the formulation of the program for the

Annual Scientific Assembly.

5. The President shall appoint, on nomination by the respective Councilor, up to five Associate Councilors from each state or district.

6. 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.

7. The President or any two members of the Executive Committee may convene a meeting of the Executive Committee.

8. The President shall appoint the members of the Presidential Committee on Special Awards.

9. The President shall appoint members of committees and chairmen of such committees in accordance with these Bylaws except as otherwise provided.

10. The President shall carry out the planning of the Annual Meeting of the membership.

11. The President shall serve as an ex officio member of all committees of the Association, except the Committee on Selections.

12. The President shall fulfill such other duties as may pertain to the office of President.

B. President-Elect

1. The President-Elect shall assist the President in the discharge of his/her duties and in the absence of the President shall assume such duties.

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

3. 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 of 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.

5. The President-Elect shall, in the absence of the President, preside at the meetings of the Council and of the Executive Committee.

6. The President-Elect shall act as Parliamentarian at all meetings of the Council, the Executive Committee and the membership.

7. The President-Elect shall serve as a liaison to the Association's Alliance.

C. President-Elect Designate

The President-Elect Designate shall remain as Councilor until he/she takes office as President-Elect. He/She will serve as a member of the Executive Committee.

D. Executive Vice-President

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

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. Quorum for Meetings of Council

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

4. Council Authority

a. The Council shall be the governing body of the Association.

b. The Council shall govern the Association as stated in the Constitution, Bylaws, and Policy and Procedure Manual.

c. The Council shall have and exercise between meetings of the Association the following power and authority over the affairs of the Association.

1. 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.

2. It shall be charged with the responsibility to cause to be conducted annually an audit of the financial affairs of the Association.

3. It shall, subject to these bylaws, establish policies and procedures for the conduct of the affairs of the Association.

4. It shall appoint the Executive Vice-President of the Association and the Editor of the Southern Medical Journal.

5. It shall establish the fiscal year of the Association.

d. 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.

5. Duties of Councilors

a. 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/her State or District and seek to encourage membership in and participation in the activities of the Association.

c. Each Councilor shall attend the meetings of the Council, including conference call meetings.

d. Each Councilor shall responsibly provide a primary and secondary means for all communications, and shall respond in a timely manner.

e. Each Councilor shall develop an active relationship with the Deans of their respective Medical Schools.

f. Each Councilor shall perform such other duties as may be designated by his/her position.

g. Councilors shall be responsible for developing leadership qualities in their state's leadership group resulting in a continuum of councilor succession in the state.

ARTICLE IV. ASSOCIATE COUNCILOR

Each Councilor who represents a state or the District of Columbia shall nominate for appointment by the President, up to 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 temporary absence

of the Councilor, the Councilor, with the permission of the President, may appoint one of the Associate Councilors to act in his/her stead as a member of the Council, but voting will be done by absentee ballot by the Councilor.

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, President-Elect, and President-Elect Designate of the Association.

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 feel 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

There shall be an Executive Vice-President 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 shall employ and direct all staff personnel, full and part-time, including the assignment of duties of such employees. In this capacity, he/she 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/her by the Council. He/She shall act as the Managing Editor of the Southern Medical Journal and other publications of the Association.

Section 2. Editor

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.
2. May appoint or recommend the employment of assistant or associate editors and/or an Editorial Board with the consent of the Council.
3. Shall review, or cause to be reviewed, any books which

in his/her discretion merit the publication of a review in the Southern Medical Journal.

4. Shall establish practical mechanics for handling manuscripts and other materials for publication with the consent of the Executive Vice-President.

5. May employ necessary secretarial assistance with the consent of the Executive Vice-President.

6. May perform such other duties as may be assigned.

ARTICLE VII. COMMITTEES

Section 1. Coordinating Committees

There shall be five Coordinating Committees to be known as:

1. Coordinating Committee on Education.
2. Coordinating Committee on Membership.
3. Coordinating Committee on Insurance and Physicians' Retirement Program.
4. Coordinating Committee on Budget/Administration.
5. Coordinating Committee on Long-Range Planning.

A. Chairman

The Chairman of each Coordinating Committee shall be appointed by the President annually, but cannot serve more than five consecutive years.

B. Composition of Coordinating Committees

1. 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.

3. The President shall be an ex officio member of all Coordinating Committees.

Section 2. Advisory Committees

There may be eight Advisory Committees known as:

1. Advisory Committee on Scientific Activities.
2. Advisory Committee on Grants and Scholarships.
3. Advisory Committee on Multi-Media Programs.
4. Advisory Committee on Constitution and Bylaws.
5. Advisory Committee on New Physicians.
6. Advisory Committee on Practice Management Services.
7. Advisory Committee on Special Projects and Services.
8. Advisory Committee on Management Compensation.

A. Chairman of Advisory Committee

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

B. Composition of Advisory Committees

1. Each Advisory Committee shall have from three to nine members who may be Councilors, Associate Councilors, or members of the Association.
2. Each Advisory Committee member shall be appointed annually by the President.
3. The President shall be an ex officio member of each Advisory Committee.
4. No person shall be eligible to serve for more than six consecutive years as a committee member,

except the Chairman.

Section 3. Presidential Committees

A. There shall be two Presidential Committees known as:

1. Presidential Committee on Special Awards.
2. Presidential Committee on Selection.

B. There may be two Presidential Committees known as:

1. Presidential Committee on Endowments.
2. Presidential Committee on Affiliated Societies.

Section 4. Ad Hoc Committees

Ad Hoc Committees may be appointed by the President as may be deemed necessary.

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 and educational conferences related to education of the Association 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

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

the Annual Meeting.

A-2. Advisory Committee on Multi Media Programs

It shall be the duty of this committee to review education programs developed for dissemination through electronic mediums and audio/video mediums.

B. Coordinating Committee on Membership

The activities of the Coordinating Committee on Membership shall have as a goal the recruitment and retention of members. This committee, along with staff, will monitor and analyze recruitment and retention programs in order to communicate the message of the value of membership in the Association to physicians at large. This committee shall coordinate the activities of the Advisory Committee on New Physicians and such Ad Hoc Committees as shall be annually assigned to it.

B-1. Advisory Committee on New Physicians

It shall be duty of this committee to review specific program areas and services that would be of interest to new 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 and Physicians' Retirement Program

This Committee shall periodically review the insurance and physicians' retirement program of the Association to insure that the interest of participants is adequately protected.

D. Coordinating Committee on

Budget/Administration

This Committee shall coordinate the activities of the Advisory Committee on Constitution and Bylaws, the Advisory Committee on Grants and Scholarships, the Advisory Committee on Practice Management Services, the Advisory Committee on Special Projects and Services, the Advisory Committee on Management Compensation and such AdHoc Committees as shall be annually assigned to it. 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.

D-1. Advisory Committee on Constitution and Bylaws

It shall be the duty of this Committee to periodically review the Constitution and Bylaws, Policy and Procedure Manual, and 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.

D-2. Advisory Committee on Grants and Scholarships

It shall be the duty of this Committee to formulate and recommend policies and criteria for awarding grants and scholarships available through the Association.

D-3. Advisory 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.

D-4. Advisory Committee on Practice Management Services

This Committee shall periodically review the practice management services products offered by SMA's wholly owned subsidiary SMA Services, Inc. and shall make recommendations to enhance participation in these programs.

D-5. Advisory Committee on Management Compensation

This Committee shall be responsible for the development and implementation of an equitable and competitive compensation program for the Association's senior management staff. It shall be responsible for the annual performance evaluation of the Executive Vice-President. The Committee shall consist of six members including the President, who shall chair the Committee, President-Elect, Immediate Past-President and three members at large appointed by the President each year with rotating terms.

E. 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 opportunities of the Association. Recommendations are to be given to the Executive Committee for approval and presentation to the Council.

F. 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.

G. 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.

H. 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 the Association's Grants and Scholarships programs.

I. Presidential Committee on Affiliated Societies

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

Section 3. Scientific Sections of the Annual Meeting

The Scientific Sections of the Association may hold such sessions as may be arranged by the Section Secretaries with the approval of the Committee on Scientific Activities.

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

New Sections may be created by vote of the Council. 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.

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

1. The Chairman shall perform such duties as may be provided by the rules of the Section.

2. The Chairman shall be responsible for assisting the Secretary in selecting Section abstracts and posters when appropriate, for the Annual Meeting, and coordinating

the Section business meeting at the Annual Meeting.

3. 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

1. The Secretary shall be responsible for selecting Section abstracts and posters, when appropriate, for the Annual Meeting.

2. The Secretary shall be the official correspondent with the headquarters office.

3. The Secretary shall maintain or cause to be maintained the records of the Scientific Section.

4. The Secretary shall consult with the Association Membership Services Department to determine if the prospective nominees for Section Officers are eligible to hold office prior to their nomination.

5. The Secretary shall be responsible for collecting papers, when appropriate, 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, when scheduled, after the Annual Meeting for the purpose of formulating the general schedule of scientific sessions for the Annual Meeting in cooperation with the Advisory 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, when scheduled.

2. 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 Secretary and Chairman shall be elected for a term of 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 of the Committee 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 committee;

4. Fill vacancies that occur among Section Officers;
5. 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.

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.

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.

ARTICLE X. SOUTHERN MEDICAL ASSOCIATION ALLIANCE

There shall be an Alliance of 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 Alliance. Financial support to the Alliance 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, 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 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.



SMA :: Southern Medical Association
Transitioning Physicians Throughout Their Careers

FACTS



SMA

CONTENTS

Facts

Southern Medical Association	131
Mission Statement	131
Vision Statement	131
What We Stand For	131
How We Operate	131
Birth of a Medical Association	132
Vital Statistics	132
Purpose of the Southern Medical Association	133
Organization and Early History of the Southern Medical Association	133
Officers and Governing Bodies of the Southern Medical Association	135
Grants of Power	135
Officers	135
The Governing Bodies:	135
The Council	135
The Executive Committee of the Council	135
General Administration	136
Organizational Chart	137
Membership in the Southern Medical Association	138
Who Can Belong	138
Dues	138
Activities of the Southern Medical Association	139
I. The Annual Meeting	139
General Information	139
Scientific Sections	139
Scientific and Technical Exhibits	142
The Social Side	143
II. Continuing Medical Education Activities	143
III. Publications	144
Southern Medical Journal	144
Southern Medical Bulletin (Discontinued)	146
Southern Medicine	146
IV. Residency Training Loan Fund	147
V. Research Project Fund	149

CONTENTS : Facts

(continued from previous page)

VI.	Medical Student Scholarship Fund	151
VII.	Southern Medical Research and Education Endowment Fund	152
VIII.	Awards	153
	The Research Medal (Discontinued)	153
	The Dr. Robert D. and Alma Moreton Original Research Award	154
	The Distinguished Service Award	155
	The Seale Harris Award	157
	Scientific Exhibit and Poster Awards	158
	Technical Exhibit Award	159
	Southern Medical Association Alliance	160
	Headquarters Office and Staff of the Southern Medical Association	161
	Administrative Officers	161
	The Headquarters Office	162
	Places of Meetings and Presidents	163
	Future Annual Scientific Assemblies	165

Southern Medical Association

Mission Statement:

The Southern Medical Association enables physicians to practice the highest standards of medicine by fostering professional development and economic stability through education, services, collegiality and leadership across multiple specialties.

Vision Statement:

The Southern Medical Association is the physician's choice for education and support to enhance practice performance and career development.

What We Stand For:

1. We are sensitive to the needs of the whole physician, and strive to provide a mix of education, service and camaraderie that empowers members to achieve both personal and professional goals.
2. We believe in developing physician leaders.
3. We believe that an interdisciplinary forum serves to enhance the sharing of information, knowledge and experience to advance the practice of medicine.
4. We believe in the value of all generations of physicians having the opportunity to interact and learn from each other.
5. We work diligently to help our members sustain the spirit of compassion in the practice of medicine and the sense of satisfaction in contributing fundamentally to the health and well-being of society.
6. We believe that physicians should be in control of decisions regarding practice management and patient care.

How We Operate:

1. We believe that unity of purpose and the contribution of each individual are fundamental to the achievement of our success in meeting the needs of our members and maintaining financial stability.
2. We believe in integrity and accountability in our relationships with members, leaders, vendors, clients, employees and the community at large.
3. We believe in supporting employees to achieve their fullest potential by providing encouragement, professional development and a work environment that promotes respect and open communication.

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	2004
Membership —Approximately 200 members from a six-state territory—Alabama, Florida, Georgia, Louisiana, Mississippi, Tennessee	Approximately 15,000 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, West Virginia and all across the continental U.S.
Annual Dues —\$2	\$150
Scientific Assembly —3 Sections	27 Sections
Publications —None	<i>Southern Medical Journal</i> (monthly) and <i>Chart Notes</i> (quarterly); both owned and published by the Association
Assets —Just some dedicated physicians	A growing roster of dedicated physicians, an Annual Meeting unparalleled for its scientific sessions, its publications, a headquarters building valued at \$2,100,000.00, and affiliate - Southern Association for Oncology, 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 28,000 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 self-improvement 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 **CONSTITUTION 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 **CONSTITUTION** 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 categories—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 CONSTITUTION 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

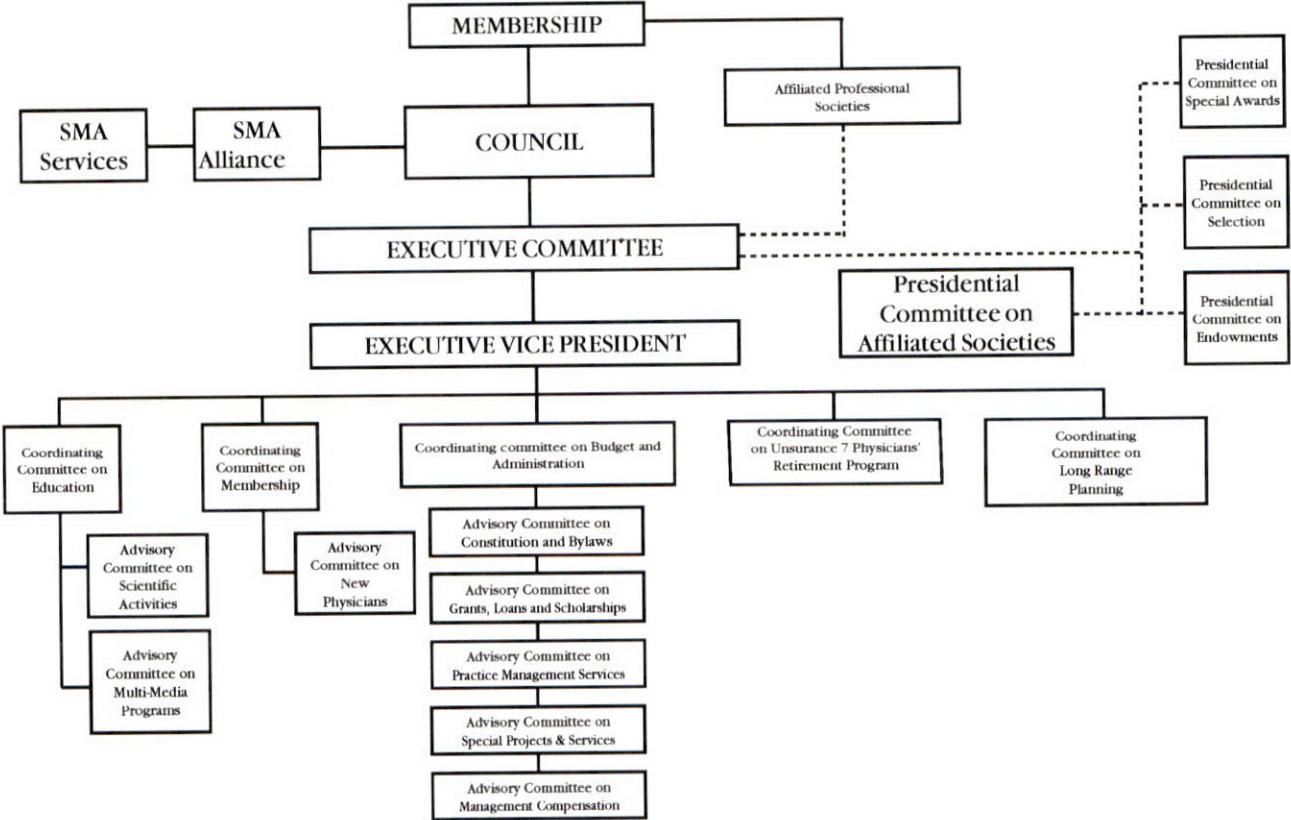
The Executive Committee of the Council acts for the Council and the membership between Annual Meetings. This smaller body is composed of the President, President-Elect, Immediate Past President, and President-Elect Designate.

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.

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 Editors, and the Editorial Board.

Southern Medical Association Organizational Chart



Membership in the Southern Medical Association

Who Can Belong...

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.

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 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 annual meeting are divided into symposia, scientific sessions, grand rounds, and abstract presentations. Specialty sections cooperate to present programs of special interest, special symposia on timely subjects, meetings of conjoint societies, post-graduate courses, scientific 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 Approved By Council	
1906	Medicine
1906	Surgery
1906	Ophthalmology
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
1913	changed to Public Health
1961	changed to Preventive Medicine
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	Röntgenology
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
Year Approved By Council	
1926	Medical Education
1938	changed to Medical Education and Hospital Training
1954	discontinued
1927	Railway Surgery
1944	discontinued
1927	Gynecology
1937	Anesthesia
1945	changed to Anesthesiology
1938	Allergy
1983	changed to Allergy & Immunology
1938	Proctology
1970	changed to Colon and Rectal Surgery
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
1978	Emergency Medicine
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	Obstetrics
Anesthesiology	Occupational & Environmental Medicine
Cardiology	Oncology
Chest Diseases	Ophthalmology
Colon and Rectal Pathology	Orthopaedic and Trauma Surgery
Dermatology	Otolaryngology-Head and Neck Surgery
Emergency Medicine	Surgery Pediatrics and Adolescent Medicine
Family Practice	Plastic and Reconstructive Surgery
Gastroenterology	Psychiatry and Neurology
Geriatric Medicine	Radiology
Gynecology	Rheumatology
Medical Management and Administration	Surgery
Medicine	Urology
Military Medicine	
Neurosurgery	

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 CONSTITUTION and BYLAWS. The program for the Annual Scientific Assembly is coordinated in the winter at the Annual Scientific Assembly Planning Committee meeting which is attended by members of the Advisory Committee on Scientific Activities in addition to the Section Secretaries. Every effort is made to see that a well-rounded scientific program is planned.

A physician attending a Southern Medical Association meeting may participate in any session 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 goals-helping 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, President’s Reception, 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, AL., served as Editors.

The *Southern Medical Journal*, a publication privately owned by a group of Nashville, TN, physicians began in Nashville, TN, in July 1908 (Vol. 1, No. 1). It was purchased in October or November 1910 by Seale Harris, M.D., 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., served as Editor until November 1921, and H. A. Moody, M.D., 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., 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 Dr. Dabney was elected 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 V. O. Foster, Birmingham, Ala., Managing Editor, effective December 1, 1954. Robert F. Butts, Birmingham, Ala., became Managing Editor, December 1, 1960. Harris D. Riley, Jr., M.D., 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, M.D., was appointed Editor. In 2002, Ed J. Waldron became Managing Editor, and he appointed Cathy Galloway to serve in that capacity.

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 mirrors the growth and scientific development of medicine in the South.

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 photographs 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.

The office of the Managing Editor of the *Journal* is 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. *Journal* production is carried out in the offices of the publisher, Lippincott Williams, & Wilkins, in Baltimore, Maryland.

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 49 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 that comprise the Association's membership territory, as well as all other states, Puerto Rico, the Virgin Islands, the Canal Zone, and 22 European and Asian 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., 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.

Afterward, *Southern Medicine* provided important information concerning SMA's educational programs and services for its members, as well as up-to-date information on the benefits and other services offered through the Association.

Chart Notes

In Winter 2000, *Southern Medicine* and *Southern Medical Bulletin* was re-placed with *SMA Chart Notes*. *SMA Chart Notes* consists of updates regarding the Association, Leadership, and Membership, Practice Management news and additional timely information. *SMA Chart Notes* 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...

- (1) 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);
- (c) 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 and their assessment of applicant's caliber. Armed Services personnel are ineligible.

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 1.
- (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 Chief Financial Officer, Southern Medical Association, 35 Lake-shore 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 appli-

- cation 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 year.

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 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 house staff 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 depending 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) and may not be used for the purchase of computers or computer training. NOTRavel EXPENSES WILL BE FUNDED. Funds must be used as applied for or they revert back to SMA. Under no circumstances will funds be transferred outside of SMA's territorial boundaries.

(3) Application...

- (a) Official application forms may be secured by writing the Chief Financial Officer, Southern Medical Association, 35 Lakeshore Drive, P. O. Box 190088, Birmingham, Alabama 35219-0088. Dead-

line 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 and osteopathic 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 \$1,000. The \$1,000 may be allocated among one or more deserving students at the discretion of the Dean and has historically been distributed to either one or two 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 Endowment Fund

In 1986 SMA established an Educational Endowment Fund to provide funding for scholarships, research projects and other programs supporting the educational purposes of the Association. 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.

Purposes of the Fund 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; to initiate a professional career development relationship with SMA; and to recognize or memorialize donors and their designees.

A formal recognition program for contributors to the Research and Education Endowment Fund is as follows:

President's Circle- \$1,000 Contribution

- Picture at Annual Meeting
- Name in *Southern Medical Journal* and *Chart Notes*
- Recognition on SMA's website

Annual Meeting Ribbon Benefactor- \$250-\$999 Contribution

- Name in *Southern Medical Journal* and *Chart Notes*

- Recognition on SMA's website
- Annual Meeting Ribbon **Patron- \$50 - \$249 Contribution**
- Name in *Southern Medical Journal* and *Chart Notes*
- Recognition on SMA's website
- 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 Fund. 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
- "Hall 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 Endowment Fund.

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

VIII. Awards

From time to time the Southern Medical Association has created awards so that the Association may 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 know-

ledge 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 fixation of fractures."

1961- Dallas Meeting- May Owen, M.D., Fort Worth, Tex., "for research in determining that glove powder was the cause of foreign-body 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 Seggar 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
- 2001- No award given
- 2002- No award given
- 2003- No award given
- 2004- New Orleans Meeting - Richard DeShazo, M.D., Jackson, MS

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, TN
1960- St. Louis Meeting- Everett S. Lain, M.D., Oklahoma City, OK
1961- Dallas Meeting- George E. Burch, M.D., New Orleans, LA
1962- Miami Beach Meeting- Wilburt C. Davison M.D., Durham, N.C.
1963- 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, TN
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, TX
1979- Las Vegas Meeting- Margaret S. Klapper, M.D., Birmingham, AL
1980- San Antonio Meeting- Howard L. Holley, M.D., Birmingham, Ala.
1981- New Orleans Meeting- Walter C. Jones, M.D., Coral Gables, FL
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. Kremenz, 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
 2001- Nashville Meeting- Jack C. Hughston, M.D., Columbus, GA
 2002 - Washington Meeting - George S. Ellis, Sr., M.D., New Orleans, LA
 2003- Atlanta Meeting - J. Patrick O'Leary, M.D., New Orleans, LA
 2004- New Orleans Meeting - J. Lee Dockery, M.D., Gainesville, 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. Ruffin, 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

2001- No award given this year

2002- Washington, DC Meeting- David S. H. Bell, M.D., Birmingham, AL

2003- Atlanta Meeting - Aaron I. Vinik, MD, PhD Norfolk, VA

2004- New Orleans Meeting- James W. Anderson, MD Lexington, KY

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. Loran 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 Alliance

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.

In 2004 at the Annual Meeting in New Orleans, Louisiana the decision was made to change the name from Auxiliary to Alliance.

Spouses of members of the Southern Medical Association are automatically members of the SMA Alliance 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 Alliance 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. In addition, the Alliance assists in fund raising for the SMA Research

& Education Endowment Fund.

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

The Southern Medical Association Alliance has made an organized effort to develop meaningful programs for the spouses of SMA members and to support SMA in pursuit of its mission and goals.

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

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

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. Lorz 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. Lorz 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. Lorz after his retirement, voted to retain Mr. Lorz as Advisor and Professional Relations Counselor for a period of three years. This arrangement was renewed for a

second three-year 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 July 2002 Mr. Edward J. Waldron was appointed as Interim Executive Vice President.

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.

Mr. Edward J. Waldron was appointed as its Executive Vice-President in May, 2003.

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

1906	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
1911	Hattiesburg, MS, *Isadore Dyer, New Orleans, LA
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
1919	Asheville, NC, *Lewellys F. Barker, Baltimore, MD
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
1923	Washington, DC, *W. S. Leathers, Jackson, MS
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
1928	Asheville, NC, *William R. Bathurst, Little Rock, AR
1929	Miami, FL, *T. W. Moore, Huntington, WV
1930	Louisville, KY, *Hugh S. Cumming, Washington, DC
1931	New Orleans, LA, *Felix J. 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
1935	St. Louis, MO, *H. Marshall Taylor, Jacksonville, FL
1936	Baltimore, MD, *Fred M. Hodges, Richmond, VA
1937	New Orleans, LA, *Frank K. Boland, Atlanta, GA
1938	Oklahoma City, OK, *J. W. Jervy, Greenville, SC
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
1943	Cincinnati, OH, *Harvey F. Garrison, Jackson, MS
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
1948	Miami, FL, *Lucien A. LeDoux, New Orleans, LA
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
 1958 New Orleans, LA, *W. Kelly West, Oklahoma City, OK
 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 Elizay, 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

2001 Nashville, TN, James C. Waites, Laurel, MS
2002 Washington, DC, Jean Edwards Holt, San Antonio, TX
2003 Atlanta, GA, Michael G. Mackey, Jonesboro, AR
2004 New Orleans, LA, T. Rudolph Howell, MD, Chester, VA

Future Annual Scientific Assemblies of Southern Medical Association

November 10-12, 2005 San Antonio, Texas
October 13-15, 2006 Charlotte, North Carolina



SMA

INDICES

SUBJECT INDEX

Affiliated Societies	57	South Carolina	37
Alabama		Tennessee	39
Associate Councilors	14	Texas	41
Councilor	13	Virginia	43
Arkansas		West Virginia	45
Associate Councilors	16	District of Columbia	
Councilor	15	Associate Councilors	18
Associate Councilors		Councilor	17
Alabama	14	Editor, Southern	
Arkansas	17	Medical Journal	12
District of Columbia	18	Executive Committee	
Florida	20	of the Council	7
Georgia	22	Executive Vice-President	11
Kentucky	24	Facts about SMA	129
Louisiana	26	Florida	
Maryland	28	Associate Councilors	20
Mississippi	30	Councilor	19
Missouri	32	Georgia	
North Carolina	34	Associate Councilors	22
Oklahoma	36	Councilor	21
South Carolina	38	Immediate Past-President	10
Tennessee	40		
Texas	42	Journal Editorial Board	49
Virginia	44	Kentucky	
West Virginia	46	Associate Councilors	24
Alliance		Councilor	23
President	58	Louisiana	
President-Elect	59	Associate Councilors	26
Committee Structure	50	Councilor	25
Constitution and Bylaws	108	Maryland	
Council Members	7	Associate Councilors	28
Councilor		Councilor	27
Alabama	13	Minutes of Meetings	61
Arkansas	15	Mississippi	
District of Columbia	17	Associate Councilors	30
Florida	19	Councilor	29
Georgia	21	Missouri	
Kentucky	23	Associate Councilor	32
Louisiana	25	Councilor	31
Maryland	27	1906 Society Members	47
Mississippi	29	North Carolina	
Missouri	31	Associate Councilors	34
North Carolina	33	Councilor	33
Oklahoma	35	Officers	7

Oklahoma	
Associate Councilors	36
Councilor	35
Past Presidents, Living	54
President	8
President-Elect	9
Section Officers, 2004-2005	55
South Carolina	
Associate Councilors	38
Councilor	37
Tennessee	
Associate Councilors	40
Councilor	39
Texas	
Associate Councilors	42
Councilor	41
Virginia	
Associate Councilors	44
Councilor	43
Vital Statistics (SMA)	132
West Virginia	
Associate Councilors	46
Councilor	45

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Davé, Shoban

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