Advocacy, Leadership, Quality and Professional Identity

2009-2010





## LEADERSHIP GUIDE

Name	2		
Address			
City	State	Zip	
Telephone			

SMA: Southern Medical Association



The Southern Medical Association promotes the health of patients through advocacy, leadership, education, and service.

#### What We Value

Advocacy Leadership Collegiality Innovation

#### What We Believe

- That physicians must be advocates for their patients and provide the leadership necessary to promote better health care in their communities;
- That education and scholarly interactions must be conducted in a collegial, supportive environment;
- That collaboration and innovation in health care delivery will best serve our patients as we work together to attain optimal health.

#### Our Vision

The Southern Medical Association will be the preferred association for physicians and health professionals, and will be recognized for advocacy on key practice issues including leadership development for physicians, multi-specialty and interdisciplinary education and training, and innovative health care delivery models and services that improve quality and access to care.

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# The Practice of Medicine is all About Relationships

Southern Medical Association has always fulfilled the gap left behind when other associations chose to move in different directions. Today more than ever physicians continue to look toward SMA for the necessary tools to fulfill their own personal and professional goals.

SMA is an organization committed to promoting the health of patients through physician advocacy and a culture of leadership which enhances professional development.

Who better to build a long standing relationship with than an association which offers more than any other association in the U.S.

SMA accomplishes this with a balanced portfolio of tangible and intangible products and services, organized to foster Advocacy, Leadership, Quality and Professional Identity.

This is the most comprehensive portfolio offered by any medical association in the U.S.

The unique blend of opportunities provides you the means to build your professional identity and enhance your professional and leadership skills empowering you as a strong advocate for quality healthcare.

And, through a renewed structure of "grass roots" involvement, SMA is fast becoming a vibrant community of physicians with a bias for action in order to meet the difficult challenges of providing medicine today. SMA is here not only to help you survive in this environment...but thrive.

SMA...where everybody knows your name.

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## Officers

President
President-Elect
Executive Vice President
Immediate Past President

R. Bruce Shack, Nashville, TN Eric E. Lindstrom, Laurel, MS Edward J. Waldron, Birmingham, AL Jan N. Basile, Charleston, SC

## Council Members

		<b>Term Expires</b>
Michael C. Gosney	Muscle Shoals, Alabama	2012
Steven W. Strode	Sherwood, Arkansas	2014
Stuart Goodman	Potomac, Maryland	2013
Saulius Jankauskas	Longwood, Florida	2012
Ali R. Rahimi	Savannah, Georgia	2011
Donald J. Swikert	Edgewood, Kentucky	2014
Fayez Shamieh	Lake Charles, Louisiana	2011
Benjamin M. Carmichael	Hattiesburg, Mississippi	2014
Richard Heimburger	Columbia, Missouri	2010
Peter J. Kragel	Greenville, North Carolina	2010
Mason P. Jett	Oklahoma City, Oklahoma	2014
Gary Delaney	Orangeburg, South Carolina	2012
Wesley Eastridge	Kingsport, Tennessee	2013
James J. Bernick	Baytown, Texas	2011
Alonzo H. Myers	Roanoke, Virginia	2012
Lawrence Wyner	Charleston, West Virginia	2012

## **Executive Committee of the Council**

President R. Bruce Shack President-Elect Eric E. Lindstrom Immediate Past-President Jan N. Basile

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Spouse: Wanda

#### **Education:**

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

Member, Society of 1906

Section Secretary, Plastic & Reconstructive Surgery, 1986-1988 Chairman, Plastic & Reconstructive Surgery, 1988-1989 Associate Councilor, 1990-2003 Councilor, 2003-2008

Coordinating Committee on Budget and Administration, 2006-2010 Advisory Committee on Management Compensation, 2006-2009 Chair, Advisory Committee on Special Projects and Services, 2006-2007 Coordinating Committee on Education, 2006-2007 Chair, Advisory Committee on Scientific Activities, 2006-2007 Chair, Advisory Committee on Endowments, 2006-2007 Presidential Committee on Endowments, 2006-2007 Chair, Coordinating Committee on Education, 2007-2009 Coordinating Committee on Long Range Planning, 2007-2009 Advisory Committee on Constutution and Bylaws, 2007-2009 President Elect, 2008-2009

Chair, Presidential Committee on Endowments, 2008-2009 Chair, Presidential Committee on Selections, 2008-2009 President, 2009-2010

## President Elect

## ERIC E. LINDSTROM, M.D., M. P. H.



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Birthdate: November 28, 1936

Birthplace: Helena, Montana

Spouse: Nancy

### **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

Member, Society of 1906

Coordinating Committee on Insurance and Physicians' Retirement, 2004-2007

Coordinating Committee on Budget and Administration, 2005-2010 Advisory Committee on Management Compensation, 2005-2009 Chair, Advisory Committee on Constitution and Bylaws, 2004-2005 Associate Councilor, 1991-1999

Councilor, 2004-2009

President-Elect, 2009-2010

Advisory Committee on Constitution and Bylaws, 2006-2009
Advisory Committee on Special Projects and Services, 2007-2008
Presidential Committee on Endowments, 2007-2009
Presidential Committee on Selections, 2007-2008
Chair, Coordinating Committee on Physicians Insurance and Retirement, 2007-2008
Chair, Advisory Committee on Grants and Scholarships, 2007-2009

SMA: Southern Medical Association

## Immediate Past President

## JAN BASILE, M.D., F. A. C. P.



#### **HOME ADDRESS:**

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BIRTHDATE: November 27, 1952

BIRTHPLACE: Bronx, New York

SPOUSE: Jo Ellen

## **EDUCATION:**

B.A. Degree, Johns Hopkins University, Baltimore, Maryland, 1974M.D. Degree, Medical College of Virginia-Richmond, 1978

SPECIALTY: Internal Medicine/Geriatrics

JOINED SOUTHERN MEDICAL ASSOCIATION: 1974

Member, Society of 1906

Vice Chairman, Section on Medicine, 1990-1991
Chairman, Section on Medicine, 1991-1992
Secretary, Section on Medicine, 1992-2003
Coordinating Committee on Education, 1992-2003
Vice-Chair, Coordinating Committee on Education, 2003-2004
Chairman, Coordinating Committee on Education, 2004-2006
Coordinating Committee on Membership, 2002-2006
Advisory Committee on Scientific Activities, 1992-2004
Coordinating Committee on Physicians Retirement, 1992-1998
Chairman, Advisory Committee on Young Physicians, 1997-1999
Associate Councilor from South Carolina, 1990-2002
Councilor from South Carolina, 2002-2007
President Elect, 2007-2008
Advisory Committee on Management Compensation, 2007-2008
Presidential Committee on Endowment, 2007-2008

Chair, Presidential Committee on Selections, 2007-2008 Chair, Ad Hoc Committee on Leadership Development, 2007-2008 Coordinating Committee on Budget and Administration, 2007-2009 President, 2008-2009

Chair, Advisory Committee on Management Compensation, 2008-2009 Chair, Coordinating Committee on Budget and Administration, 2009-2010

SMA: Southern Medical Association

## Editor-Southern Medical Journal

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### **Education:**

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Specialty: Internal Medicine/Geriatric Medicine

Joined Southern Medical Association: 1987

Member, Society of 1906

Dial Access Editorial Board, 1989-1997

Coordinating Editor, Dial Access Editorial Board, 1997-2000

Coordinating Committee on Budget and Administration, 1996-2000

Advisory Committee on Scientific Activities, 1991-1992

Chair, Advisory Committee on Scientific Activities, 1992-1996

Ad Hoc Committee on Affiliated Services, 1991-1992

Presidential Committee on Endowments, 1998-1999

President, Southern Association on Geriatric Medicine, 1989-1992

Associate Councilor, 1987-1992

Councilor, 1992-1999

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

Vice-Chairman of the Council, 1995-1996

Chairman of the Council, 1996-1998

President-Elect, 1998-1999

President, 1999-2000

SMJ Editorial Board Assistant Editor, 1995-1998

SMJ Editorial Board Associate Editor, 1998-2000

Editor, Southern Medical Journal, 2000-

Coordinating Committee in Education, 2006-2009

## **Executive Vice-President**

## EDWARD J. WALDRON



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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 -2002 Interim Executive Vice-President 2002 Managing Editor, Southern Medical Journal, 2002

## COUNCILORS AND ASSOCIATE COUNCILORS

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## Councilor: Alabama

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## **Education:**

B.S. Degree, Texas A & M, 1972 D.V.M. Degree, Texas A & M, 1973 M.D. Degree, Chihuahua, Mexico, 1981 J.D. Degree, Birmingham School of Law, 1998 M.B.A. Degree, Auburn, 2004

Specialty: Anesthesiology

Joined Southern Medical Association: 1989

Member, Society of 1906

Secretary-Elect, Section on Anesthesiology, 1996-1999 Secretary, Section on Anesthesiology, 1999-2001

Associate Councilor, 2004-2007

Advisory Committee on Special Projects and Services, 2007-2008

Coordinating Committee on Membership, 2007-2008

Chair, Coordinating Committee on Long Range Planning, 2007-2009

Chair, Advisory Committee on Constitution and Bylaws, 2007-2009

Coordinating Committee on Budget and Administration, 2007-2010

Councilor, 2007-2012

Chair, Coordinating Committee on Membership, 2008-2009

Advisory Committee on Management and Compensation, 2008-2009

Chair, Coordinating Committee on Advocacy, 2009-2010

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Bean, Jessie - Alliance Councilor

Bell, David S.H. (Diabetes/Endocrinology) - Committee Member

Carter, Elliott (Pathology) - Associate Councilor and Committee Member

Daugherty, J. Patrick (Oncology) - Associate Councilor and Committee Member

Gosney, Donna - Alliance Councilor and Committee Member

Gosney, Michael (Anesthesiology) - Councilor and Committee Chair

Jander, Susie - Alliance Committee Member

Maddox, Nita - Alliance Committee Member

McBryde, Angus (Orthopedic Surgery) - SMA Services Inc. Board of Directors

Nelson, John (Pathology) - Committee Member

Stillwell, James (Plastic & Reconstructive Surgery) - Associate Councilor

Trotter, Michael (Cardiovascular Surgery) - Committee Member

Williams, Mark (Anesthesiology) - Associate Councilor

Winn, Karen (R.N) - Committee member

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## **Education:**

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M.E.d Degree, University of Arkansas in Little Rock

M.P.H Degree, Tulane University School of Public Health &

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Specialty: Family Medicine

Joined Southern Medical Association: 1996

Coordinating Committee on Education, 2008-2009 Associate Councilor, 2007-2009 Councilor 2009-2014 Advisory Committee on Advocacy for Membership, 2009-2010

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Mackey, Michael (Internal Medicine) - SMA Services Inc. Board of Directors Mayfield, Michael (General Surgeon) - Associate Councilor and Committee Member

Price, Lawrence - Associate Councilor

Strode, Steven W. (Family Practice) - Councilor and Committee Member

## Councilor: District of Columbia

## STUART GOODMAN, M.D., M.B.A.



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Spouse: Myrna

## **Education:**

M.D. Degree, University of the East Medical School, 1977 M.B.A. Degree, Auburn University, 2004

Specialty: Neurology & Psychiatry

Joined Southern Medical Association: 1992

Associate Councilor, 2006-2008 Coordinating Committee on Membership, 2008-2009 Presidential Committee on Selections, 2008-2009 Councilor 2008-2013 Advisory Committee on Quality for Long Range Planning, 2009-2010

## ASSOCIATE COUNCILORS

## **LEADERSHIP**

Goodman, Stuart (Neurology & Psychiatry) - Councilor and Committee Member

## Councilor: Florida

## SAULIUS JANKAUSKAS, M.D.



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## **Education:**

Wayne State University School of Medicine Medical College of Virginia - Plastic Surgery Fellowship Ellenbogen Plastic Surgery Institute - Aesthetic Surgery Fellowship Specialty: Plastic/Reconstructive Surgery

Joined Southern Medical Association: 1990

#### Offices Held in SMA:

Section Officer 1997 -2000 Section Secretary 2000 -2008 Associate Councilor: Florida 2004 -2008 Councilor, 2008 -2012 Advisory Committee on Scientific Activities, 2008-2009 Presidential Committee on Selections, 2008-2009 Coordinating Committee on Advocacy, 2009-2010

## ASSOCIATE COUNCILORS

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## **LEADERSHIP**

Anderson, Ann - Alliance Councilor

Berchelmann, Christopher (Internal Medicine) - Committee Member

Hale, Elaine - Alliance Councilor

Hunter, Thomas (Psychiatry) - Committee Member

Jankauskas, Saulius (Plastic/Reconstructive Surgery) - Councilor and Committee

Member

Johns, Kathy - Alliance Officer

Khoury, Suhail (Internal Medicine) - Committee Member

Klein, Gerald (Radiology) - Committee Member

Kumar, Ajov (Family Medicine) - Associate Councilor

Nadasy, Krisztina (Internal Medicine) - Committee Member

Paruch, John (Medical Student) - Committee Member

Peaden, Durell (Emergency Medicine - Associate Councilor

Pennock, Gregory K. (Oncology) - Committee Member

Rutledge, Hugh (Internal Medicine) - Associate Councilor

Sandzen, Jr., Sigurd (Orthopedic Surgery) - Committee Member

Weiss, Daniel (Cardiology) - Committee Member

Zaydon, Thomas (Plastic & Reconstructive Surgery) - Committee Member

## Councilor: Georgia

## ALI R. RAHIMI, M.D., F.A.C.P., A.G.S.F



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**Spouse:** Sorahi Toloyan-Rahimi, M.D.

## **Education:**

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**Specialty:** Internal / Geriatric Medicine

Joined Southern Medical Association: 1997

Member, Society of 1906

Associate Councilor, 2000-2005 Chairman, Section on Medicine 2000-2003 Secretary, Section on Medicine 2003-2007

Councilor, 2006-2011

Coordinating Committee on Insurance and Physicians Retirement Program 2006-2007

Coordinating Committee on Long Range Planning, 2007-2009

Advisory Committee on Scientific Activities, 2007-2009

Ad Hoc Committee on Ethics, 2007-2008

Secretary, Section on Cardiology, 2006-2007

Chairman, Section on Cardiology, 2007-2009

Coordinating Committee on Budget and Administration, 2007-2010

Advisory Committee on Grants and Scholarships, 2008-2009

Advisory Committee on Professional Identity for Membership, 2009-2010

## ASSOCIATE COUNCILORS

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## **LEADERSHIP**

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Rehman, Obaid (Pulmonary Disease) - Associate Councilor

## Councilor: Kentucky

## DONALD J. SWIKERT, M.D.



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Birthdate: August 28, 1951

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## **Education:**

B.S. Degree, University of Kentucky, 1973 M.D. Degree, University of Louisville, 1977

Specialty: Family Medicine

Joined Southern Medical Association: 1988

Associate Councilor 2009 Councilor 2009-2014 Coordinating Committee on Professional Identity, 2009-2010

## ASSOCIATE COUNCILORS

#### Rolando Berger, M.D.

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## LEADERSHIP

Berger, Rolando (Pulmonary Disease) - Associate Councilor
Bunnell, Nancy - Alliance Committee Member
Daus, Jo-Ann - Alliance Councilor
Dave', Uday (Otolaryngology) - Associate Councilor
Garrison, Anita - Alliance Councilor
James, Oliver (Anesthesiology) - Committee Member
Nolan, Heather (Medical Student) - Committee Member
Oakley, Maurice - Associate Councilor and Committee Member
Swikert, Donald (Family Practice) - Councilor and Committee Member
Swikert, Nancy (Family Practice) - Alliance President-Elect, Committee Member
Womack, Glenn (Family Practice) - Committee Member

## Councilor: Louisiana

## FAYEZ SHAMIEH, M.D.



### **Home Address:**

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## Office Address:

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Birthdate: May 3, 1945

Birthplace: Lod, Jordan

Spouse: Amal

## **Education:**

M.D. Degree, Ain Sham's University, Cairo, Egypt

Specialty: Neurology/Psychiatry

Joined Southern Medical Association: 1996

Councilor, Louisiana 2010 -2011 Associate Councilor, 2008-2010 Section Secretary 1999 -2007

## ASSOCIATE COUNCILORS

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## **LEADERSHIP**

Borders, Emma - Alliance Committee Member

Boyer, Connie - Alliance Committee Member and Councilor

Crawford, Paul (Obstetrics & Gynecology) - Committee Member

Ferrara, Shari - Alliance Committee Member and Councilor

Hopper, Virginia - Alliance Committee Member

Ibanez-Manlapaz, Irene (Pathology) - Committee Member

Kuplesky, Rose - Alliance Officer

McBride, William (Psychiatry) - Associate Councilor

McCool, Sancy - Alliance Committee Member

O'Donnell, Joseph (General Surgery) - Associate Councilor and Committee Member

Palazzo, Anthony (Pediatrics) - Committee Member

Shamieh, Amal - Alliance Officer and Committee Member

Shamieh, Fayez (Neurology & Psychiatry) - Councilor and Committee Member

## Councilor: Maryland

## STUART GOODMAN, M.D., M.B.A.



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Birthdate: June 20, 1949

Birthplace: Paterson, New Jersey

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## **Education:**

M.D. Degree, University of the East Medical School, 1977 M.B.A. Degree, Auburn University, 2004

Specialty: Neurology & Psychiatry

Joined Southern Medical Association: 1992

Associate Councilor, 2006-2008 Coordinating Committee on Membership, 2008-2009 Presidential Committee on Selections, 2008-2009 Councilor 2008-2013 Advisory Committee on Quality for Long Range Planning, 2009-2010

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## LEADERSHIP

Bahraini, Joyce - Alliance Councilor

Bartkovich, John (Surgery) - Associate Councilor and Committee Member Bolognese, Michael (Diabetes/Endocrinology) - Associate Councilor and Committee Member

Casibang, Vickie - Alliance Committee Member

DeVore, Paul - Associate Councilor

Goodman, Myrna - Alliance Councilor and Committee Member

Goodman, Stuart - (Neurology & Psychiatry) Councilor and Committee Member

Jamshidi, Saied - Associate Councilor and Committee Member

Molz, Betty - Alliance Councilor

SMA: Southern Medical Association

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## Councilor: Mississippi

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## **Education:**

B. A.Degree, Emory University, 1961

M.D.Degree, Emory University, 1965

Internship and Internal Medicine Residency, Walter Reed

Medical Center, 1969

Fellowship in Cardiovascular Disease, Brooke Army Medical

Center, 1971

Specialty: Cardiology

## Joined Southern Medical Association: 1981

Member, Society of 1906

### Offices Held in SMA:

Associate Councilor, 1999-2009

Coordinating Committee on Insurance & Retirement, 2001-2002, 2007-2008

Advisory Committee on Grants & Scholarships, 2005-2006

Coordinating Committee on Membership, 2007-2008

Presidential Committee on Endowments, 2007-2009

Chair, Coordinating Committee on Professional Identity, 2009-2010

Advisory Committee on Advocacy for Membership, 2009-2010

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## LEADERSHIP

Bradford, William (Emergency Medicine) - Committee Member

Carlton, Frederick (Emergency Medicine) - Associate Councilor and Committee Member

Carmichael, Benjamin (Cardiology) - Councilor and Committee Chair

Carmichael, Kathy - Alliance Committee Member

Clark, W. Craig (Neurosurgery) - Committee Member

Cook, John (Emergency Medicine) - Associate Councilor and Committee Member

Irby, Braxter - SMA Services Inc. Board Member

Lampton, Lucius (Family Practice) - Associate Councilor and Committee Member

Lindstrom, Eric (Ophthalmology) - SMA President-Elect and Committee Member

Lindstrom, Nancy - SMA Services Inc. Board Member

Morris, Jeffrey (Internal Medicine) - Associate Councilor and Committee Member

Morris, Karen - Alliance Committee Member

Murphy, Jason (Surgery) - Committee Member

Peters, William (Emergency Medicine) - Committee Member

Preston, Jane - Alliance Committee Member

Rish, Susan - Alliance Officer and Committee Member

Rogers, Lee (Ophthalmology) - Associate Councilor and Committee Member

Wilson, Michael (Pulmonary) - Committee Member

Witty, Donna - Alliance Councilor

## Councilor: Missouri

## RICHARD A. HEIMBURGER, M.D.



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Spouse: Mary Catherine

## **Education:**

A. B. Degree, Drury College, 1958 M.D. Degree, Vanderbilt University, 1961 General Surgery Residency, Medical College of GA, 1962-1968 U.S. Air Force, 1964-1966 Plastic and Maxillofacial Surgery Residency, University of Texas Medical Branch at Galveston, 1969-1972 `**........** 

Specialty: Plastic and Reconstructive Surgery

Joined Southern Medical Association: 1978

Chairman-Elect, Plastic & Reconstructive Surgery, 1981-82 Chairman, Plastic & Reconstructive Surgery, 1982-1983 Associate Councilor, 2004-2005 Councilor, 2005-2010 Coordinating Committee on Education, 2007-2009 Ad Hoc Committee on Ethics, 2007-2008

## ASSOCIATE COUNCILORS

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## **LEADERSHIP**

Bever, Millie - Alliance Committee Member

Campbell, Albert (Family Practice) - Associate Councilor and Committee Member Conant, James (Family Practice) - Associate Councilor and Committee Member Heimburger, Richard (Plastic & Reconstructive Surgery) - Councilor and

Committee Member

Hellenga, Andrew (Medical Student) - Committee Member

Rall, Kenneth (Radiology) - Associate Councilor

Shuman, Mary - Alliance Officer

Sparkman, Carol - Alliance Committee Member

Sparkman, Thomas (Family Practice) - Associate Councilor and Committee Member

Talboy, Glenn - Associate Councilor and Committee Member

Weigand, Kathy - Alliance Councilor

SMA: Southern Medical Association

## Councilor: North Carolina

## PETER J. KRAGEL, M.D.



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Birthdate: June 15, 1955

Spouse: Amy

#### **Education:**

B. A. Degree, The John Hopkins University, 1977 M.D. Degree, Georgetown University School of Medicine, 1981 Anatomic and Pathology Residency, 1981-1985

Specialty: Pathology

Joined Southern Medical Association: 1991

Member, Society of 1906

#### Offices Held in SMA:

Chairman, Section of Pathology

Advisory Committee on Grants and Scholarships, 2005-2006

Advisory Committee on Practice Management Services, 2005-2007

Coordinating Committee on Education, 2005-2006

Councilor, 2005-2010

Coordinating Committee on Budget and Administration, 2006-2010

Chair, Advisory Committee on Grants and Scholarships, 2006-2007

Coordinating Committee on Long Range Planning, 2006-2009

Advisory Committee on Special Projects and Services, 2007-2008

Ad Hoc Committee on Leadership, 2007-2008

Chair, Coordinating Committee on Scientific Activities, 2007-2009

Advisory Committee on Constitution and Bylaws, 2007-2009

Chair, Coordinating Committee on Membership, 2007-2008

Advisory Committee on Management Compensation, 2008-2009

Vice-Chair, Coordinating Committee on Education, 2008-2009

Chair, Coordinating Committee on Quality, 2009-2010

Advisory Committee on Leadership for Long Range Planning, 2009-2010

#### ASSOCIATE COUNCILORS

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## LEADERSHIP

Boyer, Patricia (Neurology/Psychiatry) - Committee Member
De Castro, Carlos (Hematology/Oncology) - Committee Member
Kragel, Peter (Pathology) - Councilor and Committee Chair
MacDonald, Kenneth (Surgery) - Associate Councilor and Committee Member
Muscoreil, Steven - Associate Councilor and Committee Member
Treadwell, Edward (Rheumatology & Immunology) - Associate Councilor
West, Robert (Pathology) - Associate Councilor and Committee Member

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## Councilor: Oklahoma

## MASON P. JETT, M.D.



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Birthdate: January 25, 1947

Birthplace: East St. Louis, Illinois

Spouse: Barbara

## **Education:**

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B.A. Degree, Depauw University, 1969 M.D. Degree, Johns Hopkins University School of Medicine, 1973 Residency, Johns Hopkins Hospital, 1975 Surgical Residency, University of Oklahoma Health Sciences Center, 1978

Specialty: General Surgery

Joined Southern Medical Association: 1997

Member, Society of 1906

#### Offices Held in SMA:

Associate Councilor 2009 Councilor 2009-2014 Advisory Committee for Leadership on Membership, 2009-2010

### ASSOCIATE COUNCILORS

#### Todd Beasley, D.O.

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## **LEADERSHIP**

Beasley, Todd (Anesthesiology) - Associate Councilor
Cooper, Christian (Internal Medicine) - Committee Member
Farmer, Charles (Emergency Medicine) - SMA Services Inc. Board of Directors
Gaske, P. J. - Committee Member
Jett, Barbara - Alliance President and Committee Member
Jett, Mason (Surgery) - Councilor and Committee Member
Martens, Mark - Associate Councilor and Committee Member
Meshri, Gita (Obstetrics & Gynecology) - Committee Member
Schwartz, Michael (Family Practice) - Committee Member
Sutor, Debbie - Alliance Councilor

## Councilor: South Carolina

# GARY A. DELANEY, M.D.



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BIRTHDATE: December 7, 1949

BIRTHPLACE: Lexington, Kentucky

SPOUSE: Gail

#### **EDUCATION:**

B.S. Degree, University of Kentucky 1971 M.D. Degree, University of Kentucky 1975

SPECIALTY: Anesthesiologist

JOINED SOUTHERN MEDICAL ASSOCIATION: 1982

Member, Society of 1906

#### OFFICES HELD IN SMA:

Advisory Committee on New Physicians, 2006-2009 Coordinating Committee on Long Range Planning, 2006-2009

Associate Councilor, 2005-2007

Advisory Committee on Management Compensation, 2007-2008 Advisory Committee on Special Projects and Services, 2007-2008 Advisory Committee on Practice Management Services, 2007-2008 Advisory Committee on Constitution and Bylaws, 2007-2009 Councilor, 2007-2012

Chair, Coordinating Committee on Leadership, 2009-2010 Advisory Committee on Professional Identity for Long Range Planning, 2009-2010

## ASSOCIATE COUNCILORS

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### **LEADERSHIP**

Basile, Jan (Internal/Geriatric Medicine) - Committee Member

Basile, Jo Ellen - Alliance Committee Member

Delaney, Gail - Committee Member

Delaney, Gary (Anesthesiology) - Councilor and Committee Chair

Elliott, Linda - Alliance Committee Member

Elliott, Terry (Family Practice) - Associate Councilor and Committee Member

Lovelace, Dallas (Radiology) SMA Services Inc. Board of Directors

Meiere, Cheney (Radiology) - Associate Councilor and Committee Member

Meiere, Shirley - Alliance Councilor and Committee Member

Rehman, Shakaib (Internal Medicine) - Associate Councilor and Committee Member

Rutledge, Rion (Family Practice) - Associate Councilor

Wheeler, William (Surgery) - Committee Member

## Councilor: Tennessee

## WESLEY EASTRIDGE, MD



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Birthdate: November 9, 1957

Birthplace: Tennessee

Spouse: Joy

#### **Education:**

Oxford College of Emory University A.A. 1977 Emory College B.A. 1979 Emory School of Medicine 1983 East Tennessee State University Internship 1984 Medical College of Virginia Residency in Family Medicine 1986 Specialty: Family Practice

Joined Southern Medical Association: 1986

#### Offices Held in SMA.

Advisory Committee on Scientific Activities, 1989-2002

Associate Councilor, 1990-2008

Secretary Elect, Section on Family Practice, 1990

Section Secretary on Family Practice, 1991-1993

Task Force on SMA Fellowship Membership. 1992

Advisory Committee on Multi-Media Programs, 1996-97, 2007-2008

Coordinating Committee on Education, 1997-2001, 2004-2005

Chairman, Section on Family Practice, 1997

Sub Committee on Internet Development, 1999

Advisory Committee on Special Projects, 2004-2005

Coordinating Committee on Long Range Planning, 2007-2009

Councilor, 2008-2013

Chair, Advisory Committee on New Physicians, 2008-2009

Coordinating Committee on Membership, 2008-2009

Presidential Committee on Selections, 2008-2009

## ASSOCIATE COUNCILORS

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## LEADERSHIP

Blanton, Barbara - Alliance Councilor

Brown, George (Psychiatry) - Associate Councilor and Committee Member

DeVersa, Peter (Internal Medicine) - Committee Member

Eastridge, Wesley (Family Practice) - Councilor and Committee Member

Hamdy, Ronald (Internal/Geriatric Medicine) - Journal Editor

Morris, Christopher (Rheumatology) - Associate Councilor and Committee

Member

Pinson, C. Wright (Surgery) - Associate Councilor and Committee Member

Reed, Hannah (Medical Student) - Committee Member

Shack, R. Bruce (Plastic & Reconstructive Surgery) - SMA President

Vickers, Darlene - Alliance Councilor

## Councilor: Texas

# JAMES J. BERNICK, M.S., M.D., J.D.



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#### **Education:**

B.A. Degree, University of Southern California, 1972

M.S. Degree, University of Texas, 1973

M.D. Degree, University of Texas, 1977

J.D. Degree, South Texas College of Law, 1992

Specialty: Geriatrics

Joined Southern Medical Association: 1998

Member, Society of 1906

#### Offices Held in SMA:

Coordinating Committee on Budget and Administration, 2006-2007 Advisory Committee on Constitution and Bylaws, 2006-2009 Advisory Committee on Scientific Activities, 2006-2007 Presidential Committee on Endowments, 2006-2007 Coordinating Committee on Education, 2007-2009 Coordinating Committee on Membership, 2007-2009 Advisory Committee on Grants and Scholarships, 2007-2009 Councilor, 2006-2011

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## **LEADERSHIP**

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Ballard, Ann - Alliance Committee Member

Bernick, James (Geriatrics) - Councilor and Committee Member

Currie, Sandy - Committee Member

Fernandez, Luis (Traumatic Surgery) - Committee Member

Groom, Kyle (Emergency Medicine) - Committee Member

Hauser, Barbara - Alliance Councilor

Kruger, Robert (Geriatrics) - Associate Councilor and Committee Member

Otto, Pamela (Radiology) - Associate Councilor

Perez, Elsie - Alliance Councilor

Scott, Robert (Internal Medicine) - Associate Councilor and Committee Member

Syed, Nabeel (Urology) - Committee Member

Voge, Victoria (Occupational Medicine) - Committee Member

Yates, Scott (Internal Medicine) - Committee Member

## Councilor: Virginia

## ALONZO MYERS, M.D., F.A.C.S



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**Specialty:** Orthopaedic Surgery

#### **Education:**

B.A. Degree, Duke University, 1955

M.D. Degree, Duke School of Medicine 1959

General Surgery Residency, University of Virginia 1959-60

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Orthopaedic Surgery Residency, University of Virginia, 1960-64

Military Service: 1964-1966

Orthopedic Surgeon, Madigan General Army Hospital

Tacoma, WA, and Zama Army Hospital, Japan

Joined Southern Medical Association: 1968

Member, Society of 1906

#### OFFICES HELD IN SMA:

Associate Councilor, 1991-2007
Coordinating Committee on Insurance, 1992-1998
Advisory Committee on Grants and Scholarships, 2007-2009
Advisory Committee on New Physicians, 2007-2008
Coordinating Committee on Budget and Adminstration, 2007-2009
Councilor, 2007-2012
Advisory Committee on Professional Identity for Membership, 2009-2010

### ASSOCIATE COUNCILORS

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## **LEADERSHIP**

Barnett, Jewell (Obstetrics & Gynecology) - Associate Councilor and Committee Member

Clements, Boyd (Family Practice) - Associate Councilor and Committee Member Howell, T. Rudolph (Radiology) - SMA Services Inc Board of Directors Marks, Charles (Internal Medicine) - Committee Member Myers, Alonzo (Orthopedic Surgery) - Councilor and Committee Member Oldham, Robert (Psychiatry) - SMA Services Inc Board of Directors Pierce, J. Thomas (General Practice) - Associate Councilor and Committee Member

## Councilor: West Virginia

# LAWRENCE M. WYNER, M.D.



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Birthplace: Cleveland, Ohio

Spouse: Louida

#### **Education:**

A.B. Degree, Princeton University, 1979

M.D. Degree, University of North Carolina, Chapel Hill, 1983

Specialty: Urology

Joined Southern Medical Association: 1994

#### Offices Held in SMA:

Associate Councilor, 2003-2007
Ad Hoc Committee on Ethics, 2007-2008
Advisory Committee on Grants and Scholarships, 2008-2009
Coordinating Committee on Long Range Planning, 2008-2009
Councilor 2007-2012

Advisory Committee on Professional Identity for Membership, 2009-2010

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## **LEADERSHIP**

Bofill, Judy - Alliance Councilor

Duremdes, Janelle (Pediatrics) - Associate Councilor and Committee Member

Rahbar, Marylon - Alliance Councilor

Romero, Rose - Alliance Committee Member

Salon, Iligino (Internal Medicine) - Associate Councilor

Salon, Pacita - Alliance Officer and Committee Member

Smaltz, Frances - Alliance Committee Member

Wehner, Paulette (Cardiovascular Disease) - Associate Councilor and Committee

Member

Wyner, Lawrence (Urology) - Councilor and Committee Member

## 1906 Society Members

The following individuals are recognized for their membership in The Society of 1906, an exclusive organization of physician members who have pledged or paid \$5,000.00 or more to SMA's Research and Education Endowment Fund in support of medical education.

**		
Katherine Aldridge, M.D.	Hattiesburg, MS	2008
J. Max Austin, Jr., M.D.	Birmingham, AL	1992
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 Bernick, M.D.	Baytown, TX	2007
Jeffery Brant, M.D.	Kingston, GA	2008
James G. Brooks, Jr., M.D.	Dallas, TX	1993
Thomas Bunnell, M.D.	Edgemont, KY	2008
Albert J. Campbell, Jr., M.D.	Sedalia, MO	1994
Louis A. Cancellaro, M.D.	Johnson City, TN	1991
Ben Carmichael, M.D.	Hattiesburg, MS	2007
Bashir Chaudhary, M.D.	Savannah, GA	2007
Kenneth R. Crabtree, M.D.	Tompkinsville, KY	1991
Lawrence J. Danna, M.D.	West Monroe, LA	2002
W. Alva Deardorff, M.D.	Charleston, WV	2001
Gary Delany, M.D.	Orangeburg, SC	2007
Richard P. DeRosa, M.D.	Washington, DC	1992
Paul A. DeVore, M.D.	Hyattsville, M.D.	1994
J. Lee Dockery, M.D.	Gainesville, FL	1993
Janelle Durmedes, M.D.	Princeton, WV	2008
Terry L. Elliott, M.D.	Wheeling, WV	2005
George S. Ellis, Jr., M.D.	New Orleans, LA	2005
Charles A. Farmer, Jr., M.D.	Tulsa, OK	1993
Mike Gosney, M.D.	Muscle Shoals, AL	2007
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
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
Mason P. Jett, M.D.	Oklahoma City, OK	2009
Bobby W. Jones, M.D.	Memphis, TN	1996
Mehmet Kalaycioglu, M.D.	Shinnston, WV	1992
Robert W. Klink, M.D.	Gloucester, VA	1991
Peter J. Kragel, M.D.	Greenville, NC	2007
Andrew W. Lawton, M.D.	Little Rock, AR	2004
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
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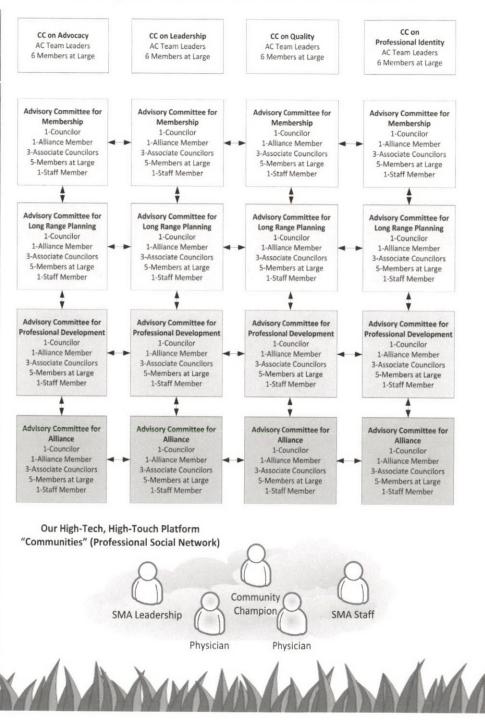
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March 22-24	Medico-Legal Aspects of Healthcare: Emerging Policy Issues Hyatt Regency on Capitol Hill - Washington, DC In conjunction with Auburn University's Physician Executive MBA Program	
April II-18	Orthopaedics and Sports Medicine 7-Day CME Cruise - Western Caribbean Aboard Holland America's ms Ryndam	
<b>√</b> June 5-12	Office-Based Dermatology 7-Day CME Cruise - Alaska Aboard Holland American's ms Rotterdam	
June 11-13	Geriatric Practice for the 21st Century Caribe Royale Orlando All-Suites Hotel - Orlando, FL	9
June 11-20	Comparative Healthcare Systems: A Medical Tale of Two Cities London, England and Paris, France In conjunction with Auburn University's Physician Executive MBA Program	
<b>√</b> June 19-26	Puzzling Diagnostic and Therapeutic Problems in the Adult Patient	
	7-Day CME Cruise — New England/Canada Aboard Holland America's ms Maasdam	
<b>√</b> July 25-29	Focus on the Female Patient Kiawah Island Golf Resort - Kiawah Island, SC	
August 6-8	Hypertension, Diabetes & Hyperlipidemia Sawgrass Marriott Resort & Spa - Ponte Vedra Beach, FL	
August 20-22	Residents & Fellows Forum Marriott Waterside Hotel & Marina - Tampa, FL	
November 4-6	SMA Scientific Assembly Gaylord Palms Resort & Convention Center - Kissimmee, FL	
November 12-14	Southern Region Burn Conference Memphis,TN	
December 17-19	Medical Dilemmas in Patient Care: Exploring the Primary Care-Specialty Interface New York, NY	64

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# MINUTES FROM MEETINGS

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# MINUTES SMA Council Conference Call October 6, 2008

The Council of the Southern Medical Association met via conference call on Monday, October 6, 2008. The meeting was called to order at 7:04 p.m. CST by the President, Jan N. Basile, MD.

Members of the Council present: Jan N. Basile, MD, Charleston, SC; Paula Oliver Pell, MD, Immediate Past President, St. Petersburg, FL; R. Bruce Shack, MD, Nashville, TN; Ronald C. Hamdy, Editor, Southern Medical Journal, Johnson City, TN; Michael Gosney, MD, Muscle Shoals, AL; Saulis Jankauskas, MD, Longwood, FL; Ali Rahimi, MD, Augusta, GA; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Mark Martens, MD, Oklahoma; Alonzo Myers, MD, Roanoke, VA; and Lawrence Wyner, MD, Charleston, WV and Nancy Brant, SMA Alliance President, Kingston, GA.

Members of the Council absent: Andrew W. Lawton, MD, Little Rock, AR; Stuart Goodman, MD, Potomac, MD; Thomas Bunnell, MD, Crestview Hills, KY; Erin Boh, MD, New Orleans, LA; Eric Lindstrom, MD, Laurel, MS; Gary Delaney, MD, Orangeburg, SC; James Bernick, MD, Baytown, Texas.

SMA staff present: Mr. Ed Waldron; Mr. Luke Hartsfield; Mr. Don Casey; Mr. Randy Glick; Mrs. Kathy McLendon; Ms. Pamela McDonald; Mrs. Kendra Blackmon; Ms. Kim Thompson, Ms. Debbie Cleghorn and Mrs. Lisa O'Daniel.

#### **Approval of Minutes**

Minutes of the August 6, 2008 Meeting of the Council were distributed prior to this call.

ACTION: Motion was made and seconded that the Minutes from the August 6, 2008 conference call of the Council be approved as distributed. Motion carried unanimously.

#### SMA President's Report Jan N. Basile, MD

Dr. Basile welcomed everyone to the first SMA Council Call for the 2008-2009 year and stated that he is looking forward to a great year ahead.

Dr. Basile stated that he understood the demands on everyone's time and suggested that the monthly Council calls be changed to quarterly with the emphasis being placed more with the Coordinating Committees to meet each month and reporting back to the council via the list serve and copies of the minutes.

ACTION: It was agreed upon to move from monthly calls to quarterly calls beginning with January 2009. A new scheduled will be developed and distributed. Dr. Basile also agreed that a Council meeting can be called at anytime should the need arise, specifically during the preparation of Budgets and Annual meeting planning.

#### Birmingham/Annual Meeting Update

Dr. Basile visited the SMA office on September 25, 2008 and met with key staff members working on the 2009 Annual Scientific Assembly. The speakers for the Opening Ceremony and President's Symposium are being confirmed, the basic schedule from the 2008 meeting will be kept for the 2009 meeting. Dr. and Mrs. Basile along with SMA staff will make a site visit to Dallas in November.

Long Range Planning Committee
Meeting – will be held at the Emory
Conference Center, October 2426. This meeting was moved from
November to replace the Leadership
Conference in order to control attrition
costs. Dr. Basile reminded everyone
of the extreme importance of this
meeting as we are paving the way for
SMA's future.

Leadership Development Conference – this meeting has been moved to April 17-19, 2009 with hopes that we will have a much better attendance.

**ACTION:** Dr. Basile has charged the SMA Council with procuring at least 2 attendees for this conference.

Associate Councilors - Dr. Basile explained the importance of the SMA Associate Councilors and your role as their "mentors" and his concern over not having the significant number of Associates in many of our states.

ACTION: Dr. Basile asks that each councilor review his current Associate Councilors and send him an email by 10-31-08 with the following information:

 a. explain how you plan to communicate with your Associate Councilors;

b. send a list of proposed Associate Councilors to fill your 5 total positions based on a strategic geographical area within your state.

Councilor participation at State

Meetings – Drs. Basile and Pell have attended several state meetings this year and were very well received. There are many opportunities for marketing of the SMA/SMAA at your state meetings and Dr. Basile encourages all Councilors to work with the SMA staff to review these opportunities. Of course budget restrictions need to be reviewed for these events.

ACTION: Dr. Basile has requested that SMA staff put together a letter from each state Councilor that can be sent to their state/county leadership for marketing/reception opportunities. This is being done in an effort to see more attendance at the annual state medical meeting. Budget information would have to be included to see how feasible it is to have our councilors. attend their annual state meeting but this is the goal. Dr. Basile reminded the Council of the invaluable help vou can receive from your SMAA Counterpart and requested that each councilor work with their alliance state leader

SMA Alliance Luncheon - Dr. Basile has strongly recommended that the SMA Council continue supporting the SMA Alliance during the Installation Luncheon that will be held on Friday, December 4, 2009 in Dallas. He encourages all Councilors and their spouses to attend this luncheon. Dr. Basile also noted that each Councilor should discuss with their spouse the opportunities that the SMA Alliance can offer and encourage participation in the Alliance.

#### Report of the SMA Alliance President Mrs. Nancy Brant

Mrs. Brant stated that she and Barbara Jett, SMAA President-Elect have attended several state meetings and have plans to attend several more in the next few months and would appreciate any support from our SMA Councilors at these meetings.

Mrs. Brant noted that both organizations are great separately but could be stronger when working together.

Mrs. Brant announced the formulation of the "Southern Family" project.
This project allows any SMA/SMAA member to be placed on a list for housing, financial aid, etc so that when an event such as hurricanes, etc. hit our members, we can be ready with a helping hand. This will allow members in need to know that they can contact SMA for any needs that might arise during a natural disaster.

Mrs. Brant stated that she is looking forward to a busy/productive year and working closely with Dr. Basile and the SMA Council to fulfill our members' needs.

# Report of the Chief Financial Officer Mr. Don Casey

Mr. Casey reported that the independent auditors have completed their field audit and a draft of the audit should be received by the end of the week with final audited reports by October 17, 2008 in time to send to the B&A Committee for review prior to their scheduled conference call on October 27, 2008.

Now that the auditors are not in the office the staff is busy preparing current fiscal year financials which will be sent to the Council as completed.

Cash position remains favorable with the known Annual Meeting bills paid. Reserves are available to be drawn from the SMA Services insurance investment

#### **New Business**

Dr. Kragel stated that the Advisory Committee on Scientific Activities has completed the five tracks for the upcoming meeting and will continue to work with staff to finalize all programs.

Dr. Basile announced the two new members of the 1906 Society:

Dr. Pamela Bernick (spouse of James Bernick), and Dr. Sorahi Rahimi (spouse of Ali Rahimi).

Ed Waldron discussed the meeting that was held with the GME Deans in September along with our meeting with Vanderbilt University. Both meetings went very well and plans are being made to partner with both for upcoming conferences. More information will be distributed as the plans are formulated.

There being no further business the conference call was adjourned at 8:55 pm CST.

Submitted by: Lisa O'Daniel October 7, 2008

## MINUTES SMA Council Conference Call January 5, 2009

The Council of the Southern Medical Association met via conference call on Monday, January 5, 2009. The meeting was called to order at 7:04 p.m. CST by the President, Jan N. Basile, MD.

Members of the Council present: Jan N. Basile, MD, Charleston, SC; Paula Oliver Pell, MD, Immediate Past President, St. Petersburg, FL; R. Bruce Shack, MD, Nashville, TN; Ronald

C. Hamdy, Editor, Southern Medical Journal, Johnson City, TN; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Stuart Goodman, MD, Potomac, MD; Saulis Jankauskas, MD, Longwood, FL: Ali Rahimi, MD, Augusta, GA; Erin Boh. MD. New Orleans, LA: Richard A. Heimburger, MD, Columbia, MO; Eric Lindstrom, MD, Laurel, MS; Peter Kragel, MD, Greenville, NC; Mark Martens, MD, Oklahoma; Gary Delaney, MD, Orangeburg, SC; James Bernick, MD, Baytown, Texas Alonzo Myers, MD, Roanoke, VA; and Lawrence Wyner, MD, Charleston, WV and Nancy Brant, SMA Alliance President, Kingston, GA.

Members of the Council absent: Thomas Bunnell, MD, Crestview Hills, KY.

SMA staff present: Mr. Ed Waldron; Mr. Luke Hartsfield; Mr. Don Casey; Mr. Randy Glick; Mrs. Kathy McLendon; Mrs. Kendra Blackmon; Mrs. Mandy Stone and Mrs. Lisa O'Daniel.

## **Approval of Minutes**

Minutes of the October 6, 2008 Meeting of the Council was distributed prior to this call.

ACTION: Motion was made and seconded that the Minutes from the October 6, 2008 conference call of the Council be approved as distributed. Motion carried unanimously.

#### SMA President's Report Jan N. Basile, MD

Election Results - Dr. Basile announced that Dr. Eric Lindstrom of Laurel, MS was elected to the office of President-Elect Designee. Dr. Lindstrom thanked everyone for their support and is looking forward to this new position.

Birmingham Trips - Dr. Basile stated

that he has been attending meetings in the Birmingham office each month to take care of the business of the Association.

Annual Meeting Update - Dr. & Mrs. Basile along with Lisa and Pamela toured the Gaylord Texan and were very pleased with the staff and venue and looks forward to a spectacular 2009 Annual Scientific Assembly.

Leadership Development Conference - Dr. Basile reminded everyone of the upcoming Leadership Development Conference being held in April, 2009 and encouraged attendance by the Council along with asking that the Council invite young physicians to participate.

Associate Councilors – Dr. Basile reminded everyone that there should be 5 Associate Councilors per state and that because we have not been mentoring our current Associate Councilors we were having trouble filling some positions in the upcoming Councilor election.

**ACTION:** Dr. Basile requested that each Councilor add the appropriate number of Associate Councilors by the end of the month and to also inform him if this could not be accomplished.

SMA Alliance Luncheon - Dr. Basile has strongly recommended that the SMA Council continue supporting the SMA Alliance during the Installation Luncheon that will be held on Friday, December 4, 2009 in Dallas. Dr. Basile also noted that the Council should discuss with their spouses the opportunities that the SMA Alliance can offer and encourage participation in the Alliance.

Communication between SMA/SMAA Councilors - Dr. Basile reminded the

Council that it is very important to stay in contact and work with their SMAA counterparts.

#### Report of the Chairman Coordinating Committee on Budget & Administration Dr. Paula O. Pell

Dr. Pell reported that the Budget & Administration committee along with several working groups had reviewed and approved the following proposals and asked for questions and/or a motion for approval from the council.

1. Annual Meeting Reorganization – the proposal submitted required that the current Annual Meeting and Spring Meeting structure be changed to a smaller venue setting in order to reduce costs to the Association. The Spring meeting would also have a CME component added.

Motion was made and seconded that the new Annual/Spring meeting be approved as distributed. Motion carried unanimously.

2. Leadership Restructuring - the proposal submitted required that the current committee structure be reorganized to best meet the needs of SMA and its members.

Motion was made and seconded that the Leadership restructuring be approved as distributed. Motion carried unanimously.

#### Report of the SMA Alliance President Mrs. Nancy Brant

Mrs. Brant stated that she had written and distributed a number of information sheets on Doctors' Day, Osteoporosis and Heart Health to the Alliance for their use. Several state alliances have used these flyers in the state newsletters.

Mrs. Brant along with Randy Glick and Lisa O'Daniel will meet on January 16, 2009 to begin the redesign of the SMAA website. We are also working with the AMA Alliance on some exchange of information on websites.

Beginning in March, the SMA Alliance President and President Elect will begin their state meeting travel and Mrs. Brant looks forward to a great 2009.

#### Report of the Chief Financial Officer Mr. Don Casey

Mr. Casey reviewed the November 30 year to date financials and reported that we had a combined net loss of \$584,000.00 which was primarily due to SMA's revenues being under budget by \$519,000.00.

As of November 30 SMA membership revenues are under budget by \$17,000.00, the journal by \$42,000.00, the annual meeting by \$177,000.00, and other educational programs by \$180,000.00, and investments were down by \$78,000.00.

Mr. Casey also noted that membership has continued to decline, LWW has not sold the projected reprints and ads to pharma due to the changing environment that pharma is facing. Pharma has not supported the annual meeting and other educational meetings as they have in the past, and the market decline has caused the write down of investments to market. Available cash continues to be in excess of current account payables.

#### **New Business**

There be no further business the conference call was adjourned at 8:20m CST.

Submitted by: Lisa O'Daniel January 7, 2009

### MINUTES SMA Council Conference Call April 6, 2009 7:00 CT/8:00 ET

The Council of the Southern Medical Association met via conference call on Monday, April 6 2009. The meeting was called to order at 7:05 p.m. CT by the President, Jan N. Basile, MD.

Members of the Council present: Jan N. Basile, MD, Charleston, SC; Paula Oliver Pell, MD, Immediate Past President, St. Petersburg, FL; R. Bruce Shack, MD, Nashville, TN; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Stuart Goodman, MD, Potomac, MD; Ali Rahimi, MD, Augusta, GA; Thomas Bunnell, MD, Crestview Hills, KY; Eric Lindstrom, MD, Laurel, MS; Mark Martens, MD, Oklahoma; Gary Delaney, MD, Orangeburg, SC; Wesley Eastridge, MD, Kingsport, TN; James Bernick, MD, Baytown, Texas Alonzo Myers, MD, Roanoke, VA; and Lawrence Wyner, MD, Charleston, WV and Nancy Brant, SMA Alliance President, Kingston, GA.

Members of the Council absent: Ronald C. Hamdy, MD, Editor, Southern Medical Journal, Johnson City, TN; Saulis Jankauskas, MD, Longwood, FL; Erin Boh, MD, New Orleans, LA; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; SMA staff present: Mr. Ed Waldron; Mr. Luke Hartsfield; Mr. Don Casey; Mr. Randy Glick; and Mrs. Lisa O'Daniel.

#### **Approval of Minutes**

Minutes of the January 5, 2009 Meeting of the Council was distributed prior to this call.

ACTION: Dr. Wesley Eastridge was left off the attendee list. This correction was noted and a motion was made and seconded that the Minutes from the January 5, 2009, conference call of the Council be approved as distributed. Motion carried unanimously.

#### SMA President's Report Jan N. Basile, MD

Dr. Basile stated that the Spring Meeting is well underway and he is looking forward to seeing everyone. This is a very important meeting for the Association. We must get more participation from our Associate Councilors and general membership.

We must continue to be fiscally responsible and look for new ways to increase revenue to be able to keep the Association viable.

The Osteoporosis meeting was well attended. Participation was slightly lower due to the Tech's moving their portion of the meeting to a later date. Grant support was reduced based on the information we have already received due to pharma reducing support for all Associations.

Dr. Shack will be attending the Mississippi State Medical Meeting in May along with Nancy Brant. Report of the SMA Alliance President Mrs. Nancy Brant

Mrs. Brant has attended several meetings over the last few weeks. The majority of State Meetings will be following the Spring Meeting of the Council

Mrs. Brant attended a meeting in

Birmingham. She and Dr. Basile met to review Spring and Annual Meeting agendas along with how the Alliance can work with the SMA Council in a more meaningful way. Mrs. Brant also met with Randy Glick and Lisa O'Daniel to begin working on the new Alliance website.

There were three state meetings that were in direct conflict with the Spring Meeting. Therefore, there will not be any Alliance officer participation.

#### Report of the Spring Meeting Mr. Ed Waldron

Ed stated that we are looking forward to the spring meeting. We will be presenting procedures, materials, budgets, examples of our reorganization. There will be quite a number of items cleared up and who is responsible for each item. You should be very confident after the meeting regarding ALQP.

These changes will impact our budget as we plan to support you financially for meetings with your Associate Councilors to educate them regarding ALQP and communities.

The American College of Surgeons has developed over 43 communities of interest in the last 3 years with a plan similar to what we have in place. The important part is that you as Councilors will need to work to develop these communities. We have new plans to help decrease our deficit. Most will be presented to the SMA B&A committee and then the Council at Spring Meeting.

# Report of the Chief Financial Officer

# Mr. Don Casey

As of the date of this report, February 28, 2009, the year-to-date combined

net loss, after taxes, is \$519,000, which is \$479,000 in excess of the budgeted loss. SMA Has a loss of \$761,000, compared to a budgeted net loss of \$155,000 and SMA Services, Inc. has a net profit, after taxes, of \$242,000, compared to a budget of \$115,000.

The greatest impact on the variance from budget is in the revenues of SMA. The revenue for the Southern Medical Journal is \$65,000 less than budget due to the change in the environment of pharmaceutical companies affecting reprints and archives and the pharmaceutical support of the Annual Meeting and other educational programs is less than budget by \$444,000 and due to the economical situation the attendance from programs is down and the adjustment to market on investments is significant in the amount of \$91,000. The commercial line of credit remains at zero balance and cash continues to be available to satisfy payables.

#### **Old Business**

Dr. Basile reminded the Council that we will be using their Associate Councilors in the new ALQP plan and that it is very important that we have a full roster and if not, we will be pulling members for our new committee structure from the general membership.

For the spring meeting Dr. Basile asked that each Councilor review their state roster and come up with additional Associate Councilors to work within our new reorganization plan.

#### **New Business**

The SMA Services, Inc. Board of Directors recently elected three new members to take office at the Annual Scientific Assembly. These new members are:

- · Braxter Irby, MD
- · Dallas Lovelace MD
- · Robert Oldham, MD

The Council needs to ratify the slate of officers during this conference call.

ACTION: Motion was made and seconded that the slate of officers submitted by the SMA Services, Inc. Board be approved as presented. Motion carried with one abstention.

There being no further business, the conference call was adjourned at 8:20m CT.

Submitted by: Lisa O'Daniel April 28, 2009

### M I N U T E S SMA SPRING MEETING OF THE COUNCIL FRIDAY, APRIL 24, 2009 GROVE PARK INN, ASHEVILLE, NORTH CAROLINA

The Council of the Southern Medical Association met on Friday, April 24, 2009. The meeting was called to order at 8:00 a.m. Central Time by the President, Jan N. Basile, MD.

Members of the Council present: Jan N. Basile, MD, Charleston, SC; Paula Oliver Pell, MD, Immediate Past President, St. Petersburg, FL; R. Bruce Shack, MD, President-Elect, Nashville, TN; Michael Gosney, MD, Muscle Shoals, AL: Stuart Goodman. MD, Potomac, MD; Saulis Jankauskas, MD, Longwood, FL; Ali Rahimi, MD, Augusta, GA; Thomas Bunnell, MD, Crestview Hills, KY; Favez Shamieh, MD, Lake Charles, LA - Associate Councilor; Eric Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Mason Jett,

MD, Oklahoma City, OK - Associate Councilor; Wesley Eastridge, MD, Kingsport, TN; James Bernick, MD, Baytown, Texas Alonzo Myers, MD, Roanoke, VA; Lawrence Wyner, MD, Charleston, WV; Ronald C. Hamdy, MD, Editor, Southern Medical Journal, Johnson City, TN; Nancy Brant, SMA Alliance President, Kingston, GA and Barbara Jett, SMA Alliance President-Elect, Oklahoma City, OK.

Members of the Council absent:
Andrew W. Lawton, MD, Little Rock,
AR; Erin Boh, MD, New Orleans, LA;
Mark Martens, MD, Jenks, Oklahoma;
Gary Delaney, MD, Orangeburg, SC;
SMA staff present: Mr. Ed Waldron,
Mr. Don Casey, Mr. Randy Glick,
Mrs. Kendra Blackmon, Mrs. Kathy
McLendon and Ms. Debbie Cleghorn.
SMA staff absent: Mrs. Lisa O'Daniel.

#### Report of the President Jan N. Basile, MD

Dr. Basile reported that Gary Delaney, MD and Andrew Lawton, MD is not in attendance due to their participation in their state meetings. Dr. Mason Jett was asked to attend representing the State of Oklahoma due to Mark Martens, MD participation in the Oklahoma State Medical meeting and Dr. Fayez Shamieh was asked to attend in place of Dr. Erin Boh. Dr. Basile expressed his gratitude for Dr. Jett and Shamieh's efforts to attend this meeting in the absence of the current state Councilor.

#### A VISION FOR TEAMWORK

It is indeed a pleasure to finally have our Council meeting here after all of our planning for what Jo Ellen and I believe will be a very enjoyable weekend. We are grateful for all of the help that the staff has given us, especially Pamela, who has accompanied us on all site visits

and has been involved in all of the logistics for the meeting as well as Lisa, who continues to help me with all of my Presidential responsibilities. I also want to thank all of our other staff, back in the home office, who throughout the year, have welcomed me to Birmingham in a most warm and helpful manner. And, of course Ed, who continues to work closely with me as we guide the Association forward.

Jo Ellen is really excited to have put together the welcome packages for everyone that highlight some of the fun things we enjoy from our great state of South Carolina, and particularly Charleston. We had a great welcome reception last night and look forward to all the fun we have planned for the weekend. But it is now time to begin the real reason we get together this weekend, which is to review where we have been and where we are going with our Council.

I have been very fortunate so far in my Presidency on at least two fronts. First, I have the exclusive privilege of being the only SMA President whose tenure in office is 16 months. Second, although presiding over a shorter tenure, Dr. Pell built up a head of steam for us as I took office in the very active stages of her initiatives and ongoing projects. So as we reflect on "halftime", i.e. 8 months into my Presidency, let's discuss where we are as a team, where we are "in the middle of the game", and where "our" vision is for the remainder of my term.

Our fiscal year ending in June of 2008 was one where we made continuing strides for fiscal responsibility by evaluating the annual meeting style and its impact upon SMA's future.

Although we achieved a successful 2007/2008 consolidated budget, this should not signal that all is well with the world. For SMA continues to be, overly dependent upon SMA Services, Inc. for cash flow revenue. And we continue to limit Service's ability to do more for us due to our utilization of its revenue and net income after taxes. During this meeting, staff will be bringing to us various strategies that we must put into place to correct this situation. We must remember that SMA has one source of discretionary income, and that is our membership dues. While we will discuss several issues which affect our discretionary income from an expense standpoint, this is not the answer.....reorganization that will result in Association membership and participation is the answer.

Working together, our Staff has designed a reorganization platform built around parameters adopted by this Council. Over the next 2 days, we will present procedures to make that platform happen. Of note, there is built in accountability for Staff and Leadership at all levels of involvement to ensure enhanced physician-member participation in all aspects of SMA's endeavors. This will include enhanced participation in grass roots membership and governance activity especially involving young physicians, not only during residency, but in their early years of practice to ensure a continuity of leadership. Of note, only 22% of current dues-paying members are 50 years of age or younger. We must look at Councilor and Associate Councilor activities which will intuitively create not only responsibility but a metric for accountability for all stakeholders in the physician-staff team alignment. And in the Councilor-Associate

#### Councilor State TEAMS!

As you know, SMA has been heavily subsidized for operation in two main areas, pharma and financial services, which in the last six months have been affected by political, regulatory, and national financial issues of crisis proportions. SMA is not sitting idly by and accepting market conditions in either pharma or financial services. During this meeting you will be exposed to strategies which not only will continue to secure what we have attained in the last several years but will take advantage of the climate in which we operate. This will be challenging and will require hard decisions and extra effort on the part of every person in this room. With that effort these times can be exciting and manageable with attainable goals.

Hard decisions do not mean contraction. But these decisions also do not mean additions relative to expense which we already have. We do not have the reserves which allow us to continue doing things that are less than productive regardless of their emotional appeal. While adding new products, we must continue to do things right, while we do more of the right things. Our staff understands this climate in today's association culture and has developed skills and technology to meet this challenge.

As we look to our reorganization and assay our available resources, the Alliance stands out not only because of their enthusiasm, but also because of their unquestionable ability to take our new message to the marketplace with state and regional platforms which our SMA Councilors (and Associate Councilors) must support. The Alliance, through a

new and exciting website we are developing for them, will work with us to develop their own effective communities of interest. The staff undoubtedly sees this ability and is committed to support the Alliance position in our reorganization. Nancy Brant and the Alliance continue to work together on Women's Health Initiatives, Doctor's Day, and the multiple Fund raisers that they put on at various state medical meetings. The Alliance leadership and our State Councilors and Associate Councilors will work as a TEAM to develop state initiatives TOGETHER!

Well, the second half is about to begin. We can no longer sit on the sidelines watching our teammates try to win the game. We all need to be in there so we will win the game. It is said that to whom much is given, much is required. Moments ago I alluded to my privilege of having a longer tenure than past Presidents of SMA. With this privilege, I accept that I must accomplish more for our organization and for medicine through SMA especially by its impact on its individual physician members. Please hold me accountable for that responsibility as we gather in Grapevine this coming December to evaluate where we are at that time when Dr. Shack assumes the privileged responsibility of visionary leadership next year. We can't do it without each and every one of vou. Charles Darwin said, "It's not the strength of the species, nor the most intelligent, but the ones most responsive to change". Get up off the sideline and get in the game! That's what SMA needs now. Our future depends on it!

#### REPORT OF THE EXECUTIVE VICE PRESIDENT MR. ED WALDRON

Mr. Waldron began his report explaining that during the next two days we will consider the future of our organization in the light of our resources both in terms of financial and human capital with its potential. We will be speaking to the interwoven areas of our education platform including the Southern Medical Journal, especially our funding and finances, our members and membership opportunities and the development of our own interest based marketing groups for product development around specific communities.

SMA is poised to "make a market" in our communities. As an association we must produce value to individual participants on their terms and with their involvement - it is no longer about passive membership for non specific general tangible products - it's about participation not only at a single meeting or conference or annual meeting of whatever design or style. Today the only "sticky" product is one in which participation becomes part of and develops the physicians professional identity. Identity is built at home, SMA needs to provide a professional home with an opportunity to act and interact as you and our member's desire within reason that reflects the professional homes values and magnifies the participant's values to society.

Although we have a dedicated and talented staff – SMA will not be perpetuated in Birmingham. Our future is in relationships between physicians and we will provide you with rationale for all levels of leadership to develop those relationships with members and

prospective members. These relationships are facilitated by a reorganization of our operations from the grass roots to leadership roles and staff support of those seeking the professional home which SMA provides. These are heady, challenging but exciting times which are ripe for accomplishment. The time is short and the window of opportunity will shut unless we act quickly. Presentations today and tomorrow will combine urgency with anticipation and a direction for a visioned positive outcome. I know you will enjoy our time together.

#### REPORT OF THE CHIEF FINANCIAL OFFICER MR. DON CASEY

There are major components of the financial status of SMA and SMA Services, Inc. that need immediate action and will be addressed individually and in entirety.

The combined financials for year ending June 30, 2008, were fiscally strong with SMA ending the year with a loss of \$201,000, compared to a budgeted loss of \$349,000 and SMA Services, Inc. with a net income, after taxes, of \$760,000 compared to a budget of \$397,000 for a combined net profit, after taxes of \$559,000, which was in excess of budget by \$511,000. The Southern Medical Journal ended the year with a loss that was \$235,000 less than the budgeted loss because of the sale of reprints and archives by LWW. **Executive Committee and Council** expenses were \$82,000 greater than budgeted because the Spring Meeting in French Lick was not budgeted. Year end equity was \$628,000, with available cash of \$454,000 and accounts payable of \$281,000. The commercial line of credit of \$500,000 had an outstanding balance of \$0.00.

As of the date of this report, February 28, 2009, the year-to-date combined net loss, after taxes, is \$519,000, which is \$479,000 in excess of the budgeted loss. SMA has a loss of \$761,000, compared to a budgeted net loss of \$155,000 and SMA Services, Inc. has a net profit, after taxes, of \$242,000, compared to a budget of \$115,000.

The greatest impact on the variance from budget is in the revenues of SMA. The revenue for the Southern Medical Journal is \$65,000 less than budget due to the change in the environment of pharmaceutical companies affecting reprints and archives and the pharmaceutical support of the Annual Meeting and other educational programs is less than budget by \$444,000 and due to the economical situation the attendance from programs is down and the adjustment to market on investments is significant in the amount of \$91,000. The commercial line of credit remains at zero balance and cash continues to be available to satisfy payables. The total equity position is now at \$109,000. The savings account (SMA General Fund) has a balance as of March 31, 2009, of \$300,004. The land and building owned by SMA and SMA Services, Inc. still only has the internal debt of a \$500,000 mortgage held by the Research & Education Endowment Fund. We continue to discuss the best options concerning this property.

Urgent considerations to correct the performance of SMA are:

1. Continued improvement in quality of programs/services and development of core initiatives to add value to membership and reorganization to involve members

and non-members from the ground

- 2. The Annual Scientific Assembly will no longer exist as it is known today even in its newer design. The Association can no longer support the loss on this meeting engendered through past contractual obligations to support the style of years past. The Annual Meeting will become a meeting similar to our smaller conferences with concentrated CME on focused programs perhaps in conjunction with a second program on another concentration.
- 3. Negotiations are ongoing with LWW concerning the SMJ and its viability as a printed copy versus online only.
- 4. The fee schedule for seminars and conferences is currently under review to supplement the loss of pharmaceutical support.
- 5. SMA Services, Inc. divisions are reviewed on an ongoing basis to determine their value to SMA and SMA Services.

During the current economic situation of a strong uncontrollable impact on revenues in both companies, management will continuously evaluate opportunities to control expenses and increase revenues.

### REPORT ON PHARMACEUTICAL SUPPORT & SMA EDUCATION MR. ED WALDRON, MRS. KATHY MCLENDON & RONALD HAMDY, MD

As you recall from Don's comments it's interesting to have a year like last year and then a year like this one where we are whacked pretty hard and there are things you could do, such as cutting services and products and expenses but that is not our desire. We will be very careful about

managing to make sure that we don't put ourselves into a more dangerous position, but there are things we must do and recognize.

As we look at the financial situation with the SMJ it is always an expense item to the SMA budget. It is because it is an SMA sponsored member benefit. The opportunity is there for us in the next six months to pick up \$100,000 by planning to go online with LWW and we are now in negotiations. We plan to go online with LWW for a period of approximately 3-6 months to look at their platform, but with the talent and resources we have in Birmingham and our desire to market in a strategic manner specific to our communities of interest, after a few months with LWW we will move the journal to Birmingham. (NOTE: THE LAST SENTENCE IS HIGHLY PROPRIETERY INFORMATION!)

We've surveyed members and they are more interested in the articles rather than the actual SMJ and we can take care of that desire with our online version based on a pre-published table of contents where one may design their own participation.

By bringing the SMJ in-house/online we will pick up around \$100,000 in the next six months and \$200,000 after that in our financial prediction. It's not only about finances but about our communities of interest and participation in them through the Journal.

So far this year a major source of income loss is our educational programming. Pharma is a big part of the loss; however, we have also had a loss in our number of registrants. The issues of what we do with our

programs apart from pharma money are very important. We will need to discuss with our program chairs, the need to use more nationally known speakers in programs. Our education programs get very good reviews from physicians who attend; however, when we market someone that is not nationally known our brand is less attractive to non members which are 96% of the market. The playing field is now level. Speakers do not travel with money. Regulatory agencies are setting the standard for fees for a level playing field and nationally known faculty is affordable. Dr. Hamdy and I have spent a lot of time going over the issues regarding pharma and developing an approach for funding that we've never pursued and will discuss with you our options.

Mr. Waldron introduces Dr. Hamdy to discuss our new direction.

Dr. Hamdy presents the article from the April, 2009 issue of JAMA that discusses "Professional Medical Association and their Relationship with Industry" which stated:

- 1. Pharmaceutical and Medical device industry make important contributions to medical progress.
- 2. Education must be distinguished from marketing.
- 3. Ties of professional medical association to industry take a variety of forms.
- 4. Professional medical association's must set their own agenda and priority and remain faithful this is what SMA hopes to achieve.
- 5. The qualitative and quantitative research has demonstrated the power of gifts to buy physicians choices. Unfortunately there is a growing body of evidence to show these facts are true. There was also an article in the British Medical Journal

showed that when physicians did not have samples, they wrote more generic drug prescriptions than the physicians who had samples at their disposal. I'm not endorsing all this, I'm just stating the facts and we need face them. We cannot keep saying the data is not good.

# Of part concern is their recommendations:

- 1. Complete ban (zero dollars) on industry funding except for Journal advertising and exhibit hall fees. Proposal - as soon as possible the income from industry will not exceed 25% of the budget of the meeting or event. All funds from industry should be totally unrestricted and that the funds should be pooled and administered through a central repository. So that the vision between funding and developing the CME program is totally distinct. No single industry source should be responsible for a majority of funding to a individual professional medical association. They recommend that the President and officers of the Professional Medical Association's should be conflict free - zero dollars. 2. For Annual Meeting - CME committees should be free of all industry ties and the CME committee has exclusive authority to select the program, topics and speakers.
- 3. More CME costs should be passed to individual members. Professional Medical Associations should not endorse nor facilitate nor accept funding for satellite symposia. We all realize that satellite symposia are a major source of income and this is a concern.
- 4. Professional Medical Associations turn to independent foundations and NIH for funding.

Dr. Hamdy stated that at first thought it sounds challenging and

difficult, and vet as Einstein said "In any difficulty lies an opportunity." This thought about going back to independent foundations may be not that strange. Maybe we can go after congress, senators, other elected officials who decide not to run and who may donate to help develop program. They may have specific interest in certain diagnoses and they can see the value of donating to SMA to help improve the care of patients. The American College of Surgeons developed a community based website in 2006 and earlier this year they reported their status. In the fourth quarter of 2008 they had almost 200,000 page views which are a 58% increase compared to the previous quarter and a 38% increase compared to the same quarter the previous year. This is a very healthy increase. They have had almost a million and a half page views since their inception. It's a growing program and is very well accepted by the members. They have 43 communities of interest.

Where does SMA fit? Should we continue being a Professional Medical Association?

#### Basic facts:

- 1. We cannot compete with established PMA's especially if membership is required for the physician to continue working.
- 2. Do you really need to continue to belong to the SMA to continue practicing? No
- 3. Maybe we should center on some diseases...that are already established.
- 4. Maybe our niche is to develop these communities of interest geared for the Primary Care provider and the specialist providing primary care. This is the need and where SMA can make a difference.
- 5. There is a need for a Community

Of Interest for the non-specialist.

Our COI (osteoporosis) is working on an algorithm to facilitate the physician managing patients with Osteoporosis. Talking to various physicians who attended the conference - between a 1/2 to 2/3 had access to EMR. A question that we asked - "In the next 2-3 years - how many of you expect to have EMR?" - almost of the respondents stated yes. We hope to capitalize on this. For those physicians who have this algorithm – they log onto their computer - is the patient is at risk for Osteoporosis - do you want to refer to a specialist, more tests, supporting material, delay action, etc. Physician chooses the correct step and provides this information to patient (tests, specialists, etc.) This will make life easier for the treating physician. Diagnosis sent back to physician and appropriate actions taken. This will make it much easier, quicker and convenient for the patient and physician.

We need to take a hard look at what we are doing and what we are offering our members and my personal opinion is COI is the way to go because it meets the needs of physicians that now is not being met. We can accomplish this, we have the staff expertise, we have the leadership, we can do it, we should do it because this is the need of our constituency and I believe we must do it if we want SMA to survive.

Ed then commented that we need to relate this to the funding issue we spoke of earlier. Yes, there is an issue with pharma but it's because of the way things were funded in the past. There is still pharma money out there but they are looking for ways to put this money into the

marketplace in an effective manner that doesn't put them in a bad light. The things they are asking for basically are those types of programs which can prove outcomes; not just the clinical outcome based on information that's at the program but also the effectiveness of the learning experience. As we go after independent disease scenarios and COI we need to put together our journal, our live conferences, our enduring materials, COI, algorithms clinical software application and methods for measuring what that program did and apply for a larger amount of money. They will pay for the program which has an outreach and a continuing effect on medicine. There are many indications that this is what pharma is looking at to clean up their act. One of the major issues is the Community of Interest and wrapping all of our educational platform into the COI.

The issue now comes from where do we get the Champions for our communities and who has the time to become involved in these things. We need people to become leaders and step up. We have a valuable untapped repository in this association. The SMJ!

The SMJ can really help develop these communities of interest and can be the source to coordinate the educational platform.

Dr. Hamdy asked that the Council approve 11 new physicians to be added to the SMJ editorial board which will keep a good balance between practicing physicians and academicians and keep a fairly broad base of specialties and geography. These physicians are also very interested in SMA and possibly becoming a speaker at one of our

conferences in the near future. Dr. Kragel reported that the Scientific Activities Committee when working on the Annual Meeting tracks made certain they work together with journal content and COI. The committee is making certain that within each of the tracks there is a COI that goes along with that. The committee also wanted to make certain that a portion of the meeting was specifically going to result in a SMI publication by a physician based on the interactions that will occur in a component of the meeting. Dr. Kragel also stated that he does not believe that we can just rely on participation in our communities to drive other things that we need to do because we do not have the engagement in communities that we want to see or need. We need more nationally known physicians to champion these communities. We need to structure everything we do around the communities. A consensus statement for our meetings is something we really need to investigate. Physicians are very interested in these types of activities.

Mr. Waldron stated that we need to see the communities, etc. happen within the next three months or the program will bog down and lose impetus.

Dr. Wyner suggested that we have a program performed completely in Spanish. Mr. Waldron suggested that this is something that the SMA should review in regards to our issues on disparities.

Dr. Rahimi stated that COI and COP should be very disease specific if we want to compete with the other specialty associations. These communities may need to be smaller less than 50 per community. Dr.

Rahimi also suggested that if we have Spanish speaking communities, we should add Turkish speaking physicians, etc. not to just limit to Spanish speaking physicians.

Dr. Bunnell stated that we should also have a PA's and NP's in communities as well because of the primary care focus.

Dr. Bernick stated that in order to get physicians out during the week is not about disease specific talks, but talks about the business of medicine. Disease based communities are important, but what brings out a multi-specialty audience are the business aspects.

Mr. Waldron stated that the content of our Leadership Conference covers many of these issues. As an off shoot of that conference the community for business development could be handled very well. The leadership community was set up last week and the first 25 attendees are members.

## REPORT OF THE SOUTHERN MEDICAL JOURNAL EDITOR RONALD C. HAMDY, MD

Dr. Hamdy stated that the report is in your binder and he would prefer to answer questions, etc.

Mr. Waldron responded to Dr. Rahimi regarding the timeline of moving the journal online as this is a phased in program and will inform members as to what is going to take place. We need to be ready to sign the agreement with LWW very soon, in order to move forward. We can be up and ready by the first of the year. We have done quite a bit of surveying to make certain this would be an agreeable item offered from the SMA. There will be some SMA members without online access, but

we will respond to those members as requested.

Dr. Pell asked Dr. Hamdy if he was completely in favor of going forward with the on-line journal. Dr. Hamdy stated that he was completely onboard with this project and he has no reservations based on financial obligations and the ability of SMA to provide this product.

You can also download and print the entire journal if you would prefer or just keep as a PDF in your records. There will be no deletion of articles on the website, but you must be an SMA member to access.

MOTION: We want to make a comfortable and proper transition to an online journal based on the interest of our members and our finances. Motion for the online only Journal was seconded and unanimously approved.

#### REPORT OF THE 2009 ANNUAL SCIENTIFIC ASSEMBLY MRS. KATHY MCLENDON

Mrs. McLendon stated that we are very optimistic about the upcoming Annual Scientific Assembly and offered thanks to Dr. Peter Kragel and his Advisory Committee on Scientific Activities. An excellent program has been planned and we can be assured that we did not short cut the quality of the program. We will be in Grapevine Texas, a Gaylord property. Mrs. McLendon gave a run down of the programs we will be offering and stated that since Saturday afternoon sessions have traditionally been poorly attended, the committee agreed to end the program on Saturday before lunch. We will be offering a total of 37.5 credits.

Mrs. McLendon stated that the Abstract program deadline is June 8.

The poster presenter will be invited to be available during the reception on Thursday evening. This appeared to be a very well received at last year's meeting.

Mrs. McLendon stated that to date we have received \$24,500 in grant support with another \$370,000 pending.

In the Exhibit Hall The Coker group will be presenting during the breaks talks on EMR, coding, etc. There will be time for attendees to schedule times during hall breaks to talk about products/services and that's how the program was set.

Dr. Basile reminded the Council how important it is to participate in the Alliance Luncheon – and to purchase two tickets for this event. If you cannot please discuss with Dr. Basile Dr. Basile also reminded everyone of the 1906 Reception and asked the question to the Council – if you are not - why are you not a member of the 1906 Society?

#### REORGANIZATION: FORM FOLLOWS FUNCTION MR. RANDY GLICK & MRS. KENDRA BLACKMON

Mr. Glick explained our general plan to increase participation through membership involving our issues of Advocacy, Leadership, Quality and Professional Identity and in doing so helped to Identify SMA's value in the marketplace.

Mr. Glick explained that in order to move forward SMA must have valuable "tangibles" and "intangibles." Tangibles attract attention, but it's the intangibles that hold members. We will be focusing on SMA's intangibles to strengthen our membership.

SMA's new direction is to build platforms to firmly establish our intangible values and align these with the direction of medicine. It is imperative that SMA include the grass roots members and their ideas/concerns in order to build these platforms and communities of interest. Communities will direct where we go and what we do.

Mr. Glick stated that it is imperative that you, as Councilor, become "champions" for the SMA and its communities and explained the new committee roles as they apply.

At this time, the staff liaison's were introduced and a brief description of their roles along with the SMA Council and Associate Councilors duties which will be the cornerstone for our move into this new organizational plan.

The SMA Councilors will be tasked with setting meetings with their Associate Councilors, Alliance members and staff liaison at their earliest convenience, so that these new platforms can be put into place with all of our current leadership.

#### REPORT OF THE SMA SERVICES, INC. CHAIRMAN DR. T. RUDOLPH HOWELL

I. Financials
SMA Services, Inc. continues to
provide valuable and profitable
offerings to Southern Medical
Association members through the
marketing and administration of
group products as well as individual
products to members and nonmembers.

Through the many solid agreements maintained with our vendors, we have realized a net profit of \$242,000 through February 28, 2009,

compared to a budgeted profit of \$115,000.

The Board approved a dividend equal to the audited receivable as of June 30, 2008, in the amount of \$589,648.19.

II. SMA Services. Inc. Board of

Directors
SMA Services, Inc. has three board
members rotating off at the next
Annual meeting – Drs. Jean Holt. Pam

members rotating off at the next Annual meeting – Drs. Jean Holt, Pam Otto and Todd Beasley have all served SMA Services, Inc. admirably and we appreciate their many contributions.

The new board members elected and approved along with the complete slate are Drs. Dallas Lovelace, Braxter Irby and Robert Oldham. We are pleased to welcome these new board members and look forward to working with them in the coming years.

That concludes my report of the SMA Services, Inc. Board and Dr. Howell then asked for questions.

At this time Dr. Pell asked about the diversity of the SMA Services, Inc. Board, specifically regarding female physicians.

Dr. Howell and Ed Waldron explained that there had been no nominations or interest shown from any female physicians this year, but will make a continued effort to seek out those qualified in the 2010 election, replacing Dr. Michael Mackey.

Dr. Basile then thanked Dr. Howell and the SMA Services, Inc. Board for their continued hard work.

At this time there being no further business, Dr. Basile adjourned

the staff and requested that the Councilors remain for an Executive Session.

## M I N U T E S SMA SPRING MEETING OF THE COUNCIL SATURDAY, APRIL 25, 2009 GROVE PARK INN, ASHEVILLE, NORTH CAROLINA

The Council of the Southern Medical Association met on Saturday, April 25, 2009. The meeting was called to order at 8:00 am Central Time by the President, Jan N. Basile, MD. Members of the Council present: Ian N. Basile, MD. Charleston, SC; Paula Oliver Pell, MD, Immediate Past President, St. Petersburg, FL; R. Bruce Shack, MD. Presdient-Elect. Nashville, TN; Michael Gosney, MD, Muscle Shoals, AL: Stuart Goodman. MD, Potomac, MD; Saulis Jankauskas, MD, Longwood, FL; Ali Rahimi, MD, Augusta, GA; Thomas Bunnell, MD, Crestview Hills, KY; Fayez Shamieh, MD, Lake Charles, LA - Associate Councilor: Eric Lindstrom, MD. Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Mason Jett, MD, Oklahoma City, OK - Associate Councilor; Wesley Eastridge, MD, Kingsport, TN; James Bernick, MD, Baytown, Texas Alonzo Myers, MD, Roanoke, VA; Lawrence Wyner, MD, Charleston, WV; Ronald C. Hamdy, MD, Editor, Southern Medical Journal, Johnson City, TN; Nancy Brant, SMA Alliance President, Kingston, GA and Barbara Jett, SMA Alliance President-Elect, Oklahoma City, OK. Members of the Council absent:

Members of the Council absent: Andrew W. Lawton, MD, Little Rock, AR; Erin Boh, MD, New Orleans, LA; Mark Martens, MD, Jenks, Oklahoma; Gary Delaney, MD, Orangeburg, SC; SMA staff present: Mr. Ed Waldron, Mr. Don Casey, Mr. Randy Glick, Mrs. Kendra Blackmon, Mrs. Kathy McLendon, Ms. Debbie Cleghorn, Mrs. Lisa O'Daniel, Mr. Luke Hartsfield, Ms. Kim Thompson, Mrs. Nancy Mullins and Ms. Pamela McDonald

#### PRESIDENT IAN N. BASILE, MD

Dr. Basile began by asking if there were any questions regarding the previous day's meetings. There being no comments or questions, Dr. Basile asked Mrs. Nancy Brant to provide her report.

#### REPORT OF THE ALLIANCE PRESIDENT MRS. NANCY BRANT

Mrs. Brant thanked the Council for allowing the Alliance to participate at the Spring Council meeting and reaffirmed the Alliance's commitment to work with the Council to help make the SMA and SMAA a more viable association.

Mrs. Brant stated that she and President-Elect Barbara Jett had been invited to speak at 14 different state alliance and AMAA meetings.

Mrs. Brant also reported that just as the SMA Council was having difficulty getting Associate Councilor participation, we are also having the same with the Alliance Councilors and Vice-Presidents. She continually contacts those individuals and plans to get more participation in the next few months.

It was also reported that the AMAA will be approving a "domestic partner" membership category in June and this is causing quite a rift with the AMAA Southern Regional members. It was suggested that the

SMA/SMAA plan to have a marketing campaign that can go out as soon as the amendment is passed. Mrs. Brant stated that she felt certain that a number of members will drop out of the AMAA and join the SMAA. (NOTE: The SMA will judiciously market to provide a home for this group.)

Mrs. Brant also reported that we are currently working on a new Alliance website

#### BREAKOUT SESSIONS

At this time each Staff Liaison met with their Councilors to discuss ideas, strategies and tactics and planning of meetings with their Associate Councilors.

### REPORT OF THE CHAIRMAN ADVISORY COMMITTEE ON CONSTITUTION & BYLAWS MICHAEL C. GOSENY, MD

Dr. Gosney reported that we are currently working on the bylaws changes to go along with the new reorganization plan and that the Council should receive first drafts around the first of September.

There being no further business, Dr. Basile adjourned the meeting.

Submitted by: Lisa O'Daniel May 19, 2009

#### MINUTES SMA Council Conference Call July 6, 2009 7:00 CT/8:00 ET

The Council of the Southern Medical Association met via conference call on Monday, July 6, 2009. The meeting was called to order at 7:05 p.m. CT by the President, Jan N. Basile, MD.

Members of the Council present: Jan N. Basile, MD, Charleston, SC; Paula Oliver Pell, MD, Immediate Past President, St. Petersburg, FL; R. Bruce Shack, MD, Nashville, TN; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Stuart Goodman, MD, Potomac, MD; Ali Rahimi, MD, Augusta, GA; Thomas Bunnell, MD, Crestview Hills, KY; Erin Boh, MD, New Orleans, LA; Eric Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Wesley Eastridge, MD, Kingsport, TN; James Bernick, MD, Baytown, Texas; Alonzo Myers, MD, Roanoke, VA; and Lawrence Wyner, MD, Charleston, WV.

Members of the Council absent: Ronald C. Hamdy, MD, Editor, Southern Medical Journal, Johnson City, TN; Saulis Jankauskas, MD, Longwood, FL; Mark Martens, MD, Oklahoma; Gary Delaney, MD, Orangeburg, SC and Nancy Brant, SMA Alliance President, Kingston, GA. SMA staff present: Mr. Ed Waldron, Mr. Luke Hartsfield, Mr. Don Casey, Mr. Randy Glick, Mrs. Lisa O'Daniel and Ms. Pamela McDonald.

# **Approval of Minutes**

Minutes of the April 24-25, 2009, Spring Meeting of the Council was distributed prior to this call.

ACTION: A motion was made and seconded that the Minutes from the April 24-25, 2009 meeting of the Council be approved as distributed. Motion carried unanimously.

#### SMA President's Report Jan N. Basile, MD

Dr. Basile welcomed everyone to the call and stated that we had a good Spring Meeting of the Council and are on our way to a great Annual Meeting in December.

Dr. Basile stated that the Geriatric conference that was recently held had very good attendance and the surveys showed excellent comments. Upcoming conferences are: Female Patient, Hypertension, and Southern Burn. These are all fiscally responsible meetings and look forward to great participation.

All Committee Chairs for the new committee structure had been chosen by the Executive Committee and had been notified and agreed to serve. Dr. Basile will be in Birmingham in July to finalize other committee appointments and to begin work on the Annual Scientific Assembly.

Dr. Basile then called on Dr. Paula Pell, Committee Chair for Budget and Administration to present the 2009-2010 budget.

#### Report of the Chairman of the Coordinating Committee on Budget & Administration Dr. Paula O. Pell

Dr. Pell stated that the SMA Staff in Birmingham along with the B&A Committee had worked diligently to create and approve a fiscally responsible budget. The committee had met on two separate conference calls to discuss and approve the proposed budget. The SMA Services, Inc. Board of directors approved the SMAS budget on June 17, 2009.

At this time Dr. Pell asked for ratification of the 2009-2010

Consolidated SMA & SMA Services, Inc. Budget.

ACTION: A motion was made and seconded that the 2009-2010 Consolidated Budget be approved as distributed. Motion carried unanimously.

Dr. Basile thanked the staff, Dr. Pell and her committee for a wonderful job in preparing the budget.

#### Report of the Chief Financial Officer Mr. Don Casey

Mr. Casey reminded the committee that they were in receipt of the May 31, 2009 financials and that he would review

- 1. Year-to-date revenues are
- \$1,044,000 behind budget with a combined net loss of \$650,000.
- 2. We have \$448,000 in cash to satisfy \$193,000 in payables.
- 3. Membership continues to decline and is \$68,000 behind budget in revenue.
- 4. Royalties from Lippincott are behind budget by \$207,000.
- 5. Annual Meeting revenue was down \$177,000 due to lack of pharma support.
- 6. Professional Development is behind budget by \$483,000 due to pharma and participation.
- 7. Research & Education is ahead of budget due to new 1906 members.
- 8. Alliance income down by \$15,000 due to lack of orders for Doctors' Day.
- 9. Bank of America income down by \$34,000.
- 10. Investment Income down by \$77,000 due to the current market.

At this time Ed Waldron stated that we will need to make significant changes to our programs and services due to:

- 1. Lack of funding from pharma due to the regulatory environment.
- 2. Decreased market acceptance of our program models.
- 3. Decreased contributions from SMA Services, Inc. via after tax dividend because of the effect the financial markets have on SMAS Financial Services division.

#### Report of the Chairman Advisory Committee on Scientific Activities Dr. Peter Kragel

Dr. Kragel stated that the program was complete and that the Council and membership should have received their first brochure last week. There have been 101 abstract submission to date and looks forward to seeing everyone in December.

#### Review of Possible Annual Meeting Sites for 2011 & 2012 Mr. Ed Waldron

Mr. Waldron stated that we were beginning the process of reviewing sites for the 2011 and 2012 meetings. These meetings will be based on the new model that was approved by the Council in 2008. Possible venues are:

Option "A"
Savannah, Georgia
Williamsburg, Virginia
(Jamestown & Yorktown)
Raleigh-Durham, North Carolina
Gaylord National, Maryland
Option "A-"
Amelia Island Plantation
Memphis Peabody, Memphis, TN
Mobile – Renaissance Battlehouse
Option "B"
Little Rock Peabody
Annapolis
Once site visits have been completed,

#### **New Business**

recommendations will be sent to the

Several Councilors commented on the fact that they were having trouble contacting their Associate Councilors and asked for the procedures to remove an inactive Associate Councilor. Mr. Waldron stated that once a Councilor determined that their Associates were not responsive and/or current members of the Association, the Councilor may remove the Associate Councilor by sending them a letter and nominating a new Associate Councilor. Council requested that they be sent membership and Annual meeting brochures to distribute in their area.

There being no further business, the conference call was adjourned at 8:02m CT.

Submitted by: Lisa O'Daniel July 14, 2009

## MINUTES SMA Council Conference Call August 17, 2009 7:00 CT/8:00 ET

The Council of the Southern Medical Association met via conference call on Monday, August 17, 2009. The meeting was called to order at 7:05 p.m. CT by the President, Jan N. Basile, MD.

Members of the Council present: Jan N. Basile, MD, Charleston, SC; Paula Oliver Pell, MD, Immediate Past President, St. Petersburg, FL; R. Bruce Shack, MD, Nashville, TN; Ronald C. Hamdy, MD, Editor, Southern Medical Journal, Johnson City, TN; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR: Stuart Goodman, MD, Potomac, MD; Saulis Jankauskas, MD, Longwood, FL; Ali Rahimi, MD, Augusta, GA; Erin Boh, MD, New Orleans, LA; Eric Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel,

Council.

MD, Greenville, NC; Gary Delaney, MD, Orangeburg, SC Wesley Eastridge, MD, Kingsport, TN; James Bernick, MD, Baytown, Texas; Alonzo Myers, MD, Roanoke, VA; and Lawrence Wyner, MD, Charleston, WV Nancy Brant, SMA Alliance President, Kingston, GA.

Members of the Council absent: Thomas Bunnell, MD, Crestview Hills, KY and Mark Martens, MD, Oklahoma.

SMA staff present: Mr. Ed Waldron, Mr. Luke Hartsfield, Mr. Don Casey, Mr. Randy Glick, Mrs. Lisa O'Daniel. Guests: Russell L. Irby, Esq. legal council for the Southern Medical Association.

#### Approval of Minutes

Minutes of the July 6, 2009 Council Call were distributed prior to this call.

ACTION: A motion was made and seconded that the Minutes from the July 6, 2009 conference call of the Council be approved as distributed. Motion carried unanimously.

#### SMA President's Report Jan N. Basile, MD

"What is our role in Advocacy?" Dr. Basile welcomed the members of the Council and explained that this call was to discuss SMA's options regarding advocacy issues and our 501(c)3 designation. At this time Dr. Basile asked Russell Irby to explain the 501(c)3 vs. the 501h designations.

#### Report of the SMA Counsel Russell L. Irby, Esq,

Mr. Irby explained the following: SUMMARY OF LOBBYING ACTIVITIES BY 501(c)(3) ORGANIZATIONS

- A. Two Possible Alternatives
  1. Organization can file 501(h)
  election which provides an objective,
  formulaic amount of permissible
  lobbying activities.
- 2. Organization can forgo filing the 501(h) election and instead rely on the general "insubstantial part" test; i.e., no more than an "insubstantial part" of the organization's activities can consist of lobbying activities. Note: Under either alternative, communications which are strictly educational do not constitute "lobbying."
- B. Description of the Two Alternate
  Tests
- 1. 501(h)
  - a. Defines "lobbying" as consisting of both "direct lobbying" (direct contact with legislators or their staffers) and "grass roots lobbying" (encouraging voters/ constituents to either contact legislature or advocating a certain point of view with respect to specific legislation). Communications to members constitute lobbying if the communication encourages such members to contact the legislature or encourages members to encourage others to contact the legislature. b. Amount of permissible lobbying is a sliding scale (20% of the first \$500,000 of exempt purpose expenditures; 15% of the next \$500,000; 10% of the next \$500,000; and 5% for expenditures over \$1.5 million; up to a maximum of \$1 million) based on exempt function expenditures of the organization. Further, grass roots lobbying expenditures are limited to 25% of the amounts described above. c. Penalty for exceeding amount of permissible lobbying activities

the excess lobbying expenditures. If organization regularly exceeds 501(h) limit, ultimate penalty is loss of exempt status. d. Election may be filed for a given year at any time before the close of the year and may be revoked at any time by the organization.

in a given year is an excise tax.

The excise tax is equal to 25% of

#### 2. Insubstantial Part Test

- a. No election necessary.
- b. No clear definition of lobbying.
- c. IRS focuses not just an amount of expenditures, but on level of lobbying activities.
- d. Most 501(c)(3) organizations rely on insubstantial part test; approximately 15% of 501(c)(3)s file 501(h) election.
- C. Advantages / Disadvantages of Each Alternative
- 1. 501(h) Election Advantages
  - a. Provides level of certainty.
  - b. If 501(h) limit is exceeded in a given year, initial penalty is excise tax rather than loss of exempt status.
  - c. Election can be made and revoked from year to year as circumstances dictate.
- 2. 501(h) Disadvantages
  - a. Quantifiable lobbying amount may be seen as sign to some in organization as an encouragement to lobby and thus detract from the tax exempt purposes of the organization.
  - b. Some practitioners feel the 501(h) election raises the audit risk on the organization.
- Insubstantial Part Test Advantages

   Lack of 501(h) election may
   cause organization to stay focused
   on its tax exempt mission.
  - b. Lack of clear lines in terms of

lobbying activities can work both for and against organization if a dispute ever arose with IRS.

- 4. Insubstantial Part Test Disadvantages
  - a. No real, quantifiable certainty as to scope of the organization's lobbying activities.
  - b. Less clear definition of "lobbying" relative to the definition under 501(h).

After much discussion it was suggested that the Chair of the Coordinating Committee on Advocacy, Dr. Michael C. Gosney meet with his committee to determine our next course of action.

There being no further business, Dr. Basile adjourned the meeting at 8:20 pm.

Submitted by: Lisa O'Daniel August 27, 2009 

## MINUTES SMA Council Conference Call September 22, 2009 7:30pm Central /8:30 Eastern

The Council of the Southern Medical Association met via conference call on Tuesday, September 22, 2009. The meeting was called to order at 7:35 p.m. Central by the President, Jan N. Basile, MD.

Members of the Council present: Jan N. Basile, MD, Charleston, SC; R. Bruce Shack, MD, Nashville, TN; Ronald C. Hamdy, MD, Editor, Southern Medical Journal, Johnson City, TN; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Stuart Goodman, MD, Potomac, MD; Saulis Jankauskas, MD, Longwood, FL; Thomas Bunnell, MD, Crestview Hills, KY; Erin Boh, MD, New Orleans, LA; Eric Lindstrom, MD, Laurel, MS; Peter Kragel, MD, Greenville, NC; Gary Delaney, MD, Orangeburg, SC; Wesley Eastridge, MD, Kingsport, TN; James Bernick, MD, Baytown, Texas; Alonzo Myers, MD, Roanoke, VA.

Members of the Council absent: Paula Oliver Pell, MD, Immediate Past President, St. Petersburg, FL; Ali Rahimi, MD, Augusta, GA; Richard A. Heimburger, MD, Columbia, MO; and Mark Martens, MD, OK; Lawrence Wyner, MD, Charleston, WV and Nancy Brant, SMA Alliance President, Kingston, GA.

SMA staff present: Mr. Ed Waldron and Mrs. Lisa O'Daniel.

#### **Approval of Minutes**

Minutes of the August 17, 2009 Council Call were distributed prior to this call.

ACTION: A motion was made and seconded that the Minutes from the August 17, 2009 conference call of the Council is approved as distributed. Motion carried unanimously.

Dr. Basile then called on Dr. Michael Gosney, Chairman of the Advisory Committee on Constitution and Bylaws to discuss the proposed changes to our current bylaws. Dr. Gosney explained to the Council that by making the changes that the committee had proposed, will allow the SMA to work in a more fluid capacity that will allow us to carry out Association business regarding our new initiatives of Advocacy, Leadership, Quality and Professional Identity without having to propose bylaws changes to complete these goals.

ACTION: A motion was made and seconded that the bylaws be approved as presented and that the proposed bylaws be placed on the SMA website giving the membership a chance to review prior to the vote at the First General Session of the Annual Scientific Assembly on Thursday, December 3, 2009. Motion carried unanimously.

At this time Ed Waldron announced to the Council that the Coordinating Committee on Advocacy had met on Tuesday, September 15 and would be presenting their priorities to the Council at the next conference call in October

There being no further business, Dr. Basile adjourned the meeting at 7:59 pm Central time.

Submitted by: Lisa O'Daniel September 24, 2009

## MINUTES SMA Council Conference Call Meeting Monday, November 23

The Council of the Southern Medical Association met via conference call on Monday, November 23, 2009. The meeting was called to order at 7:05 p.m. Central by the President, Jan N. Basile, MD.

Members of the Council present: Jan N. Basile, MD, Charleston, SC; R. Bruce Shack, MD, Nashville, TN; Paula Oliver Pell, MD, Immediate Past President, St. Petersburg, FL; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Ali Rahimi, MD, Augusta, GA; Eric Lindstrom, MD, Laurel, MS; Richard A. Heimburger, MD, Columbia, MO; James Bernick, MD, Baytown, Texas;

Alonzo Myers, MD, Roanoke, VA; Lawrence Wyner, MD, Charleston, WV and Nancy Brant, SMA Alliance President, Kingston, GA.

Members of the Council absent: Ronald C. Hamdy, MD, Editor, Southern Medical Journal, Johnson City, TN; Stuart Goodman, MD, Potomac, MD; Saulis Jankauskas, MD, Longwood, FL; Thomas Bunnell, MD, Edgemont, KY; Erin Boh, MD, New Orleans, LA; Peter Kragel, MD, Greenville, NC; Mark Martens, MD, Jenks, OK; Gary Delaney, MD, Orangeburg, SC; Wesley Eastridge, MD, Kingsport, TN.

SMA staff present: Mr. Ed Waldron, Mr. Luke Hartsfield, Mr. Randy Glick, Mr. Don Casey, Mrs. Kathy McLendon, Ms. Pamela McDonald and Mrs. Lisa O'Daniel.

#### Approval of the Minutes

Minutes of the September 22, 2009 conference call were distributed prior to this call.

ACTION: A motion was made and seconded that the Minutes from the September 22, 2009 conference call of the Council be approved as distributed. Motion carried unanimously.

#### Report of the Chair, Coordinating Committee On Budget & Administration Dr. Paula O. Pell

Dr. Pell reported that the Budget and Administration committee had met by conference call on Monday, November 9, 2009. Dr. Pell complimented the staff on their continued hard work to keep within the budget and stated that the new reporting of the financials had made it much easier to understand. Dr. Pell thanked the Council for

their support during her tenure as Chairman.

## Report of the Chief Financial Officer

Mr. Don Casey

Don reported on the financial statements as of September 30, 2009. The combined Net Income after Income Taxes Year to Date as of 9-30-09 is \$255,000 compared to a budget for the same period of \$133,000. SMA is \$87,000 ahead of budget with a Year to Date Net Income of \$19,000 and SMA Services, Inc. is \$35,000 ahead of budget with a Net Income after Income Taxes of \$236,000. The ahead of budget is contributed primarily to the success of the educational programs for the first quarter.

Cash position remains strong with available cash of \$399,000 and Accounts Payable of \$246,000. There was in increase in cash flow in SMA for the month of \$94,000. Annual Meeting Update Dr. Basile stated that the attendance at this year's meeting was just about 50 under the 2008 meeting. He reminded everyone of the social activities that they were invited to and is looking forward to a great meeting.

Dr. Kragel reported that all the educational courses seemed to have good attendance and that we were already reviewing the 2010 schedule.

There being no further business, Dr. Basile adjourned the meeting at 7:32 pm Central time.

Submitted by: Lisa O'Daniel December 16, 2009

## MINUTES SMA Council Meeting Grapevine, Texas Wednesday, December 2, 2009 7:45 am Central Time

The Council of the Southern Medical Association met on Wednesday, December 2, 2009 at the 101st Annual Scientific Assembly in Grapevine, Texas. The meeting was called to order at 7:50 a.m. Central by the President, Jan N. Basile, MD.

Members of the Council present: Ian N. Basile, MD, Charleston, SC; R. Bruce Shack, MD, Nashville, TN; Paula Oliver Pell, MD, Immediate Past President, St. Petersburg, FL; Ronald C. Hamdy, MD, Editor, Southern Medical Journal, Johnson City, TN; Michael Gosney, MD, Muscle Shoals, AL; Andrew W. Lawton, MD, Little Rock, AR; Councilor-Elect, Steven W. Strode, MD, Sherwood, AR; Stuart Goodman, MD, Potomac, MD; Saulis Jankauskas, MD, Longwood, FL; Ali Rahimi, MD, Augusta, GA; Thomas Bunnell, MD, Edgemont, KY; Eric Lindstrom, MD, Laurel, MS; Councilor-Elect, Benjamin Carmichael, MD, Hattiesburg, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Mark Martens, MD, Jenks, OK; Councilor-Elect, Mason P. Jett, MD, Oklahoma City, OK; Gary Delaney, MD, Orangeburg, SC; Wesley Eastridge, MD, Kingsport, TN; James Bernick, MD, Baytown, Texas; Alonzo Myers, MD, Roanoke, VA; Lawrence Wyner, MD, Charleston, WV; Nancy Brant, SMA Alliance President, Kingston, GA and Mrs. Barbara Jett, SMA Alliance President-Elect, Oklahoma City, OK.

Members of the Council absent: Erin Boh, MD, New Orleans, LA.

SMA staff present: Mr. Ed Waldron, Mr. Luke Hartsfield, Mr. Randy Glick, Mr. Don Casey, Mrs. Kathy McLendon, Ms. Pamela McDonald and Mrs. Lisa O'Daniel. SMA Services, Inc. Chairman: T. Rudolph Howell, MD, Chester, VA.

#### Report of the SMA President Jan N. Basile, MD

In the last 15 months I have had the privilege of leading SMA in a period of immense excitement. It has been marked by monumental change effected by a new Bylaws document which will allow the SMA to become the nimble organization it should be in order to keep pace with changes in society and economics as each touches medicine....and in a manner which is propelled by a Grass Roots influence in governance and action. So, while we are on the subject of change, I want to take a few minutes to share with you the issues of change which all of us as leadership must grasp, support, monitor and assist in effecting.

As we embark on reorganization, a sea of change in leadership must be evident. The sphere of leadership for each of you as Councilors is your state and Associate Councilors, as well as your Coordinating and Advisory Chairmanships or memberships. Your Associate Councilors are integral to your success and reputation as leaders. They must be engaged in the reorganization which has been carefully designed to develop leaders and engage members from inside and outside of our association. I want to engage each of you as leaders in this dynamic change process which will support our reorganized effort. This process entails several stages

of change which build upon each other as stepping stones if and only

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if..... leaders adopt a commitment to shepherd this very change. To accomplish this mission of change, we must be committed to action in our four domains of Advocacy, Leadership, Quality and Professional identity while we anticipate that these various stages of change will be unfamiliar and uncomfortable at first for many

THE FIRST STAGE OF CHANGE I WANT TO NOTE IS THE STAGE OF ANTICIPATION. That stage is knowing or expecting that something which is needed and desirable is going to happen. "Anticipation" requires that leaders communicate a rationale for what is taking place and that they engage Associate Councilors and committee members who have particular strengths for the tasks at hand. During this stage, leader communication takes much of the uncertainty from anticipation toward the excitement and bias for action

THE NEXT STAGE OF NOTE IS ONE OF "LETTING GO" i.e. having our leadership and membership understand that the association environment is different now from the past and that letting go of old methodologies is not loss, but it is making room for strategies and tactics best suited to a changed environment. Examples of this involve SMA Communities of Action/ Interest and our multi-media tools for strategic communication and building professional identity especially for young physicians. Our new online Journal platform supports this concept. New is different and can create an atmosphere of anxiety. During this stage leaders engage in listening and questioning to support any fear of loss.

THE NEXT STAGE THAT A
LEADER SHOULD EXPECT IS ONE OF
SOME "DISORIENTATION" where
your charges accept that things are
no longer what they were or how
they are going to be, but that each is
being given tools and opportunities
to facilitate change. In this stage of
change leaders direct the use of these
tools by suggesting their application.

AND FROM DISORIENTATION COMES THE NEXT STAGE OF CHANGE WHICH IS "REAPPRAISAL" where Associate Councilors, advisory committee chairs and members recognize the value of the tools they have to use in their own medical communities, as well as for SMA. Some SMA leadership participants will easily reappraise what it means to be part of our new leadership. Others, who come forward from our Grass Roots effort will realize the potential to accomplish their own as well as SMA's goals. And others, may need to be engaged and challenged.

`**.........** 

All-in-all, the culmination of anticipation, letting go, disorientation, and reappraisal gets us to the major objective stage of RECONNECTING TO A SENSE OF PURPOSE derived from your leadership position affecting all those who you lead. YOU will brand SMA as an association which will impact on your individual medical communities. At this stage, leaders measure, coach, inspire, and disseminate successful scenarios.

Regardless of where your interests lie for Advocacy, Leadership, Quality or Professional Identity, SMA lays before you an opportunity to lead and make a difference. You have the tools you need and a quality professional staff to help you along the way. It is up to you to supply the visionary leadership to allow SMA's impact to

be realized today.

As Bruce assumes the responsibilities and rewards of this office, I look forward with anticipation to SMA showing integrity and character to grow the opportunities for personal and association leadership which the founders of this great association exemplified in order to assure the promises of the future. Listen to each other and tolerate our differences. This is what has given us the strength and conviction of the past and will lead us into the future. In closing, I want to thank you for allowing me to be your President in this most challenging but exciting time. It has been an honor to work with our tremendous staff, and each and every one of you. God bless each and every one of you and your families for all you and your families have sacrificed for our patients and our Association.

#### Report of the Executive Vice President Mr. Edward Waldron

Dr. Basile's opening comments are an excellent segue for taking a moment to reflect on SMA in relation to the big picture in medicine in this country today, and where the SMA should find its place to effect change on a higher level worthy of our heritage. At its inception and for many years the hallmark of the SMA was the development of regional leaders with a national recognition and voice. In the main this was accomplished through clinical prominence and outspokenness of SMA leaders. As reputations were built and colleagues admired and further association with these clinical leaders for personal and processional satisfaction was delivered in a collegial atmosphere SMA was able to thrive.

Today, politics, government and a

citizenry which considers healthcare a right without responsibility has brought together a moment in history where value based medicine has kissed values based medicine and the kiss of short duration has produced unrequited love and a tightrope across a dangerous chasm falling into either side of which can spell disaster for this country and its way of life.

So what of SMA leaders today? Can we lead regardless of the political/ fiscal atmosphere? Can the physician reaction be - I need carte blanche to assure outcomes? Physicians are more apt to get a positive on that from both society and politicians if they make their case not just on the altruism of the outcomes. but on the specifics of individual diseases and their prevention and sequelae as affected by legislation. It then becomes about disease management and health rather than healthcare reform legislation and can be facilitated by the education platform of a 501(c)3 such as SMA. Our members and leaders now have the tools to accomplish that and to expand their influence as is necessary to effect change. SMA leaders now, if they are to be heard over the noise of politics labeled as healthcare reform, have a much more difficult task than their SMA forbearers who taught good medicine and argued their case amongst other physicians to effect change. SMA leaders today must be medical statesmen who prepare themselves for the statecraft that is felt by society, government, and their individual medical communities. SMA must identify clinical heroes who know how to blow their own horn and to use SMA to do so. "Heroes get heard." Please note the physician leadership article which I send to you entitled When Physicians Lead from the McKinsey Quarterly. Our SMA

reorganization and its pathway for opportunity is an ideal mechanism to build a base of medical heroes to assert themselves through our professional identity domain and for SMA to place our leadership before colleagues at the very least locally and regionally....and before society generally, as was accomplished effectively years ago when clinical leadership was not drowned out by the white noise and dissonance created by the clash between value based and values based medicine. As Dr. Basile discussed change in terms of our reorganization, we can apply the same matrix to change in the non-profit marketplace especially as it touches C.M.E. and pharma. Non-profit trade and professional associations are moving from advocacy for members to "Cause Involvement" as they solicit financial support...and marry member participation with causes which have a dual effect upon members and society as a whole. Two issues of funding must be faced. 1.) dues alone will not support a growth oriented professional association. 2.) Non-dues income based upon member participation from the nonprofit or profit subsidiary will limit the effectiveness and growth of the non-profit of the future. Non-profits of the future must impact society to the extent that they are worthy of foundation funding dollars and from pharma which requires the P.R. impact from an organization whose corporate capabilities and product line effects societal change through the interests of the association and the related industry. (not just as it touches professional development of physicians) In other words, can the association receiving funding use its corporate capabilities to have an effect upon all the stakeholders in health...not just healthcare? Those

stakeholders include physicians, patients, government, business. We must be able to state a proposition to effect change and to perform. The SMA has positioned itself to state such a case with a very plausible rationale:

Example:

 SMA/Pfizer and the Diabetes Grant
 Mission application to the Commonwealth Report as cause advocacy.

External support is no longer about individual programs, venues, or faculties. It will be evident in the coming months how important our reorganization will be as we respond to this new paradigm of cause involvement. The financial resources of non-profit professional associations and most assuredly SMA, give little tolerance to error as we move forward. As we observe negative financial impact of any of our efforts, we will need to take immediate corrective action to avoid negative impact to our consolidated bottom line. There is a great deal of money to be had but not as it were for the benefit of members only. This association must announce, prove, and propagate proof of societal impact in order to vie for that support and to become a player in those sponsorships which will ensure out relevance.

#### Conclusion:

- -Albert Camus' assessment of absurdity which accepts the intolerable.
- -Dicken's Social Commentary in The Tale of Two Cities.
- -Thinkers and Leaders Cause change -Voltaire, Locke, Rousseau
- -The result? Jeffersonian Democracy Advocacy Position
- At this time Dr. Basile opened discussions regarding SMA's position

on Advocacy. The main focus on this discussion was the proposed changes to mammography requirements. After much discussion, it was determine that a position paper be written and provided to our members and patients.

# Report of the Chief Financial Officer

Mr. Don Casey Don reported on the financial statements as of October 31, 2009. The combined Net Income after Income Taxes Year To Date as of 10-31-09 is \$274,000 compared to a budget for the same period of \$115,000. SMA is \$106,000 ahead of budget with a Year To Date Net Income of \$11,000 and Services is \$53,000 ahead of budget with a Net Income after Income Taxes of \$263,000. The ahead of budget is contributed primarily to the success of the educational programs and improvement in the economy affecting investment balances. Cash position remains strong with available cash of \$302,000 and Accounts Payable of \$163,000. There was a net decrease in cash flow in SMA for the month of \$120,000 contributed primarily to cash used by

#### Report of the Chief Information Officer Mr. Randy Glick

Mr. Glick once again reviewed the new committee structure with the Council and explained how an idea will be moved through committees. The following information was distributed to the Council:

#### **Procedures for Committees**

operations.

1. Executive Committee, Councilors and Associate Councilors can serve on one committee only (once the full

strength of all committees has been reached).

- 2. Terms for the Committees, Coordinating and Advisory, will be two years.
- 3. The Executive Committee with the President having power to veto will appoint:
  - a. The Chair for each Coordinating Committee;
  - b. The Councilors and Associate Councilors for each Advisory Committee; the Members at large for the Coordinating Committees.
- 4. Advisory Committees
  - a. Role Advancement of "Grass Roots" ideas
  - b. Each Advisory Committee will consist of;
    - i. One (1) Councilor
    - ii. One (1) Alliance member
    - iii. Three (3) Associate Councilors
    - iv. Five (5) members at large
  - c. The Alliance President will appoint the Alliance members to each Advisory Committee.
  - d. The Alliance Advisory Committee members at large will be selected from the Alliance members at large.
  - e. Each Advisory Committee will have a Team Leader appointed by the Chair of each Coordinating Committee.
  - f. The Team Leader will then appoint the remainder of the committee members from members at large (5).
  - g. The members at large would be selected based on responses from surveys of interest; activity within the Communities or at the discretion of the Team Leader.
  - h. The Team Leader will lead the team in refinement of ideas. Works with staff representative to coordinate anything related to the business of the Advisory Committee.

- i. SMA Staff member is assigned to each team as support. SMA Staff member performs the following duties
  - i. Provides relevant information from home office
  - ii. Records activities
- Coordinating Committees
   Role Accountability.

a. Role – Accountability. Accountable for the success/ activities of Advisory Committees. This role is one of governance and

accountability.

b. The Coordinating Committees will consist of 10 members selected by the Executive Committee.

- c. The Committee will prioritize actions which Advisory Committees need to be advancing as they address Advocacy, Leadership, Quality or Professional Identity and through those actions relative to membership, long range planning, professional development and alliance and further
- d. Facilitate the Budget & Administration committee's evaluation and passage to council for approval as necessary
- 6. Coordinating Committee on Budget and Administration
  - a. Role Review the feasibility of proposals submitted by Advisory Committees based on fiscal responsibility.
  - b. The Coordinating Committee on Budget and Administration carries the Chairs from each Coordinating Committee, the president, president-elect, president-elect designate, immediate past-president, and alliance president.
  - c. The Immediate Past-President will serve as Chair of the

Coordinating Committee on Budget and Administration. d. All members carry full voting

rights.

#### 7. Councilors

- a. Role Governing body. Implementation of new ideas/ projects once approved by the SMA Budget & Administration Committee
- b. Recruit Blue Chip Members
- c. Management of Associate Councilors goal setting and accomplishments
- d. Participate in all retention efforts
- e. Accountable
  - iii. For Associate Councilors
  - iv. To Members at large
- f. Serve in various Committee Appointments
- 8. Associate Councilors
  - a. Role To be actively involved in the activities of the association

- b. Recruit New Members
- c. Participate in all retention efforts
- d. Serve in various Committee Appointments

# Operating Procedures

- 9. Processing Grass Roots Ideas
  - a. Advisory Committee Members bring forth ideas from anywhere and anyone
    - i. Ideas are presented in the form of a written "Grass Roots Proposal" (proposal)
    - ii. The Advisory Committee where the proposal began is considered the "Originating Advisory Committee"
    - b. AC Team Leader initiates and leads discussion and amends proposal
  - c. AC Team Leader distributes proposal to other relevant Advisory Committee Team

Leaders for further advancement/

- d. Originating AC Team Leader submits final proposal to the Coordinating Committee Chair within their domain
- e. Coordinating Committee Chair presents proposal to Budget and Administration
  - i. Approved Proposal becomes a "Project"
  - ii. Rejected Proposal returns to Advisory Committee
    - 1. Letter is sent to originator of proposal explaining why
- f. Budget and Administrations presents proposal to Council g. Council implements project by
- submitting it to the Home Office
- h. Project is put into action

#### Report of the SMA Alliance President Mrs. Nancy Brant

Mrs. Brant thanked the Council for allowing the Alliance to be a part of the team and promised to continue her PR work of getting the word to non-members and members alike of all the benefits that SMA has to offer.

## Report of the SMA Alliance President-Elect Mrs. Barbara Jett

Mrs. Jett provided a listing of the meetings that she had attended this past year and noted that she was looking forward to a great year along with Dr. Shack. She also stated that she and Nancy Swikert would be sharing in the meeting roles and would continue to tell the SMA and SMAA story at each of these meetings.

#### Annual Meeting Update Mr. Edward Waldron

Mr. Waldron stated that this year's meeting because of negotiations made earlier in the summer would end up with any hotel attrition. We

will be contacting the Gaylord Palms in Orlando, Florida to work out some final details so that we would not have any attrition for the 2010 meeting.

We are currently working with a hotel in Savannah, Georgia and Williamsburg, Virginia as possible sites for the 2011 meeting.

## Report of the Southern Medical Journal Editor Ronald Hamdy, MD

- 1. Online Publishing Starting with the January 2010 issue, we will cease publication of the print Journal, and will be publishing entirely online.
- 2. LWW Contract Total paid print circulation at year end 2008: 6,794

Members Domestic: 6,399 International: 11

Nonmembers Domestic personal: 9 International personal: 5 Domestic institutional: 318 International institutional: 52

#### Online:

Total Ovid orders increased to 317 which is up from prior year of 198. The total LWW access collection is where we see the most growth.

The journal had a total of 97,250 article views via Ovid in 2008.

- 3. Manuscript Submissions (See page 39)
- 4. Origin of Submissions: Between January 1 and September 11, 2009, the SMJ has received submissions from the following states and countries:

USA: Total Number of Submissions: 481 SMA Territory: Total Number of States: 17; 262 Submissions Tennessee (39), Florida (35), Georgia (28), Louisiana (24), Texas (19), South Carolina (19), Maryland (16), Mississippi (14), North Carolina (12), Alabama (11), Missouri (10), Kentucky (7), Washington DC (7), Virginia (7), Oklahoma (6), Arkansas

(5), West Virginia (3)

Non-SMA Territory: Total Number of States: 26; 219 Submissions
New York (48), Michigan
(23), Illinois (18), Ohio (17),
Massachusetts (14), New Jersey
(14), Pennsylvania (14), California
(9), Connecticut (8), Washington
(8), New Mexico (6), Arizona
(6), Minnesota (5), Nebraska (5),
Wisconsin (5), Colorado (3), North
Dakota (3), Kansas (3), Rhode
Island (2), Maine (2), Wyoming
(1), Vermont (1), Oregon (1), New
Hampshire (1), Utah (1), Hawaii (1)

Noncontributing States: Alaska, Delaware, Idaho, Indiana, Iowa, Montana, Nevada, South Dakota

# International: Total Number of Submissions: 431

**Africa:** Total Number of Countries: 4/Total Number of Submissions: 6 Morocco (2), Algeria (1), Tunisia (2), Egypt (1)

Asia: Total Number of Countries: 15/ Total Number of Submissions: 317 Turkey (136), Taiwan (57), China (33), India (32), Japan (16), Iran (11), Korea (9), Thailand (6), Brunei (5), Singapore (3), Israel (3), Jordan (2), Pakistan (2), Lebanon (1), Tajikistan (1)

**Australia & Oceania:** Total Number of Countries: 3/Total Number of

Submissions: 11 Australia (3), Malaysia (6), New Zealand (2)

Europe: Total Number of Countries: 9/Total Number of Submissions: 86 Greece (21), United Kingdom (19), Italy (18), Spain (11), France (5), Austria (5), Romania (3), Poland (3), Germany (1)

#### South America and Canada:

Total Number of Countries: 3/Total Number of Submissions: 11 Canada (3), Brazil (6), Colombia (2)

#### (See Chart on page 40)

5. Pipeline (beginning with the January 2010 issue)

Original Articles: 21
Review Articles: 11
Editorials: 11
Case Reports: 46
Letters to Editor: 3

# 6. 2010 CME Articles

Proposed CME Topics for 2010
• Chronic Kidney Disease: Definition,
Epidemiology, and Laboratory
Testing

`**........** 

- · Management of Chronic Kidney Disease: What is the Evidence, Part 2 · The Heimlich Maneuver: Breaking down the Complications
- · Apneic Disorders Associated with Heart Failure
- · Pancreatic Cystic Neoplasms
- 7. Ranking of the Southern Medical Journal versus General/Internal Medicine Journals

# (See Charts on pages 40-44)

#### 8. Reviews

The SMJ continues to obtain multiple reviews for each manuscript received in the editorial office, and utilize a

double blinded review process in order to maintain impartiality.

9. Journal CME Beginning with our November 2008 issue, we have begun offering 2 CME articles per issue. By offering 2 CME articles per issue, healthcare providers may receive up to 24 credits per year. The CME articles are approved for both Physician CME (AMA PRA Category 1 CreditTM) and Nursing Contact Hours. From January through October 2009, 777 submissions for credit were processed. Credit requests may be submitted through the print and on-line forms. Additionally, our reviewers may receive up to 3 CME credits, provided the review meets the highest standards.

 Budget
 Information is available from Don Casey, CFO.

## Introduction of New and Outgoing Officers Jan N. Basile, MD

Dr. Basile presented a scrapbook to Dr. Paula Pell from her year as President.

Plaques of Appreciation along with a small token were presented to the outgoing officers:

Nancy Brant – SMA Alliance President Dr. Andrew Lawton – Councilor from Arkansas

Dr. Thomas Bunnell – Councilor from Kentucky

Dr. Eric Lindstrom – Councilor from Mississippi & President-Elect Dr. Mark Martens – Councilor from Oklahoma

Councilor pins were presented to the incoming officers:

Dr. Steven Strode – Councilor from Arkansas Dr. Donald Swikert – Councilor from Kentucky Dr. Benjamin Carmichael – Councilor from Mississippi Dr. Mason Jett – Councilor from

Oklahoma

# Report of the SMA Services, Inc. Board Chairman T. Rudolph Howell, MD

Although continuing to be challenged by the difficult economic times, SMA Services, Inc. remains healthy.

Recognizing the contributory importance of SMA Services Financial Services Division, a great amount of energy has been expended to make certain the Group Life, Disability and Health offerings remain top quality and affordable. A total revamp of the Group Health Program will take place during the second quarter. The changes will result in total new premium structure and require a rewrite of our contract. Premiums are also being reduced on our Disability products due to favorable claims experience.

We are delighted to welcome the three new SMAS Board members, as part of the slate of members approved by the owner, to their first meeting: Dr. Braxter Irby, Dr. Dallas Lovelace and Dr. Robert Oldham.

We did complete the withdrawal of SOMED Financial, LLC. SMA Services, Inc. Broker-Dealer and now process securities business as a branch office of ProEquities, Inc.

#### **Financials**

SMA Services, Inc. realized a net income after taxes in the amount of

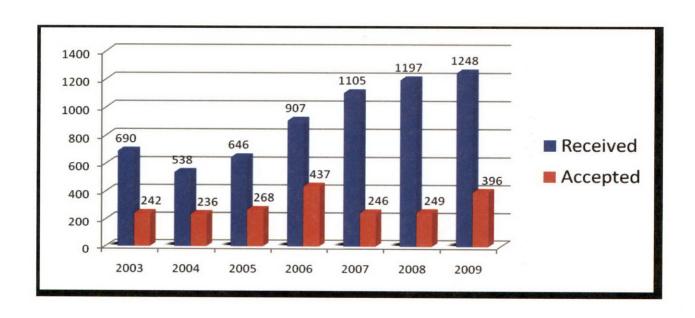
\$236,000 as of September 30, 2009, which was \$35,000 over budget.

Furthermore, the audited year-end receivable as of June 30, 2009, from SMA, \$773,083.07, was more than the year-end profit, net of income taxes, of \$365,156.55.

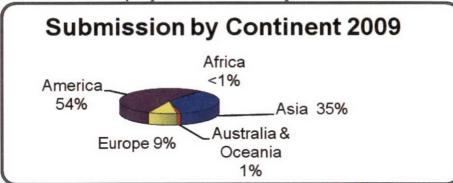
The recommendation from management will be to pay a dividend equal to the current year profit of \$365,156.55, rather than the current year audited year-end receivable, \$773,083.07, therefore not depleting the retained earnings of SMA Services, Inc.

In 2009, SMA Services, Inc. posts its 25th successive profitable year as a wholly owned subsidiary of SMA.

There being no further business, Dr. Basile adjourned the meeting at 12:00 pm Central time and went into a administrative executive session.

Submitted by: Lisa O'Daniel December 16, 2009 

\*The 2009 submission/acceptance rates are annualized. The higher acceptance rates are due to more stringent adherence to the maximum word count for authors, which led to short articles and an ability to publish more articles per issue.



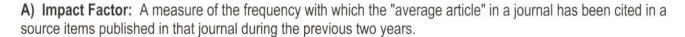
Origin of Submissions

Ranking of the Southern Medical Journal vs General/Internal Medicine Journals

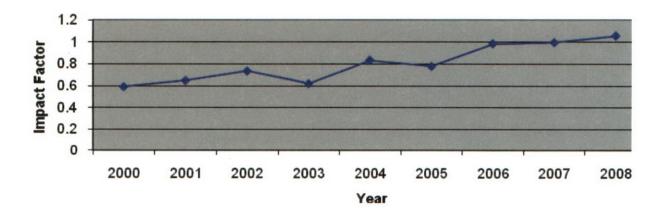
Impact Factor 1.058
Immediacy Index 0.389 Of monthly journals, SMJ ranks 20th out of 42
Cited Half-Life >10 years Of monthly journals, SMJ is one of 8 with a cited half-life greater than 10 years

2000	2001	2002	2003	2004	2005	2006	2007	2008
SMJ Imp	oact Facto	r						
0.593	0.650	0.737	0.622	0.835	0.780	0.987	0.998	1.058
Total # c	of Citation	S						
3698	3551	3472	3540	3640	3727	3785	3962	4376

Current 5-Year Impact Factor: 1.102



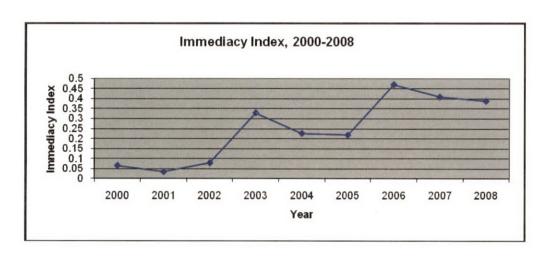
# Impact Factor, 2000-2008



# B) Immediacy Index: Measures the relevance and importance of articles published in scientific

A = the number of times articles published in a given year were cited in indexed journals.

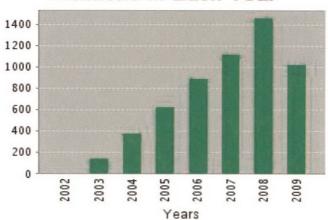
B = the number of articles, reviews, proceedings or notes published in during that year. Immediacy index = A/B



2000	0.067
2001	0.035
2002	0.08
2003	0.33
2004	0.227
2005	0.219
2006	0.471
2007	0.41
2008	0.389

C) Cited Half Life: A measure of how long articles in a journal continue to be cited after publication. The cited half life is the number of years that the current citations take to decline to 50% of its initial value.

# Citations in Each Year



\*2009 numbers are not annualized

Breakdown of the citations **to the journal** by the cumulative percent of 2008 cites to items published in the following years:

Cited Year	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998-all
# Cites from 2008	88	202	257	286	279	217	205	135	243	144	2320
Cumulative %	2.01	6.63	12.50	19.04	25.41	30.37	35.05	38.14	43.69	46.98	100

For the cited half life, the 2007 numbers constitute the current half life. The 2008 numbers will be rolled into the 2009 report which will come out next May. (i.e., the 2008 numbers are incomplete).



# CONSTITUTION AND BYLAWS

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#### 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 Corporation may be used for legal purposes or activities allowed Nonprofit Corporations by the laws of the State of Alabama.

#### 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 or application to physicians who are eligible to be members of the state medical societies of any state in the United States, District of Columbia, Canada, Mexico and Puerto Rico; to medical officers of the uniformed services and the Veterans Administration.

**1. SECTION 2.** Other Members. This Association may have such classes of members as deemed appropriate by the Council.

#### ARTICLE VI: OFFICERS

SECTION 1. Officers of the Association. The officers of the Association shall be a President, President-Elect, Immediate Past-President, President-elect Designee, Councilors, and an Executive Vice-President (or Chief Executive Officer).

SECTION 2. Councilors. The Councilors shall be elected as provided in the Bylaws. One Councilor will be elected from each of the following states or district: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, and the District of Columbia. Councilors shall serve five year terms. The Councilor terms expire with the close of the annual business meetings. The Council shall be the governing body of the Association.

#### ARTICLE VII: ASSOCIATION BUSINESS AND ACTIVITIES

**SECTION 1. Annual Meetings.** The Association shall hold at least one business meeting each year 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 sessions, technical and scientific exhibits, and such general programs as may be arranged by the Association. The time and place for holding each business meeting shall be fixed by the Council.

#### SECTION 2. Scientific Activities.

The Association may from time to time constitute and designate scientific activities which shall be organized and shall perform such duties and responsibilities as may be from time to time designated by the Council.

SECTION 3. Publications. The Association may 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 W. Lakeshore Drive, Birmingham, Alabama 35209.

#### ARTICLE X: AMENDMENTS

The Association may, at any business meeting, amend the Articles of Incorporation by a two-third's affirmative vote of the members present and voting during a business meeting, provided the amendment has been presented to the membership at least 30 days prior to the meeting. The membership notice shall include the proposed amendment and the date, time and place of the business meeting where said amendment will be on the agenda.

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 expenditure so as to subject it to tax under Section 4945(d) of the Code or the corresponding section of any future federal tax code.

Amended August 7, 2008

#### Bylaws

#### BYLAWS SOUTHERN MEDICAL ASSOCIATION

#### 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.
- 2. Active Members shall have full privileges of Association membership, including the right to hold office, vote, and receive the publications of the Association unless specifically restricted in the Bylaws.
- Active Members shall pay full dues to the Association as determined by the Council; Active Members who retire from practice may become active retired members.

#### B. Associate Members

The Association may have Associate Members as determined by the Council from time to time and at its sole discretion:

Class 1. A physician in training who is an intern, resident, or fellow at an accredited medical or accredited osteopathic training program, who may or may not be a member of a state medical society and medical and osteopathic students accredited medical or accredited osteopathic schools in the United States, District of

Columbia, Canada, Mexico and Puerto Rico

- Class 2. A licensed allied health professional who is a member of their professional association; or a physician assistant or nurse practitioner
  - 1. Associate Members shall neither hold office nor be entitled to vote.
  - 2. Associate Members shall pay dues, and receive benefits of membership as determined by the Council.

#### C. Other membership types

The Association may have such classes of membership types as deemed appropriate by the Council. The Council may modify, change, add, remove, or restrict the benefits of or the requirements for membership class as well as the types or classes of membership of the Association.

### SECTION 2. Application for Membership

The membership application must be completed by the applicant and all required information received before the application is considered complete. The Association reserves the right to accept or reject any applicant for membership.

### SECTION 3. Termination of Membership

Any member who has had their medical license or any licensure suspended or revoked by a state board of medical examiners or comparable licensing agency shall automatically forfeit his/her membership in the Association.

#### SECTION 4. Reinstatement

A former member whose membership in the Association has been forfeited may, after a period of one year, reapply for membership in the Association if that member's suspended or revoked medical license or any licensure has been reinstated.

#### 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

A. 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.

B. Upon payment of their dues they are 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 an Executive Vice-President and/or a Chief Executive Officer determined by the Council.

#### **SECTION 3. Qualifications**

A. 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 their present term as Councilor.

B. To be eligible for the office of Councilor, such person shall be a member in good standing of the Association and an Associate Councilor, or have served in a leadership role

or have been an active member in the Association. To be eligible for election as a Councilor, the active member must reside or practice in the one of the following states or district: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, and the District of Columbia. Councilor(s) may be appointed on an ad hoc basis by the Council for the benefit and convenience of the Association with voting rights determined by the Council.

#### **SECTION 4. Term of Office**

A. The term of the elected officers shall be five years for Councilor and for other officers as determined by the Council 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 Designee

A. Eligibility of the President-Elect Designee requires the candidate to be a member in good standing of the Association, a current Councilor who has served on the Council and will meet the requirements for the elected office.

B. Eligible Councilors will declare their intent to run for the office of President-Elect Designate at the business meeting of the Council held during the annual meeting of the association.

C. The election process will be determined by the Council.

### SECTION 6. Election Process for Councilor

A. Nominees for Councilor must meet the qualifications outlined in Section

3B of Article III. B. The election process will be determined by the Council.

#### **SECTION 7. Vacancy in Office**

A. A vacancy in an elected office shall be filled in the following manner

- 1. A vacancy in the office of President shall be filled by the President-Elect for the remainder of the term of office and then the promoted President-Elect will serve their full elected term as President.
- 2. A vacancy in the office of President-Elect shall be filled by the President-Elect Designate who will serve as President-Elect for the remainder of the vacated term of office and will then serve as President.
- 3. A vacancy in the office of President-Elect Designate shall be assumed by the candidate receiving the next highest number of votes in the election of President-Elect Designate.
- 4. A vacancy in the office of a Councilor may be filled by the President on an interim basis by appointment until such time as an appropriate election can be held. The Interim Councilor shall meet the requirements of Article III Section 3B. The term of the Interim Councilor so appointed shall expire with the term of the President who appointed the Interim Councilor or the election of a new Councilor for the state or district whichever occurs first. This does not preclude a succeeding President from appointing a qualified Interim Councilor to continue until such time when an appropriate election can be held.

#### SECTION 8. Duties of Officers A. President

1. The President shall carry out the will of the Council.

- The President shall preside over all general sessions of an Annual Meeting and all functions at which the Association is host.
- 3. The President may deliver an annual address at the general session to be held at a time and place decided upon by the Council.
- 4. The President shall be the Chairman of the Council and of the Executive Committee of the Council, but shall not be eligible to vote except to cast a vote in the event of a tie. They shall preside over all meetings of the Council and of the Executive Committee.
- The President shall provide advice and counsel in the formulation of all programs and services of the Association.
- The President shall appoint, on nomination by the respective Councilor, up to five Associate Councilors from each state or district.
- 7. The President shall report to the membership of the Association at its Annual Meetings on the activities of the Council during the interval between Annual Meetings and shall recommend to the membership such actions as are appropriate under these Bylaws.

- 8. The President or any two members of the Executive Committee may convene a meeting of the Executive Committee.
- 9. The President shall appoint members of committees and chairs of committees in accordance with these Bylaws except as otherwise provided. 10. The President shall preside over the planning of the Annual Meeting of the membership.
- 11. The President shall serve as an exofficio member of all committees of the Association.
- 12. The President shall fulfill such other duties as may pertain to the office of President as assigned by the Council.

#### B. President-Elect

- The President-Elect shall assist the President and assume Presidential duties in the absence of the President.
- 2. The President-Elect shall serve as Vice-Chairman of the Council and the Executive Committee.
- 3. The President-Elect shall have such other duties and responsibilities as may be required of the office.

#### C. President-Elect Designate

The President-Elect Designate shall remain as Councilor until taking office as President-Elect and will serve as a member of the Executive Committee.

#### D. Executive Vice-President or Chief Executive Officer

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

#### E. Councilors

1. Composition of Council The Council shall consist of twentyone members, three of whom shall be the officers of the Southern Medical Association: the President, the President-Elect, and the Immediate Past-President. One member shall be the President of the Southern Medical Association Alliance. The other seventeen shall be the Councilors, elected by one of the following states or district: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee. Texas, Virginia, West Virginia or the District of Columbia, as provided in these Bylaws. The Council may expand by appointing ad hoc Councilors for a specified period of time and for the benefit and convenience of the Association with voting privileges as determined by the Council. The President and the President-Elect shall serve as Chairman and ViceChairman of the Council, respectively. The Executive Vice President or Chief Executive Officer is an Ex-Officio member of the Council.

- Annual Meeting of Council

   a.The Annual Business Meeting of
   the Council shall be held at such
   time and place as may be set by the
   President and Council.
  - b. The Council will determine the number and frequency of Council Meetings.
- 3. Quorum for Meetings of Council The quorum for any meeting of the Council shall be a majority of the voting members of Council.
- 4. Council Authority
  - a. The Council shall be the governing body of the Association. b. The Council shall govern the Association in accordance with the laws of the State of Alabama and as stated in the Constitution, Bylaws, and Policy and Procedure Manual of the Association.
  - c. The Council may:
    - 1. Cause to be established Committees in accordance with these bylaws and shall designate the President to appoint the members of such Committees.
    - 2. Be charged with the responsibility to cause to be conducted annually an audit of the financial affairs of the Association.
    - 3. Establish policies and procedures for the conduct of the affairs of the Association.
    - Appoint an Executive Vice-President or Chief Executive Officer.
    - 5. Establish the fiscal year of the Association.
    - Any Councilor shall be subject to removal 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 their State or District and seek to encourage membership in and participation in the activities of the Association. Each Councilor will perform their duties as described in the Policies & Procedures manual.
- c. Each Councilor shall attend the meetings of the Council, including conference call meetings. Councilors shall be expected to attend all meetings of the Council unless there are extenuating circumstances approved by the President.
- d. Each Councilor shall perform such other duties as may be designated by their position and stipulated by the Council.
- e. Councilors shall be responsible for developing leadership qualities in their state's leadership group to provide a continuum in councilor succession.

### ARTICLE IV. ASSOCIATE COUNCILOR

#### **SECTION 1. Associate Councilors**

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

#### A. Duties

1. As assigned by the Council in the Policy & Procedures manual.

#### B. Term of Office

The term of office of the Associate

Councilors shall be by annual appointments 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, The Executive Vice President or Chief Executive Officer is an Ex-Officio member.

# SECTION 2. Chairman and Vice-Chairman of Executive Committee

The President and President-Elect shall serve as Chairman and Vice-Chairman respectively of 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.

# ARTICLE VI. COUNCIL APPOINTMENTS SECTION 1. Executive VicePresident or Chief Executive Officer

A. There shall be an Executive Vice-President or Chief Executive Officer who shall be responsible for implementing the policies and direction of the Council; execute and administer Association programs; and manages the day-to-day operation of the Association.

B. The Executive Vice-President or

Chief Executive Officer shall employ and direct all staff personnel, full and part-time, including the assignment of duties of such employees. In this capacity, they 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. C. The Executive Vice-President or Chief Executive Officer may act as the Managing Editor of the Southern

# ARTICLE VII. COMMITTEES SECTION 1. Coordinating Committees

of the Association.

A. There shall be Coordinating Committees established by the Council.

Medical Journal and other publications

1. Coordinating Committee on Budget and Administration: The Coordinating Committee on Budget and Administration in consultation with the President. Executive Committee, Council and the Executive Vice President and approval of the Council may establish Advisory and Ad Hoc Committees as necessary to perform any administrative, managerial, and financial oversight required of a Non Profit corporation and any additional functions needed by the Southern Medical Association that is assigned to this committee by the Council. 2. Other Coordinating Committee(s) as created by the Council: The number, scope and focus of any Coordinating Committees may be established or changed by the

Council to reflect changes in the scope, focus, and priorities of the Southern Medical Association and to allow the orderly conduct of Association business and activities.

#### B. Chairman

The Chairman of each Coordinating Committee shall be appointed by the President.

C. Composition of Coordinating
Committees Each of the Coordinating
Committees shall have members
appointed annually by the President.
For the purposes of Committee
assignments the definition of
"members" includes Southern Medical
Association Alliance (SMAA) members.
Term limits of Committee members,
including the Chairman will be set by
the Council. The President shall be an
ex officio member of all Committees.

#### Section 2. Advisory Committees

A.There may be Advisory Committees established by the Council or by Coordinating Committees

#### B. Chairman of Advisory Committees

- 1. The Chairman shall be either appointed by the President or by a method voted on by the Council and set out in the Policy and Procedures Manual.
- 2. Term limits of Committee members, including the Chairman will be set by the Council.

#### C. Composition of Advisory Committees

- 1. Each Advisory Committee member will be members of the Association or a member of the SMAA.
- 2. Each Advisory Committee member shall be appointed annually with the advise and consent of the President.
- 3. The President shall be an ex officio member of each Advisory Committee.
- 4. Term limits of Committee

members, including the Chairman will be set by the Council.

### Section 3. Presidential Committees

A. There may be Presidential Committees appointed by the President with approval of the Council.

B.The term of the members of these committees shall be limited to the term of the President that appoints the committee members.

#### Section 4. Ad Hoc Committees

A. Ad Hoc Committees may be appointed by the President, Council, or Coordinating Committee Chairs in consultation with the President, Executive Committee, and the Executive Vice President or Chief Executive Officer and with approval of the Council when deemed necessary to conduct Committee and Association activities.

B. Term limits of Committee members, including the Chairman, will be set by the Council.

#### Section 5. Duties and Responsibilities of Coordinating Committees

### A. Coordinating Committee on Budget/Administration

- 1. The Committee on Budget and Administration should:
  - a. Establish financial goals for the Association and provide oversight, direction, and, if needed, limitations on the other Coordinating Committees. Financial consideration and impact on the Association should be presented to the Budget and Administration Committee for approval before being acted on by other Coordinating Committees. The Council will have final determination on actions of the Budget and Administration

Committee.

b. Through the formation of Advisory or Ad Hoc Committees, if needed, the Budget and Administration Committee should provide the administrative tasks and duties required of Alabama Non Profit Corporation in the State of Alabama and those required of any and all regulatory, statutory, and judicial bodies with jurisdiction over the Southern Medical Association. The Council at its sole discretion can direct the Coordinating Committee to perform other duties as needed.

2. Term limits and composition of Coordinating Committee on Budget and Administration including the members and the Chairman will be determined by the Council.

#### B. Other Coordinating Committees

1. Coordinating Committees will be established by the Council as needed to support the strategic plan and focus of the Southern Medical Association and may change from time to time as the Association's mission and vision evolves. The Council shall establish the number, name, focus, scope, and authority of such committees. These committees will be established, limited, and abolished by the Council as needed to further the Association activities.

### 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 a Business meeting and may include Scientific, Educational, and such other endeavors as may be designated for consideration.

#### 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 or to an individual and/or group performing distinguished service to the field of medicine.

#### 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 in those fields. Criteria for the Seale Harris award may be modified or changed by the Council.

#### SECTION 3. Original Research Award

There may 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.

#### **SECTION 4. Other Awards**

The Council may establish other awards as approved by the Council.

### 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. The President of the Southern Medical Association Alliance shall be a member the Council of the Southern Medical 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

#### ARTICLE XII. INDEMNIFICATION.

In amplification and not in limitation of the provisions of applicable law: (a) The Association shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed claim, action, suit or proceeding, whether civil, criminal, administrative or investigative, including appeals (other than an action by or in the right of the Association), by reason of the fact that such person is or was a Councilor, Trustee, Director, Officer, Partner, Employee or Agent of the Association, or is or was serving at the request of the Association as a Councilor, Trustee, Director, Officer, Partner, Employee or Agent of another association, partnership, joint venture, trust or other enterprise, against expenses (including attorneys= fees, judgments, fines and amounts paid in settlement) actually and reasonably

incurred by such person in connection with such claim, action, suit or proceeding if such person acted in good faith and in a manner such person reasonably believed to be in or not opposed to the best interests of the Association, and, with respect to any criminal action or proceeding, had no reasonable cause to believe such person's conduct was unlawful. The termination of any claim, action, suit or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent. shall not, of itself, create a presumption that the person did not act in good faith and in a manner that such person reasonably believed to be in or not opposed to the best interests of the Association, and, with respect to any criminal action or proceeding, had reasonable cause to believe that such person=s conduct was unlawful. (b) Any indemnification under subsection (a) (unless ordered by a court) shall be made by the Association as authorized in the specific case upon a determination that indemnification of the Councilor, Trustee, Director, Officer, Partner, Employee or Agent is proper in the circumstances because such person has met the applicable standard of conduct set forth in subsection (a). Such determination shall be made (1) by the Council by a majority vote of a quorum consisting of Councilors who were not parties to, or who have been wholly successful on the merits or otherwise with respect to, such claim, action, suit or proceeding, or (2) if such a quorum is not obtainable, or even if obtainable a quorum of disinterested Councilors so directs, by independent legal counsel in a written opinion. (c) Expenses (including attorneys fees) incurred in defending a civil or criminal claim, action, suit or proceeding shall be paid by the Association in advance of the final

or proceeding as authorized in the manner provided in subsection (b) upon receipt of an undertaking by or on behalf of the Councilor, Trustee, Director, Officer, Partner, Employee or Agent to repay such amount if and to the extent that it shall ultimately be determined that such person is not entitled to be indemnified by the Association as authorized in this Article XII.

#### ARTICLE XIII. AMENDMENTS

These Bylaws may be amended at any Annual Meeting of the Association by a two-thirds affirmative vote of the members present and voting at a General Session of the Annual Meeting after the Amendment has been presented in writing to the Council at least 30 days prior to the meeting and copies of the changes are disseminated to the membership attending the meeting.

Amended: December 3, 2009

disposition of such claim, action, suit



## SMA SERVICES, INC.

#### SMA Services, Inc.

Established in 1984, SMA Services, Inc. is a wholly-owned, for-profit subsidiary of Southern Medical Association consisting of profit entities offering products and services ranging from Insurance to Travel. SMA Services, Inc. provides Personal and Professional Financial Security to members of SMA as part of Total Practice Performance.

**Insurance and Financial Services** – SMA Services' insurance products range from medical and dental coverage to liability and disability coverage with retirement products ranging from Profit Sharing Plans to 401(k) plans.

**SMA Tours** –Available to members, their families and employees, SMA Tours professional, experienced agents and certified meeting planners are available to customize a trip or tour to your specifications.

**Physician's Purchasing Program** - A group purchasing network exclusively for physicians, their families, and employees. This program offers an almost endless variety of quality, name-brand products, consumer merchandise, and other purchasing opportunities – all at reduced prices!

**Multi-Media Services** – Providing services ranging from graphic design and printing to broadcast e-mails and website development–everything you need to ensure your presence to the ever-increasing technology advanced patient is not only professional, but also first and foremost.

The SMA Services, Inc. Board currently consists of ten members including the current Chairman of the Board.

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SMA: Southern Medical Association

#### Southern Medical Association

#### **Mission Statement**

The Southern Medical Association promotes the health of patients through advocacy, leadership, education, and service.

#### What We Value

Advocacy Leadership Collegiality Innovation

#### What We Believe

- · That physicians must be advocates for their patients and provide the leadership necessary to promote better health care in their communities;
- That education and scholarly interactions must be conducted in a collegial, supportive environment;
- That collaboration and innovation in health care delivery will best serve our patients as we work together to attain optimal health.

#### Our Vision

The Southern Medical Association will be the preferred association for physicians and health professionals, and will be recognized for advocacy on key practice issues including leadership development for physicians, multispecialty and interdisciplinary education and training, and innovative health care delivery models and services that improve quality and access to care.

#### Commitment:

- We are committed 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 are committed to developing physician leaders.
- We are committed to providing an interdisciplinary forum to enhance the sharing of information, knowledge and experience to advance the practice of medicine.

- 4. We are committed to the value of all generations of physicians having the opportunity to interact and learn from each other.
- We are committed to working 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.
- We are committed to supporting the belief that physicians should be in control of decisions regarding practice management and patient care.

- We are committed to unity of purpose and the contribution of each individual as fundamental to the achievement of our success in meeting the needs of our members and maintaining financial stability.
- We are committed to integrity and accountability in our relationships with members, leaders, vendors, clients, employees and the community at large.
- We are committed to support employees in achieving 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	2009
Membership—Approximately 200 members from a six-state territory— Alabama, Florida, Georgia, Louisiana, Mississippi, Tennessee	Approximately 12,000 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	\$295
Publications-None	Southern Medical Journal
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 SMA Services, Inc., a wholly owned for profit subsidiary providing services to SMA and members, are but a few of the Association's assets today.

#### 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 through advocacy, leadership, quality and professional identity, 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 12,000 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, inresponse 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-one members; three officers the Alliance President 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 of the *Southern Medical Journal*.

#### 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, 2010, the annual dues were set at \$295, 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 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 scientific sessions and abstract presentations. Specialty sections cooperate to present programs of special interest, special symposia on timely subjects, meetings of conjoint societies, scientific posters, and technical exhibits, all designed for one purpose—to enhance the practice of medicine.

#### EXHIBIT HALL...SCIENTIFIC POSTERS

In addition to the scientific sessions, 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 were discontinued effective as of the 1996 Assembly.

#### 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.

#### 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, President's Reception, activities for the spouses planned by the Southern Medical Association Alliance, and, of course, fellowship with members of the medical profession from all parts of the United States and many foreign countries.

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#### II. Continuing Medical Education/CE Activities

The Southern Medical Association has been serving physicians' needs since its inception as a physician member association in 1906. SMA is committed to enhancing life-long learning for physicians. The SMA Continuing Medical Education (CME) unit is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. At its most recent re-accreditation review, the ACCME awarded SMA the rating of "accreditation with commendation" − the highest rating available to accredited providers. As an accredited provider, SMA's accredited activities allow physicians to participate and obtain AMA Physicians' Recognition Award (PRA) Category 1 Credits™, a requirement of most state's licensure procedures. In 2006, SMA was approved as a provider of continuing education in nursing by the Alabama State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. This additional accredited as expanded the reach of SMA's programming.

CME activities are developed based on needs assessment and are evaluated to determine quality, educational value, and performance improvement with the goal of improved patient health outcomes. Activities are varied in design, format, and distribution methods to meet the interests and needs of physicians and other healthcare professionals. Current formats include the *Southern Medical Journal* (monthly CME articles), live conferences (i.e. annual scientific assemblies, regional conferences, and resident education), distance learning (resident education and physician business administration certificate course) and Internet education (MedEd On-Demand library). MedEd On-Demand offers a large collection of lectures captured from live conferences and repackaged with slides and audio for Internet education. Internet content includes clinical and practice management topics approved for physician and nursing credits.

#### III. Publications

#### The Southern Medical Journal...Brief History

Duringthefirstyearsofitshistory, 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 the carried 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 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. September 1977, John B. Thomison, M.D., of Nashville, Tenn., 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 CathyGallowaytoserveinthatcapacity.

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 articles span the spectrum of medical topics, providing timely, up-to-theminute information for primary physicians specialists care and alike. Contributors include leaders in the health care field from across the country and around the world. Subscribers are found around the world - throughout North America, in Australia, and in numerous European, South American, Asian, and African nations - because doctors everywhere need practical medical information. The SMJ enables physicians to provide the best possible care to patients in this age of rapidly changing modern medicine.

The Editor-in-Chief Ronald C. Hamdy, MD, is Professor of Internal Medicine and holder of the Cecile Cox Quillen Chair of Excellence in Geriatric Medicine and Gerontology and is Director of the Osteoporosis Center at East Tennessee State University in Johnson City, Tennessee. Dr. Hamdy is also a past president of the Southern Medical Association. An editorial production staff in Johnson City assists the editor and publishing is handled by Lippincott Williams & Wilkins with

business offices in Philadelphia, Pa. The office of the Managing Editor of the *SMJ* is in the headquarters of the SMA in Birmingham, Ala. Assisting the Editor-in-Chief with editorial review are Associate Editors, Editorial Board, Scientific Advisory Committee, and the CME Advisory Board.

Each monthly issue of the *SMJ* includes original and review articles, CME articles, case reports, special sections, and editorials. Additional features include the Patient's Page, Medical Webwatch, and Rapid Response. New technology has provided opportunities to distribute the Table of Contents (eTOC) via e-mail and offer quick summaries of the articles through monthly podcasts.

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#### IV. 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.

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

#### 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. NO TRAVEL EXPENSES WILL BE FUNDED. Funds

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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 W. Lakeshore Drive, P. O. Box 190088, Birmingham, Alabama 35219-0088 or by going to the website www.sma.org. Deadline for receiving completed applications is April 1.

#### (4) If Approved...

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

#### (5) Requirements...

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

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

#### V. 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 \$1,000 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 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 W. 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 councilor in the state who will sign the cover letter and forward to the Dean of the Medical School.

#### VI. 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

- Name in Southern Medical Journal
- Annual Meeting Ribbon

#### Benefactor- \$250-\$999

Contribution

 Name in Southern Medical Journal · Annual Meeting Ribbon

#### Patron-\$50-\$249

Contribution

- Name in Southern Medical Journal
- Annual Meeting Ribbon

#### The Society of 1906

The establishment of "The Society of 1906" was approved in 1990 in Nashville. The Society recognizes major contributors to the 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
- · name on the "Hall of Fame" 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.

#### VII. 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 April.

All nominations and applications are considered by the Committee on Special Awards. This confidential Committee, consisting of five members with the President-Elect as Chairman, is appointed by the President to evaluate the contributions of the various candidates for special awards. The presentation of awards takes place at the first 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."

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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 research on the cultivation and the nature of viruses."

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

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

1943-Cincinnati Meeting- Tom Douglas Spies, M.D., Birmingham, Ala., "in re-cognition of his outstanding contributions to our know-ledge 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 the circulation and of 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 April 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 first general session of an Annual Meeting.

#### Recipients of the Dr. Robert D. & Alma W. Moreton Original Research Award

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

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

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

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

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

- 1980- San Antonio Meeting- George W. Molnar, Ph.D., Little Rock, Ark.
- 1981- New Orleans Meeting- John Barry McCraw, M.D., Norfolk, Va.
- 1983-Baltimore Meeting-Howard W. Jones, M.D. and Georgeanna Seegar Jones, M.D., Norfolk, Va.
- 1986-Atlanta Meeting- Franz H. Messerli, M.D. New Orleans, La.
- 1989–Washington, D.C. Meeting– David W. Bilheimer, M.D., Dallas, Tx.
- 1990-Nashville Meeting- James A. Roberts, M.D., Covington, La.
- 1992 San Antonio Meeting Joseph G. Sinkovics M.D., Tampa, Fl.
- 1993- New Orleans Meeting- John J. Costanzi, M.D., Austin, Tx.
- 1994-Orlando Meeting- Paul C. Gillette, M.D., Charleston, SC
- 1995-Kansas City Meeting- R. Neal Garrison, M.D., Louisville, KY
- 1996–Baltimore Meeting–Richard W. McCallum, M.D., Kansas City, KS
- 1997– Charlotte Meeting Eugene A. Woltering, M.D., New Orleans, LA
- 1998– New Orleans Meeting-Steven D. Wexner, M.D., Ft. Lauderdale, FL
- 1999-No award given

- 2000-Orlando Meeting Mark Abel, M.D., Charlottesville, VA
- 2001 No award given
- 2002 No award given
- 2003- No award given
- 2004- New Orleans Meeting -Richard DeShazo, M.D., Jackson, MS
- 2005-San Antonio Meeting-Dr. Razelle Kurzrock of Belleaire, Texas

## The Distinguished Service Award...

At the Houston Meeting in 1955 the Association created the Distinguished

Award, which may Service 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 April 1. The Committee on Special Awards evaluates all nominations and the recipient is notified and receives the Award at the first 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, NC
- 1963-New Orleans Meeting- Fount Richardson M.D., Fayetteville, AR (posthumously)
- 1964-Memphis Meeting- Hollis E. Johnson, M.D., Nashville, TN
- 1965-Houston Meeting- Milford 0. Rouse, M.D., Dallas, TX
- 1967-Miami Beach Meeting- Robert D. Moreton, M.D., Houston, TX
- 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, TX

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, AL
- 1977 Dallas Meeting Harris D. Riley, Jr., M.D., Oklahoma City, OK
- 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, AL
- 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, TX
- 1984- New Orleans Meeting- H. William Scott, Jr., M.D., Nashville, TN
- 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, AR
- 1992 San Antonio Meeting Charles E. Horton, M.D., Norfolk, VA
- 1993- New Orleans Meeting- Edward T. Krementz, M.D., New Orleans, LA
- 1994-Orlando Meeting- M. Pinson Neal, Jr., M.D., Richmond, VA
- 1995–Kansas City Meeting–J. Leonard Goldner, M.D., Durham, NC
- 1996-Baltimore Meeting-Thomas B. Dameron, Jr., M.D., Raleigh, NC
- 1997-Charlotte Meeting James E. Davis, M.D., Durham, NC
- 1998–New Orleans Meeting C. Thorpe Ray, M.D., New Orleans, LA
- 1999– Dallas Meeting– H. Mac Vandiviere, M.D., Lancaster, KY
- 2000-Orlando Meeting- Robert E. Pickard, M.D., South Miami, FL
- 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
- 2005- San Antonio Meeting J. Graham Smith, M.D., Mobile, AL
- 2006- Charlotte Meeting-John B. Lynch, M.D., Nashville, TN
- 2007- New Orleans, LA Meeting -James C. Waites, M.D. , Laurel, MS
- 2008 Nashville Meeting Hugh E. Stephenson, Jr., M.D., Columbia, MO
- 2009 Dallas Meeting Jean E. Holt, M.D., M.P.H, San Antonio, TX

#### 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 April After nominations are evaluated by the Committee on Special Awards, the recipient is notified and receives the award at the first 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 glandular disorders in the which he has human, to 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 allover the world."
- 1967–Miami Beach Meeting– Julian M. Ruflin, M.D., Durham, N.C., "for his original investigative work centering about the malabsorption state, elucidation of the etiology of Whipple's disease and its management, and the nature of duodenal ulcer pain." (Note: actual presentation of this award was at the 1968 Meeting in New Orleans).
- 1970-Dallas Meeting- Grace Goldsmith, M.D., New Orleans, La., "for her investigations and research in the fields of metabolism and nutrition."
- 1972-New Orleans Meeting- John T. Galambos, M.D., Atlanta, Ga., "for his research and contributions to the field of gastroenterology."
- 1973–San Antonio Meeting– Stanley J. Dudrick, M.D., Houston, TX, "for his work in intravenous alimentation."
- 1974- Atlanta Meeting- H. Harlan Stone, M.D., Atlanta Ga.; Robert S. Nelson, M.D., Houston, TX
- 1975–Miami Beach Meeting–W. Dean Warren, M.D., Atlanta, GA
- 1976-New Orleans Meeting- John S. Fordtran, M.D., Dallas, TX
- 1980–San Antonio Meeting– Elliot Weser, M.D., San Antonio, TX
- 1981- New Orleans Meeting-Constance Pittman, M.D., Birmingham, AL

- 1982–Atlanta Meeting– Hiram C. Polk, M.D., Louisville, Kv.
- 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. Scientific Exhibits were discontinued as of the 1996 Annual Assembly.

#### The Technical Exhibit Award...

At a meeting of the Executive Committee of the Council held in Atlanta, Ga., March 31, 1973, the C. P. Loranz Award for the outstanding Technical Exhibit was established. Recipients of this award are: 1973-San Antonio Meeting- Roche Laboratories, "Heart Sounds."

1974- Atlanta Meeting- Roche Laboratories

1975- Miami Beach Meeting- Eli Lilly & Company

1976- New Orleans Meeting- Merck, Sharp & Dohme

1977-Dallas Meeting- Roche Laboratories

1978–Atlanta Meeting– Schering Laboratories

1979-Las Vegas Meeting- Wyeth Laboratories

1981- New Orleans Meeting- Wyeth Laboratories

1982-Atlanta Meeting- Pfizer Laboratories

1983-Baltimore Meeting-Roche Laboratories

1984-New Orleans Meeting- Schering Laboratories

1985-Orlando Meeting- Roche Laboratories

1986–Atlanta Meeting– The Upjohn Company

1987 – San Antonio Meeting – Mead Johnson Pharmaceuticals

1988-New Orleans Meeting- Parke-Davis

1989-Washington, D.C. Meeting-Roerig Division, Pfizer Pharmaceuticals

1990- Nashville Meeting- Mead Johnson Pharmaceuticals

1991 - Atlanta Meeting - Sandoz Pharmaceuticals Corporation

1992-San Antonio Meeting- Wyeth-Ayerst Laboratories

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

1994- Orlando Meeting- Wyeth-Ayerst Laboratories

1995-Kansas City Meeting- Hoechst Roussel Pharmaceuticals, Inc.

1996-Baltimore Meeting-Wyeth-Ayerst Laboratories

1997 – Novartis Pharmaceuticals

1998– Eli Lilly and Company 1999– Pfizer Pharmaceuticals 2000– Aventis Pharmaceuticals

Technical Exhibits awards were discontinued after 2000.

### VIII. 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 physician members of the Southern Medical Association can be members of the SMA Alliance-an organization founded in 1924 to promote and preserve the art and science of medicine. A \$25.00 annual membership fee helps to support the projects of the Alliance and to offset fees associated with the publishing of our newsletter-*Southern Connection*.

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

On that date, Mr. V.O. Foster of Birmingham took over the executive duties of the Association with the new title of Executive Secretary and Treasurer, with a five-year contract. However, the Council, wishing to continue using the vast experiences of Mr. Loranz after his retirement, voted to retain Mr. Loranz as Advisor and Professional Relations Counselor for a period of three years. 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 and in May, 2003 as 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

SMA: Southern Medical Association

Officer in March 2000.

Mr. Edward J. Waldron was appointed as its 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

1951

1006	Chattanana TN amarintina
1906	Chattanooga, TN, organization meeting
1907	Birmingham, AL, *H. H. Martin, Savannah, GA
1908 1909	Atlanta, GA, *B. L. Wyman, Birmingham, AL
	New Orleans, LA, *G. C. Savage, Nashville, TN
1910	Nashville, TN, *W. W. Crawford, Hattiesburg, MS
1911	Hattiesburg, MS, *Isadore Dyer, New Orleans, LA Jacksonville, FL, *James M. Jackson, Miami, FL
1912	
1913 1914	Lexington, KY, *Frank A. Jones, Memphis, TN 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. Jervey, 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

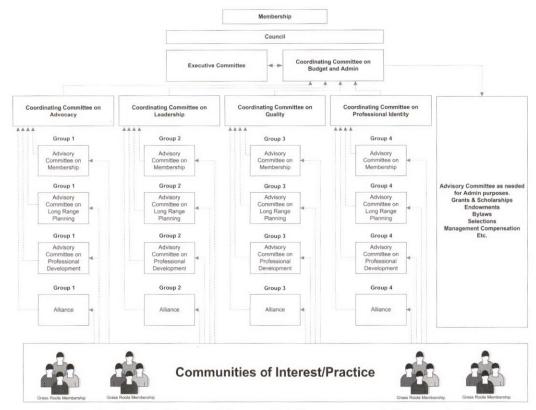
Dallas, TX, \*Curtice Rosser, Dallas, TX

- Miami, FL, \*R. J. Wilkinson, Huntington, WV 1952
- Atlanta, GA, \*Walter C. Jones, Miami, FL 1953
- 1954 St. Louis, MO, \*Alphonse McMahon, St. Louis, MO
- Houston, TX, \*R, L, Sanders, Memphis, TN 1955
- Washington, DC, \*W. Raymond McKenzie, Baltimore, MD 1956
- 1957 Miami Beach, FL, \*J. P. Culpepper, Jr., Hattiesburg, MS
- 1958 New Orleans, LA, \*W. Kelly West, Oklahoma City, OK
- Atlanta, GA, \*Milford O. Rouse, Dallas, TX 1959
- 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 New Orleans, LA, \*Daniel L. Sexton, St. Louis, MO 1963
- Memphis, TN, \*Robert D. Moreton, Houston, TX 1964
- 1965 Houston, TX, \*R. H. Kampmeier, Nashville, TN
- 1966 Washington, DC, \*J. Garber Galbraith, Birmingham, AL Miami Beach, FL, Guy Thompson Vise, Sr., Meridian, MS
- 1967 New Orleans, LA, \*Oscar R. Hunter, Jr., Washington, DC
- 1968
- 1969 Atlanta, GA, \*Donald F. Marion, Miami, FL
- Dallas, TX, J. Leonard Goldner, Durham, NC 1970
- 1971 Miami Beach, FL, \*Albert C. Esposito, Huntington, WV
- New Orleans, LA, \*J. Hoyle Carlock, Ardmore, OK 1972
- 1973 San Antonio, TX, \*Joe T. Nelson, Weatherford, TX
- Atlanta, GA, George J. Carroll, Suffolk, VA 1974
- 1975 Miami Beach, FL, \*Andrew M. Moore, Lexington, KY
- New Orleans, LA, \*G. Gordon McHardy, New Orleans, LA 1976
- 1977 Dallas, TX, G. Thomas Jansen, Little Rock, AR
- Atlanta, GA, Andrew F. Geisen, Jr., Fort Walton Beach, FL 1978

- Las Vegas, NV, Thomas B. Dameron, Jr., Raleigh, NC 1979
- 1980 San Antonio, TX, G. Baker Hubbard, Sr., Jackson, TN
- 1981 New Orleans, LA, J. Ralph Meier, New Orleans, LA
- Atlanta, GA, \*Edwin C. Evans, Atlanta, GA 1982
- 1983 Baltimore, MD, M. Pinson Neal, Jr., Richmond, VA
- New Orleans, LA, Richard D. Richards, Baltimore, MD 1984
- Orlando, FL, John B. Lynch, Nashville, TN 1985
- Atlanta, GA, Guy T. Vise, Jr., Jackson, MS 1986
- San Antonio, TX, William W. Moore, Jr., Atlanta, GA 1987
- New Orleans, LA, J. Lee Dockery, Gainesville, FL 1988
- Washington, DC, Roger L. Mell, Chesterfield, MO 1989
- Nashville, TN, Larry C. Smith, Huntington, WV 1990
- 1991 Atlanta, GA, Jim C. Barnett, Brookhaven, MS
- 1992 San Antonio, TX, John F. Redman, Little Rock, AR
- New Orleans, LA, Thomas C. Rowland, Jr., Columbia, SC 1993
- 1994
- Orlando, FL, Angus M. McBryde, Jr., Mobile, AL
- Kansas City, MO, Louis A. Cancellaro, Johnson City, TN 1995
- Baltimore, MD, J. Edward Hill, Tupelo, MS 1996
- Charlotte, NC, Terrell B. Tanner, East Elijay, GA 1997
- New Orleans, LA, J. Lorin Mason, Jr., Pawley's Island, SC 1998
- 1999 Dallas, TX, Hugh E. Stephenson, Jr., Columbia, MO
- Orlando, FL, Ronald C. Hamdy, Johnson City, TN 2000
- 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, Chester, VA
2005	San Antonio, TX, Charles A. Farmer, Tulsa, OK
2006	Charlotte, North Carolina, Braxter P. Irby, Jr, Brookhaven, MS
2007	New Orleans, LA, George S. Ellis, Jr., New Orleans, LA
2008	Nashville, TN, Paula O. Pell, St. Petersburg, FL
2009	Dallas, TX, Jan N. Basile, Charleston, SC

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Organization by Mission Alignment of Resources and Communication

Southern Medical Association 35 W. Lakeshore Drive Birmingham, AL 35209 www.sma.org