

Advocacy, Leadership, Quality
and Professional Identity

2010-2011



SMA : Southern Medical Association
Advocacy, Leadership, Quality and Professional Identity



LEADERSHIP GUIDE

Name

Address

City

State

Zip

Telephone



Mission

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.



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	Eric E. Lindstrom, Laurel, MS
President-Elect	Michael C. Gosney, Muscle Shoals, AL
President-Elect Designate	Gary Delaney, Orangeburg, SC
Immediate Past President	R. Bruce Shack, Nashville, TN
Chief Executive Officer	Edward J. Waldron, Birmingham, AL

Council Members

		Term Expires
Mark S. Williams	Birmingham, Alabama	2015
Steven W. Strobe	Sherwood, Arkansas	2014
Stuart Goodman	Potomac, Maryland	2013
Ajoy Kumar	St. Petersburg, Florida	2012
Jeffrey Brant	Cartersville, Georgia	2011
Donald J. Swikert	Edgewood, Kentucky	2014
Fayez Shamieh	Lake Charles, Louisiana	2011
Benjamin M. Carmichael	Hattiesburg, Mississippi	2014
James F. Conant	St. Joseph, Missouri	2015
Steven J. Muscoreil	Lumberton, North Carolina	2015
Mason P. Jett	Oklahoma City, Oklahoma	2014
Gary Delaney	Orangeburg, South Carolina	2012
Wesley V. Eastridge	Kingsport, Tennessee	2013
James J. Bernick	Baytown, Texas	2011
Alonzo H. Myers	Roanoke, Virginia	2012
Lawrence M. Wyner	Charleston, West Virginia	2012

Executive Committee of the Council

President	Eric E. Lindstrom
President-Elect	Michael C. Gosney
President-Elect Designate	Gary Delaney
Immediate Past President	R. Bruce Shack

President

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



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Education:

B.S. Degree, Wheaton College, 1958
M.D. Degree, University of Maryland, 1963
Master of Public Health, Harvard School of Public Health, 1966
Aerospace Medicine Residency, U.S. Army, 1968
Ophthalmology Residency, U.S. Army, 1975

Specialty: Ophthalmology

Joined Southern Medical Association: 1987

Member, Society of 1906

Offices Held in SMA:

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
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
President-Elect, 2009-2010
President, 2010-2011

President - Elect

MICHAEL C. GOSNEY, MD., J.D., M.B.A.



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Birthdate: April 3, 1950

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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

Offices Held in SMA:

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, 2007-2011

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

President-Elect, 2010-2011

Immediate Past President

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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

Offices Held in SMA:

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
Presidential Committee on Endowments, 2006-2007
Chair, Coordinating Committee on Education, 2007-2009
Coordinating Committee on Long Range Planning, 2007-2009
Advisory Committee on Constitution 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
Chair, Coordinating Committee on Budget and Administration, 2010-2011

Editor-Southern Medical Journal

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Education:

B.A. Degree, University of Missouri, Columbia, MO, 1966
M.D. Degree, University of Missouri, Columbia, MO, 1970
M.S.E. Degree, University of Texas Graduate School at Austin, TX, 1990
M.P.H. Degree, University of Texas School of Public Health,
Houston, TX, 1991
M.A.B.E. Degree, Loyola University, Chicago, IL, 2008

Specialty: Otolaryngology and Facial Plastic and Reconstructive
Surgery

Joined Southern Medical Association: 1978

Offices Held in SMA:

Section Secretary, Otolaryngology

Section Chair, Otolaryngology

Advisory Committee on Multi-Media Programs

Advisory Committee, Publications and Advertising

Long-Range Planning Committee

Chief Executive Officer

EDWARD J. WALDRON



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Joined Southern Medical Association: 1996

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Vice President Marketing/Director Practice Performance
Product and Services 1996-2002
Interim Executive Vice-President 2002-2004
Managing Editor, Southern Medical Journal, 2002-2010
Executive Vice President 2004-2010

COUNCILORS
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Councilor : Alabama

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Specialty: Anesthesiology, Internal Medicine, General Surgery

Joined Southern Medical Association: 1977

Offices Held in SMA:

Associate Councilor, 2008-2010

Coordinating Committee on Quality, 2009-2010

Chair, Coordinating Committee on Quality, 2010-2011

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

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

Nelson, John (Pathology) - Committee Member

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

Trotter, Michael (Cardiovascular Surgery) - Committee Member

Williams, Mark S. (Anesthesiology, Internal Medicine, General Surgery) - Councilor

Winn, Karen, RN - Committee Member

Councilor : Arkansas

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Education:

B.S. Degree, Southern Methodist University
M.D. Degree, University of Texas Southwestern Medical School
MEd 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

Member, Society of 1906

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Offices Held in SMA:

Coordinating Committee on Education, 2008-2009
Associate Councilor, 2007-2009
Councilor 2009-2014
Advisory Committee on Advocacy for Membership, 2009-2011
Coordinating Committee on Budget and Administration, 2010-2011

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

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Specialty: Neurology & Psychiatry

Joined Southern Medical Association: 1992

Offices Held in SMA:

Associate Councilor, 2006-2008

Coordinating Committee on Membership, 2008-2009

Presidential Committee on Selections, 2008-2009

Councilor 2008-2013

Chair, Coordinating Committee on Leadership, 2010-2011

ASSOCIATE COUNCILORS

LEADERSHIP

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Councilor : Florida

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Residency – Bayfront Family Medicine Residency
Fellowship, Faculty Development, UNC-Chapel Hill

Specialty: Family Practice

Joined Southern Medical Association: 2007

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Professional Development
Member, Coordinating Committee on Leadership

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Hunter, Thomas (Psychiatry) - Committee Member
Khoury, Suhail (Internal Medicine) - Committee Member
Klein, Gerald (Radiology) - Committee Member
Kumar, Ajoy (Family Medicine) – Associate Councilor and Committee Member
Nadasy, Krisztina (Internal Medicine) - Committee Member
Paruch, John (Medical Student) - Committee Member
Peaden, Jr., Durell (Emergency Medicine – Associate Councilor
Pennock, Gregory K. (Oncology) - Committee Member
Rutledge, Hugh A. (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

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Joined Southern Medical Association: 1985

Member, Society of 1906

Offices Held in SMA:

Associate Councilor, 2008-2010

Councilor, 2010-2011

Advisory Committee on Quality – Membership, 2009-2010

Team Leader, Advisory Committee on Quality – Membership, 2010-2011

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LEADERSHIP

Brant, Jeffrey (Ophthalmology) – Councilor and Committee Member

Brant, Nancy J. – Committee Member

Camacho, Victor (Emergency Medicine) – Committee Member

Cobb, D. Keith (Internal Medicine) – Committee Member

Dhanji, Sarfaraz (Family Practice) Associate Councilor and Committee Member

Flack, Deborah, (Emergency Medicine) – Committee Member

Khan, Khurram (Internal Medicine) – Committee Member

Panter, James (Emergency Medicine) – Committee Member

Rehman, Obaid (Pulmonary Disease) – Associate Councilor

Councilor : Kentucky

DONALD J. SWIKERT, M.D.



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Spouse: Nancy

Education:

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M.D. Degree, University of Louisville, 1977

Specialty: Family Medicine

Joined Southern Medical Association: 1988

Member, Society of 1906

Offices Held in SMA:

Associate Councilor 2009
Councilor 2009-2014
Coordinating Committee on Professional Identity, 2009-2010
Team Leader, Advisory Committee on Leadership - Professional Development, 2010-2012

ASSOCIATE COUNCILORS

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Thomas Bunnell, MD

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LEADERSHIP

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James, Oliver (Anesthesiology) - Committee Member
Nolan, Heather (Medical Student) - Committee Member
Oakley, Maurice - Associate Councilor and Committee Member
Swikert, Donald J. (Family Practice) - Councilor and Committee Member
Swikert, Nancy (Family Practice) - Alliance President and Committee Member
Womack, Glenn (Family Practice) - Committee Member

Councilor : Louisiana

FAYEZ SHAMIEH, M.D.



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Birthdate: May 3, 1945

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Education:

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

Specialty: Neurology/Psychiatry

Joined Southern Medical Association: 1996

Offices Held in SMA:

Councilor, Louisiana 2010 -2011
Associate Councilor, 2008-2010
Section Secretary 1999 -2007
Coordinating Committee on Quality, 2010-2011

ASSOCIATE COUNCILORS

William A. McBride, Jr., M.D.

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LEADERSHIP

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Ibanez-Manlapaz, Irene (Pathology) - Committee Member
McBride, William A., Jr. (Psychiatry) - Associate Councilor
O'Donnell, Joseph J. (General Surgery) - Associate Councilor and Committee Member
Palazzo, Anthony (Pediatrics) - Committee Member
Shamieh, Faye (Neurology & Psychiatry) - Councilor and Committee Member

Councilor : Maryland

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



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Birthdate: June 20, 1949

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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

Offices Held in SMA:

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

Chair, Coordinating Committee on Leadership, 2010-2011

ASSOCIATE COUNCILORS

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LEADERSHIP

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DeVore, Paul A. - Associate Councilor

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

Jamshidi, Saied - Associate Councilor and Committee Member

Councilor : Mississippi

BENJAMIN M. CARMICHAEL, M.D.



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Internship and Internal Medicine Residency, Walter Reed
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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
Councilor, 2009-2014
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, 2009-2011
Advisory Committee on Advocacy for Membership, 2009-2010
Coordinating Committee on Budget and Administration, 2010-2011
Team Leader, Advisory Committee on Advocacy, Membership, 2011-2012

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LEADERSHIP

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Carlton Jr., Frederick B. (Emergency Medicine) - Associate Councilor and
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Carmichael, Benjamin M. (Cardiology) - Councilor and Committee Chair

Clark, W. Craig (Neurosurgery) - Committee Member

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

Irby, Braxter - SMA Services Inc. Board Member

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

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

Lindstrom, Nancy - SMA Services Inc. Board Member

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

Murphy, Jason (Surgery) - Committee Member

Peters, William (Emergency Medicine) - Committee Member

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

Wilson, Michael (Pulmonary) - Committee Member

Councilor : Missouri

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M.D. Degree, University of Missouri-Columbia, 1975

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Joined Southern Medical Association: 1995

Offices Held in SMA:

Associate Councilor, 2004-2010

Councilor, 2010-2015

Chair, Coordinating Committee on Advocacy, 2010-2012

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Hellenga, Andrew (Medical Student) - Committee Member
Rall, Kenneth L. (Radiology) - Associate Councilor
Sparkman, Thomas C. (Family Practice) - Associate Councilor and Committee Member
Talboy, Glenn - Associate Councilor and Committee Member

Councilor : North Carolina

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M.H.A. Degree, University of North Carolina, Chapel Hill, 2008

Specialty: Surgery

Joined Southern Medical Association: 2000

Offices Held in SMA:

Associate Councilor, 2009-2010

Advisory Committee on Advocacy for the Alliance, 2009-2011

Councilor, 2010-2015

Coordinating Committee on Professional Identity, 2010-2012

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LEADERSHIP

Boyer, Patricia (Neurology/Psychiatry) - Committee Member

De Castro, Carlos (Hematology/Oncology) - Committee Member

MacDonald Jr, Kenneth G. (Surgery) - Associate Councilor and Committee Member

Muscoreil, Steven J. - Associate Councilor and Committee Member

Treadwell, Edward L. (Rheumatology & Immunology) - Associate Councilor and Committee Member

West, Robert L. (Pathology) - Associate Councilor and Committee Member

Councilor : Oklahoma

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Birthplace: East St. Louis, Illinois

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Education:

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

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Offices Held in SMA:

Associate Councilor 2009

Councilor 2009-2014

Advisory Committee for Leadership on Membership, 2009-2011

Advisory Committee on Advocacy - Alliance, 2010-2012

Team Leader, Advisory Committee on Leadership – Membership, 2011-2012

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LEADERSHIP

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Cooper, Christian (Internal Medicine) - Committee Member

Farmer, Charles A. (Emergency Medicine) – SMA Services Inc. Board of Directors

Gaske, P.J. - Committee Member

Jett, Mason P. (Surgery) – Councilor and Committee Member

Meshri, Gita (Obstetrics & Gynecology) - Committee Member

Schwartz, Michael (Family Practice) - Committee Member

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
Coordinating Committee on Budget and Administration, 2010-2011
President-Elect Designate, 2011-2012

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Delaney, Gail - Committee Member

Delaney, Gary A. (Anesthesiology) - Councilor, President-Elect Designate and
Committee Chair

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

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

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

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

Rutledge, Rion M. (Family Practice) - Associate Councilor

Wheeler, William (Surgery) - Committee Member

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Oxford College of Emory University A.A. 1977
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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
Advisory Committee on Quality and Professional Development, 2010-2012

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Eastridge, Wesley V. (Family Practice) - Councilor and Committee Member
Morris, Christopher R. (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 Immediate Past President and Committee Chair

Councilor : Texas

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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
Coordinating Committee on Budget and Administration, 2010-2011
Team Leader Advisory Committee on Quality – Professional Development, 2010-2012

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Fernandez, Luis (Traumatic Surgery) - Committee Member
Groom, Kyle (Emergency Medicine) - Committee Member
Holt, G. Richard (Otolaryngology), Editor, SMJ
Kruger, Robert M. (Geriatrics) - Associate Councilor and Committee Member
Otto, Pamela M. (Radiology) - Associate Councilor
Scott III, Robert C. (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 H. MYERS JR., M.D., F.A.C.S



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General Surgery Residency, University of Virginia 1959-60
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 Administration, 2007-2009
Councilor, 2007-2012
Advisory Committee on Professional Identity for Membership, 2009-2010
Team Leader Advisory Committee on Professional Identity – Membership, 2010-2011

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LEADERSHIP

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Clements, Boyd M. (Family Practice) – Associate Councilor and Committee Member

Howell, T. Rudolph (Radiology) – SMA Services, Inc. Board of Directors

Marks, Charles H. (Internal Medicine) – Committee Member

Myers Jr., Alonzo H. (Orthopedic Surgery) – Councilor and Committee Member

Pierce, J. Thomas (General Practice) – Associate Councilor and Committee Member

Councilor : West Virginia

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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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Salon, Iligino (Internal Medicine) - Associate Councilor

Smaltz, Frances - Committee Member

Wehner, Paulette S. (Cardiovascular Disease) - Associate Councilor

Wyner, Lawrence M. (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
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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 E. Lindstrom, M.D.	Laurel, MS	1993
Joseph R. Linn, Jr., M.D.	Charlotte, NC	2002
Dallas W. Lovelace III, M.D.	Orangeburg, SC	1993
John B. Lynch, M.D.	Nashville, TN	1991
Michael G. Mackey, M.D.	Jonesboro, AR	1994
Mark G. Martens, M.D.	Tulsa, OK	2004
J. Lorin Mason, Jr., M.D.	Florence, SC	1991
Angus M. McBryde, Jr., M.D.	Charleston, SC	1991
Pamela Medellin, M.D.	Baytown, TX	2009

1906 Society Members

Roger L. Mell, M.D.	Chesterfield, MO	1991
Ernest G. Moore, M.D.	Birmingham, AL	1997
Alonzo H. Myers, Jr., M.D.	Roanoke, VA	2003
Durwood E. Neal, Jr., M.D.	Columbia, MO	1999
J. Patrick O'Leary, M.D.	New Orleans, LA	1995
B. J. Parson, M.D.	Somerset, KY	1993
Donald Pell, M.D.	St. Petersburg, FL	2008
Paula Oliver Pell, M.D.	St. Petersburg, FL	2002
Veronica K. Piziak, M.D., Ph.D.	Temple, TX	1994
Ali Rahimi, M.D.	Savannah, GA	2007
Sorahi Toloyan-Rahimi, M.D.	Savannah, GA	2009
Anna T. Redman, M.D.	Pine Bluff, AR	1991
John F. Redman, M.D.	Little Rock, AR	1991
Richard D. Richards, M.D.	Nashville, TN	1991
Warran A. Ross, M.D.	Austin, TX	1995
Thomas C. Rowland, Jr., M.D.	Columbia, SC	1991
Rion M. Rutledge, M.D.	Rock Hill, SC	1994
James I. Salter, Jr., M.D.	Richmond, KY	1992
R. Bruce Shack, M.D.	Nashville, TN	2004
J. Graham Smith, Jr., M.D.	Mobile, AL	1992
Larry C. Smith, M.D.	Greensboro, NC	1991
Thomas C. Sparkman, M.D.	Cape Girardeau, MO	1996
Hugh E. Stephenson, Jr., M.D.	Columbia, MO	1993
Steven W. Strode, M.D.	Little Rock, AR	2010
Donald J. Swikert, M.D.	Union, KY	2010
Nancy C. Swikert, M.D.	Florence, KY	1996
John B. Thomison, M.D.	Nashville, TN	1991
DECEASED:		
Banks Blackwell, M.D.	Pine Bluff, AR	1991
James E. Boland, M.D.	Chevy Chase, MD	1990
George J. Carroll, M.D.	Suffolk, VA	1993
Russell C. Chambers, M.D.	Atlanta, GA	1999
Alan Clark, M.D.	Carthage, MO	1995
Clovis A. Crabtree, M.D.	Louisville, KY	1991
Thomas B. Dameron, Jr., M.D.	Raleigh, NC	1994
O. W. Dehart, M.D.	Vinita, OK	1991
Gary A. Dyer, M.D.	St. Joseph, MO	1995
Albert C. Esposito, M.D.	Huntington, WV	1994
Mrs. Albert C. Esposito	Huntington, WV	1994
Edwin C. Evans, M.D.	Atlanta, GA	1991
J. Garber Galbraith, M.D.	Birmingham, AL	1993
Andrew F. Giesen, Jr., M.D.	Ft. Walton Beach, FL	1992
W. John Giller, Jr., M.D.	El Dorado, AR	1994
J. Leonard Goldner, M.D.	Durham, NC	1994
William H. Henderson, M.D.	Oxford, MS	1996
G. Baker Hubbard, Sr., M.D.	Jackson, TN	1991
J. Ralph Meier, M.D.	Metairie, LA	1996
M. Pinson Neal, Jr., M.D.	Richmond, VA	1992
Terrell B. Tanner, M.D.	Oxford, GA	1993
Edward J. Tomsovic, M.D.	Tulsa, OK	1991
Guy T. Vise, Jr., M.D.	Jackson, MS	1994
James C. Waites, M.D.	Laurel, MS	1991

Editor-Southern Medical Journal

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Committee Structure

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

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Presidential Committee on Special Awards (Members Unpublished)

Presidential Committee on Selections (Members Unpublished)

Operating Procedures

1. 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/amendment
- 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

Procedures for Committees

Executive Committee, Councilors and Associate Councilors can serve on one committee only (once the full strength of all committees has been reached).

Terms for the Committees, Coordinating and Advisory, will be two years.

The Executive Committee with the President having power to veto will appoint:

the Chair for each Coordinating Committee;

the Councilors and Associate Councilors for each Advisory Committee;

the Members at large for the Coordinating Committees.

Advisory Committees

Role - Advancement of ideas

Each Advisory Committee will consist of one Councilor, one Alliance member, three Associate Councilors and five members at large. The Alliance President will appoint the Alliance members to each Advisory Committee. The Alliance Advisory Committee members at large will be selected from the Alliance members at large.

Each Advisory Committee will have a Team Leader appointed by the Chair of each Coordinating Committee.

The Team Leader will then appoint the remainder of the committee members from members at large (5). 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. 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.

Coordinating Committees

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

The Coordinating Committees will consist of 10 members selected by the Executive Committee. The Committee will prioritize actions which Advisory Committees need to be advancing as they attack Advocacy, Leadership, Quality or Professional Identity through those actions relative to membership, long range planning, professional development and alliance and further facilitate the Budget & Administration committee's evaluation and passage to council for approval as necessary.

Coordinating Committee on Budget and Administration

Role – Review the feasibility of ideas/products submitted by Advisory Committees based on fiscal responsibility.

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. The Immediate Past-President will serve as Chair of the Coordinating Committee on Budget and Administration. All members carry full voting rights.

Councilors

Roles – Governing body of implementation of new ideas/projects once approved by the SMA Budget & Administration Committee along with the following:

1. Recruit and Mentor
 - a. Associate Councilors
 - b. Blue Chip Members
2. Retain
 - a. Existing Members

3. Accountable
 - a. For Associate Councilors
 - b. To Members at large

4. Various Committee Appointments

Associate Councilors

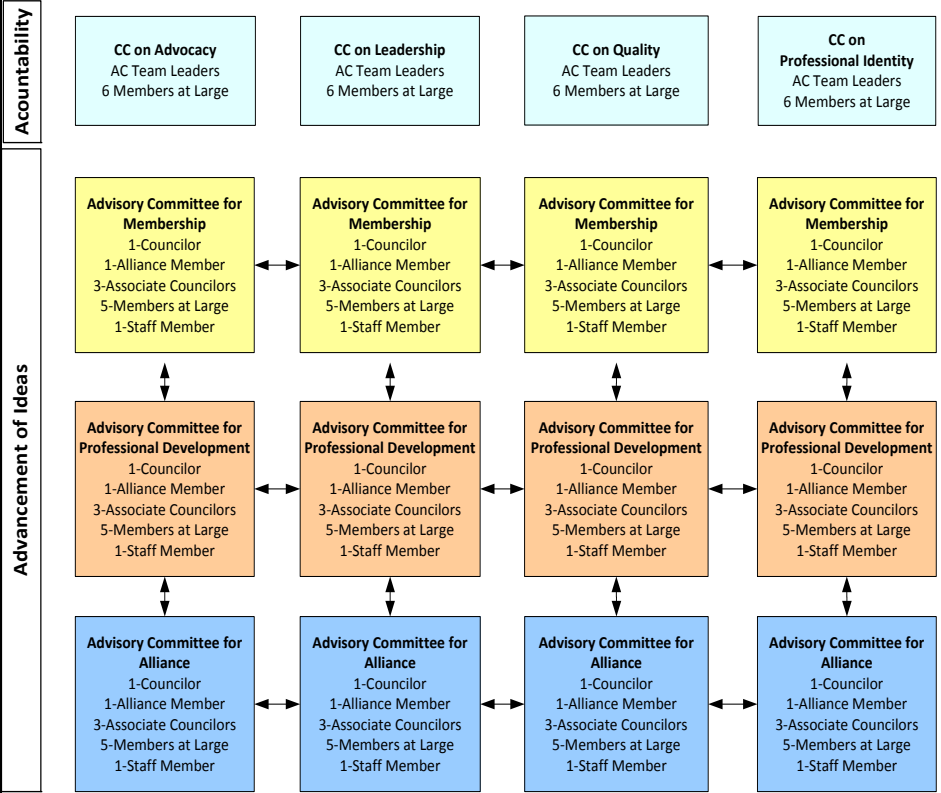
Roles

1. Recruit New Members
2. Retain Existing Members
3. Various Committee Appointments

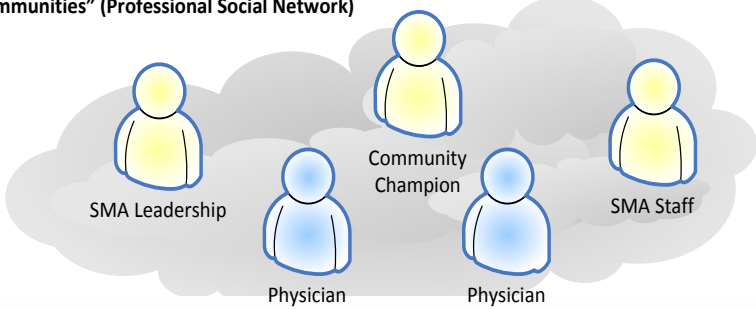
2011 CALENDAR OF EDUCATIONAL EVENTS

- ✓ February 17-20 Osteoporosis: Diagnosis, Management and Prevention
Amelia Island Plantation - Amelia Island, FL
- ✓ March 1 Your Place in Today's Medicine: A Resident Physician Symposium
Palmetto Health Richland, University of South Carolina, Columbia, SC
- ✓ March 19-22 Medico-Legal Aspects of Healthcare
Hotel George, Washington, DC
In conjunction with Auburn University's
Physician Executive MBA Program
- ✓ March 19-26 Neurology for the Non-Neurologist
7-Day CME Cruise to the Eastern Caribbean
Aboard Holland America's *ms Eurodam*
- ✓ April 28-May 5 Orthopaedics and Sports Medicine
7-Day CME Cruise of the Mediterranean (Italy & Spain)
Aboard Holland American's *ms Eurodam*
- ✓ May 6-8 Dermatology: "Skin in the Game" of Primary Care
Hyatt Regency Lake Tahoe, Incline Village, NV
- ✓ May 15-22 Osteoporosis: Everything The Clinician Needs to Know
7-Day CME Cruise to Bermuda
Aboard Holland America's *ms Veendam*
- ✓ June 5-12 Hot Topics in Rheumatology
7-Day CME Cruise to Alaska
Aboard Holland America's *ms Oosterdam*
- ✓ June 9-20 Comparative Healthcare Systems: Italy
in conjunction with Auburn University Rome, Italy
- ✓ July 8-10 Hypertension, Diabetes & Hyperlipidemia
Casa Monica Hotel, St. Augustine, FL
- ✓ July 11-14 Focus on the Female Patient
Kiawah Island Golf Resort, Kiawah Island, SC
- ✓ July 27-August 3 Emergency Medicine: Current Approaches to Life Threatening Problems
7-Day Alaska Inside Package CME Cruise
Aboard Holland America's *ms Volendam*
- ✓ August 21-28 Principles and Perspectives in Cardiovascular Disease
7-Day Alaska Glacier Discovery CME Cruise
Aboard Holland America's *ms Zaandam*
with optional Alaska/Denali Land Tour I package August 28-31
- ✓ November 3-5 SMA Annual Excellence in Clinical Leadership Conference 2011
Cardiovascular Disease...Interdisciplinary Challenges
The Williamsburg Lodge, Williamsburg, VA

Processing Grass Roots Initiatives - Overview



Our High-Tech, High-Touch Platform "Communities" (Professional Social Network)



Living Past Presidents

	Years Served
Richard D. Richards	1983-1984
John B. Lynch	1984-1985
William W. Moore, Jr.	1986-1987
J. Lee Dockery	1987-1988
Roger L. Mell	1988-1989
Larry C. Smith	1989-1990
Jim C. Barnett	1990-1991
John F. Redman	1991-1992
Thomas C. Rowland, Jr.	1992-1993
Angus M. McBryde, Jr.	1993-1994
Louis A. Cancellaro	1994-1995
J. Edward Hill	1995-1996
J. Lorin Mason, Jr.	1997-1998
Hugh E. Stephenson, Jr.	1998-1999
Ronald C. Hamdy	1999-2000
Jean Edwards Holt	2001-2002
Michael G. Mackey	2002-2003
T. Rudolph Howell	2003-2004
Charles A. Farmer	2004-2005
Braxter P. Irby, Jr.	2005-2006
George S. Ellis, Jr.	2006-2007
Paula Oliver Pell	2007-2008
Jan N. Basile	2008-2009
R. Bruce Shack	2009-2010

Alliance President

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Offices Held in SMAA:

Long Range Planning Committee, 1999-2000
Bylaws Committee, 2000-2001
Chair, Research and Education Endowment Fund Committee, 2001-2005
Nominating Committee, 2004-2005
Chair, Long Range Planning, 2005-2006
Research & Education Foundation Committee 2005-2009
Vice President of Membership, 2006-2007
Chair, Membership Committee, 2006-2007
Vice-President of Health Education 2007-2008
Chair, Health Education Committee 2007-2008
Vice-President of Doctors' Day 2008-2009
Doctors' Day Committee Chair 2008-2009
President-Elect 2009-2010
President, 2010-2011

Member, Society of 1906

Alliance President - Elect

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Offices Held in SMAA:

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Chair, Convention Planning Committee, 2006-2007

Vice-President, Medical Heritage, 2007-2009

Chair, Medical Heritage Committee, 2007-2009

Chair, Health Education Committee, 2009-2010

Vice-President, Health Education, 2009-2010

2010-2011 OFFICERS

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SMA : Southern Medical Association
Advocacy, Leadership, Quality and Professional Identity

INDICES

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SMA ∴ **Southern Medical Association**
Advocacy, Leadership, Quality and Professional Identity

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.

3. 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.

2. 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.

5. The President shall provide advice and counsel in the formulation of all programs and services of the Association.

6. 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 ex-officio 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

1. 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 twenty-one 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 Vice-

Chairman of the Council, respectively. The Executive Vice President or Chief Executive Officer is an Ex-Officio member of the Council.

2. **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.
 4. Appoint an Executive Vice-President or Chief Executive Officer. .
 5. Establish the fiscal year of the Association.
 6. 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 Vice-President 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 Medical Journal and other publications of the Association.

ARTICLE VII. COMMITTEES

SECTION 1. Coordinating Committees

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

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 disposition of such claim, action, suit

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



SMA : Southern Medical Association
Advocacy, Leadership, Quality and Professional Identity

POLICIES AND PROCEDURES MANUAL

ARTICLE I. MEMBERSHIP

Section 1. Classification

There shall be the following classes of members:

- A. Active Members
- B. Associate Members
- C. Interim Members
- D. Honorary Members/Ex Officio Members
- E. Emeritus Members
- F. Medical Practice Services Members
- G. Corporate Members
- H. Institutional Members

A. Active Members

1. Active dues paying members have the following rights and privileges as an SMA member:

- a. The right to vote
- b. The right to hold office
- c. The right to receive publications of the Association unless restricted by the Bylaws

2. Active Retired Members (non dues paying)

These members cannot hold office or vote, but do receive Association publications

3. Transitional Members – pay half the regular membership dues

These members have all the rights and privileges of dues paying members.

4. International Members

These members cannot hold office or vote, but do receive online publications

B. Associate Members – Interns/Residents, Fellows and Allied Health Professionals

Associate Members shall pay annual dues at a rate determined by Council and shall receive online publications of the Association. These members cannot hold office or vote.

C. Interim Members

An Interim Member shall be a physician who is otherwise eligible for membership in the Association or an Associate Member in Class 1 or 2, and who has been invited by the Association to become an Interim Member (such as Southern Medical Journal Editorial Board members). The term of membership of Interim Members shall be determined by the Council. Interim Members shall not be eligible to vote or hold office.

D. Honorary Members/Ex Officio Members

The Association may designate Honorary Members or Ex Officio Members who shall be composed of those physicians whose contribution to the promotion of medical science is recognized by the Association in conferring such membership or by virtue of their positions as active Deans of Medical Schools. Honorary Members and Ex Officio Members shall receive all online publications of the Association.. Honorary and Ex Officio members are not required to pay dues, and are not eligible to vote or hold office.

E. Emeritus Members

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

F. Medical Practice Service Members

Non-physician staff employed by the medical practice services member is eligible to participate in the programs and services offered through the medical practice membership. Non-physician staff is eligible by virtue of the fact that the medical practice pays the dues established for this membership category by the Council.

G. Corporate Members

Physician and non-physician members in the Corporate Program are eligible for special rates on products as defined by the Association.

H. Institutional Members

The privileges and dues of such members shall be as specified in the affiliation agreements but they shall not be greater than the privileges or dues of dues paying Associate Members.

Section 2. Application for Membership

Application for membership in this Association shall be made in writing or electronically via the Internet. The applicant is required to submit all information before the applications is deemed complete. The Association may not accept any incomplete application.

Section 3. Termination of Membership

License revocation or suspension by a state board of medical examiners or comparable licensing agency is grounds for automatic forfeiture of membership.

The Council at any regular or called meeting may suspend or expel any member of the Association by a majority vote of the Council.

Section 4. Reinstatement

A former member whose membership in the Association has been terminated may, after a period of one year, reapply for membership in the Association if that member's license has been reinstated. Such application shall be referred to and acted on by the Council.

ARTICLE II. DUES

Section 1. Annual Membership Dues

1. Payable in advance annually on the member's anniversary date.
2. Membership shall begin on the date of application, provided the application for membership is approved by the Southern Medical Association
3. The Council shall also be authorized to establish Life Membership fees.

Section 2. Non-Payment of Dues

Any member whose dues are unpaid on the member's anniversary date shall thereafter be deemed a member not in good standing and shall be ineligible for any benefits of membership. On payment of full dues within one (1) year of lapsed date, the member will be reinstated with full privileges. If greater than one year has lapsed, the Association, at its sole discretion, can require the member to complete an application.

ARTICLE III. OFFICERS

Section 1. Elected Officers

Elected officers of this Association are considered to be the President, the President-Elect, the Immediate Past-President, the President-Elect Designate, and Councilors.

Section 2. Appointed Officers

The appointed officers of the Association shall consist of 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 his/her 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.
- C. 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 (5) years for Councilor and for other officers as determined by the Council commencing at the conclusion of the Annual Meeting at which time 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 Designate

1. Eligible Councilors will be notified regarding the election process six weeks prior to the Annual Meeting.
2. Eligible Councilors will announce their intention to run and will be provided the opportunity to address the Council during the meeting held at the Annual Meeting, not to exceed a five-minute presentation.
3. Candidates for this office are required to submit standardized information relating to their accomplishments and involvement in the Association along with a letter stating their motivation to become President of the Association to the Association's office in writing within 21 days or the last business day of the month in which the Annual Meeting is held, whichever is longer.
4. This information will be sent to the Council, along with the ballot, within five (5) working days from receipt of materials.
5. The ballot (paper or electronic) must be returned to an independent auditor identified by the Association within two (2) weeks of delivery and the date will be specified on the ballot.
6. The ballots received will be counted within five (5) working days after due date in the presence of the independent auditor, either the President, President-Elect, Immediate Past-President, or Councilor representative appointed by the President and a representative of the Association.
7. The Council will vote in rank order for two candidates from among those listed on the ballot. Two points will be awarded for the "first choice" candidate and one point for the "second choice" candidate.
8. If no one receives a majority of points, the two candidates receiving the most points will be selected as the candidates to be placed on the final ballot.
9. In case of a tie, the President will have the responsibility of selecting from among those candidates tied with the most points the two who will be presented to the Council.
10. If needed, a final ballot (paper or electronic) will be sent to the

Council with the names of the two candidates the following business day. This ballot must be returned within five (5) business days to the independent auditor and the date will be specified on the ballot.

13. The President will be responsible for breaking any tie.
14. The ballots (electronic or paper) received will be counted within five (5) working days after due date in the presence of the independent auditor, either the President, President-Elect, Immediate Past President, or Councilor representative appointed by the President and a representative of the Association.

Section 6. Election Process for Councilor

1. The Councilor, in conjunction with staff, will identify eligible candidates for the office of Councilor.
2. These candidates will be submitted to the Presidential Committee on Selections. The Presidential Committee on Selections will choose two candidates to be placed upon a ballot to be distributed to all eligible voting members in the state. A brief written synopsis of each candidate's accomplishments, personal data and statement of why the individual would like to serve as Councilor will be sent to all the eligible voting members in the state.
3. The election will be managed through the Association headquarters, which will maintain election results and supporting ballots for a period of six (6) months.
 - a. The ballots must be received at the SMA office within 30 days from the date of the ballot being mailed to members in order to be counted.
 - b. Ballots must be returned by the time designated, signed, and have a candidate clearly marked to be counted.
4. The ballots will be counted within five (5) working days from the deadline for receipt. The winner will be the candidate who receives the simple majority of ballots cast and received.
5. The President shall cast a vote only in the unlikely event of a tie vote between the candidates.
6. The election winners will be presented to the SMA Council for ratification.
7. The election winners will be announced after the ratification by the SMA Council at least 60 days prior to the Annual Meeting in order that the Councilors-Elect can make travel plans to be present for the meeting at which they will assume office.

Section 7. Vacancy in Office

A 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 of the Bylaws. 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.
2. 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. The President shall preside over all meetings of the Council and of the Executive Committee.
5. The President shall provide advice and counsel in the formulation of all programs and services of the Association.
6. The President shall appoint, on nomination by the respective Councilor, up to five (5) 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 the 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 the 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 Ex Officio 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

1. 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. Chief Executive Officer

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

E. Councilors

1. Composition of Council

The Council shall consist of twenty-one (21) 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 (17) 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 the 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 Vice-Chairman of the Council, respectively. The Chief Executive Officer is an Ex Officio member of the Council.

2. 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 the 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 & Procedures Manual of the Association.
- C. The Council may:
 - 1. Cause to be established Committees in accordance with the 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.
 - 4. Appoint a Chief Executive Officer.
 - 5. Establish the fiscal year of the Association.

6. 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. Each Councilor shall responsibly provide a primary and secondary means for all communications, and shall respond in a timely manner.
- B. Each Councilor shall develop an active relationship with the Deans of their respective Medical Schools.
- C. If a Councilor will be unable to attend Council meetings or perform Association business for a period greater than two (2) months, the Councilor must notify the President and the Council of his/her inability to perform and the Council may instruct the President to appoint an Interim Councilor. If the Councilor is unable to or does not attend to Council business or attend Council meetings for two (2) months without the required notification, the Councilor will forfeit his/her Councilorship and a replacement may be selected as provided for in the Bylaws. All Councilors are subject to removal by two-thirds vote of the Council.
- D. Each Councilor shall develop, monitor and adjust a State Action Plan detailing the promotional and communication activities conducted by the Councilor and Associate Councilor.
- E. Councilors shall monitor the development and implementation of their respective state action plans, as well as progress by the Associate Councilors.
- F. Each Councilor will prepare and submit a quarterly report to the President.
- G. Each Councilor shall prepare and present an in-depth report on his/her activities at the Summer Meeting of the Council.
- H. Each Councilor shall nominate Associate Councilors as outlined in the SMA Bylaws and submit his/her nominations in a timely fashion

to the President for review and appointment. Each Councilor shall also maintain regular communication with each Associate Councilor to direct and monitor his/her efforts and progress.

I. Each Councilor shall work in conjunction with appropriate staff to develop personalized letters to assist in membership recruitment and retention efforts on a state level.

J. The Association's reimbursement policies are scrutinized by the IRS. Each Councilor is urged to closely review these policies as they pertain to programs for which he/she will be reimbursed.

6. Notice of Meeting of Council

A. At least ten (10) days prior to a meeting, written notice shall be given to members of the Council of the date, time and place for holding of the Annual Meeting of Council.

B. The Council may hold such additional meetings as deemed necessary.

7. Special Meetings of Council

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

ARTICLE IV. ASSOCIATE COUNCILOR

Each Councilor who represents a state or the District of Columbia shall nominate for appointment by the President, up to five (5) 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

B. Term of Office

The term of office of the Associate Councilor shall be by annual appointment 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

The Executive Committee of the Council shall consist of the Immediate Past President, President, President-Elect, and President-Elect Designate of the Association. The Chief Executive Officer is an Ex-Officio member. The

Executive Committee of the Council acts for the Council between meetings of the Council and presents its actions to the Council.

ARTICLE VI. COUNCIL APPOINTMENTS

Section 1. Chief Executive Officer

- A. There shall be a Chief Executive Officer who shall be responsible for implementing the policies and direction of the Council; executing and administering Association programs; and managing the day-to-day operation of the Association.
- B. The 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, the CEO 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 Chief Executive Officer may act as the Managing Editor of the Southern Medical Journal and other publications of the Association.

Section 2. Editor

- A. The Editor shall have the following areas of responsibilities:
 1. Shall be responsible for the non-advertising portion of the Southern Medical Journal, and other publications of the Association, including the preparation of editorials, the selection and editing of scientific articles, and the general format with approval of the Chief Executive Officer.
 2. Shall review, or cause to be reviewed, any books which in his/her discretion, merit the publication of a review in the Southern Medical Journal.
 3. Shall establish practical mechanics for handling manuscripts and other materials for publication with the consent of the Chief Executive Officer.
 4. May employ necessary secretarial assistance with the consent of the Chief Executive Officer.
 5. May perform such other duties as may be assigned.

ARTICLE VII. COMMITTEES

Section 1. Coordinating Committees

There shall be Coordinating Committees established by the Council.

A. Chairman

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

B. 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.

1. Role – Accountability. Accountable for the success/activities of Advisory Committees. This role is one of governance and accountability.
2. The Coordinating Committees will consist of ten (10) members selected by the Executive Committee.
3. The Committee will prioritize actions which the Advisory Committees need to advance 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 facilitate the Budget & Administration Committee’s evaluation and passage to the Council for approval as necessary

C. Coordinating Committee on Budget & Administration:

The Coordinating Committee on Budget & Administration in consultation with the President, Executive Committee, Council and the Chief Executive Officer 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.

D. 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.

Section 2. Advisory Committees

A. Role - Advancement of “Grass Roots” ideas

B. Each Advisory Committee will consist of:

1. One (1) Councilor
2. One (1) Alliance member
3. Three (3) Associate Councilors
4. 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 five (5) committee members from members at large.
- G. The members at large will 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
 - 1. Provides relevant information from the Association headquarters
 - 2. Records activities

OPERATING PROCEDURES FOR COMMITTEES

Processing Grass Roots Ideas

- A. Advisory Committee Members bring forth ideas from anywhere and anyone
 - 1. Ideas are presented in the form of a written "Grass Roots Proposal"
 - 2. The Advisory Committee where the proposal began is considered the "Originating Advisory Committee"
 - 3. Advisory Committee Team Leader initiates and leads discussion and amends proposal
 - 4. Advisory Committee Team Leader distributes proposal to other relevant Advisory Committee Team Leaders for further advancement/ amendment
 - 5. Originating Advisory Committee Team Leader submits final proposal to the Coordinating Committee Chair within his/her domain
 - 6. Coordinating Committee Chair presents proposal to Budget and Administration
 - a. Approved Proposal becomes a "Project"
 - b. Rejected Proposal returns to Advisory Committee
 - i. Letter is sent to originator of proposal explaining why
 - c. Budget & Administration presents proposal to Council
 - d. Council implements project by submitting it to the Association headquarters
 - e. Project is put into action

Section 3. Presidential Committees

- A. There may be Presidential Committees appointed by the President with approval of the Council.
 - 1. Presidential Committee on Selections
 - 2. Presidential Committee on Special Awards
 - 3. Presidential Committee on Endowments

- B. The term of the members of these committees shall be limited to the term of the President who 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 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, Advisory, and Presidential Committees

- A. Coordinating Committee on Budget & Administration
It shall also be the duty of this Committee to meet at least annually to review the staff pension plan(s) and recommend changes that might improve the employee benefits package. This Committee shall review budgetary information including revenues and expenses, financial projections, major capital expenditures, and key financial indicators. The Committee will also review variances in the Budget and other major program developments from a financial perspective. This Committee shall be responsible for the annual independent audit and reporting audit results to the Council at the appropriate Annual Meeting of the Council.

- B. Presidential Committee on Special Awards
 - 1. If suitable candidates are selected by the Committee, it shall submit the names of not more than three (3) such members to the Council for each award.
 - 2. The Council may elect one recipient for each respective award and presentation of the awards will take place at the discretion of the President during the Annual Meeting.

- C. Presidential Committee on Endowments
 - 1. Recommend and approve programs, policies and marketing efforts required to generate contributions to the Research and Education Foundation, and recommend and approve methods of giving to the Foundation and ways in which contributors can be recognized for various levels of giving.
 - 2. Volunteer personal time and effort in securing major gifts to the

- Foundation and set an example, by personal contributions, for the general membership of the Association.
3. Support The Society of 1906 and recommend and approve programs to enhance the visibility and growth of the Society.

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 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 (20) members shall constitute a quorum to conduct business.

Section 2. Composition of Annual Meeting

- A. The schedule of activities for the Annual Meeting shall be established by the Council annually and such activities shall be furnished to the membership in advance of the Annual Meeting.
- B. The President of the Association shall preside at all general sessions of the Annual Meeting, or in his/her absence the President-Elect.
- C. Such business shall be conducted at the General Session as shall be designated by the Presiding Officer.

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. Determination of Awards

- A. These awards will be determined by a confidential Committee appointed by the President to evaluate the contributions of the various candidates for special awards.

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 the Bylaws or special Rules of Order which the Association may adopt.

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

ARTICLE XIII. AMENDMENTS

Any changes to the Policies & Procedures can be recommended by the Budget & Administration Committee and presented to the Council for ratification/ approval.



SMA ∴ Southern Medical Association
Advocacy, Leadership, Quality and Professional Identity

FACTS



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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, multi-specialty and interdisciplinary education and training, and innovative health care delivery models and services that improve quality and access to care.

Commitment:

1. 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.
3. 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.
5. 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.
6. We are committed to supporting the belief that physicians should be in control of decisions regarding practice management and patient care.

7. 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.
8. We are committed to integrity and accountability in our relationships with members, leaders, vendors, clients, employees and the community at large.
9. 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	2011
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	<i>Southern Medical Journal</i>
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, in response to an invitation from the President of the Tennessee State Medical Association. The invitational letter stated that the members of the Nashville Academy of Medicine felt that “there was a growing feeling among doctors of the southern group of states that a Southern Medical Association should be organized.”

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

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

In an atmosphere charged with emotion, the resolution and the tentative draft of the first CONSTITUTION were debated as the first order of business of the Tri-State group. There were impassioned pleas "on behalf of the young physicians of the Southern states for a wider field to engage our talents," as well as for "a stimulus, an incentive to spur us on to worthy deeds to more intensive study, to greater accomplishments in the field of medicine and surgery." Jere L. Crook, M.D., Chairman, Committee on Constitution and Bylaws, tried to make the group visualize a great Southern Medical Association whose programs would deal with diseases peculiar to the Southern states and would present to the world the results of the research, the clinical experience, at the bedside and in the operating room, of the splendid body of men composing the ranks of the medical profession of the South.

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

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

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

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

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

Officers and Governing Bodies of the Southern Medical Association

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

GRANTS OF POWER...

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

OFFICERS...

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

THE GOVERNING BODIES...

THE COUNCIL

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

The Council consists of twenty-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 Chief Executive Officer 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.

Preferred Vendors

Preferred Vendors offer the busy physician the opportunity to view the latest technology, medical equipment, and services on the market. These vendors are carefully screened 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.

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 accreditation 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

During the first year of its history, the Association did not actually own a journal. Various publications were named "official organ of publication" from time to time.

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

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

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

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

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

In November 1921 the Southern Medical Association, with a membership of 6,328, purchased the *Southern Medical Journal* from Dr. Harris and his co-owners and Dr. Dabney was elected Editor. Dr. Harris resigned as Editor at that meeting. Dr. Dabney served as Editor from December 1921 to December

1954 and his wife, Eugenia B. Dabney, served as Assistant Editor, 1930-1935, and Associate Editor from 1935 until December 1954.

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

Others who have served as Assistant Editor are Harris D. Riley Jr., M.D. (1967-1970), Sam E. Stephenson Jr., M.D. (1968-1990), Addison B. Scoville, Jr., M.D. (1976-1989), and J. Leonard Goldner, M.D. (1971-1974).

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

Beginning in 1980 William J. Ranieri became Managing Editor of the *Journal*. In July 1992, the Council voted to name Dr. Thomison Editor Emeritus upon his retirement at the end of that year. In January 1993 J. Graham Smith, Jr., M.D., became Editor. In 2000, James H. Leverett became Managing Editor, and Ronald C. Hamdy, M.D., was appointed Editor. In 2002, Ed J. Waldron became Managing Editor, and he appointed Cathy Galloway to serve in that capacity.

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

The Journal Today

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

The *Southern Medical Journal* articles span the spectrum of medical topics, providing timely, up-to-the-minute information for primary care physicians and specialists 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.

Ronald C. Hamdy, MD, 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, served as Editor-in-Chief from 2000-2010. Dr. Hamdy was also a past president of the Southern Medical Association.

On January 1, 2011, G. Richard Holt, M.D., M.S.E., M.P.H., M.A.B.E., was appointed as new Editor-in-Chief of the *Southern Medical Journal*. Dr. Holt brings a wealth of journal knowledge and experience to the SMJ. He is a past Editor-in-Chief of the *Journal*, *Otolaryngology-Head and Neck Surgery*, and Past Editor-in-Chief of the journal, *Aviation, Space, and Environmental Medicine* (official journal of the Aerospace Medical Association). Dr. Holt also is a past Co-Editor of *The Yearbook of Otolaryngology-Head and Neck Surgery* and is also currently or has been on the Editorial Boards of the *Journal of Long-Term Medical Effects of Implants*, the *Journal of CranioMaxillofacial Surgery*, and *Texas Medicine*.

An SMA member since 1978, Dr. Holt has been actively involved within the Association, having served first as Secretary, then Chair, of the Section of Otolaryngology. Dr. Holt has lectured at SMA Annual Meetings and developed a Presidential Symposium on Space Medicine, as well as having helped develop the Association's Young Physician Leadership Course.

An editorial production staff, consisting of a Managing Editor and Editorial Coordinator, in Birmingham, Alabama, assists the editor. Publishing is handled by Lippincott Williams, & Wilkins with business offices in Philadelphia, Pennsylvania.

Each monthly issue of the *SMJ* includes original and review articles, CME articles, special sections, and editorials. New technology has provided opportunities to distribute the Table of Contents (eTOC) via e-mail.

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 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."

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

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

1937- New Orleans Meeting- Ernest W. Goodpasture, M.D., Nashville, Tenn., "for his outstanding achievements through his

research on the cultivation and the nature of viruses."

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

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

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

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

1946- Miami Meeting- William H. Sebrell, Jr., M.D. Bethesda, Md., "in recognition of his important contributions to the understanding of nutrition and its relation to public health."

1947- Baltimore Meeting- George E. Burch, M.D. New Orleans, La., "in recognition of his important investigations in the clinical physiology of the circulation and of his valuable contributions of the understanding of cardiovascular disorders."

1949- Cincinnati Meeting- Seale

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

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

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

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

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

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

2010- Orlando/Kissimmee Meeting
Bogdan Czerniak, M.D., Ph.D.
Houston, TX

The Distinguished Service Award...

At the Houston Meeting in 1955 the Association created the Distinguished Service Award, which may be awarded annually to any member of the Association in recognition of outstanding contributions to the advancement of medical science and/or the Association. Any member of the Association is eligible to receive this award and nominations may be made by any member of the Association. Deadline for receiving nominations is 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 O. 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
- 2010 -Orlando/Kissimmee Meeting Louis A. Cancellaro, PhD., M.D. Johnson City, TN
- 2010 -Orlando/Kissimmee Meeting Distinguished Service Award to the Position of Medicine Stanley G. Shaffer, M.D. Kansas City, MO

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 1. 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 in glandular disorders in the human, to which he has contributed internationally, and for which he is so widely accepted as an authority."
- 1962- Miami Beach Meeting- Howard L. Holley M.D., Birmingham, Ala., "for his investigations on the synovial fluid in normal subjects and in patients with rheumatoid arthritis and for more recent studies on the chemical nature of hyaluronic acid."
- 1963- New Orleans Meeting- Joe M. Blumberg, M.D., Washington, D.C., "for his investigations and achievements in pathology and research and for his contributions to medicine which have been recognized and accepted all over the world."
- 1967- Miami Beach Meeting- Julian M. Ruffin, M.D., Durham, N.C., "for his original investigative work centering about the malabsorption state, elucidation of the etiology of Whipple's disease and its management, and the nature of duodenal ulcer pain." (Note: actual presentation of this award was at the 1968 Meeting in New Orleans).
- 1970- Dallas Meeting- Grace Goldsmith, M.D., New Orleans, La., "for her investigations and research in the fields of metabolism and nutrition."
- 1972- New Orleans Meeting- John T. Galambos, M.D., Atlanta,

- Ga., "for his research and contributions to the field of gastroenterology."
- 1973- San Antonio Meeting- Stanley J. Dudrick, M.D., Houston, 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, Ky.
- 1983- Baltimore Meeting- Addison B. Scoville, Jr., M.D., Nashville, Tenn.
- 1984- New Orleans Meeting- Edward M. Copeland, III, M.D., Gainesville, Fla.
- 1986- Atlanta Meeting- James M. Moss, M.D., Alexandria, Va.
- 1987- San Antonio Meeting- J. Claude Bennett, M.D., Birmingham, Ala.
- 1988- New Orleans Meeting- Albert L. Hyman, M.D., New Orleans, La.
- 1990- Nashville Meeting- Paul G. McDonough M.D., Augusta, Ga.
- 1991- Atlanta Meeting- Vardaman M. Buckalew, Jr., M.D., Winston-Salem, N.C.
- 1992- San Antonio Meeting- Basil Isaac Hirschowitz, M.D., Birmingham, AL
- 1993- New Orleans Meeting- Buris R. Boshell, M.D., Birmingham, AL
- 1994- Orlando Meeting- James A. Pittman, Jr., M.D., Birmingham, AL
- 1995- Kansas City Meeting- Antonio M. Gotto, Jr., M.D., Houston, TX
- 1996- Baltimore Meeting- David A. Clark, M.D., New Orleans, LA
- 1997- Charlotte Meeting - Samuel Eichold, M.D., Mobile, AL
- 1998- New Orleans Meeting - Alan L. Buchman, M.D., M.S.P.H., Houston, TX
- 1999- No award given this year
- 2000- No award given this year
- 2001- No award given this year
- 2002- Washington, DC Meeting- David S. H. Bell, M.D., Birmingham, AL
- 2003- Atlanta Meeting- Aaron I. Vinik, MD, PhD Norfolk, VA
- 2004- New Orleans Meeting - James W. Anderson, MD Lexington, KY
- 2010- Orlando/Kissimmee Meeting James R. Sowers, M.D., F.A.C.E., F.A.C.P., F.A.H.A. St. Louis, MO

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 July 2010 Mr. Waldron was appointed as Chief Executive Officer.

In 1984 SMA Services, Inc. was organized as a wholly owned subsidiary, and

Mr. Ranieri was appointed as its President and Chief Executive Officer.

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

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

- 1906 Chattanooga, TN, organization meeting
1907 Birmingham, AL, *H. H. Martin, Savannah, GA
1908 Atlanta, GA, *B. L. Wyman, Birmingham, AL
1909 New Orleans, LA, *G. C. Savage, Nashville, TN
1910 Nashville, TN, *W. W. Crawford, Hattiesburg, MS
1911 Hattiesburg, MS, *Isadore Dyer, New Orleans, LA
1912 Jacksonville, FL, *James M. Jackson, Miami, FL
1913 Lexington, KY, *Frank A. Jones, Memphis, TN
1914 Richmond, VA, *Stuart McGuire, Richmond, VA
1915 Dallas, TX, *Oscar Dowling, New Orleans, LA
1916 Atlanta, GA, *Robert Wilson, Charleston, SC
1917 Memphis, TN, *Duncan Eve, Sr., Nashville, TN
1918 Influenza pandemic; no meeting that year
1919 Asheville, NC, *Lewellys F. Barker, Baltimore, MD
1920 Louisville, KY, *E. H. Cary, Dallas, TX
1921 Hot Springs National Park, AR, *Jere L. Crook, Jackson, TN
1922 Chattanooga, TN, *Seale Harris, Birmingham, AL
1923 Washington, DC, *W. S. Leathers, Jackson, MS
1924 New Orleans, LA, *Charles L. Minor, Asheville, NC
1925 Dallas, TX, *Stewart R. Roberts, Atlanta, GA
1926 Atlanta, GA, *C. C. Bass, New Orleans, LA
1927 Memphis, TN, *J. Shelton Horsley, Richmond, VA
1928 Asheville, NC, *William R. Bathurst, Little Rock, AR
1929 Miami, FL, *T. W. Moore, Huntington, WV
1930 Louisville, KY, *Hugh S. Cumming, Washington, DC
1931 New Orleans, LA, *Felix J. Underwood, Jackson, MS
1932 Birmingham, AL, *Lewis J. Moorman, Oklahoma City, OK
1933 Richmond, VA, *Irvin Abell, Louisville, KY
1934 San Antonio, TX, *Hugh Leslie Moore, Dallas, TX
1935 St. Louis, MO, *H. Marshall Taylor, Jacksonville, FL
1936 Baltimore, MD, *Fred M. Hodges, Richmond, VA
1937 New Orleans, LA, *Frank K. Boland, Atlanta, GA
1938 Oklahoma City, OK, *J. W. 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

1951 Dallas, TX, *Curtice Rosser, Dallas, TX
 1952 Miami, FL, *R. J. Wilkinson, Huntington, WV
 1953 Atlanta, GA, *Walter C. Jones, Miami, FL
 1954 St. Louis, MO, *Alphonse McMahon, St. Louis, MO
 1955 Houston, TX, *R. L. Sanders, Memphis, TN
 1956 Washington, DC, *W. Raymond McKenzie, Baltimore, MD
 1957 Miami Beach, FL, *J. P. Culpepper, Jr., Hattiesburg, MS
 1958 New Orleans, LA, *W. Kelly West, Oklahoma City, OK
 1959 Atlanta, GA, *Milford O. Rouse, Dallas, TX
 1960 St. Louis, MO, *Edwin Hugh Lawson, New Orleans, LA
 1961 Dallas, TX, *Lee F. Turlington, Birmingham, AL
 1962 Miami Beach, FL, *A. Clayton McCarty, Louisville, KY
 1963 New Orleans, LA, *Daniel L. Sexton, St. Louis, MO
 1964 Memphis, TN, *Robert D. Moreton, Houston, TX
 1965 Houston, TX, *R. H. Kampmeier, Nashville, TN
 1966 Washington, DC, *J. Garber Galbraith, Birmingham, AL
 1967 Miami Beach, FL, Guy Thompson Vise, Sr., Meridian, MS
 1968 New Orleans, LA, *Oscar R. Hunter, Jr., Washington, DC
 1969 Atlanta, GA, *Donald F. Marion, Miami, FL
 1970 Dallas, TX, J. Leonard Goldner, Durham, NC
 1971 Miami Beach, FL, *Albert C. Esposito, Huntington, WV
 1972 New Orleans, LA, *J. Hoyle Carlock, Ardmore, OK
 1973 San Antonio, TX, *Joe T. Nelson, Weatherford, TX
 1974 Atlanta, GA, George J. Carroll, Suffolk, VA
 1975 Miami Beach, FL, *Andrew M. Moore, Lexington, KY
 1976 New Orleans, LA, *G. Gordon McHardy, New Orleans, LA
 1977 Dallas, TX, G. Thomas Jansen, Little Rock, AR
 1978 Atlanta, GA, Andrew F. Geisen, Jr., Fort Walton Beach, FL
 1979 Las Vegas, NV, Thomas B. Dameron, Jr., Raleigh, NC
 1980 San Antonio, TX, G. Baker Hubbard, Sr., Jackson, TN
 1981 New Orleans, LA, J. Ralph Meier, New Orleans, LA
 1982 Atlanta, GA, *Edwin C. Evans, Atlanta, GA
 1983 Baltimore, MD, M. Pinson Neal, Jr., Richmond, VA
 1984 New Orleans, LA, Richard D. Richards, Baltimore, MD
 1985 Orlando, FL, John B. Lynch, Nashville, TN
 1986 Atlanta, GA, Guy T. Vise, Jr., Jackson, MS
 1987 San Antonio, TX, William W. Moore, Jr., Atlanta, GA
 1988 New Orleans, LA, J. Lee Dockery, Gainesville, FL
 1989 Washington, DC, Roger L. Mell, Chesterfield, MO
 1990 Nashville, TN, Larry C. Smith, Huntington, WV
 1991 Atlanta, GA, Jim C. Barnett, Brookhaven, MS
 1992 San Antonio, TX, John F. Redman, Little Rock, AR
 1993 New Orleans, LA, Thomas C. Rowland, Jr., Columbia, SC
 1994 Orlando, FL, Angus M. McBryde, Jr., Mobile, AL
 1995 Kansas City, MO, Louis A. Cancellaro, Johnson City, TN
 1996 Baltimore, MD, J. Edward Hill, Tupelo, MS
 1997 Charlotte, NC, Terrell B. Tanner, East Elizay, GA
 1998 New Orleans, LA, J. Lorin Mason, Jr., Pawley's Island, SC
 1999 Dallas, TX, Hugh E. Stephenson, Jr., Columbia, MO

2000 Orlando, FL, Ronald C. Hamdy, Johnson City, TN
2001 Nashville, TN, James C. Waites, Laurel, MS
2002 Washington, DC, Jean Edwards Holt, San Antonio, TX
2003 Atlanta, GA, Michael G. Mackey, Jonesboro, AR
2004 New Orleans, LA, T. Rudolph Howell, 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 Oliver Pell, St. Petersburg, FL
2009 Dallas, TX, Jan N. Basile, Charleston, SC
2010 Orlando/Kissimmee, FL, R. Bruce Shack, Nashville, TN



SMA ∴ Southern Medical Association
Advocacy, Leadership, Quality and Professional Identity

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
Advocacy, Leadership, Quality and Professional Identity

MINUTES FROM MEETINGS



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MINUTES
SMA Council Conference Call Meeting
Monday, February 15, 2010
7:00 p.m. Central Time

The Council of the Southern Medical Association met on Monday, February 15, 2010 via conference call. The meeting was called to order at 7:05 p.m. Central by the President, R. Bruce Shack, MD.

Members of the Council present:

R. Bruce Shack, MD, Nashville, TN; Eric Lindstrom, MD, Laurel, MS; Michael Gosney, MD, Muscle Shoals, AL; Stuart Goodman, MD, Potomac, MD; Saulis Jankauskas, MD, Longwood, FL; Ali Rahimi, MD, Savannah, GA; Donald Swikert, MD, Union, KY; Fayeze Shamieh, MD, Lake Charles, LA; Benjamin Carmichael, MD, Hattiesburg, MS; Richard A. Heimburger, MD, Columbia, MO; 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; Lawrence Wyner, MD, Charleston, WV;

Members of the Council absent: Jan N. Basile, MD, Charleston, SC, Immediate Past President; Ronald C. Hamdy, MD, Editor, *Southern Medical Journal*, Johnson City, TN; Steven W. Strobe, MD, Sherwood, AR; Mason P. Jett, MD, Oklahoma City, OK and Mrs. Barbara Jett, SMA Alliance President, Oklahoma City, OK.

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

Approval of Minutes

Minutes of the December 2, 2009 Council meeting were distributed prior to this call.

ACTION: A motion was made and seconded that the Minutes from the December 2, 2009 meeting of the Council be approved as distributed. Motion carried unanimously.

Presidential Remarks

Dr. Shack welcomed all the members of the Council to the first meeting of 2010 and thanked them for their continued support of the SMA. Dr. Shack stated that we would have quarterly conference calls not lasting more than one hour unless needed.

Report of the Chief Financial Officer
Don Casey

The financial statements for December, 2009 were reviewed and questions answered. For the month of December the combined Net Loss is \$514,000 compared to a budgeted net loss of \$263,000. The Annual Meeting had a loss of \$351,000 compared to a budgeted loss of \$123,000 for a variance from budget of (\$227,000). SMA Services had a Net Loss after Income Taxes of \$88,000 because of Annual Meeting sponsorship. Year to date as of December 31, 2009 the combined Net Loss is \$197,000 which is \$73,000 over the budgeted loss of \$124,000. Year to date the Annual Meeting loss is offset by profitable professional development education programs.

As of December 31, 2009 there is available cash of \$511,000 to satisfy payables of \$631,000. This is not an unusual cash position following the Annual Meeting. SMA continues to rely on SMA Services to meet cash needs. Services contributed \$230,000 and the commercial line of credit was advanced \$100,000 and \$70,000 was withdrawn from general investments. The commercial line of credit has been paid back and the current balance is zero.

Mr. Waldron expressed SMA's gratitude for SMA Services and the ability to draw on them financially when the need has arisen, to the detriment of SMA Services. He noted SMA Services, Inc. is profitable in their own right.

Report of the Executive Vice President Edward Waldron

Mr. Waldron stated that 2010 would be the final year for our current style of Annual Meeting as the Council has approved going to a postgraduate thematic type meeting; as well as a virtual exhibit hall to produce a high tech atmosphere in which SMA itself is marketed more to the attendees. The reasons for these changes are that in the past this meeting has lost up to one million dollars. We will continue with smaller meetings similar in design to our resort based meetings. Considering meetings of our size, the lack of pharma support and the costs of the current type exhibit hall, which costs around \$125,000 per year, it was determined that we should move to a virtual exhibit hall, like most other organizations our size.

Our plans are to have a more elegant SMA booth that showcases our products and services along with several prominent Electronic Medical

Record firms to demonstrate their programs. We have also contacted

Celebration Hospital in hopes of developing a partnership whereby they could have procedure simulations in this area. The SMA staff will be visiting Orlando next week to confirm our meeting space to accommodate these changes.

Annual Meeting Update Dr. Peter Kragel & Kathy McLendon

Dr. Kragel stated that the program was well into development with a full program for the three day event with up to 19 hours CME available. We are currently looking for well known speakers to head these programs in hopes of additional grant support and increased attendance.

At this time we are still planning to have a poster presentation, based on our room availability, and if not, we will schedule an oral abstract presentation for Saturday afternoon. In response to last year's request we are having an afternoon session for those interested or they may participate in an SMA Golf Tournament or take advantage of SMA's reduced ticket prices to Disney.

New Business

Dr. Shack asked Ed Waldron to discuss SMA's position on the situation in Haiti.

Mr. Waldron reported that he has spoken with the State Department and other first responders. At this time Haiti has no infra-structure and they need lasting contributions. Dr. Shack and I discussed this when he was in Birmingham and our thoughts were to find a city/village that has a modicum of services that could be up and running in a few months. We

could adopt this city/village and over the next few years help them get back up and running with care facilities and providing ongoing volunteer physicians.

Our next steps will be to determine the city and how we can help over the next few years with our physician members and to follow this with our Journal and internet.

Dr. Carmichael stated that the Episcopal Diocese in Haiti is one of the largest in the world. The Mississippi Diocese is working to determine very similar ideas that the SMA has and that this might be a great partner. Dr. Carmichael stated that he would get more information and forward to Ed.

Dr. Lindstrom also stated that he has been in contact with a native of Haiti and that we are in conversations with them as well to see where we can best help.

The Council will be apprised of new items as they are explored.

At this time Dr. Shack called on Dr. Gosney to discuss the three core reform requirements of The Coalition of State and Specialty Medical Societies that has been organized and promoted which are:

- The ability of Patients and Physicians to privately contract for services.
- The quality and best practices be decided by Physicians and Patients.
- Including meaningful Tort Reform for Medical Professional Liability in the reform effort.

After much discussion, Dr. Shack requested that the Council put forth a motion to table this discussion until

a statement could be written from the Advocacy Committee stating our position on these items.

A motion was made and seconded to table until further information could be obtained from the Advocacy Committee which meets on February 22, 2010.

There being no further business the call was adjourned at 8:16 pm.

Submitted by: Lisa O'Daniel
February 25, 2010

**SMA Council Conference Call
Monday, May 3, 2010
7:00 p.m. Central Daylight Time**

The Council of the Southern Medical Association met via a conference call on Monday, May 3, 2010. The meeting was called to order at 7:06 p.m. Central Daylight Time by the President, R. Bruce Shack, MD.

Members of the Council present: R. Bruce Shack, MD, Nashville, TN; Eric Lindstrom, MD, Laurel, MS; Mrs. Barbara Jett, SMA Alliance President, Oklahoma City, OK; Michael Gosney, MD, Muscle Shoals, AL; Steven Strobe, MD, Sherwood, AR; Stuart Goodman, MD, Potomac, MD; Saulius Jankauskas, MD, Longwood, FL; Donald J. Swikert, MD, Union, KY; Faye Shamieh, MD, Lake Charles, LA; Peter J. Kragel, MD, Greenville, NC; Wesley Eastridge, MD, Kingsport, TN; James J. Bernick, MD, Baytown, TX; and Ronald Hamdy, MD, Editor, *Southern Medical Journal*, Johnson City, TN.

Members of the Council absent: Jan N. Basile, MD, Immediate Past President, Charleston, SC; Benjamin Carmichael, MD, Hattiesburg, MS; Richard Heimburger, MD, Columbia, MO; Mason Jett, MD, Oklahoma City,

OK; Gary Delaney, MD, Orangeburg, SC; Alonzo Myers, MD, Roanoke, VA; and Lawrence Wyner, MD, Charleston, WVA.

SMA staff present: Mr. Ed Waldron; Mr. Luke Hartsfield; Mr. Don Casey; Ms. Pamela McDonald; and Mrs. Kathy McLendon.

Approval of Minutes

Minutes from the Council conference call held Monday, February 15, 2010, were distributed prior to this call.

ACTION: A motion was made and seconded that the Minutes from the Council conference call held Monday, February 15, 2010, be approved as distributed. The motion passed unanimously.

Presidential Remarks

R. Bruce Shack, MD

Dr. Shack welcomed everyone and thanked them for participating in the call. He stated that it had been a good year for SMA. He indicated that he had the opportunity to attend two state medical society meetings, Missouri and Oklahoma, representing SMA. Dr. Shack told the SMA Story at the Missouri Medical Association Meeting and stated that the presentation was well received, and complimented Randy Glick and the SMA marketing staff for producing such a great marketing piece. Dr. Shack encouraged members of the Council to review the material sent to them, and make it their own version of the SMA story, without changing the message.

Dr. Shack announced that Ali Rahimi, MD, Councilor from Georgia had resigned. As was his prerogative as President, he could appoint someone to fill the unexpired term. Dr. Shack was pleased to announce that Jeffrey

Brant, MD, Cartersville, Georgia, had been appointed to that position. Dr. Brant will fill the position of Councilor from Georgia until November 2011, at which time he will be able to run for that office.

Report of the Chief Financial Officer Don Casey

The Financial Statement for the period ending March 31, 2010, was distributed prior to the conference call.

SMA Net Loss YTD as of March 31, 2010, was (\$294,000), which was \$17,000 less than the budgeted Net Loss of (\$311,000). SMA Services Net Income after taxes was \$360,000 compared to a budgeted Net Income after taxes of \$291,000. The combined Net Income as of March 31, 2010, of \$66,000 is \$86,000 greater than the budgeted Net Loss of (\$20,000).

Mr. Casey explained material YTD variances from budget.

Cash of \$391,000 is in excess of outstanding Accounts Payable of \$157,000 and the Equity position is a positive \$13,000.

Ed Waldron stated that loss relates to the cost of providing benefits to members – the cost of providing individual products and services to members.

AirMed Member Opportunity Luke Hartsfield

Mr. Hartsfield discussed the AirMed Program which replaces the previous transportation and evacuation program through MedJet. Jeff Tolbert, Founder of MedJet, has started the new company, AirMed. Approximately 3,500-3,600 SMA professional dues

paying members receive AirMed at no cost. Family coverage is available for \$195.00 which includes a spouse and up to five (5) dependent children to age 26. The program became effective April 1, 2010, and the transition has been smooth.

This is an excellent benefit, and Council members were encouraged to take advantage of the low cost of family coverage.

SMA Story – “Toolbox” Strategy and Tactics Randy Glick

The SMA Story – “Toolbox” was sent to each member of the Council before the conference call. Mr. Glick asked those who had the information with them to follow along as he explained the content of the packet, beginning with the brochure.

Beginning with the cover image, Randy explained each image and how SMA was defined by focusing on individual physicians and their professional identity.

The inside pages of the kit walks you through descriptions of the intangible value found within the SMA Story – Advocacy, Leadership, Quality and Professional Identity. The previous three intangibles (Advocacy, Leadership and Quality) culminate in who you are or how you are seen by others – colleagues, peers and society as a whole. Professional Identity is defined by how you, as the physician, advocate on behalf of your patients, your leadership skills within society and the quality with which you do what you do. Professional Identity is built through the utilization of the tools SMA provides which is where we go next.

Leadership will be contacted by the

marketing team via a conference call to put together individual marketing plans to grow SMA.

Annual Meeting Peter Kragel, MD

Dr. Kragel stated that plans for the 2010 Annual Scientific Assembly were coming together. An excellent variety of speakers has been identified, and the program promises to be successful.

Submitted by: Lisa O’Daniel
January 7, 2009

Future Annual Meeting Schedule

After the meeting in 2010 at Gaylord Palms, Kissimmee, Florida, two meeting venues have been identified as possible sites for the 2011 Annual Meeting: The Westin Savannah Harbor, Savannah, Georgia; and Colonial Williamsburg. Either of these locations would be a great place for the SMA Annual Meeting. The 2012 Annual Meeting has been confirmed and the contract signed. It will be held November 1-3, The Renaissance Battle House Hotel, Mobile, Alabama.

On another matter, Dr. Lindstrom stated that he and Mrs. Lindstrom, along with SMA staff member, Pamela McDonald, had visited Casa Monica Hotel, St. Augustine, Florida, as the possible site for the 2011 Summer Meeting of the Council. This venue should be finalized very soon.

A possible location being considered for the 2012 Summer Meeting of the Council is Destin, Florida, The Hilton Hotel. As plans become more finalized, details will be forthcoming.

New Business

Dr. Shack stated that earlier in the evening during a conference call of the

Executive Committee the position of Chief Executive Officer was discussed. This title would be more appropriate for the executive officer of SMA and would replace the current title of Executive Vice President. Additional information is being collected and this topic will be brought before the Council during the Summer Meeting.

Adjournment

There being no further business to come before the Council at this time, Dr. Shack called for a motion to adjourn.

ACTION: Motion was made, seconded and carried unanimously that the conference call of the SMA Council be adjourned.

The meeting was adjourned at 7:55 p.m. Central Daylight Time.

Submitted by: Pamela McDonald
May 4, 2010

MINUTES Summer Meeting of the SMA Council

Friday, July 16, 2010

**The Mansion on Forsyth Park
Savannah, Georgia**

The SMA Council held its Summer Meeting on Friday, July 16, 2010, The Mansion on Forsyth Park, Savannah, Georgia. The meeting was called to order at 7:50 a.m. EDT by the President, R. Bruce Shack, MD.

ROLL CALL

Members of the Council Present:
R. Bruce Shack, MD, President, Nashville, TN; Eric E. Lindstrom, MD, President-Elect, Laurel, MS; Jan N. Basile, MD, Immediate Past President, Charleston, SC; Michael C. Gosney, MD, President-Elect Designate, Muscle Shoals, AL; Steven W. Strode, MD, Sherwood, AR;

Stuart Goodman, MD, Potomac, MD; Saulius Jankauskas, MD, Longwood, FL; Jeffrey Brant, MD, Cartersville, GA; Donald J. Swikert, MD, Edgewood, KY; Fayeze Shamieh, MD, Lake Charles, LA; Benjamin M. Carmichael, MD, Hattiesburg, MS; Mason P. Jett, MD, Oklahoma City, OK; Gary Delaney, MD, Orangeburg, SC; Wesley Eastridge, MD, Kingsport, TN; James J. Bernick, MD, Baytown, TX; Alonzo Myers, MD, Roanoke, VA; Lawrence Wyner, MD, Charleston, WVA; Mrs. Barbara Jett, SMA Alliance President, Oklahoma City, OK; and Nancy Swikert, MD, SMA Alliance President-Elect, Edgewood, KY.

Members of the Council Absent:
Peter J. Kragel, MD, Greenville, NC.

SMA Staff President: Mr. Edward J. Waldron, Executive Vice President; Mr. Luke Hartsfield, Chief Operations Officer; Mr. Don Casey, Chief Financial Officer; Mr. Randy Glick, Chief Information Officer; Ms. Pamela McDonald; Mrs. Kathy McLendon; Mrs. Kendra Blackmon; Mrs. Lisa O'Daniel; and Ms. Debbie Cleghorn.

APPROVAL OF MINUTES

Minutes from the Council conference call held Monday, May 3, 2010, were distributed prior to the meeting.

ACTION: Motion was made, seconded and passed unanimously that the Minutes from the Council call held May 3, 2010, be approved as distributed.

MESSAGE OF THE PRESIDENT R. Bruce Shack, M.D.

Since taking over as your President in December of last year, Wanda Kaye and I have been very busy trying to

incorporate the new structure of the Southern Medical Association into our new culture. This is a vibrant culture based upon on our new platform with its Four Pillars: Advocacy, Leadership, Quality and Professional Identity. The Advocacy Pillar represents not only advocacy for our patients, which is a no brainer, but also advocacy for physicians and the special role that we play within the social fabric of our Country, State and individual Communities. The Leadership Pillar includes leadership development for young members as we recruit them into our association since they are truly our future. The Quality Pillar will continue to include our Medallion Level CME as well as significant products and services for practice support and personal growth. The Professional Identity Pillar provides a forum for physicians, both Primary Care and Specialty Physicians, to come together around topics of mutual interest or concern utilizing our web-based communities of interest and communities of practice. I encourage all of you to actively become involved in all of these processes as we continue through this year.

We are indeed at a critical point in the history of the Southern Medical Association and this year needs to be the time when we turn the tide of decreasing membership and begin to recruit young new members into our association. The staff has put together a plan for each Councilor in each state to help us accomplish this goal which is, of course, critical to our survival.

I have had the opportunity to visit several State Medical Association Meetings over the past six months

including, Missouri, Oklahoma and Mississippi. I have plans upcoming to attend the Florida State Medical Association Meeting as well as the Kentucky State Meeting within the next few months. I would be happy to try to make it to any others if I can and if I receive an invitation. In each of these venues, I have and will continue to present the new SMA structure to all those assembled at these State Meetings. The concept of partnering with other Regional and State Medical Associations, I believe, will be essential to our increased growth and on-going survival. Working together within our individual States, we should be able to convince physicians of the important role that the Southern Medical Association can and does play in their professional lives. We must show everyone that while the SMA remains focused on individual physician needs, including products and services, it is much more than that. It is a part of a vibrant network of physicians and organizations with a clear cut plan of action designed to meet the difficult challenges of practicing medicine in an ever-changing world. We must show them how we can help them not only survive in this environment but to thrive in this environment.

**MESSAGE OF THE EXECUTIVE
VICE PRESIDENT
Mr. Ed Waldron**

Leadership Is About Influence

Adaptive leadership is timely influence that satisfies a bias for action which has its origin in values. Adaptive leadership takes you out of your comfort zone and into unknown territory requiring ways of acting which are outside your

repertoire, with no guarantee of your competence guaranteeing your success. It puts you at risk because you cannot rely on tried and true expertise and know how you use for tackling technical problems. As a consequence, you cannot take on an adaptive challenge without making some changes, some adaptations yourself – this isn't easy because there may be a paradox here. On the one hand you are trying to lead on behalf of something you believe in but is beyond your individual interest at a given time. On the other hand, to be most effective in doing so you need to pay attention to how you manage, use, gratify and deploy yourself. You need to recognize that you are moving into an unknown space and then act accordingly. This is not self indulgence, it is smart intentional leadership. The community or colleagues you are trying to move has some affinity for the status quo that will manifest itself in ways that may exploit your vulnerabilities, not your strengths.

Deploying yourself is more often a matter of will than of skill. Many things which an SMA leader is called upon to do to influence their member and non-member marketplace may be outside your behavioral norms. Being able to do these things because they are SMA leadership imperatives will require you to dig just a little deeper into your capacity reservoir than is normally expected in professional or civic roles. Your medical community will notice the difference and that in itself is an asset for your professional identity as “leader” people will pay attention as they experience you stepping outside your comfort zone. That is the start of impact and influence. When you move people both literally and figuratively, you

must tap into their emotions, and stomachs and heart in addition to their heads. To connect with them authentically and successfully, between neck and navel, you must come from that place yourself. The reorganization and Bylaws changes that SMA has put into place has opened up a myriad of opportunities for physicians who are not members which you should elucidate. That fact along with the proposition that a major role of a Councilor is in recruiting and developing an operational state team and to provide his or her successor makes it imperative that you engage in the process of intentional leadership recruiting. In times past we have spoken to you about a Blue Chip Recruiting Program. This is in effect intentional leadership recruiting. What we are looking for here is your considered evaluation of colleagues who have considerable influence in your medical community, who exhibit leadership qualities and who you would like to work along side to bring about their desires and goals enhancing their professional identify as we develop SMA's influence through that process.

You have the story, the tools and a dedicated staff to help you make this happen. Your leadership on SMA's behalf is most efficiently spent in leadership in your medical communities on behalf of your colleagues through the focus provided by SMA to develop those colleagues as advocates, leaders and initiators of quality medicine. The halo effect will be membership recruitment and retention, but the case must be made by you personally. You must carry the SMA brand through because of your leadership qualities and desires.

Your title and identity is “leadership” or “Councilor.” Some of you may desire to take only the role of member of a Board of Directors with your involvement with SMA. If that is your understanding, your attempts at influence on staff or your colleagues, both members and non-members, will be passive after the fact. (Unless you have the resources and ability to function as a traditional Board of Directors member of a 501c3 which is invariably chosen mostly for your individual ability to raise funds from benefactors.) Even if that is the case, both roles call for engaging your marketplace or medical community.

Your role as Councilor in a leadership body is far more important and provides a heritage in perpetuity as you influence colleagues to effect not only change you can believe in but that which doesn't run afoul of the values by which you live both personally and professionally.

DEFINING LEADERSHIP

Leadership is an influence relationship among leaders and followers who intend real changes that reflect mutual or mentored purposes.

Essentials of the Relationship

- (1) The relationship is based upon influence
 - a. The influence relationship is multi-directional
 - b. The influence behaviors are non-coercive
- (2) Leaders and followers are the people in this relationship
 - a. The followers are active
 - b. There must be more than one follower and typically more than one leader

c. The relationship is inherently unequal because influence patterns are unequal

(3) Leaders and followers intend real changes

- a. Intend = purpose
- b. Real = substantive and transforming
- c. Leaders and followers do not have to produce changes in the present; changes may take place – in the future – near or distant. It is the direction and intensity that matters.

PERFORMANCE MEASUREMENTS FOR EFFECTIVE MANAGEMENT OF NON-PROFIT ORGANIZATIONS

**Mr. Luke Hartsfield
Chief Operating Officer**

Mr. Hartsfield reported that in June of 2010, he participated in one of Harvard's School of Business Social Enterprise Initiatives – “Performance Measurement for Effective Management of Non-Profit Organizations.”

The program was designed to enhance a non-profit's ability to implement its mission through performance measurement. A range of approaches were examined that addressed the diverse performance issues challenging today's non-profit organizations. The program expanded the executive's knowledge of best practices and enables them to develop a performance measurement and management system appropriate for the organization. By demonstrating how to implement exemplary methods for accessing performance, this program enables executives to align the organization's mission and strategy with day-to-day activities.

Topics of learning included:

- Managing organizational performance for strategic advantage
- Assessing and responding to demands for accountability
- Examining tools and approaches for measuring an organization's performance
- Overcoming challenges and obstacles to organizational performance management systems

Mr. Hartsfield stated that his objective as the COO for SMA would be to apply the knowledge gained through this experience to help make SMA the best organization possible.

Over the next several months Mr. Hartsfield will work with senior staff to develop and understand effective use of the following performance measurement tools:

- Balanced Score Card
- Logic Model
- Non-Profit Coherence Framework

Along with developing the aforementioned measurement tools, we will discuss and grasp the concepts of:

- Question 0 – the question asked before question #1, essentially the “mission” of an organization
- Theory of change – if we do this, then we will have X outcome
- Exploration and evaluation of management versus leadership
- We must clearly focus and answer the questions in each division:
 - What do we want to do?
 - Why do we want to do that?
 - How will we do that?

Mr. Hartsfield reiterated his goal and expectation to make certain SMA receives its just return on investment

devoted to this initiative.

REVIEW OF MAY 31, 2010 FINANCIALS

Mr. Don Casey reviewed the Comparative Financial Statements for Southern Medical Association for the period ending May 31, 2010.

As of May 31, 2010, Net Loss was (\$467,000), as compared to a budgeted Net Loss of (\$378,000).

As of May 31, 2010, year to date, the Combined Net Loss for SMA/SMAS was (\$42,000) as compared to a budgeted loss of (\$74,000).

REVIEW OF BUDGET CONCEPTS RATIFICATION OF BUDGET & ADMINISTRATION FOR RECOMMENDATION FOR 2010-2011 BUDGET

Mr. Casey called the members of the Council attention to page 102 of the Southern Medical Association and SMA Services Combined Budget Year Ending June 30, 2011. SMA Services Budget was approved.

It was reiterated that the budget is a plan and must remain nimble. If something is not working, the money should be placed elsewhere. The Combined Loss after Taxes is (\$75,000).

It was mentioned that the annual meeting continues to lose money, and any further reductions to the meeting will cheapen its look. Therefore, after 2010, the annual meeting will become a smaller, more elite meeting, formatted like resort-based CME meetings.

Mr. Casey called upon Kendra Blackmon to discuss Member Communications/Marketing. Member Communications and Marketing will work closely over the next year to tell the “SMA Story” with attention placed on communicating the intangible and tangible value of SMA membership. A concerted effort to reach practice managers will also be part of the Member Communications efforts over the next year.

Special emphasis will be placed on making current members aware of the overall new direction and focus of the Association, in tandem with Professional Development and Marketing, work to make the conferences and pre-meetings a success through the use of the Communities; provide support to Marketing and Leadership in their efforts at SMA conferences and state meetings. The success of the new initiative over the next year is imperative.

Member Communications is projecting an accrual basis revenue impact of \$182,904 for the next fiscal year. This will be accomplished with the support of leadership, the use of the media kit, the new AirMed product and the use of incentives.

Impacting recruitment will be managed through the following ways: direct mail; SMA conferences; state meetings; SMA leadership; and Financial Services through three direct mail campaigns to young physicians with focus on insurance products, specifically AirMed.

Member Communications will also focus on membership retention. This will be accomplished by working with other departments

to communicate more effectively the need to get members involved in communities and committees. Involvement becomes ownership and ownership becomes retention.

Mr. Casey then called upon Kathy McLendon to summarize the Business Plan for Professional Development. The SMA CME program will apply the initiatives of Advocacy, Quality, Leadership and Professional Identity throughout its budgeted programming. Focusing on these initiatives will allow the CME program to be established as the Professional Development Center of Excellence.

The 2010-2011 budget allows for development of the highest level of clinical offerings and timely practice management “hot topics,” usage of new social media technology and addresses government-mandated changes through healthcare reform. The formats for delivery will reflect the changing technology and the methods of communication most frequently used by healthcare professionals in today’s society. As a result, healthcare professionals, including physicians, physician assistants, nurse practitioners and other team members will look to SMA as their “home” for all of their professional development needs.

With the implementation of the new LWW online platform, the *SMJ* has the foundation to increase revenue through online advertising campaigns, as well as more visibility to push reprint sales and sales for pay-per-view. SMA’s core clinical *live conferences* have provided a stable source of revenue in recent years. SMA will continue to build upon this success.

Joining the field of providers offering **CME cruises** and tours will allow SMA to expand and present more of what physicians wish to experience in a travel/education event.

MedEd On-Demand Library will be expanded to offer more practice management and leadership topics for physicians in all stages of their careers. **Customized CME** will provide a new entry in the marketplace for very specific content desired by a particular group and by holding a program onsite or at a preferred venue will offer flexibility and convenience to large practices and hospitals.

All of these programs and tools will be valuable in membership recruitment and retention. Ed Waldron presented a brief summary pertaining to Governance, Board and Leadership Expense of Council. It was stated that the reorganization will remain a high priority. Strategies, tactics and accountability will be measured through a balanced scorecard and analyzed continually in all Council functions for measurement of the return on investment in activities of the Council as it functions, not only in governance and as a traditional Board of Directors, as well as a genuine leadership influence as SMA pursues growth in membership and revenue.

The dollar investment in Council activities is 6.42% of SMA's expense budget or 26 dollars per member, 74 dollars per dues paying member; which is 26% of dues per dues paying member.

Next Lisa O'Daniel was called upon to discuss the Alliance Business Plan for the fiscal year 2010-2011.

Ms. O'Daniel distributed several marketing pieces that were being produced for the Alliance.

Over the next year, the Alliance will work closely with Marketing to ensure every opportunity for communication with members and non-members is utilized. There will be a "Will Work for You" campaign along with continued participation in state meetings. A proposal has been approved that will allow an Alliance Hospitality room to be staffed by an SMA Alliance Officer and staff person at three upcoming CME events to explain the benefits of becoming an SMA/SMAA member and to discuss SMARt Interventions with the goal of increasing membership.

The Alliance revenue comes directly from Doctors' Day items and membership dues. A \$5,000 increase in revenue from the Doctors' Day items is being projected, along with dues revenue of \$12,500 (500 members).

The Alliance will work with other departments in an effort to communicate more effectively the information about products and services that SMA offers to help retain current members.

Following the above presentations, Dr. Shack indicated that the Budget for 2010-2011 required ratification by the Council.

ACTION: Motion was made and seconded that the Budget for 2010-2011, which had been approved by the Coordinating Committee on Budget and Administration, be ratified as approved. The motion carried unanimously.

STRATEGIC PLANNING CONSIDERATIONS, TRENDS, PREDICTIONS & RESPONSE

Ed Waldron

Members of the Council were asked to review Tab 7 in the notebooks during some of their free time on Friday. They were encouraged to pay special attention to SMA Opportunities and participate in a lively discussion the following day.

2010 ECONOMIC IMPACT ON ASSOCIATIONS

Ed Waldron

It was briefly noted that SMA offers more tangible products than other associations. However, more intangibles are needed. As evidenced in the article distributed in the notebooks, the majority of associations are experiencing difficulties during these turbulent economic times.

MARKETING TOOLS AND THEIR USE MULTI-MEDIA PRINT WEB/CONFERENCE BRIDGING

Randy Glick

Examples of the New Print Tool were passed around for the members of the Council to review.

Mr. Glick discussed the following Web Tools and showed various examples of each:

- Web Conferencing/Audio Conferencing
 - Polling, Q & A, Desktop Sharing, Document Sharing, Pre-testing
 - Can be recorded and streamed on demand
- Personal/Practice Website (currently have approximately 10)
 - Individual sites for personal/business use

- SMARt Medicine Community (New!)
 - New community design with new features – new platform; new tools; “self seeding” features; easier to use; individual network building; direct private messaging; familiar “wall-based” interface; searchable profiles for “friending;” and notifications’
- SMARt Community “Features”
- Individual Blogs – individuals can publish whatever content they want, others can comment, rate
- Document/photo sharing – share, comment and rate images
- Commenting and Feedback
 - Commenting and “rating” on wall posts, blogs, images, etc.
- Facebook App
 - Automatically push specified content to our Facebook page
- Twitter Feed
 - Display twitter feed inside community

Benefits of the new features: self-seeding/growing; more “viral-type” recruitment (external invites); “stickier” – individuals building their own networks; Facebook and Twitter integration for automatically expanding reach into public spaces; better adoption through easier use and Single Sign-on; fully integrated into CRM/AMS for better reporting; and more user driven relationships.

In closing, Mr. Glick announced that there would be an Alpha Release – New Osteoporosis Community Group, which will launch August 1, 2010, with the official full launch on September 1, 2010.

The official launch will involve “major fanfare,” and a detailed marketing plan and a full suite of tutorials and training materials will be

prepared. This will be a centerpiece of the SMA booth during the Annual Scientific Assembly.

TARGET MARKET RECRUITMENT Ed Waldron/Marketing Staff

A discussion evolved relative to L.N.P.s and P.A.s and their place in SMA membership categories. L.N.P.s are playing a vital role in today's medicine, and comments were elicited regarding the membership category and meeting fees best suited for them. Based on their expanding involvement in the field of medicine, it was felt that perhaps they should pay the same membership dues and meeting fees as physicians. Physician Assistants were also discussed, but consensus was that their dues should remain as they are.

Kathy McLendon called attention to the "Young Physician Leadership Conference" brochure included in the notebooks. The conference is scheduled for August 20-22, 2010, Marriott Waterside Hotel, Tampa, Florida. This Chief Residents' program has been expanded and is even more beneficial to residents.

ADJOURNMENT

There being no further business to come before the Council at this time, the first day of the Summer Meeting was adjourned at 11:55 a.m. EDT.

Submitted by Pamela McDonald
July 30, 2010

**MINUTES
SMA Summer Meeting of the
Council
The Mansion on Forsyth Park
Savannah, Georgia
Viennese Ballroom II
Saturday, July 17, 2010**

The Council of the Southern Medical Association held the second session during the Summer Meeting on Saturday, July 17, 2010, The Mansion on Forsyth Park, Savannah, Georgia. Dr. Shack called the meeting to order at 7:55 a.m. EDT and welcomed everyone.

ROLL CALL

Members of the Council present:
R. Bruce Shack, MD, President, Nashville, TN; Eric E. Lindstrom, MD, President-Elect, Laurel, MS; Jan N. Basile, MD, Immediate Past President, Charleston, SC; Steven W. Strode, MD, Sherwood, AR; Stuart Goodman, MD, Potomac, MD; Saulius Jankauskas, MD, Longwood, FL; Jeffrey Brant, MD, Cartersville, GA; Donald J. Swikert, MD, Edgewood, KY; Fayez Shamieh, MD, Lake Charles, LA; Benjamin M. Carmichael, MD, Hattiesburg, MS; Mason P. Jett, MD, Oklahoma City, OK; Gary Delaney, MD, Orangeburg, SC; Wesley Eastridge, MD, Kingsport, TN; James J. Bernick, MD, Baytown, TX; Alonzo Myers, MD, Roanoke, VA; Lawrence Wyner, MD, Charleston, WVA; Mrs. Barbara Jett, SMA Alliance President, Oklahoma City, OK; and Nancy Swikert, MD, SMA Alliance President-Elect, Edgewood, KY.

Members of the Council absent:
Michael C. Gosney, MD, President-Elect Designate, Muscle Shoals, AL; and Peter J. Kragel, MD, Greenville, NC.

Others present: T. Rudolph Howell, MD, Chairman, SMA Services, Inc. Board of Directors, Chester, VA.

SMA Staff present: Mr. Edward J. Waldron, Executive Vice President; Mr. Luke Hartsfield, Chief Operating Officer; Mr. Don Casey, Chief Financial Officer; Mr. Randy Glick, Chief Information Officer; Ms. Pamela

McDonald; Mrs. Kathy McLendon; Ms. Debbie Cleghorn; Mrs. Kendra Blackmon; and Mrs. Lisa O'Daniel.

**REPORT OF SMA SERVICES, INC.
BOARD OF DIRECTORS
T. Rudolph Howell, MD**

Dr. Howell stated that the SMA Services, Inc. Board of Directors met on Friday, July 16, 2010, and nominated the following slate of Officers:

T. Rudolph Howell, MD (Chair)
(term as Chair expires November 2010)
Richard P. DeRosa, MD
Charles A. Farmer, MD
Braxter P. Irby, Jr., MD
Dallas Lovelace, III, MD
Michael G. Mackey, MD (term expires November 2010)
Angus McBryde, MD
Robert Oldham, MD
Mr. Alan Watson

Frederick "Rick" Carlton, MD, from Jackson, Mississippi, was elected by the SMAS Board to replace Dr. Mackey due to the expiration of his term.

Angus McBryde, MD, was elected as new Chairman following the expiration of Dr. Howell's term as Chairman in November 2010.

ACTION: Motion was made, seconded and passed unanimously that the slate of Officers be approved as presented.

Dr. Howell advised that SMA Services, Inc. continues to be a profitable subsidiary of SMA. As of May 31, 2010, SMAS realized a Net Income, after provision of income taxes, of \$425,000 compared to a budgeted amount of \$304,000.

Dr. Howell thanked the members of the Council for their continued support.

**REPORT OF THE EDITOR
SOUTHERN MEDICAL JOURNAL
Ronald Hamdy, MD**

Dr. Hamdy stated that beginning with the January 2010 issue, the *Southern Medical Journal* ceased publication as a print journal and has been entirely online.

From January to June 2010, there were over one million page reviews. During the month of April 2010, there were 91,978 site visits, with an average of 2.87 page views. The majority of site origins as of May was the US with 47%.

The overall acceptance rate for manuscript submissions for June 2009 through June 2010 was 24%. The Americas were the highest origin with 56% of submissions, followed by Asia at 35%, Europe, Australia, Oceania and Africa composed the remaining 9%.

Dr. Hamdy discussed the origin of submissions within the SMA territory, outside SMA territory and internationally.

Forthcoming CME articles and Podcasts were reviewed.

The *Southern Medical Journal* is ranked 79th out of 132 in the category of general and internal medicine. The SMJ impact factor for 2009 was 0.924. Based upon numbers from 2005 – 2009, the five year impact factor is 1.071.

Future emphasis will be to work closely with SMA to develop a Community of Interest in each of

the following areas: Osteoporosis; Geriatrics; and Spirituality.

At this time, Dr. Hamdy reviewed the PowerPoint presentation of the SMA/SMJ Algorithm on Osteoporosis.

ANNUAL MEETING STATUS

R. Bruce Shack, MD

Kathy McLendon

Pamela McDonald

Dr. Shack advised members of the Council that plans for the 2010 Annual Meeting were progressing very well. He and Mrs. Shack, along with Pamela McDonald, will travel to Orlando and Gaylord Palms in August for the final site visit prior to the meeting. A Keynote Speaker for the Opening Session has not yet been finalized; however, that should be worked out very soon.

Kathy McLendon indicated that the second printing of the brochure had been completed, and copies were distributed to members of the Council. Members of the Professional Development department are working toward finalizing session speakers.

Another new and exciting component of the Annual Meeting will be the Tech-Knowledge Center, which replaces the traditional exhibit area. The Tech-Knowledge Center will focus on high tech “gadgets,” and will also feature a simulation area. The details for the simulation area will be finalized during a visit to Central Florida University in August.

Pamela McDonald reported that this year the Council/Past Presidents’ Dinner will be held at the hotel, so transportation will not be an issue. A golf outing will be available on Saturday afternoon for those interested in staying over and playing a round of golf.

REPORT OF SMA ALLIANCE

Mrs. Barbara Jett

Mrs. Jett stated that the theme for this year is “Celebrating 85 Years.” She told members of the Council that they have learned from the wisdom of their past leaders and have begun to build on the strength of their future.

Mrs. Jett has attended Alliance Meetings in the following states: Mississippi; Texas; Oklahoma; Missouri; Louisiana; Tennessee; and the AMA Alliance Leadership Development Conference in Chicago. In late summer and fall she will attend Alliance Meetings in Florida, Kentucky, and Georgia. Dr. Nancy Swikert, attended the South Carolina meeting and the Southern Regional Meeting in North Carolina.

During travel this year, focus has been placed on three areas – Doctors’ Day, Medical Heritage and Health Education relative to breast cancer awareness, heart disease in women and osteoporosis.

During visits to various Alliance state meetings, it became apparent that the SMA Alliance is basically unknown to state alliance organizations.

Mrs. Jett has used the state Alliance meetings as an opportunity to talk about SMAA and the SMA Story, as well as membership benefits.

A new Bylaws change will be forthcoming to allow the Nominating Committee to meet later in the year.

The Long-Range Planning Committee is reviewing the health focus areas. The consensus is that most members like Healthy Living as a health focus as it is not so limiting as the other areas.

Because money is tight and it is difficult to justify spending a large sum of money to send posters/ scrapbooks, etc. to the SMA Annual Meeting, ways of sending projects via e-mail with photos included are being investigated. This will allow judging to be completed prior to the annual meeting. It will also allow such projects to be posted on the web page.

This year is the first year to collect Alliance Membership dues and to date, 350 members have joined.

Mrs. Jett thanked Lisa O'Daniel for her invaluable assistance and support on all of the Alliance activities.

Mrs. Jett concluded by thanking Dr. Shack and SMA Leadership for their support of the SMA Alliance.

Following Mrs. Jett's report, Dr. Nancy Swikert, SMAA President-Elect, presented a brief report. The theme for the coming year will be "Meet the Challenge." That theme will be kicked off during the annual meeting with the Keynote Speaker, Dr. Story Musgrave, a six-time mission Hall of Fame Astronaut.

The goal for this year will be to expand community awareness and service in states by "thinking outside the box."

One campaign will be to write notes to troops for the holidays. The website will be revamped for SMAA promotion of state projects/service as a way of positive public relations for medicine. Dr. Swikert indicated that her goal will be to increase membership and visiting as many states as possible to tell the SMAA/ SMA Story.

Lisa O'Daniel discussed various marketing opportunities being worked on with the Alliance, and brought members of the Council's attention to various flyers which had been previously distributed.

A marketing representative will have a presence at state meetings, as well as certain CME meetings. For those members who join for three (3) years, they will receive a special Swarovski red dress pin.

STRATEGIC PLANNING CONSIDERATIONS: TRENDS, PREDICTIONS & RESPONSE

A discussion ensued relative to strategic planning and long-range goals for SMA in the evolving healthcare arena. Discussed were Trends and SMA Opportunities in areas of Management, Finance and Communications; Electronic Medical Records and Health Information Technology; Access to Care and Health System Reform; Changing Healthcare Workforce; SMA Membership as a Value Proposition; Public Health Infrastructure and its Relationship to Healthcare Delivery; Quality of Care and Patient Safety; and Payment Systems and Insurance Reimbursement Reform.

One issue brought up was SMA's involvement Electronic Health Records. Mr. Waldron stated that within the next two years SMA would produce a "no bells and whistles" EHR platform.

Dr. Shack brought everyone's attention to the Leadership Plan of Action that was distributed, and asked that everyone review it and be able to discuss its use during a future conference call.

New Business

Dr. Shack advised Council members of the potential for SMA to become a member of the American Medical Group Association (AMGA). The AMGA represents medical groups and organized systems of care, including some of the nation's largest, most prestigious integrated healthcare delivery systems.

More than 102,000 physicians practice in AMGA member organizations, providing healthcare services for 105 million patients in 49 states.

The fee for joining AMGA is \$30,000 per year. Dr. Shack has requested that Ed Waldron investigate attending the AMGA Meeting to learn about their organization and report back to the Council in November.

ACTION: Motion was made, seconded and passed unanimously that Ed Waldron visit AMGA with the intent of learning more about the organization and if SMA could benefit from membership in AMGA.

ADJOURNMENT

There being no further business to come before the Council at this time, Dr. Shack adjourned the meeting at 12:00 Noon. SMA staff and non-Council members were excused and an Executive Session of the Council was called.

Submitted by Pamela McDonald
August 2, 2010

MINUTES

**Meeting of the Council
Wednesday, November 3, 2010
Gaylord Palms Hotel &
Convention Center
Orlando/Kissimmee, Florida**

The SMA Council held a meeting during the Annual Scientific Assembly on Wednesday, November 3, 2010, Gaylord Palms Hotel and Convention Center, Orlando/Kissimmee, Florida. Officers and Councilors were welcomed by SMA President, R. Bruce Shack, MD, and the meeting was called to order at 7:50 a.m. EDT.

Roll Call

Members of the Council Present:
R. Bruce Shack, MD, President, Nashville, TN; Eric E. Lindstrom, MD, President-Elect, Laurel, MS; Jan N. Basile, MD, Immediate Past President, Charleston, SC; Michael C. Gosney, MD, President-Elect Designate, Muscle Shoals, AL; Mark S. Williams, MD, Councilor-Elect, Birmingham, AL; Steven W. Strode, MD, Sherwood, AR; Stuart Goodman, MD, Potomac, MD; Saulius Jankauskas, MD, Longwood, FL; Jeffrey Brant, MD, Cartersville, GA; Donald J. Swikert, MD, Edgewood, KY; Faye Shamieh, MD, Lake Charles, LA; Benjamin M. Carmichael, MD, Hattiesburg, MS; Richard A. Heimburger, MD, Columbia, MO; Peter Kragel, MD, Greenville, NC; Mason P. Jett, MD, Oklahoma City, OK; Gary Delaney, MD, Orangeburg, SC; Wesley Eastridge, MD, Kingsport, TN; James J. Bernick, MD, Baytown, TX; Alonzo Myers, MD, Roanoke, VA; Lawrence Wyner, Charleston, WVA; Barbara Jett, SMA Alliance President, Oklahoma City, OK; and Nancy Swikert, MD, SMA Alliance President-Elect, Edgewood, KY.

Members of the Council Absent:
James Conant, MD, Councilor-Elect, St. Joseph, MO; and Steven J. Muscoreil, MD, Councilor-Elect, Lumberton, NC.

SMA Staff Present: Mr. Edward J. Waldron, Chief Executive Officer; Mr. Luke Hartsfield, Chief Operating Officer; Mr. Donald Casey, Chief Financial Officer; Mr. Randy Glick, Chief Information Officer; Ms. Pamela McDonald; Mrs. Kathy McLendon; and Mrs. Jennifer Price.

Approval of Minutes

Minutes from the Summer Meeting of the Council held July 16 and 17, 2010, were distributed prior to the meeting.

ACTION: Motion was made, seconded and carried that the Minutes from the Summer Meeting of the Council, July 16 and 17, 2010, be approved as distributed.

Message from the President

R. Bruce Shack, MD

Dr. Shack thanked members of the Council for allowing him to serve as President during the past year. He stated that it had been a marvelous experience for he and his wife, Wanda Kaye. They enjoyed traveling to many states in the SMA territory and were able to participate in several state society annual meetings, where true Southern hospitality was extended.

It became very clear during the year that many associations and physicians were facing very similar problems as changes are integrated into the way medicine is being practiced over the next several years. During this time of change and even upheaval, a wonderful opportunity exists for SMA to bind physicians together as they strive to accomplish common goals. Whether a primary care physician, a specialist or a sub-specialist, everyone needs a medical home for sharing problems and potential

solutions for these problems with physicians across a broad range of practice patterns and practice styles. In order to get the message out, SMA staff has developed tools to use to spread the word about the Southern Medical Association to physicians in your communities and states. Without your direct involvement, our light will remain hidden under a bushel and this wonderful organization will fade away. As the end of my Presidency approaches, I welcome Eric Lindstrom to the role. I hope all of us have been able to make a difference during this critical time for SMA. We are at a turning point that can lead us to new heights or unprecedented lows depending upon our continued efforts. Walter Lippmann, an American Journalist of the last century, wrote in 1945 "the final test of a leader is that he leaves behind him in others the conviction and the will to carry on." I hope in some small way I have been able to accomplish this.

Message from the Chief Executive Officer

Mr. Edward J. Waldron

A look at our financials will allow you to realize that our education programs are being inordinately affected by the absence of Pharma's contribution. Because of this we need to reevaluate our product offering tactically and strategically in order to impact development, marketing, and the bottom line. It is just as important to develop a mindset that influences what we do not do as well as what we do. In this case, we need to become more of a distribution channel and leveraging agency for what we do well and delve deeper into repurposing those products into new offerings as leveraged appendages around what

works. Based upon the professional development marketplace at this time, we need to be very judicious with research and development dollars. Rather than creating a cadre of new offerings, SMA needs to take our best performing entities and give them value added in repetition as well as choice of venue and time. This is what is meant by not working for a bigger piece of a limited pie, but making the pie bigger. The result is a highly refined product with duplication which cuts developmental cost in half while adding effectiveness to marketing. This duplication of our best offering will extend to the cruise market. Our cruises will be elite premium offerings offered seasonally to suit client taste. Instead of offering twelve different programs, offer four, each three times.

In our recent history, C.M.E. has been confined to the standard venues of resorts, convention centers, etc. Clients had to come to us. The advent of multimedia applications has changed that for the convenience of the client learner. Two things are notable with regard to multimedia applications. First, the programs, when live and interactive, are time restrictive relative to physician schedules. Secondly, as non live multimedia offerings are so voluminous, they have tended to be seen as commodities with regard to quality and price (much like some journal C.M.E.). It is an inexpensive method to support the unfunded mandate for required C.M.E. and thus acceptable, but many times lacks depth and quality and, on the whole, has been somewhat disappointing. This is a time for breakthrough applications, in an accepted didactic process based upon the simulation

pedagogy experience. There is a very real opportunity here for SMA and SMA Services to become a breakthrough leader in a very lucrative marketplace of mobile "simulation learning."

At this time, there is a great market for mobile application for simulation learning in rural, and/or small hospitals. A business plan needs to be developed utilizing a vendor to place manikins in mobile vans for offering simulation. This would be supported by a venture capital arrangement. For one unit, the estimated cost would be \$250,000/year. SMA cannot do this on its own. I will work with venture capital organizations to put these in place. This may also be of interest to Pharma and the device industry.

Another opportunity for SMA is engendered by the advancement of the Patient Centered Medical Home (PCMH) in and of itself as well as being a precursor to entering an Accountable Care Organization because of having successfully met PCMH standards and criteria. There is now purposed grant money available to physician practices which will accept a cohort of financially at-risk patients if the practice qualifies as a patient centered medical home. What is SMA's role here? SMA will develop a consultative educational offering which provides the proposed PCMH with the knowhow and operations process to qualify as a PCMH as well as inculcating the necessary relationships between the practice, hospital or hospitalist and the physician stakeholders in the PCMH network. In effect we will train and develop a Chief Medical Officer for each PCMH. SMA has the business relationships with and can provide the faculty support necessary to make this happen.

What does this philosophy of Value Added Offerings mean to the concept of “membership?” It means that as we grow the practice, then it will grow us. It means that we are turning the tables on conventional membership wisdom. Historically, participation has been an offshoot of membership. Today is the day of membership being the offshoot of participation.

As long as participation is at a high level, maybe, just maybe, membership can be made a value added luxury for SMA and its members rather than a necessity for either to survive.

Ask a young physician. It isn't about a membership. It is about non-coerced participation which becomes a method of developing a physician's professional identity. That is what SMA must be about.

Professional Identity is SMA's main domain. A goal for 2011-2012 will be to develop elite offerings.

- 1.) Leveraged elite offerings, offered in several places at varying times.
- 2.) Mobile simulation learning platform deliverable on-site, on-demand.
- 3.) Development programs for medical directors of the patient centered medical home with a leadership concentration....suited to PCMH.
- 4.) A journal connected to digital organic apps machine, playing to iPad for knowledge management as a cooperative venture with our journal publisher and OVID its subsidiary.

Following the CEO update given by Ed Waldron, Dr. Shack announced that the *Southern Medical Journal* will now be managed in the Birmingham office. The contract

with East Tennessee State University will be completed as of December 31, 2010, and Dr. Hamdy will also complete his tenure as Editor at the end of the year. A search committee, comprised of members of the SMA Executive Committee, asked for submissions from physicians interested in applying for this position. After meeting and reviewing the submissions received, the Search Committee proposed Dr. G. Richard Holt, MD, MSE, MPH, MABE as Editor of the *Southern Medical Journal*. This will be a three to five year position, renewable. Of the applications received, Dr. Holt's qualifications clearly placed him as the top choice for the position. His curriculum vitae was very impressive, as were the many other projects in which he has been involved. Since he is not practicing medicine, he will have sufficient time to devote to the Journal.

ACTION: Motion was made and seconded that G. Richard Holt, MD, MSE, MPH, MABE be approved as Editor of the Southern Medical Journal, effective January 1, 2011. The motion carried unanimously.

Financial Position **Jan N. Basile, MD** **Don Casey**

Dr. Basile, as Chairman of the Budget and Administration Committee, called members of the Council's attention to the Audit which was under Tab 5 of the Council Notebooks. He called upon Dr. Eric Lindstrom, Chairman of the Audit Committee, to make a few comments. Dr. Lindstrom indicated that the Audit Committee reviewed the audit, which was very good. They were impressed with the way the staff handled financial matters.

At this time, Mr. Casey called members of the Council's attention to the Independent Auditor's Report. The audit was very good. A clean, unqualified opinion was rendered by the auditors.

Letter Communicating Significant Deficiencies and Material Weakness – "We did not identify any significant deficiencies and/or material weaknesses during our audit of the financial statements."

Certain Written Communications Between Management and Our Firm – "Copies of certain written communications between our firm and the management of the Company are attached as Exhibit A." (A copy of the complete Audit is on file in the SMA Accounting Department)

Year-to-date, as of September 30, 2010, has impacted our Financials inordinately. This picture was characterized mainly in our Professional Development programming. Causes are as follows:

- Cash flow – on the heels of clearing up the perennial high expense of the annual meeting, we entered into the marketing season which heavily impacted activities. When cash flow is less than desirable, timing for effectiveness of marketing impedes success.
- Pharma support – has dwindled drastically and to support this subsidy we, as most other CME providers, have had to raise our registration fees.
- We have initiated several new products during this time period whose maturation in the

marketplace requires that we initiate for impact in this budget year. Costs are higher during introduction and establishment as we market – example cruises.

That being said, the issue is mainly marketing dollars, timing and cash flow. So what is the corrective action? We have several programs which are very prosperous from all aspects. Our penchant not to capitalize on these programs to the fullest is not as evident in the total financial picture of Professional Development when market circumstances are normal or ideal. As noted above, our cash flow issues combined with an economy and shrinking disposable income, Pharma, etc., lead us to a "NEW NORMAL," which must be characterized now by capitalizing on our strong products rather than concentrating upon developing new. In other words, programs such as Osteoporosis, Female Patient, etc. must be given greater marketing support, and they must be repeated in at least two venues for maximum impact on a market which we must not operate in, but penetrate. This will enable us to cut development costs drastically as we heavily invest in our successes. This action is in line with our desire to develop Communities of Interest around each of our programs and is a most sensible approach in expanding opportunity in our product line and is the tack which we will pursue.

- YTD as of September 30, 2010, the Combined Net Loss is \$(92,000), compared to a budgeted Net Income of \$6,000. SMA has a Net Loss of \$(158,000), which reflects a budget deficit of \$(136,000).

- Due to the expenses for three of the larger Professional Development meetings and the Annual Meeting, the Accounts Payable outstanding balance is greater than the available cash.
- An advance of \$180,000 against the commercial line of credit was taken on September 24, 2010.

ACTION: A motion was made and seconded that the Financials be accepted as presented. The motion passed unanimously.

Report of SMA Alliance President Barbara Jett

At my installation luncheon at the Gaylord Texan last December, I shared with you the daffodil story, and presented each one a bulb to remind you to “Start NOW!” with your alliance activities. Indeed you took me at my word and planned wonderful Doctors’ Day activities in your communities by hosting lunches, dinners, receptions, community projects, hospital activities, health fairs, and fun events to honor the physicians in your community. You did indeed “Start NOW!” with your Medical Heritage Projects and recorded the medical history in your communities. Your health projects on Breast Cancer Awareness, Heart Disease in Women, and Osteoporosis, made an impact in your communities and the southern states are healthier because of your involvement. You did not only “Start NOW!” but also made a difference.

This year, our long range planning committee discussed the health projects for our future as the current health focus ends in 2010. They will recommend to you at our annual meeting changing the focus to

Healthy Living. This will be a large umbrella where lots of possibilities can develop and can include breast cancer awareness, heart health for women, and osteoporosis—but also alliance members can submit other healthy living projects that are needed in their communities for a SMA Alliance award.

Our membership committee and bylaws committee will recommend that spouses of physicians be allowed to join SMA Alliance if their physician husband/wife is not a member of the SMA. Rationale: Many physicians are now members of the SMA because their spouses were involved first. There are many Alliance members who are living with retired physicians that are not joining a medical association any more, but the spouse wants to stay active. This has the approval of the SMA Executive Committee.

The judging rules were reviewed and presented to all of the judges so everyone would have the same written rules to judge projects. The majority of the judging will be done prior to the SMAA annual meeting but the judges will look at the projects at the annual meeting. This year, the projects will be displayed in the SMAA annual meeting room as there will not be a SMA exhibit hall. We hope to put these projects on the web site and in future years, ask for pictures to be submitted with the reports and have all reports submitted online. Since the cost of mailing projects to the SMAA meeting is quite expensive and state alliance budgets are decreasing, we are looking at different ways for projects to be submitted so we can share the wonderful ideas we all do in our communities.

Our leadership structure is now on a spreadsheet with the names of everyone who has served as a committee member, counselor, committee chair and officer for the past four years. When I began looking for members to serve on my board, I had no idea who had served in what capacity or for how long. I am hoping this will be a leadership tool for our incoming president, the nominated president-elect and the nominating committee to use to insure that we train our potential leadership that will move our organization forward. We also need to ask people from different states to serve as judges and not have two from the same state on the same judging committee.

I enjoyed attending state meetings in Missouri, Oklahoma, Texas, Louisiana, Kentucky, Tennessee, Mississippi, Florida, West Virginia and Georgia. There are no state alliances in Arkansas or Washington DC. The SMA Alliance was not invited to attend the meetings in Alabama, Virginia, North Carolina or Maryland this year. Nancy Swikert, MD attended the South Carolina meeting and the Southern Region meeting in Raleigh, North Carolina and the Tennessee State Board Meeting. I was able to visit with the Med-Chi (Maryland) Alliance President who attended the West Virginia Alliance meeting this year and I did attend the annual meeting in Maryland when I served as SMA Alliance President-Elect. At each meeting I attended, I brought greetings from the SMAA. I promoted membership in SMA and SMAA and my goal was to get two new members at each meeting. I also talked about the Doctors' Day items for sale from SMAA and stressed that the money went to the Research and Endowment Fund—which would help

future physicians. In some states, I talked about projects that small and large counties could accomplish and also talked about membership recruitment and retention. This year, after each state visit, a written report was sent to SMA headquarters and to each member of the SMA Alliance Executive Committee to improve communication among the leadership. Dr. Shack, President of SMA, and I have served ice cream at sponsored SMA events, and have “worked the crowd” at various gala receptions telling the SMA and SMAA story. The free Air Med membership to dues paying members has been beneficial to sell the SMA membership.

While we were celebrating our 85 years, the weather certainly was the topic of conversation at the meetings in the southern states. There were Alliance members dealing with floods, larger than golf ball size hail, record snowfalls, and then there was one day this year that every state in the United States (except Hawaii) had snow on the ground. This spring and summer, tornadoes, high winds, hurricanes and fallen trees kept Alliance members attention focused on repair and recovery all over the south. Southerners always rise to the occasion and no matter what kind of storm—either weather wise or health wise—southerners are survivors and persevere. You are some of my best friends and I will miss visiting your states.

Thanks, too, go to a wonderful SMA staff, especially Lisa O'Daniel for keeping us all organized and updated on the issues.

It has been an honor and pleasure to serve as your president during the 85th Year of the SMA Alliance.

Thank you very much for your trust, confidence and wonderful hospitality.

**Report of the SMA Alliance
President-Elect
Nancy Swikert, MD**

What a wonderful year! Going to state meetings for SMAA was an awesome experience. I am excited to think of next year with even more opportunities to meet with friends. Barb and I were able to divide up some of the meetings this year. We attended the AMAA meeting together in June in Chicago. We also attended the Summer Meeting of the Council in Savannah in July.

My President-Elect year began with a trip to Raleigh, NC for the Southern Regional Forum in January. There were several SMA states in attendance. Even though we had a surprise snow and ice storm during the meeting, some quality time was spent networking with states. My next stop for SMAA was to attend the Spring Board Meeting for Kentucky in April in Lexington. We had a nice seminar on "The Leadership Hat You Wear." I loved the beautiful blooming trees in April and shared in planning for the next year on health issues. In April, I also attended the South Carolina State Alliance Meeting in Myrtle Beach, SC. We probably had the warmest reception and hospitality at this meeting than I have ever experienced.

June was the time for the AMAA Meeting in Chicago. Barb and I attended the meeting and renewed friendships with several members from SMAA states as well as out of range friends. July held the SMA Summer Meeting of the Council in Savannah, GA.

In September I attended the Tennessee Fall Board Meeting in Knoxville. What a fun and energetic group of members reside in Tennessee. I received the royal treatment. In October I visited Louisiana and gave a lecture to a medical society on Women's Heart Health, as well as brought greetings from SMAA to the Louisiana Alliance fall meeting in Baton Rouge.

Barb and I have learned several things from our travels this year. We plan on organizing our thoughts and ideas and putting them in a folder to share with SMA and future SMAA leadership on how to improve the visibility and viability of SMA/SMAA in the southern states. It has truly been an honor and a pleasure to represent SMAA this year as President-Elect. I highly recommend the experience to others. I want to give a big "Thank You" to our SMAA staff, especially Lisa and Fadwa for assisting me this year. I would also like to give a big "Thank You" to Ed and Luke for all their help this year. I look forward to next year's work with everyone again, especially Randy to upgrade the website for SMAA.

**Introduction of New and
Outgoing Councilors**

Dr. Shack thanked Drs. Michael Gosney, Richard Heimbürger and Peter Kragel for their service to SMA as Councilors from Alabama, Missouri and North Carolina respectively. Each was presented with a plaque and gift for their services. Dr. Gosney will become President-Elect at the conclusion of the 2010 Annual Meeting and was given the President-Elect pin.

Three new Councilors will begin

their terms at the end of the Orlando Meeting: Mark S. Williams, MD, Councilor from Alabama; James Conant, MD, Councilor from Missouri; and Steven Muscoreil, MD, Councilor from North Carolina. Drs. Conant and Muscoreil were not present during the meeting; however, a pin was given by Dr. Shack to Dr. Williams as the new Councilor from Alabama.

Incoming President's Vision Eric Lindstrom, MD

Dr. Lindstrom stated that it was his sincere honor to serve as President of Southern Medical Association. He approaches the position with great anticipation and a humble heart and a sense of great challenge. He thanked and enjoyed working with Past Presidents Drs. Jan Basile, Bruce Shack, Paula Pell and George Ellis, as well as the Alliance Presidents Barbara Jett and Dr. Nancy Swikert and those who preceded them. He looked back on his mentors, Drs. Ed Hill and Jimmy Waites, who were responsible for his involvement with SMA.

SMA's Mission defines leadership's roles in advocacy and key practice issues in education and development of a healthcare delivery system. As a medical association we will work diligently to provide quality medical care that patients can afford. Patients deserve to have us as physician advocates on their behalf. Individually and as an organization, we should strive to preserve the doctor-patient relationship at all costs. We must insist on an affordable healthcare system. It can and will happen if this nation is to survive the healthcare crisis.

We as physicians have been given

so many good things and we need to share those things.

Because of the Internet we can become much more visible, especially with the SMJ. As Councilors and leaders, we need to learn to use these new modalities. It is important to know what SMA does in order to recruit new members.

I envision SMA to be in a leadership position to train the leaders of tomorrow. Through the Executive Committee and SMA staff, we have the capability to develop such programs for these leaders.

The buzz words of today are Accountable Care Organization and Patient Centered Medical Home – we can buy into those roles.

Recently I had the opportunity to visit Haiti and witness first hand the visible destruction of that country. Does SMA want to become involved in some humanitarian work in a place like Haiti? This may be something membership would be interested in. If not Haiti, perhaps some other area. SMA may want to develop a disaster preparedness training initiative, or become involved in other ways. This is something we can consider for the future.

Dr. Lindstrom asked the question: Why Are You Here? SMA needs you to step up to the plate as leaders. Now is the time, today is the day – so let's do it!

Medical Home

David C. Epstein, MD, MBA

A special presentation on the Medical Home was given by invited guest speaker David C. Epstein, MD, MBA, Market Medical Executive, Cigna HealthCare.

Report of SMA Services, Inc.

Board of Directors

T. Rudolph Howell, MD

Dr. Howell stated that SMA Services, Inc. continues to provide value added products to Southern Medical Association members benefitting the association as a whole. It is through the successful efforts of SMA's for-profit subsidiary that significant revenue continues to positively impact the consolidated budget.

Through the numerous marketing and administrative agreements maintained, SMAS has realized a net profit after income taxes of \$66,000.00 through September 30, 2010, compared to a budget of \$28,000.00.

The Board approved a dividend equal to the net income after income taxes as of June 30, 2010, in the amount of \$485,306.81.

As approved during the Summer Meeting in Savannah, Dr. Angus McBryde will begin his term as Chairman of the SMA Services, Inc. Board. Dr. Frederick "Rick" Carlton will begin his term of office filling the position vacated by the expiration of Dr. Michael Mackey's term.

ACTION: Motion was made, seconded and carried that the report of the SMA Services, Inc. Board of Directors as presented by T. Rudolph Howell, MD, be accepted as presented.

Announcements for Candidates for SMA President-Elect

Dr. Shack advised any eligible Councilor who wished to announce his intention to run for the office of President-Elect Designate should

do so at this time. According to the new Bylaws, this will be the only opportunity to announce candidacy for this office.

Dr. Gary Delaney, Councilor from South Carolina, indicated that he would be running for that office. He stated that he is doing so as a result of his wife's involvement with the Alliance.

We have a number of challenges facing SMA over the coming years, and I want to be part of that process. I want to work with you. Mike Gosney and I are friends, and he has ideas he wants to put forth for this organization. If I am elected as President, I want to follow-up on some of those things.

As discussed by Dr. Epstein, there are many challenges and SMA is going to have to address those challenges. We have lost members, our meetings are smaller, and we need to do something to make this organization the premier organization that it really can be. I thank you for your vote.

Dr. Shack informed Council members that although there were no additional candidates, the traditional process would still need to be followed and ballots will be sent.

Annual Meeting and Dinner Dance Gala for Society of 1906

The possibility of holding a Dinner Dance Gala for the Society of 1906 during the 2011 Annual Meeting was brought up for discussion. Dr. Shack brought the Council's attention to information at the front of the notebooks regarding date, location and cost per person for such an event – Colonial Williamsburg Lodge, November 5, 2011, \$1,000/

per person, with a minimum of 40 couples, and advance payment due February 1, 2011. A lively discussion ensued. The SMA staff was instructed to revisit the event and develop additional suggestions for costs and advance payment schedule.

2011 Annual Meeting Format for Colonial Williamsburg

A brief discussion was held on the content and format for the 2011 Annual Meeting in Colonial Williamsburg, Virginia, November 3-5. As voted and approved by the Council, the format for 2011 would include the governance portion of the meeting which will still be held at the beginning of the meeting. The Council/Past Presidents' Dinner will be held on Tuesday evening, November 1, with the Council and SMA Services Inc. meetings being held on Wednesday, November 2. The educational portion of the meeting will be scheduled Thursday, Friday and Saturday. The topics of Hypertension, Diabetes and Dislipidemia were being considered as the educational focus of the meeting. Educational meetings will be plenary-type meetings, utilizing one large room. Concern was expressed that the topic was not broad enough to embrace SMA's multi-specialty, interdisciplinary audience. Dr. Basile indicated that he will be involved with the educational portion of the meeting, and will work closely with the SMA staff to determine the best method to embrace SMA's core educational philosophy and plan a successful meeting.

Adjournment to Administrative Executive Session

At this time, Dr. Shack requested that the SMA staff be excused in

order that the Council, Officers and Ed Waldron, CEO, could to into an Administrative Executive Session.

The business portion of the meeting was adjourned at 11:35 a.m. EDT.

Submitted by Pamela McDonald
November 17, 2010

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