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OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
Fall 2021





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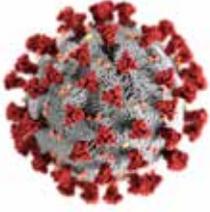
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The Bulletin is YOUR publication. You can express your views and creativity by participating.

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About the Cover

This issue's cover photograph was taken by HCMA Past President Dr. Jayant Rao. He took the photo while at Lake Tahoe, California in November 2020, on his iPhone X. No filters, no editing.



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President's Message

JABBERTALK – A View from the Trenches

Joel Silverfield, MD

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This article reflects the current situation, July 2021. There will likely be many changes in this ever-evolving Covid environment between now and the publication in September and so much of the information will likely require updating.

We are now more than a year into the most catastrophic medical event of the past century. Enormous amounts of disinformation concerning the COVID 19 virus are being pumped into the internet ocean by the Russians and other bot evil actors. More than 100,000 articles have been written and there is no lack of information in the medical literature; but of course, information is not wisdom. Many of the studies are observational, anecdotal and not reproducible. Major authorities such as the NEJM and the Lancet have had to make important retractions. Medical experts are “a dime a dozen”, strive to have their fifteen minutes of fame and will say anything to please their media hosts. Seeing so much disagreement among the medical “experts,” it is no wonder that our patients are confused. The truth is, science is ever evolving and as the facts change, so do scientific opinions. Much like congressional back-room legislation has been likened to sausage making, so too is the process of medical science.

This is the first time in history that a vaccine has become available in the midst of a pandemic. Side effects attributed to the various vaccines have been widely described and the extent and severity are being closely monitored. Around 1200 cases of heart inflammation have been reported mostly impacting adolescent and young adult males and predominantly associated with the Pfizer and Moderna vaccines. The majority of these cases are, for the most part, not serious and do not require substantial treatment. Blood clots have been associated chiefly with the Astra Zeneca vaccine in young adults and less so with the J&J product. The clots are rare, roughly 4-7 per million vaccinations and there have been 3 reported deaths in the U.S. As with every vaccine, anaphylactic reactions have been described affecting roughly 2-5 subjects per million. Bell's Palsy was thought initially to be associated but that has not been shown to be true after large population studies. There have been a few reported cases of Guillain-Barre with the J&J vaccine. The benefits of the vaccine greatly outweigh the potential side effects.

My practice combines rheumatology and internal medicine.

Many of my patients have had COVID infections and a few, unfortunately, have died. In addition, I have a number of patients who have developed residual symptoms which have been debilitating. Since the vaccine has become more widely available, each time I enter a patient's exam room, my first question is “Have you been vaccinated?” (This is not a HIPAA violation.) Roughly 25% of the time, the answer is no.

The unvaccinated individuals from my practice standpoint seem to fall into roughly 5 groups:

1: Those blinded by their own ideology.

These folks tend to be more conservative and sometimes overlap with certain religious groups. I make the point with them that this is Donald Trump's vaccine program (although Biden is trying to take the credit) and if God did not intend for His people to be vaccinated, why would he have guided the scientists to create the vaccine?

2: Those blinded by fear or just plain scared of medical things.

One of my patients is a lawyer who has a fear of flying. He drives all the way to Denver to see his grandchildren. He understands that the likelihood of dying in a car wreck is far greater than dying in a plane crash. He is a logical man, but he just can't get on a plane. Fearful patients understand that getting the virus is much more dangerous than getting the vaccine, but they can't make themselves do it. Sometimes they will give in to family pressure in order to visit with their grandchildren and family.

3: Those blinded by distrust of the government.

This includes many right-wing individuals but also many people of color. The Tuskegee experiment and its awful legacy is baked into the culture of black America. After conferring with two of my patients, one a black preacher and the other a black educator, they felt the best way to counter this narrative was by making the point that the Tuskegee patients were denied the benefits of medical science, i.e., penicillin. Our current situation represents the very opposite of this, whereby the vaccine represents the benefits of medical science. I recently read that around 96% of practicing physicians have been vaccinated and this point seems to resonate.

4: Apathetic group.

This is a group of people who just get blown through life like a feather in the wind. They take no initiative and take no responsibility for anything. Many of them have not seen a physician in years. These are folks that physicians cannot reach because they don't go to the doctor. Initially, it was thought this

group could be lured to vaccinate via lotteries, cash offerings etc. but this has not been proven.

5: Free Riders.

This type of personality exists in many different situations in life. They figure that if everybody else gets a vaccine then they won't have to. I make the point with these patients that this virus is not going away. It's not like the flu which is seasonal. They will

Patient FAQs:

1: I have heard that the FDA has not authorized these vaccines.

The FDA has clearly given emergency authorization to the vaccines. It can take several years for the FDA to have enough data to approve a vaccine. However, it appears that full FDA authorization is imminent. FDA directed studies involve thousands of patients over several years. We now have hundreds of millions of patients who have been vaccinated and many of them are now more than a year out. This is far more data than any vaccine study has ever generated. In addition, the VAERS, which tracks vaccine adverse responses, is ongoing and robust. I then ask them, "If you were president, would you have delayed approving the vaccine?"

2: I have heard that the vaccines have a lot of side effects and that people have died from them.

The truth is the vaccines have saved hundreds of thousands of lives. It is true that there are frequent reactions to the vaccines, but they are generally mild and short-term. These are being tracked through VAERS. Serious vaccine side effects are extremely rare occurring perhaps 1 in 500,000-1,000,000. The virus, on the other hand, may kill you and as many as 20% of patients will have long-standing residual problems, including cognitive and respiratory dysfunction.

3: I've heard the vaccine contains a chip whereby the government can track your every movement.

One of my patients is a veterinarian who specializes in putting chips in pets. He had his vaccine, and he enjoys demonstrating that there is no chip in his arm by running his office chip detector over the vaccine site. If you are worried about being tracked, then get rid of your cell phone and stay off the internet.

4: I've heard the vaccines can alter your DNA.

Actually, there is no way these vaccines can alter DNA as there is no plausible mechanism. Contrarily, there is a paper out there stating the COVID virus can insert some of its protein into your DNA.

5: I've heard the vaccine can cause sterility.

Sperm counts have been done before and after vaccine administration and have not been impacted.

have the choice to either get the vaccine or over time they will get the virus. We know roughly what type of side effects one can expect from the vaccine and it is very clear that the virus can have more severe consequences, including death. It is true that most will likely not die from the virus, but a substantial percentage of patients will have residual issues much like some polio patients were left with lifelong weakness.

6: I have an autoimmune condition and I'm concerned about getting the vaccine.

Actually, you need the vaccine perhaps more than the average person. There have been several reports of the vaccine causing some flareups in rheumatoid arthritis patients but not in other autoimmune disorders.

7: I am on immunosuppressant drugs and I'm concerned about the vaccine.

The only concern would be that you might not make enough of an antibody response and may eventually need a booster vaccine. If clinically possible, after discussion with your physician, you might try to space your medication around the time of vaccination.

Carrot vs. Stick

There have been a number of programs nationally to incentivize patients to get vaccinated. These have included free Krispy Kreme doughnuts, baseball tickets and even Sam Adams beer. Initially, the Ohio Lottery was thought to have increased vaccine turn out, but review of the data has not been clear. Several hospital systems in Georgia report that less than 50% of their employees have been vaccinated including my training hospital, Grady Memorial, in Atlanta. The Piedmont Hospital system in Atlanta has offered up to 400 dollars to its employees in an attempt to get them vaccinated. The other side of the coin would be mandating vaccination. Houston Methodist Hospital was sued by some of its employees after they mandated that employees had to be vaccinated or they would be fired. Houston Methodist won its case in Court. This will probably set a precedent nationwide. Many hospital systems already have a mandate for the flu vaccine whereby you must have the vaccine, or you have to wear a mask.

The best place to get people vaccinated is in their physician's office. Our patients trust us and many of my patients have stated they would be willing to have the vaccine if we gave it in our office. A combination of incentives and soft mandates could help move those in the apathetic and free riding groups forward. The devastation of the COVID pandemic has made our country where it will never be the same, nor will the practice of medicine. There will be many lessons learned and the unforeseen consequences will be numerous and long lasting.

Benefit Providers

The Hillsborough County Medical Association's Benefit Provider Program provides value to physicians with products, programs, and services that far exceed the cost of annual dues. If you have any questions, please contact Debbie Zorian, HCMA Executive Director, at 813-253-0471 or DZorian@hcma.net.



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Editor's Page

I just don't get it.

David Lubin, MD
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I like to write, and am gratified to have others read my editorials and reflect on what I've written. I guess that's why I've remained the editor of *The Bulletin* for about 20 years now. I feel I can communicate well and am logical in my what I want to convey to our readers. For that same 20 years, I have been writing to the *Tampa Tribune* and *Tampa Bay Times* and have had over 250 guest columns and letters published.

But recently, two things, but mainly one, have been on my mind and make no sense to me. The problem is that by the time you are reading this, it will be nearly two months since I wrote it, and things can change. I hope they do. Along with letters published in the paper, I've also had rejections of letters that I thought were really good. For instance, just a couple weeks ago...

*This is a special two-for-one letter to the editor. First of all, COVID vaccine will save your life. It's that simple. The uptick in cases, many due to the more dangerous delta variant, is occurring in nearly 100% of those who are not vaccinated. In some states you can get a gift card or a chance to win the lottery. Shouldn't possibly being on a ventilator in an ICU be enough of an incentive? Secondly, does anyone not believe that if former President Trump had accepted the election results and conceded, not encouraged a march to the Capitol on January 6th, and not implored Vice-President Pence to change the electoral vote, that there would have been an insurrection? If you don't believe that, and if you haven't been vaccinated then I and Roget, of *Thesaurus* fame, have around 50 adjectives describing you, including foolish, ill-advised, naive, shortsighted, and out to lunch. And those are being nice.*

I'll forego the second part of the letter, since I've previously commented on what occurred in the former president's White House, and I don't want to get political...again. It's the first part of the letter that concerns me more. As of now only two-thirds of the people eligible to be vaccinated have had at least one shot, and only about 50% have been fully vaccinated. Every state is seeing more cases, with the delta variant being the significant cause. But vaccines are effective against it, yet even in the medi-

cal field, 25% of healthcare workers, across the country, are opting not to get vaccinated, while some hospitals are reporting upward of 40% unvaccinated staff. And those states with the most cases and deaths are those with fewer vaccinations amongst the public, and for some reason, most seem to be "red" states. Just saying.

I began thinking, that if I'm a healthcare worker, treating acute COVID patients, and a vaccine is out that can rid us of the pandemic, but now there are more cases, making my job as stressful, if not more, as it was a year ago, I'd have to harbor some resentment and bitterness towards those who are very ill and unvaccinated. That doesn't mean I wouldn't give them the best care I could, but just...in the back of my mind...well, you get it.

On top of it all, Governor DeSantis isn't helping to inform Floridians of the risks of not getting vaccinated. A PAC which supports his campaign is selling items which do not promote the positive benefits of being vaccinated. As of today, Florida accounts for one in five of all new cases in the United States and is the state with the most daily deaths. The Florida physician chapter of the Committee to Protect Health Care accused DeSantis of declaring "Freedom over Faucism," while hospital ICUs were again filling up. DeSantis' spokesperson pushed back saying that physicians aren't well-informed and cited the governor's focus on vaccinating seniors. Last week Dr. Fauci fired back at his Congressional intimidator, Senator/Dr. Rand Paul (R-Ky), who seems to find every opportunity to bash Dr. Fauci and his handling of the pandemic. He recently accused him of lying to Congress about the NIH funding the lab in Wuhan and being responsible for over 600,000 deaths in the United States. Dr. Fauci vehemently denied lying, pointed a finger at Paul, and

**Letters to the Editor
can be submitted to:**

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(continued)

Editor's Page (continued)



said, “If anybody is lying here, it is you.” It is Rand Paul who is uninformed, ill-advised, and just plain ill. Just saying...again.

Over ninety-nine percent of hospitalizations and deaths due to COVID-19 now are being seen in UNVACCINATED people. I know it's your right to get it or not, but c'mon, it could save your life. Your vaccination will help to protect all of us, not just you. Don't believe all the conspiracies out there...that vaccinations leave you infertile, cause the variant itself, magnetize you, or a leave a microchip in your body. THEY WORK to prevent serious illness and death. So, if you haven't gotten yours yet, PLEASE, do so ASAP. Or convince a stubborn friend or family member before it's too late.

Editor's note: Dr. Lubin's comments are his and his alone and are not meant to represent the HCMA in any way. Readers' opinions and comments are gladly welcome.

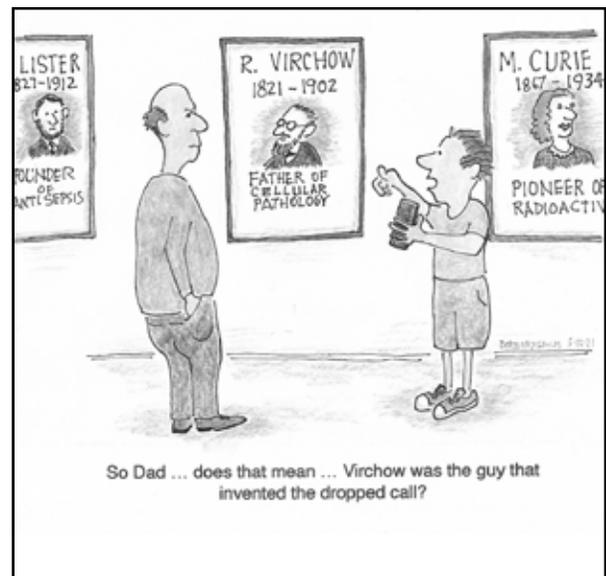
On a lighter note, literally, Elke and I have a new hobby—Birdwatching. We got some poles and feeders for the holidays and set them up in the back yard where we can watch them from our kitchen while having our morning coffee. We've identified about 10 varieties, with the same ones returning frequently, including woodpeckers and cardinals.



If you read my trials and tribulations about buying a cart and trying to assemble it, all is well. I bought a Gorilla Cart from Lowe's and it's perfect for transporting potted plants and bags of mulch. I even schlepped buckets of water and my tropical fish in a ten-gallon tank to my neighbor's when we tented our house for dry-wood termites. Unbelievably, the cart took only half an hour to assemble. Needless to say, it came in handy moving things around while preparing for Elsa to pass by.



And finally, you just knew that I'd have to congratulate the Tampa Bay Lightning for winning the second of back-to-back Stanley Cups. Elke and I were there, and as I've written before, nothing in sports beats winning the Stanley Cup at home. It was on a par with winning in 2004. Another Boat Parade (although I passed on that) with the team and Stanley Cup floating by crowds on the Hillsborough River. The Super Bowl and Stanley Cup, both in the same year. Now, if only the Rays...



Executive Director's Desk

A Step Back in Time – Part I

Debbie Zorian

DZorian@hcma.net



During the months of tedious work involved in moving from the HCMA office on South Boulevard, I lost count of the number of file cabinets, credenzas, desks, and storage bins that we sorted through and the files we reviewed. Many of the files included information depicting HCMA's history from inception.

One interesting find was a Master's Thesis written by Catherine Bayless Slusser in 1982. The thesis consisted of the history of the HCMA from 1895-1970 and was written to fulfill partial requirements for her Master of Arts in the Department of History at the University of South Florida. Ms. Slusser explained the development of the medical society from a small group of physicians dedicated to scientific presentations and social gatherings into a large, structured political lobbying organization. Research into histories of American medicine, minutes of meetings, committee reports, correspondence, newspaper articles, and HCMA publications, allowed Ms. Slusser to outline 75 years of history. She also acknowledged Dr. Ronald Seeley (HCMA president in 1980) as conceiving the idea and thanked the HCMA History Committee of eight members, the then Executive Director John Richardson, and his predecessor of 25 years, Amelia Hapke, for their assistance.

The 181-page thesis, comprised of seven chapters, is a most interesting read. I hope you find the bits and pieces of information I captured noteworthy.

Chapter One: The Birth of an Infant Society

On the warm Indian Summer evening of September 3, 1895, twelve men made their way from various parts of Hillsborough County to downtown Tampa. Their method of transportation varied, and some sailed on boats while others rode on streetcars or in horse drawn carriages.

These twelve men were physicians who met on the second floor of 217 Franklin Street which was located over the Bay Pharmacy. Led by Drs. B. G. Abernathy and W. P. Lawrence, they agreed to create an organization of physicians in order to promote the advancement of medical science and unity among its members.

The HCMA was established as a society in 1895 and Dr. Abernathy was the first official president of the Hillsborough County Medical Society (HCMS). A Committee on Constitution and By-laws and a Committee on Credentials were immediately formed. This first chapter discusses the crisis the medical profession faced in the nineteenth century which included the division between conventional and sectarian practitioners and regional medical organizations. Issues of sex, race, specialization, regionalism and treatment split the healing profession. Even the American Medical Association (AMA), which had been formed in 1848, failed to overcome divisiveness and only attempts to reform medical education strengthened the organization. The Florida Medical Association (FMA) did not emerge until 1874, following several already formed county associations in the state. Something I was unaware of.

Eighteen applicants applied for membership in the HCMS with two of them being denied for not meeting the standards needed. At sixteen members strong, the society was off to a start!

Paved streets, a railroad, running water, electricity, and telephone service, to name a few, brought about astounding growth in Tampa as it made its way from village to town to city. A plethora of diseases, epidemics, limitations of remedies, and inadequate compensation for physicians were among the trials and tribulations as Tampa's medical needs multiplied. Other topics including creating a set of procedures to govern a hospital, establishing a city Health Department, and lack of harmony among members while dealing with the outbreak of the Spanish-Cuban-American War, were addressed in these first 39 pages.

Chapter Two: Consolidation and Conflict

When the twentieth century dawned in Tampa, it did not bring any sudden changes, and its first few decades were a continuation of those of the late nineteenth century.

During this time, members concerned themselves with the community's health and progressive reforms while bickering over ethical and professional standards. Unethical advertising, fee splitting, medical quackery, and contract practice, were the main four conflicts. At that time, Florida had three medical examining boards that issued state licenses: the Regular & Allopathy Board, the Eclectic Board, and the Homeopathic Board.

(continued)

Executive Director's Desk (continued)

A newly reorganized State Medical Board combined the three boards into one to combat fake diplomas and impersonators. The Federal Bureau of Investigation stepped in and several physicians were tried, convicted, and sentenced to federal prison for their illegalities. However, the most heated battle fought was against physicians who participated in contract practice. Contracts between insurance companies and independently practicing physicians were an issue that divided the medical community from the beginning.

In 1909, a fee schedule was determined with prices ranging from \$1.00 for a single vaccination or office consultation to \$25.00 for routine obstetrical care. By 1917, a shift in judgement took place when physicians discovered adequate compensation could not be guaranteed. World War I brought about an anti-German hysteria, and because compulsory health insurance evolved in Germany, it took on a fascistic tone. In 1920, compulsory health insurance was officially condemned by the AMA.

Chapter Three: Taking the First Step

The decade of the 1920s has often been characterized as the "Roaring Twenties." Images of flappers, bootleg whiskey, automobiles, and stock market speculators figure prominently in the tales of the era.

The stock market crash brought about a financial depression that put a damper on the fun filled frolics of the 20s. The State of Florida, including Tampa, suffered from the collapse of the real estate boom earlier than the rest of the nation. Nonetheless, it helped strengthen the society in its progressive reforms and public health involvement. The HCMS interacted more frequently with city and county officials and tried to use government to accomplish its objectives. Two of the most common diseases at that time, typhoid and malaria, caused a great deal of worry, along with the health hazards of unpurified milk. HCMS fought to improve public health and curb diseases through vaccinations and sanitation reform, health examinations, and expansion of treatment centers. This interesting chapter details the many efforts that were put forth to address and prevent diseases and to form a campaign to purify the city's milk.

Other efforts included the need for the city government to build a new hospital. After years of challenges and difficulties, funds were provided to build the Tampa Municipal Hospital on Davis Island. The Society played an active role in the construction, organization, and the establishment of guidelines for operating the hospital.

On another note, prohibition did not keep members from enjoying themselves at parties and banquets arranged by committees. One banquet was even delayed because more time was needed to arrange for "the refreshments." Liquor was obtained at that time by committee members meeting a boat offshore. Minutes

also revealed payments ranging from \$25.00 (in 1925) to \$75.00 (in 1928) for dancers and entertainers.

An outgrowth of public relations and society involvement in state politics and legislation played an important role in its activities during this era. A Women's Auxiliary of the HCMS was also formed which helped assist members to earn the trust and support of the general public.

Chapter Four: Depression Dilemma

Despite the fact that financial depression arrived early in Tampa, the nationwide bank failures and stock market crash of 1929 shocked its citizens.

The depression years brought extreme hardship to all. Along with bank closures, loss of funds for industries and merchants, and lack of tourism to boost city revenue, Tampa and its residents faced tremendous uncertainty. Physicians also faced financial uncertainty as payment for services could not be expected. Many physicians could not earn enough money to pay their dues which forced the Society into debt. After a second request by the HCMS, the FMA lowered their dues from \$10.00 to \$7.50. A fear of socialized medicine and hard economic times motivated physicians to refuse to participate in government-controlled programs. Any legislative attempts to pass government regulations of, or participation in, the medical profession met with fierce opposition from the FMA and HCMS.

The Society was instrumental in organizing and funding the County Health Unit and also became heavily involved in the activities of the Federal Emergency Relief Administration in order to establish medical guidelines for participation in the program. In addition, its involvement in the Transient Bureau included member volunteers organizing the administration of a camp to control medical services to its residents. After one year, the Bureau discontinued an agreement between the organizations and monthly fees to the Society ceased. The HCMS also lost its fight to receive payment from the government for indigent care, however, members were willing to sacrifice remuneration in order to control the practice of medicine in their county.

"Irregular" practitioners also became a source of disapproval when government officials employed naturopaths, chiropractors, and osteopaths. A new state regulation designed to help the general public distinguish between the different types of doctors, required "regular" physicians to post the initial "M.D." after their name. Midwives were also a risk as they threatened the professionalism of the maternity field. In Hillsborough County, midwives maintained a steady hold due to the county's high immigrant population until their practices were finally restricted by the Florida State Board of Health.

While its vigorous campaign against contract practice continued, the HCMS became involved in activities designed to im-

(continued on page 15)

Reflections

What Went Right

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Imagine an epidemic of highly lethal illness of unknown etiology. There are no effective treatments and no known means to prevent its spread. Death may follow a week of high fever, jaundice, and bloody vomitus. Is it the work of an evil spirit? Punishment for sin? Poisoning by an outcast subgroup or cult? Or is it merely a miasma?

In the one-hundred thirty years since the 1887-1888 outbreak of Yellow Fever that attacked and panicked Tampa, medical scientists have found answers to these questions. The point of this article is to contrast the state of medical knowledge with which we battle COVID-19 today with that of the late nineteenth century, and to enumerate the necessary discoveries that enable us to deal with the current crisis, however imperfectly.

Yellow Fever was a well-known disease that struck communities in epidemic waves throughout the Caribbean and along the Gulf coast and eastern seaboard of North America as far north as Boston and Philadelphia. Tampa suffered repeated outbreaks throughout its early history.

The difficult year 2020-21 is most frequently compared with the 1918 “Spanish Flu” pandemic, but the 1887-88 Yellow Fever outbreak even better illustrates the enormous gulf of knowledge that scientific medicine has spanned in the interim. One hundred thousand years after the appearance of *Homo sapiens* and ten thousand years after the development of agriculture, disease was still thought to be the work of evil spirits or a miasma (bad air). In 1888, the relatively new germ theory of disease was still controversial and probably discounted by the majority of physicians and most of the public. The identification of the first known virus would wait until 1892 when Dmitri Ivanovsky recognized the Tobacco Mosaic virus, a plant virus that damaged tobacco and many other plants. It was not until 1898 that the Dutch microbiologist Martinus Beijerinck coined the term “virus.” The Yellow Fever virus was first identified in 1927. The first imaging of viruses did not occur until after 1931 with the invention of electron microscopy. The first human virus so visualized was the Yellow Fever virus.

In 1888, Yellow Fever was understood to be communicated by miasma or by “fomites.” But the world waited until 1901 before

Walter Reed, working in Cuba, demonstrated transmission by *Aedes Aegypti* mosquitos, an idea promoted as early as 1881 by Carlos Finlay. During the 1887-1888 Tampa Yellow Fever outbreak, the disease was combatted by nightly burning of barrels of tar and firing guns into the air to disrupt the disease-promoting miasma. After Reed’s work involving controlled experiments, the concept of mosquito abatement was accepted and was recognized as critical in the management of a 1905 outbreak in New Orleans where cisterns were covered with screens and standing water was treated with a layer of kerosene.

The contagion is thought to have reached the young city of Tampa with its recently formed Ybor City cigar industry by way of shiploads of mosquito-contaminated tobacco and fruit arriving from Havana via Key West. One thing that was known at the time was quarantine, and when illness developed, quarantine was initiated, causing Tampa to be almost totally isolated from contact with the outside world. Baggage and mail entering and exiting the city was fumigated. Travelers were turned away. Subsequently, Plant City was likewise quarantined. Vigilantism helped to enforce the quarantines.

The diagnosis of Yellow Fever was hotly contested. The preferred and more desirable diagnosis was dengue because of its much milder prognosis. The principal physician Dr. John Wall, a former mayor and the chairman of the Board of Health, favored the Yellow Fever diagnosis but was resisted by the community until the evidence was irrefutable. A definitive test for Yellow Fever by the ELISA (enzyme-linked immunosorbent assay) method would have to wait until it was first described by Swedish scientists Eva Engvall and Peter Perlmann in 1971. When the diagnosis of Yellow Fever was announced, non-immune residents of the city were advised to evacuate. Many didn’t wait for advice, and there was a generalized depopulation of the town. The Board of Health advised that if it was necessary to visit the Tampa for any reason, it should be during daylight hours only.

By the time the outbreak had run its course more than a year later, an unknown number, thought to be greater than one hundred, of lives had been lost. For context, the census of Hillsborough County in 1890 was 14,941. A monument stands today in downtown Tampa’s Oaklawn Cemetery commemorating the eighty-eight victims of Yellow Fever outbreaks between 1853 and 1888 who were buried there.

Although no specific treatment for Yellow Fever exists even

Reflections (continued)

today, effective vaccination by attenuated virus was developed by Dr. Max Theiler, a South African virologist, in 1937, and he was subsequently awarded the Nobel Prize in Physiology or Medicine in 1951.

The world is still in the throes of a painful pandemic of COVID-19. Imagine the cost in lives and livelihoods without the hard-won tools and knowledge of virology and molecular biology over the last 130 years.

Imagine the novel Coronavirus pandemic without the ability to sequence the viral genome, an ability that would become available only after Frederic Sanger and Walter Gilbert developed the first method for sequencing nucleic acids in 1977. Applied Biosystems introduced the first automated sequencing machine (AB370) in 1987. The polymerase chain reaction (PCR) technique that was developed by Kary Mullis in 1983 (Nobel Prize in Chemistry in 1993) led to a sensitive and specific laboratory test. Imagine the pandemic without an understanding of the mode of transmission, knowledge of the human immune system, an effective laboratory test for viral detection, and for the detection of new variants, an effective treatment, and an effective vaccine.

How fortunate we are to live at the advancing edge of medical science in the twenty-first century. Faced with a virulent disease, humanity at least has the means to defend itself and to prevail. Today, we can utilize these many tools in our fight against epi-

demio disease.

But wait. Didn't we just experience a virulent worldwide pandemic of viral disease that has killed millions and disrupted our economy and our social lives? True, but while we have achieved scientific breakthroughs in the understanding of disease, disease itself has not stood still. Human viruses today behave differently because today's world has changed. First, the toolbox of the highly contagious novel coronavirus includes facile global commerce featuring worldwide human air travel that enables viruses to spread with unprecedented speed. Second, even within the United States, interstate highways, fast cars, rail, and airlines enable disease to spread easily. Third, in a world of more than seven billion, population centers are larger than ever, and humans had no natural immunity to COVID-19. (World population is estimated to have been only 1.6 billion in 1890). People congregate by the hundreds or thousands in theaters, places of worship, or sports stadiums. Moreover, the possibility has been raised that human engineering of viruses to gain virulence may play a role in pandemic disease.

Much of the discussion of the last year is limited to what went wrong. Let us spare a few moments to think about what, in the last century, has gone right.

References available upon request.

Executive Director's Desk (continued from page 13)

prove its self-image. Involvement in legislation, public relations, and public health was at the forefront and members utilized telegrams and letters to endorse legislation that favored the medical profession. Due to the learned forgery and theft of telegrams and letters, the HCMS confined its lobbying to personal visits and other methods that weren't in jeopardy of being altered.

The HCMS created several proposals concerning public health as well. One such proposal, in 1937, included working with local women's groups in establishing a Mother's Health Bureau to supply contraceptive information to women "unable to carry the burden of childbirth" even though the Society had once been completely opposed to birth control. The Society also requested the Florida State Board of Health choose Hillsborough County to establish an experimental rural obstetrical service and provide a maternal health program for outlying areas of the county.

As the decade came to an end, the HCMS planned to retain the methods and strategies it developed to continue managing the area's medical turf. Though the depression ended as the United States entered World War II, the Society's fears surrounding socialized medicine did not. Attempts to control government sponsored assistance dominated their agenda. During the 1940's, physicians would find not only a war in Europe, but the beginning of a war at home...

A Step Back in Time – Part II, in the next issue of *The Bulletin*, will address the society's decision to incorporate and a multitude of challenges they faced during 1940–1970 including the war against socialism.

Resident's Perspective

From collegiate athlete to intern resident

Alexandra Witt, MD

Alexandra.witt@hcahealthcare.com



At a very young age, I set a goal for myself to become a Division 1 gymnast at a distinguished university. I put every ounce of energy I had into bettering myself as a student and a gymnast until I was awarded a full athletic scholarship to The Pennsylvania State University.

To attain this scholarship, I made it a priority of mine to push myself athletically and academically, turning a 9.8 into a 10.0 and an A into an A+. Although perfection is nearly impossible, the pursuit of perfection is something that I highly value in my daily work and is ultimately what initially drew me to internal medicine. I have continued to seek this throughout intern year, although I have been very far from perfect, learning and being okay with that is something that I initially struggled with.

I have always been an athlete and with that comes a competitive spirit and personality, which can most of the times be an amazing attribute but also has some negatives attached as well. I struggled with letting down that competitive drive initially, comparing myself to my colleagues and being tough on myself when I thought I was falling short, even if I was not. From this though, I continue to remember that we are all at different stages of training, and all trying to help better one another at the end of the day. What I can bring to the table, another team member may bring something completely different, and it all works out the way it is supposed to at the end of the day in a seamless, complementary nature.

With residency, something I did not anticipate was the multitude of parallels that are present between medicine and collegiate athletics. What is the most shocking, and when I say shocking, I mean pleasantly shocking, is the amount of teamwork that I have seen throughout residency and how essential it is to success within the field. Not only is teamwork valuable

within your team for that week or the month, but also outside of that team including but not limited to the wound care nurses, respiratory therapists, nurses, charge nurses, night team, physical and occupational therapists, as well as other consulting providers. Teamwork, I truly believe, is the fundamental backbone to a successful and efficient hospital environment. To have a successful team, you need to be able to communicate effectively and efficiently as well.

This has been extremely rewarding to me thus far, as I consider myself to have a very sociable personality and enjoy being as involved as possible, but I know that is not for everyone. I have had to understand that all people do not have the same goals as I do in terms of involvement, and that is okay as there is a role for every single personality and mindset on a team. For me, having those personal interactions with coworkers and team members as well as going further with discussing goals with patients was even more rewarding than I could have ever anticipated.



Here I am now, near the end of my intern year and have thoroughly enjoyed every second of residency thus far. Being back home in the Tampa Bay area after eight long years away for college and medical school has been the icing on the cake for me as my entire family and my boyfriend are in the area. Their support and company have been so great especially for that one day off during the week which I make sure to use to reset and prepare to take on the next week. I cannot wait to be a senior resident and help incoming interns thrive in their environment and take advantage of every opportunity

that presents itself.

Although I am unsure of my end-goal in medicine, my drive to continue to study all aspects of health will persist, and I cannot wait until I can help make a change through this momentous field.

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–Benefit Provider – The Bank of Tampa–

Financing a business acquisition loan

Scott Gault

Hillsborough County Market President

sgault@bankoftampa.com



When done correctly, acquiring an existing business can be an ideal strategy for current and prospective business owners interested in purchasing or expanding a business or practice. Finding the right business or practice can be a challenge on its own, but securing the financing does not need to be an overwhelming and complex process.

There are several ways to go about financing a business acquisition from self-funding to negotiating seller financing. However, the most common way to finance a business acquisition is through a business acquisition loan, a small business loan that is designed to finance the purchase of an existing business or franchise. Typically, a borrower would work directly with their lender to determine what type of business loan makes the most sense for their specific situation, whether that be through a conventional term business loan or through a Small Business Administration (SBA) loan.

If you are unable to obtain conventional financing or you are seeking more aggressive terms than what is available through traditional bank financing, the SBA can be a valuable resource. They offer favorable rates and terms for borrowers seeking business financing.

There are several SBA loan types available, but the most common is the SBA 7(a) loan. Through this program, a small business owner can secure a loan for up to \$5 million. Terms on 7(a) loans can be flexible, but The Bank of Tampa typically offers SBA 7(a) loan terms from 10-25 years, depending on the purpose of the loan proceeds, with monthly payments and a market interest rate. The government guarantees a portion of SBA loans, allowing the lender to offer loans that would otherwise not be available through conventional financing. In order to be considered for an SBA loan, borrowers must:

- Operate in an eligible industry
- Be owned by U.S. citizens or permanent residents
- Be in good standing with credit bureaus
- Have sufficient cash flow and the ability to make monthly payments

- Have no recent bankruptcies, foreclosures, or tax liens
- Not be delinquent on any existing debt obligations to the U.S. government
- Provide a down payment and be willing to pledge personal collateral, as required by the SBA's standard operating procedure
- Have a business plan and be able to illustrate translatable industry experience.

It is important for anyone considering a business acquisition loan to research and understand the variety of financing options available.

If you are interested in learning more about customized business acquisition solutions through The Bank of Tampa, or if you are interested in learning more about our SBA lending program, please contact Scott Gault at (813) 872-1397 or contact Kevin Gilligan, SBA Director, at (813) 872-1226. The Bank of Tampa | Member FDIC



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The Great Florida Outdoors

Swallow-tailed Kite

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On a beautiful May morning hike to May's Prairie at Chinsegut, I looked upward and saw the smooth gliding movement of a swallow-tailed kite. I pointed the bird out to my three friends and we relaxed and followed the bird as it joined its mate. These graceful birds skimmed the treetops and gently shifted their motion to soar up high, framed by clouds and sun.

The lilting Swallow-tailed Kite has been called “the coolest bird on the planet.” With its deeply forked tail and bold black-and-white plumage, it is unmistakable in the summer skies above swamps of the southeast. Flying with barely a wingbeat and maneuvering with twists of its incredible tail, it chases dragonflies or plucks frogs, lizards, snakes, and nestling birds from tree branches. After rearing its young in a treetop nest, the kite migrates to wintering grounds in South America.

The Swallow-tailed Kite is unmistakable in flight, with its long, pointed wings, deeply forked tail, and contrasting black-and-white plumage. This largest of American kites is a graceful, buoyant flier, so lightweight and maneuverable that it can capture a dragonfly mid-air or pluck a lizard from its treetop hideout — all without a single wing beat. In flight, it frequently turns its tail, sometimes to nearly 90 degrees, using it as a rudder to maintain its flight path, veer sharply, or circle.

The Swallow-tailed Kite is unusually gregarious for a raptor. Pairs commonly nest in close proximity, and outside the breeding season, communal night and pre-migratory roosts may attract hundreds of kites. These birds also migrate in large groups that sometimes number in the thousands.

Easy to see overhead in areas where it nests, the Swallow-tailed Kite has gathered many names, including “Forked-tailed Kite” or “Swallow Hawk,” nods to its unique appearance and flight style. In the 18th century, the English naturalist and illustrator Mark Catesby originally christened it *Accipiter cauda furcata* (forked-tail hawk). Other nicknames, such as “Wasp

Hawk” or “Snake Hawk,” describe the bird’s diet of insects and small reptiles.

Two Swallow-tailed Kite subspecies are recognized. The population that nests in the United States breeds from coastal South Carolina to Florida and west to Louisiana and eastern Texas. These U.S. birds winter in South America. The other subspecies, comprising the majority of the world’s Swallow-tailed Kites, is resident in Central and South America.

From its bill to the tips of its forked tail, the Swallow-tailed Kite measures almost two feet long, with a wingspan of over four feet. Its white body and black wings and distinctive tail make it easy to identify. This bird is usually seen in flight, often high over the trees, and is not often heard. One of its calls is a high-pitched, whistled klee-klee-klee.



Swallow-tailed Kites primarily eat flying insects such as dragonflies and cicadas, which they capture and consume on the wing. But these predatory acrobats don't limit themselves to invertebrates: As they cruise the treetops, they also snag snakes, lizards, treefrogs, and even small bird nestlings and eggs. In South Florida, where Swallow-tailed Kites sometimes nest in suburbs, their diet includes hatchlings of the introduced and thriving green iguana. Unusual for raptors,

Swallow-tailed Kites will eat fruit, especially on their wintering grounds. They even drink on the wing, skimming the water's surface to collect water, as do swallows.

During courtship, Swallow-tailed Kites spend a lot of time diving, chasing, and vocalizing. When ready to nest, they build a shallow cup of twigs, lined with Spanish moss or other soft vegetation. Pairs build their nests high in the crowns of tall trees such as pine, bald cypress, or cottonwood. In addition to towering trees, successful nesting requires nearby open areas where the birds find prey.

From hatching to fledging, young Swallow-tailed Kites spend up to six weeks in the nest. Not all reach maturity, however. As in other species ranging from the Great Egret to the Great Horned Owl, the first kite chick sometimes kills its younger, smaller sibling. Known as obligate siblicide, this seemingly cruel phenomenon reflects the breeding conditions of a particular

(continued)

The Great Florida Outdoors (continued)

year — if there is enough food, more chicks survive.

The Swallow-tailed Kite was once found all along the Mississippi River, as far north as Minnesota. Decades of widespread forest clearance and shooting took a heavy toll. The species once nested in 16 states but now breeds in only seven, with much of the population in Florida. Today, habitat loss remains the main threat to this species. In its U.S. range, large areas of humid bottomland forest have fallen to unsustainable logging and development. Although the U.S. population seems to be increasing due to reforestation in riparian areas, the trend may not last long, as these habitats are threatened anew by development.

Remember that the Swallow-tailed Kite leaves the U.S. after the breeding season, so summer is the time to look for them.

Located six miles north of Brooksville, the Chinsegut Conservation Center Tract covers 408 of the 850-acre Chinsegut Wildlife and Environmental Area (WEA).

Where can you find an acrobatic marvel of the sky—the Swallow-tailed Kite? Get out into the Great Florida Outdoors!



Range map by American Bird Conservancy
Swallow-tailed Kite (*Elanoides forficatus yetapa*)



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Tampa Bay Healthcare History

St. Joseph's Hospital

Dyllan Furness

Communications Coordinator

In summer 2020, as Tampa Bay braced for a second wave of COVID-19 cases, St. Joseph's Hospital searched for every chance to enhance the local response to the pandemic. It was a tense time for health care professionals. Hospitals around the region were filling with COVID patients, impacting care for people with other urgent medical issues. St. Joseph's saw an opportunity to help.

Two years earlier, the hospital broke ground on a new patient tower that would boost its capacity by almost 20 percent. The tower was scheduled to open in fall 2020, but COVID-19 wouldn't wait.

Near the peak of the second wave on July 24, the Florida Agency for Health Care Administration approved a request to expedite the opening of 30 rooms for patient care in the new facility. St. Joseph's opened the tower's fifth floor that same day, accommodating 30 patients and creating additional COVID-dedicated rooms to treat new cases. In its storied history, a prime example of St. Joseph's taking proactive steps to serve the community.

St. Joseph's has humble beginnings. Guided by a philosophy of family-focused care, Franciscan Sisters of Allegany established a 40-bed hospital near downtown Tampa in 1934 with ambitious plans for expansion. Those plans began to take shape one day in 1959 when Mother Loretto Mary, then president of St. Joseph's, boarded a hospital vehicle with a Catholic sister and drove circles around northwest Tampa. Farmland occupied much of the landscape at the time, but Tampa had grown since the hospital opened over two decades earlier and Mother Loretto knew the facility had to expand to serve the community's health care needs.

After roaming shell-top roads, the vehicle stopped at the corner of Habana and what would become Dr. Martin Luther King Jr. Blvd. According to a historical essay by Dr. James Ingram, "Here they parked and looked over a 70-acre cow pasture."

"This is the spot for the new St. Joseph's Hospital," Mother Loretto declared.

On June 18, 1963, hospital staff carried buckets of soil from the old St. Joseph's to the new St. Joseph's. In lieu of a groundbreaking, the soil served to symbolize the transfer of love and service that were foundational to hospital. More than 1,000 people showed up four years later to tour the recently completed seven-story, 450-bed facility.

St. Joseph's now boasts 555 beds, multiple Centers of Excellence and a brand-new patient care tower designed to accommodate Tampa's dramatic growth. Health care practice has changed over the years but the hospital continues to uphold its commitment to caring for the community. In 2019, St. Joseph's had over 175,000 inpatient and outpatient visits in the main hospital alone.

As with any good story, the history of St. Joseph's is not without drama. One warm spring night in 1976, the hospital faced disaster when a power failure caused a black out. Only the ICU and NICU were lit, powered by an emergency generator. The rest of the hospital went dark. With elevators out of commissions and little light to see by, team members pitched in to care for patients and provide services via flashlight. A human chain of staff ferried linens and food trays up and down the hospital floors. When power returned the following day, team members realized they'd averted disaster. Some patients were unaware a black out even occurred. Sister Marie Celeste, then hospital president, christened it "The Night of Heroes," a shining example of St. Joseph's unwavering commitment to patient care that persists today.

By the 1980s, the Tampa Bay area was booming and Sister Marie looked to the future. Joining the board chairman, she climbed aboard a helicopter to survey the surrounding area for opportunities to expand. From aerial explorations, Sister Marie selected several sites, including ones in Lutz and Riverview, anticipating population growth in those areas. Her vision was spot on. Suburbs developed, communities grew and demand for accessible health care increased. In 2010 and 2015, St. Joseph's opened North and South campuses to serve those needs.

The 1990s brought another busy decade for St. Joseph's. The new Emergency Center opened in 1993, growing into one of the busiest emergency departments in Florida with a patient volume of more than 148,000 in 2019. St. Joseph's Women's Hospital also opened in 1993 and now welcomes some 7,000 babies annually. St. Joseph's Children's Hospital opened in a newly completed building in 1998. Today, it's Tampa's only dedicated children's hospital and provides more acute medical and surgical pediatric care than all other hospitals in the Tampa Bay area. Some 50,000 children are served by the facility's programs and services each year. And in 1997, St. Joseph's joined hospitals around the region to form BayCare Health System, which today includes 15 hospitals and some 34,000 team members.

Healthcare History (continued)

As St. Joseph's expanded its capacity for patient care, it focused on tackling complex medical problems. The hospital faced those health conditions head on through Centers of Excellence that treat issues related to cancer; heart and vascular; stroke and neuroscience; bariatrics; trauma and more. These centers give patients access to world-class care through cutting-edge medical technology and clinical expertise. In total, St. Joseph's Hospitals (including Main, Women's, Children's, North and South) served almost 682,000 patient visits through inpatient, outpatient and laboratory services in 2019. This focus on high-quality care has earned industry recognition, including a spot on the Fortune/IBM Watson Health 100 Top Hospitals list four years in a row and five years overall.

Countless lives have been healed at St. Joseph's over the years by caregivers who proudly carry on the Franciscan tradition of hope, compassion and ensuring each person's medical, spiritual and emotional needs are met regardless of faith. The pandemic put a terrible strain on the community. It was one of the greatest challenges in St. Joseph's history. But just like during the Night of Heroes, team members came together to care for patients. No matter what the future holds, St. Joseph's will be there, again, on the frontlines for the community.

Editor's note: this is the first in a series of articles highlighting the four major hospital organizations in the Tampa Bay area.



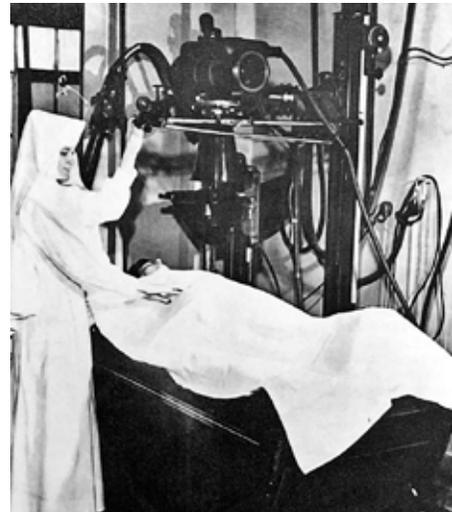
Featuring 450 beds, the new St. Joseph's location opened to great acclaim in 1987.



In 2002, St. Joseph's became the first hospital in Florida to provide robotic surgery using the da Vinci Surgical System.



By the mid-1050s, expansion took the old hospital's capacity from 40 beds to 225 beds.



Soon after the hospital opened, sisters helped operate the department's state-of-the-art X-ray machine.

Physician Wellness Program

Meet Rebecca Schulte, LMHC



Physician wellness has become a priority issue that is being addressed throughout our country. The unrelenting changes, demanding challenges, and lack of autonomy that physicians can endure cause stress, depression, and burnout. As physicians struggle to find balance between the intense demands of their work and personal lives, their health and longevity, and that of our medical community, is being threat-

ened. The Life Bridge HCMA Foundation PWP provides a safe harbor for members to address life difficulties, especially during this time of uncertainty and challenges due to the ongoing threat of COVID-19.

The PWP features, among other benefits, completely confidential, convenient, complimentary access to professional psychological services for all HCMA members.

The Bulletin will feature a PWP provider in each issue.

As a Licensed Mental Health Counselor with over 10 years' experience, Ms. Rebecca Schulte's skill set includes severe depression accompanied by suicidal thoughts.

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Appointments scheduled within 1-3 days.

Please visit the Physician Wellness Program page on the HCMA website (www.HCMA.net) for more information about the program and a list of all PWP providers.

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Medical marriages succeed if you're a team (a medical love story): Bill and Madelyn Butler

Michael Kelly

michael19452000@yahoo.com



It all started in Bartow, Florida at a family party. Bill was 19 and Madelyn was 15. For both, it was love at first sight. That said, there was the obvious age difference, so Madelyn's Cuban immigrant father and mother closely watched and supervised the youngsters.

Bill remembers going over to Madelyn's house, sitting in one place on the couch in the living room and watching TV with the family. When Madelyn turned 16, she was allowed to go out in groups that included Bill, and there was always an early curfew.

As Madelyn watched her father, a Spanish speaking physician in his native Cuba, study for his Veterinary Boards in English, she learned a valuable lesson in perseverance and commitment. With a family to support, and the pathway to becoming a physician in the United States too long, her father had chosen a shorter route to a profession that would allow him to provide for his family in the US. He passed his Boards on his first attempt, and the memory of this accomplishment has stayed with Madelyn to this day.

Bill and Madelyn dated for nine years, while he and then she were undergraduates at the University of Florida. Bill majored in advertising and marketing and had received his BA degree when he asked Madelyn to marry him - before she entered medical school. She accepted his proposal and they were married in Bartow. Being a young medical couple and unable to afford a mortgage, Bill remained in Bartow, living with Madelyn's parents and commuting to work in Orlando. He visited Madelyn on weekends.

In medical school, it was Madelyn's plan to specialize in pediatrics, but after a rotation that saw her up many a night, she began to question her choice. Then came the OB/GYN rotation, and she knew what she wanted to do. During her OB/GYN residency at the University of South Florida, Bill and Madelyn were able to live together. Their first child, Olivia, was born during Madelyn's third year of residency. She got her first job while pregnant with her second child, Christian.

By this time, Bill, who had been supporting their young family while Madelyn was in school, residency and newly in practice, entered the public arena as a candidate for state office. At that point, three things occurred that would test their marriage.

Bill lost the election, Madelyn was let go from her group and Christian was born. Fortunately, Bill was still employed.

For her part, Madelyn joined a small OB/GYN practice of four young physicians as one of the first women OB/GYN physicians in Tampa. She became a partner in the group just before they merged with a larger group, only to find out that she was not to be part of the merger with the new practice group which, for political reasons, did not want to include her.

After several successful interviews Madelyn realized that her standards for the ideal practice environment exceeded existing opportunities. So, with Bill's emotional and financial support, Madelyn opened her own practice, with the

goal of building an all-woman practice. To make this happen, Madelyn accepted less compensation than the women physicians she hired. Nighttime would find Bill and Madelyn together working on the business aspects of her practice. Her practice was founded on the principles of Mission, Vision and Values, concepts she had read about and in which she believed.



(continued)

Alliance News (continued)

Despite being “advised” by several of her former male physician partners that an all-woman OB/GYN practice would never be successful, after five years, Madelyn had four women partners. They had outgrown their office space and it was time to open another office. Multiple payors had signed up to do business with Madelyn’s group. About this same time, Bill left Universal Studios to work for the Tampa Bay Buccaneers professional football team.

Then their third child, Donovan, was born, despite Bill’s business advisor’s advice that they were crazy to have a baby while Madelyn was expanding her practice. It was then that Bill transformed his business to a home-based one, where he could take care of the family and continue to do his work.

Fast forward to the present. Madelyn’s practice, The Woman’s Group, which now has four locations, employs 20 women physicians, a midwife, two nurse practitioners and numerous support staff. The Group’s mission is to prioritize the care of their women patients. When asked to comment on their success, Madelyn and Bill will tell you that their medical marriage is, and has always been, a team effort. It is by working together, as a team, that they have grown and prospered.

I would be remiss if I did not mention Madelyn’s and Bill’s in-

volvement in organized medicine. For Madelyn, this meant joining the Hillsborough County Medical Association, Florida Medical Association, and the American Medical Association in the first month of her first year of medical school. She believed then, as she does now, that it was her responsibility to join and help support and guide her profession. Madelyn was elected President of the Hillsborough County Medical Association at age 35 and President of the Florida Medical Association at 49.

For Bill’s part, he is a member of the Hillsborough County Medical Association Alliance, the Florida Medical Association Alliance, and the American Medical Association Alliance; he currently serves as President of the Hillsborough County Medical Association Alliance.

Olivia is a former Miss Tampa and, now, owner and designer at the Southern Swan wedding store in Lakeland. Christian is busy studying to be an EMT, and Donovan is attending the University of Central Florida majoring in hospitality with the goal of working in tourism.

Through the years for Bill and Madelyn, it has been love and teamwork, along with ability, foresight and perseverance that have led them to the successes they enjoy as a medical couple today.

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FMA ANNUAL MEETING



Your 2021 HCMA delegates, led by chairman, Dr. Michael Cromer (front, left) spent the weekend in Orlando at the FMA Annual Meeting, July 30-August 1. Many thanks to our delegation members for taking time from their families and busy schedules to participate: Drs. Deborah Trehy, Rosemarie Garcia-Getting, Damian Caraballo, Stanley Dennison, Nam Tran, Joel Silverfield (HCMA President) Bruce Shephard, Radhakrishna Rao (front, right), Eva Crooke, Rebecca Johnson, and Madelyn Butler. Not pictured: Dr. Wanda Cruz and Debbie Zorian (HCMA Executive Director).



Inside the IMAGINE MUSEUM, located in St. Petersburg, you will find a one-of-a-kind collection of glass art created by artists from around the world. With an extraordinary mixture of materials, techniques, and intent, their talents demonstrate humanity’s creative similarities and diverse ethnic combinations of geography and place.

Early creations by the “Father of the Studio Glass Movement,” Harvey Littleton, to creations from the artists of today, are featured throughout the museum. Being an art enthusiast, I was amazed at the history of contemporary glass art and the range of ingenuity by the artists. I’m already looking forward to my next visit! *Debbie Zorian*



Personal News

In Memoriam



Husain F. Nagamia, MD, an HCMA member since 1976, passed away on June 4, 2021. Dr. Nagamia, a cardiovascular surgeon, served on multiple HCMA Councils and Committees including the Board of Censors, Executive Council, and the Editorial Board of the HCMA's publication, The Bulletin. In 2010, Dr. Nagamia was awarded the HCMA's Frederick A. Reddy, MD Memorial Award. Dr. Nagamia was also very involved in the Tampa Bay Muslim Alliance and the International Institute of Islamic Medicine. He is survived by his wife of 55 years, Dr. Zubeda Nagamia, his children, Drs. Sameer Nagamia and Afshan Ahmed, family, friends, and colleagues. Donations can be made in Dr. Husain Nagamia's name to the Nagamia Institute of Islamic Medicine & Sciences (<https://www.niims.org/>).

In Memoriam



Harris H. McIlwain, MD, 73, of Temple Terrace, Florida, passed away on August 22, 2021, peacefully surrounded by family.

Dr. McIlwain was born in Miami, Florida. After graduating from Tampa's King High School in 1965, he went on to study medicine at Emory University in Atlanta.

He graduated in the top 10 of his class and became Board Certified in Internal Medicine, Rheumatology and Geriatrics. He married his high school sweetheart Linda Fulghum and together they raised seven children. After graduation, Dr. McIlwain started practice at Tampa Medical Group. Dr. McIlwain believed that we all are here for service to others. He felt passionate for all that he did in life, whether family, friends, patients and sports. He was a prolific writer, author and speaker and with Debra Fulghum Bruce, PhD, he wrote more than 26 health trade books. While managing his first practice, Dr. McIlwain was Medical Director at John Knox Village for more than 25 years and took breakfast to the nurses every Sunday morning. He and his two daughters, both rheumatologists, started McIlwain Medical Group in 2012.

He is also survived by his children: Laura Cruse, MD (Hugh), Kimberly Smith, MD (Doug), Mike McIlwain, DMD (Cristina), Virginia McIlwain, Lisa McIlwain, Daniel McIlwain and Tomas Espina; his grandchildren: Bennett, Mason and Rowan Cruse; Jackson, Holden and Tucker Smith; Ella, Grayson and Lucia McIlwain; Paul McIlwain; and Zoe and Quinn Espina, and many more family, friends, and colleagues.

The family requests that in lieu of flowers donations be made to the Humane Society of Tampa Bay in honor of his love for rescues.

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