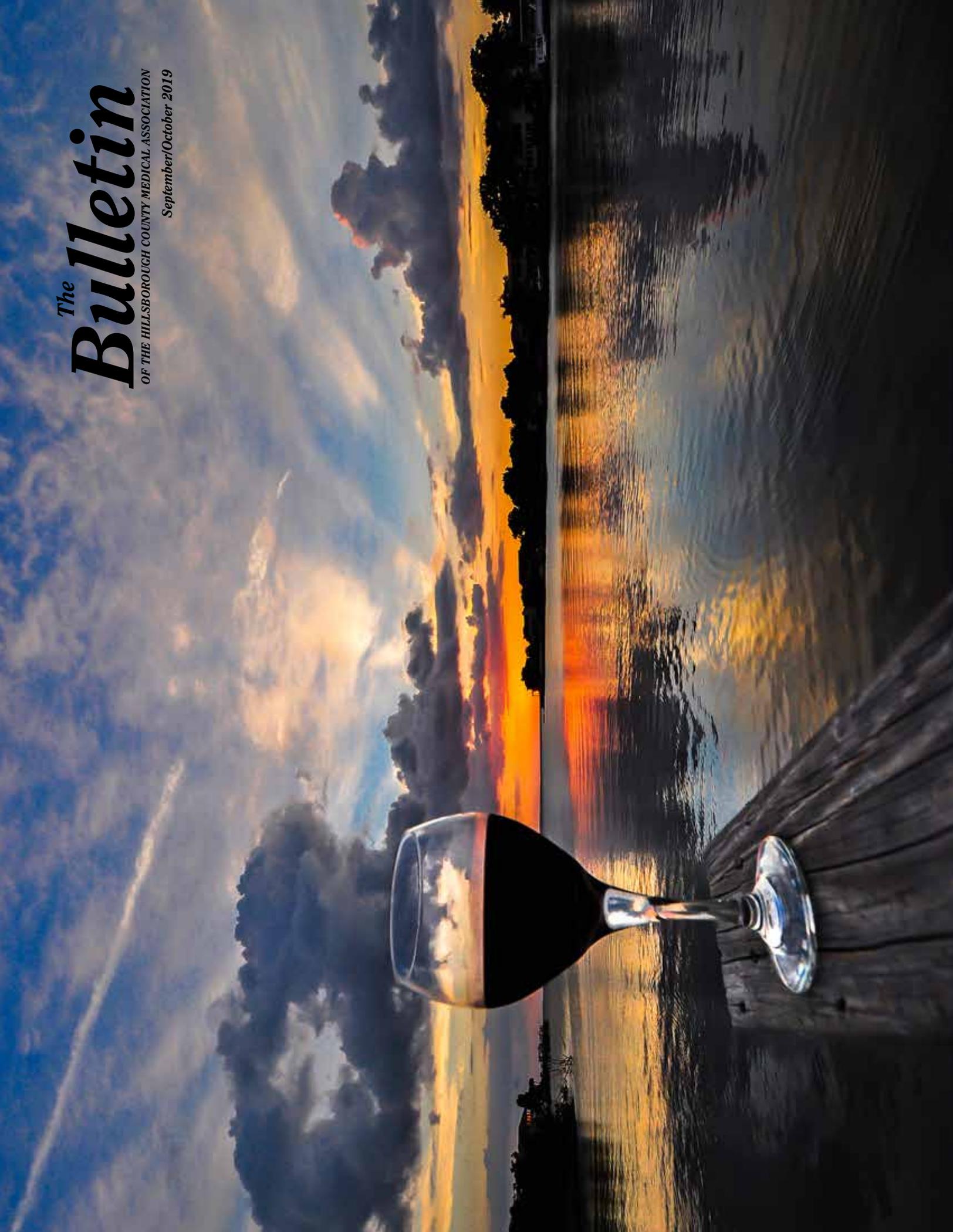


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OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
September/October 2019





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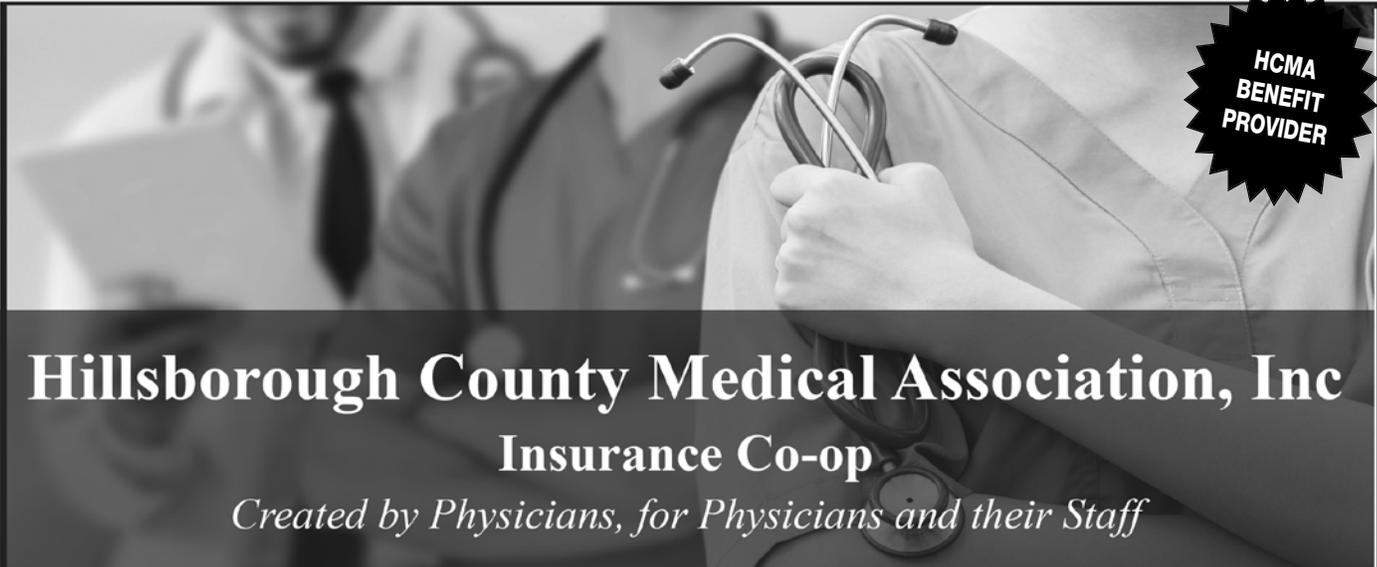
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Upcoming Events

Executive Council Meetings

6:00pm at the HCMA Office

November 19, 2019

February 18, 2020

Call the HCMA to RSVP
for any of these events:
813.253.0471.

HCMA Membership Dinners

6:30pm at the Westshore Grand

November 5, 2019

February 4, 2020

May 12, 2020

23rd HCMA Foundation

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April 2, 2020

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Got Something To Say?

To submit an article, letter to the editor, or a photograph for *The Bulletin* cover, please contact Elke Lubin, Managing Editor, at the HCMA office. All submissions will be reviewed by Bulletin Editor, David Lubin, M.D. We encourage you to review *The Bulletin's* "Article Guidelines" which can be faxed or emailed to you.

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 photo was taken by HCMA member, Dr. William Carson. Dr. Carson described, "This was taken on my dock, looking out over Tampa Bay towards the Howard Frankland bridge. And the wine is a California cabernet."



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President's Message

The HCMA Shines Brightly at the 2019 FMA Annual Meeting!!

Jayant Rao, MD
jdrao07@gmail.com



Over 300 physicians from around the state came together this August at the 2019 FMA Annual Meeting. Among this dynamic group were 20 leaders from your HCMA. Having attended this meeting for many years now, I can say without question, this was our best showing in recent memory and highlighted just how special our organization truly is.

One of my primary goals as HCMA President is to increase active engagement. While total overall membership numbers are clearly very important, I believe that having a passionate, energized, and actively engaged membership is even more critical to the overall health of an organization. Judging from our performance at the FMA Annual Meeting, the future of our HCMA is very bright indeed!

Here are some of the highlights:

We brought one of the largest and most diverse delegations of any county in the state. We had 20 voting delegates, six of whom were attending for the first time! For their benefit, we created an informal mentoring program pairing new delegates with more seasoned leaders to maximize their experience. Without exception, each of them reported leaving the weekend feeling inspired, empowered, and excited to participate again next year.

Our HCMA delegation authored several important resolutions which were successfully adopted as FMA policy. Kudos to Dr Radhakrishna Rao, Dr Damian Caraballo, and especially to Dr Wanda Cruz. Dr Cruz is a new HCMA member and, in her first ever FMA Annual Meeting, championed a far-reaching resolution protecting physicians from losing hospital privileges without due process.

Dr Tom Bernasek (HCMA Delegation Chairman) led the Lower West Central Florida Caucus meetings, bringing together delegates from seven different counties to speak and vote with one voice.

Five of our delegates were selected to serve on Reference Committees where they were able to significantly impact policy decisions before voting on the floor of the full House of Delegates. Thanks to Drs. Mike Cromer, Wanda Cruz, Abhik Roy, Bruce Shepherd, and Deborah Trehy for your efforts! Dr. Joel Silverfield served on the Credentials and Rules Committee

which oversees the election process.

On a personal note, I was elected to the FMA Board of Governors to serve a three year term as District C Representative. There I will join fellow HCMA member, tireless physician advocate, and role model physician leader, Dr. Madelyn Butler. Having two HCMA leaders at the highest levels of the FMA gives us a strong voice with the most powerful physician advocacy group in the state.

And last but certainly not least, we had two up-and-coming HCMA leaders, Drs. Eva Crooke and Nicole Riddle, recently accepted into the highly competitive FMA Leadership Academy. This phenomenal program provides outstanding leadership training as well as a direct path to leadership at the FMA level. If you are interested in applying for next year's program, contact the HCMA office for details.

As you can see, in short...we killed it!!

In summary, I want you to know that as a member of the HCMA, you are part of a dynamic group of amazing people working hard on your behalf to make Hillsborough County and the state of Florida a better place for physicians and our patients. While many medical associations are struggling to find relevance in this new climate of mergers and mega-systems, our HCMA is growing and thriving.

Even more importantly, as Dr. Cruz discovered, you absolutely do have a voice, and the HCMA is here to amplify that voice. All that is required is the courage to step outside of your comfort zone and the determination to keep moving forward. One person really can make a difference. You just have to have the audacity to try.

Please help us continue to fulfill our mission of "advocating for physicians and the health of the communities we serve" by sharing what the HCMA is up to with your colleagues, bringing a guest to a membership dinner, helping to grow our membership, participating on a committee, running for a position on the Executive Council, or by joining us for the FMA Annual Meeting next year.

Huge thanks to Debbie Zorian and our amazing HCMA staff. I truly cannot overstate how proud and humbled I am to serve as President of this extraordinary organization.

Our future is very bright indeed!



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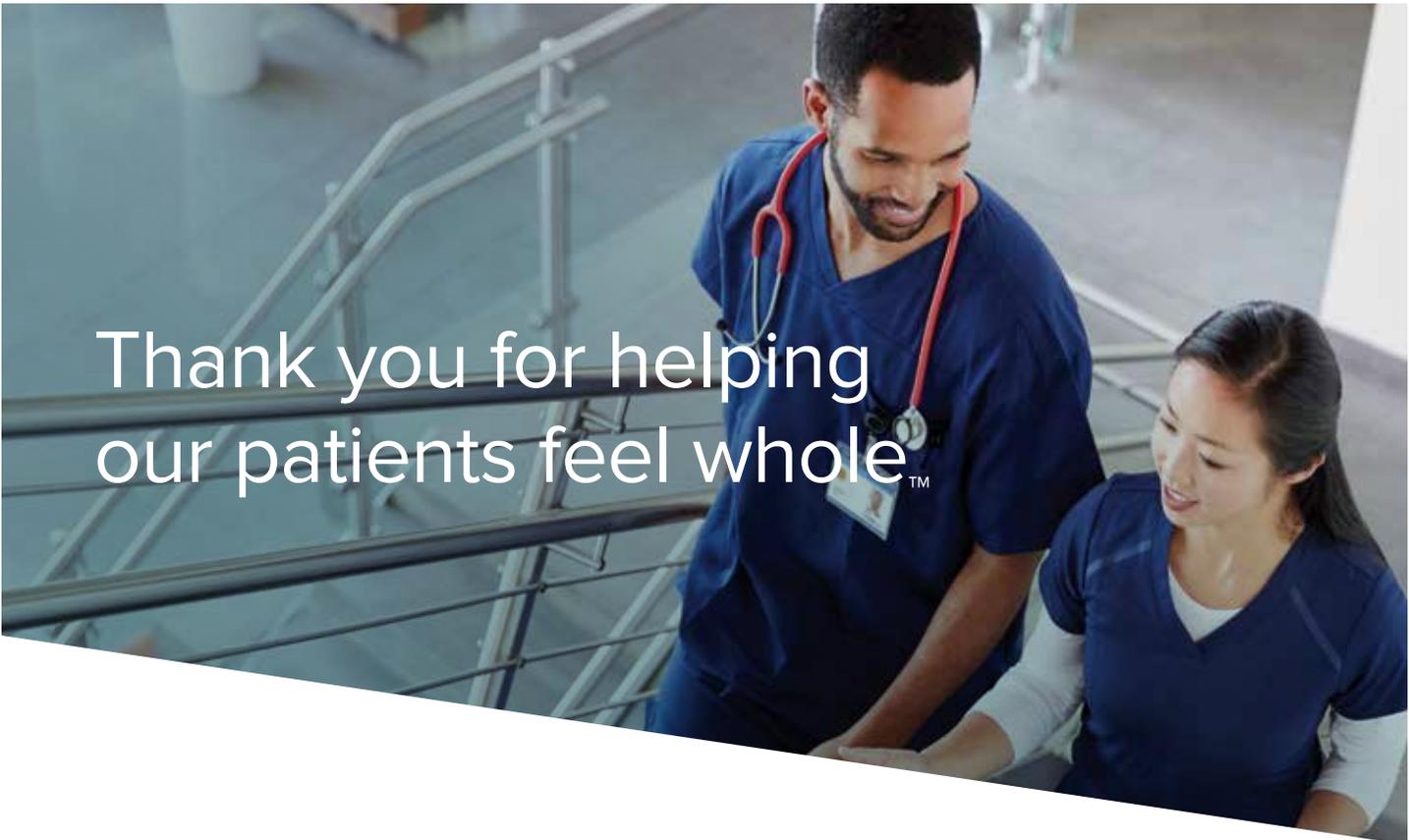
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Photo Gallery

Legislative Reception

On July 9th, the HCMA hosted a post legislative session reception and had eight state legislators and two federal legislators represented. During this event, held at The Woman's Group office, we were able to develop relationships with our legislators and hear their viewpoints concerning healthcare legislation that was either passed or defeated in the past legislative session. We also gave them an overview of where our efforts would be pointed this year.

Attendees: Rep. Mike Beltran (HD#57), Thomas Bernasek, MD (HCMA Past President), Bill Butler (HCMA Alliance), Madelyn Butler, MD (HCMA Past President), Damian Caraballo, MD (HCMA Gov't Affairs Comm), Nick Carper (Leg. Aide/Rep. Valdes), Michael Cromer, MD (Chm/Government Affairs Committee), Eva Crooke, MD (HCMA Treasurer), Miles Davis (Leg.

Asst/Rep. Hart), Rep. Fentrice Driskell (HD#63), Rob Fleege (Dir of Outreach/Cong. Bilirakis), Rep. James Grant (HD#64), Clay Gunter (Leg. Asst/Rep. Beltran), Rep. Dianne Hart (HD#61), Rep. Adam Hattersley (HD#59), James Jacobs (Constituent Relations/Cong. Spano), Michael Kelly (HCMA Alliance), Elke Lubin (HCMA Executive Assistant), Dewayne Mallory (Leg Asst/Cong. Castor), Rep. Wengay Newton (HD#70), Jim Orchard (Leg. Asst/Rep. Grant), Jayant Rao, MD (HCMA President), Radhakrishna Rao, MD (HCMA Gov't Affairs Comm.), Nicole Riddle, MD (HCMA Council Member), Malcolm Root, MD (HCMA Board of Trustees Chm), Bruce Shephard, MD (HCMA Past President), Vince Suarez (Dist. Sec/Rep. Valdes), Rep. Susan Valdes (HD#62), and Debbie Zorian (HCMA Executive Director).



Editor's Page

Potpourri to ponder

David Lubin, MD
Dajalu@aol.com



As editor of The Bulletin, I don't usually get to read the articles and columns in the same manner as most of you. I'm usually searching for misspellings, unused or misplaced punctuation points, including hyphens and ...'s, dangling participles, and deciding which nouns are to be decapitalized and which are not. But every once in a while, and most of the time with our Executive Director, Debbie Zorian's column, I'm able to just read and enjoy

without making more than a couple minor corrections. Such was the case in the last issue with Alicia Billington's column. She is a USF plastic surgery resident (6th & final year, as well as being chief - Congrats!) who completed her MD and PhD (Biomedical Engineering) degrees at USF - Congrats again!

Her article was centered around either being "loved" or "respected" as a physician. She was asked that during her interview for residency, and, on her first day of residency, she asked herself the same question. She ultimately decided that she would rather be loved. I have to say I disagree. Not there's anything wrong with being loved. But Love and Respect can take on so many meanings within so many relationships. I'm not going to tear apart her comparisons of the two qualities; there is no right or wrong.

But here's the counterpoint.

Aside from defining the various connotations of love and respect, I did look up the definition of respect in two online dictionaries. One was simply "high or special regard," while the other was "esteem for or a sense of the worth or excellence of a person, a personal quality, or ability." There was no mention of "authority," as Alicia had implied that respect meant that "you are the authority."

Having practiced medicine for 37 years, there was no way everyone would have loved me, nor probably, respected me. I am able to make some separation between the two. We love our spouses or significant others, and with that goes much respect. We can respect a mentor, a coach, a teacher, colleague, whatever, but not necessarily love them. But we can do both in some circumstances. I hope that many patients respected my medical

decisions with respect to their treatment, but they might not have loved my personality or staff. Then again, to have another physician be your patient, I feel, shows much respect, rather than, I believe, love.

So again, there's no right or wrong. Just giving my counterpoint. I didn't love what Alicia wrote, but I certainly respected it. Please email me with your comments...love or respect?

I try never to get political with my columns, but something struck me during the Democratic debates. One of the candidates, who has no chance of winning the nomination, John Delaney, was, I felt, right on about one point related to health care. He's a previous Maryland Congressman who stated that hospitals would go bankrupt with Medicare-for-All. I looked at a Politifact evaluation and it stated that his comment was unsubstantiated. Some hospitals would actually do better and some not. All I know is that last year St. Joseph's billed Medicare about \$18,000 for my TURP and was paid \$2,730, and in May 2018, Florida Hospital billed \$66,222 for my back surgery and was paid \$4,130.

Catherine Rampell, in a Washington Post editorial, also brings up the point that providers might be paid less than what private insurance would pay. Would physicians accept a decrease in income in a Medicare-for-All scenario? She said it's possible they could receive the same pay as they did in the private insurance scenario, but no one has addressed that issue yet. Then there's the matter of people waiting for diagnostic tests for weeks or months as occurs in Canada's single payer system. Americans are impatient; they want things and they want them now (see Amazon Prime and Uber).

And, as of this writing, there was talk that the White House will take away health care benefits from legal immigrants, unless they can contribute something themselves. Many will lose health care benefits like Medicaid. I just wonder how this will overburden emergency rooms, hospitals, and contribute to a possible public health crisis if children can't get immunizations.

I've written about my love for MAD Magazine, my collection, as well as memorabilia I have, but after I wrote about collecting in the last Bulletin, it was announced that after 67 years, MAD would cease publishing new material. The first issue was published in October 1952, with Norman Mingo's Alfred E. Neuman first appearing on a cover in December 1956, on is-

(continued)

Editor's Page (continued)

sue #30. MAD was a significant influence on much of the humor and satire that we read and see now. The history of MAD, with William Gaines at the helm, is an absorbing adventure. I actually spoke to him in the 80s, met his wife and visited his penthouse in the 90s, and met a few of the "Usual Gang of Idiots" along the way. Last year, at a Howie Mandel concert, I got Howie to hold an issue of MAD's spoof of St. Elsewhere, the show on which he played Dr. Fiscus. It was entitled "St. Healthcare." How appropriate that seems now.



Since Taste Bud is no longer with us, I'd like to recommend a local restaurant. The Ahi Asian Bistro serves fresh sushi as well as Thai food. We've been there a number of times and the sushi is really some of the best around. It's not a big place but it has never been crowded when we've been there. It is open seven days a week for lunch and dinner and located in the Michael's Craft Store plaza. Check it out and tell "Roger" that we sent you.

~ David & Elke Lubin

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Executive Director's Desk

Pawsitive Health Benefits - Man's Best Friend

Debbie Zorian
DZorian@hcma.net



As the HCMA focuses on wellness and providing resources to members to assist them with burnout, stress, and work-life balance, I have become more cognizant of how the simple things in life can help us all improve our mental, emotional, and physical health.

Recently, on Bay News 9, the Health Headlines topic "Dog Ownership is Good for Your Heart" was discussed. A study focused on the positive health benefits owning a dog can bring, specifically for your heart. It has been established that dog owners exercise more, eat better, have lower blood pressure, and healthier blood sugar levels, all of which translates into better cardiovascular health. It is also recognized that dogs can read our emotions and have a way of soothing our hearts during times of sadness. This heart to heart connection is why dogs and humans adore each other. Did you know that oxytocin spikes in both species when dogs and humans share a mutual gaze?

It has been almost four years since I first brought home my adorable, mischievous, and now extremely spoiled Yorkie-Poo, Zoey. At eight weeks old and a whopping 2½ pounds, it was difficult to determine what she would look like as an adult. She now has the face of a poodle with a long body and very short legs. When scampering throughout the house she looks like a furry, speedy, wind-up toy. Zoey is unbelievably cute, with her twinkling eyes and sassy attitude. Loveable and very affectionate, yet feisty and determined, her energetic personality lights up my life.

"A dog is the only thing on earth that loves you more than he loves himself." Josh Billings

There are 900 million dogs worldwide with 80 million living in the U.S. alone. I believe that is a clear indication that we are a love-drunk nation of dog owners. It's amazing how a wet nose and wagging tail can help a person maintain a positive, optimistic outlook on a daily basis. Studies have also shown that owning a dog can reduce our stress levels and feelings of loneli-

ness, curb our depression, and even help us live longer. Through their own zest for life, the companionship of a dog can be an important, even life-saving component of self-care for people experiencing depression and other mood disorders.

The health benefits dogs bring are also why they are used as a form of therapy in hospice settings. They serve as companions to the disabled and people who live alone. It can't be disputed that man's best friend has a positive effect on seniors' physical and emotional well-being. The love of a dog has become a powerful, common mode of therapy in many long-term care facilities. Dogs have long been recognized as being a positive force in the healing process and therapy for people coping with emotional issues relating to their illness. They also offer physical contact with another living creature, something that is often missing in an elder's life.



HCMA Mascot
Zoey Zorian

"The human-animal bond bypasses the intellect and goes straight to the heart and emotions and nurtures us in ways that nothing else can."
Author and animal expert, Karen Winegar.

The average American dog owner spends more than \$2,000 per year on food, toys, medical care, etc. And most of us would be willing to pay a much higher price. When Hurricane Katrina struck New Orleans in 2005, so many people refused to leave without their dogs (I would be one) that Congress passed a law requiring disaster preparedness plans to make accommodations for pets.

I found a few interesting and amusing online facts on dog psychology:

- Dogs can dream. They share similar sleep patterns as humans and their brain activity while sleeping also resembles that of a human brain when asleep. Researchers believe that the most common dreams are happy and involve fun activities. Studies show that smaller dogs dream more often than bigger breeds.
- They understand the power of barking. Many forms of dog psychology can be linked to the world of human psychology. In much the same realm as a baby understanding that its cry draws the attention of its parents, a dog understands that whining or barking elicits a reaction from its owners. Dogs can also easily understand a wide range of vocal tones, and their meanings.

(continued)

Executive Director's Desk (continued)

- They're as smart as a toddler. Dogs learn very quickly and they're usually not easily fooled. Research indicates that many dogs have the intelligence and understanding on par with a two year old toddler (I agree wholeheartedly).
- There's more to tail-wagging than meets the eye. It's widely accepted that a wagging tail means a dog is happy. However, this is only true when the tail is being wagged to the right. If it's wagging to the left, it's an indication of fear. Low tail wags mean nervousness, and rapid tail wags mixed with tense muscles can be a sign of aggression.
- Dogs experience jealousy. They have emotions just as people do. While they obviously experience basic emotions like happiness, fear, and sadness, studies show that dogs also experience jealously.

And that I can easily relate to! If I as much as hug another person or show five seconds of attention to another dog, my overtly jealous Zoey immediately begins to jump on me. If ignored, she

will let out a pretty loud bark. She pauses between each bark and continues until I pick her up. Zoey likes to just "hang out" over my left shoulder where she sometimes stays for what seems like an endless amount of time. And yes, I love it.

Zoey is magical at making my heart smile and her effortless ability to raise my spirits helps reduce stress and the occasional blues that can accompany daily life. I look forward to many more years of enjoying my 10 pound bundle of unconditional love while she helps me stay healthy in mind, body, and spirit.

"A dog doesn't care if you are rich or poor, educated or illiterate, clever or dull. Give him your heart and he will give you his." John Grogan, Marley and Me



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Committee Update

Government Affairs Committee

Michael Cromer, MD

Chairman, Government Affairs Committee

drmcromer@gmail.com



Since the end of the 2019 Florida Legislative Session in May, the HCMA Government Affairs Committee has been quite active on behalf of our members. On June 25th, we had a Government Affairs Committee meeting in which we reviewed the medically related bills that were either passed or defeated in the session. We then turned our efforts to the upcoming year, establishing our priorities as a county on what issues were the most

important to us. This year's main agenda will be:

- 1) Continue to defeat any other profession's attempt to expand their scope of practice into the profession of medicine.
- 2) Find two legislators who will champion a bill that would prevent insurance companies from denying payment after they have authorized a procedure.
- 3) Continue to fight for ways to streamline the prior authorization of medication process so as not to be so onerous for the physician office or the patient.
- 4) On a federal level, fight for payments to out-of-network providers to be established by an Independent Review Board and not by the insurance company.

On July 9th, we hosted a post legislative reception and had eight state legislators and two federal legislators represented. During this event, held at The Woman's Group office on W. Virginia Ave., we were able to develop relationships with our legislators and hear their viewpoints concerning healthcare legislation that was either passed or defeated in the past legislative session. We also gave them an overview of where our efforts would be pointed this year.

Over the last two months, individual members of the GA Committee have been meeting privately with various legislators, providing documentation and information concerning bills that we would like to see pass. We have been able to gain the support of a member of the Florida House to sponsor a bill that would prevent the retroactive denial of payment for prior authorized tests or procedures. I have an upcoming meeting with a senator on the "other side of the aisle" who has expressed some interest in sponsoring a similar bill in the Senate. Stay

tuned on this issue.

At our next meeting we will finalize plans for our pre-legislative session luncheon and pick a date for an HCMA contingency to visit Tallahassee during the legislative session. This will occur around the third week in January 2020. Be on the lookout for the date and we hope that we have many of you who will want to join us for the day.

As you can see, we have been busy working to protect our profession and the health of our patients.

2020 Florida Legislative Session

January 14 – March 13

Hillsborough Legislators' Contact Information:

Google: "Hillsborough County Legislative Delegation"

To apply to serve as Doctor of the Day:

Mavis Knight

Office of Legislative Services

111 West Madison Street, Room 874

Tallahassee, Florida 32399-1400

knight.mavis@leg.state.fl.us

(850) 717-0301

If you are interested in serving on the HCMA Government Affairs Committee or in joining the HCMA contingency in Tallahassee during the legislative session (date TBD), contact:

Elke Lubin

HCMA Executive Assistant

elubin@hcma.net

(813) 253-0471

HCMA INVOLVEMENT

It is through strong member participation that the HCMA has an effective voice within organized medicine and in our community. We offer a variety of ways for you to serve the organization and encourage your participation. Please call the HCMA office at 813.253.0471 for further information:

Editorial Board, *The Bulletin*

The Bulletin is the official publication of the HCMA and is published bi-monthly, both printed and electronically. The HCMA Editorial Board strives to keep up with our progressive medical community and to present editorials and advertisers in a pleasing and stimulating fashion.

Executive Council

The affairs of the HCMA are managed by its Officers under the supervision and control of the Executive Council. As the governing body of the Association, business is transacted as deemed advisable and in the best interest of the Association.

Foundation Board

The HCMA Foundation, Inc., the charitable arm of the HCMA (501c3 status), was incorporated in 1997 and provides cash grants to non-profit organizations in the Tampa Bay area for programs designed to promote awareness and support of health and health related issues.

Government Affairs Committee

An important component of the HCMA is our ability to be proactive legislatively. The HCMA Government Affairs Committee provides legislative efforts that empower members in the legislative arena.

HCMA Delegates to the FMA

HCMA Delegates to the Florida Medical Association (FMA) prepare resolutions to be submitted to the FMA House of Delegates at the FMA Annual Meeting each year. Resolutions often result in proposed legislation or FMA policy.

Hillsborough Political Action Committee (HILLPAC) Board

HILLPAC, the political arm of the HCMA, supports legislators who are pro-medicine and who understand the importance of allowing physicians to care for their patients without burdensome governmental intrusions and unnecessary insurance mandates. HILLPAC elections take place every other year.

Membership Committee

The objective of the Membership Committee is to develop and implement plans to demonstrate the relevance of membership in order to recruit and retain members throughout the year.

Physician Wellness Committee (PWC)

The newly formed PWC is instrumental in creating a fully funded Physician Wellness Program designed to address the seriousness of physician burnout and to assist members with work/life balance. Efforts are currently underway to provide a confidential, voluntary, valuable resource for all HCMA members by way of counseling sessions.

Advocating for physicians and the health of the communities we serve.

HCMA Foundation Physician Wellness Donations

Many thanks to the following contributors to the HCMA Foundation Physician Wellness Program!
For more details about the program and how to help, contact Debbie Zorian, HCMA Executive Director,
813.253.0471 or DZorian@hcma.net.

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Thomas Bernasek, MD
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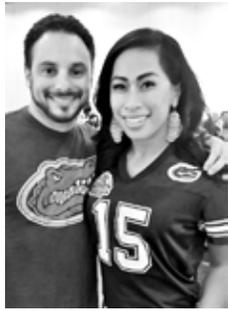
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Dr. Jayant Rao and Sheila Bongcayao showing off their Gator Pride during the FMA “Team Spirit” Celebration.



Dr. Madelyn and Bill Butler along with Dr. Rebecca Johnson and her husband, Michael Kelly.



Go Bulls!!! Dr. Christopher and Karen Pittman.



Drs. Abhik Roy, Jayant Rao, and Mintallah Haider.



Back row: Drs. Deborah Trehy, Michael Cromer, and Joel Silverfield. Front: Dr. Eva Crooke, Debbie Zorian, and Carol Cromer.



Dr. Bruce and Coleen Shephard.



A sampling of HCMA Delegates. Standing: Drs. Bruce Shephard, Stanley Dennison, Thomas Bernasek, Deborah Trehy, Jayant Rao (FMA Dist. C rep.), Wanda Cruz, and Abhik Roy. Seated: Drs. Radhakrishna Rao and Eva Crooke.

On August 9-11, 2019, a contingent of 20 delegates from county medical and specialty societies representing the Florida Medical Association. In addition to medical education, the delegates learn about and vote to endorse. Some of these policies are presented and become laws that benefit our profession and our patients.

The Lower West Coast Caucus was spearheaded by a group of seven county medical societies, representing our voice.

For those reading this, whether a member of the HCMA or not, you are members of our Association who have made a difference for our patients and do what they can to make a change in our profession. We hope there are more of you out there who will see the value of this and become a member of the HCMA and FMA. It is your time you get involved with our Government Affairs Committee leading up to the 2020 FMA Annual Meeting next year.

Many thanks to the 2019 HCMA Delegates for their support.

Drs. Scott Anderson, Thomas Bernasek (Chairman), Michael Cromer, Eva Crooke, Wanda Cruz, Anthony Haider, Rebecca Johnson, Subhasis Misra, Christopher Pittman, Abhik Roy, Bruce Shephard, Joel Silverfield, and Deborah Trehy. Also present was Dr. Jayant Rao (FMA District C representative) and Dr. Jayant Rao (HCMA Executive Director).



Members of the Hillsborough and Lee County Medical societies.

Gallery

Annual Meeting

Delegates from the HCMA joined over 300 other physicians around the state at the 2019 Annual Meeting in order to be able to procure up to date continuing education and give input in the policies that the FMA chooses to give to legislators and some of them may eventually become patients.

and this year by the HCMA. The LWCC is a blend of over 70 delegates, that speak and vote with one

the HCMA or not, I hope that you can see there is a priority to defend our profession and our patients when they see where one needs to be made. We have the strength and benefit of organized medicine. If you are already a member, maybe now is the time to join the HCMA or volunteer to become a delegate

taking the time to volunteer to serve:

(Dr. Cromer), Madelyn Butler, Damian Caraballo, Minny Dedeo, Stanley Dennison, Mintallah Haider, Michael Cromer, Radhakrishna Rao, Nicole Riddle, Abhik Roy, and Michael Trehy. Other HCMA Attendees: Debbie Zorich (HCMA President, representing FMA Dist. C).



HCMA Delegates in the FMA House of Delegates.



Dr. Joel and Nancy Silverfield.



Drs. Nicole Riddle, Damian Caraballo, and new HCMA member, Blake Buchanan.



Dr. Abhik Roy, Michael Cromer, and Anthony Dedeo.

A United Voice

The importance of also being an AMA (and FMA) member!

Nicole Riddle, MD

NRiddleMD@gmail.com



“Why do you do the AMA?!? / I don’t like the AMA / What does the AMA do for me?”

If I had a dollar for every time I heard these sentiments I could retire... or at least get a nice meal, LOL. But having been active in the AMA (American Medical Association) for almost 17 years, I understand why people sometimes feel frustrated with

what the AMA does, but I will never understand why a physician would not be a member.

We all know that bills and policies are voted on. What less of us know is that those who vote are bombarded daily from all sides about why their way is right. If voters only hear from the insurance companies or pharmacy industry, that’s the only side they know. We need to make sure physician’s voices are heard, and the AMA (and FMA and HCMA locally) works hard to ensure this happens. What even less of us know is that the AMA has a pretty big voice in Washington, DC. For better or worse, whether you’re a member or not, whether you agree with the AMA’s decisions, they are the voice of medicine on ‘The Hill.’

“Okay, great, so the AMA argues on my behalf...how do I tell them what I want them to say?”

The AMA has numerous ‘sections,’ which is how I got started first semester of medical school (Medical Student Section-MSS), then stayed involved during GME training (Resident and Fellow Section-RFS), and have remained involved into practice (Young Physician Section – YPS). Other sections include the Minority Affairs Sections, the Women Physician Section, the Senior Physician Section, and the Specialty Society Section. But, the main ‘section,’ the main voting body, is the House of Delegates.

There are approximately 650 delegates and another 650 corresponding Alternate Delegates, all whom are physicians, who write, discuss and vote (yes, it’s a vote!) on what the AMA is going to say. When the AMA does something, it is based on policy that was written by physicians. Physicians from all states and all specialties get together twice a year (in a really big room and using strict parliamentary procedure) to read, discuss, re-read edits, discuss again, edit on the floor, and then vote up

or down whether a resolution will become AMA policy. The process is intricate and time consuming, starting weeks in advance, including reading hundreds of pages of resolutions, with multiple conference calls and online discussion forums. People get intense, people get passionate, and sometimes, after arguing a position for over an hour, it can be extremely frustrating when the vote doesn’t go ‘your way.’ But does that portion of the delegation quit...of course not. That would be leaving medicine to the wolves (and depending on which side you’re on, the other side is always the wolf, LOL). Those 1300+ physicians (and residents, and medical students) continue to fight for what they think is right and do it (for free) because they know what the AMA says can make a difference. And it is truly uplifting when you get something passed that you know will help your patients!

You may be thinking, “That’s all well and good, Nicole, but what does that mean for me? Why should I care? Why should I give money to the AMA (namely dues) if they just supported X and I prefer Y?”

Excellent question! The number of physicians from your state and specialty society is directly based on AMA membership numbers. Even if you are not interested in attending the meetings and arguing over policy, by being a member you are giving more votes to the people who fight on your behalf. The more dual-members a state or organization has, the more votes they get on the floor...pure and simple. Your membership really does matter.

This concept may sound complicated, so I invite you to contact me with questions or comments and come to a meeting. It’s free, it starts on a weekend, and all are welcome. It is in Chicago every June, and it rotates around the country for November. Come sit in on the discussion. Watch 1,000+ doctors discuss patient care and healthcare policy. It’s an amazing sight to see. And it’s worth your time, worth your effort, and it’s most definitely worth your membership dues.

And remember, that old adage holds true in the politics of medicine... if you’re not at the table, you’re ON it!



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Reflections

The History of Infertility - Past, Present, and ? Future

Barry Verkauf, MD

bverkauf@verizon.net



Sex is everywhere today. For most, it is highly enjoyable and is certainly a way of expressing intimacy and meaningfulness to another person; however, probably its greatest significance has to do with reproducing our species. Those who are religious and accept the Creationist view believe God created animals and man from dust in the Garden of Eden. In the Bible, it says that God told Adam and Eve to

“be fruitful and multiply and replenish the earth.” They apparently did as He directed.

Charles Darwin, in 1859, published his observations and codified that it seemed one species evolved from another. All of life on earth apparently may have evolved from a single cell made up of substances which are unknown. The symbol of fertility has always been that of a woman, and the importance of women has been tied to their ability to bear children and manage a family.

There was very little respect for infertile women. It was grounds for divorce. They poured pregnant mares’ urine over them and often beat them with animal skins. In medieval times, infertility was thought to be a consequence of the witches and devils. Sometimes infertile women were even considered to be witches themselves and were burned at the stake. Women were seen as the problem, and thus they were sometimes asked to drink urine from pregnant animals. Religious connotations were associated with the issue of infertility that was sometimes thought to be punishment for sins committed by either partner.

During the Renaissance, scientific and rational thought became more common. In 1677, DeGraff identified the ovarian follicle, and in 1682 Leeuwenhoek first saw a sperm under a microscope. During the 1800s, little progress was made relative to the study and treatment of infertility, but women were generally thought to be most likely the cause unless the man was impotent. Stress was thought to be a significant factor.

It was not until the 1900s that real progress in infertility began to be made. In Boston, in the 1920s, Harvard had an infertility clinic started by Dr. John Rock who was very active in infertility research as well. There are those who say that an egg was first fertilized in his laboratory by one of his associ-

ates in the 1940s. Artificial insemination was available using a husband’s or donor’s sperm, and had been since the time of Dr. J. Marion Sims in the mid 1800s. The hysterosalpingogram evolved from the invention of the Rubin’s test passing air through the cervix to test tubal patency in 1927 in New York. It was not until the 1920s that estrogen and progesterone were identified and chemically produced and studies of endocrinology begun related to ovulation. The first modern semen analysis was done in 1934.

The ovulation inducing drugs Clomid and urinary gonadotropins became available in the 1960s but were not widely used clinically until the 1970s. While disorders of ovulation started to be treated in the late 1960s and 1970s, a major cause of infertility was identified to be tubal obstruction or peritoneal adhesions. These cases were increasingly common after the sexual revolution in the 1960s and 1970s with the increase in sexually transmitted venereal diseases. Surgical therapy for tubal obstruction was only modestly successful.

The problem of tubal obstruction had been appreciated for a couple of decades by people who thought it might be good to have a way around the fallopian tubes to bring the ovulated egg in conjunction with the ejaculated sperm. The possibility of doing this in the laboratory was actually considered in the 1940s in Boston, and some say in China and India, but most prominently in England through the efforts of Robert Edwards, PhD and Dr. Patrick Steptoe. Edwards was a physiologist, Steptoe was a laparoscopist, and they had difficulty in England getting human eggs for Edwards to experiment with in the laboratory. He came over to the United States in 1965 and spent time at Johns Hopkins Hospital with Drs. Howard and Georgeanna Jones, improved his techniques, returned to England, and after over 100 attempts he and Steptoe achieved the first in vitro fertilization birth in 1978. This was an event that shook the medical world!

Drs. Howard and Georgeanna Jones began the first efforts at in vitro fertilization in the United States in 1978, which culminated in the first IVF birth on December 28, 1981 after approximately 40 attempts. The biggest change that they made from Steptoe and Edwards’ approach was to introduce the use of gonadotropins to stimulate multiple follicular development instead of using a natural cycle where only one oocyte would be available. People came from all over the world to study with the

(continued)

Reflections (continued)

Jones' and with Steptoe and Edwards, and clinics began to evolve. By 1985, there were about ten in the United States, and average pregnancy rates using IVF were only 14%. By 1995, that had risen to 25%, and today under appropriate circumstances cumulative pregnancy rates can be expected to be almost 70%.

Considerable research has been placed in the IVF field and astounding progress made. Instead of laparoscopic retrieval of oocytes, pelvic ultrasound began to be the preferred approach by the late 1980s. Improvements in the laboratory allowed embryos to be grown to the blastocyst stage, where the likelihood of implantation was enhanced. In 1992 in Belgium, the concept of intracytoplasmic sperm injection (ICSI) was developed, which enabled a single sperm to be injected in the laboratory into a retrieved ovum. Success rates using in vitro fertilization are now reasonably good. In women less than 35, about 50% can expect to conceive each cycle, in women 35 to 40 about 28%, and in women over 40 about 8%.

It is possible to freeze gametes and embryos. This has been done with sperm for over 50 years, and in fact, there has been a pregnancy with a sperm frozen over 25 years. Embryos have been frozen and replaced in subsequent unstimulated cycles since the mid 1990s, though increasingly frequently now. The freezing of eggs has been more recent. Though initially done in the late 1990s, it is being done with increasing frequency. Some women who plan to delay having children are electively freezing their eggs to be used at a later date to enhance their likelihood of conceiving, and women who develop cancer at a young age are able to have their eggs retrieved or ovaries biopsied with the possibility of becoming pregnant at a later date should their cancer be cured. This is also true for men treated for cancer.

Who gets pregnant through IVF has changed, as well. Transgender patients, lesbians or gay patients, and single women are utilizing these technologies. It is now possible to do preimplantation testing on embryos so that a higher proportion of chromosomally normal ones are implanted leading to higher pregnancy rates. Soon genetic engineering may be available to correct genetic abnormalities. In 2016, Horace Greeley, an attorney who works with the reproductive endocrine division at Stanford, published a book called "The End of Sex." In addition to reviewing all of the legal, ethical, and medical aspects dealing with IVF and assisted reproductive technologies, he suggests that in the not too distant future it will be possible to get a skin biopsy from a man or a woman, differentiate a stem cell into an egg and a sperm, cause them to fertilize in the laboratory, and create an embryo in the laboratory, which can be replaced into the uterus to be born at a later date - cloning! If you've not read "Brave New World" by Aldous Huxley written in 1932, where he envisioned a totalitarian

state with mass production of embryos from a single egg, read it! I don't think we'll be going there, but the possibilities in societal change due to reproductive advances are astounding!

Comments are welcome, please email editor David Lubin, MD: dajalu@aol.com

House calls, anyone?

As a result of several phone calls made to the HCMA office, the HCMA staff is compiling a database of members who will see patients in their home. If you would like to be added to the database, please email Elke Lubin at the HCMA: ELubin@hcma.net. Please include your medical specialty, the best phone number to call to schedule a house call, and the area of the county you travel to.



Physician Wellness

When Mom is the victim of cyberbullying

Rani Alexander, MD



A few months ago, I realized it was time to have a conversation with my tweenage son that I had been dreading.

It wasn't where babies come from. It wasn't about death or illness or substance abuse.

My son, always sensitive and inquisitive, was sitting next to me Googling random things. Then he Googled his dad, and my heart stopped. Because I knew the next search would probably be me.

I haven't Googled my name in years. I know what's out there about me; things posted by disgruntled patients who didn't get what they wanted or had a bad outcome that wasn't necessarily my fault, but for which they needed a target for their anger and pain. Seeing these posts causes me too much anxiety, and my inability to respond makes me feel powerless.

I refuse to pay sites to remove negative reviews. I refuse to try to solicit positive reviews. I refuse to encourage fake reviews from non-patients. Most of all, I refuse to reach out directly to patients who have clearly made up their mind without trying to have an open discussion with me. It's not like I haven't read *On Apology*, it's that if I truly believed I'd done something that caused harm, I'd have already dealt with it in a legal, ethical way.

Most of what is out there about me make me sound much more incompetent, unkind, and careless than I like to think I actually am. But I have always dreaded the day my kids found those reviews.

Fortunately, that night after Googling his dad, my son got distracted by something else, but I knew my turn would be coming. My husband and I had discussed this in the past. His answer was always that the kids would know better than to just believe what they read or be affected by it because they know me best. But I was not reassured.

So, what does any mom do these days when she isn't sure about how to deal with a parenting issue and is not satisfied with her partner's answer? I, of course, started asking my internet friends.

I got some really good advice. "This is a good time for the

lesson on everything on the internet isn't true." "I tell my child I can't make everyone happy all the time." My personal favorite was: "You can be the juiciest plum on the tree, but there's always someone who doesn't like plums." This will be saved for the first time one of my kids gets their heartbroken.

The next day when I picked my son up from school, and we were driving to pick up his younger siblings, I told him, "I need to talk to you about something." I think he thought he was in trouble because he got very quiet.

"I saw you Googling Dad last night. When you guys Google me, you are going to see a lot of mean things from people who have been unhappy with me. Because of privacy laws, I am not able to do much about it and can't respond. So, if you have questions, you can ask me, but there's not much I could actually tell you. I know you know that not everything on the internet is true."

"OK."

"I can't fix everyone's problems and give them everything they want. Some people just like to say nasty things."

"You mean like trolls?"

"Yes, exactly."

"Are we done? Can you put some music on?"

Well, that was the end of it with him. I was relieved that he didn't seem to be bothered by it. But it bothers me, and it hurts me, and it hurts my friends and colleagues. With all this talk about physician burnout and physician suicide, the dirty little secret no one talks about is the culture of bullying that is pervasive, and some of that is bullying by patients, including online. In no other field or business would anyone be limited and have their hands tied from responding to reviews the way physicians are. I would love for us to challenge and clap back at these sites. We need to tell legislators and our medical societies that this is not OK, and we need to stop turning the other cheek.

Rani Alexander is a family physician in Massachusetts and can be reached on Twitter @raniaalexandermd.

This originally appeared on Kevinmd.com, August 12, 2019/ reprinted with permission.

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The Physicians Foundation Launches Campaign to Help Prevent Physician Suicide

The Physicians Foundation announced the launch of *Vital Signs*, a campaign to help raise greater awareness about the physician suicide epidemic and to provide physicians the tools to attend to their own wellbeing.

“One physician commits suicide every day, the highest suicide rate of any profession and more than twice that of the general population,” said Gary Price, M.D., president of The Physicians Foundation. “These are our mothers and fathers, wives and husbands, sons and daughters, friends and neighbors. They are human beings who deal with emotional and physical pain, and neurocognitive issues, like depression and anxiety, all of which are exacerbated by very stressful careers. We cannot continue to lose so many talented and caring professionals every year.”

Vital Signs is designed to empower physicians, their colleagues and loved ones, to check in on one another's wellbeing. Ultimately, this will help destigmatize the negativity around physicians seeking help for their mental health. The campaign uses an educational webpage to help understand the warning signs to look for in someone who may be suicidal. In addition, *Vital Signs* provides a guide to help start a conversation with a physician about whom a colleague may be concerned.

The *Vital Signs* campaign is part of the Foundation's ongoing commitment to protect physician wellbeing, including addressing burnout, which can have devastating effects on the access, quality and cost of our country's health care. It's estimated that one million Americans lose their physician to suicide each year.

In 2018, the Foundation released results from a nationwide survey, which revealed 78% of physicians experienced burnout due to factors such as loss of clinical autonomy, electronic health record (EHR) challenges and barriers to addressing patients' social needs that are directly impacting their health outcomes. To combat the main drivers of burnout and improve physician wellbeing, the Foundation is focused on these issues.

To explore *Vital Signs*, visit www.physiciansfoundation.org/vitalsigns. The website is intended for educational purposes only. If you need further guidance or are in a crisis, call the National Suicide Hotline at 1-800-273-TALK (8255) for free 24/7 support.

About the Physicians Foundation

The Physicians Foundation is a nonprofit 501(c)(3) organization that seeks to advance the work of practicing physicians and helps them facilitate the delivery of health care to patients. It pursues its mission through a variety of activities including grant-making, research, white papers and policy studies. Since 2005, the Foundation has awarded numerous multi-year grants totaling more than \$50 million. In addition, the Foundation focuses on the following core areas: physician leadership, physician wellness, physician practice trends, drivers of health and the impact of health care reform on physicians and patients. As the health care system in America continues to evolve, The Physicians Foundation is steadfast in its determination to strengthen the physician-patient relationship and assist physicians in sustaining their medical practices in today's practice environment. For more information, visit www.PhysiciansFoundation.org.

Viewpoint

Assisted Death

Rodolfo Eichberg, MD
eichberg@tampabay.rr.com



I was thinking about my next article for The Bulletin, about a totally different subject, when I received a notification on my iPhone: an article from Med Page Today which conjured up a mixture of thoughts and feelings that I have rarely if ever felt before. Surprise, disbelief, outrage, frustration. Doubts about the moral integrity of the twenty-first century medical profession began tugging at my heart and brain.

The short note was entitled: “Assisted Death and Dementia” abstracted from an article which had appeared in JAMA Neurology. The subtitle was “Contemplating Suicide when Alzheimer’s risk is high.” It discussed whether suicide (should,could) would be an option when the person had “elevated beta amyloids,” and whether physicians should provide assisted suicide services to such persons.

Before going any further I present my disclaimer: I am very much opposed to any form of physician participation in suicide. The Hippocratic Oath states, amongst many other relevant things, “Above all, I must not play at G-d.” Maimonides’s Oath states, “The Eternal Providence has appointed me to watch over the LIFE and health of thy creatures.”

Simpler and more practical reasons are that somebody that really wants to commit suicide does not NEED any assistance, either medical or of any other nature. A gun, poison, a car to crash into a wall, a lake or an ocean to drown in, and countless other ways of committing suicide are readily available and FREE. Why should the medical profession “assist”? Do we need another ICD-10 code for billing? Are we supposed to save Medicare and the insurance industry money?

What does the phrase “assisted death” mean? Is it less bad than “assisted suicide”? Just sounds better? These are questions for you to answer.

If assisted death is OK for elevated amyloids, is it also OK for elevated creatinine? Think of how much Medicare would save if it paid for assisted death instead of years of dialysis! In this case we would be saving money AND resources: less dialysis machines, facilities, access line surgeries, and other tangible things. Since all dialysis services are paid by Medicare,

we would be saving taxpayer money, which could be used to bolster the political campaign of the politicians behind this plan. Some of it could be used for the homeless, free child care, and other worthy causes. Even the Environmentalists would be happy because there would be less plastic tubing discarded.

All this is food for thought, and ALL physicians need to think about what each and every one will do if and when they are presented with this issue. Physicians have been out of the assisted death business for as long as medicine exists. Getting into it may send us down a very slippery slope.

Comments are welcome, please email editor David Lubin, MD: dajalu@aol.com



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Personal News

In Memoriam



It is with deep sadness that we announce the passing of Dr. Sandra Joycelyn Downes, aged 55, who passed away peacefully surrounded by her family at Tampa General Hospital in Florida on July 24, 2019.

Dr. Downes was born in Bridgetown Barbados, on May 24th, 1964. She migrated to the United States in 1979. In 1995, Dr. Downes earned a medical degree from Harvard Medical School. Dr. Downes completed both her internship and residency in pediatrics at Boston Children's Hospital followed by a fellowship in allergy and immunology at Boston Children's Hospital. She joined the practice Allergy, Asthma and Immunology Associates, Tampa Florida in 2000 and became a partner.

Dr. Downes will always be remembered for her warmth, compassion, and dedication to both her patients and community. She was a member of the American Academy of Allergy and Immunology, the American College of Allergy and Immunology and the Hillsborough County Medical Association. Dr. Downes mentored many students and through her association with the Harvard Medical School network, was involved in community projects and health-related activities, including serving on the Admission Committees of both Harvard Medical School and the Boston Children's Hospital Intern Selection Program.

Loved ones who will miss Dr. Downes until they meet again are her husband Steven Reyes; mother Angela Margaret Downes; father Anthony McDonald Barnett; sister Vicky-Ann Deborah Callender, brother Wayne McDonald Downes; uncle Anthony Barton; aunts Judy Yvonne Burton and Lorenza Downes; nieces Anna Callender and Adria Callender, godchildren Charmaine Hackett and Nicholas Lesse; sister-friend Sonia Carter and many other relatives and friends.

In Memoriam



Susan (Fennell) Scannon loving wife and cherished mother, grandmother, and friend, peacefully passed away on the evening of June 25, 2019, at the age of 69, surrounded by her family. Susan was born on April 18, 1950 in Tampa, Florida

to Herman and Zoraida Fennell. She attended Pasco County High School and Mercer University in Macon, Georgia where she met her devoted husband of 48 years, Michael, on a blind date.

She became his best friend, accompanying him to Augusta, where she graduated from (then) Augusta College. Susan was preceded in death by her father, Dr. Herman Fennell, and is survived by her mother, Dr. Zoraida Fennell; her husband, Dr. Michael A. Scannon; her three children and their spouses, Mary Laurel S. Wilson (Darren), Jordan Ashley S. Hough (Brian), and Major Michael P. Scannon (Shannon); her eight grandchildren, and nieces and nephews. Mere words fail to describe the beautiful, extraordinary person that Susan was and will forever be remembered as to her family, friends, and anyone who knew her. No one has ever better personified the description, "She lit up a room." The deep sense of loss felt by all is only surpassed by a vast collection of memories of her wit, charity, wisdom, love, and laughter.

In Memoriam



Fred Zichlin, 54, of Tampa died Friday, September 6, 2019. Mr. Zichlin co-founded and operated Stonemans Statueland for over 25 years. He had an affinity for sports and bodybuilding. Preceded in death by his beloved mother,

Sylvia, survivors include his father, HCMA member, Dr. Jack Zichlin; brother, Ira Zichlin (Fran Jensen); sisters, Edee Hammer and Sally Pliskow; nephews, Jared Pliskow (Amanda) and Ethan Pliskow (Amanda); and a great-niece and nephew. Memorial contributions may be made to the charity of one's choice. Condolences may be expressed online at segalfuneralhome.com.

2019 Leadership Academy Graduate



HCMA member, Dr. Subhasis Misra, is a member of the 9th class of the Karl M. Altenburger, M.D. Physician Leadership Academy, which officially graduated during the first House of Delegates session on August 10th at Annual Meeting.

The FMA's Karl M. Altenburger, M.D. Physician Leadership Academy is aimed at identifying and training young physicians to become the next generation of physician leaders in Florida. The program launched in 2010 with 10 physician participants; more than 100 FMA members of all specialties and practice backgrounds have since graduated from the Academy.

Through sessions with nationally recognized experts and University of Florida Leadership Development Institute personnel, participants develop core skills physicians need to excel as leaders

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Personal News (continued)

within medical staffs, group and corporate practices, organized medicine, and the public policy arena. The Leadership Academy is free for FMA member physicians who are accepted into program.

2019 Poster Symposium first place winner



More than 125 medical students, residents, and fellows participated in the 2019 David A. Paulus, M.D. Poster Symposium, which took place during the FMA Annual Meeting. Congratulations to this year's first place winner

- a medical student from USF MCOM!

Clinical Case Category - First place: Jordana B. Herr, BS, USF Morsani College of Medicine. Novel Use of REBOA to Stabilize a Trauma Patient with Cardiac Contusion

A New Partnership



Daron Diecidue, MD
Founder/CEO
Fast Track Urgent Care



Paul Nanda, MD
Medical Director
Fast Track Urgent Care

In early June it was announced that Tampa General Hospital and Fast Track Urgent Care have launched a new partnership to provide medical care at ten locations throughout the Tampa Bay area, including two in Pinellas County. HCMA members, Drs. Daron Diecidue and Paul Nanda are principals with Fast Track Urgent Care. The joint announcement of the 50-50 partnership between TGH and Fast Track marks the first time Tampa General has offered freestanding clinical care in Pinellas County. It also is an expansion for Fast Track, which currently operates eight clinics. The ten locations will be known as "TGH Urgent Care powered by Fast Track." Plans for more locations are underway.

HCMA's Rock Star!



The band, The Reflections, had its origin in the 60s, with Dr. Fred Rabow joining the other members six years ago; their playlist is a mix of "good 'ole rock and roll." Dr. Rabow played through college and medical school. They've been seen at Palma Ceia Country Club and played at Plant High School's 50th reunion this year. Members of The Reflections...from left to right: HCMA member Dr. Fred Rabow on guitar, Lynn Burnett on drums, Frank Marlin, vocals and guitar, and GE Jones on keyboard.

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Advocating for physicians and the health of the communities we serve.

The dues statements for 2020 HCMA Membership Renewal have been mailed!

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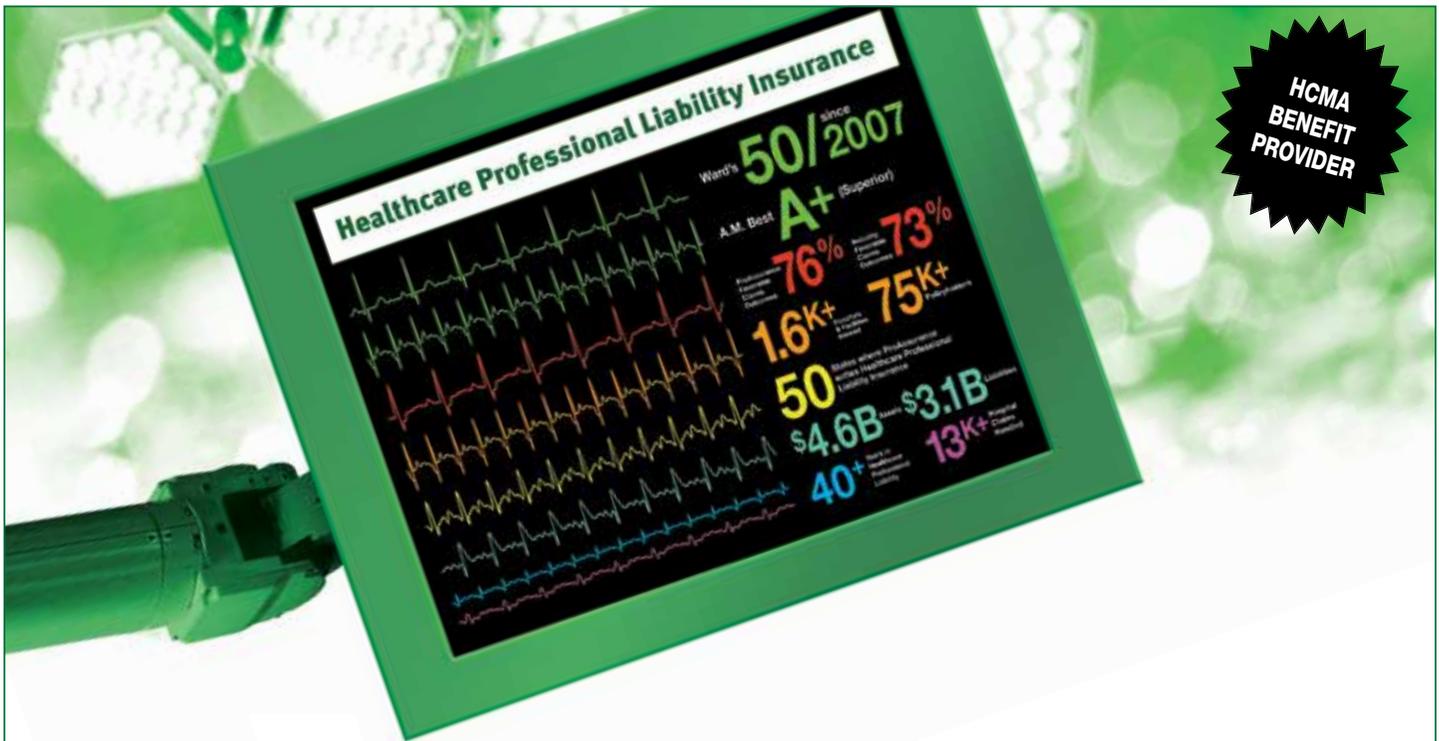
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