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Michael C. Lewis, M.D., FSA President

Awesome Responsibility in Challenging Times

It is with great humility that I pen my first greeting as president of the Florida Society of Anesthesiologists, a position I assumed just weeks ago. I am not certain the reality of this role has quite hit me yet!

I want to thank Drs. Jacobs and Feinglass for our most successful annual meeting to date. It was fantastic. Kudos to our management company, AMR, and to Kari Glisson in particular for operationalizing this gathering. The annual meeting is so important, not only for its scientific content, but also because it allows us all to participate in the governance of our society and provides the opportunity to meet up with old friends.

Thanks to my predecessor, Dr. David Whalley, who has been such a wonderful role model, showing me how to embrace collective leadership. David, your counsel was and will be valued. Two groups of individuals need to be thanked ahead of time. First are my chairman and colleagues, whose support I have had and will still need. Obviously, the time that it takes to complete this job will distract me from work. So I thank them for their

understanding and help. In addition, my wife, Judy, and the girls have my thanks for their constant support and encouragement as I move into my new role.

I find myself with this awesome responsibility in a period that is challenging to us as American citizens in general and as physicians in particular. Our country is in the midst of a serious recession, the like of which we have not witnessed for many decades. The ramification of this reality has led to a national debate concerning the spiraling cost of health care in the economic downturn. My mentor in medical activism, Dr. Jeff Apfelbaum (a former ASA president), taught me that if you are not sitting at the table, you will become part of the meal.

We are all familiar with the famous philosophical conundrum of reconciling free will with divine omnipotence/omniscience. I like to think of myself as a somewhat religious person. Therefore, I see the health care debate within a defined framework. In the struggle to protect our patients and our profession, an inherent friction emerges between faith in a larger

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predestined plan and our ability to be proactive in our own destiny. My tradition informs me that to affect change, we must struggle with such destiny. Change won't come on its own. One has to facilitate this change and mold it according to one's vision. We can sit back and passively become the meal, or we can be the chef and take basic products to create a product that is nutritious to our patients and sustaining to us. That is our challenge! The FSA will make its voice heard at the local, state and national levels.


Each of us will be called upon to be a soldier in this battle. Our FSA needs to pay our troops. My goal is that at the end of this year, the

FSA will be held up as a beacon of political activism. This will be measured in terms of our collective participation within both our state and national PACs. Unless our troops have resources, battles will be lost. Consequently, our patients will suffer from a health care system that is suboptimal, and our profession will be unable to recruit the brightest and the best. I am asking each and every member to join our FSA and ASA PACs. Let each of us take up a place of honor as our army goes out to battle.

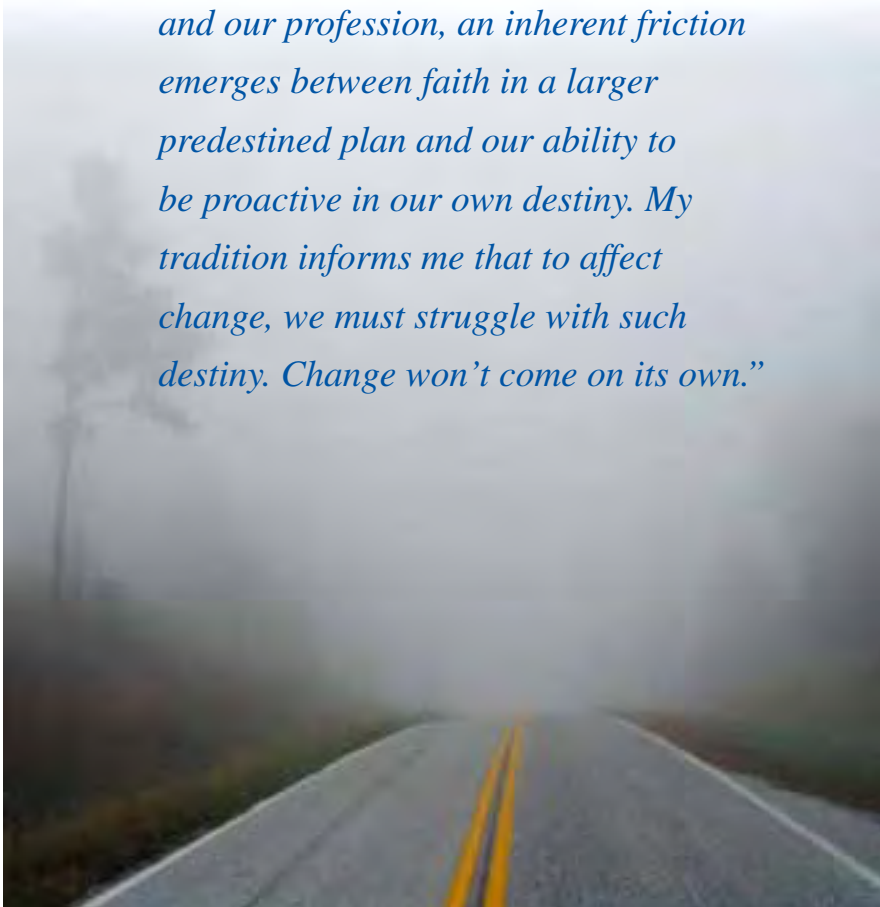
Some of us will be asked to be active in combat. Some colleagues may be asked to write articles. Others will be called upon to meet with politicians and make trips to

Tallahassee and Washington, D.C. Just as in international struggles we are asked to look after our soldiers in time of conflict, we need to make sure our "foot soldiers" feel comfortable in fighting for a better medical system. Their struggle is both for our patients and for future generations of anesthesiologists. If they have to be away from work, please be understanding that they are fighting our battle.

Not all of us share the same view of how the new health care system should look. I ask you all to be respectful of divergent opinions. Do not send emails when you are angry! Use electronic modes of communication sparingly. Email, blogs and websites have an extensive audience, and the implications are widespread. Let's not lose troops to friendly fire! If you disagree with something you see in a blog or a discussion group, please don't be reactive. Think before answering. Consider directly communicating your opinion to the individual with whom you disagree. Emotion can be misinterpreted in electronic communication. Let's all remember that what unites us far exceeds our differences in opinion.

The financial downturn that has accelerated this health care debate has had its implications on our society as well. Many of our members are hurting. Some of the companies that support our educational efforts are also suffering. We need to take a long, hard look at our finances. This process was initiated under Dr. Whalley's leadership, and I want to continue this valued initiative on my watch. There are no sacred cows. Each expenditure will be examined for its efficacy and its impact on our society's financial bottom line. 

"In the struggle to protect our patients and our profession, an inherent friction emerges between faith in a larger predestined plan and our ability to be proactive in our own destiny. My tradition informs me that to affect change, we must struggle with such destiny. Change won't come on its own."



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# Society News

## Florida Sends 18 Delegates to ASA 2009 Legislative Conference



**T**he FSA sent an 18-member delegation to the 2009 ASA Legislative Conference held May 4-6 in Washington, D.C. While in D.C., your FSA representatives advocated on behalf of Florida's anesthesiologists and their patients while visiting with many of Florida's elected officials in the U.S. Congress.

*Left: University of Florida resident delegate, Rosemarie Garcia, M.D., visits with Brad Stine. Mr. Stine is an aide on the staff of Rep. C.W. Bill Young (R-FL, 10th District).*



*Above: Rafael Miguel, M.D.; Rep. Kathy Castor (D-FL, 11th District); David Varlotta, D.O.; and Hector Vila, Jr., M.D.*



*Above: Jonathan Slonin, M.D.; Don Sokolik, M.D.; and Gary Richman, M.D.*

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## Tallahassee Report




by Jon Johnson,  
FSA Legislative Consultant

### Success in 2009, Getting Ready for 2010

The 2009 legislative session was a successful one for Florida doctors—especially for anesthesiologists. First and foremost, with the assistance and tireless passion of Dr. Rafael Miguel, the Florida Legislature passed legislation to implement a controlled substance monitoring database in the state of Florida. This has been a long fought battle at which the FSA has been at the forefront for many years. The medical community was also successful in passing legislation to address the assignment of benefits under managed care networks. Now insurance companies will have to honor assignment of benefits for out-of-network physicians.

As we begin looking forward to 2010, it is already time to start focusing on the next election cycle. In the 2010 election, the governor's office and every cabinet position will be up for grabs. In the Legislature, we are expecting approximately 33 open seats, possibly more depending on how many legislators jump into the open races for the cabinet positions.

At the recent annual conference, we announced that Dr. Jeff Jacobs is the new FSA PAC chairman, Dr. David Varlotta is vice chairman and Dr. Hector Villa is treasurer. Look for your PAC team to be leading your organization and individual doctors to give to the FSA PAC and to the Anesthesiologists' Leadership Council (ALC).

Now more than ever, it is imperative that we keep patient safety and quality of care issues at the forefront of our elected officials' attention. We must remain vigilant in our fight by supporting pro-anesthesiology candidates. The FSA PAC and the ALC are the FSA's tools to be active in the campaigns and elections that choose the next leaders of Florida's government. It is time to build our war chest. 



## Support Your Profession: Contribute to the Anesthesiologists' Leadership Council and the FSA PAC

**ALC Contribution Suggestions:** Member - \$500; Presidential - \$1,000; Group Practice, Silver - \$2,500; Group Practice, Gold - \$5,000; Group Practice, Platinum - \$7,500 and up.

**FSA PAC Contribution Suggestions:** Any amount is appreciated.

**I support the ALC:** Attached is my contribution of \$ \_\_\_\_\_ payable to the ALC PAC toward the election of candidates that support anesthesiologists in Florida.

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# ASA Director's Report



## Hold on, We're in for a Bumpy Ride *Critical Issues in the Coming Year*

by Jerry A. Cohen, M.D., ASA Director, Florida

This time last year, the market was stable, and the outcome of the presidential election was uncertain. How things have changed. Retirement portfolios have shrunk, and the national debt is out of control. Our troubled economy puts pressures on us both personally and as guardians of the safe practice of medicine. We know that health care reform will have a substantial impact on our practices, but we are uncertain what that impact will be. In short, over the next year as Bette Davis said in *All About Eve*, "Hold on, we're in for a bumpy ride." I would like to take a closer look at some of the bumps.

Most of us want health care reform that includes all Americans, but are concerned that we are looking at a new form of voodoo economics coupled with losing control over the professional details of health care that make it safe and available and provides real choice. If we were talking about feeding the hungry with a Medicare-like model, the impact on food delivery, quality and availability would be obvious. Imagine a system that pays only 50 percent of the actual costs. We would drive supermarkets out of business, leaving us with only a government plan. A choice between Spam and C-rations is not a choice anyone would want. That is why the government issues food stamps to pay for the actual costs of food. Why should it be different with health care?

We are promised that people will have a choice between a private health care plan and a public plan. Right now our public model, Medicare, functions because payment is shifted from the insured patient to cover the Medicare patient. Why should we believe that private plans would not be rapidly undercut by the public government plan? Why should we believe that our citizens would not choose the public, less expensive plan? Why should we believe that once the private plans are gone, payment for services would begin to drop to unsustainable levels? Then the fix would be a reduction in health care services and a push for us to do more for less, much as when Florida Medicaid asked us to do labor epidurals for less than the cost of the epidural tray. While I can understand the point of being cautious about condemning all public plans before we see them, I do worry that the economic math will soon lead us to worry that private plans are not sustainable in competition with public plans. This is how Medicare started, and we see where it is now.

Opposition to a public plan should not be seen as an embrace of commercial insurance companies. Even if we reject some or all public government plans, it is essential to recognize the abuses of many commercial insurers and to use this opportunity to exorcise them. If private plans become the exclusive

winners and commercial insurers continue some of their egregious abuses (rescission, underpayment, administrative chaos, unworkable panels and denial of care), we will be confronted by the same degradation of access to care and quality as well as a decline in revenue compared with cost, just as we fear from a public plan. Right now we have a good opportunity to correct some of the commercial insurers' most egregious practices and to ensure that they compete in the market. We have a good opportunity to make private plans compete with each other without needing the competition the president seeks from public plans. We are being asked to choose between two very imperfect public and private alternatives. I believe insurance companies can be forced to reform, but the natural history of Medicare makes me very wary of government plans.

We are told that this is the only moment in time when the wreck of health care economics can be fixed. We are told by the administration that unless we get on the train, we will be left behind or worse. Last month the president said, "If we don't get it done this year, we're not going to get it done." You have to wonder how this chronic problem, worthy of our considered attention, could have only this one moment in time to succeed. Health care reform is not exactly like an asteroid hurtling toward Earth, when



there is an exact moment when diversion becomes impossible. On the contrary, it is more like an avalanche of conflicting ideas. When the CBO recently opined that \$1.5 trillion would be required to cover only 16 million of the 46 million uninsured Americans, that should have given us reason to pause for careful, considered and civil debate.

Meanwhile, the AMA plans to address its concerns after the legislation is proposed and the camel's nose is way under the tent. Even if Congress agrees to the AMA's principles for a public plan, the economic math still implies that eventually cost must be contained by cutting services and removing control of patient care from physicians. If Congress can "... save \$3 trillion by 2020 by adopting a public plan that pays providers at Medicare rates," to quote a recent report, why would Congress, strapped for funding, not eventually do just that? Replay the final scene from *Casablanca*. If this legislation takes off and we don't fix it, we'll regret it; maybe not today, maybe not tomorrow, but someday soon, and for the rest of our careers.

As noted, we need careful, considered, civil debate of all alternatives, not just the ones we each favor. Name-calling and sound-bite-driven political knee-jerking are not what I have in mind, and are not likely to be productive. Would that our Congress could dispassionately examine the facts and formulate a competent, long-term solution that would work. And while awaiting that miracle, that Fox and MSNBC could take a vacation.

Regardless, the economic landscape for physicians will be a mess with

everyone jockeying for position. At minimum, there will be a new game with poorly defined rules. Our payment system will put us at a disadvantage. The use or abandonment of time units may resurface, and we will need an accurate economic model to tell us how to deal with it or how to take advantage of changes that might serve us better.

There are things we can do now to make our specialty stronger. We must effectively demonstrate to our patients, our colleagues, our regulators, third party payers and our government the high value we bring to medicine. The ASA Branding Campaign will help, but each of us must be ambassadors for our specialty in many places. We must find ways of engaging all of our members. If ASAPAC membership is a metric of engagement, we have a lot of work ahead of us.

The Anesthesia Quality Institute (AQI) is the fruit borne of the combined efforts of several ASA committees. It will become the foundation for data-driven, evidence-based decisions and processes needed to drive strategic planning and to advance our legislative agenda. It will support practice parameters and standards that have a firm scientific foundation. It will justify the value of our services and provide a rock-solid platform for negotiations with third party payers and regulators like CMS and TJC. Effective advocacy for regulations that truly improve care and that ensure anesthesiologists are valued appropriately requires that we move forward post haste with the AQI.

The way we manage the ASA's business must constantly adapt

to new needs. This is the main purpose of the OII (Organizational Improvement Initiative). However, there is a balance between improving the effectiveness of our core mission and raising non-dues revenue. We must also be careful that changes to improve revenue and the day-to-day governance between meetings of the HoD are balanced against the ASA's culture of a democratically run organization.


Leading these efforts will require sensitivity to these and many other issues as well as the ability to gain consensus and to foresee how seemingly unrelated issues will interact. In addition to economics and health care legislation, we must also effectively address manpower; scope of practice and supervision; the DNP degree and the NBME's exam for DNP candidates; pay for performance that is both meaningful and beneficial to our practices; balance billing; Recovery Audit Contractors; structuring the ASA's governance to protect us from liability while maintaining the democratic structure of the ASA; malpractice reform; and out of network underpayment.

I solicit your support and advice. If you disagree with me, I solicit your advice even more. These are critical times for us. We must not give up on the possibility of solving our most difficult problems or believe them to be insurmountable. Amazing things are possible if we all remain engaged and committed. Our patients deserve no less.

Finally, I would like to tell you why I am running for ASA first vice president. The ASA and my state component, the FSA, have provided me with many opportunities to lead, represent anesthesiologists and

—continued on page 10

*ASA Director's Report, from page 9*

become an effective advocate for our positions. I have learned to be an effective advocate as FSA president, ASA delegate and ASA director; while serving on many ASA committees; as chairman of the Section on Professional Standards; and as the ASA's representative to the Joint Commission and as the elected co-chairman of its Professional Technical Advisory Committee as well as serving as my hospital's associate chief of staff for quality and the chairman of various technical and quality committees. These experiences have taught me how to be an effective advocate for anesthesiology and our patients in venues often hostile to us, to gain consensus and to fashion workable solutions. It is now time for me to return the investment that so many have made in my career by serving effectively as first vice president of the ASA. I am ready to do this, and I enthusiastically embrace the challenges requiring strong leadership. In this, I have the full support of my family, my department and the Southern Caucus, and I have rearranged my clinical obligations to provide the time to succeed. I ask for and hope I can gain your support. 

## Call for Submissions

### *The Emotional Life of Anesthesiologists*

The Department of Anesthesiology of UNC-Chapel Hill is editing a book of essays written by anesthesiologists about the emotional aspects of their work. Topics include, but are not limited to, work/personal life balance, ethical dilemmas, legal issues, OR mishaps, patient safety or death, addictions, etc.

*Submit articles to:*

Fred Spielman, M.D.

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# Florida Board of Medicine News

## 2009 Legislative Session Highlights

by Crystal A. Sanford, CPM, Program Operations Administrator, Florida Board of Medicine

**B**elow is a summary of bills signed by the governor following the 2009 legislative session that may affect your Florida license. Be sure to go to [www.leg.state.fl.us/statutes/index.cfm](http://www.leg.state.fl.us/statutes/index.cfm) and read more details concerning these new laws.

- **SB 462** - This bill requires the Department of Health, when funds are available, to develop a comprehensive electronic database system for the purpose of controlled substance prescription drug monitoring. This bill also requires registration of certain clinics that perform pain management. The board plans to conduct rules workshops in the near future. Be sure to go to the Board of Medicine's web page at [www.flhealthsource.com](http://www.flhealthsource.com) to stay abreast of the law and future workshops. This bill was signed by the governor on June 18, 2009.
- **SB 720** - This bill requires the Board of Medicine to review entities previously approved by the board to grant board certification in dermatology every three years. This bill also lifts the requirement for physicians to co-sign charts written and prepared by physician assistants. In addition, this bill lifts certain limitations on ARNPs and PAs solely performing hair removal with lasers. The Council on Physician Assistants will be meeting in August to repeal rules relating to co-signature of medical records. This bill was signed by the governor on June 16, 2009.
- **HB 387** - This bill provides for an increase in the number of medical faculty certificates permitted at institutions. This bill was signed by the governor on June 1, 2009.
- **SB 1986** - This bill primarily deals with reducing Medicaid fraud. It also requires the board to deny licensure or to revoke licensure of an individual with certain felony health care fraud convictions. The bill also outlines four new disciplinary violations and requires the Department of Health to work with the Agency for Health Care Administration to prosecute physicians who have not remitted amounts owed to the state for overpayments. This bill also exempts sleep-related testing facilities from the patient self-referral act. This bill was signed by the governor on June 24, 2009.
- **SB 2188** - This bill concerns administrative procedures. New procedures include a requirement that boards with electronic agendas place copies of the public agenda materials on their websites at least seven days prior to a meeting. It also requires the boards to place a copy of their meeting notices on their websites. This bill was signed by the governor on June 16, 2009.




As you can see, there are significant changes this year. Also, please understand there are other laws enacted that are not highlighted here. It is important that you take a few minutes to go to [www.leg.state.fl.us/statutes/index.cfm](http://www.leg.state.fl.us/statutes/index.cfm) to read these new laws as well as any others that might pertain to your specific practice type to ensure you are practicing in compliance and that your patients continue to receive quality health care.

### Where do you find the laws and rules?

Florida Statutes (laws):  
[www.leg.state.fl.us/statutes/index.cfm](http://www.leg.state.fl.us/statutes/index.cfm)

Florida Administrative Code (rules):  
[www.flrules.org](http://www.flrules.org)

You can subscribe and unsubscribe for a no-cost, automatic email of every new item put on the Board of Medicine's website by going to <http://flems.doh.state.fl.us/mailman/listinfo/boardofmedicine>. 

*Crystal A. Sanford, CPM, is program operations administrator with the Florida Board of Medicine.*

# Meeting Minutes

## FSA Board of Directors Meeting Minutes

Friday, June 26, 2009 • The Breakers • Palm Beach, Florida

**M**embers present: Drs. George Alvarez, Lawrence Berman, David Birnbach, Russell Brockwell, Charles Chase, Jerry Cohen, John Doyle, Andrew Dvoryansky, Jay Epstein, Eugene Fu, Fred Furgang, Steven Gayer, Melvin Gitlin, Jeffrey Jacobs, D. Kurt Jones, Knox Kerr III, Joe Layon, Michael Lewis, David Lubarsky, Devanand Mangar, Kurt Markgraf, Alexander Matveevskii, Rafael Miguel, Sonya Pease, Gary Richman, Jonathan Slonin, Don Sokolik, William Turnage, David Varlotta, Hector Vila, Jr., David Whalley

**Guests present:** Chip Amoe, Dr. Neil Feinglass, Senator Mike Fasano, Dr. Jim Grant, Dr. Robert Johnstone, Dr. Linda Mason

**Staff present:** Travis Blanton, Katie Fitzgerald, Kari Glisson, Jerome Hoffman, Jon Johnson, Al Rothstein

**I. Call to Order:** President David G. Whalley, M.D., called the meeting to order at 10:11 a.m.

### II. Board Acknowledged Antitrust Guidelines

**III. Welcome & Introduction of Guests:** Dr. Whalley welcomed all present to the meeting. A special welcome and show of appreciation by award was given to Senator Mike Fasano for his support, efforts and assistance in getting SB 462 signed by Governor Crist.

### Call for Additional Agenda Items/Approval of

**Agenda:** Additional items were brought forth by Jeff Jacobs, M.D., and Al Rothstein. A **motion** was made to approve the agenda with the additional items. The motion was **seconded**, and there being no further discussion, the motion **carried**.

### IV. Consent Agenda

- A. Minutes of Board Meeting of March 14, 2009
- B. Membership Update
- C. FSA Staff Activity Report
- D. FSA Website Analytics

### E. Committee Reports

#### i. Annual Meeting/Education

A **motion** was made to approve the consent agenda extracting item E.i. The motion was **seconded**, and there being no further discussion, the motion **carried**.

### V. Action Items:

- A. **Executive Committee Report:** President-elect Michael Lewis, M.D., reviewed the following actions of the Executive Committee in its meeting from earlier in the morning. All items below were also approved by the board.
  - i. **Minutes:** Approval of May 2009 Executive Summary and Financial Reports
  - ii. **FMA Reports and Delegates:** Increase in number of FSA members also belonging to the FMA would allow a chance for more representation on subspecialty FMA board; continue developing and strengthening relationship with FMA.
  - iii. **Recognition of Dr. Rafael Miguel:** FSA extended a gracious thank you to Rafael Miguel, M.D., for his tireless efforts in seeing two bills finally passed and signed this year after much hard work.
  - iv. **PAC Report:** Asked that each district director reach out to his or her district's members and possibly have the members' administrators give the FSA the email addresses of those in their organizations to contact directly for the upcoming governor's race.
  - v. **Annual Meeting:** Jeff Jacobs, M.D., reported that other than difficulties with communication with NSU, attendee number counts are up and asked all to keep in mind that whether or not there is going to be a change with 2010, it is important to discuss it sooner rather than later to facilitate planning.

v. **FSA Public Relations Report:** Al Rothstein informed the FSA board that the speakers' bureau is now online, and e-news blasts will continue to be sent from the executive office to members on a regular basis.

vi. **December Board Meeting:** The Executive Committee recommended that a face-to-face December board meeting be cancelled in light of budgetary restraints. Alternative means of communication between board members at that time of year were discussed and will be explored.

A **motion** was made to approve the action agenda in its entirety. The motion was **seconded** and **carried**.

## B. Consultants' Reports

i. **Legal Update:** Jerome Hoffman informed the board of the two continuing issues:

- a. Conscious sedation is still an issue.
- b. Direct supervision of AAs is now 1:4, revised from 1:2.

ii. **Legislative Update:** Jon Johnson reported to the board that two of the biggest issues were passed and signed by Governor Crist: the Prescription Monitoring Law (SB 462) and Assignment of Benefits (SB 1122). Mr. Johnson also stated that within the next two weeks, EDS should have all AA reimbursement issues and coding worked out correctly and that Johnson & Blanton will continue to notify members on issues and successes via email.

## C. Additional Items

i. **Bylaws/Policy Changes:** Executive Director Kari Glisson reported the work to date on the bylaws. Per the association law attorney's review and opinion, the bylaws did not need to be sent out to the membership for revisions this year. The FSA must adopt a few policies (whistleblower, etc.) by the end of the calendar year, but that is a separate issue from the bylaws. The committee and staff will present another report at the board meeting in New Orleans.

## VI. Deliberation/Announcements

### A. Linda Mason, M.D., Director to ASA for California Society of Anesthesiologists:

Dr. Mason, who is running for the position of assistant secretary for the ASA, thanked the FSA for allowing her to be introduced and to discuss her platform. Dr. Mason believes in fair financial reimbursements, in keeping the anesthesiologists running the society and in continued communication between the governing body of the ASA and its membership.

B. **Robert Johnstone, M.D., ASA:** Dr. Johnstone answered questions regarding committee cutbacks within the ASA and stated that more information would be delivered during the J. Gerard Converse Lecture and ASA Update.

C. **Executive Session:** Meeting closed to only those members of the board for an executive session. The renewal of contracts with AMR, Holland and Knight, and Johnson and Blanton were discussed.

i. A **motion** was made to renew the contract with AMR effective July 1, 2009, through December 31, 2009, pending successful negotiations over the course of this annual meeting. The motion was **seconded**, discussed and **carried**.

ii. A **motion** was made to solicit proposals for the services of attorneys, including Holland and Knight, effective October 1, 2009. The motion was **seconded**, discussed and **carried**.

iii. A **motion** was made to renew the contract with Johnson and Blanton, effective August 1, 2009. The motion was **seconded**, discussed and **carried**.

**VII. Adjournment:** Dr. Whalley adjourned the meeting at 11:48 a.m.

— Respectfully submitted,  
*Katie Fitzgerald*  
 Membership Director



# Applicants Approved

## ACTIVE

Christopher Arther Ayers, M.D.  
Miami

Michael E. Decker, M.D.  
Miami

Jonathan David Dreier, M.D.,  
M.B.A.  
Venice

Steven Jeffrey Feinerman, M.D.  
St. Petersburg

Mario Clark Gutierrez, M.D.  
Tampa

Brett Kandell, M.D.  
Miami Beach

Elias Adib Khoury, M.D.  
Pembroke Pines

John Peter Lafferty IV, M.D.  
Miami

Carla Ann Levi-Miller, M.D.  
Aventura

Joseph Loskove, M.D.  
Hollywood

Mark F. Marino, M.D.  
Deland

Pamela Newman, M.D.  
Miramar

Celestine O. Okwuone, M.D.  
Fort Pierce

Radha K. Rajulapati, M.D.  
Mount Dora

Mohammad Rashid Siddiqui, M.D.  
Spring Hill

Maroje A. Turk, M.D.  
Orlando

John Edward Viola, M.D.  
St. Petersburg

Sinan Yavas, M.D.  
Crystal River

## RESIDENT

Joseph Adam Cartwright, M.D.  
Jacksonville

## RETIRED

Fazle Y. Dalal, M.B., B.S.  
Miami

George A. Panagakos, M.D.  
Palm Harbor



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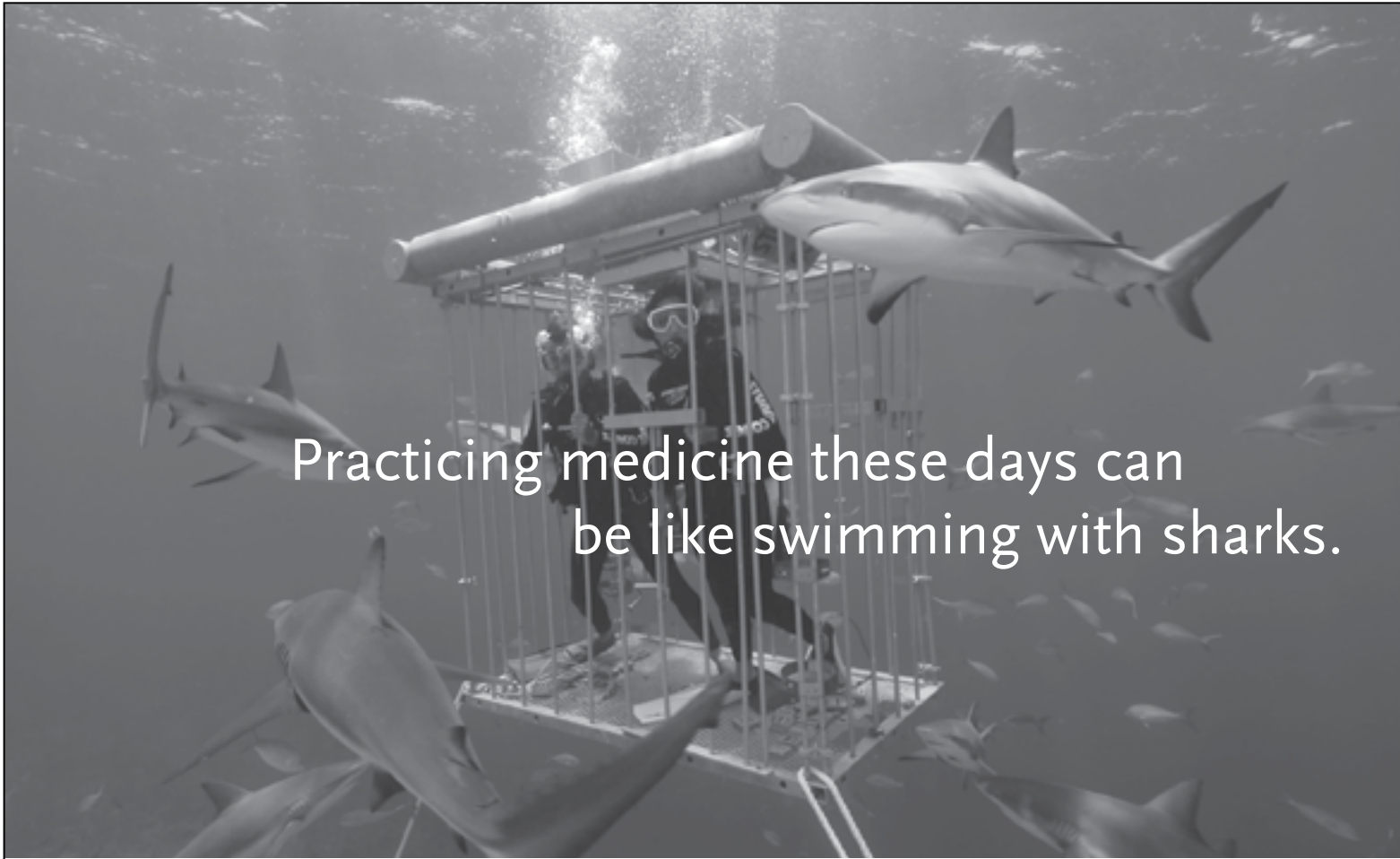
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# Calendar

*October 17, 2009 • 7 a.m.*

## **FSA Caucus Meeting**

for invited delegates  
New Orleans, Louisiana  
(during ASA annual meeting)

*October 17, 2009 • 9 a.m.*

## **FSA Board Meeting**

New Orleans, Louisiana  
(during ASA annual meeting)

*October 17-21, 2009*

## **ASA Annual Meeting**

New Orleans, Louisiana  
[www2.asahq.org/web/index.asp](http://www2.asahq.org/web/index.asp)

*April 26-28, 2010*

## **ASA Legislative Conference**

Washington, D.C.

*June 25-27, 2010\**

## **FSA Annual Meeting**

The Breakers Resort & Spa  
Palm Beach, Florida

*June 24-26, 2011\**

## **FSA Annual Meeting**

The Breakers Resort & Spa  
Palm Beach, Florida

\*Stay tuned for expanded annual meeting offerings. Meeting dates for 2010 and 2011 may shift slightly. Details to FSA members coming soon!

# FSA Board of Directors

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Sonya Pease, M.D.

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District Director 1 North  
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District Director 1 North  
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District Director 2 Central  
Charles Chase, D.O.

District Director 2 Central  
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District Director 3 West  
Devanand Mangar, M.D.

District Director 3 West  
Russ Brockwell, M.D.

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(undergoing election)

District Director 4 East  
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District Director 5 South  
Fred Furgang, M.D.

District Director 5 South  
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ASA Alternate Director, Florida  
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ASA Delegate 2 Central  
Rebecca Welch, M.D.

ASA Delegate 3 West  
Kurt Markgraf, M.D.

ASA Delegate 4 East  
Sonya Pease, M.D.

ASA Delegate 5 South  
Michael Lewis, M.D.

ASA Delegate 6 At Large  
Eugene Fu, M.D.

ASA Delegate 7 At Large  
David Lubarsky, M.D.

ASA Delegate 8 At Large  
Jeff Jacobs, M.D.

ASA Delegate 9 At Large  
David Varlotta, D.O.

ASA Delegate 10 At Large  
Charles Chase, D.O.

ASA Delegate 11 At Large  
Hector Vila, Jr., M.D.

ASA Delegate 12 At Large  
Rafael Miguel, M.D.

ASA Delegate 13 At Large  
Gary Richman, M.D.

ASA Delegate 14 At Large  
J. Knox Kerr, M.D.

ASA Delegate 15 At Large  
David Whalley, M.D.

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