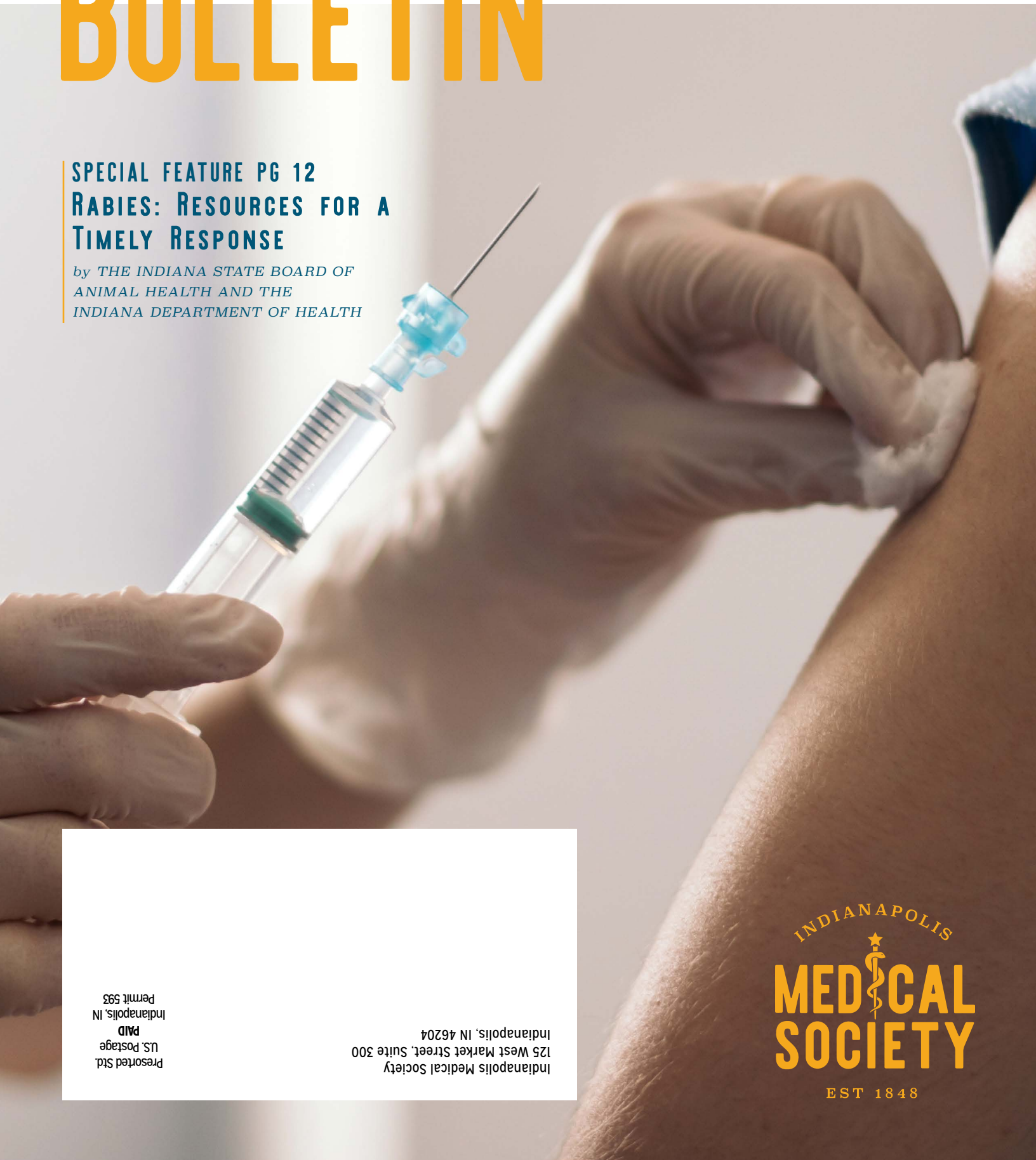


BULLETIN

SPECIAL FEATURE PG 12
RABIES: RESOURCES FOR A
TIMELY RESPONSE

*by THE INDIANA STATE BOARD OF
ANIMAL HEALTH AND THE
INDIANA DEPARTMENT OF HEALTH*



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BULLETIN



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NOTE FROM THE EDITOR

Bulletin content or ideas for content are provided by our members. Ultimately, content, especially editorial articles, in the Bulletin are produced by the authors. Editorial articles are never the opinion of the Indianapolis Medical Society (IMS), IMS Board of Directors, or IMS Executive Committee and only represent the opinion of the author themselves. The goal of all articles and content contained in the Bulletin is to inspire debate and opinions among the membership on public health-related matters and keep the membership informed of issues facing physicians in central Indiana. Opposing viewpoints, comments, and counterpoint arguments are not only welcomed but encouraged and will be printed in the Bulletin by members of the Society. Members who wish to submit articles for publication should do so to ims@indymedicalsociety.org.



THE PRESIDENT'S PAGE

ANN C. COLLINS, MD



School is back in session. For much of our community, end of summer rituals include shopping for notebooks, backpacks, and new sneakers to replace the outgrown ones.

For those of us in the medical community, the mellowing temps harbingers the arrival of the viral season and the need to prepare. The seasonal trifecta comes into play: forced air heat drying mucous membranes to a state fragile and susceptible to invasion; the close proximity of many people in less ventilated indoor spaces; and the adorable but fomite bearing young ones who greet their friends after time away for summer holiday and then promptly bring germs home to parents and grandparents.

This year, in order to best serve our patients and neighbors, we must be aware of concerning changes in vaccine willingness in the community and the consequences these stances could cause for the health of our state. It baffles me that vaccination has somehow become a political football these days. And that we are seeing the benefits of such clear medical triumphs as the polio vaccine be relitigated in the public sector. As of March, 2023, 1.1 million Americans died in the Covid 19 pandemic. At least 26,115 of those deaths were Hoosiers¹. Those of us who served in Indiana's healthcare trenches during those very recent years are acutely aware that the rapid development of an effective Covid 19 vaccine prevented hundreds of thousands of more deaths and allowed our society to come out of isolation and return to a state of normalcy.

Unfortunately, vaccine misinformation has become rampant in the media and social

media sectors and fewer children and adults are maintaining full vaccination protection. Measles was declared eliminated from the US in 2000, and due to cracks in the herd immunity protection provided by universal vaccination, we have had a resurgence of this deadly virus, with 9 confirmed cases in Indiana so far this year².

Vaccination education has long been the purview of primary care physicians, but I would venture to encourage all of our colleagues, regardless of specialty, to advocate for our community's safety by encouraging vaccination whenever you can find the opportunity. Our patients need our perspective and guidance to help them sift the wheat from the chaff in the deluge of information and misinformation they encounter on this important subject.

We've all just made it through a very dark chapter of our medical history. Please let's help our community remember the lessons learned from a pandemic and wisely protect our future with the excellent tool vaccination provides.

Sincerely,

Ann C. Collins, MD
153rd President
Indianapolis Medical Society

1. Statista.com, Number of deaths from Covid 19 in the United States as of March 10, 2023, by state

2. In.gov Health statistics



Inside This Issue: Health and Vaccines

by KIM WILLIAMS

Executive Vice President, Indianapolis Medical Society



As another school year begins, many of us mark the season with fresh notebooks, new sneakers, and full calendars. But for those in health care and public health, fall also signals the arrival of viral season—a time to redouble our efforts to keep our communities safe from preventable illness.

This issue brings together a set of timely and urgent perspectives on immunization, public health policy, and community safety. Our President's column reminds us that vaccine advocacy is not limited to primary care, it is a responsibility we all share in countering misinformation and protecting herd immunity. The Indiana Immunization Coalition highlights resources and programs that make vaccines more accessible across the state, while new school vaccination data underscores the progress—and remaining challenges—in ensuring compliance.

In our rabies feature, you'll find practical guidance for timely response to animal exposures, particularly during the late-summer months when human-bat encounters increase.

And in our public policy section, we examine the troubling public health implications of vaccine misinformation at the highest levels of government.

Whether your role is at the bedside, in the clinic, in public health, or in policy, the message woven through these pages is clear: vaccines remain one of our most powerful tools to protect health, save lives, and preserve the progress we have made against preventable disease. Together, we can ensure that science, compassion, and community prevail.

As the academic year begins, we are excited to welcome medical students and residents back to rotations, training programs, and clinical practice. These bright, committed learners are the future of medicine in our state, and they bring fresh perspectives, new skills, and a contagious enthusiasm for patient care. We encourage every physician to take a moment—whether during rounds, in the clinic, or at a community event—to offer guidance, share experiences, and model the professionalism that drew you to this calling. Mentorship not only strengthens their development, but also builds connections that inspire them to envision their careers here in Indiana, serving the very communities where they have trained. Together, we can help ensure that our state remains a place where new physicians choose to practice, grow, and lead.



RFK Jr.’s Views Raise Concerns

by *RICHARD FELDMAN, MD*
IMS Board Member and Past President, Former State Health Commissioner



Robert F. Kennedy, Jr., the new secretary of the Department of Health and Human Services, inexplicably advances conspiracy theories, falsehoods, and disinformation on public health issues. He legitimizes fringe perspectives and pseudoscience. He appears ignorant of facts, naïve about effective public health strategies, and frequently disingenuous.

Kennedy repeatedly magnifies, misrepresents, and twists facts to support his position. His conclusions on research studies often extend well beyond what the data indicate.

He has some valid concerns - environmental pollution, high chronic disease rates, ultra-processed foods, toxins, and food additives including dyes. But Kennedy’s promotion of good nutrition as his strategy against obesity and other maladies is overly simplistic and naïve.

His opposition to prescription fluoride supplements and fluoridated public water supplies, shown to be safe and to substantially prevent dental decay, is disturbing. He promotes unpasteurized milk consumption which can cause serious infections. I could go on.

Most alarming is Kennedy’s position on vaccines. Although claiming not to be anti-vaccine, he founded a major anti-vaccine organization and has stated that there is no effective and safe vaccine and that vaccines cause autism.

He’s critical of the mRNA COVID vaccine. Kennedy calls it “the most deadly vaccine ever made” despite its proven safety and the fact it saved 3 million lives. Kennedy endorses ineffective alternative COVID treatments and even claims that the COVID virus was designed to spare Ashkenazi Jews and Chinese people. Outrageous.

He asserts that the polio vaccine could cause more deaths than it averts, and that the measles vaccine causes all the same illnesses as a measles infection. Astonishing.

Kennedy minimized the Texas measles outbreak and conveyed inaccurate information. Later, under pressure, he issued a qualified endorsement of measles vaccination while promoting personal choice and alternative interventions of nutrition, vitamin A, and corticosteroids. Nonsense.

He may require placebo-controlled clinical trials for new vaccines when an effective vaccine already exists. Kennedy muses about unnecessarily instituting the same requirement for updated seasonal COVID and flu vaccines, potentially making these vaccines unavailable before the season begins. Absolutely unethical.

Kennedy dismissed the entire Centers for Disease Control and Prevention panel of independent vaccine advisors who determine immunization recommendations. He appointed as replacements some anti-vaccine activists and unqualified individuals who have issued non-evidenced-based decisions. Without scientific justification, Kennedy made the personal decision to end the COVID vaccine recommendation for pregnant women, a high-risk group for severe disease.

There are already concerning levels of vaccine hesitancy and distain. It won’t take much for Kennedy sowing vaccine doubt to sway many into vaccine refusal, potentially resulting in disease reemergence. The medical profession increasingly distrusts CDC information and recommendations and will look to professional societies for reliable guidance on immunization and other issues.

Kennedy plans to conduct “extensive research” over several months on the causes of autism. One can predictably anticipate the result despite a multitude of independent studies conducted over decades finding no association between vaccines and autism, and in particular, the measles vaccine. This is considered “settled science” just like tobacco causing lung cancer.

The public’s fears about vaccines causing autism were fueled by the completely fraudulent 1998 Lancet journal study by Dr. Andrew Wakefield on the measles vaccine. Lancet retracted

Wakefield’s paper in humiliation. He was totally discredited and lost his British medical license.

One can only imagine Kennedy’s response to a new pandemic. With his utter disregard for scientific evidence, his public health and medical naivety, and his misleading and false narratives, it’s a very forbidding thought.

Please note that editorial articles are expressions of the author’s personal opinion only. For more information see the Editor’s Note on page 3 of this or any Bulletin.



Indiana Immunization Coalition:

Championing Public Health Through Education, Advocacy, and Vaccinations



Since 2023, the Indiana Immunization Coalition (IIC) has been advocating for Indiana families and supporting healthcare providers and public health professionals. With a mission to improve vaccination rates across the state, IIC works on the front lines to reduce the burden of vaccine-preventable diseases through education, advocacy, and collaboration with state & local health officials and both public and private sector partners.

Mobile Immunization Clinics

One of IIC’s most impactful initiatives is our mobile immunization clinic, which brings CDC-recommended vaccines directly to communities. Serving individuals of all ages, the mobile clinics help bridge the gap in vaccine accessibility, especially in underserved or rural areas of Indiana.

Our mobile clinic is also available to partner with medical practices to assist Indiana physicians in keeping their patients up-to-date on vaccinations.

Educational Resources

To support public awareness and outreach, IIC offers a wide range of free educational materials. These include professionally designed social media templates that can be downloaded and shared as is, or customized to include your organization’s logo and brand colors.

Additionally, IIC offers flyers, postcards, posters, and toolkits, all of which are available at no cost.

A selection of printable PDFs is also accessible through the IIC website for immediate use in clinics, schools, and community centers.

Continuing Education

IIC is committed to supporting healthcare professionals with opportunities for ongoing education. The coalition offers credit-earning webinars, Maintenance of Certification (MOC) projects, and learning summits and conferences, all designed to keep healthcare professionals informed on the latest best practices in immunization and public health.

Through these initiatives, the Indiana Immunization Coalition plays a vital role in safeguarding the health of Hoosiers and building a more informed and immunized Indiana.

For more information or to access available resources, visit <https://www.vaccinateindiana.org>.



School Vaccine Coverage Data

School Year 2024 - 2025



Reporting Compliance

Students reported to Indiana’s Immunization Registry – CHIRP compared to enrollment reported to DOE.

	DOE School Enrollment	Reported Enrollment	Percent of Enrollment Reported
Kindergarten	73,744	68,340	92.7%
1 st Grade	77,219	73,139	94.7%
6 th Grade	78,439	72,137	92.0%
7 th Grade	78,620	72,407	92.1%
12 th Grade	80,952	75,890	93.7%

Immunization Requirement Compliance

Percentage of students vaccinated per antigen by grade level.

Antigen (Required Doses)	Diphtheria (5)	Tetanus (5)	Pertussis (5)	Polio (4)	MMR (2)	Hepatitis B (3)	Varicella (2)	Tdap (1)	MCV4 (1)	MCV4 (2)
Grade Level										
Kindergarten	89.5%	89.5%	89.5%	91.3%	90.9%	93.2%	90.3%	Not required	Not required	Not required
1 st Grade	92.1%	92.1%	92.1%	93.1%	93.0%	94.2%	92.5%	Not required	Not required	Not required
6 th Grade	94.8%	94.8%	94.8%	94.9%	95.5%	95.7%	95.0%	88.1%	87.9%	Not required
7 th Grade	95.2%	95.2%	95.2%	95.0%	96.1%	96.2%	95.5%	92.5%	92.4%	Not required
12 th Grade	95.0%	95.0%	95.0%	95.4%	95.65	96.0%	93.9%	95.4%	Not required	81.1%

Medical and Religious Exemptions

Percentage of students with exemptions on record by grade level.

	# of Students with Medical Exemptions	# of Students with Religious Exemptions	% of Population with Exemption(s)
Kindergarten	79	1,760	2.6%
1 st Grade	36	1,573	2.1%
6 th Grade	35	1,629	2.2%
7 th Grade	44	1,232	1.7%
12 th Grade	43	1,274	1.7%

Rabies: Resources for a Timely Response

by THE INDIANA STATE BOARD OF ANIMAL HEALTH AND THE INDIANA DEPARTMENT OF HEALTH



A patient calls: She just removed a bat from the mouth of her house cat, who was playing with it. The patient wants to know if she should be concerned about rabies and what to do with the bat. Do you know how to respond?

Late summer is peak time for the small, flying mammals to begin leaving their maternal colonies; this increases the likelihood that bats will come in contact with people or pets. While a relatively small percentage of bats in Indiana carry rabies, they present the most common avenue of exposure to the rabies virus. Hoosiers should know how to ensure everyone (including four-legged family members) stays safe.

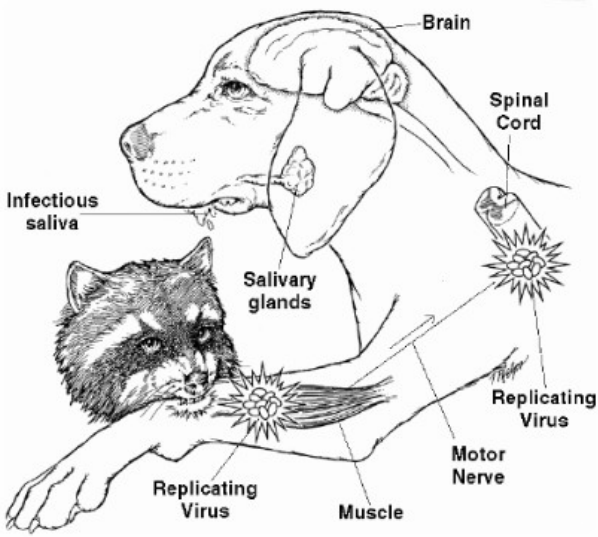
Bats are normally active at night, so most people do not have encounters. From time to time, a bat may be found in a house or a dog or cat may carry one home. In those cases, steps should be taken to collect the bat safely for rabies testing:

- Avoid handling the bat with bare hands.
 - o If the bat is on a flat surface, place a container or small box upside down on top of it. Then slide the container lid or a piece

of cardboard in between the bat and the surface it was resting on.

- o If that technique won't work, then use a tool (e.g., a broom or tongs) or wear heavy leather gloves to place the bat in a tightly sealed container.

- Take the bat to the local health department or a veterinarian for submission to the Indiana Department of Health for rabies testing.



- Seek advice and medical care for anyone with contact or potential exposure: a doctor for people and a veterinarian for pets. (This includes people who were asleep or incapacitated in a room where a bat was found, as well as dogs and cats.)

- Report all animal bites to the local health department.

“Any bat that is suspected of coming in direct contact with a person or pet should be safely captured and submitted to us for rabies testing,” said Dr. Jen Brown, DVM, MPH, State Public Health Veterinarian at the Indiana Department of Health. “We complete rabies testing quickly—usually within 24 hours—so doctors and veterinarians can make evidence-based decisions after an exposure.”

Take Protective Measures

Keeping dogs’ and cats’ rabies vaccinations up-to-date is an important step in protecting the entire family from exposure. Many of the rabies-positive bats found each year are killed or found dead by a pet.

“Pets serve as a buffer between rabid wildlife and humans. Because they are more likely to encounter wildlife, protecting your pet also reduces the human risk of exposure to rabies,” said Melissa Justice, DVM, rabies program director for the Indiana State Board of Animal Health.

Indiana law requires all dogs, cats, and ferrets to have a current rabies vaccination, starting at 3 months of age. A veterinarian must administer the vaccine, which can last up to 3 years, depending on the product used.

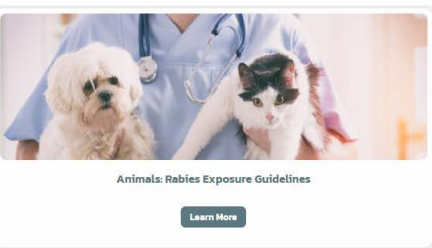
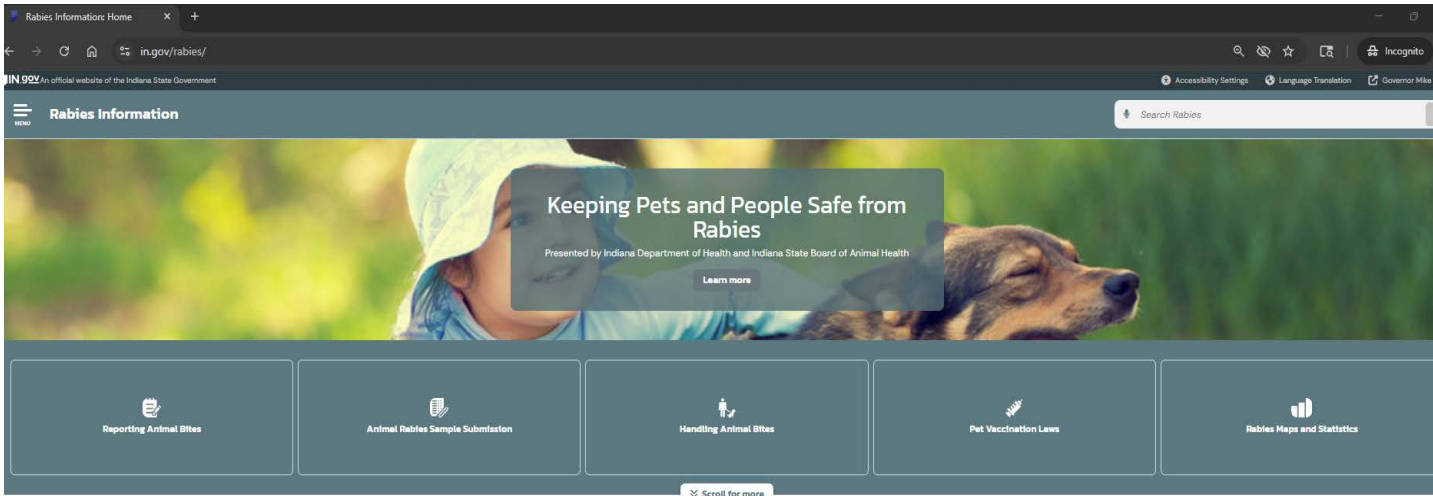
Hoosiers can also be proactive in avoiding encounters with bats. Hoosiers should be alert when enjoying outdoor activities, such as

camping, cutting wood, or gardening. Citizens should also work to keep bats out of their homes by capping chimneys with screens and securing openings to attics, basements and out-buildings. Professional services may be necessary to remove bats that have established habitats.

Online Resources

For basic guidance and information about responding to a possible rabies exposure, medical professionals—both physicians and veterinarians—can take advantage of an easily accessible, online resource: Indiana’s rabies guidance website: www.IN.gov/rabies.

Managed jointly by the Indiana State Board of Animal Health and the Indiana Department of Health, www.in.gov/rabies is a one-stop-shop offering guidance for bite exposures to humans and animals, official reporting forms, Indiana rabies statistics, and tips to protect families and pets. Citizens and medical professionals can access the information 24/7 to help make timely decisions that could save a life.



CME & EVENTS

Community Health Network

WEEK DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FIRST WEEK	<ul style="list-style-type: none">GYN Tumor Board, 7-8AMHematology Tumor Board, 8-9PM	<ul style="list-style-type: none">Breast Tumor Board, 7-8AM	<ul style="list-style-type: none">GI/Colorectal Tumor Board, 7-8AMCommunity Heart & Vascular Conference, 7-8AMCritical Care Conference, 12--1PMEast Theater, 12-1PMPsychiatric Grand Rounds, 1-2PMHead & Neck Tumor Board, 5-6PM	<ul style="list-style-type: none">Thoracic Tumor Board, 7-8AM	<ul style="list-style-type: none">GU Tumor Board, 7-8AM
SECOND WEEK	<ul style="list-style-type: none">GYN Tumor Board, 7-8AMHematology Tumor Board, 8-9PM	<ul style="list-style-type: none">Breast Tumor Board, 7-8AMNetwork Medical Grand Rounds, 12-1PM	<ul style="list-style-type: none">GI/Colorectal 7-8 AMBreast & Lung Screening Tumor Board, Anderson 7-8AMCommunity Heart & Vascular Conference 7-8AMPsychiatry Journal Club, 1-2PMHead & Neck Tumor Board, 5-6PM		<ul style="list-style-type: none">Neuro Tumor-Board, 7-8AMSouth Case Presentation 12 PM
THIRD WEEK	<ul style="list-style-type: none">GYN Tumor Board, 7-8AMHematology Tumor Board, 8-9PM	<ul style="list-style-type: none">Breast Tumor Board, 7-8AMMolecular Tumor Board, 5-6PM	<ul style="list-style-type: none">GI/Colorectal Tumor Board, 7-8AMCommunity Heart & Vascular Conference, 7-8AMMelanoma Tumor Board, 7:30-8:30AMPsychiatry Grand Rounds, 1-2PMHead & Neck Tumor Board, 5-6PM	<ul style="list-style-type: none">Thoracic Tumor Board, 7-8AM	<ul style="list-style-type: none">GU Tumor Board, 7-8AMSouth Case Presentation 12 PM
FOURTH WEEK	<ul style="list-style-type: none">GYN Tumor Board, 7-8AMHematology Tumor Board, 8-9PM	<ul style="list-style-type: none">Breast Tumor Board, 7-8AM	<ul style="list-style-type: none">GI/Colorectal Tumor Board, 7-8AMHead & Neck Tumor Board, 5-6PM	<ul style="list-style-type: none">Thoracic Tumor Board, 7-8AM	<ul style="list-style-type: none">Neuro Tumor Board, 7-8AM

For more information regarding Community Health Network CME or program information, contact Jeff Carter at 317-621-3845.

To submit articles, Bulletin Board items, CME & events, opinions or information, email kwilliams@indymedicalsociety.org. Deadline is the first of the month preceding publication.

IMS is not responsible for the events listed. We recommend that before attending any CME/Conference events that you check with the provider to confirm the program is still available.

CME & EVENTS

Indiana University School of Medicine

Indiana University School of Medicine is committed to providing valuable educational opportunities. Many of our educational activities are now offered in a virtual format.

Online Activities

For Online Programs, including scheduled series and individual specialties, visit: <https://iu.cloud-cme.com>.

In-Person Activities

Sep 19	2025 Indiana University Pulmonary Medicine Updates Conference 8:30 am – 5:30 pm Indiana Farm Bureau Football Center, Indianapolis, IN AMA PRA Category 1 Credits ANCC Contact Hours (7.0 hours)
Sep 26	Skinternal Medicine Dermatology for the Non-Dermatologist 8:00 AM to 5:00 PM Plantation Hall, Borden, IN AMA PRA Category 1 Credits ANCC Contact Hours (7.0 hours)
Oct 1	2025 Indiana Statewide Trauma & Emergency Medicine Symposium 8:00 am - 4:30 pm Monroe County Convention Center, Bloomington, IN AMA PRA Category 1 Credits ANCC Contact Hours (7.0 hours)

Indiana State Medical Association

To Register for the live webinars, visit: www.ismanet.org

Sept 26	Physician Wellness Symposium 9:00 AM - 4:00 PM Embassy Suites Noblesville, 13700 Conference Center Drive South, Noblesville, IN \$50 Physician Members, \$100 Physician Nonmembers, \$50 Nonmember Other, \$25 Resident/Student Registration Required ISMA Website AMA PRA Category 1 Credits (6.0 hours)
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IN MEMORIAM

DR. WILLIAM ORVILLE IRVINE

Dr. William Orville Irvine, a devoted father, grandfather, great-grandfather, orthopaedic surgeon, and compassionate steward of the natural world, passed away peacefully on June 13, 2025, at the age of 89.

Born in Elmira, New York, to Helen Nixon Irvine and John Livingston Irvine, Bill was one of four siblings. He is predeceased by his brothers, Jim and John Irvine, and survived by his sister, Jane Irvine Thomas, and sister-in-law, Ann Irvine.

Bill was married to Sandra Ann Irvine, with whom he raised five children. A loving father to Mary Helen Irvine, Bill Orville Jr. Irvine, Kathryn Louise Irvine, Thomas Carl Irvine, and Paul Livingston Irvine, he was deeply proud of his family. He later shared meaningful chapters of life with Sharon Irvine and, subsequently, with Sarah Irvine. His legacy lives on in grandchildren Ashley Ruiz Radosevic, Langdon Ruiz, Ella Sandra Ann Irvine, and great-grandchildren Alec Irvine Radosevic and Andrew Nikola Radosevic.

A graduate of Purdue University and Indiana University School of Medicine, Bill had a distinguished 50-year career in orthopaedic surgery. He was a founding member of Orthopaedics Indianapolis (now OrthoIndy), served on the Indiana State Board of Health, and was the team physician for the Indiana Racers. IMS member since 1961.



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Gabe Bosslet <i>(2027)</i>	Brian S. Hart <i>(2026)</i>	Francis W. Price, Jr <i>(2026)</i>	Mary Jean Vorwald <i>(2025)</i>
Julie A. Daftari <i>(2025)</i>	Mercy M. Hylton <i>(2025)</i>	Thomas Schleeter <i>(2027)</i>	Monica Wehby <i>(2027)</i>
Ann M. Hake <i>(2026)</i>	Penny W. Kallmyer <i>(2027)</i>	Jodi L. Smith <i>(2025)</i>	Maria Wilson <i>(2025)</i>
Ronda A. Hamaker <i>(2026)</i>	Clif Knight <i>(2026)</i>	Eric E. Tibesar <i>(2027)</i>	

PAST PRESIDENTS’ COUNCIL 2025

** Indicates Voting Board Members, Term Ends with Year in Parentheses*

Linda Feiwell Abels Christoper D. Bojrab* <i>(2026)</i> Carolyn A. Cunningham David R. Diaz	Marc E. Duerden* <i>(2024)</i> John C. Ellis Bernard J. Emkes Bruce M. Goens	Paula A. Hall Jeffrey J. Kellams Mary Ian McAteer* <i>(2025)</i> John P. McGoff	Stephen W. Perkins
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DELEGATES

Delegates to the Annual State Convention

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Linda F. Abels (2027)	Ann C. Collins (2026)	Doris M. Hardacker (2027)	Ingrida I. Ozols (2026)	Jodi L. Smith (2025)
Laurie L. Ackerman (2025)	Marc E. Duerden (2026)	David A. Josephson (2026)	J. Scott Pittman (2025)	Eric E. Tibesar (2026)
Vinayak Belamkar (2027)	Bob Flint (2027)	Penny W. Kallmyer (2026)	Francis W. Price, Jr (2026)	Daniel Udrea (2027)
Chris D. Bojrab (2027)	Ann Marie Hake (2025)	Katherine J. Kelley (2026)	Haley A. Pritchard (2025)	Bree A. Weaver (2025)
Gabriel T. Bosslet (2027)	Paula Hall (2025)	H. Clifton Knight, Jr. (2025)	Caroline E. Rouse (2027)	Monica Wehby (2027)
Alison Case (2026)	Ronda A. Hamaker (2025)	Tina Mason (2027)	Thomas Schleeter (2026)	Tracey A. Wilkinson (2025)

ALTERNATE DELEGATES

Delegates to the Annual State Convention

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

David E. Crook (2027)	Mercy O. Obeime (2026)
Julie A. Daftari (2026)	Robert M. Pascuzzi (2026)
Brian S. Hart (2026)	Chris Wilson (2025)
John C. Kincaid (2027)	

INDIANA STATE MEDICAL ASSOCIATION

Past Presidents

**Indicates deceased*

David Diaz 2023-2024	William H. Beeson 1992-1993	George T. Lukemeyer* 1983-1984
John P. McGoff 2017-2018	Jon D. Marhenke* 2007-2008	Alvin J. Haley* 1980-1981
Bernard J. Emkes 2000-2001	George H. Rawls* 1989-1990	
Peter L. Winters 1997-1998	John D. MacDougall* 1987-1988	

Executive Committee

Immediate Past President

David R. Diaz

At-Large

Mary McAteer

SEVENTH DISTRICT

Trustees

Mary McAteer	(2026)
Mercy Hylton	(2027)

Alternate Trustees

Clif Knight	(2026)
Jodi Smith	(2025)*

President

Jodi Smith	(2025)
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**Indicates temporary fill*



Indianapolis Medical Society

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