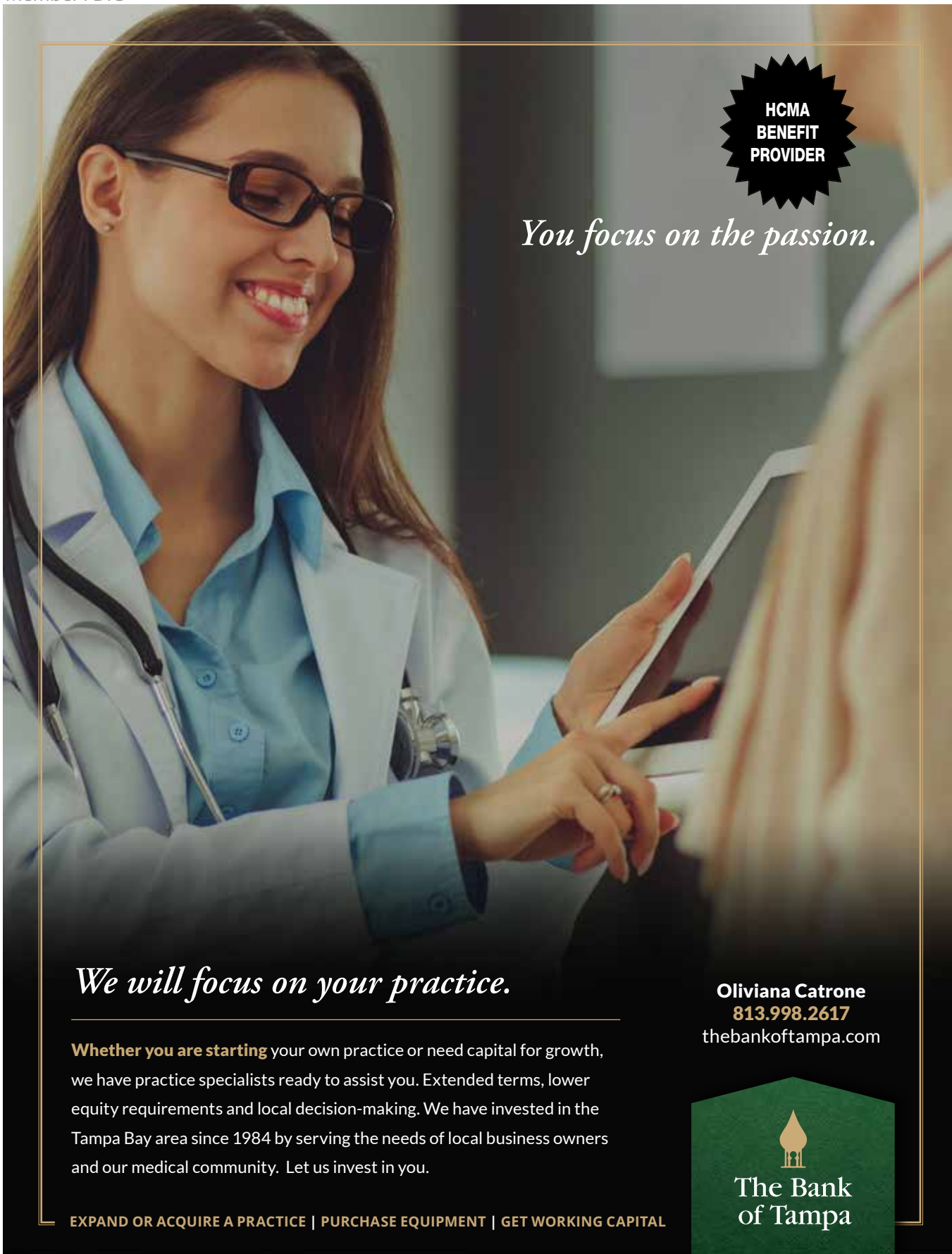




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On May 10<sup>th</sup> Dr. Eva Crooke began her role as the HCMA's 119<sup>th</sup> President, along with the members listed below who will serve as officers and representatives of the HCMA.



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# Upcoming Events

## Executive Council Meetings

6:30pm at the HCMA & via ZOOM

August 16, 2022

November 15, 2022

February 21, 2023

## HCMA Membership Dinners

6:30pm at the Westshore Grand

September 13, 2022

November 8, 2022

## HCMA Foundation Board Meeting

6:30pm via ZOOM

June 21, 2022

## Post Session Legislative Reception

6-8pm, The Woman's Group

June 22, 2022

## LWCC pre-convention meeting

9am-11am via ZOOM

July 23, 2022

## FMA Annual Meeting

Hyatt Grand Cypress, Orlando

August 5-7, 2022

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Elke Lubin  
 Managing Editor, *The Bulletin*  
 813.253.0471  
 ELubin@hcma.net

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2020-2023



# Summer 2022

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## Meet Your President

Eva Crooke, MD is the HCMA's 119th President and the third female president. Fun fact: all three female HCMA presidents are obstetrician/gynecologists and from The Woman's Group.

Dr. Crooke is a St. Petersburg native. She has lived in Tampa Bay all her life except for the four years spent in Tallahassee for undergrad. Dr. Crooke completed medical school and residency at USF and started in private practice in 2012, at The Woman's Group, where she is now a partner.

Dr. Crooke and her husband, Jace, met in Tallahassee while they worked at a yogurt shop. They love Tallahassee so much they went back there to be married!

Dr. Crooke received a Bachelor of Arts degree in Humanities (Art History) just so she wouldn't have to leave college in three years. She loved school so much, she was willing to take a year of classes full of essays and art. In the event medicine or Art History didn't pan out, being a huge sports fan, she would have been happy as a sideline reporter for ESPN, eventually moving up to the desk for college football broadcasts.



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# President's Message

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## *Navigating the Year Ahead*

Eva Crooke, MD

eva.austin@gmail.com



If you had told me 15 years ago, I would serve as the president of the Hillsborough County Medical Association, I would have told you you've mistaken me for someone else. I preferred to stick my head in the sand and not get involved in anything political. I chose to defer any responsibility of activism and figured someone else would care enough to fight the fight for me and my profession. I've learned through my involvement with the HCMA I was

sorely mistaken. If you're not involved, your voice will not be heard and there are many other voices at the table who don't have our profession or our patients' best interests in mind.

My first few interactions with the HCMA were at membership dinners and mainly observational. I attended only after my practice partner and past president of the HCMA and FMA, Dr. Madelyn Butler, recommended it as one of the ways to better understand organized medicine. My involvement then grew as I met physician leaders from many different specialties and practice environments. I attended a Legislative Luncheon, where I became particularly interested in the Government Affairs Committee (GAC) and their role within the advocacy arena. As I continued to attend GAC events and meet our Hillsborough County legislators, I saw the value in developing relationships between our physicians and their legislative offices. With these personalized connections, we are able to educate about the practice of medicine, how laws affect healthcare in both positive and negative ways, and how we can improve the care our patients receive while limiting regulatory burdens. I also realized, the best time to start cultivating the relationships with our elected officials is when they are running for office. Our HILLPAC, or the political action committee, is designed to help us elect medicine-friendly candidates to office. As individuals, some legislators will not align with our personal views. But, as an organization, we must focus on legislators who support our mission to help physicians practice medicine and to ensure our patients have access to care. We must remember what we all have in common - our investment in the greater good through the delivery of quality and compassionate medical care to others.

For the coming year, I have three goals to ensure we continue to provide value to our members and keep the HCMA moving forward: continued legislative advocacy, regional partnerships with surrounding counties, and expansion and utilization of the Physician Wellness Program.

My main goal this year is a continued focus on strong political advocacy. The GAC has worked hard to develop relationships with our local lawmakers, and we will continue to foster them. We will continue to host the annual Legislative Luncheon, a meeting before session to review important topics, a day at the Capitol in Tallahassee where we meet with legislators during session, and the Post-Legislative Reception, a meeting after session is completed to review the laws that both passed and failed in which we had an interest. We must keep lines of communication open and continue to discuss the issues facing medicine. Our focus will include scope of practice, access to care, reimbursement, and insurance burdens that affect all physicians regardless of specialty. The GAC is the voice of the HCMA members, and we strive to represent everyone. All HCMA members are invited to attend GAC events and let us know about key issues you would like us to address with our legislators. The HCMA is here to protect the future of medicine and our ability to practice it.

Another goal on which I would like to focus is a strategic plan to grow the HCMA into a regional organization. Several counties in the surrounding area no longer have a functioning county medical society, and this provides a great opportunity for the HCMA to expand and provide a platform for our colleagues to remain involved in organized medicine here at the local level. This would also allow additional physicians to utilize the many unique services available through our benefit providers. The COVID-19 pandemic compelled the HCMA to update its virtual meeting capabilities. We now have the technology needed to hold regional meetings which allows for greater flexibility of participation. The time has come to consider a regional association here in Tampa Bay, just as several other areas in Florida (such as the panhandle) have done. We need to explore creative and innovative solutions to the problem at hand; therefore, we have scheduled a strategic planning meeting with the HCMA leadership in late June to start the process for expansion planning. We look forward to any and all ideas from members.

*(continued)*

## President's Message (continued)

Lastly, I would like to expand the services available within our Physician Wellness Program (PWP) and increase its utilization. Established in 2018, the PWP was created when the HCMA saw the pressing concerns of physician burnout and wanted to design a program to provide free, confidential counseling sessions with licensed mental health counselors and psychologists for our members. We held an initial wellness seminar to kick off the program with Dr. Dike Drummond, a national expert in burn-out prevention. It was well-attended and well-received, and even provided 1.5 hours of CME. I would like to see additional seminars and/or educational programs provided, as well as an increased role for coaching services within the program. The PWP remains a valuable resource for our members, and we want to keep the program aligned with its mission to enhance HCMA members' lives professionally and personally.

In closing, I am honored to have been selected as a leader within the HCMA and humbled to take the reins of our great organization for the next year. I would like to thank the prior leaders who have guided me along the way and the great HCMA staff for all the support they provide. Thank you for continuing to support the HCMA. I look forward to a productive year ahead!

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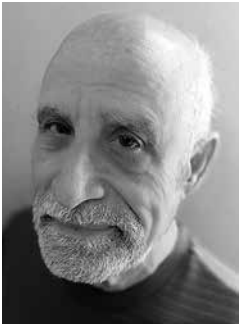
# Editor's Page

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## *In case you missed it*

David Lubin, MD

dajalu@aol.com



There's a holiday every day in March, some more significant than others. In fact, there's a website that lists a holiday for every day of the year. For instance, did ya know that March 1 is National Peanut Butter Lover's Day, March 7 is National Cereal Day, March 8 is the well-known International Women's Day, March 9 is National Meatball Day (there is no Alka Seltzer day, but December 30th is National

Bicarbonate of Soda Day-close enough), March 15-The Ides of March, March 17 is, of course, St. Patrick's Day, March 20 is usually the First Day of Spring, March 24...cough, cough... World Tuberculosis Day, March 28...BWHAHHAHAHA...Respect Your Cat Day (not that it cares) which may have originated from an edict of England's King Richard II in 1384 banning his subjects from eating cats (not that you care), and March 30 is I am in Control Day (commemorated for Secretary of State Alexander Haig's comment in 1981 after the attempted assassination of President Ronald Reagan). I'm not exactly sure how all these, plus the other special days, are celebrated, but feel free to honor in your own way.

But here's another one. March 30th is also National Doctors' Day, or Doctors' Day, as I used to list it in my Tampa Bay Events Calendar. Over the years, while in practice, I took pride in the fact that there was a day for me and my colleagues. I received a few cards every year and appreciated the kind thoughts from patients. The HCMA staff also sends out a special email to all of us wishing us a happy day.

So far, it's still known as Doctors' Day, and not PA, NP, or PhD Day. It does include osteopaths, as we consider them true colleagues who care for patients. Whereas "Secretaries' Day" broadened and became "Administrative Professionals' Day," let's hope Doctors' Day doesn't become "National Whoever Takes Care of Patients Day." But being able to celebrate often took much blood, sweat, and tears. We drew blood, probably broke a few tubes, were exposed to bloody surgery, as well as trauma in the ER, and most likely poked our gloved hands with a sharp object, resulting in the "Dammit, I have to glove up again and get tested for all sorts of communicable diseases" syndrome.

Sweat, for me, was just driving to school, in New Orleans, on days with nearly 100% humidity, and, of course, tears...well, we've all had a few tears throughout our training and practice.

There have been some scary moments too. I forget what year it was, but a New Orleans sniper decided to put the old Charity Hospital in his rifle sites. And then there was the patient on the locked psychiatry ward who would greet you with "Hi, I'm Jesus Christ." A bit scary for a third-year medical student.

So how did Doctors' Day originate, you might ask? Or you might not.

On March 30th, 1958, the U.S. House of Representatives adopted a resolution that commemorated Doctors' Day, and on October 30th, 1990, it became an official holiday, celebrated on March 30th, when George H. W. Bush signed it into law. Its history evolved when Crawford Williamson Long, MD (1815-1878) earned his medical degree and returned to Jefferson, Georgia to practice medicine. On March 30th, 1842, he administered ether for the removal of a cyst from the neck of James M. Venable. This was considered the first use of diethyl ether for surgical anesthesia. He did not publish his use of ether until 1849 and was the first to administer ether as an obstetric anesthetic. He passed away in 1878, suffering a devastating stroke after delivering a baby.

When his daughter, Frances Long Taylor, in 1928, published a biography of her father titled, *Crawford W. Long and the Discovery of Ether Anesthesia*, it was treasured by another Georgia physician's wife, Mrs. Eudora Brown Almond. By 1933, she had convinced the Women's Auxiliary of the Barrow County Medical Society to adopt March 30th as "Doctors' Day," and the first one was celebrated on March 30th, in Winder, Georgia, in either 1933 or 1934 (reports conflict), at the home of Evelyn P. and William T. Randolph, MD. Initially, cards were sent to physicians or flowers were placed on the graves of the deceased. The red carnation became the flower of choice to say "thank you" to doctors for their work.

In my researching Doctors' Day, I learned that Imhotep was a great Egyptian physician, some 2,200 years before Hippocrates, and that the Egyptian dentists were doing root canals over 4,000 years ago. There was no proof of toothbrushes having existed and mummies showed a lot of tartar on teeth as well

*(continued)*



## Editor's Page (continued)

as bone loss. Historical proof exists that dentists had drills and extractions were performed. We can only imagine how excruciating the pain must have been without the use of modern-day anesthetics.

How about a shout out to Dr. Long, and a special Doctors' Day wish?

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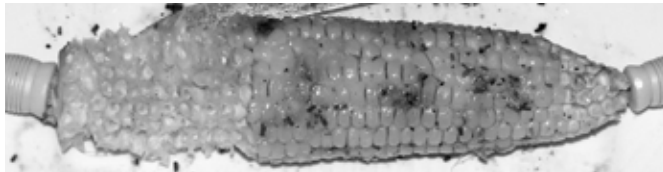
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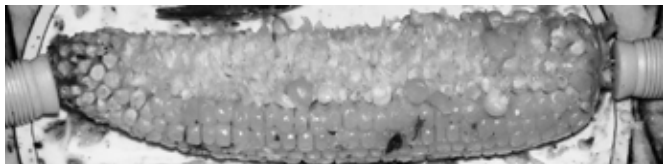
### Things that make you go, "Hmmm."

Researchers at China's Nanjing University, reports the New York Post, found that people suffering from irritable bowel disease have 50% more microplastics in their stool than those without the condition. The findings show correlation, but not causation, but the study does hint at a link. According to one estimate, humans ingest a credit card's worth of plastic a week.—What's in your stomach?—Editor.

Have kids who love to pillow fight? Well, pillow fighting has now reached the level of pay-per-view TV. Pillow Fight Championship of Florida will attempt to counteract the violence of boxing and MMA with combatants armed with nylon queen-size pillows. League CEO, Steve Williams says it's not to be laughed at and is "serious, hardcore swinging with specialized pillows."—The Week.



**Spiral Corn**



**Typewriter Corn**

With warmer weather ahead, we're all going to start grilling more. One of the Lubins' favorites is to grill corn-on-the-cob, but Dr. and Mrs. Lubin have a dispute on the proper way to eat the corn. One says in a "spiral" fashion, and the other "typewriter" style. Without divulging who prefers which method, send Dr. Lubin your preference for this informal "corny" survey. Email it to him at [dajalu@aol.com](mailto:dajalu@aol.com). We'll let you know survey results and the Lubin preferences in the Fall Issue.



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# Executive Director's Desk

## *Pink or Blue?*

Debbie Zorian

DZorian@hcma.net



As I type my column for the Summer edition of our journal, my heart is smiling. I'm going to be a great grandma!

This past weekend, a gathering to reveal the baby's gender took place at a vacation lake house with close to 50 family members and friends present. The only person who knew the baby's gender was my granddaughter's best friend. The doctor's office called her directly. She planned the entire event and was able to keep silent. Not even a hint to those who thought they could get her to break down.

If you thought it was a girl, you were to wear pink. If you thought it was a boy, blue was your color. It was an afternoon filled with fun, love, and laughter as we patiently waited for the reveal to take place. The 'daddy to be' wore blue and the 'mommy to be' wore pink. I not only wore pink, but I also had "Team Girl" printed on my shirt and my nails and toes were painted pink with white bows!

When the time came and pink powder exploded from a bobber at the end of a fishing rod, followed by bursts of pink confetti, the joy erupted. Even those on "Team Boy" were celebrating. Of course, all that really matters is that my granddaughter has a healthy baby. We were all on the same team in that regard.

I can't help but remember a Women's Health article I stumbled upon regarding gender identity and their terms and meanings. Dozens of different identities were listed which I found astonishing. I also shook my head in disbelief when I read, "Genitalia does not equal gender. When people have 'gender reveal parties,' it should be called a 'genital reveal party' as the concept of gender is really a social construct."

Even though gender reveal events are taking place across our country continually, the issue that seems to be prevalent regarding the need for us to consider becoming a somewhat genderless society is expanding. Or, at a minimum, the need to allow young children to make up their minds whether they want to be a boy or a girl before they can comprehend the real difference.

I'm truly baffled as to why a parent would want to hide the

gender of their baby at birth while naming the baby something like Zoomer or Ziggy and also calling the baby they or them. These parents are known to be raising "theybies" and want their kids to decide what gender they will end up claiming. I can't rationalize the confusion I believe children deal with who are not referred to as the gender they were biologically born as. This gender-open style of parenting is bizarre to me.

Before I continue, please know that my personal thoughts in this column include my opinion only and not that of the HCMA, its members, or the Editorial Board.

A Representative in Brevard County plans to introduce legislation next session that would ban gender-confirming medical treatments for minors. This bill would not stop gender-nonconforming and transgender children from seeking services such as therapy or counseling, but it would prohibit anyone under the age of 18 from medically transitioning through the use of drugs or gender-affirmation surgery. The representative feels that the minds of children are not fully formed and allowing them to make decisions they can't reverse if they change their minds can be catastrophic, both physically and psychologically.

Equality Florida calls the proposal part of the Legislature's continued attacks on LGBTQ kids and families. I also read about two physicians in Birmingham who filed a lawsuit against state officials in Alabama in an attempt to overturn *The Alabama Vulnerable Child Compassion and Protection Act* which was signed into law on April 8. This law makes it a felony for clinicians to provide gender-affirming care such as the administration of medications and surgical procedures to children. The plaintiffs claim that the law "abandons science and seeks to stop safe, effective, and medically necessary treatments for children with gender dysphoria." Gender dysphoria refers to the condition of feeling one's emotional and psychological identity to be at variance with one's sex at birth.

About one year ago I listened to a speaker online named Abigail Shrier, the author of "Irreversible Damage: The Transgender Craze Seducing Our Daughters." She discussed three separate issues:

- **Young children who do not experience true gender dysphoria.** She acknowledged gender dysphoria as absolutely real, but also rare, stating that just because a child is not

(continued)

## Executive Director's Desk (continued)

entirely masculine or feminine does not make them a trans child and the majority of young children outgrow any kind of gender confusion they have on their own.

- **Adolescent girls who are caught in a social contagion due, in large part, to social media.** She believed that most teen girls, suspected of experiencing gender dysphoria, have a desperate need for popularity and to be accepted. Their problems are related to other issues involving anxiety, self-harm, depression, and low self-esteem. These problems need to be addressed first and foremost prior to automatically assuming they need to be treated for gender dysphoria.
- **Activists who use the first two groups to advance their goal of social upheaval.** She believes that many activists don't represent the trans community at all. Rather, they exploit confusion by promoting dangerous bills and have turned this sensitive issue into a political one.

While some may insist that these feelings display transphobic bigotry, Ms. Shrier makes it clear that she completely supports the LGBTQ community and has developed relationships with several transgender adults through her research. I also have friends and

family members in the LGBTQ community and have come to understand their dilemmas much better over the years. What I don't understand is why this issue is being pushed so aggressively in elementary schools in some states. Perhaps we must distinguish between the rights of transgender Americans and an ideological movement that can warp our children. Children are vulnerable and have enough pressure in everyday life without adding additional uncertainties and burdens. And their teen years can be the hardest as they try to fit in and figure out who they are.

Last month Governor DeSantis signed a controversial law that restricts education about gender identity and sexual orientation in public schools. From what I understand this law affects kindergarten through third grade only. I certainly don't agree with everything our Governor stands for, but I can't say I disagree with the reasoning that five through eight-year-old children are too young to be educated about these topics. As with many of life's issues, age appropriateness should always be considered with the topic at hand. I can understand why many view this as a social phenomenon where political ideology is being injected into the health and psychological wellbeing of our children.

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# Alliance News

## *Physician Family Day is August 27, 2022*

Michael Kelly

Alliance Secretary/Treasurer

michael19452000@yahoo.com



Recently, it was announced that the Hillsborough County Medical Association Alliance had changed its name to the Hillsborough County Medical Association Physician Family Alliance (HCMAPFA). This was done to more accurately reflect who we are as a part of medicine locally. Each quarter, we mail a copy of *Physician Family Magazine*, a national publication of *Physician Family Media*, to our HCMAPFA members. This is done, again, to share what's being accomplished at a national level to recognize physician families and the part they play in the family of medicine.

National Physician Family Day, the last Saturday in August, will be celebrated on Saturday, August 27th. On this day physician families are encouraged to come to gather to celebrate their medical families. Activities such as picnics, beach outings, dinners and playground visits are only some of the ways that we observe this day.

This year, the HCMAPFA encourages all physician families to celebrate with us. You don't need to be a member of our Physician Family Alliance. That said, if you'd like to become a member, please contact the HCMA office, 813.253.04771, or simply add our Physician Family Alliance to your annual dues statement.

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# Practitioner's Corner

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## *Bleed'em and Weep: Comments on the History of Therapeutic Bloodletting*

S. Aaron Laden, MD, MBA  
nedalleumas@yahoo.com



Imagine that you are a physician. The year is 1352. You are called to the bedside of a 50-year-old man – Gregory – with a two-day history of cough, fever, chills, and pleuritic pain. It takes only a moment for you to diagnose plethora, an imbalance of humors. You could check the color of his urine, but no need to do so. The treatment is obvious – bloodletting. Purging will not be required.

I can hear you now protesting that you never bleed your patients. Sure, sure ... you would give Gregory an appropriate antibiotic – after taking a sputum culture, of course ... in 1352?

And if you do *not* bleed Gregory in 1352, you may be considered a quack!

For many years – long before my medical training – I wondered what could induce physicians to prescribe such an obviously deleterious treatment for their patients. Nor was the mystery addressed in medical school; there was no time in a crowded schedule of important contemporary topics to learn. And there was always too much new information to absorb while in practice. Only now, in retirement, have I begun to look for answers for questions that have lurked in the back of my mind for decades. What could the bloodletters possibly have been thinking? How could it have been the treatment of choice for well-meaning physicians – for thousands of years? Did no one notice that bloodletting was ineffective and often harmful? Did no one notice that loss of blood from accidents or from saber-cuts was frequently followed by death from exsanguination?

As a general answer, Thomas S. Kuhn's groundbreaking book *The Structure of Scientific Revolutions* (1962) introduced the concept of a "paradigm" – a worldview and a way to understand – in novelist Douglas Adams' words – "life, the universe, and everything." We who believe in the scientific method cannot understand or conceive the worldview of Hippocrates (460-370 B.C.) and Galen of Pergamon (129 - c. 216) that the universe consists of the four elements earth, air, fire, and water.

Bleeding was a time-honored treatment based on the prevailing theory of disease, a derangement of the humors, a view that was popularized and widely believed for more than a thousand years after the writings of Galen. The four humors – blood, phlegm, black bile, and yellow bile were analogous to the four elements. Each humor was associated with a specific organ – brain, lungs, spleen, and gallbladder. Personalities were associated with an individual's dominant humor – sanguine, phlegmatic, melancholic, and choleric.

Disease resulted from an imbalance of humors, and treatment was geared to reduction of humors present in excess via bloodletting, purging, catharsis, or diuresis. It was a neat paradigm that was easily learned by both physicians and lay persons. It created expectations of diagnosis and treatment that could be understood by all, and the application of which established good repute for the skilled physician. The fact that bloodletting – or purging, catharsis, and diuresis – could be harmful was generally not given credence for hundreds of years as the practice spread from Egypt in antiquity to Greece to Rome, the Middle East, and Asia, reaching its apogee in Europe during the Renaissance. The esteemed British journal *The Lancet* honored the practice with its name when founded in 1823.

Kuhn's idea of paradigm was that knowledge – even scientific knowledge – does not advance in an orderly progression. Rather, everything is explained and understood as a paradigm or a framework for understanding. The paradigm explains everything within its realm of content and provides organization for thinking about the subject. While the paradigm holds sway, those who question or dissent from are shunned or dismissed.

Eventually, when enough observation, argument, experiment, or data accumulates that contradicts the paradigm, cracks in the edifice occur, and dissent becomes increasingly possible.

Many physicians raised objections to the practice, especially beginning in the seventeenth and eighteenth centuries, but bloodlettings continued despite the controversy. The more that questions were voiced, the more closely some doctors and surgeons adhered to the practice.

In the nineteenth century, confidence in the humoral theory began to break down. Prominent in this process was the work of Pierre Louis (1787-1872), a Frenchman today known

(continued)

## Practitioner's Corner (continued)

as the father of medical statistics, who gathered historical data on 77 pneumonia patients who had been treated with bleeding. He compared the proportion of patients who benefited from bloodletting with those who did not and concluded that bloodletting was not an effective treatment. He made no claim that it was harmful.

The most powerful strikes against the status quo were most likely the work of such giants as Louis Pasteur (1822-1895) and Robert Koch (1843-1910) who firmly established the germ theory of disease by means of laboratory experimentation and microscopic study of tissues. These techniques demonstrated the existence of infectious agents and constituted the basis for a new paradigm of disease to replace that of bodily humors. The new paradigm of medical science resulted in the elevation of controlled experimentation and evidence-based observation as the foundation of medical science. Rather than speculation about the balance of humors, today's physician uses a systems-based approach to diagnosis (hence the "review of systems" in the medical chart).

The therapeutic use of bloodletting continues only for rare conditions that make sense in our present paradigm – in hereditary hemochromatosis and porphyria cutanea tarda to relieve excess iron loads and in polycythemia vera to prevent blood clots and hyperviscosity syndrome.

One instance of the triumph of scientific medicine over ancient practice, ironically, is the reverse of bloodletting – blood transfusion, a practice that became viable in the early twentieth century following the identification of blood groups by the Austrian Karl Landsteiner (1868-1943). Blood transfusion has proven to be lifesaving when used judiciously.

What lesson can the twenty-first century mind learn from the history of bloodletting? Learning is expensive in terms of the four elements of human existence – in lives, in pain, in time, and in treasure. But keep on learning. It's worth the price.



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# –Benefit Provider – The Bank of Tampa–

## *Navigating the Home Buying Process in Today's Market*

Oliviana Catrone

Vice President, Private Relationship Manager

The Bank of Tampa (NMLS 451520)



- The housing market in the greater Tampa Bay area is forecast to be one of the top housing markets for 2022. According to Realtor.com, home sales are expected to surge by 9.6% while prices are projected to rise by 6.8% year-over-year.
- According to a Florida Atlantic University and a Florida International University study, the average Tampa Bay home sold for 41% above the expected price at the end of 2021.

- According to Redfin, home values grew 20.6% from March 2021 to March 2022. Tampa had the largest annual home price increase, at 29% year-over-year.

What do these statistics mean to you? The answer to that question will vary greatly based on your stage of life. Below are some examples of actions you can take to be ready for a real estate purchase in the coming year:

### **First Time Home Buyers:**

1. **Establish a relationship with a team of advisors (e.g., private banker, accountant, financial planner and realtor).** These experts offer a wealth of knowledge and experience that can help you start off the home buying process with the best foot forward.
2. **Work with your advisors to know your budget and set goals.** Before you start house hunting, you want to be sure you have established a home budget. In addition to principal and interest payments, you will need to consider additional costs such as flood insurance, property taxes, homeowners insurance, etc. Also, be sure to factor in the cost of home maintenance. Once you have established what price range is comfortable for your personal situation, you can then begin to work with an experienced realtor to find homes that are best suited for you. One thing to note, in this home buying market, you may be put in situations where homes are being sold for more than their appraised value. Many home buyers are being priced out of their intended range. We recommend being open minded in this environment, and consid-

ering a range of homes—within your budget of course—in your search.

3. **Ask your advisors for guidance on the best available loan programs.** There are a wealth of resources for first-time home buyers out there and programs specifically implemented to encourage first-time home buyers to take that next step. Work with your team of professional advisors to see what programs you may qualify for. For example, first-time homebuyers in Florida may qualify for down payment and closing cost assistance programs through Florida Housing Finance Cooperation.

### **Seasoned Home Buyers (relocating, buying a second home, etc.):**

1. **Communicate your goal with your advisors (e.g., private banker, accountant, financial planner and realtor).** Seasoned home buyers should also connect with their advisors to communicate goals and develop a plan to get there. One area that may specifically impact seasoned home buyers is tax considerations when buying or selling a home. For example, your accountant and financial advisor should be well equipped to help you navigate tax laws that may impact your decisions.

An additional consideration to be discussed with advisors, especially by those in the “sandwich generation,” (those that may have financial responsibility over their children as well as their aging parents), is to consider if you will be purchasing a home for a multi-generational family. Future-proofing your home may provide you more options for care in the future.

2. **Determine the most efficient way to finance your purchase.** The most common way to finance a new home is through a conventional mortgage, but seasoned home-buyers may have other resources available including a line of credit, cash or the equity in your current home. A conventional mortgage may very well be the best path for you, but it is a good idea to work with your team of professional advisors to determine what options are available based on your specific situation.
3. **Understand the market.** Our current home buying market is hot. An influx of relocations to our area and a scarcity of supply have fueled a surge in housing demand in our area.

*(continued)*

## Benefit Provider (continued)

While you will not be able to control outcomes, there are some steps you can take to help ensure you are prepared: know your budget and make a strong offer within your budget.

**Other Situations (e.g., Downsizing, Relocating to be near family, etc.):**

1. **Revisit your Personal Financial Statement.** Each year, you should review your personal financial statement with your financial advisor, and as you do, you should be thinking about and planning for your next phase of life. Does your future bring you closer to family? Perhaps you may sell your current home and rent an apartment that will offer you less maintenance. These decisions will impact your overall financial position in planning for your next move—having these conversations in advance will best set you up for success.
2. **Include family and loved ones in your planning.** As you begin to plan for your future living situation, it is important to include your family in the planning process and keep lines of communication open. You can prepare your family for change and provide your beneficiaries with early information, ultimately avoiding any surprises and preparing for your future together.
3. **The long-term livability of your current home or the home you're looking to purchase.** Does your home have long-term livability? If your home has stairs, a long walk to the mailbox, narrow doorways, or a deep tub, you may have difficulty navigating your home as your physical abilities change. Although this can be an uncomfortable reality for many, being proactive about the long-term livability of your home can help you as you navigate retirement. Consider looking at homes that have a universal design or homes that can be easily retrofitted to your future needs.

With rates on the rise, insurance costs in flux and a tremendous amount of new people in our area as the Tampa Bay area continues to grow, we are faced with a time that can be a challenge to make any moves in the real estate market. I strongly believe that if you take the simple steps listed above and have the right advisors around you, the process is not impossible.

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I am fortunate to work at The Bank of Tampa, where we have a variety of solutions for our clients to meet their goals. I work diligently to help each and every person meet their personal and financial goals. Please do not hesitate to reach out with any questions on your personal story and how we can support you in your home buying journey. If you are interested in learning more about The Bank of Tampa's mortgage solutions, please contact me at [atrone@bankoftampa.com](mailto:atrone@bankoftampa.com).

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# The Great Florida Outdoors

## The Green Swamp West Tract

Robert Norman, DO

skindrrob@aol.com



The 560,000-acre Green Swamp spans four counties and gives rise to four major river systems and provides much of central Florida's drinking water supply. A large part of the preserve is upland hardwoods, pine flatwoods, open prairie land, and low ridges bounded by prominent sandy ridgelines. Cypress and floodplain swamps are an important part of this vast mosaic of natural communities.

The Green Swamp Wilderness Preserve is managed by the Southwest Florida Water Management District and covers 110,000 acres of east Pasco and west Sumter County. The Green Swamp West Tract is a 37,350-acre portion of the Preserve located entirely in Pasco County. The Withlacoochee River, whose headwaters originate in the Green Swamp, flows for 36 miles through the Preserve on its 110-mile journey to the Gulf of Mexico and is protected as an Outstanding Florida Water within the Green Swamp Wilderness Preserve.

Three other rivers originate from this area ... the Ocklawaha River, the Hillsborough River, and the Peace River. In addition to the West Tract, there are four other management units: Colt Creek State Park (5,067 acres), East Tract (51,149 acres), Hampton Tract (11,052 acres), and Little Withlacoochee Tract (4,446 acres).

The Green Swamp region is a plateau above surrounding areas and is an important physiographic feature of Florida. Rainwater helps create its four major rivers and percolates down through the soil to replenish the Floridan aquifer system, the primary source of drinking water for most Floridians. Because of its elevation above outlying areas, the underground aquifer rises very close to the land surface and the region functions as the pressure head for the aquifer. The protection of the Green Swamp is vital to protecting the quality and quantity of Florida's water supply. In 1974, Florida designated 322,000 acres of the Green Swamp region as an Area of Critical State Concern.

More than 65 miles of roads and multi-use trails fan out from the entrance. Approximately 31 miles of the Florida National Scenic Trail run through Green Swamp East and West tracts.

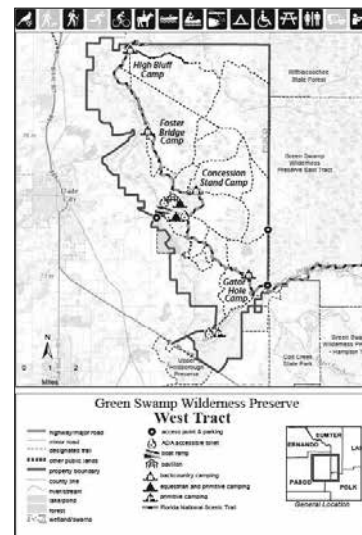
To cover the expansive territory, my friend Ed and I took our electric bikes (ebikes). We were both fairly new to ebikes but we knew they should work great in the diverse terrain and allow us

to explore more of what the area offered. We biked for a couple miles and parked to explore nature. Over the course of the day, we found several species of lichens (one of our new passions) including Speckled Blister Lichen, *tryptelium tropicum*. We also found cinnamon fern, royal fern, resurrection fern, giant swordfern, Virginia chainfern, upright sedge, mermaidweed, wax myrtles, southern bayberry, bog white violet, orange milkwort, water oak trees, black gum trees, black cherry, frostweed, and inkberry. A few times we found the dirt trails to be covered by water from the previous days' rains, but we managed to maneuver our way past any impediments and enjoy an invigorating trip with several nature-filled stops before reaching our cars.

We found a very unique cypress tree with trees growing out from its extended trunk and limb. In many locations we spotted longleaf pines stretched skyward, their tops swaying in the wind. Many other species, including Florida black bear, raccoon, and deer live on the property, along with numerous bird, butterfly, and dragonfly species.

If you have the time and energy, a 1.5-mile connector trail leads to Withlacoochee River Park. A small boat ramp is located on River Road and there are numerous camping options to extend your visit including equestrian and primitive sites. Seasonal hunting for white-tailed deer, wild turkey, and wild hogs takes place in the area so check on these dates.

Where can you find this great place in nature? Get out and enjoy The Great Florida Outdoors!



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Rene J. Zarate, CPA • ABV  
Director – Valuation  
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# Reflections

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## *He, She, They*

Barry Verkauf, MD



Throughout history, until 50 to 60 years ago, sex was clearly defined only by biologic circumstances. Women and men have different genes, different gonads, different external genitalia, different hormones, and until recently different social consequences. Traditionally, men have done the work in moving society forward over time, and women have importantly served the reproductive purpose of replenishing members of society, making family and homes, and raising kids, of course with notable exceptions.

From a medical point of view, sex was also determined by biology: the genetic, chromosomal, hormonal, and gonadal makeup of the individual. This began to change after the 1950s and 1960s with the appearance in this country of Ph.D. psychologist, John Money, at the Johns Hopkins Hospital in Baltimore working in conjunction with the early pediatric endocrinologists, Lawson Wilkins, and Claude Migeon. Money, who became known as a psychoendocrinologist, was the first to appreciate that sexual orientation and identity was not all biologic in origin - nor was it all sociologic in origin. It was not nature or nurture but a combination of both nature and nurture which contributed to these self-ideologies. Money established the first gender identity clinic in the country and created the term gender to include both the biologic and sociologic sex of an individual. He created the term gender identity to mean the sociologic sex to which he/she/they identify and gender role as the manner in which they function in society as typically defined and characteristic of males and females at the time. When there is a conflict between biologic and sociologic status which causes concern on the part of the patient, in current terms it is known as gender dysphoria.

I had the good fortune of training in obstetrics and gynecology and reproductive endocrinology at the Johns Hopkins Hospital in the late 1960s and 1970s as the gender identity clinic was evolving. I had a mentor, Dr. Howard Jones, who functioned with the gender identity clinic on surgical cases. The participating physicians consisted of pediatric endocrinologists, medical endocrinologists, psychologists, psychiatrists, urologists, and reproductive endocrinologists. Much of the surgery in the early days was done on young children with congenital adrenal hyperplasia and consequent ambiguous genitalia. Money and the gender identity committee were of the opinion and the philosophy that the best way for an individual to have normal gender identity was to

have sex assigned before memory kicked in at about 18 months of age with continued effort and care on the part of physicians and parents to promote this identity. Money's clinic had a multi-million-dollar grant to assess the value of sex-changing surgery in transgender patients and patients with other etiologies of intersexuality when surgery is required or desired. Treatment in all congenital adrenal hyperplasia patients is not able to be done so early and like other causes of intersexuality are treated at an older age. Until a couple of decades ago, Money's philosophy persisted in that they should have gender assigned at the earliest possible time with input from physicians and parents.

Times and things change! I was a delegate to the AMA in about 2015 when the pediatric section put forth a statement asking for the AMA to approve and support that no determination of sex for an individual should be made until he/she/they can personally and meaningfully participate in that decision themselves. For the past 20 years or so, this has been the practice in pediatrics consistent with recommendations of the World Health Organization. Often young children with intersexual states are given GnRH antagonists to reduce sexual development until the early teens, when hopefully they can make a better-informed decision for themselves how they see their sexual identity, participating with parents and medical personnel. Recently, the Florida Department of Health stated that puberty blockers, hormones, and sex reassignment should not be given before 18 years of the age of the patient with gender dysphoria due to low quality of evidence of the necessity and value.

So, long ago, sex was principally bisexual - male or female - and usually it was considered to be consistent in both biologic sex and social identity. Men differed from women at that time in social construct as well as biologic makeup. As time has passed, this sociologic concept has begun to change as a consequence of scientific advances and the feminist movements - the first of which was in the 1920s, the next in the 1970s and 1980s, and has recently been reinvigorated. Because of the evolution of effective contraception, women have been able in recent times to become more educated, delay marriage and childbearing if they wish, and/or enter the workforce. Today, with the occurrence of the industrial revolution of the 20th century and the digital revolution of the 21st century, much of the work that men used to do is possible to be done equally well by women. Currently about 50% of the law students and medical students are women. Women own about 40% of the companies in America today. Gender roles in some ways have changed and begun to merge!

*(continued)*

## Reflections (continued)

Women currently participate in organized competitive sports. They entered the armed forces. What has changed is the social construct within society with which people see maleness and femaleness. It is not as crisply divided as it used to be. Moreover, transsexuality, homosexuality, intersexuality, and bisexuality have become a more accepted part of society and the social construct. Sex can be changed now on birth certificates and passports and other significant identifying papers under appropriate circumstances. Recently California passed a law stating that the baby could be designated on the birth certificate as male, female, or X!

Problems persist. Transsexual individuals in some states must use the bathroom consistent with their birth rather than their current gender identity. You may be aware of the fact that transsexual females sometimes compete athletically in teams made up of biologic women. For the past couple of decades, the rules for participation of transsexual females have varied from time to time and in various circumstances. In some instances, transsexual females are barred from participating in female events. There is concern that the increased muscular strength and body mass that they acquire with puberty gives them an unfair advantage over biologic women. In other instances, it has been said that if the transsexual female has had their testosterone lowered with treatment for a year in some instances and up to four years in others, and their testosterone remains low they could participate in female events in some instances. Opinion differs on the value of these rules. Recently in the NCAA swimming championship, the 500-meter freestyle event was won by a transsexual woman. It raised again

the argument about whether that is fair competition and if she should be given the winning prize. Our Governor of Florida stated that the woman who won that event at the NCAA meet should not be given the first-place prize since she was a trans sexual female, and that it should be given to the second place winner (a Floridian) who is a traditional female! Almost contemporaneously, the governors of Utah and Indiana vetoed legislative bans on transsexual females competing in female events while at the same time nearly a dozen conservative leaning states favored legislation banning female transsexuals from participating in such events.

Since the time of Money, the medical profession has accepted treatment and guidance of LGBTQ people as their appropriate responsibility. Unfortunately, some segments of society do not agree with this and are against manners of treatment that improve the lives of these individuals. The March 19th issue of *The Economist*, the March 21st issue of *Time* magazine, and the April 10th issue of the *Tampa Bay Times* all had articles relating to the increasing emphasis by right-leaning organizations and individuals in terms of the propriety, principally of transsexuals participating in certain activities. The Williams Institute of UCLA estimated in April 2021 that 45,100 trans youths were at risk of losing medical care if all the bills under consideration at that time restricting or banning gender-affirming care became law. Fortunately, most did not. Leading medical organizations have decried such legislative bans and those which attempt to criminalize or penalize physicians for providing necessary care for their patients. When will these issues ever be totally resolved? Only time will tell!

### MARK YOUR CALENDAR!

September 13, 2022  
HCMA Membership Dinner  
Westshore Grand Hotel  
Social: 6:30pm/Dinner & Program: 7:30pm

Guest Speaker:  
Carlton Ward, Jr., a conservation photographer and National Geographic Explorer whose passion for nature was born from the Florida landscape. His mission is to inspire appreciation and protection of Florida's original nature.

Watch your email for further details.





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## Meet Lea Martinell-Smith, PhD



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

HCMA Foundation PWP provides a safe harbor for members to address life difficulties

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

The Bulletin will feature a PWP provider in each issue.

A licensed Psychologist with over 13 years of experience, Dr. Lea Martinell-Smith specializes in treating children and adolescents within the family unit through the process of change.

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<https://wellnesspsychologicalservices.com/meet-dr-lea-martinell-smith/>

Appointments scheduled within 2-3 days.

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

## OVERWHELMED?



HCMA Physician Wellness Program





# MCMS, Inc. Insurance Trust

## Hillsborough County Associate Members

*Created by Physicians, for Physicians and their Staff*

### Program History

**Background:** The Medical Society Insurance Trust was established in Marion County 40 years ago.

**Purpose:** Created by physician employers in the private practice of medicine as a way to provide comprehensive medical coverage to their employees and families.

**Growth:** Since that time, the program has expanded to 12 total counties state-wide and continues to offer affordable insurance solutions to independent physician practices.

**Sustainability:** The program is governed by a Board of Trustees, made up of local leadership and decision makers, to manage risk and ensure long term program success.

### Program Advantages

**Plan Variety:** Groups can offer up to 11 different health plans through Florida Blue.

**Rate Stability:** Using a funding strategy called Minimum Premium, the Trust functions under one, state-wide program in an effort to further stabilize healthcare costs for both the practice and the employees.

**Large Group Benefits:** Joining the MCMS, Inc. Insurance Trust allows small groups access to large group benefits and rates.

**Profit Sharing Opportunity:** The Minimum Premium funding structure is designed to protect the over \$5 million reserve balance for the program's continued success. As statewide plan performance improves, premium holidays can provide additional rate relief!

**For a Proposal of Insurance, please email:  
Ocala.GBS.TrustBenefits@AJG.com**

For more information regarding the Hillsborough County Medical Association, Inc. - Insurance Trust, visit:  
[www.TrustHCMA.com](http://www.TrustHCMA.com)



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# —HCMA In Brief— —Personal News—

## HURRICANE SEASON BEGAN JUNE 1

The 2022 Hurricane season has begun and will continue through November 30. Many sources anticipate this season will be more active than usual. A prediction issued by scientists at Colorado State University says there will be at least 19 named storms and nine hurricanes — four of which will be Category 3 or higher. An average season normally has 14 named storms, around seven hurricanes and three major hurricanes. Many sites offer preparation checklists for the public and for businesses. One example is:

<https://www.floridadisaster.org/planprepare/preparing-for-hurricane-season/>

## HCMA MEMBERSHIP SAVES YOU MONEY

Membership in the HCMA entitles you, regardless of membership category, of all offers and discounts given by our Benefit Providers and the services of the HCMA Foundation Life Bridge Physician Wellness Program. Professional liability insurance may be discounted an additional 10% for qualifying members, legal documents, forms, and medical practice checklists are a click away, marketing and access to a contactless patient check-in program, and up to six complimentary counseling sessions are available to you right now. Visit [www.HCMA.net](http://www.HCMA.net) for more information or call the HCMA office: 813.253.0471.

## HALF THE YEAR IS GONE ALREADY

And half of the licensed physicians in Florida will have to renew their medical license by January 31, 2023, after completing the required 40+ CME hours. Don't wait until the last minute. Contact the HCMA to receive the latest CME News which includes a list of CME resources: 813.253.0471 or Elke Lubin at [ELubin@hcma.net](mailto:ELubin@hcma.net).

## UPDATE YOUR HCMA PROFILE

The HCMA database & website is new and improved! In order to make use of our innovative new database and all of its features, all HCMA members need to create a password for their profile.

**By setting up your profile, it will ensure that you have full access to our website in which you can update your office information, your home mailing address, RSVP to our events, pay dues, and receive all future correspondence from the HCMA.**

Please follow these few simple steps to set up your profile:

- Log in to your HCMA account at [www.hcma.net](http://www.hcma.net)
- Click the orange sign-in icon located in the upper right-hand corner Enter your email address - **IF YOU HAVE NOT CREATED A PASSWORD YET**, click the "forgot password" link and follow the instructions.

If you have any questions, please contact Anni Blackwell at the HCMA: 813.253.0471 or [ABlackwell@hcma.net](mailto:ABlackwell@hcma.net).

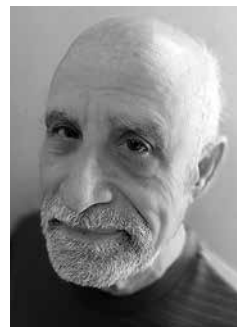
## WELCOME ASTA ORTHMAN



Asta Orthman joined the HCMA staff on May 10th. She will serve as HCMA's membership coordinator & administrative assistant. Asta moved to the United States from Lithuania 25 years ago and resided in Massachusetts where she worked at several nonprofit organizations as an accomplished administrator providing services to those with mental illnesses and developmental disabilities. Two years ago, Asta and her husband relocated to the Tampa Bay area and have been enjoying the lovely southern living since.

Asta has become involved with the Tampa area Lithuanian community and has been teaching language and traditions to immigrant children in her spare time. She is a graduate of Vilnius University in Lithuania earning her BA degree in English Language and Literature and is fluent in three languages. Asta likes to read, cook, walk Florida's beautiful beaches, and travel. Welcome Asta!

## DR. LUBIN APPOINTED TO HCAB



In April, Dr. David Lubin, Bulletin Editor, was nominated and subsequently appointed to the Health Care Advisory Board (HCAB). This Board improves accessibility and efficiency of care for medically poor residents of Hillsborough County through recommendations to the Board of County Commissioners for fund allocation, coordination, planning, and monitoring of health care delivery systems. Other HCMA members who serve on the HCAB are Drs. John Curran and Jason Wilson.

## HAPPY ANNIVERSARY!



HCMA's Executive Director, Debbie Zorian, celebrated her 36-year anniversary with the HCMA while at the HCMA Foundation Charity Golf Classic on March 31st. Debbie served as the master of ceremonies conveying her poise and, as always, her style at the event. Pictured: Debbie Zorian and HCMA Foundation Golf Premier Sponsor, Dr. Maulik Bhalani/ Florida Pain Medicine.

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# Travel Diary

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## *A Visit to Tahiti and Its Neighboring Austral Islands*

Bruce Shephard, MD  
shephardmd@verizon.net



If you look at a global map there are three places - New Zealand, Hawaii, and Easter Island - that form the corners of an imaginary triangle that is Polynesia. At the center of this triangle lies French Polynesia, a collection of five archipelagos, the best known being the Society Islands, the largest of which is Tahiti.

Tahiti was the starting point for a two-week cruise adventure to the remote Austral Islands that Coleen and I shared with U.C. Berkeley college roommate, Brooks Reid and his wife Marion in March of this year. We arrived in the capital, Papeete, after an 8-hour direct flight from LAX. Tahiti is the region's only real urban hub (population 190,000) and serves as the cultural and economic capital of French Polynesia accounting for 70% of its population. After exploring Papeete, we boarded the Arnaui-5, a unique ship designed as a freighter but also to accommodate 254 tourist passengers. The passengers were "of a certain age" - let's say in their more golden years. Most were fit, a diverse group from many other places besides the U.S. including Australia and Europe, and all excited to explore an area - the Austral Islands - that had not seen tourists in years, if ever.

Our first stop before the Australs was to nearby Raiatea, another of the Society Island group. Known as "the sacred island," Raiatea, has a number of well-preserved spiritual sites (marae) and is also considered the "cradle of Polynesian civilization" since it was from Raiatea around 300AD that a secondary migration to Hawaii, New Zealand, and Easter Island occurred. (The first, or Great Polynesian Migration, occurred around 1,000 BCE when people from Asia, possibly Taiwan, began their canoeing voyages taking them probably first to Samoa, then to the Marquesas around 200 BCE, and finally to Raiatea).

The Austral Islands are located 400 miles south of Tahiti. We were actually guinea pig travelers for the Aranaui-5 which routinely services the Marquesas Islands (another French Polynesian island group). Now they were interested in expanding their scope to the Australs, which the Aranaui-5 had last visited 15 years ago and they wanted to make it a tourist destination.

Our group leaders were experienced guides from Tahiti, but as most had never been to the Australs themselves, excursions were somewhat "on the fly." We discovered trails together in Rapa, sought out (and found) the rare Red Lorikeet in Rimatara, and visited a sacred limestone cave in Rurutu. Good snorkeling was everywhere and we enjoyed some amazing drift snorkeling at inlets between motus (mini-coral islets) where the current put us in touch with abundant colorful fish, large clams, and beautiful coral.

Like other island groups such as those in Hawaii, the Australs are volcanic, formed from a "hot spot" deep beneath the earth. Each island is spewed out in linear succession as the slow-moving Pacific Plate traverses over the "hot spot." The whole process has taken over 30 million years, with the older, more northern islands looking quite different from the younger ones located further south. We learned that as the islands were first formed, the warm water conditions were favorable for the development of coral reefs which initially encircled them. Over time, these fringing reefs continued to grow as the islands sunk under their own weight, eventually disappearing altogether leaving what is called an atoll, which is a lagoon encircled by a coral reef. Great for snorkeling!

The Australs consist of five inhabited islands -Rimatara, Rurutu, Tubuai, Raivavae, and Rapa. We visited them all with their combined population of only 9,000. Located close to the Tropic of Capricorn, they are tropical for the most part. Like the rest of French Polynesia, the Australs are considered a "collective" of France which provides much-needed funding for most things, including education, police, and health care. The islands each have some political structure and on the island of Rapa we heard directly from the mayor himself through an onboard French translator. Rapa's small population of 515 has voted consistently not to have an airstrip, perhaps to enable it to preserve its ways and traditions. The mayor has been in office for 20 years (seemingly not an uncommon term in these parts) but said he was ready to let a younger person take the job soon.

The Austral inhabitants were "discovered" first by Cook in 1769. On another voyage to the Australs in 1777, Cook discovered the island of Tubuai and his report was known to Fletcher Christian who in 1789 sailed there briefly after the mutiny on

*(continued)*

## Travel Diary (continued)

the Bounty. Despite early discoveries by the British it was the French who ultimately claimed what is now known as French Polynesia, including the Austral Islands which they annexed as a colony in 1880. The colonial history of the region is credited for having brought an end to tribal civil strife and warfare, but at a great cost to the indigenous populations both in infections like smallpox and in marginalizing local cultural practices. Unfortunately, too, many cultural artifacts like tikis have been absconded by colonists and others over the years but some treasures can be seen at places like the British Museum in London.

The Austral islanders revealed a mostly subsistence lifestyle through taro farming and fishing. Tropical fruits, especially breadfruit, contribute to a diet fairly rich in starch. Little in the way of electricity or running water is standard and certainly not

the internet. These small, populated islands apparently rely upon a very community-centered, interdependent life. While Protestantism remains the dominant religion, ancient religious practices are maintained as well, notably, through “speakers,” select orators who sing and speak their oral traditions and stories to a background of dancing and pounding drums. It was quite powerful to witness these performances. The entire journey left us with new appreciation for a region of great beauty, notable history, and much more.

Do you have a “Travel Diary”  
you’d like to share?  
Email: [ELubin@HCMA.net](mailto:ELubin@HCMA.net)

### TRAVEL DIARY—THE AUSTRAL ISLANDS, MARCH 2022



This particular limestone cave in Rurutu claims great spiritual powers.



Preparing taro, a staple food crop throughout Oceania.



Native-style brunch in the Tuamotu Archipelago.



Marquesas dancers at a show performed at LeTahiti Hotel, Tahiti.



This was the tribe's “speaker,” a Chief who passes along the history of his people since there is nothing written down.



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# Photo Gallery

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## Membership Dinner March 15, 2022

Our first in-person membership event since February 2020 was a great success! Many thanks to sponsors Shea Barclay Group and Physicians Wealth Planning. Two medical student scholarships were awarded and our guest speaker, Rodney Kite-Powell, from the Tampa Bay History Center, commanded the room with his Tampa history facts - via maps.

Many thanks to the physician mentors who spent the social hour hosting medical students and introducing them to colleagues: Drs. Michael Albrink, Eva Crooke, Cheryl Reed, Jennifer Ting, and Karen Wells.

*Photographs by Dr. David Lubin.*



CallStar, a membership dinner exhibitor, is ready for spring!



Dr. Aaron & Susan Laden, Dr. Charles Cernuda, Dr. Michael and Carol Cromer, and Dr. Eva Crooke.



Drs. Jack Parrino, J.J. Diaz, and Ernesto Ruas and Cathy Conely.



Dr. Douglas and Maryann Stein and Dr. Hunter and Becky Eubanks.



Membership Dinner co-sponsor and HCMA Benefit Provider Shea Barclay Group, along with HCMA leaders, and representatives from Rivero, Gordimer & Co.



USF medical student, Grace Benmhend, won the Rivero, Gordimer & Co. medical student scholarship. Stephen Douglas, CPA, presented her with the scholarship. Congratulations, Grace!



Guest speaker, Rodney Kite-Powell from the Tampa Bay History Center spoke about the fascinating history of Tampa Bay.



Drs. William Davison, and Thomas Davison, Joel Silverfield, and Michael Zimmer.



Drs. Raj Mohapatra, Neil Manimala, and Malcolm Root.



Nancy Silverfield, Drs. Charles Lockwood, Joel Silverfield, and Haywood Brown.



Drs. Charles Cernuda and Jairo Parada.



Exhibitors, Akumin, pose with Drs. Barry Verkauf, Karen Wells, and Michael Albrink.

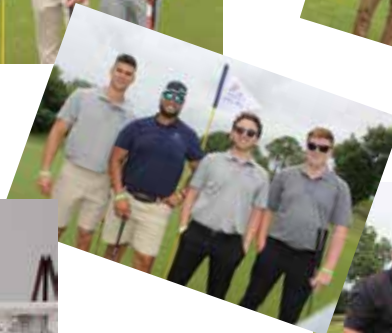
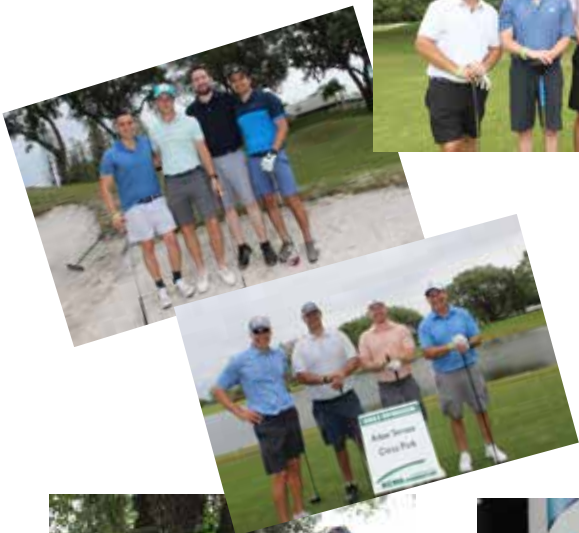
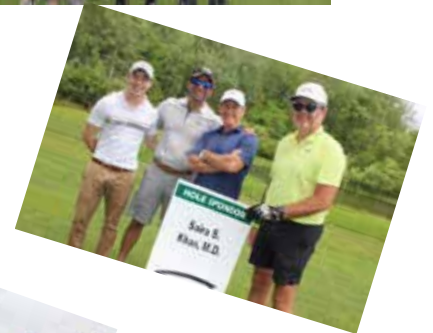
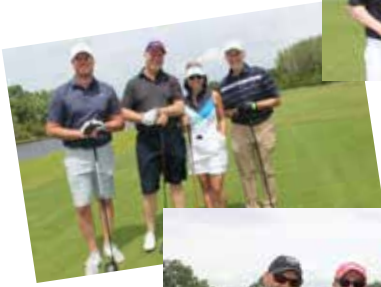
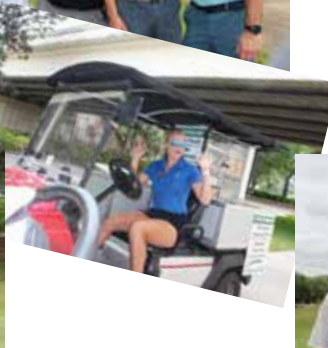


Frank Lee, USF medical student, with Dr. Michael Albrink, Foundation board member. Mr. Lee won the HCMA Foundation medical student scholarship. Congratulations, Frank!



Stacy Robison, Frank Connelly, and Brittany Flood representing longtime HCMA supporter, Tower Radiology Centers.

# 2022 HCMA Foundation Charity Golf Classic







**HCMA Foundation's 24th  
Charity Golf Classic  
March 31, 2022**

Even with the threat of a windy, stormy day... our 126 golfers (a record for us) came out swinging! The wind made it more challenging, but that did not stop anyone from having a good time. Our amazing sponsors, golfers, volunteers, and contributors made our 2022 golf fundraiser another success. Back at TPC - Tampa Bay, after being away for seven years, seemed a perfect recipe for a great event.

**Winners:**

First place/gross: Team Sumner, Locklear, Hohl, & Hollier. First place/net: Team the Walkers & Hardy. Second place/gross: Team Bhalani, Whitman, Reed, & Costar. Second place/net: Team Croke, Cain, Todd & Smith.

Closest to the holes: Brian Batt, Andrew Kuykendall, Chase O'Malley, & Carey Williams. Closest to the serpentine line: Matt Hagan & Jen Snider. Putting contest: David Whitaker (10"). Park 3 Poker: Carey Williams. Scratch-off fantasy golf: Jennifer Walker (score 71).

Visit the HCMA's Facebook page, /HCMADocs, for a complete list of 2022 sponsors, supporters, volunteers, and more photos. *Photographs by Dr. David Lubin.*

# Benefit Providers

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



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AAI, CIC | Senior Advisor

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Patricia K. Thompson, AAI, CIC | Senior Advisor – Healthcare Practice Group  
Phone: 813.418.4492 | Mobile: 813.404.7905 | Email: Pthompson@sheabarclay.com  
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