Introduction

We are pleased to provide this 31st edition of the American Medical Association Election Manual, the first to be published exclusively in electronic format. It includes write-ups from every announced candidate for election at the 2017 Annual Meeting, along with a description of our AMA election process and the current rules governing the conduct of campaigns.

In soliciting this information your speakers suggested that candidates list their sponsoring and endorsing societies, and include relevant biographical information and, if desired, a personal statement. Candidates and their sponsoring societies prepared the text and submitted the copy for publication, and responsibility for the content properly rests with the candidates.

AMA House of Delegates policy requires that each candidate’s conflict-of-interest information be available for review. You can find this information posted on our password-protected web page. As we migrate toward making greater use of our digital platform, we trust you will find the online version both user-friendly and robust, but suggestions for future editions are welcome; just send your comments to hod@ama-assn.org.

Elections are scheduled for Tuesday morning, June 13.

Sincerely,

Susan R. Bailey, MD
Speaker

Bruce A. Scott, MD
Vice speaker
## Menu/Table of contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–5</td>
<td>AMA election process</td>
</tr>
<tr>
<td></td>
<td>President-elect <em>(vote for one)</em></td>
</tr>
<tr>
<td>6</td>
<td>Barbara L. McAneny, MD</td>
</tr>
<tr>
<td>7</td>
<td>Stephen R. Permut, MD, JD</td>
</tr>
<tr>
<td></td>
<td>Speaker <em>(vote for one)</em></td>
</tr>
<tr>
<td>8</td>
<td>Susan R. Bailey, MD</td>
</tr>
<tr>
<td></td>
<td>Vice speaker <em>(vote for one)</em></td>
</tr>
<tr>
<td>9</td>
<td>Bruce A. Scott, MD</td>
</tr>
<tr>
<td></td>
<td>Board of Trustees <em>(vote for one)</em></td>
</tr>
<tr>
<td>10</td>
<td>Randolph J. Gould, MD</td>
</tr>
<tr>
<td>11</td>
<td>Gerald E. Harmon, MD</td>
</tr>
<tr>
<td>12</td>
<td>S. Bobby Mukkamala, MD</td>
</tr>
<tr>
<td>13</td>
<td>Gamin Soori, MD, MBA</td>
</tr>
<tr>
<td></td>
<td>Board of Trustees, resident/fellow position <em>(vote for one)</em></td>
</tr>
<tr>
<td>14</td>
<td>Shady Henien, MD</td>
</tr>
<tr>
<td>15</td>
<td>Ryan Ribeira, MD, MPH</td>
</tr>
<tr>
<td></td>
<td>Council on Constitution and Bylaws <em>(vote for one)</em></td>
</tr>
<tr>
<td>16</td>
<td>Jerome Cohen, MD</td>
</tr>
<tr>
<td></td>
<td>Council on Medical Education <em>(vote for four)</em></td>
</tr>
<tr>
<td>17</td>
<td>Jacqueline A. Bello, MD</td>
</tr>
<tr>
<td>18</td>
<td>Peter Bretan, MD</td>
</tr>
<tr>
<td>19</td>
<td>Robert “Bob” Goldberg, DO</td>
</tr>
<tr>
<td>20</td>
<td>Vikram B. Patel, MD</td>
</tr>
<tr>
<td>21</td>
<td>Richard S. Pieters, MD, MEd</td>
</tr>
<tr>
<td>22</td>
<td>Liana Puscas, MD, MHS</td>
</tr>
<tr>
<td>23</td>
<td>Kimberly J. Templeton, MD</td>
</tr>
<tr>
<td>24</td>
<td>Krystal L. Tomei, MD, MPH</td>
</tr>
<tr>
<td>25</td>
<td>Luke V. Selby, MD, MS</td>
</tr>
<tr>
<td></td>
<td>Council on Medical Education, resident/fellow position <em>(vote for one)</em></td>
</tr>
<tr>
<td>26</td>
<td>Lisa Egbert, MD</td>
</tr>
<tr>
<td>27</td>
<td>Lynda M. Young, MD</td>
</tr>
<tr>
<td></td>
<td>Council on Medical Service <em>(vote for two)</em></td>
</tr>
<tr>
<td>28</td>
<td>Meena Davuluri, MD, MPH</td>
</tr>
<tr>
<td></td>
<td>Council on Science and Public Health <em>(vote for two)</em></td>
</tr>
<tr>
<td>29</td>
<td>John T. Carlo, MD</td>
</tr>
<tr>
<td>30</td>
<td>William J. Kassler, MD, MPH</td>
</tr>
<tr>
<td>31</td>
<td>Mary LaPlante, MD</td>
</tr>
<tr>
<td></td>
<td>Council on Science and Public Health, resident/fellow position <em>(vote for one)</em></td>
</tr>
<tr>
<td>32</td>
<td>Michael Lubrano, MD, MPH</td>
</tr>
</tbody>
</table>
**Introduction**

Officers and four councils are elected by the American Medical Association House of Delegates (HOD) at the Annual Meeting. Nominations for these offices are widely solicited throughout the Federation. Campaigns are often spirited and are conducted under rules established by the AMA-HOD, rules that may be modified from time to time. This democratic process allows delegates ample opportunity to become acquainted with the candidates and their views. The elections are by secret ballot and are conducted under the supervision of the Committee on Rules and Credentials and the chief teller, who are appointed by the speaker and vice speaker, who are responsible for overall administration of the elections.

**Announcements of candidacy**

Individuals intending to seek election at the next Annual Meeting should make their intentions known to the speakers, generally by providing the speakers’ office (hod@ama-assn.org) with an electronic announcement “card” that includes any or all of the following elements and no more: the candidate’s name, photograph, email address, URL, the office sought and a list of endorsing societies. The speakers will ensure that the information is posted on our AMA website in a timely fashion, generally on the morning of the last day of a House of Delegates meeting or upon adjournment of the meeting. Announcements that include additional information (e.g., a brief resume or a slogan) will not be posted to the website as they are in violation of the rules. Printed announcements may not be distributed in the venue where the House of Delegates meets. The speakers may use additional means to make delegates aware of members intending to seek election. (G-610.020[2]) Only a single announcement of candidacy is allowed, after which active campaigning is not permitted until the AMA Board of Trustees (BOT) nominates candidates for AMA councils (mid-April).

*This rule provides a standard mechanism by which individuals can make known their intention to seek office.*

*Printed announcements may not be distributed at an AMA-HOD meeting under any circumstance.*

**Nominations**

The AMA-BOT solicits nominations for four elected councils: the Council on Constitution and Bylaws, the Council on Medical Education, the Council on Medical Service, and the Council on Science and Public Health. The deadline for receipt of nominations is March 15 of each year, and the AMA-BOT announces council nominees after its April meeting. Council candidates who have announced their intent to seek election, including those seeking re-election, must submit the necessary nomination materials to the AMA-BOT Office by the deadline.

Officers are nominated by their sponsoring societies; they are not nominated by the AMA-BOT. As a courtesy and to keep the headquarters informed, these candidates are asked to send a letter to the AMA’s executive vice president announcing their intention to seek office.

Under AMA bylaws, a delegate may also nominate candidates for council and officer vacancies from the floor.

**Conflict-of-interest disclosures**

Under AMA-HOD policy, all candidates for election are required to complete a conflict-of-interest/disclosure of affiliations form prior to their election. Candidates should contact the Office of General Counsel (ogc@ama-assn.org) or the Office of House of Delegates Affairs (hod@ama-assn.org) for information on completing the form. Forms must be submitted by March 15 of the year in which someone is seeking election. Completed forms are posted in the “Members-only” section of our AMA website. The requirement applies to all candidates for election, including those nominated from the floor. (G-610.020[15])
Campaigns

Announcements of candidacy are considered separate and distinct from active campaigning. Active campaigns for AMA elective office may not begin until the AMA-BOT has announced the nominees for council seats after its April meeting. Active campaigning includes mass outreach activities such as letters or emails directed to all or a significant portion of the members of the AMA-HOD, communicated by or on behalf of the candidate. (G-610.020[3])

At the Opening Session of the Annual Meeting, each officer candidate in a contested election will give a two-minute self-nominating speech. The order of the speeches will be determined by lot. No speeches for unopposed candidates will be given, except for president-elect. When there is no contest for president-elect, the candidate will ask a delegate to place his or her name in nomination, and the election will then be by acclamation. When there are two or more candidates for the office of president-elect, a two-minute nomination speech will be given by a delegate. In addition, the speaker will schedule a debate in front of the AMA-HOD to be conducted by rules established by the speaker. (G-610.020[12])

There are no nominating or seconding speeches for council candidates; the chair of the AMA-BOT places their names in nomination at the Opening Session of the AMA-HOD, after which the speaker will call for additional nominations from the floor.

Guiding principles for AMA-HOD elections

The following principles have been adopted by the AMA-HOD (Policy G-610.021) and provide guidance on how elections should be conducted and how the selection of AMA leaders should occur:

1. AMA delegates should: (a) avail themselves of all available background information about candidates for elected positions in the AMA; (b) determine which candidates are best qualified to help the AMA achieve its mission; and (c) make independent decisions about which candidates to vote for.

2. Any electioneering practices that distort the democratic processes of the AMA-HOD elections, such as vote trading for the purpose of supporting candidates, are unacceptable.

3. Candidates for elected positions should comply with the requirements and the spirit of the AMA-HOD policy on campaigning and campaign spending.

4. Candidates and their sponsoring organizations should exercise restraint in campaign spending. Federation organizations should establish clear and detailed guidelines on the appropriate level of resources that should be allocated to the political campaigns of their members for AMA leadership positions.

5. Incumbency should not assure the re-election of an individual to an AMA leadership position.

6. Service in any AMA leadership position should not assure ascendancy to another leadership position.

Campaign rules

This listing of campaign rules reflects policies adopted by the AMA-HOD and procedures developed by the speakers to comply with AMA-HOD actions. Where AMA-HOD policies are listed, the relevant AMA policy number is listed in parentheses following the policy. The rules are listed in general categories. Questions and concerns may be directed to the speakers at hod@ama-assn.org.
Expenses, events, parties and other activities

1. Campaign expenditures and activities should be limited to reasonable levels necessary for adequate candidate exposure to the delegates. (G-610.020[10])

Campaign giveaways are covered separately; see ¶ 4 below.

2. Campaign parties are allowed only at the Annual Meeting. A state, specialty society, caucus or coalition may contribute to more than one party, but a candidate may be featured at only one party. Featured means: (a) being present in a receiving line, (b) appearing by name or in a picture on a poster or notice in or outside of the party venue, or (c) distributing stickers, buttons, etc., with the candidate's name on them. At these events, alcohol may be served only on a cash or no-host bar basis. (G-610.020[8])

A candidate may be featured at only one party at the Annual Meeting irrespective of who sponsors the event. Any particular society may, however, contribute to more than one party or campaign event, so long as a candidate is featured at only one event.

3. Campaign gifts may be distributed at only the Annual Meeting in the not-for-official-business bag and at one campaign party. Campaign gifts should only be distributed during the Annual Meeting and not mailed to delegates and alternate delegates in advance of the meeting. No other campaign memorabilia shall be distributed at any time. (G-610.020[10])

4. The speaker shall establish a limit on allowable expenditures for campaign-related gifts. In addition to these giveaway gifts, campaign memorabilia are allowed but are limited to a button, pin or sticker. (G-610.020[10])

   • The cost of stickers, pins or buttons will not be included in the spending limits. Stickers, pins and buttons should be simple and not be gifts in disguise.
   • For the 2017 Annual Meeting, each candidate is limited to spending no more than two dollars and fifty cents ($2.50) per delegate and alternate delegate for giveaways, including drawings or door prizes for items to be delivered either at the meeting or later. This limit applies for the entire year and is specifically intended to include the total cost of those items distributed in the not-for-official-business bag at the Opening Session as well as any raffle or drawing conducted on behalf of a candidate. The aggregate limit for 2017 is $2,775 (555 delegates x 2 x $2.50).

5. Candidates for AMA office should not attend meetings of the state medical societies unless officially invited and could accept reimbursement of travel expenses by the state society in accordance with the policies of the society. (G-610.020[13])

Literature and publicity

1. At the Interim Meeting, campaign-related expenditures and activities shall be discouraged. Large campaign receptions, luncheons, or other formal campaign activities and the distribution of campaign literature and gifts is prohibited at the Interim Meeting. It is permissible at the Interim Meeting for candidates seeking election at the next Annual Meeting to engage in individual outreach, such as small group meetings, including informal dinners, meant to familiarize others with a candidate's opinions and positions on issues. (G-610.020[6])

This rule prohibits campaign parties as well as the distribution of campaign literature and gifts at the Interim Meeting. Announcements of candidacy (see above) may occur at the Interim Meeting.
AMA election process

2. Displays of campaign posters, signs and literature are prohibited in public areas of hotels in which Annual Meetings are held because they detract from the dignity of the position being sought and are unsightly. Campaign posters may be displayed at campaign parties, and campaign literature may be distributed in the not-for-official-business bag for members of the AMA-HOD. (G-610.020[9])

3. An election manual containing information on all candidates for election shall continue to be developed annually, with distribution limited to publication on our AMA website, typically on the web pages associated with the meeting at which elections will occur. The election manual provides an equal opportunity for each candidate to present the material he or she considers important to bring before the members of the AMA-HOD. The election manual serves as a mechanism to reduce the number of telephone calls, mailings and other messages members of the House of Delegates receive from or on behalf of candidates. (G 610.020[4])

4. A reduction in the volume of telephone calls from candidates, and literature and letters by or on behalf of candidates is encouraged. The use of electronic messages to contact electors should also be minimized, and if used, must allow recipients to opt out of receiving future messages. (G-610.020[5])

5. No campaign literature shall be distributed and no mass outreach electronic messages shall be transmitted after the Opening Session of the Annual Meeting. (G-610.020[9])

6. Upon request, the AMA Office of House of Delegates Affairs will furnish a candidate with a file (typically a spreadsheet) containing the names and mailing addresses of members of the AMA-HOD, members of AMA councils and the AMA-BOT, and (if requested) other groups such as state and specialty society executives. The file may be used only for the mailing of a single announcement of candidacy or the mailing of campaign-related material(s) after the AMA-BOT has announced council nominations (approximately mid-April), at which point active campaigning is permitted. The Office of House of Delegates Affairs does not provide email addresses for any purpose.

The file may not be used for mailing holiday cards, letters or other materials, even if not campaign-oriented; or inviting members of the AMA-HOD to events, other than invitations to campaign receptions or parties that will take place in conjunction with the Annual Meeting and that are mailed during the time allowed for active campaigning. Such other use constitutes a violation of the rules.

Interviews and presentations

1. The speakers' office shall coordinate the scheduling of candidate interviews for general officer positions (trustee, president-elect, speaker and vice speaker). (G-610.020[11]) Interviews are scheduled as follows:

   • Interviews will be scheduled from noon on Friday to 6 p.m. on Monday, the night before the election. On these days interview sessions may be scheduled from 7 a.m. to 9 p.m., except for times when the AMA-HOD or reference committees are in session and except for when the usual hospitality suites are open.

   • Interviews for officer candidates will be booked in 10-minute units. Each candidate will be given one open 10-minute period of time between interviews. Each caucus can allocate one or more 10-minute units per session. Caucus staff should notify the speakers' office when their interview sessions are scheduled, the room name and how many 10-minute units (candidates) should be scheduled in those time slots.

   • The speakers' office will prepare and distribute the initial schedule according to the AMA-HOD action.

After the initial schedule is released, adjustments or revisions must be arranged with the caucus staff and/or other candidates affected.
AMA election process

2. Interviews of council candidates are arranged by the candidates and the entities conducting the interviews.

3. Every state and specialty society delegation is encouraged to participate in a regional caucus for the purposes of candidate review activities. (G-610.020[14])

Elections

The AMA elections are held on Tuesday of the Annual Meeting from 7:30 to 8:45 a.m. under the supervision of the Committee on Rules and Credentials and the chief teller. All delegates eligible to vote must be in line to vote at the time appointed for the close of polls. Poll hours will not be extended beyond the times posted.

Only credentialed delegates are permitted to cast a ballot. If a delegate cannot participate in the election, he or she may have a designated alternate delegate properly credentialed at the AMA registration desk prior to voting.

Candidates are listed on the ballot in alphabetical order by name only. AMA bylaws require simultaneous elections that call for the exact number of votes for each vacancy. Each ballot clearly states the number of votes that should be cast. Ballots containing more or fewer votes will be declared invalid by the chief teller. If a delegate makes a mistake and spoils the ballot, he or she should immediately signal a teller and request another ballot. A majority vote of the legal ballots cast is required for election.

If all of the vacancies are not filled on the first ballot, a runoff ballot will be distributed and collected by the tellers on the floor of the AMA-HOD. AMA bylaws dictate that if three or more members of the AMA-BOT or any council are still to be elected, the number of nominees in the runoff election shall be no more than twice the number of remaining vacancies less one. If two or fewer members of the AMA-BOT or council are still to be elected, the number of nominees in the runoff shall be no more than twice the number of remaining vacancies. In either case, the nominees in runoff elections are determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This process will continue until all the vacancies are filled.

Those candidates who are elected officially take office at the conclusion of the Annual Meeting.
Barbara L. McAneny, MD

The American Society of Clinical Oncology and New Mexico Medical Society are proud to nominate Barbara L. McAneny, MD, MACP, FASCO, for president-elect of our AMA. She is enthusiastically endorsed by the Pac-West Conference, SSS, ACP, ASH, ACRO, ASTRO and the Cancer Caucus.

Barbara is an actively practicing physician, successful businesswoman, and founder and CEO of a thriving multi-specialty practice and a foundation to help patients.

From the time she brought together physicians 30 years ago to pass a contested clean indoor air act in New Mexico, Barbara has understood the importance of collaboration and being engaged in health care policy, advocacy, public health and innovation. She is nationally recognized as a passionate champion of physicians and patients, an articulate spokesperson with an in-depth understanding of AMA policies and health care complexities and a greatly respected leader with a track record of impressive accomplishments in organized medicine.

**Proven and effective leader:** Barbara is a current member and past chair of our AMA Board of Trustees. Earlier she served as chair and member of the AMA Council on Medical Service, member of the SSS Governing Council and on the Forum Executive Committee. She is a member of the American College of Surgeons Commission on Cancer and was on the board of the American Society of Clinical Oncology. She is past president of the New Mexico Medical Society and past president of the New Mexico chapter of the American College of Physicians. She chaired the state's largest Emergency Medical Services Authority and led the New Mexico Task Force on Prenatal Care and Liability.

**Insightful innovator for medical practice:** Barbara established a national reputation as an innovator after being awarded a CMS Innovation Center grant in 2012 to develop the Community Oncology Medical Home Model that demonstrates improved outcomes and patient satisfaction with reduced hospitalizations and costs. She is revered by previously underserved communities where she's established satellite clinics. She founded national collaborative practice groups that share best practices and promote enrollment in cutting-edge clinical trials.

**Masterful communicator on complex issues:** Barbara represented our AMA before Congress when she testified on the impact of insurance company mergers, Medicare changes and new payment models. She was appointed to the Practicing Physicians Advisory Council to advise CMS on effects of regulations. She represented our AMA in negotiations with health plans to reduce administrative burdens. A tireless advocate for all physicians, Barbara is an acclaimed speaker on medical home, health system reform and anti-trust.

In her spare time, Barbara loves to care for her rose garden and travel with her husband, Steve.

**Personal statement:**

“Our AMA plays a pivotal role in the changing health care environment. I have spent my career fighting to preserve physician choice and autonomy in a health care system that too often benefits hospitals, health plans and drug companies at the expense of physicians and patients. We must be unified, lead, innovate, and develop better tools to improve patient care. It is imperative that physicians be in charge. As your President, I will be your advocate as I advance our policies and ensure your voice is heard. It would be my great honor to represent you. I ask for your vote. www.BarbaraMcAneny.com.”
Stephen R. Permut, MD, JD

It took only a few years into the practice of medicine for Stephen R. Permut, MD, JD, to see the havoc that the legal system was wreaking on his fellow Delaware physicians. So, he set out to do something about it.

By day he cared for the patients in his growing practice and at night he studied law. He put that law degree to good use, joining with his colleagues at the Medical Society of Delaware to persuade the state legislature to modernize the Medical Practice Act and bring about legislative relief.

Armed with his legal skills, medical knowledge and his experience in organized medicine, Dr. Permut forged a reputation of fighting for our profession and the patients we serve.

As a member of the AMA, he served on and chaired the AMA Council on Legislation, following which he was then elected to the AMA Board of Trustees. During his Board tenure he has held various levels of responsibility, including the offices of secretary and chair; however, he is most proud of the role he played in the AMA’s fight that led to the demise of the SGR and in promoting physician-led teams.

Professionally, Dr. Permut’s career has taken him from solo private practice, to residency program director, to hospital chief medical officer, to health insurance medical director, to medical school department chair, and to senior associate dean. Currently, he maintains an active clinical practice while serving as chair of the Department of Family and Community Medicine at Temple University School of Medicine in Philadelphia.

He and Marylene, his wife of 43 years, are the proud parents of two daughters, Irene Swift, MD, a pulmonologist at Christiana Care Health System in Delaware, and Laura Sparks, JD, MBA, the newly installed president of the Cooper Union College in New York City. Both Laura and Irene are married, each with two adorable children.

Dr. Permut wants to continue to direct his energies and experience to work for the AMA as our president-elect and, respectfully, asks for your vote and support.

He is joined in that request by his nominating organization, the Medical Society of Delaware and by endorsements from the Southeastern delegation, the Pennsylvania Medical Society, the American Academy of Family Physicians, the American College of Physicians, the American Society of Anesthesiologists and the American College of Legal Medicine.

**Personal statement:**

“In the face of the current legislative uncertainty, some folks see medicine as being between a rock and a hard place. I don’t. As physicians we are the only participants in the discussion who know how policy proposals will translate into patient care. If we stand together and speak with one voice, we will carry the day for our patients and our profession.”
The Texas Medical Association (TMA) and its delegation to the AMA enthusiastically endorse Susan Rudd Bailey, MD, for re-election as speaker of the American Medical Association House of Delegates. She is endorsed by the American College of Allergy, Asthma and Immunology; the American Academy of Allergy, Asthma and Immunology; and the American Academy of Pediatrics.

Dr. Bailey received the Distinguished Alumni Award from Texas A&M University, and graduated with honors from Texas A&M University College of Medicine. She completed her residency and fellowship training at the Mayo Graduate School of Medicine in Rochester, Minn. She has been in the private practice of allergy and clinical immunology in Fort Worth since 1988. She is certified by the American Board of Pediatrics and the American Board of Allergy and Immunology, and is a distinguished fellow of the American College of Allergy, Asthma and Immunology.

Prior to serving as vice speaker, she has held many positions within organized medicine. Dr. Bailey served two terms on the AMA Council on Medical Education culminating as chair of the council. She was a member of the AMA’s Advisory Panel to the Women in Medicine Project and the AMA’s Ad Hoc Committee on Women Physicians, the precursors to today’s AMA Women Physicians Section. Dr. Bailey has also represented the AMA in the American Board of Medical Specialties Assembly, the board of directors of the Accreditation Council for Continuing Medical Education, and currently serves on the board of directors of COLA.

She currently serves on the AMA Board of Trustees Finance Committee, and for two years served as chair of the Membership Committee. She serves as an ex officio member of the AMA Council on Constitution and Bylaws and is a liaison to the AMA Academic Physicians Section Governing Council.

Dr. Bailey is an experienced leader of organized medicine’s policymaking bodies, having served as vice speaker and speaker of the over 400-member TMA House of Delegates as well as for the American College of Allergy, Asthma and Immunology House of Delegates.

Over the past six years, Dr. Bailey has demonstrated an efficient presiding style and the ability to skillfully guide the AMA House of Delegates in its debate on often contentious issues. Her boundless energy, expansive knowledge, and proven leadership qualify her for election as speaker of the AMA House of Delegates.

Personal statement:
“As the policymaking body of the AMA, the House of Delegates is in a unique position to blend the views of physicians from across the country into one strong, unified, and effective voice for our profession and the patients we serve. My years as speaker and vice speaker have been rewarding and energizing, and I have worked hard to improve communication between the BOT and the HOD. I am excited about the opportunity to continue working to improve our deliberative process in the future, and am honored to serve this incredible profession.”
Vice speaker (vote for one)

Bruce A. Scott, MD

The Kentucky Medical Association and the Kentucky delegation to the AMA are proud to nominate Bruce A. Scott, MD, for re-election as vice speaker of our AMA House of Delegates (HOD). Dr. Scott’s re-election as vice speaker is enthusiastically endorsed by the Southeastern delegation to the AMA and the Otolaryngology Section Council.

Dr. Scott has worked effectively alongside the speaker to efficiently and fairly guide our House through the democratic process of healthy debate and resolution. He balances the formal rules of order with both understanding and a quick sense of humor. Bruce chaired the Speakers’ Advisory Committee to improve how our new parliamentary code could be best applied to our House procedures and traditions. We look forward to continued leadership from our speaker team.

Between our AMA-HOD meetings, Dr. Scott has proven an effective member of the AMA Board of Trustees. He has served on the board’s Awards and Nominations Committee and Audit Committee and as a liaison to the AMA Organized Medical Staff Section. As vice speaker he has been a member of the AMA Council on Constitution and Bylaws. In all his roles he has remained always a champion for the policies of our House.

Over the course of his career Dr. Scott has held leadership positions at the local, state and national level: chair of his hospital department of surgery, governor of his state specialty society, president of his county medical society, speaker of his state medical association, chairman of the AMA Resident and Fellow Section, delegate of the AMA Young Physicians Section, young physician on the AMA Board of Trustees and delegate from Kentucky to the AMA-HOD. He has served on both the Greater Louisville Medical Society and the Kentucky Medical Association boards for over 15 years.

A graduate of Vanderbilt University, he completed medical school and residency at the University of Texas Medical Branch, before returning to his home town of Louisville, Ky., to practice otolaryngology.

Dr. Scott understands the issues facing our profession because he lives them every day, as an actively practicing physician in a five-physician independent private practice, the medical director of a multispecialty ambulatory surgery center and a clinical assistant professor at the University of Louisville School of Medicine.

Bruce is married to his college sweetheart, Christy, and they are proud parents of three very talented young adults. Those who know Christy understand where their talent (and much of Bruce’s success) originates.

Personal statement:
“Thank you for giving me the opportunity to serve as your vice speaker. I appreciate the advice and suggestions that many of you have given me over my first two terms. I welcome your comments and want to hear your concerns. My most important responsibility is to listen to the House. If given the opportunity to continue as vice speaker, I pledge to be a steadfast advocate for both the words and the spirit of our House actions.”
Board of Trustees (vote for one)

Randolph J. Gould, MD

The Medical Society of Virginia and the Virginia delegation are proud to nominate Randolph J. Gould, MD, for a position on the AMA Board of Trustees. His nomination is enthusiastically endorsed by the Southeastern delegation to the AMA, Eastern Virginia Medical School (EVMS) and the American College of Surgeons. Dr. Gould brings a depth of experience to the profession and the AMA.

Since completing his training in general surgery, Dr. Gould has served on many committees, taskforces and boards that have allowed him to gain broad insight into a range of issues.

Randy’s private practice is affiliated with EVMS. Throughout his surgical career, he has been privileged to work with students and residents, and these associations have helped him better appreciate their issues. In addition to his clinical faculty appointment, Dr. Gould served on the board of visitors of EVMS and chaired the Academic Affairs Committee. His private practice recently merged with a health system, exposing him to the broad management skills needed in corporate medicine.

Randy’s interest in organized medicine began with his local Norfolk Academy of Medicine, where he rose to be president. Then he rose through the ranks of the Medical Society of Virginia (MSV) to serve as its president. It was at the MSV that he developed an interest in advocacy, serving on the MSVPAC and Legislative Committee and lobbying in the Virginia General Assembly and on Capitol Hill. Service on the MSV Foundation, nearly every type of committee and as chair of the impaired physician program gave him different and valuable skills and perspectives.

Randy has served the AMA since 1996 through reference committees, taskforces and as a generous and loyal AMPAC supporter. He is now chair of the Virginia delegation and sits on the Southeastern delegation’s Executive Committee. He was privileged to serve two full terms on the AMA Council on Legislation, finishing as chair in 2014. While on the AMA Council on Legislation, he chaired the council’s Telemedicine and Data Transparency Task Forces, thus adding technology expertise to his resume. The AMA Council on Legislation work further honed his lobbying skills and his insight into the forces at play nationally. He has a current and deep understanding of the issues the AMA may face with the new administration. He has personal relationships with many of the key policymakers whom the AMA will work with at this critical time of change and knows their past responses to AMA interactions. His depth of experience and the carefully cultivated relationships he has forged will be crucial to our AMA as we navigate these uncharted waters. Randy is the right man at the right time.

Personal statement:
“I have watched health care morph dramatically in both the technical and regulatory spheres, leaving physicians discouraged and tired. Now is a daunting time of further change. I believe all of us must work to preserve the patient-centered heart of medicine for the future—for ourselves and for the physicians to come as well as for the patients. I pledge to bring every skill and the broad experience I possess to work for you and this House of Medicine at this critical juncture. I respectfully ask for your vote for the Board of Trustees.”
Gerald E. Harmon, MD

When Gerald E. “Gerry” Harmon, MD, asked for your vote for his first term on the AMA Board of Trustees, he pledged to approach the gnarly issues facing our profession with the same tenacity and intensity he brings to catching the pesky alligators that often crawl into the backyard of his coastal home in South Carolina. He has kept that pledge.

From chairing the AMA’s Task Force on Pharmaceutical Costs to representing the AMA both in Washington, D.C., and throughout the Federation, to serving on the Executive Committee as secretary and currently as chair-elect, Dr. Harmon has been an active and productive member of the AMA Board of Trustees.

His activities on the Board have not come at the expense of his responsibilities back home. Dr. Harmon continues to take call and to admit hospital patients from his rural primary care group and serves as clinical professor in his state medical schools. True to his commitment to increase GME opportunities for med students—and consistent with the AMA pillar of accelerating change in medical education—he has sponsored the development of a new family medicine residency in his community hospital system.

Realizing research has shown (and personally experiencing in his practice) major physician frustration with implementing electronic medical records, he agreed to chair his hospital Physician Transformation Improvement Committee with the goal of engaging doctors as the local health care system transitions to a new digital record system.

Somehow he also managed to find the time to coordinate and lead disaster medical support from his practice for South Carolina flood victims in October 2015 and, unfortunately, again last year in Hurricane Matthew.

Dr. Harmon knows the past four years have been full and fulfilling, but there is still much work to be done on behalf of American medicine, and he respectfully asks for your vote and support for re-election to the AMA Board. He is joined in that request by the American Academy of Family Physicians and its AMA delegation, the South Carolina Medical Association, the South Carolina Academy of Family Physicians, the AMA Young Physicians Section and the Southeastern delegation of the AMA.

Personal statement:
“We face enormous challenges as our health care delivery system undergoes its current transformation. We must continue to fight as an association to guard against becoming a mere vestige of that process; the AMA must be smack dab in the middle of leading this transformation. Some say our professional lives are being turned upside down; but how do they know that the side we are used to is better than the one to come?”
S. Bobby Mukkamala, MD

“We as physicians work hard to care for our patients. Our AMA works hard to take care of our profession. Our leadership is charged with guiding us through that process.”

Raised in a two physician-parent home, Bobby Mukkamala, MD, committed himself early to the goals and objectives of organized medicine.

His mission throughout his career has been to give back to his county and state societies and to our AMA that gave so much to his family—his immigrant physician parents, his physician sister, his physician wife and himself—so they could do their best for their patients.

For Bobby, it’s second nature and just common sense to nurture, protect and preserve our vulnerable profession.

As young physicians, Bobby and his wife, Nita Kulkarni, MD, became active in the Michigan State Medical Society (MSMS) Young Physicians Section where he quickly rose to section chair and served as a delegate to the AMA Young Physicians Section (YPS). There, Bobby gained leadership experience to become a fully developed physician-advocate as evidenced by the AMA Foundation awarding him the “Excellence in Medicine” Leadership Award in 2008.

In all of his subsequent leadership roles, including president of his county society, current chair of the MSMS board of directors, and current chair of our AMA Council on Science and Public Health, Bobby has witnessed again and again that with open, inclusive debate and discussion, the right decisions are made and effective action plans are developed.

As a solo practitioner, Bobby lives the issues facing all of medicine, including EHRs, payment changes, meaningful use and various regulations of questionable value. As a leader in his physician organization, Bobby has a reputation as an inclusive consensus builder among primary care and other specialists to do what is best for the organization with a focus on increasing access and providing quality, cost-effective care.

As a candidate for our AMA Board of Trustees, Bobby wants to couple his practice experience with his leadership experience to advocate for the best health care system we can create for our patients and all physicians, no matter the practice setting.

Bobby is honored by endorsements from the AMA-YPS, Otolaryngology-Head and Neck Surgery Section Council, the American Congress of Obstetricians and Gynecologists, the American Society of Anesthesiologists, the Great Lakes States Coalition, and his state and county societies.

Balancing his commitment to organized medicine is Bobby’s commitment to his economically distressed hometown of Flint, Mich., the once thriving “Vehicle City.” He chairs the Community Foundation of Greater Flint, which has led the response to the recent lead crisis, and he works to bring economic life back to downtown Flint through investments in local entrepreneurial businesses.

As a native of the birthplace of General Motors, Bobby is a car guy. Late nights he often can be found wrenching on vintage cars that he insists are a long-term investment.

Bobby enjoys family time with Nita and their twin teenaged sons, Deven and Nikhil, who are active in high school band and robotics, respectively.

The American Society of Hematology (ASH) and the Nebraska Medical Association (NMA) proudly nominate Gamini Soori, MD, MBA, FACP, FRCP, CPE, for our AMA Board of Trustees. Dr. Soori is enthusiastically endorsed by the American Society of Clinical Oncology, the American College of Physicians, the AMA Cancer Caucus, the Nebraska Association of Ophthalmologists and the Metro Omaha Medical Society (MOMS).

Gamini Soori is a proven AMA and health care leader: Board of directors, AMA Foundation. Past-chair, AMA Council on Long Range Planning and Development. Excellence in Medicine Award for Leadership, AMAF. Chair, AMA International Medical Graduates Section. Delegate, ASH. Distinguished Service to Medicine Award, NMA and MOMS. Board of councilors, NMA. Board of directors, MOMS and NMA Foundation. Committee on Practice, ASH. Alternate AMA representative, Commission to End Health Care Disparities. Member, SSS, AMA Integrated Physician Practice Section and Private Practice Physicians Congress. Representative to AMA Organized Medical Staff Section. AMA member recruiter.

Gamini Soori is a visionary health care innovator: Facing threats to physician practices, Dr. Soori spearheaded an IPA (MIPPA) with only 12 members, which now exceeds 1,000 providers in Nebraska and Iowa. As founding president and CEO, he engineered the first physician-led, value-based health plan in Nebraska and Iowa and earned a gain-share for physicians annually. Founding CEO of Nebraska Health Coalition Medicare ACO, expanded to 16,000 lives in four years. Deployed Telehealth Network to improve access and spearheaded two ACOs with Blue Cross and Cigna. Developed bundled payments for surgical procedures through direct employer contracting.

Gamini Soori is a dedicated medical educator and researcher: Appointed as chair of the federal Council on Graduate Medical Education (COGME) by two secretaries of the U.S. Dept. of Health and Human Services. COGME makes recommendations to Congress on U.S. physician workforce, GME and GME funding. With COGME and national GME leaders, developed the 23rd report to Congress advocating for a National GME Strategic Plan. Recipient of 25-Year Distinguished Service Award, Creighton School of Medicine. Co-founder and PI. of NCI-funded Missouri Valley Cancer Consortium. National research leadership with over 100 publications. Editorial board of major medical journal.

Gamini Soori is a passionate advocate for physicians and physician empowerment: Congressional lobbying team, ASH. Annual Capitol Hill visits on physician reimbursement, SGR, NIH funding, GME and other advocacy issues. Legislative and Government Relations Committee, chair (MOMS) and member (NMA). Member and graduate of candidate and campaign schools, AMPAC. AMA Grassroots Network.

Personal statement:
“We are facing challenging but dynamic and exciting times in health care. We need visionary and innovative AMA leaders who can vigorously advocate for our patients, our medical students and our profession. As AMA delegates representing nearly 250,000 AMA members, we also advance the interests of over one million U.S. physicians. It is vital to the future of our AMA to strive and engage this larger majority of our colleagues. Our profession can and must take the helm and energetically lead health care. Starting with just twelve physicians and against all headwinds, together, I was able to rally over one thousand providers in Nebraska. We did prove physicians can successfully lead health care in our State. I ask you to join me and energetically advance our AMA and our profession, as empowered leaders of twenty-first century health care.”
Shady Henien, MD

Personal statement:
“As physicians, we are tasked with more than simply being the guardians of our patient’s health. We are their bridge to and voice on numerous social, economic and policy issues. I am running for the AMA-BOT to strengthen and preserve the cherished bond of the physician-patient relationship. Together, our voice is amplified when all physicians are unified. Physicians bridge communities and our AMA bridges all physicians.”

The Rhode Island Medical Society (RIMS) and the New England delegation in collaboration with the American College of Cardiology, American College of Physicians, American College of Occupational and Environmental Medicine, Pennsylvania Medical Society and North Central delegation are proud to endorse Shady Henien, MD, as the resident and fellow representative to the AMA Board of Trustees (BOT). Shady is a clinical cardiology fellow at Brown University.

We kindly ask you to join us in supporting and voting for Shady Henien for the AMA-BOT.

Experience
Shady has demonstrated leadership, integrity and passion during his tenure as national chairman of the AMA Resident and Fellow Section (RFS), AMA-HOD sectional delegate, national AMA representative to the Liaison Committee on Medical Education and a member of numerous AMA committees. He has served as student body president during college and medical school. In addition, he was named “Student Leader of the Year” in college and medical school.

As chair of the AMA-RFS, Shady:
• Developed the initial vision of our AMA’s first Business Pitch Competition with the AMA product development team.
• Created and implemented the “50 States − 1 Voice” network with AMA staff to bridge state medical societies with AMA-RFS members to address AMA membership, leadership, innovation and advocacy.

As an entrepreneur, Shady:
• Founded and currently operates Student Promise, which aims to reduce medical student loan debt interest rates by bridging public-private partnerships. He was recognized for his medical student advocacy by ABC’s “Shark Tank,” state legislatures, former U.S. presidential candidates and was featured on national television media. He is now working with a university to develop a pilot program.

As a cardiology fellow, Shady:
• Developed ongoing working relationships with current members of the AMA-BOT.
• As an appointed leader in RIMS, he engaged the AMA Task Force to Reduce Prescription Opioid Abuse with the Governor’s Opioid Task Force.

Vision
Shady dreams big, delivers on his promises and builds bridges by aligning mutual interests.
He has earned the trust of his peers from around the country for his ability to manage complex decisions and achieve results. He will continue to effectively advocate for physicians demonstrated by his success with young physicians and other sectors impacting health care. Through his health care policy work, he has developed and will utilize his existing relationships with the current administration’s cabinet members, FDA, CMS, and industry executives to promote our AMA’s focus areas: improving health outcomes, accelerating change in medical education, and professional satisfaction and practice sustainability.

Visit www.csms.org/shadyhenien to learn more about Shady.
#PhysiciansBridgeCommunities
Ryan Ribeira, MD, MPH

Over the next two years the AMA will be working with a new group of policy and regulatory leaders in a time of increasing political unpredictability. This presents significant challenges, but also provides us with opportunities to make changes to our health care system that will affect physicians and our patients for decades to come. Residents and fellows are the future of medicine, and our entire organization benefits when we have a strong resident voice on the board who can speak for the incoming generation of physicians.

- I am the only candidate endorsed by the AMA Resident and Fellow Section (RFS) for this position. Three candidates ran for the endorsement, and the AMA-RFS could have endorsed one, two or three of us. It chose to endorse me as the only candidate it trusted to represent them in critical board discussions.

- I served on the AMA Board of Trustees (BOT) as a medical student. There is no replacement for having already attended AMA-BOT meetings and built relationships with AMA-BOT members for over a year. While there, I gained a reputation as a competent and thoughtful advocate for the perspectives of trainees.

- I know how to represent residents and fellows within this organization. I have served for eight years in the AMA House of Delegates, five years on the AMA Medical Student Section (MSS) and AMA-RFS governing councils, and served as chair of both the AMA-MSS and AMA-RFS caucus. I have been on my state society board, served on reference committees, and been author or co-author on more than 50 resolutions and reports.

- I have unique business experiences that prepare me to run our $300M organization. I have a BS in management, an MPH in health care policy and management from Harvard, and I’ll be entering an administrative fellowship at Stanford next year. I have worked for investment groups; I run a small business, and I speak internationally on subjects of business and innovation in health care. I will be ready to bring my business sense to board discussions.

- I have deep technical expertise in the policy subjects the AMA-BOT will be discussing. I have at times in my career worked for the AHRQ, the CMS and the FDA where I’ve acquired behind-the-scenes insight into the regulatory processes that affect our practices, and learned how to build bridges between those organizations and the AMA.

- I know what it’s like in the trenches. I work clinically 70 hours per week at an academic hospital, a community hospital and a county hospital. In emergency medicine we see firsthand the effects that county, state and national policy and regulatory changes have on our patients. You can trust that I understand what it’s like to be a doc in our health care system.

Having served on the AMA Board of Trustees, I am very familiar with the kinds of challenges the board wrestles with every hour of every meeting. With a track record of extensive formal education in organizational management and health care policy, exceptional leadership activity within the AMA, service experience with the regulatory agencies that affect us most, and as the only candidate endorsed by the AMA-RFS for this position, I will be ready on day one to represent residents and fellows on the AMA Board of Trustees.
Jerome Cohen, MD

Jerome “Jerry” Cohen, MD, is asking for your vote to continue to serve on the AMA Council on Constitution and Bylaws.

His experience over the past four years has reinforced his belief that the AMA Council on Constitution and Bylaws is the North Star of the AMA ... the unwavering guidance instrument that keeps AMA deliberations and decisions on a path to meeting the principles we subscribe to in the practice of medicine and the bylaws requirements of the AMA.

“I believe that I can continue to contribute to the AMA Council on Constitution and Bylaws deliberations in a way that enables our AMA to effectively deal with the tremendous tasks being thrust upon us.”

Experience

Dr. Cohen has served four years on the AMA Council on Constitution and Bylaws and previously as speaker of the Medical Society of the State of New York. An experienced parliamentarian, Dr. Cohen offers both experience and a keen insight into the thorny issues arising from HOD debate over proposed changes.

Embracing controversy, according to Dr. Cohen, is the byproduct of AMA deliberation and the reason this council exists. With almost three decades of service in organized medicine and 18 years as a member of the New York AMA delegation, he offers a total commitment to evenhanded analysis of proposed changes and a collaborative work environment with other AMA Council on Constitution and Bylaws members. Dr. Cohen is an AMPAC Capitol Club Gold member.

Dr. Cohen is enthusiastically endorsed by colleagues across the country, the Medical Society of the State of New York, the Great Lakes States Coalition, the American College of Physicians, the American Gastroenterological Association and the American Society for Gastrointestinal Endoscopy.

Personal background

Dr. Cohen earned his medical degree from Northwestern University Medical School and completed both his internship and residency training at Northwestern Medical Center in Chicago. He did further research with a fellowship in gastroenterology at Rhode Island Hospital/Brown University. Dr. Cohen is board-certified in both internal medicine and gastroenterology. He is also a fellow of the American College of Physicians and a fellow of the American Gastroenterological Association. He practices and resides in upstate New York. His wife, Elaine V. Drellich, DDS, is an academic dentist. They have three grown children, Laura, Peter and Daniel.
Jacqueline A. Bello, MD

Jacqueline A. Bello, MD, FACR, is nominated for re-election to the AMA Council on Medical Education by the American College of Radiology (ACR), endorsed by SSS, the Radiological Soc. of North America and the American Soc. of Neuroradiology (ASNR). An AMA lifetime member, Dr. Bello joined as a student in 1979, serving in the HOD since 2002, currently as ASNR delegate. Her AMA involvement includes Council on Medical Education service, 2013–17, past roles as specialty advisor to AMA RUC, CPT® panels and a Reference and Tellers Committee member.

In full-time academic practice, Dr. Bello completed training at Columbia University’s College of Physicians and Surgeons (P&S) and Neurological Institute, joining the faculty in 1985. In 1990, her move to Montefiore Medical Center (MMC) and Albert Einstein College of Medicine was to establish an ACGME fellowship. She has been division director for 26 years, training 50 fellows successful in Certificates of Added Qualification (CAQ), and mentoring faculty who now direct training programs. Beyond radiology, she precepts medical students and residents in neurosurgery, neurology, ENT, maxillofacial surgery and rehabilitation medicine. Her teaching has been cited by Best Teacher awards from Columbia and Einstein; she was awarded fellowship in ACR and the New York Academy of Medicine. Her service to Columbia was acknowledged by gold medals from P&S and Columbia University. Dr. Bello collaborated with NQF on imaging efficiency, and co-chaired ABMS/AMA PCPI’s project on optimizing patient exposure to ionizing radiation. For the American Board of Radiology, she sets standards for exams and was an oral board examiner for diagnostic radiology and neuroradiology CAQ. Past CME editor for Neuroradiology Clinics of North America, her current editorial activity includes Journal of the American College of Radiology, Neuroradiology Panel for Radiographics, Clinical Imaging and reviewer for JAMA®.

Dr. Bello chairs the Commission on Quality and Safety on ACR Board of Chancellors, is president-elect, ASNR, and immediate past president, medical staff, MMC.

Past leadership roles:
• Physician advisor, BoT, MMC
• Secretary, VP, ASNR
• Council Steering Committee, ACR
• Pres., NY State Radiological Soc.
• Pres., NY Roentgen Soc.
• Pres., Montefiore Staff & Alumni
• Pres., Columbia P&S Alumni

For the past three and a half years, Dr. Bello has actively served the AMA Council on Medical Education on GME and CME committees, chairing the Nominating Committee, serving as an ACE site visitor and Change MedEd participant. Putting medicine’s best foot forward via medical philanthropy, she is on the board of directors of the AMA Foundation, the ACR Foundation, and the Foundation of ASNR.

Her proven track record in leadership, mentorship and medical education makes Dr. Bello an outstanding candidate for re-election to the AMA Council on Medical Education.

Personal statement:
“The changing, challenging landscape of health care reform requires foresight and flexibility in medical education, from design and delivery to didactic content. AMA has taken the lead in innovation in medical education, and must keep pace. I remain committed to advocacy for transparent, accountable governance and funding of medical education, and have the energy and experience to carry the Council’s mission forward!”
The California Medical Association, the American Urological Association, the American Association of Clinical Urologists, the AMA’s Pacific Rim Coalition and the American Society of Transplant Surgeons are pleased to support the candidacy of Peter N. Bretan, MD, for election to the AMA Council on Medical Education.

Dr. Bretan was born in Port Hueneme Naval Hospital in California, son of an immigrant Filipino farmer and disabled Army Veteran from WWII. He is a practicing urologist, renal transplant surgeon with special training in laparoscopic surgery with leadership experience in academics, state, local, national and international arenas.

- Health care policy course lead instructor, Touro Medical School (2016)
- Touro Medical School, adjunct clinical professor of urology
- Past director of the Cleveland Clinic and UCLA renal transplant programs
- Published over 200 scientific articles (both clinical and original research subjects)
- Recognized expert in kidney transplantation, prostate and bladder diseases
- Expert reviewer for: *J Urology, Urology, Transplantation, Urology Practice* and the annual meeting of the American Urological Association since 1987
- California Medical Association (CMA) delegate since 2004
- Past chair of the CMA President’s Forum and a CMA trustee
- Philippine Medical Society of Northern California, president 2015–17
- UC Berkeley recipient of the 2011 Excellence in Service Award by the Cal Alumni Association
- AMA alternate delegate since 2003 (active member since 1976)
- Recipient 2014 Benjamin Rush Award for Citizenship and Community Service
- Achieved (naval rank) captain, U.S. Public Health Service Reserves (deployed to New Orleans post Hurricane Katrina to help reconstitute health care with “Team Orleans,” where awarded the Disaster Service Medal and Outstanding Unit Award from the Office of the Surgeon General)
- Appointed by the Office of the Surgeon General to serve on the U.S. Deployable Surgical Team in 2007
- Founder, lead transplant surgeon/urologist for Life Plant International (charitable organization promoting disaster preparedness, organ donation, and early disease screening in the U.S. and abroad, www.LifePlant.org)

With these rich and varied experiences, Dr. Bretan is highly qualified to serve on the AMA Council of Medical Education. He is passionate that the patient-doctor relationship is sacrosanct and should be the basic emphasis for any health care system to remain economically rational, accessible and sustainable.
Robert “Bob” Goldberg, DO

Personal statement:
I live, eat and breathe medical education. My interest in running for the AMA Council of Medical Education is to apply my experience to help address issues critical to medical education, medical students, residents and fellows, and ultimately to the patients we all serve.

As a dean, my faculty created the dynamic flipped classroom that allows faculty to improve their method of delivery of the first two years of the medical school curriculum and create an environment for student learning that helps bridge the gap between basic sciences and the clinical decisions. I have identified hospital systems new to medical education and established more than 200 residency positions and have worked to introduce legislation to allow hospitals to establish new graduate medical education programs.

But times are changing. The change of guard in Washington and the likely dismemberment of the Affordable Care Act will almost certainly bring profound changes in the way physicians will practice. Will there be a review of the maintenance of certification and funding for medical education? Will there be renewed emphasis on allowing mergers of major health insurance conglomerates? Will efforts to promote the use of midlevel providers move forward? Both the AMA and the AMA Council on Medical Education face challenges which are yet unknown.

Quality medical education is under assault. Restrictions on residency slots and medical education funding is banging up against the reality that our aging population will need more and more medical care in the coming decades.

Compounding the challenge is the reality that medical school costs can easily run more than $50,000 a year. And while competition is a great motivator, the fact is that offshore medical schools are paying in excess of $400/week to hospitals to displace students attending U.S.-accredited medical schools. The competition for clerkship and residency slots underscores the reality that medical education is more than professional training, it is a booming business and poor students don’t have a chance in the game.

As important is the fact that the poor and minorities are at the back of the line in receiving timely and effective medical treatment. I am one of the founders of a medical school in Harlem, N.Y., that has as its mission the commitment to increasing the number of underrepresented minorities in medicine and training physicians to practice medicine in underserved communities. As director of strategic medical initiatives for the Touro College and University System, I face the actual fact that the number of U.S.-trained physicians will exceed the number of graduate medical education positions this year—and that is before one international graduate is invited to train in the United States.

Having worked in the trenches of medical education, I know this to be true: We cannot turn the clock back to the days before Flexner when education went to those who could pay for it, not those who have earned it.

It would be my honor to serve the AMA and our physician colleagues as a member of the AMA Council on Medical Education.
Dear friends,

I am writing this to introduce myself as one of the candidates for the Council on Medical Education.

Throughout my professional career I have been involved with teaching and training other physicians. I have served as a program director for a pain medicine fellowship and worked for several years in teaching institutions training residents in anesthesiology. I worked at Loyola University Medical Center as an associate professor in anesthesiology and pain medicine.

I currently serve as chair for the IMG section for the Illinois State Medical Society (ISMS). I have been an active member of the CME Activities Committee at ISMS for five years and am currently a member of the CME Accreditation Committee at ISMS.

I have organized several training courses throughout my career and have also served as a member of the examination board for the Fellowship in Interventional Pain Practice (FIPP) exam. I have been an examiner for two different pain board examinations.

Over the course of my career I have been actively publishing journal articles and book chapters on pain medicine. I also review journal articles for six pain journals and serve on the editorial board of four international pain medicine journals, all of which are listed on PubMed.

I continue to serve as a faculty member for several national as well as international annual conferences including the American Society of Interventional Pain Physicians (ASIPP), ASA, WIP and ISSP.

My goal is to enhance the understanding and knowledge of pain medicine in medical education, which, as we know, is sorely lacking in current curriculum. It is more important than ever to focus on this subject given the epidemic of substance abuse and especially drug diversion in prescription opiates.

I represent ASIPP at the AMA and am the advisor for CPT® as well as RUC. ASIPP is dedicated towards education and trains more pain physicians in interventional procedures, practice management and other pain related subjects than any other pain society. I am proud to be a member and faculty of this great organization. ASIPP has published guidelines for pain practice as well as opiate prescription over the last few decades. I have been a member of the guidelines committees and have actively participated in development of these very important guidelines. ASIPP members represent several different specialties that are involved in practicing pain medicine, and it has provided valuable education to all.

By electing me on the council you will not only elect a dedicated individual who has spent his entire career in teaching and training other physicians but also add significant value to educational focus on pain medicine.

Thank you.

Sincerely,

Vikram Patel, MD
Richard S. Pieters, MD, MEd

The Massachusetts Medical Society (MMS) and the New England delegation to the AMA proudly sponsor the candidacy of Richard S. Pieters, MD, MEd, for re-election to the AMA Council on Medical Education. Dr. Pieters is also endorsed by the American Society for Radiation Oncology, the American College of Radiation Oncology, the American College of Radiology, the American Academy of Hospice and Palliative Medicine, the Pain and Palliative Medicine Specialty Section Council, the Cancer Caucus, and the AMA Young Physicians Section.

Dr. Pieters, a practicing radiation oncologist, has a longstanding record of leadership in organized medicine with a focus on medical education. An AMA and MMS member since 1983, and member of the MMS AMA delegation since 2002, he is a past MMS president and past speaker. He served on MMS task forces on student debt, clinical skills assessment, and chaired its task force on maintenance of licensure.

Personal statement:
“Although board certified for life, I voluntarily recertified and am now in my third maintenance of certification (MOC) cycle. Four years ago, I completed an informal, part-time fellowship in Hospice & Palliative Medicine and passed that board examination. I understand the demands of the certification process and will continue to advocate for a less burdensome system.

“During my tenure on the Council, there has been progress. Council advocacy and engagement with the American Board of Medical Specialties (ABMS) has contributed to some specialty boards revising their MOC requirements. For example, the American Board of Radiology (ABR) has done away with the high-stakes examination effective this year. The ABR also revised the Part 4 requirement, which is now satisfied by quality improvement activities routinely completed in the workplace.

“The American Board of Internal Medicine (ABIM), which administers the Hospice and Palliative Medicine board, is discussing changes but has not yet taken formal action on the examination or other related issues. So much work remains. I am personally invested in fixing the board examination issue for all physicians.”

Dr. Pieters has been a medical educator his whole career. He co-implemented a new curriculum at the Ohio State University College of Medicine that focused on case-based problem solving and lifelong learning skills in small groups. At UMass Medical School, he serves on the Educational Policy Committee. He developed an interactive virtual anatomy program using 3-D imaging and co-founded a multidisciplinary oncology course that introduces oncology to first-year students. The course handouts are being made into an open-access, interactive, online textbook for millennial learners. He received the medical school’s educational achievement award for his innovative approach to cancer education.

“I have been proactive about bringing the concerns of the practicing physician to the Council. I hope to continue as a member of the Council on Medical Education.”

“Streamlined MedEd for Tomorrow”
Liana Puscas, MD, MHS

Because she loves medical education and wishes to continue serving the AMA and the profession, Liana Puscas, MD, MHS, is seeking re-election to the AMA Council on Medical Education. She has been a conscientious and diligent member of the council first serving as chair of the council’s Continuing Medical and now Undergraduate Committees.

On the national level, she serves on the Otolaryngology Residency Review Committee and as chair of the American Board of Medical Specialties Research and Education Foundation Board. In her role as senior examiner for the American Board of Otolaryngology she has developed material for both the written and oral board exams. She represents otolaryngology at the ACGME’s Milestones 2.0 Project and serves on the Research Advisory Council of the National Resident Matching Program. On the state level, she has been involved with the North Carolina Medical Society (NCMS) and has served on the Membership and Communications Committee and Medical Education Committee. On the local level, she has served as the residency program director for 10 years and directs her division's continuing education efforts.

As a resident, she served on the AMA Board of Trustees. She chaired her specialty’s largest delegation to the AMA for 12 years and has chaired the AMA’s Otolaryngology Section Council. She currently serves on the North Carolina delegation to the AMA.

Dr. Puscas, a graduate of the University of Miami, did her residency at the University of Southern California and her head and neck oncology, skull base and microvascular reconstructive surgery fellowship at University of California–Davis. She is now a tenured associate professor at Duke University and is the otolaryngology–head and neck surgery section chief at the Durham VA Medical Center.

The American Academy of Otolaryngology–Head and Neck Surgery and the Otolaryngology Section Council proudly nominate Liana Puscas for election to the AMA Council on Medical Education. Dr. Puscas is endorsed by the American College of Surgeons, the NCMS, the Southeastern delegation, the Specialty and Service Society and the AMA Young Physicians Section.

Dr. Puscas has the experience, commitment and leadership skills necessary to continue being an effective and valuable member of the AMA Council on Medical Education.

Personal statement:
“Serving on the Council has been one of the best professional experiences I have ever had. I work alongside dedicated, knowledgeable and passionate people who are committed to improving medical education. I have learned so much from the AMA staff and the other members of the Council. It is important for physicians to remain engaged in the educational process at all levels. Medical school teaching, residency training and post-residency practice each have unique but also related issues that require thoughtful solutions. As a physician who is very clinically active and subject to MOC, I know MOC must be practical but not onerous. As a program director for 10 years, I know the challenges of balancing educational demands with practical realities. I thank the HOD for its confidence in electing me to the Council four years ago, and I ask the HOD to continue its vote of confidence by re-electing me to the Council.”
Kimberly J. Templeton, MD

The American Academy of Orthopaedic Surgeons (AAOS), the AMA Orthopaedic Section Council and the Kansas Medical Society (KMS) are pleased to nominate Kimberly J. Templeton, MD, for representation on the AMA Council on Medical Education.

Dr. Templeton is a professor of orthopaedic surgery at the University of Kansas in Kansas City, Kan. She has served as residency program director for the past decade and on the local GME Executive Committee since its inception. Dr. Templeton has been involved in medical education, both locally and nationally, since starting practice. Locally, Dr. Templeton has served as chair of the Academic Committee, evaluating requirements for promotion; chair of the Education Council during the development of a rural satellite campus; and chair of the Faculty Council. From a national perspective, she served on the AAOS Diversity Advisory Board, developing education materials on culturally competent care. She has served on task forces and committees of the National Board of Medical Examiners since 2004 and is currently a member of the board. She was on the steering committee of the first meeting to discuss inclusion of sex and gender in medical education, held at the Mayo School of Medicine in 2015. She has worked with the American Medical Women's Association (AMWA) and its affiliate, the Sex and Gender Women's Health Collaborative, to develop education materials for medical students and faculty in the area of sex- and gender-based medicine.

Dr. Templeton has been involved in organized medicine during the entirety of her career, serving as president of the Medical Society of Johnson and Wyandotte Counties and secretary-treasurer of the KMS. She has also served on several task forces and committees of the latter, including many years on the Legislative Committee. Understanding the need to engage more physicians earlier in their careers in organized medicine, she has worked locally on increasing participation of medical students and residents in KMS, as well as working nationally, developing the Washington Health Policy Fellowship with the AAOS. She is a past vice-chair of the AMA Women Physicians Section, as well as immediate past chair and current member of the AMA Orthopaedic Section Council. Her other leadership roles within medicine include serving as president of the Kansas Orthopaedic Society, president of the Ruth Jackson Orthopaedic Society, president of the U.S. Bone and Joint Initiative, and president of the AMWA. Her work at the AMWA has focused on the issue of physician re-entry to practice. She has been a member of the Kansas State Board of Healing Arts since 2008 and was president of this group in 2012–2013. One of the projects that she initiated while president of the board was a review of the state’s Healing Arts Act and related regulations, to bring these up to date with current undergraduate and graduate medical education requirements.

Dr. Templeton brings experience in medical education, both locally and nationally, across the spectrum of learners, from pre-med to those in practice. Dr. Templeton will bring tremendous knowledge and expertise to the AMA Council on Medical Education.
Personal statement:
“Medical education is the cornerstone of medicine. Yet regulations imposed on our medical education system have become increasingly more burdensome to physicians and physicians in training. The AMA Council on Medical Education is our voice in medical education, working on behalf of our membership and their needs. My experience and advocacy throughout the continuum of medical education demonstrates a focus on appropriate, prudent, and relevant means of training and evaluating physicians. As a member of the Council, I will serve with an influential voice to champion meaningful change.”

Krystal L. Tomei, MD, MPH, has been a tireless advocate for medical education throughout her 15 years in the AMA House of Delegates. As a member of the AMA Medical Student Section, she was among those standing up against the implementation of the unproven Step 2 CS medical licensing exam, which remains a costly mandate to medical students and has no proven influence on physician training or patient care.

During her residency training, poorly researched and increasingly stringent work-hour regulations were implemented without considering the need for flexibility among the specialties. While well-intentioned, these one-size-fits-all regulations have affected the ability to train residents appropriately, potentially changing the practice of medicine itself. While in the AMA Resident and Fellow Section and during her term as the resident member of the AMA Council on Medical Education, Dr. Tomei advocated for strong AMA policy to maintain flexibility among specialties. During the continuous fight against graduate medical education funding cuts, she chaired the council’s Graduate Medical Education Subcommittee, developing a framework for a council report highlighting the value of residents in medical care and a unique approach for funding GME slots.

Now, as an early career neurosurgeon, she participates in the maintenance of certification process. While some boards have been responsive to their membership, there are those whose MOC processes are expensive, burdensome, and practice-irrelevant with little consideration for the diversion of time away from patient care. As she balances her duties in student and resident education, while maintaining proficiency and sustaining a busy clinical practice, she fully understands the barrage of regulations placed on all stages of medical education and has a fresh set of ideas for improvements.

Dr. Tomei is the Reinberger Endowed Director in Pediatric Neurological Surgery at Rainbow Babies & Children’s Hospital and assistant professor of neurological surgery at Case Western Reserve School of Medicine. She serves on her residency program’s Curriculum Committee and is active in medical student education in the neurology and neurosurgery clerkships. She serves on the Pediatric Neurosurgery Subcommittee of the Congress of Neurological Surgeons’ Education Committee, creating continuing medical education materials for neurosurgeons in practice.

Dr. Tomei is endorsed by the American Association of Neurological Surgeons, Congress of Neurological Surgeons, AMA Young Physicians Section, American College of Surgeons, American Society of Anesthesiologists, Specialty and Service Society, and AMA Neuroscience Caucus.
Luke V. Selby, MD, MS

Endorsed by:
AMA Resident and Fellow Section
American College of Surgeons
Colorado Medical Society

AMA service:
Member since 2007 (joined as first-year medical student) 2014–present
AMA Council on Medical Education, councilor 2016–present
Chair, Graduate Medical Education Subcommittee 2014–present
Delegate, AMA House of Delegates (HOD) 2010–2014
Alternate delegate, AMA-HOD 2014–present

Personal statement:
“Colleagues. My name is Luke Selby, I am a general surgery resident at the University of Colorado, I am the current RFS member on the Council on Medical Education, and I am running for re-election. Over the past three years I have had the honor and privilege of serving our house on CME, and I kindly ask for the opportunity to serve for another three.

“In my years on CME we have worked with the house to advance the cause of medical students by focusing on medical student indebtedness and access to confidential health services. We have worked to highlight the value residents and fellows provide to the health system and describe alternative funding mechanisms for a sustainable graduate medical education system, and we have worked on behalf of attending physicians everywhere to ease the burden of unnecessarily prescriptive Maintenance of Certification requirements.

“On every issue your CME has the best interests of AMA members and our patients at heart and we are always looking for ways to work with members of the house to improve the educational environment we practice in. I have been a member of the AMA since my first year in medical school, and having the opportunity to serve our House on the Council has been one of the great privileges of my professional career. We will face important, and challenging, issues in the future, and CME and the rest of the AMA stands ready to act. I kindly ask for your renewed confidence and support for another three years at the table to serve you as the RFS representative on CME.”
Lisa Egbert, MD

The Ohio State Medical Association, its delegation to the AMA, and the Great Lakes States Coalition are proud to nominate Lisa Egbert, MD, for re-election to the AMA Council on Medical Service. Lisa is endorsed by the American Congress of Obstetricians and Gynecologists, the American Society of Anesthesiologists and the AMA Young Physicians Section (YPS).

Lisa has served on the AMA Council on Medical Service for the past four years and is excited to continue her work on this important council. In addition, she is currently serving as the president of the Montgomery County Medical Society and as a parliamentarian for the Ohio State Medical Association (OSMA). Lisa has served organized medicine at the local, state and national levels since medical school, including tenures on the OSMA Council, the AMA Resident and Fellow Section Governing Council, and AMPAC’s board of directors. She has chaired the AMA-YPS, the OSMA Legislative Task Force, and the AMA Reference Committee F.

Dr. Egbert graduated from The Ohio State University (OSU) College of Medicine and also completed her residency training at Ohio State. She is board certified and a fellow of the American College of Obstetrics and Gynecology. She is a solo practitioner of general ob-gyn in Dayton, Ohio, and takes great pride in personally delivering over 90 percent of her own patients.

Lisa is married to an anesthesiologist who actively supports her activities in organized medicine by being a member and is quite happy to not be in leadership. They have three children. The oldest two (twins) followed their parents and are currently undergraduate students at OSU while the youngest is a junior in high school.

**Personal statement:**

“I have found that ‘THE council’ has lived up to its billing and then some. The topics we deal with are complicated, timely, and most importantly intrinsically necessary to the practice of medicine. While I am humbled by the breadth of knowledge of my fellow councilors and our amazing staff, I am happy that I can contribute from the viewpoint of a full-time physician in solo private practice. I look forward to continuing to work with the council as we develop and hone our policies regarding the ever evolving practice of medicine.”
Lynda M. Young, MD

The Massachusetts Medical Society (MMS) and the New England delegation to the American Medical Association enthusiastically sponsor the candidacy of Lynda M. Young, MD, FAAP, for re-election to the AMA Council on Medical Service. She is also endorsed by the American Academy of Pediatrics (AAP) and the AMA Young Physicians Section.

Dr. Young provided pediatric primary care for 34 years in a three-physician independent practice and is now director of pediatric outpatient services at the Children’s Medical Center, UMass Memorial Medical Center in Worcester, Mass. She is responsible for improving access to care in primary care and specialty care, making the delivery of care more efficient within the context of a medical home, teaching students and residents, and continuing to see patients in a hospital-based clinic setting.

Personal statement:

“With my experience in private practice, my service on many community and medical initiatives and especially as President of the MMS, I have extensive understanding of health care reform. As our state continues to transform its health care delivery system, I have learned and continue to learn what works and what doesn’t work. Physicians in our state have adjusted to the impact of universal coverage, and now they keep the cost of care within a tight margin. Who knows what will happen nationally over the next four years? Our AMA is a respected resource for legislators, government agencies, and a host of other organizations related to health care in our country. We need a rational approach to whatever replaces the Affordable Care Act. Too much is at stake for us and our patients and we need a strong voice as these processes move forward. I look forward to continuing for another four years on the Council and bringing my experience, communication skills, and collaborative style to the Council.”

Dr. Young has a distinguished record of activity across all levels of organized medicine. Her service within the MMS culminated with her presidency in 2011–2012 during a pivotal year for health system reform in Massachusetts. She serves as chair of the MMS Committee on Publications. Nationally, Lynda is chair of the AAP Committee on Federal Government Affairs. She served as president of the Massachusetts chapter of the AAP and chaired its Committee on Continuing Education.

For the past 12 years, Dr. Young has been involved with Massachusetts health system reform, first with universal coverage and now with payment reform and cost containment. Lynda’s service as UMass Memorial Medical Group board chair and her service as a health plan board member are indications of her diversity of understanding the issues from a variety of perspectives. Lynda’s leadership in organized medicine during tumultuous times and her continued involvement with the state’s health system reform experience in the evolving health care delivery system will continue to help move our Council on Medical Service forward.
Meena Davuluri, MD, MPH

**Personal statement:**
“Few would challenge the fact that last year’s national election has positioned health care as a major issue in the duel between parties. It continues to be a divisive factor in Congress and the community. We live in a nation where the innovation in medical advances is hitting the brick wall of costs. The Council on Medical Service is squarely at the epicenter of physician community discussion on the balance between cost and availability, between the challenges of delivering great health care, and the reality of balanced budgets. I would be honored to work with CMS on all these issues and the Council’s full agenda of challenges which will set a national course on how patients are cared for in the coming years.”

The Medical Society of the State of New York (MSSNY) is proud to nominate Meena Davuluri, MD, MPH, for the resident position on the AMA Council on Medical Service. Her candidacy is also enthusiastically endorsed by the New York Resident Section and the New York State Urological Society.

Dr. Davuluri joined the AMA during her first year of medical school because she was impressed with the strong support system offered physicians during their training and career cycle.

Originally from Michigan, Dr. Davuluri did her undergraduate work at the University of Michigan and earned her MPH at Dartmouth College where she worked on research projects focused on health care reimbursement. She is a graduate of the SUNY Upstate Medical University in Syracuse, N.Y., and is now a resident in urology at Albert Einstein College of Medicine/Montefiore Medical Center in New York.

Actively involved in the AMA since joining in 2011, Dr. Davuluri has worked with the AMA Council on Constitution and Bylaws and as national chair of the AMA Medical Student Section (MSS) Committee on Economics and Quality of Medicine. In addition she had served as a delegate to the AMA House of Delegates through the AMA-MSS. In New York, Dr. Davuluri has also served as chair of the MSSNY Medical Student Section Governing Council. She currently serves on the governing council of the MSSNY Resident Fellow Section.
The Texas Medical Association (TMA) announces John T. Carlo, MD, for the American Medical Association Council on Science and Public Health.

Dr. Carlo was a member of the TMA Council on Science and Public Health from 2008 to 2014, and was chair from 2013 to 2014. He is chair of TMA’s Council on Socioeconomics.

Dr. Carlo is president of the Dallas County Medical Society and serves on its board. He has chaired the Dallas CMS Community Emergency Response Committee since 2007 and is a delegate to the TMA House of Delegates. He also co-chairs the North Texas Task Force. He was co-chair for the Texas Department of State Health Services Preparedness Coordinating Council.

During the 2014 Dallas Ebola crisis, he was a spokesperson for Dallas physicians, responding to community and media requests for his guidance. TMA President Austin King, MD, gave him a TMA President’s Award for his 2014 service.

Dr. Carlo is CEO for Prism Health North Texas, the largest nonprofit agency in the area, providing HIV prevention and treatment, mainly for uninsured patients. Previously, he worked as a program director for the Center for Infectious Disease Research and Policy at the University of Minnesota, and served as the medical director and health authority for Dallas County Health and Human Services.

Dr. Carlo frequently serves as an advisor to local and state elected officials nationwide as a consultant for the Naval Postgraduate School in Monterey, Calif. He is on faculty at The University of Texas Southwestern Medical School in the Division of Emergency Medicine. After graduating from UT Southwestern in 2000, he completed an internship and residency in general surgery at Baylor University Medical Center in Dallas. He earned bachelor’s and master’s degrees in biomedical engineering from Tulane University.

Personal statement:

“I want to serve as an advocate for all patients and physicians, particularly on issues related to public health, vulnerable populations, and disasters. My work has taught me that only through collaboration can we keep our communities healthy and safe, especially under ever-pressing public health and infectious disease threats like HIV/AIDS, Zika, West Nile Virus, influenza, and Ebola.

“I want to bring to the AMA our experiences from Texas regarding how local and state medical societies can mobilize effectively during a public health emergency. I hope to shape the role organized medicine must play to keep our communities safe from these threats. Government cannot do this alone; organizations such as FEMA, CMS, or the CDC do not have enough resources to solve our problems.

“Leading a dynamic nonprofit organization that works with some of the most medically underserved people in North Texas, I have learned much about the intersection of physical and mental health, the interplay of social determinants of health, and the power of having organized, comprehensive primary care. As an employer, I also have the perspective the effect rising health insurance premiums and costs have on our bottom line. I’ll bring a public health perspective to the AMA for patients and communities, and I look forward to developing solutions for these many challenges we now face today.”

John T. Carlo, MD
William J. Kassler, MD, MPH

The New Hampshire Medical Society and the New England delegation are proud to nominate William J. Kassler, MD, MPH, FACP, for election to the AMA Council on Science and Public Health. Dr. Kassler is also endorsed by the American College of Physicians.

Background:
Dr. Kassler is a primary care internist who practices in a resource-poor setting caring for vulnerable patients with extensive psycho-social needs. He has a deep understanding of the practical levers used to influence health policy, gained through a 25-year career as a commissioned officer in the United States Public Health Service, working at the intersection of public health and health care.

Dr. Kassler currently serves as deputy chief health officer at IBM Watson Health, where he leads their efforts in population health to apply cognitive computing and advanced analytics in solving some of the most pressing problems in health care.

Dr. Kassler previously served as medical epidemiologist, health services researcher and senior advisor for Health Policy at the Centers for Disease Control and Prevention. He was also appointed as the chief medical officer for the New Hampshire Department of Health and Human Services with direct policy and administrative oversight for public health and Medicaid. In addition, Dr. Kassler served as chief medical officer for the New England Region of the Centers for Medicare & Medicaid Services (CMS), and with the CMS Innovation Center working to develop and test new models in support of population health.

Dr. Kassler is past president of the New Hampshire Medical Society, New Hampshire’s delegate to the AMA and a former delegate to the Commission to End Health Care Disparities. He has been recognized with numerous awards, including the Surgeon General’s Meritorious Service Award, March of Dimes Physician Leadership Award, and Bi-State Primary Care Association President’s Award for “unyielding dedication to community-based access to care for the poor and disadvantaged.” Dr. Kassler also serves as the elected chair of his local school board.

Personal statement:
“Since Hippocrates and Maimonides, our profession has recognized the importance of public health. It’s in our AMA’s mission statement: ‘To promote the art and science of medicine and the betterment of public health.’ Our Code of Medical Ethics also recognizes ‘a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.’

“However, in these times of rapid change, it seems the dominant policy conversations center on cost savings, payment reform and regulation. While we must come together to advocate for ourselves (and we have been quite successful at that), as a profession we are at our best when we go beyond our self-interest and advocate for our patients and communities. Who can be a better voice for public health than physicians; as respected leaders within our communities who have dedicated our lives to the healing and the care of others? Our voice is strongest when we base our advocacy on science, and most effective when we work together through our AMA. The AMA has done so much in its policies and practices to support public health; I would be honored to have an opportunity to support that effort.”
Mary LaPlante, MD

Mary LaPlante, MD, FACOG, is proudly sponsored for our AMA Council on Science and Public Health by the American Congress of Obstetricians and Gynecologists. Dr. LaPlante is endorsed by the Great Lakes Coalition, the AMA Young Physicians Section and the Specialty and Service Society.

Involved in the AMA since 1987 and the AMA House of Delegates since 1989, Dr. LaPlante has been a delegate to the AMA Medical Student Section, in addition to the AMA Resident and Fellow Section, and the AMA Young Physicians Section. She served as alternate delegate for the AMA Medical Student Section and delegate for the AMA Young Physicians Section and on the AMA Women Physicians Section Governing Council. She is currently a delegate representing the American Congress of Obstetricians and Gynecologists.

Dr. LaPlante is a women’s health specialist for the Cleveland Clinic Foundation. As a public health liaison from the Cleveland Clinic to the community, Dr. LaPlante is the voice that speaks to the importance of public health in promoting and maintaining health. She knows how issues such as social determinants of health—housing, education and others—impact our ability to provide the best care for our patients. In her current practice, she addresses these issues daily. Her active participation on the AMA reference committee on public health has provided her with insight into what physicians can truly accomplish and the work we need to continue to do to improve the health of all.

Born and raised in Cleveland, Dr. LaPlante is a graduate of The Ohio State University. She completed her residency in obstetrics and gynecology at the University of Toledo. She is currently on faculty at the Cleveland Clinic Learner College of Medicine of Case Western Reserve University.

Personal statement:
“As the AMA, we have the voice and the talent to transform and operationalize our AMA’s public health policy. I would like to be a part of the team that accomplishes this.

“I am qualified, willing, and would be honored to serve on the Council on Science and Public Health.”
The California Medical Association (CMA) is pleased to nominate Michael Lubrano, MD, MPH, for the AMA Resident and Fellow Section (RFS) seat on the AMA Council on Science and Public Health.

Dr. Lubrano has the public health experience and knowledge required to effectively represent the AMA-RFS on this extremely important council. After receiving his Master of Public Health degree from Yale University in health policy, he developed a program to provide free, rapid HIV testing and counseling utilizing a grassroots community outreach program in the Bronx, and that program continues to function effectively today. He has conducted research in a South Bronx methadone clinic on ways to better understand and treat patients with opioid misuse disorders and is prepared to bring this valuable experience to the national debate on opioid use and abuse. He has been an active participant in national campaigns through the March of Dimes in regard to women's and children's health issues. Dr. Lubrano is currently a PGY3 anesthesia resident at the UCSF School of Medicine, where he is assisting in the development of educational resources for physicians regarding the public health effects and consequences of prescribing marijuana. When it comes to advocating for the advancement of data-driven, essential public health initiatives for our nation's most underserved populations, Dr. Lubrano has labored on the front lines for years.

Dr. Lubrano has also been a leader in organized medicine since starting medical school, serving first as a student and now as a resident delegate to the AMA House of Delegates, where he again chairs the California resident section. During the past decade he has held national AMA positions including vice-chair and subsequently alternate delegate of the AMA Medical Student Section Governing Council. Dr. Lubrano is currently the elected delegate of the AMA Resident and Fellow Section Governing Council and oversees the AMA-RFS caucus in the AMA-HOD. He is also immediate past chair of the AMA-RFS Public Health Committee where he submitted numerous reports to the AMA-RFS assembly on a wide spectrum of public health topics. Given all of these experiences it is obvious that he both understands how the AMA functions and has been effectively advocating for public health policy within the AMA. He also currently serves on the CMA Council on Science and Public Health as the CMA House of Delegates transitions to a year-round resolution and advocacy process.

Dr. Lubrano is endorsed by the CMA, the AMA Resident and Fellow Section, and the American Society of Anesthesiologists. Please join us in supporting Dr. Lubrano's candidacy as resident member to the AMA Council on Science and Public Health. His commitment to organized medicine and the public health of underserved populations are qualities that will make him a most effective council member.

**Personal statement:**

“AMA Councils have profound influence on the development of AMA policy pertaining to complex and controversial topics. If elected, I will work hard to uphold a history of data driven, patient-centric public health work that our Council on Science and Public Health is well known for.”