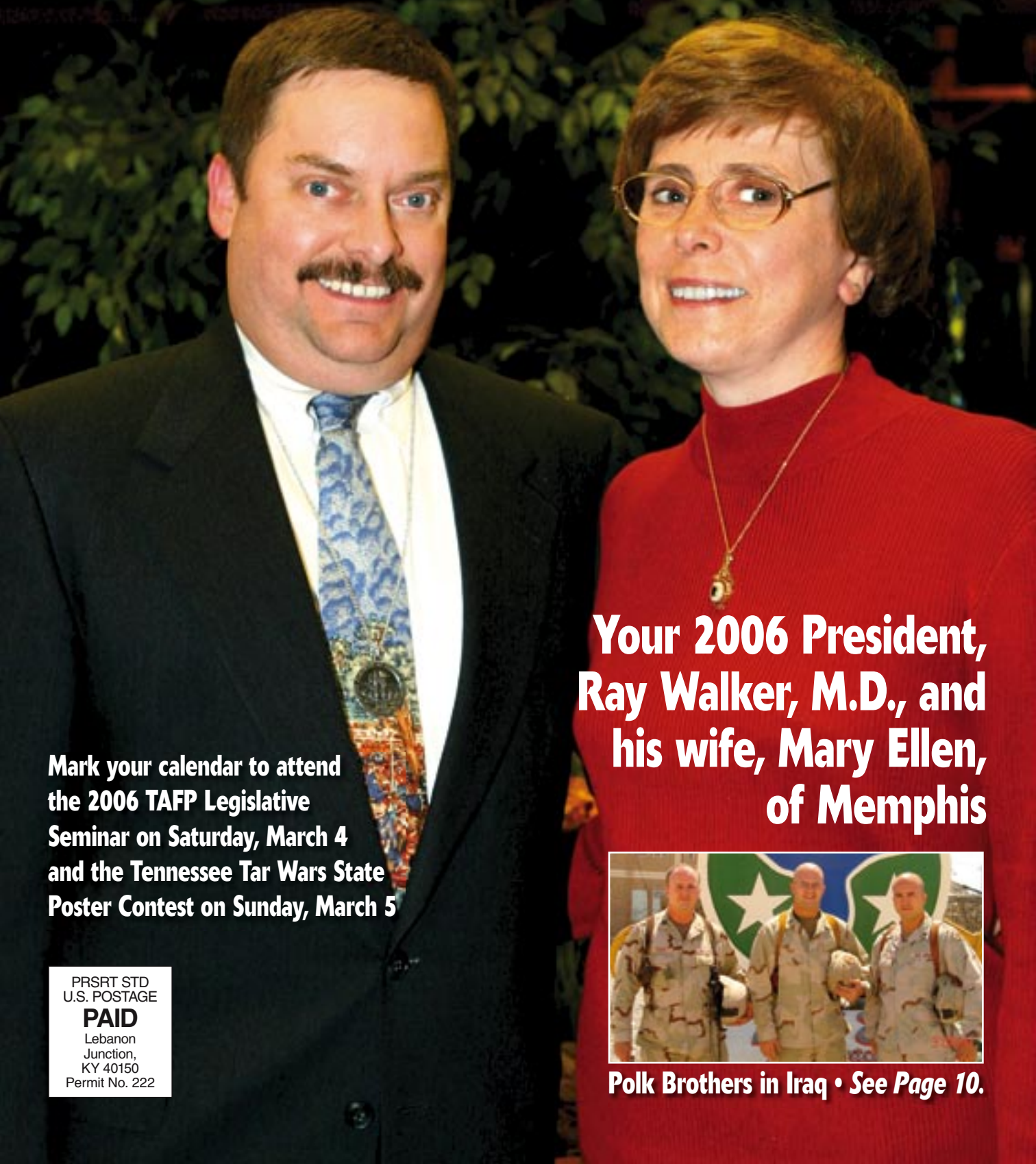


# FAMILY PHYSICIAN

An Official Publication of the Tennessee Academy of Family Physicians



Mark your calendar to attend  
the **2006 TAFP Legislative  
Seminar on Saturday, March 4**  
and the **Tennessee Tar Wars State  
Poster Contest on Sunday, March 5**

**Your 2006 President,  
Ray Walker, M.D., and  
his wife, Mary Ellen,  
of Memphis**



**Polk Brothers in Iraq • See Page 10.**

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*Hearts and Minds*



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## President's Corner

I would like to take this opportunity to thank Doctor Blackwelder for the many things which he has helped accomplish this past year. We have seen many changes in medicine as well as fallen short on others. We have seen a revamping of TennCare, the impact of which has not been fully felt. We have seen the beginnings of a prescription drug plan for Medicare. We have seen attempts at tort reform on many levels and in many places. Some were successful while others were not.

We have begun to restore life for the Tennessee Academy's Foundation. This is a work in progress. On a national level, we push toward the Future of Family Medicine and the formation of the American Academy of Family Physicians' Political Action Committee, generally referred to as FAMMEDPAC.

As we begin with new officers, we have an obligation to continue the spirit and strength of our Academy. We are in a time of opportunity. Our own Foundation has a chance to become more involved in pushing for the future of Family Medicine in Tennessee. With renewed interest and support, it can potentially stabilize some projects. As we see PHARMA and individual companies revise their priorities, we as an Academy must look to alternatives for funding of our Annual Scientific Assembly. While we are thankful for the support we have received in the past, we need imaginative and resourceful approaches to discover other avenues of support. Our Foundation also has the opportunity to continue supporting students and residents who are our lifeblood for the future. There is continued interest in a research network within our Academy. This will require support and nurturing.

Medicine in Tennessee faces some uncertainty. We have new leadership at the Chancellor's level at the UT Health Science Center and will soon search for a new Dean of the College of Medicine. We are seeing expansion at ETSU with provision of Pharmacy education. We have seen the creation of a clinical doctorate in nursing. Psychologists continue to push for prescribing privileges. We have seen some inroads for Family Medicine at Vanderbilt and Meharry. This needs to be fostered and protected. All of these changes will have an impact on medicine in Tennessee.

We have a unique opportunity at the national level. Doctor Jim King is poised to run for President of the American Academy of Family Physicians in 2006. He will need our support to make this bid a success. This chance does not come easily and should not be wasted. Help give Doctor King our encouragement and support over the next months and at the AAFP Congress of Delegates' meeting in Washington, D.C. in 2006.



*Continued on page 2*



As President of the Tennessee Academy of Family Physicians, I will strive to protect our interests and expand our influence. I ask for everyone's help in this ongoing journey. I will need your support as we stand together in this. Let us work toward a secure and bright future for Family Medicine in Tennessee.

**Raymond R. Walker, M.D., M.B.A.**  
**Memphis – 2006 President**

*2006 President, Raymond Walker, M.D., being sworn into office by Mary Frank, M.D., AAFP Board Chair.*

## **TAFP 2005 "Family Physician of the Year"**

**Michael H. Hartsell, M.D., Greeneville**

The Tennessee Academy of Family Physicians' Family Physician of the Year Award is bestowed upon an individual who exemplifies the ideal Family Physician and who has made an outstanding contribution to Family Medicine, and to the advancement of health and/or medical training and medical education. This year's recipient meets all of these criteria with dignity and outstanding commitment to Family Medicine in Tennessee.

The 2005 recipient of the TAFP's Family Physician of the Year Award received his medical degree from the University of Tennessee Memphis Center for Health Sciences and completed his Family Medicine Residency at the University of Alabama at Huntsville.

He has been a leader in both the American Academy and the Tennessee Academy, and both as a Resident and an Active member. He is a committed

member of the AAFP National Research Network. He actively mentors and encourages medical students while maintaining a very busy Family Medicine practice including obstetrics in upper East Tennessee.

His leadership in the American Academy of Family Physicians began as Chair of the National Conference of Family Practice Residents. He has participated in practice based research for twenty years beginning in the Ambulatory Sentinel Practice Network, and then in its transition to the AAFP's National Research Network. He completed a five-year term as a member of the Advisory Council to that Network.

He is a shining example of what a Family Physician should be. In the history of this Academy, there have been few members with the credentials collected by our recipient.

The TAFP thanks Doctor

Hartsell for his continuing commitment to the TAFP and Family Medicine in Tennessee. Congratulations to the TAFP's 2005 Family Physician of the Year, Doctor Mike Hartsell of Greeneville, Tennessee.



*Michael Hartsell, M.D.*

# **TAFP 2005 "John S. Derryberry M.D. Distinguished Service Award"**

**Steven Good, 'Snowbird' of WSMV-TV, Nashville**

The Tennessee Academy of Family Physicians' John S. Derryberry M.D. Distinguished Service Award is presented to an individual, or individuals, whom the TAFP feels has demonstrated exemplary leadership and character along with outstanding and distinguished service to the Family Physicians in Tennessee. The award is named in honor of the late John S. Derryberry, M.D., Shelbyville, who served the TAFP and AAFP with honor and distinction from 1964 until his passing in 1998.

The recipient of this year's Tennessee Academy of Family Physicians' John S. Derryberry M.D. Distinguished Service Award has helped to make the yearly Tennessee Tar Wars Poster Contest a success since the Tennessee Academy took on Tar Wars with its first statewide Poster Contest in the year 2000.

By serving as a Tennessee Tar Wars Poster Contest judge each and every year since the contest's inception in 2000, and as our principal entertainment during each and every Poster Contest since 2000, he has endeared himself to our contestants, their families and their friends. But, most of all he has endeared himself to the Tennessee Academy and its membership for his continuing dedication to and support of Tar Wars here in Tennessee.

Through his contributions and participation, the TAFP has been able to promote tobacco

prevention and cessation for Tennessee's children and youth as its prime public health initiative. And through our involvement with and promotion of Tar Wars in Tennessee, the TAFP has become a recognized leader in the public health arena in Tennessee.

The TAFP can not envision the Annual Tennessee Tar Wars Poster Contest without Snowbird's participation.

Sincere congratulations, and thanks, are extended to Steven Good, Snowbird of WSMV-TV in Nashville, upon receiving the TAFP's 2005 John S. Derryberry M.D. Distinguished Service Award recipient. Steven 'you are' Tar Wars in Tennessee.



Steven Good, "Snowbird" of WSMV-TV, Nashville

## **Very Sincere Thank You To Our Outstanding 2004 Supporters**

As the year comes to an end, we'd like to offer a very sincere 'thank you' to those companies who provided outstanding financial support to the Tennessee AFP during 2005. This support includes educational grants in support of CME programs, function sponsorships held in conjunction with CME programs, Tar Wars financial support/grants and advertising in our quarterly journal; 'Tennessee Family Physician'.

**SILVER SUPPORTERS (\$10,000 to \$15,000 total support):**  
State Volunteer Mutual Insurance Company

**BRONZE SUPPORTERS (\$5,000 to \$10,000 total support):**  
Eli Lilly and Company  
Pfizer Inc.  
Stewart-Jackson  
Vanderbilt University Medical Center/  
Physician Liaison Program

# HIGHLIGHTS OF 2005 TAFP ANNUAL ASSEMBLY



*Our 1st Place Female Exhibitor Halloween Winner – Dara Prosan with Organon*



*Our 1st Place Group Exhibitor Halloween Winners – Lifescan*



*Our 2nd Place Group Exhibitor Halloween Winner – Wyeth Consumer Healthcare and, 1st Place Male Exhibitor winner – Dominic Crocco*



*Our 2nd Place Male Exhibitor Winner – Mike Stephens with Janssen Ortho McNeil*



*Our 2nd Place Female Exhibitor Winner – Jennifer Frazier with Sanofi-Aventis*



# Your 2006 TAFP Officers & Board Of Directors

**President:** Raymond Walker, M.D., Memphis  
**President-Elect:** Charles Ball, M.D., Mt. Pleasant  
**Vice President:** J. Chris Graves, M.D., Chattanooga  
**Secretary-Treasurer:** Gregg Mitchell, M.D., Jackson  
**Speaker of the Congress:** Lee Carter, M.D., Huntingdon  
**Vice Speaker of the Congress:** T. Allen Polk, M.D., Murfreesboro  
**Immediate Past President:** Reid Blackwelder, M.D., Kingsport  
**Delegates to the AAFP:** Reid Blackwelder, M.D., Kingsport  
 Donald H. Polk, D.O., Waynesboro  
**Alternate Delegates to the AAFP:** Michael Hartsell, M.D., Greeneville  
 Timothy Linder, M.D., Selmer

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4	Ty Webb, M.D., Sparta	Tersa Lively, D.O., Crossville
5	T. Scott Holder, M.D., Winchester	Stephanie Gafford, M.D., Fayetteville
6	B. Alan Wallstedt, M.D., Nashville	Christopher Holloway, M.D., Nashville
7	Lang Smith, M.D., Columbia	Joey Hensley, M.D., Hohenwald
8	Gregg Mitchell, M.D., Jackson	Walter Fletcher, M.D., Lexington
9	Susan S. Lowry, M.D., Martin	Kirk Nienaber, M.D., Henry
10	Jay Smith, M.D., Memphis	Parvathi Perumareddi, D.O., Cordova
Minorities	Griselle Figueredo, M.D., Germantown	Roger Zoorob, M.D., Nashville
New Phys.	Kim Howerton, M.D., Jackson	Donald Ziegler, M.D., Hixson
Women	Doreen Feldhouse, M.D., Dyersburg	Amylyn Lane Crawford, M.D., Kingsport
Resident	Patricia Conner, M.D., Jonesborough	Ryan Bartz, D.O., Jackson
Student	Zanetta Lamar (Meharry)	Emily Tarvin (Vanderbilt)

## Leaders on the Move – Information for Members

- **Jim King, M.D., Selmer**, currently serving on the American AFP Board of Directors was elected to the AAFP Executive Committee. The Tennessee AFP has announced the 2006 candidacy of Doctor King for AAFP President-elect.

- **ETSU Medical Student and TAFP member, Kelly McGuire, Johnson City**, was elected as the AAFP National Family Medicine Interest Group Coordinator during the 2005 AAFP National Conference of Family Medicine Residents and Medical Students.

- **David McRay, M.D., Jellico**, received the AAFP's Exemplary Teaching Award for

Volunteer Faculty during the 2005 AAFP Congress of Delegates. Doctor McRay was nominated for the Award by the TAFP.

- **J. Mack Worthington, M.D., Chattanooga**, served as Chair of the 2005 AAFP Congress of Delegates' Credentials Committee.

- **Don Polk, D.O., Waynesboro**, served as a member of the Rules Committee for the 2005 AAFP Congress of Delegates.

- The nondeductible portion of your 2006 Tennessee AFP membership Dues as a result of lobbying activities will be 13%.

# **Resolutions Presented To The 2005 TN AFP Congress**

## ***Special Resolution-2005: "Commendation of Deceased Members"***

Introduced By: Reid Blackwelder, M.D.,  
President, On Behalf of the Tennessee AFP Board  
of Directors

Whereas, the Tennessee Academy of Family Physicians is extremely grateful to its many members who devote their time and effort to the continuing growth of the Academy; and

Whereas, the affiliation of Family Physicians with the Academy of Family Physicians is necessary for the continuing expansion of Family Practice; and

Whereas, members of the Tennessee Academy of Family Physicians are deeply saddened by the loss of three (3) of its members who passed away in the Years of Our Lord, two-thousand-four and two-thousand-five, namely:

Edward P. Caldwell, M.D., Memphis –  
November 2004

J. Brian Forrest, Memphis – April 2005

William J. Oswald, M.D., Memphis –  
May 2005

Now Therefore Be It

RESOLVED, that this Congress of Delegates here assembled observe a minute of silent prayer in memory of these members;

And Be It Further

RESOLVED, that the families of these members be made aware of the deep and sincere sympathy of the Tennessee Academy of Family Physicians.

**Action Taken:** Adopted as Presented

## ***Resolution 1-2005: Resolution on Parity of Income***

By: Matthew Mihelic, M.D., President,  
TAFP Tennessee Valley Chapter (District 2)

RESOLVED, that the Tennessee Academy of Family Physicians resolves that family and primary care physicians should have parity of income with all other medical specialties, and to work to bring about this goal,

And Be It Further

RESOLVED, that the Tennessee Academy of Family Physicians further resolves to encourage the American

Academy of Family Physicians to adopt the same resolution.

**Action Taken:** Referred to TAFP Board of Directors

## ***Resolution 2-2005: Physician Retainer System***

By: Matthew Mihelic, M.D., President,  
TAFP Tennessee Valley Chapter (District 2)

RESOLVED, that the Tennessee Academy of Family Physicians resolves that government and all other third party healthcare insurance payers should be persuaded to promote the use of retainer payments by patients to family and primary care physicians, while allowing physicians on retainer to bill patients' health care insurance for services;  
And Be It Further

RESOLVED, that the Tennessee Academy of Family Physicians further resolves to encourage the American Academy of Family Physicians to adopt the same resolution.

**Action Taken:** Referred to TAFP Board of Directors

## ***Resolution 3-2005: Malpractice Amendment***

By: Matthew Mihelic, M.D., President, TAFP  
Tennessee Valley Chapter (District 2)

RESOLVED, that the Tennessee Academy of Family Physicians supports the Tennessee Medical Association's Medical Liability Reform campaign with referral to the TAFP Board of Directors.

**Action Taken:** Referred to TAFP Board of Directors

## ***Resolution 4-2005: Increasing Family Medicine Postgraduate Academic Opportunity***

By: Matthew Mihelic, M.D., President, TAFP  
Tennessee Valley Chapter (District 2)

RESOLVED, that the Tennessee Academy of Family Physicians resolves that graduates of family medicine residency programs should have the same opportunities for acceptance into post-graduate subspecialty medical fellowships as do graduates of internal medicine residency programs, and resolves to work to bring about this goal. And Be It Further

RESOLVED, that the Tennessee Academy of Family Physicians further resolves to encourage the American Academy of Family Physicians to adopt the same resolution.

**Action Taken:** Referred to TAFP Board of Directors

# **Amendments To The Constitution & Bylaws Presented To 2005 TN AFP Congress**

## **Amendment No. 1-2005: Reorganization of the Committee on Public Health and Scientific Affairs**

AMEND THE BYLAWS of the Tennessee Academy of Family Physicians in Chapter VII, Section 1 (E) by deleting the current wording entirely and replacing it with new wording.

Chapter VII, Section 1 (E). Committee on Public Health. It shall be the function of this committee to formulate plans and programs wherein the Academy and its membership supports, expands or initiates activities pertaining to public health promotion, disease prevention and education in Tennessee communities; cooperate with other organizations and agencies to address important public health issues; coordinate communication among and education of Academy members regarding public health priorities in which family physician participation is a priority.

Additionally, the members of this committee shall assist the Executive Director in representing the Academy at meetings and activities pertaining to public health and disease prevention.

*Action Taken: Approved.*

## **Amendment No. 2-2005: Replacement of Term Family 'Practice' with the Term Family 'Medicine'**

AMEND THE CONSTITUTION & BYLAWS of the Tennessee Academy of Family Physicians in each appropriate Section which references Family Practice by replacing 'Practice' with the term Family 'Medicine' to be in compliance with changes made by the AAFP in 2004.

*Action Taken: Approved*

## **Amendment No. 3-2005: Replacement of Term 'Hours' with the Term 'Credits'**

AMEND THE BYLAWS of the Tennessee Academy of Family Physicians in each appropriate Section which references CME 'hours' by replacing 'hours' with the term 'credits' to be in compliance with changes made by the AAFP in 2004.

*Action Taken: Approved*

## **Amendment No. 4-2005: New AAFP Fellowship Requirements**

AMEND THE BYLAWS of the Tennessee Academy of Family Physicians in Chapter VII by deleting the current wording entirely and replacing it with new wording to be in compliance with the AAFP Bylaws.

Chapter II. Fellowship. Any active, inactive, or life member in good standing may, upon application to the American Academy of Family Physicians, be elected to receive the degree of Fellow upon fulfilling the following requirements:

(1) Held active membership for six years or a combination of resident and active membership for a total of six years; and

(2) Fulfilling such other criteria for Fellowship as may be established by the AAFP Board of Directors.

Fellowship shall not be considered a separate membership classification but shall be an earned degree. Fellows shall continue to hold one of the memberships provided in Chapter I of these Bylaws.

The degree of Fellow shall be conferred only at a convocation of the Academy. Under unusual circumstances satisfactory to the

## **Mark Your Calendar For These Important Tennessee AFP 2006 Dates:**

**Annual Legislative Seminar/Board Meeting**  
*Embassy Suites, Nashville, March 4-5*

**Tennessee Tar Wars State Poster Contest**  
*Embassy Suites, Nashville, March 5*

**Tennessee Summer Seminar/Board Meeting**  
*Fall Creek Falls State Park, July 14-16*

**58th Annual Scientific Assembly**  
*Gatlinburg Convention Center, October 24-27*

AAFP Board of Directors, exceptions may be made on an individual basis to the foregoing fellowship requirements by a two-thirds (2/3) vote of the AAFP Board of Directors.

**Action Taken: Approved**

**Amendment 5-2005:  
Additional Purposes of the  
Education Committee**

TO AMEND THE BYLAWS of the Tennessee Academy of Family Physicians in Chapter VII, Section 1 (C) by adding two new sections.

Chapter VII, Section 1 (C). Education Committee. Beginning in 2006, this Committee will be tasked with soliciting and presenting nominees for the AAFP Exemplary Teaching Awards to the TAFP Board for the Board to select nominees to be submitted to the AAFP.

The Committee on Education will periodically review the TAFP's funding of student activities, particularly the TAFP's current participation and presence at the AAFP's National Conference of Family Medicine Residents and Medical Students inasmuch as the Student Board Members originally requested the TAFP's participation at such.

**Action Taken: Approved**

**Amendment 6-2005:  
Additional Purpose of the  
Nominating Committee**

TO AMEND THE BYLAWS of the Tennessee Academy of Family Physicians in Chapter VII, Section 1 (D) by adding two new sections.

Chapter VII, Section 1 (D). Nominating Committee. It shall be the responsibility of this committee to look at nominees for the AAFP's Thomas W.

Johnson Award, the AAFP's Robert Graham Physician Executive Award and additional award nominee requests received from the AAFP, not to include nominees for the AAFP Exemplary Teaching Awards which are designated to the Education Committee.

It shall be the responsibility of this committee to look at long-range plans for national AAFP positions, with inclusion

of anyone currently serving in an AAFP position (committee, commission, board, etc.) serving as ex-officio members of the Nominating Committee for this issue only. National positions would include not just the AAFP Board or AAFP Officer positions, but also AAFP Commissions and Committees and other entities such as Society of Teachers of Family Medicine (STFM).

**Action Taken: Approved**

## **Recap Of July 2005 TN AFP Board Of Directors' Meeting**

- Voted to present the 2005 John S. Derryberry M.D. Distinguished Service Award to Steven Good, Snowbird of WSMV-TV in Nashville, for his commitment to Tennessee Tar Wars for the last five years.
- Voted to present the 2005 Family Physician of the Year Award to Michael Hartsell, M.D., Greeneville.
- Received report from the Executive Director on the 2005 National Tar Wars Poster Contest in Washington D.C. She had just returned before arriving at the TAFP Summer Seminar, noting that she and the winning student from Tennessee along with her mother and grandmother, visited with six Tennessee Federal Legislators while in D.C.
- Received reports from each Board Director/Alternate Director on their local TAFP chapters/districts.
- Voted to make no changes in Tennessee AFP membership dues for 2006.
- Reviewed list of TAFP members with outstanding 2005 Active membership dues.
- Received report from Michael McAdoo, M.D., current Vice President of the TAFP Foundation on the June 18 meeting held at the TAFP office to reorganize the TAFP Foundation Board, noting that the current TAFP Foundation Board had approved the proposed reorganization.
- Approved beginning in 2006, to pay expenses, but no longer pay an honorarium, to the three selected student/resident research presenters at the TAFP Annual Scientific Assembly.

*For additional information on any of these items, contact Cathy at the TAFP office in Nashville.*

# Service In The Line Of Duty

“This is ridiculous”, I thought as I stepped off the plane. It was 10:00 p.m. at the airport in Kuwait, and shortly after we landed the captain of the flight announced the local temperature was 105 degrees. One hundred five at night? I hoped he was kidding, or at least a few degrees off. After about 22 hours of traveling, however, it only took one strong gust of searing Middle East wind to blow me into my new found reality. Hot was here to stay, at least for the time being.

After two weeks of preparatory training and packing at the Continental U.S. Replacement Center at Fort Bliss, Texas, I was more than ready to get on with the business at hand, as were all of my transient colleagues at CRC. That business was relieving or joining our comrades in Iraq, serving in Operation Iraqi Freedom III. For me, that meant joining my fellow Tennesseans (including Josh and Jeremy, my two younger brothers) of the 278th Armored Cavalry Regiment in northeast Iraq. I had figured that 13 days of the super-dry 100 degree air of El Paso would adequately prepare me for the climate to come. I figured wrong.

Fortunately, I quickly rediscovered that, even in the rather harsh conditions of Iraq, a little air conditioning and an adequate intake of water go a long way. Now in its third year of operations here, the military obviously had taken (and continued to reinforce) necessary environmental precautions for the well-being of soldiers. Hourly wet bulb readings, widely posted hydration charts, and soldiers’ personal attention to themselves and others all contributed to the maintenance of a healthy and effective fighting force.

Yet preventive steps appropriately taken don’t eliminate all potential sources of illness and injury. Thus, I found my days and occasional nights occupied with treating patients in my new office, the Troop Medical Clinic. As a Level 2 medical facility (a step up from the front line Battalion Aid Stations), it wasn’t exactly bush medicine. Still, it



*Three Polk Brothers serving in Iraq. Left to Right: Gabe, Josh, Jeremy*

had a basic “see ‘em and treat ‘em” quality that I really enjoyed. No pagers beeping, no arguing with payers, no fretting over coding complexities. It was a simple case of take the history, perform the physical, order tests if needed, and treat as indicated; in truth, it was the way I’d hoped medical practice would be in my younger, more naïve medical school days.

Not all cases were simple. There were times when the clinic was called upon to function like an emergency department. Gunshot wounds, heat casualties, respiratory distress, injuries suffered from improvised explosive devices and other urgent conditions required our higher decision-making and treatment skills. And in the event of a MASCAL (mass casualty) situation, all providers, whether on-shift or not, would come in immediately to assist. It was in those instances that having an efficient and organized health care team paid its biggest dividends. Among providers (physicians and PA’s), medics, and ambulance personnel, we would stabilize and treat patients to prepare for MEDEVAC (medical evacuation) teams to get them to definitive care. I can only imagine how much morbidity and mortality was reduced as a result, and ultimately that’s what it’s all about – conserving the fighting strength, and getting our

troops back home to their families and friends in the end.

The patients I saw in the clinic on a daily basis presented much the same way as do patients back home. There was the usual variety of primary care complaints: upper respiratory infections, UTI's, headaches, rashes, back strains, and so forth. I would treat their problems as indicated and, when appropriate, discuss preventive health maintenance points with them. After all the instruction I'd received during my training, I could imagine my former attendings smiling to see that I'd taken the teaching to heart.

As a D.O., I took advantage of the relative lack of time constraints that accompany private practice by performing more of the osteopathic manipulative treatments in which I'd been trained. It was gratifying to see muscle energy, soft tissue stretching, and various other techniques having a positive impact on soldiers with back pain, extremity complaints, and other musculoskeletal issues. Once people found out I was a D.O., I was often sought out by people, even some of our own medics.

Occasionally, there were more interesting cases. These often were Iraqi citizens whom we would periodically treat. One was a four-year-old boy with a large parotid mass. Another was a man with a baseball-sized lipoma sitting atop his shoulder. The four-year-old girl with a bullet lodged in her neck for over a year was memorable. Fortunately she had it surgically removed shortly before our time in Iraq ended.

Dining and conversing with the Iraqi doctors and dentist, our military counterparts at the Ministry of Health, was an interesting experience. It was helpful to have the perspective of those who not only call Iraq home but also serve in its defense. Some of these had been soldiers in Saddam's Republic Army. They were well aware of the "before and after" differences between the previous military and its current iteration. Corruption, they told us, still exists in the ranks. It is the main barrier to making the Iraqi Army an effective fighting force able to defend its citizens against aggressors, both from without and within. One doctor, in fact, had been identified as traitorous by insurgents and was targeted for death. This forced him to move secretly from place to place for months and, at one point, to flee the country.

We asked if they were glad the American military was there. They unanimously agreed they were. They acknowledged the economic and personal hardships that all Iraqis suffered under

Saddam's regime, and though the current conflict is by no means an ideal situation for the country, they understand that a period of transition is necessary to give their people hope for a stable future. These soldiers look forward to the day when their military is able to function well enough to allow American forces to leave. Until then they say our presence is imperative. We assured them that although we all looked forward to going home, the United States military would continue to aid them as long as our forces were needed to assist them in reaching that point.

The evening call to prayer echoes from a nearby mosque as the sun sets on another day, and on this deployment. Another call, the call to duty, has been answered by numerous other Tennessee soldiers. Now it is time for us to go home. For many, the deployment has taken nearly eighteen months of their lives at considerable personal sacrifice. We have served well and faithfully discharged our duties. We can rest assured that our service has benefited the people of Iraq as they look to a new day and a new country.

**Gabe Polk, D.O., Waynesboro, TN  
Captain, TN Army National Guard**



*Gabe Polk examines child in Iraq.*

***Your Assistance Is Needed –***

*The Tennessee AFP would like to recognize in the next issue of 'Tennessee Family Physician', our Tennessee AFP members who have served in Iraq, Afghanistan or other U.S. military hot spots during the last few years. If you have served, or you know of others who have served, please forward the names and information on the service of these individuals to include the branch of their military service to the TAFP office PRIOR TO JANUARY 5, 2006.*

# ***Special Thanks To Our Supporters & Exhibitors At The TN AFP's 56th Annual Assembly***

**T**he Tennessee AFP wishes to express its most sincere appreciation and gratitude to each and every educational sponsor, function sponsor and exhibitor at our 57th Annual Scientific Assembly the week of October 25-28, 2005 in Gatlinburg.

When representatives of these companies visit your offices, please express to them your appreciation for their support. The TAFP Annual Assembly would not be possible without their support!

## **SUPPORTERS:**

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St. Jude Children's  
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TAP Pharmaceuticals  
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Academy of Pediatrics  
TN Dept. of Health-  
Communicable &  
Environmental Diseases  
TN Dept. of Health-STD/  
HIV/AIDS Section  
Tennessee Medical Association  
UCB Pharma  
United States Air Force  
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UT College of Medicine,  
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# 2006 Tennessee Tar Wars Poster Contest Dates Set & Volunteers Needed

The Tennessee Tar Wars program announces the 2006 Tennessee Tar Wars Poster Contest to be held on Sunday, March 6, 2:00 p.m., at the Embassy Suites, Nashville. The first place winning student, and one parent or guardian, of the Tennessee Tar Wars Poster Contest will receive a trip to the National Tar Wars Poster Contest in Washington D.C. in July of 2006.

If you have posters to submit, please note the requirements below for submission of posters to the Tennessee State Poster Contest:

- All poster entries must have a completed 'School Poster Entry Form' secured to the back of the poster or have information required on the poster form printed clearly on the back of the poster.



- All poster entries must have a completed 'Authorized Release Form' received with the poster.

- All poster entries, with completed 'Entry Form' and 'Release Form' must be received by the Tennessee Tar Wars program by February 14, 2006 for inclusion in the 2006 State Poster Contest.

- All posters submitted for the Tennessee State Tar Wars Poster Contest will NOT be returned.

- You are requested to submit no more than one poster per school.

If you are interested in teaching Tar Wars in your local 4th and/or 5th grader classrooms, please contact Cathy at the TAFP office in Nashville to receive a copy of the 2005-2006 Tar Wars teaching guide (or, you can print a copy from the TAFP website at: [www.tnafp.org](http://www.tnafp.org)). It only takes approximately one hour to teach one Tar Wars class.

## Volunteer Your Opinion ...


- (1) HOW HAS THE NEW AMERICAN BOARD OF FAMILY MEDICINE'S 'MAINTENANCE OF CERTIFICATION' AFFECTED YOU?
- (2) IF YOU HAVE DROPPED YOUR CERTIFICATION, WHAT CONSEQUENCES HAVE YOU ENCOUNTERED?

Forward your response to the Tennessee AFP Office PRIOR TO January 5, 2006 as follows:

Email – [tnafp@bellsouth.net](mailto:tnafp@bellsouth.net)  
 Mail – 4721 Trousdale Drive, Suite 202,  
 Nashville, TN 37220  
 Fax – 615-833-2677

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# Public Health Measure Threatened

With 96% of Tennessee's community water systems fluoridated, TN ranks 4th in the nation in support of this safe and effective preventive measure. In fact, fluoridation of community drinking water is a major factor responsible for the decline in dental caries (tooth decay) during the second half of the 20th century. This said, it may surprise many in the health community to know that there is currently a movement within the state opposing water fluoridation.

The history of water fluoridation is a classic example of clinical observation leading to epidemiologic investigation and community-based public health intervention. Although other fluoride-containing products are available, water fluoridation remains the most equitable and cost-effective method of delivering fluoride to all members of most communities, regardless of age, educational attainment, or income level.<sup>1</sup>

The American Academy of Family Physicians policy concerning fluoridation of public water supplies states: *Fluoridation of public water supplies is a safe, economical, and effective measure to prevent dental caries. Family physicians should know the fluoride content of local drinking water supplies, educate patients to prevent excessive fluoride intake, and be knowledgeable about the health*



*risks and benefits associated with fluoride. Dietary fluoride supplements should be considered for children from ages 6 months through 16 years when drinking water levels are suboptimal.*<sup>2</sup>

Acceptance and support of water fluoridation is widespread nationally and internationally, <http://www.ada.org/public/topics/fluoride/facts/compendium.asp>. Nationally, the trend has increased throughout the history of water fluoridation.

- 67% of the US population served by community water systems receives optimally fluoridated water.
- 43 of the 50 largest US cities now adjust the level of fluoride in their community water supplies.

- Over 405 million people in more than 60 countries receive optimally fluoridated water. Studies conducted throughout the past 60 years have consistently indicated that fluoridation of community water supplies is safe and effective in preventing dental decay in both children and adults. It is the most efficient way to prevent one of the most common childhood diseases – tooth decay and to address dental disparities. Dental decay is 5 times as common as asthma and 7 times as common as hay fever in 5–17 year olds. 80% of dental disease is found in 25% of the population; concentrated in minority populations.<sup>3</sup> CWF addresses this disparity by providing its benefits regardless of age, race, gender, and socioeconomic status. Children with the greatest dental need benefit the most from water fluoridation.<sup>4</sup>

In addition, since the 1950s, each U.S. Public Health Service Surgeon General has committed his or her support for community water fluoridation. The most recent endorsement supporting community water fluoridation comes from Surgeon General, Richard H. Carmona, M.D., M.P.H., F.A.C.S., VADM, USPHS.<sup>5</sup>

Peer-reviewed, published research in scientific journals continues to support the

safety and efficacy of water fluoridation. CDC has named community water fluoridation as one of the top 10 public health achievements of the 20th Century.

We cannot afford to take for granted our achievements in this area. In Tennessee some communities are experiencing contacts from opponents. The history of community water fluoridation tells us that there have always been those who have been opposed to science, government, and policy for the good of the public. Today, we are reminded that those who oppose community water fluoridation are a small but vocal minority.

Spring 2005 was another milestone for Tennesseans as state legislators unanimously supported House Joint Resolution 314 in both the House and Senate chambers. Representative Kim McMillian sponsored the resolution, commemorating the 60th anniversary of water fluoridation, which was then signed by Governor Phil Bredesen on April 26, 2005. See the resolution in full, by visiting: <http://www.legislature.state.tn.us/bills/currentga/BILL/HJR0314.pdf>

The following two resources are available via the Internet for additional information and answers to questions concerning the safety and efficacy of water fluoridation:

**Centers for Disease, Division of Oral Health:**

<http://www.cdc.gov/OralHealth/> and <http://www.cdc.gov/OralHealth/waterfluoridation/index.htm>

**American Dental Association:**  
<http://www.ada.org/goto/fluoride>

On a local level, you may contact the Tennessee Department of Health regional dental director in your area and identify yourself as a partner for community efforts. Locate the regional dental director in your area by going to: <http://www2.state.tn.us/health/oralhealth/regions.htm>

On a state level, you may contact the Tennessee Department of Health Director of Oral Health Services, Suzanne Hubbard, DDS at 615-741-8618 and Tennessee Department of Health Fluoridation Coordinator,

Lesa Byrum, RDH at 615-532-8641.

**Suzanne Hubbard, DDS,  
Director, Oral Health Services**

**Lesa Byrum, RDH, BS,  
Fluoridation Coordinator  
Tennessee Department of  
Health, Division of Oral Health  
Services, Nashville**

1. ACHIEVEMENTS IN PUBLIC HEALTH, 1900 – 1999: FLUORIDATION OF DRINKING WATER TO PREVENT DENTAL CARIES, MMWR WEEKLY, OCTOBER 22, 1999/ 48(41);933-940.
2. AMERICAN ACADEMY OF FAMILY PHYSICIANS, [HTTP://WWW.AAFP.ORG/POLICIES.XML](http://www.aafp.org/policies.xml)
3. ORAL HEALTH AMERICA
4. AMERICAN DENTAL ASSOCIATION, FLUORIDATION FACTS, PG 14.
5. CDC ORAL HEALTH RESOURCES, FACT SHEET ON COMMUNITY WATER FLUORIDATION: SURGEON GENERALS' STATEMENT, 2004.

## Practice Opportunities

**I**f you are looking for a partner or a practice location, send information by mail to: TAFP, 4721 Trousdale Drive, Suite 202, Nashville, TN 37220; or by fax to: 615-833-2677; or by email: [tnafp@bellsouth.net](mailto:tnafp@bellsouth.net).

*Information for practice opportunities will be accepted only from TAFP members and will be placed in the Tennessee Family Physician at no charge. Please include your name, address and/or telephone number and/or fax number since contact concerning opportunities will be made directly between interested parties and not through the TAFP. Information will be*

*placed in four (4) editions unless the TAFP is notified otherwise. Deadline for the next issue (Spring 2006) is January 10, 2006.*

- Board Certified Family Physician available for short or long term outpatient/inpatient assignments. Willing to see all age groups and have flexible schedule. Call: 865-397-9957.
- Nashville – 25 year old established and well furnished practice for sale. Located in suburban area near the airport and several hospitals. For more information please page 615-736-0953.

## "Homecoming"

The mention of Gatlinburg invokes a pleasing feeling deep in my core. The land is beautiful; the weather is refreshing, and the timing of our meeting heralds the coming fall. Yet, all of these characteristics are not the true source of my warm feelings. Gatlinburg is synonymous with the Tennessee Academy of Family Physicians' Annual Scientific Assembly, and it is a homecoming or family reunion. Friends from medical

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*Not having the annual meeting in Gatlinburg would be like not having Thanksgiving dinner!*

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school, residency, the Tennessee Academy, and previous meetings gather for academic discussions, meals and social events. Also, some of my "major" life events have occurred in Gatlinburg. My husband and I introduced our 4-month-old daughter to the Academy at the annual meeting. Fellow Tennessee AFP members shared my grief when my grandfather died the Monday before the 2002 annual meeting. We all watch as our children grow up and our hair and beards grow gray (well... for those that do not visit the salon). We share our memorial events in east Tennessee every year.

So when people question the

feasibility of the Gatlinburg meeting, my hair stands on end. Not having the annual meeting in Gatlinburg would be like not having Thanksgiving dinner! However, the numbers are real. Educational grants have plummeted and the TAFP continues to lose money every year. Physicians' "spare time" is limited and often individuals must choose between the American AFP or Tennessee AFP meeting. Traditional CME is being closely evaluated. Are we truly learning and do we change the way we practice when we attend large CME meetings? Truly, I can say that I do and feel that most of us alter our practice after the meeting.

All of these factors will help us think beyond the traditional boundaries. We must find funding from other sources. Pharmaceutical companies provide valuable support, but other service companies such as Electronic Health Records (EHR) vendors, technology companies and consultants, hospitals, and major insurance companies are also valuable. The insurance companies and hospitals share similar patient-centered goals. We must invite them to the table. Furthermore, we need to insure that our CME offerings help our members become the Family Physicians for which the Future of Family Medicine calls. The classes need to help prepare us for the Maintenance of Certification and improve the quality of care that we provide. The Gatlinburg meeting has been and will



continue to be a catalyst for our growth as well prepared physicians.

Beyond the objective measures, Gatlinburg is a valuable place to reenergize us as Family Physicians. We need to learn, talk, laugh and at times even cry with our friends. We all need that fellowship. Gatlinburg is the homecoming for which we yearn.

**Kim Howerton, M.D., Jackson  
Co-Editor**



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