



THE FORUM

March/April 2024 • Volume 23, No. 2 • The Official Magazine of Collier County Medical Society

Happy National Doctors' Day March 30th

Thank you for your commitment to caring for our community,
advancing medical knowledge, and promoting good health.

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CALENDAR OF EVENTS

Register at www.ccmsonline.org or call (239) 435-7727

Saturday, March 23, 8:30am
CCMS Women's Health Forum
 Naples United Church of Christ
Open to the public

Tuesday, April 2, 5:30pm
CCMS After 5 Social
 Bone Hook Brewing Company

Saturday, April 13, 5:30pm
CCMS & CCMS Alliance
Everblades Family Hockey Night
 Hertz Arena

Tuesday, April 30, 6:00pm
CCMS Spring General Membership Meeting
 Avow Ispiri Community Room

Thursday, May 9, 6:00pm
CCMS Women Physicians Social
 Location TBD

Wednesday, May 22, 5:30pm
CCMS After 5 Social
 FineMark National Bank & Trust

Saturday, June 15, 6:30pm
CCMS 67th Annual Meeting
 Arthrex One Conference Center
Open to the public
Support opportunities at ccmsonline.org

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CCMS Member Dues

The 2024 CCMS dues deadline was Dec. 31, 2023.

Members (or their groups) can pay online today at ccmsonline.org/membership. Invoices have also been mailed directly to members who pay individually, or to practice administrators for group payment. Members who need an extension, payment program, or waiver, please contact CCMS. Thank you for renewing!

CCMS Board of Directors 2023-2024

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Views and opinions expressed in The Forum are those of the authors and are not necessarily those of the Collier County Medical Society's Board of Directors, staff or advertisers. Copy deadline for editorial and advertising submission is the 15th of the month preceding publication. The editorial staff of The Forum reserves the right to edit or reject any submission.

MEMBER NEWS

New Members:



Elliot Blau, MD

Precision Healthcare Specialists
400 8th St N
Naples, FL 34102
Phone: (239) 423-7140 Fax: (239) 423-7210
Board Certified: Urology



William DeWolf, II, MD

Advanced Psychiatric Health
5125 Castello Dr
Naples, FL 34103
Phone: (813) 540-1466 Fax: (813) 990-0222
Board Certified: Psychiatry



Raul Enad, MD

Cadenza Medical Clinic
5080 Annunciation Cir Ste 103
Ave Maria, FL 34142
Phone: (239) 322-0917 Fax: (239) 658-5148
Board Certified: Internal Medicine



Jaime Khemraj, MD

Healthcare Network
1454 Madison Ave W
Immokalee, FL 34142
Phone: (239) 658-3000
Board Certified: Family Medicine



Paula Lopez Valero, MD

Hobdari Family Health
1855 Veterans Park Dr Ste 201
Naples, FL 34109
Phone: (239) 260-1033 Fax: (239) 260-1491
Board Certified: Family Medicine



Adam Skipper, DO

Orthopaedic Surgery
Neuroscience and Spine Associates
7273 Vanderbilt Rd Ste 33
Naples, FL 34119
Phone: (239) 312-7878 Fax: (866) 914-4440
Board Certified: Family Medicine



Patrick Collalto, MD

Retired

Reinstated Members:

Carlos Aguirre, MD

Internal Medicine
NCH Medical Group-Hospitalists
11190 Health Park Blvd
Naples, FL 34110
Phone: (239) 552-8617

Marc Colton, MD

Urology
Precision Healthcare Specialists
400 8th St N
Naples, FL 34109
Phone: (239) 423-7140 Fax: (239) 423-7210

Robert Cubeddu, MD

Cardiovascular Disease
NCH Heart Institute
399 9th St N Ste 300
Naples, FL 34102
Phone: (239) 624-7400 Fax: (239) 624-7401

Moses Shieh, DO

General Surgery
Surgical Healing Arts Center
6150 Diamond Centre Ct Ste 1300
Ft Myers, FL 33912
Phone: (239) 344-9786 Fax: (239) 344-9215

Practice Updates:

Mark Liberman, MD

Liberman Advanced Surgical
New Address: 1890 SW Health Pkwy Ste 201
Naples, FL 34109

Hiranya Rajasinghe, MD

The Vascular Group of Naples
New Phone: (239) 216-8822
New Fax: (239) 743-3510

Stephen Thompson, MD

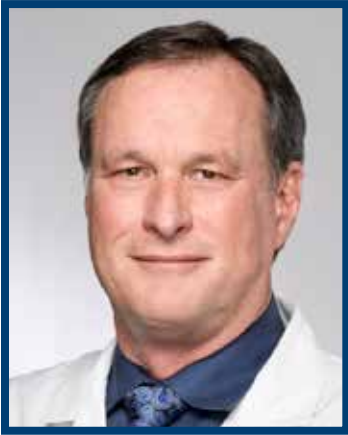
Retired from practice 12/31/23
Patient records: A Woman's Place (239) 513-0053

Ruta V Totoraitis, MD

Joined Practice: NCH Medical Group
311 9th Street N #110
Naples, FL 34102
Phone: (239) 624-4286

A Message from the CCMS President

Gary Swain, M.D., Board President



I recently watched a local news segment that discussed breast cancer. The data, obtained from the American Cancer Society (ACS), stated that African American women typically develop breast cancer at a younger age, have a later stage at detection, and have a higher mortality from breast cancer than their Caucasian American peers. The cause that was suggested for this difference

was systemic racism. Could this reasoning be valid? According to the Centers for Disease Control and Prevention (2022), African Americans are just as likely to be diagnosed with breast cancer but are almost 40% more likely to die of breast cancer than their Caucasian American peers. I must admit that at first, I found the conclusion of this news segment insulting to me because I have always strived to treat all my patients equally. There seems to have been similar responses during a Collier County Medical Society continuing education meeting on understanding cultural differences among the Haitian and Hispanic patients that we treat. Some of you may remember there was some heated discussion when it was inferred that physicians were racist.

What triggered my response to the term of racism? I spent over twenty years in the military, where we were taught to recognize implicit and explicit bias. My past training suggests that you may not be able to eliminate these biases, but you can identify and overcome your reaction to them. Is it the term racism that is the problem? I believe this to be an overused and very divisive term. Considering genetic, cultural, and environmental factors is far more acceptable to me. We know that some cultures are suspicious of Western medicine. This belief may lead to less willingness to participate in testing and screening.

On further examination, I found that I was confusing interpersonal racism, which is racism that would occur between me and my patient, with systemic racism, which is more structural in nature. The ACS suggested that the components of systemic racism that contributed to this increase in mortality included socioeconomic differences that are linked with having more risk factors for cancer and less access to high-quality and timely cancer prevention, early detection, and treatment. They felt that the primary cause was inadequate health insurance.

I worry that many conclude systemic racism is the cause of the inequities in health and outcomes for many conditions without considering other factors. Is access to appropriate fresh and healthy foods part of the environmental influences in increased health inequity? We know that obesity leads to a higher risk of at least 11 forms of cancer. Do cultural food preferences increase obesity and, therefore, cancer and heart disease risk in our most vulnerable populations? We can all agree that

many communities need better access to healthy choices and extensive education.

I can remember from medical school being taught that African American males had a higher incidence of prostate cancer than Caucasian Americans. I can also not forget that hypertension in African Americans responded differently to ACE inhibitors than Caucasian Americans. I question what portion of these differences is related to systemic racism vs genetic, cultural, or environmental effects. I remember that colon cancer was not common in Africa, but once African Americans came to the U.S. and adopted Western diets, the colon cancer rate increased. In fact, African American patients have the 2nd highest incidence of colon cancer in the U.S. compared with all other races. They see a 20% increased incidence compared to Caucasian Americans and have a 44% increased risk of death from colon cancer.

The American Cancer Society suggested that lack of health insurance significantly deters healthcare screenings in the United States. While global health insurance is currently unavailable, we can increase the efforts in Collier County by supporting organizations such as the Physician Led Access Network (PLAN) and the Neighborhood Health Clinic that provide quality medical care to vulnerable populations. Fresh foods are also available and provided to diverse populations free of charge through organizations such as the Harry Chapin Food Program, WINK News 1 million meals program, and religious organizations.

I believe the answer to my original question is that our physicians in Collier County are not interpersonally racist and continually provide the highest quality of care to the patient in front of them without consideration of their ethnic background (unless it is relevant to the care). I have strong feelings that the term racism should be used less often, if at all, due to the response it elicits in people. I believe we need to be constantly aware of our implicit and explicit biases and control them while we give the outstanding care we know we are providing. We as physicians should strive to understand the cultural differences in our patient population and attempt to overcome any reluctance by our patients to receive appropriate care. Further CME by our medical society may help to increase awareness of cultural roadblocks to care that we could overcome. We should seek opportunities to address health education for our vulnerable populations on increased genetic and environmental risk factors that they face while providing guidance on how, when, and where they can obtain appropriate health screening and available care.

CDC 2022. National Health Interview Survey. Interactive Summary Health Statistics for Adults – 2021. https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult



67TH ANNUAL MEETING

Saturday, June 15th, 2024 | 6:30PM-9:30PM

Arthrex One Conference Center



PROGRAM OVERVIEW

Featuring the Installation of our 2024-2025 Board President & CCMS Board of Directors. Highlights include the CCMS Physician of the Year Award Presentation and special guest Dr. Jason Goldman, FMA President

6:30PM		Cocktail Reception
7:15PM		Dinner & Program

RSVP BY JUNE 7TH

Register at ccmsonline.org/events, call (239) 435-7727, email info@ccmsonline.org
Complimentary for CCMS physician members. First CCMS member guest \$25.
Additional seats \$125 each. Semi-formal Attire. OPEN TO THE PUBLIC.

SUPPORT OPPORTUNITIES

Contact CCMS at (239) 435-7727 or visit ccmsonline.org/support.

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CCMS Ad-Hoc Committee on Diversity, Health Equity, and Inclusion Aims to Improve Healthcare for our Community

Rebekah Bernard M.D., Editor



The past few years have brought fierce debate across our country about our core values and vision for the future, especially when it comes to the way we relate to people who may be different from ourselves. We have even had these discussions inside the board room at CCMS, contemplating our role as physicians and healthcare leaders. These discussions led

to the creation of the Diversity, Health Equity, and Inclusion task force, currently chaired by Dr. Shawn Khan with vice-chair Dr. Nena Korunda.

CCMS Ad-Hoc Committee Mission Statement:

"We are committed to continuing to encourage a diverse community of healthcare providers with unique perspectives, talents, and experiences dedicated to promoting excellence and leadership in medicine through education, research, clinical care, and service. We are committed to increasing awareness of the variety of healthcare disparities that exist locally and globally."

Not everyone agrees that CCMS needs a committee to address these issues. Some physicians have voiced the opinion that racism, sexism, and other forms of discrimination no longer exist, have little impact on healthcare, or are outside of our wheelhouse.

I can understand why some feel this way. Contemplating the darker side of our shared history is emotionally painful. It is more comfortable to believe that serious discrimination happened a long time ago and cannot possibly continue to impact current generations. But while Americans are freer today than ever, many continue to face adverse effects from bias, including in healthcare. While some blame structural racism and sexism, I think the issue is often implicit bias—blind spots in our knowledge and understanding of other groups of people.

Acknowledging blind spots

We all have a certain degree of implicit bias, or subconscious automatic thoughts about others that stem from our upbringing and social framing. I'm not just talking about non-minority groups: In an interview for Medical Economics, psychiatrist Brian Dixon, MD told me that he discovered during a test of implicit bias that he himself, a Black person, was biased against Black people and in favor of white people. "I already knew it," said Dixon, who grew up in a predominantly white area and attended medical school and residency with few other Black people. "My biases, like those of anyone, are a result of my environment and

the societal messaging I have received in my lifetime."

Implicit bias isn't just about gender or skin color. We often experience automatic negative thoughts about others based on cultural or religious differences, age, body type, ability, or even attractiveness. Having these thoughts does not mean that a person is inherently bad and evil. But if we fail to identify areas of implicit bias—blind spots in our knowledge and understanding of other groups of people—we risk inadvertently providing them with lower-quality care. For example, studies show that we give less pain medication to Black patients¹ and are more likely to attribute female patients' symptoms to mental health causes.² In most cases, this is not because doctors are racist or sexist, but because we are acting based on our training and previous experiences, which may include implicit bias against these groups.

Coping with powerful emotions

One of the reasons that we fail to examine our biases is because of the emotions that they can produce. These emotions can be immensely powerful, and without help in processing them, we may develop maladaptive coping mechanisms, including denial or anger. "Trauma begets trauma," Brian Dixon told me. "If we are not careful in dealing with our emotions, we can risk traumatizing others. It becomes a vicious cycle unless we learn to break it." Dixon believes that this trauma is one of the reasons that it has been difficult to have a reasoned discussion about racial issues. "We cannot even begin to have a public debate or discourse about racism when tensions are high, because traumatized people can't act in an even-keeled manner. When you feel afraid, you have a biological imperative to run away or lash out."

But Dixon and other physician experts say that the only way to move forward is to acknowledge and accept that we all have hidden bias, and then work intentionally to better understand the needs of our patients. If we overcome our discomfort, we will be more able to listen carefully and watch for cues that our patients may not be responding to treatments the way we might expect. This will allow us to dig a bit deeper to discover whether we are missing a piece of the puzzle that relates to a patient's gender, skin color, or cultural background.

I truly believe that the physicians in our community care deeply about providing compassionate, quality care to all patients, despite overwhelming obstacles in today's medical system. I'm proud to be part of a medical society that promotes open and honest dialogue about the challenges that we face in medicine, provides support for colleagues, and is continuously working to provide the best health for our community.

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4843483/>

2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2825679/>



CCMS Members: Join a Committee!

Committee membership is open to all CCMS members. For more information or to join a committee, email April Donahue, Executive Director at april@ccmsonline.org or call (239) 435-7727.

Standing Committees (per bylaws):

1. **Grievance Committee** – Review complaints from patients regarding CCMS members.
2. **Legislative Committee** – Meet with legislators to discuss policy that favors physicians and patients, be called upon to contact legislators in session as needed.

Special Committees (established by CCMS board with members and chairs appointed by president):

1. **Ad-Hoc Committee on Diversity, Health Equity, & Inclusion** – Propose methods for encouraging a diverse community of healthcare providers dedicated to promoting excellence and leadership in medicine through education, research, clinical care, and service; and increasing awareness of the variety of healthcare disparities that exist locally and globally.
2. **The Forum Magazine Editorial Board** – Review and select content for the CCMS member magazine.
3. **Health Insurance Co-Op** – Oversee the CCMS group health insurance plan (must be part of a practice that participates in the plan).
4. **Membership** – Ensure retention and expansion of CCMS membership.
5. **Physician Wellness Committee** – Oversee the management of the CCMS Physician Wellness Program.
6. **Programs Committee** – Plan events such as CME, practice management seminars, and social gatherings.
7. **Women's Health Forum** – Plan the Annual CCMS Women's Health Forum.



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Burnout, Personal Health Crisis Led Physician to 'GLOW UP'

Kathryn Tapper, M.D., CCMS Member and Founder and CEO, GLOW Coaching



The complexities of the healthcare system can sometimes make it feel like an unyielding master. I understand this struggle intimately, as both a family medicine physician and someone who has faced the complexities of chronic illness for over 20 years. Almost a decade after receiving a life-changing kidney transplant,

the need for dialysis once again loomed. I faced a crossroads where my health, career, and personal fulfillment intersected. Burnout had taken its toll, and I felt the urgency for change echoing through every fiber of my being.

My personal journey prompted a profound paradigm shift – a move from perceiving the healthcare system as the ultimate 'master' to realizing that control and agency also reside within ourselves. As physicians, we often give our all to our patients, yet we neglect the importance of self-care and introspection. It was time to redefine the boundaries that had been blurred by the demands of the profession and, more importantly, reconstruct my own framework of wellness.

Faced with the prospect of returning to dialysis, I had to forge a new path for myself by putting my health at the forefront of my priority list. Although tremendously difficult, the decision was made at that time to hang up my white coat and put up my stethoscope to focus on the most important person in my life, me. My passion for teaching and guiding patients toward holistic health optimization slowly found a new avenue – through the scope of holistic health coaching. The revelation that I was already 'coaching' my patients during their clinic appointments served as the catalyst for this venture. The overall mission is to empower women who struggle with their health to GLOW from the inside out by implementing a holistic approach to their health and lifestyle, especially those with a chronic illness who find it difficult to navigate the nuances of having a diagnosis.

Embarking on this journey of self-prioritization and healing was both liberating and daunting. Stepping into the unknown and trusting the process has been no easy feat. However, the potential for aligning my work with my passion and taking control of my health ignited a newfound energy.

In the quest to thrive beyond burnout, it's crucial to explore and adopt a holistic approach to personal wellbeing. Redefining our value systems, clarifying boundaries, and fostering resilience

are not just professional strategies; they are fundamental to maintaining our physical, mental, emotional and spiritual health.

To navigate the complexities of burnout, we must distinguish between busyness and productivity. In doing so, we amplify efficiency while enhancing overall wellbeing. It's about reclaiming our agency, acknowledging our limitations, asking for help, and realizing that self-care is not a luxury but an everyday necessity.



As physicians, we are not immune to the pressures of our profession, but we must recognize that our personal responsibility extends beyond patient care. Introspection becomes a powerful tool for maintaining balance and preventing burnout, especially amidst the skewed healthcare system. By intentionally investing in our own wellbeing,

we not only safeguard our ability to care for others but also set an inspiring example for our families, colleagues and the healthcare community at large.

The journey to holistic wellbeing is ongoing, and it requires a commitment to continuous growth and self-discovery. As we embrace change on both the individual and systemic levels, we pave the way for a healthcare environment where physicians can thrive, celebrate their contributions, and find fulfillment beyond the demands of the profession.

In essence, the path to thriving beyond burnout involves putting the pieces of the puzzle together – acknowledging the challenges, accepting change, and realizing that our potential for impact extends far beyond the confines of the workplace. It's a journey of self-discovery, resilience, and empowerment – a journey that begins within us. Despite all of its obstacles, there is promise of a more fulfilling and sustainable medical culture as we work together, move forward and build each other up.

Remember to take the time to celebrate yourself and know that you don't have to allow the hamster wheel to take control of you but that you are the master of your wheel, of your life, and of your destiny!



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CCMS Call for Officer Nominations

Nena Korunda, M.D., Chair, CCMS Nominating Committee



The 2024 Collier County Medical Society nominating committee will present its slate of CCMS officers for 2024-2025 to the CCMS membership this spring, at least 30 days prior to this year's annual meeting, which is scheduled for June 15th.

The nominating committee would like to invite CCMS members in good standing to submit candidates for review by the committee. According to CCMS bylaws, candidates proposed by a CCMS member to the committee must be proposed in writing, including qualifications, at least 60 days before the annual membership meeting (April 16th). Nominations from the floor at the annual meeting are also accepted from a member in good standing and with the consent of the nominee.

The officers of this Society shall consist of a president, vice president, secretary, treasurer, and one officer/director at large. At the discretion of the nominating committee up to two additional directors at large can be nominated to the Board of Directors. The nominating committee can also present candidates for alternate delegates to the Florida Medical Association 2024 Annual Meeting, August 2-4 in Orlando.

Only active members of the Society shall be considered for office (does not include adjunct, associate, resident, retired, or honorary). Candidates for president shall have served a minimum of one year on the Board of Directors. Candidates for vice-president shall have served either on the Board of Directors or chaired the PAC or a committee for one year. Those elected shall assume office at the close of the annual membership meeting for a term of one year.

To submit your nomination(s), send the nominee information by Tuesday, April 16th to executive director April Donahue via email to april@ccmsonline.org, fax 239-435-7790, or mail to 88 12th Street N, Unit 200, Naples, FL 34102. Please note if the nominees have consented to the nomination.

Nominating Committee:

Nena Korunda, M.D., Chair
Erik Hiester, D.O.
Zubin Pachori, M.D.
Yaritza Perez-Soto, M.D.
Sonal Sura, M.D.

Board of Directors 2023-24:

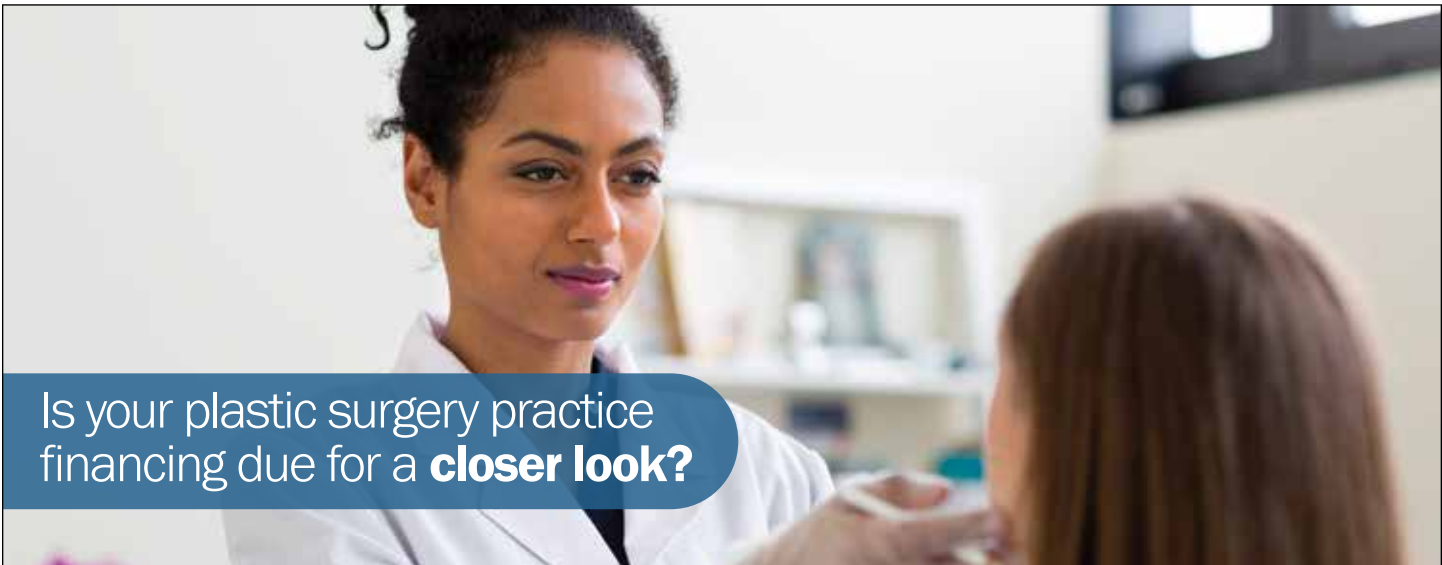
Gary Swain, M.D. – President
Zubin Pachori, M.D. – Vice President
George Brinnig, M.D. – Treasurer
Jose Baez, M.D. – Secretary
Glenn Groat, M.D. – Officer/Director at Large
Rebecca Smith, M.D. – Immediate Past President
Alexandra Grace, D.O. – Director at Large
Erik Hiester, D.O. – Director at Large

FMA Delegation 2023:

Gary Swain, M.D.
Jose Baez, M.D.
George Brinnig, M.D.
Alexandra Grace, D.O.
Glenn Groat, M.D.
Erik Hiester, D.O.
Zubin Pachori, M.D.
Rebecca Smith, M.D.
Alternate Delegates:
Rafael Haciski, M.D.
Rebecca Witherell, M.D.



CCMS Board of Directors at 2023 CCMS Annual Meeting:
Drs. Gary Swain, Zubin Pachori, George Brinnig, Jose Baez, Glenn Groat, Alexandra Grace. Not pictured: Dr. Rebecca Smith, Dr. Erik Hiester.



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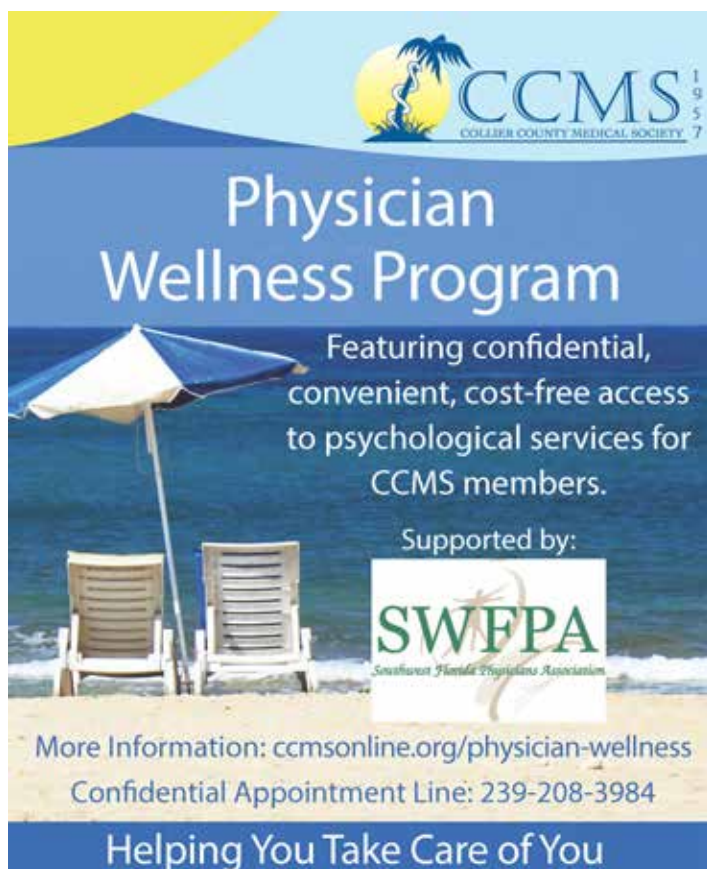
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CCMS Legislative Advocacy: Serving our Members and their Patients

Collier County Medical Society



CCMS is constantly focusing on major areas of concern to our physician members while monitoring the political and business climate. Advocacy is one of our core values, and our efforts locally, statewide, and nationally address critical issues on behalf of physicians and patients.

CCMS sends a delegation to the FMA House of Delegates each year where FMA policy is formed and a strong legislative agenda is created. We meet with our legislators to advocate for members and their patients and provide important commentary and information to the press. The CCMS Political Action Committee (PAC) supports the campaigns of physician & patient-friendly candidates at local and state levels with contributions from our members and their spouses.

CCMS members may join the CCMS Legislative Committee to assist with our advocacy efforts, and CCMS members and spouses are encouraged to contribute to the CCMS PAC. Call CCMS at 239-435-7727 or email april@ccmsonline.org for details.

What is the CCMS PAC?

To pass laws that protect patients and support the medical profession, physicians need strong allies among local and state elected officials. The CCMS Political Action Committee was created to help elect candidates to local and state offices who are aligned with CCMS healthcare advocacy policies. The CCMS PAC can donate to political campaigns, while CCMS itself cannot.

The CCMS PAC solicits voluntary contributions from physicians, their spouses, medical students, and resident physicians to research, interview, and support the election of medicine-friendly candidates.

Is the CCMS PAC non-partisan?

Yes. The CCMS PAC can support pro-medicine candidates of any political parties. The CCMS PAC works closely with CCMS physician members and medical societies from around the state to identify pro-medicine candidates as they seek elected office.

Who can contribute to the CCMS PAC?

Anyone who wishes to support medicine-friendly candidates, including physicians, their spouses, medical students, and resident physicians can support the PAC. The suggested contribution is \$100 annually. Contribute at ccmsonline.org/membership/#dues (note: PAC Contributions are not tax deductible).

When you contribute to the CCMS PAC, you help make Collier County and Florida a better place to practice medicine by helping pro-medicine candidates get elected. Your dollars help ensure that physicians have a voice in government, which is vital in passing pro-medicine legislation and defeating harmful bills.

Who serves on the CCMS PAC Board?

The CCMS PAC Board is comprised of physician leaders from around the county, one CCMS Alliance member, and the CCMS Executive Director. Current Board Members:

Rolando Rivera, MD – Chair

Catherine Campbell

April Donahue

Julian Javier, MD

Catherine Kowal, MD

Mitchell Zeitler, MD

Whom do I contact for more information?

Contact CCMS Executive Director, April Donahue, 239-435-7727 or april@ccmsonline.org with questions or to donate. We can also forward questions to any of the PAC board members.

Upcoming Election Dates

Presidential Preference Primary – March 19, 2024

Primary Election Day – August 20, 2024

General Election Day – November 5, 2024

Find Your Elected Officials

Collier County: colliervotes.gov/Candidates/Current-Elected-Officials

Lee County: lee.vote/Elected-Officials

Voter Registration Details

Collier County: colliervotes.gov/Register-to-Vote/Registration-Application

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Senate President Kathleen Passidomo with Dr. Rafael Haciski at the 2017 CCMS Annual Meeting

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Rebekah Bernard, M.D., Editor
George Brinnig, M.D., Associate Editor
88 12th St N, Unit 200
Naples, Florida 34102
Ph. 239-435-7727
Fax 239-435-7790
E-mail info@ccmsonline.org
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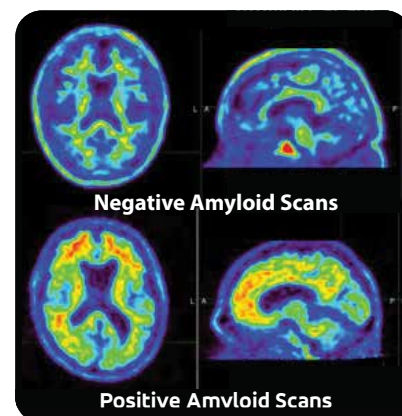


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