



Climate Change: A Clear and Present Threat to Tampa Bay

The
Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
September/October 2017



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November 7, 2017

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Academy at the Lakes	10	HCMA Strategic Plan	21
Arcade Professional Center	28	★The Legatus Group	7
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Fred Bearison, MD	Card Shop	Timothy J. McIntosh	22
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Century 21 List with Beggins	11	Kevin Napper, P.A.	9
Jacob Real Estate Services	10	★Precision Diagnostics	Card Shop
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★First Citrus Bank	Inside Back Cover		
★Florida Healthcare Law Firm	13	Card Shop	30
★Florida Rx Card	Card Shop	Classified Ads	28

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To submit an article, letter to the editor, or a photograph for *The Bulletin* cover, please contact Elke Lubin, Managing Editor, at the HCMA office. All submissions will be reviewed by Bulletin Editor, David Lubin, M.D. We encourage you to review *The Bulletin's* "Article Guidelines" which can be faxed or emailed to you.

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ABOUT THE COVER

With Hurricane Irma behind us, the Tampa Bay area can heave a collective sigh of relief. While many members of our community lost power, water, and sustained some damage it certainly could have been a lot worse – as originally predicted. The cover photograph depicts a map of Tampa under a five-foot sea level rise; the flooded areas are blue. This should be a wake up call for intense planning. Cover photo attribution: *Architecture 2030* (<http://architecture2030.org>)



Departments

- 26 Personal News
- 27 New Members

Features

- Guest Editor's Page 6
Climate Change – A Health Crisis Call to Action
Lynn Ringenberg, MD
- Our Planet
- Have Fun in the Water, but Dangers Lurk** 8
Sandra G. Gompf, MD, FACP, FIDSA
- Rising Thermometers – Impacts on Health** 12
Marybeth Dunn, MPH & Lynn Ringenberg, MD
- Safe Water: Critical to Health** 15
Samantha Johnston
Deborah Trehy, MD
- The Impact of Climate Change on Vector-borne Diseases** 18
Patricia J. Emmanuel, MD
- Sea Level Rise is Here, Tampa Bay!** 20
Thomas Crisman, PhD
Donald Mellman, MD, MPH, MBA, FACS, FAANS
- HCMA Member Benefits A Testimonial** 23
Lisa M. Smaga
- LOL with LTM** 28
- Photo Gallery**
- Membership Dinner, September 26, 2017** 16
- USF MCM Medical Student Mixer, August 2, 2017** 23
- FMA Annual Meeting, August 4-6, 2017** 24

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Guests Editor's Page

Climate Change - A Health Crisis Call to Action

Lynn Ringenberg, MD
ring46@me.com



In 2009, *The Lancet's* landmark Health Commission stated, "Climate change is the biggest global health threat of the 21st century." The American Medical Association (AMA) and American Academy of Pediatrics (AAP) have recently stated that health is inextricably linked to climate change, and that clinicians need to understand this relationship to better recognize

and anticipate climate-associated health effects, and advocate for health-protective public policy. The Medical Society Consortium on Climate & Health (<http://www.climatehealthconnect.org/>), representing over half the doctors in the country, is "sounding the alarm that the ultimate danger of climate change is that it poses a danger to the health of every American now and in the future." Doctors are championing public understanding, along with building support for climate change solutions. We must advocate for changes in our communities right now – including measures like energy-efficient design, more green space, cleaner and improved public transportation, safer areas to walk and bicycle, renewable energy (like solar and wind), and climate resilience policies in our communities.

I've spent the past ten years with a group of physicians and other health professionals, Physicians for Social Responsibility (PSR), from across the country learning how our changing climate is affecting public health, while advocating for solutions at the local, state, and national level. My colleague-authors and I are honored to share with you our expertise and interest by covering relevant topics that are impacting health in the Tampa Bay region today and providing resources to help you address these impacts with your patients and in your community.

As worldwide patterns of temperature, precipitation, drought, sea level rise, and weather events change, the delicate balance of climate and life is disrupted, with serious impacts on our infrastructure, agriculture, food, water sources, and health. Climate change impacts affecting health include potentially lethal heat waves, worsening air quality, extreme storms, more flooding, the spread of vector and waterborne diseases to previously unaffected regions, drought, water contamination,

population migration, mental health issues to include strains on social relationships, substance abuse, post-traumatic stress disorder, and an increase in social instability leading to increased violence and crime as community cohesion decreases. As with many health-related issues, children, the poor, the elderly, those with disabilities and chronic health problems, the socially isolated in our communities, and those with a weak or impaired immune system are especially vulnerable.

I am grateful to the Hillsborough County Medical Association for giving me the opportunity to be "guest editor" for this edition of *The Bulletin*. I'd like to thank my Tampa Bay health professional colleagues who have shared their interest and expertise in climate change and health, they include retired physicians, a colleague in the USF Department of Integrative Biology, practicing physicians with expertise in infectious diseases, and a young Bachelor of Science in Marine Biology colleague and Tampa native, who stated "*I have made my passion to be a steward and a voice for this declining planet we live on.*" A special thanks to Marybeth Dunn, MPH, a board member and co-founder of PSR/Florida (<http://psrflorida.org/>) who helped me review and edit the articles. We hope you find value in the articles which focus on individual and community health impacts from sea level rise, waterborne and vector-borne diseases, extreme heat, and water quality. As noted above other climate hazards are having a significant impact on health today, and we trust the references listed will direct you to learn more about this healthcare crisis.

The threats are great, and the time to act is short, but by amplifying our voices, as trusted health professionals in our practices, hospitals, communities, and policy arenas, we can help turn the tide for a healthier, just, and more peaceful world.

In Good Health,
Lynn

Lynn Ringenberg, MD, an HCMA member, is an emeritus professor of pediatrics at USF Health and board member of PSR/

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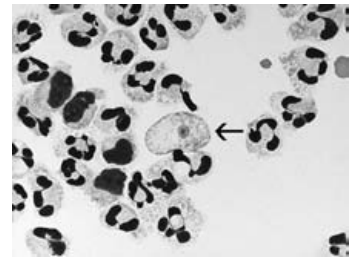
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Our Planet

Have Fun in the Water, but Dangers Lurk

Sandra G. Gompf, M.D. FACP, FIDSA
amoebaseason@gmail.com



Blessed with beaches, springs, and natural beauty, Florida entices visitors and residents to cool off in its blue-green waters. Population, the Gulf Stream, trade winds, and the temperature fluctuations of El Niño/La Niña play major roles in shaping our weather year to year. It's hard enough to predict our weather tomorrow and harder to tease the effects of global warming, but for most of us, summers

are noticeably longer, and winter is milder than ever. Because Florida offers ideal outdoor recreation, longer, hotter summers may trigger more water and heat-related infections.

In 2009, when our kids asked to go wake-boarding in Polk County with cousins, I worried. My husband is a pediatric hospitalist, I'm an ID specialist, and I'd had concerns about climate affecting recreational water illness. They loved nothing better than enjoying Florida's outdoors with family. So, we let them go. Just after turning ten, five days after that beautiful day, our middle child developed a headache. Within four days, my smart, beautiful boy was brain-dead. It would be a month before autopsy results stunned us: primary amoebic meningoencephalitis (PAM). His last trip to the lake had killed him. Autopsies are rare these days. I suspect victims of PAM die undiagnosed. We wouldn't have known (Lifelink paid for ours, most are out-of-pocket). Most cases mimic bacterial meningitis and patients die within days. While infrequent enough that worries are easy to brush off, PAM is unpredictable, and exceedingly, fulminantly deadly.

Natural or poorly chlorinated water, as well as "natural pools" treated without chlorine, pose a low but real risk for PAM. Unconventional water parks can defy public health ordinances, arguing they are not "swimming pools." Last year, a young woman died of PAM after visiting a whitewater rafting park. Tests found unprecedented levels of amoebae in the water. By the time city water reaches the average faucet, chlorine levels are just high enough to kill coliforms, but not amoebae. PAM has been linked to bath water, hose water (slip-and-slide), and rinsing the sinuses or nose with tap water. Public swimming and drinking water are not routinely tested for amoebae (only Louisiana, after deaths from city water).

All patients presenting with meningitis in summer should be asked about freshwater activity. Recent cases were rapidly diagnosed by examining the spinal fluid stained for cell count—Wright-Giemsa clearly stains amoebae. Automated cell count may also report high monocytes—misidentified amoebae. Wet mount exam requires fresh, warm spinal fluid. Adding a drop of distilled water to the slide prompts movement. The CDC Emergency Operations Center should be contacted 24/7 for suspected cases at 770-488-7100. Orlando-based Profounda, Inc. supplies miltefosine for emergency use and may be reached at 407-270-7790. Our awareness site, supported by USF Health Foundation, offers downloadable material on PAM for both the public and health professionals free of charge. Visit www.Amoeba-Season.com, and follow us on Facebook by the same name. Conferences, with CME opportunities, are held throughout the year.

Summer "flesh-eating" infections and diarrheal illness are rising along the Gulf and Southeast coast of Florida. *Cryptosporidium* and *Cyclospora* can be food or water-borne and chlorine-resistant. Both are rising and cause outbreaks associated with lakes and heavily-used pools. These parasites require specific tests and treatment and should be suspected in unusually prolonged diarrhea. Incidences and invasiveness of "staph" peaks with warm temperatures in both temperate and tropical zones, including Florida. Over 60% of methicillin-resistant *S. aureus* (MRSA) are community-acquired and especially virulent. After Hurricane Katrina, over 50 cases were reported of infection from MRSA and *Vibrio*. Sudden onset of localized, unusually intense pain and progressive tissue damage are clues. Both can rapidly progress to necrotizing fasciitis, and surgical consultation is critical.

Reduce water-borne infections by bathing with soap and water before and after swimming. In addition, water should not be swallowed or inhaled while swimming, in the bath, or playing with hose water. Boil tap water one minute and cool before rinsing the nasal cavity, or buy distilled water. Nose clips may help when swimming in lakes, rivers or hot springs. Some water-skiers swear that a waterproof bandage over the nostrils keeps forceful water out. People with broken skin, impaired immunity, or liver disease should know they are especially at risk for invasive vibriosis in the summer. Home and public water recreation should maintain free chlorine levels at 1-3ppm (Note: "salt water" pool systems work by generating free chlorine). The

(continued on page 10)



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Dangers Lurk (cont. from page 10)

national Model Aquatic Health Code offers free, science-backed, best-practice guidance by aquatics industry experts and public health for design of recreational facilities. I strongly encourage physicians, engineers, entrepreneurs, and legislators to familiarize themselves with these guidelines and promote their use.

Sandra G. Gompf, M.D. FACP, FIDSA, serves as Chief, Infectious Disease Section, James A. Haley Veterans Hospital, Associate Professor, USF Health Division of Infectious Diseases and International Medicine, and is the founder of the public awareness organization, Amoeba Season: <http://www.amoeba-season.com/>

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Our Planet

Rising Thermometers - Impacts on Health

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Marybeth Dunn, MPH

The just released 2014 National Climate Assessment reports warming is projected for all parts of the nation this century. In the next few decades, this warming will be roughly 2-4 degrees F in most areas, and even higher by the end of the century. According to the National Oceanic and Atmospheric Association (NOAA), of all U.S. deaths attributable to weather conditions, like floods, storms, from 2000-2009, 24% were heat-related.



Lynn Ringenberg, MD

The negative effects of heat on human cardiovascular, cerebral, and respiratory systems are well established. Atlanta, Miami, New Orleans, and Tampa have already had increases in the number of days with temperatures exceeding 95°F, during which the number of deaths is above average. Over 70,000 heat-related deaths occurred during the heatwave that struck Europe in 2003, and 750 people died of heat-related illnesses in the 1995 Chicago heat wave. Anyone can be harmed from increase in heat, but those working outdoors, student athletes, those living in cities (cities hold more heat and can be 2-10 degrees higher than more rural areas), people living without air conditioning, the homeless, those with impaired mobility, and those who abuse drugs and alcohol are at higher risk. People with chronic diseases like cardiovascular, neurological and respiratory issues are especially vulnerable to heat, as are children, older adults, and those taking certain medication, such as for hypertension and mental illness due to thermoregulatory issues. Pregnant women are vulnerable too, as extreme heat can cause premature birth.

Between 1997-2006, emergency room visits for heat-related illness increased by 133%. Heat illnesses are a leading cause of death and disability in young athletes. Every year, some 9,000 high school athletes are treated for heat-related problems. Foot-

ball players may feel the most heat. They are eleven times more likely to suffer exertional heat than players of all other high school sports combined. It is imperative that we speak to our children and adolescents, and their teachers and coaches, about this potential health risk, and the need to stay hydrated and follow heat index recommendations (www.nws.noaa.gov). Teaching student athletes and coaches the symptoms of heat exhaustion (headache, dizziness, tachycardia, profuse sweating, and nausea) and heat stroke (lack of sweating, red, hot, dry skin, fainting, and unconsciousness) could literally save a life.

More frequent and intense heat also has other major health consequences. Long-lasting heat waves exacerbate stress and symptoms of mental issues, increase dehydration, harm agriculture and food supply, and increase ground-level ozone, which causes serious respiratory and cardiovascular harm. Heat waves have been shown to increase violent behavior, suicide, and homicide.

Higher temperatures contribute to the formation of harmful air pollutants and allergens. Ground-level ozone is projected to increase in the 19 largest urban areas of the Southeast, leading to an increase in deaths, a rise in hospital admissions due to respiratory illnesses and emergency room visits for asthma, lost school days, and an increase in premature deaths. Assuming no change in current methods of energy production, we can expect an additional 1,000 - 4,300 premature deaths from ozone and particulate matter pollution health effects. Hillsborough County received a grade of "F" by the American Lung Association in their 2017 "State of the Air" report for high levels of ozone (smog). This is unacceptable; we have to do better for our community, our patients, and our families.

As physicians we can advocate for community efforts and policies to expand green space, promote clean alternative energy, plant more trees, establish heat monitoring and warning systems, set up cooling areas, like in libraries, for the homeless or others without air conditioning, and create social support networks across vulnerable populations.

(continued on page 14)

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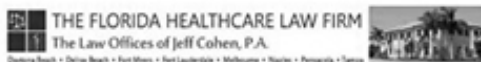
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Rising Thermometers (continued from page 12)

For our patients we can provide anticipatory guidance to ensure they are educated on ways to reduce heat-related health risks such as wearing a wide brim hat and loose fitting clothes, staying in the shade, limiting outdoor activities during peak hours, staying hydrated and limiting caffeine and alcohol, and knowing the signs and symptoms of heat exhaustion and stroke.

We will all live better on a cool, green, and healthy planet!

Marybeth Dunn, MPH, Board of Directors, Physicians for Social Responsibility/Florida, <http://www.psrflorida.org/>.

Lynn Ringenberg, MD, an HCMA member, is an emeritus professor of pediatrics at USF Health and board member of PSR/Florida, immediate past-president of national PSR, and a retired US Army colonel.

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Safe Water: Critical to Health

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Samantha Johnston



Deborah Trehy, MD

Tampa Bay, Florida's largest open-water estuary, has had a rollercoaster history when it comes to the health and safety of those who call this beautiful area "home." In the 1950s, it was common practice for facilities and organizations to dump untreated sewage into our waterways. Since then, with the aid of national regulations like the Clean Water Act of 1972, Tampa Bay has made a remarkable comeback with gains in water quality, seagrass recovery, and fish and wildlife populations, which all play a critical role in the continued vitality of our ecosystems, our health, and the success of our state. Today, Tampa Bay faces an even more insidious issue: global climate change. As climate change worsens, changing precipitation patterns, rising water temperatures, and more frequent and intense storms can bring negative impacts to human health and the environment.

The Organization for Economic Cooperation and Development found that Tampa and St. Petersburg together were among the ten cities with the most property at risk to wind damage and coastal flooding from storm surge. This is without calculating the effect that rising seas could have. Fifty percent of citizens in Tampa Bay live in areas that are less than ten feet above sea level. In general, sea level rise can make a big impact on flooding, making the effects of storm surges and flooding worse in the future. There is no scientific evidence available today to suggest that sea level rise will stabilize.

Surface and sub-surface freshwater sources, already in short supply for urban areas and agriculture, become contaminated if too much salt water is introduced via sea level rise, storm surge, and flooding. The city of Hallandale Beach, FL, has already abandoned six of their eight drinking water wells due to saltwater intrusion. According to the latest National Climate Assessment, the net water supply availability in the Southeast is expected to decline over the next several decades.

Floodwaters not only carry toxins and other contaminants but can also overwhelm sewage systems, causing untreated sewage to flow directly into waterways. Contamination of drinking water by bacteria, viruses, and protozoa can trigger outbreaks of waterborne disease like legionella, campylobacteriosis, and cholera. Warmer water temperatures also promote the growth and reproduction of these diseases. Just last year, the air turned toxic when blue-green algae (cyanobacteria) clogged the waters of St. Lucie River and its estuary. This algae bloom caused overpowering noxious smells which resulted in some people experiencing burning eyes, headaches, respiratory problems, rashes, and flu-like symptoms. A 2015 study by Ohio State scientists identified the St Lucie, Indian River, and Okeechobee counties as some of the hotspots in the U.S. for the coincidence of algae infestations and non-alcoholic liver damage.

Further research has shown that we cannot only fall victim via direct contact with contaminated water, but also indirectly through the food chain. During toxic blooms, consumption of fish, shellfish, and other marine delicacies contaminated with toxins can cause neurological damage, respiratory harm, skin irritants and diarrhea. Scientists say that we can expect our current systems for drinking water, wastewater, and storm water to fail at the structural level due to either storm damage or deteriorating infrastructure, causing flooding and further spreading of pollutants.

Globally, flooding is the most common and widespread disaster; killing the greatest number of people annually. A National Science Foundation study revealed that Monroe county (which encompasses the FL Keys) is skating by with 91.4 percent of its inhabitants living in a flood zone. How long is it going to be before the Keys are the latest underwater tourist attraction, and Tampa Bay is the new permanent flood zone to avoid? With so many factors at play as our planet warms, it seems almost impossible to initiate a call to action, but as health professionals we have an ethical and moral responsibility to protect the health of future generations, so this must be done; there is no time to waste.

We can begin to make an impact by taking small steps such as

(continued on page 19)

Photo



Drs. Pamela Baines and Yumeng Zhang.



Dr. Craig Berger, Elizabeth Cook (1st year medical student), Melissa Berger, Dr. Karin Hotchkiss, and Rachel Cataldo (1st year medical student).

Irma couldn't keep us down! She did have us del *Making our Members Laugh Again!* HCMA's spec the Chief/We're Not Gonna Take It!" with his sec some presidential banter but also by lightly roasting

Many thanks for the generosity and support of ou Diagnostics, and longtime supporter, Tampa Gen



Dr. Thomas Bernasek, Tammy King, Mr. President, Mayor Dick Greco, and Dr. Linda McClintock.



Drs. Kriston Kent, Abe Marcadis, and Edward Farrior.



Dr. Madelyn and Bill Butler, Mr. President, Dr. Catherine Cowart and Randy Luzier.



Dr. Joseph Brown (center) and his medical student mentees!



Dinner sponsor, Mr. John Couris, the new CEO of Tampa General Hospital, welcomed everyone to the meeting.



HCMA volunteer Marley and Eli R.



Mr. President presented Dr. Fred Bearison (HCMA President) with a POTUS bobble head.



Dr. Robert and Susan Isbell with Dr. Wilfred and Yvonne Daily.



Dr. Alejandra Kalik and D

Gallery

lay our membership dinner, but that did not stop us from special guest, “Mr. President,” entered the ballroom to “Hail to the Chief” service detail in tow. He entertained us not only with his presence but also with several HCMA leaders!

our dinner sponsors, our newest Benefit Provider, Precision Diagnostics, and Tampa General Hospital, for making the evening possible.



Dr. Luis Menendez, Dr. Panos and Helen Vasilouides, their son, Kritos Vasilouides (1st year medical student), and Dr. Michael Wasyluk.



Drs. Jairo Parada, Lazaro Hernandez, Rodolfo Eichberg, J.J. Diaz, and Morris Hanan.



Shannon Lynn, Dr. Jack Kain, and Nick Simoni, representing Precision Diagnostics, HCMA's newest Benefit Provider, stated they were pleased to co-sponsor the dinner and look forward to a valuable partnership with the HCMA.



Precision Diagnostics: Shannon Lynn (FL Outside Sales), Sam Paish (Field Support Specialist), Nick Simoni (Regional VP), and Dr. Jack Kain (Clinical Toxicologist).



Membership Dinner sponsors Tampa General Hospital was well-represented! TGH's new President and CEO, John Couris, is seated in the center.



er, Samantha Johnston, with Drs. Janet and another man.



Mr. President with the HCMA staff: Kay Mills (Event Coordinator), Elke Lubin (Executive Assistant), Jean Repass (Bookkeeper), and Debbie Zorian (Executive Director).



Dr. David Lubin was MAD about Mr. President.



Dr. Glenn and Carole Hooper.



Mr. President remarked on the outstanding attendance of at least 800 people, with thousands hoping to get in.

The Impact of Climate Change on Vector-borne Diseases

Patricia J. Emmanuel, MD
pemmanue@health.usf.edu



The photos are striking: term-born, well-developed infants with severe microcephaly and blank stares, held by young mothers whose faces are full of sadness, concern and resolve. Two years ago, Zika virus burst onto the scene first in Brazil and then spread across the Caribbean. This flavivirus was first described in Uganda in 1947. It was globalization and international

travel, not climate change, that likely set the infection in motion in South America. The climate, however, was a perfect catalyst.¹ It is notable that 2015 was the hottest year on record for South America. The warm, wet conditions associated with El Niño provided the perfect environment for mosquitoes to breed and for the Zika virus to spread across Brazil and infect over one million people in that country alone.²

Vector-borne infectious diseases account for significant morbidity and mortality, and climate change increases their threat to global health. Increased environmental temperatures enable mosquitoes to broaden their geographic range and accelerate their reproduction.³ Warmer temperatures can also impact the tick population which is another important disease vector. The global average temperature has increased by 0.6°C since the late 1950's, a rate faster than that recorded in previous centuries. One estimate predicts that if the temperature increases by 2-3°C, the global population at risk for malaria will increase by 3-5%.³

The major mosquito-borne diseases currently endemic in Florida are Eastern equine, St. Louis, and West Nile encephalitis. The emerging viruses that cause dengue, chikungunya, and Zika fevers are of major concern since these pathogens have caused multiple outbreaks in South America, Puerto Rico, and the Caribbean and are endemic to those areas. Zika is a flavivirus similar to dengue and yellow fever viruses, while chikungunya is an alphavirus; all these viruses have overlapping symptoms. In 2014, there were several outbreaks of local chikungunya in Florida, and in 2017 there were four cases of locally transmitted Zika virus. We are always on the lookout for autochthonous transmission (local transmission of a vector-borne disease) of these viruses. Fortunately, like dengue and chikungunya, the focal Zika outbreaks in Miami have not resulted in ongoing transmissions of virus.⁴

The major vector for Zika virus is the *Aedes aegypti* mosquito which is also the vector for yellow, dengue, and chikungunya viruses. The *Aedes albopictus* mosquito can also transmit Zika and has a much broader geographic range in the U.S.; however, it's not clear how much this mosquito contributed to the previous outbreak. In urban areas, standing water, such as is found in pails, tires, and construction sites, provides perfect breeding grounds for the *Aedes* mosquito. Increasing geographic ranges of warm, humid climates and rainy seasons create more environments for standing water.

The presenting symptoms of these viruses include fever, rash, joint swelling and pain, muscle aches, and headaches. Many cases of Zika are asymptomatic or are diagnosed as undifferentiated febrile illnesses. Diagnostic testing is available through Florida's Bureau of Public Health Laboratories. Detecting acute infection through RT-PCR is only accurate during viremia, which may last less than one week. Serology is complicated due to cross reaction between antibodies for Zika and other flavivirus like dengue; Zika virus IgM antibody can remain positive for up to twelve weeks. There are comprehensive resources on the Florida Department of Health and CDC websites which are updated regularly. The focus is on detecting Zika in pregnancy and infants due to the severe neurological complications that occur with congenital infections.⁴

In Florida, vector-borne diseases such as malaria, dengue, chikungunya, and Zika are reportable and remain real threats to our state. Among the states, Florida and Texas are at the highest risk of increased prevalence of these diseases and new emerging infections as climate change and other contributing factors evolve to set the stage for further spread. It is critical that we be vigilant as clinicians and consider these pathogens when patients present with acute febrile illnesses. Verifying infection through testing and using the resources of the state's public health laboratory and Department of Health are important. We also need to encourage our government to invest in research, surveillance, support the local and state departments of health and state laboratories, and improve mosquito control.

Finally, as trusted experts in the community we can educate students, patients, and politicians and advocate for prevention of vector-borne diseases and for increased awareness of the dangers that global warming poses for Floridians.⁵

(continued on page 19)

Vector-borne diseases (cont. from page 18)

Patricia J. Emmanuel, MD, an HCMA member, is the Lewis A. Barnes Endowed Chair, USF Health, Professor and Chair of Pediatrics, and Infectious Disease specialist.

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²Yang YT, Sarfaty M. Zika virus: A call to action for physicians in the era of climate change. *Preventive Medicine Reports*. 4:444-446, 2016.

³Rossati A. Global warming and its health impact. *Int J Occup Environ Med* 8:7-20, 2017

⁴Florida Health. Mosquito-borne and other insect-borne diseases. <http://www.floridahealth.gov/diseases-and-conditions/mosquito-borne-diseases/index.html> Accessed 7/2/2017.

⁵Friedrich MJ. Medical community gathers steam to tackle climate's health effects. *JAMA*. 317(15):1511-1513, 2017.

Safe Water (cont. from page 15)

reduce, reuse, recycle. Use a reusable water bottle. Turn off the water when brushing your teeth or doing the dishes. Don't use fertilizers or pesticides on your lawn, especially during the "rainy season." These are great first steps, and something we can teach our kids and our community, but we can't stop there.

Get involved, let your elected officials know you want health protective policies and hold them accountable to their promises. Visit: <http://www.psr.org/environment-and-health/climate-change/results-impacts/climate-change-contaminates.pdf> for more information.

Join an organization or group that works to stem climate change, fight for the cause and be a voice. One ripple can become a wave...be a part of the wave to keep our water clean and sustainable.

Samantha Johnston is a strong advocate for environmental conservation, and has been for as long as she can remember. She graduated from Florida Atlantic University with her degree in marine biology and a minor in environmental studies and has been working as an Educator at various non-profit organizations throughout the Bay area. She has made it her passion to be a steward for this declining planet and vows to leave it better than when she got here. As a Tampa native, she hopes to share truths about the alarming future of her beloved home town if action isn't imminent.

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Deborah Trehy, MD, is a retired Tampa OB/GYN, a Clinical Professor at Morsani College of Medicine, a member of Physicians for Social Responsibility, as well as other conservation societies: Ocean Conservatory, Sierra Club both local and national, National Resource Defense Council, Greenpeace, and World Wildlife Fund. She is also a member of Planned Parenthood, ACOG, HCMA, FMA, and AMA.

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<https://www.nrdc.org/resources/feeling-heat-florida-global-warming-local-level>

Sea Level Rise is Here, Tampa Bay!

Thomas Crisman, PhD
tcrisman@usf.edu

Donald L. Mellman, MD, MPH, MBA FACS, FAANS
dmellmanmd@gmail.com



Thomas Crisman, PhD

Tampa is the poster child for coastal cities threatened by sea level rise. The World Bank in 2013 listed the ten cities most at risk from sea level rise. Five of those were in the United States with Miami the most threatened, followed by New York, New Orleans, Tampa, and Boston.

The current global rate of sea level rise is estimated at 1.8 mm/yr and slightly higher (2.3 mm/yr) in the semi-enclosed Tampa Bay.



Donald L. Mellman, MD

Prediction of coastal responses to sea level rise is complicated. Climate change reflects variability in both temperature and precipitation. Coastline configuration, including elevation above sea level, isolation from the sea and landward slope dictate the magnitude and extent of local responses.

In anticipation of progressive sea level rise and the often interactive impact on both natural environments and the human built environment, the following issues are considered key concerns for citizens of Tampa Bay and surrounding coastal areas.

ECOSYSTEM IMPACTS

Coastal Wetlands. The projected increasing sea level rise of 38 cm by 2080 will destroy 22% of coastal wetlands globally. The greatest loss of tidal wetlands has been observed around the Gulf of Mexico, Venice Lagoon, and Chesapeake Bay.

Coastal Forests. The 15 cm rise in sea level observed over a 70 year period ending in the early 1990s resulted in a 30% loss of pine forest on the Florida Keys. Significant loss of coastal forests has been reported on the west coast of Florida from sea level rise and associated tidal surges.

Coastal Rivers. With increased sea level, tides will extend farther upstream. Thus tidally influenced freshwater river sections will experience reduced discharge, resulting in long-term flooding of surrounding lands and development of freshwater wetlands.

Migratory Birds. Tampa is one of the most important staging areas for migratory birds prior to crossing the Gulf of Mexico. Without high quality feeding grounds, they will not have energy to cross successfully, and will perish. Migratory song birds avoid the Tampa metropolitan area, instead concentrating north of the city in wetlands that are extremely sensitive to sea level rise and rainfall variability. Shore bird populations globally are threatened by loss of beaches and tidal mud flats.

HUMAN IMPACTS

Hurricanes. Hurricanes originating from West Africa form along the boundary of the Sahara Desert and the Sahel in the region of Senegal. While there are various estimates published, it is clear that boundary has moved south several hundred kilometers in recent decades. The impact on hurricane frequency and trajectories is still debated, but it is likely that more will reach the Caribbean basin rather than being deflected northward en route.

Storm Surges and Flood Risks. Storm surges are estimated to increase along the Sarasota County, Florida coast because of sea level rise and will approximate damage levels expected from hurricanes of the next higher category of storm. As noted earlier, sea level rise will reduce discharge rates from rivers and increase flooding along floodplains throughout the wet season.

Disease Vectors. Climate zone boundaries have been moving northward on the Florida peninsula, including an approximate 45 km shift in the subtropical-temperate transition in the past 30 years. This increases the colonizable area for invasive disease vectors of emerging diseases from the tropics including Zika, dengue, and chikungunya. With increased exchange of people within tropical countries, even former problems such as malaria, with 65 cases detected in Florida in 2012, are of concern. Nine potentially invasive mosquito species from Latin America have been collected in Florida, including two collected in 2017.

Urban Heat Islands. Progressive urban sprawl as seen in Florida can create urban heat islands that can intensify extreme climate events, especially the impact of heat waves on elderly and poor populations. Heat islands can extend breeding seasons for insect vectors common to stagnant waters within cities.

Public Health. The World Health Organization estimated that impacts of climate change on human health and agriculture are

(continued on page 22)



An Update from Your HCMA Leadership

A 2017-2020 Strategic Plan has been developed by the HCMA Leadership to add value to membership and support the relevance of the Association.

***New HCMA Mission Statement:
Advocating for physicians and the health
of the communities we serve.***

Strategic Plan Top 3 Preliminary Goals



Membership Committee

Objective: Develop and implement a plan to demonstrate the relevance of membership.

Chairman: Jayant Rao, MD
Vice Chairman: Joseph Brown, MD



Government Affairs Committee

Objective: Revitalize active programs relating to the legislative arena and strengthen relationships with the Hillsborough Legislative Delegation.

Chairman: Michael Cromer, MD
Vice Chair: Alejandra Kalik, MD



Employed Physicians Task Force

Objective: Determine the needs of employed physicians and how the HCMA can develop specific member benefits.

Chairman: Thomas Bernasek, MD

If you are interested in serving on any or all of the committees above, please contact Debbie Zorian, Executive Director, at the HCMA office: 813-253-0471 or DZorian@hcma.net.

Sea Level Rise (cont. from page 20)

responsible for 150,000 deaths per annum globally. The most important driving factors are the frequency and intensity of extreme heat events, droughts, and floods.

Economics. It is estimated that for every 1°C increase in global temperature, there will be an average of 1.2% loss of gross domestic product globally. While losses will not be uniform for all nations and regions, the economy of some Florida counties is likely to be damaged by 25-28% associated with increased energy use and coastal deterioration.

Immigration and Emigration. Globally, populations are concentrating in coastal cities, and the possibility of employment has disproportionately attracted the poor. Sadly, the poor settle in the least suitable environments, which are those areas most likely to flood. Thus, the poor will feel the full extent of climate change.

CONCLUSIONS

These selected projected impacts of climate change and sea level rise show how broad and interconnected most impacts are likely to be. Climate changes are not likely to be linear, but oscillate while still maintaining an overall set trajectory of change. This is similar to two steps forward, one step backward. The response of any point on the Florida coast is difficult to predict because the extent of sea level rise will be a function of: 1) geographic factors, including embayment and the general slope of the land; 2) rainfall regime within the watershed; and 3) annual temperature regime. Human impacts from sea level rise are fully integrated with those

of surrounding ecosystems.

While mitigation options are possible to a limited extent, adaptation to climate change through integrated management of human environments and ecosystems is the most logical scenario for dealing with sea level rise. While removal of mangroves along the coast promotes coastal erosion, healthy, intact ecosystems can buffer the impacts of sea level rise. Such ecosystems can be integrated into local economic development and the promotion of public health by waste treatment, storage of flood waters, and discouragement of disease vectors.

Adaptive management is most critical for any management scenario; it recognizes the need to re-evaluate long term sustainability for addressing sea level rise and climate change.

Thomas Crisman, PhD, Professor, Jefferson Science Fellow at the US State Department, USF Department of Integrative Biology, Department of Environmental and Occupational Health, and internationally recognized expert on water resources and their management.

Donald L. Mellman, MD, MPH, MBA FACS, FAANS, an HCMA member, was in the active practice of neurological surgery in Tampa for 26 years. Since 2007 he has cared for the indigent at the Judeo Christian Health Clinic and the Center for Family Health, and has been involved in pro bono domestic and international human rights projects. He supports his pro bono habit by doing medical-legal work.

Only one advisor in the Tampa Bay area was chosen as:

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Photo Gallery

USF Morsani College of Medicine – Medical Student Mixer August 2, 2017



The USF MCOM medical student contingency held the annual Medical Student Mixer at Bar Louie at the International Mall, to welcome the first year students and to introduce them to their upperclassmen, HCMA leaders, and HCMA administrative staff. HCMA's medical student representative on the Executive Council, Ms. Victoria Phoumthippavong, did a fantastic job organizing the event which the HCMA assists in underwriting each year. Dr. Deborah Trehy, Dr. Chris Pittman and his wife Karen, Debbie Zorian (HCMA Executive Director), and Elke Lubin (HCMA Executive Assistant) were on hand to mix with the students.



HCMA Member Benefits

A Testimonial – Workplace Violence Seminar

I attended the HCMA's Workplace Violence Seminar June 20th and took away a wealth of useful information. It was a tough subject to listen to however so important to share with my staff. In fact the following week I gave a mini presentation of the highlights that were shared by the officers, physician and attorney. As a result we have made several changes within the organization in regards to security in the building and around the premises. We re-introduced the employee assistance program, have evacuation routes established as well as first aid protocols and are better informed as how to respond to emergency personnel.

Thank you HCMA for providing the seminar as well as your willingness to address this difficult topic.

Lisa M. Smaga
Chief Operating Officer
Physicians Independent Management Services, Inc.
Practice Administrator
Ruffolo, Hooper & Associates, MD, PA

Photo

2017 FMA



Tatiana Dennison and Drs. Stanley Dennison and Jose Jimenez (HCMA Delegation Chairman).



Drs. Michael Cromer, Jayant Rao, and Eva Crooke.



Dr. Christopher and Karen Pittman.



Before all of the action, the HCMA Delegation got together for dinner at Christini's Ristorante Italiano; transportation to dinner was provided by ProAssurance, HCMA's exclusive Benefit Provider for medical malpractice insurance. One of the delegates' tables included: Dr. Joseph Rashkin, Susan Rose, Coleen Shephard, Dr. Bruce Shephard, David Goss, Debbie Zorian, Cathy Alonso, and Dr. Rahul Mehra.

Many thanks to the HCMA members who volunteered to participate in the 2017 FMA Annual Meeting, August 4-6, in Orlando: Drs. Fred Bearison, Thomas Bernasek, Madelyn Butler, Damian Caraballo, Michael Cromer, Eva Crooke, Stanley Dennison, Jose Jimenez (Delegation Chairman), Rahul Mehra, Christopher Pittman, Radhakrishna Rao, Jayant Rao, Joseph Rashkin, Nicole Riddle, Bruce Shephard, Deborah Trey, and Michael Wasyluk; also Debbie Zorian, HCMA Executive Director.

The HCMA delegation submitted three resolutions: 17-201 FMA to Encourage AMA Membership (Adopted), 17-303 Physician Payments on Same Day of Service (Referred to Board of Governors for Study), and 17-401 Delegating Prior Authorization Responsibilities to the Patient (Substitution Resolution Adopted). Contact Elke Lubin at the HCMA (813.253.0471, ELubin@hcma.net) to receive the 2017 FMA House of Delegates Final Actions.



Dr. Steve Lyons, Sue Cwiok, Tammy King, and Dr. Thomas Bernasek.



Dr. Fred Bearison flanked by his daughter, Cara, and wife, Kim.

Gallery

Annual Meeting

The HCMA Delegation is a component of the Lower West Coast Caucus, which is comprised of the Charlotte, Collier, Hillsborough, Lee, Manatee, Polk, and Sarasota county medical associations.

HCMA Delegates to the Florida Medical Association (FMA) are elected and serve three year terms. The HCMA Delegation prepares resolutions to be submitted to the FMA House of Delegates at the FMA Annual Meeting which is held each summer. If approved, resolutions may result in proposed legislation or FMA policy. The HCMA is allotted a minimum of 20 delegates and effort is put forth to fill all seats at the FMA Annual Meetings. To learn more about the HCMA Delegation, contact Elke.



Drs. Nicole Riddle and Michael Wasyluk.



Drs. Damian Caraballo and Bruce Shephard.



The Lower West Coast Caucus in full swing.



David Goss, VP of Marketing and Sales/ProAssurance, and Debbie Zorian, HCMA Executive Director.



Drs. Deborah Trey, Bruce Shephard, and Madelyn Butler.



Lower West Coast Caucus Execs: Jackie Courtney (Polk), Valerie Vale (Manatee), Lynette Drain (Sarasota), April Donahue (Collier), Debbie Zorian (Hillsborough), and Danielle Sorrentino (Charlotte). Missing from the photo is Julie Ramirez (Lee).

Personal News

In Memoriam



John Barkley Brannan, 59, passed away, July 31st, following a valiant, 20-month battle with leukemia. John is survived by his wife of 32 years, Kimberly Harvey Brannan; sons, John Barkley Brannan Jr. and Mark Harvey Brannan; and daughter, Laura Elsie Brannan. He is also survived by his parents, Carl S. Brannan, M.D. and Martha Vairin Witherspoon Brannan; his brothers and sisters, Tony Brannan, M.D. and his wife, Jane, Becky Hatcher and her husband, Steve, Carl Brannan Jr. and his wife, Beth, Vairin Tolley and her husband, Rob, and Bill Brannan and his wife, Kathryn; 16 Brannan nieces and nephews; seven nieces and nephews-in-law; and six great-nieces and great-nephews. On the Harvey side, John is survived by his brothers-in-law, Chuck Harvey and his wife, Wendy, and Rick Harvey and his wife, Janet; six Harvey nieces and nephews; three nieces and nephews-in-law; and six great-nieces and great-nephews. John also had many cousins whom he loved.

Memorial donations may be made to the John Brannan Youth Fund at Hyde Park Presbyterian Church, 1309 W. Swann Avenue, Tampa, FL 33606, or to Tampa Young Life, 3501 W. San Jose Street, Tampa, FL 33629.

In Memoriam



John Nick Laliotis, 78, of Tampa, passed away while in Greece on August 9, 2017. He was born on October 5, 1938, the son of Nikolaos and Vasiliki Laliotis. He was born in Arravonitsa, Aegion, Greece. He is survived by his loving wife of 51 years, Nota; and children, Vivian Samuel (Calvin), Nick Laliotis (Melissa), HCMA members Dr. Georgia Kane and her husband Dr. Lance Kane, Stavros Laliotis (Adriana), and Costa Laliotis; and his many cherished grandchildren. He is also survived by his sisters, Anna Andreadis (Kosta), Maria Spinoulas (Denny) and EleniPapapetrou (Kosta), his brother, Panayiotis (Vaso); and his many beloved nieces and nephews. He will be truly missed.

In lieu of flowers, donations may be made to St. John the Baptist Greek Orthodox Church Dome Restoration Fund. For full obituary and condolences visit www.blountcurrymacdill.com

Dr. Curran retires, but his name stays on at USF



The end of June marked Dr. John Curran's retirement. Dr. Curran held various positions at Tampa General Hospital, serving as the founding director of the Neonatal Intensive Care Unit from 1972 to 1987, and the chief of pediatrics at

TGH from 1992 to 2001.

He was the acting Chair of Pediatrics at the University of South Florida College of Medicine from 1987 to 1990 and then spent 1990-91 as Interim Associate Dean for Administration at the College of Medicine, got called to active duty in Desert Storm, then returned and went back to a faculty position as Professor and Neonatologist until 1996. He was then asked by Dr. Martin Silbiger to be Vice Dean at the College of Medicine and remained there from 1996 to 2017.

Pictured, children help Dr. Curran unveil the new name of Children's Medical Services, the John S. Curran, MD, Children's Health Center.

If Dr. Curran puts half as much effort into enjoying his retirement as he has all these years at USF, his retirement will be truly amazing! Best wishes, Dr. Curran!

Dr. Madelyn Butler joins Florida Commission on the Status of Women



HCMA and FMA Past President, Dr. Madelyn Butler, has been appointed to the Florida Commission on the Status of Women, a nonpartisan, 22-member board that studies issues affecting women and makes recommendations to the Governor, Cabinet and Legislature.

Dr. Butler is founder of The Woman's Group, a leading OB/GYN practice with four locations in the Tampa Bay area. She is also Immediate Past President of HILL-PAC, a member of the FMA Board of Governors, and a delegate to the AMA. Congratulations, Dr. Butler!

Personal News

Be an influence on the future of medicine!



Help send our local medical student leaders to the AMA Medical Student Section Interim Meeting, November 9-11, 2017, in Honolulu, HI. The HCMA has a very enthusiastic medical student contingency. The students understand how different the academics of medicine and the actual daily practice of medicine is.

Four USF MCOM medical students will attend the AMA Medical Student Interim Meeting in November, to represent the AMA/FMA/HCMA. Chapter funds do not completely cover the expense of travel and lodging.

Please consider making a donation - Checks should be made payable to the USF Foundation with a notation at the bottom of your check that it is for HCMA. Checks should be mailed to 12901 Bruce B. Downs Blvd. MDC 04, Tampa, FL 33612-4799. All donations are tax deductible. You will receive a thank you letter from the Foundation that you will be able to use when filing taxes. If you have any questions, please contact Kap Owens: kqowens@health.usf.edu



Photo contest winner

Last issue we challenged readers to see if they can tell us where the photo of the fountain was taken. Dr. Anthony Pizzo was the first to correctly guess the fountain was located in the Tampa Theatre. Dr. Pizzo won a \$25 gift card to Panera Bread!

New Members

Active Members

Yvonne Braver, MD
Internal Medicine
Brandon Regional Hospital
119 Oakfield Dr.
Brandon, FL 33511
(813) 619-0630
Recruited by Dr. Fred Bearison

Demetrios Konstas, MD
Neurology
Neurological Specialties
2816 W. Virginia Ave.
Tampa, 33607
(813) 870-0350
Recruited by Dr. Thomas Newman

Iswanto Sucandy, MD
Gastroenterology
Southeastern Center for Digestive
Disorder & Pancreatic Cancer
3000 Medical Park Dr., #500
Tampa, 33613
(813) 615-7030
Recruited by Dr. Alexander Rosemurgy

USF Resident Members

Sean Amirzadeh, DO
Internal Medicine

Caitlin Crowgey, MD
Psychiatry

Dae Hyun Lee, MD
Internal Medicine

Rhonda Robeel, MD
Psychiatry

Matthew Baron, MD
Pediatrics

Natalie Diaz-Cabrera, MD
Internal Medicine

Saritza Mendoza, MD
Internal Medicine

Yumeng Zhang, MD
Internal Medicine

Paula Burgos, MD
Internal Medicine

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The old man didn't budge.

The usher became more impatient. "Sir, if you don't get up from there I'm going to have to call the manager."

Once again, the old man just muttered and did nothing.

The usher marched briskly back up the aisle, and in a moment

he returned with the manager. Together the two of them tried repeatedly to move the disheveled man, but with no success.

Finally they summoned the police.

The officer surveyed the situation briefly then asked, "All right buddy what's your name?"

"Fred," the old man moaned.

"Where you from, Fred?" asked the police officer.

With a terrible strain in his voice, and without moving, Fred replied, "The balcony."

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
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
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