

Lee County Medical Society

Bulletin

Physicians Caring for Our Community



1Q 2023 • Volume 47 • Issue 1



BULLETIN

Lee County Medical Society is a Virtual Operation
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Lee County Medical Society Mission Statement

The mission of Lee County Medical Society is to advocate for physicians and their relationships with patients; promote public health and uphold the professionalism of the practice of medicine.

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Cover image of an eagle on Pine Island was taken by Dr. Ed Guttery. Members are encouraged to submit photos to be considered for the Bulletin cover. Must be large format/300dpi. Email photos to marketing@lcmsfl.org

EMAIL US A PROFESSIONAL PHOTO

Put your best face forward! Submit new headshots for use in the **2023 Pictorial Directory** by April 30th to marketing@lcmsfl.org.



CALENDAR OF EVENTS

FRI, MAR 10th
6:00pm

LCMS Cocktail Hour
United Way - Bell Tower Suite
Sponsor this event! Email marketing@lcmsfl.org

THURS, MAR 16th
6:00pm

LCMS Member Meeting
The Edison

FRI, APR 14th
6:00pm

LCMS Cocktail Hour
TBA
Sponsor: GenesisCare

SAT, APR 22nd
8:30am

5th Annual LCMS Foundation 5KRun/2KWalk
4125 SE 20th Place, Cape Coral, FL
Sponsor this event! Email marketing@lcmsfl.org

TUES, MAY 9th

LCMS Women Physicians Event
TBA
Sponsor this event! Email marketing@lcmsfl.org

FRI, MAY 12th
6:00pm

LCMS Cocktail Hour
TBA
Sponsor this event! Email marketing@lcmsfl.org

RVSP to LCMS events at www.lcmsfl.org

LCMS 2023 BOARD OF DIRECTORS

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*Otolaryngology
ENT Specialist
of FL*



**Lucia
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*Family Medicine
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Matta, DO**
*Radiology
Radiology
Regional
Center, PA*



**Ramon
Pabalan, MD**
*Emergency
Medicine*



**Magali
Van Den Bergh,
MD**
*Hematology/
Oncology
Florida Cancer
Specialists*

MEMBERS AT LARGE

EX OFFICIO MEMBERS

Stuart Bobman, MD

Julie Ramirez, CAE

Shane Geffe, MD

MEMBER NEWS

NEW OFFICE LOCATIONS

Dr. Sarah Eccles-Brown is working for Gorovoy Eye Specialists,
12381 S. Cleveland Ave., # 300, Ft. Myers, FL 33907

Dr. Claudio Ferreira is working with Centers for Vision,
4755 Summerlin Rd., Ste. 1, Ft. Myers, FL 33919

Dr. Tom Hong is working for Kagan, Jugan & Assoc.,
3400 Lee Blvd., #10, Ft. Myers, FL 33971

NEW RETIREES

Dr. Michael H. Weiss
Dr. Mary Yankaskas

PHYSICIAN AWARD NOMINATIONS OPEN

Cast your nominations for the 11th Annual Medical Service
Awards. Start the nomination process
at www.lcmsfl.org/nominate

CLASSIFIED AD

A fellow LCMS member with offices on Sanibel Island is in search of used exam tables to refurbish his practice.
Please contact LCMS if you have any exam tables you would be willing to donate or sell.

NEW MEMBERS AS OF JANUARY 20, 2023



Jonathan Anthony, DO
Orthopedic Trauma Surgery
Orthopedic Specialists
of SW Florida
2531 Cleveland Avenue, Ste 1
Ft. Myers, FL 33901
(239) 334-7000
www.osswf.com



Samaris Corona, MD
Obstetrics & Gynecology
Premier Women's Care of
Southwest Florida
9021 Park Royal Dr.
Ft. Myers, FL 33908
239-432-5858
www.pwscswfl.com



Samuel Parish, MD
Addiction Medicine
Lee Health Recovery Medicine
12550 New Brittany Blvd.
Ft. Myers, FL 33907
(239) 343-9190
www.leehealth.org



Monica Arya, MD
Hematology/Oncology
Lee Physician Group
8931 Colonial Center Dr.
Ft. Myers, FL 33905
(239) 343-9500
www.leehealth.org



Eric Dean, DO
Pediatric Gastroenterologist
Golisano Children's Health Center
16230 Summerlin Rd., Ste 215
Ft. Myers, FL 33908
(239) 343-7474
www.leehealth.com



Brandon Patri, DO
Internal Medicine
Lee Physician Group
16271 Bass Road
Ft. Myers, FL 33908
(239) 343-7100
www.leehealth.org



Linsey Atchison, DO
Internal Medicine
Wellmed
13861 Plantation Rd., Ste. 104
Ft. Myers, FL 33912
(239) 225-1306



John Fontaine, MD
Cardiology
Florida Heart Associates
1550 Barkley Circle
Ft. Myers, FL 33907
(239) 938-2000
www.flaheart.com



Steve Siegal, MD
General Surgery
GI Surgical Specialists
14131 Metropolis Ave., Ste. 101
Ft. Myers, FL 33912
(239) 313-7522
www.gisurgical.com



Adam Burow, DO
Cardiology
Florida Heart Associates
1550 Barkley Circle
Ft. Myers, FL 33907
(239) 938-2000
www.flaheart.com



Anamika Katoch, MD
Hematology/Oncology
Lee Health
8921 Colonial Blvd.
Ft. Myers, FL 33905
(203) 482-6282
www.leehealth.com



Santokh Walha, MD
Internal Medicine
Cypress Family Medical Center
9371 Cypress Lake Dr.
Ft. Myers, FL 33919
(239) 454-0500

RETIRED PHYSICIANS LUNCHEON

Thanks to all who attended our Retired Member luncheon at Olive Garden on January 31, 2023.
Mark your calendar because a second Retired Member luncheon will take place on November 1, 2023.



ENSURING HAPPINESS IN PATIENTS

PRESIDENT'S MESSAGE: Ryan Lundquist, MD

Thank you for having me as your president this year. I've served on the Lee County Medical Society Board of Directors since 2017, shortly after arriving in Fort Myers, and it's been a pleasure getting involved with the physician community over these past years.



For those of you who don't know me, I grew up a little north of here in Sarasota, but moved around quite a bit through my medical education; living in the Caribbean, New York City, and Los Angeles before ultimately ending back closer to home.

I am a radiologist with Radiology Regional and specialize in Musculoskeletal Radiology. Although I spend most of my time reading joint MRIs, I also read plenty of general radiology, and do occasionally see patients.

As the new year is upon us, I am excited to continue connecting and supporting you as physicians. My hope is to provide the Medical Society with the best value we can to you. That being said, we always remain approachable and open to any ideas on how we can improve the Society.

Speaking of value, and in the spirit of the new year, it's always good to remember who we serve as physicians. After years of training and honing our skills to be great providers of care, it can sometimes be hard to remember that we serve the whole patient including their perception of the care they receive.

There is no reason that patient satisfaction cannot be equally as excellent as their quality of care. As with any prior year, this year is likely to provide its own unique challenges, and despite these challenges I hope we all remember to serve our patients as a whole.

We also serve other providers as a team to ultimately help the patient, a position a radiologist should know well. Providing value to the health care team will ultimately lead to healthier and happier patients, and who doesn't like a happy patient?

INSTALLATION OF OFFICERS

Your 2023 Board of Directors were sworn in by Dr. Daniel De la Torre at the January Member Meeting on January 20, 2023.



1

1. (l-r) Officers: President Ryan Lundquist, MD; President-elect Scott Caesar, MD; Treasurer Gamini Soori, MD; Secretary Arie Dosoretz, MD; and Past President Tracy Vo, DO. Directors and Members at Large: Danielle Matta, DO; Ramon Pabalan, MD; Lucia Huffman, MD (missing); Justin Casey, MD (missing); Magali Van Den Bergh, MD (missing); Liliana Bustamante, MD; and Ex Officio members: Stuart Bobman, MD; and Shane Geffe, MD (missing).

2. Dr. Lundquist presents Dr. Vo with a unique caricature to commemorate her 2022 presidency.

3. Past Presidents Club Members: (l-r) Dr. Jon Burdzy, Dr. Shari Skinner, Dr. James Rubenstein, Dr. Tracy Vo, Dr. Daniel De la Torre, Dr. Stephen Zellner, Dr. Eliot Hoffman.



2



3

WHAT IS THE MCCOURT SCHOLARSHIP?

THE RAMIREZ REPORT: Julie Ramirez, CAE, LCMS Executive Director



A little-known benefit of the Medical Society is the McCourt Scholarship. You'll sometimes see it listed on your yearly invoice, but do you know it helps kids in our community? Here's the history of the McCourt Scholarship:

The McCourt Scholarship was named in honor of Dr. Jerry McCourt and his family. In 1978, Dr. Jerry McCourt came to Fort Myers and started practicing internal medicine and endocrinology. He died in

1982 at the age of 35 with his wife and four children, when their plane crashed in a field near Myakka City, Florida. They were returning from a trip to Disney World.

At the time of his death, Dr. McCourt was the chairman of the Department of Medicine at Fort Myers Community Hospital and was an active staff member at Lee Memorial Hospital and a consultant at Cape Coral Hospital. He was a member of the Diabetic Advisory Committee of the State of Florida and an active member of the Lee County Medical Society.

With the untimely death of Dr. McCourt and his family, his remaining family members specifically requested that a memorial fund be established in the Jerry McCourt family's name by the Lee County Medical Society. In the spring of 1983, the LCMS Board of Governor approved a policy for the McCourt Family Scholarship Fund. The original funds were deemed to send a local child with diabetes to the Florida Camp for Children and Youth in Gainesville, Florida. In October of 1983, the LCMS Bulletin reported that three local children attended the Florida Camp for Children and Youth with Diabetes using the scholarship funds and thoroughly enjoyed their time. As in past years, the Medical Society has continued the tradition

of sending newly diabetic diagnosed children to this same camp. If you have a recent type 1 diagnosed pediatric patient, please consider referring them to attend the Florida Diabetes Camp in Gainesville this summer. The Society will grant funding for 3-5 children this summer. Feel free to email Julie Ramirez, CAE at jramirez@lcmsfl.org or call us for more information.

Here's a little about the Florida Diabetes Camp:

In addition to the usual recreational activities associated with camping, schedule diabetes education sessions are conducted by pediatric endocrinologist and diabetes educators at all programs. Caring individuals provide motivation and support for the children to learn self-care, independence in diabetes management and good self-esteem. The camp aims to provide a fun, safe, educational and diabetes friendly camp environment for children with type 1 diabetes and their families where they can gain the confidence, skills and knowledge to achieve their full potential.

Discover more at <http://floridadiabetescamp.org>

OPERATION NIGHTINGALE: THE FAKE NURSE DIPLOMA SCANDAL

With healthcare staffing shortages at an all-time high, the recent fraudulent nursing license story should prompt everyone to verify credentials of recently hired new clinical staff.

The U.S. Department of Health and Human Services Office of Inspector General (OIG) partnered with various law enforcement agencies in a multi-state enforcement action aimed at uncovering a nursing degree fraud scheme:

Operation Nightingale. As it stands, 25 individuals are being charged with wire fraud and conspiracy to commit wire fraud in connection with the defendants' alleged participation in creating a fraudulent and illegal shortcut for individuals to obtain licenses as registered nurses, licensed practical nurses, or vocational nurses. These individuals issued (sold) 7,600 fake nursing degrees.

The fake nursing degrees were issued to individuals from three Florida-based nursing schools: Siena College, Palm Beach School of Nursing, and Sacred Heart International Institute. These schools are now closed. The OIG is now working on identifying the individuals who purchased the fake documents and are working in health care settings as nurses.

Nurses are often responsible for providing critical care to patients, amplifying the need for practicing nurses to meet the minimum qualifications and competencies. Circumventing the system and obtaining fake nursing diplomas without going through the rigorous curriculum and demanding clinical practice of a nursing school program potentially jeopardizes patient health and safety.

proceeds support LCMS Foundation and the Physician Wellness Program



JAYCEE PARK

SATURDAY • APRIL 22, 2023
8:00AM
4125 SE 20th PLACE
CAPE CORAL, FL 33904

CATEGORIES

ADULT RUN 5K
YOUTH RUN 5K
ADULT WALK 2K
YOUTH WALK 2K

ORGANIZED BY



SUPPORT

SLEEP-IN DONATION
PHYSICIAN DONATION

REGISTER ONLINE at www.LCMSFL.org/fun-run

If you or your business is interested in being a sponsor, please call 239.936.1645

IN MEMORIAM

It is with profound sorrow that we announce the death of a 55+-year LCMS member.

Roger D. Scott, MD

November 5, 1926 - January 21, 2023



Dr. Roger Scott passed away on January 21, 2023 with his loving family by his side. He was born on November 5, 1926, to Ola Whiddon Scott and Thurber Talmage Scott in the backwoods of Polk County, Florida, in a small sawmill town known as Sumica.

The family, and the entire sawmill, later moved to Kenansville, Florida for four years. They finally settled in Live Oak, Florida, where Roger attended school. In his fondest childhood memories, he referred to Live Oak as 'a wonderful town in which to grow up'. He later graduated in 1944 from Riverside Military Academy in Gainesville, Georgia.

In 1946, he married Dorothy Roberts Scott (deceased) of West Palm Beach, Florida. He attended undergraduate studies at the Universities of Florida and Virginia. In 1951, he graduated from the University of Maryland School of Medicine, as a Doctor of Medicine, followed by a one-year internship and one-year training in general surgery at the University of Maryland Hospital in Baltimore.

Roger's medical training was interrupted for two years in order to serve as a surgeon in the United States Air Force during the Korean War. He served as a surgeon at Patrick Air Force Base in Cape Canaveral, Florida, and also at Holloman Air Force Base, New Mexico. As a surgeon in the Air Force, Roger was involved with the ARDC (Air Research and Development Command), in which he took great pride in his involvement with early missile development, space exploration, as well as various other inventions and experiments during that era.

On June 30th, 1953, Roger gave the very first injection of Gamma Globulin to a child in Montgomery, Alabama, thus beginning the process of a national mass prophylaxis against Polio; it was the first and only time this was done, and it led to successfully stopping the Polio epidemic. It was voted the top news story in Alabama for 1953.

In 1954, Roger returned to University Hospital in Maryland to complete his general surgical training, finishing three years later as Chief Resident. On July 1, 1958, he began his private surgical practice in Ft. Myers, Florida. In 1960, he became the first American board certified general surgeon in Southwest Florida. He was a member of the American College of Surgeons

(formerly Fellows of International College of Surgeons), a lifetime member of the Florida Medical Association and Lee County Medical Society.

Roger performed several procedures never done in Lee County before, such as: arterial grafting, parathyroidectomy, lumbar sympathectomy, open cardiac massage, and the list goes on. Along with Dr. Quill Jones, Jr., Roger trained the first group of scrub technicians who were replacing RNs as scrub nurses. On January 1, 2001, he became co-founder and curator of the Museum of Medical History, continuing in that same capacity for the next 20 years.

Over his career, Roger practiced at Lee Memorial Hospital, Jones Walker Hospital, Ft. Myers Community Hospital, Southwest Regional Medical Center, and Health Park Medical Center. He was the first and only surgeon to operate at Sunland Training Center in Buckingham, Florida.

He retired from his private general surgery practice in November 2005, after 47 years. Roger was a lifelong member of the American College of Surgeons, the Florida Medical Association, and a lifetime member of the Southern Medical Association. He was formerly a fellow of the International College of Surgeons and the Lee County Medical Society for 55 years. He was a charter member of the Florida Association of General Surgeons. He was also the originator of the Pioneer Physicians Group of Lee Memorial Hospital system.

In January 2011, Roger was honored to be the first recipient of the Lifetime Achievement Award presented by the Lee County Medical Society. Following retirement from his private practice, he worked for Hope Hospice for two years, for Florida Cancer Specialists and for 21st Century Oncology until May 2014.

He was a loving friend, husband and father. He was a skillful and extremely compassionate surgeon. He was proud to have operated on multiple three-generation families in the community, and on one four-generation family.

Attributes:

- Second Eagle Scout in Suwannee County, Florida.
- Played in the first Suwannee County school band.
- First surgeon to do vascular surgery in Lee County
- First surgeon to remove a parathyroid tumor
- President of Lee Memorial medical staff and committees over the years

Dr. Roger Scott penned a column that was included in the Society's newsletter for years. Featured on page 9 is his most popular article that describes the creation of a unique urn where his ashes will be kept.

As I Recall...

Roger D. Scott, M.D.

OBITS

As a newcomer to Fort Myers in 1958 it was important that I read as much as I could about the populace and reading the obituaries (OBITS) daily revealed much personal information regarding the "headliner" and their family. Please realize that Fort Myers was a much smaller town and somewhat isolated from the outside world so many of the citizens were related to each other. The second person I met when I came to Fort Myers was Sheriff Flanders ("Snag") Thompson who rendered me one bit of advice that was: "Don't say anything bad about anybody in Fort Myers because everybody is related to everybody else." I have generally found that to be true, but if they weren't related to each other they were often good friends. It was therefore necessary to subscribe to the *Fort Myers News Press* which at that time featured much news, pictures and even a social column, extensive comics, hospital admissions and discharges, births (long before HIPPA), and of course OBITS. No ethical physician or lawyer would consider advertising except a new physician coming to town was allowed to announce for one week a regulated notice of opening his (no hers then) practice. The only TV station was WINK (I believe it was channel 5.) and could only show the local news and a few recorded local programs along with national shows previously recorded from a TV monitor (kinescope-not a live show), but up-to-the-minute national views were unobtainable as the major cable carrying the networks only reached Jacksonville. I had a 40 foot high tower and rotating antenna that could sometimes, in good weather, get a Tampa or Miami station. It was indeed great when the TV cable extended from Jacksonville to Fort Myers. We were then able to get much better live programs and could watch even some current events occurring, but we still had to use antennas to receive the TV signals. WBBH (Channel 20 I believe.) later was the second television station locally. Ultimately pay-for-view (Southern Cablevision or some other name earlier) cable came to town and if you subscribed you did not need an antenna. While TV continued to improve, the newspaper has continued to decline and has turned into an advertising medium with some news. In the Sunday paper I am reading while preparing this article, I counted 180 pages of mainly 8 x 10 inch advertisement flyers. It had some years ago dropped the vital statistics of the hospital, but the OBITS still "live on" so to speak! I subscribed to the daily newspaper for many years but in recent years I have restricted getting it except for Friday, Saturday, and Sunday.

By reading the **Obits** I became acquainted with various members of the families and their various relatives of which I was unaware, and also the opportunity to see so many of the young folks from 1958 become the older folks in 2011 (myself included). The very important column in the newspaper to me still remains the Obituaries, and I now find that so many of my dear friends and patients are getting old and passing away. Since I do not get the daily paper I sometimes am not notified or aware of their passing, and I do want to pay my last respects even though it grieves me. I have over the years learned much history from the **Obits** about my friends that I did not know.

The custom is that only the good things about the deceased are put in obituaries, and the bad things die with the person in contrast to Shakespeare's Antony stating at the death of Julius Caesar "The evil that men do lives after them. The good is often interred with their bones". About two years ago this brought me to the fact that I

had not made any "final" plans except for wanting to be cremated, and so I asked Susan Lien, a skilled artisan and wonderful surgical technician at Lee Memorial Hospital for 30 years, to create my urn. In the beginning neither of us knew exactly what form this urn should be. Without my knowledge, she began by collecting "symbolic dust" (in areas of construction, destruction, or remodeling) from the 1943 & 1968 Lee Memorial Hospital, HealthPark, Cape Coral Hospital, Southwest Regional Hospital, and Gulf Coast Medical Center to mix in the urn's mortar. She asked that I give her some small personal items to use in this project. These were initialed gold cuff links, several tie tacks and clips with the caduceus, staff of Aesculapius, Eagle Scout, American College of Surgeons, International College of Surgeons emblems, a bronze medal from Lee Memorial Health System honoring 28 years of membership, a cameo from the wall of a Zippo cigarette lighter (it also played "Dixie"), a very worn gold engraved pen knife with "R.D.S." on one side and the names of my first three children with their birth dates engraved on the other side (A birthday gift from my staff about 1966 before the birth of my last two girls.), an Honorary Deputy Sheriff of Lee County badge, two first lieutenant and captain bars from the Air Force, a dancing medal, a gold watch-key chain, a 1944 Riverside Military Academy ("sweetheart") pin, an ATO Fraternity pin, and a number of other items that are also included in its wall. There is a long strip of copper from beneath the floor tile that was used to electrically ground the floor to prevent explosions of anesthetics (These agents are no longer used.) that she removed from beneath the Operating Room tiles in the 1943 Lee Memorial and several segments of stainless steel ball-chain used to raise or lower hanging IV bottles in the operating room. There are parts of numerous surgical instruments (clamps, scissors, suction tip, common bile duct dilator, grooved director, towel clips, spinal needles, rake retractors, etc.) I had used in the operating room. There is even a modern laparoscopic forcep as well as a Mediport, a "jeweled" American flag and many small broken pieces of beautiful China from the Berne Davis and Jewett collection (the family that financially supported the Jewett wing of the 1943 Lee Memorial Hospital). Near the top is a framed photo of me at about age two below a gold letter "A" for Alpha and on the opposite side of the urn is a framed recent photo (about 75 years of age) of me below an Omega sign thus the beginning & end of "yours truly". Even though Sue was not sure as to what she was going to design in the beginning, she developed, produced, and sculptured in 1½ years all of the items I have described and more into a most unusual design and beautiful 18 inch tall Pique Assiette style (A total surprise to me!) urn with a removable top pierced by a large half-circle cutting suturing needle threaded with a "gold" suture. This A.I.R. is not meant to be morbid only realistic at my age. I wake up each morning and thank God for another day and at night pray that He will give me another day. I hope that when my demise does come, you will come to say farewell and remember only the good that I have done and admire my beautiful resting place. I hope that will be a long time in the future.



Always **REMEMBER 9-11**, those who perished and those living and deceased who rendered service to support our freedom!

WECARE IS A VALUABLE SAFETY NET FOR LEE COUNTY PATIENTS IN NEED

by: Amy Singer, MMS, WeCare Director

Recently a WeCare client left a voicemail for the staff. He said, "I'm calling to let you know that WeCare has been taking care of me for the last couple years with my cancer. I just wanted to let you know how grateful I am. Y'all saved my life." His voice choked up and he said, "Wow. I don't know of anything better than that."

Every day, across the nation, thousands are at risk of losing their home, livelihood or loved ones due to the inability to afford or access quality healthcare. The **United Way's WeCare** program exists to ensure this is not the norm in Southwest Florida. WeCare connects eligible uninsured patients with volunteer medical providers. Through a network of over 300 caring medical professionals, patients become healthier, self-sufficient, and productive again.

One recent Friday afternoon WeCare staff received a phone call that a 36-year-old uninsured woman had been diagnosed with bone cancer. A referral was received and WeCare staff was able to assist the woman in completing an application and secured a provider for treatment. Through the generosity of the WeCare volunteer physician, she began treatment on the following Tuesday. The patient was extremely grateful. After receiving the devastating diagnosis, she was able to have peace of mind that she would receive care. A future that was clouded in doubt suddenly was filled with hope.

WeCare is a partnership with the Florida Department of Health's Volunteer Health Care Provider Program, VHCPP. Section 766.1115.F.S. Under this statute, it **allows licensed health care providers to volunteer their services and receive sovereign immunity, continuing medical education credits and a waiver of their biennial licensure fee**. The program relies on the generous support of physicians and clinicians who volunteer their time and expertise to treat eligible patients at no cost to the patient or their family. This is accomplished through an extensive network of medical professionals, clinics, laboratories, and hospitals.

Volunteer medical providers have the flexibility to incorporate WeCare patients into their regular office hours, or schedule appointments at their convenience. This is an important aspect of the program, which does not require doctors and providers to leave their office or go to a different clinic location. Providers decide how many cases they want to help with and are never obligated to accept. Last year the program provided \$8.2 million in charitable care resulting in more than 5,000 medical procedures for patients, life changing treatments such as orthopedic surgeries, radiation therapy, and cardiology services.

Many of the patients we connect to care are those working jobs that make our community's beautiful and a great place to live. We see a huge need for patients whose sun exposure leads to life threatening skin cancers. They work labor intensive jobs that tax their bodies and provide for their families but many struggle to afford health insurance. Our patients work until they can't, due to a diagnosis that changes the course of their lives. Thanks to dedicated providers, we help many of them return to work as chefs, landscape workers, medical assistants, construction, and service sector jobs, but the need is growing. It is essential for patients to receive care before it becomes debilitating or life ending for some.

As the Southwest Florida population grows, the need for additional specialty care providers has increased. WeCare is looking to expand our existing services with providers who are willing to extend their talents to treat patients in the specialties of Dermatology, Gynecology, Gastroenterology, Endocrinology, Neurology and Otolaryngology.

To qualify for the WeCare program patients must meet the following eligibility criteria:

- **Patient must be a resident of Lee, Hendry or Glades County and are uninsured,**
- **The combined household income may not exceed 200% of the federal poverty guidelines, and**
 - **Patient must be referred by a physician or clinician. Any licensed medical professional can refer to the program.**

With the help of community partnerships, WeCare meets a critical gap in healthcare access and is committed to matching patients in need with caring volunteer providers.

For more information call 239.333.0770 or email wecare@unitedwaylee.org. Visit www.UnitedWayLee.org

WeCare Results in 2022

\$8.2 million in charitable care

5,000 medical procedures

THE BUSINESS SIDE OF MEDICINE: HEALTHCARE MANAGEMENT SURVIVAL GUIDE – 2023 ONLINE SEMINAR SERIES

Information provided by Ben Mirza and Mirza Healthcare Law Partners

The following virtual seminars are held on the third Thursday of every month at 6:30pm

March 21st

How to Navigate - Hospital Medical Executive Committees,
Peer Reviews, Investigations, and Bylaws

[REGISTER](#)

April 18th

How Mergers & Acquisitions in Healthcare are Done!

[REGISTER](#)

May 16th

How to Approach and Do Business
With Large Healthcare Systems

[REGISTER](#)

June 20th

What Every Healthcare Employer & Employee Needs
to Know about Employment Law

[REGISTER](#)

No seminar in July

August 15th

"So, I Signed a Non-Compete, Now What?"

[REGISTER](#)

September 19th

How to Minimize the Risk of Malpractice Lawsuits

[REGISTER](#)

October 17th

How Experienced Physicians Protect their Assets

[REGISTER](#)

November 21st

How to Handle Collection Challenges of Working
With Health Plans

[REGISTER](#)

December 12th

Medical Marijuana Law for Physician Practices

[REGISTER](#)

Access the links to register for these seminars in the digital version of this newsletter at lcmshl.org/publications

Trust Your Heart to Lee Health

Our cardiovascular team is the largest, most experienced in SW Florida.

Cardiologists and surgeons who
handle the **most complex cases**.

Minimally invasive procedures to
ease pain, decrease recovery time.

Use of **Artificial Intelligence**
to improve diagnostic capabilities.

An alliance with the
**Cleveland Clinic Heart, Vascular
& Thoracic Institute**.

Specialize in causes/treatments
for heart attacks, valvular disease,
heart arrhythmias, and
heart failure.



leehealth.org

We'll be here when you need us.



LEE HEALTH

LEE COUNTY MEDICAL RESERVE CORPS: REACTIVATED TO RESPOND TO A COMMUNITY IN CRISIS

BY: Julie Ramirez, CAE

BY: Carl Schultz, DO

In the aftermath of Hurricane Ian, the Society was presented with many opportunities to help our physician and patient community. One opportunity came to us from the **Broward County Medical Reserve Corps**, who reached out and asked how their volunteer physicians could help. When this occurred, the Hertz Arena shelter to be closed and the evacuees redistributed elsewhere. The thought was that surely there is a need for health care for injured patients on one of the islands.

After a few phone calls, we discovered that Fort Myers Beach had a state-organized emergency clinic; Pine Island had the Cajun Army; but Sanibel Island was without any medical care team. With this knowledge, retired member **Dr. Carl Shultz** contacted **Lee County EMS** and asked how volunteer doctors could start seeing Sanibel residents and workers. They were kind enough to set up an air-conditioned mobile trailer, FEMA supplies and Starlink Satellite internet in front of the Sanibel Island Fire Station #1.

We then began recruiting physician volunteers to help staff the temporary Sanibel "clinic". The clinic opened on November 1st with Fort Myers Beach native **Dr. Tyler Spradling** volunteering. I had permission to cross the newly repaired bridge and, once at the mobile trailer, helped to direct calls and people that came in for care.

The first day proved there was a definite need so we recruited several other Lee County physicians to volunteer. Thank you to **Dr. Catherine Law** for spearheading the scheduling process, creating onboarding paperwork and volunteering multiple times a week; **Dr. Carl Schultz** for volunteering several times a week as well; **Dr. Jeff Halsell** for his weekend volunteering, and **Dr. Krista Zivorvik** and **Dr. Amber Jandik** for rounding out the team. The clinic was open for six weeks and closed right before the holidays. After the holidays, Lee Health was able to open an clinic and serve patients.

Because our attention was on getting the clinic staffed and quickly serve the community, we had to backtrack because we needed to protect our volunteer physicians with Sovereign Immunity, which comes from the Florida State Health Department. I want to thank **Angela Smith**, Health Officer/Administrator at Florida Department of Health in Lee County, and **Megan Widman** for greatly assisting us in acquiring the Sovereign Immunity and resurrecting the **Lee County Medical Reserve Corps!**

I received an email from LCMS that they were looking for volunteers to staff their clinic. Having been a Sanibel resident for six years, I was excited to help. As a retired Emergency Physician, this seemed like the ideal opportunity. There had to be a reason I kept my medical license active all these years, right?

We saw approximately 70 patients in the roughly seven weeks we were open. We administered lots of vaccinations, as well. All of our patients were either homeowners or hired help that were on the island to clean up after Ian. Most of our patients had some sort of injury, or minor illness. Our biggest impact was that if someone came in with a two-inch laceration, we were able to stitch them up and have them back at their worksite in an hour. If they had to go to the ER, with another coworker to drive them, they would have been gone for the rest of the day. Two workers, lost for the day.

Since we weren't paid, sovereign immune, and there were no insurance issues, the paperwork was minimal. Simple SOAP note, in and out. The way we wish we could practice, and the way some of older doctors remember. On my last day, my last patient had a ragged deep puncture to his lateral right leg from an aluminum pipe. I thought, this should probably go to the ER. And then I thought, well, heck, I'm an ER doc! Unless they need an X-ray, I have all the tools and experience I need to treat this right here. It took a while to clean it and repair it, but we got it closed. The doctor in St. Louis who removed the sutures said it looked great. What a great way for an ER doc to end his career!

We all remember why we entered medicine, regardless of what specialty we chose. Our clinic on Sanibel gave me the chance to renew my enthusiasm for my profession. A chance, after many years, to converse with patients and to offer assistance and reassurance. And money was never any part of it. Because I left Emergency Medicine due to a disabling injury 12 years ago, I never got the satisfaction of a real retirement. I finally got that reward on Sanibel. Thank you, LCMS.



WHY ARE SOME SWFL FEMALES FORCED TO MISS WORK OR SCHOOL 20% OF THE TIME? A HIDDEN CRISIS CALLED PERIOD POVERTY

by: Gail Kedrus, Board Member, Alliance for period Supplies of SW Florida

As front-line, trusted medical providers, it is important that you are aware of this hidden crisis and how it effects the health and welfare of women and girls in our community. One in six females in Lee County between the ages of 12 and 44 years, live below the Federal poverty line. They are negatively impacted by the choices "period poverty" forces them to make. If they have to stay home while they have their periods due to lack of feminine supplies, then they miss 20% of attendance. Accessibility to period supplies were exacerbated during the COVID pandemic, and now, with rising prices, will continue to be even more challenging.

The Alliance for Period Supplies of SWFL, a nonprofit organization aimed at ending period poverty in Southwest Florida, is the only organization consistently providing free period products to women and girls in Collier and Lee counties. Since it was founded in 2019, the organization has provided over 2.5 million period products for at-risk women and girls.

"Most people think Period Poverty is a third-world country problem and are not aware that it exists in the United States including SWFL," said Dusti Beaubien, the president of the Alliance for Period Supplies of SWFL. "We are determined to expand the number of period products distributed every

month so that a period is the end of a sentence and does not interfere with a woman's ability to work or a girl's education."

By partnering with over 30 nonprofit agencies at 90 locations – including food banks, boys and girls clubs, churches, public schools, community centers, and women's shelters – APS of SWFL is making period products readily accessible to those who need it most.

For more information about the Alliance for Period Supplies of SWFL or to learn how you can help us end period poverty in Southwest Florida, visit www.apsofswfl.org or contact us at info@apsofswfl.org.

PERIOD POVERTY STATISTICS

- ▶ 1 in 4 menstruators do not have access to supplies due to income
- ▶ 2 in 5 girls miss school because they do not have period products
- ▶ State and Federal safety net programs (food stamps and WIC) cannot be used, because period supplies are considered a luxury
- ▶ Rags, socks, and newspaper used as substitutes, lead to emotional and health issues

FSU RESIDENCY PROGRAM FACULTY AWARDS



FSU Family Medicine Residency Program faculty member Dr. Rebekah Bernard received the Excellence in Advocacy Award for her outstanding work in political advocacy.



FSU Family Medicine Residency Program core faculty member Dr. Kristen Dimas was awarded the FAFP Young Leader Award for her work in reducing health disparities in the SWFL community.

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MY WEEK WITH HURRICANE IAN: A NEONATOLOGIST'S PERSPECTIVE

BY: William Liu, M.D., Medical Director, Neonatal Intensive Care Unit
Golisano Children's Hospital of Southwest Florida, Fort Myers, FL
Practice Medical Director, Pediatrix Medical Group

On September 28, 2022, Fort Myers, Florida sustained a direct hit from Hurricane Ian, a category 4 storm. Lee County suffered greatly, with extensive catastrophic damage, especially to all the waterfront communities, including Fort Myers Beach, Sanibel Island and Pine Island.

Due to loss of water pressure, government agencies mandated evacuation of Gulfcoast Medical Center, HealthPark Medical Center, and Golisano Children's Hospital of Southwest Florida.

On September 29-30, 2022, all in-patient units of Golisano Children's Hospital, 80 patients, were evacuated. The NICU census on September 29 was 68, and in a 29-hour period, decreased to zero. Seven babies were discharged to the parents and 61 babies were evacuated to 12 out-of-county healthcare facilities throughout the state. Of the 61 evacuated babies, 20 were categorized as level 3/ critical care and the others were intensive care level 2 patients. There were no reported adverse events.

Residing in Florida means living with the risk of hurricanes. Here in Southwest Florida, we are respectful in our fear of what Mother Nature can dole out, and yet retain some sense of self-assurance, and maybe a bit of overconfidence, having prepared for so many hurricane seasons.

Then came Ian...

Friday, September 23, 2022: It starts.

The National Hurricane Center is tracking Tropical Storm Ian.

1019: I send a GroupMe tickler to my group: "Starting the hurricane drill folks. Best to hit Costco before the rush. See 'Hurricane Preparedness' section of our manual."

Monday, Sept 26, 2022: Hurricane Ian has strengthened to a category 2. The forecast path predicts landfall in the Tampa Bay, Pinellas county area.

1700: LeeHealth initiates partial activation of Code Brown: Team A are those designated to staff the hospital, and Team B are those who will replace them, when possible, post-storm. Our neonatal intensive care (NICU) medical Team A: 4 neonatologists and 4 neonatal nurse practitioners (NNP) will stay in house. Everyone else will be Team B.

2222: An NNP sends us all a GroupMe photo, an evening sunset view from her backyard in Punta Gorda. A backyard canal, 15-foot bowrider fishing boat to the side, with silhouetted palm trees. The water is mirror-flat, reflecting the emerging night sky at sunset- a splash of yellow, orange, and red pastels. Beneath it, she types: "The calm before the storm."

Tuesday, September 27, 2022: Preparation

0600: Ian is a category 3, over Cuba. Projected landfall is has shifted south, away from Tampa, to between Tampa and Naples.

1141: Code Brown! "Team A is activated."

By early afternoon, most of us are completing rounds. There is a bit of a 'Grand Central Station/mass sleep-over' ambiance. For many, this is a first-time experience. The mood is a bit upbeat, with an undertone of fearful excitement. Many of the staff have been through Irma and recall the non-lethal, but significant damage we sustained. Some are reliving the anxiety that comes with uncertainty.

Staff must pass through a billeting process, and classrooms, staff lounges, offices, storage areas are all assigned for staging and sleeping areas. Unlike previous years, the hospital policy no longer allows family or pets to be billeted with the storm. Thank goodness for cell phone service; our phones are even more omnipresent than usual. Although the individual patient rooms remain quiet and subdued, we are all engaged in a multi-tasking dance of work, and simultaneous texting pings, or phone or Facetime conversations with concerned friends and family, locally and nation-wide.

Our nursing director and managers are orchestrating the staff activity. LeeHealth administration email updates identify our priorities and preparation. "This is not our first rodeo, team. We got this!"

1600: Rounds are done. I am assigned to be on-call tonight and have received sign-out from my colleagues. It's strange because the folks signing out are still here. The NICU Administrative suites are in the back of the neonatal unit, and the medical and nursing leadership office are adjacent. We all settle in, while small groups congregate. Weather updates play incessantly in the background.

1700: Personal update: I live close to the hospital and four-miles from the beach. We are in an evacuation zone, but my wife will ride out the storm in our home. Many of my neighbors have also chosen to stay.

1930: The NICU physicians, nurse practitioners, nurses and respiratory therapists gather for a group photo. We are all smiling beneath our masks. No need for jerseys; we self-identify via text, "Team A!"

2000: I make evening rounds with the night team. We review several stable ELGAN babies on high frequency ventilatory support; a thanatophoric dysplasia with no acute change in status, and a '22 wk'er' with focal perforation and a drain,

as well as a severe chronic lung disease infant flirting with need for tracheostomy. There is an infant with a challenging combination of caudal regression and urogenital malformation and another infant with post-hemorrhagic hydrocephalus and a shunt. Then there are the usual blend of babies weaning off support or feeding and growing on little or no respiratory support. We focus on the clinical issues- there is some comfort to the familiar and routine, but inevitably, any of the usual banter gravitates to the latest news.

2300: Hurricane Ian has grown to a category 4 storm, with projected landfall somewhere between Sarasota and Fort Myers. The news stations are drumbeating a frantic warning of dire consequences for all in Ian's path. Storm surge warnings are now up to 12 feet.

Night call is uneventful, but I sleep only sporadically.

Wednesday, September 28, 2022: Hurricane Ian arrives 0500: Ian has undergone an eyewall replacement cycle. The weaker inner eyewall is spontaneously replaced by a stronger outer eye wall, and allows re-strengthening, with even higher wind energy. With hurricane force winds 80 miles across, Ian has reached a strong category 4 intensity; storm surge warnings are now 18-20 feet, and described as catastrophic, and the worst on record. The forecasted landfall is now a collision course with Fort Myers.

0530: I wake up to this latest update. Ian's path is reminiscent of Hurricane Charley which also was heading towards Tampa and had suddenly veered toward Port Charlotte; but Hurricane Charley would fit in the eye of Ian, and worst yet, is moving much slower. I call my wife and unsuccessfully plead with her to come to the hospital. "I have room in my office." She questions why she should be allowed to come when others in the hospital are not able to bring their spouses? A fair ethical question, but at that moment, I don't care.

My wife and I will face this one apart, and I quietly fear for her safety.

Golisano Children's Hospital was built as a state-of-the-art facility in 2017. It shrugs off category-4 winds and is wrapped in a sturdy wall of glass that provides us a panoramic view.

0730-1100: Rounds are a bit distracted. There is an angry howling of the wind, and trees bend ever more violently around us. The hospital goes to generator power by mid-morning. The first floor is evacuated by early afternoon.

1300: Outside, debris is flying everywhere. Below us, we watch as the bus stop canopy slowly rips from its pilings, and blows away, and trees shutter and crack before becoming uprooted. Through our window view, we are introduced to the storm surge. Bass road, which is adjacent to our bus stop, is now a turbulently flowing river. Staff members watch the hospital parking lots, as row after row of parked cars, shrink away to the rising tide. An NICU nurse points at a floating vehicle and exclaims, "that's my car!"

1500: I contact my wife by text. Our house is on generator power. The water level has risen above our neighbor's white picket fence.

1525: Hurricane Ian makes landfall near Cayo Costa, with winds near 150 mph.

1700-1800: Frightening videos of total inundation trickle out of Fort Myers Beach and Sanibel Island before total loss of contact.

1700: The administration has had regular interval assessments. I navigate the evacuated first floor corridors to attend one of these meetings and walk pass a back hallway loading dock. Workers are frantically unloading boxes. I pause, feeling the wetness and force of the wind, and squint to see beyond the shadowy figures. I can see a black ocean lapping up to the dock...with breaking waves and white crests! I peer into the abyss, and then hurry on my way.

1800: I receive a call from the System Incident Command lead. She asks about our census and patient acuity. We have already triaged the NICU patients, the number of ventilators, type, other modes of support as well as levels of care. We must decide who has the best chance of survival if we need to move everyone emergently. We also identify potential patients that might be discharged within the ensuing 24-hours. This is the first time I hear that we might need to evacuate the hospital.

1830: The Golisano chief medical officer (CMO) informs me that the hospital has lost water pressure and describes how the maintenance engineers are now pumping water from our adjacent lake to maintain pressure. However, we are no longer able to provide working toilets, nor maintain adequate water pressure to run the fire suppression sprinkler systems. The faucets still work, but the community water supply has sustained fecal contamination. We must now use bottled water for patient care.

Our nurses carefully ration a limited bottled water supply used for our babies. Buckets of water are used to flush the toilet- limited to micturition. We must defecate into a plastic bag and place them in the trash. We laugh as a NNP volunteers, "give me a bag, looks like I'll be the first." I speak with one of our dedicated housekeepers who accepts her new duties without any sense of repulsion or hesitation.

1845: Cell phone coverage is becoming sporadic. Our home generator is now submerged- no power, and the water level has risen to the steps of our house. I ask my wife to don my wet suit; she jokes about getting my suit past her hips, and we both laugh nervously. The pantry closet is the safest location, with egress to our attic. She positions a ladder to allow easy access, and relocates essential survival supplies as well. Mid-sentence, she loses cell phone service, and I am unable to reach my wife for the next 23-hours.

1900: I text message with my son in Philadelphia. His concern is palpable, but he remains a calm and thoughtful presence, relaying information to and from me, and back to the rest of the family.

2100: The night team makes rounds. That evening, there is only one admission- a 31-week gestation infant with respiratory distress syndrome...no problem. And the parents are happy to stay in the hospital.

2300: Patient care conditions might deteriorate rapidly. We must not have a fire. How are the staff holding up? Has the storm surge extended into my home? I find some quietness from my mind...in sleep.

Thursday, September 29, 2022: The Aftermath
Gov DeSantis calls Hurricane Ian a "500-year flood event." Damage assessments will be catastrophic and historic.

0500: I attempt unsuccessfully to contact my wife.

0706: GroupMe post: "Is everyone ok?" "Exhausted after being here since Tuesday morning...but at least we are alive."

0730: My car is not submerged! The water level is low enough to drive towards home. There are hanging powerlines and the signal lights are strewn along the side of the road; driving is treacherous. My neighborhood is an expanse of water, too deep for vehicular access. Back to the hospital.

0800-1000: Before rounds, I can see Chinooks and other military helicopters flying overhead. I hear reports of arriving armed National Guard troops. The water supply remains unsafe.

1000: Our pediatric transport director is teleconferencing with the Florida Neonatal Transport Association, and the Florida Association of Critical Care Transport Specialists. I later learn that our hospital administration, guided by a coordinated array of local, regional, and national agencies- ESF8 (Emergency Support Function# 8), FEMA, Tallahassee emergency operations center, the Florida Hospital Association, the Agency for HealthCare Administration, and other agencies- have been working to identify available hospital beds throughout the state. They are implementing a cooperative multi-state plan to mobilize emergency medical services.

1200: Our CMO speaks with my entire medical team. We are notified that the hospital system has already begun to evacuate adult patients, and we must plan to evacuate pediatric and neonatal patients as well. **We currently have 68 babies in our NICU, many with long and complex hospital courses.** We review the challenges to our normal patient transfer process. Parents, already stressed with their baby's current condition, some who may now face homelessness or additional undefined burdens, must be compassionately informed. Our clerks, nurses and medical providers need time for appropriate discharge/ transfer documentation. Recipient facilities and beds must be identified, and transport arrangements made. We must ensure a direct physician or nurse practitioner communication with the appropriate recipient medical team provider. This is our only formal discussion of plans for evacuation. At this moment the timeline is not clearly defined.

1300: Our Golisano hospital evacuation will now take priority. The NICU evacuation will take place now!

Our transport director and nursing leadership set up a 'transport command central.' Our government agencies have already mobilized available beds, and transport resources.

1324: Fort Myers Beach...completely washed away.

1300-1730: Apparently driving since early morning, a phalanx of ambulances forms along the perimeter of the hospital. They are converging from many states. "Your transport is here, which baby will be going?" These are not normal times, and the cart is pushing the horse.

My phone is exploding. Medical directors throughout the state are reaching out. "Hi Bill...please call me to discuss the NICU babies you plan to transfer; Hi...I heard that 10 babies are on their way. I have no information about any of them; Hello, this is ...please call me when you have a chance."

The medical providers phones chime incessantly. "Is baby 'X' ready to go?" Where? Who has been told? I haven't written my note yet! I still need to speak with the mother!

1500: I enter the room of a premature baby who is doing well, a "feeder and grower," and inform his mother of our plans for evacuation. She has had little sleep and cannot contact her husband. She pleads in a subdued tone. "Why does my baby need to go now? Can I refuse? Where is Port St. Lucie? I have family in Miami." She wrings her hands, and tears stream down her cheeks. My gut feels her loss of control.

I had just previously returned from our command central to prevent an unnecessary transport of a baby placed on the transport list who was triaged for discharge to home. This is rectified quickly, and we discharge him to his mother, avoiding an EMS team poised to take him to Martin County. A good catch!

The transport coordinators work steadily and calmly under extreme pressure. We are all making many situation-specific adjustments to avoid mishaps. There is no blueprint for this. I make a quick return trip to my "feeder and grower's" room. We have re-routed her baby to a facility in the Miami area. Mom smiles through her frown.

So many complex patients, so many risks inherent in hand-offs. I am truly appreciative of the utility and facility of our neonatal electronic medical records, coupled with the diligence of the medical team.

1700: Team B is activated. Hospital-wide, our staff dutifully report in...many are silent, some seem stunned. I suspect their faces betray a shared tribulation.

Our medical team A will remain in-house. Two team B nurse practitioners come in this evening; the rest will arrive tomorrow.

1737: I solicit a ride in a pickup truck with a high cabin. My neighborhood remains a lake, but guided by the tops of mailboxes, we arrive at my home. My wife is fine, and I am internally buoyant! I take a selfie with her and return to the hospital; our parade of neonatal transports continues.

2330: Our team, exhausted both physically and emotionally, has been working non-stop. We send out our 50th baby close to 2 AM.

Friday, September 30, 2022: NICU census: zero!!

Ian weakens to a tropical storm and crosses to the Atlantic... re-strengthened to a category 1 hurricane, making landfall on the South Carolina coast near Georgetown, and subsequently dissipates.

0800: Team B members are welcome sights. I think of a scene from the movie *Glory*, where rolls of fresh troops, marching to the front line, pass by their war-weary, retreating colleagues. I greet my associate medical director who will smoothly oversee the following week of transition.

1700: Our last baby is evacuated from the NICU. We have discharged or transferred out 68 babies over a 29-hour period, and without a single adverse event! Like diamonds, our teamwork has been forged under extreme pressure. I have never been more proud and thankful to have the opportunity to work with all my dedicated colleagues- doctors, nurse practitioners, nurses, management, and administration.

That weekend, with water levels receding, my wife and I walk down our still-flooded street. Many neighbors also emerge and share their stories.

One family relate how, from their second story bedroom, they witnessed a surreal expanse of water roll towards them. The wife exhaled, "I think we are going to die!" Shortly after this, they describe how their two cars floated down the road. The storm surge was so unexpected, another family (husband, wife, and small dog) find themselves surrounded by rising waters, even as they attempted to walk to their next-door neighbor's home on higher ground. Instead, they jump into their boat (on a trailer hitch) that is now floating, and throw out the anchor, hunkering down, while buffeted by hurricane force winds, rain, and waves. They stayed huddled in their boat for two hours before they struggle to their house attic. A third family, with two children and both sets of grandparents scrambled to their attics, as their house filled with seawater, contaminated by sewage. Fumes from their generator gas tank began to accumulate in their attic, and the husband must descend from the attic, wading through feculent water, to their garage. A fourth neighbor with several children and dogs, found and donned life jackets, and scrambled to their attic. Those who go to the attic should bring an axe to chop their way out if needed.

Two weeks later, a nurse viscerally recalled how she, her husband and adult son survived. She described how they frantically piled their furniture against bowing doors; how they had to scramble to the interior closet, hearing cracking

sounds as her house began to break away. Her voice and face remained tense and strained as she relived her nightmare. "I really lost it when I watched my husband and son holding each other and saying their good-byes." I hugged her, although I knew I could not hope to take away her pain. "Why are you working?" "I don't know...I just needed to be somewhere familiar and hold a baby."

While we all sustained varying degrees of material damage and loss, so many of our experiences paint a similar picture of intense fear and realized or unrealized trauma.

10-15% of Golisano staff lost their homes. Of the neonatal medical team, one lost his home, three others sustained significant roof damage. Of the 13 homes along my neighborhood street, seven were flooded. We all survived.

Epilogue: Hurricane Ian is the second costliest and deadliest storm in U.S. history.

Our hospital system bounced back quickly. For the Golisano Children's Hospital NICU, full water pressure was restored within the week. About three-weeks post-Ian, the NICU was back to baseline, fully staffed, and with a census of 58. All but one of our evacuated babies have returned or discharged.

My wife suggested that I write down my thoughts, in part, as therapy. I am still trying to fully reconcile the impact of Hurricane Ian to the community, to my colleagues, and to myself.

Are there any lessons to be learned...maybe, "No man is an island?" Indeed, the human condition is intertwined, on all levels. The community was well served by the proactive preparations of the state and national agencies, as well as so many independent services and individuals who had descended upon our beleaguered community and provided support. One month following Ian, the signs of recovery were everywhere: FEMA, police cars, food and clothing stations, utility vehicles, many with out-of-state license plates. At a local Lowe's, a BBQ stand was dispersing free meals. Our NICU classroom had doubled as a thrift shop, sharing clothes and essentials; everyone helped everyone.

It is now about three-months post-Ian, the news cycle has long ago moved on, and ostensibly so have the rest of us. Almost defiantly, we seek the comfort of normalcy. My colleagues and I have quickly refocused on our workday routines, and even some holiday festivities. On one level we struggle with denial, on another, "survivor guilt" may linger. On a third level, I wonder how many who continue to struggle now feel forgotten?

Indeed, some of us remain frayed and violated, and have found our human connections to be that much more vital and sustaining. Together and individually, through ingenuity, fortitude, compassion, and resilience, we are building ourselves back. It is difficult to quantify the enduring emotional trauma, but, together, our community will recover, as will each of us...over time.



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