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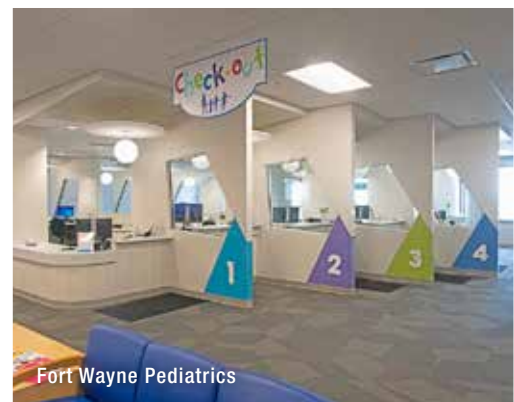


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Fort Wayne Medical Society

Mission Statement

The Fort Wayne Medical Society is committed to the goals of the American Medical Association, the purpose of which is the preservation of the art and science of medicine, the personal development of member physicians and the protection and betterment of the public health.

The Fort Wayne Medical Society is committed to the principles of physician autonomy and self-determination in the practice of medicine.

The Fort Wayne Medical Society is committed to fulfilling the role of an active cohesive leader of the healthcare resources of our community by maintaining and assuring the quality, availability and the responsible economic utilization of our healthcare resources.

The Fort Wayne Medical Society is committed to active involvement in the decision-making process regarding medical, social, political and economic issues affecting patients and physicians within hospital and all various inpatient and outpatient settings.

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The views expressed in *Fort Wayne Medicine Quarterly* articles are those of the authors and do not necessarily represent those of the Fort Wayne Medical Society.

Editorials are welcome and members are encouraged to respond to an opinion that might be different from their own.

References from articles will be included, if space allows. When not included, references can be obtained through the editor.



Another Incredible Annual Dinner

We had a packed house at this year's annual dinner. Thank you to all our members and guests who attended. I want to share a portion of my remarks from the evening that resonate across our member-

ship whether you joined us at this event or another.

This is my favorite night of the year! This gathering is what our Society is all about. Tonight, regardless of where we work, or grew up, or went to school, we are united through Society membership. We come together for fellowship, and to discuss the issues of the day. A simple social activity among Allen County physicians that has taken place for the last 186 years. What a streak!

What we have here is special. County societies across the country struggle and cease to exist, while ours thrives. The turnout at the annual dinner is one indication of that. We are strong with over 1300 members and supply an impressive group of ISMA delegates each year. Our current ISMA president and president-elect are both from Allen County.

What is the secret to our success? Our secret is you – the membership of Fort Wayne Medical Society.

You make time in your hectic lives to:

1. Attend events like this
2. Volunteer for our board, and/or subcommittees, or to serve on the District 12 board
3. You engage members, non-members, and top administration at your place of work on the Society's benefits.

4. You submit articles for the *Quarterly*

5. You talk to our state legislators about topics that will help you enhance patient care and testify at the state-house when called upon

6. You find time to attend Convention, study the resolutions, and vote accordingly, thereby shaping ISMA policy

You make us special. So, for the board, Lindsey and myself, and all the members that came before us, thank you for making us the success we are and for securing our future.

For complete coverage on the 2025 Annual Dinner, turn to pages 16-19.

Super Alliance!

Another facet of our organization that truly makes us unique is the incredible Fort Wayne Medical Society Alliance. The Alliance hosts two marquee community events each year – **Doctors Day** (in its 30th year) at Science Central and **Cinderella Dress Day** (in its 24th year) at the Grand Wayne Center. This year, these two events hosted over two thousand people combined. See photographs from both events on pages 26-28.

FWMEP's Class of 2028 Announced

Speaking of extraordinary organizations, the Fort Wayne Medical Education Program (FWMEP) celebrates its 53rd year with the announcement of the class of 2028 on page 24.

For over half a century, FWMEP has served the underserved in our community while training the next generation of physicians – many of whom stay in Fort Wayne to pursue their careers. What a tremendous asset to our city. We are lucky to have them!

ISMA District 12 Meeting
Thursday, June 26th, 6pm
Sycamore Hills Country Club

Important Dates Please Note!

176th ISMA Annual Convention
September 26-28
at the Embassy Suites Noblesville

Measles Resurgence in 2025: A Clinical and Public Health Imperative

Andrew Roberts, MD

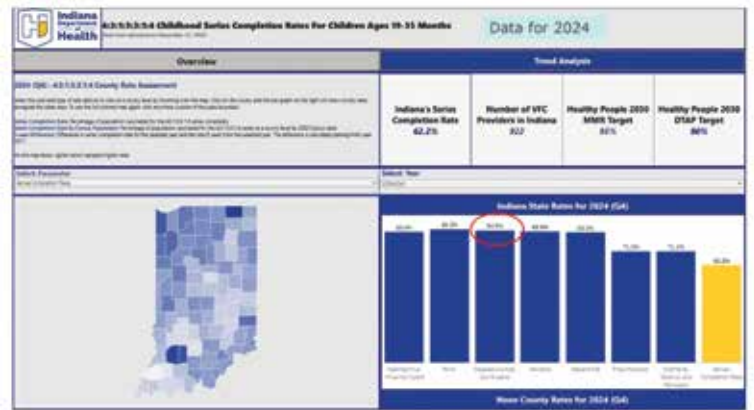


In 2025, the United States finds itself facing a deeply concerning public health crisis: the resurgence of measles, a disease officially declared eliminated in the U.S. in 2000. As of May, more than 880 confirmed cases have been reported across at least 30 states.

Particularly troubling outbreaks have emerged in Texas and Indiana, exposing the dangerous consequences of declining vaccination rates, widespread misinformation, and the erosion of herd immunity. As a highly infectious airborne disease, measles poses a unique threat not only to individual patients but to entire communities. For physicians, public health professionals, and policymakers, this surge presents a critical test of the nation's commitment to evidence-based medicine, preventative care, and equitable access to vaccines.

Allen County, Indiana: A Case Study in Local Vulnerability

In Indiana, all eight reported cases as of late April have occurred in Allen County, home to Fort Wayne and surrounding communities. Local health officials have traced the index case to an unvaccinated child who had recently



National Overview: From Elimination to Emergency

According to the CDC, the first quarter of 2025 alone has seen more measles cases than the entirety of the previous five years combined. Texas leads with 663 confirmed cases as of April 30, followed by New York, Florida, and Indiana. Notably, over 70% of these infections have occurred in children under the age of 10, and 82% of confirmed patients were unvaccinated. Two pediatric deaths have been reported in Texas, and multiple hospitalizations nationwide have involved severe complications such as pneumonia, encephalitis, and subacute sclerosing panencephalitis (SSPE).

traveled internationally. Secondary infections occurred in both school and healthcare settings, prompting emergency vaccination clinics and school exclusions for unvaccinated children.

Allen County's average MMR (measles, mumps, rubella) vaccination rate has fallen to approximately 81.9% as of Q4 of 2024, far below the 95% threshold needed for herd immunity. The county has seen a 14% decrease in school-entry vaccination compliance since 2019, a trend mirrored in other regions with ideological opposition to vaccines. These statistics reflect a broader statewide challenge: Indiana's overall MMR compliance for kindergartners sits at

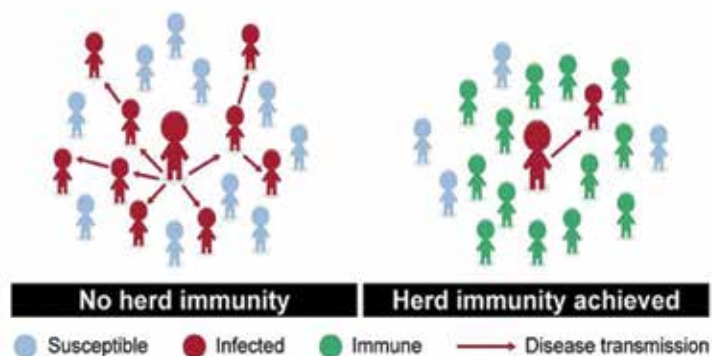
84.6%, among the lowest in the Midwest.

The Rationale and Science Behind Herd Immunity

Measles is among the most contagious viral illnesses, with a basic reproduction number (R_0) between 12 and 18. This means one infected individual can spread the virus to up to 18 susceptible people in a non-immune population. The virus can linger in the air for up to two hours after an infected person has left the area. Therefore, even brief, casual contact can result in transmission, particularly in crowded settings like schools, clinics, or public transportation.

continued on page 8

To prevent outbreaks, the population-level immunity threshold for measles is approximately 95%. When immunization rates fall below this, the virus can exploit susceptible pockets of unvaccinated or under-vaccinated individuals. Infants, immunocompromised patients, and others unable to receive the vaccine rely on this indirect protection.



Drivers of Vaccine Hesitancy and Policy Erosion

Public health experts have long warned that a perfect storm of disinformation, legislative loopholes, and diminished trust in institutions could undo decades of vaccination progress. The COVID-19 pandemic accelerated the erosion of confidence in public health authorities and saw the rise of alternative media ecosystems that frequently promote anti-vaccine sentiment. Notably, prominent figures, including political candidates and social media influencers, have amplified unsubstantiated claims about the MMR vaccine containing aborted fetal tissue, causing autism, or impairing fertility. These assertions have been repeatedly debunked in peer-reviewed literature, yet their impact on parental decision-making remains profound.

Policy decisions have compounded the problem. More than a dozen states still permit non-medical exemptions for school vaccinations based on religious or philosophical beliefs. In Indiana, these exemptions are relatively easy to obtain and require minimal documentation. According to the Indiana Department of Health, exemption rates in certain charter and private schools exceed 15%, creating fertile ground for outbreaks.

Clinical Considerations: Diagnosis, Management, and Reporting

For clinicians, the resurgence of measles necessitates a renewed vigilance in recognizing early symptoms and applying appropriate isolation protocols.



Measles typically presents in three stages:

- 1. Prodromal Phase:** High fever (up to 104°F), cough, coryza, and conjunctivitis lasting 2–4 days.
- 2. Enanthem Phase:** Koplik spots (small white lesions on the buccal mucosa) appear and serve as an early diagnostic clue.
- 3. Exanthem Phase:** A maculopapular rash begins at the hairline and spreads cephalocaudally and centrifugally, often accompanied by desquamation.

Diagnosis is confirmed via PCR testing of nasopharyngeal swabs or serologic evidence of IgM antibodies. Physicians must notify public health authorities of any suspected or confirmed case within 24 hours, as measles is a nationally notifiable disease.

Management is primarily supportive, though high-risk contacts, including infants under 12 months, pregnant women, and immunocompromised individuals, may benefit from post-exposure prophylaxis with immunoglobulin or the MMR vaccine, depending on timing.

Healthcare System Burden and Exposure Risk

Beyond individual patient care, measles imposes significant logistical and financial stress on healthcare systems. In one recent Allen County case, many patients and staff were exposed at a pediatric urgent care facility. All unvaccinated staff had to be furloughed, and the clinic temporarily closed for deep cleaning and containment. Contact tracing, serologic testing, and vaccination campaigns required coordination between the Indiana Department of Health, the CDC, and local school systems.

Hospitals and practices should ensure that all staff have documented immunity, either through vaccination records or serologic titers. Isolation protocols, negative pressure rooms, and PPE use must be reemphasized in staff trainings.

Public Health Interventions and Community Messaging



Allen County officials have implemented several immediate interventions:

- **Free MMR Vaccine Clinics:** Pop-up sites established at schools, churches, and community centers.
- **Exclusion Policies:** Unvaccinated children barred from school attendance for 21 days post-exposure.
- **Media Campaigns:** Public service announcements debunking myths and encouraging vaccination.

Community engagement remains essential. Pediatricians and family physicians are often the most trusted messengers and can play a critical role in discussing vaccine safety with hesitant families. Data show that a strong, unambiguous recommendation from a physician can increase vaccination uptake by over 30%.

What Physicians Can Do

Physicians must now take a proactive role across three key domains:

1. **Clinical Practice:** Review immunization records at every visit. Implement standing orders to vaccinate eligible patients.
2. **Public Advocacy:** Support policies that remove non-medical exemptions. Engage in op-eds, panels, or school board discussions.
3. **Medical Education:** Educate medical students and residents on vaccine science, communication strategies, and outbreak response protocols.

The medical community must also be prepared to counter misinformation. Resources from the CDC, AAP, and WHO can be used to bolster patient discussions.

Conclusion: A Call to Action

The resurgence of measles in Allen County and across the nation is not merely a medical concern but a societal failure. It reflects the dangerous impact of eroded public trust, underfunded public health systems, and physician complacency. However, it is not irreversible. Physicians have both the expertise and the moral authority to reclaim the narrative, reinforce science, and protect the most vulnerable among us.

Measles may be making a comeback, but so too can a united, evidence-driven medical profession. The time for passive awareness has passed. What is needed now is active, sustained engagement—from the exam room to the legislature—to ensure that this preventable disease does not become a permanent fixture of American life once again.

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Pluralism in Education: Varied Pathways to Productive Employment | William Cast, MD



Pluralism, tightly defined, is a system in which two or more different states or principles coexist. For purposes of pluralism in education, this is not a discussion of school choice, that is public, private, or parochial, but instead the incorporation of a menu of factors such as diverse curriculum, more educational oppor-

tunities in the Arts, vocational experiences, collaborative pedagogy, critical thinking, respect for differences, equal opportunity and certification based on credits for experience.

For clarity, I'll announce my editing assumptions and biases for this paper as follows:

- The most important time in education is 0 to 5 years, followed by K-12.
- Pluralism is most critical in the long stretch of time between K-12, and that period will be my focus.
- College and University training is very specific to the student and may be helpful, or not, as statistics to follow will show.
- I'm aware of, will comment on, but will not focus on costs and the alarming specter of Artificial Intelligence.
- Sources are in the digital paper but won't be read.

This title suggests that a primary reason for education may be to get a job, and that may often be the case. But society seems to want more. In fact, if education writ large, were humming along smoothly, we'd hear little discussion. Thus, when voices in one's head whisper: "Doesn't the system already prepare students for jobs? Is there a problem here?"

That the topic choice is prescient, is evidenced by seeming conflicts between the March 4th Journal Gazette and the March 3rd Wall Street Journal. The Wall Street Journal had this front-page header just below the fold: "Schools Revive Shop Class," with a sub head: "Hands-on-skills stage comeback, driven by college costs, demand for choices." Inside, the article took all of page seven. The Journal Gazette featured a report from the Indiana Commission for Higher Education addressing what they termed a "worrisome," stagnant 53% college-going rate and 68% overall college completion rate, with women enrolling in college over men by 59% versus 46%." These trends are linked

and conflicting, and college faculties are properly concerned that the small college closure rate was one per week in the first half of 2024.

Here are selected clip-quotes from the Wall Street Journal about more shop classes:

- "With higher-education costs soaring and white-collar workers under threat by generative Alternative Intelligence, the timing couldn't be better."
- "We want kids going to college to feel these courses fit on their transcripts along with Advanced Placement and honors."
- Stigma to Vocational Studies? "I've not met a single person who looked down on someone (who is) doing trades . . . these are secure jobs."
- "... roughly half of college graduates end up in jobs where college degrees are not needed." (degrees aren't needed) according to a 2024 analysis of 10 million resumes from the Burning Glass and Lightcast Institutes.
- "Experienced employees are hard to find . . . you can pretty much write your own ticket. . ."

Note the assumption is not "college for all." This fits with reports from the Pew Foundation Research that: only 22% of Americans believe most people can afford college; Almost one third of Americans do not believe that a college education is worth the cost and 47% believe it is worth it only if they don't have to take out loans. Only 5% think higher education provides excellent value for money. "Is it worth it," asks Pew? "Yes, but not for everyone," they say, as they cite costs, student debt and job rewards.

Proper understanding of these trends requires both history— "did education ever provide this function?" — and background — "what changed within education, within our society and culture?" What employee skills do employers seek to achieve productive employment? At baseline, employers expect basic math, reading and writing, and some may need digital and data literacy relevant to their industry. Other technical skills come from the students' choices of study or new skills taught by the employer. Artificial Intelligence, that is ChatGPT, provided the following list of needed employee skills, surprisingly placing soft skills above technical skills. The AI-generated, list includes adaptability, communication skills, problem-solving, critical thinking, managing emotions, initiative, meet-

ing deadlines and working collaboratively. The absence of some will insure job failure. A pediatric psychiatrist was once asked: “When does a child develop a sense of irony?” After nearly an hour, she returned to answer: “Some people never do.” Such is the case with many soft skills, and that deficit becomes the ceiling for job success.

Productive employment in a job is one issue, but only one, and before we tackle varied pathways, we should first review, as briefly as possible, the state of public education. It is challenged and too often chaotic. As Godfather Marlon Brando said to the famous gathering of Mafia crime families: *“How did things ever get so far? I don’t know. It was so unfortunate. . .so unnecessary . . .”* When did we have a system that worked, and when was it changed? And, why?

It is 2025 in the USA. Controversy would be rare if Arab Madrassas, Jesuit schools, private schools, public schools and home schooling produced the same outcomes. But there are important differences. Both Legacy media and social media are shrill critics of public education, and what were once accepted as common goals, are too often framed in accusatory terms such as “dumbed down,” or as “indoctrination instead of education.” Will more emphasis on jobs silence the complaints? Or does college prep remain the goal as suggested by the Indiana Higher Education Commission? The following studies provide insight.

- From Pew Research, April 2024: 51% of Americans say public K-12 education is going in the wrong direction--not enough time on academic subjects, reading, math, science and social studies (69%). Too much politics and personal ideology. Only 16% said the direction was right. 32% unsure. Parents and non-parents agreed. Political differences: Republican-leaning 65% wrong/ Democrat-leaning 40% wrong direction.
- The Congressionally created, National Assessment of Educational Progress statistics (NAEP 2024) results, say that only 67% of 8th graders achieved basic reading skills the lowest ever. The trend began prior to the pandemic in both grades 4 and 8, and scores are 5 points lower than 2019. The 2024, 4th grade – city, suburban and rural, result showed 40% were below basic proficiency.
- TIMSS, of the International Association for the Evaluation of Educational Achievement (IEA) measures international mathematics achievement grades 4 and 8: the average mathematics scores for U.S. 4th and 8th graders in 2023 reverted to levels last seen in 1995, effectively erasing nearly three decades of progress.

- A Pew survey of public K-12 teachers found that 82% say the system is going in the wrong direction citing political climate and COVID (60%).
- Both teachers and parents cited bad behavior and discipline, crowded classrooms, lack of basic skills, underfunding (51%) and mental health problems.
- Teachers expect education to worsen within the next 5 years; worse 53% against 20% better.
- Safety: Pew Research: A majority of students fear a shooting could happen in their school. 82% of low-income parents share this concern vs. 53% of those with higher incomes.
- Teachers cite too much influence from parents; parents cite excess ideology from teachers.
- Enrollments are down by 12 million since 2020 with more declines to come. In most developed countries the total fertility rate is below the replacement level of 2.1.
- Causes of K-12 public schools enrollment decrease: About 50% from declining birth rate – 20% to private schools, and 20% were lost to home schooling. From 2019 to 2022 home schooling rose 51% to 4.3 million.
- School absenteeism is 75% higher than pre-COVID levels
- The national graduation rate for four-year high school is about 87%
- Bureaucratic constraints dampen teacher creativity
- Plus, disagreement on Core Curriculum: pointing to failure rate in the 3 Rs.

It’s useful to start at the beginning. When did educational pathways best work to prepare students for jobs? Purists and those familiar with our colonial background will recall that the first North American schools were mainly for the wealthy and organized to train parsons and ministers for churches. They were also intended to create a citizenry that could govern or be governed. Bible study, the three R’s and opportunities to work or apprentice were the main elements of colonial pluralism. The first public school is generally acknowledged to be the Boston Latin School founded in 1635 and attended by Sam Adams and John Hancock. That the problems of dropouts and discipline are not new is attested to by the fact that Sam Adams was once disciplined for not attending morning prayers and for drinking in public. Ben Franklin quit school at age ten to work in the family candle-making shop and apprenticed to his brother at age 12 in the printing trade. His work as

continued on page 12

a printer in the U.S. and London allowed him much reading time to self-educate.

Going deeply into the past, to 356 B.C., recall that Alexander III of Macedon (Alexander the Great) had tutors who taught him mathematics, horseback riding and archery. At age 13, his father, King Philip II, hired Aristotle to teach him and other youths at the Temple of the Nymphs, where the curriculum included philosophy, medicine, morals, logic, art, politics, science and religion. Aristotle fostered a keen interest in scientific inquiry and introduced him to the works of Homer and other poets. Alexander became king at age 20. The rest is history.

Through history there are more stories of eclectic pathways in education, citing George Washington, born 1732 and Abraham Lincoln, born 1809. They were in many ways alike having had limited formal educations. Washington's Father died when he was eleven, leaving him to help on the family farm and to learn through reading. He also worked on 190 land surveys from age seventeen to age twenty. Abraham Lincoln attended several "ABC schools" taught by neighbors, but his formal schooling totaled about a year. He read borrowed books, among them the Bible and Shakespeare, a biography of George Washington and Grimshaw's History of the United States. He also later read law and passed the Illinois bar exam.

Stories, this last one personal, serves to illustrate the results of an earlier, non-governmental organic pluralism, that served both students and the needs of the State. My Grandfather, William Horatius Cast, often called Billy, was born in 1865 and, when his mother died; he left home at aged twelve to work on his sister's farm, quitting school at the eighth grade. Later, after buying a small plot of poor, clay soil, he opened a tile factory to supply north-west Indiana where the 28,000-acre Beaver Lake was being drained and much of the region was under water for six months a year. The Swamp Act of 1852 had allowed those who drained the swamp to keep land for farming, and it was successful in reducing the lake to 10,000 acres. When he was approaching 50, his tile factory burned and, long story short, he bought into a bank where he became President until its closure during the bank panic of 1931. He had purchased about 900 acres of land and returned to being a farmer until his death at age 82. Like those before him, he used reading and experience to adapt to enormous change.

Indiana's Industrial Revolution, from about 1880-1920s, obviously provided abundant opportunities and pathways to employment. A combination of classroom and

workplace learning was the standard for over 2000 years. Compensatory advantages came from supportive families, overcoming hardship, and learning from experience. With basic skills, sufficient curiosity, a lifetime of reading, and a culture of opportunity, educational pluralism was circumstantial and largely self-determined. And the sky was the limit. If the very lean one-room schoolhouse once served the needs of student and State, what conditions changed? As different skill requirements grew, did other factors keep pace?

A question: Does a woeful ignorance of geography and history handicap citizenship and job success? A 2016 National Geographic study showed college-educated students (18-26 years old) averaged 55% in geographic literacy. The State of Indiana requires 6 credits covering history and government including the Federalist Papers and the Bill of Rights. That is not true in all states, with Ohio only requiring one-half credit in government and Michigan integrating civics into U.S. history without a standalone course. The answer is suggested by a quote from George Santayana: "Those who cannot remember the past are condemned to repeat it."

Here is a more recent education model, operating 315 years after Boston Latin. Hoosier education in the 1950s was the golden age of public-school vocational training, shortly following the end of World War II, it was common for many students K-12 to take shop class, home economics or career and technical education, today called CET courses. In 1950, 25% of secondary students were enrolled in full-time vocational studies, however that dropped to 19% by 1965. From the 50's into the 80's the federally encouraged idea of "tracking" or "laning" caught on as a response to social changes and a growing influx of immigrant children. Ability or perceived ability was used to assign students to different tracks with college-bound students taking advanced writing, math, history and science while those on a non-college tract took more vocational training along with basic academic courses. However, social class and ethnic identity defined much of the result, and not surprisingly, the college track became more prestigious and vocational education acquired a stigma.

How about a State solution that gets the right student on the right path to the right job? That phrase has the proper ring to it. Here is the German model, a unique combination of rigor, vocational learning and individual development. German education demands compulsory full-time attendance through the secondary level. Students are sorted into different educational paths after grade 4

of primary school, called Grundschule. Students are then sorted into one of three secondary school paths: The lower level, Hauptschule emphasizes vocational training and the intermediate level, Realschule grade 5 through 11, prepares students for mid-level jobs or higher vocational schools, while Gymnasium, the more prestigious third channel takes grades 5 through Grade 12 to prepare students for university. Students' assignments are determined by the students' annual performance and the recommendation of teachers, not by a single test. However, parents may appeal the process. There are complexities, but simply stated, Gymnasium students get a diploma, the dropout rate is 3%, and when graduating the students are somewhat ahead of our college freshmen as they head into higher education. There are ways for students to "escape" from their lower assignments. About 14% of lower school students upgrade to intermediate level, and Intermediate level students who do well may earn credits allowing them to go to a university or conservatory.

Would this system work in the United States? Even in Germany dissatisfaction is increasing. Immigration is creating more dropouts based on language differences, a teacher shortage exists at all levels, and the system produces growing, undesired socio-economic stratification. Most in the U.S. are critical of making the decision so early, and in all countries, girls' brains mature earlier than boys. This is already exemplified in the U.S. by the fact that 87% of the Veterinary Medicine class at Purdue is female, largely based on grades.

And so, if the German, State assigned-track model is troubled and showing many of the same stresses as the U.S. system, what global complications affected both countries since the 1950's? A few of us can recall the end of WWII and what followed: – the Cold War, establishment of the U.N., Arab-Israel War, Independence in Africa – Asia – Caribbean, decolonization of French, British and Portuguese colonies, the Viet Nam war, widespread civil unrest with worker and student protests, and dissolution of the USSR with reunification of Germany. Nation change and immigration affected many populations.

The current U.S. trend is for more STEM in education, that is science, Technology, Engineering and Mathematics, disciplines that can foster critical thinking, creativity and technical skills. Vocational education is also a fertile ground for blending STEM with hands-on education as we have seen from Alexander the Great to the Twentieth Century. Simplistically, one can make the case that lack of hands-on education, fewer collaborative activities and the absence of vocational education have gone hand in hand

with excessive computer and iPhone time to create isolation, emotional fragility, diminished soft skills, and failing educational outcomes.

Education takes place on student backgrounds of cultural difference that provide both compensatory advantage and a subtractive disadvantage. A school may have a fixed curriculum, the same for all students. One size can fit all if one unreservedly accepts different student outcomes. Instead, however, if one divides students by ability, then more optimal outcomes, albeit unequal, may be produced for each cohort. However, it will very likely promote social stratification and bring a need to confront and manage stigma. As to family background and ethnic values, either may support or easily destroy any and all efforts for success. Cultures change slowly, and data rarely changes feelings.

How has government intervened? The 1980 Refugee Act and subsequent changes in English as a Second Language (ESL) programs, along with increasingly multicultural curricula made for more complex classrooms and more difficult teacher education. Later, the 2001 No Child Left Behind Act. required annual standardized tests, school choice options, research-based instructional methods, and new labor intensive "accountability systems," and over-promised that "every child would read and do math at grade level by 2014. At a cost of billions of dollars and an estimated increase in a paperwork burden of nearly seven million hours per year, the impact of NCLB on test scores was modest in math with no measured effect on reading. Unfortunate gaming of the system resulted in exclusion of the neediest students and dropout rates increased among students of color. In highly segregated schools with over 90% of students of color, only 42% of freshmen advanced to grade 12. (Information from: The Civil Rights Project at Harvard University, et al) When computing cost to benefit ratio, No Child Left Behind has raised annual costs with minimal benefit.

In short, College was emphasized, and standards were aligned with post-secondary expectations. In 2015, Every Student Succeeds (ESS) replaced No Child Left, with a shift to more local and State decision making, but state plans must be submitted to the U.S. Department of Education. So-called "holistic" approaches have been found to be more difficult to monitor and to compare between schools and between States. And, accusations of "dumbing down" of classroom standards and teacher training requirements are still being debated a decade later.

continued on page 12

What of civility, behavior and manners---basic discipline? “Can’t teachers control a classroom?” parents ask. “Not so fast,” teachers answer. One of George Washington’s books was the Bible, and another favorite, *The 110 Rules of Civility*, a book of French Jesuit origin dating to 1595 and translated in 1640 by Francis Hawkins, the 12-year-old son of a doctor. (Amazon Books, \$7.48 hardcover) George copied all 110 rules to his notebook by hand. The first rule of civility, from which came the rest, was “Every action done in company ought to be with some sign of respect to those that are present.” Historians point to Washington’s respect for that learning as critical to his leadership success.

Was a decline in school discipline a fault of family or society in general? Perhaps yes in part but ponder this. More “stuff” was added to education, often “bolted on,” mandated and monitored by government. Here are four court decisions, none were unanimous: *Tiner v. Des Moines*, *Goss v. Lopez*, *Wood v. Strickland*, and *Honig v. Doe*, all of which limited the disciplinary authority of public schools and teachers. In *Tinker*, 1969, the court declared only a student’s speech or behavior that materially and substantially disrupts school activities may be controlled. Justice Black dissented, as did Justice Harlan, writing that one doesn’t need to be a prophet to know that “after this Court’s holding today, some students will be ready, able, and willing to defy their teachers on practically all orders.” In *Goss*, 1975, in a 5-4 decision, education was declared to be a property right requiring teachers to provide students due process and evidence even for minor discipline. Again, in a 1975, 5-4 decision, the *Wood* decision raised the personal liability standard for the school and teachers, so that even when acting in good faith, unintentional violations of a student’s rights would support a “should have reasonably known,” personal liability lawsuit. In 1988, in *Honig*, a 6-2 Supreme Court majority applied procedural protections to disabled children, even dangerous ones, for example violent children with weapons. I need not go into the ever-broader recent interpretations of Title IX, and the uneven applications from school to school – to date not addressed by the Supreme Court – that have resulted in campus kangaroo courts that attempt to deny the accused an attorney. We see the results of CYA and lawyering up leading to bloated administrations and higher costs. Purdue paid a student \$237,000 for a flawed procedure in *Doe v. Purdue*.

The question: the paper’s title is, in effect, a question. “What are the varied pathways to productive employment? If we learn from the past, basic education through middle school will underpin many if not most jobs, as even some current Amish experience attests. Government is good at sending money but inefficient at providing services. Local control, nearer to the actual site of education seems preferable. Diversity is well defended as a necessary and valuable experience but note the irony that the more diverse we are, by definition, the less we have in common. Schools must implement ways to encourage students’ feelings of belonging, because the concept of commonality, team spirit, and personal involvement create pride in one’s school, company or city.

Lastly, a final statement of opinion. Varied educational pathways are made up of the same elements in different ratios, but no elements should be ignored. If one cannot hire Aristotle as a tutor, the next best thing is to blend proficiency in mathematics, writing and reading---that includes geography, history and biography – with vocational studies and team activities. Collaboration, highly desirable, may range from a group-cooked meal to wood shop, from a jazz quartet to a chess team, and from group contests with robots to a project building a dune buggy. The trend to STEM is good only if basic tools are mastered that allow one to handle inevitable change. Earlier estimates of “twelve job changes in a working lifetime” are now estimated at “over 15,” and working at something you are good at,” is a key to stability. The arts should not be neglected. Music, art, philosophy, religion, morals, and logic are more than preparation for a job or a fun college major. They foster vital soft skills, getting along well with people and, importantly, they make life worthwhile.



Tyra Grischke Finds Rewards in Helping Others in Our Community

Tyra Grischke grew up just a few miles from our IU School of Medicine-Fort Wayne campus. As a student at Northrop High School, Tyra was an honor student and a varsity tennis player. She was most

interested in health science classes and during her senior year she participated in an internship program at Parkview Health, where she had the opportunity to interact with nurses, other hospital staff and physicians. This led her to set her goal to be a physician and a role model for her siblings and members of her community.

Family is important to Tyra. Her youngest brother was born while she was in high school, so she wanted to stay close to home for college to develop a relationship with both him and her younger sister. An offer for an athletic scholarship at the University of Saint Francis (USF) gave her the opportunity to stay in Fort Wayne. Tyra majored in Biology and Psychology with a concentration in neuroscience at USF. As a premedical student, Tyra chose to shadow physicians in ICU, Med/Surg, Rehab and NICU at local hospitals. She found the NICU to be the most inspiring experience. She looked forward to going to the unit as often as possible because the staff and attending physicians always expressed optimism, even though the patients in the unit were extremely ill.

Tyra also chose the Fort Wayne campus of IUSM to be close to home. During her first two years of medical school, Tyra participated in several Student Interest Groups and volunteered with organizations that help children. She provided educational programs for Big Brothers and Big Sisters, and she volunteered at Erin's House for Grieving Children. She found that participation in these programs benefitted her as much as the children whom the programs serve. While at IUSM-FW Tyra has also mentored high school students. She has a strong desire to help students realize that they can achieve a college education, regardless of academic mistakes and backgrounds. Additionally, through her Foundations of Clinical Practice course and her personal experiences, Tyra also found an interest in health disparities and public health and sought opportunities to expand her experiences in these areas.



When considering a summer program after her first year of medical school, Tyra chose to apply to the Student Education and Research Fellowship Program (SERF). Tyra took the initiative to ask Dr.

Sarah GiaQuinta, who shares her interest in pediatrics and public health, to be her preceptor for a research study. Dr. GiaQuinta is a board member of the Super Shot program, whose mission is to promote vaccination and provide access to immunizations in Allen County. Together, they reviewed current patient contact practices for patients utilizing the clinic for immunizations for pediatric patients. The patient surveys about immunizations demonstrated that the patients who utilized the clinic and were difficult to contact were either patients who spoke English as a second language, or were a member of the Amish community, who were difficult to contact. The results of her research impressed upon her the importance of communication in health care.



Tyra recognizes that curriculum and community experiences at the IUSM-FW will prepare her for her career when she returns to our community to practice after residency. Through volunteering, leadership and research, Tyra has attained a better understanding of the challenges that her future patients face, and she is preparing herself to be able to assist her patients to achieve the best health outcomes.



Fort Wayne
Medical Society

2025 Annual Dinner

Fort Wayne
Country Club





Gregory Pond, MD, welcomes colleagues at the FWMS 2025 Annual Dinner

Gregory Pond, MD



Good evening to all our esteemed colleagues, dear friends, and honored guests.

First and foremost, I'd like to thank my wife, Amy Pond. I'm pretty sure when she agreed to let me take on this role, we weren't even pregnant with our second little boy yet. Now, we're the proud parents of a three-

year-old and a one-year-old — who, while very loving, are definitely somewhat feral, as I'm sure all parents with young children can relate to. You're an amazing wife and mommy, and I promise: no more new large-scale responsibilities... at least for the next year or two.

Before we dive into reflections on this past year, I want to express my deepest gratitude to two individuals who work tirelessly behind the scenes to make the Fort Wayne Medical Society what it is: our Director, Joel, and his office manager, Lindsey.

Day in and day out, their dedication, attention to detail, and endless patience keep this organization running like a well-oiled machine. There's an old saying that leadership is like being a turtle on a fence post: If you see a turtle up there, you know it didn't get there alone — and frankly, it's probably confused and a little terrified. That turtle has been me all year. And thanks to Joel and Lindsey — I didn't fall off. Honestly, if they ever leave, we're all in trouble. Joel, Lindsey: thank you for everything you do.

I also want to extend a heartfelt thank you to the Fort Wayne Medical Society Alliance, led by the one and only Tonya Hughes. For over 85 years, the Alliance has been a vital force for good in our community. Under Tonya's leadership, their impact has only continued to grow. From scholarships for future healthcare professionals to community outreach and advocacy, the Alliance embodies service at its finest. Tonya, and every member of the Alliance: your compassion, energy, and hustle make our community stronger every single day. Thank you.

It is truly an honor to stand before you tonight as the outgoing President of the Fort Wayne Medical Society. As I reflect on this past year, I am filled with immense gratitude — for the opportunity to serve, for the friendships forged, and for the steadfast commitment each of you have shown to the health and well-being of our community.

We have faced no shortage of challenges, but also no shortage of resolve. From navigating the continued pressures on the healthcare workforce to championing public health in the face of uncertainty, this society has stood as a beacon of professionalism, compassion, and leadership.

One of the most meaningful developments during my tenure has been the advancement — and, I'm pleased to say, the passage — of Senate Bill 475. SB 475 marks a turning point — a momentous shift not just in policy, but in how we value physician autonomy and safeguard patient care. It ensures that patients can continue receiving care from the physicians they know and trust, regardless of employment transitions. It removes unnecessary barriers to access, particularly in underserved areas. And it reaffirms a truth we all hold dear: that the physician-patient relationship should never be subordinate to contractual limitations.

As a medical community, we have long understood that restrictive covenants hinder care continuity, disrupt referral networks, and contribute to burnout.

This legislation brings us one step closer to aligning policy with the ethical standards we strive to uphold every day. I am proud that during this past year, our society lent its voice to this effort. We engaged with legislators, informed our colleagues, and stood in unity with professional organizations across the state. And in doing so, we helped move the needle toward a more equitable and patient-centered system.

This success reminds us of the power of advocacy — and of our collective responsibility to remain engaged in shaping the future of medicine. Whether it is through policy, education, or mentorship, each of us plays a role in advancing the practice and principles of our profession.

As I prepare to hand the reins to our next president, Dr. Valcarcel, I'm filled with hope — and maybe just a touch of jealousy, knowing they'll inherit a well-oiled machine I certainly can't take credit for fixing.

Our future is bright because of all of you: the seasoned physicians who teach by example, the young doctors who inspire with new energy, and the steadfast members who remind us that we are always stronger together.

Keep showing up. Keep lifting each other up. And when in doubt — email Joel. May we continue to support one another, to elevate the practice of medicine, and to serve our patients with the integrity and compassion they deserve. Thank you.

FWMS 2025 Annual Dinner

Fort Wayne Country Club



Honorees

50 Year

Robert Barnes MD
Stanley Rich MD

John Trenkner MD
Robert Wilkins MD

John Zeiger MD

25 Year

Philip Bao MD
Matthew Barb MD
Christopher Carrel MD
Shalini Chitneni MD
Catherine Chung MD
Rakesh Guntur MD
Brian Herr MD
Jeffrey Hudson MD
Shivu Kaushik MD

April Morrison MD
Charles Morrison MD
Richard Otten MD
Matthew Paparo MD
Suresha Perera MD
Sabeena Ramrakhiani MD
Shelene Ruggio MD
Ahad Sadiq MD
Amit Sanghvi MD

Niles Schwartz MD
Todd Sidel MD
Sharon Singleton MD
Matthew Stephens MD
Joel Valcarcel MD
Amy Welker MD
Nicholas Wetjen MD



Speaking to a record number of Physicians and their guests at the Fort Wayne Medical Society

Annual Recognition Dinner, ISMA President, William Pond, MD, complimented those physicians present and their colleagues for their continued selfless service to their patients and community. He noted, "Physician respect and standing remains high and is further elevated when we advocate on behalf of our patients as was evidenced by this year's monumental support of legislation to maintain the relationship of patients with their physicians. Physician stature was also elevated by advocating to remove barriers to care caused by frustrating, cumbersome prior authorization process."

Dr. Pond credited this year's legislative success to more than 300 messages through the ISMA legislator contact system, plus more than 200 individual notes to legislators, numerous personal contacts and ISMA testimony before the Legislature. In his outgoing address, FWMS President, Gregory Pond, MD more fully explained the positive impact of SEA 475 removing physician noncompete covenants and SEA 480 fixing prior authorization. His remarks were met with audience applause on both issues. As Dr. Greg Pond's grandmother, 35-year Indiana State Legislator, Phyllis Pond, had told him many times. "Sometimes the answer is yes, sometimes no and sometimes, not yet now." This year is "now".



Photo caption needed here:



ISMA District 12 Annual Meeting

Register now to attend your 2025 ISMA district meeting!

These gatherings offer a valuable opportunity for physicians to network locally and stay informed about important updates from ISMA staff.

Following cocktails and a dinner program, there will be nominations and elections for ISMA District 12 president, trustee and alternate trustee. All nominations and voting will occur at the in-person meeting.

June 26, 2025

Sycamore Hills Golf Club

11836 Covington Road Fort Wayne, 46814

Cocktails 6:30 p.m. ET

Dinner and program 7 p.m. ET

Elections to follow.



Questions?

Contact Vicki Riley at (317) 261-2060.

Register now: www.ismanet.org/2025District12



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Majestic Care of New Haven is a 120-bed skilled nursing facility in New Haven, Indiana, dedicated to providing high-quality, specialized care for veterans. As one of the few VA-contracted skilled nursing facilities in the Fort Wayne area, we are uniquely positioned to meet the complex medical and rehabilitative needs of those who have served our country. Our interdisciplinary team collaborates closely with referring physicians, VA health-care providers, and hospitals to ensure seamless transitions of care and optimal patient outcomes for veteran patients.

Comprehensive Veteran-Focused Healthcare Services

We recognize that veterans may have distinct medical histories, including service-related injuries, PTSD, and chronic conditions requiring specialized attention. To address these needs, we offer a full continuum of care, including:

- **Post-Acute Rehabilitation:** Evidence-based therapy programs designed to accelerate recovery following surgeries, strokes, amputations, and other complex medical conditions. Our rehabilitation team provides physical, occupational, and speech therapies tailored to the unique challenges faced by veterans.
- **Long-Term Skilled Nursing Care:** 24/7 nursing support, chronic disease management, and personalized care plans for veterans with progressive illnesses, neurodegenerative diseases, and mobility limitations.
- **PTSD and Behavioral Health Support:** Integrated mental health services, including therapy and medication management, to assist veterans experiencing PTSD, depression, or service-related trauma.

- **Respite Care:** Short-term care to support primary caregivers while ensuring continuity of treatment and medical oversight.
- **Hospice and Palliative Care:** A dignified approach to end-of-life care, prioritizing pain management, emotional support, and quality of life for veterans and their families.

Our medical team, including registered nurses, nurse practitioners, and therapists, works in close coordination with referring physicians and the VA to implement individualized, evidence-based treatment plans for each veteran resident.



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Our facility is designed to provide a comfortable and engaging environment for veterans while addressing their medical and psychosocial needs through:

- **VA Benefit Navigation:** Dedicated support for veterans and their families in accessing VA healthcare benefits and coordinating services.
- **Advanced Rehabilitation Technology:** State-of-the-art therapy gym and adaptive equipment to optimize functional recovery for post-amputation care, prosthetic training, and mobility enhancement.
- **Honoring Military Service:** Regular ceremonies and recognition events to celebrate and acknowledge the contributions of our veteran residents.

Comprehensive Post-Acute and Long-Term Care Services

In addition to our services that are veteran focused, we accept individuals for our Short-Term Rehabilitation program to help patients regain strength and independence after surgery, stroke, or illness through expert physical, occupational, and speech therapy. For those needing Long-Term Skilled Nursing Care, our dedicated team offers 24/7 medical support for chronic and complex conditions. We also provide Respite Care, ensuring temporary, professional care while caregivers take a well-deserved break. Additionally, our Hospice and Palliative Care services focus on comfort, dignity, and emotional support during end-of-life care.

We welcome referrals from physicians and healthcare professionals seeking a trusted partner in veteran-centered skilled nursing and rehabilitation. For more information about our specialized veteran care programs or to discuss a patient referral, please contact our admissions team. Together, we can ensure that our nation's heroes receive the exceptional care they deserve.






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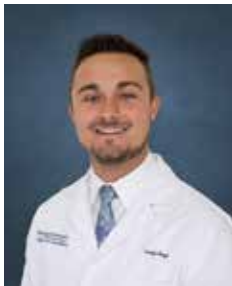
Isabella Coats, MD
Indiana University SOM



Victor Kuzma, DO
*Lincoln Memorial University
-DeBusk COM*



Barbrianna Dawkins, MD
*University of West Indies,
Jamaica*



Joseph Geiger, DO
Marian University COM



Austin Trump, DO
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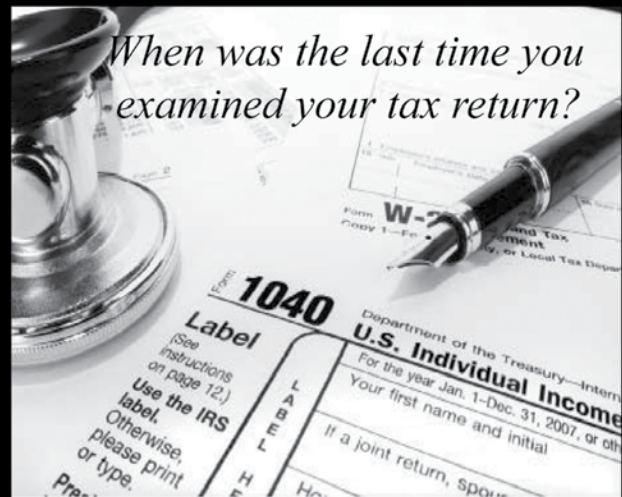
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Fort Wayne Medical Society - Alliance

Cinderella Dress Day 2025



1859 teen girls attended this year's annual event. The Fort Wayne Medical Society Alliance has provided an age appropriate health fair, free dresses, shoes, accessories, hair and makeup trials, and free alterations for 24 years.



Please like and follow

Cinderella Dress Day





CINDERELLA DRESS DAY

2025 TINCAPS TICKET FUNDRAISER & DRESS DRIVE

**TUESDAY,
JULY 29TH**

GAME TIME
7:05PM

GATES OPEN
6:05PM

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LOONS**



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JULY 29TH IS THE TINCAPS ANNUAL PRINCESS NIGHT, ALL FANS WILL HAVE THE CHANCE TO MEET A NUMBER OF CHARACTERS AND ENJOY EVERYTHING PRINCESS!

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QUESTIONS? PLEASE CONTACT TONYA HUGHES AT TONYAHUGHES4@AOL.COM



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Doctors Day 2025

The Fort Wayne Medical Society Alliance hosted the 30th annual Doctors Day at Science Central. With over 40 interactive booths featuring health-related and medical career information, this hands-on event allowed kids and families to explore the world of medicine in a fun and interactive way. The more than 1600 people in attendance had opportunities to explore an ambulance, ask questions at a “Doctor Is In” booth, see a cow eye dissection, see how a kidney stone forms, practice CPR, artistically make their own wounds, and touch a brain specimen—just to name a few highlights.

The demonstration theater showcased informative and interesting medical and wellness presentations throughout the day. Five local 5th graders presented their dream medical career choice and received a 3D printed FWMSA medal. To celebrate the 30th year, we gave away 30 bags of healthy groceries and kids had a chance to win one of the 30 gift cards we purchased from Barnes and Noble Books.

We had pre-med students from PFW, IU Medical Students, Manchester Pharmacy students, Trine Physical Therapy students, Huntington Occupational Therapy students, Saint Francis Nursing and Respiratory therapy students, Ivy Tech Respiratory and EMT students representing their medical careers. Our local residents from the Fort Wayne Medical Education Program and many local doctors and health professionals, as well as FWMSA members at various booths made up the 140 volunteers that give up the first Saturday in March every year to make Doctors Day a success. And the day would not have been possible without IU Health, Parkview Health and Lutheran Health Network who generously sponsor the event, so it is free admission to Doctors Day. Join us in 2026 as a volunteer or bring your family to enjoy the day.



► **Lutheran Health Network celebrates Doctors' Day with over a dozen donations to local charities in honor of its medical staff**

As a continued tradition, Lutheran Health Network has a unique way to commemorate National Doctors' Day and honor the providers who serve on our team. In lieu of gifts, Lutheran Health Network teams presented checks to area non-profits as a meaningful way to recognize its medical staff. These charitable organizations help safe housing, neighborhoods, access to nutritious food and physical activity and so much more.

"This donation is our way to say thank you to all of our medical staff," says Nicole Rexroth, Chief Executive Officer of Lutheran Health Physicians. "We are grateful for their contributions, sacrifices, skills and unwavering care to the thousands of lives we, at Lutheran Health Physicians and Lutheran Health Network, touch each year."

Area donations include:

Bluffton Regional Medical Center

Recipient: Grace and Mercy - \$1,000

Recipient: Hannah's House of Community Care of NE Indiana - \$1,000

Dukes Memorial Hospital

Recipient: Salvation Army of Wells County Food Pantry - \$500

Recipient: Dukes Memorial Hospital Auxiliary - \$500

Dupont Hospital

Recipient: Hope's Harbor - \$6,000

Lutheran Downtown Hospital

Recipient: A Mother's Hope - \$1,000

Recipient: The Carriage House - \$1,000

Lutheran Hospital

Recipient: The Rescue Mission Charis House - \$3,000

Recipient: Community Harvest Food Bank - \$3,000

Lutheran Kosciusko Hospital

Recipient: Combined Community Services - \$3,000

Recipient: Fellowship Mission - \$3,000

The Orthopedic Hospital

Recipient: Wellspring Interfaith Social Services - \$3,500

Lutheran Health Physicians

Recipient: The Rescue Mission Charis House - \$2,000

The first-ever Doctors' Day was celebrated on March 30, 1933,



in Winder, Georgia. Eudora Brown Almond, wife of Dr. Charles B. Almond, decided to set aside a day to honor physicians. March 30 was selected because that day in 1842 marks the introduction of general anesthesia in surgery. On March 30, 1958, a resolution commemorating Doctor's Day was adopted by the United States House of Representatives. In 1990, legislation was introduced in the House and Senate to establish a national Doctors' Day. Following overwhelming approval by the United States Senate and the House of Representatives on October 30, 1990, a joint resolution was signed into law by President George Bush designating March 30th as National Doctors' Day.

► Jars of Love peanut butter drive sets new record

To help address hunger in the community Lutheran Health Network and our community team members collected 5,984 jars of peanut and other nut butter for six area food banks. This year's total crushes the previous record for the network collected in 2024 which was 3,392 jars. Peanut butter is a sought-after item for food banks because of its high nutritional value and long shelf life. Yet, it is one of the least donated items. According to Feeding America, food insecurity ranges in our coverage areas from 10-15% which has a dramatic impact on overall health and well-being.

"We're proud to support our food banks each year and what a tremendous effort all of our hospitals and offices gave to the drive. We want to thank all of our community team members who stepped up this year to help support the need in our community and make a positive, healthy impact on our neighbors and families we serve," said Lorie Ailor, Chief Executive Officer of Lutheran Hospital.

"We are grateful for the Lutheran Health Network and for the ongoing commitment to helping those in need. Your generosity ensures that a child has a healthy snack, a senior has a dependable meal, and a family receives much-needed support.



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- Ventricular assist device (LVAD)
- Wireless sensor for heart failure monitoring



Lutheran Hospital is owned in part by physicians.

A jar of peanut butter represents more than just food—it's nourishment, care, and a symbol of community support," said Carmen Cumberland, President and Chief Executive Officer of Community Harvest Food Bank.

A special thank you goes to our community team members the YMCA of Greater Fort Wayne, OPS - Optimum Performance Sports, Elevatus Architecture and Purdue University Fort Wayne who gathered 665 jars collectively.

Organizations benefiting from the drive:

- Community Harvest Food Bank
- Feeding Tomorrow's Future Today - Food Packs for Hungry Kids
- Wells County Food Bank
- Combined Community Services
- Miami County Helping Hands and the Salvation Army

► **Lutheran Health Network Delivering Quality Care and More to 19 Counties in Indiana and Ohio**

Total Community Benefit Exceeded \$935 million in 2024

Lutheran Health Network provided care to thousands of area residents in 2024, with more than 1,495,000 patient encounters across its network of physician clinics and other outpatient sites of care. Over 1 million of those patient encounters in 2024 occurred in Allen County. In addition to delivering safe, quality, compassionate healthcare, the health system is helping those in need, supporting charitable organizations and contributing to the area economy. In its most recent Community Benefit Report, Lutheran Health Network's impact totaled an estimated \$935 million in 2024, \$718 million of that total investment went to Allen County.

"We are committed to continuously expanding and improving our medical services, enhancing safety and quality, and ensuring greater access to healthcare for greater Fort Wayne and beyond," said Lorie Ailor, Chief Executive Officer of Lutheran Hospital.

Lutheran Hospital's cardiology teams completed the first robotic-assisted heart valve surgery and pulse field ablation in Northeast Indiana. Pulsed-field ablation (PFA) uses electrical pulses to target malfunctioning cells in the atria to stop atrial fibrillation symptoms and return one's heartbeat to normal. Dupont Hospital saw a baby boom in obstetrics with deliveries up over 12% from the previous year.

"The care our team provides this community is top notch and we consider it a highlight to serve our residents each day. Our Birthplaces do all they can to support new mothers and we're so honored to be a part of that process," said Brent Parsons, Chief Executive Officer of Dupont Hospital.

Lutheran Health Network's emergency rooms provide lifesaving, medically necessary care at more than 120,000 patient encounters each year, treating all patients regardless of their ability to pay. In 2024, Lutheran Health Network provided more than \$165 million in charity and uncompensated care, \$131 million of that care was delivered to patients at our Allen County locations. We also provided resources to help patients in need secure medications and medical support devices.

The health system and its employees also support local organizations that make a difference, especially those addressing social determinants of health. Through service projects such as the annual Jars of Love Peanut Butter drive for Community Harvest Food Bank and contributions to charitable organizations such as Matthew 25 Health and Care, Habitat for Humanity of Greater Fort Wayne and the Mad Anthony Foundation.

Lutheran Health Network gives back to the community throughout the year. To enhance patient care and expand healthcare access, Lutheran Health is investing in medical services, facilities and technologies. Capital projects in 2024 totaled \$37 million in various environment and surgical care upgrades.

Lutheran Health Physicians also took steps to strengthen urology services through the recruitment of four new urologists who are practicing at Lutheran Hospital, Dupont Hospital and Lutheran Downtown Hospital. Lutheran Downtown Hospital added a cardiac catheterization lab to their location using new diagnostic imaging equipment which helps patients in need of cardiac care.

Lutheran Health Physicians opened a new family healthcare and specialty care center in Huntington and broke ground for a new medical facility on Illinois Road in Fort Wayne.

"We are strategically applying our resources to help area residents have access to the care they need close to home," said Nicole Rexroth, Chief Executive Officer of Lutheran Health Physicians. "These investments, along with our outstanding medical staff and employees, support our delivery of high-quality medical care and services for a positive patient experience."

Lutheran Health Network is one of the community's larger employers with a payroll of more than \$569 million. Support for the future healthcare workforce includes training the next generation of medical professionals with a Jersey College collaboration and other partnerships with area schools like Grace College, University of St. Francis, Indiana Wesleyan University and Manchester University.

In addition to supporting the local economy through job creation, Lutheran Health Systems paid more than \$82.8 million in taxes in 2024, monies that support local infrastructure and civic resources, \$66 million of that total was in Allen County.

Lutheran Health Network's commitment to helping people get well and live healthier includes a free monthly e-newsletter with health and wellness tips for all ages. Sign up at <https://www.lutheranhealth.net/enewsletter-sign-up>

About Lutheran Health Network

Lutheran Health Network is a family of more than 6,000 employees, physicians, advanced practice providers and volunteers dedicated to providing compassionate, quality care with the best possible experience, to every patient, every time. As a taxpaying, integrated healthcare delivery system and one of the largest employers in the region, Lutheran Health Network makes a positive impact on the communities we serve. Access points across northeast Indiana include acute care hospitals, specialty hospitals, physician offices, urgent care clinics and outpatient centers. For more information, please visit [LutheranHealth.net](https://www.LutheranHealth.net).

Dupont, Lutheran, Lutheran Downtown, Rehabilitation and The Orthopedic hospitals are owned in part by physicians.

► Parkview Health Foundation launches the new Francine's Friends Mobile Mammography Coach

The Parkview Health Foundation, in collaboration with Parkview Packnett Family Cancer Institute (PFCI), is proud to announce the dedication of a new Francine's Friends Mobile Mammography coach, enhancing access to life-saving 3D mammography screenings for women across northeast Indiana.

Since its inception in 2005, Francine's Friends Mobile Mammography has been committed to providing convenient and private screening services. The new 40-foot-long coach is equipped with FDA-approved and Mammography Quality Standards Act (MQSA)-approved 3D equipment, identical to that found in stationary Breast Diagnostic Center (BDC) sites. Staffed by radiologic technologists from the BDC, the coach works to ensure that all women, regardless of financial resources, have access to essential mammography services.

"Mammography gives the ability to detect breast cancers at a much earlier stage," said Alan Yahanda, MD, FACS, president, PFCI. "In doing so, we can then address it much earlier. The beauty of the mammography coach is that it allows us to go out into the community to do those tests and serve underserved populations, especially rural populations or those in the city who may not have ideal access to health care."

Parkview began efforts to replace the original coach in 2024. "We were really trying to get the most mileage out of the previous vehicle. And unfortunately, in the last couple of years, we needed more maintenance and knew we had to plan for a new coach," said Denise Andorfer, director, Parkview Health Foundation. "We were fortunate to have the Cathy Fitzgerald Charitable Trust approach us and say, 'We want to remember Cathy and we'd love her to be honored on the coach.' She was one of the founders, so our partnership was a natural fit."

Earlier this year, the original mobile mammography coach was donated to Ivy Tech, where it will be retrofitted by students for use at middle and high school career exploration events.

Among local sponsors who helped bring the new unit to life was Vera Bradley, whose team selected and donated the wallpaper that runs throughout the interior. "We wanted to create a space that feels comforting and familiar, helping to ease any anxiety women may feel about getting a mammogram," said Barbara Baekgaard, co-founder, designer, and former Chief Creative Officer of Vera Bradley. "Thoughtful details – like the wallpaper – bring warmth and personality, making the experience less intimidating. Through The Vera Bradley Foundation for Breast Cancer, we've seen the power of early detection, and we're proud to support an initiative that makes screenings more accessible."



The new coach will operate five to six days a week, visiting 250 sites across 15 counties in northeast Indiana, and aims to provide more than 3,800 mammograms per year. This initiative underscores Parkview Health's commitment to early detection and prevention of breast cancer, ensuring that more women have access to timely screenings.

Appointments for mammograms can be scheduled by calling 260-483-1847. While appointments are preferred, walk-ins are accepted based on availability. For a comprehensive list of the coach's dates and locations, please visit the Parkview Health website.

The Parkview Health Foundation and PFCI extend their gratitude to the generous sponsors who made the new coach possible: Cathy Fitzgerald Charitable Trust, English-Bonter-Mitchell Foundation, Steel Dynamics, Vera Bradley, MedPro Group, and Radiation Oncology Associates.

▶ Parkview Health names Julie McCormick northeast market president



Julie McCormick, RN, BSN, MBA, has been appointed as president of Parkview Health's northeast market. McCormick brings more than 20 years of experience in healthcare leadership, with a proven history of success in hospital operations, multi-specialty practice management, and community engagement.

"Julie's extensive background in healthcare operations, coupled with her strategic vision and commitment to patient-centered care, makes her the ideal leader," said Dr. Greg Johnson, regional market president, Parkview Health. "Her dedication to excellence will undoubtedly enhance the quality of care and services we provide to the communities we serve in northeast Indiana."

McCormick most recently served as vice president of clinical operations and chief nursing officer at Cameron Memorial Community Hospital in Angola, Indiana, where she oversaw hospital operations, fostered community partnerships, and led major initiatives such as the \$13 million Cameron Education and Innovation Project. Under her leadership, the hospital achieved CMS Five Star ratings and received the Innovation in Quality Award from the Indiana Hospital Association.

Previously, McCormick was vice president of operations for Parkview Physicians Group, where she provided operational leadership to 75 primary care clinics across nine counties. Among her many achievements in this role, Julie onboarded new physicians, guided the launch of five startup clinics, and implemented value-based care initiatives to improve patient outcomes and satisfaction.

"I am thrilled to return to Parkview Health in this new role," McCormick said. "I look forward to working with our talented teams to continue advancing health solutions and delivering excellent care to the Northeast Indiana community. Parkview's strong culture of collaboration and support makes it an incredible place to lead and serve."

McCormick earned an MBA in healthcare administration from Western Governors University, a Bachelor of Science in nursing from Chamberlain University, and an associate degree in nursing from the University of Saint Francis. She is active in her community, serving on the Trine University Advisory Council and as a board member of Women's Care Center NEI.

Under McCormick's leadership, Parkview's northeast market is poised to strengthen its reputation for exceptional care while embracing opportunities for continued growth and innovation.

▶ Parkview wound care nurse practitioner receives international award for use of fish skin grafts

Janalynn Miller, a nurse practitioner with Parkview Physicians Group – Wound Care, has been named a 2025 Aurora Award winner by Iceland-based firm Kerecis.

Kerecis is a biotechnology firm specializing in fish skin grafts in wound care. These grafts are made of North Atlantic Cod skin, which is structurally similar to human skin and serves as an effective foundation to promote regenerative cell growth. Because there is no virus transmissibility between fish and humans, fish skin grafts require minimal processing unlike those made from human or pig tissue.

Miller was selected as one of the 2025 honorees after submitting a case study on an immunocompromised patient with a surgical chest wound exposing his lung and rib bone. Miller began treatment at the Center for Wound Healing at Parkview Noble Hospital with the Kerecis MariGen Micro, and during a period of six applications between Oct. 2 and Nov. 20, the wound improved and decreased by 50%.

"(The patient) is a perfect example of the amazing results with the use of Kerecis in a patient who has all the odds against him," Miller wrote in her case study conclusion. She also credited the entire wound care team at Parkview Noble Hospital for the excellent support and high-quality care they provide for their patients.

This year, 85 cases were submitted to the Aurora Awards Competition and judged by an expert panel of clinicians. Three grand prize winners were selected. Additional cases were advanced to be reviewed by a panel of surgeons. A select few, including Miller's, were awarded the Aurora Case Award.

As one of the honorees, Miller was invited to present at the Northern Lights Workshop in Reykjavik, Iceland, Feb. 6-8.

Parkview operates wound care clinics at Parkview Hospital Randallia, Parkview Noble Hospital, Parkview Huntington Hospital and Parkview Bryan Hospital. Wound care providers help patients recover from numerous kinds of acute and chronic wounds, including burns, diabetic wounds, pressure injuries and surgical wounds.

"Effective wound care is extremely important for patients who are recovering from surgeries or managing chronic conditions to avoid secondary infections and other complications," said Dr. Jim Edlund, medical director of Parkview Physicians Group – Wound Care. "From the beginning, Janalynn has pushed innovative treatments, like Kerecis fish skin, which provide new and exciting options to promote healing and advance care for our patients. We join the Kerecis company in congratulating Janalynn. She is an invaluable asset to our wound care team."



► Parkview Health clinic open in Huntertown

Northwest Allen County residents are now benefiting from expanded healthcare resources for their families closer to home as Parkview Health has opened a new clinic at 15333 Hunters Ridge Lane in Huntertown.

Initially, the clinic will be home to three Parkview Physicians Group (PPG) – Internal Medicine providers with PPG – Family Medicine providers anticipated to join them later in 2025.

“We are excited to expand access to expert, patient-centered care for Huntertown-area residents with this state-of-the-art clinic,” said Dr. Joshua Kline, chief medical officer, Parkview Physicians Group. “Our talented care team is highly focused on providing a welcoming environment and a stellar patient experience for new and existing patients alike.”

New office design

The Huntertown clinic is the first PPG location to feature a new prototype office layout created in partnership with Design Collaborative.

The innovative office design organizes space around two 15-room exam pods, prioritizing staff connection, flexibility and cost savings, all without compromising the Parkview standard of exceptional patient care. The pods offer an expandable layout that can accommodate the addition of services and staff as needed.

Parkview Health and Design Collaborative have worked together since 2015 to adjust and refine space use in PPG offices.

“At Design Collaborative, our team is dedicated to providing evolving healthcare design solutions that meet the community’s needs, and this new clinic prototype embodies that commitment,” said Jessica Detweiler, ACHA, AIA, NCARB, healthcare architect, Design Collaborative. “By focusing on flexibility and adaptability, PPG can provide the highest-quality care while remaining responsive to the needs of its patients and staff.”

PPG - Internal Medicine providers

The following providers, who have relocated from other offices, are welcoming patients at the clinic:

Dr. Jackylin Caparas completed her internal medicine residency at Sound Shore Medical Center of Westchester – New York Medical College in New Rochelle, New York. She earned first her bachelor’s degree in medical technology and then her Doctor of Medicine degree from Far Eastern University, Dr. Nicanor Reyes Medical Foundation, in Quezon City, Philippines.

Following her residency, she cared for patients as a hospitalist at Parkview Regional Medical Center and in Angola, Indiana.

Caparas is board-certified by the American Board of Internal Medicine and the Educational Commission for Foreign Medical Graduates. She is fluent in both English and Tagalog.

“Internal medicine takes care of complex adult medical cases,” she said. “However, we also see healthy patients to prevent diseases and for health promotion. So if you are 18 years old, whether you are healthy or not, come and see us. We’ll be happy to be of help and make sure you get the best care.”

Dr. Margiori Rodriguez relocated to the Huntertown clinic from the PPG office at 1818 Carew Street.

Like Dr. Caparas, Dr. Rodriguez is board-certified in internal medicine. She received her medical degree from the Universidad del Zulia Facultad de Medicina, in Maracaibo, Venezuela, and completed her residency at Advocate Illinois Masonic Medical Center in Chicago, Illinois.

A member of the American Medical Association, she is fluent in both English and Spanish.

Raised in a family of physicians, Rodriguez knew early on that she wanted to be a doctor, and she chose internal medicine because she was intrigued by the process of diagnosing medical conditions.

She stresses prevention and encourages patients to take advantage of their annual check-ups, get regular bloodwork and talk with their doctor about any symptoms: “Patients can expect me to be a good listener, to have dedicated time with them going over their medical issues, their concerns, their frustrations, and what their goals are short- and long-term.”

Nurse Practitioner Lauren Tom previously worked at the internal medicine office on New Vision Drive.

She earned both her bachelor’s degree in nursing (BSN) and her Master of Science in Nursing from Purdue University Fort Wayne.

She is a member of the Coalition of Advanced Practice Nurses of Indiana (CAPNI).

Tom began her career as a patient care technician then trained in nursing and built her skills as a MedSurg registered nurse at Parkview Regional Medical Center. She became a surgical specialty nurse, then, as a nurse practitioner, she served gynecologic oncology patients at the Parkview Packnett Family Cancer Institute for three years, followed by three years with interventional oncology surgical endoscopy before transitioning to internal medicine.

Office hours for this provider team are Monday - Friday, 7 a.m. – 5 p.m. Same-day appointments are available. For questions or appointment scheduling, call 260-425-4870.



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