

Bulletin

Editor: Mary C. Blue, M.D.

November 2015 • Volume 39 • Issue 9



LEE COUNTY
MEDICAL
SOCIETY

Physicians Caring for our Community





BULLETIN

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Lee County Medical Society Mission Statement & Disclosure Policy

The purpose of the LCMS is to unite the medical profession of Lee County, FL, into one compact organization; extend medical knowledge and advance medical science; elevate the standards of medical education; strive for the enactment, preservation and endorsement of just medical and public health laws; promote friendly relations among doctors of medicine and guard and foster their legitimate interests; enlighten and alert the public, and merit its respect and confidence.

All LCMS Board of Governors and Committee meetings minutes are available for all members to review.

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Inserts:

Potluck in Paradise, November 7, 2015
General Society Meeting, November 19, 2015
Kiwanis Science and Engineering Fair, January 23, 2016

*About the Cover: Photo by Dr. Peter Sidell, Nankoweap Graneries, Grand Canyon 2010
We would love to have your photo submissions. Please email them to valerie@lcmsfl.org.*

CALENDAR OF EVENTS

Save the Dates!

Saturday, November 7, 2015, 7-10pm

*Alliance Potluck in Paradise Welcome Dinner
13301 Ponderosa Way, Fort Myers, FL 33907*

Thursday, November 19, 2015, 6:30pm

*General Membership Meeting at PASEO Village Center
11611 Paseo Grande Blvd. Fort Myers, FL 33912
CME on Medical Errors, Presented by The Doctor's Company*

December 14, 2015

Holiday Party at Gulf Harbour Yacht and County Club

January 29, 2016

Annual Medical Service Awards /2016 Officers Installation Dinner



MEMBERSHIP NEWS

Retired

Michael J. Carron, MD

Practice Name Change

Gulfshore Urology
Jonathan Jay, MD
Rolando Rivera, MD
David Wilkinson, MD
28930 Trails Edge Blvd Ste 200
Bonita Springs, FL 34134
Tel: 239-333-3200

Relocated out of area

Kultar Singh, MD

New Location

Heather Auld, MD
LPG – Integrative Medicine
26800 S Tamiami Trail, Ste 350
Bonita Springs, FL 34134
Tel: (239)495-4480

No longer practicing in Lee County

Robert Chami, MD

Incorrectly listed as Board Certified

Ernesto Del Valle Hernandez, MD
Board Eligible: Pediatric Orthopedics

Picture was incorrect in October Bulletin



Stephen Helgemo, Jr., MD
Florida Hand Center

13710 Metropolis Avenue, Ste 103
Fort Myers, FL 33912
Tel: 239-434-8910 Fax: 941-629-6415
Board Certified: Orthopaedic Surgery

NEW APPLICANTS

Christopher R. Myer, MD – Dr. Myer received his MD degree from Ohio State University, Columbus, OH in 2009. He completed a residency at Summa Health System, Akron, OH from 2009-2014 and a Hand and Upper Extremity fellowship at the University of Pittsburgh Medical Center, Bethel Park, PA from 2014-2015. Dr. Myer is in group practice with Orthopedic Associates of SWFL, 13691 Metro Parkway, Ste 400, Fort Myers, FL 33912 Tel: 239-768-2272.

Alexander E. Pogrebniak, MD – Dr. Pogrebniak received his MD degree from the University of Michigan, Ann Arbor, MI in 1983. He completed an internship at Henry Ford Hospital, Detroit, MI from 1983-1984, a residency at the University of Michigan, Ann Arbor, MI from 1984-1987 and a Pediatric Ophthalmology fellowship at Indiana University, Indianapolis, IN from 1987-1988. He is board certified in Ophthalmology by the American Board of Ophthalmology. Dr. Pogrebniak is in practice with Eye Centers of Florida, 15661 San Carlos Blvd., Ste 4, Fort Myers, FL 33908 Tel: 239-454-6444.

Kathleen W. Wilson, MD – Dr. Wilson received her MD degree from the University of Iowa, Iowa City, IA in 1975. She completed her training at the Mayo Clinic, Rochester, MN from 1975-1980. Dr. Wilson is board certified in Internal Medicine and Gastroenterology by the American Board of Internal Medicine. She is in solo practice at 24180 Burnt Pine Drive, Ste 3, Bonita Springs, FL 34134 Tel: 239-495-0439.

Michael D. Martinez, MD – Dr. Martinez received his MD degree from the University of South Florida, Tampa, FL in 2010. He completed an internship and residency at the University of Miami, Miami, FL from 2010-2014 and a Pain Medicine fellowship at the University of Alabama, Birmingham, AL from 2014-2015. He is board certified in Anesthesiology by the American Board of Anesthesiology. Dr. Martinez is in group practice with Pain Management Consultants of Southwest Florida, 23 Barkley Circle, Fort Myers, FL 33907 Tel: 239-333-1177.

Timothy D. Replogle, MD – Dr. Replogle received his MD degree from the University of Florida, Gainesville, FL in 2010. He completed his internship and residency at the University of Florida, Gainesville, FL from 2010-2014 and a Pain Medicine fellowship at Duke University, Durham, NC from 2014-2015. He is board certified in Anesthesiology by the American Board of Anesthesiology. Dr. Replogle is in group practice with Pain Management Consultants of Southwest Florida, 23 Barkley Circle, Fort Myers, FL 33907 Tel: 239-333-1177.

Houtan Sareh, MD – Dr. Sareh received his MD degree from the University of Miami Miller School of Medicine, Miami, FL in 2003. He completed an internship and a residency at the University of Miami, Jackson Memorial Hospital, Miami, FL from 2003-2006, a Sleep Medicine fellowship at Mount Sinai Medical Center, Miami Beach, FL from 2007-2008 and a Pulmonary and Critical Care fellowship at the University of Maryland, Baltimore, MD from 2008-2011. Dr. Sareh is board certified by the American Board of Internal Medicine in Internal Medicine, Sleep Medicine, Pulmonary Medicine and Critical Care Medicine. He is in group practice with PCS: Pulmonary, Critical Care and Sleep Medicine, 7335 Gladiolus Drive, Fort Myers, FL 33908 Tel: 239-985-1925.

Eileen Callaway, MD – Dr. Callaway received her MD degree from the American University of the Caribbean, Cupecoy, St. Maarten in 2013. She completed an internship at Wayne State University, Detroit, MI from 2015-2015. Dr. Callaway is currently participating in the Florida State/LMHS Residency Program Hospital, 2780 Cleveland Avenue, Ste 709, Fort Myers, FL 33901 Tel: 239-343-2371.

PRESIDENT'S MESSAGE

BY ANDREW OAKES-LOTTRIDGE, M.D.



Physician assisted suicide, we need to be involved in the process.

As a primary care physician, the right-to-die is a subject that patients have come to me with on several occasions in my still limited career, and I have to believe that my experience is not unusual. Yet, as an issue it receives dramatically little discussion. The end of life is a deeply personal subject, and

I've always considered it a complement when a patient felt comfortable enough to ask me about my feelings on the subject, and on occasion even for my assistance. What's a family doctor to say? This is still illegal in Florida and runs contrary to most mainstream medical association guidelines. Nevertheless, it is a subject that deserves more discussion at the very least.

California and Canada have been the most recent participants on the international stage in regards to physician-assisted death. Passed by the California legislature in September, and signed into law by Governor Brown in October, the End of Life Option Act is set to become law in January 2016. It will permit physicians to provide lethal prescriptions to mentally competent adults with a terminal illness and prognosis of less than six months. It requires two doctors to agree, and the patient must take the drugs on their own without assistance. Meanwhile in Canada, a federal physician assisted suicide bill is also set to become law in February 2016.

Perhaps illuminating, perhaps concerning, or perhaps reassuring, the California Medical Association (CMA) was notably absent from the discussion. Dr. Cobb, the CMA president stated, "...the decision...is a very personal one between a doctor and their patient, which is why CMA has removed policy that outright objects to physicians aiding terminally ill patients...it is up to the individual physician and their patient...protecting the physician-patient relationship is essential." I'd have to

agree, and while I would have liked to see the CMA more involved in the discussion prior to the legislation passing, I can certainly understand their reluctance. If anyone can understand the potential for abuse and over-use of physician-assisted suicide, it is we physicians. It is not without good reason that we have traditionally been wary of endorsing right-to-die policies.

So far, Oregon, Washington, and Vermont are the only states with right-to-die legislation. Perhaps the sideline approach by the CMA is a lesson that we should take to heart in Florida? We may not be ready to endorse such right-to-die policies yet, but we should and could at least remove our opposition and in doing so passively endorse greater discussion by the lay-public.

Here are some examples of my recent experiences. Mrs. M. asked me over the summer to give her a prescription for lethal doses of medication that she could use in the future to end her life. Suffering from a debilitating illness that has greatly affected her ability to live independently, and being fiercely independent to begin with, her quality of life is certainly being affected negatively. However, she is not technically suffering from a terminal illness, and more concerning she has resisted attempts at treatment for possible depression. Hers is a good example in my book of a patient that should not be encouraged to be too hasty.

Meanwhile, Mr. P., a retired physician himself, married to a retired nurse practitioner, suffering from increased pain and debilitation due to metastatic prostate cancer, already 15 years post-prostatectomy and having been through several rounds of chemo, is by all reasonable definitions a candidate for Hospice. Knowing exactly for what he is asking and able to make reasoned medical arguments in favor of being able to end his life as the widespread bone metastases get worse. Could you say no to his appeal for assistance?

LCMS Friends in Medicine

LCMS Friends in Medicine program is open to area businesses that can offer member only benefits and discounts. We encourage our members to patronize these businesses that have been selected by the LCMS for their outstanding services and products.



As I reflect back on this month, it has gone by with blazing speed! The beginning of the month we were excited to be a vendor at the FOMA conference on South Seas. It was great to see some of our Lee County Society D.O. members there and hopefully we brought awareness our Society to non-members. From there, was a quick trip to Jacksonville to present to the Florida Medical Association our Board approved Florida Physician CME Conference trip to Lake Tahoe. I hope that you will save the date of June 20-22, 2016 for learning fun! On the 16th, We welcomed Hilary Hemingway and learned some intimate details about her uncle, Ernest Hemingway! At our retiree lunch and learn, we learned a great deal about fraud prevention. I personally went home and over the weekend shredded 3 trash bags worth of old documents!



Leadership Academy II

This past month also continues my adventures with the Greater Fort Myers Chamber of Business Leadership Academy. I know more about the County and State Judicial system than the average person. We met several judges, watched juvenile court, 1st appearances court, had a tour of the Federal Court house by a US Marshall with his M4 at his side, and toured the Lee County jail (and never want to go back there again). I am very thankful for our Court systems here in Lee County and all the work that they do. On a lighter note, we had an environmental day in which we toured the 6 Mile Slough Preserve and the Estero Bay. I've been to the Slough on their boardwalk tour, but our tour was NOT on the boardwalk! It was through the actual Slough in waste deep fresh water. It took me a good 20 minutes in to actually loosen up and not be in 100% terror that I might see a snake or meet an alligator. With 20 noisy people in front of me, meeting any wildlife was near impossible! It was an extremely enlightening experience walking through the slough. Even though it's at the corner of 6 mile Cypress and Daniels, this habitat still exists and need fully so. Without this Slough, rainwater has nowhere to go and be filtered before it reaches the Estero Bay. Estero Bay was beautiful and during our kayaking tour we saw a pod of dolphins and a manatee. p.s. I love living in SWFL!



Oh, the things I do for my job!
Waist deep in the Slough Preserve.

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Mon. - Fri. 8 a.m. to 5 p.m.



From left: Nina Burt, O.D.; E. Trevor Elmquist, D.O.; Kate Wagner, O.D.

Lee County Medical Society Nominations for 2016 Officers

The following slate of nominations for the 2016 officers of the Lee County Medical Society is presented for your consideration. The membership will vote at the November 17, 2015 General Membership Meeting. If you wish to nominate someone else for an office, please be sure to have that person's approval before nominating him or her from the floor.

BOARD OF GOVERNORS

President: Shari Skinner, MD (elected 2015)
President-Elect: Jon Burdzy, DO
Treasurer: F. Rick Palmon, MD
Secretary: Daniel de la Torre, MD
Past President: Andrew Oakes-Lottridge, MD

Newly elected Members-at-Large

E. Trevor Elmquist, DO (2018)
Tracy Vo, DO (2018)
_____ (2018)

Previously elected Members-at-Large:

Cherrie Morris, MD (2017)
Alejandra Miranda-Sousa MD (2017)
Joanna Carioba, MD (2016)
Elizabeth Cosmal-Cintron (2016)
Chelsey Scheiner, MD (2016)

GRIEVANCE COMMITTEE

R. Thad Goodwin, MD, Chair

LEGISLATIVE COMMITTEE

*Stuart Bobman, MD

ETHICAL AND JUDICIAL COMMITTEE

*Darius Biskup, MD, Chair (2018)

Previously elected EJA Members:

Krista Zivkovic, (2018)
Craig R. Sweet, MD (2017)
Tracy Vo, DO (2017)
Steven Guterman, MD (2016)
Jacob Goldberger, MD (2016)

DELEGATES/ALTERNATES TO THE 2016 FMA ANNUAL MEETING

2016 FMA Delegates

*Richard Macchiaroli, MD, Chair
Stuart Bobman MD
Jon Burdzy, DO
Joanna Carioba, MD
Stefanie A. Colavito, MD
Daniel de la Torre, MD
Valerie Dyke, MD
Peggy Mouracade, MD
Jeffrey Neale, MD
F. Rick Palmon, MD
Jim Rubenstein, MD
Shari Skinner MD

Alternates: Elizabeth Cosmal-Cintron, MD, James H. Fuller, MD, Cherrie Morris, MD, Raymond Kordonowy, MD



We wish to thank the physicians who will be leaving our Board and who gave their time and decision making for the Medical Society.

From the Board: Paul Makhlof, MD

* EX-OFFICIO MEMBERS OF THE BOARD OF GOVERNORS.

BUSINESS ALERT!
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What is the FMA PAC?

The Florida Medical Association Political Action Committee was established in 1974 to elect candidates to state office who will help advance the advocacy agenda of the Florida Medical Association. The FMA PAC solicits voluntary contributions from healthcare professionals, spouses, medical students and residents to research, select and support the election of medicine friendly candidates. With the support of healthcare professionals from around the state, the FMA PAC is Florida's No. 1 medical PAC. During the 2013-2014 election cycle, the FMA PAC raised over \$2,500,000.

Does the FMA PAC endorse both Democrats and Republicans?

Yes. The FMA PAC is bi-partisan, supporting candidates of all parties that are pro-medicine. We work closely with County Medical Societies and our Physician Board Members from around the state to identify pro-medicine candidates as they seek elected office.

Who can be a member of the FMA PAC?

Membership of the FMA PAC is comprised of physicians, their spouses, medical students, residents, and physician assistants. Many large groups and medical staffs around the state have given generous donations as well.

Who serves on the FMA PAC Board?


The FMA PAC Board & Executive Committee are comprised of physician leaders from around the state. There are up to sixty-five physician members, one medical student member, up to seven alliance members and one PA Member.

How can I become a member of the FMA PAC?


There are several levels of commitment to the FMA PAC. Click here to learn more about investing in your profession and becoming a member today.

95% OF FMA PAC ENDORSED CANDIDATES WON THEIR RACES!

To Join FMA PAC: <https://www.flmedical.org/NewMemberApplicationPac.aspx>



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Stephen Fedor, MD



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FREQUENTLY ASKED QUESTIONS

ICD-10 BY AMERICAN MEDICAL ASSOCIATION

The ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. These FAQs provide an overview of the transition to ICD-10 and points to resources for more information.

What does ICD-10 compliance mean?

ICD-10 compliance means that everyone covered by HIPAA is able to successfully conduct health care transactions using ICD-10 codes.

Will ICD-10 replace Current Procedural Terminology (CPT) procedure coding?

No. The switch to ICD-10 does not affect CPT coding for outpatient procedures. Like ICD-9 procedure codes, ICD-10-PCS codes are for hospital inpatient procedures only.

Who is affected by the transition to ICD-10? If I don't deal with Medicare claims, will I have to transition?

Everyone covered by HIPAA must transition to ICD-10. This includes providers and payers who do not deal with Medicare claims.

Do state Medicaid programs need to transition to ICD-10?

Yes. Like everyone else covered by HIPAA, state Medicaid programs must comply with ICD-10.

What happens if I don't switch to ICD-10?

Claims for all services and hospital inpatient procedures performed on or after the compliance deadline must use ICD-10 diagnosis and inpatient procedure codes. (This does not apply to CPT coding for outpatient procedures.) Claims that do not use ICD-10 diagnosis and inpatient procedure codes cannot be processed. It is important to note, however, that claims for services and inpatient procedures provided before the compliance date must use ICD-9 codes.

If I transition early to ICD-10, will CMS be able to process my claims?

No. CMS and other payers will not be able to process claims using ICD-10 until the compliance date. However, providers should expect ICD-10 testing to take up to 19 months.

Codes change every year, so why is the transition to ICD-10 any different from the annual code changes?

ICD-10 codes are different from ICD-9 codes and have a completely different structure. Currently, ICD-9 codes are mostly numeric and have 3 to 5 digits. ICD-10 codes are alphanumeric and contain 3 to 7 characters. ICD-10 is more robust and descriptive with "one-to-many" matches in some instances. Like ICD-9 codes, ICD-10 codes will be updated every year.

Why is the transition to ICD-10 happening?

The transition is occurring because ICD-9 codes have limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, it has outdated and obsolete terms, and is inconsistent with current medical practices. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full. A successful transition to ICD-10 is vital to transforming our nation's health care system.

What should payers do to prepare for the transition to ICD-10?

The transition to ICD-10 will involve new coding rules, so it will be important for payers to review payment policies. Payers should ask software vendors about their readiness plans and timelines for product development, testing, availability, and training. The ICD-10 Implementation Handbook for Payers on the CMS website provides detailed information for planning and executing the transition.

Visit the payers page at www.cms.gov/ICD10 to view additional resources and access the new ICD-10 coding guidelines.

What should software vendors, clearinghouses, and third-party billing services be doing to prepare for the transition to ICD-10?

Software vendors, clearinghouses, and third-party billing services should be working with customers to install and test ICD-10 ready products. Take a proactive role in assisting with the transition so your customers can get their claims paid. Products and services will be obsolete if steps are not taken to prepare.

Cont'd page 9

Where can I find the ICD-10 code sets?

The ICD-10-CM, ICD-10-PCS code sets and the ICD-10-CM official guidelines are available free of charge at www.cms.gov/ICD10.

Why should I prepare now for the ICD-10 transition?

The transition to ICD-10 is a major undertaking for providers, payers, and vendors. It will drive business and systems changes throughout the health care industry, from large national health plans to small provider offices, laboratories, medical testing centers, hospitals, and more. You will need to devote staff time and financial resources to transition activities. The transition will go much more smoothly for organizations that plan ahead and prepare now.

What should providers do to prepare for the transition to ICD-10?

Providers should plan to test their ICD-10 systems early, to help ensure compliance. Beginning steps in the testing phase include:

- Internal testing of ICD-10 systems
- Coordination with payers to assess readiness
- Project plan launch by data management and IT teams
- For providers who have not yet started to transition to ICD-10, below are actions steps to take now:
- Develop an implementation plan and communicate the new system changes to your organization, your business plan, and ensure that leadership and staff understand the extent of the effort the ICD-10 transition requires.
- Secure a budget that accounts for software upgrades/software license costs, hardware procurement, staff training costs, work flow changes during and after implementation, and contingency planning.
- Talk with your payers, billing and IT staff, and vendors to confirm their readiness status.
- Coordinate your ICD-10 transition plans among your partners and evaluate contracts with payers and vendors for policy revisions, testing timelines, and costs related to the ICD-10 transition.
- Create and maintain a timeline that identifies tasks to be completed and crucial milestones/relationships, task owners, resources needed, and estimated start and end dates.
To find out more, see the CMS implementation timelines and implementation handbooks tailored for specific audiences, which are available at www.cms.gov/ICD10.

Why should I prepare now for the ICD-10 transition?

The transition to ICD-10 is a major undertaking for providers, payers, and vendors. It will drive business and systems changes throughout the health care industry, from large national health plans to small provider offices, laboratories, medical testing centers, hospitals, and more. You will need to devote staff time and financial resources to transition activities. The transition will go much more smoothly for organizations that plan ahead and prepare now.

What type of training will providers and staff need for the ICD-10 transition?

AHIMA (American Health Information Management Association) recommends training should begin no more than six months before the compliance deadline. Training varies for different organizations, but it is projected to take 16 hours for coders and 50 hours for inpatient coders. For example, physician practice coders will need to learn ICD-10 diagnosis coding only, while hospital coders will need to learn both ICD-10 diagnosis and ICD-10 inpatient procedure coding. Look for specialty-specific ICD-10 training offered by specialty societies and other professional organizations. Take into account that ICD-10 coding training will be integrated into the CEUs (continuing education unit) that certified coders must take to maintain their credentials. ICD-10 resources and training materials will be available through CMS (Centers for Medicare & Medicaid Services), professional associations and societies, and software/system vendors. Visit www.cms.gov/ICD10 regularly throughout the course of the transition to access the latest information on training opportunities.

This fact sheet was prepared as a service to the health care industry and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

LIFE AS A RESIDENT

BY ELIZABETH MIDNEY-MARTINEZ, MD., RESIDENT, FSU/LMHS MEDICAL RESIDENCY PROGRAM



It has been a little over a year since I started my family medicine residency training. Like any residency program, it has had its ups and downs, its challenges, and its trying moments. However, I can say that it has for the most part been great. Deciding where you want to do your residency is probably one of the most important decisions a young doctor can make. You want to choose a place that will challenge you, educate you, and shape you into the doctor you've always wanted to be. With me, things were no different. I chose Lee Memorial Hospital for all of those reasons, but also because I was ready to come back home to serve my community.

I was born at Lee Memorial hospital in 1986. I was raised in Immokalee, and graduated from Immokalee High school. I had no idea that someday I would be working within the same walls where I was born. FSU's College of Medicine mission is to bring great care to communities of greatest need; especially rural, minority and underserved populations. On Saturday, September 5, we were able to do just that. With the help of my program director, I was able to organize a group of 8 residents and FSU medical students to come out to my home town of Immokalee to perform sports participation physicals for those in need. We initially had planned on having 30 students come, since most kids already have physicals done before school starts. When we walked into the IHS gymnasium, we were very surprised to find over 100 high school boys and girls lined up to get their physicals. I had several Haitian girls tell me that this was the first time they were ever


going to play sports. They had never been able to, because of lack of transportation to get to the doctor's office – or money to see a doctor.

I think we could all feel the appreciation that these students had for us, for being able to afford them something they would otherwise not have had. A coach has already told me that twice as many girls have joined the high school track cross-country teams this year, because they got their physicals done.

A lot of the time, sports is an outlet for kids whose parents come home late after school and for kids who have nowhere else to go. Several students from Immokalee have been able to ascertain a college education because of an athletic scholarship. Although what we did may not seem like much, it meant the world to a lot of kids.

I am proud to be a family medicine resident at Lee Memorial Hospital, and be able to work in a place that nurtures young doctors to be compassionate-driven individuals who strive to make their community a better place. We live out our mission every day. We are bringing good healthcare to places like Immokalee who need it most.



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IT'S THAT TIME OF YEAR AGAIN!!!

2016 MEMBERSHIP BILLING HAVE BEEN MAILED

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Ms. Hilary Hemingway and Joanna Carioba, MD

The Medical Society was excited to host award-winning screenplay writer Hilary Hemingway as she spoke about her famous uncle Ernest. The well-attended event was held at the Heights Foundation. Ms. Hemingway showed a piece of a very interesting documentary she and her husband produced for PBS, depicting the Cuba years in Hemingway's life.

She also spoke briefly from a family member's perspective about the medical conditions Hemingway suffered from that likely contributed toward his eventual suicide. I overheard several members remark that they were now very interested in seeing the rest of the documentary. Ms. Hemingway was the screenplay writer of a movie soon to start production.

She talked about being inspired to write about the special relationship between Hemingway and Fuentes, who was in turn the likely inspiration for the "Old Man" from the famous novel. Hopefully she will keep us posted on production, and who knows, maybe we can have a special screening in the future! By: Joanna Carioba, MD



Shari Skinner, MD, Jeffrey Lewis, Hilary Hemingway, and Brian Fabian, MD



Brian Kelley, Dan de la Torre MD and wife Gisella de la Torre

HEMINGWAY IN CUBA

HILARY HEMINGWAY
AND CARLENE BRENNEN



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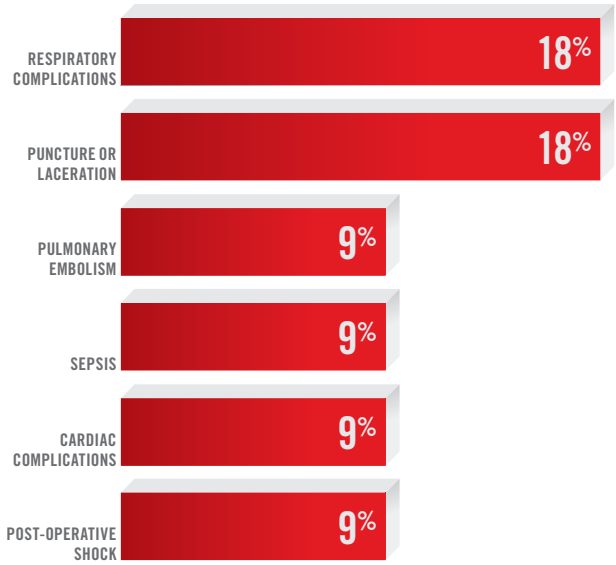
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