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PRESIDENT'S MESSAGE



Dear LSMS Members:

I would like to take this opportunity to extend my appreciation to LSMS staff, our volunteers, our members, strategic partners, service providers, and many others whose combined efforts have made my year as your president better than I ever imagined. In 2019, we experienced membership growth of 10%; had enormous legislative victories; helped friends of medicine win successful election campaigns; and we got back to our core mission, which is being the trusted advocate for physicians in the state of Louisiana. As we transition towards 2020, I believe the LSMS is poised for even more success and greater victories. We are currently performing our due diligence as we: 1) review and enhance core programs, 2) evaluate new product and service offerings, and 3) prepare to launch new campaigns to pursue multiple large and potentially groundbreaking new business opportunities. However, none of this would be possible without the contribution of our talented and dedicated staff who, as always, are tightly aligned to both LSMS' Core Values and important Mission. Since making significant organizational changes to the Society in January 2017, we have remained focused on our growth strategy and are working diligently to evolve LSMS in a manner that will benefit our members and their patients who place their trust in us to protect the practice of medicine.

Again, looking to 2020, I will reaffirm our commitment to our members, our business, and our staff as I anticipate another successful and rewarding year. I wish my successor, Dr. Katherine Williams who will serve as the 140th president of the Society all of the success and joy I've experienced during my term. I was told it would go by fast, but I was not prepared for the whirlwind that it has been.

Please be safe over the holiday season, take time to relax and re-energize in the company of family and friends and know that we appreciate all you have contributed, and will continue to contribute, to the LSMS. I look forward to working with all of you in the New Year.

Merry Christmas and Happy New Year,

Lee Stevens, MD
President

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EVP'S MESSAGE



WHAT'S IN A NAME?

The short answer, everything. Often, the first piece of information we know about a person or organization is their name and we immediately and rapidly form judgements. It's these immediate judgements that are especially important as they can be either positive or negative and often will set the tone for future interactions. That's why the Louisiana State Medical Society has worked tirelessly to create and uphold a brand that you as a physician can be proud to be a part of yesterday, today and tomorrow.

The American Marketing Association, also known as the other AMA, defines brand as "a name, term, design, symbol, or any other feature that identifies one's goods, products or services from others". Based on that definition, you immediately know that the LSMS is a statewide entity based in Louisiana consisting of a community that represents medicine. While that is technically true, your Louisiana State Medical Society is so much more. I like to look at our brand as a promise to our members. It tells them what they can expect from us and it differentiates our offerings from any other medical association. Equally important to your name, is your company logo as it immediately tells a story. Have you ever noticed the arrow in the FedEx logo? What about the hidden "31" in the Baskins Robbins logo? Every picture tells a story and the LSMS logo, which represents our unique brand is no different. Simply put, it reflects our core values and guiding principles that together create our vision and mission. Our mission is to be the trusted advocate for physicians in the state of Louisiana. While our vision is to promote excellence in the practice of medicine. Not to sound redundant but how do we accomplish these lofty goals? By making sure everything we do and say is consistent with our mission, values, principles and values. In other words, by protecting our brand.

Take another look at our logo above and let me tell you what you see. First, there are eight intersecting lines that represent our core values: advancement, exclusivity, legacy, trust, pride, dedication, partnership and voice. You'll also see four dots, which represent our four guiding principles to advocate, collaborate, communicate and educate. Lastly, if you look closely, all those intersecting lines spell out LSMS.

Why does this all matter? It matters because you matter! Every time you see our logo or hear our name, I want you to know that the LSMS is making you a promise. We promise to make Louisiana a better place to practice medicine just like we've been doing for over 140 years.

Jeff Williams
Executive Vice President

Take Pride in Your Profession, Leave Your Legacy. Share your story or celebrate a deserving colleague today!

Louisiana's physicians aren't just health care and medical experts. They're also community leaders, philanthropists, entrepreneurs, and policymakers dedicated to ensuring that patients receive quality health care at an affordable cost. #LSMSLegacy showcases Louisiana physicians, residents, and medical students leading the charge to help their communities thrive. LSMS wants to share your story! Our new campaign – #LSMSLegacy – highlights physicians leading the charge to help their communities thrive. We'll profile these stories on our website, in our weekly e-newsletter, on social media, and with local media around the state. You can also submit on behalf of a colleague you admire who is also a LSMS member.

For a list of suggested questions or to submit your story, email LSMS Communications Manager, Shawn Zeringue, at shawn@lsms.org with "LSMS Legacy Campaign" in the subject line.

MEMBERSHIP ON THE MOVE

2020 LSMS DIGITAL MEMBERSHIP BADGES #MYLSMS2020

Share your dedication to the LSMS and physician-led medicine in Louisiana on your social networks.



We can't advocate, communicate, educate, and collaborate without your continued support. The LSMS now offers digital membership badges to show your dedication to the practice of medicine on your social media pages, as well as your website. If space or restrictions do not allow the digital membership badge to be included within the bio on your website, please remember to list the Louisiana State Medical Society as an affiliated organization within your bio.



Please feel free to share your digital membership badges on social media. Make sure to tag us (@LaMedSoc) so we can show our appreciation for our members and 100% physician membership groups! For more information about 2020 LSMS digital membership badges, email Terri Watson, Sr. Director of Membership and Administration, at terri@lsms.org.



LSMS Vice President of Governmental Affairs, Maria Bowen, speaking to Ochsner Health System Housestaff on the importance of organized medicine and the role of the LSMS in healthcare.

SAMPLE SOCIAL MEDIA CAPTIONS

@LaMedSoc promotes legislation and policies which preserve the rights of physicians to practice medicine, while maintaining high standards of care. I renewed my 2020 membership dues to ensure physician-led teams remain the number one choice in Louisiana. To learn more or join today, visit lsms.org. #MyLSMS2020

The @LaMedSoc is your leading advocate for the physician community before the Louisiana legislature, state agencies, licensing boards, and the judicial branch of government. [organization / clinic / hospital] renewed as a 2020 100% physician group to ensure the LSMS remains one of the leading advocates for physicians in Louisiana. To learn more or join today, visit lsms.org. #MyLSMS2020

I just renewed my @LaMedSoc membership dues for 2020. I'm committed to physician-led medicine in Louisiana. To learn more or join today, visit lsms.org. #MyLSMS2020



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CONGRATULATES OUR ENDORSED CANDIDATES!

HOUSE

| | |
|-------------|--------------------------------------|
| District 1 | Danny McCormick (Vivian) |
| District 5 | Alan Seabaugh (Shreveport) |
| District 6 | Thomas Pressly (Shreveport) |
| District 14 | Michael Echols (Monroe) |
| District 15 | Foy Gadberry (Calhoun) |
| District 17 | Patricia Moore (Monroe) |
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| | |
|-------------|---------------------------------|
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| District 12 | Beth Mizell (Franklinton) |
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| District 24 | Gerald Boudreaux (Lafayette) |
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| District 26 | Bob Hensgens (Gueydan) |
| District 27 | Ronnie Johns (Sulphur) |
| District 28 | Heather Cloud (Turkey Creek) |
| District 33 | Stewart Cathey (Sterlington) |
| District 34 | Katrina R. Jackson (Monroe) |
| District 35 | Jay Morris (Monroe) |
| District 36 | Robert Mills (Benton) |
| District 37 | Barrow Peacock (Shreveport) |

81%

*OF ENDORSED
CANDIDATES WON!*

78%

*OF ENDORSED
CANDIDATES WON!*

CLINICAL CASE:

LYMPHADENOPATHY IN THE HIV-POSITIVE PATIENT

Suki Subbiah, MD

A 37-year-old man presented with a complaint of slowly enlarging non-tender cervical lymphadenopathy for approximately one year with more rapid enlargement within the past two months. He also reported occasional subjective fevers and chills as well as intermittent night sweats. He denied decreased appetite, weight loss, fatigue, other lumps or bumps, dental pain or infections, sick contacts, dysphagia, odynophagia, cough, shortness of breath, chest pain, abdominal pain, nausea or vomiting, diarrhea or constipation, blood in stool, blurry vision, headache, weakness, gait instability, or bone pain.

He has a past medical history of HIV/AIDS (diagnosed in 2002) along with previous diagnoses of cryptococcal meningitis, pulmonary tuberculosis, disseminated histoplasmosis, and *Pneumocystis jirovecii* pneumonia. He has no active infections currently. He was initially compliant with combination antiretroviral therapy (cART) for the first several years, but then self-discontinued for a prolonged period of time (more than ten years). For the past two years, he has been fully compliant with his cART regimen. He denies history of surgical procedures. His current medication list includes emtricitabine/tenofovir alafenamide, dolutegravir, darunavir, ritonavir, sulfamethoxazole/trimethoprim, and fluconazole. He has never smoked cigarettes or used chewing tobacco. He does not drink alcohol or engage in recreational drug use. He is married and lives with his wife and daughter. He works at a plant nursery as a landscaper. He denies family history of malignancy.

Upon examination, the patient was noted to have a temperature of 98.9 degrees Fahrenheit, pulse of 105 beats per minute, blood pressure of 110/76 mm Hg, respiratory rate of 22 breaths per minute, oxygen saturation of 100% on room air, weight of 236 pounds, and height recorded as 165.1 centimeters. Bulky bilateral cervical lymphadenopathy, right greater than left, was appreciated on palpation. There was no palpable supraclavicular, axillary, or inguinal lymphadenopathy. Cardiac examination demonstrated regular rhythm without murmurs, rubs, or gallops. Lungs were clear bilaterally on auscultation. Abdomen was non-tender and non-distended to palpation with normoactive bowel sounds present and no palpable hepatosplenomegaly. The skin demonstrated no evidence of rash or lesions. Neurological exam revealed no focal deficits, with normal strength and sensation in all extremities.

Complete blood count was normal with a white count of 6,700 cells/ μ L and normal differential, hemoglobin of 13.5 g/dL, and platelet count of 235,000 cells/ μ L. Alkaline phosphatase was elevated at 291 units/L (normal range 20-120 units/L), and total protein was also elevated at 10.3 g/dL (6.0-8.0 g/dL). Remainder of comprehensive metabolic panel was normal, including transaminases. Serum protein electrophoresis demonstrated elevated gamma globulin fraction of 4.0 g/dL (0.5-1.5 g/dL) but was found to be polyclonal gammopathy as no monoclonal spike was detected. HIV viral load was undetectable (<20 copies/mL), and CD4 count was decreased at 131 cells/ μ L (359-1519 cells/ μ L) with low

CD4/CD8 ratio of 0.05 (0.92-3.72) and CD4% of 4.1% (31-59%). Hepatitis B and C testing were negative. Erythrocyte sedimentation rate (ESR) was markedly elevated at 95 mm/hr (0-15 mm/hr).

CT of neck with contrast noted extensive lymphadenopathy in soft tissues of neck, particularly on the right. He underwent core needle biopsies of right cervical lymph node with pathology confirming classical Hodgkin lymphoma (Epstein Barr virus-positive). PET/CT demonstrated several areas of abnormal hypermetabolic activity: multiple nodal masses in the right neck (largest measuring 6.0 cm), bilateral axillary and supraclavicular lymphadenopathy, multiple liver lesions with adjacent enlarged gastrohepatic lymph nodes, multiple bilateral lung lesions, and multiple areas within the pelvic bones.

Imaging findings were consistent with Stage IVB disease (lung, liver, bone) with a calculated International Prognostic Score of 3 indicating 60% predicted 5-year rate of freedom from progression of disease and 78% estimated rate of overall survival. Echocardiogram and pulmonary function testing showed normal cardiac and lung function.

To read the full article, visit [lsms.org](https://www.lsms.org).

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To initiate a pediatric transfer, call the pediatric transfer line at **1.866.985.PEDS (985.7337)**.

To make an outpatient clinic referral, call the **Ochsner Clinic Concierge** at **855.312.4190** or fax **504.842.8416**.

2019 YEAR IN REVIEW

LEGISLATIVE SESSION



PHARMACEUTICALS (ACT 206)

REQUIRES A HEALTH INSURER TO PROVIDE COVERED COMPARABLE FORMULARIES THAT CAN BE PRESCRIBED AS AN ALTERNATIVE WHEN DENYING COVERAGE OF A MEDICATION. THIS LEGISLATION WAS SUPPORTED BY LSMS. IT HAS 2 EFFECTIVE DATES. IF YOU RECEIVE DENIALS ELECTRONICALLY, ALTERNATIVE OPTIONS SHALL BE PROVIDED ON JANUARY 1, 2020. IF YOU RECEIVE DENIALS IN WRITING, ALTERNATIVE OPTIONS SHALL BE PROVIDED ON JULY 1, 2020.

LSMS + MEMBERS = SUCCESS!

YOUR VOICE IN HEALTH CARE

Solid reputation as a strong, unified voice with members of the legislature

YOU OUR SUPPORTERS

Engaged building blocks for physician-led medicine in Louisiana

WINNING TEAM

Making Louisiana a better place to practice medicine

LEGISLATION BY THE NUMBERS

1,080 HOURS AT THE CAPITOL
116 BILLS TRACKED
41 FORMAL POSITIONS



THE LSMS IS YOUR LEADING ADVOCATE FOR THE MEDICAL PROFESSION BEFORE THE LOUISIANA LEGISLATURE, STATE AGENCIES, LICENSING BOARDS, AND THE JUDICIAL BRANCH OF GOVERNMENT.

ISSUES MANAGEMENT



50+ LSMS PHYSICIAN MEMBERS SEATED ON OVER 19 STATEWIDE BOARDS & COMMISSIONS

LSMS STAFF REPRESENTATION ON 25 STATEWIDE BOARDS & COMMISSIONS MONITORING AGENCIES THAT ARE MAKING DECISIONS ABOUT HOW YOU ARE PAID AND PATIENT CARE

LAMPAC

2019 WAS AN ELECTION YEAR

ENDORSEMENTS

78% OF ENDORSED HOUSE CANDIDATES WON!

81% OF ENDORSED SENATE CANDIDATES WON!



VOTE

PHYSICIANS LEADERSHIP ACADEMY



PARTNERED WITH

LSU E.J. Ourso College of Business Administration to provide physician leaders with necessary skills to be successful in the ever-changing business of medicine.

**14 GRADUATES FROM THE
SPRING CLASS OF 2019**

TUITION FUNDED FROM THE LSMS AND A GRANT BY THE PHYSICIANS FOUNDATION

RESOURCES



8+

**CONFERENCES
ATTENDED**

SAVING YOU MONEY



**75% OF DUES ARE
TAX DEDUCTIBLE**

MEMBERSHIP



6,144

**TOTAL
MEMBERS**

1,896

**NEW
MEMBERS**

TOWNHALL MEETINGS



THE LSMS HIT THE ROAD TO VISIT EACH DISTRICT.

**1,300 MILES
TRAVELED**

**103 TOTAL
ATTENDEES**

**10 DISTRICTS
VISITED**

**4 CME
HOURS**

HOUSE OF DELEGATES



**131 TOTAL
DELEGATES**

REPRESENTING ALL AREAS OF THE STATE FOR POLICY AND DECISION-MAKING.

**20 TOTAL
RESOLUTIONS**

INCLUDING AMA DIRECTIVES & LSMS POLICY

COMMUNICATIONS

JOURNAL OF THE LSMS

TRANSITION BACK TO PRINT

IN KEEPING WITH THE MISSION OF THE JOURNAL TO MEET THE NEEDS OF TODAY'S PHYSICIAN, THE JOURNAL TRANSITIONED TO A MEMBERSHIP PUBLICATION FOR MEMBER NEWS AND INFORMATION TO KEEP LSMS MEMBERS INFORMED WITH THE ONGOING ISSUES FACING THE PRACTICE OF MEDICINE IN LOUISIANA AND AWAY FROM PUBLISHING SCIENTIFIC PEER-REVIEWED MEDICAL MANUSCRIPTS INDEXED IN PUBMED.

WEBSITE REDESIGN

THE LSMS WEBSITE WAS COMPLETELY **REDESIGNED**, MAKING IT MORE **USER FRIENDLY** WITH STREAMLINED NAVIGATION FOR OUR MEMBERS. VISIT LSMS.ORG TO SEE THE UPDATE.



SOCIAL MEDIA



1,327



1,141



242

JOIN THE CONVERSATION



@LAMEDSOC

BURNOUT AND PHYSICIAN SUICIDE: WHY CYNICISM IS SO TOXIC

Pamela Parsons, MD

Physician burnout, depression, and more specifically, physician suicide, is an alarming reality of 'modern' medicine. A high rate of physician suicides has been reported going back to 1858.¹ In more recent years, statistics have remained grimly unchanged: approximately 400 physicians in the U.S., more than one per day, die by suicide each year.² The disease of physician suicide starts early; after accidents, suicide is the most common cause of death of medical students.² More than 27 percent of 100,000 medical students questioned in a 2016 study experienced symptoms consistent with diagnostic criteria for depression, and 11 percent had experienced suicidal thoughts, yet only 15 percent actively sought mental health treatment.³ Another survey of 2,100 female physicians revealed that, since starting med school, 33 percent had been diagnosed with mental health conditions, and most of those self-prescribed rather than sought formal treatment.⁴

Self-medicating with substances abounds; approximately 10 to 15 percent of physicians have substance use disorders, in contrast to roughly nine percent of the general public.³ Compounding the self-treatment issue is that one in three physicians do not have even a basic therapeutic relationship with a primary care provider,² and self-treatment profoundly displaces referral to appropriate mental health care.² Alarming, physicians who die by suicide

are 20 to 40 times more likely to have ingested benzodiazepines, barbiturates and antipsychotics than non-physician individuals.⁴ It is not surprising, then, that doctors who attempt suicide have a significantly higher completion rate relative to the general population.²

Most of us will have a moment of cynical thinking occasionally, and in this context, cynicism is an adaptation to the day-to-day frustrations of practicing medicine. Cynicism becomes toxic, however, when generalized to most circumstances for an extended period of time. Approximately half of all physician providers experience cynicism (as well as exhaustion).⁵ Burnout may contribute to medical errors. Perhaps more significantly, physician burnout "... appears to be equally, if not more, important than the [scores on workplace safety measurements] to the risk of medical errors occurring."⁵ Additionally, both medical errors and burnout, independent of each other, increase the risk of provider suicidal ideation two-fold.⁶

Globally speaking, burnout and cynicism develop gradually, often insidiously changing how we react emotionally, professionally, and personally; there is a cumulative trauma from the repetitive loss of patients, best expressed as 'a piece of my soul just died.'¹ Cynical attitudes aren't just for seasoned providers, either. In addition to practicing physician providers, medical students and residents

have demonstrated a progressive negativity over the course of their medical training.^{7, 8} As cynical thinking takes hold, providers become detached and harbor negative attitudes toward patients (and peers), lose investment in the healthcare profession, and subsequently, lose out on meaningful interactions and information critical to sound medical decision-making.⁹

With so many indications of cynicism in the medical environment, is there hope? Thankfully, the culture of change is reaching the once-neglected arena of provider wellness and satisfaction. Both professional medical organizations and individual medical systems are proactively addressing the issue, and with satisfying results. Additionally, there have been increased efforts between major medical associations and the Federation of State Physician Health Programs to address barriers to care for physicians, including steps to assure confidentiality as well as to clarify and delineate boundaries between medical licensing boards and the respective state-run physician health entities.²

At an individual level, we must also allow ourselves the benefit of being human, recognizing that cynicism can develop from a place of vulnerability¹⁰ made ever more acute by the exaggerated sense of responsibility integral to identity as physicians.⁴

What can the physician do to combat cynicism and burnout?

- Put your well-being at the top of your to-do list. Establish a therapeutic relationship with a primary care provider. One in three physicians do not have this type of relationship.
- If you see yourself in this article, acknowledge that the problem exists. Ask for help and follow through with it. This is a sign of strength, not weakness. Your well-being depends on it. Do it. NOW.

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In September, we celebrated Women in Medicine Month by recognizing LSMS members on social media and showcasing what it means to them to be a woman in medicine.



Being a woman in medicine is an honor. It is a wonderful and great responsibility to provide care for people in our community. It takes a level of sacrifice and boldness to protect patients and lead complex health care teams. This breaks some of our ingrained social norms.

Azeen Sadeghian, MD
LSMS Member Since 2016



Medicine, my ministry, my calling, my passion, is all I ever dreamed about from age 3; now it's my purposed reality for life.

Cynthia Brown-Manning, MD
LSMS Member Since 2018



I thank God every day for my work as a physician and psychiatrist. Making a positive difference in the lives of the mentally ill, and ultimately in society, is an honor. The presence of greater diversity, including greater numbers of women, has made a profound difference in medical care. Women and men can combine a full-time practice, family life, and outside pursuits.

Mary Fitz-Gerald, MD
LSMS Member Since 1989



SOCIETY NEWS

EDUCATE

Congratulations to the Joel Byne, Manuela Gaviria, and Dustin Latimer for receiving the P.H. Jones, MD Scholarship for 2020!

One student from each medical school was selected and awarded an annual scholarship of \$4,000. The selection process was conducted by LSMS's Educational and Research Foundation Board. Awardees were selected and notified in December and will be recognized at the LSMS Annual Meeting on January 24, 2020 at the Baton Rouge Marriott.

The Philip H. Jones, M.D. Memorial Scholarship Fund honors an extremely influential member of Louisiana's physician community. Philip Harold Jones was born in Jackson, Louisiana in 1896. At an early age he moved with his family to Lutcher and then Baton Rouge. He was the grandson of Dr. John Welsch Jones who graduated from Tulane University School of Medicine in 1852. His father, Dr. Philip Huff Jones, had graduated from Tulane University School of Medicine in 1878.

At the time of his death in 1970, Dr. Jones left a portion of his estate to the Louisiana State Medical Society's Educational and Research Foundation. A portion of these funds are invested to provide scholarships to medical students. These scholarships have provided invaluable assistance to students at the state's three medical schools: Louisiana State University's School of Medicine - New Orleans, Louisiana State University School of Medicine - Shreveport, and Tulane University School of Medicine.

JOEL BYRNE - LSU SCHOOL OF MEDICINE - NEW ORLEANS



Joel Byrne is a fourth year medical student at LSU School of Medicine in New Orleans. He grew up on his family's farm in the rural community of Elton, Louisiana. He is pursuing a career in dermatology and will be the first physician in his family.

MANUELA GAVIRIA - TULANE UNIVERSITY SCHOOL OF MEDICINE



Manuela Gaviria was born and raised in Colombia and first came to the U.S when she was 12. She graduated from Lusher Charter High School as valedictorian and has since received a bachelor's and master's degree in Neuroscience from Tulane University. Currently, she is a second year student at Tulane University School of Medicine pursuing a M.D.-M.S dual degree. Manuela is in the USAF Health Professions Scholarship Program. She has always demonstrated determination in working and caring for others. Aside from her desire to serve as a military physician, she continuously looks for ways to help the underserved. She is a student leader at Luke's House, a free clinic serving those who are not eligible for public insurance; namely, immigrants. She is also the president for Tulane's Latin American Medical Student Association who's mission is to represent, support, educate, and unify Latino medical students, and those supportive of such community in order to better serve this particular patient population. Manuela aspires to pursue a surgical specialty and strives to continue developing creative strategies that remove existing barriers to care in the local community.

DUSTIN LATIMER - LSU SCHOOL OF MEDICINE - SHREVEPORT



Dustin Latimer grew up in Denham Springs, LA where I graduated from Denham Springs High School and began attending LSU in 2011. He majored in biological sciences but had a vested interest in teaching organic chemistry as a supplemental instructor for 2 years. After graduating from LSU, he began medical school at LSUHSC-Shreveport in 2016. During his third year of medical school, I fell in love with psychiatry as a field, the patient population, and discovered the need for more mental health professionals within Louisiana's healthcare system. His career interests involve the integration and normalization of mental health care in the primary care setting. He firmly believes that psychotherapy can be utilized as a means of preventative medicine for some of the most common disease processes affecting Louisiana's population. Outside of medicine, Dustin enjoys filmmaking, exercising, spending time with his wife and golden retriever, and watching the LSU Tigers.

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HOD 2020

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JANUARY 23-25, 2020 | BATON ROUGE, LA

WELCOME RECEPTION

January 23, 2020 · 6 P.M.
Baton Rouge, Louisiana

NON-COMPETE PANEL DISCUSSION

January 24, 2020 · 10:30 A.M.
Baton Rouge, Louisiana

AWARDS LUNCHEON

January 24, 2020 · 12:15 P.M.
Baton Rouge, Louisiana

INAUGURATION GALA

January 24, 2020 · 7 P.M.
Baton Rouge, Louisiana

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FOR MORE INFORMATION.

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