

ASMBS is a collection of diverse and dynamic surgeons who share a professional and personal passion for the treatment of obesity. The Society has been shaped by innovators and risk takers to become the most vibrant and dynamic surgical society today.

I am a “self-taught” Bariatric surgeon. Really a thing of the past, and also not self-taught. Kim Marley, my mentor in the Army, tutored me on open gastric bypass. Together, we learned and implemented Laparoscopic gastric bypass under the instruction of Greg Schroder. In 20+ years of practice, I’ve done it all. From early endoluminal therapies through duodenal switch. This growth and evolution could not have been possible without collaboration with industry and our Society. The relationships and exchange of ideas keeps our specialty strong and current.

During this valuable clinical experience, I’ve also held a wide variety of medical staff and ASMBS leadership positions. This experience eventually led to my graduate degree in healthcare Administration with honors in 2018.

I’m grateful to have had the opportunity to give back to ASMBS. While a member and then chair of the Insurance Committee, we answered hundreds of reimbursement questions, delivered practice development courses, coding updates, and insurance courses at our biannual meetings. Some of the most visited ASMBS website pages are insurance content. I have been the Society’s CPT Panel advisor. My significant achievement was coordinating with GI societies, ACS, and SAGES to achieve a CPT Code for the Intragastic Balloon. In 2020, I received the ASMBS Service of Distinction medal for this work.

Today, ASMBS stands at a crossroads. The introduction of effective pharmaceutical therapy presents a challenge to our members. It is our time to better define our role and specialty. The society has incredible committee talents to develop tools such as patient facing shared decision making models, Primary care provider disease-based decision models, obesity severity based treatment recommendation guidelines. Patient facing authoritative video information, and much more.

At the same time, we need to define ourselves better. What does it mean to be a procedural obesity management physician. What does that training look like and what are the practice expectations.

Finally, we must use our knowledge, passion, and position to help the patient with recurrent morbid obesity. This means addressing our own biases and empowering our patients, and members, with safe and effective treatment strategies.

This work requires vision and focus. My decade+ of experience working with our leadership and staff, graduate degree in healthcare administration, success with complicated multi-year projects, and delivery of valuable content uniquely prepares me for the role of Vice President. I hope you choose me to deliver on this vision.