

GUAM BOARD OF MEDICAL EXAMINERS

Guam Board of Medical Examiners Regular Board Meeting

Wednesday, May 21, 2025 at 4:00 pm

Join Zoom Meeting:

<https://us06web.zoom.us/j/83893236342?pwd=WKcjENaCg4u9iFapouQFBgPkwiS8Vk.1>

Meeting ID: 838 9323 6342

Passcode: 571133

MINUTES

Topic		DECISION(S) / ACTION(S) MADE	Responsible Party	Time	Status
I.	Call to Order	Meeting Chaired by: Dr. Berg	Chair	1610	Called to Order
		A. Roll Call: GBME <u>Present</u> <input checked="" type="checkbox"/> Nathaniel B. Berg, M.D., Chairperson <input checked="" type="checkbox"/> Joleen Aguon, M.D., Vice Chairperson <input checked="" type="checkbox"/> Alexander D Wielaard, M.D., Treasurer <input checked="" type="checkbox"/> Luis G. Cruz, M.D., Secretary <input checked="" type="checkbox"/> Verrad Kwasi Nyame, Medical Director of GMH	Chair		Quorum Established
		B. Confirmation of Public Notice Dr. Berg reviewed and found it to be in conformance with current laws.	Chair		Confirmed
II.	Adoption of Agenda	<i>Motion to Adopt the Agenda: Dr. Berg.</i>	GBME		Adopted
III.	Review and Approval of Minutes	Draft Minutes dated April 17, 2025 <i>Motion to Approve: Dr. Berg.</i>	GBME		Unanimously Approved
IV.	Treasurer's Report	No report	Dr. Wielaard		No Report
V.	HPLO Administrator's Report	During the meeting, B. Sablan reported that coordination was ongoing with the Office of Technology to address an email-related request, specifically concerning domain issues, as DPHSS email accounts could not be utilized by board members. An update from the Office of Technology would be shared with the board once available, but at present, there were no additional items to report. In response, Dr. Berg offered assistance by providing any necessary documentation and indicated he would send an email referencing the previous meeting's minutes outlining the need for the request.	HPLO		Noted
VI.	Chairperson's Report	Dr. Berg introduced a brief PowerPoint presentation to discuss the development of a physician's health program in Guam, particularly in light of Dr. Loyd's participation in the meeting. Dr. Berg expressed enthusiasm about the			

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	<p>initiative and acknowledged the presence of Dr. Manaloto and G. Woodard. While the focus was initially on physicians due to its connection with the Guam Board of Medical Examiners, Dr. Berg clarified that the program's scope was intended to be broader and inclusive of nursing and other healthcare disciplines. The ultimate goal conveyed was the establishment of a comprehensive and collaborative health program that would support all medical professionals in Guam.</p> <p>Dr. Berg emphasized during the meeting that Guam, along with CNMI, remains one of the only jurisdictions within the Federation of State Medical Boards without a physician health program, a distinction that was described as troubling rather than commendable. He highlighted the absence of local support systems for physicians and other licensed healthcare professionals facing substance use or mental health challenges, noting the serious implications this has on both provider well-being and patient safety. He shared alarming statistics, including the annual suicides of an estimated 400 to 600 physicians and approximately 700 nurses, with many of these tragedies believed to stem from untreated or unsupported mental health and substance use disorders.</p> <p>The concept of a physician health program was introduced as a confidential, supportive framework intended to provide evaluation, monitoring, and advocacy services for healthcare professionals while ensuring public safety. Such programs are typically structured to operate alongside licensing boards, rather than through them, to encourage early intervention and support before disciplinary measures become necessary.</p> <p>Dr. Berg addressed Guam's unique challenges, such as burnout, professional isolation, high stress, and a pronounced lack of anonymity, which discourage practitioners from seeking help. These barriers, though not exclusive to Guam, were identified as significant factors contributing to the current lack of engagement with available support. Despite efforts by the board to educate licensees that self-reporting is not punitive but rather aimed at providing assistance, it was acknowledged that continuous outreach is essential to reinforce this message and foster a culture of trust and support.</p> <p>Dr. further elaborated that the need for a comprehensive support program in Guam extends beyond physicians to include nurses, social workers, psychologists, podiatrists, other licensed professionals, and even non-healthcare workers. It was emphasized that all healthcare professionals deserve access to confidential support services. However, the establishment of such a program has been hindered by several barriers, including Guam's small population, which limits the sustainability of an independent program unless resources are combined. Additionally, funding constraints and the persistent stigma surrounding mental health and substance use issues, along with a general lack of awareness, were identified as significant obstacles to implementation.</p> <p>The presentation continued with a proposed path forward centered on strategic partnerships and resource-sharing to establish a sustainable healthcare professional support program in Guam. A key recommendation was to collaborate with national organizations, such as the Federation of State Physician Health Programs, to utilize remote support and learn best practices for differentiating between services that can be delivered virtually and those requiring inpatient care. Dr. Berg acknowledged that even with combined efforts, certain limitations would remain,</p>			

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	<p>underscoring the importance of external collaboration. Regional shared services were highlighted as a viable approach, with support noted from Dr. Boringer, who, although absent from the meeting, expressed interest in promoting a unified island initiative. Additionally, the possibility of seeking grant assistance from the FSMB was raised. However, Dr. Berg emphasized that mentorship and programmatic guidance from experts like Dr. Loyd would likely prove more valuable than financial support, especially given the absence of local expertise in this domain.</p> <p>The importance of forming a local advisory board to work closely with national entities was reiterated, and gaining the support of the executive, legislative, and judicial branches of Guam’s government was identified as critical. The inclusion of the judicial branch was justified by the need to collaborate with professionals already familiar with the legal system, as Guam lacks internal expertise in developing such programs.</p> <p>Further steps included initiating discussions with FSMB, the Federation of State Physician Health Programs, and relevant nursing organizations. A comprehensive assessment of the legal framework and potential funding sources would follow, along with the establishment of a pilot phase jointly developed by the Guam Board of Medical Examiners and the Guam Board of Nurse Examiners. Local healthcare institutions, including GMH and GRMC, were also identified as key stakeholders in this effort, with a shared goal of creating a unified and responsive support system for licensed healthcare professionals in need.</p> <p>The presentation concluded with a call for sustainable and confidential physician health programs, with a specific recommendation for Dr. Aguon to hold executive sessions when handling physician health issues to ensure privacy. The overarching aim was to protect both patients and healthcare providers through advocacy, collaboration, and appropriate intervention. Dr. Berg stressed the necessity of taking this initial step, framing the meeting itself as the beginning of a long-overdue process to establish a safer, more supportive healthcare environment for professionals struggling with mental health and substance use challenges.</p> <p>The presentation concluded with the introduction of Dr. Stephen Floyd, whose participation was warmly acknowledged despite the late hour. Dr. Berg noted Dr. Floyd’s reputation as a dynamic and candid speaker, requiring little formal introduction, and expressed appreciation for his presence and willingness to contribute. A final slide provided a brief overview of Dr. Floyd’s unique qualifications, highlighting his personal experience and professional expertise in addiction medicine, as well as his continued impact in supporting individuals in recovery and addressing community challenges.</p> <p>Dr. Berg emphasized Dr. Floyd’s extraordinary generosity, including his commitment to travel to Guam to speak with hospital staff, legislative and executive officials, and members of the medical and nursing communities. His role was positioned as essential to communicating the significance of establishing a physician health program—an area Dr. Berg admitted he could not convey as effectively. Gratitude was expressed for Dr. Floyd’s engagement at the recent FSMB meeting in Seattle, and his involvement in this initial effort was framed as a critical endorsement of the program’s importance to the entire Guam healthcare community. Dr. Floyd was then formally invited to take the floor.</p>			

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		<p>Dr. Floyd began his remarks by acknowledging the late hour in Nashville and expressing his full support for the initiative discussed, affirming the statements made by Dr. Berg in the earlier presentation. He introduced himself as an internist and addiction medicine physician, currently serving as president of the Tennessee Board of Medical Examiners. What sets Dr. Floyd apart, however, is his personal journey through Tennessee’s Physicians Health Program more than two decades ago, following his own struggle with addiction to OxyContin and Xanax while practicing in East Tennessee.</p> <p>He recounted how Tennessee’s program—established in the late 1970s and regarded as a national model—played a pivotal role in his recovery, ultimately transforming both his professional path and personal life. He shared how the program allowed him to not only shift his career focus to addiction medicine but also become a better father, husband, and now grandfather. His deeply personal account underscored the life-changing potential of such support systems.</p> <p>Dr. Floyd strongly advocated for the creation of a similar program in Guam, emphasizing that the territory’s smaller size could actually serve as an advantage by enabling a collaborative approach across the healthcare sector. He expressed confidence that a unified initiative including nurses, pharmacists, physician assistants, and nurse practitioners would not only address a pressing need but also provide long-term benefits to the entire healthcare community in Guam.</p> <p>Dr. Berg resumed the meeting with an expression of gratitude and admiration for Dr. Floyd’s participation, reaffirming that Guam intends to model its program after the successful Tennessee initiative. He emphasized Guam’s close-knit yet highly capable healthcare community, likening it humorously to “Lake Wobegon,” where everyone is “above average.” He noted the importance of adopting a proven framework rather than starting from scratch, and announced that the next steps would involve coordination with the nursing sector and both GMH and GRMC. Meetings would be arranged with appropriate representatives, including participation from board members like G. Woodard, to ensure collaborative input in shaping the program.</p> <p>Dr. Berg mentioned ongoing coordination with Dr. Floyd. He emphasized this initiative having been discussed over a year ago and is reaching its current phase of implementation.</p> <p>Dr. Floyd then underscored the importance of recognizing that individuals in Guam’s healthcare system are already in need of support, and while some may be receiving help, others remain isolated due to stigma or fear of professional consequences. He stressed the need to address these barriers while balancing accountability, a perspective he and Dr. Berg had often discussed. Dr. Floyd shared a poignant example of a physician in Michigan who died by suicide unaware that help was available, calling it a preventable tragedy that underlined the urgency of such programs.</p> <p>Dr. Berg responded by acknowledging that similar tragedies have already occurred in Guam among both physicians and nurses, emphasizing the far-reaching consequences of such losses—not only to families but to the broader community who would have benefited from their care. Appreciation was again extended to Dr. Floyd for participating at such a late hour, with a commitment to continue coordination asynchronously to accommodate time</p>			

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	<p>differences.</p> <p>Dr. Floyd reaffirmed his commitment to support the initiative in any way possible, expressing that it was an honor to contribute. Dr. Berg thanked him once more and turned attention to another participant, Dr. Manaloto, asking him to either take the lead or appoint a representative for involvement on the hospital side. The initial outreach to the nursing sector was confirmed as the next actionable step in advancing the program's development.</p> <p>During the continuation of the meeting, members discussed sharing a powerful and personal presentation by Dr. Floyd as an introduction to the proposed healthcare professional support initiative. The presentation, recorded at a recent FSMB conference, was praised for its emotional impact and relevance. Although the recording had not yet been located, efforts were underway to obtain a link so it could be shared widely with stakeholders to underscore the urgency and importance of the program.</p> <p>In considering how to present the program publicly, Dr. Aguon discussed terminology. There was consensus around avoiding outdated and potentially stigmatizing language like "impaired," favoring alternatives such as “provider health program” or “licensed professional program.” The naming of the initiative was seen as vital to ensuring a welcoming and non-punitive image.</p> <p>Several board members emphasized the importance of creating a legal and regulatory framework that encourages participation without fear of punishment. They stressed the necessity of involving legal experts and policymakers early in the development process to ensure that statutes align with the goals of support and rehabilitation, not discipline. They also highlighted the need to raise awareness and foster a culture where seeking help is seen as a strength rather than a liability.</p> <p>Dr. Wielaard voiced full agreement, adding that the effort fills a significant gap in the healthcare system and reflects a modern understanding of addiction. The discussion recognized Dr. Floyd’s story as a powerful testament to the effectiveness of such programs, illustrating how early, supportive intervention not only saves lives but allows healthcare professionals to continue contributing meaningfully to their communities.</p> <p>Dr. Aguon provided a detailed overview of the issues and initiatives discussed during the recent FSMB conference. The conference illuminated several operational challenges faced by the GBME and inspired a post-conference board discussion focused on identifying areas for improvement. Among the key issues noted was the lack of proactive investigative capacity, as GBME currently relies on board members—who are also full-time physicians—to handle complaints. In contrast, other boards employ non-physician investigators, such as law enforcement or nursing professionals, to improve efficiency.</p> <p>The board also acknowledged the absence of structured onboarding and regulatory education for members and proposed implementing mandatory board training. Additionally, the current lack of legal representation on the board was discussed, with suggestions to possibly appoint a public member with legal expertise. The need for accredited CME offerings on regulatory topics, such as physician boundaries and scope of practice, was emphasized, taking cues from Alabama’s model.</p> <p>Dr. Aguon also highlighted the importance of conducting a thorough, line-by-line review of the GBME legal</p>			

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		<p>framework, including the Physician Practice Act and the board’s rules and regulations. The board recognized the need to develop both public and internal resources to support regulatory decisions and to seek national funding from agencies like FSMB and HRSA—though the current grant cycle had closed, future opportunities would be pursued. Further discussions included establishing a PIO role to increase community awareness of GBME activities, issuing regular communications such as newsletters, enhancing the website, and creating a robust FAQ section. The board also revisited the concept of a physician health program and considered whether opioid reimbursement funding could support its implementation, an idea informed by a recent talk by Dr. Floyd.</p> <p>The board expressed interest in clearly defining what actions can be taken during executive sessions, improving manual application processes, and reducing redundancies through digitization. It was noted that investigative efficiency could be improved by allowing administrators to dismiss unsubstantiated complaints without requiring board review. Fee structure reform was also discussed, as Guam’s current fees are significantly below national averages. Dr. Wielaard is currently researching this matter and will present findings in due course. Finally, the need for a dedicated GBME fund was emphasized, along with the necessity of reviewing relevant laws to ensure funding can support the implementation of needed operational improvements.</p> <p>In the final portion of the chairperson’s report, Dr. Berg noted that B. Sablan is already scheduled to attend board administrator training in the United States, specifically in Texas and Mississippi. He also acknowledged the availability of investigator training opportunities, such as those offered in Ohio, and Dr. Aguon emphasized the importance of sending individuals who are not board members to these investigative trainings, while ensuring board members themselves attend official board training. It was mentioned that retired police officers, particularly former detectives, are commonly utilized as investigators in other jurisdictions, given their investigative experience. Dr. Berg concluded this section by stating that further details on the topic would be addressed later, officially ending the chairperson’s report.</p>			
VII.	Old Business	<p>A. Complaint(s):</p> <p>Dr. Berg reported that the two pending cases remain unresolved due to the absence of legal representation from the Office of the Attorney General. As a result, the board will need to explore alternative solutions, likely through offline discussions among B. Sablan and B. Hattori, to determine whether the Attorney General's office intends to provide legal counsel. It was also noted that legislative action may be necessary to enable the DPHSS to assist in securing plaintiffs for these cases, with the understanding that similar legal needs are likely to arise in future matters.</p>	Dr. Berg		Noted
		<p>1. GBME-CO-20-005 – Received: 09/18/2020</p>	GBME		On-Going due to Absence of Legal Representation
		<p>2. GBME-CO-2022-010 – Received: 06/21/2022</p>	GBME		On-Going due to Absence of

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					Legal Representation
VIII.	New Business	<p>A. Complaint(s): Dr. Berg was made aware by B. Hattori that there is an inherent conflict of interest involving the first complaint under review, as well as the two initial application cases, since all three individuals involved had previously worked for him. He expressed appreciation that the matters were being handled appropriately and indicated that, due to the conflict, he would temporarily step out and hand over leadership of the meeting to the Vice Chair. After the discussion concluded, Dr. Berg formally resumed his role as chairperson.</p> <p>1. GBME-CO-2025-002 – Received: 04/15/2025 Dr. Aguon noted that the complaint is currently under review and will be addressed further, with an update to be provided at the next scheduled meeting.</p> <p>B. Application for Full Licensure:</p> <p>1. Tiffany Lynn Willis <i>Motion to Approve: Dr. Nyame; 2nd: Dr. Cruz.</i></p> <p>2. Sonita Chuo Tem <i>Motion to Approve: Dr. Nyame; 2nd: Dr. Cruz.</i></p> <p>3. Mallori M. Wilson <i>Motion to Approve: Dr. Berg; 2nd: Dr. Wielaard.</i></p> <p>4. Gabriel Christopher M. Lapid <i>Motion to Approve: Dr. Berg; 2nd: Dr. Wielaard.</i></p> <p>5. Kyle V. Keinath <i>Motion to Approve: Dr. Berg; 2nd: Dr. Wielaard.</i></p> <p>6. Grant M. Wallenfelsz <i>Motion to Approve: Dr. Berg; 2nd: Dr. Wielaard.</i></p> <p>A. Notice of Appeal</p> <p>1. Kenneth W. Carr During the meeting, the board addressed the appeal notice submitted by Dr. Carr. It was clarified that this session was not intended for discussion of the appeal's substance but rather to determine whether Dr. Carr would be granted the opportunity to formally present his appeal at the next Guam Board of Medical Examiners meeting. After reviewing the submission, board members expressed no opposition to Dr. Carr appearing at the subsequent session to present his arguments. Dr. Carr was informed that he may receive questions from board members, communicated through B. Hattori, to address during his presentation. He was also advised that the time allotted for his appeal would be limited, and he would be notified of the specific meeting date and time within 24 hours, with the option to attend either in person or via Zoom. The</p>	Dr. Berg		Noted
			GBME		Under Review Until Next Meeting
			GBME		Unanimously Approved
					Unanimously Approved
					Unanimously Approved
					Unanimously Approved
					Unanimously Approved
			GBME		Approved Appeal with limited Time

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		board thanked Dr. Carr for his participation and confirmed his attendance at the next meeting.			
IX.	Announcement	Next regularly scheduled board meeting: Wednesday, June 18, 2025 at 3:30pm	GBME		Set Date
X.	Adjournment	<i>Motion to Adjourn: Dr. Berg.</i>	GBME	1709	Adjourned

Minutes Drafted by: FLAME TREE Freedom Center, Inc.

Date Submitted: 6/3/2025

Submitted by the GBME Secretary:

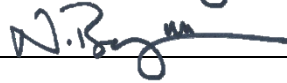
Date:

Approved by the GBME with or without changes:



Date: 6/18/2025

Certified by or Attested by the Chairperson:



Date: 6/18/2025