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For the full story on SknBar,
see page 14.**





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This newspaper is committed to the idea that the press should tell the truth without prejudice and spread knowledge without malicious intent.

TABLE OF CONTENTS

Page 4.....Southeastern Holistic Health

Page 11.....Your Choice Healthcare - Dublin

Page 14.....SknBar Aesthetics and Wellness

Page 20.....Max Brown Pharmacy



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'Our job is to educate people'

Local's quest to help daughter turns into successful holistic health center

By KYLE DOMINY
Staff Reporter

Sarah Bothwell never had any intentions to work in the health-care field. She had studied photography in college and for 12 years had owned and operated her own studio. But children have a way of changing the trajectory of their parents' lives.

"My middle child, as a baby, had some things going on health wise that weren't normal, and my mama intuition told me something was wrong," Bothwell said.

The little girl had dark circles under her eyes, a bloated belly, fatigue and would at times break out into rashes, sometimes so severely that they would become wounds. Trips to the doctor could find no specific ailment plaguing the child.

So, as any concerned mother would do, Bothwell began seeking solutions. She went back to school to study functional medicine and



holistic health. She began to incorporate the things she learned into not only her daughter's life, but the whole family - things that seem simple enough, like proper hydration, fresh air and exercise, but can be difficult to work into busy lifestyles - while examining exposure to contaminants and bacteria using blood and gastrointestinal

testing to make informed decisions and see results.

"We walked alongside another practitioner and I used everything I learned to get her healthy and saw how amazing it was and how it worked," Bothwell said. "Part of that journey was changing our lifestyle, changing what we ate and how we viewed the functioning of

our body."

Identifying and removing toxins is an intricate part of holistic medicine. A growing body of research has revealed the potential danger in the plastics, dyes and other chemicals found in common household and food items.

"We removed toxins, slowed down life, started cooking our own food and removed stressors," Bothwell said.

And the changes worked. Now at 13 years old, Bothwell's daughter doesn't experience the symptoms that affected her childhood.

The practice of holistic medicine dates back to early human history. While many medications, ancient and modern, are derived from sources and materials found in nature, holistic medicine has developed a stigma, as if natural remedies and practices are the

HOLISTIC HEALTH
Continued on page 6

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Sarah Bothwell is a master restorative health practitioner and restorative fertility specialist. She has been seeing clients for five years in her office at Southeastern Holistic Health/KYLE DOMINY



Southeastern Holistic Health offers various therapies in conjunction with working with practitioners to help clients achieve their health care goals
/SPECIAL PHOTOS

HOLISTIC HEALTH

Continued from page 4

antithesis to years of medical advancements and research.

"It's the name that scares people," Bothwell said. "People think it's either medicine or its natural."

The holistic approach to health has been ever-increasing in popularity since the mid-20th century, as more and more people became dissatisfied with drug-centered medicine. The trend climaxed during the Covid pandemic, when distrust in traditional medicine reached its height. Social media feeds are inundated with influencers offering advice and peddling remedies to replace medication.

Bothwell is on a mission to educate people on holistic healthcare, saying that the practice is another tool to use alongside care from a physician and prescribed medications to help a person reach their health goals.

"A lot of people come in looking for a natural option for the medicines their doctor has them on. That's not what we do," she said. "I will never tell a client to stop taking a medicine their doctor prescribed. Instead, we are looking at how your body is functioning, where the imbalances are and where we can help get it functioning well again. Then you can take lab results back to your doctor after you've done the hard work and

ask 'Do I still need this medicine?' If your body needs medicine, then we want you on it."

In many ways holistic medicine is similar to working with a dietitian or physical trainer, helping develop habits linked to health and longevity.

"It's learning how to keep your body healthy," Bothwell said. "We are looking at lifestyle habits. We are looking at diet. We are looking at ways the body is not functioning well and how we can get it back into balance so it can do the things that God designed it to do and help get you out of a diseased state or keep you healthy."

"Really, holistic is preventative, but so many people come to us in a place where their body is not balanced. We partner really well with doctors. We're all trying to get your body to the same place."

It was eight years ago that Bothwell began learning about holistic medicine. She is now a master restorative health practitioner, as well as a restorative fertility specialist, incorporating the same principles for couples seeking to conceive a child. She's working on a PhD in natural medicine.

A Dublin native, Bothwell and her family returned to Laurens County about the time she finished her studies. It was during a conversation with her sister, a successful chiropractor, that the idea was

suggested that she take on a few clients. In 2020 she began Southeastern Holistic Health.

"We were able to get [our daughter] healthy and then the Lord landed me in business with it," Bothwell said. "I didn't go back to school with intentions of using it for anything other than helping her."

For a few years she shared a space with her sister, and each year the client list continued to grow. Since August 2025, Southeastern Holistic Health has operated in its own space in the Erin Office Park on Bellevue Rd in Dublin. The business supports between 150 and 200 clients at a time and currently has a 6 to 8 week waiting list for new customers. It has expanded to become a family business, with Bothwell's husband Justin joining as operations manager and has added an additional practitioner, as well as a bioenergetics and laser specialist.

"It was peak pandemic, and I started seeing a few of my sister's patients in her practice after hours," Bothwell said. "We had no idea this was the direction people were going to be turning to. The Lord just dumped us into this and told us this is what I want for you."

Southeastern Holistic Health functions on a high customer service model. Patient numbers are limited to allow for more time

spent with each client. Each client undergoes comprehensive blood work and GI testing to make sure their body is functioning properly, receiving nutrition and flushing toxins and waste.

"The best ways to get changes holistically is consistently working on it," Bothwell said. "It's a slow journey in the right direction. We prefer to walk alongside you along that journey. It's easy to get discouraged. We set up a plan, meet monthly for a set period of time."

Plans can include diet and activity recommendations, supplements or therapies.

"We don't do acute care," she added. "If you're in a dangerous situation, we're sending you straight to the doctor."

Southeastern Holistic Health also offers cold laser therapy, for minor injuries, aches and inflammation, and bioenergetics, a frequency-based therapy used to support various body functions.

Bothwell says about half of her clients are local residents while the rest come from beyond a 50-mile radius of Dublin. For the coming years she said she wants more of the former, and is eyeing a larger space.

"I want more local," she said. "This is our home and we want to support people here. We want to see our community get healthy."

Vaccines: Helping older people more than we knew

By **PAULA SPAN**
KFF Health News

Let's be clear: The primary reason to be vaccinated against shingles is that two shots provide at least 90% protection against a painful, blistering disease that a third of Americans will suffer in their lifetimes, one that can cause lingering nerve pain and other nasty long-term consequences.

The most important reason for older adults to be vaccinated against the respiratory infection RSV is that their risk of being hospitalized with it declines by almost 70% in the year they get the shot, and by nearly 60% over two years.

And the main reason to roll up a sleeve for an annual flu shot is that when people do get infected, it also reliably reduces the severity of illness, though its effectiveness varies by how well scientists have predicted which strain of influenza shows up.

But other reasons for older people to be vaccinated are emerging. They are known, in doctor-speak, as off-target benefits, meaning that the shots do good things beyond preventing the diseases they were designed to avert.

The list of off-target benefits is lengthening as "the research has accumulated and accelerated over the last 10 years," said William Schaffner, an infectious disease specialist at Vanderbilt University Medical Center in Nashville, Tennessee.

Some of these protections have been established by years of data; others are the subjects of more recent research, and the payoff is not yet as clear. The first RSV vaccines, for example, became available only in 2023.

Still, the findings "are

really very consistent," said Stefania Maggi, a geriatrician and senior fellow at the Institute of Neuroscience at the National Research Council in Padua, Italy.

She is the lead author of a recent meta-analysis, published in the British journal *Age and Ageing*, that found reduced risks of dementia after vaccination for an array of diseases. Given those "downstream effects," she said, vaccines "are key tools to promote healthy aging and prevent physical and cognitive decline."

Yet too many older adults, whose weakening immune systems and high rates of chronic illness put them at higher risk of infectious diseases, have not taken advantage of vaccination.

The Centers for Disease Control and Prevention reported last week that about 31% of older adults had not yet received a flu shot. Only about 41% of adults 75 and older had ever been vaccinated against RSV, or respiratory syncytial virus, and about a third of seniors had received the most recent covid-19 vaccine.

The CDC recommends the one-and-done pneumococcal vaccine for adults 50 and older. An analysis in the *American Journal of Preventive Medicine*, however, estimated that from 2022, when new guidelines were issued, through 2024, only about 12% of those 67 to 74 received it, and about 8% of those 75 and older.

The strongest evidence for off-target benefits, dating back 25 years, shows reduced cardiovascular risk following flu shots.

Healthy older adults vaccinated against flu have substantially lower risks of hospitalization for heart failure, as well as for pneumonia and other respiratory

infections. Vaccination against influenza has also been associated with lower risks of heart attack and stroke.

Moreover, many of these studies predate the more potent flu vaccines now recommended for older adults.

Could the RSV vaccine, protective against another respiratory illness, have similar cardiovascular effects? A recent large Danish study of older adults found a nearly 10% decline in cardiorespiratory hospitalizations — involving the heart and lungs — among the vaccinated versus a control group, a significant decrease.

Lowered rates of cardiovascular hospitalizations and stroke did not reach statistical significance, however. That may reflect a short follow-up period or inadequate diagnostic testing, cautioned Helen Chu, an infectious disease specialist at the University of Washington and co-author of an accompanying editorial in *JAMA*.

"I don't think RSV behaves differently from flu," Chu said. "It's just too early to have the information for RSV, but I think it will show the same effect, maybe even more so."

Vaccination against still another dangerous respiratory disease, covid, has been linked to a lower risk of developing long covid, with its damaging effects on physical and mental health.

Probably the most provocative findings concern vaccination against shingles, aka herpes zoster. Researchers made headlines last year when they documented an association between shingles vaccination and lower rates of

dementia — even with the less effective vaccine that has since been replaced by Shingrix, approved in 2017.

Nearly all studies of off-target benefits are observational, because scientists cannot ethically withhold a safe, effective vaccine from a control group whose members could then become infected with the disease.

That means such studies are subject to "healthy volunteer bias," because vaccinated patients may also practice other healthy habits, differentiating them from those not vaccinated.

Although researchers try to control for a variety of potentially confounding differences, from age and sex to health and education, "we can only say there's a strong association, not a cause and effect," Maggi said.

But Stanford researchers seized on a natural experiment in Wales in 2013, when the first shingles vaccine, Zostavax, became available to older people who had not yet turned 80. Anyone who had was ineligible.

Over seven years, dementia rates in participants who had been eligible for vaccination declined by 20% — even though only half had actually received the vaccine — compared with those who narrowly missed the cutoff.

"There are no reasons people born one week before were different from those born a few days later," Maggi said. Studies in Australia and the United States have also found reductions in the odds of dementia following shingles shots.

In fact, in the meta-analysis Maggi and her team published, several other

childhood and adult vaccinations appeared to have such effects. "We now know that many infections are associated with the onset of dementia, both Alzheimer's and vascular," she said.

In 21 studies involving more than 104 million participants in Europe, Asia, and North America, vaccination against shingles was associated with a 24% reduction in the risk of developing dementia. Flu vaccination was linked to a 13% reduction. Those vaccinated against pneumococcal disease had a 36% reduction in Alzheimer's risk.

The Tdap vaccine against tetanus, diphtheria, and pertussis (whooping cough) is recommended for adults every 10 years, with vaccination among older adults often prompted by the birth of a grandchild, who cannot be fully vaccinated for months. It was associated with a one-third decline in dementia.

Other researchers are investigating the effects of shingles vaccination on heart attacks and stroke and of covid vaccination on cancer survival.

What causes such vaccine bonuses? Most hypotheses focus on the inflammation that arises when the immune system mobilizes to fight off an infection. "You have damage to the surrounding environment" in the body, "and that takes time to calm down," Chu said.

The effects of inflammation can far outlast the initial illness. It may allow other infections to take hold, or cause heart attacks and strokes when clots form in narrowed blood vessels. "If you prevent the infection, you prevent this other damage," Chu said.



HEART, HOME AND HEALTHCARE:

Why local doctors are fighting to stay in rural Georgia

By **HARSHA VYAS, MD FACP**
Cancer Center of Middle Georgia

In a town like Dublin, medicine is never just a transaction. It is a commitment to the place we call home. It is about heart, found in the deep trust between a doctor and a neighbor, and about the healthcare that sustains families across generations.

Yet across rural Georgia, a troubling question is being asked more often in coffee shops and living rooms: why is it becoming so hard to find and keep the doctors we trust?

The answer is not a lack of dedication to our neighbors. Rather, it lies in structural cracks within our healthcare system that, if left unaddressed, threaten to turn vibrant rural communities into healthcare deserts.

The Power of the Neighbor-Doctor

Many physicians who choose rural practice do so with intention. We value close relationships and the ability to make a visible difference. In a town like Dublin, doctors are not anonymous providers in white coats. We are your neighbors, your children's coaches, and fellow volunteers.

That connection is powerful. It is what keeps many of us here. But even the strongest bonds can be strained by a system increasingly designed for large cities and large players.

An Uneven Playing Field

So why do some doctors leave, or never arrive at all?

One major factor is a financial imbalance built into today's healthcare system. Insurance companies often offer more favorable reimbursement rates, contracting terms, and administrative support to physicians aligned with large, urban hospital systems.

Independent physicians, who still form the backbone

of rural healthcare, frequently face lower payment rates and heavier administrative burdens for delivering the same care. When independent practices are paid less for identical services, long-term sustainability becomes a struggle. Doctors are not leaving because the care is worse. They are leaving because the economics no longer work.

The Urban Bias in Training Physician training also plays a role. Most residency and fellowship programs are based in large academic or urban hospitals. As a result, many young doctors graduate without ever seeing how a successful rural practice functions.

They fear professional isolation, limited backup, and overwhelming responsibility. For oncologists, this concern is magnified. Cancer care is complex, emotionally demanding, and requires long-term continuity. Without exposure to strong rural care models, many young physicians assume rural practice is simply too risky to attempt.

It's a Family Decision

Physicians are also parents and spouses. Quality schools, job opportunities for partners, and access to extracurricular activities matter deeply. When a doctor chooses where to practice, they are choosing a home for their family. If community infrastructure or long-term stability feels uncertain, even the most mission-driven physician may eventually look elsewhere.

Looking Toward the Horizon

Despite these challenges, some of us stay.

We stay because rural patients deserve access to high-quality care close to home. We stay because medicine remains deeply personal in small communities. We stay because relationships matter more than size or scale.

But goodwill alone cannot



Dr. Harsha Vyas is a medical oncologist and hematologist and the founding physician of the Cancer Center of Middle Georgia in Dublin. He cares for patients across Middle Georgia and is dedicated to keeping high-quality cancer care close to home. Nationally, he is recognized for his leadership in community oncology and advocacy for rural cancer care. Dr. Vyas lives in Dublin with his family and remains actively involved in the community he serves.

sustain a healthcare system. If current trends continue to favor large systems while increasing the financial risk for independent practices, vast areas of rural Georgia will see shrinking access to care. This will not happen overnight. It will happen gradually, one doctor at a time.

The path forward is not just about recruitment bonuses. It requires

building an ecosystem that supports physicians both professionally and personally. That means fair reimbursement, modern infrastructure, strong schools, and respect for independent, physician-led care.

Doctors want to serve rural Georgia. Our communities deserve a healthcare system that allows us to stay.



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What does asthma have to do with your allergies?

SPECIAL TO THE MEDICAL DIRECTORY

Some of what you think are allergy symptoms could be signs of asthma.

People who have allergies often also have asthma. And people with asthma often have allergies. While the two may not seem related, studies show about two-thirds or more of those with asthma also have an allergy. Although technically it is currently the winter season, some trees pollinate as early as mid-February in our area, and now is a great time to look at your symptoms and figure out if you're suffering from asthma, allergies, or both.

Many people don't realize that the same things that trigger your seasonal hay fever symptoms – things like pollen, dust mites, mold and pet dander – can also cause asthma symptoms. The American College of Allergy, and Asthma and Immunology (ACAAI), recommends that if you have allergies, and you are wheezing or coughing, you should see a board-certified

allergist to find out if you also have asthma. Allergists are specialists at treating asthma and can put together a treatment plan to help you deal with both allergies and asthma.

Allergic asthma – where allergies are triggers for asthma symptoms – is the most common type of asthma. Researchers have long known that the frequency of children with allergies who also have asthma can be as high as 90 percent. Recent research has shown that about 75 percent of adults aged 20-40 with asthma, and 65 percent of those with asthma aged 55 years and older, have at least one allergy.

Effective treatment of allergic asthma includes identifying and avoiding allergens that trigger symptoms. After diagnosing asthma, allergists often move on to using drug therapies and developing an emergency action plan to deal with severe attacks. If you can cut down on the number of allergens in your life, you may also be able to reduce asthma symptoms.

TIPS TO AVOID ALLERGENS THAT TRIGGER ASTHMA:

- Immunotherapy (allergy shots) can reduce sensitivity to the allergens that trigger asthma attacks and significantly reduce the severity of the disease. It might even prevent the development of asthma in some children with seasonal allergies.

- One of the best ways to avoid allergy symptoms is to avoid offending allergens. If pollen is a seasonal trigger:

- Keep windows closed during pollen season, especially during the day.

- Know which pollens you are sensitive to and then check pollen counts. Try to avoid going outside when pollen counts are highest. In spring and summer, during tree and grass pollen season, levels are highest in the evening. In late summer and early fall, during ragweed pollen season, levels are highest in the morning.

- Take a shower, wash your hair, and change clothing after working or playing outdoors.

- Don't wear shoes in the house – the soles can attract pollen which can be left on carpeting and other surfaces.

es.

- Bathrooms, basements and other tiled areas can be especially prone to mold. The key to reducing mold is moisture control. Use bathroom fans and clean up any standing water immediately. Scrub any visible mold from surfaces with detergent and water, and completely dry.

- You can help ward off dust mites and mold by keeping home humidity below 50 percent and cleaning gutters regularly. Do not use vaporizers or humidifiers.

- Remove pet allergens by vacuuming frequently and washing upholstery, including your pet's bed. Be sure to always keep your pet out of the bedroom to ensure you can sleep symptom-free.

Middle Georgia Allergy and Asthma in Dublin is available to help create a personal plan to deal with your allergies and asthma. Make an appointment with Middle Georgia Allergy and Asthma to guide you on a path to feel well and breathe better.



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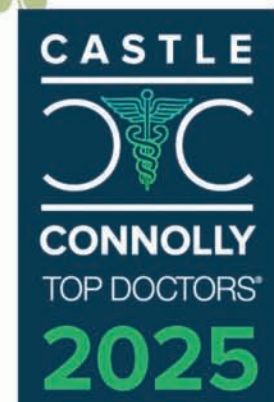
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Your Choice Healthcare expands to Dublin

By KYLE DOMINY
Staff Reporter

Pamela Lynn Brown knows there is a need for more health care providers in Laurens County. Over the years the veteran family nurse practitioner began seeing more and more people from Dublin in her office, Your Choice Healthcare in Eastman.

"We were getting a lot of patients from Dublin. There is such a need in primary care," Brown said.

When an office became available on Industrial Blvd., near Fairview Park Hospital and the heart of Dublin medical district, Brown knew it time to open another clinic.

"It was divine timing," she said. "The Lord told us what to do."

Your Choice Healthcare - Dublin opened in November last year, just in time for a busy flu season, at 230 Suite C Industrial Blvd. The office is a whole family primary care facility, and though it's not an urgent care, can take walk-in and sick patients. A family nurse practitioner is a special board-certified designation allowing the practitioner to diagnose and treat patients aged from birth to senior adults. Family nurse practitioners, or FNPs, are licensed by the Georgia Board of Nursing.

Brown's goal is to establish a regular clientele to help guide along their healthcare journey.

Seeing most patients in the Dublin office is fellow FNP Morgan Thomas. Thomas, a veteran nurse, is a Laurens County native and has worked for Your Choice for two years.

"It's nice to be back home and closer to my family," she

said.

Thomas, a 2008 graduate of East Laurens High School, has experience as a trauma nurse. She administered doctors' orders to patients at Macon's Navicent Health. She earned her master's degree in 2023, and she's excited to be on the diagnostic side of medicine and building relationships with patients.

"It's a lot different," she noted. "You are the one making decisions for the patients."

Your Choice Healthcare was founded in 2017, after Brown earned her FNP certification. The Baxley native took a round-about path to the medical field, serving in the U.S. Air Force and trying her hand at other careers before enrolling in nurse's training.

"My mother was a nurse and I should have went to nursing school," Brown reminisced. "But I wasn't going to do what my mama said at 16 years old."

Brown worked several years as a nurse and received her FNP distinction in 2016. She said she knew she wanted to work for herself.

"I like taking care of people. I like puzzles," she said. "So using my brain to help treat people is a treat."

Five years ago, Brown expanded her reach by opening an office in McRae.

Dublin won't be the last place Brown establishes as office. She continues to look for other communities, with eyes on nearby Wrightsville, to reach people in need of health care services.

"We want to stay rural. We like the small town-vibe and want to stay where it's underserved," Brown said. "We're



Your Choice Healthcare CEO and family nurse practitioner Pamela Lynn Brown and Morgan Thomas, also a family nurse practitioner, in an exam room at Your Choice Healthcare's Dublin office. Founded in Eastman, Brown operates three locations with the local office the newest, opened in November/KYLE DOMINY

trying to make health care accessible. There's not enough MDs, NPs or specialists in the rural areas. Health care can be a hard thing to navigate and we want to bring health care to the patients as best as we can."

“We want to stay rural. We like the small town vibe and want to stay where it's underserved. We're trying to make health care accessible. There's not enough MDs, NPs or specialists

– Pamela Lynn Brown, FNP

”

The diverse world of nursing

SPECIAL TO THE MEDICAL DIRECTORY

Nursing is a wise career choice for people looking for a challenging yet rewarding profession. Significant nursing shortages continue to pose a challenge within the health care industry, as the United States was expected to have a deficit of around 295,800 nurses by the end of 2025.

Nurses work in many different facilities and can focus on an array of specialties. Nurses may be categorized by their levels of education. Each level has a different scope of practice and responsibility. Those considering nursing as a career, or patients preparing to see a nursing provider for care, can explore these types of nurses.

Licensed practical nurse (LPN)

LPNs are health care professionals responsible for basic patient care and comfort. They typically are a patient's primary point

of contact and relay information to the rest of the care team. One can think of LPNs as entry-level nurses, although their responsibilities are no less important than other medical professionals'. LPNs typically work under others' direct supervision and assist patients with eating, dressing and bathing. LPNs also take vital signs and administer medications. The American Nursing Association says becoming an LPN or a licensed vocational nurse requires a high school diploma or GED and a vocational training course, and a passing grade on the National Council Licensure Examination for Practical Nurses is necessary.

Registered nurse (RN)

RNs require a higher level of education than LPNs and they can provide more complex and comprehensive care for patients. RNs often handle a wider range of patient services and take on more responsibilities than LPNs. The ANA says two college degree paths available to aspiring RNs are an Associ-

ate Degree in Nursing (ADN) and a Bachelor of Science in Nursing (BSN). A BSN requires a greater financial commitment and a four-year undergraduate program takes time to complete. Many employers zero in on candidates with a BSN.

Nurses who have advanced degrees are called Advanced Practice Registered Nurses. They have specialized training beyond that of a typical registered nurse and have broader scopes of practice. They may work with greater autonomy in certain specialties.

Certified nurse practitioner (CNP)

A CNP is a health partner of choice for many people. The American Association of Nurse Practitioners says CNPs are clinicians that blend clinical expertise in diagnosing and treating health conditions with an emphasis on disease prevention and health management. Advanced education, like a master's or doctoral degree, is required to become a CNP. He or she is able to prescribe medications,

order diagnostic tests and manage chronic conditions.

Certified nurse-midwife (CNM)

CNMs provide gynecological and low-risk obstetrical care. These advance practice registered nurses focus their study and practices on gynecology, family planning, prenatal, labor, and postpartum care. In addition to an advanced degree, CNMs must complete an accredited midwifery education program and pass a national certification exam.

Certified registered nurse anesthetist (CRNA)

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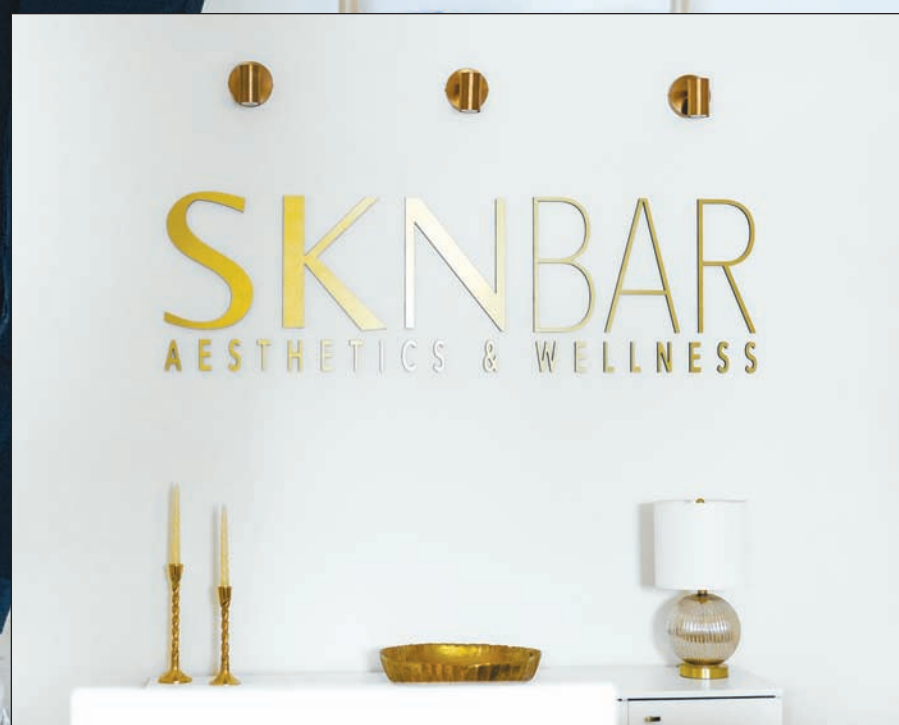
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'I feel like patients were getting lost in that system ...'

Veteran nurse Tabitha Mullis has expanded her medspa SknBar to include direct-pay primary care, eliminating insurance companies' influence in basic and acute care. Mullis, a family nurse practitioner, has about 25 years of experience caring for patients, working in various settings from the local emergency room to cardiology offices/SPECIAL PHOTO, Lauren Patterson



Nurse, med spa entrepreneur launches direct primary care

By KYLE DOMINY
Staff Reporter

Many people have experienced the dark side of the insurance industry. Whether dealing with ever-increasing premiums and juggling convoluted policies, or worse, being denied doctor-prescribed treatment or care, insurance horror stories abound.

Long-time nurse Tabitha Mullis knows a thing or two about navigating that complex system and decades of experience helping patients receive that care they need in a timely and affordable manner.

"Insurance dictates everything from time spent with patients to the kind of care they receive," Mullis said. "I feel like patients were getting lost in that system."

Last September, Mullis, a certified family nurse practitioner, expanded her business SknBar Aesthetics and Wellness to include direct primary care, allowing patients to receive acute care, as well their annual check up, with up-front pricing and without the hassle of dealing with insurance.

"It takes insurance, that middle man, out of the picture, who tells us what we can and can't do and throws up flags where we can't treat a patient how we want to. That's one of the biggest reasons I went into primary care," she said. "I was trying to find ways I could serve the community and take that component out that restricted how I could interact with the pa-



SKNBAR
Continued on page 16

The waiting room at SknBar welcomes patients with a sleek, elegant design/SPECIAL PHOTO, Lauren Patterson

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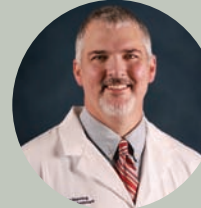
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SKNBAR

Continued from page 15

tient.”

The move was well received, with 50 patients signing up for the service in the first month.

SknBar’s primary care service is based on a membership model. For a \$125 monthly fee, or a \$1,500 annual payment, members receive annual wellness labs and as many visits as they need for basic and acute medical care. Mullis said that many of her patients remain insured, to help cover the cost of emergency or specialized care and testing, but she has partnered with Fairview Park Hospital for a self-pay price list for some services for uninsured patients.

Though SknBar’s primary care service provides care for both women and men, special attention is given to women’s health, helping patients keep up with annual screenings like mammograms and Pap smears. Mullis has a passion for cardiovascular health and preventing heart disease, the No. 1 killer of women. She worked under two well-respected, local heart doctors, Drs. Manuel Vega and Gary Daniel, both of whom have passed away.

“I really love cardiovascular care,” she said. “I’ve taken a lot of that knowledge and incorporated that here.”

Mullis has about 25 years of experience as a nurse working across different specialties and settings. She started her healthcare career studying to be a surgeon, but her course changed during the process.

“Life happens and I got married and had a baby. I just didn’t want to spend time away from my daughter during the medical school part of that, so I decided to become a nurse,” she said. “I have a passion for taking care of people as a whole. Nursing teaches you that aspect of health care, taking care of the patient as a whole.”

She is an experienced emergency room and intensive care nurse, starting her career with Fairview Park Hospital. She’s also worked with pediatric patients and with family medicine.

She launched SknBar Aesthetics and Wellness in Nov. 2023, helping people deal with aging and weight loss in a controlled, supervised manner. The clinic provides hormone replacement therapy for men and women, weight loss programs that focus on metabolic health, aesthetic services like Botox and skin fillers, as well as medical-grade skin care. Mullis said she transitioned to the external side of health as she noticed her own signs of aging.

“When you get to your late 30s, women start noticing fine lines and wrinkles and all the things that come with age,” she said. “I started noticing that. I didn’t want to look old before I was supposed to, no one does, right? So, I started taking care of ladies, giving them a little confidence back. It really came from my own journey.”

The office has about 2,500 clients and patients. Direct care patients are limited to about 10 to 12 per day to allow for ample time with practitioners. Growth of the business required Mullis to bring on a new practitioner who is now seeing patients, and she is eyeing an expansion to her office at 110 Corporate Square in Dublin.

Many of the patients she had met over the years still turned to her for health care, so expanding into primary care was a natural fit.

“I had so many people messaging me, asking if I could still fill their medications,” Mullis said. “I’m an old soul. I like the tradition of people trusting you so much that they trust you to take care of them. That was my biggest push for this.”



SknBar Aesthetics and Wellness opened in 2023. In September the business expanded to direct-pay primary care/SPECIAL PHOTOS, Lauren Patterson



Healthy ways to cope with stress

SPECIAL TO THE MEDICAL DIRECTORY

Stressful experiences are a part of life, and the physiological responses that occur in response to these challenges are natural tools humans developed as survival mechanisms. People learn and grow as they deal with positive stressful occurrences, such as when speaking in public or taking a test. But when stressors cannot be avoided or prove chronic, the body's response to stress can take a toll on a person's mental and physical well-being.

The COVID-19 pandemic, inflation, an uptick in strong storms and subsequent weather-related disasters, and global conflicts have proven stressful for people around the world. According to a report from the American Psychological Association titled "Stress in America 2023: A Nation Recovering from Collective Trauma," the long-term stress sustained since early 2020 has had a significant impact on well-being, as evidenced by an increase in chronic illnesses. The report found people between the ages of 35 and 44 have been particularly affected.

Long-term stress poses many health risks, including wear and tear on the immune system and an increase in worry, anxiety and irritability. Some people turn to drugs or alcohol to combat stress, but there are healthy options. The following are better ways to cope with stress.

- Reduce the number of stressors. It is not possible to remove all of the stress of life, but people can try to reduce some forms of stress. Think about sharing some responsibilities or asking for help. If a person is causing you stress, then distance yourself from this person as much as possible. Work is a major source of stress for many people. Finding a new job or cutting back on tasks could help.

- Get quality sleep. Prioritize sleeping better and longer. Fatigue can exacerbate the ability to deal with even minor stressors, leaving you more irritable and edgy. Most adults require between seven and nine hours of sleep per night, so adjust your schedule to achieve this.

- Plan for daily exercise. The APA says brisk movement improves sleep and can combat stress. In one study titled "Relationships between Leisure Time Physical Activity and Perceived Stress," first published in 1996, researchers found that working adults who engaged in moderate

physical activity had half the perceived stress when compared to working adults who did not participate. A 30-minute session each day can work wonders.

- Engage in pleasurable activities. It's easy to drop fun things from the schedule when stress is high. But the Cleveland Clinic advises making time for pleasurable things as a means to combatting stress. Laughter and humor can go a long way towards reducing stressful feelings, so a night out at a comedy show or watching a funny movie can help.

- Improve your diet. Well-nourished bodies can handle stressors, illnesses and life in general much easier. Aim for a well-balanced diet that is low in processed foods and sugar. Avoid alcohol, caffeine and nicotine, as each can worsen stress in the long run, according to Sutter Health.

Stress is a natural part of life. When stress becomes too much to take, individuals can cope in various healthy ways.



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As insurance prices rise, families puzzle over options

By LYNN ARDITI
KFF Health News

New York-based performer Cynthia Freeman, 61, has been trying to figure out how to keep the Affordable Care Act health plan that she and her husband depend on.

"If we didn't have health issues, I'd just go back to where I was in my 40s and not have health insurance," she said, "but we're not in that position now."

Freeman and her husband, Brad Lawrence, are freelancers who work in storytelling and podcasting.

In October, Lawrence, 52, got very sick, very fast.

"I knew I was in trouble," he said. "I went into the emergency room, and I walked over to the desk, and I said, 'Hi, I've gained 25 pounds in five days and I'm having trouble breathing and my chest hurts.' And they stopped blinking."

Doctors diagnosed him with kidney disease, and he was hospitalized for four days.

Now Lawrence has to take medication with an average cost without insurance of \$760 a month.

In January, the cost of the cou-

ple's current "silver" plan rose nearly 75%, to \$801 a month.

To bring in extra cash, Freeman has picked up a part-time bartending gig.

Millions of middle-class Americans who have ACA health plans are facing soaring premium payments in 2026, without help from the enhanced subsidies that Congress failed to renew. Some are contemplating big life changes to deal with new rates that kicked in on Jan. 1.

It often falls to women to figure out a family's insurance puzzle.

Women generally use more health care than men, in part because of their need for reproductive services, according to Elizabeth Tobin-Tyler, a professor at Brown University's School of Public Health.

Women also tend to be the medical decision-makers for the family, she said, especially for the children.

"There's a disproportionate role that women play in families around what we think of as the mental load," said Tobin-Tyler, and that includes "making decisions around health insurance."

Before the holidays, Congress



Cynthia Freeman and her husband, Brad Lawrence, work freelance jobs in storytelling and podcasting. They rely on their Affordable Care Act insurance to treat Brad's newly diagnosed kidney disease/SPECIAL

PHOTO, Jose A. Alvarado Jr.

considered a few forms of relief for the premium hikes, but nothing has materialized, and significant deadlines have already passed.

Going Uninsured?

As the clock ticked down on 2025, B. agonized over her family's

insurance options. She was looking for a full-time job with benefits, because the premium prices she was seeing for 2026 ACA plans were alarming.

COSTS

Continued on page 19

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COSTS

Continued from page 18

In the meantime, she decided, she and her husband would drop coverage and insure only the kids. But it would be risky.

“My husband works with major tools all day,” she said, “so it feels like rolling the dice.”

NPR and KFF Health News are identifying B. by her middle initial because she believes her insurance needs could affect her ongoing search for a job with health benefits.

The family lives in Providence, Rhode Island. Her husband is a self-employed woodworker, and she worked full-time as a nonprofit manager before she lost her job last spring.

After she lost her job, she turned to the ACA marketplace. The family’s “gold” plan cost them nearly \$2,000 a month in premiums.

It was a lot, and they dug into retirement savings to pay for it while B. kept looking for a new position.

Because Congress failed to extend enhanced subsidies for ACA plans, despite ongoing political battles and a lengthy government shutdown over the issue, B.’s family plan would have cost even more in 2026 — almost \$3,000 a month.

“I don’t have an additional \$900 lying around in my family budget to pay for this,” she said.

B. had already pulled \$12,000 out of retirement funds to pay her family’s 2025 rates.

Unless she finds a new job soon, the family’s projected income for 2026 will be less than 266% of the federal poverty level. That means the children qualify for free coverage through Medicaid.

So B. decided to buy a plan on the ACA marketplace for herself

and her husband, paying premiums of \$1,200 a month.

“The bottom line is none of this is affordable,” she said, “so we’re going to be dipping into savings to pay for this.”

Postponing a Wedding

The prospect of soaring insurance premiums put a pause on Nicole Benisch’s plans to get married.

Benisch, 45, owns a holistic wellness business in Providence. She paid \$108 a month for a zero-deductible “silver” plan on Rhode Island’s insurance exchange.

But the cost in 2026 more than doubled, to \$220 a month.

She and her fiancé had planned to marry on Dec. 19, her late mother’s birthday. “And then,” she said, “we realized how drastically that was going to change the cost of my premium.”

As a married couple, their combined income would exceed 400% of the federal poverty level and make Benisch ineligible for financial help. Her current plan’s monthly premium payments would triple, costing her more than \$700 a month.

Benisch considered a less expensive “bronze” plan, but it wouldn’t cover vocal therapy, which she needs to treat muscle tension dysphonia, a condition that can make her voice strain or give out.

If they get married, there’s another option: Switch to her fiancé’s health plan in Massachusetts. But that would mean losing all her Rhode Island doctors, who would be out-of-network.

“We have some tough decisions to make,” she said, “and none of the options are really great for us.”

This article is from a partnership with NPR.

Med school applications are on the decline

The Princeton Review says that medical school takes four years to complete, after which individuals will also spend three to eight years in residency. When all is said and done, an individual who entered college at 18 may not become a doctor until he or she is 29, if not older.

In the United States, students can expect to spend an average of \$364,536 to become a doctor, says White Coat Investor. Of that amount, \$218,792 is for medical school and \$145,744 is for an undergraduate degree. Students must devote a lot of time and money to become a doctor, and that commitment could be one reason behind a recent decline in medical school applications.

According to data released by the Association of American Medical Colleges, the 2023-2024 school year marked the second consecutive year medical schools saw a drop in applicants. There were 52,577 applicants, which was a decline of 4 percent over the 2022-2023 year. This is in contrast to the 2021-2022 year, which was likely driven by people inspired to engage in careers in medicine during the COVID-19 pandemic. In 2021, there were a record num-

ber of medical school applicants, with an 18 percent increase over the previous year.

Despite a decline in applications, first-year enrollments remain high and rose 1.2 percent compared to 2023, according to AAMC data. Schools also are seeing more ethnically diverse medical students. Medical Economics reports the number of first-year Hispanic medical students rose by 4.5 percent in 2023 and American Indian or Alaska Native medical students rose by 14.7 percent. Women also accounted for more than half of applicants and first-year students.

Experts are unsure what is driving the decline in medical school applicants. However, David J. Skorton, president and CEO of the AAMC, said the medical community is seeing declines in applications for other health professions as well. The long hours, intense schooling, cost of tuition, and wear on mental health are some factors that might be causing students to reconsider medical school. Some schools are now redesigning programs to cater to medical students’ overall health and wellness on their journeys to becoming doctors.

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Pharmacist Al Purser has co-owned Max Brown Pharmacy since 2021. While a new building will allow for the expansion of services, Purser hopes to continue the legacy of customer service left by his former employer and company founder Max Brown /KYLE DOMINY

Max Brown Pharmacy prepares for move, expansion

By KYLE DOMINY
Staff Reporter

Max Brown Pharmacy has been a staple in the Dublin medical and retail landscape for decades. The pharmacists and staff at the drug store, founded in 1978, have been dispensing medicine and helping improve patient outcomes from the same humble storefront on North Jefferson St. purchased by the company's namesake Max Brown all those years ago.

After 50 years of business, that's about to change, with the pharmacy preparing to move to a new, larger location in the coming months.

"Really we just ran out of space," said Al Purser, pharmacist and co-owner of the shop. "It's hard to get any more busy than we are without extra space."

Purser, a veteran local pharmacist who counseled patients and checked prescriptions alongside Brown, purchased the business, along with Soperton-based pharmacist Blake Dennard of Dennard's Drugs in 2021. Current customers won't have to travel far to pick up their medications with the new Max Brown Pharmacy setting up shop less than a mile south, to a location slightly closer to the hustle and bustle of downtown Dublin but still convenient to an often over-looked part of town than needs

access to the goods and services provided by the pharmacy.

"Dublin is doing so good with their renovations and we wanted to be closer to town," Purser said. "But it was important that we stayed on North Jefferson, to continue serving the same community. We have a lot of customers in this area."

Max Brown Pharmacy continues to operate at 809 North Jefferson St. while construction is being completed on the new facility, located at 502 North Jefferson. The building doubles the amount of space to 6,000 square feet allowing for the expansion of both the pharmacy and retail operations of the store. The business will continue its local delivery service, while adding a drive-thru window for an additional service option. Also in the pharmacy department, Purser said the business will expand to serve long-term care and assisted living patients.

MAX BROWN
Continued on page 22

An old auto parts store will soon be the new location of Max Brown Pharmacy. The business will expand to offer additional services and products/KYLE DOMINY





The new Max Brown Pharmacy, about half a mile south on Jefferson Street from the drug store's current and original location, will expand the business' pharmacy and retail footprint. The 6,000-square-foot building, at 502 N. Jefferson St., which previously housed an auto part store, doubles the size of the business and provides ample room for customers and workers. Right, a worker installs sheet rock at the soon-to-be new Max Brown Pharmacy/KYLE DOMINY

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MAX BROWN

Continued from page 20

Medications for such customers are packaged differently from standard medicine bottles and require special equipment that was not feasible to install in the original location.

The pharmacy currently dispenses an average of 350 prescriptions a day.

"We hope to increase that when we get up there [to the new location], Purser said.

The pharmacy will continue to sell over-the-counter medications and first aid supplies with hopes

of increasing the range of products available, as well as gift items and other merchandise taking customers of Max Brown back to heyday of drug store shopping.

The store currently offers a small selection of jewelry, toys, flowers for cemetery arrangements and local products. Purser hopes to see that product line bolstered and broadened with much space dedicated to support other local entrepreneurs and artisans.

"We hope to have a whole section of stuff like that to support the local area," he said.

There is currently no set grand opening date for the new Max

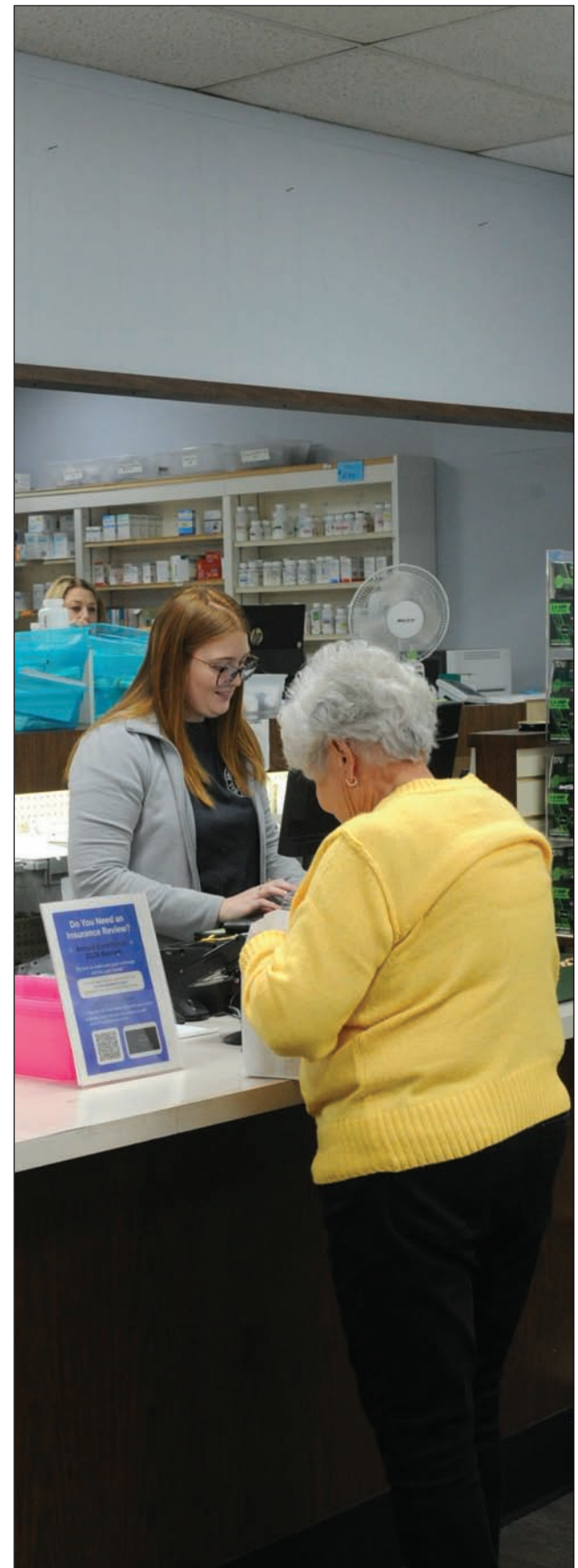
Brown Pharmacy. Moving such a place of commerce comes with red tape and approval from regulatory bodies. The new facility requires new licensing from the Georgia Board of Pharmacy and inspection by the federal Drug Enforcement Administration. Construction is slated to be complete in early February, with opening planned for April or May.

Max Brown Pharmacy was founded by Max and Memory Brown after the couple moved to Dublin in the early 70s. They built the business on providing excellent customer service and going above and beyond for patients. Original

customers still survive and continue conducting business with Purser and his staff. Though the Browns have both passed away, Purser said he remains in contact with the family and strives to continue the legacy left by Max and Memory.

"Max and Memory did a lot of good in Laurens County," Purser said. "A lot of people still come in because of them. Pharmacy has changed over the years. It's difficult, but we try to have that service-oriented drug store. We want to keep that relationship with our customers."

Staff members at Max Brown Pharmacy prepare prescriptions. The drug store, a fixture in the local business landscape for over 50 years, currently employs 15 workers. Below, Purser stands where the pharmacy department of the new Max Brown Pharmacy will be. Moving less than a mile down Jefferson St., Purser wanted to keep the business in the same neighborhood to continue serving existing customers in the surrounding residential area. Far right, a customer picks up a prescription at the counter in Max Brown Pharmacy/KYLE DOMINY





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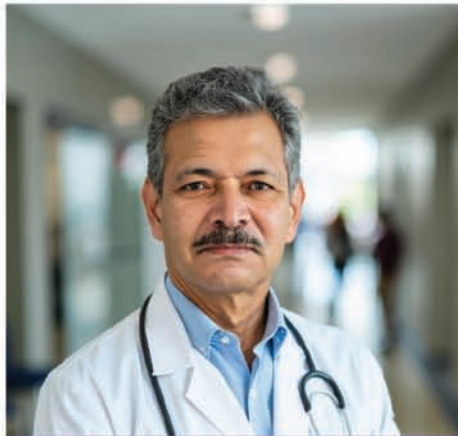


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