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THE BULLETIN

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The painting featured on the cover is one of many created by a severely autistic man who is a long-time member of the congregation I lead, Mayflower Congregational UCC, Oklahoma City. He is 59 years old and his name is Larry Wyatt Stream.

His father, Dr. Lawrence Stream, was an anesthesiologist and a member of OCMS for 54 years. When Larry's parents discovered that their son was autistic, very few resources existed to help him, and yet they found help from a group of dedicated teachers at Casady

School, one of whom, Carolyn Crepps, taught Larry to speak and is now his legal guardian. One of the ways he expressed himself was to paint, and he was particularly fond of mountain scenes, influenced no doubt by his favorite movie, "The Sound of Music." At Mayflower, Larry is a fixture in the balcony, and he often asks the same questions over and over again—which we patiently answer over and over again. Because in the Beloved Community, either all of us matter or none of us do. And Larry matters. And so does the fight to understand and treat autism.

— Robin Meyers

Rev. Robin R. Meyers, Ph.D,
Senior Minister, Mayflower Congregational
UCC Church, Oklahoma City
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PRESIDENT'S PAGE

BY DON L. WILBER, MD



As an officer for the University of Oklahoma College of Medicine Alumni Association I was asked to speak to the incoming class of first year medical students at the recent white coat ceremony. This ceremony is a time when the first year students receive their white coats in the presence of friends and family. My talk was meant to be some words of encouragement and maybe a little wisdom – although I am not sure how well equipped I am for the latter. I told the students that over the last forty-two years since I started medical school I am often reminded that medicine is a lifelong learning process.

The white coats we distributed that evening conferred both honor and responsibility. Part of that responsibility is the continual learning we must accomplish in order to best serve our patients. Because of the training we received wearing our white coats we have been able to positively affect individuals, as only a physician can, every day of our professional careers.

It is our privilege to be called “Doctor.” With this title comes additional responsibility – that is to be the best advocate for your patient and their well-being. This responsibility is not just limited to the patient but also extends to the community. It is for this reason I see so many of us involved in community service. We as a profession must continue to hold

on to our principles in order to maintain that position of trust and honor conferred upon us by society. I hope as a profession we always remain caring and compassionate towards our fellow man. It is what makes medicine a calling rather than a vocation. I hope the students got something out of this speech.

What I did not burden students with were the governmental mandates put upon physicians such as CPT coding, EMR use, MACRA, MIPS, payment reform, and Stark to name only a few requirements, which have tainted the enjoyment of seeing patients. We have seen a number of our colleagues burn out and retire rather than continue to try to meet the increasing demand of non-patient centered rules and regulations. The regulatory environment of medicine is prompting recent graduates to seek employment by hospital systems in an effort to avoid having to manage the laundry list of requirements. My point is not to criticize these types of practice arrangements but rather to note how the focus of medicine has moved from the patient to the paperwork. Oh I forgot – to the “paperless.” We must find ways to overcome these obstacles and put the joy of patient contact back in our profession.

Despite the burden of the responsibility, the bureaucracy and the ever-threatening political climate towards medicine, it remains a noble profession that

Continues on page 6 ...

has been rewarding for those of us in practice and we hope will continue to be for those that follow.

This brings me to my final paragraph as your president. Our county medical society represents us in so many programs that benefit our community. The programs include Schools for Healthy Lifestyles, INTEGRIS Hospice, Oklahoma Blood Institute, ITN Central Oklahoma (transportation for seniors and visually impaired), Health Alliance for the Uninsured, Open Arms Medical Clinic and most recently the Physician Wellness Program. Our participation in these programs gives value to your membership. It is what has made me proud to represent you. I thank you for your support of the Oklahoma County Medical Society over the past year and look forward to the continued success. A special thanks to Jana, Alison and Eldona. They make us all look capable.



SAVE THE DATE!

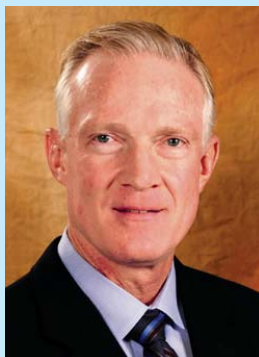


Presidential Inaugural Dinner

Honoring David L. Holden, MD

The event will include dinner, awards and recognition, followed by dancing at the Oklahoma City Golf and Country Club. Tickets are \$95 and can be purchased via check or online at www.okcountymed.org/pay. Invitations will be mailed soon.

OFFICER CANDIDATES



Holden



Dahr



Moore



Wasemiller-Smith

The nominating committee has submitted its slate of 2017 Officer candidates:

President: David L. Holden, MD

President-Elect: Sam S. Dahr, MD

Vice President: R. Kevin Moore, MD

Secretary-Treasurer: Lisa J. Wasemiller-Smith, MD

DEAN'S PAGE

BY M. DEWAYNE ANDREWS, MD, MACP
EXECUTIVE DEAN AND REGENTS' PROFESSOR,
UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE



On October 18, we had a grand opening ceremony for the new nine-story College of Medicine Academic Office Tower, located at the southeast corner of Stanton L. Young Boulevard and Phillips Avenue in the OUHSC campus. A ribbon-cutting ceremony, reception, and tours were part of this exciting day. Construction of the building was necessitated by the continuing growth in faculty, staff, students, residents, programs and complexity during the past 15 years and just simply outgrowing our existing facilities. The new building incorporates three ground floor multi-purpose conference rooms, full teleconferencing abilities, and new skywalks to the hospitals and the nearby Williams Pavilion. An adjacent five-level parking garage will accommodate 550 vehicles.

Symbolism is found throughout the new building's design. The main entry to the building features a stone portal with three separate entrances to signify the college's mission of medical education, research, and patient care. A hanging, spherical design sculpture in the three-story atrium lobby exemplifies physicians and our medical disciplines. The sphere is white to represent the physician's iconic white coat and is composed of many pieces as a reflection of the many adult and pediatric specialties and subspecialties in the college. The sphere is designed so that the pieces revolve, which embodies the specialties/subspecialties wrapping their "caring arms" around the patient in a dynamic continuum of care.

We now have a beautiful, iconic signature building for the college. It has been a terrific morale boost for many of our faculty and staff and allows us to decompress so many other facilities where faculty and staff are located. We are deeply grateful to the University Hospitals Trust without whose assistance and commitment this building would not exist.

The holidays we observe in November and December are not far away. It's an important and meaningful season of every year – a special season when we should take some time for reflection on family, friends, and our personal and professional lives. Like you, I am grateful for the love and support of family and friends. Like you, I am grateful for the privilege of being a physician. Like you, I am grateful for the meaningful and emotional experiences of patient care during my professional life, especially for those times my efforts made a significant difference in patients' lives. I am profoundly grateful for the rare opportunity to lead a medical school and influence the growth and development of students, residents, faculty, and health care and research programs. Like you, I am sometimes frustrated by the changes we face in medicine today, but I am not pessimistic about the future. I am hopeful about the future and excited by the advancements in our ability to care for patients.

May the special season ahead and the varied observances associated with it bring to all of us time for meaningful reflection and time for renewal and refreshment of our energy, commitment and ideals. In the spirit of the season, best wishes to all of you.





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A Tribute to BOB MORGAN, MD

PETER MORGAN, MD

On August 9th an exemplary physician of mid-twentieth century Oklahoma City died at age 97.

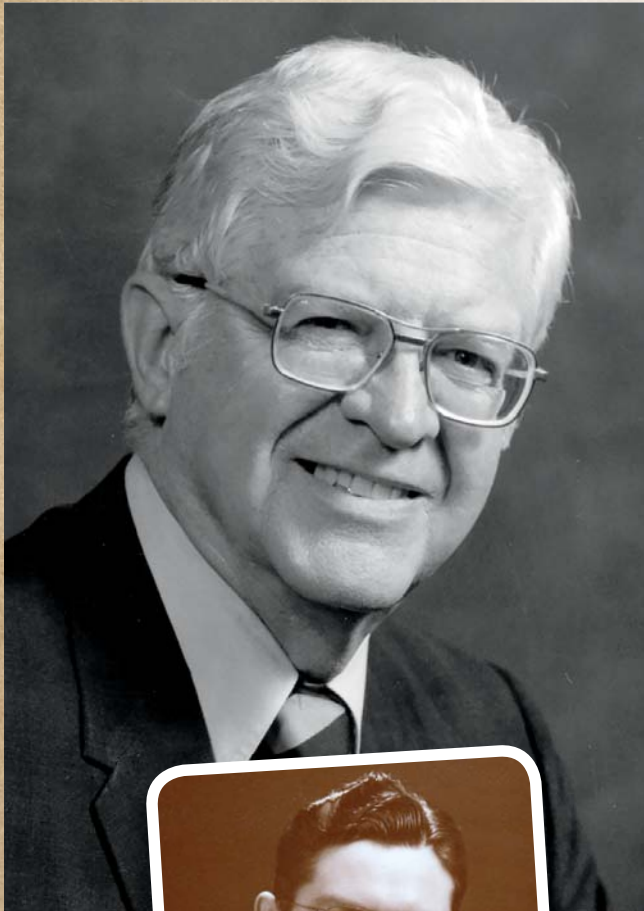
Robert J. "Bob" Morgan was born in Altus, Oklahoma on January 19th, 1919. His family eventually came to Oklahoma City where he graduated from Classen High School. He attended first college and then medical school at the University of Oklahoma, while maintaining a morning paper route and a night watchman position at *The Daily Oklahoman*.

Toward the end of his first semester in medical school Pearl Harbor was bombed on December 7, 1941. Bob and all other medical students were commissioned in the US Army as second lieutenants. Between classes they marched and dug foxholes. He would quip "I helped dig the basement of the Oklahoma Medical Research Foundation." Seven weeks after Pearl Harbor he married his high school sweetheart, Marian Herwig, who survives him after 74 years together. Upon graduation he was stationed in Arkansas and then spent a year in Alaska Territory just after the war ended.

After leaving the Army he completed an internal medicine residency before deciding to pursue a career in dermatology. Upon completing dermatology training at Columbia University, Bob and his young family returned to Oklahoma City where he opened a practice in the brand new Pasteur Building near St Anthony's Hospital. He retired from there 49 years later at age 75.

At the same time, Bob was for many years a Clinical Professor and Vice-Chairman of the Department of Dermatology at the University of

Continues on page 10 ...



Oklahoma Medical School, always as volunteer faculty. He helped teach the dermatology residents for decades. In recognition of this, the dermatology residents' break room is named for him and his close friend and colleague, Dr. Tom Nix.

He wrote several published journal articles, and chapters in two textbooks. He often chaired panels on topics such as "Bites, Stings and Infestations" at the national meeting of the American Academy of Dermatology. Invited to membership in the prestigious American Dermatology Association, he served as its Vice-President in 1987-88.

Bob was an ardent student of the objective data, but he was also a master of the Art of Medicine. He spent time with his patients, never rushing through an appointment. Not limited by his dermatological focus, he always considered the possibility of systemic disease. In the early 1980s, his colleague Dr. Richard Marshall consulted with him about a very ill young

man with pneumonia and a rash. Bob recognized the "rash" as Kaposi's sarcoma, and diagnosed the first case of HIV/AIDS at St Anthony's Hospital and likely one of the first in the state.

Always the epitome of a gentleman, Bob (Dad) never bragged or gloated about his work. I learned of his medical accomplishments only after I went to medical school. Dr. Marshall told me the anecdote above several years later when I rotated on his service. The respect I saw that others had for my dad was an early motivation for me to pursue a career in medicine.

Living to 97 has the disadvantage that Dad's contemporaries are virtually all gone, so it has been left to me to relate his remarkable medical career. His example of what a father, gentleman and physician should be has guided my brothers and me, as well as a host of residents and colleagues. He and his generation set a high standard. He will be sorely missed.

IN MEMORIAM

ANNETTE TWITCHELL, MD

1946-2016

ALAN RAY ROWLAN, MD

1967-2016

HAROLD MASTERS, MD

1928 - 2016

JO ANN GROSS WINE, MD

1939-2016



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Sheth

Felicia Allard, MD, is a board-certified pathologist with OUHSC. She completed medical school at the University of Colorado, and an internship with Roger Williams Medical Center in Providence, Rhode Island. Dr. Allard completed a residency and fellowship with Harvard Medical School – Beth Israel Deaconess Medical Center, and a second fellowship with the University of Virginia.

Jason M. Bellak, MD, is board-certified in pediatric and adult allergy and immunology as well as internal medicine, and is with Oklahoma Allergy and Asthma Clinic. He completed medical school at the University of Nevada School of Medicine. Dr. Bellak completed his internship and residency in internal medicine at the Mayo Clinic in Arizona.

Nicole Nelles, MD, is a board-certified pathologist in Oklahoma City. She completed medical school at University of Texas – Galveston, a residency at Houston Methodist Hospital, and fellowship in cytopathology at MD Anderson Cancer Center, and in surgical pathology at Houston Methodist Hospital.

Naresh Pemmaraju, MD, is a board-certified pathologist in Oklahoma City. He completed medical school at the University of Arkansas for Medical Sciences, residency at Baylor University, and a fellowship at Washington University School of Medicine.

Nigam Sheth, MD, is a board-certified anesthesiologist. He completed medical school at the University of Oklahoma College of Medicine, an internship at OU-Tulsa, residency at the West Penn-Allegheny Health System Pittsburgh, and fellowship at the University of Rochester.

Pooja Singhal, MD, is a board-certified gastroenterologist with St. Anthony. She completed medical school at the University of Oklahoma Health Sciences Center and an internal medicine residency at Georgetown University Hospital in Washington, DC. Dr. Singhal received her fellowship training in gastroenterology at Georgetown as well, where she also served as Chief Resident and Chief Fellow.

Anthony Sparks, MD, is a board-certified diagnostic radiologist. He completed medical school at the University of Oklahoma College of Medicine, internship at John Peter Smith Hospital in Fort Worth, residency at Baylor College of Medicine, and fellowship at Georgetown University.

Kelly L. Stratton, MD, is a board-certified urologist, and an assistant professor of Urologic Oncology in the OU Department of Urology. He completed his fellowship training in the Department of Surgery (Urology Service) at Memorial Sloan-Kettering Cancer Center in New York, and his residency at Vanderbilt University Medical Center Department of Urology. He completed medical school at the OU College of Medicine in 2007.



Singhal



Sparks



Stratton



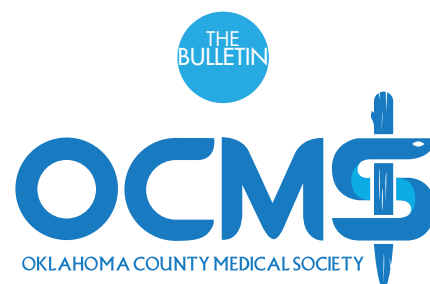
Yadack



Yee

Audra M. Yadack, MD, is a board-certified psychiatrist. She completed medical school at the University of Oklahoma Health Sciences Center, internship and residency with SUNY Downstate Medical Center, and a fellowship with Brown University.

Eric Yee, MD, is board-certified pathologist with OUHSC. He completed medical school at the University of Colorado, and completed residency and a fellowship with Harvard Medical School – Beth Israel Deaconess Medical Center.



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I brushed back a shock of hair in front of the twelve inch mirror that Holy Christian allows in the surgery lounge, while waiting for my case to start.

Herb Minder, the plastic surgeon, happened to notice me.

"I notice you've got a shock of gray, there, Dr. Trewater," Herb quipped.

"It's premature gray," I replied.

"At your age, Trewater, I wouldn't call it premature."

"Very funny, Herb. Besides," I added, "I don't really mind gray hair. It makes me look more distinguished when I go out to talk to the family after surgery."

"You know what they say."

"No, what do they say, Herb?" I asked, already getting irritated.

"Gray today, gone tomorrow! You need to start thinking about retirement, Dr. Trewater," Herb chided me.

"I'm not about to retire," I grumbled. "I've still got three dysfunctional kids to support, who are only in their thirties. My dear wife wants to re-do the kitchen again—this time with granite countertops. And my grandkids are approaching college age. College is a lot more expensive now than it used to be."

"You've got to start thinking about yourself, Trewater," Herb replied.

"I am thinking about myself, Herb. You see, I enjoy being a surgeon. I don't plan to quit before my time," I answered.

"And when is your time, Dr. Trewater?" Herb asked.

"I haven't decided yet," I replied.

"Maybe it's not your decision, Bill."

"How do you mean, Herb?"

"Let's face it. Nobody knows how long they've got on this green planet. Look at that new general surgeon, Mary Chalmers—after twelve years of college, medical school, and surgery residency, she gets diagnosed with multiple sclerosis. Why, you could have pancreatic cancer right now, Trewater, and not know it. Only God knows that—God decides how long you've got."

"Of course," I replied. "But I feel just fine."

"Surgeons are workaholics," Herb continued. "They don't know when to quit. Then they drop dead in their surgery scrubs."

"I don't plan to drop dead in my surgery scrubs, Herb," I answered.

"Nobody does," he replied. "It just happens, that's all. And it all starts with gray hair—that's a warning, you know."

"I don't think God is warning me," I replied.

"I think God wants me to keep doing surgery. He just wants me to look a little older, a little more distinguished, that's all."

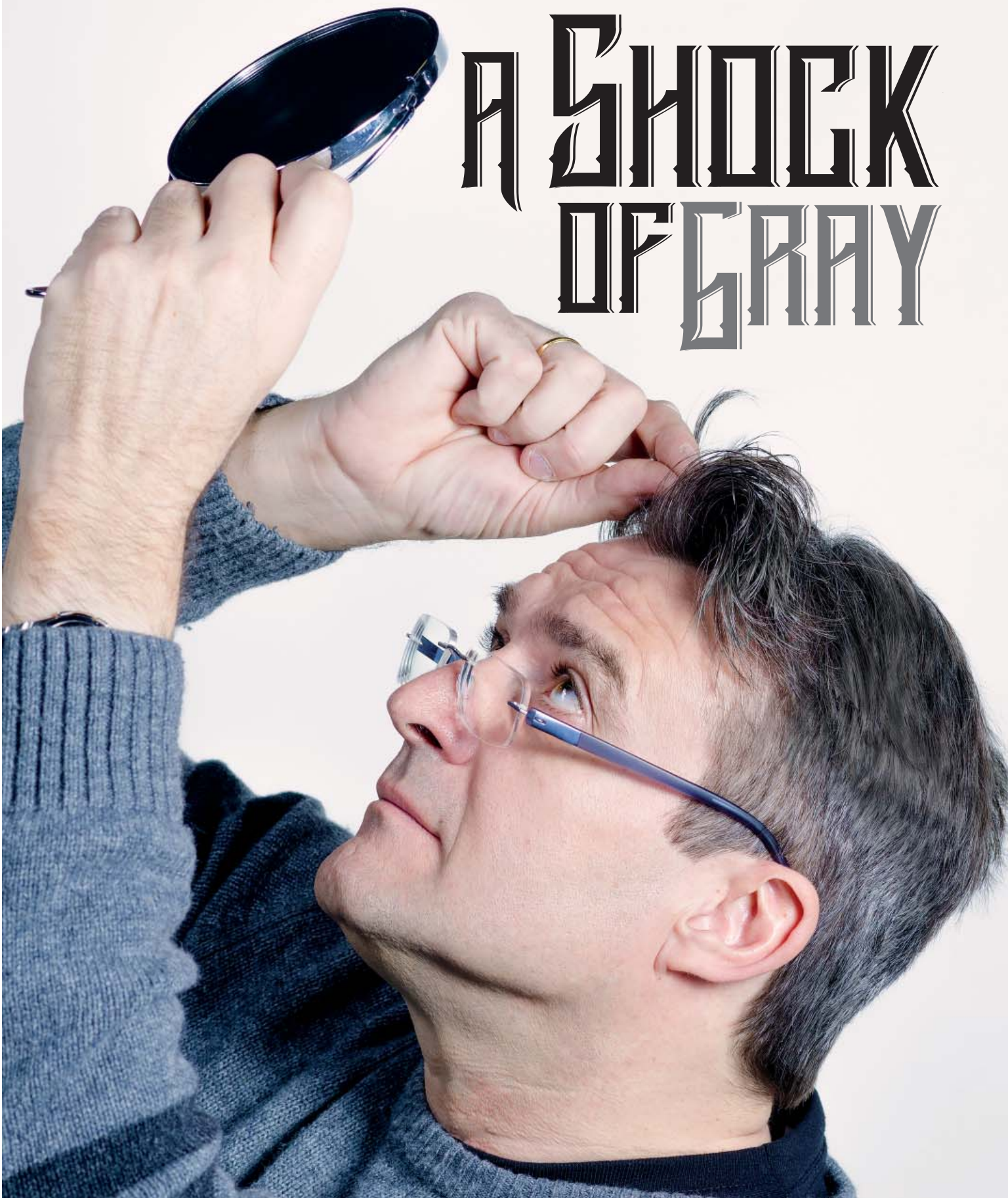
"Besides," I added, "with this shock of gray hair, patients no longer wonder if I'm too young."

"Wait a few more years, Trewater," Herb quipped. "With a little more gray, you'll look too old, and they'll start wondering again."

"At least I've got hair," I replied angrily, as I looked at Herb's balding head. "You're just jealous 'cause I've got hair on my head, no matter if it's brown or gray."

Continues on page 16 ...

A SHOCK OF GRAY



"I've been bald since I was forty."

"Anyway, being bald is kind of sexy these days," Herb added, as he rubbed the shiny orb that once represented a full head of dark hair back in medical school at the University of Chicago.

"Besides," Herb added wistfully, "I'm a victim of my genetics—male pattern baldness, and all that."

"That's cause you've got too much DHT—you've always had too much testosterone, Herb," I joked.

"That's better than not having enough, Truewater," Herb replied. "Besides, I've never had patients think I was too young to be a plastic surgeon."

"The only thing I don't like about this gray hair," I replied, as I again tried to brush it back, "is that it's too stiff. It's won't lay down like it's supposed to."

"That's because it doesn't have the natural oils," Herb explained. "You see, as you get older, Truewater, things kind of dry up."

"So I've noticed," I replied. "I remember back in the fifties my Dad used to use Vitalis—the greaseless grooming discovery."

"Never heard of it," Herb replied. "Do you mean the 1950's? You're not that old, Truewater."

"I'm afraid I am, Herb. Why, I remember when the Chicago Cubs played the Brooklyn Dodgers. Bob Rush pitched for the Cubs. His wind-up was so slow that Jackie Robinson stole home."

"Brooklyn doesn't have a team anymore," Herb answered. "They moved to Los Angeles—what a pity."

"I thought you weren't that old," I said.

"Some things I choose not to remember," Herb replied. "I don't want to give away my age, you know."

"There's nothing wrong with getting older, the way I see it, Herb."

"This gray hair is just part of Nature's process. Besides, older people are more respected in our society—they're looked upon as opinion leaders and judges."

"Then, why do older people dye their gray hair black?" Herb asked.

"Some people just want to look younger, that's all," I replied.

"Look at all the senior physicians on our staff," I added. "With gray hair comes respect and honor."

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“And senility,” Herb added. “I remember when you memorized all your patients’ names and hospital room numbers. Now, I see, you carry a list.”

“That’s because I’ve got more patients, now,” I said. “I’m not getting senile, just because I’ve got a shock of gray hair.”

“Nevertheless, Dr. Truewater, that gray hair is a harbinger of things to come.”

“Good things to come,” I replied. “I choose to look at the positive.”

“Okay, then some day you’re positively going to die.”

“Sure, everybody knows that. I’m not afraid of death. After all, I’m a doctor.”

“And?” Herb asked.

“And doctors aren’t afraid of death,” I answered. “That’s why they became doctors. They deal with death all the time. They take courses on it in medical school. They read books about it. Doctors are trained to deal with death. Why, they dissect cadavers in medical school. Next to preachers, doctors understand death better than anybody. They counsel the dying patient. Death is a natural part of the life process.

We’re born, we live, we get a shock or two of gray hair, then we die.”

“It’s all very simple,” I added, as I brushed my hair in the mirror.

“Say, what have you got in that brush?” Herb asked suspiciously.

“Nothing,” I replied.

“Then, why does your hair keep getting darker each time you brush it?”

“It’s just a little hair color, that’s all,” I said. “My wife started me on it, and she says I look ten years younger. Once a day takes out the gray—you’ve seen the commercial, where the man brushes out the gray and becomes more attractive and self-confident.”

“So, you’re living a lie—telling me you don’t mind the gray hair, then brushing it out.”

“I don’t mind this shock of gray hair,” I replied defensively. “I just don’t want it quite so soon—that’s all. And I’m not quite ready to assume the mantle of elderly physician.”

“Of course not,” Herb replied. “I understand completely.”



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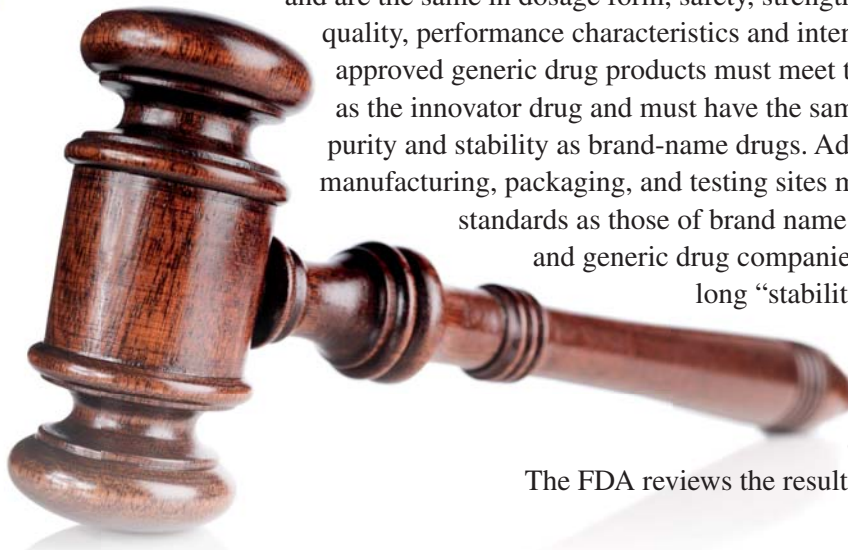
There are two myths about generic drugs: (1) Generic drugs may not be as safe and effective as brand-name drugs. (2) A patient can be allergic or intolerant to any or all generic drugs but not to brand-name drugs.

Virtually every state has adopted laws and/or regulations that encourage the substitution of drug products in order to contain drug costs.¹ In 2007, among Medicare Part D, more than 90 percent of prescriptions written were filled with the generic option.² The retail price of a generic drug is on average 75 percent lower than the retail price of a brand name counterpart.

Generic drugs have become widely accepted. They are copies of brand-name drugs and are the same in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. The FDA-approved generic drug products must meet the same rigid standards as the innovator drug and must have the same high quality, strength, purity and stability as brand-name drugs. Additionally, the generic manufacturing, packaging, and testing sites must pass the same quality standards as those of brand name drugs. Both brand-name and generic drug companies must do months-long “stability tests” to show that

their versions last for a reasonable time, because most drugs break down, or deteriorate, over time.

The FDA reviews the results of these studies.



The generic drug is “pharmaceutically equivalent” to the brand. It needs to show that it is the same type of product, be it a tablet or an injectable, and that it uses the same time release technology, be it immediate-release of the drug or extended-release that is intended to slowly release the active ingredient over time.

The “active ingredient” must be the same as that of the brand-name drug. The active ingredient in a drug is the component that makes it pharmaceutically active and effective against the illness or the condition it is treating. The right amount of the active ingredient must get to the place in the body where it has effect. However, two drug products with the same amount of active ingredient may be processed differently for different people. Generic drug companies must perform studies that show that the same amount of drug gets to the bloodstream and that it gets to the place in the body where it has its effect at about the same time. Thus, the companies must provide evidence that shows that their active ingredient is the same as that of the brand-name drug they copy, and the FDA must review that evidence and FDA scientists analyze the results to be sure the generic will produce the same result as the brand-name drug.³

All drugs contain “inactive” ingredients which are safe. There may be some differences in the amounts and types of inactive ingredients in the brand-name and generic drug, which are allowed between the two drugs. But the inactive ingredients must be shown to have no effect on how the “active ingredient” in the drug functions. Generic drug companies must submit evidence that all the ingredients used in their products are safe, and FDA must review that evidence.

For over three decades, the FDA has published its List of Approved Drug Products with Therapeutic Equivalence Evaluations (The Orange Book).⁴ It

is generally considered the primary source for identifying suitable generic alternatives for a brand-name drug. The majority of states use its determinations of therapeutic equivalence to legally guide pharmacists in substituting generics. This list is updated with monthly cumulative supplements and can be searched Online.⁵ Drug products that are considered to be therapeutically equivalent to one another are assigned an “A” Code. These evaluations have been prepared to serve as public information and advice to state health agencies, prescribers, and pharmacists to promote public education in the area of drug product selection and to foster containment of health care costs.

In conclusion, every prescribing physician or provider should always consider whether there are less expensive drug products with equivalent safety and efficacy that could be substituted for some or all of the drug products currently prescribed for his/her patient and should avoid polypharmacy.⁶

¹ https://www.nabp.net/system/redactor_assets/documents/635/3QNatNews2013r.pdf

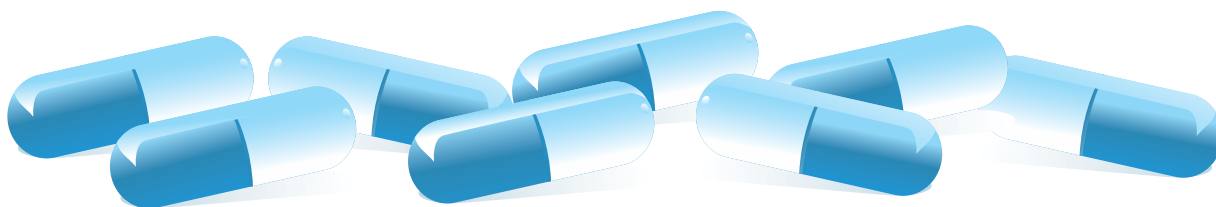
² Effects of Using Generic Drugs on Medicare’s Prescription Drug Spending, Congressional Budget Office Study, September 2010.

³ <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingGenericDrugs/ucm506040.htm>

⁴ <http://www.fda.gov/downloads/Drugs/DevelopmentApprovalProcess/UCM071436.pdf>

⁵ <http://www.fda.gov/downloads/Drugs/InformationOnDrugs/UCM086233.pdf> - <http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm>

⁶ Sanbar SS, Polypharmacy: Medical-Legal Aspects, The Bulletin, 2016 September/October, P14-16



SPOTLIGHT ON AN ALLIANCE BOARD MEMBER



She lights up a room with her style and grace. Then she starts to speak with her sweet southern accent, which is also strong and knowledgeable. That is JEARY.

She can conduct a board meeting in her sleep, knows Robert's Rules of Order by heart and can calm just about any group of people. That is JEARY.

I first met Jeary Seikel at a women's fellowship group at my church. Jeary was our guest speaker. She was speaking about "organization." She so eloquently told our group about how organizing your closet, kitchen, bedroom etc, could lead to a calmer and happier life. She gave us tips on home organization and showed us pictures of the very organized rooms in her own home. I liked her immediately and I wanted to be her friend. As it turns out, through the OCMA Alliance we did become friends. She became my friend and mentor.

A wonderful thing about the OCMS Alliance is that once you are a member you become friends with the most amazing and talented physician spouses. We all have a common bond. We all know that our spouses have an extremely stressful job and we are all there to support each other.

alliance

Jeary Seikel

Last year Jeary developed a new program for the Oklahoma County Medical Society Alliance. The program is called the Community Service Team. She single-handedly organized this team by gathering interested members to be on a task force. She held the meeting in her home, gathered input from members and from there the team took off. The purpose of the Community Service Team is to have Alliance members volunteer each month at a different organization that needs our help. To date the Alliance through its members has donated monies and volunteer hours to the following organizations in the Oklahoma City area: Positive Tomorrows, Regional Food Bank of Oklahoma, Mental Health Association-Lottie House, Martha's House, The Bart and Nadia Sports Experience, SISU-assisting homeless teens, JDRF One Walk to end type 1 diabetes.

She is a true leader and visionary in our medical Alliance. Here is a little personal information about Jeary.

Jeary Smart Seikel is married to gynecologist, Mike Seikel, M.D. They have two grown children, Emily Seikel an attorney in Dallas, Texas and Matt Seikel, an artist in Oklahoma City, Oklahoma. She is a graduate of Wewoka High School and The University of Oklahoma. Jeary taught kindergarten in OKC Public School System for 7 years while her husband was in medical training at OU.

Jeary was President of the Oklahoma County Medical Society Alliance in 1988-89 and again in 2008-09. During her 35 year membership to the Alliance she has served on numerous committees, including Publicity, Membership and Nominating. She is currently serving as Board Governance Chairman and is on the Kitchen Tour Committee.

Jeary is currently serving as Membership Vice President for the OSMA Alliance.

Jeary is a member of the University of Oklahoma Medical School's Evening of Excellence Committee, serving as Chairman of The Evening of Excellence in 2007.

Jeary served as President of the Junior League of Oklahoma City in 1990-91. She is currently serving on the Historical Preservation Committee (maintaining the League's scrapbooks), and served as a member of the committee worked to open an exhibit at the Oklahoma History Center demonstrating the Junior League's involvement in the development of our city. Since becoming a Sustainer, Jeary has served as Sustaining Advisor to many JL committees including Membership, Communications Council, Bylaws, Mistletoe Market, Finance and many task forces. Jeary received the JLOC Sustainer of the Year Award for 2012.

Jeary served as Recruitment Advisor to Chi Omega Sorority for sixteen years. She received the University of Oklahoma Panhellenic's Advisor of the Year award twice during her service in Norman.

She was recognized as Chi Omega's Panhellenic Woman of the Year in 1999. She chaired Chi Omega's National Conventions in 2000 and 2004, Vice Chairman in 1998 and 2002. She served on national committees including the Chi O Creations Board of Directors and the National Extension Team.

Keep up the good work Jeary, you inspire us all!

*Amy Richter Bankhead
President, Oklahoma County
Medical Society Alliance*



A Matter of TRUST

BY BRIAN BRUS

Every mother and father struggles with the same fear: how to prepare for a child's care in case of the parent's death.

Lawrence and Millicent Stream took all the right steps. They taught their son Larry how to manage his autism as much as possible, helped him move into a care center with other adults and set up a trust fund to provide for his needs and compensate for his skills. When Milly died, her husband made sure their only child – now nearly 60 years old – would still have family at Mayflower Congregational Church to look after him.

If it hadn't been for that adoptive family, no one would have noticed the dire state of Larry's finances. The person who was supposed to be looking out for his security had spent most of that money on new cars and other personal expenses, quickly reducing the trust to a fraction of the \$2 million his parents believed would see Larry through the rest of his life.

"It breaks my heart to think how his parents would feel if they knew what happened," said Carolyn Crepps, the teacher who taught Larry to speak decades earlier and now his legal guardian.



Lawrence and Millicent finished medical school together at the University of Oklahoma; she later taught at OU and he became an anesthesiologist. They dedicated their lives to ensuring Larry could get along on his own as much as possible.

Their efforts led to a meeting with Carolyn Crepps decades ago. She's Larry's favorite teacher and possibly the most important person in his life now, the Rev. Robin Meyers said. Carolyn and Larry first met as part of a special needs class at Casady School; her own daughter has Asperger syndrome, a type of autism, so Carolyn had experience in Larry's condition that helped him learn to talk. She was pleasantly surprised when she ran into him again at Mayflower in 2010 and he said she reminded him of actress Julie Andrews.

Describing Larry Stream's intelligence and capability for self-care is difficult, Carolyn said. The spectrum of autism disorders is not smooth; some repetitive behaviors and social interaction difficulties are easier to notice. Although Larry has a driver's license and is registered to vote, for example, he frequently visits IHOPs and Mexican restaurants where the menus are familiar. He buys his own clothes, but they typically fit poorly. His shortfalls are in planning, attention to detail, fine motor control and social awkwardness, Carolyn said. He could follow a simple household budget but would be at a loss in an emergency, she said.

That's where Layton Perry comes into the picture. Before he died in 2009, Larry's father told him to contact Layton if he needed any help. Layton and Lawrence Stream drew up the trust in 1999, Crepps said.

The full narrative of Layton Perry's manipulations was first published by *The Journal Record*. In short, Layton had already been disbarred from practicing law in Oklahoma before he muddled into the Streams'

finances. The OBA's professional responsibility tribunal later denied Layton Perry's application for reinstatement with a sharp reprimand.

That should have been a warning sign, Carolyn said. When she took on Larry Stream's guardianship, she also turned her skills as a legal assistant to financial forensics, hunting down checks written out of the Stream trust account and signed by Layton Perry. She found evidence that Layton wrote numerous checks to himself and to his wife for amounts up to \$65,000 without apparent reason. He also made several mortgage payments on a house he and his wife bought shortly after Lawrence Stream's death.

Larry has only a vague sense of what Layton did to him, Carolyn said. But he'll never get the chance to face the man directly – Layton Perry died earlier this year from brain cancer. The odds of making Larry's finances whole again died with him, she said.



Since Larry Stream Sunday and *The Journal Record* news feature, Meyers said other people who crossed paths with Perry have come forward with similar stories. Many more have offered to help Larry

– the YMCA that he visits each week for his walks has waived his fees, for example.

Crepps' forensic work continues, of course; she's still trying to turn over accounts where Perry might have left some of Larry's money, and members of the church congregation are helping liquidate assets the court has signed over to the trust. Crepps is trying to keep a positive outlook while trying to figure out how to stretch his budget without stressing Larry.

The one good thing to come out of the experience is that Larry has never felt closer to the people who normally pass him by. His care center neighbors join him for meals now, for example. And church sexton Rick Bolin took Larry to trek up a mountain on the eve of Larry's 59th birthday, visiting a peak at Independence Pass that he had only seen from a distance as a teenager with his father.

Rick said he was startled and amused when the normally soft-spoken man stood on the mountain with arms spread wide and repeatedly shouted, "Wow!" to the vista around him.

Rick asked why he wanted to make the journey after so many years.

"To see something incredible," Larry said, quiet again.





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COMMONLY REPORTED DISEASES

MONTHLY

| | Jan'16 | Feb'16 | Mar'16 | Apr'16 | May'16 | June'16 | July'16 | Aug'16 | Sept'16 | Oct'16 | Nov'16 | Dec'16 | Total |
|---|--------|--------|--------|--------|--------|---------|---------|--------|---------|--------|--------|--------|-------|
| E. coli 0157:H7 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Ehrlichiosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Haemophilus influenzae Type B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Haemophilus influenzae Invasive | 4 | 1 | 3 | 3 | 3 | 2 | 3 | 0 | 1 | 0 | 0 | 0 | 20 |
| Hepatitis A | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Hepatitis B | 10 | 7 | 1 | 2 | 3 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 25 |
| Hepatitis C | 1 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Lyme disease | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 4 |
| Malaria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Measles | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mumps | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 5 |
| Neisseria meningitidis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pertussis | 5 | 5 | 1 | 5 | 4 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 24 |
| Strep pneumo invasive, children <5yr | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |
| Rocky Mtn. Spotted Fever | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Salmonellosis | 7 | 9 | 5 | 13 | 5 | 13 | 15 | 16 | 14 | 0 | 0 | 0 | 97 |
| Shigellosis | 13 | 22 | 16 | 11 | 8 | 3 | 10 | 3 | 3 | 0 | 0 | 0 | 89 |
| Tuberculosis ATS Class II (+PPD only) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tuberculosis ATS Class III (new active cases) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tularemia | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Typhoid Fever | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

RARELY REPORTED DISEASES/CONDITIONS

| | | | | | | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|
| West Nile Virus Fever | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| Pediatric influenza Death | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Influenza, Hospitalized or Death | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Influenza, Novel virus | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Strep A Invasive | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Legionella | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Rubella | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Listeriosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Yersinia (not plague) | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Zika | 0 | 0 | 0 | 0 | 0 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 5 |
| Dengue fever | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

* Over reported (includes acute and chronic)

***Beginning in June 2012 medical health record was transitioned to the electronic format PHIDDO. Data for newly identified infections is not available at this time. OSDH is being consulted on obtaining data.

YTD totals are updated quarterly to reflect cases that have a reporting delay due to laboratory confirmation or symptom assessment.

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Before I die, I shall have died a thousand times. This poem inscribes my feelings after an encounter with G.D., dying of lung cancer.

LEFT TO LINGER

Relieved, he sighed
When, hesitantly
I said that
Radiation
Was not necessary.

“I can handle chemo
But I couldn’t stand
For some strange hand
To radiate my heart,”
He emphasized
With crossed eyebrows
But, from behind
His gold-rimmed spectacles
He smiled.

A tear
Sauntered down his cheek
Which he, still smiling
Repudiated.

It dripped
On his starched, white shirt
Right where his heart beats
Behind his cigarette box.

His sophistic reason
Was a good defense
Since the lung cancer
Had already founded
A secret colony
In his liver.

“I go all day,”
Another smile
“I still feel good,”
Another tear
“My family, my wife
We’re very close;
Promise me
That you will not
Let me linger.”

We hugged a long good bye;
With both hands
I patted his back’s
Hard-earned muscles.

The cigarette box
She groaned
Then gave in
Under our steady pressure.



HANNA SADDAAH, MD



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The Nun's Tale

PART 2

HANNA SAADAH, MD

It so happened that on Friday, May 31 of 1985 a disastrous barrage of 42 tornadoes hammered Pennsylvania, Ohio, New York, and Ontario, causing 88 deaths. On Sunday, the second of June, a special mass in memory of the victims was held at St. Mary's and I was among the worshipers. The Reverend Mother Julia asked us to bow our heads, pray for all the tornado victims, and raise special prayers to Sister Cecilia's parents whose home in Kane, Pennsylvania, was demolished while they, by the grace of God, escaped unharmed.

After the service, Mother Julia, with tears in her eyes, told me that Sister Cecilia was transferred back to St. Helen's convent in East Kane where that convent's chapel had been totally demolished by the tornado.

"She's more needed there than here and she's an only child," whimpered Mother Julia. "I guess it's best that she stays close to her aging parents."

"She seemed bright and brave," I added, hoping to console with my simple words Mother Julia's dampened spirits.

"She was the only bright light among us old oaks and kept us so entertained that we no longer felt our age. Oh, Doctor, we've lost the only blithe sapling among our geriatric ranks. Who knows if we'll ever get another one? As I told you before, very few novices take their vows nowadays."

"Oh, you still remember the roses?" she said laughingly.

"Well, how could I forget? I was the one who gave her the birth-control pills. You can imagine my surprise when she asked for them and my great relief when she told me what they were for."

"Indeed, that must have been funny, Doctor. Let us go then, you and I," she said as she led the way to the convent's garden.

"Reverend Mother," I exclaimed with surprise, "you never told me that you're a T. S. Eliot fan. 'Let us go then, you and I' is the opening line of *The Love Song of J. Alfred Prufrock*."

"All of us in this convent love poetry, Doctor. Incidentally, I heard that you've just published a new book of poems."

“I did, Reverend Mother, and I’m very proud of it.”

“Perhaps you might consider sharing it with us, one evening. Poetry is the balsam of aging souls.”

“In that case, I would be honored to spend an evening of poetry with you. Just tell me when and I’ll be there.”

“Well, how about next Sunday evening after dinner? Would six-thirty be fine with you?”

“Do you mind if I bring Dr. Mandy along? He’s a very sensitive poet and it would make the event more interesting if both of us would read.”

“By all means, please do extend our invitation to him; your friend is my friend.”

“Reverend Mother, you have surprised me again. You’ve just quoted Al-Imam Ali?”

“Indeed, and I did it because I knew that it would please you.”

“Do you know the entire quote?”

“Are you testing me, Doctor?”

“Perhaps, but merely because I’ve never heard a Westerner quote the Fourth Caliph before.”

Mother Superior and I stopped by Sister Cecilia’s roses. Pointing to them with her supine palm and looking at the sky as if addressing God, she quoted: “Your friends are three: your friend, the friend of your friend, and the enemy of your enemy. And your enemies are three: your enemy, the friend of your enemy, and the enemy of your friend.”

“Reverend Mother, I’m startled. Quoting T. S. Eliot was enough of a surprise but quoting Al-Imam Ali, and doing it verbatim, well, that to me was unimaginable.”

In the moments that followed, both Reverend Mother and I admired Sister Cecilia’s roses. The colors were indeed vibrant, the leaves, blemishless, and the stems tall and graceful. The narrow soil patch along the convent’s southern wall brimmed with the adolescent giggles of spring roses. Gazing at the lush gush of colors, Reverend Mother’s eyes began to blink uncontrollably. Then, looking away as if the memory were too painful to endure, she inhaled the delicate aromas that fragrancd the heavy air and addressed the sky with, “Oh, why did they have to take her away? She made us feel young and lit up the convent with her youthful joy. ‘She had a heart—how shall I say?—too soon made glad, too easily impressed; she liked whate’er she looked on, and her looks went everywhere.’ ”

“That was Robert Browning,” I guessed. “It’s a quote from *My Last Duchess*, Isn’t it?”

“Indeed, Doctor. Bravo. And the duke killed her because she was too sweet to suit his taste. Likewise, they took Sister Cecilia away from us because she was too sweet. Now all we have are the roses, which will become neglected again. Age dulls and youth burnishes; such are the verdicts of life.”

“Who knows, Reverend Mother? She might return one day,” came my consoling remark.

“It would take a miracle to bring her back. They’ll hold on to her as long as they can because they’re all getting older over there just like we are over here.”

“But miracles do happen, Mother Julia. In medicine we see them all the time.”

“Indeed, Doctor, and we do too. In this vast, inanimate, cold, burning, universe of ours, life on this tiny planet is the miracle of all miracles. Everything alive is a miracle, Doctor. But life without Sister Cecilia feels most sinister to us now and that, I’m afraid, is not going to change soon.”

On the way home, I was able to empathize with Mother Superior’s profound pain because I understood it. I was in my late thirties then and had witnessed accelerated ageing in my older patients to where one additional year for octogenarians seemed to impact them like ten.

Reverend Mother had no access to youth via children or grandchildren and Sister Cecilia represented, perhaps, her only chance. Indeed, she was grieving as if she had lost her only child and her quote from Robert Browning’s *My Last Duchess* was quite apropos. I knew that poem well. It tells the story of the Duke’s young wife who was as sweet to everyone else as she was to her own husband. The old Duke, jealous that he was not getting any special attention, executed his young wife and then married another with a larger dowry.

Slowly, I came to understand what Mother Julia meant when she said that poetry was the balsam of aging souls. Poetry, being forever young, brings youth unto age just like a grandchild does or like Sister Cecilia did during her brief stay at the convent. That realization helped me view the upcoming Sunday’s poetry reading with deeper significance. For the six remaining elderly nuns, it was not just entertainment;

Continues on page 30 ...

it was, indeed, a chance to recapture their youthful feelings, which had departed with Sister Cecilia.

All week Dr. Mandy and I arranged and rearranged the poems we planned to read. We agreed to alternate readings and chose only uplifting topics, given the dire needs of the situation. On Friday, Mother Superior informed me that she had invited several older convent friends and that we were going to have the readings in the big living room where the Civil War Clock stood. That clock was donated to the convent by the fourth great-grandson of Stonewall Jackson and was the convent's most prized treasure. It was a handsome, though nonfunctional, grandfather clock in a mahogany wooden case with rusty weights hanging behind its glass window. Rumor had it that the time it read, 4:33 was the time in 1863 when General Jackson surrendered his last breath. To preserve the memory, the clock had been decommissioned since that time.

On Sunday, Dr. Mandy and I arrived together at six-thirty sharp. Sister Monica led us to the grand living room, which was full of shaking, gray heads

awaiting our recital. Mother Superior welcomed us and introduced us to the group as the two doctor-poets who had come to share their gifts with our meager ears, a hint that we should read loud because everyone in the room was hard of hearing. It was a most solemn group and we felt like adolescents performing before our grandparents' friends.

We read with deliberately slow, loud voices and gave plenty of time between poems for discussion. The group seemed to come alive after each poem as smiles intermingled with tears and gnarled fingers clapped with muffled applause. Because I had started the reading, Doctor Mandy's time came to end it and for the finale he chose a poem called The Chimes. It was a most diaphanous poem about a young mother who, awaiting her husband's return from war, hung a bell above her front door and spent her years waiting for the bell to chime. One night, after she had given up all hope, the bell chimed awaking her and her three sons who rushed to the door to find their wounded father standing at the doorstep leaning on crutches. The poem ended with



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the bell continuing to chime, chime, and chime long after the veteran father had walked back into his family's bosom.

When Dr. Mandy finished and the applause died down, the grandfather clock, standing in the room, began to chime. Reverend Mother and the other nuns, having never heard it chime before and knowing that the clock had been decommissioned since 1863, glared at each other with startled disbelief, knelt down on their knees, and repeatedly crossed themselves. The other guests, not understanding the significance of the chimes, seemed dumbfounded until the highly emotional Reverend Mother explained the mystery of the situation. The evening ended gloriously with the feeling that a small miracle had actually taken place at the convent and we all went home with blithe, fluttering hearts.

Two Sundays later, after the chapel service had ended, Mother Julia approached me with an unusual smile and said, "The Lord has been good to us, Doctor."

"Good news?" I quizzed with gleaming eyes.

"Very good news, Doctor. Our roses are not going to die of neglect, after all, because Sister Cecilia is being transferred back to us."

"Oh, Reverend Mother," I blurted out with joy. "I'm so delighted for the convent and for the roses. Please do reassure Sister Cecilia that I'll always have a fresh supply of birth-control pills ready for her."


Mother Julia's eyes quivered with moisture and she hesitated as if she were about to reveal something of great intimacy.

"Remember the chimes of the grandfather clock the Sunday before last?"

I nodded repeatedly, "Yes, yes, of course I do."

"Well, I believe that they were the annunciation of Sister Cecilia's return," she whispered as she wiped off her grateful tears. "That clock had not chimed for the past one hundred and twenty-two years and no one had touched it since it was granted to us ten years ago. Bend your head in prayer with me, Doctor, and let's thank the Lord for having blessed us again with yet another miracle of life."





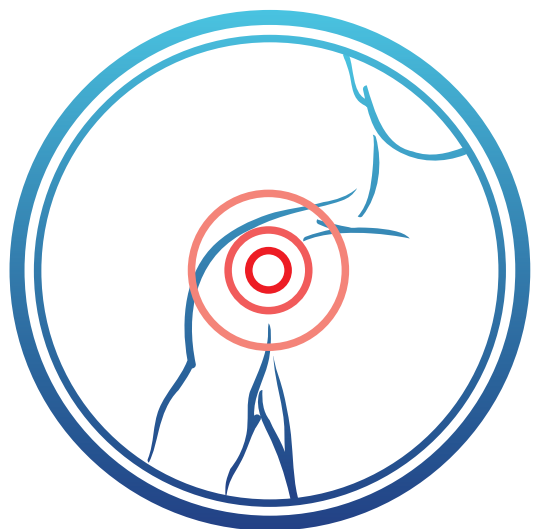
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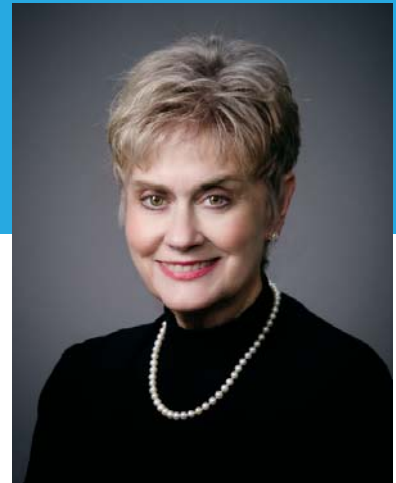
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DIRECTOR'S DIALOGUE

BY JANA TIMBERLAKE, EXECUTIVE DIRECTOR



“Gratitude can transform common days into thanksgivings, turn routine jobs into joy and change ordinary opportunities into blessings.”

~William Arthur Ward

When you find yourself overwhelmed with life, is it sometimes difficult to keep that “attitude of gratitude” in mind? As I reflect on the wonderful aspects of my life during this season of thanksgiving, there really is nothing left on my “want” list. Many opportunities have been afforded to me throughout my life which have resulted as blessings in the form of my family, friends, job and colleagues. Life is good!

I recently viewed a Pearls of Great Value podcast about gratitude and resilience produced by the Ada Medical Society in Boise, ID. During the podcast, Dr. Mark McConnell talks about the benefits of practicing gratitude, “...It brings happiness, deep feelings of joy and optimism, reduces stress anxieties, reduces depression, improves health by lowering one’s blood pressure, strengthens the immune system, reduces symptoms of illness, helps us sleep better and strengthens our relationships.” Dr. McConnell also refers to a passage from the book, *Flourish*, by Martin E. P. Seligman, “If you practice gratitude by focusing on three good things everyday, it will have a

very enduring effect on your life.” Three of my “good things” are below:

1. **Oklahoma County Medical Society** - My job is far from routine. On any given day, there might be four or five issues to deal with at one time, never enough money to stretch the budget or attend multiple meetings in a single day. Regardless of the challenge, I still derive an immense amount of joy from working with physicians. I want to thank this Society’s board leadership for demonstrating its commitment to the organization and encouraging their nonmember colleagues to become a part of something that is bigger than themselves – something that contributes to the greater good for physicians and this community. It has been a pleasure working with Dr. Don Wilber during his presidential year. He has devoted countless hours to the Society and given good guidance to the staff ... always accompanied with a dose of his dry sense of humor!

Continues on page 34 ...

2. **OCMS Staff** - Sometimes I ask myself, “How did I get so lucky in the hiring process?” Alison Williams and Eldona Wright are immensely dedicated to their jobs and combine their talents with laughter, respect and professionalism. The Society could not ask for a better team working on its behalf, and I find myself being grateful for them each day.
3. **Others Benefitting Others** - Brian Brus, *Journal Record* reporter, authored the feature article about Larry Stream, the autistic son of Dr. Lawrence Stream who was a dedicated OCMS member for over 50 years. The attorney who Dr. Stream “trusted” to create and manage the trust designed to support Larry throughout his life used most of those funds for his personal benefit before being discovered shortly before his death. There continue to be legal battles in an effort to recover some of the money so Larry will be ensured a comfortable existence for the remainder of his life. After reading

his story, you will probably find it hard to imagine how anyone could take advantage of someone who has no ability to replace the monies taken from the trust. To help with the fund replacement, the church I attend recently held a silent auction of Larry’s paintings, like the one featured on the cover, in an effort to supplement the trust fund. If you are interested in viewing any of Larry’s paintings for purchase, contact Dr. Robin Meyers at Mayflower Congregational Church, 842-8897.

My final 2016 Director’s Dialogue ends with the following quote from a Jesuit priest, as recounted on a Pearls of Great Value podcast about the connection between gratitude and joy by best-selling author and researcher, Brene Brown: “It’s not joy that makes us grateful, it’s gratitude that makes us joyful.”

Wishing you and yours the most “grateful and joyful” holiday season ever!!! Blessings ...

Jana Timberlake, Executive Director



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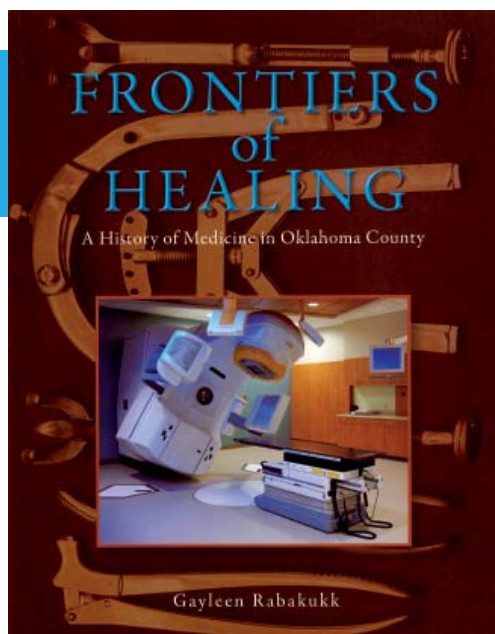
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