


BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

JANUARY/FEBRUARY 2020



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BROTHER WAYNE WASEMILLER, MD,
AND SON RYAN FORMAN-SMITH

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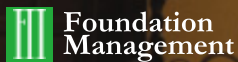
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THE BULLETIN

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*Wayne Wasemiller, MD,
Ryan Forman-Smith and OCMS
President Dr. Lisa Wasemiller-Smith*

After graduating high school in Oklahoma City, Lisa J. Wasemiller-Smith, MD, began her studies at the University of Oklahoma just three days after graduation. Following her junior year in college, she was accepted into medical school at the University of Oklahoma College of Medicine. In 1980, she was accepted into the OB/GYN residency program at Oklahoma Memorial Hospital. Following residency, she was a clinical professor for two years at the OU Health Sciences Center (previously known as Oklahoma Memorial Hospital) but soon learned that academia was not her calling. Dr. Lisa (as she's known to all her patients) opened her first practice in 1986 at Deaconess (now INTEGRIS).

In 1996, Dr. Lisa became one of the founding physicians of Lakeside Hospital and moved her practice to that location when the hospital opened in 1997. She was board-certified in 1985 and participates in annual recertifications. She has been a member of many societies in addition to OCMS and OSMA, including the AMA, American College of OB/GYN, American Board of OB/GYN and the Oklahoma City OB/GYN Society for more than 35 years.

Dr. Lisa's son, Ryan Forman-Smith, is an attorney and real estate broker in Oklahoma City. Her son-in-law Adam Forman-Smith is the System Director for Supply Chain Operations at Vizient, which manages the entire INTEGRIS network statewide. Her brother, Wayne Wasemiller, MD, is a neurologist at Mercy and is married to DeDe. The family connections extend to her niece Kristin Knutson, married to Zak Knutson, MD; nephew, Derek Wasemiller, and great niece and nephew Jennifer and Jakson Knutson.

In her spare time (i.e., when she's not working on EHR tasks), she loves spending time with her family and friends and being near the water (beach and lake). Dr. Lisa has two feathered friends, a cockatoo named Boogie and a parrot named Snickers, and three four-legged furbaby grand-dogs, Izzie, Truman and Ru.

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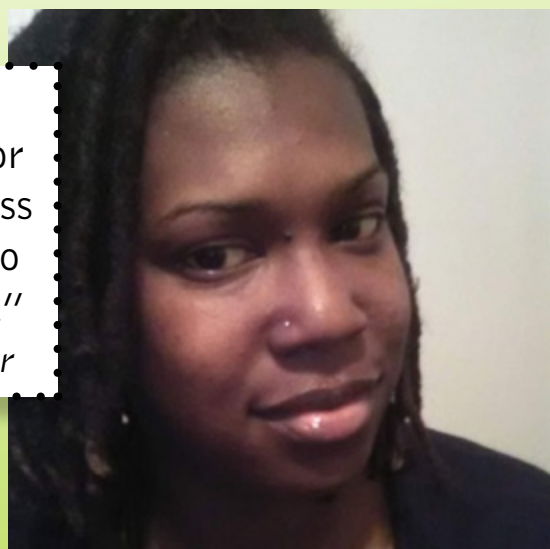
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PRESIDENT'S PAGE

LISA J. WASEMILLER, MD



I cannot begin to express the gratitude I feel for being given the opportunity to be the 2020 President of OCMS. The organization would be nothing without its members and kudos should be given to each member who help us tie it all together. Each of us have a voice that can speak out for advocating changes such as limitations on scope of practice, working for reform against the mandated regulations on e-prescribing, insurance reforms to both the private sector as well as the Medicaid programs, to name a few. But one voice is a whisper - barely heard. As a group, we can meld the many to make enough noise to make ourselves heard.

When I first started my internship and residency, it was encouraged and even expected to emulate those who were active in organized medicine. In 1985, I joined the Oklahoma County Medical Society and have been a member ever since.

The work of OCMS is critical to the future of practicing physicians. We must preserve the legacy of being the voice for physicians and reignite the passion

of membership. Our strength in numbers significantly impacts influencing health policy not only locally, but nationally. For example, OCMS has introduced resolutions to the OSMA that have been carried to the AMA and implemented nationally numerous times.

I'm looking forward to starting a new year and a new decade and to be working with such an exemplary dedicated staff. Thank you to Jana Timberlake, Alison Fink, and Rebecca Carr for all you have done and will do this coming year. I know I can honestly say I could not do this without you all by my side.

As members of OCMS, we must all work together to increase membership, which will magnify our ability to advocate for the health and well-being of us as physicians, so we can be there for our patients whom have trusted us with their lives. We encourage you to join us at a collegiality dinner or membership meeting and connect with fellow physicians outside of our offices for the comradery, but also to ascertain a broader perspective on the practice medicine.

Let's go make some noise this year!

PROPOSED BYLAWS REVISIONS

The OCMS Board of Directors held its Board Retreat on September 21, 2019. One of the **ASAP action items** was to include a Board slot specifically for OCMS Physicians Academy graduates to ensure young leadership on the OCMS Board. In order to achieve this request, the Bylaws should be revised as follows:

Amend **CHAPTER III, ELECTION – NOMINATING COMMITTEE, OFFICERS, DIRECTORS AND DELEGATES** by adding the underlined language:

Section 2.01. Duties of Nominating Committee.

- 2.011. The Nominating Committee should be named and organized early in the year. The Nominating Committee should be instructed by the President, before the second meeting of the new Board, on the duties and responsibilities it assumes in selecting qualified members from all areas of our medical community to fill the slate of nominees for the Board of Directors, by adhering to the Committee's Policy and Procedures adopted by the Board of Directors.
- 2.012. The Nominating Committee shall begin its work immediately and should have completed a slate of nominees as candidates for Directors ready for presentation at the May meeting of the then existing Board of Directors, by adhering to Committee's Policy and Procedures.
- 2.013. There shall be at least two (2) nominees for each Director position open. These positions will be elected separately. The nominee with the largest number of votes for each position will be elected.
- 2.014. The slate of nominees will be published in the May-June Bulletin.



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TIMOTHY R. COUSSONS, MD
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1927-2019



DEAN'S PAGE

JOHN P. ZUBIALDE, MD
EXECUTIVE DEAN AND PROFESSOR,
FAMILY AND PREVENTIVE MEDICINE
UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE



“...prevention is the best cure for diabetes ...”

In this message, I would like to discuss one of Oklahoma's top health issues and how the College of Medicine and the OU Health Sciences Center are helping to address it. Oklahoma's statistics regarding diabetes continue to be grim: 1 in 3 Oklahomans has Type 2 diabetes or prediabetes. Oklahoma ranks fourth in the nation for number of deaths because of diabetes. Type 2 diabetes is no longer considered adult-onset because children under age 18 are being diagnosed.

As concerning as those numbers are, we feel optimistic about the research being conducted on our campus and its potential to stem the rise of diabetes in our state. Researchers in the Harold Hamm Diabetes Center at OU Medicine conduct numerous investigations about the prevention, diagnosis and treatment of diabetes. The director of Harold Hamm Diabetes Center, Jed Friedman, Ph.D., brings a particular research focus on how to prevent diabetes in the first 1,000 days of life, from the point of conception to two years. During that time, patterns of metabolism are established in ways that can significantly heighten the risk for diabetes and obesity.

Dr. Friedman, who also serves as Vice Provost for Diabetes Programs at the OU Health Sciences Center, spent 18 years at the University of Colorado College of Medicine before joining us in early 2019. There, he was director of the Colorado Program in Nutrition and Healthy Development, as well as director of the National Institutes of Health Nutrition and Obesity Research Center laboratories for cellular and molecular metabolism. His focus on the first 1,000 days is crucial as we see Type 2 diabetes and obesity taking a toll on children.

One in three children born today will develop Type 2 diabetes in their lifetime. Even today, one-third of all obese children have non-alcoholic fatty liver disease; once it is discovered, it has usually advanced to the point that they will have to contend with it throughout their lives. Children are even beginning to undergo gastric bypass surgery in an attempt to reduce their obesity and the burden of diabetes. That is a serious way to cure disease, and we must find answers earlier in the process.

Continues on page 8 ...

Dr. Friedman's team has identified some signposts in their research – changes in the stem cells, microbiome and epigenome of newborn infants whose mothers are overweight or obese. In Oklahoma, more than half of women entering pregnancy are overweight or obese. Dr. Friedman is asking questions about the changes during those nine months to the metabolic systems in the womb, which affect everything from the brain to fat cells to appetite control. What is the metabolic switch that creates those changes, and can we turn it off? Are any of the metabolic systems reversible after a baby is born? Dr. Friedman believes that prevention is the best cure for diabetes, and that starts with preventing over-nutrition in the womb in mothers with obesity or gestational diabetes.

Our research program is multidisciplinary and team-based. New recruits span the OU College of Medicine departments of biochemistry, cell biology and OB-GYN, as well as the Department of Nutritional Sciences in the College of Allied Health. The Harold Hamm Diabetes Center partnered with the Stephenson Cancer Center to bring in a researcher investigating the role of obesity in both diabetes and several cancers. The diabetes center worked with the OU College of Nursing to develop a patient navigator program for women with gestational diabetes in the Chickasaw Nation.

Another major goal for the diabetes center and the patients we treat is cross-disciplinary collaboration. We are collaborating with computer science engineers on the OU Norman campus to use machine learning to search for predictors of diabetes. Using publicly available databases, we are capturing longitudinal data to look for risk factors for obesity and diabetes. An additional goal is to establish a “nutritional pharmacy” within the Harold Hamm Diabetes Center where people can get healthy foods medically tailored for their needs.

Many other researchers within the College of Medicine continue to do innovative work and earn federal funding. Dharambir Sanghera, Ph.D., is using a new approach called metabolomics to better understand how a person's genetic makeup interacts with lifestyle factors like poor diet and lack of exercise to lead to diabetes. David Fields, Ph.D., investigates the effects of maternal obesity on breast milk for infant growth. As an M.D./Ph.D., David Sparling both sees pediatric patients and conducts research, moving back and forth between the bench and the bedside. Jay Ma, M.D., Ph.D., has seen his research on diabetic retinopathy commercialized into a biopharmaceutical company.

Although diabetes takes a heavy toll on Oklahomans, our researchers are making remarkable progress toward lessening its grip on our state. As part of an academic medical center, research is essential to our mission. In the years to come, I believe our discoveries will provide new answers that we can bring to our treatment of patients.





Dr. Dean Atkinson



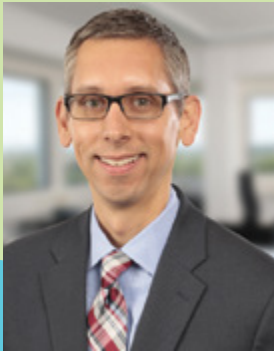
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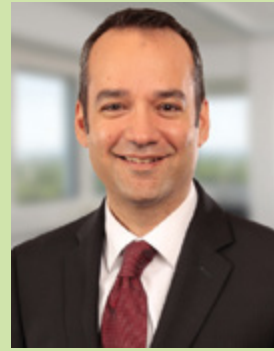
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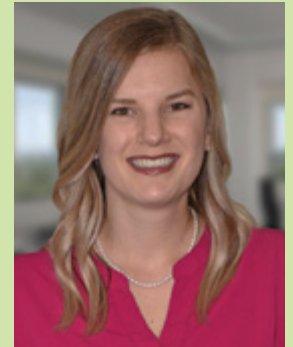
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LAW OF LOVE

S. SANDY SANBAR, MD, PhD, JD, FCLM*

The law of love in the U.S. is extensive and intricate laws governing family law, marriage, civil union, private and court separation, divorce, child adoption, child custody, remarriage, living wills, organ donation, last will and testament, among many others.

LOVE can be a religious command of the law:

- “And these words that I (Moses) command you today shall be on your heart.¹”
- “You shall not take vengeance or bear a grudge against the sons of your own people, but you shall love your neighbor as yourself.”²
- “Teacher, which is the great commandment in the Law? You shall love the Lord your God with all your heart and with all your soul and with all your mind. You shall love your neighbor as yourself. On these two commandments depend all the Law and the Prophets.”³
- “If you enjoin people to love, you are giving them law. Conversely, if you tell them law doesn’t matter, then neither does love, which is the summary of the law.”⁴
- And Jesus made a close connection between love and law; there is no love for him apart from keeping the law.⁵

‘I LOVE YOU’ are intimate, passionate, explicit and formidable words. Love is a feeling that becomes imprinted in our brain. It is not a brain disorder. We are taught to love. Love drives us on, makes our brain think, our hearts flutter, and at times our legs loose when facing a loved one, a soul mate or a ‘true love.’ Love causes bodies to lean toward each other whenever and wherever they are together. At times, people cling together so tight that nothing and no one can ever separate them. They feel the need to be together most of the time. That makes them feel at ease, serene, wanted, belonging, complete, safe and secure.

*Executive Director, Diplomate and Past Chairman, American Board of Legal Medicine; Vice President and Director of CME, Western Institute of Legal Medicine, California; Fellow and Past President, American College of Legal Medicine; and Adjunct Professor, Medical Education, OUHSC.

LOVE matures deeply and infinitely with age despite harsh circumstances, in health and sickness, and even in dementia when one partner's memory is obliterated by a brain disorder. The more one loves another, the more he/she receive love. Having each other side by side brightens each and every day. Together, they exude with kindness and understanding. They see their lovely and smiling faces day and night. They are simply amazing and utterly beautiful.

TRUE LOVE creates attachments through passionate energy between the lovers. Strong emotional, physical and mental connections are formed through physical contact as well as conscious and subconscious vows, agreement, and spoken and unspoken promises. The lovers experience memorable experiences and events. They connect from a place of higher level by giving love, gratitude and compassion in order to complete their love relationship in the highest of ways. The love relationship evolves into a connection and union of higher love and understanding. The lovers demonstrate a true and special union because they can love each other and not expect anything back in return. Their love becomes unconditional and the two lovers become truly whole. They do not try to extract anything from each other. And they do not try to constantly change the other person.

The Chinese philosophers were among the first to define love.⁶

- **Benevolent love** is a core concept of Confucianism. It emphasizes actions and duty to care about different people in different degrees.
- **Universal love** is a Mohism concept which stresses that love should be unconditional and offered to everyone without regard to reciprocation
- **Passionate caring love** is regarded as a fundamental desire in Buddhism, which adopted the concept of Ai, the traditional Chinese character for love. It is equivalent to the Western concept of love.

The Greek language distinguishes several different senses in which the word “**love**” is used. Ancient Greeks identified four forms of **love**⁷:

1. *Stoerge* is natural affection, kinship or familiarity like that felt by parents for offspring.
2. *Philia* are the feelings of affection in close friendships and/or platonic desire. *Phylia* denotes a dispassionate virtuous love, a concept addressed and developed by Aristotle. It includes loyalty to friends, family, and community, and requires virtue, equality, and familiarity.
3. *Eros* means the search for beauty, the sexual and/or romantic desire. It depicts passionate love, with sensual desire and longing. *Erota* means in love. Although *eros* is initially felt for a person, with contemplation it becomes an appreciation of the beauty within that person, or even becomes appreciation of beauty itself.
4. *Agape* is the bestowal of love and affection for the divine powers. It is a self-emptying or divine love.

The triangular theory⁸ of love has three components each of which manifests a different aspect of love.⁹

1. **Passion** - drives that lead to romance, physical attraction, sexual consummation, and related phenomena in loving relationships.
2. **Intimacy** - feelings of closeness, connectedness, warmth and bonding in loving relationships. It is the most strongly predicted couple satisfaction;
3. **Decision/commitment** - decision that one loves a certain other in the short-term, and in the long-term, to one's commitment to maintain that love. These two aspects of the decision/commitment component do not necessarily go together.

The three components of love generate eight possible kinds of love when considered in combination,¹⁰ including:

- *Infatuation* involves passion;
- *Liking someone* involves intimacy.
- *Empty love* involves commitment;

Continues on page 12 ...

- *Fatuous love* involves passion and commitment;
- *Romantic love* involves passion and intimacy;
- *Companionate love* involves intimacy and commitment; and
- *Consummate love* involves all three components.

The three components of love interact with each other, but no relationship is likely to be a pure case of any of them. For example, greater intimacy may lead to greater passion or commitment, just as greater commitment may lead to greater intimacy, or with lesser likelihood, greater passion. In general, then, the components are separable, but interactive with each other. Although all three components are important parts of loving relationships, their importance may differ from one relationship to another, or over time within a given relationship. Indeed, different kinds of love can be generated by limiting cases of different combinations of the components.

¹<https://www.esv.org/Deuteronomy+6/>

²<https://www.esv.org/Leviticus+19/>

³<https://www.esv.org/Matthew+22/>

⁴<https://www.thegospelcoalition.org/blogs/kevin-deyoung/the-law-of-the-love-and-the-love-of-law/>

⁵<https://www.esv.org/John+14/>

⁶<https://en.wikipedia.org/wiki/Love>

⁷Singer, Irving (1984). *The Nature of Love: Vol. 1. Plato to Luther*. Chicago: University of Chicago Press.

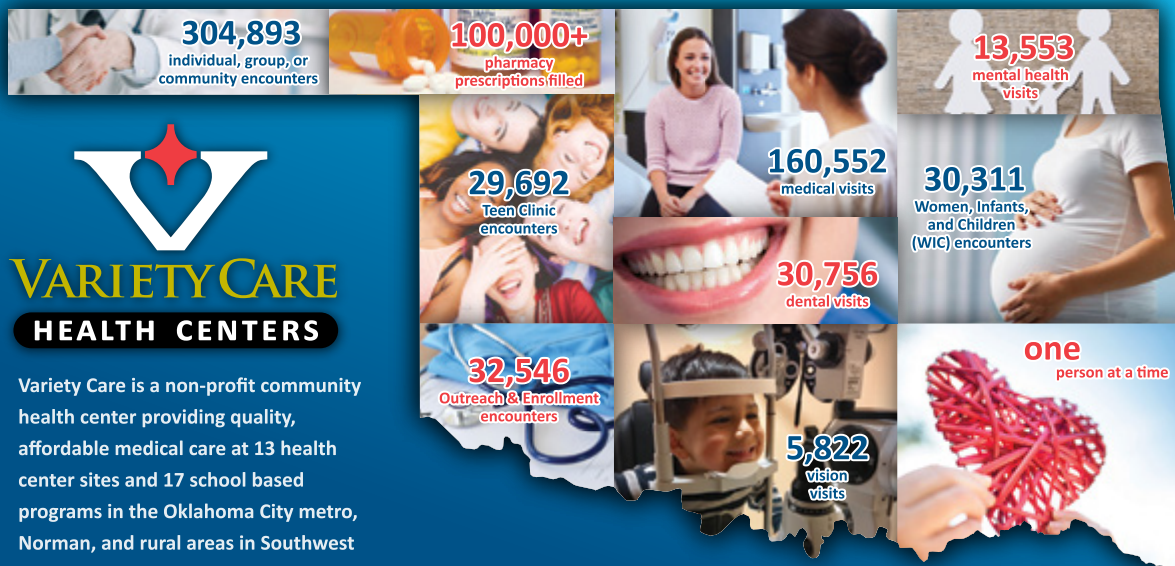
⁸<http://study.com/academy/lesson/sternbergs-triangular-theory-of-love-definition-examples-predictions.html>

⁹Acker, M.; Davis, M. H. (1992). "Intimacy, passion and commitment in adult romantic relationships: A test of the triangular theory of love". *Journal of Social and Personal Relationships*. 9 (1): 21–50. doi:10.1177/0265407592091002

¹⁰Sternberg, R. J. (1986). "A Triangular Theory of love". *Psychological Review*. 93: 119–135. doi:10.1037/0033-295x.93.2.119



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DR. DEWAYNE ANDREWS RECEIVES RHINEHART AWARD

M. Dewayne Andrews, M.D., MACP
Dean Emeritus and Regents' Professor Emeritus
University of Oklahoma College of Medicine

Dr. Dewayne Andrews served as Executive Dean of the College of Medicine and Vice President for Health Affairs at the University of Oklahoma Health Sciences Center from 2002-2017. Dr. Andrews had overall responsibility for the College's medical education, biomedical research, and clinical enterprises including OU Physicians. From 2011-2015, he also served as Senior Vice President and Provost of the OU Health Sciences Center. Andrews received a Bachelor of Science degree from Baylor University (1966) and his M.D. from the University of Oklahoma College of Medicine (1970). His residency and fellowship training in Internal Medicine and Nephrology were at the Johns Hopkins Hospital and at the University of Oklahoma Health Sciences Center. He served for two years as an Epidemic Intelligence Service Officer with the Centers for Disease Control of the U.S. Public Health Service.

Dr. Andrews' research interests included hypertension, kidney disease, and hepatorenal syndrome. He received several awards for excellence in teaching medicine throughout his career. He was honored by the OU Board of Regents by being named as David Ross Boyd Professor of Medicine and later as Regents' Professor. He was honored by being designated a Master of the American College of Physicians. He is past chairman of the Section on Medical Schools of the American Medical Association; past chairman of the National Commission on the Certification of Physician Assistants; and served as a member of the Liaison Committee on Medical Education which accredits U.S. medical schools. He was inducted into the Oklahoma Higher Education Hall of Fame in 2013.



In addition to long membership and activity in the OCMS and OSMA, Dr. Andrews has served on the board of directors of the University Hospitals Trust, Oklahoma Board of Medicolegal Investigations, Academic Physicians Insurance Company, Oklahoma City Philharmonic Foundation, Lyric Theatre of Oklahoma, Dean McGee Eye Institute, United Way of Central Oklahoma, Greater Oklahoma City Chamber, and other civic organizations.

CLING TO ME

Like sunny dreams that little children weave
And naked truths their tiny hearts conceive
Or smiles of flower patches on the wild
Or like the warming need of yet a sucking child
Like dew upon a rose just ere the sun will rise
And all the verses I have found within your eyes
Like joy that springs from other's ecstasy
My love is so, and so you are to me.
You are my sweetest thoughts, unleashed in playful mood
My truth, elusive, solid, undisturbed, un-wooed
My sense of beauty, as it blends with nature's art
Ah, we are one in mind, and soul, and heart
So cling to me, like I must cling to truth
Or like, when we are old, we cling to youth
Come, harvest of my dreams, come bountiful and free
And cling to me with drowning arms; oh, cling to me.



HANNA A. SAADAH, MD

I learn from all the roads I tread and every day
I grow with every pulse of life that steals away
A man of many loves and passions, aye
Yet as we gray, so passions fade and die
But those I have for you forever stay
So cling to me that we may never gray.



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SYMPTOM: BURNOUT DIAGNOSIS: MORAL INJURY

PHILIP MOSCA, MD



Bear with me a moment. You are a family doctor and receive a call from a patient you have cared for several years. She asks you to see her son, 19 years

old for an acute medical problem. You agree. The young man presents with the following history. He was at school (community college) and after morning classes was invited to lunch by several classmates, he declined because for whatever reason he just wasn't hungry. He began to "feel bad" and did NOT go to an afternoon class but went home to "rest". He had worsening mid epigastric discomfort which later in the afternoon migrated to his right lower quadrant. His pain was now associated with nausea but no vomiting. The remainder of his past medical history is negative. He tried to get a physician appointment but was told it would be several days, so he elicited his mother's assistance. His Vital Signs reveal a temperature of 101 F, pulse 86, BP 138/86 and respiration of 18. On exam he has right lower quadrant point tenderness and mild rebound.

You would send him home with the recommendation to take Tylenol for his pain and a Phenergan prescription you write for his nausea, right? OF COURSE NOT!

You would begin your work up or treatment regimen for his presumptive diagnosis of acute appendicitis.

As physicians we are taught to use our tools to make a diagnosis and treat the underlying disease or disorder. Not just treat the symptoms. I ask you to bear with me whilst I attempt to convince you that "burnout" is a symptom complex and NOT the underlying disorder which is Moral Injury.

I am certain, that like me you are probably getting a little fatigued reading about the incidence and treatment of burnout. Like me, you have probably suffered from a least one of the symptoms in the complex. However, providing you with a scribe, or a dinner with your colleagues, while it might make you feel a little better, is like treating the young man described with the Phenergan and Tylenol.

I first read about Moral Injury in an article in STAT News in July of 2018. The article by Simon Talbot, MD and Wendy Dean, MD was an epiphany for me. The burnout issue became crystal clear and I highly recommend it to you. Since July of 2018 there have been several articles about Moral Injury, but it has not achieved mainstream status yet. This article is to introduce you to the concept of Moral Injury as presented by Talbot and Dean.

Moral Injury was first described by VA physicians to explain why some patients

Continues on page 18 ...



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with PTSD did not respond to therapy. Moral Injury is described as “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs or expectations.” While not the issue of killing another human being in the context of war, for all healthcare providers, it is the issue of NOT being able to provide the best care possible for their patients in the context of the healthcare system the provider finds themselves in.

The continuous barrage of conflicts of interest whether they be financial (e.g. insurer, patient, employer, hospital, sometimes even the treating physician), electronic health records which take away from direct patient contact, focusing on patient satisfaction surveys, dealing with PBMs denying medications felt necessary, needless pre authorizations, or malpractice fears, they all add to the ongoing internal challenges faced by the physician (or other healthcare provider) trying to reconcile these new world business issues with their deeply held belief in the Hippocratic Oath and desire to place their patients’ needs paramount. These conflicts are the genesis of the ongoing Moral Injury.

Rather than continuing the current band-aid approach to treating the symptoms, physicians and their leaders need to open ongoing dialog with their hospital systems, their employers, their colleagues and if possible, with the insurers to see what system fixes may be available to mitigate these ongoing problems. We cannot continue to allow these issues to poison the physician-patient relationship and fuel the ever-present turmoil in the healthcare psyche.

We must stop referring to the problem as burnout and deal with the underlying diagnosis of Moral Injury. If you can handle a few verbal ‘f bombs,’ the issue is presented far better than I could do, in a YouTube video by ZdogMD titled, “It’s Not Burnout, It’s Moral Injury”, and his follow-up YouTube video, “Moral Injury the Sequel.” Let’s stop treating the symptoms and deal with the underlying disease.



***“Half our life is spent trying to
find something to do with
the time we have rushed through
life trying to save.”***

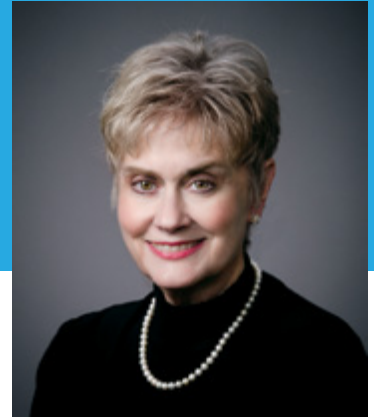
~Will Rogers

Who doesn’t like the sayings of Will Rogers? His humor always found its mark. For those of you who are not aware, I plan to retire from this wonderful job at the end of 2020. 2020 will be bittersweet since I have spent over half of my life employed at the Oklahoma County Medical Society.

In 1985, Dee Hampton, OCMS Executive Director, inquired if I would consider working part-time for the Society since an employee had resigned to move out of state. The job was an answer to my prayers. My husband, Jim, had just been diagnosed with end state renal disease, and I found the need to fill a portion of my days with something that would take my mind off of care-taking. A few years later the Society purchased its first computer, and my task was to add every member to the database.

Fast forward four years to the spring of 1989. Laverne Dunlap announced her retirement and Rick Ernest, Executive Director, asked if I would consider stepping into a full-time position with OCMS. While I knew it would be challenging to juggle the added time requirements at work, Jim’s health was declining and I felt I would soon need to search for full-time employment. So I accepted the position of Membership Secretary. Having worked closely on membership with Laverne, it was a seamless transition. Less than one year later, I was widowed

DIRECTOR'S DIALOGUE



BY JANA TIMBERLAKE,
EXECUTIVE DIRECTOR

and very thankful for the support I received from both my colleagues and physicians.

When Doris Clark was named Executive Director, my title was eventually changed to Associate Director and a new membership secretary was hired. With the 25th anniversary of the Murrah Building bombing approaching this spring, it has brought back memories of working with physicians and offering supplies to those who volunteered at the site. The moment of the bombing has been emblazoned in my mind as we could hear the blast at the OSMA Building on the I-44 frontage road. I also recall a particular act of heroism when Dr. Andy Sullivan risked his life to save a girl who was trapped in the rubble. During this time, the OCMS Mini-Internship and Tomorrow's Physicians programs thrived.

Speed forward to late 2002 when I was selected to succeed Doris as Executive Director upon her retirement in early 2003. I had almost given up hoping I might one day serve in this position, and my brother, Dr. John Ferguson, called me at the office inquiring how I was faring with the interview process. He then proceeded to build up my confidence and helped me develop a plan. Interviewing was stressful, especially when fielding questions from multiple physicians and then having a timed exam administered by Dr. Andy Gin that was utilized by corporations during the hiring process. And, to top it all off, it was in the same room as another applicant!

One evening a few weeks later, I was on the phone with a friend and heard the clicking of a call holding

but ignored it. As soon as I hung up the phone, it rang immediately! Doris was trying to reach me as Dr. Ramgopal, Search Committee chair, wanted to meet with me at Panera Bread across from INTEGRIS Baptist Hospital. Filled with anticipation, I was shaking by the time I arrived at my destination. It took only one look at Dr. Ramgopal's smile and I knew I had been selected! The only catch was that I was required to take the Certified Association Executive (CAE) exam within one year. I met that requirement and was granted CAE status on January 13, 2005.

My Director's Dialogues this year will be filled with wonderful, and sometimes funny, recollections over the past 35 years. Perhaps I have "rushed" through my life trying to save time, but I certainly haven't had any problem finding something to do! The following quote, attributed to Byron Pulsifier, will be my retirement guide beginning January 2021,

"The joy of retirement comes in those everyday pursuits that embrace the joy of life; to experience daily the freedom to invest one's life-long knowledge for the betterment of others; and, to allocate time to pursuits that only received, in years of working, a fleeting moment."

Happy New Year!

~ Jana Timberlake, Executive Director



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THE HITH



HANNA A. SAADAH, MD

“I’m a fallen man,” was how Mr. Cor greeted me when I first entered his room, white gowned with bowtie and stethoscope around my neck.

“I’m Dr. Hawi, the ward attending,” I smiled, shook his cracked, weather beaten hand, and crouched on a chair next to his bed.

“How old are you, Doc?” He asked, peering at me with curious eyes.

“Seventy-three.”

“You’re thirteen years older than I am but you look younger,” he smiled, patting his swollen abdomen as if it were a little pregnancy.

“On earth, we’re all but roommates,” I reassured.

“This,” rubbing his abdomen, “is what has aged me. When it gets to hurting, there’s no stopping the vomiting and the pain. Admission after admission, they tell me that I have pancreatitis and that I need to stop drinking or else it will kill me.”

“Have you ever stopped, Sir?”

“I’ve spent the last ten years stopping and starting,” he smiled. “I can feel my life flickering away like a candle flame about to run out of wax. As I said, I’m a fallen man, Doc. Everything that defies gravity must ultimately fall back to earth,” he philosophized, “and I’m sure heading that way,” he emphasized with remorseful voice.



On daily rounds, Mr. Cor and I stitched up a friendship quilt. Visit by visit, his life story un-scrolled while I crouched on the chair next to his bed. He began his life as a young poet, writing about the tired and

heavy-laden. One day, he witnessed a homeless man being dragged by the police and that very night, he heard the Lord’s call, “*Come to me, all you who are weary and burdened, and I will give you rest.*”²

From that point on, he dedicated his life to the Lord, went to seminary, became an ordained minister, used his poetic gifts from the pulpit, and was most revered by his congregation. His wife and three boys were the crown he wore as he summoned the weary-and-burdened to the Lord. Until he turned fifty, Mr. Cor was a paragon of virtue, living a selfless life as husband, father, and pastor.

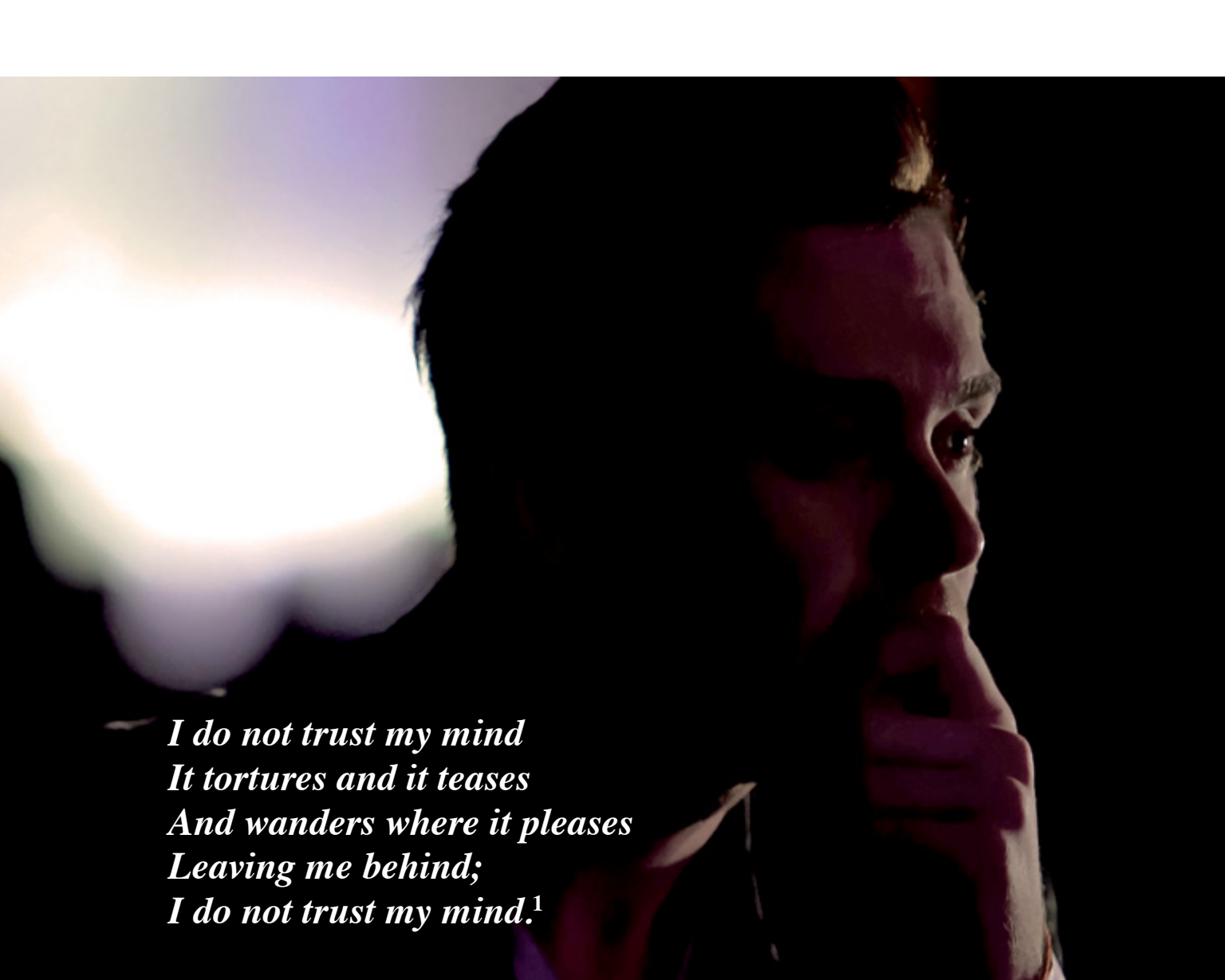


“One Sunday, while preaching the Lord’s Word, I saw a woman walk in, hesitate, then furtively take a hind corner seat. She was lean, middle-aged, and fast of pace. Intrigued by her aspect, veiled with meek, mystifying melancholy, my eyes visited her eyes whenever I addressed her side of the pews. When the service ended and I stood to shake hands with the departing worshipers, she glanced at me with affectionate eyes then vanished into the exiting crowd.

“That night, her visage visited my dreams, just like that homeless man’s image visited me when I first heard the Lord’s call. All week long, like a white-winged reverie, she flew in and out of my awareness. I could not interpret her to my mind, but I could to my heart. I prayed every time I washed my hands that she would come to next Sunday’s services. You can see from my cracked hands that I’m a handwasher, Doc. I wash each time I touch anything that



HANNA A. SAADAH, MD



*I do not trust my mind
It tortures and it teases
And wanders where it pleases
Leaving me behind;
I do not trust my mind.¹*

might be soiled. I bet I wash fifty times a day and that was how many times I prayed that she come to my next Sunday service.

“That next Sunday, I searched and searched for her to the point of distraction. My sermon suffered from unintended hesitations and ineloquent pauses, while in vain my eyes roamed the pews. Disappointment grayed my heart as I stood in line, shaking hands and exchanging pleasantries with God’s worshippers.

“Then, as if she had intentionally held the end of the line, she suddenly appeared with an extended arm. As we shook hands, I wanted to say

something, anything, but my words, trapped behind my throat, could not utter a whisper. Instead of words, all I could do was hold her hand with both of mine and quiver a fateful smile.

“She thanked me with the vast silence of her eyes then scurried away with gazelle steps, which pranced across the floor till out the door. I noted that her hands and face were far older than her lithe figure, which was so gracefully proportioned like that of a young Aspen tree.

“At home, my dear wife kept asking me, ‘What’s wrong, Dear?’ I couldn’t tell her that I was hit in the heart by a force that I could not resist, a force stronger than

Continues on page 24 ...

gravity. I found myself telling her, ‘You know that I love you and that’s all that should matter.’

“Week after week, the woman would come and wait at the end of the line. We would shake hands and, when propriety permitted, exchange smiling whispers and mellow, eye-to-eye glances.

“I couldn’t control my mind. It tortured, teased, and wandered where it pleased, dragging me behind. One day, my good wife told me that I was fading away, that I was distancing myself, and that I was no longer with her when I was with her. I could not tell her that I was hit in the heart by a force that I could not resist. I started to make excuses for my absentmindedness, but I could tell that she knew that I was lying. We grew apart, became roommates instead of soulmates, and we both had to pretend just to keep going on. Each time I washed my hands, which is about fifty times a day, I prayed to the Lord to release me from this hit in the heart, but my prayers were never answered.

“One Sunday, I asked the woman to join our Bible study group. She said she would think about it. The

next week, I asked her again and she accepted. Over time, we nurtured a courtship whose fierce feelings quietly grew out of our control. That was when we both realized that our platonic entanglement should not go any further, but, despite that realization, we kept on meeting at all church functions.

“One Wednesday, she came late for Bible study, appearing hurried and overwhelmed. With all seats in the circle taken, I got up and offered her my seat. She hesitated and remained standing. I left the room and returned with a chair, which I positioned next to mine. She seemed relieved after she sat, and thanked me by patting my hand, a gesture that alerted the eyes of the room.

“The following Sunday, she avoided me and left as soon as the service ended. It was then that my heartache told me that I had lost her. My heart also ached for my wife who asked me questions that I couldn’t truthfully answer. We began to sleep in separate beds, and I started drinking just to get the woman out of my mind.

Continues on page 26 ...

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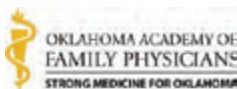


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Alcohol worked as long as I drank, but as soon as I would stop, her visage would return to torture me.

“My drinking got much worse after we divorced. I could choose to be inebriated and at peace or sober and tortured. Of course, I always ended up choosing peace over torture.

“I was let go from my ministry and I have been struggling with alcohol ever since. Nevertheless, every Sunday, I attend the services just to gaze at her, but her eyes continue to avoid me. I am a doomed man, doomed to douse her repeating apparition with alcohol, and doomed to surrender my life to unforgiving gravity.”



When, after many agonizing days, Mr. Cor finished telling me his story, he seemed relieved, which surprised both him and me. It was like draining an abscess, an abscess that had been festering for ten years, an abscess that no one knew about because Mr. Cor, being a man of the Lord, was too ashamed to reveal.



OCCS RECOGNIZES DR. SARAH YOAKAM

Above, Dr. Randal Juengel, MD, presented Dr. Sarah Yoakam a plaque in recognition for serving as Oklahoma City Clinical Society president during 2019.

“Mr. Cor,” I began, holding his cracked, weather-beaten hand. “I have an explanation that is going to shock you. What you thought was a-hit-in-the-heart was in fact an out-of-control obsession. Obsessions are not reasonable, but they are treatable. Would you allow us to treat you?”

“You mean to tell me that I’m not a fallen man?” he asked with a scorched, stuttering voice.

“I think you are a strong man who has managed to survive a malignant obsession without falling.”

“I think what you mean to say, Doc, is that I have managed to survive a hith. Do you know what a hith is?”

“No, I don’t, but I would love for you to tell me.”

“A hith is an acronym I made up for hit in the heart. A hith is inescapable. It can topple anyone, no matter how strong. It is deadlier than bullets and more painful than physical torture.”

“No, Mr. Cor,” I countered. “Your hith is merely a malignant obsession and obsessions are treatable.”



Under good psychiatric care, cognitive therapy, and high-dose escitalopram, Mr. Cor’s hith obsession and frequent handwashing came under control. At three months, he was reemployed by another church and began an addiction ministry, which prospered under his pastorship. After one year of sobership, he was reunited with his wife. He is currently writing a book about his saga, explaining that a hith is just another medically treatable obsession and cautioning believers that emotions may delude the purest of hearts and subdue the strongest of souls.



*Ask my heart sometimes about your arrow
shot from a loose bow.*

*It would not have hurt so much if
it had actually gone through.³*

¹ From *Loving Of A Different Kind*, a poem from the 1987 poetry book, *Loves And Lamentations Of A Life Watcher*, by Hanna Saadah.

² Bible Verse, Matthew 11:28-30.

³ Ghalib, Mirza Assadullah Khan (1797-1869).



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