

THE BULLETIN



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BASEL S. HASSOUN, MD,
WIFE, SUZANNE,
CHILDREN JUDY, ADAM AND NOAH

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THE BULLETIN

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ABOUT THE COVER

Born in Kuwait, Dr. Hassoun immigrated to the United States after completing his medical school at Kuwait University. He attended South Dakota State University where he obtained a Masters Degree in biochemistry. His main focus was on Selenium and its role as a free oxygen radical scavenger. He then completed a surgical residency at the University of Hawaii Integrated Residency Program before moving to Oklahoma to complete a Urology residency at the University of Oklahoma.

Dr. Hassoun has been in private practice of urology in Oklahoma City since 1995. He served as the president of the Western Oklahoma Urologic Society in 1996 and the Oklahoma State Urology Association in 2015.

Dr. Hassoun has been a principal investigator of several national studies and serves as a consultant to multiple device companies. He has several patents to his name and serves as a preceptor for the Oklahoma City University Physician Assistant Program.

Dr. Hassoun met his wife, Suzanne, in Oklahoma City, when she was visiting here from Syria. She immediately swept him off of his feet. He proposed to her soon after they met. Together, they have three children: Judy, Adam and Noah. The Hassoun children all attended Casady School and the University of Oklahoma. Their daughter, Judy, is a speech language pathologist at the Oklahoma Pediatric Therapy Center. Their son, Adam, is finishing a Masters degree in healthcare administration at the University of Oklahoma, and their youngest son, Noah, is a fourth-year petroleum engineering student at OU. The Hassoun family was honored to have Ghalia Saem Al-Daher, Suzanne's mother, live with them during the difficult COVID year. She was the beacon of wisdom for the entire family and, most importantly, the kids needed to learn from her.



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Basel S. Hassoun, MD

President's Page

BASEL S. HASSOUN, MD

2020 HAS TRULY BEEN AN UNPRECEDENTED YEAR. THE COVID-19 PANDEMIC HAS SHOCKED THE NATION TO ITS CORE AND CHANGED THE WAY WE PRACTICE MEDICINE BEYOND IMAGINATION.

Additional screenings, new hospital protocols and limitations on procedures have been implemented adding a new level of difficulty to our already exhausting and complicated jobs, taking away the focus from patient care. To combat some of these issues, we have seen the integration of virtual visits and telehealth into our practices. Originally, this idea was always fought with resistance from physicians and insurance companies alike. I am proud to say that we, as physicians, were able to step up to the plate and have been able to find effective ways to maintain quality care of our patients. While this has been an effective solution that will likely stay after the pandemic is gone and forgotten, the transition was difficult for many of us.

Amidst all this, the pandemic has exacerbated race issues, politics and the election around the

country causing civil unrest and division. What this has shown, however, is the importance of being engaged and the importance of participation. The same thing can be said about physician participation in societies as well as activities that affect our daily life and our livelihood. Decisions are being made that will impact how we do things in the future and it is important that we get our seat at the table. The only way to do this is by showing the community that we are united and have a voice that deserves to be heard.

Ideally, physician membership in organized medicine would increase during difficult times facing the House of Medicine—times in which medicine is facing more intrusion by government regulation and restriction on how physicians can and do practice medicine, and the protection of patients' rights. However, it would seem more physicians are moving away from the strength-in-numbers unified front that organized medicine provides to policymakers and replacing it with conflicting voices.

We have a chance to affect the future of medicine; to advocate for patient interests; to restore the time doctors need to think, to listen, to establish trust, and build bonds, one encounter at a time. By building a strong organization we can build favorable relationships

Continues on page 6 ...

with the healthcare organizations in Oklahoma County and advocate for values that take our livelihood into consideration. For these purposes, and in these times, an organization of all doctors is necessary.

I am humbled and honored to serve as the OCMS president for the year 2021. I, personally, along with

the entire OCMS Board, Executive committee and staff, would like to encourage you all to join us in this difficult time to work together and start the year 2021 in the right direction. I truly believe that together we can improve our numbers and drive changes in healthcare that benefit everyone.



IN MEMORIAM

MICHAEL B. ANDERSON, MD
1952-1920

JOHN A. BLASCHKE, MD
1920-2020



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John P. Zubialde, MD

Dean's Page

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

As everyone in the medical profession knows, treating chronic pain in our patient populations, while also decreasing the overall use of opioids, is a complex, ongoing endeavor. The OU College of Medicine, along with many of our colleagues across the OU Health Sciences Center, continue to make meaningful research and clinical advancements in this arena. With a new \$2.5 million grant from the federal Agency for Healthcare Research and Quality, we are launching another effort in our ongoing research surrounding opioids: decreasing opioid use and effectively treating chronic pain among older adults.

Much work has been done nationally to address opioid use disorders, as well as alternatives for treating pain, and we have contributed to that knowledge. But many of those efforts have focused on a general population, not specific groups. With this new grant, we are focusing solely on the older adult population, which has a much different relationship with opioids than do younger populations. Our multidisciplinary team of clinicians and researchers will be carrying out the work of this grant, which is considered dissemination and implementation research. The four aims of the grant are: to refine and tailor existing evidence-based chronic pain treatment guidelines specifically for older adults; to help

primary care practices statewide to implement these guidelines through a goal-directed model; to comprehensively evaluate the program's success; and to disseminate what we know and learn widely.

Chronic pain can be quite common among older adults as they face conditions such as arthritis and neuropathy. Treating pain in older adults requires special considerations, especially when it comes to opioids. In the younger population, the No. 1 problem is typically misuse, while in the older population, the bigger problems are interactions between opioids and other medications and other health conditions, as well as a higher risk of falls.

There are also numerous reasons for limiting or avoiding opioid prescriptions in older adults. Metabolism slows as people age, which can increase the effects of opioids. Conditions like emphysema and sleep apnea complicate the use of opioids, and other medications may interact poorly with opioids. Opioids also cause constipation, which can affect the body's systems and eventually lead to serious issues.

Fortunately, there are many alternatives to opioids. Non-opioid medications may be an option, although care must be exercised with anti-inflammatory drugs like ibuprofen, which can damage the kidneys and increase the risk of internal bleeding, as well as

Continues on page 8 ...

other medications that cross the blood-brain barrier and have a sedating effect. There are many non-pharmacologic possibilities, such as physical therapy, topical agents, acupuncture, massage, meditation and cognitive behavioral therapy. Those are also important options if patients are decreasing their opioid use slowly over time. Some older adults with chronic pain are considered “legacy patients” because they have been taking opioids long-term for their chronic medical problems. Those patients must be treated with alternative methods of pain relief in addition to reducing their dose.

Regular physical activity is very important for managing chronic pain because pain gets worse when people are sedentary, and we want older adults to take part in activities that are meaningful to them and enrich their lives. It's not always possible to make someone completely pain-free, but we must employ a variety of modalities so that our patients can remain active, not only for the health of their bodies, but to avoid social isolation and loneliness. One of the programs we will incorporate into the work of the grant is the Oklahoma Healthy Aging Initiative (OHAI), our statewide senior health network. OHAI provides exercise classes, educational programs and much more, and during the COVID-19 pandemic, it pivoted quickly to establish an online presence.

Oklahoma's primary care clinics are where most older adults with chronic pain are treated, and those clinics are therefore key partners in this project. We will connect with them through our existing network of relationships in the Oklahoma Primary Health-care Improvement Cooperative (OPHIC), a statewide outreach of the OU Health Sciences Center. Through OPHIC, we have conducted several other dissemination and implementation projects that have benefitted patients in communities across the state. Those include Do No Harm, which improved pain management and decreased the overuse of opioids among the general

patient population, and Healthy Hearts for Oklahoma, which improved the prevention of heart disease in participating practices.

Dissemination and implementation (D&I) research has proved very effective in accelerating the incorporation of new evidence-based guidelines in primary care clinics, a process that otherwise could take many years. The Agency for Healthcare Research and Quality, among other organizations, has continued to fund D&I research because of that success.

As with other projects, we will employ academic detailers, also called peer consultants, who work with individual practices to review and implement evidence-based guidelines. For a previous project, several of our faculty members created an Electronic Practice Record that they use to document visits with clinic staff and track the progress of the practice itself.

For this project, we are also establishing community panels, comprised of both clinicians and patients, to provide insight into the needs specific to different areas. These are people who are on the front lines caring for those who live with the reality of chronic pain. In partnership with them, we hope to provide information about effective non-opioid treatments, and access to those modalities.

I am grateful to the three OU College of Medicine faculty members who are co-principal investigators for this new grant: Steve Crawford, MD, the college's Senior Associate Dean and Director of Healthcare Innovation and Policy; Lee Jennings, MD, chief of the Section of Geriatrics in the Department of Medicine; and Zsolt Nagykalai, PhD, Director of Research in the Department of Family Medicine. They are joined by several other exceptional faculty members from the College of Public Health and the College of Pharmacy on both the Oklahoma City and Tulsa campuses. Together, we are striving to improve the lives of older adults, especially those who suffer from chronic pain.



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For more information, contact Matt Robinson, OSMA
robinson@okmed.org

2pm

Remembering Josephine Freede

1927-2020

The Medical Alliance lost an inspirational, generous and charming member when Josephine (Jose) Freede died in September. A native of Plymouth, England, Jose was evacuated with her brother from the coast of England after three nights of the shipyard being blitzed during WWII. She spent the entire war separated from her parents.

Jose studied physiotherapy in Wales, where she met Henry Freede, an exchange student from McBride Hospital. They married in New York in 1950 and arrived in Tulsa shortly after. Jose could not believe the Oklahoma heat and was credited with having a commercial air conditioner installed when they built their Crown Heights home. She and Henry enjoyed a 50-year marriage and raised two daughters, Margaret and Cathy. She became a U.S. citizen in 1954, which sparked her interest in politics.

Jose went to the YWCA for swim lessons and ended up fundraising for the Y. Henry encouraged Jose to volunteer early in their marriage, because he believed doctors' wives needed something to do. That was all she needed to launch into a lifetime of volunteering. She was called "the million-dollar volunteer," and she developed the great skill of raising money. All who worked with Jose on projects felt they had been blessed.

Henry started an oil company, and Jose honored him following his death in 1998 by founding the



Henry Freede Foundation. Henry had a fondness for children, education and health, so that is where Jose directed most of her giving statewide. Integris, Mercy and St. Anthony hospitals have received large donations, along with student scholarships and endowments at nursing, physical therapy and petroleum schools. A \$10 million Henry Freede Wellness and Activity Center at OCU bears his name. In addition, their financial support has benefited Oklahoma culture through gifts to the orchestra and historical societies. Jose was an unwavering

supporter of the Alliance's Kitchen Tour throughout the years. She received honorary degrees from OU and OCU, and was honored with the OCU Awards and was a 2002 inductee to the Oklahoma Hall of Fame.

If you are interested in learning more about the extraordinary life of Jose Freede and hearing her tell her story in her sweet English accent, you will find several interviews and videos by searching "Josephine Freede" on YouTube.

Thank you, Jose and Henry Freede, for being such inspiring Oklahomans!





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DOCTOR OF THE DAY PROGRAM

As part of our ongoing legislative relations, the Oklahoma State Medical Association manages the Oklahoma State Capitol's Doctor of the Day program. This program offers a great opportunity for our members to meet their state legislators and talk to them about issues that matter to the "House of Medicine." Each Doctor of the Day is at the Capitol for the day to handle minor medical situations (think aspirin and Band-Aids). But more importantly, participants can serve as the face of OSMA and visit with elected officials about the impact their votes have on Oklahomans' health.

Oklahoma County Medical Society is responsible for the month of February during session. Dates fill up quickly. All dates in February are currently available. Visit <https://www.okcountymed.org/doctoroftheday/> to reserve your preferred date.

Due to the current COVID-19 pandemic, the future of the program is uncertain. OCMS encourages you to reserve a date. We will keep you informed, and your reserved date saved until we know more information.

2021 Available Dates

February 1-4 ★ February 8-11 ★ February 15-18 ★ February 22-25

Hours: Monday and Wednesday: NOON to approx. 4 p.m.

Tuesday and Thursday: 8:15 a.m. to approx. 4 p.m. (times subject to change)

More questions? Contact Matt Robison at 405-601-9571 or robison@okmed.org.

A graphic for the Oklahoma County Medical Society (OCMS) membership renewal. It features a background image of a doctor in a white coat pointing at a screen. The OCMS logo, which includes a dollar sign, is prominently displayed in the center. Surrounding the logo are various medical icons like a stethoscope, a pill, a microscope, and a person. The text "Renew your membership online at www.okcountymed.org/pay" is at the top, and "We look forward to a healthier and brighter 2021!" is at the bottom.

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OKLAHOMA COUNTY MEDICAL SOCIETY

*We look forward to
a healthier and brighter
2021!*

Dr. Wilber Honored With Rhinehart Award



THE OKLAHOMA COUNTY MEDICAL SOCIETY IS PLEASED TO RECOGNIZE DON L. WILBER, MD, AS THE RHINEHART AWARD RECIPIENT. THE RHINEHART AWARD IS PRESENTED TO AN OCMS MEMBER, ACTIVE OR RETIRED, WHO HAS DEMONSTRATED SIGNIFICANT INVOLVEMENT IN PROJECTS TO HELP HEALTH CARE, THE COMMUNITY, OR THE STATE.

Dr. Wilber, now retired, practiced pediatrics in Midwest City for 39 years. He graduated from the University of Oklahoma College of Medicine in 1978 and then completed a pediatric residency at Oklahoma Children's Memorial Hospital. He joined the Oklahoma City Clinic upon finishing residency and practiced there until his retirement in December 2018.

Dr. Wilber is a Fellow of the American Academy of Pediatrics and has served as President of the Oklahoma Chapter of the American Academy of Pediatrics and chaired two different national committees. He has held Chairmanship roles at Midwest Regional Hospital and with the Oklahoma State Department of Health Vaccine Advisory Committee. He served as President of the Oklahoma County Medical Society and has also served as a trustee to the Oklahoma State Medical

Association. He has also had leadership roles at the Children's Hospital Foundation, Oklahoma Blood Institute, Health Alliance for the Uninsured, Oklahoma Institute for Child Advocacy, Oklahoma Caring Foundation, and the American Medical Association.

Dr. Wilber has been active with the University of Oklahoma College of Medicine serving as a preceptor for third year medical students and as a member of the admissions committee. In 2012 he was named teacher of the year for the OU Medical School Department of Pediatrics. He received the Aesculapian Award as outstanding clinical teacher from the Medical School class of 2013. For his overall efforts in medicine, he was awarded the Champions of Health Award from the Oklahoma Caring Foundation. He also served as President of the OU College of Medicine Alumni Association.

Dr. Wilber was chair of the federal Advisory Commission for Childhood Vaccines. He was medical director of Globalhealth HMO insurance. He has been Elder at the First Christian Church in Norman for 15 years. He coached children's league basketball, baseball and softball for 20 seasons. He is presently a member of the Oklahoma State Board of Medical Licensure.



THE FLAP QUEEN

ANUREET BAJAJ, MD

I began 2020 in tears – crying because I no longer wanted to do DIEP flaps. Crying because I doubted my abilities as a surgeon. Crying because I was afraid. I tried to blame the full moon. I tried to blame the new year. And I blamed myself.

A DIEP (deep inferior epigastric perforator) flap is a form of free flap breast reconstruction in which the lower abdominal tissue is transplanted to the chest to make a breast. It involves microvascular surgery, reconnecting an artery and a vein that are 2 mm in size so that tissue can survive. As a surgeon, the critical period for the success of this flap is the first 24 hours after surgery. During that time, the flap is connected to a tissue oxygenation monitor – I tell my patients it is a “pulse-ox for the breast.”

And here I was, getting ready to scrub in so that I could take my patient back to the OR and try to salvage her DIEP flap because her tissue oxygenation measurements were falling. And I was crying.

Complications happen. I remember being told as a resident, “If you don’t have any complications, you aren’t operating enough.” Complications help us become better surgeons. We analyze what we can do differently so they don’t happen again. I’ve been in practice for over 15 years, so I understand this truth. But complications also affect us personally – I take every complication home with me, taking it apart piece by piece, reliving it at the dinner table, then reading and planning for the future so it will not happen again. I prided myself on my low complication rates.



In our community, many referred to me as “the flap queen” because I did so many DIEP flaps. My husband is a cross-country coach and teacher. Living with a coach, I have learned that some runners are talented, others have a strong work ethic, and some have both. I believe this is also true of surgery. When I’ve worked with residents, I’ve observed that some have “good hands” and some appear awkward. As a runner, I’m primarily a hard worker – but as a surgeon, I believed that I had both, talent and hard work. Sewing on tiny blood vessels was my talent. Doing surgery was my talent. And I was still crying.

For more years than I can remember, my days have started before dawn ... alarm buzzes at 4:30 a.m., snooze button is pushed ... up by 5 a.m., coffee, let the dogs out, go for a run, shower, round, and then on to the rest of the day, either clinic or the OR. The days just melded into a constant “go” – no time to think. This day had been no different. But rather than ending by going to bed, I was standing in front of the scrub sink. I was tired. I scrubbed. I walked into the OR. And I did surgery.

Shortly after that evening, the coronavirus made the news. At first, it was nothing to worry about. Then it was. One case became two, became three, became an epidemic, became a global pandemic. We were told, “conserve PPE,” “limit non-emergent patient interactions,” and finally, “don’t perform elective surgery.” I was confused. How long would this last? Would I remember how to operate? If a runner doesn’t run, she loses fitness and speed. Would that happen to me? I didn’t cry. I cancelled my surgeries. I rescheduled my patients. And I applied for federal assistance.

During the moratorium on elective surgeries, I didn’t operate for seven weeks – the longest period of time during which I didn’t do surgery since 1996 when I graduated from medical school. For the first time in years, I did my daily runs without carrying a cell phone. I didn’t need to carry one because I had

no patients in the hospital so no nurses needed to call me. I no longer pushed the snooze at 4:30 a.m. only to force myself out of bed at 5 a.m. Instead, I enjoyed the coffee my husband brought to me while lying in bed. I watched “Good Morning America” after my run before heading to the office. I began to enjoy living life at a slower pace. Sometimes, I drank coffee on the back porch and watched the sunrise.

I experienced a freedom that I hadn’t experienced since I became a surgeon. I had time.

Once the moratorium ended, I returned to work, performing reconstructive and cosmetic surgeries. My first day performing a microvascular bilateral breast reconstruction left me exhausted. The exhaustion continued for the entire week – my runs were slower, my body was stiff, and my empathy was lacking. I realized that I had missed surgery during the moratorium, but that I had not missed microvascular surgery. Now, I missed my time.

I learned that surgery is not the same as running. Seven weeks off didn’t affect my surgical ability or manual dexterity. I walked back into the OR as if I had never left. But I had changed mentally during those seven weeks. During my time off, I had time to think; I had time to paint; and I had time to write. For a few years, I had been contemplating reducing my schedule to four clinical days a week rather than five. Now, I did it. The pandemic gave me the courage to say my time was important. As I turned my focus inward, I learned that my identity is more than being a microvascular surgeon.

I have reached acceptance of change, of my old self, of welcoming the new. If we are constantly on the go, it becomes difficult to accept the gift of time. We live in a world in which we seek to impress – impressing other surgeons with how busy you are, how complex and difficult your cases are, how impressive your results are. Social media heightens this urge.

I was the flap queen, and now I’m not. I’m me.





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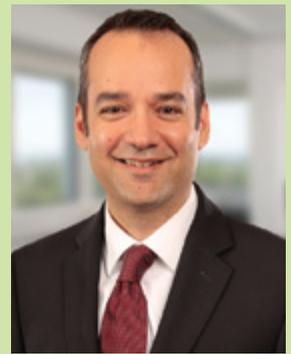
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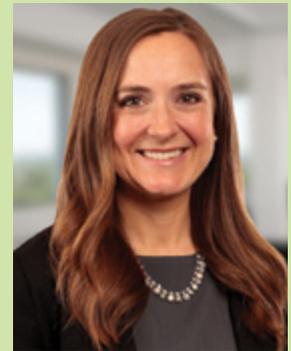
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BY JAEDN MODDRELL

I FIRST MET B.B. AT THE WHITE HORSE OUTREACH RANCH IN MOORELAND, OKLAHOMA, FOR MY SUMMER RETREAT. HE WAS 17 HANDS TALL, AND WAS A SOLID BLACK THOROUGHBRED, WITH A LONG, THICK, MANE. THE OTHER HORSES WERE NOT FOND OF B.B. BECAUSE HE WOULD TRY TO BOSS THEM AROUND, AND WOULD ALWAYS WANT TO BE FIRST AT THE FEEDING TROUGH.

Thoroughbreds are known to be high strung and hot-blooded. The first time I met B.B. he looked at me and then ran away. I ran to catch him and grabbed his lead so that he would walk with me. He was hesitant and right away I knew he was cantankerous, which is what I liked about him. Perhaps this old horse could teach me a thing or two about life.

B.B. had been a racing horse and missed the days when he could compete against the other thoroughbreds for the blue ribbon. He was lean and muscular and had been bred for racing. He had been injured while racing, and his left hind leg was permanently lame.

I developed an affection for B.B. because his cantankerous nature was a lot like mine. We started to grow an understanding and love for each other. Sometimes, when you've been injured or hurt in some way, it's good to have a companion to share mutual experiences – that's what outreach is all about. It's a shame that when horses are bred for racing, they don't get to know their father.

As I got to know B.B., he would actually walk toward me, so I could halter him before our time together each day. I tend to be ornery when I am under stress. Walking





B.B.

with B.B. was therapeutic for both me and him. The smell of fresh air in the open meadow was relaxing and invigorating – it makes you forget all your troubles and enjoy the world around you.

One evening it rained and the horses had to be corralled. I led B.B. to the barn when it started raining. Many of the other horses were fearful of the rain, but I could tell that B.B. was not afraid and was probably a good mudder in his racing days.

But the real test came one night when the notorious Oklahoma weather turned suddenly bad. I was walking with B.B. when the sky darkened, and the wind suddenly began to blow. B.B. looked up, shaking his head up and down, as if sensing disaster. The other horses were in the barn, as I looked up and saw the funnel cloud.

“B.B., we’ve got to get the horses out of the barn!” I screamed. “There’s a tornado coming!”

I ran to the barn with B.B. and opened all the stalls. B.B. whinnied and snorted at the horses. They were afraid to leave their barn, as the wind howled around them. But B.B. scared them out of their stalls and into the open fields, where they could run, and avoid being trapped in a collapsing barn. B.B. became the hero that night!

During my last week, I got to ride B.B. for my graduation. What an exhilarating feeling to ride a thoroughbred, look down at the world around you, and feel the rush of the wind in your face. And B.B. was equally proud – he trotted around the yard, holding his head high, as the other horses looked on in envy.

When the summer ended, it was time for me to return to Oklahoma City and say goodbye to B.B. It was hard to leave. As I brushed his mane, he rubbed his nose against my chin, as if to say goodbye.

They say that horses have a sixth sense, and I came to know that this was true. I felt a kinship with B.B. and shared an awareness of nature that I could never appreciate in the city.

You learn to live with your misfortunes. And I learned that love is about companionship and communicating the unspoken word.

(Jaedn is the granddaughter of Dr. William Truels.)



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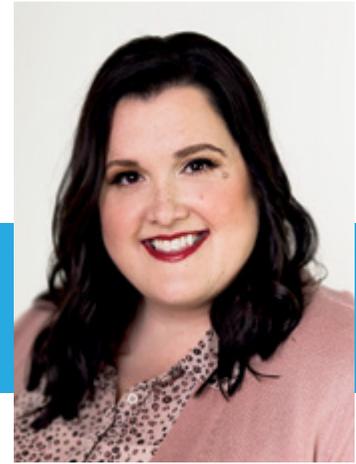
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DIRECTOR'S DIALOGUE



I am honored to have been selected by the Board of Directors as the newest Executive Director of the Oklahoma County Medical Society. By nature, I am a mission-based person, and the purpose of OCMS—to promote the art and science of medicine and the betterment of public health; and, to unite with other county medical societies—has appealed to me since I arrived at OCMS in 2015. I feel that an Executive Director is only as good as its Executive Committee and its Board of Directors. Having a strong, engaged, and visionary board is essential and I am beyond thankful for the Society's active and attentive Board and Executive Committee.

My goal is to continue to promote and demonstrate the value to our members and potential members while developing new and innovative ideas to grow the organization. My philosophy is that OCMS has the potential to be a stabilizing force in a rapidly changing medical landscape. While many of our members are in private practices and/or hospital employment, it is

necessary that we help physicians from vastly different practice situations bond together to serve as a catalyst for positive changes in medicine. Our members must remain connected in a meaningful way with the core principles and values that led physicians to practicing medicine in the first place.

It seems as if we just conquered an incredibly long year, and 2021 looks somewhat more promising at this point. There is power in numbers and we will need that power this year especially when pursuing the OCMS purpose after vaccinations begin, so encourage your non-member colleagues and friends to join us. Physicians' voices are stronger when they are unified. Finally, a gentle reminder: if you or someone you know is struggling with their mental health or suffering from burnout, our Physician Wellness Program is available to all members, member residents, and students – virtually.

I hope to see you in person again soon – at an event, or a meeting, or a collegiality dinner. Until then, mask up and stay safe.

Welcome



Jake Abbott, MD is a surgicalist at Mercy Health and is board certified in surgery. He completed his undergraduate education at the University of Oklahoma and graduated from the University of Oklahoma School of Medicine in 2006. He completed his extensive education, with five years of

internship and surgical residency training, at Baylor University Medical Center in Dallas. When Dr. Abbott joined Mercy Health in 2019, he was one of the founders of their program at Mercy Health. The single factor driving Dr. Abbott to leave his busy practice in the Dallas-Fort Worth area was the ability to regain control of his life. He wanted to spend more time with his family and carve out time for his local mission work in his hometown of Oklahoma City.

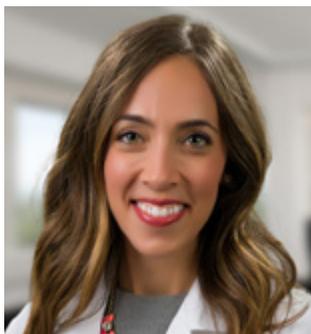
Kate C. Arnold, MD is a board-certified OB-GYN. Dr. Arnold attended Santa Clara University in Santa Clara, California, where she received her Bachelor of Science degree in psychology. She received her medical degree from Georgetown University in 2013 and completed her OB-GYN residency training at the University of Oklahoma Health Sciences Center in 2017. Dr. Arnold continued her work at OU by serving as an attending physician and assistant program director for the residency program. She assumed her role as



the Director of Women's Health at Variety Care in November 2019. Dr. Arnold works to continue expanding access to care, providing education for our providers, and expanding outreach to the LGBTQ and racial-minority patients. She has achieved numerous honors and awards in medicine including: the CREOG National Faculty Award for Excellence in Resident Training, numerous teaching awards from the University of Oklahoma Health Sciences Center, the Angels in Adoption Award from the Congressional Coalition on Adoption, and several other teaching and clinical awards.

Dr. Danielle Bius, MD is a board certified pediatrician at Northside Pediatric Associates in Oklahoma City. She knew she wanted to be a pediatrician from an early age. She struggled with a pediatric disorder called cyclic vomiting syndrome as a child, and the doctors who cared for her inspired her to go into medicine. Pediatrics was always her choice of specialty because she loved working with kids. She grew up babysitting and helping in the church nursery and continued to help in Sunday school throughout college and medical school. She majored in Child and Family Studies in college because she wanted a career that would prepare her to work with children and their families. She loves pediatrics because she gets to partner with families to help them improve the health of their children. Dr. Bius has a BS in Child and Family Studies from Baylor University, her MD from the University of Texas at San Antonio and she completed her pediatric residency training at UTSA.





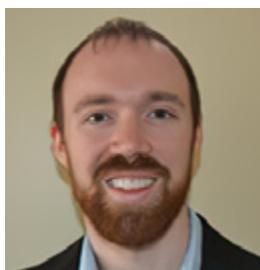
Dr. Maya N. Gharfeh, MD is dual board certified in Allergy and Immunology and in Pediatrics. She was raised in Columbus, Ohio, and graduated from The Ohio State University in 2006 with her bachelor's degree in Biology. She then attended medical school in Rootstown,

Ohio at Northeastern Ohio Medical University. During her medical school training, Dr. Gharfeh also pursued a public health degree from The Ohio State University with a specialty in health behavior and health promotion. She graduated from medical school and her master's program in 2011 and moved back to Columbus for her pediatric internship, residency and chief residency training at Nationwide Children's Hospital/The Ohio State University. She then completed her fellowship training in Allergy and Immunology at Texas Children's Hospital/Baylor College of Medicine in Houston. Following completion of her training, Dr. Gharfeh joined the team at Oklahoma Allergy and Asthma Clinic in early 2020. During her free time, Dr. Gharfeh spends her time with her husband and their three young children. The Gharfeh family resides in Edmond and is eager to make the greater Oklahoma City area their new home.

Dr. Darin R. Haivala, MD is a board-certified Vitreo-Retinal Surgeon, originally from Spearfish, S.D. He received his MD from the University of South Dakota School of Medicine in 1998. He completed his Ophthalmology Residency and subsequent Fellowship in Diseases and Surgery of the Retina and Vitreous at the Dean McGee Eye Institute in 2004. Following fellowship, he remained on staff at Dean McGee until 2010, when he joined Dr. Lawrence at Retinal Associates of Oklahoma. While at Dean McGee, he was involved in numerous clinical trials, including pivotal trials resulting in the approval of Lucentis and Eylea. Dr. Haivala is



board-certified by the American Board of Ophthalmology and is a member of the American Academy of Ophthalmology and American Society of Retina Specialists. Outside of medicine, Dr. Haivala is an avid snowboarder, amateur photographer, and age-group triathlete, having finished five Ironman triathlons. He lives in Edmond with his wife and three children.



John C. Kaufman, MD is board-certified in emergency medicine. He graduated from the University of Oklahoma in 2011 and completed his residency in emergency medicine at Indiana University in 2014.

Todd A. Krehbiel, MD earned his Bachelor of Arts in Biology Sciences (1987) and his Master of Science in Education (1988) from Northwestern University in Evanston, Ill. He then earned his medical degree from the University of Oklahoma College of Medicine in 1992. His residency in combined internal medicine and pediatrics earned him numerous awards and recognitions; which ultimately supported his role as Chief Resident of pediatrics at OU Children's Hospital. In 1997, Dr. Krehbiel began practicing in the Guthrie community at Logan Medical Center, where he served the people and families of Logan County for more than 18 years. Desiring a change and yearning to serve others on a more compassionate and personal level, he designed and opened his own practice in 2015. His vision of a compassionate care experience with exceptional service had come to fruition and Vita Health was born.



Continues on page 24 ...

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NEW MEMBERS, *Continued from page 23 ...*



Jenny Le, MD is a board-certified family medicine physician who was born in Pontiac, Mich., and was raised in a small town two hours north of Detroit where her father was a country doctor. She attended the University of Michigan for undergraduate and medical school. After nine years in Ann Arbor, Mich., she decided

that she had enough of the snow and cold and looked for somewhere considerably warmer. She ended up doing her family medicine residency at the University of Texas in Houston. She moved here in the summer of 2001 when her husband, Hamilton, started his surgical residency at OU, and she worked for Integris and then later on, the Kickapoo Tribe. In 2006, they left Oklahoma after he graduated from his surgery residency so Hamilton could serve on active duty in the U.S. Army. Along the way, they had stops in California and Germany. Their time in the Army was an amazing experience and gave her a deep appreciation for being an American, especially after being a military wife with a husband who was deployed to Iraq. After five years away from Oklahoma, they couldn't stay away and came back! Jenny and Hamilton realized that Oklahoma is where they wanted to raise their two children. Both are teens now and are thriving which has reinforced that they made a great decision to raise them in the Sooner State.

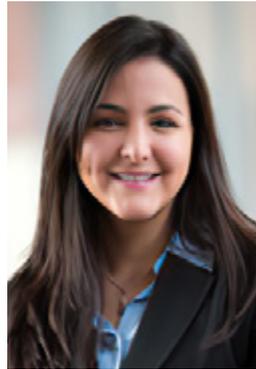
Julia H. Reza, MD is a board-certified pediatrician who specializes in adolescent medicine and pediatrics at Variety Care. She graduated in 2005 from the University of Texas Southwestern Medicine School in Dallas.

Denise Scott, MD is a board-certified pediatrician at The Pediatric Group in Oklahoma City. She completed her BS in microbiology at Texas A&M and her MD from the University of Texas in Galveston. Her pediatric residency was at OUHSC and her Fellowship in Pediatric Endocrinology at the National Institutes of Health. A Texan by birth and an Oklahoma transplant, she is married to Dr. Mark Scott, a pediatric ophthalmologist and they have 3 children, all pursuing careers in the healthcare field. They enjoy travel and the



outdoors, especially to the mountains of Colorado in all seasons. In her time off, Dr. Scott delivers Edmond Mobile Meals, is involved in her church in Edmond as well as in Impact Oklahoma, and enjoys hiking the trails around the state of Oklahoma.

Luza Helena Tono, MD is a board-certified internist with SSM Health. She graduated from the Universidad Del Sinu, Escuela De Medicina, Cartagena, Colombia in 2005. She is passionate about working closely with her patients to positively impact their health. She focuses on all areas of general internal medicine including disease management, preventive medicine and women’s health and wellness.



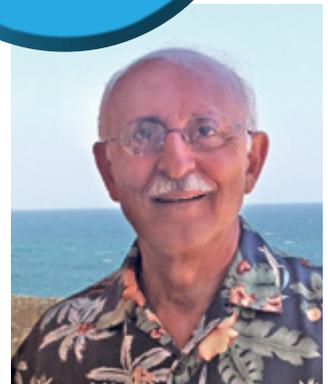
Karen Eyler Wilks, MD is a board-certified OB-GYN with the Center for Women’s Health. Born in Abilene, Kan., Dr. Wilks was the youngest of five kids. She grew up in Norman and graduated from the University of Oklahoma with a Bachelor of Arts, with Distinction.

She was the “Outstanding Senior Woman” at OU. Dr. Wilks attended the University of Oklahoma College of Medicine. She graduated in 1995, and began her residency in Phoenix, Arizona. After residency, she and her husband, Jonathan Wilks, MD, moved back to Oklahoma. The Wilks have two sons who have added much excitement to their lives. Dr. Wilks and her family love to travel. Their favorite place to visit is Disney World. Dr. Wilks also likes to garden, power walk, and bike with her sons, and she is an avid OU fan. Dr. Wilks loves her job. Her favorite part about it is getting to spend time with women and helping them make their lives better.



When Love Was Absent

Yes,
 I have been to many places
 All the same
 And watched the empty faces fade
 Heard the lonely chattering
 Of slippy dentures
 And the eerie whistling
 Of the hearing aid
 And yes,
 At times I was dismayed
 But never lost my faith
 Except when love was absent
 Then, I felt afraid.



HANNA A. SAADAH, MD



unsaid

Oklahoma City VA Hospital, 2019

HANNA SAADAH, MD

“YOU HAVE A PATIENT THAT DOESN’T TALK,” ANNOUNCED OUR GERI-PACT NURSE. “I ASKED HIM MY QUESTIONS AND ALL HE DID WAS SMILE BACK AT ME. HIS WIFE WAS THE ONE WHO DID ALL THE TALKING.”

“What are his complaints?” I asked, readying my pencil and paper.

“He had none.”

“How many medicines is he taking?”

“None.”

“None at his age? Are you sure?”

“None, I’m certain.”

“So, why’s he here then?”

“I don’t know. Something feels strange. You’ll see what I mean when you go in.”

Armed with this terse information, I walked into the examination room and introduced my Geri-PACT providers to Mr. and Mrs. Illudendam. The couple held on to their neutral faces and did not react when we shook hands. The air, heavy with inaudible words, was neither hostile nor friendly, but it did impart a feeling of strangeness as the nurse had predicted. I surmised, before I

broke their wordless suspense, that it was going to take more than words to deliver the truth out of the womb of this couple.

“Mr. Illudendam,” I began. “Would you share with us, your Geri-PACT providers, the health concerns that brought you here?”

Mr. Illudendam answered with a smile.

“Mrs. Illudendam?” I redirected the question with my eyes.

“Oh, he’s fine,” she declared. “He just [sic] don’t like to talk.”

“But he must have some health issues otherwise he wouldn’t have come to our problem-solving clinic,” I suggested with a knowing smile.

“Not really, Doc. Like I said, he’s fine.”

At this point, our astute psychologist entered our dead-end conversation with a loud interrogation directed at Mr. Illudendam.

“Sir,” she shouted. “Are you having trouble with words?”

“No,” he replied, astonishing us all with his first word.

“Do you have any complaints?”

“No,” he smiled.

“Do you know why you’re here?”

Continues on page 28 ...



“Yes.” He nodded.

“Why are you here, Mr. Illudendam?”

“Her,” he said, slanting his gaze toward his wife.

At this point, our social worker took the rudder, directing the conversation to Mrs. Illudendam.

“Ma’am. Do you live with your husband at home?”

“Oh, yes. We have a lovely home.”

“How long have you been married?”

“Three years. He’s my fifth husband and he’s the best one so far,” she affirmed clasping Mr. Illudendam’s hand.

Mr. Illudendam smiled with silent content. His chart indicated that he was 83 and we all assumed, observing his taciturn behavior, that he was either demented, or deaf, or both. Mrs. Illudendam must have noticed our providers’ equivocating eyes because she quickly added, “I’m twenty years younger, as you can see, but I didn’t marry him for his money. Having worked all my life and having had four divorces, I have enough money of my own.”

“You must take good care of him, then, because he seems very clean and very happy,” chimed our nurse.

“Oh, no. You got it wrong, dear. He’s the one who takes good care of me. He just [sic] don’t say much but we get along just fine.”

We were all at a loss for words because the reality we were observing made little sense to our experienced eyes. Patients come to us with many complaints and numerous medications, hoping that we would simplify their care and reduce their medication burden. Mr. Illudendam had no complaints and was not taking any medications, which presented a most unusual situation. Our pharmacist, who usually examines the patients’ medications, was the first to excuse herself. “Sir,” she said as she stood up. “Since you’re not taking any medicines, may I be excused?”

“Yes, of course,” said Mrs. Illudendam with a pale smile.

Our social worker, seeing that Mrs. Illudendam was not offended by the pharmacist’s premature

departure, excused herself with similar words, leaving our nurse and psychologist feeling somewhat abandoned. In spite of these two unexpected exits, neutral expressions never left the faces of Mr. and Mrs. Illudendam. They sat perfectly content and remained utterly silent.

I coughed and cleared my throat. The nurse, seeing that there was naught for her to do, stole out of the room with a shy blush. Our astute psychologist smiled at me and pointed her eyes at the door. I got up, opened the door, and saw her out.

“They need you alone,” she whispered as she exited.

I went back to my seat, trying very hard to look as if I really knew what I was doing.

The neutral facial expressions never changed as both Mr. and Mrs. Illudendam gazed at the silent emptiness before them. But, in spite of what had happened and did not happen, the lingering strangeness, which I had sensed earlier, slowly dissipated. Unexpectedly, in an eerie sort of way, things began to feel more and more comfortable as the three of us shared the silence of knowing and of not knowing.

“Are you happy together or are you having problems,” I probed, addressing them both.

“Happiest three years of my life,” affirmed Mrs. Illudendam.

“How about you, Mr. Illudendam. Are you happy with your wife?” I asked with a shouting voice.

“Happy.” He blushed, looking at her with amorous eyes.

“So, what’s wrong then?” I asked Mrs. Illudendam.

“Nothing is wrong,” she snapped. “He was lonely but not unhappy. I was the unhappy one until I met him. He literally saved my life,” she declared, as a sudden tear dropped from her eye.

To meet her unexpected tear, I changed my expression from inquisitive concern to harking empathy and did not probe any further for fear that my questions might dry up her tears. Another unwiped tear rolled down her cheek all the way to



her chin. “I don’t know why I’m telling you this,” she began, having told me nothing yet. “Even he,” she said, glancing at Mr. Illudendam, “doesn’t know. Nobody really knows.” She sniffled and tissueed her nose.

Mr. Illudendam smiled and nodded when he saw her wipe her nose.

“He’s too deaf to hear normal conversation,” she intoned. “He just smiles because he loves me. He’s a good man. God led me to him. I was working at a café when he came in for coffee and a donut. He was so quiet and looked so alone, I couldn’t help but love him. We don’t need to talk much, he and I. We have a good life with very few words.”

Mrs. Illudendam took off her eyeglasses, pulled a tissue from her purse, wiped her eyes, and blew her nose. “I was five when my father slipped his hand up my dress,” she began with slow, deliberate, and labored words, “and he kept on doing it. I told my mother when I was eight. He denied it and kept on doing it,”

she sobbed, “and then wanted me to do more and more things to him. Whenever I refused, he slapped me. My mother worked all night. He wouldn’t feed me until I did what he wanted.” She let out a stuttering sigh. “I told my mother over and over. He denied it again and again. My mother called me crazy and told me to do as my father says because girls should obey their fathers.”

Mrs. Illudendam’s words trembled and hesitated as they fell off her dry lips. I handed her a bottle of water. Mr. Illudendam smiled, approvingly.

“He [sic] don’t hear nothing but he’s a good husband,” she re-affirmed. “Anyway, I don’t want him to know.” She sniffled with a bitter, quivering smile and repeatedly tapped Mr. Illudendam’s hand.

“When I was twelve, my father raped me.” She heaved, letting out a wolf’s howl. “He kept on raping me until I dropped out of school and left home. I

Continues on page 30 ...

found out that I couldn't survive without men. They'd let me live with them if I would have sex whenever they wanted. I hopped from one abuser to another, working nights and days, and giving them half of my income for rent. I felt like a reverse prostitute because I was the one paying the men I lived with to have sex with me. They all beat me—beat me even when I was pregnant. One of them married me after he almost beat me to death because he must have felt guilty. There was never any love between us.”

Mr. Illudendam smiled again from his remote, soundless world.

“I don't know why I'm telling you all this. My baby died at childbirth. I divorced and remarried, divorced and remarried, again and again, hoping to find a life, a home, and a love. All the men I married just wanted sex. That's all they wanted from me. If I spoke, they told me to shut up. If I didn't fake an orgasm, they slapped me. All four husbands beat the dickens out of me. Only this one man has been kind to me.” She lovingly tapped Mr. Illudendam's hand again. “He has never touched me and never put his hand up my dress. He's never even seen me naked. We just hold hands. I've never known a kind man until he came along.”

Mrs. Illudendam wiped off her torrent of tears while her husband smiled. She sighed while her husband smiled. She sobbed while her husband smiled. Then, as if she had finally discharged all 55 years of abuse, she fell into silence and fixed her gaze at nothing, at a horizon that never glimmered, at an infinity that never existed.

“Since Mr. Illudendam needs no help from me because you're taking such good care of him, how may I help You, Ma'am?” I whispered, handing her a new box of tissue.

“You've already helped me more than you'll ever know,” she almost smiled.

“But I didn't do anything.”

“Oh, yes. You did everything.”

“Everything?”

“Yah. You sat alone with me, alone without your team. You allowed me to grieve. You listened while I talked. You didn't interrupt me. You were not in a hurry to leave me. For 55 years I've carried this festering abscess in my heart, and you've helped me drain it in 55 minutes.” She gulped as she checked the time on her watch.

“Do you really feel relieved?” I asked with incredulous eyes.

“I even feel reborn.”

“Is that why you came?”

“Yes. I'm not a Veteran, but I was the one who wanted this 90-minute appointment. It told me that the VA providers give their patients the time they need. No provider has ever spent more than five minutes with me. You may not know this, Doc, but a 90-minute appointment is something unheard of in the outside world.”

Mr. Illudendam smiled and looked at his wife with pride, perhaps because he could see that, for some remote reason, she looked like she was finally breathing better.

“Since you have no VA chart, Ma'am, what would you like me to write on your husband's chart?” I teased with a smile of relief.

“Just write that you've helped Mr. Illudendam's wife take better care of her Veteran husband.”

Holding hands, Mr. and Mrs. Illudendam glowed as they ambled away. I watched them hold on to one another like a huddle of nestlings, like a heaven-heaved couple that had just been dropped down from a love nest, ever so carefully, ever so dolefully, and ever so hopefully.



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Jonathan Heinlen, MD, Urologic Oncology/Robotics
Daniel Parker, MD, Urologic Oncology/Robotics
Sanjay Patel, MD, Urologic Oncology/Robotics
Mohammad Ramadan, MD, General/Oncology/Robotics
John Ross, MD, General Urology
Kelly Stratton, MD, Urologic Oncology/Robotics
Gennady Slobodov, MD, Male/Female/Reconstructive/
Incontinence/Neurogenic Bladder
James Wendelken, MD, General Urology

OU Physicians:

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Edmond 405-340-1279
Stephenson Cancer Center 405-271-4088

Pediatric Urology

Dominic Frimberger, MD
Pediatric Urology/Reconstructive Surgery/Spina Bifida
Pediatric Urology/Robotics
Adam Rensing, MD, Pediatric Urology/Robotics
Bhalaajee Meenakshi-Sundaram, MD, Pediatric Urology/Robotics

OU Children's Physicians:

Urology 405-271-2006
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