

BULLETIN

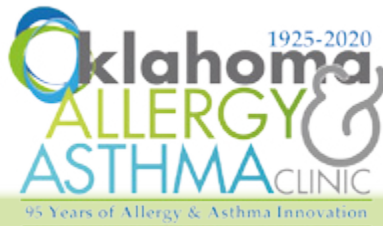
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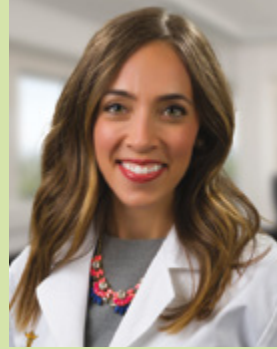
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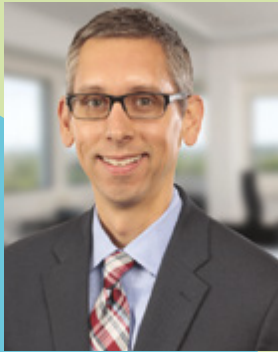
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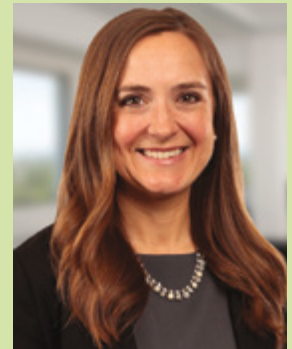
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THE BULLETIN

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Dues renewals were sent a few weeks ago, and dues are critical to membership associations and societies like ours. Many of you have been longtime supporters of OCMS and OSMA and we appreciate you more than you know. To refresh your memory, we want to share a few of the ways we help physicians and citizens in Oklahoma County.

- OCMS provides early career physicians with training for leadership within the healthcare environment. More than 100 physicians have been through the highly-rated Physicians Academy. Additionally, the stress of mental health can negatively impact a physician's well-being. That's why OCMS offers free counseling sessions with a licensed psychologist for members, residents and students. We work hard to ensure our members (and future members) have access to the care they need.
- OCMS has a long history of incubating worthwhile community projects, providing resources to help them get started. Organizations like OBI, EMSA, Hospice of Oklahoma County (now INTEGRIS Hospice), Healthy Schools Oklahoma, Health Alliance for the Uninsured, and ITN Central Oklahoma all started through OCMS.

- Connections are important. OCMS helps physicians connect on professional and personal levels with our membership meetings and collegiality events. We're working on virtual events now! Additionally, a new, robust and interactive website will be launched soon to enhance your ability to connect with colleagues.
- Finally, your dues help support publications like this, The Bulletin. Many of you enjoy reading our publication and we are always looking for additional writers. Submit your story, article, or poem to afink@okcountymed.org. All pieces will be reviewed by the Editor prior to publication.

Since OCMS and OSMA are unified, both organizations' staff work hard to help make your life, as a physician, easier. We encourage you to check out www.okmed.org and learn more about OSMA's benefits. They offer incredible CME online courses, COVID-19 resources, and robust advocacy work on behalf of Oklahoma physicians.

The OSMA Board of Trustees approved a COVID-19 hardship waiver for a portion of the 2021 dues. If your practice has been severely affected by COVID-19, you may qualify for a hardship waiver. Visit www.okcountymed.org for additional information.



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PRESIDENT'S PAGE

LISA J. WASEMILLER, MD



To mask or not to mask, that is the question. Whether 'tis nobler in the mind to suffer a hot stuffy facial covering or take arms against a sea of data. Should we be requiring masks in public, and how effective are they really, anyway? Why don't people want to listen to facts?

Incredible to think that medical professionals can find correlations to our work from William Shakespeare, but after all, its 2020 and all bets are off. Mr. Shakespeare and I agree here too: "[it] is the diseases of not listening that I am troubled with. The time has come to stand up and advocate for our expertise now more than ever. We must make them hear.

The facemask has been used in surgical settings for over a hundred years; and was first described in 1897 initially consisting of a single layer of gauze to cover the mouth with the primary function to protect the patient from contamination and surgical site infection.

It has been substantiated that bacteria from respiratory droplets are disseminated from the nose and mouth during coughing, sneezing, laughing, talking, screaming, yelling, etc., masks are recommended as a simple barrier. The Centers for Disease Control and Prevention recommends the wearing of masks in public.

What started as a simple public health recommendation to limit the spread of the novel coronavirus has exploded into major controversy. This is not a political issue! I don't care if you are a Democrat or a Republican, or the president of the United States -whether you wear a mask or not should not even be up for debate. This is not an attempt to annihilate personal freedom of choice! This is a simple

act of personal responsibility aimed not to protect the wearer but to stop the wearer with a SARS-CoV-2 infection who is asymptomatic or pre-symptomatic from transmitting the virus to others. Experts refer to this as source control.

Masks are a critical preventive measure and are most essential in times when social distancing is difficult.

I believe nearly everyone brings up masks these days, whether they agree, disagree, don't know, or don't understand, they all have something to say about it.

The spread of misleading and outright false information regarding mask-wearing has reached frightening heights, and the narrative is only gaining traction. The death of expertise as evidence has led to the conclusion that all opinions must be respected and possess the same validity. This is a fallacy. As Shakespeare put it "there is no darkness but ignorance," and the same extends here.

We as professionals must take affirmative steps to disseminate the correct information, not based on emotions, but evidence and experience. Unfortunately, the attendees of Facebook College of Medicine and Social Media U fight with the fervor of bedlam rivals, pitting what they believe with what we know. It's frustrating to hear someone reduce our years of education and experience with "well, I read on Google ...".

They are questioning what we as doctors KNOW. We know masks work, and they help stop the spread

Continues on page 6 ...

of disease from the wearer to the public. We know that with COVID-19 both pre-symptomatic and asymptomatic transmission is possible, therefore preventive measures are necessary even absent objective evidence of infection. We know that masks don't cause hypoxia in healthy adults.

We know that masks aren't enough.

We know that other countries and cultures have cultivated a social norm of mask wearing, which has led to a reduction in the spread and allowed many of them to "reopen". We know that what is happening now is unprecedented, and we know that there will be a "new normal" moving forward. Unfortunately, we also know that as Americans, we are woefully behind the curve when it comes to handling this pandemic.

That's where we come in. It's up to us to help our patients understand why masks and other protective measures are not only a good idea, but vitally necessary if we are to win the war against this "invisible opponent."

It is also up to us to dispel harmful rhetoric linking mask wearing to personal freedoms. Of course, there are legitimate reasons for not wearing a mask. Some individuals may need to be exempted but this is a small number.

Masks should NOT be worn by children under the age of 2 or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear masks if they rely on lipreading to communicate. In this situation, consider using a clear mask.

Those with intellectual and developmental disabilities, mental health conditions or other sensory sensitivities, may have challenges wearing a mask

Younger children (e.g., preschool or early elementary aged) may be unable to wear a mask properly, particularly for an extended period of time.

People should not wear masks while engaged in activities that may cause the mask to become wet, like when swimming at the beach or pool.

People who are engaged in high intensity activities, like running, may not be able to wear a mask if it causes difficulty breathing.

People who work in a setting where masks may increase the risk of heat-related illness or cause safety concerns due to introduction of a hazard (for instance, straps getting caught in machinery) may consult with an occupational safety and health professional to determine the appropriate mask for the setting.

Shakespeare so eloquently put it ... " [a] fool thinks himself wise, but a wise man knows himself to be a fool." I won't profess to have all, some, or even any of the solution to finding a cure. However, in the absence of a credible treatment therapy, I will do everything in my power to assist the process of evaluating, understanding, treating, preventing, and ultimately eradicating this disease. That includes educating patients, family, friends, and sometimes even strangers; and leading by example. We are the doctors, that's our job. We also must hold each other accountable, as "[t]he patient must minister to himself ...," we must be community leaders, our patients and the public look to us for healthcare guidance.

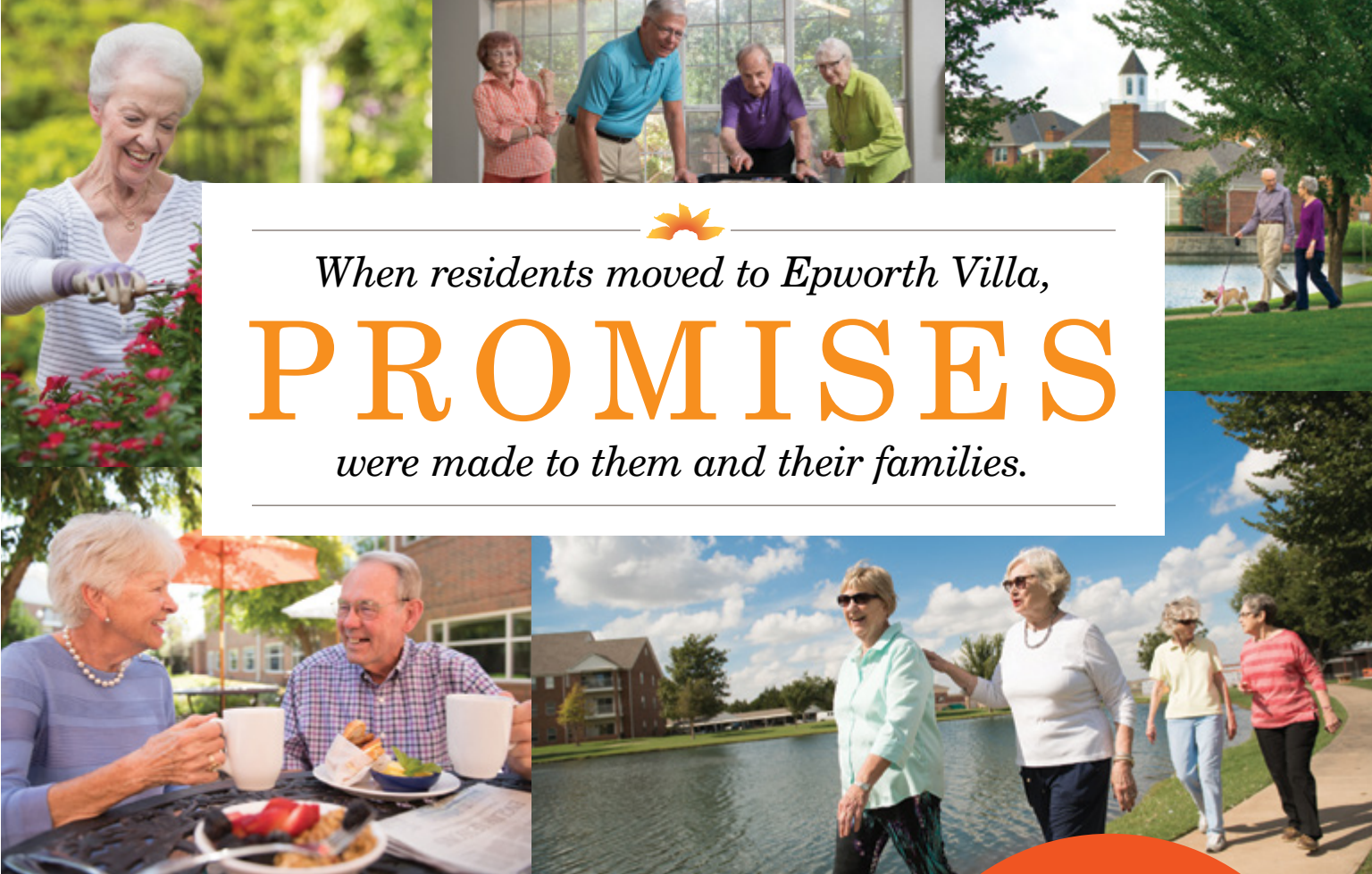
"The use of a mask alone is insufficient to provide an adequate level of protection or source control, and other personal and community level measures should also be adopted to suppress transmission of respiratory viruses," the WHO said.

Masks are protective NOT preventative. The next time you hear "masks are not protective" ... Respond with ... If masks are not protective, the next time you are going into surgery, just tell your surgeon it's OK for them not to wear a mask. Surgeons wear masks to protect the patient, not vice versa. We must continue to validate the wearing of masks, washing hands, the use of hand sanitizer, and Social distancing to win this war against this "invisible" foe.

The time is now.

The point is that we need to take personal responsibility. Protect those around you. You wear your mask to protect me. I wear my mask to protect you. Masks will likely become the new fashion accessory.

Soon the new greeting will be "Hi, so very nice to see you again! Great mask!"



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NOMINATIONS ARE OPEN

for the annual Don F. Rhinehart, MD, Medical Service Award

This award recognizes OCMS members, active or retired, who have demonstrated significant involvement in projects to help improve health care, the community or the state.

Nomination letters must include: the name of the nominee; the project(s) in which the nominee has been involved (state, local, or national); and why their

involvement is worthy of recognition. The letters should not exceed 650 words.

The recipient(s) will be selected in the fall by the OCMS Board of Directors, and the award will be presented at the OCMS Inaugural.

Email nomination to: jtimberlake@okcountymed.org

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DEAN'S PAGE

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



One of the biggest challenges to reducing healthcare disparities among Oklahomans is the fact that many do not have ready access to medical care. In 76 of Oklahoma's 77 counties, there is a shortage of primary care physicians. Many people simply do not have the opportunity to establish a relationship with a provider for the ongoing care of their health.

The OU College of Medicine has launched a major initiative to improve those statistics, with a particular focus on educating more students from tribal, rural and underserved areas to become primary care physicians. Through a \$4.7 million grant from the U.S. Health and Human Services, and a \$2.8 million one-year supplement, the college has launched the TRU-OK initiative on both the Oklahoma City and Tulsa campuses. In addition to recruiting, mentoring and admitting students from tribal, rural and underserved (TRU) areas, we plan to enhance our current medical students' understanding of these populations and the importance of primary care access.

Data shows that students from under-represented areas who attend medical school and residency in Oklahoma are more likely to return to their communities to practice medicine. Health outcomes also tend to improve with a more diverse workforce. A person's ZIP code should not determine their health status, and we are hopeful this initiative can begin to change some of Oklahoma's poor outcomes.

A major focus of TRU-OK is to grow our outreach programs across Oklahoma in middle schools and

high schools. Introducing young people to the health professions, building affinity with them over time, and helping them clear hurdles will be key to the success of TRU-OK. We are launching a Medical School Readiness Program, a six-month opportunity for 100 students to be mentored as they prepare for medical school, including preparation for the MCAT, mock interviews and shadowing. This program is geared toward highly motivated students who traditionally have lacked the resources, because of time or money, to prepare for medical school.

At the OU-TU School of Community Medicine, our branch campus in Tulsa, faculty have developed innovative courses to give students a more in-depth understanding of the social determinants of health and their link to health disparities. Students also take part in culinary medicine activities so they can educate their patients about healthy food options for specific diseases. They also learn medical informatics and methods of harnessing data to improve the health of specific patient populations.

With the new grant supplement, we are excited to purchase an RV and customize it as a Mobile Outreach Vehicle – medical education on wheels. We plan to take this mobile classroom across the state, especially to schools with fewer resources, where young people can engage in hands-on learning. Health professions students from all seven colleges at the OU Health Sciences Center, as well as the School of Social Work on the Norman campus, will introduce their chosen disciplines to middle school and high school youth, perhaps

Continues on page 10 ...

providing the spark a young person needs. In turn, our students, who already take part in interprofessional activities in Oklahoma City and Tulsa, will see firsthand the challenges of life in underserved areas, where there are numerous barriers to good health.

These are only a few of the activities that will be possible because of the HRSA grant. However, they will only be fruitful if we build long-term relationships with young people who want to become physicians or other healthcare providers. The COVID-19 pandemic has reinforced what we already knew about health and economic disparities in Oklahoma. Many young people have become essential workers so that they can help support their families. Others do not have access to a computer or high-speed internet. But if they possess the skills and work ethic, they deserve a chance at pursuing the career they want. Our role in academic medicine is to build a pathway for them to follow and to accompany them along the way.

The TRU-OK program has excellent leaders in Senior Associate Dean Steven Crawford, M.D., and James Herman, M.D., dean of the OU-TU School of Community Medicine. Working with faculty leads for the grant, Robert Salinas, M.D., and Frances Wen, Ph.D., they have created strategies and partnerships with communities, tribes, health systems and schools that will allow us to take a more active role in recruiting and mentoring students from TRU communities.

Accreditation bodies for medical schools and residency programs are increasingly requiring this type of outreach, but we also believe it is a critical part of our mission at the OU College of Medicine. By having a larger presence statewide, building a pipeline to medical school and, perhaps most importantly, mentoring students so they can overcome hurdles, we believe we can achieve the diversity that will ultimately reduce disparities among Oklahomans.





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Gordon Deckert, MD:

Personal Reflections

D. ROBERT McCaffree, MD, MSHA

AND

PHEBE TUCKER, MD

Gordon Deckert was an extraordinary man with a truly extraordinary impact on many physicians in Oklahoma and around the nation, as well as on the health of the state of Oklahoma. Many facts of his life and career can be found in a more formal obituary elsewhere in this issue of the *Bulletin* and in the *Journal of the OSMA*. This remembrance includes reflections from two of us who had the privilege of associating with him for half a century, more or less.

He was first and foremost an educator with major contributions to OU and across the nation. But as medical students, we didn't realize what great influence he would have. We only knew, along with many students through the years, that he was the most entertaining and effective teacher we had had. None of us had ever seen a professor jump up on a chair or desk! None of us had ever heard risqué words in a classroom that he used for effect! None of us had experienced being lulled into a relaxed state and suddenly being startled by an **EXPLOSIVE EXPLETIVE!** His theatrics were certainly part of his effectiveness, but more important was the content of his teachings. Many students and practicing physicians have commented that they learned as much about

themselves as they learned about helping their patients. And his educational prowess was appreciated across the nation, reflected by the fact that he was recognized as one of the most popular medical lecturers in the US. This was reflected in part by the large map in his office covered by pins representing every place he had lectured.

But education was not his only interest. He combined this interest with his interest in public health. While this interest led to his being on the Oklahoma State Department of Health (OSDH) Board of Directors, this interest actually went back many years. When he was a young Air Force doctor assigned to Tinker Field, he actually earned the nickname of "Medical Czar" of Oklahoma; among his duties he was placed in charge of developing a public health plan for the state in case of nuclear attack. But more lastingly, he was later a major force as chair of the OSDH Board in the development and publication of *State of the State's Health*, a report which introduced to many people the concept of Disability Adjusted Life Years and which is the major source of ongoing information about key aspects of the state's health. In part because of this he received the Oklahoma State Medical Association's (OSMA) public health

award, which in 2006 was named in his honor, The Gordon Deckert Public Health Award.

For many of us, Gordon continued throughout our careers to be a mentor, a friend, a supporter. Gordon generously donated his time and expertise to help whenever asked. Whenever we (DRM and wife, Mary Anne) saw Gordon and Jane, he would always inquire with genuine interest about our lives, as he would with all his students. He would faithfully attend meetings of the OCMS and OSMA and was always supportive of physicians and Medicine in general.

When I (PM) was a resident in psychiatry, I was initially intimidated by his presence after being entertained by his dramatic and unpredictable lecture hall antics. However, in resident seminar classes he was sensitive and insightful in presenting patient psychotherapy

cases, and was an excellent role model. As a PG4 I had the good fortune of sitting in with him for his afternoon psychotherapy sessions with patients; his persona was nurturing, reflective and effective in encouraging positive changes. When my brother died, he was incredibly supportive of my grief. Later as a young faculty member during chaotic times in our department, his support was unwavering and kept me on course.

Gordon Deckert had a profound effect on the education and lives of physicians, our understanding of human behavior and the health of people in Oklahoma and beyond. His entertaining lectures are a loss to future generations of students. But it is his caring, his thoughtful and practical approach to human behavior and his kindness which we will miss the most.



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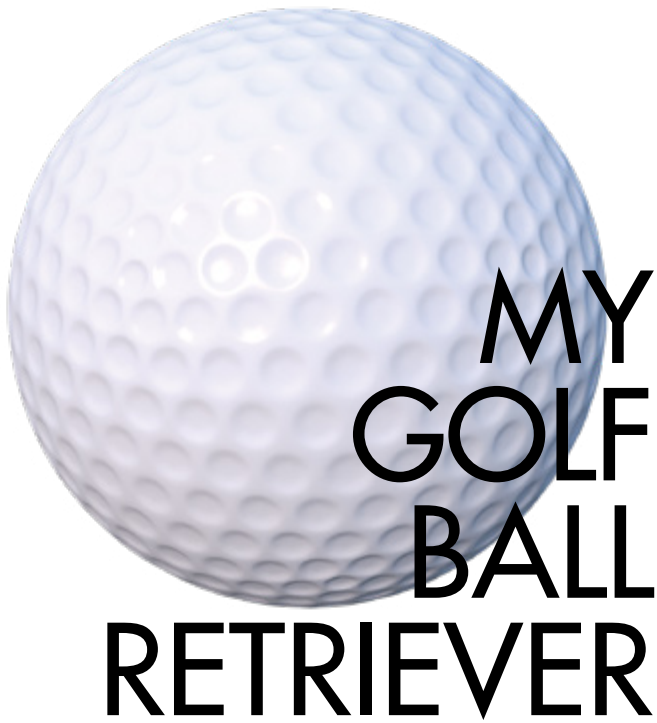
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MY GOLF BALL RETRIEVER

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BY BILL TRUELS, MD

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“Tell me, Dr Truewater,” Herb began, “as a fellow golfer, what is the most important club in your golf bag?”

“Before I tell you, Herb,” I replied, “I’d like to hear your opinion.”

“I’m undecided between the Driver, the Putter, and the Wedge,” Herb responded with the seriousness of a meticulous plastic surgeon.

“The Putter is used more often, but I think the Driver is more important due to the higher skill level. And the Wedge requires a lot of finesse around the Greens.”

“What’s your opinion, Dr. Truewater?”

“My ball retriever,” I responded.

“What?” Herb asked.

“My ball retriever is my most important weapon,” I answered. “It’s my fifteenth club.”

“I thought the ball retriever was the sign of a Duffer,” Herb responded. “Besides, that’s not even legal to have fifteen clubs!”

“Perhaps not,” I replied. “But the most important key to golf, or even life, for that matter, is to believe in yourself.”

“A good ball retriever gives me confidence,” I continued. “And confidence is the most important aspect of golf.”

“How does a ball retriever give you confidence, Dr. Truewater?” Herb asked.

“Well, when I’m teeing my ball up over a long stretch of water, my ball retriever gives me confidence that I’ll be able to retrieve that ball if it goes in the water or lands in a bunch of stickers or next to a snake.”

“I mean, you can pay up to five dollars for a GPS golf ball, and I want the confidence of knowing that I might get it back if it goes in the water!”

“In particular,” I continued, “my golf ball retriever has five extensions on it, which means I can retrieve a golf ball up to eighteen feet offshore without falling in

the water or taking my shoes and socks off and rolling up my pant legs and fighting off the water moccasins!”

“Furthermore, it’s got a special scoop with a spring clip that allows you to sweep the ball up out of the mud and lift it safely back to land. Why, it’s even got a special GPS locator that tells me when I’m near the golf ball in the muddy water!”

“Now, keep in mind that there’s a special skillset in handling a ball retriever,” I warned Herb.

“You’ve got to plant your feet firmly in the mud and let the ball retriever do the work- don’t force it. I prefer a light overlap grip, open the face, then jerk up on the retriever immediately on ball contact to ‘set the hook’ so to speak.”

“I’ve fished out many a golf ball where others have tried and failed. In fact, many an aspiring golf pro has failed due to improper golf retriever skills!”

“This may get philosophical, but there’s something magical about a ball retriever,” I said.

“What’s that, Dr. Truewater?” Herb asked.

“Many times in life, when you make a mistake, you don’t get a second chance- you can’t retrieve it. You just make the best of it and move on- it’s called the school of Hard Knocks. But with my golf ball retriever, I get a second chance- I get another shot at it!”

“And there’s a bonus,” I added. “Sometimes you get lucky and find one or two extra balls.”

“That’s not legal,” Herb interjected. “You’re only supposed to play your own golf ball.”

“Who’s going to know the difference?” I asked. “I might even get to trade my XXX-out bargain ball for a brand new Callaway ball with somebody else’s initials on it!”

“I’m not really that impressed- but I’ve got just one question,” Herb said, as the intercom went off and my gallbladder case was ready to start.

“What’s that?” I asked.

“Where’d you buy that fancy ball retriever?”



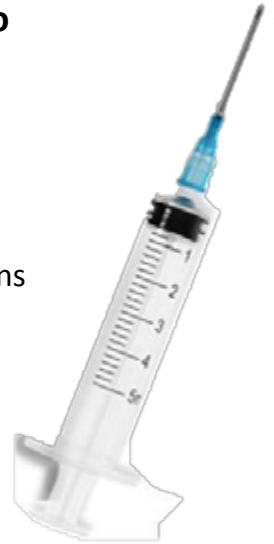
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ISOLATING THE ELDERLY IS BAD FOR THEIR HEALTH

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According to the Wall Street Journal, living alone without social interaction is implicated in higher rates of cardiovascular diseases, worsening dementia and Alzheimer's and shorter lives. People are generally social by nature and social relationships can help them live longer, healthier lives. For those without social connections, a medical appointment or a visit from a friend may be one of the few face-to-face encounters they have.

Currently, the OCMS-incubated Independent Transportation Network of Central Oklahoma (ITNCentral Oklahoma) has a critical need for volunteer drivers to ensure that older adults and people with visual impairments can be transported to much-needed medical appointments. ITNCentral Oklahoma is a non-profit organization that provides low cost transportation to seniors with the help of volunteers

and has implemented Covid-19 safety protocols for both rider and drivers based on CDC guidelines and approved by Oklahoma City physicians.

Volunteering with ITNCentral Oklahoma is easy. You can help by providing one afternoon a week or a few hours during the month to transport a rider on needed errands or to appointments. Many people in the Oklahoma City area depend on this transportation and prefer ITNCentral Oklahoma because of its friendly drivers and door to door service. By driving, you help seniors stay independent and healthy. Visiting with the seniors while driving them to their appointments makes a big difference in the quality of their life.

If you would like more information about volunteering, contact Leslee Boyd, the Executive Director of ITNCentral Oklahoma at 405-602-1558 or leslee.boyd@itncentraloklahoma.org.

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 Oklahoman's 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.

welcome

NEW MEMBERS



Chee Yoon Shim Bauer, M.D., is a sleep medicine specialist with OU Children's Physicians. Bauer is board-certified in pediatrics and board eligible in internal medicine and sleep medicine. Bauer completed a sleep medicine fellowship at

the OU College of Medicine. She also completed her internal medicine/pediatrics residency and earned her medical degree at the OU College of Medicine. Bauer is a member of the American Academy of Sleep Medicine, American College of Physicians and American Academy of Pediatrics.



Patrick A. Bell, M.D. is a board-certified general surgeon who has practiced in the Oklahoma City area for more than 15 years. He attended the University of Oklahoma, Health Science Center in Oklahoma City where he received his medical degree and residency training.

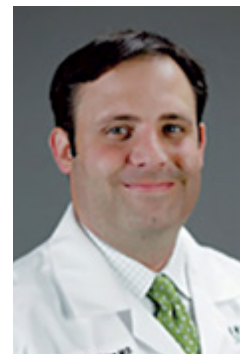
Barish Halil Edil, M.D. is a pediatric oncologist with the Stephenson Cancer Center at OU. He graduated from the University of Wisconsin Medical School, and residency/fellowship with the Johns Hopkins University School of Medicine.



Robert Glade, M.D. is a board-certified and fellowship-trained pediatric ENT physician who provides complete pediatric ENT care with a special emphasis on care of cleft lip/palate and velopharyngeal insufficiency. He attended medical school

at Texas A&M University Health Sciences Center College of Medicine. Following an internship University of Utah Affiliated Hospitals, Dr. Glade completed a residency at the George Washington University hospital in Washington D.C. He attended fellowship training at Arkansas Children's Hospital in Little Rock, AR.

Michael S. Holzer, M.D., received his medical degree from the University of Oklahoma College of Medicine. He completed an internship in general surgery and residency in urology with the University of Texas Southwestern Medical Center. He is with Urology Specialists of Central Oklahoma.



Nicholas S. Katseres, M.D., is an anesthesiologist with Affiliated Anesthesiologists. He attended medical school University of Oklahoma Health Sciences Center and residency at the University of Alabama-Birmingham.



Mobolaji O. Olulade, M.D., is a board-certified hospitalist with INTEGRIS Hospitalists. He graduated from the Howard University College of Medicine.

Brady P. Selig, M.D., is an anesthesiologist with Affiliated Anesthesiologists. He attended medical school University of Oklahoma Health Sciences Center and residency at the University of Texas Southwestern Medical Center.

Nilesh R Vasan, M.D., FRACS is a board-certified ENT surgical oncologist with OU. He attended medical school at the University of Otago Medical School in Dunedin, New Zealand; residency with the New Zealand Otolaryngology Training Program; fellowship at Green Lane Hospital in Auckland; and another fellowship with the OU College of Medicine.



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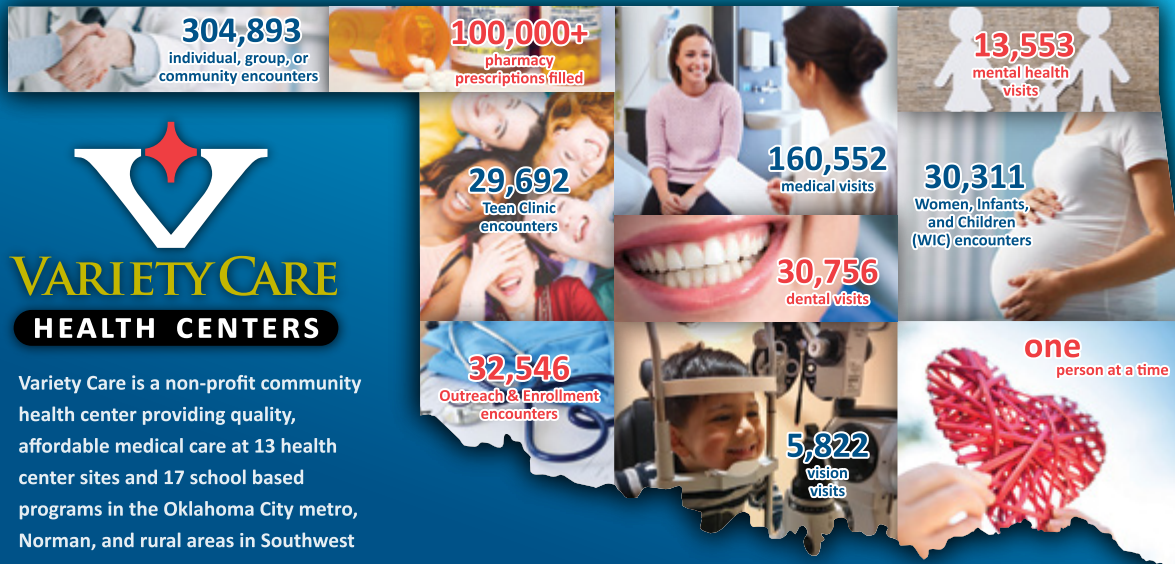
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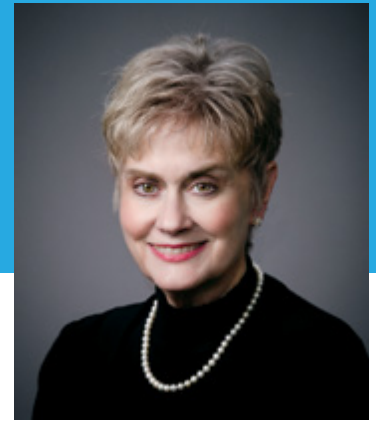
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DIRECTOR'S DIALOGUE

What's Going On?

*"Mother, mother ... There's too many of you crying
Brother, brother, brother ... There's far too many of you dying
You know we've got to find a way
To bring some lovin' here today..."*

~ Marvin Gaye song lyrics



BY JANA TIMBERLAKE,
EXECUTIVE DIRECTOR

These days, this song continues to reverberate in my mind. It was written many years ago about the Vietnam War. But if one examines the lyrics of the entire song, much of it is applicable today. With each day's news reports, I constantly ask myself, "What's going on?"

Nationally, the federal response to the COVID-19 pandemic continues to be a discussed almost hourly on the cable channels. With no coordinated response, people continue to die needlessly and front line workers scramble for adequate PPE. And please, don't get me started on mask wearing. Science has proven that wearing a mask is vital to curtailing the spread of this deadly disease. It seems so simple, but others are making this issue about their "right" as a U.S. citizen not to wear one. Deaths are continuing to increase, some individuals in leadership positions are not setting good examples, and the can gets kicked down the road. Two close friends of mine have lost their lives to this virus, and probably many of you have experienced losses, too. I am thankful for the physicians and scientists in Oklahoma who are spurring the efforts to combat false theories and, instead, tell people the truth.

What's going on in Oklahoma? In the midst of this pandemic, the Stitt Administration is currently accepting bids for a possible third-party Managed Care Organization (MCO) to administer Oklahoma's SoonerCare Medicaid system. Physician organizations are opposed because private sector entities lean toward implementing cuts in reimbursement rates in order to main profit margins. Who does that negatively impact? Physicians and patients! If the rates are cut, fewer physicians will sign Medicaid contracts and fewer patients will receive the care they need. Currently, total administration costs of the Oklahoma Health Care Authority are approximately 4%. It is estimated the MCO


administration costs could be between 10-14%. I continue to ask myself, "What is the benefit of switching to a private sector entity since the costs are much higher?"

SQ 814 will be on the November 3rd ballot for the purpose of redirecting Tobacco Settlement Endowment Trust (TSET) Funds. If passed, it would switch the deposit percentages of the Master Settlement Agreement (MSA) so that 25% would go towards the TSET fund and 75% could be subject to appropriation by the legislature to draw down on federal matching funds for Oklahoma's Medicaid Program, while maintaining the corpus. The percentages of distribution are currently opposite of the amounts proposed in this state question. What's going on? The Oklahoma legislature has tried every way it can to find a loophole that allows elected officials to utilize the TSET money instead for general spending instead of working to diversify Oklahoma's economy which would result in additional state revenue. My hope is that Oklahomans will educate themselves on this issue and oppose the state question. Please remember to vote!

This is my next to the last Director's Dialogue before retirement, and I want to thank each of you for the opportunity I have had to work for this wonderful organization. What's going to be going on with me starting January 2021? I am looking forward to spending more time with my husband and fur babies, volunteering, catching up on reading and beginning some new hobbies. I will leave you with this Will Rogers' quote:

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

He could have written that about me.
Wishing you the best fall ever!



The Arbuckle mountains; we have all driven through them. You may have visited Turner Falls, a wonderful site with a 70-foot waterfall on Honey Creek. If you take the old highway 77 south from I-35, Exit 51, you will see some fascinating rock stratifications and get a view of the falls from a look-out point.

The Arbuckle mountains are named after the American Army general, Matthew Arbuckle (1778-1851). The original Fort Arbuckle was first established in 1851 by Captain Rudolph Marcy but because of his importance in the Southwest, the post was named after General Arbuckle. General Arbuckle died during a cholera epidemic in 1851, shortly after the establishment of Fort Arbuckle.

Until his death, he commanded all army forces of the southwestern United States. General Arbuckle served in the War of 1812 and was on the staff of Andrew Jackson at the Battle of New Orleans. In 1824, General Arbuckle established Fort Gibson, the first fort in Indian Territory. Just prior to his death, he sent several units to an area on Wild Horse Creek, a branch of the Washita River, in present-day Garvin County. A road sign notes the crossing of Wild Horse Creek on I-35 a few miles north of Davis.

Fort Arbuckle was important in helping to protect the Chickasaws and other settled tribes from the already-present Plains Tribes. It was also important for peace commissions and for military actions in the southwest. Colonel George Custer, along with the 7th cavalry, pursued Cheyenne Indians along the Washita River that ended in the Battle of Washita. Sadly, a number of Cheyenne were massacred. Colonel Custer brought back his dead soldiers to Fort Arbuckle for burial. Confederate forces took possession of Fort Arbuckle in 1861 during the Civil war, but it was once again occupied by federal forces when the war ended.

Besides the war between the tribes in Oklahoma, the fort also served as an important stop in 1849 to help protect Americans crossing Oklahoma to California during the gold rush. It was because of these threats that he initially sent troops to the area around Wild Horse Creek. General Arbuckle was very important in maintaining order across the Southwest. And the post was named Fort Arbuckle in honor of his work there.

In 1868, General Philip Sheridan planned to Use Fort Arbuckle for raids against the Comanches. In 1869, Fort Sill was constructed, and Fort Arbuckle was abandoned.

HEARBUCKLE MOUNTAINS



BY PHILIP MAGUIRE, MD

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Contact: **Jill Mayes, M.Ed.**, System Director of
Continuing Medical Education
Phone: 522-0926

MERCY HOSPITAL OKC

Contact: **May Harshburger**, CME Coordinator
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