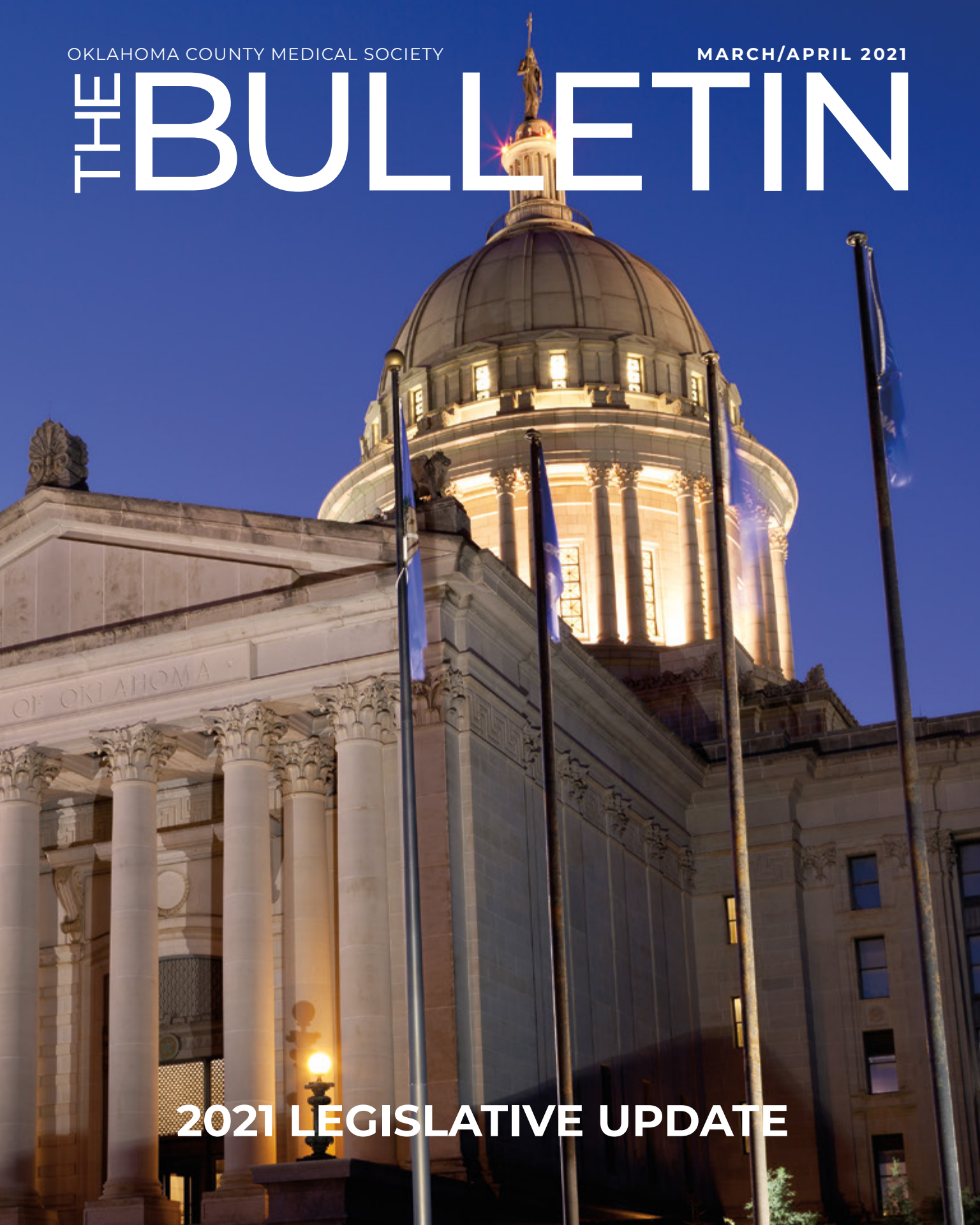


OKLAHOMA COUNTY MEDICAL SOCIETY

MARCH/APRIL 2021

THE BULLETIN



2021 LEGISLATIVE UPDATE

Help **PROTECT** the blood supply & local COVID-19 patients.

We're all looking for ways to help during the pandemic. You can do your part by:

1. Protecting the blood supply through blood donation.

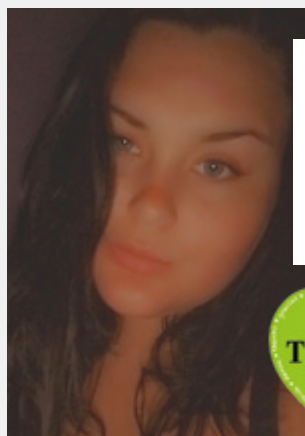
Collections have been severely impacted by thousands of canceled blood drives.

2. Encouraging convalescent plasma donation so that it is available for COVID-19 patients suffering severe symptoms.

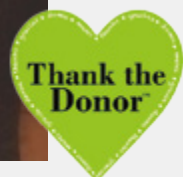
As COVID-19 hospitalizations rise, so does the critical need for this treatment.

To donate, schedule a blood drive or connect with our team for more information, call 877-340-8777.

If you or someone you know has tested positive and recovered from COVID-19, please donate convalescent plasma. Call 888-308-3924.



"I would really like to say thank you! Before I received plasma, I couldn't eat or drink for a week and I could barely get around. After the plasma I finally started to be able to keep some food down and it helped me so much to that I am going home today. I got Coronavirus in August and I needed the plasma to help me fight it off. You helped me beat COVID. Thank you!"



Patients receiving convalescent plasma can write their message of gratitude at covid.thankthedonor.org





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THE BULLETIN

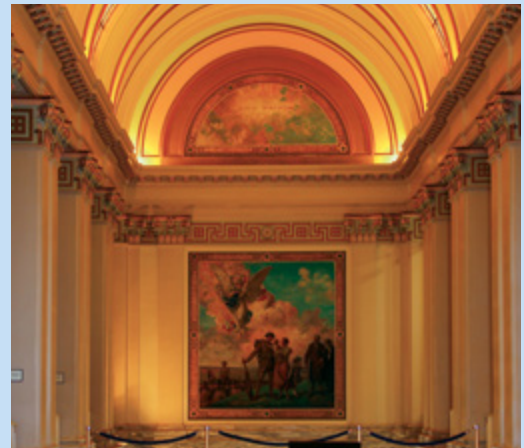
March/April 2021

Volume 94 Number 2

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- Cecilia, Breast Health Network Patient and Breast Cancer Survivor

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Basel S. Hassoun, MD

President's Page

BASEL S. HASSOUN, MD

EDWARD JENNER, A FAMILY DOCTOR FROM GLOUCESTERSHIRE, IN 1796 OBSERVED THAT MILKMAIDS WORKING IN THE COUNTRYSIDE AROUND HIS HOMETOWN OF BERKELEY HAD REMARKABLY CLEAR COMPLEXIONS AND WERE NEVER AFFLICTED BY THE SCARS OF THE SMALLPOX DISEASE. WHEN HE ASKED ABOUT THIS, HE WAS TOLD THAT THEY HAD ALL CONTRACTED COWPOX IN THE COURSE OF THEIR WORK AND IT WAS THIS THAT PROTECTED THEM FROM SMALLPOX.

Jenner decided to try and experiment, and when Sarah Nelmes consulted him about blisters she had acquired after milking a cow, the doctor acted quickly. Using pus from Nelmes's lesions, he deliberately infected James, an 8-year-old son of his gardener, first with cowpox and, later, with smallpox. To everyone's relief, James did not contract smallpox. Jenner's theory had been correct and vaccination was born.

Using this concept, the world has been able to develop many vaccines to prevent and, later on,

eradicate so many infections. So far, the world has been able to eradicate smallpox and rinderpest with aggressive vaccination campaigns. The U.S. measles, rubella, mumps, diphtheria, and polio have all been eliminated largely due to the introduction of vaccination programs in the 1970s.

The United States' long-standing vaccine safety system ensures that vaccines are as safe as possible. Currently, the United States has the safest vaccine supply in its history. Millions of children safely receive vaccines each year.

Vaccines can prevent infectious diseases that once killed or harmed many infants, children, and adults. Without vaccines, your child is at risk for getting seriously ill and suffering pain, disability, and even death from diseases like measles and whooping cough. The main risks associated with getting vaccines are side effects, which are almost always mild (redness and swelling at the injection site) and go away within a few days. Serious side effects after vaccination, such as a severe allergic reaction, are very rare and doctors and clinic staff are trained to deal with them. The disease-prevention benefits of getting vaccines are much greater than the possible side effects for almost all children.

Vaccination, while for most of the world is considered a standard of care, has a lot of opposition in the U.S. Sadly, the opposition is not based on any facts or logic; it is based on misconceptions and dissemination of wrong information. Having healthy children is a dream all parents have regardless of their race, religion or color.

Controversies are based on the fact that thimerosal (a compound that contains mercury) in vaccines given to infants and young children might have something to do with autism. Others have suggested that the MMR (measles-mumps-rubella) vaccine may be linked to autism. However, numerous scientists and researchers have studied and continue to study the MMR vaccine and thimerosal, and reach the same conclusion: there is no link between the MMR vaccine or thimerosal and autism.

In late 2020, the OCMS Board of Directors voted to support a campaign initiated by the OCMS Alliance, the Day 1 vaccination awareness campaign. The Alliance saw a need for education and awareness surrounding vaccinations in Oklahoma and worked with the Oklahoma Alliance for Healthy Families, OSMA Alliance, OSMA, and OCMS to fund the campaign.

The campaign coincides with Childhood Vaccination Awareness week on April 26 through May 3. The OCMS Board of Directors feels that vaccination awareness is essential to public health

and the safety of our community. Immunizations are safe and effective. They prevent our children and families from contracting diseases that can cause permanent disabilities and even death. By making sure a community is fully immunized, we can make our state, cities, and schools healthier.

The campaign outlines why not only newborn vaccinations are important, but why vaccines during pregnancy are important as well.

OSMA President Dr. George Monks said eliminating a requirement that parents watch an informative video before opting out, particularly during the coronavirus pandemic, “is unconscionable.” He said “COVID-19 has shown just how dangerous the spread of a contagious disease can be ... myths about vaccines spread on social media almost as fast as the diseases themselves. The Health Department’s process protects kids by providing science-based information about vaccines through local health departments.”

Information from the Oklahoma Alliance for Healthy Families (OAHF)’s Day One campaign is presented with the help of local doctors.

To read more:

<https://www.okhealthyfamily.org/day-one>

CDC vaccine questions:

<https://www.cdc.gov/vaccines/parents/FAQs.html>



Welcome

Robert W. Rader, MD is board-certified in family medicine. He graduated from the University of Oklahoma in 1998 and completed his residency at St. Anthony Hospital. He practices in Oklahoma City and Mustang.

NEW MEMBER



Alison Fink

DIRECTOR'S DIALOGUE



*'Hope' is the thing with feathers –
That perches in the soul –
And sings the tune without the words –
And never stops – at all*

– Emily Dickinson

MANY OF YOU KNOW THAT THE VERY FIRST COVID-19 CASE IN OKLAHOMA OFFICIALLY APPEARED ON MARCH 7, 2020. AS OF FEBRUARY 2021, THAT NUMBER BALLOONED TO MORE THAN 415,000 CASES IN OKLAHOMA. The onslaught of COVID-19 has been relentless across the country, with untold amounts of now unemployed or underemployed that has resulted from the slowdown and frankly, collapse of economic activity and trade. Minorities and lower-income Americans have been hit especially hard. For all of us, COVID-19 has been incredibly stressful and life-changing. I am sure most of us felt our hope draining at some point over the past year. However, our need to thrive during the tumultuous year required us to find some positivity in what many people would describe as a stormy time.

A person with hope is like a songbird that is perched in the soul. For many of us, our birds were quieter as we watched jobs disappear, incomes decrease, deaths of friends and family members from COVID-19, and a very angry and divided country fight about everything on every possible communication outlet. The past year has been a year of extremes during the fight against COVID-19. The positivity has dwindled and thrived, faded and bloomed. However, our trust in the future gives us the ability to talk through tough conversations; to encourage each other to unabashedly ask for help from one another when we need it; to find the light at the end of the tunnel.

Despite our inner chaos, our positivity from within must continue to guide us. Though our spirit may lose a few feathers when weathering the stormy nature of life, the sound of hope continues, wanting nothing in return.



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John P. Zubialde, MD

Dean's Page

JOHN P. ZUBIALDE, MD
EXECUTIVE DEAN AND PROFESSOR,
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The COVID-19 pandemic has further called attention to what we have always seen in medicine – that people from minority populations and marginalized communities face significant barriers to good health. At the OU College of Medicine, we continue to advance our efforts to dismantle inequalities and build diversity among physicians and students alike, and that mission is more urgent now than ever.

One exciting effort that launched in January is OU Med REV UP!, an innovative medical school readiness program for Oklahoma college students from underrepresented minority populations. Studies have shown that healthcare outcomes improve with a diverse healthcare workforce, but for decades, we have faced a lack of representation among physicians. OU Med REV UP! breaks down barriers by offering an intensive preparation and mentoring program for nearly 150 students who want to go into medicine. In particular, we are preparing students to take the Medical College Admission Test (MCAT), the outcomes of which play a major

role in whether a student is invited to interview for medical school.

MCAT prep courses are available, but they can cost thousands of dollars, putting them out of reach for many Oklahoma students and families. To offer OU Med REV UP!, the OU College of Medicine received a grant from the U.S. Health Services and Resources Administration and, in partnership with Kaplan, a leading MCAT prep company, is offering the course free to students who qualify. In addition to immersing them in the topics that will appear on the MCAT, students are paired with current OU medical students, residents and faculty members, who are mentoring them as they prepare to apply to medical school.

OU Med REV UP! is already a resounding success. Students in the program represent 17 universities and 20 Oklahoma counties, many of them rural. Eighty-four of the students are the first in their families to attend college. Forty-two are African American or Black, 32 are Hispanic, 17 are Native American, and nine identify as LGBTQ+. Ninety-five of the students are female,

49 are male, and two identify as gender variant/non-conforming. This is the diversity we need to see in our future physician workforce.

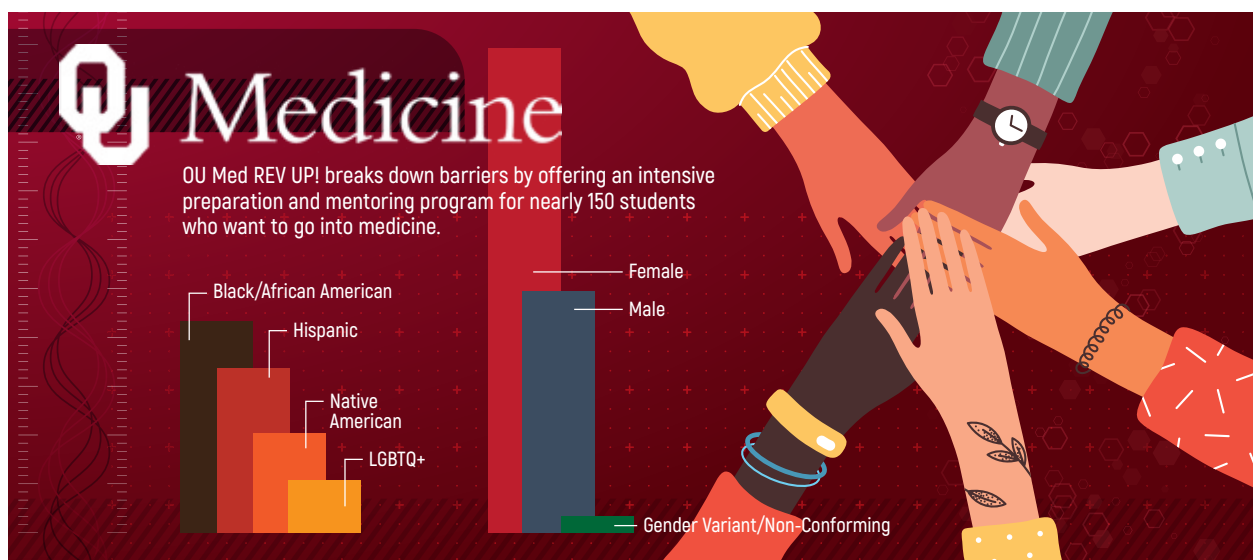
The OU College of Medicine has also joined the BNGAP initiative – Building the Next Generation of Academic Physicians – which aims to help diverse medical students and residents become aware of academic medicine as a career option, and to provide them with resources to explore that path. The college is also an inaugural member of the BNGAP National Center for Pre-Faculty Development, which provides a formal structure for that aim. Minority health-care providers are typically underrepresented in academic medicine, which translates to a lack of diversity among the faculty who are teaching the next generation of physicians. BNGAP aims to build a faculty pipeline, including mentorship and training materials, for those seeking a career in academia.

Our medical students themselves also play a leading role in building diversity and con-

fronting the inequities they see among patients. Students organize an annual conference called Bridges to Access, which addresses the systemic racial and socioeconomic issues affecting health. This year's conference focused on COVID-19, which has disproportionately affected Black and Indigenous people. Speakers talked about the effects of racialized stressors on health, redlining and health outcomes, implicit bias, the lack of sustainable jobs and affordable housing, and much more. Students not only gained an awareness of how these issues will be present in their exam rooms, but also learned how to advocate for solutions.

All of these initiatives provide hope that we can increase diversity in medicine and, ultimately, improve health outcomes for our patients.

According to the Association of American Medical Colleges (AAMC), the demand for physicians is increasing faster than the supply. In meeting that demand, it is imperative that we do so with diversity as a priority.



ABOUT THE COVER

Legislative Update

Courtesy of the Oklahoma State Medical Association





THE FIRST MAJOR DEADLINE OF THE SESSION OCCURRED THE LAST WEEK OF FEBRUARY AS MEASURES HAD TO BE OUT OF COMMITTEE IN THEIR RESPECTIVE HOUSE OF ORIGIN. SEVERAL “SHELL BILLS” PREVIOUSLY WITHOUT SUBSTANTIVE LANGUAGE HAVE BEEN AMENDED TO BECOME VIABLE PIECES OF LEGISLATION. THIS DEADLINE MADE A MAJOR IMPACT ON THE NUMBER OF BILLS UNDER CONSIDERATION. MEASURES WHICH WERE NOT HEARD IN COMMITTEE AND ARE NO LONGER UNDER CONSIDERATION HAVE BEEN REMOVED FROM THIS REPORT. THE LEGISLATURE WILL NOW FOCUS ON FLOOR ACTION. MARCH 11 IS THE NEXT MAJOR DEADLINE WHEREBY BILLS MUST BE HEARD ON THEIR RESPECTIVE FLOOR IN ORDER TO REMAIN ALIVE.

Continues on page 14 ...

LEGISLATIVE ISSUES IMPORTANT TO OSMA

SCOPE OF PRACTICE

- **HB 2009** (Townley) – Permits certain death certificates to be signed by advanced practice registered nurses. (Passed House Public Health; to Floor) **OSMA OPPOSES**
- **HB 2164** (Roe) – Allows psychologists to be considered as a class of physician (Passed House Public Health; to House Floor) **OSMA OPPOSES**
- **HB 2595** (Roberts, S) – Expands from 30 days to 60 days the time period allowing physical therapists to evaluate and treat a patient without a referral from a licensed health care practitioner. (Passed House Public Health; to House Floor) **OSMA OPPOSES**
- **SB 388** (Rosino) – Directs that home care eligibility for patients be certified and overseen by healthcare providers, including physicians, physician assistants, or registered nurses and makes such eligibility

and oversight retroactive. (Passed Senate Floor; to House Committee) **OSMA OPPOSES**

- **SB 516** (Montgomery) – Allows PA's to be supervised by an unlimited number of physicians (Passed Senate Health & Human Services; to Senate Floor) **OSMA OPPOSES**

GENERAL GOVERNMENT

- **HB 1888** (Williams) – Prohibits public bodies from conducting gender and sexual diversity training and counseling (Passed House General Government; to House Floor) **OSMA OPPOSES**
- **HB 1921** (Martinez) – Prohibits state agencies from relocating their employees or the duties of those employees to a location more than ten miles from their existing location without legislative approval (Passed House Rules; to House Floor) **OSMA SUPPORTS**
- **HB 2089** (McCall) – Provides for an income tax credit for rural doctors (Passed House Rules; to House Floor) **OSMA SUPPORTS**



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- **HB 2121** (McEntire/McCortney) – Relates to the Physician Manpower Training Commission by permitting general surgery physicians to serve on the Commission and requiring one seat on the Commission to be given to a nurse practitioner. (Passed House Public Health; to House Floor) **OSMA SUPPORTS**

- **HB 2504** (Kannady) – Adjusts the membership of city-county boards of health created in counties with populations in excess of 500,000 and makes the directors of such boards serve at the pleasure of the Commissioner of Health. (Passed House Judiciary; to House Floor) **OSMA OPPOSES**

- **SB 339** (Pederson) – Requires passengers aged 17 and under to wear properly adjusted seat belts or alternative passenger restraints while in motor vehicles, violations of such requirements to be admissible as evidence in civil actions. (Passed Senate Public Safety; to Senate Floor) **OSMA SUPPORTS**

- **SB 487** (Dahm) – Permits the Governor and leadership of the House and Senate to remove and replace their appointments, excluding those established by Constitutional provision, at any time and for any reason (Passed General Government) **OSMA OPPOSES**

- **SB 574** (McCortney/McEntire) – Creates the Oklahoma State Health Information Network and Exchange (OKSHINE), charged with creating and maintaining a digital platform for the sharing and exchanging health related information among healthcare system participants. (Passed Senate Health & Human Services; to Senate Floor) **OSMA SUPPORTS**

- **SB 724** (Dahm) – Removes reference to the Workers' Compensation Physician Advisory Committee (Passed Senate Judiciary; to Senate Floor) **OSMA OPPOSES**

Continues on page 16 ...



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- **SB 1031** (Treat/Echols) – Extends certain virtual meeting provisions established in response to the COVID-19 health emergency to until 30 days after the termination of the health emergency order (Signed into law by the Governor)
OSMA SUPPORTS

INSURANCE

- **HB 1006** (Bush/Pugh) – Creates the “Transparency in Health Care Prices Act” which requires health care providers and facilities to make prices for certain health care services publicly available (Passed House Public Health; to House Floor)
OSMA SUPPORTS
- **SB 550** (Newhouse) – Requires insurance providers to make certain notifications when clean claims are denied, and allows for the insured to appeal, if denied again the insurer must provide certain additional info, including contact info to speak to someone (Passed Senate Retirement & Insurance; to Senate Floor) **OSMA SUPPORTS**
- **SB 747** (Standridge) – Disallows certain insurance policy providers to discriminate against an insured or applicant for coverage based solely upon their vaccination or immunity status, or basing renewal rates or decreased coverage based upon the same (Passed Senate Retirement & Insurance; to Senate Floor) **OSMA OPPOSES**
- **SB 1027** (Pugh) – Includes certain MRI procedures related to breast cancer diagnosis in the requirements placed on certain insurance coverage (Passed Senate Retirement & Insurance; to Senate Floor)
OSMA SUPPORTS

LEGAL REFORM

- **SB 793** (Weaver) – Considers the assault and or battery of a respiratory therapist who is performing medical care duties as a felony offense (Passed Senate Public Safety; to Senate Floor)
OSMA SUPPORTS

PAIN MANAGEMENT/OPIOIDS/PHARMA

- **SB 57** (Rader) – Permits access to certain information contained in the central repository regarding controlled dangerous substances to the members of the Opioid Overdose Fatality Review Board (Passed Senate; to House Committee) **OSMA SUPPORTS**
- **SB 58** (Rader) – Permits a practitioner to electronically order a controlled dangerous substance when administered through a hospice program (Passed Senate; to House Committee) **OSMA SUPPORTS**
- **SB 92** (McCortney/McEntire) – Co-Pay Accumulator: Makes failing to include certain payments on behalf of enrollees when calculating total contributions towards out-of-pocket maximums an unfair claim settlement practice for pharmacy benefits providers (Passed Senate Retirement & Insurance; to Senate Floor) **OSMA SUPPORTS**
- **SB 241** (Thompson/Kannady) – Permits reporting of data related to controlled dangerous substances in Schedules II through V to the state by certain manufacturers to be in the same format used to report to the FDA (Passed Senate; to House Committee) **OSMA SUPPORTS**
- **SB 605** (Standridge/Echols) – Provides for liability protections to licensed health practitioners with prescribing authority who meet certain requirements when making opioid prescriptions (Passed Senate Health & Human Services; to Senate Floor) **OSMA SUPPORTS**
- **SB 610** (McCortney/Hilbert) – Creates the Opioid Settlement and Judgement Revolving Fund to be managed and invested by the State Treasurer, a portion of the fund to be available each year for appropriation by the Legislature into opioid abatement programs (Passed Senate A&B; to Senate Floor) **OSMA SUPPORTS**
- **SB 888** (Standridge/Echols) – Provides requirements for pain management clinic ownership and requires

Continues on page 18 ...



Accepting New Patients!

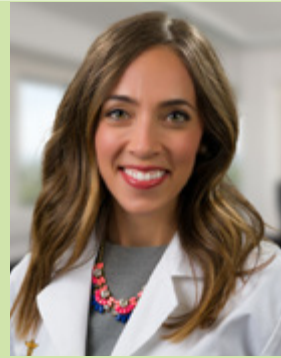
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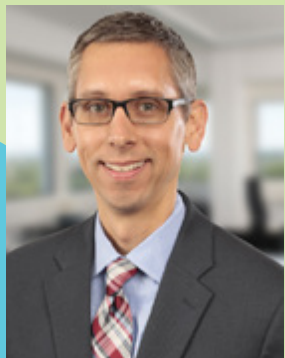
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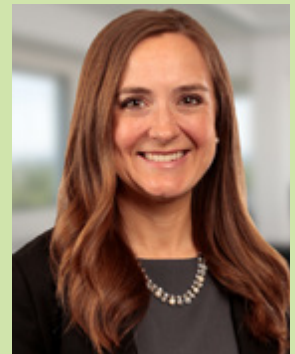
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registration with Board of Medical Licensure and Supervision under certain circumstances (Passed Senate Health & Human Services)
OSMA SUPPORTS

PUBLIC HEALTH

- **HB 2335** (Steagall) – Prohibits government entities from mandating vaccinations (Passed House Public Health; to House Floor) **OSMA OPPOSES**
- **HB 2381** (Sterling) – Requires school districts to conduct an annual fitness assessment for students in grades three through twelve within a course that satisfies the physical education program currently in statute. (Passed House A&B; to House Floor)
OSMA SUPPORTS
- **SB 658** (Dahm/West K.) – Requires the Dept. of Education and school districts to provide information on exemptions in any notice or publication regarding immunization requests and requirements (Passed Senate Education; to Senate Floor) **OSMA OPPOSES**

TELEHEALTH

- **SB 7** (Bergstrom/Humphrey) – Permits the use of telemedicine services for the assessment of persons possibly in need of mental health or substance abuse treatment who are taken into custody by law enforcement (Passed Senate; to House Committee)
OSMA SUPPORTS
- **SB 673** (McCortney/McEntire) – Creates the Oklahoma Telemedicine Act which expands definitions and standards for telemedicine within statute (Passed Senate Health & Human Services; to Senate Floor) **OSMA SUPPORTS**
- **SB 674** (McCortney/McEntire) – Requires health care plans to provide coverage for telemedicine and remote care services (Passed Senate Retirement & Insurance; to Senate Floor) **OSMA SUPPORTS**

WOMEN & CHILDREN

- **HB 1102** (Olsen) – Makes performing an abortion that is not deemed medically necessary to preserve the life or prevent irreversible impairment of a major bodily function of the woman, grounds for a physician to lose or have their license suspended (Passed House Public Health; to House Floor)
OSMA OPPOSES
- **SB 612** (Dahm) – Relates to abortion by imposing a fine or prison sentence on any person purposely performing an abortion except to save the life of the mother (Passed Senate Health & Human Services; to Senate Floor) **OSMA OPPOSES**
- **SB 779** (Daniels) – Creates the OK Abortion Inducing Drug Certification Program for physicians performing such services and requires them to report annually certain information regarding patients receiving abortions, also defines penalties for certain violations (Senate A&B)
OSMA OPPOSES
- **SB 918** (Treat) – Repeals sections of law relating to abortion, to be effective should the U.S. Supreme Court, or an amendment to the U.S. Constitution is adopted to overturn Roe v. Wade (Passed Senate Health & Human Services; to Senate Floor)
OSMA OPPOSES



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The Importance of

BY LARRY A. BOOKMAN, MD

Medicine can be better. It should be better. For our patients, for you and for all involved. We chose medicine to care for the infirmed, but much of our clinical day is spent struggling with insurance companies, worrying about liability concerns and drowning under ever increasing clerical duties.

Administrative tasks have become so burdensome that one study showed that 6 hours out of every 11-hour workday is spent at a computer keyboard, maintaining electronic health records. It took decades to turn us into data entry clerks, yet there was never any organized resistance from doctors or organized medicine. Similarly there was little resistance to the rise in HMOs and Medicare controlled payments which shifted the power from doctors to insurance companies and the government.

Ethically, we cannot abandon our patients to go on strike, while anti-trust laws hamstring our ability to effectively negotiate with payers. In October 1980, residents at San Francisco General Hospital went on “strike” for several days which ended only when the hospital agreed to end the nursing shortage.

In the past, it was not unusual for physicians to be members of their county medical society, specialty society, state medical association and the AMA. But these days those numbers are waning. In a 2016 survey, only 16% of physicians belonged to the AMA, where 75% belonged in the 1950s and ‘60s. The OSMA represents only about 20% of Oklahoma physicians and OCMS is slightly better at about 30%. When the practice of medicine seems to be changing almost daily, support for organized medicine seems to be dropping. This is a time when physicians and patients need help more than ever – and we know there is strength in numbers.

Ideally, physician membership in organized medicine would increase during these difficult times. A time when medicine is facing more intrusion by government regulations and restrictions. Yet we see physicians moving away from strength in numbers and allowing outlier physicians and other health care groups to have louder voices and thus more influence. This has been demonstrated quite clearly in our current fight over vaccinations, not just for COVID-19 but the rules and regulations allowing Oklahomans to opt out of school vaccinations without adequate counseling.

Many young physicians may not even know about their options to join organizations such as the AMA, OSMA and OCMS. They may not know what their goals, mission and achievements are. That is where each of you becomes an important messenger. You must be a voice for yourself, your peers and most importantly, your patients. Organized medicine must show relevance to all physicians but must reach out and communicate to young physicians and students in ways they understand, such as social media.

You have heard what the OSMA lobbying team is doing for the House of Medicine. Legislators don’t know or understand much about medicine, but physicians do! Physicians have clout when we talk to our legislators. We can make them understand in simple terms, the most complex issues in healthcare – and they will listen. Especially if large numbers call and talk to them. I have

Organized Medicine

spent significant time at our state and federal capitals. A state senator told me if they receive two phone calls on an issue, they will have their office review it. If they receive three calls, they will review it themselves and if they receive five or more calls, they not only review it, but likely vote the way the callers support. If we as physicians don't talk to them about health care, where do you think they will get their information? From biased people or outspoken fringe groups who could give them some very bad information.

Organized medicine should be more than a trade guild centered on the finances and income of doctors. It should promote the **interest and well-being of patients**. It must be outspoken on the costs of insurance and prescription drugs as well as patient access to healthcare including mental health.

While organized medicine advocates for you, it also has other benefits. Being involved teaches you how the system works. We are doing a disservice to ourselves, our patients and our colleagues to simply sit on the sidelines and be a passive observer.

Organized medicine also helps to keep you informed on what is happening and what the future may hold. It filters out the unimportant information while keeping you abreast of important topics through CME conferences, written material and social media. Locally, OSMA has held numerous virtual meetings on proper prescribing and the new opioid rules. It holds regular virtual seminars on COVID-19 and now the rollout of the vaccines. It has held news conferences and calls for the use of masks. This is all done in your name to improve the health of all Oklahomans.

Despite advances in technology, we are in a time of severe austerity and we must fight to preserve funding for clinical care, for medical education and research and for public health initiatives. These can be supported by simply calling your legislator or congressperson. Giving to OMPAC, the OSMA political action committee, or even

better, by sharing the value of OCMS and OSMA and taking an active part in its mission. We have friends in politics, but we also have those who view us as the problem.

In 2018, when the American College of Physicians wrote a position paper on gun violence, the NRA responded by saying in a tweet "someone should tell those self-important anti-gun doctors to stay in their own lane." This provoked an unprecedented response from physicians across the country.

But we should not always be reactionary. Organized medicine can be a powerful force. Look at some of the things it has accomplished:

- *In New York, it achieved a ban on smoking in bars and restaurants*
- *In Massachusetts, the state medical association encouraged Medicaid to cover medications to prevent preterm labor*

And in Oklahoma, we have been responsible for:

- The Oklahoma Blood Institute (OCMS)
- Trauma Rotation Subcommittee (OCMS)
- Healthy Schools Oklahoma (OCMS)
- The Health Alliance for the Uninsured (OCMS)
- The Oklahoma Health Professionals Program (OSMA)
- Physician Wellness Program (OCMS)

These are just some of what has been accomplished by organized medicine and the power of the doctors in advocating for better health for Oklahoma.

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 with our patients, one encounter at a time. For those purposes and in these times, an organization of all doctors is necessary. Organized medicine will determine the future of how you practice. Being a part of organized medicine will determine whether you and your colleagues have a voice in that future.



Poem

Progress and pollution mate
Let them not decide our fate
Let our joy come quench our thirst
Let our Planet Earth come first
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HANNA A. SAADAH, MD



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IN MEMORY

John Blaschke, MD

August 29, 1920 – November 28, 2020



We mourn the loss of our friend and colleague, John Blaschke, M.D. He was born in Hastings, Nebraska on August 29, 1920, and passed away November 28, 2020 in Oklahoma City.

After graduating from the University of Oklahoma in 1942 he served his country in the Navy, flying an SC-1 Seahawk Scout seaplane. He then entered the University of Oklahoma College of Medicine, graduating in 1950. After interning at Letterman Army Hospital, he practiced in Dalhart, Texas, until 1956. Subsequently he practiced Rheumatology at McBride Clinic/Bone and Joint Hospital until his retirement in 1980. John Blaschke was president of the Oklahoma County Medical Society and was instrumental in the establishment of EMSA. He also served in a free clinic in the Paseo District.

Together with his wife, Ruth, they were foster parents for hundreds of children. He was active in driving to Crown Heights to teach his Sunday school class until he was 98. He also did a stint delivering Meals on Wheels. He kept up with medicine by weekly reading JAMA and The NEJM weekly.

Dr. John Blaschke will be missed.



ALPHABET VIRTUES

(The Maid)

HANNA A. SAADAH, MD

“Instead of a slave trade, we now have a maid trade,” I protested.

“Don’t be an American fool. Tryba took good care of your mother.”

“But my mother has died and Tryba needs to return home to her people.”

“She has been your mother’s maid for forty years. She has become one of us and we have become her people. Remember Ruth?”

“Who’s Ruth?”

“‘Entreat me not to leave thee ... for whither thou goest, I will go ... thy people shall be my people ...’
quoth Ruth to Naomi.”

“That’s a 3,500-year-old, out-of-context quote. Ruth of Moab, after her husband died, wanted to leave her homeland behind and return with her mother-in-law to Judah. Tryba has never married, has no mother-in-law, and does need to return to her own homeland.”

“Tryba does not want to return to her homeland. She can stay with us and take care of your Lebanese house while you take care of your American patients. You can afford \$350 per month.”



This conversation with my 88-year-old aunt took place in 2016 in my Lebanese hometown, Amioun, just a week after we had buried my centenarian mother. After my mother’s death, my aunt became the matriarch of our family, the oldest living member of my parents’ generation, and the only one who still clung indelibly to the ethos and pathos of that era.

However, having lived 45 years in America, my own pathos and ethos had migrated from East to

West, from emotional to practical, and from communal to individual.

“I need to have a conversation with Tryba,” I countered.

“Go ahead; tell her that after forty years of service to your mother, you are going to evict her, deport her, repatriate her to a land she left at the age twenty-five, a land that only lives in her memory.”

“But she’s still in contact with her family and friends and they would love to have her back. She will return with all her saved money and would forge a new life among her people. Here she will age alone whereas if she ages among her people, they will take good care of her.”

“Take good care of her? I hate to disappoint you, doctor. She no longer has family because they have all died. Her aging, schoolteacher friends are the only ones she occasionally calls. How can you be sure she would be able to find people to take good care of her?”

“Because she would be able to pay for good care. In Ruracolit, she would be a woman of means with forty years of savings, all in dollars.”

“Why don’t you come back then and forge a new life among us? Your forty-five-years-of-savings are also in dollars and you too would be able to pay for good care here.”



Tryba came to us from an aboriginal community in Ruracolit, a country in the Central Drylands that has little food or work to offer. Young aboriginal women were contracted to work as live-in maids in Lebanese homes. Some were well treated and became members of the families they served. Others were

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abused in every imaginable way, their passports were confiscated, and under the yoke of their housemistresses, endured Sisyphean labors.

Had Tryba remained in Ruracolit, her monthly teacher's salary would have been about \$50 whereas my mother paid her \$350 per month and also took care of all her expenses. That was a contract Tryba could not afford to forfeit.

Returning home that evening with dissonant opinions vying for my favor, Tryba met me at the door with melancholy smile, for she still was grieving the death of her mistress and companion, my mother.

"I have dinner ready, Sir," she intoned, pointing to the dining room.

"Good; I'm hungry. How about you?"

"I've been waiting for you."

"It must feel different to have dinner with me instead of my mother."

"In Ruracolit, we celebrate the dead by sharing life with their progeny. Dining with you, sir, would assuage my grief."

When Tryba pronounced the word grief, her countenance glowed with joy. This emotional counterpoint summoned a bemused expression to my face. While still gazing at her gleaming visage, I recalled my mother's words, "Tryba never loses her joy no matter what happens."



At dinner, I asked Tryba if she misses Ruracolit.

"No, sir, I don't," she affirmed with a resigned sigh. "I no longer belong to Ruracolit. Forty years of absence have changed me. I have no children, my parents have died, my relatives would not recognize me, my students are all grown and gone, and the schoolteachers who taught with me have died or retired. No one is waiting for me in Ruracolit."

"How would you occupy yourself here, now that my mother is gone?"

"I would take care of yours and your aunt's houses and help your aging aunt with her chores. I can be her companion just like I was your mother's."



I slept with thorns that night and when I awakened, Tryba had breakfast ready.

"Oh, you must have forgotten," I teased.

"Forgotten what, sir?"

"Forgotten that I don't eat breakfast."

"Oh, no. I do remember how you used to sip on coffee while your mother ate."

"So why did you prepare breakfast then?"

"Because it's easier to talk while we eat."

"Talk about what?"

"Talk about my situation. I know you prefer that I return to Ruracolit. Your aunt and I have talked ..."

"I have changed my mind, Tryba."

"You mean you'd like me to stay?"

"Yes. This house would never be the same without you."

"That makes me very happy, sir. But, now that your mother is gone, would you still visit us once a year?"

"Of course, dear. Parts of my heart still live here."

"Which parts?"

"Those deep, invisible parts, which sustain me."

"What parts do you mean, sir?"

"My seventy-year-old roots."

Tryba's eyes beamed like distant lights in a soft night and her lips quivered with unsaid words as she attempted to respond but couldn't. I took a bite of my manoushi (thyme pizza) and waited until her face cleared its blush.

"Then I shall wait for you, sir, just like your mother used to wait for you. All year she would count the months, then the weeks, then the days, then the hours, and then the minutes. Your yearly visits kept her alive. She lit a candle for you every morning and, on her knees, prayed for your return. She loved seeing you live in the house she built for you. What for you was a vacation, to her was a pilgrimage."



The week before I returned to the U.S., Tryba and I had several dinners.

"Tryba," I quipped. "What is your opinion of the Lebanese?"

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“In Ruracolit, we are taught from childhood not to form strong opinions about other people.”

“But why? Forming opinions is a natural thing.”

“That’s exactly why. Forming strong opinions is also the most dangerous thing that we can do. It leads us to judge with hubris, and hubris, sir, deludes us to think that we are the better ones when we are not. Strong opinions separate us into feuding groups, spark conflicts, incite violence, stifle goodwill, and take away our peace of mind. They make us look down on, dislike, or even hate those who look or think differently.”

“Did you learn all that in school?” I asked, unable to hide my astonishment.

“Ruracolit’s children are taught to beware of their minds because minds often mislead with strong opinions.”

“Since opinions are but the expressions of beliefs, were you also taught to beware of beliefs?”

“We were taught that beliefs are very grave matters, and we were cautioned not to believe anything without careful consideration, which included collecting evidence against our beliefs. Then we are supposed to discuss the pros and cons with our families, friends, teachers, and elders, and be ready to change our mindsets when evidence changes.”

Tryba stunned me with her primal insights. I knew that she had taught school, but I still wanted to make sure that her advanced ideas were also her people’s ideas.

“Tryba,” I asked. “Have you ever heard of the nineteenth century romantic poet, John Keats?”

“We have poets in Ruracolit, but I am not familiar with Keats.”

“As a very young man, John Keats said, ‘The only means of strengthening one’s intelligence is to make up one’s mind about nothing – to let the mind be a thoroughfare for all thoughts.’”

“Had John Keats ever visited Ruracolit?”

“I know he hadn’t.”

“How come he thinks like he’s one of us?”

“Because romantic poets judge life with love.”

“That’s the first commandment they teach us in Ruracolit. ‘Let love of others be the judge of your opinions about others.’”

Then, venturing into the philosophy of enlightenment, I asked Tryba if she had heard of the philosopher, Emmanuel Kant.

“Emmanuel? That’s in the Bible, no?”

“He’s a German philosopher.”

“We did not study philosophy in school.”

“Your culture, which is more than three thousand years older than Emmanuel Kant, predates what this great philosopher said.”

“What did this great Emmanuel say?”

“He said, ‘Dare to know. Have the courage to use your own understanding. That’s the enlightenment’s motto.’”



My conversations with Tryba grew and I began looking forward to our dinners together. Her native wisdom was refreshing in a world where hate grows like wildfires.

“What else were you taught in school?” I asked the next day.

“We were taught that when our minds generate negative thoughts, we were not to believe our thoughts because most negative thoughts have negative consequences.”

“And how about positive thoughts?”

“We were taught to only believe the positive thoughts that come to us from Love’s Seven Commandments, not the positive thoughts that come to us from desperate desires because desires can lead us astray.”

“And what are Love’s Seven Commandments?”

“Let love of others be the judge of your opinions about others. Always espouse an attitude of gratitude. Insist on joy. Find beauty in life. Care for earth as you would your own home. Protect earth’s creatures as you would your own children. Enjoy nature’s escort from birth till death.”

“Did you teach these commandments in school?”

“Oh, no. These commandments were only taught at home. In school, we taught the *Alphabet Virtues*.”

I did not try to hide the confused expression that overtook my face when I heard Tryba, with a sparkling smile, pronounce the words *Alphabet Virtues*.

Unwittingly, I suspended my loaded fork in midair, then, putting it back on my plate, I asked, “What on earth are *Alphabet Virtues*?”

Tryba grinned, took in a deep breath, and with the fluency of a child, proudly recited the *Alphabet Virtues*:

“Be – artistic, beautiful, cheerful, diligent, empathetic, forgiving, generous, healthy, industrious, just, kind, loving, moderate, natural, orderly, peaceful, quiet, respectful, simple, thankful, understanding, valiant, worthy, xenophilic, youthful, and zealous.”

Intrigued, I asked, “How could you remember all that?”

“I follow the alphabetical order. All virtues are adjectives, and all adjectives must begin with a letter. This ancient tradition of Ruracolit, memorized by all school children, is perpetually modernized as new virtues are added onto the already used letters.”

“Please tell me more.”

“For example – C also represents: clean, contented, creative, compassionate, courteous, courageous, calm, competent, and circumspect. E: ethical, enlightened. F: friendly, free. G: gentle, good. H: humble, honest. I: inquisitive, imaginative. J: joyful. K: knowledgeable. L: loyal. M: merciful, meek. O: open-minded. P: powerful, patient. R: reflective, realistic, responsible. S: studious, skeptical, sensitive. T: tolerant, thoughtful, tactful. W: wise. And on and on, the list grows and grows.

“Year after year, until they graduate, our students delve deeper and deeper, into this growing procession of Alphabet Virtues. They compete in analyzing the virtues and in discovering new ones. In the last class, which I taught forty years ago, one of my graduating

students discovered a new virtue, which he called ‘borderless.’ He explained that virtues know no borders because they are universal. True virtues unite people rather than separate them and being borderless should be the measure of all true virtues.

“The year before, one of my junior students came up with a new virtue, which he called “brainy.” He elaborated that being brainy implies not blaming those who behave badly because they are obeying their badly developed brains. In fact, witnessing bad behavior should remind us to be grateful for having been spared badly behaving brains and should help us feel more empathy for those who have been saddled with badly behaving brains and are thus destined to endure the consequences a life marred by bad behavior.

“One of our older teachers, noting that our students were vigorously competing at becoming exceptional, conceived a new virtue, which he hoped would temper their unhealthy competition. Be ordinary, he taught. Ordinary folks are the blood and breath of society, its measure of joy, its future, and its destiny.”

That night, I reflected on our Bible’s Ten Commandments. Only the third and fourth commandments are positive: “Thou shalt keep the Sabbath Day holy. Thou shalt honor father and mother.” The other eight are thou-shalt-not admonitions and none of them teach us how to live. On the other hand, Tryba’s alphabet teaches virtues to school children, providing them with profound insights on how to live peaceful, meaningful lives.



The more I got to know Tryba, the more intrigued I became at her all-encompassing compassion and countless cultural virtues. I had never asked her about her religion because she seemed to observe our Christian Orthodox rites, accompanied my mother to church on Sundays, and celebrated our religious Holy days as if they were her own.

At our last dinner, she was most eager to serve me my favorite meal, Mujaddara (a lentil and rice dish)

Continues on page 30...

and Hindbi (cooked dandelion greens). I was hesitant about broaching the religion topic until she introduced my favorite meal with this remark.

“With blood-stained hands we eat meat, but with unstained hands we eat plants.”

“Are you vegetarian?” I ventured.

“It’s part of our religion. We sanctify sentient life.”

“Tell me more about your religion.”

“We are Earthans. We believe that God created the vast universe and granted us this very minute Earth to live on. As temporary tenants, we must live with gratitude on God’s little Earth, keep it tidy, clean, unpolluted, and never desecrate it by killing.”

“How do you worship?”

“We celebrate God’s gift by singing, dancing, exercising, loving each other, finding beauty in nature, promoting the arts, working hard, and staying joyful regardless of circumstances because our virtues leave us no room for sad or bad feelings.”

“How can you choose to stay with us when you have such a rich, righteous culture back home.”

“Because, unlike you, my culture lives in my heart and goes with me wherever I go.”



On my way back to Oklahoma, I had enough flying time to reflect on Tryba’s cultural wisdom, inveterate joy, and poignant teachings. One after one, modern sayings, which upheld Ruracolit’s ancient worldview, scrolled across my mental screen.

“It’s a very ancient saying; but a true and honest thought; that if you become a teacher; by your pupils you’ll be taught,” said Anna in Roger & Hammerstein’s *The King and I*.

Teaching universal human virtues to impressionable school children is one good way to integrate all human societies into one, globally responsible network. Teaching universal virtues encourages international cooperation and peace because, as Tryba instructed, human virtues are borderless and wield a uniting rather than a dividing influence.

“A teacher affects eternity; he can never tell where his influence stops,” said Henry Adams.

Global pollution occurs at five fronts – air, water, land, cyber space, and mental space. Having the freedom to transmit divisive ideas electronically pollutes the collective mental space, whereas teaching universal virtues unites and enlightens humanity.

“A great many people think they are thinking when they are merely rearranging their prejudices,” said William James.

We can only think with what we think we know. And what we think we know is what feeds our biases and formats our opinions. If we could, instead, think with our universal virtues, we could nurture universal values, which would transform us from self-centered, border-bound societies to open-minded, borderless societies that share collective responsibility for planetary health and peace.

“No man is an island entire of itself; every man is a piece of the continent, a part of the main ... Any man’s death diminishes me, because I am involved in mankind. And therefore, never send to know for whom the bell tolls; it tolls for thee,” said John Donne.

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