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THE BULLETIN

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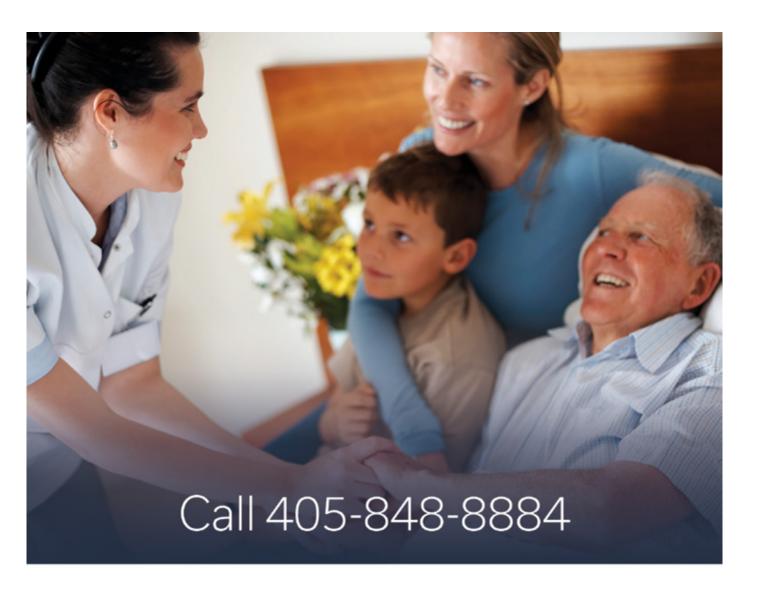


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Basel S. Hassoun, MD

President's Page

Basel S. Hassoun, MD

Delta Variant: Not Your Grandfather's COVID-19

THE DELTA VARIANT IS NOT YOUR GRANDFATHER'S COVID-19. KEEPING OKLAHOMANS SAFE FROM COVID-19 AND ITS VARIANT, DELTA, HAS BECOME A MEDICAL, SOCIAL, AND POLITICAL CHALLENGE AS A PHYSICIAN. SPIKES IN COVID-19 CASES HAVE RIPPED THROUGH THE MIDWEST IN RECENT WEEKS. ICU BEDS ARE REACHING CAPACITY WITH COVID-19 CASES, PUTTING PATIENTS WITH OTHER ILLNESSES AND FRONT-LINE WORKERS AT RISK. THEREFORE, IT IS IMPERATIVE TO EDUCATE THE PUBLIC IN OKLAHOMA ABOUT HOW TO STAY SAFE.

s physicians, our expertise and authority should matter most, yet in the eyes of many, a pandemic is a political issue and not a medical one. Politicians are not scientists and we are not politicians. It is our job to present the medical facts. Dr. Google didn't go to medical school, but he does tell you what you want to hear. We need to send a clear message to Oklahomans that COVID-19 is a

health issue based on facts, not a political issue based on party affiliations.

The Delta variant is a new, more contagious variant of coronavirus – we all know that. What is interesting is that it is affecting a younger population. The American Academy of Pediatrics reported an 84% increase in COVID cases among children in the US during the last week of July 2021. The Delta variant presents a new challenge to the physicians and nursing staff who have now had a chance to fully recover from last year's pandemic. A record number of children are being hospitalized around the country.

Vaccinated or not, masks need to be used in order to stop the spread of the virus. It is a myth that vaccinated people do not need to wear masks. Variants change and may become resistant to vaccines. This was the reason behind the latest CDC recommendation to have a third booster shot for the immunocompromised and soon to everyone. As the virus spreads, it has new opportunities to change and becomes more difficult to stop. Some variants emerge and go away, while other variants persist. "Multiple variants of COVID-19 have emerged in the United States. At this point, the original variant that caused the initial COVID-19 cases in January 2020 is no longer circulating as newer variants have increased." — CDC

Being vaccinated greatly reduces your chance of catching or spreading COVID, but it doesn't eliminate it completely. If you are infected with the coronavirus and don't know it, a mask helps protect others. If you haven't received a vaccine, a mask can help prevent other respiratory illnesses as well. This is the type of logical, scientific evidence we need to be sharing with those around us.

I encourage you to start conversations about the COVID-19 Delta variant with those in your community, your patients, your neighbors – anyone who will listen. We need to sound the alarm that the Delta variant is a new, unpredictable, and highly contagious variant that is different from the COVID we know.

I implore each and every one of you to contact the most influential Oklahomans and share your concerns with Governor Stitt as well as your elected state representative. As physicians, we should all be inclined by the weight of our knowledge and the history of our experiences to request that Governor Stitt (see contact information below) implement a mask mandate in Oklahoma effective immediately. We have a responsibility to Oklahomans to keep them healthy and safe. Please join the campaign to mandate masks, in compliance with what science is telling us, to make an enormous difference beyond the bounds of the hospital walls.

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Medical-Legal Partnership: Interrelationship of Doctors and Lawyers

COMPILED BY

Shafeek Sandy Sanbar, MD, PhD, JD, FCLM*

Doctors, lawyers and judges are highly-educated and thoughtful professionals who serve and make decisions about people. This article on Medical-Legal Partnership (MLP) demonstrates how doctors and lawyers are interdependent and can work together to effectuate a positive medical and societal outcome for some patients. Most physicians have no experience in coordinating patient care with a lawyer because MLPs are relatively new and scarce in the U.S.

Origin of MLP

In 1993, pediatric asthma patients were returning repeatedly to the Boston Medical Center (BMC) hospital; they were not responding to medical treatments. The BMC healthcare team traced the problem back to moldy apartments, where the landlords had refused to comply with sanitary codes. The BMC doctors sought the assistance of attorneys to take on the negligent landlords. They reached out to Greater Boston Legal Services for assistance. That doctor-lawyer 'association' helped children overcome recurrent asthmatic attacks due to moldy apartments, and led to the formation of the first MLP in the U.S.

By 1998, about 75 MLPs were established. And by 2021, 450 health organizations had established MLPs in 49 states and the District of Columbia; South Dakota has no MLP. Oklahoma has 7. The current MLPs include 163 HRSA-funded health centers, 37 children's hospitals, 29 VA medical centers, and an increasing number of institutions that serve the elderly. MLPs integrate the unique expertise of lawyers into healthcare settings to help physicians, case managers,

and social workers address structural societal problems at the root of so many health inequities. Some cases are resolved by judges.

Structure of MLP

MLPs embed "lawyers in residence" as specialists in healthcare settings. It is a doctor-lawyer model comprising medical and legal professionals who cooperatively on-site in the healthcare setting. A formal agreement is signed between the health and legal organizations. The lawyers are available to consult with clinical and non-clinical staff about system and policy barriers to care. Lawyers help with many complex health-harming social problems which are entrenched in federal, state, and local policies and laws that require expertise in poverty law, administrative law and other.

MLPs establish formal processes to screen patients' health-related social and legal needs, share data between health care and legal partners, communicate about patient-clients, and jointly set service and evaluate priorities that reflect their shared mission.

National Center for Medical-Legal Partnership (NCMLP)

In 2006, the W.K. Kellogg Foundation provided funds to launch the NCMLP, which was initially housed at the Boston Medical Center. In 2013, the NCMLP was moved to the Milken Institute School of Public Health at the George Washington University, in Washington, DC. Its main objectives are:

1. Transform the focus of healthcare and civil legal aid practice from people to populations;

- 2. Build and inform the evidence base to support the medical-legal partnership approach; and
- Redefine inter-professional education with an emphasis on training healthcare, public health and legal professionals together.

State Example

Texas has 10 MLPs. In Austin, a family physician at People's Community Clinic, a federally qualified health center (FQHC), saw an elderly patient with low income, and chronic pain. The patient needed to see a rheumatologist and physical therapy, but was struggling to pay rent, had no insurance and no disability coverage.³ The doctor referred the patient to an in-house lawyer who successfully appealed the denial of disability insurance. The patient got a significant income, was able to pay her rent, then got insurance through Medicaid and Medicare, and finally was able to see the rheumatologist and the physical therapist.

The People's Community Clinic MLP has three lawyers contracted to provide full-time legal care. Each lawyer sits in on patient conferences with the entire health care team made up of physicians, nurses, social workers and others. The lawyer is a member of the health team. The doctor has an opportunity to have the patient's needs met, and has a good communication with the lawyer who is trusted in the clinic.

Formation of an MLP

When at least one medical entity creates a formal relationship with at least one legal entity in an effort to improve healthcare, that creates an MLP.

Continues on page 12 ...

Law and Medicine

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



LAW AND MEDICINE Continued from page 11 ...

- The lawyer may be a full-time staff member who works directly with physicians on behalf of low-income patients.
- However, the doctor-lawyer relationship is usually looser. The lawyer may often help the doctor on part-time basis, or at times volunteer.

The lawyers may help in a variety of ways, such as preserving health insurance, fighting the denial of prior authorizations, drafting wills, guardianship, education, immigration, transportation and housing. The physicians and patients trust that the lawyer who is helping the patients and having an impact on their daily lives and their health. Judges are also involved in making decisions and signing orders.

Texas Children's Hospital in Houston partners with the Houston Volunteer Lawyers, a nonprofit organization, to provide one full-time and one part-time lawyer to help screen patients with legal needs. The lawyers handle some cases directly, but most of the work is handed off to area lawyers working *pro bono*.

Interdependence of Doctors and Lawyers

Lawyers and physicians should get used to working together. The legal system is adversarial, but the lawyers and judges are not. MLP lawyers are dedicated professionals that help low-income families who would not be able to afford to hire a lawyer on their own. The legal professionals can also be helpful in training some doctors and other members of the healthcare team. They allow medical practices to go a step further by addressing social determinants and influencing public policy.

In most MLPs, patient care comes first, and physicians have the final say. The physician makes a referral through the patient's electronic medical record, if legal services are deemed necessary.⁴

MACRA - Screening for Health-Harming Legal Needs

The MLP lawyer's services that screen for legal needs are part of quality healthcare. This ensures that the legal services are recognized and reimbursable activity for healthcare providers. In the Rule for the 2018 performance year of the Quality Payment Program,⁵ established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), the Centers for Medicare & Medicaid Services included as a recognized Improvement Activity (IA) under Medicare's Merit-based Incentive Payment System. Eligible clinicians who screen patients for legal needs will receive credit in the IA category, which could potentially lead to an increased Medicare reimbursement rate.⁶

- ¹ https://medical-legalpartnership.org/
- ² https://publichealth.gwu.edu/
- ³ https://www.austinpcc.org/the-doctor-and-lawyer-will-see-you-now/
- ⁴ Tex Med. 2019;115(10):36-38
- Federal Register :: Medicare Program; CY 2018Updates to the Quality Payment Program
- ⁶ https://medical-legalpartnership.org/mlp-resources/ quality-payment-program-primer/

Law and Medicine





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It's Simple: Vaceinate,

By Kevin R. Moore, MD

Texas and Florida pediatric hospitals are quickly filling up their ICU beds with COVID patients. Many of them are dying.

was asked to write an article on my perspective of the COVID 19 pandemic. As a pediatrician, I have not seen the numbers of COVID-19 infections as my internal medicine and hospitalist colleagues have, however with the Delta variant that is changing. The definition of herd immunity is "the resistance to the spread of a contagious disease within a population that results if a sufficiently high proportion of individuals are immune to the disease, especially through vaccination." The level of vaccination needed to achieve herd immunity varies by disease, but ranges from 83 to 94%. The family of corona viruses have been around forever. Scientists have always felt it would be a good candidate for being the cause of a pandemic. Scientists have been working on mRNA vaccines for years. So thinking that the vaccine was "rushed" is really not true. By worldwide collaboration and the

sharing of data, these vaccines were made and produced using the same quality of standards as all previously manufactured vaccines. They went through the same clinical trials as any other vaccine and have been found to be very safe and very effective against COVID-19. They are safe and effective for pregnant and breastfeeding women. An unvaccinated pregnant woman is much more likely to get seriously ill with COVID and require hospitalization and ventilation than a vaccinated woman. Over 100,000 pregnant women have received the vaccine and there

Vaccinate, Vaccinate

have been no neonatal concerns or complications. There is absolutely no evidence that they will cause fertility problems in women or men. So, in short, the best defense against COVID-19 is to get vaccinated.

As of mid-August, 3.6 million doses of vaccine had been administered to Oklahomans. 1.98 million (50.2%) have had one dose and 1.63 million (41.3%) are fully vaccinated. Compared to our surrounding states, that is next to last. Even Texas has had 45% of its population fully vaccinated; New Mexico leads with 58.1% of its population fully vaccinated and Arkansas is at the bottom with 38.2%. Oklahoma ranks 25th in the total number of reported COVID-19 cases, and we are 26th in the total number of COVID deaths. We ranks 24th in the total number of reported COVID-19 cases in the past 7 days as of August 16. This is data from the Oklahoma State Health Department.

From my personal observations, masking and distancing, was highly effective. I am a member of a very busy pediatric practice in Oklahoma City. We have 7 physicians and 1 clinician in our group. From December 2020 until May 2021 we did not see a single case of influenza or RSV. That is

unheard of. By masking and following guidelines, these typical winter infections were pushed forward to spring and summer. We have had an unprecedented epidemic of RSV during the past two months, primarily because rules were relaxed, masks were discarded, get-togethers were planned. Pediatric hospitals have been packed with RSV patients, many requiring ICU care and ventilators and many deaths.

When this pandemic began, with very few children getting ill, it was felt that they were pos-

Continues on page 16 ...



sibly immune and only the elderly were susceptible. When we had a parent come in and say that they had had COVID, few other family members were getting ill. There seemed to be a very low transmission to the children in the family. The Delta variant has changed that. It is more highly contagious and children have been shown to be spreaders of the variant at much higher numbers. Now we are seeing children come in, many of them symptomatic, and now every child in the household is positive. They are now spreading the infection to others. The big kicker to all this is that school has started. In Oklahoma, but especially in Texas and Florida, the governors of these states have made it illegal to require masks in schools. Most of my parents are terrified about their younger children with good cause. Right now, only children 12 and above have been eligible for the vaccine. Hopefully, within the next few weeks, emergency authorization will be given to children 5-12. But that may be too late for many children. Texas and Florida pediatric hospitals are quickly filling up their ICU beds with COVID patients. Many of them are dying. By simply masking, distancing, and following simple rules, many of these hospitalizations and deaths could have been prevented. I feel these governors and legislatures are largely responsible for these situations and the current surge of the delta variant.

The mental health of my patients has been severely affected. I rarely dealt with severe depression and anxiety. Now I am dealing with it daily. Child psychologists and psychiatrists have been overrun with new patients. The wait time to get in to see these specialists has dramatically increased. I have written for more prescriptions of anxiety medications in the past six months than I can ever remember. We were already dealing with childhood obesity. Now it's a pandemic.

I would say that at least 75% of my kids from age 8-18 have gained 2-3 times the amount of weight they should have gained over the past 1-2 years. They are sitting at home, doing online school, drinking soda, and snacking on junk food. Due to the pandemic, they stopped all their sports and activities. Therefore, they are gaining much more weight than they should.

We will be dealing with COVID-19 and all of its fallout for a very long time. The only way we are going to get past this is to get vaccinated. Until 90% of all Americans, from 6 months to age 100+, are fully vaccinated it will continue, and variants will continue to ravage our population and healthcare systems. Charles Darwin said, "It is not the strongest of species, or the most intelligent that survives, it is the one that is most adaptable to change." That is what coronavirus and its variants are doing. Currently, 95% of those hospitalized and dying of COVID-19 are the unvaccinated. We are seeing natural selection in real time. The actress Helen Mirren said, "Before you argue with someone, ask yourself, is that person even mentally mature enough to grasp the concept of a different perspective. Because if not, there is absolutely no point." I have spent a countless amount of time trying to convince parents that the vaccines are safe. Begging them to get their teens vaccinated. If they are of a certain persuasion, or it seems, political party, there is just no way to convince them. We as physicians have got to take back control of medicine from the political game it has become. The news sources that are constantly sending out false information about the vaccines and COVID-19 have got to be stopped. Until we do, hundreds of thousands of more Americans, both young and old, will become ill and possibly die. Vaccinate, vaccinate, vaccinate.





About the Cover



ast year's pandemic was a challenge for everyone, but Oklahoma City Ballet will come back with a bang for a season-long celebration of the company's golden anniversary.

"Oklahoma City Ballet has roots going back to 1963, but it was not until 1971 that we were presenting full seasons like we do now. We have so much to celebrate this year and we also want to honor Miguel Terekhov and Yvonne Chouteau, who started the organization," said Whitney Cross Moore, Director of Development and Communications for Oklahoma City Ballet.

Chouteau is one of the "Five Moons," a term used to describe five Native American prima ballerinas who rose to international acclaim during the 20th century. The Five Moons are honored in the Oklahoma State Capitol and include Yvonne Chouteau (Shawnee Tribe), Rosella Hightower (Choctaw Nation), Moscelyne Larkin (Shawnee-Peoria Tribe), and sisters Maria Tallchief and Marjorie Tallchief (Osage Nation).

"People don't realize what a big deal the Five Moons were in the international ballet world during the mid-20th century," added Robert Mills, Artistic Director of Oklahoma City Ballet. "We have an incredible legacy here in Oklahoma City and throughout our state due to these remarkable women."

Chouteau's legacy continues with The Yvonne Chouteau School, which is the official school of Oklahoma City Ballet. Classes are offered for dancers ages 3 to 93.

The 50th Anniversary season will be celebrated through six amazing productions, ongoing dance training, and free community programs for both children and adults. On April 2, 2022, Oklahoma City Ballet will celebrate this milestone at their biggest annual fundraiser, the Ballet Ball. The organization also wants to use this opportunity to reengage dancers, staff, and board members from the last 50 years.

The 50th Anniversary season is titled "We are Golden." The six productions include:

Continues on page 18 ...

HOTOGRAPH BY SHEVAUN WILLIAMS

Learn more at www.okcballet.org.

Are you a former dancer, staff or board member who wants to reengage?

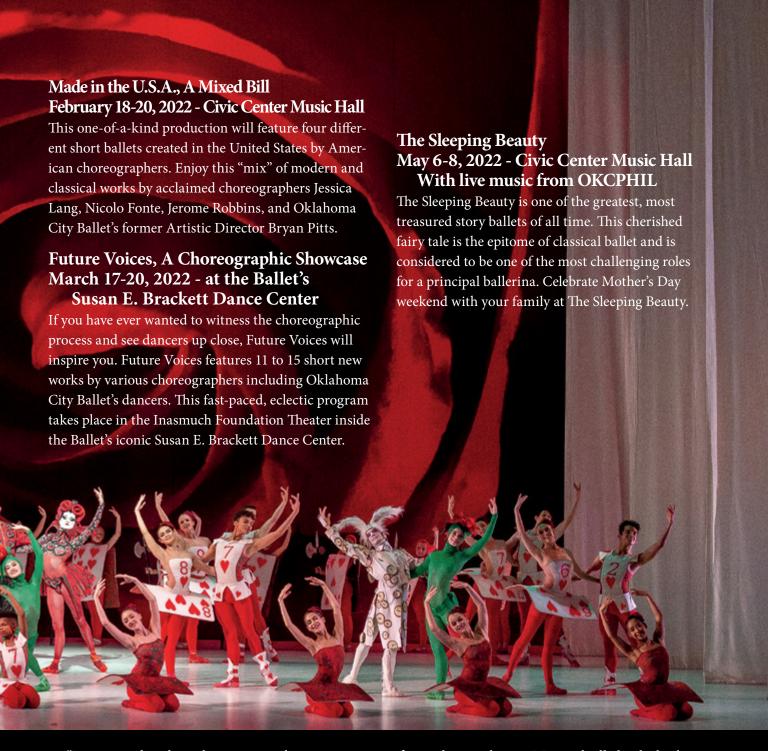
Email alumni@okcballet.org.

PHOTOGRAPH BY JANA CARSON

ROBERT MILLS, ARTISTIC DIRECTO



WE ARE GOLDEN



"I am excited to share this season with our community after such a tough year. We are thrilled to be back in the theater at full capacity and with live music at all of the Civic Center productions," said Mills.

Season tickets and single tickets for all productions except The Nutcracker are available to purchase now. For more information or to purchase tickets, visit www.okcballet.org or call (405) 848-TOES.

"Oklahoma City Ballet has come a very long way since 1971," Moore added. "There have been ups and downs for sure, but we are artistically and financially strong and ready to welcome back audiences and students in the coming season. We are grateful for those who have paved the way for our organization and the support of the community who have made it all possible."

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- David Oliver







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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: afink@okcountymed.org Deadline: October 15, 2021











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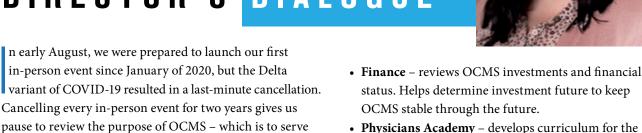


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Alison Fink

DIRECTOR'S DIALOGUE



- Physicians Academy develops curriculum for the Academy each year.
- **Membership Development** finds creative ways to help send the message of the benefits of OCMS.
- Nominating identifies physicians in the community who would be excellent leaders for the Society through its Board of Directors.

Sharing knowledge, exchanging thoughts and ideas, and discussing research results has been the history of OCMS throughout the years. Initially, physicians met weekly to discuss the latest cases and research. Now, we do it through emails and conferences and websites and newsletters and more information pushed to physicians than they could ever want! However, the initial idea of societies still serves as the foundation for all we do: engagement with other physicians.

the needs of physician members by promoting the art and

science of medicine, the betterment of public health, and

engaging physicians to work together.

Engagement can help physicians expand their opportunities to advance personally and professionally, while inspiring the next generation of physicians. We launched a survey recently to learn from non-members what they know about OCMS. I'm not one to mince words; the survey results were brutally honest. The responders didn't see our purpose, our vision, but most wanted something that we offer: engagement with other physicians.

Medical society and association membership can give physicians a sense of belonging and meaning, while also remaining as a source of grounding and support. To our members who are looking for a way to get involved and engage with fellow physicians, there are many options available at the county level outside of elected Board members:

COMMITTEES:

- **Constitution and Bylaws** reviews changes to the constitution and bylaws. Helps identify areas to strengthen.
- **Editorial** develops this publication (the OCMS Bulletin) and helps strengthen the quality of the articles.

- OCMS Delegate to the OSMA House of Delegates
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 points OSMA in a certain direction to have established
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- Oklahoma City Clinical Society
 Established in 1930, determines speakers and topics for the membership and annual meetings.
- OCMS Physicians Academy

Physician-developed curriculum to help community members expand leadership skills, learn more about the political process, organized medicine, the community, media relations, engagement with fellow physicians and so much more.

As we navigate major changes to association membership, joining a committee is a great way to become invested in the organization and a have an active role in its success, without taking much of your personal time. Each of these committees have physicians in various specialties represented – which provides you, our member, with engagement with fellow physicians.





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BY PHILIP MAGUIRE, MD

om Sawyer said he'd rather be without his britches than his pocket knife. I kind of feel the same way. People sometimes smile when I get out my pocket knife but it seems they often ask to borrow it. Sometime called folding knives, they are a very useful tool. Pocket knives are all-purpose. They can be used to open envelopes and most packages. They are men's auxiliary manicure set. When I misplace my pocket knife the world comes to a halt until I find it. When I can't quickly find it, I blame someone else. Pocket knives have been around since ancient times. Buck and Case are a couple of well-made brands.

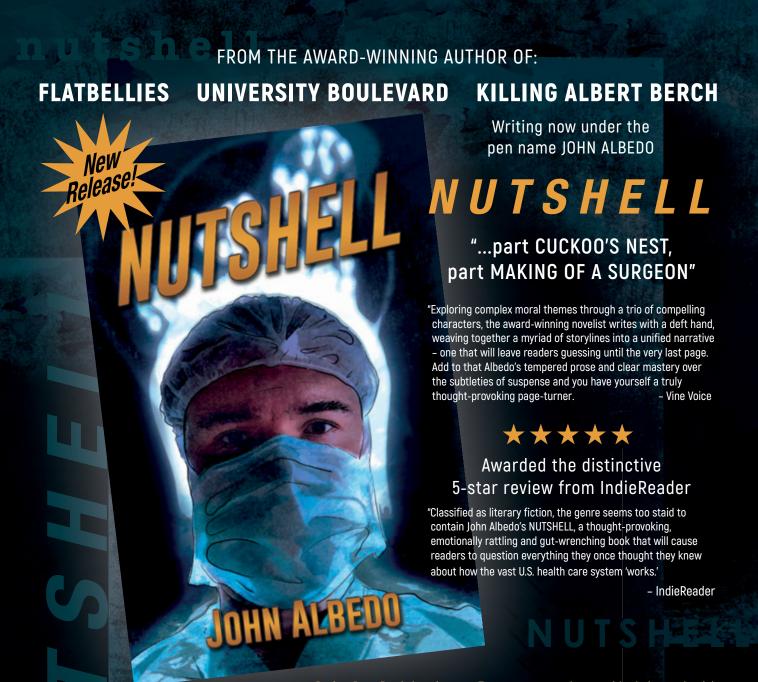
I once used one on a bandage and asked the nurse if she had ever seen one? She said, "I'm from Woodward; every boy there has a pocket knife." They come in all shapes and sizes. My Dad has a small one he used to sharpen pencils. He called it a pen knife. A few have

legally restricted blade lengths. Some have just one blade, but they also come with three and four blades.

The old Boy Scout knives had an assortment of blades and a leather pouch. Today, the development of the "Leatherman" tool had put the old Boy Scout knife in the realm of archival. The Leatherman comes with a large variety of blades and pliers and has a scabbard to carry it on your belt. Knives used to be carried on a shoulder strap called a baldric. Among many other things, pocket knives work well to clean fish, cut cords and occasionally take out a splinter. Very few days go by that I don't have use for my knife. I'm always reluctant to loan it to anyone. I've had a few occasions where it got lost in the shuffle and I didn't get it back.

Pocket knives are handy tools and don't take up much room. But don't use them to carve your name on a park bench or your True Love's name on a sycamore tree!





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BLACK ROSE writing

During Dust Bowl days in west Texas, a country doctor with shaky credentials delivers a baby, a so-called "monster," acceptable parlance of that era indicating a newborn with multiple birth defects. In a parallel story that merges decades later, Chase Callaway, grandson of the delivering doctor enters medical school planning on a career in psychiatry. While working as an aide at the mental institution where lvy has been inappropriately housed, he strikes up a friendship with lvy whereupon their lives become intertwined. Relationships shift and coincidences abound, raising the question of metaphysical explanations. Is lvy a designated guardian angel for Chase? Or, is the saga a simple tale made complex by quirky events?

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2022 OCMS Board of Directors Election

The OCMS 2022 Board of Directors election ballot has been sent to all voting members. Below are the nominees from each section. Please note: some positions may only have one nominee.

Position 1



Alan Hawxby, MD is the surgical recovery surgeon at LifeShare in Oklahoma. He was previously Surgical Director of Kidney Transplantation at OU Medical Center and Children's Hospital.

A native of Perkins, Oklahoma,

Dr. Hawxby has a degree in Biochemistry from OSU and graduated from OU College of Medicine in 1997. He completed General Surgery residency at UMKC in 2002, followed by Transplant fellowship at Johns Hopkins in 2004.

His career began at UAB, where he established the South's first kidney paired donation program in 2005. He was selected as Chief of Transplant Surgery at University of Mississippi in 2007, before being recruited back to OUHSC in 2011.

His research interests include biomedical engineering, and innovative methods to increase the number of livers and kidneys available for transplantation. He has recently developed a multidisciplinary transplant research workgroup on campus. He frequently engages with OU surgery residents and especially medical students - whom he meets with weekly for tutorial sessions throughout their surgery rotations.

Dr. Hawxby has spent nine years on the Medical Advisory Board of LifeShare, serving as Chairman from 2015-2017. He is a member of Leadership Oklahoma (Class 32) and participated in last year's OCMS Physician Leadership Academy. He has an interest in transplant advocacy, and has been involved with state and federal legislation to improve access to transplantation.

He is married to SICU nurse and Edmond native, Andrea Meunier Hawxby. They have three children – Ada, a freshman at Crossings Christian School; Harrison, a senior at Oklahoma School for Science and Mathematics; and Emma, a sophomore at OBU. His outside interests are multiple, but include travel, reading, music, and hiking.

Position 2

Katherine Mansalis, MD, MBA is the current Chief Medical Officer of INTEGRIS Baptist Medical Center. Previously, she was the Clinical Program Medical Director for Hospitalist Services. She is a hospitalist at INTEGRIS Baptist, an Adjunct Professor of Medicine at OSU,



and an Attending Physician with Great Plains Family Medicine Residency.

Dr. Mansalis spent twenty years in the United States Air Force. She first graduated from the United States Air Force Academy, completed medical school at Albany Medical College, residency at David Grant Medical Center at Travis AFB in California, where she was Chief Resident, and a fellowship with University of California, San Francisco. She then completed her MBA at University of California-Berkeley Haas School of Business.

She is passionate about physician wellness, improving access to excellent, affordable medical care, and driving a more fulfilling patient and provider experience using innovative models of care, harnessing technology to improve health and prolong life. Dr. Mansalis is a mom to three lovely boys and one fierce little girl.



Position 2
Arielle Allen, DO, is dual certified in obstetrics/gynecology and female pelvic medicine and reconstructive surgery. She practices at Lakeside Women's Hospital in Oklahoma City. Dr. Allen's areas of clinical interest are: urinary incontinence, pelvic organ prolapse, overactive

bladder, urinary tract infections, urogenital fistulae and repair of pelvic mesh-related complications.

Dr. Allen completed her undergraduate degree at the University of Tulsa, medical school at the OSU College of Osteopathic medicine, followed by a residency in obstetrics/

gynecology at the University of Oklahoma in Tulsa, and a fellowship in female pelvic medicine & reconstructive surgery at the University of Oklahoma in Oklahoma City.

She is a member of the American College of Obstetrics and Gynecology, American Urogynecologic Society, Oklahoma Society of Obstetrics and Gynecology, American Osteopathic Association and the Oklahoma Osteopathic Association.

Dr. Allen has lived in Oklahoma since 1995. She completed the majority of her education and training here in Oklahoma, and has found this community to be so friendly. And now that she has a family, it's a wonderful place to raise a family. She is a mother to two wonderful littles that brighten her world, Ainsley (9) and Sutton (7). She is a wife to the smartest man she has ever met: Steven Sands. He is an orthopedic surgeon here in Oklahoma City.

Caring for women and their healthcare needs are a passion of Dr. Allen. She feels that women need to be better educated about the urinary and gynecologic changes associated with aging. She is a full-time fellowship trained urogynecologist who loves her job. Improving the quality of life of women is rewarding and is what keeps Dr. Allen going day after day. She feels so blessed to have an amazingly rewarding career. Dr. Allen says she has excellent partners she gets to work with at both the Lakeside Hospital and Oklahoma City Gynecology & Obstetrics practice. She thoroughly enjoys the camaraderie. In her spare time, she likes to read, and is especially fond of the author Sam Kean (he writes those 'nerdy' books about the periodic table and how DNA was discovered). She also loves to travel, although that passion has been put on hold for a bit.

Position 3

Katherine Shepherd, DO, is a board certified obstetrician and gynecologist with Integris Medical Group, practicing at Integris Health Edmond. She was born and raised in Tulsa and is proud to be an Oklahoman. She attended the University of Oklahoma where



she graduated with a Bachelor of Arts in Letters and was Phi Beta Kappa. She attended medical school at Oklahoma State University College of Osteopathic Medicine in Tulsa and completed residency in Tulsa at the University of Oklahoma School of Community Medicine. After residency, she and her husband moved to Oklahoma City and she started with Integris. She completed the OCMS Leadership Academy in 2019. She is active in the American College of Obstetrics and Gynecology, serving District VII and advocating for the healthcare of women in Oklahoma.

In her spare time, Dr. Shepherd enjoys spending time with her husband and two young daughters. She is also an avid runner and enjoys traveling whenever given the opportunity.

Nomination results will be announced in October.







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By Hanna A. Saadah, MD



Oklahoma City VA Hospital, 2019

A 75-year-old gentleman, Allein Solum, rolled into our geriatric clinic on a scooter. Robust, friendly, elegant, articulate, and wearing an affable smile, he greeted us with, "Hello. You must be my medical team."

Then, seeing our worried aspects, he added, "Don't worry; my legs are very strong."

With unexpected facility, he got off his scooter, holding the oxygen tube to his nose, walked to the designated chair, and sat down. After he caught his breath from having walked three steps, he adjusted the oxygen prongs over his grey mustache and reiterated, "My legs are very strong; it's my lungs that are weak."

After introducing Mr. Solum to our Geri-PACT providers—Psychologist Madison, Pharmacist Brenda, Social Worker Wilma, and Nurse Marissa—I opened with a general question.

"Mr. Solum, could you please tell us about your concerns?"

"Well, Doc, I am taking 40 medicines for my many diseases, and I'd like to get off some of them, if I could. But, that's not why I'm here."

"Are you not satisfied with the medical care you're getting?"

"Oh, not at all. I have no complaints in that regard."

"Well then, what are the areas you'd like us to help you with?"

"I have many doctors, but somehow I still feel that I don't really have a doctor," he frowned, scratched his head, and lapsed into silence.

I waited for him to resume, but he didn't. I found it hard to believe that he came all this way just to tell us that, although he has many doctors, he still feels that he doesn't really have a personal doctor.

"How come you feel that you don't really have a doctor?" I asked, hoping for some profound answer.

"I can't explain it, Doc. The VA has been very good to me and I'm not complaining about the care I'm getting. Maybe it has something to do with my service history."

A long pensive pause followed after which Mr. Solum sighed and resumed.

"You see, after serving for four years in the Air Force, I spent the rest of my time as an undercover agent. What I saw in Vietnam was nothing compared to what I saw as an undercover agent. For 25 years, I had no idea where I was going to go; it all depended on where the missions took me. I lived a nomad's life, smoking three packs per day, until my lungs gave out. That's when I retired, settled down, and became a regular patient at the multiple VA clinics that I now visit."

Surveying Mr. Solum's chart with his numerous medicines and diseases, I noticed that he was taking three medicines for insomnia. Reexamining his smiling, expectant face, I noted that his eyes were, indeed, tired, red, and swollen.

"Mr. Solum," I began. "Could you please tell us about your sleep."

"I've never slept, Doc. When I was in Vietnam, I didn't sleep. When I became an undercover agent, I didn't sleep. And now, as a sick veteran, I don't sleep."

"Do you have trouble falling asleep or staying asleep?" I quizzed, trying to understand his life-long sleeplessness.

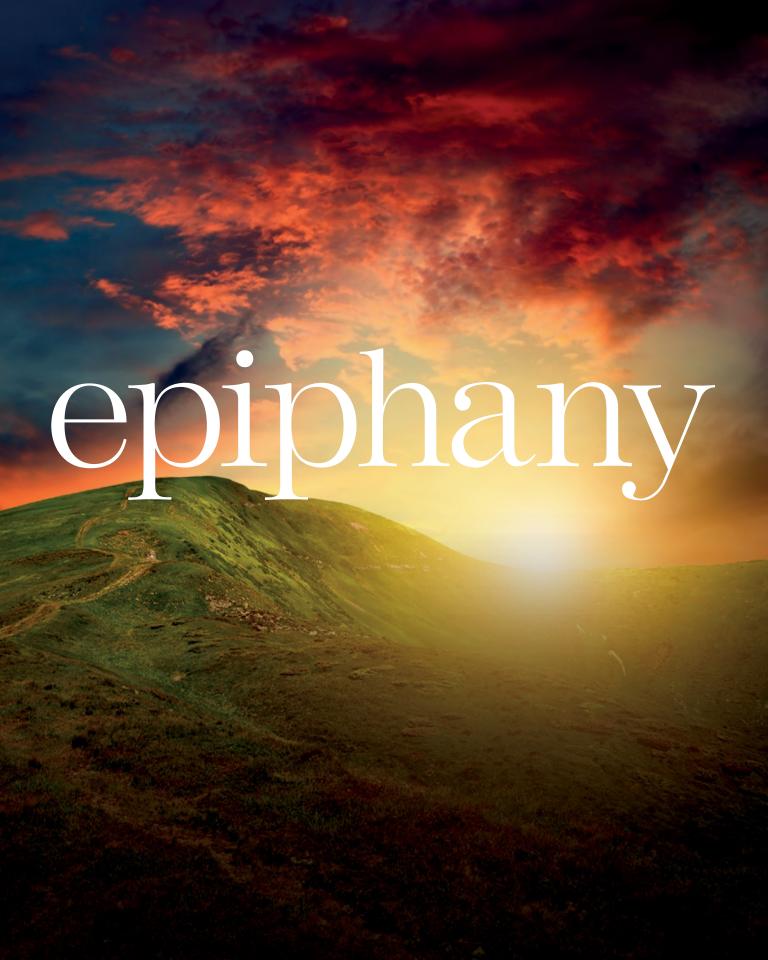
"I have no trouble falling asleep or staying asleep."
"Well then, what makes you think that you don't sleep?"
"Combat."

"Combat? You mean you do combat in your sleep?"
"Yes, sir, I do it but don't know that I'm doing it."

"What kind of combat?"

"All kinds of flashbacks from my service days," he murmured and twice blinked.

"How about nightmares?"



"Oh, they come together. I do violent combat during my nightmares and have violent nightmares when I'm doing combat. I don't really know which comes first, but I blame them both on my PTSD," he twice blinked again.

I gave him respite time because his emotions were welling up in spite of his efforts to suppress them. Then, after some polite silence, I resumed.

"When you do combat, do you do damage to your bed or bed partner or bedroom?" I asked.

"Oh, Doc. How on earth did you know to ask me this? I've never been asked this question before and I'm ashamed to report that, yes, I've hit several of my bed partners over the years and driven them away."

Another pause followed this confession, and again, Mr. Solum sighed before he resumed.

"When I wake up each morning my bedroom looks like a bulldozer ran through it. I've broken chairs, lamps, and side tables; I've torn bed sheets and pillowcases; I've thrown mattresses onto the floor; and I've even broken bedposts and headboards."

Mr. Solum became emotional after describing his combative, nocturnal behavior. Perhaps, he had never told anyone before. Or perhaps his discomfort arose from the fact that, in his former life as an undercover agent, he was the one who always did the interrogating. I gave him time to get used to this role reversal before I resumed.

"Do the three medicines you're taking for insomnia help you?"

"They don't do a bit of good, but I keep taking them anyway."

"Have you ever heard the term, REM Behavior Disorder?"

"Does it have anything to do with PTSD?"

"Not really, but PTSD can make it worse."

"What's REM Behavior Disorder then?" he asked with gaping eyes.

After explaining the disorder and reassuring him that it does have a treatment, his sleep-deprived eyes awoke and began to glow with excitement.

"You're telling me that after some thirty odd years of restless nights, I might be to be able to sleep again?" "Yes, sir," I affirmed.

"Are you sure, Doc, or are you messing with me?"

"I'm sure and I have more good news. This disorder
might lead to dementia in some people. However, since
you've had it for so long without any mental dysfunction,
I doubt that it's going to lead to dementia in your case."

000

In a note to Mr. Solum's primary care provider, I suggested that the three insomnia medicines be tapered, stopped, and replaced with a titrated dose of Clonaze-pam. Handing a copy to Mr. Solum, I wished him well, expecting that he would at least utter a thank-you. He didn't. To the team's surprise, he got back on his scooter, adjusted his oxygen tube, and looking forlorn, drove away, avoiding our cheering eyes.

"Perhaps, you scared him when you mentioned dementia," suggested the nurse. "He's 75, you know, and I'm sure he has some friends who are already demented."

I caught up with him at the elevators, where it would have been improper to start a new conversation. I rode down with him to the ground floor, and, when we reached a space where we could talk, I said, "Mr. Solum, would you please share with me what caused your sudden change of mood?"

He paused, avoiding my gaze and then, looking me straight in the eyes, he explained.

"I know you meant well, Doc, and I'm sure that I'm gonna sleep better on your suggested medicine, but you broke my heart when you wished me well and didn't ask me to return for a follow-up appointment."

"But, Mr. Solum," I defended. "Ours is a consultation-only clinic. We're supposed to send all patients back to their primary care providers with a written list of suggestions, which I did hand you before you left."

"That won't do, Doc," he answered with a moist voice. "It may do for others, but it won't do for me. Everywhere I go, I see new faces and new providers,

and they're all good. But I always feel profoundly alone and abandoned when I leave. That's why I came to your clinic, hoping to make it my medical home. Instead, you sent me away just like all the others had. I feel abandoned again, Doc, and no amount of good sleep is going to fix this feeling."

Mr. Solum had tears in his eyes and so did I. Our modern era's medical fragmentation has caused patients to feel medically homeless. Our clinic was a good example of how sub-specialization and fragmentation have transmuted human beings into diseases. Aphorisms from the Father of Medicine, Sir William Osler, flashed on my mental screen:

It is more important to know what kind of patient has the disease than what kind of disease the patient has.

The good physician treats the disease; the great physician treats the patient who has the disease.1

I broke the rules, asked Mr. Solum to return in a month, and gave him a standing monthly appointment. Driving away, he thrice looked back to see if I was still standing where our conversation had taken place, as if my standing there reassured him that he would be seeing me—and not my replacement—each time he returned for his monthly appointment.

In fact, long after Mr. Solum was out of view, I remained standing in our conversation spot, afraid to move for fear that if he were to see me walk away, he would interpret my departure as abandonment.

$$\circ \circ \circ$$

When Mr. Solum returned in a month, he arrived one hour ahead of time. I happened to be passing through the hall when I saw him on his scooter, talking to another veteran. I stopped, and intruding on their conversation, I teased, "You're early."

"No, Doc. You're the one who's early," he teased back.

"The team and I will be seeing you in one hour," I smiled.

"I have a lot to tell you," he grinned.

When we walked in as a team, Mr. Solum had already gotten off his scooter and seated himself on the designated chair. We did not have to introduce ourselves; he surprised us all when he called our names, one after one, and thanked us for not reassigning him to another group. Then, after the team providers finished asking their questions—the pharmacist, about his medicines, the psychologist, about his mood, the social worker, about his house, and the nurse, about his falls—I began with the most pressing question on my mind.

"How's your sleep, Mr. Solum?"

"I'm sleeping like a baby," he smiled.

"You no longer do combat with your bedroom furniture?"

"That Clonazepam is amazing stuff, Doc. Most nights I only need one tablet to sleep peacefully all night long."

"Are you off the three other medicines, which you were taking for insomnia?"

"Yes, and I'm sleeping better than I've slept in years." Mr. Solum's eyes looked refreshed, his face seemed younger, his aspect was more cheerful, and he acted less fatigued. Good sleep must have rejuvenated him, I thought, feeling a bit smug about my amazing achievement. Indeed, everyone seemed impressed by Mr. Solum's peaceful sleep, everyone, that is, except Mr. Solum. Something else was on his mind, flickering behind his eyes like a distant flame, a flame that held a secret within its folds.

"Now that your sleep has been normalized, do you have any other concerns that we need to work on today?" I asked, hoping to rekindle the conversation.

"Doc, my military life is full of stories that you don't need to hear. In fact, my whole life is full of stories that no one needs to hear."

"But your stories are important because they help us understand you better. Since you'll be returning for monthly appointments, it would be prudent to make good use of our time together."

Silence shrouded the room for an awkward stretch; none of the team providers had further questions to ask; and I was not willing to venture into a sensitive conversation about which I knew nothing. As we waited, Mr. Solum's face slowly lost its ruddy cheerfulness and took on a gray, pensive mask. For a while, he nodded as if he were listening to instructions from some otherworldly source. Then, with a parched mouth, he began.

"My mother put me up for adoption when I was six months old. She was pregnant and couldn't afford to raise two children. I was adopted by a loving, Catholic family and had the best childhood anyone could ask for. Still, I lived haunted by the idea that my mother had abandoned me, which made me feel profoundly alone, especially when I was with people who had been raised by their biological mothers.

"After high school, I majored in philosophy and history. When the Vietnam conflict escalated, I joined the Air Force. My feelings of abandonment nd loneliness left me whenever I was on a dangerous mission. Danger relieved me and became my best therapy. After I served four years in the Air Force, I was recruited to work for the government as an undercover agent, and I loved every moment of it because I was always in danger."

Here, Mr. Solum paused and tried to swallow his saliva only to find that he had none. Our nurse handed him a bottle of water.

"What about your spiritual life?" asked our psychologist.

"Oh, I've tried so many churches, Catholic, Baptist, Orthodox, etc. but never found inner peace in any of them. One day, I was led by my research to the Jewish faith. I went to a synagogue, and as soon as I walked in, a divine peace settled over me, like a religious epiphany. At that very moment I knew that I had

found my creed. I've been going to synagogue every Sabbath ever since."

"Have you ever tried to find your birth mother?" asked our social worker.

"She died when I was ten; that's what my stepsister told me," he mumbled with a subdued tone.

"What else did your stepsister tell you?" I whispered with an equally hushed tone.

"Well," he paused and hesitated. "She was the one who also told me that when my mother gave me up for adoption, her only request was that I be adopted by a Jewish family because she, my mother, was herself a Jew. However, against her deliberate instructions, I was adopted and raised by a Catholic family and was never told that my mother was Jewish until long after I had returned from Vietnam. Only then, when I was told the whole truth, did I understand why I found my peace in the synagogue, found it long before I knew that I was a Jew."

Hearing that, we all froze in the solemn silence of the moment.

"Perhaps, that's why you have abandonment issues," probed our psychologist, cracking the somber eggshell.

Mr. Solum gazed at the floor for the longest time. Then, without lifting his eyes to look at the psychologist, he murmured, as if speaking to himself, "I've known for a very long time that I have a strong, abandonment phobia. I just can't help it. It's part of my makeup."



I walked with Mr. Solum to the elevator and waited until the door opened. There, in front of an elevator full of people, I said, "See you next month, sir."

"See you next month, Doc," he glowed, with eyes full of peace.

¹ Sir William Osler (1849-1919) doctor, professor, author, teacher, humanitarian, and researcher.





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IN MEMORY

ANDREW COOPER JOHN, MD April 29, 1951 – July 18, 2021

Dr. Andrew Cooper John, MD, JD, W8OU/SK, passed away peacefully at his home in Edmond on July 18, 2021. He was 70 years old.

Andrew was born on April 29, 1951 in Winter Haven, Florida to Mr. Joe John and Mrs. Betty Stuller (McCutcheon). He received his Bachelor's degree in Physics from Georgia Tech University in 1973, and his Doctor of Medicine degree from the University of Rochester School of Medicine and Dentistry in 1977. As a physician, he served in several roles, including as an emergency room doctor, as the director of an emergency physicians' practice, as a forensic examiner and expert witness, and as a physician in the federal prison system.

A true polymath and life-long learner, he earned a *Juris Doctorate Summa Cum Laude* from Oklahoma City University in 1997 while maintaining his full-time medical practice. Upon his retirement in 2016, he attended Nashotah House Theological Seminary in Nashotah, Wisconsin. He was an active member of several congregations, including St. Mary's Episcopal Church and Saint Elijah Antiochian Orthodox Christian Church, both in Edmond. His faith was central to his life and he strove to serve Christ in all he did. He was also a true student of the history of the Church. Indeed, at the moment of his passing, he was reading from a book of historical figures of the Church in Byzantium.

Andrew contributed to his faith communities not only through liturgy and fellowship, but also through music. He was a skilled organist who began playing in childhood and showed such talent that he was able to support himself through college by playing for Sunday services in Atlanta. He also studied in the Eastman School of Music at the University of Rochester during his medical training. In addition to accompanying services for congregations throughout the Oklahoma City metro area, Andrew played numerous recitals, including many on a custom-built organ inside his home in Forest Park. Those who saw and heard



him play know that he truly "pulled out all the stops" to bring joy to others through his music.

Under call signs AD5FX and W8OU, he was an avid amateur radio operator who studied tirelessly to earn every certification available to him. He served in various capacities for the Edmond Amateur Radio Society (EARS), including as President, class instructor, and volunteer examiner. He made QSOs and friends around the world and was a patient mentor to novice hams.

He is survived by his devoted wife of thirty years, Peggy John (Tibessart), brothers Joel John, of Clearwater, Florida and Timothy John, of Tallahassee, Florida; sons Andrew (Christi) John of Edmond, Daniel John of Hollywood, Florida, Todd Meyer of Edmond, and John (Barbara) Meyer of Monticello, Florida; daughter Wendy Meyer of Holdenville; and grandchildren Cole Meyer and Isabelle John. He loved to be with family and was a doting father and grandfather.

Memorial services were held on Saturday, July 31, at St. Paul's Episcopal Cathedral in Oklahoma City. In lieu of flowers, the family invites donations to St. Mary's Episcopal Church or the Free to Live Animal Sanctuary, both in Edmond. Notes of condolence can be sent to Andrew B. John at abjohnuf@gmail.com or to 2017 Del Simmons Dr., Edmond, OK 73003.



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Craniofacial Syndromes Hemangiomas Traumatic Defects Vascular Lesions

UROLOGY

Urologists



Adult Urology

Michael S. Cookson, MD, Chairman Urology Department, Urologic Oncology/Robotics Ash Bowen, MD, General/Oncology/Robotics Nathan Bradley, MD, General Urology Brian Cross, MD, Urologic Oncology/Robotics Daniel Culkin, MD, Men's Health/Stones/Oncology James Furr, MD, Male Reconstructive/Robotics 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: Adult Urology 405-271-6452 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 Edmond 405-340-1279



Madam Dear

Madam,
How should I begin?
Is it madness or your skin
That makes me contemplate and sin?
The way it waves about your hips
Then, rising higher, swells and dips
And buds, then blossoms on your lips
Or winks and dimples at your chin
And whispers where some locks of hair
Curl and snuggle round your ear
Must be madness, madam dear.



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