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OKLAHOMA COUNTY MEDICAL SOCIETY

JULY / AUGUST 2022

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- Mayfield, KY tornadoes - December 11, 2021
- Uvalde, TX Rob Elementary School mass shooting - May 25, 2022

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THE BULLETIN

July/August 2022
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Oklahoma author of The Brainbow Chronicles
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the conclusion of the trilogy – HEAVENLY BLUES)

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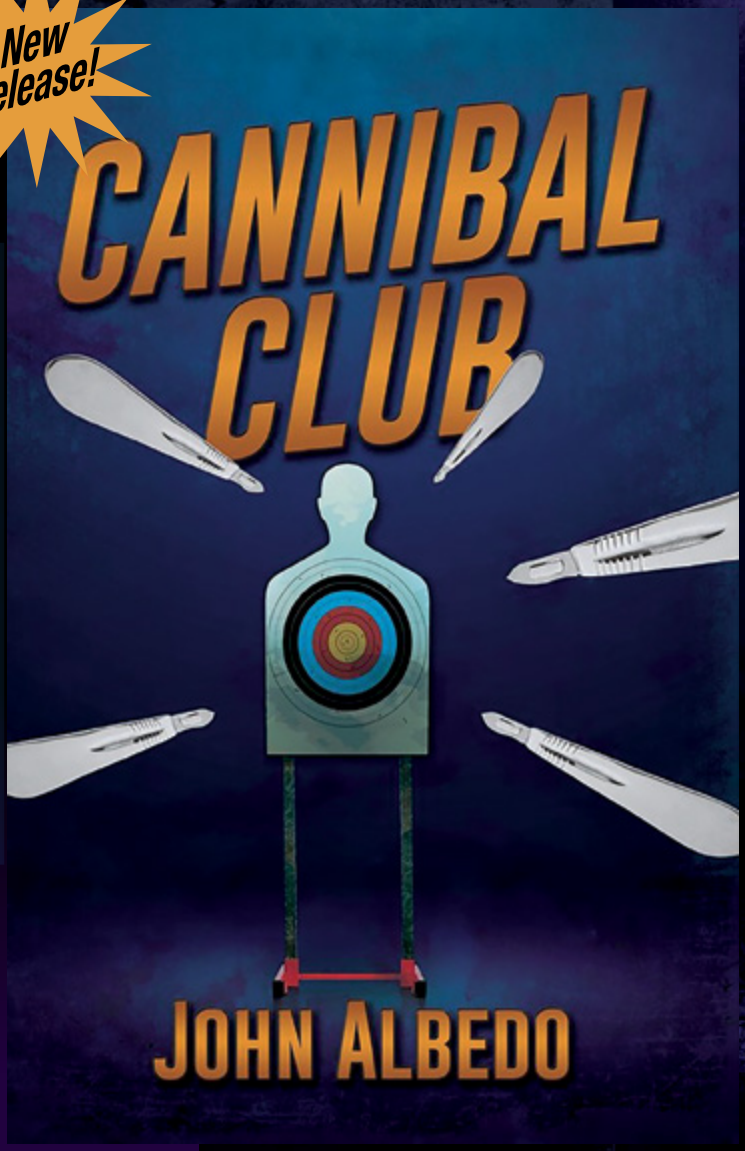
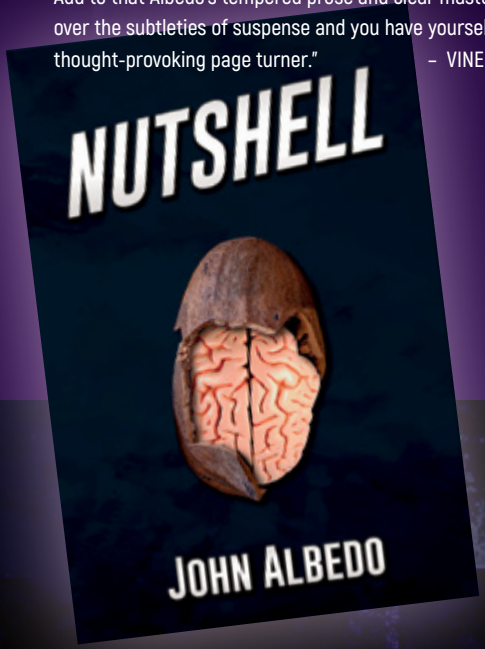
New Release!



Upon completion of his surgical residency, Chase Callaway enters the world of private practice in Los Angeles. Considered "most likely to succeed" by his peers at Far West Texas University College of Medicine, instead, he is met head-on with stunning peer rejection, his surgical practice and reputation ruined after only one month. Battling back to respectability takes many years, but even as he is crowned Chief of Surgery at the very hospital where ruin was the intent, significant mental injuries still fester. Eventually returning to an academic practice at his alma mater, he is forever haunted by the possibility of being the final generation of a 13-generation family curse, with its mantra – "no good deed goes unpunished." Energized by the abiding belief that the California experience served a Providential purpose to strip away thoughts of personal gain in favor of group excellence, Dr. Callaway's indomitable spirit meets head-on with unrelenting adversity.

"This award-winning novelist writes with a deft hand, weaving together a myriad of storylines into a unified narrative – one that will leave readers guessing until the very last page. Add to that Albedo's tempered prose and clear mastery over the subtleties of suspense and you have yourself a truly thought-provoking page turner." – VINE VOICE



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Introducing...

Dr. Claire Atkinson joins the staff on July 1, 2022. Dr. Atkinson just completed her fellowship in Allergy and Immunology at the University of North Carolina, Chapel Hill. Her MD came from the University of Oklahoma School of Medicine. She is board certified in Pediatrics and board eligible in Allergy and Immunology. She is the daughter of OAAC's Dr. Dean Atkinson.

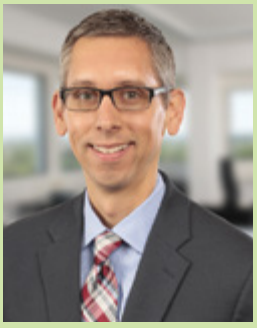
Dr. Dean Atkinson

Dr. Laura Chong

Dr. Maya Gharfeh

Dr. Richard Hatch

Dr. Bret Haymore



Dr. Gregory Metz

Dr. Patricia Overhulser

Dr. Shahan Stutes

Karen Gregory, DNP

Chelsea Robinson, APRN, CNP

Stefanie Rollins, APRN, CNP, AE-C

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Sumit K. Nanda, MD

President's Page

Sumit K. Nanda, MD

The 58th session of the Oklahoma legislature came to a close in late May. We are grateful to Matt Robison, OSMA Director of Government Affairs, as well as Pat Hall and Jim Dunlap, our lobbyists, for vigorously defending the interests of physicians and patients. The following are the highlights of the session:

- No distinctive "scope of practice" measures were passed.
- Stopped measure allowing PA oversight from an UNLIMITED number of physicians.
- Defeated legislation allowing PT's to provide unsupervised diagnosis and treatment.
- Stopped measure allowing pharmacists to conduct screening tests without physician authorization.
- Defeated legislation allowing chiropractors to inject drugs, serums, or vaccines.
- Stopped ALL anti-vaccination measures.
- Stopped measure allowing contagious children to attend school.
- Defeated effort to eliminate OSMA input and vetting of prospective members to the Medical Licensure Board.
- Created statutory Chief Medical Officer (CMO) position at Oklahoma State Department of Health.
- Passed insurance coverage requirement for breast diagnostic exams.
- Supported measure to allow Licensure Boards to provide temporary licenses to health care practitioners/providers upon an emergency declaration.

As we can see from the list of successful legislative outcomes, bad bills find their way into our legislative assembly. It seems that organized medicine is constantly playing defense to protect physician autonomy and the ability of physicians to render science-based care to their patients. In an important bill where our lobbying efforts fell short, SB 1337 (McCortney/McEntire), designed to "privatize" Medicaid by incorporating managed care insurance administration, was signed into law. The measure provides that Oklahoma Health Care Authority (OHCA) shall award no less than three statewide Medicaid "capitated contracts" for "contracting entities" and/or "Accountable Care Organizations" (i.e. provider networks). These will cover the Medicaid expansion population. Contracts will become effective no later than October 1, 2023. Due to OSMA's coalition building, diligence, and discussions with the bill's authors, the following pro-physician provisions were including in the final bill:

- An "anti-discriminatory" provision requiring plans to offer contracts to independent practitioners not affiliated with a hospital network.
- Clean claims to be paid within 14 days.
- Plans shall meet all established prior authorization requirements.
- Standardized drug formulary for all plans.
- Physicians may contract with multiple plans.
- After the fourth year of the initial contracting period, each plan shall spend a minimum of 11% of its total health care expenses on primary care services.

I close by mourning the loss of two of our medical colleagues, one staff member, and a patient at a physicians' office at St. Francis Hospital in Tulsa on June 2. Healthcare workers are five times more likely to experience workplace violence than workers in all other industries. Between 2011 and 2018, injury arising from violence against medical professionals increased by 67% according to the U.S. Bureau of Labor Statistics, and in 2018 it reported that 73% of all nonfatal workplace assaults and injuries occurred in healthcare settings. The World Health Organization estimates that up

to 38% of healthcare workers suffer physical violence at some point in their careers, and many more will be targets of threats and verbal abuse. Since the onset of the pandemic, Dye et.al. (2020) found that health professionals were 50% more likely to be harassed, bullied, or hurt compared to other community members.

The Tulsa shootings have injected new fear in the medical workplace. The following strategies may be employed:

- The Physicians Wellness Program offers confidential counseling for coping with grief and loss and for dealing with stress in the medical workplace.
- Make sure your staff understand the many forms of abuse including verbal harassment, threats, or abusive language, shouting, inappropriate gestures, racist or derogatory comments directed at others, failure to respond to staff instructions (including failure to comply with COVID-19 safety protocols), physical assault and stalking.
- Maintain a policy for managing aggressive behavior and ensure that it is policy that is easily accessible by all staff. You may terminate a patient immediately (without offering the 30-day period for emergency care) due to violent behavior.
- Consider displaying a small placard at the reception desk or elsewhere in the waiting room that states your zero-tolerance policy regarding aggressive behavior.

An all-of-the-above strategy makes sense to me in dealing with the current crisis of gun violence. At the time of this writing, a landmark gun bill was signed into law that requires background checks that cover the mental health records of gun purchasers under 21 years of age. It promotes red flag laws to allow courts to order guns by to be temporarily removed from people deemed dangerous. It will impose new criminal penalties on straw purchases (buying a gun for someone not permitted to own a gun) and gun trafficking. More than half of the $15 billion allocated over 10 years would go for mental health services, including allowing more states to test community-based behavioral health centers with round-the-clock emergency psychiatric services. The bill provides grants for school security and violence prevention programs. It also closes the so-called boyfriend loophole, banning dating partners convicted of violence from purchasing a firearm.

OCMS
OKLAHOMA COUNTY MEDICAL SOCIETY

John P. Zubialde, MD

Dean's Page

John P. Zubialde, MD
Executive Dean and Professor,
Family and Preventive Medicine
University of Oklahoma
College of Medicine

In academic medicine, we have a unique opportunity to offer our patients the most advanced treatments while simultaneously discovering new treatment options through research. The research enterprise at the OU College of Medicine is extensive, and many individual researchers are nationally and internationally known for their discoveries. Recently, we announced a historic first for our college and campus — the creation of a new cancer drug that is being given to humans for the first time in a Phase 1 clinical trial at Stephenson Cancer Center.

Developing new drugs without the direct support of a pharmaceutical company is extremely rare. This new drug, which we're calling OK-1, was created entirely with funding from the National Cancer Institute and with support from Oklahoma City-based Presbyterian Health Foundation. OK-1 represents more than 25 years of work by Doris Benbrook, Ph.D., a professor in the college's Department of Obstetrics and Gynecology. She has a longstanding interest in cancer drug development and has shown enormous determination in earning approval from the Food and Drug Administration to enter this drug into Phase 1 trials. The drug initially will be administered to women with advanced-stage ovarian, endometrial, and cervical cancer.

In preclinical studies, OK-1 has shown tremendous potential because it represents something of a holy grail: It appears to be effective at eliminating cancerous cells without causing the severe side effects commonly seen with cancer treatment drugs. The drug is derived from vitamin A, which makes retinoic acid. Some forms of retinoic acid, along with synthetic versions called retinoids, have been used to treat cancers like leukemia. However, they are highly toxic. Dr. Benbrook, working with a colleague at Oklahoma State University, modified the drug's chemical structure until it was effective without harming healthy tissues.

Like some other drugs, OK-1 doesn't directly kill cancer cells, but it keeps the cancer cells from surviving. While the outcome is the same, the distinction is important. When cancer cells develop, the immune system naturally tries to stop them. In order to survive in that hostile environment, the cancer cells protect themselves by upregulating "chaperone proteins" that essentially serve as "bodyguards." The drug OK-1 is able to bind itself to the chaperone proteins, which causes them to lose their function. The drug does not harm healthy cells because they do not need chaperone protection.

OK-1 will ultimately be tested in several ways: as a cancer treatment by itself, as a combination treatment with other existing drugs, and as a cancer preventive. During preclinical work, OK-1 appeared to be most effective when given in combination with other drugs, such as the chemotherapy agent paclitaxel. The drug also shows great promise as a single agent for preventing cancer and could one day be used to stop cancer from developing in people at high risk.

The development of OK-1 also highlights the merits of interdisciplinary research. In addition to her colleague at OSU, Dr. Benbrook worked with a researcher at the OU College of Pharmacy to put the drug in capsule form rather than it being given through an IV. The effort was a feat in itself because OK-1 does not mix well with water. The drug potentially could be administered in different ways in the future, including topically or by inhalation.

This is an exciting milestone for our research enterprise at the OU College of Medicine and for the Oklahoma TSET Phase 1 Program at Stephenson Cancer Center. Without question, the launch of the clinical trial will lead to many more opportunities in the research community, and the logistics of the drug development itself will be an educational resource for students and faculty in the years to come. Our ultimate aim is to improve the treatment options and quality of life of our patients, and this new drug takes a big step in that direction. I am truly grateful for the resources of academic medicine as well as the ability to partner with other Oklahoma institutions in order to make our mission possible. It takes a village to accomplish something of this magnitude, and this new development is the perfect example of what we can accomplish when we all work together toward common goals.

2022 OCMS Presidential Inaugural

Above: 2022 OCMS Executive Committee (from left) President Sumit K. Nanda, MD; Treasurer Bradley J. Margo, MD; President-Elect Michelle L.E. Powers, MD; Vice President Matthew J. Jared, MD; Immediate Past President Basel S. Hassoun, MD. Not pictured: At-Large Member Pooja Singhal, MD. Below: Dr. Dahr presents Dr. Nanda with the OCMS gavel.

Above: Dr. Nanda addresses the group at his 2022 OCMS Presidential Inauguration, held at the Oklahoma City Golf & Country Club.

Left: Sam Dahr, MD, presents Basel Hassoun, MD, with his 2021 Presidential Plaque.

Above: The 120th OCMS President, Lisa J. Wasemiller-Smith, speaks to the crowd.

Left: Dr. Sumit Nanda is pictured with his wife, OCMS member Dr. Sumeeta Nanda, and their family.

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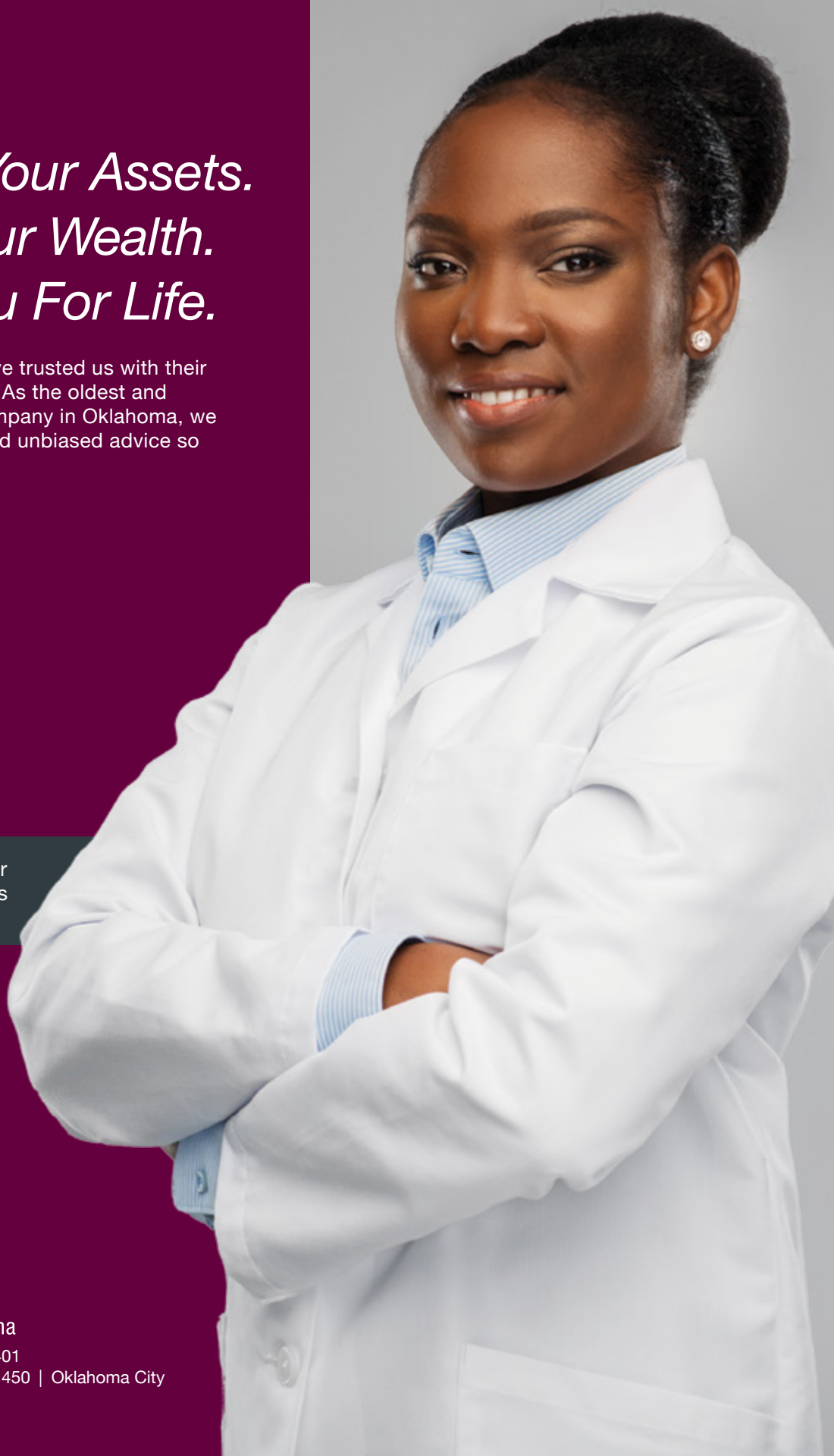

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2022 OCMS Presidential Inaugural

Above: Dr. Basel Hassoun is pictured with his family.

Right: Dr. Jeffrey Cruzan presents Dr. Julie Watson with the 2022 Rhinehart Award.

Above: Jeanean Yanish, Executive Director of the Health Alliance for the Uninsured, and R. Murali Krishna, MD, present OCMS with the Founding Partner Award, accepted by Sam Dahr, MD. Right: Dr. Watson with her family.

Above: Dr. Jeffrey Cruzan presents Dr. Don Wilber with the 2021 Rhinehart Award.

Above: Dr. Don Wilber presents Dr. Lisa J. Wasemiller-Smith with the 2020 Presidential plaque.

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OCMS Physician Leadership Academy

The OCMS Physician Leadership Academy targets current and future physician leaders. Our curriculum is designed by physicians to equip, educate, and empower physicians as they take on increasing leadership and administrative responsibility. Our alumni have become enterprise-wide leaders. Our goal is to develop leadership skills so that physicians may advance their careers, bolster the physician community, and improve health care in Oklahoma. The training is at no cost to the physician and class members are not required to be a current member of OCMS.

We invite you to explore our program.

SCHEDULE

Session I: Saturday, August 27 – In-Person.
Tentative time: 8:30-11:30 a.m.

Session II: Saturday, October 1 – Virtual.
Tentative Time: 8:30-10:30 a.m.

Session III: Saturday, October 29 – In-Person.
Tentative time: 8:30-11:30 a.m.

Session IV: Saturday, December 10 – Virtual.
Tentative Time: 8:30-10:30 a.m.

Session V: Saturday, January 21, 2023 – In-Person.
Tentative time: 8:30-11:30 a.m.

Class Graduation & Recognition: Friday, February 10, 2023, the OCMS Inaugural Celebration.

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Compiled by
Shafeek Sandy Sanbar, MD, PhD, JD, FCLM, DABLM

Presently, the U.S. is confronting another major public health problem – namely, the epidemic of firearm injuries and deaths. This is a medical issue that all healthcare workers have to deal with, similar to car injuries, coronavirus infections and other public health concerns.

In the U.S., a child is shot every hour, and hundreds die. "The number one cause of death in children between the ages of 1 and 19 is gun violence."[1]

Gun massacres are rampant and indiscriminate, occurring in schools, shopping centers, churches, synagogues, concerts, clinics and hospitals most recently in Tulsa, where two doctors, a receptionist, and a patient were murdered by guns. The murder rate among Black men and children ages 10 to 24 was more than 21 times as high as the rate for white males and same age group. American Indian and Alaska Natives ages 10 to 44 had the greatest increase in gun suicides.

Firearm Injury

"A firearm injury is a gunshot wound or penetrating injury from a weapon that uses a powder charge to fire a projectile. Weapons that use a power charge include handguns, rifles, and shotguns. Injuries from air- and gas-powered guns, BB guns, and pellet guns are not considered firearm injuries as these types of guns do not use a powder charge to fire a projectile."[2]

Bigger bullets travel faster in 40 mm and AR-15s, AK-47, and Uzi submachine guns, and high-capacity rifles. These faster bullets travel at 2000 or 3000 miles an hour. The faster the bullet hits a human (or animal), the more destruction it does.

Epidemic Firearm Injuries

The Centers for Disease Control and Prevention (CDC) describes an Epidemic as follows:

Epidemic refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area."[3]

An epidemic disease doesn't necessarily have to be contagious. It can result from injuries, such as firearms.

In 2007, Dr. Christoffel[4] stated in her article entitled, Firearm Injuries: Epidemic Then, Endemic Now, "There has been a transition in US firearm injuries from an epidemic phase (mid-1980s to early 1990s) to an endemic one (since the mid-1990s). Endemic US firearm injuries merit public health attention because they exact an ongoing toll, may give rise to new epidemic outbreaks, and can foster firearm injuries in other parts of the world."

Presently, firearm injuries are in an epidemic phase. The rate of firearm death has risen sharply since 2015.[5] Since 2017, more Americans have died each year from firearm injuries than from the effects of motor vehicle crashes. Firearm violence leads to more than 100 deaths per day across the country.

In 2020, 45,222 people died from gun-related injuries in the U.S., according to the latest complete data from the CDC.[6] The number of firearm homicides increased by 34.5% from 14,392 in 2019 to 19,350 in 2020, according to Thomas Simon, associate director for science in CDC's Division of Violence Prevention. This is the highest logged homicides in more than 25 years. In 2021, 20,726 died from guns, excluding suicides.

In the U.S., close to 70 percent of adults (180.8 million) DO NOT own guns. Only 30 percent of adults (77.5 million) own over 340 million registered guns.

CDC Report

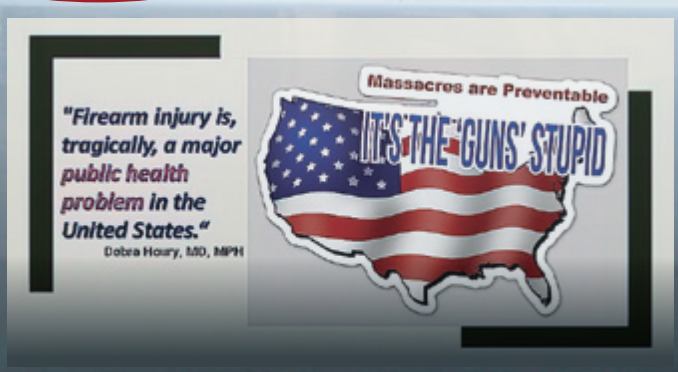
On May 13, 2022, the U.S. Centers for Disease Control and Prevention researchers posted Online their report on the changes in Firearm Homicide and Suicide Rates in the U.S. from 2019–2020.[7] They summarized their findings as follows:

1. "Firearm homicides and suicides represent important public health concerns in the United States, with substantial inequities by race and ethnicity and poverty level."
2. "In 2020, coincident with the COVID-19 pandemic, the firearm homicide rate increased nearly 35%, reaching its highest level since

Continues on page 20…

The Epidemic of Firearm Injuries in the United States

IT'S THE 'GUNS' STUPID!



1994, with disparities by race and ethnicity and poverty level widening. The firearm suicide rate, although higher than that for firearm homicide, remained nearly level overall but increased among some populations."

3. "Communities can implement comprehensive violence prevention strategies to address physical, social, and structural conditions that contribute to violence and disparities."

Debra Houry, MD, MPH, acting principal deputy director and director, National Center for Injury Prevention and Control, stated on May 10, 2022, "Firearm injury is, tragically, a major public health problem in the United States." She also stated that "Firearm violence is preventable."

POTUS Remark

On June 2, 2022, President Joe Biden remarked in a speech on gun violence in America that,

"… we visited Uvalde — Uvalde, Texas. In front of Robb Elementary School, we stood before 21 crosses for 19 third and fourth graders and two teachers. On each cross, a name. And nearby, a photo of each victim that Jill and I reached out to touch. Innocent victims, murdered in a classroom that had been turned into a killing field."

Public Health Emergency Declaration

The public health problem of firearm injuries is not solely a political one but rather a medical one that falls squarely on the administrative branch of government to take remedial action.

"The Secretary of the Department of Health and Human Services (HHS) may, under section 319 of the Public Health Service (PHS) Act, determine that: a) a disease or disorder presents a public health emergency (PHE) ...

Duration and Notification: The declaration lasts for the duration of the emergency or 90 days, but may be extended by the Secretary. Congress must be notified of the declaration within 48 hours, and relevant agencies, including the Department of Homeland Security, Department of Justice, and Federal Bureau of Investigation, must be kept informed.

Prior to issuing the declaration, the Secretary should consult with public health officials as necessary."[8]

The Secretary of the Department of HHS should respond to the epidemic of firearm injuries in the U.S. as it did to the 2019 Novel Coronavirus outbreak. The federal government must take steps to protect the American people, especially innocent school children. Within the U.S. Department of Health and Human Services, the Office of the Assistant Secretary for Preparedness and Response should explore the development of countermeasures and take other actions to enhance health security. For example, elimination of the sale and use by the public of assault, offensive, military-style weapons top the list of sundry remedial countermeasures. There are also numerous proposals and recommendations by the legislative branch of government that should be considered by the Secretary after declaring a public health emergency due to firearm injuries and deaths.

[1] https://www.thetrace.org/2021/12/gun-violence-data-stats-2021/

[2] https://www.cdc.gov/violenceprevention/firearms/fastfact.html

[3] https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section11.html

[4] Christoffel, K.K., Firearm Injuries: Epidemic Then, Endemic Now, Am J Public Health. 2007 April; 97(4): 626–629. doi: 10.2105/AJPH.2005.085340

[5] https://labblog.uofmhealth.org/industry-dx/recent-sharp-rise-firearm-deaths-seen-across-most-states

6 https://www.pewresearch.org/fact-tank/2022/02/03/what-the-data-says-about-gun-deaths-in-the-u-s/

7 Scott R. Kegler, PhD; Thomas R. Simon, PhD; Marissa L. Zwald, PhD; May S. Chen, PhD; James A. Mercy, PhD; Christopher M. Jones, PharmD, DrPH; Melissa C. Mercado-Crespo, PhD; Janet M. Blair, PhD; Deborah M. Stone, ScD; Phyllis G. Ottley, PhD; Jennifer Dills, MPH, Vital Signs: Changes in Firearm Homicide and Suicide Rates — United States, 2019–2020, Weekly / May 13, 2022 / 71(19);656–663. Vital Signs: Changes in Firearm Homicide and Suicide Rates — United States, 2019–2020 | MMWR (cdc.gov)

8 https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx

OKLAHOMA COUNTY MEDICAL SOCIETY

OKLAHOMA CITY, OKLAHOMA

FINANCIAL STATEMENTS

DECEMBER 31, 2021, AND DECEMBER 31, 2020

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DECEMBER 31, 2021

2021 FINANCIAL STATEMENT

GREGORY L. POLAND, P.C.
2915 N Classen, Suite 522 Oklahoma City, OK 73106
(405) 521-0717 Fax (405) 525-3226

INDEPENDENT AUDITORS' REPORT

The Board of Directors
Oklahoma County Medical Society
Oklahoma City, Oklahoma

Opinion

I have audited the accompanying financial statements of the Oklahoma County Medical Society, which comprise the statements of financial position at December 31, 2021, and December 31, 2020, and the related statements of activities, functional expenses and cash flows and the supplemental statements of expenses for the years then ended, and the related notes to the financial statements.

In my opinion, the financial statements and supplementary schedules referred to in the first paragraph present fairly, in all material respects, the financial position of Oklahoma County Medical Society at December 31, 2021, and December 31, 2020, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States.

Basis for Opinion

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am required to be independent of Oklahoma County Medical Society and to meet my other ethical responsibilities in accordance with the relevant ethical requirements relating to my audit. I believe that the audit evidence I have obtained is sufficient and appropriate to provide basis for my audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with generally accepted accounting principles; this includes the design implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

I am required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that I identified during the audit.

Gregory L. Poland
Certified Public Accountant
Oklahoma City Oklahoma

January 25, 2022

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Oklahoma County Medical Society ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

The objectives are to obtain reasonable assurance about whether your financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. generally accepted auditing standards (GAAS) will always detect a material misstatement when exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement of a reasonable user made based on the financial statements.

In performing an audit in accordance with GAAS, we:

Exercise professional judgement and maintain professional skepticism throughout the audit.

Identify and assess the risks of material misstatements of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those at risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of Oklahoma County Medical Society's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Conclude whether, in my judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Oklahoma County Medical Society's ability to continue as a going concern for a reasonable period of time.

OKLAHOMA COUNTY MEDICAL SOCIETY
OKLAHOMA CITY, OKLAHOMA

STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2021, AND DECEMBER 31, 2020

ASSETS

CURRENT ASSETS	**12/31/2021**	**12/31/2020**
Cash-Checking Account	$ 55,786	$ 16,447
Cash-Savings Reserves	13,165	15,874
Cash-Merchant Services	21,831	36,182
Cash-Investment Accounts	44,897	15,983
Petty Cash	200	200
Total Cash Equivalents	135,879	84,686
Investment Account-Note 6	329,612	403,192
Certificates of Deposit Due Within One Year	95,107	-
Accounts Receivable	3,082	1,357
Prepaid Expenses	8,310	2,000
Total Current Assets	**571,990**	**491,235**
NON-CURRENT INVESTMENTS		
Certificates of Deposit and Bonds Not Due Within One Year-Note 6	124,772	180,000
TOTAL ASSETS	**$ 696,762**	**$ 671,235**

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Accounts Payable-Trade	$ -	$ 834
Accrued Salaries	10,101	12,698
Accounts Payable-Affiliates-Note 1	30,295	10,587
Dues Collected in Advance-Note 1	73,695	87,516
Other Deferred Income	26,180	22,253
Medical Explorer Post Funds-Note 7	5,607	5,607
Payroll Taxes Payable	1,087	1,090
Total Current Liabilities	**146,965**	**140,585**
NET ASSETS WITHOUT DONOR RESTRICTIONS	**549,797**	**530,432**
TOTAL LIABILITIES AND NET ASSETS	**$ 696,762**	**$ 671,017**

See accompanying notes to the financial statements

Michael Levine,
SVP, Healthcare Banking
Division Manager
NMLS #1125959

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OKLAHOMA COUNTY MEDICAL SOCIETY
OKLAHOMA CITY, OKLAHOMA

STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDING DECEMBER 31, 2021, AND DECEMBER 31, 2020

REVENUE	**12/31/2021**	**12/31/2020**
Dues Received	$ 136,702	$ 148,437
Bulletin Income	16,848	22,269
Interest Income	9	13
Dividends & Interest on Investments	9,649	11,611
Investment Account Income (Loss)	37,990	26,531
Oklahoma City Clinical Society	4,000	3,000
Sponsorships & Other	8,380	1,640
Dues Commissions	63,859	51,966
Entertainment & Banquets	23,070	48,820
Total Revenue	**300,507**	**314,287**
EXPENSES		
Program Costs	137,268	185,795
Administrative Expenses	143,874	161,839
Fund Raising Costs	-	-
Total Expenses	**281,142**	**347,634**
CHANGE IN NET ASSETS	**19,365**	**(33,347)**
Net Assets-Beginning of Year	530,432	563,779
NET ASSETS-END OF YEAR	**$ 549,797**	**$ 530,432**

See accompanying notes to the financial statements

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OKLAHOMA COUNTY MEDICAL SOCIETY
OKLAHOMA CITY, OKLAHOMA

STATEMENTS OF FUNCTIONAL EXPENSES
FOR THE YEARS ENDING DECEMBER 31, 2021, AND DECEMBER 31, 2020

PROGRAM SERVICES	**12/31/2021**	**12/31/2020**
Salaries	$ 59,166	$ 73,992
Payroll Taxes and Benefits	15,212	19,467
Bulletin Costs	21,894	27,075
Meetings	10,972	27,006
Printing & Postage	2,322	5,945
Office Supplies & Equipment	4,503	7,281
Rent & Occupancy	13,672	13,780
Public Relations & Charity	4,750	700
Website & Communications	4,697	9,942
Other Expenses	80	607
Total Program Expenses	137,268	185,795
SUPPORTING SERVICES: ADMINISTRATIVE		
Salaries	72,846	87,533
Payroll Taxes and Benefits	22,115	17,810
Accounting	11,960	17,206
Credit Card Processing Fees	5,835	5,683
Investment Account Fees	2,831	2,265
Printing & Postage	2,859	3,402
Office Supplies & Equipment	5,543	8,613
Rent & Occupancy	16,832	16,301
Dues & Education	1,400	1,400
Website & Communications	1,457	1,410
Member Development	-	-
Other Expenses	196	216
Total Supporting Services Expenses	143,874	161,839
TOTAL EXPENSES	**$ 281,142**	**$ 347,634**

See accompanying notes to the financial statements

OKLAHOMA COUNTY MEDICAL SOCIETY
OKLAHOMA CITY, OKLAHOMA

STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDING DECEMBER 31, 2021, AND DECEMBER 31, 2020

	12/31/2021	12/31/2020
OPERATIONAL CASH FLOWS		
Cash Collected from Members	$ 291,293	$ 424,934
Investment Income Received	9,658	11,624
Other Operational Receipts	118,359	129,532
Total Operational Cash Inflows	419,310	566,090
Cash Paid to Affiliates	148,704	305,482
Paid for Salaries	129,415	161,942
Paid for Other Operating Expenses	161,471	185,679
Paid for Interest	-	-
Total Operational Cash Outflows	439,590	653,103
Cash Provided (Used) by Operations	**(20,280)**	**(87,013)**
INVESTING ACTIVITIES		
Cash from Certificates of Deposit	154,765	195,127
Cash from Sale of Securities	25,087	55,965
Total Investing Cash Inflows	179,852	251,092
Cash Invested in Cert of Deposit	85,000	140,000
Cash Paid for Investments	23,379	51,481
Total Investing Cash Outflows	108,379	191,481
Cash Provided (Used) by Investing	**71,473**	**59,611**
FINANCING ACTIVITIES		
Financing Cash Inflows	-	-
Financing Cash Outflows	-	-
Cash Provided by Financing	**-**	**-**
NET INCREASE (DECREASE) IN CASH	**51,193**	**(27,402)**
Cash-Beginning of Year	84,686	112,088
CASH-END OF YEAR	**$ 135,879**	**$ 84,686**

See accompanying notes to the financial statements

OKLAHOMA COUNTY MEDICAL SOCIETY
OKLAHOMA CITY, OKLAHOMA

RECONCILIATIONS OF INCOME TO OPERATIONAL CASH FLOWS
FOR THE YEARS ENDING DECEMBER 31, 2021, AND DECEMBER 31, 2020

	12/31/2021	12/31/2020
NET INCOME	**$ 19,365**	**$ (33,347)**
NONCASH LONG-TERM ITEMS INCLUDED IN INCOME		
Non Operating Investment Losses & (Gains)	(37,990)	(26,531)
Subtotal	(18,625)	(59,878)
CHANGES IN ITEMS THAT DO NOT USE OR PRODUCE CASH		
Accounts Rec. Decrease (Increase)	(1,725)	3,670
Prepaid Expense Decrease (Increase)	(6,310)	-
Accounts Payable Increase (Decrease)	(834)	434
Accrued Salaries Increase (Decrease)	(2,597)	417
Advance Dues Increase (Decrease)	5,887	(29,819)
Other Advance Inc. Increase (Decrease)	3,927	(1,833)
Other Payables Increase (Decrease)	(3)	(4)
Changes in Currents Items	(1,655)	(27,135)
CASH PROVIDED BY OPERATIONS	**$ (20,280)**	**$ (87,013)**

See accompanying notes to the financial statements

OKLAHOMA COUNTY MEDICAL SOCIETY
OKLAHOMA CITY, OKLAHOMA

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021, AND DECEMBER 31, 2020

NOTE 1- Significant Accounting Policies

The financial statements of the Oklahoma County Medical Society have been prepared on the accrual basis of accounting. For this reason liabilities have been recorded on the statement of financial position for dues received in advance for the following year. These advance payments collected and not yet remitted totaled $100,655, which included OCMS dues of $73,695 and affiliated organization payables of $26,960, at December 31, 2020, and will be recognized as income in 2021. At December 31, 2020, the advance dues and other income received was $127,922, of which $24,195 was payable to affiliated organizations.

Other Revenue Recognition

Bulletin Income-During the year the Society received income from both subscribers to the semi-monthly Bulletin publication and from those who paid to advertise in those publications. Bulletin subscriptions are for a calendar year period, so payments received in advance will be treated as unearned revenue until the publications have been made available to subscribers. Similarly, advertising receipts are also recognized as income when the publications are issued for which the ads were purchased. Unearned revenue from these sources at December 31, 2021 is recorded as a liability in the amount of $6,120.

Meeting Income-The Society also receives income from the holding of various meetings for the benefit of the members including the annual inaugural event and meetings held to disseminate information to members. Since much of the support for these events is received in advance the Society treats as deferred income those advance payments and recognizes revenue from those meetings when the event is concluded. Advance payments treated as deferred revenue for this purpose totaled $20,060 at December 31, 2021, and $17,500 at December 31, 2020.

Dues Commissions-The Society also receives reimbursement from affiliated organizations for costs they incur to collect and remit dues to those organizations from Society members. The reimbursement rate is determined by the affiliated organizations and those amounts are paid following the remittance of the dues. The Society takes those reimbursements into income as they are received from those organizations.

Accounts receivable of the Society include accrued interest on investments and amounts due from payments made on behalf of the County Medical Society Foundation. Management believes that all amounts included in receivables will be collected by the organization.

Expense Allocations

The Society specifically identifies costs and expenses allocable to the program services of the organization. Payroll and related costs are allocated according to the amount of time spent by employees between program activities and administrative activities. Overhead costs for occupancy, office expenses, and other items are allocated between program and administration based on the payroll costs percentage for each category.

Capitalization Policy

The organization capitalizes as fixed assets all assets purchased which have a useful life of more than one year and a cost per unit greater than $2,000.

Subsequent Event Review

Management has evaluated subsequent events through January 25, 2022, the date when the financial statements were available to be issued.

Income Taxes

The Society is exempt from Federal and State income taxes on income related to their exempt function under Section 501(c)(6) of the Internal Revenue Code, and no provision for income taxes is therefore necessary. Information returns for the year ended December 31, 2017, and subsequent years remain subject to examination by Federal and state tax authorities.

NOTE 2-Accounting Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities and reported revenues and expenses. There are no significant estimates which affect the financial statements of the Oklahoma County Medical Society.

NOTE 3-Organizational History and Program Activities

The Society was organized on January 1, 1954 as a non-profit organization, with the purpose of the Society being to promote the art and science of medicine and the betterment of public health. Also, the Oklahoma County Medical Society purposes to unite with other county medical societies in the State of Oklahoma to compose the Oklahoma State Medical Society.

The Society engages in various activities related to its exempt function. Included among these activities are the staffing of various committees which support and further the art and science of medicine, particularly for the welfare of the general public, in Oklahoma County.

Significant committees staffed by the OCMS staff and membership include Quality of Care, Emergency Medical Care, Access to Care, Public Relations, Community Health Issues, and Orientation for new members.

Also, the Society prints and distributes a monthly bulletin which informs members and others about continuing education requirements, activities of the Society, and new developments in the field of medicine and health care. During the year ended December 31, 2002, the Society established and is maintaining a website to make that information more accessible to its membership and the general public.

The Society also undertakes the responsibility for billing, collecting, and distributing dues payments from its members for the Oklahoma State Medical Association and the American Medical Association. These organizations, related to the OCMS through their common membership, reimburse the Society for their costs associated with that service based on a standard reimbursement rate.

The general public is served through the Society's physician referral service, which provides interested people with the names of physicians who provide the services that those individuals need and who practice in their geographic area. Also, the Society prints and distributes a directory of members of the OCMS.

NOTE 4-Cash Equivalents

Cash Equivalents-For purposes of the statement of cash flows, debt instruments held by the Society with an original maturity of less than ninety days are considered the same as cash.

NOTE 5-Related Party Transactions

The office space and employees of the Oklahoma County Medical Society are shared with the Oklahoma City Clinical Society. For this reason, during 2020 $3,000 was paid to the OCMS by the OCCS for overhead expenses for the year. During 2021, the OCCS paid $4,000 to the OCMS for overhead expenses.

NOTE 6-Marketable Investments and Fair Value

Financial Accounting Standards Board Statement No. 157 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted process in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described below:

Level 1
Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2
Inputs to the valuation methodology include:
Quoted prices for similar assets or liabilities in active markets;
Quoted prices for identical or similar assets or liabilities in inactive markets;
Inputs other than quoted prices that are observable for the asset or liability;
Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified term the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021, and December 31, 2020.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Exchange Traded Funds: Valued as determined by reference to transactions on an actively traded market.

Certificates of Deposit and Other Fixed Income-Valued as determined by reference to transactions of similar securities on an actively traded market.

The fair value of the Society's cash, accounts receivable and all other current assets as well as its accounts payable and other current liabilities approximate the respective fair values due to the short maturities of those instruments. The following table sets forth by level within the fair value hierarchy the Society's investment assets at fair value as of December 31, 2021.

	Level 1	Level 2	Level 3	Total
Mutual Funds & ETFs		$329,612		$329,612
Corporate Notes & Bonds		$ -0-		$ -0-
Certificates of Deposit		$219,879		$219,879
Total Assets at Fair Value	-0-	$549,491	-0-	$549,491

The following table sets forth by level within the fair value hierarchy the Society's investment assets at fair value as of December 31, 2020.

	Level 1	Level 2	Level 3	Total
Mutual Funds & ETFs		$ 289,080		$ 289,090
Corporate Notes & Bonds		$ -0-		$ -0-
Certificates of Deposit		$ 293,894		$ 293,894
Total Assets at Fair Value	-0-	$ 582,974	-0-	$ 582,974

The following schedule reconciles investment account income as presented in the statements of activities for 2021.

Investment Account Recognized Capital Gains (Losses)	$6,845
Investment Account Current Market Value Gains (Losses)	$31,145
Total Investment Account Income	$37,990

The following schedule reconciles investment account income as presented in the statements of activities for 2020.

Investment Account Recognized Capital Gains (Losses)	$11,385
Investment Account Current Market Value Gains (Losses)	$15,146
Total Investment Account Income	$26,531

NOTE 7-Medical Explorer Post Funds

During the year ended December 31, 2006, the Society received funds from the inactive Medical Explorer Post, another not-for-profit organization, which the Society has sponsored in past years. It is the intention of the organization to hold these funds until the Post is reactivated and to use those funds to finance the programs of that organization. Accordingly, these amounts held in trust for that organization are reflected as a current liability on the statements of financial position.

NOTE 8-Concentration Risk

From time to time during the year the Society had on deposit in its checking account amounts in excess of the federally insured amount of $250,000. This concentration of bank deposits presents the Society with a risk of loss on deposits in excess of that insured amount.

NOTE 9-Commitments and Contingencies

During the year ended December 31, 2009, the Society agreed to a long term lease with the Oklahoma State Medical Association for the use of the Society's office space. That agreement requires the Society to make lease payments of $1,968.75 per month for three years, representing an annual lease commitment of $23,625. The lease term had been renewed for three years after its renewal date on June 1, 2012. The Society lease as of June 1, 2015, is now on a month-to-month basis.

On March 11, 2020, the World Health Organization declared the novel strain of coronavirus (COVID-19) a global pandemic and recommended containment and mitigation measures worldwide. As of the date of this filing, the organization remains open and is doing business, subject to regulated and reduced activity. These regulations and reductions have resulted, and may further result, in the cessation of certain activities, some of which are sources of support for the organization. We cannot reasonably estimate the length or severity of this pandemic, or the extent to which the disruption may materially impact our financial position, results of operations, and cash flow in fiscal 2021.

NOTE 10-Retirement Plan

The organization maintains a defined contribution retirement plan for all substantially full-time employees who have met the minimum service requirements. Contributions to this plan totaled $15,990 in 2021 and $14,010 in 2020.

OKLAHOMA COUNTY MEDICAL SOCIETY
OKLAHOMA CITY, OKLAHOMA

SUPPLEMENTAL STATEMENTS OF EXPENSES
FOR THE YEARS ENDING DECEMBER 31, 2021, AND DECEMBER 31, 2020

	12/31/2021	12/31/2020
Salaries	$ 132,012	$ 161,525
Payroll Taxes	8,255	12,456
Bulletin Costs	21,894	27,075
Office Expense	7,599	11,058
Credit Card Processing	5,835	5,683
Equipment Maintenance & Expense	2,446	4,836
Printing and Postage	5,181	6,278
Telephone	2,640	2,603
Rent	23,625	23,625
Insurance-General	6,879	6,456
Insurance-Employees	13,082	10,811
Travel and Conventions	-	-
Auto Allowances	-	-
Dues and Licenses	1,400	1,400
Legal and Accounting	11,960	17,206
Directory Printing	-	3,069
Promotion and Entertainment	197	215
Inaugural Expenses	10,459	24,888
Other Meetings Expense	513	2,118
Public Relations and Misc.	80	607
Contributions	4,750	700
Retirement Expense	15,990	14,010
Website Development	3,514	8,750
Executive Director Education	-	-
Investment Account Fees	2,831	2,265
Total Expenses	**$ 281,142**	**$ 347,634**

See accompanying notes to the financial statements.

Alison Fink

DIRECTOR'S DIALOGUE

"I don't know how to explain to you that you should care for other people." – Dr. Anthony Fauci

I often look to this quote when I am frustrated with the exhaustion of masking and COVID and stress related to parenting an unvaccinated toddler during the worst epidemic in modern history. Dr. Fauci may be a polarizing figure in our current health care environment, but in my opinion, he has the heart of a public health servant, along with so many of our members.

Day after day, our physicians head out the door into a sea of viruses and masks and social distancing because they believe in the health of our communities and the people of Oklahoma County. They believe in the science of protecting and improving the health of people, and protecting not only our local population, but the health of our country.

That is a lot that physicians are burdened to carry on their shoulders, and they do it nearly effortlessly. However, being a physician does not come without serious challenges and that manifested within the past month with the horrible murders of physicians, staff and a patient in Tulsa. This one felt close to home. No words can describe the sadness surrounding the situation and the heartbreak of the families and the community.

Caring for other people is for the empathetic and somewhat soft at heart, which I feel that all physicians have a piece of or else they would have never agreed to the oath. When the challenges become too great, please remember that counseling is available, for free, to every physician, resident and student reading this article. Confidential counseling, available virtually, with a psychologist with years of experience working with physicians.

Do not hesitate to seek out counseling to deal with this unique situation facing physicians. The people who trained you didn't deal with this. The generation before you haven't faced challenges of widely publicized mass murders and a worldwide epidemic that resulted in a complete shift of public behavior. Perhaps you are a physician who reluctantly retired early due to COVID-19 spread and are experiencing shock with your new lifestyle. The members of OCMS care for other people, including our own. Learn more about counseling at www.okcountymed.org/pwp.

IN MEMORIAM

Norman Stephen Levine, MD

June 30, 1941 - May 13, 2022

Norman S. Levine, MD, of Edmond, age 80, passed away on May 13, 2022.

Norman was born in Paterson, N.J., to parents William and Helen Levine, and was raised with his three sisters. He graduated from East Side High in Paterson and attended Princeton University as an undergraduate followed by Harvard Medical School.

He began his surgical internship at Medical College of Virginia and then transferred to Albert Einstein College of Medicine in the Bronx, N.Y., for the remainder of his surgical residency. He then spent 3 years serving his country primarily in the burn unit at Brooks Army Medical Center in San Antonio, Texas. This was followed by a fellowship in plastic and reconstructive surgery at Temple University in Philadelphia, Pa.

Dr. Levine moved his young family to Oklahoma in 1977 and quickly became the head of plastic and reconstructive surgery at OU, directing the residency program for over 25 years. He was board certified in both plastic/reconstructive surgery (for which he was also a board examiner) as well as hand surgery, and he had a special interest in the repair of pediatric craniofacial anomalies while also enjoying the cosmetic aspects of his work. He often jokingly referred to himself as "The Wizard of Schnoz!" After leaving OU, he had a successful private practice in downtown OKC for 17 years before retiring at age 77.

He was a wonderful father - sweet, caring, devoted, supportive, and delightfully quirky. Norm's personality was engaging, open, and genuine, with an irreverent sense of humor (and gift for terrible puns). He was incredibly smart, curious about the world, and typically excelled at anything he chose to do – in addition to being an accomplished surgeon, he was also a musician who could play piano, trombone, guitar, and banjo. He could read and speak several languages fluently. In his 70s he took up an interest in antique clocks and quickly became a regional expert on French clocks. With that said, Norman was extremely humble and understated, and he always had a sense of humor about himself and about life.

Norm is survived by his two daughters, Arielle and Amanda, his four grandchildren Daniel, Juliette, Sierra, and Kira, his sisters Valorie and Deborah, and the love of his life, his "Sweetfart" Lily Ruttan, San Diego.

Dr. Levine was buried in the Memorial Park Cemetery. In lieu of flowers, donations can be made to a worthy charity.

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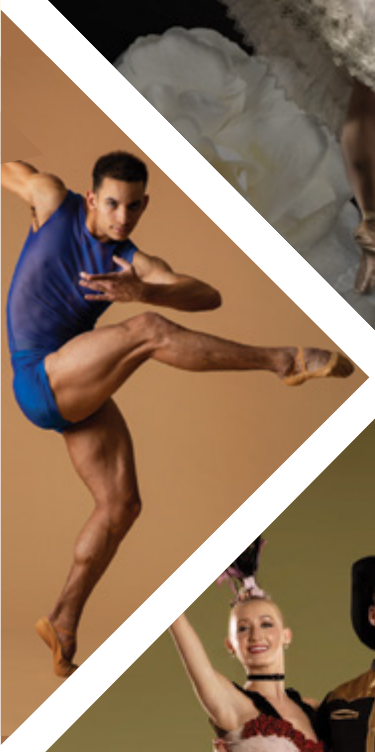

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SUICIDE PH

By Hanna A. Saadah, MD

The unexpected is common. Surprises astonish every day. We all live from one surprise to another. *"Surprise is the greatest gift which life can grant us,"* said Boris Pasternak. *"The chief event of life is the day in which we have encountered a mind that startled us,"* said Ralph Waldo Emerson.

Professor Mirum Sermo was admitted to the psychiatry floor at our VA Hospital because he attempted suicide by starving himself. When he wouldn't answer his phone, his grandson Jonathan flew in from California and paid him a surprise visit. He found him in bed, listless, emaciated, clean, and cheerful. This was the conversation Jonathan related to his admitting psychiatrist.

"What's wrong, grandpa?"

"Nothing is wrong."

"Why didn't you answer your phone?"

"Because phone calls are intrusions on my quietude."

"Why have you lost so much weight?"

"Because I stopped eating."

"Why did you stop eating?"

"Because I've grown tired of living."

"Are you trying to starve yourself to death?"

"I'm exercising my right to kill my body."

"Your right? What right are you talking about?"

"The right to exit life. I could not choose my entry, but I can choose my exit. I am exercising my right to choose how, when, and where I die."

❁

Professor Mirum Sermo's California grandson brought him to our clinic.

"They kept him on the psychiatry floor for three weeks and wouldn't discharge him until he started eating. As soon as we got home, he stopped taking his medicines and stopped eating. I also stopped eating when he did and told him that if he intends to starve himself, so will I. He didn't believe me but after one week with no food he realized that I was serious. Now we're eating together three meals a day, but I know that when I go back to California, he's going to go back on his starvation diet. That's why his frustrated primary-care physician referred him to your problem-solving clinic."

"I'm not a psychiatrist," I protested.

"He refuses to see the psychiatrist but will see you because you are medical."

Professor Mirum sat outside our conversation, detached, and smiling. His wordless face donned an insouciant sneer.

"He taught philosophy at Berkeley for forty-five years," said Jonathan. When grandma died two years ago, he returned to Oklahoma City, his birthplace, leaving his entire family of sons, daughters, and grandchildren behind. He's eighty-five, lives alone in his home, is staunchly independent, and hates being bothered. For two years, I've called him every Sunday. When he stopped answering my calls, I flew in because I knew that something was wrong. The entire family is worried, but he won't talk to any of them."

❁

To redirect the conversation, I pulled my chair as close to the professor's as propriety permits and asked, "Are you feeling well, Sir?"

"I feel fine, Doctor," he answered with a knowing gleam.

"Do you have any complaints?"

"Like I said, Doctor, I feel fine."

"Do you plan to starve yourself after Jonathan returns to California?"

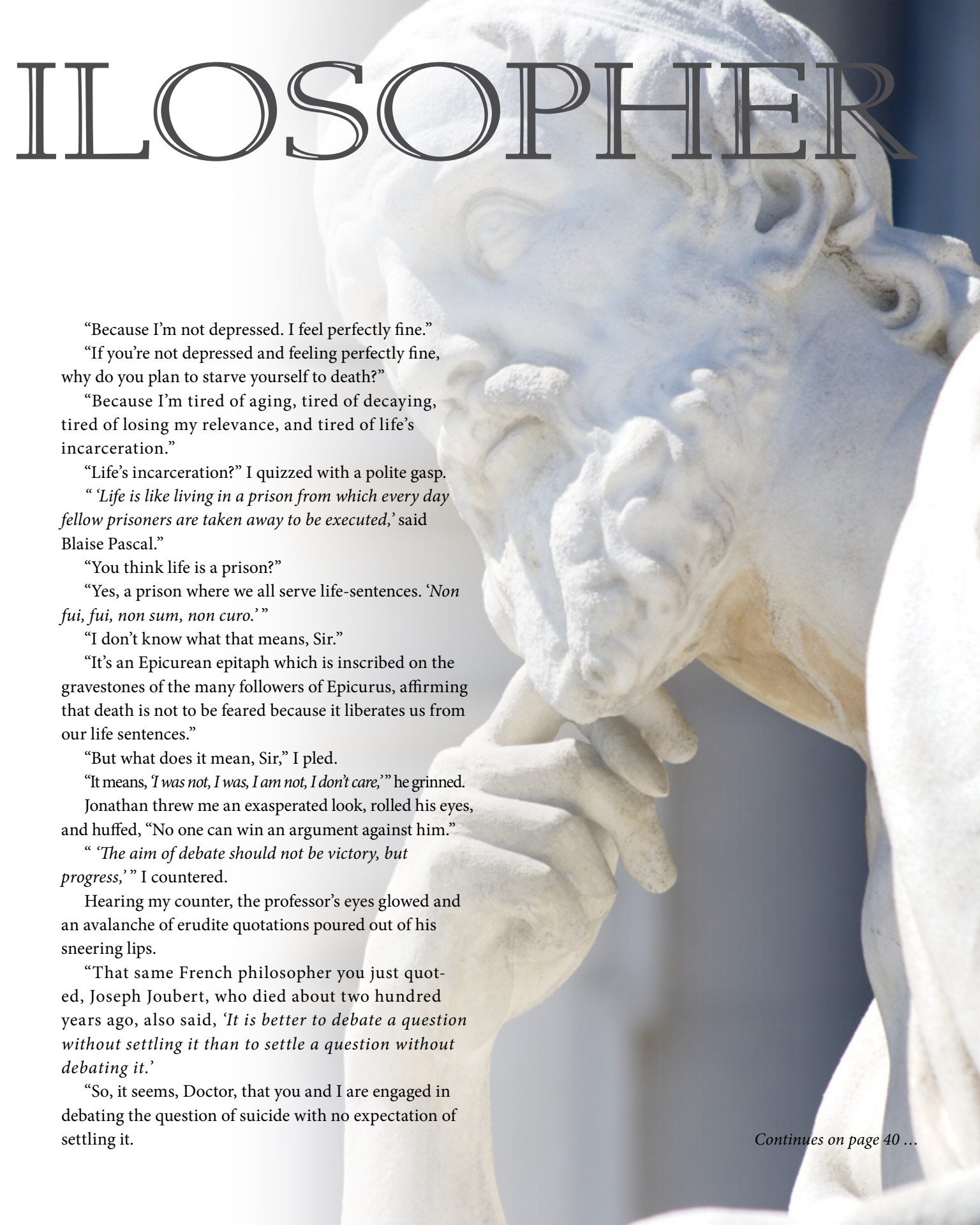
"Yes."

"Are you taking your antidepressants?"

"No."

"Why not?"

ILOSOPHER



"Because I'm not depressed. I feel perfectly fine."

"If you're not depressed and feeling perfectly fine, why do you plan to starve yourself to death?"

"Because I'm tired of aging, tired of decaying, tired of losing my relevance, and tired of life's incarceration."

"Life's incarceration?" I quizzed with a polite gasp.

" *'Life is like living in a prison from which every day fellow prisoners are taken away to be executed,'* said Blaise Pascal."

"You think life is a prison?"

"Yes, a prison where we all serve life-sentences. *'Non fui, fui, non sum, non curo.'* "

"I don't know what that means, Sir."

"It's an Epicurean epitaph which is inscribed on the gravestones of the many followers of Epicurus, affirming that death is not to be feared because it liberates us from our life sentences."

"But what does it mean, Sir," I pled.

"It means, *'I was not, I was, I am not, I don't care,'* " he grinned.

Jonathan threw me an exasperated look, rolled his eyes, and huffed, "No one can win an argument against him."

" *'The aim of debate should not be victory, but progress,'* " I countered.

Hearing my counter, the professor's eyes glowed and an avalanche of erudite quotations poured out of his sneering lips.

"That same French philosopher you just quoted, Joseph Joubert, who died about two hundred years ago, also said, *'It is better to debate a question without settling it than to settle a question without debating it.'*

"So, it seems, Doctor, that you and I are engaged in debating the question of suicide with no expectation of settling it.

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"Seneca says, '*Why do you complain of this world? It does not hold you; if you live in pain, your cowardice is the cause; to die all that is needed is the will.*'

"Michel De Montaigne says, *'Life is slavery if the freedom to die is wanting.*'

"The stoics say, '*It is living in conformity with nature for the sage to part with life even in full happiness, if he does so opportunely, and for the fool to cling to his life, even though he is miserable.*'

"Hagesias used to say, *'Like the condition of life, the condition of death ought to depend on our choice.*'

"Lucius Aruntius killed himself '*To escape both the future and the past.*'

"Michel De Montaigne says, *'In Marseilles, there was kept, at public expense, some poison prepared with hemlock for those who wanted to hasten their days, which they could use after having first had the reasons for their enterprise approved by their Six Hundred'.*

"I could go on and on Doctor, but I think I have debated enough. Now, can we part as amiably as Socrates, who at his sentencing said, *'The hour of departure has arrived, and we go our ways, I to die, and you to live. Which is better God only knows.'* "

I lowered my gaze in capitulation, realizing that I was no match to his philosophical wit. But his smug nonchalance did challenge my medical mind. While I searched for some intelligent response to break our stalemate, he scrutinized my face with his glittering eyes, as if I were the wedding guest in Samuel Taylor Coleridge's poem, *The Rhyme Of The Ancient Mariner.* Silently, I recited to myself the stanza that leapt out of my memory's coffer:

'He holds him with his glittering eye
The wedding guest stood still
And listens like a three years' child
The Mariner hath his will.'

❁

Professor Mirum Sermo stood up, ready to leave. Jonathan remained seated, unready to capitulate. My under-pressure mind sparked. I stood up and positioned myself between the professor and the door.

"Sir," I said.

" *'A teacher affects eternity; he can never tell where his influence stops,'* said Henry Adams, who died one hundred years ago.

" *'Any man's death diminishes me, because I am involved in mankind,'* said John Donne, who died four hundred years ago.

" *'One person dies by suicide every 40 seconds, and for every person who dies, 60–135 people are affected by the death,'* said *The Lancet* medical journal one month ago.

"Have you considered, Sir, how many will be affected by your suicide, how many years of suffering you will inflict upon them, and what an example you will set for others to follow?"

The professor lost his sneer.

"Please, sit down, Sir," I invited.

"He has six children, 19 grandchildren, and won't let any of them come visit him. They're all worried," interjected Jonathan.

The professor sat down and, as if addressing himself, mumbled, "I never contemplated suicide until old age ambushed me when my wife died. *'Age takes hold of us by surprise,'* said Goethe," he sighed.

"How did age ambush you?" I asked with concern.

"It diminished me, uglified me, rendered me incontinent, and is stealing away my memory like it stole my mother's. She was a beautiful, erudite woman until age diminished her to a babbling remnant of her former self."

"The sanctity of life's gift is not to be rejected no matter how bad life becomes," I said, putting my palm on the professor's clenched fist. "Our ailing Veterans do not choose suicide despite dementia, amputations, heart failure, respiratory failure, hemiplegia, paraplegia, and other horrific morbidities. They make us proud because the brave soldier inside them keeps fighting, never gives up, and wears time's morbidities as battle wounds, as hard-earned badges of honor."

"Life becomes a trap when one is not allowed to leave it" countered the professor. "I refuse to be trapped. I have the right to end my life because a bad end could mar the happy life I've already had. Look up the stories of Tithonus and Solon and you will understand what I mean."

During the ensuing sad silence, I reflected on the stories of Tithonus and Solon, stories he wanted me to look up, stories I already knew.

Tithonus, the son of the king of Troy, was taken as lover by Eos, the goddess of dawn. Eos asked Zeus to make Tithonus immortal but neglected to ask for eternal

youth. As time passed, Tithonus grew infirmly old while Eos remained young. Tithonus begged Eos to take back Zeus's gift of immortality and allow him to die. She couldn't because the Gods cannot take back their gifts. Thus, Tithonus languished in eternal infirmity.

The philosopher Solon told King Croesus that one can have a happy life only if one also has a happy end. Croesus, who was rich, powerful, and thought he was the happiest man alive, was conquered by King Darius and sentenced to burn on the pyre. Croesus's last words were, *'Solon, Solon, how right you were.'* When King Darius heard his call, he had his men rescue Croesus because he wished to learn more about Solon …

Professor Mirum Sermo, trapped by life, sat with bowed head, as if still contemplating his exit strategy. I could almost hear his vacillating thoughts and knew not to confront his belief. But a certain idea, like an incessant bird, kept pecking at my mind's window. Could his desire for exit be fueled by a feeling of irrelevance? Could retiring after 45 years of eminent relevance as philosophy professor, losing his wife who was the compass of his worth and relevance, having grown children who no longer needed him and whom he did not wish to bother, and feeling ambushed by old age that threatened to diminish him to a babbling remnant of his former self—could all that explain his fatalistic world view?

"I had no idea that death by suicide affected that many people," recalled the professor after awakening from his pensive trance. "How many people did you say?"

"For every person who dies, 60–135 people are affected by that person's death."

"And where was that published?"

"In *The Lancet,* this past May."

"May I have a copy?"

"I'll email it to you. It was a seminar on *Suicide and self-harm.*"

After this brief awakening, the professor lapsed back into his pensive trance. I waited for his silence to start using words, but his mind remained nonverbal. I imagined that he was pondering the number of people that would be affected by his suicide—grandchildren, children, friends, colleagues, and the thousands of students who hold him in high esteem. That was my opportune moment, my window to his soul. *'Seize the moment, carpe momentum,'* cried my mind.

"Professor," I said with a cautious voice. "I need your help. Could you possibly carve time, three days a week, to help with some of my clinic patients?"

The professor's eyes lit up with intrigue when he saw that I was dead serious.

"I have a doctorate in philosophy not in medicine. I fail to see how I can be of aid."

"We both have the same mission, Professor."

"What kind of mission applies to both philosophy and medicine?" he asked with raised eyebrows.

"Increasing joy and reducing suffering is everyone's humanitarian mission. The entire worth and relevance of a human life may be measured by the joy it imparted and the suffering it eased."

"Indeed," gulped the professor with a startled expression.

"Very well then. I need you to provide emotional support to the hopeless Veterans that I take care of. I refer them to psychiatry and that helps. But what they really need is a friend to talk to, a friend outside the VA system, a friend who is not medical, a friend who could temper their feelings of worthless irrelevance. All I need is your telephone number and permission. You are ideally suited to mitigate our Veterans' negative feelings."

"You want me to befriend Veterans I do not know?"

"Yes, Sir. *'A friend is another self,'* said Aristotle. Our mission is to increase the joy and reduce the suffering of our fellow humans. Many of our Veterans need friends more than they need medicines."

"I see," gulped the professor, and a shade of capitulation dropped like a veil over his face. "Perhaps I could give it a try."

When the professor stood up this time, Jonathan and I also stood up and faced the door…

❁

Professor Mirum Sermo and Jonathan left my clinic with tacit smiles behind their eyes.

Professor Sermo became my primary friendship provider.

Jonathan went back to California.

Professor Sermo's new book, *Age, Worth and Relevance*, is at the publishers.

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The morning broke
Splashed violent colors
Shattered the sky dome
Spun clouds into wild horses
Conducted birdsong oratorios
And painted earth with moist, lush love.

Then
A lawn mower
Shot the glory down.

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