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FALL 2021 | VOL 31 | NO. 4

Book Reviews By Our Physician Members (and a few future physicians)

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President's Message

by Neil Veggeberg, MD

It looks like COVID is going to be here for a while – not that I'm surprised, since the plague lingered for so long. The Delta variant has put a new twist on things. My question is: why have we had such a low vaccination rate in the US and, in particular, in Texas? In any argument, I've found it's important to know the opposing side's core values - the issues that, no matter what, you are not going to change. I'm not sure why not taking the vaccine has become a core value. Why did so many take this on as an issue? If they're concerned about the effects of the vaccine, are they also concerned about the other aspects of their health? Did they stop smoking, lose weight, exercise 20 minutes a day, eat a Mediterranean diet and avoid

processed sugar? All those issues take work and commitment. They are lifestyle changes. To be against the vaccine all you must do is not take it. I really don't see any commitment there. In addition, it would be nice, if you didn't take the vaccine, that you also wore a mask, avoided other people, and monitored yourself for potential signs and symptoms of the infection. In my relatively small outpatient practice, we have lost six patients to COVID, two of whom seemed to be the healthiest people I knew.

I was listening to an NPR podcast. They described a remote village whose water supply was contaminated by some type of microorganism. It sounds like the situation in London with cholera. Health authorities provided the villagers with drops to add to the water to sterilize it. Much to their dismay, when they returned the villagers were not using them. They were so suspicious of the government that they did not trust anything they provided. Now we have a vaccine, and a huge group is not taking it probably due to misinformation. Social media is so awash with misinformation it is difficult to determine what is correct and what is not. Some American citizens have become equally suspicious of science. I'm not sure how to correct that.

As of the writing of this article, the hospitalization rate for COVID is 16.48%. To the best of my knowledge, there are no patients present in the hospital due to side effects from the vaccine.



Executive Director's Message

by Cindy Barnard, Executive Director

This current issue of *Panhandle Health* will be an interesting magazine for our audience who love to read. The entire issue is devoted to book reviews, ranging from the classic novella, Pulitzer Prize winner *Old Man and the Sea*, to a book of what seems to me to be very cerebral poetry, *Twice Alive*, by Forrest Gander. Somewhere in the middle we have *Nobody's Normal*, a non-fiction work, and a compassionate examination of evolving attitudes towards mental illness throughout history and the fight to end its stigma.

According to Wikipedia, "a book review is a form of literary criticism in which a book is described or analysed based on content, style, and merit." That is the classic form of a book review, but we now also have reader reviews, posted on various websites (i.e. Amazon, Kindle, etc.), blurbs on the covers and inside covers of books, one or two sentence reviews by various authors (often on pages before the book even begins), various reviewer websites (i.e. GoodReads, etc.), and even word of mouth. "Have you read _____? You must; it is wonderful," says your friend.

These reviews are an invaluable source of information for readers. For example, a review, positive or negative, not only lets a reader know a book exists but also helps a reader decide whether to take a chance on its purchase. Amazon has discovered that a given book needs at least ten positive ratings before a reader even considers buying it. That fact alone demonstrates the power of book reviews in the popularity and sale of a book.

We hope you enjoy these reviews and that one or two may pique your interest enough to read (or reread) a certain book. To me, there is little better than a "good book." In the words of Frank Zappa, "So many books, so little time."

Once again, our cover is the reproduction of a painting by Kenneth Wyatt, recently deceased. In Wyatt's 91 years, he has left an enormous body of work over 9000 paintings. His talent began to show in elementary school as his papers always had doodles of horses and other animals on the margins. These sketches didn't help his grades, but Wyatt says, "...at least the teachers didn't insist that I stop decorating my reports with them." Wyatt's paintings "are for everyone," says his website. They are in diverse places, from offices, homes, museums, and churches to the collections of movie stars. farmers, clergy, and even yours truly! Equally diverse are his subjects - animals, landscapes, westerns, flowers, etc. He said, "...I see paintings in my soul and I just push the paint around until it looks like what I see inside."



Guest Editor's Message: Medical Humanities and Panhandle Health

by Steve Urban, MD, MACP

The Fall 2021 issue of Panhandle *Health* is the third issue we have dedicated to book reviews by our physician members (and a few future physicians). Our first book review ever - a review of Randy Shilts' And the Band Played On, by Dr. Jim Luce, in the spring of 1991 reflected a common theme of our journal in the early years, the AIDS crisis. Subsequently, we published individual reviews (e.g. Norman Cousins' Head First: the Biology of Hope, reviewed by Dr. Rush Pierce in early 1992; William Styron's harrowing chronicle of depression Darkness Visible, reviewed by Dr. Pat Penovich later that year). These isolated articles led up to our first book reviewonly issue, edited by Dr. Jack Long in the spring of 2000. Books discussed in that issue ranged from classics (Homer's The Odyssey, reviewed by Dr. Long), modern classics (Ishiguro's Remains of the Day, reviewed by Dr. Rush Snyder), to the wild and crazy (William Burrough' Naked Lunch, reviewed by Dr. Taylor Carlisle). A book review-only issue returned in the summer of 2014 and included reviews of Edith Wharton's The House of Mirth by Dr. Mike Ryan and Jack Vance's Cugel the Clever by Dr. Tom Johnson.

These issues have proved popular, especially with our 500 or so lay readers; I guess they are pleasantly surprised that their doctors actually read books outside of medicine. And so we decided to publish another book review issue. Some of these reviews were offered by our members in response to a general appeal to the PRCMS membership, and some were "volunteered" by our editorial board members. We hope that our readers will notice and appreciate the broad range of topics collected in this issue.

Over the years, Panhandle Health has dedicated whole issues to other topics relating to humanism in medicine. Our issue on Medical Ethics in 1995 was highlighted by the article "The Ethics of Caring" by hospice pioneer Dr. Gerry Holman. We published an issue entitled "Making a Difference" in the winter of 2000 and another on Humanism in Medicine in the winter of 2006 (This issue includes one of my favorite articles of all time, "Stranger at the Bedside" by Dr. Todd Bell). An issue on the Art of Medicine in the spring of 2011 included observations by some of the most skilled and caring physicians I have known, including Dr. Ted Nicklaus and Dr. Hal Werner. Under the editorial leadership of Dr. Tracy Crnic, we offered an issue on the impairments and obstacles faced by doctors - an issue entitled "Physician, Heal Thyself" - in September of 2019.

Another topic closely allied to medical humanities is the history of medicine in the Texas Panhandle. We have published issues on the history of Amarillo hospitals and institutions (fall 2003), pioneer doctors in Amarillo (spring 2012) and the region (fall 2013), and pioneer women physicians (fall 2014). In addition, we have published recollections by and stories about retired practitioners (fall 2016) and local medical icons (fall 2020). Most recently, we have recounted stories of persistence and triumph in our "Physician Diversity" issue (spring 2021). If you would like to reread any of these articles, you can go to the Harrington Library at Texas Tech (for hard copies of all published issues) or the Potter-Randall County Medical Society website (for issues from 2014 to the present).

Finally, on a personal level, looking through the old files has resur-

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rected memories some of our great physicians and stalwart friends who have passed away - not only Jim Luce, Ted Nicklaus and Gerald Holman but also Bob Higgins ("Arthroscopy: A Revolutionary Change in Joint Surgery", winter 1993), Bruce Baker ("Costeffective Management of Chronic Cough", spring 1995), Dan Jenkins (who contributed to "Management of Cancer Pain in Adults", fall 1995), Matt Houseal ("Schizophrenia", spring 1999), Doug Lewis ("Advances in Neurology" spring 2009) and, our most recent loss, John Alpar (who wrote an article on "Ophthalmic Drug Interactions" way back in the winter of 1991). These articles call to mind how much we loved and respected these physicians - how much we have lost - but also, more positively, what a skilled, innovative, and caring medical community the Panhandle has been blessed with over the years.

Our Next Issue Of

Panhandle Health





Message from the Potter-Randall County Medical Alliance

By Tricia Schniederjan

My name is Tricia Schniederjan and I am the President-Elect of the Alliance. My husband and I moved to Amarillo a year ago from my hometown of Fort Worth, and I fell in love with the Texas Panhandle. When I realized I was moving to Amarillo, one of my first thoughts was to reach out to the Medical Society Alliance. As the Past President of the Tarrant County Alliance, I knew that, by joining this group, I would find new friends and ways to serve our community.

I eagerly joined the board to support the "Family of Medicine". I was born into this family of medicine as my grandfather, Ivan H. Readinger, was an internist. Both of his sons became physicians as well. My dad is James Readinger, who recently retired as an internist; my uncle, Richard Readinger, is a pediatric cardiologist. My brother, Robert Readinger, is a pediatrician and my sister-in-law, Allison Readinger, is a dermatopathologist. My husband, Joseph Schniederjan, is an interventional radiologist; most of you know Joseph's cousin Bleu Schniederjan, the surgeon. My grandmother, Ethel Readinger, was the President of the Medical Auxiliary (now Alliance) in 1954. I hope to make them all proud.

The Potter-Randall County Medical Society Alliance board would like to thank all physicians and families for all they have done during the last almost 2 years of the global pandemic. We want to recognize, now more than ever, how the Family of Medicine needs one another. Over the years, we have held many community events and outreach projects. As we grow and engage our members, both new and former members, we want to strive to support the family and medicine and to support a healthier Texas for our community.

We want to thank everyone for staying connected and joining us at recent events. We had a great time recognizing our physicians and families with the drive-through event at Pondaseta Brewing Company! This was a huge success – we will plan to do this again in the near future. At the start of the new medical year, the Alliance hosted a welcome party for the new internal medicine, OBGYN,

POTTER RANDALL COUNTY MEDICAL SOCIETY (PRCMS) OFFERS HELP TO TROUBLED PHYSICIANS

If you, or a physician you know, are struggling with addiction, depression or burnout and are unsure what to do or whom to contact, the Potter-Randall County Medical Society is here to help. We offer face-to-face confidential sessions with the PRCMS Physician Health and Wellness Committee, made up of your physician peers who know and understand recovery. Please don't struggle alone when help is a phone call or an email away. Whether you are calling for yourself, your practice partner, or as a family member of a physician, contact Cindy Barnard, PRCMS Executive Director, at 806-355-6854 or prcms@suddenlinkmail.com. Membership in

PRCMS is not required.

pediatric and family medicine residents to Amarillo. It was a great success and so much fun. Recently, medical alliance volunteers helped stuff backpacks at BritKare Home Medical to support The Leaders Readers Network and Amarillo ISD's Families in Transition.

Hopefully, if COVID allows, we will have a fall social. Invitations and more information will be coming soon. In December there will be a Hard Hats event coinciding with the Northside Toy Drive where hundreds of bikes are given away. We will be providing and fitting bike helmets to accompany their new bikes. If you would like to volunteer, please contact me through email <u>tschnied@gmail</u>. <u>com</u>. Finally, I'd like to share that a new Alliance directory is in the works, so be sure to keep your membership up-to-date in order to be included.

I want to thank you for welcoming us here. We have really felt the caring nature of the medical community and are so happy to be a part of making it the best.

Meet the Alliance Board of Directors

The Potter-Randall County Medical Society Alliance is a great way to bring the family of medicine together for fellowship, community outreach, and advocacy. Meet our current board of directors. If you are interested in serving on our board, please see open positions.

Terry Lopez, President

Tricia Schniederjan, President Elect

Elisa Hemmerich, Secretary

Bailey Wesley, Resident Outreach

Chris McGilvery, Membership

Dr. Nicole Lopez, Community Outreach

Open positions: *Treasurer, Communications, Public Relations, Community Outreach Co-Chair, Residency Outreach* (2 positions)

Upcoming Board Meeting Dates (open to members; please email <u>tschnied@gmail.</u> <u>com</u> if you are interested in joining).



To the Lighthouse by Virginia Woolf

Reviewed by Brian Pruitt, MD, FACP

 $T^{\rm b}$ the Lighthouse (1) has been named one of the best English-language novels of the 20th century (2,3). It portrays the experiences of a British family, Mr. and Mrs. Charles Ramsay, at their summer home on the Isle of Skye (Inner Hebrides), west of Scotland.

Mr. Ramsay is a professor of philosophy in London. He is self-centered and sensitive, a difficult man. He broods about failure in his professional life. He needs praise. Mrs. Ramsay is beautiful at age 50. She is charitable and deeply involved in the lives of her children. She enthusiastically encourages young couples to marry. The Ramsays have eight children, four boys and four girls, all of whom are characters in the novel. Mrs. Ramsay has also invited a number of guests to join in her family's vacation.

The story largely consists of the characters' thoughts and feelings, with almost no external action. When read carefully, its language displays an unusual beauty. I have provided several abbreviated examples.

THE WINDOW is the subtitle for the first (of three) sections. It covers a single day of the story and accounts for 121 of the book's 219 pages. As this section begins, Mrs. Ramsay is seated in the drawing room with her six year-old son, James. They are planning soon to visit a nearby Lighthouse. ("Lighthouse" is capitalized throughout the novel). Mr. Ramsay and a philosophy student, Charles Tansley, are taking a walk right outside the sitting room window:

"Yes, of course, if it's fine tomorrow," said Mrs. Ramsay. "But you'll need to be up with the lark," she added.

To her son, these words conveyed an extraordinary joy, as if it were settled, the expedition were bound to take place, and the wonder to which he had looked forward for years and

| continued on page 10

Be A Part Of The Circle

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> Be a part of the circle. In 2006, Potter-Randall County Medical Society introduced the Circle of Friends, a program designed with the business of medicine in mind. Members of the Circle of Friends are companies that pay an annual fee to participate in Medical Society events. Their financial commitment allows PRCMS to provide quality programs throughout the year, such as the Annual Meeting, Doctors Day, Resident Reception, Family Fall Festival, Retired Physicians Lunch and Women in Medicine. In return, these companies are invited to attend these events and discuss with the physicians the benefits that their companies offer a physicians practice.

We are grateful for the support of these organizations and anticipate another great year of serving the needs of our members. The purpose for Circle of Friends is to provide a valuable base of resources to assist the physician in the business of medicine so their practice of medicine can improve.

This program has proven to be a valuable resource of services such as liability insurance, accounting, banking and much more. This year, we hope to expand the Circle to include services the physician may use in his or her personal life. Through this program, we can invite businesses serving physicians to support the Society and increase their visibility among its members. Corporate support contributes to the Society's ability to advocate and care for physicians and patients in Potter and Randall Counties.

The Medical Society thanks all of its supporters as it offers new opportunities to its membership. If your business is interested in being a part of our Circle of Friends, please contact Cindy Barnard at 355-6854 or e-mail prcms@suddenlinkmail.com. years it seemed, was, after a night's darkness and a day's sail, within touch...

"But," said his father, stopping in front of the drawing room window, "it won't be fine."

Had there been an axe handy, or a poker, any weapon that would have gashed a hole in his father's breast and killed him, there and then, James would have seized it. Such were the extremes of emotion that Mr. Ramsay excited in his children's breasts by his mere presence; standing as now...grinning sarcastically, not only with the pleasure of disillusioning his son and casting ridicule upon his wife... but also with some secret conceit at his own accuracy of judgement. What he said was true. It was always true.

Mr. Tansley maliciously echoes Mr. Ramsey at the window:

"There'll be no landing at the Lighthouse tomorrow," clapping his hands together.



Surely he had said enough, [thought Mrs. Ramsay]. She wished they would both leave her and James alone and go on talking.

She is knitting socks as a gift for the Lighthouse keeper's little boy. She uses James's leg to estimate the measurements.

"And even if it isn't fine tomorrow," said Mrs. Ramsay, "it will be another day. And now," she said, "stand up, and let me measure your leg," for they might go to the Lighthouse after all, and she must see if the stocking did not need to be an inch or two longer....

Virginia Woolf is one of the earliest 20th century writers to use interior monologue (4,5,6), a style that presents the characters' thoughts as part of the narrative. Here while Mrs. Ramsay knits, the narrative follows the wanderings of her mind.

She looked up and saw the room...; every door was left open. ...[W]indows should be open, and doors shut. She would go into the maids' bedrooms at

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night and find them sealed like ovens, except for Marie's, the Swiss girl, who would rather go without a bath than without fresh air. She had said...last night looking out of the window with tears in her eyes, "The mountains are so beautiful." Her father was dying there, Mrs. Ramsay knew. He was leaving them fatherless. ...[T]here was no hope, no hope whatever. ...

As Mrs. Ramsay reflects on Marie's sadness, she recalls how people have commented on a sad look they find in her own beautiful face.

Never did anybody look so sad. Bitter and black, half-way down, in the darkness, in the shaft which ran from the sunlight to the depths, perhaps a tear formed; a tear fell; the waters swayed this way and that, received it, and were at rest. Never did anybody look so sad.

But was it nothing but looks, people said? What was there behind it – her beauty and splendour? Had he blown his brains out, they asked, had he died the week before they were married – some other, earlier lover, of whom rumours reached one? Or was there nothing? nothing but an incomparable beauty which she lived behind, and could do nothing to disturb?

These reminders of her beauty prompt a memory of a telephone conversation with an elderly friend, Mr. Bankes.

("Nature has but little clay," said Mr. Bankes once, much moved by her voice on the telephone, though she was only telling him a fact about a train, "like that of which she moulded you." He saw her at the end of the line, [like a Greek goddess], blueeyed, straight-nosed. How incongruous it seemed to be telephoning to a woman like that. The Graces assembling seemed to have joined hands in meadows of asphodel to compose that face. Yes, he would catch the 10:30 at Euston.

Mr. Bankes is a botanist, an invited guest at the Ramsays' vacation. He adores Mrs. Ramsay. Observe how Mrs. Ramsay's internal monologue continues to follow Mr. Bankes's thoughts even after he has hung up their telephone conversation (5). "Yet she's no more aware of her beauty than a child," said Mr. Bankes, replacing the receiver and crossing the room.... And he thought of Mrs. Ramsay.

The author's use of interior monologue further develops the relationship between Mr. and Mrs. Ramsay.

[Her husband passed again by the window.] She was trying to get these tiresome stockings finished to send to Sorley's little boy tomorrow, said Mrs. Ramsay.

There wasn't the slightest possible chance that they could go to the Lighthouse tomorrow, Mr. Ramsay snapped out irascibly.

How did he know? she asked. The wind often changed.

The extraordinary irrationality of her remark, the folly of women's minds enraged him.... [S]he flew in the face of facts, made his children hope for what was out of the question, in effect, told lies. He stamped his foot on the stone step. "Damn you," he said. But what had she said? Simply that it might be fine tomorrow. So it might.

Not with the barometer falling and the wind due west.

To pursue truth with such astonishing lack of consideration for other people's feelings, to rend the thin veil of civilisation, so wantonly, so brutally, was to her so horrible an outrage of human decency that without replying...she bent her head. There was nothing to be said.

He stood by her in silence. Very humbly, at length, he said that he would step over and ask the Coastguards if she liked.

There was nobody whom she reverenced as she reverenced him.

Mrs. Ramsay sees another of her guests, Lily Briscoe, standing outside at the edge of her lawn with an easel, painting. Lily keeps her painting private, always uncomfortable about having anyone view her canvas. She is aware of Mr. Bankes nearby.

Let him gaze; she would steal a look at her picture.

She could have wept. It was bad, it was bad, it was infinitely bad! She could have done it differently of course... And it would never be seen; never be hung even, and there was Mr. Tansley whispering in her ear, "Women can't paint, women can't write. ..."

But now while she still looked, Mr. Bankes...had put on his spectacles. ...Lily, rousing herself, saw what he was at, and winced like a dog who sees a hand raised to strike it. She would have snatched her picture off the easel, but she said to herself, One must.

Nothing could be cooler and quieter. Taking out a pen-knife, Mr. Bankes tapped the canvas with the bone handle. What did she wish to indicate by the triangular purple shape, "just there"? he asked.

It was Mrs. Ramsay reading to James, she said. She knew his objection-that no one could tell it for a human shape. But she had made no attempt at likeness. [Why had she introduced the shape, he asked.] She said, there, in that corner, it was bright, here, in this, she felt the need of darkness. ...A light here required a shadow there. ... It was a question... how to connect this mass on the right hand with that on the left. ... She stopped; she did not want to bore him; she took the canvas lightly off the easel.

Lily is a central character in the novel. She is a female artist with artistic insights and goals that mesh with those of the author. Women can paint, just as they can write. She also adds impartial observations about the other characters in the novel. Comparing Mr. Bankes with Mr. Ramsay, for instance, she says this:

Mr. Bankes has greatness, but Mr. Ramsay has none of it. He is petty, selfish, vain, egotistical; he is spoilt; he is a tyrant; he wears Mrs. Ramsay to death; but he has what you (she addressed Mr. Bankes) have not; a fiery unworldliness; he knows nothing about trifles; he loves dogs and his children. He has eight. Mr. Bankes has none.

Woolf's interior monologues often speculate about the thoughts of other

characters (4). Here Lily seeks to comprehend Mrs. Ramsay's way of thinking – a challenge ("how she was alarming, too, in her way, high-handed."), but Lily hopes that understanding Mrs. Ramsay will inspire her painting.

[Lily was] thinking that she was unquestionably the loveliest of people...the best perhaps; but also, different too from the perfect shape which one saw there. But why different, and how different? she asked herself [Mrs. Ramsay] was like a bird for speed, an arrow for directness. She was willful; she was commanding Arriving late at night, with a light tap on one's bedroom door, wrapped in an old fur coat (for the setting of her beauty was always that - hasty, but apt), she would enact [the stories she came to tell]. - All this she would adroitly shape; even maliciously twist; and, ... moving over to the window, in pretence that she must go, - it was dawn, she could see the sun rising, half turn back, more intimately, but still always laughing, insist that...they all must marry, ... and here she saddened, darkened, and came back to her chair, there could be no disputing this: an unmarried woman has missed the best of life.

[Then Lily had laughed] at the thought of Mrs. Ramsay presiding with immutable calm over destinies which she completely failed to understand.... She had recovered her sense of her now. But into what sanctuary had one penetrated? ... Was it wisdom? Was it knowledge? Was it, once more, the deceptiveness of beauty, so that all one's perceptions, half way to truth, were tangled in a golden mesh?...And yet, she knew knowledge and wisdom were stored up in Mrs. Ramsay's heart. How, then, she had asked herself, did one know one thing or another thing about people, sealed as they were?

Another pair of guests, Minta Doyle and Paul Rayly, have gone off to walk along the edge of the chiffs. Mrs. Ramsay has urged them to marry, and they need to talk. Andrew, the Ramsays' firstborn son, has accompanied the couple. Mr. Ramsay is still walking on the terrace near their summer home, and James has gone to bed. Mrs. Ramsay continues her knitting. Notice how freely the narrative records their thoughts moving back and forth between them:

She knitted with firm composure, slightly pursing her lips and, without being aware of it, so stiffened and composed the lines of her face...that when her husband passed...he could not help noting the sternness at the heart of her beauty. It saddened him, and her remoteness pained him.... Indeed, the infernal truth was, he made things worse for her. He was irritable – he was touchy. He had lost his temper over the Lighthouse....He would have passed her without a word had she not, at that very moment,.... gone to him.

She took his arm....Suddenly she remembered those little paths on the edge of the cliffs. Wasn't it late? she asked. They hadn't come home yet. He flicked his watch carelessly open. But it was only just past seven. He held his watch open for a moment, deciding that he would tell her what he had felt on the terrace....To begin with, it was not reasonable to be so nervous. Andrew could look after himself. Then, he wanted to tell her that when he was walking on the terrace just now - here he became uncomfortable, as if he were breaking into that solitude, that aloofness, that remoteness of hers. But she pressed him. What had he wanted to tell her, she asked, thinking it was about going to the Lighthouse; that he was sorry he had said "Damn you."

But no...he said. When he was Andrew's age he used to walk about the country all day long, with nothing but a biscuit in his pocket and nobody bothered about him, or thought that he had fallen over a cliff. He said aloud he thought he would be off for a day's walk if the weather held....He would like a little solitude.

Yes, she said.

It annoyed him that she did not protest. She knew that he would never do it. He was too old now to walk all day long with a biscuit in his pocket.

The book's first section – a day-long story – concludes at bedtime for the Ramsays. He asks her to say that she loves him.... "She could not say it"...."yet he knew."

The second section of *To the Lighthouse*, subtitled TIME PASSES, has only 19 pages. It is praised because of its creative rendering of time. Within it, the events of 10 years (including World War I) unfold. The house is empty, deteriorating steadily despite the efforts of an elderly maid. Mrs. Ramsay dies in this section, with strangely little comment.

Mr. Ramsay, stumbling along a passage one dark morning, stretched his arms out, but Mrs. Ramsay having died rather suddenly the night before, his arms, though stretched out, remained empty.

The third section, subtitled THE LIGHTHOUSE, relates another single day's events. Ten years after the events of the first section, Mr. Ramsay has invited a few of the guests from the earlier summer vacation. He and James (now age 16) will sail at last to the Lighthouse. Lily was invited to reattempt her abandoned painting of Mrs. Ramsay and James. She arrives late at night, and after awakening sits at her old place at the breakfast table, wondering why she had come.

Suddenly Mr. Ramsay...passed and looked straight at her, with his distraught wild gaze which was yet so penetrating...And he shook his head at her, and strode on ("Alone" she heard him say, "Perished" she heard him say)...

After loading the boat with parcels for the lightkeeper Mr. Ramsey departs with James, who steers the small sailboat. Lily remains on the island and watches. She sets up her easel and faces a blank white canvas. Mrs. Ramsay's absence slowly becomes a positive presence for her.

Mrs. Ramsay bringing them together; Mrs. Ramsay saying, "Life stand still here"; Mrs. Ramsay making of the moment something permanent (as in another sphere Lily herself tried to make of the moment something permanent) – this was of the nature of a revelation. In the midst of chaos there was shape... "Mrs. Ramsay! Mrs. Ramsay!" she repeated. She owed it all to her.

Lily begins to paint. The boat fades almost from sight as it approaches the Lighthouse. The sailors land briefly, unload their parcels, and begin their return. Lily continues to paint, weary but now confident that she could give Mr. Ramsay the painting he wanted.

There it was – her picture. ...It would be hung in the attics, she



thought; it would be destroyed. But what did that matter? she asked herself, taking up her brush again. With a sudden intensity, as if she saw it clear for a second, she drew a line there, in the centre. It was done; it was finished. Yes, she thought, laying down her brush in extreme fatigue, I have had my vision.

To the Lighthouse is a beautiful work of fiction, with many facets. The author's skill with interior monologue lets us know the characters from inside their minds - their private thoughts and even their difficulties in knowing the other characters (7). Mrs. Ramsay, for example, is wonderfully real. The novel itself could be thought of as a portrait of her. Lily Briscoe understands herself and others admirably. Her portrait of Mrs. Ramsay may be a visual counterpart to the novel. The novel's title obviously refers to the Lighthouse itself, but it could also allude to Lily's struggle and eventual enlightenment with her painting.

With brevity in mind, I omitted much discussion of the book's brief second sec-

tion, TIME PASSES. Time in this section passes very slowly, at an almost geological pace, independent of human thought. This section is widely considered the best of the book (8). *To the Lighthouse* is not an easily accessible novel. Spend time with it – mark up your copy if that helps. Give it your careful attention, and enjoy it.

REFERENCES

- 1. *To the Lighthouse*: http://gutenberg. net.au/ebooks01/0100101.txt
- 2. Time Magazine: https:// entertainment.time.com/2005/10/16/ all-time-100-novels/
- Modern Library: https://www. modernlibrary.com/ top-100/100-best-novels/
- Levinson, M, "Narrative Perspective in *To the Lighthouse*", in Pease, Allison, ed. *The Cambridge Companion to To the Lighthouse* (2015), Cambridge University Press.
- 5. Auerbach, Erich, "The Brown Stocking," Chapter 20 in *Mimesis : the*

Representation of Reality in Western Literature (original in German, 1946). Garden City, N.Y. :Doubleday (1953).

- Wood, James. *How Fiction Works* (2008). Farrar, Straus and Giroux, pages 8-38, "Free indirect style."
- Pease, A, "Introduction" in Pease, Allison, ed. *The Cambridge Companion to To the Lighthouse*, Op cit.
- Shehan, P, "Time as Protagonist in To the Lighthouse" in Pease, Allison, ed. The Cambridge Companion to To the Lighthouse, Op cit.

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The Premonition: A Pandemic Story by Michael Lewis

Reviewed by Rouzbeh K. Kordestani, MD, MPH

In The Premonition: A Pandemic Story, Michael Lewis (of Moneyball fame) brings to light a series of individuals in health care and other scientific fields who are beset with coincidences that expose the precariousness and the holes in the health care system, in the government and its various agencies PRIOR to the arrival of COVID-19. In The Fifth *Risk*, a book Michael Lewis wrote only two years ago, he showed that many of the governmental agencies we so cherish have slowly decayed and have been starved for financial backing and for intellectual leadership. In that book, he showed that many of these same groups have far-reaching power but due to "starvation" and "neglect" were on their last legs. He concluded that the system was at a critical fail-safe point. In the Epilogue of that book, he noted that these systems were fortunately holding but might fail should a grand test of government or leadership be forced upon them. Little did he know that, only 16 months later, his own premonition would come to pass in the SARS Covid-19 virus.

As Mr. Lewis tells a series of stories in The Premonition: A Pandemic Story, he highlights many individuals in industry and in health care who noted that the system had holes; each in their own way asked questions as to why these holes existed and "what if a pandemic/endemic actually hit us?" These individuals include the likes of Dr. Charity Dean, who was at first a local health officer in Santa Barbara County with a passion for going against the grain and always doing the right thing. As her two-year journey goes, she is promoted and then forebodingly thrust into the second-highest public health role in the state of California. It was her tenacity and her disregard for self-preservation that pushed California to be the first state to declare social distancing rules and stay-at-home orders. This led to the state breaking the rules and moving forward without federal leadership. This also most probably led to the national movement to do the same, a move that more than likely saved thousands of lives. She was touted as a star before having her life threatened, and eventually handing in her resigna-

100 % Membership

Thanks to the group practices* whose entire physician staff are members of Potter-Randall County Medical Society and TMA. Amarillo Medical Specialists Amarillo Family Physicians Clinic Amarillo Heart Group Amarillo Urology Cardiology Center of Amarillo High Plains Radiological Association Panhandle Eye Group Texas Oncology Women's Healthcare Associates Amarillo Anesthesia Consultants tion and going into retirement from civil service.

It is also the story of a band of scientists and other health care leaders who had been left in the shadows since the Bush Administration and who, more than a decade earlier, in a 2006/7 report, had written a paper detailing their analysis of the 1918 Spanish Flu and its impact in the United States. These same scientists had catalogued the disastrous US response in various cities such as St. Louis and Philadelphia. It was these scientists - including Carter Mecher, a VA administrator and statistician, and Richard Hatchett, a fellow scientist - who came up with the notion and recommendation for school closures, social distancing and the shutdown of social networks to break the spread of disease. Until then, the accepted response was simply to wait until a vaccine was developed by the CDC and then to make it available nationwide. Carter/ Hatchett had the forethought that a pandemic would happen again, and we would suffer if we simply waited for a vaccine. They made suggestions in their paper of what to do while waiting. It was simply that their paper was quoted, read, catalogued and ignored until COVID was well underway.

It is the story of an underground band of scientists (Carter, Hatchett and Dean included), called the Wolverines, who comprise some of the brightest minds in computer science, modeling, administration, and technology development and who kept themselves apprised of the findings around the country as the initial events were unfolding in China. They finally chose to act and spurn local action when they knew that federal action would not be coming. One of these group members was Joe DeRisi of UCSF fame who actually came up with the chip to test for COVID-19, a testing mechanism that ironically the federal government refused to accept until local industries and groups went around the federal government and made it available for free. The ironies multiply when these short stories are told (Richard Hatchett would eventually be the person in private industry to make the initial grant allowing a small company named Moderna to make their experimental vaccine).

Throughout these stories, two things become apparent, both of which are in part sad and in part foreboding. The first is that, in many cases, smart individuals/groups recognized the signs of the pandemic. They understood the possible ramifications of inaction and still they did nothing. This includes most of the administrators in the health care system in California and at the federal level, as well as many senior administration members at Homeland Security and the Department of Health and Human Services. The running response in many cases was that the alarms were an overreaction. Many displayed the gullibility of "it can't happen here" or, worse, "we can take care of it." Unfortunately for hundreds of thousands of Americans, that was not the case. Through this lack of action, the United States and the greatest medical/scientific engine in the world was shown to be not only ineffective but almost too dysfunctional to be of any use. The system and its many components seemed to spend more time denying facts than acting on them.

The second notion that is emerges from the book is the dysfunctionality of the Centers for Disease Control (CDC). The CDC has a glorious history of achievement in developing vaccines and helping with pandemics throughout the world. It is considered by most to be the epitome of health safety for the world at large. However, through its actions as catalogued, it is shown now to be a political animal with too many rules to be effective. Since the swine flu fiasco in 1975/6, the CDC core administration and its director have been presidential appointees. In this way, the head of the CDC can be appointed or removed on a whim (or by a simple tweet). For this reason, the CDC director is no longer the meticulous scientist who holds facts above policy. This was made painfully obvious in the actions of the CDC director (Dr. Redfield) during the pandemic. The CDC was politically forced to clear drugs (e.g. hydroxychloroquine) with little effectiveness at the order of the President, a non-scientist. More importantly, at critical times during the pandemic, the CDC refused to clear or authorize warnings and/or guidelines needed to save lives. Until very late in the game, and only after all indications showed that social distancing was effective, did the CDC actually authorize school closings and social distancing. Only after several states and multitudes of state-level officials had independently declared that they would enact such policies did the CDC act. The CDC director was forced to clear policies with the administration first to ensure that the President would not be upset. In one passage of the book, one of the Wolverines refers to the CDC as the Centers for Disease Observation and Reporting no guidance, no control. It is truly sad to realize that one of the greatest health assets in human history is now reduced to being a bit player on the sidelines.

With all that we have been through, we now have a better understanding of how vulnerable we all are. The Premonition: A Pandemic Story helps to catalogue the many efforts undertaken at this critical time. Through reading this book and its multitude of stories, one can gain a better understanding of what might have happened had we not reacted as we did. The pandemic could have been truly much worse if non-vaccine-based interventions were not enacted (some estimates put the American death toll at 3 to 5 million). One can only shudder at

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that scenario. As we face the fourth wave of the pandemic with the delta variant, we hope that lessons learned can be heeded by those most likely to be affected - the unvaccinated – and that we can bring this deadly plague under control at last.

Dr. Rouzbeh Kordestani graduated from undergraduate school at Cal Berkeley and from medical school at Tulane. He did his general surgery residency at UCLA and the University of California at San Francisco, followed by a plastic surgery residency at the University of Oklahoma. He has practiced plastic surgery in Amarillo since 2004 and has served on the editorial board of Panhandle Health for 13 years. He was editor-in-chief of our journal in 2009 and 2010.





When Catch Me If You Can Became... Scam Me If You Can, by Frank Abagnale

Reviewed by Mary Elhardt, MD

Ever wonder what happened to Frank Abagnale, the world's most successful con artist who was immortalized by Leonardo DiCaprio in the hit movie Catch Me If You Can? During his successful career as a con man and an imposter, he posed as an airline pilot, worked as a supervising hospital resident, and wrote over 1 million dollars in counterfeit checks. His career in crime ended when he got caught and spent some time behind bars. Today, he works as a consultant for the AARP and intelligence agencies like the FBI to help catch criminals just like him. Abagnale, criminal turned superhero, is also now a successful author of books that expose the tricks that today's scammers, hackers, and con artists use to defraud everyday people.

I first read Abagnale's book, *Scam Me If You Can*, in the summer of 2019 after I fell victim to a scam during a trip to Prague. In attempting to call hotels. com to change a reservation, I erroneously dialed a scammer phone line. When I checked the phone number later, it was off by one digit. I had unknowingly called a spoofed hotels.com phone line and given my credit card number to a man who appeared to work for hotels. com. I lost \$700 and had a very confusing follow-up conversation with a hotel in Prague. I did not catch the mistake until a week later when I reviewed my credit card statements.

Like most educated people, I thought I was smart enough to avoid scams, but it happened so easily. Scams happen to people of every educational and income level. Scammers are becoming even more clever in a rapidly evolving technological world. So, it became obvious to me that I needed to do whatever I could to protect my online and technological presence. Who better to provide an education on fraud prevention than the world's most notorious swindler himself, Frank Abagnale?

In *Scam Me If You Can* I learned that cyber criminals love to pose as other reputable organizations. Scammers buy the

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rights to phone numbers that are similar, but slightly different, from the legitimate organization's telephone numbers. The author details how scammers will study the targeted organization's calls so that when you place a call, the dialogue is what you would expect if you were talking to a representative of the legitimate organization. Scammers will also create websites that mimic a popular website and promote the fake websites on Google so that they pop up first in the search menu. This is how I fell victim to my travel scam. I clicked on the first listing that appeared to be hotels.com and used the phone number provided. Scammers can also create a fake caller ID for the fake telephone number. In his book, Abagnale provides you with tips on how to spot the frauds and determine which are legitimate websites.

The book also details how to protect your debit card information. For instance, I learned how simple it is to scratch a debit card number onto a piece of carbon paper. Abagnale discusses how to spot a phony card reader and the safest ways to use an ATM. He also suggests methods to reduce debit card use and recommends rarely using a debit card. He suggests using credit cards and paying off that debt every month. Making all your purchases with credit cards offers an additional layer of protection.

Abagnale goes into the details of how scammers obtain information from your computers, tablets, and cell phones when you access public wifi. He urges people in airports to turn off their wifi, and to turn off automatic wifi-joining on your devices. He discourages use of public charging stations and illustrates the ways in which viruses can be downloaded from these perceived public conveniences.

When dealing with robocalls, he advises hanging up and not engaging with the caller. He also details methods you can use to remove your phone number from robocall lists. He provides a way to verify the identity of callers on robocalls if you do decide to speak with them. Abagnale encourages challenging people who ask for personal information. His recommendation is to ask, "why do you need this information," before giving any personal information out in any circumstance.

Abagnale then discusses issues related to social media. In my view, a significant point of this section was his caution about posting passport-like photos to social media. Criminals do have access to these photos, and there is plenty of facial recognition software that they can tap into for identity theft. He also urges people to avoid posting photos with identifiable background on social media, especially those photos that could detail the floor plans of your house. It's best not to check into a location while you are currently there, as criminals will know your exact location and possibly that your house is unoccupied. The book also discusses common dating website scams. If a person asks for money before meeting you, exercise caution. Request a Facetime meeting with them so you can talk to them first. Most criminals will not want to take the time to speak with you or show their face to you.

He discusses the complex problems with online passwords, and how to safely store them off electronic media. Password storing software can be easily hacked. He discourages recycling of passwords and encourages use of 2 factor authentication whenever possible.

Abagnale finally devotes an entire chapter to government fraud, including taxes, Medicare, and Social Security. I learned that scammers may attempt to obtain your public information so that they can file a tax return for you before you try to file it yourself. They can then collect your tax refund. You should be aware that a government agency will never call you to ask you to pay first for any tax refund or lottery winning.

Scam Me If You Can offers many more useful examples of how to protect yourself. I found this information invaluable as an explanation after my scam experience and as protection going forward. I now have new insights into navigating the most common traps that people might fall into in the world of con artists and scammers. This book offered me a great foundation on how to protect myself in this convoluted and quickly changing cyber world. Cyber security attacks are becoming more prevalent, as evidenced by the recent attacks on the JBS meatpacking plants, oil pipelines, and even Universal Health Services - an attack that affected the Cerner EMR at Northwest Texas Hospital.

A word of caution – after reading this book, I wondered about the motives of the great imposter. Is he really a converted convict working to prevent people from falling victim to scams and identity theft? Or is he embellishing claims of his previous criminal life and collecting profits with a book? Does the Catch Me If You Can story continue today for Frank Abagnale? I encourage you to read the book and judge for yourself.

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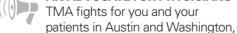
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Pandemic 1918 by Catherine Arnold

Reviewed by Marge Weis, PhD

N o one was certain how it started, but the world was certain how it ended - badly. It was the 1918 influenza pandemic, sometimes called the Spanish Flu. It swept the world from late 1917 to 1919, infecting unknown numbers and killing perhaps 50,000,000. Catherine Arnold's Pandemic 1918 (2018, St. Martin's Publishing Group) chronicles the spread of the disease from the earliest known cases, through the army camps and battlefields of World War I, to the civilian populations of the US, Europe, Africa, India and Australia. These personal accounts of the impact of the pandemic, drawn from diaries, letters, and family memories, make for fascinating reading.

The index case will never be known, but it may have been as early as February 1918, in Haskell County, Kansas. There, Loring Miner, the local MD, treated 18 cases of an unusually virulent influenza. Three of these patients died. Dr. Miner reported these cases to the public health authorities in Washington, as he feared this could be the start of an epidemic. The government promptly suppressed warnings of the lethal virus, on the grounds that it would harm national morale. After all, we were at war.

From Haskell County, the disease travelled to Camp Funston, in Ft. Riley Kansas. Army camps proved to be the perfect breeding grounds for a respiratory virus, and by spring 1918, the pandemic was underway, spreading to Camp Devens in Boston, and following the troops to France on ships like the *Leviathan*.

The civilian population was not untouched as it swept throughout the US and Europe, and thence to the rest of the world. The dead could not be buried fast enough, and the corpses accumulated. In Philadelphia's Laurel Hill Cemetery, the bodies of the victims were unceremoniously consigned to trenches hastily dug with steam shovels, and marked only with the number of victims.

The spring 1918 wave subsided during the summer, only to roar back in the autumn. The second wave was considerably more deadly and contagious than the first. It was not until the third wave passed in the spring of 1919 that the pandemic subsided - after infecting more than an estimated 500,000,000 worldwide. Although this is the presumed pathway, it is nearly impossible to tease out the actual route of spread. Influenza was (and still is) a common occurrence in crowded conditions like army barracks, and there were many case reports among the French and English troops before the arrival of the American doughboys.

At the time, the cause of influenza was unknown. Viruses were only known to be elements that passed through filters that would retain bacteria. Indeed there was considerable debate as to whether viruses were simply chemicals that cause disease. (incidentally, although we now know that viruses are nucleic acids wrapped in a protein or protein and lipid coat, we are still debating whether they are alive or whether they are very sophisticated chemicals that can subvert normal cellular processes.) Today, of course, we have the powerful tools of molecular biology that permit us to tease out the lineage. In the final few chapters. Arnold takes us to those labs, and the successful effort to re-construct the 1918 virus. The results indicate that the 1918 virus probably made its way from farm animals (most likely swine) to their human caretakers, with devastating effect. Although we have the full sequence of the 1918 virus, as well as the sequence and structure of its proteins, we still don't know why this strain of H1N1 influenza was so virulent.

Keeping in mind that Arnold wrote and published this book nearly two years before anyone heard of SARS-2 corona virus, the most fascinating aspect has been the striking parallels between 1918 and 2020. Although SARS-2 is from a different family of viruses, it too appears to have made the leap from animals to humans. As with the 1918 H1N1 virus, SARS-2 has exhibited antigenic drift, meaning that more virulent strains arose.

The human response to these pandemics has been remarkably similar, too. In 1918, Arnold tells us that there was initial government resistance to talking about the possibility of a pandemic. When denial was no longer possible, numerous conspiracy theories arose. Some thought that the virus was actually pneumonic plague, introduced by the Chinese. Others thought that the disease was manufactured by the German army, as a weapon of war. U.S. Public Health authorities recommended that gatherings in large groups be curtailed and that masks be worn when out of the home, recommendations that were met with considerable resistance. Public celebrations of the armistice ending the war became "super-spreader" events, leading to thousands of additional cases and deaths. Resistance to mask-wearing became a rallying cry, asserting undue government intervention.

On the whole, *Pandemic 1918* is worth the read. It highlights the personal aspect of a devastating world-wide tragedy, and is enlightening on how humans react to the incomprehensibly awful.

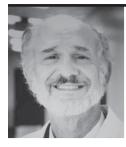
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Klara and the Sun by Kazuo Ishiguro

Reviewed by Steve Urban, MD, MACP

Klara and the Sun (1) is the most recent book by Nobel Prize-winning novelist Kazuo Ishiguro. It is a tale told by a robot, the AF (artificial friend) Klara. Set in a near future when robots are displacing human beings into unemployment, the story describes how Klara is adopted into the family of the teen-aged girl Josie, passes through a series of health and emotional crises with her young "friend", and is finally discarded, having fulfilled her mission in "life." You would think that the "life cycle" of a robot wouldn't pack much emotional power, and yet at the end of the novel you are touched by what you have read. Along the way, you are asked to consider questions of class and status, of wealth and poverty, of the ethics of genetic editing, and, perhaps most profoundly, of what is means to be self-aware - to be a "person". In this essay, I will try to show why this strange, plainly-told, almost emotionless narrative is worth your while, and why it might change the way you think about robots and - by extension - the way you think about human beings.

Kazuo Ishiguro is himself a fascinating person. He was born in Nagasaki Japan in 1954 (think about THAT for a moment) but grew up in England, where his father worked as a research oceanographer. Young Kazuo went to regular secondary school (i.e., not Eton or Harrow) and to college at the University of Kent and the University of East Anglia (i.e., not Oxford or Cambridge). As a young man he was an admirer of Bob Dylan, hoped to be a rock musician, and bummed around the U.S. for a while. When he started writing (his first book was published in 1982, when he was 28), he achieved almost immediate success. His third novel, Remains of the Day (1989), received the prestigious Booker prize; the novel Never Let Me Go (2005), which I will discuss in

a minute, was short-listed for the Booker. He received the Nobel Prize for Literature in 2017, the most recent of Britain's nine literary Nobelists (2).

Like Klara and the Sun, Ishiguro's novels are almost always first-person accounts that begin in the middle of the story and provide minimal context for the reader - you have to figure out what is happening as you go along. Ishiguro has been described as "a virtuoso of restraint"; the stories are related in plain unspectacular prose, just as you would expect from a simple functionary - a butler, a clone, an artificial friend - observing society from the outside. For instance, in the remarkable Never Let Me Go, the story is told by Kathy H. (why doesn't she have a last name?), who is attending a boarding school in England where things are just a bit off. She can have sex with her boyfriend Tommy but they can't get married and she can't get pregnant (why not?). Later we find that she us being trained to be a "carer" (for whom?) and will transition into being a "donor" (of what?). Only as the novel unfolds do you realize what is going on. Cures for cancer and Alzheimer disease have been discovered, but only by means of organ and tissue donations from clones who will die after 3 or 4 donations. These clones are "born" in a Petri dish. raised in warehouses to adulthood and then used for their organs until death. How do they respond? Do they rebel? If you have read or seen Remains of the Day, with its serviceable butler whose whole life is dedicated to a deeply flawed master, you might be able to guess the answer. The crux of the novel, however, comes at the end, when we discover that the purpose of the school that Kathy and Tommy have been attending is to determine if they have souls - the question, you realize, that underlies the whole novel.

I have spent so much space writing

about Never Let Me Go because Klara and the Sun deals with similar issues - replace "clone" with "robot" and let's see what plays out. Despite her dispassionate style, Klara is a very observant robot, as you would expect from a machine designed to be the best friend possible. Before she is purchased by Josie's family, she watches out her store window as "Coffee Cup Lady" and "Raincoat Man" gesture to each other from opposite sides of the street. Crossing over, they rush together in an embrace, but instead of smiles Kara detects crying. We surmise that they are an old couple long separated, but Klara has to figure out these strange beings as she goes along: "There were many signals I hadn't yet understood," she relates. You see how complex and unpredictable human behavior can be when you read Klara's observations "from the outside looking in."

After she is bought (adopted) by Josie and the Mother, Klara (and the reader) have to figure out what is happening. Josie is intermittently ill; her mother, despite her "high ranking shoes and suit" and her high-status job, is anxious and emotional - why? The Father, who has been "substituted" at work (i.e., replaced by a robot) is warm toward Josie but absent most of the time - what is his role in his daughter's life? Josie has a childhood friend Rick who has not been "lifted" and so will not be able to accompany Josie to college - what does "lifted" mean? Josie and her classmates engage in an "interaction meeting" where Klara is treated like a thing ("Throw her over here," the boys say). Rick intervenes on Josie's behalf, only to be himself demeaned by the "lifted" kids (this painful event allows the imperturbable Josie to make "valuable new observations" about human behavior). Later, Josie and Klara encounter a portrait artist whose "passion is AFs"; it turns out that he is making an android replica of Josie. What in the world is going on?

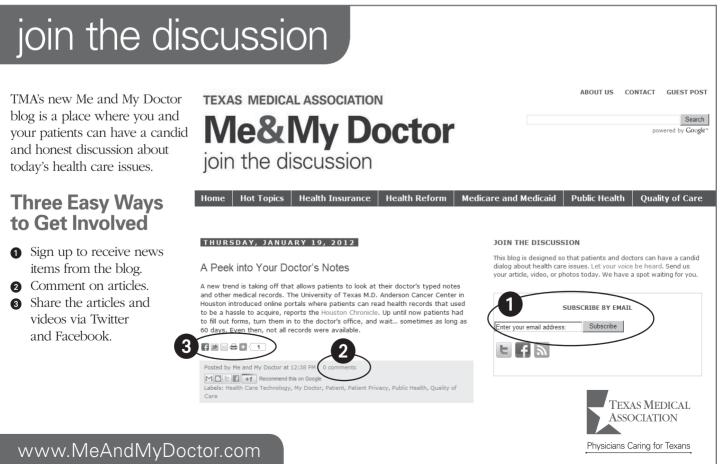
I will not reveal all the answers to these questions (obviously, part of the enjoyment of this novel is for you and Klara to figure out these things as you go along), but I will discuss a few the issues involved. We learn that the process of being "lifted" involves some kind of genetic editing that makes the kids smarter but is expensive and so available only to rich "upper class" families. "Unlifted" kids like Rick automatically become members of an underclass - a new technological caste system (3). In addition, the editing process is risky - hence Josie's illness. I imagine the genetic editing process to be something like a bone marrow transplant; it turns out that Josie's older sister had died after being "lifted" (thus contributing to the Mother's anxiety).

It's not hard to envision how genetic editing, now feasible through *CRISPR* technology, might engender such thorny ethical dilemmas. Whose DNA will we edit? Those with single gene defects like sickle cell disease or cystic fibrosis? (we might be OK with this.) How about complex polygenetic conditions such as atherosclerosis or dementia? (might there be unanticipated effects of interrupting cholesterol synthesis on, let's say, brain development?) How about DNA editing to enhance intelligence, as in this book? (how much will it cost to get into Harvard?) What about the social justice complexities involved? (do we anticipate that *CRISPR* technology will be widely available in rural Guatemala?)

A second complicated issue arises when we find out that Mr. Capaldi, the "AF artist" is creating a robotic likeness of Josie for the Mother to love if Josie should die. Klara is instructed to observe Josie closely so that she might "become" her (we assume that her thoughts and memories will somehow be downloaded into the robotic simulacrum of Josie). The robot artist Mr. Capaldi puts it plainly: "[Old fashioned people] used to believe there's something unreachable inside each of us. Something that's unique and won't transfer. But there's nothing like that. We know that now. There's nothing there. You don't need faith, only rationality." The Father rejects this idea and angrily decries the notion that "there's nothing that our modern tools can't excavate, copy, transfer." He believes in the human heart; he doesn't believe that the soul is a superstition. Which view – Mr. Capaldi's reductionism or the Father's humanism – will prevail?

In a touching comment near the end of the novel, Klara weighs in on this issue: "I did all I could to learn Josie and, had it become necessary, I would have done my utmost. But I don't think it would have worked out so well. Not because I wouldn't have achieved accuracy. But, however hard I tried, I believe now there would have remained something beyond my reach. The Mother, Rick...the Father. I'll never have reached what they felt for Josie in their hearts...I believe Mr. Capaldi was searching in the wrong place. There *was* something very special, but it wasn't inside Josie. It was inside those

| continued on page 22



who loved her." Ishiguro himself, in an interview in the New York Times Sunday Magazine (4), said that the operative question is: "What exactly is an individual?" His answer: these clones are us; this robot is me.

A final issue relates the personhood of the robot Klara (this is sort of the flip side of the question of whether there is an irreducible Josie). This question is implicit throughout the book as Klara tries to figure out human complexity. We see Klara grow in affection toward Josie. She makes sacrifices for Josie. She steps out of the room to "give privacy" but returns because of fear of Josie's loneliness ("Perhaps humans are lonely at heart," Klara muses). Indeed, when Klara suffers her ultimate fate (I'll let you read about this in the final chapter), we are touched. Does this robot - created in the natural world by human hands - really have a soul?

Of course, *Klara and the Sun* is just a work of fiction; the questions are speculative and the answers provisional. But the novel touches upon a profound question: nature of consciousness, the meaning of personhood. By this, I am referring to what cognitive scientists call "deep consciousness" – my internal experience of self-awareness, of what it is like to be me. To finish out my essay, I want to digress into this topic for just a bit.

Is consciousness just a natural byproduct of neural complexity and computational expansion? Or is self-awareness breathed into us (in-spired) by a consciousness outside of us and perhaps

outside of space and time - that is to say, a soul inspired by God. Right now, cognitive scientists are hedging their bets. The most complex computers with neural networks and artificial intelligence haven't achieved anything like personal self-awareness. But what awaits is uncertain. If self-aware robots like Klara are possible, the implications for man's spiritual life will be as profound as those of Darwin two centuries ago. That is to say: if a self-conscious being can be fashioned by human hands, the plausibility that our self-consciousness has arisen by natural processes like evolution and natural selection is very much increased.

You don't have to engage in any of these speculations in order to enjoy Klara and the Sun. Although probably not as great as the incomparable Never Let Me Go, this book is engaging in the same way. The story is told without self-pity - remember that Ishiguro is a "virtuoso of restraint". Klara's robotese (a driveway is "the loose stones area"; drones are "machine birds") is quirky but easy to follow. You want her to find a good owner/ friend. You hope that Josie gets well; you want Josie and Rick to be together. There is an element of peril when Klara encounters a threatening bull (she speculates that it has sprung from the bowels of the earth) or the noxious Cootings Machine. You agonize as the Mother and the Father struggle over how to deal with the prospect of losing another daughter. You are touched when Klara, her work done, is "retired."

In short, Klara and the Sun is engaging

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as you try to figure out what is going on. It is amusing in Klara's use of language and touching as you find that you care about Josie and Klara. At just over 300 pages, it is not an arduous slog. Finally, as you mull over the deeper ethical and spiritual issues involved, it is thought-provoking and perhaps even profound. That is to say, *Klara and the Sun* is another landmark novel from Kazuo Ishiguro, the master of deep understatement.

References:

- (1). Ishiguro, Kazuo. *Klara and the Sun*. New York: Alfred A. Knopf; 2021.
- (2). The other eight: Rudyard Kipling, John Galsworthy, T.S. Eliot, Bertrand Russell, Winston Churchill, William Golding, Harold Pinter, and Doris Lessing.
- (3). For more about this phenomenon, see Dr. Skye McLaurin's review of *Caste* by Isabel Williamson, in this issue of *Panhandle Health*.
- (4). Harvey, Giles. "Kazuo Ishiguro Sees What the Future Is Doing to Us." The New York Times Magazine. Feb 23, 2021. <u>https://www.nytimes. com/2021/02/23/magazine/kazuoishiguro-klara.html</u>

Steve Urban, MD, MACP, retired from Texas Tech SOM in 2019 as Distinguished University Professor in Internal Medicine. He was president of the Texas Chapter of the American College of Physicians in 2010, received the state Laureate award in 2014 and, in 2018, achieved Mastership in the ACP. On the flip side, he is a lifelong fan of the Houston Astros.

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Nobody's Normal: How Culture Created the Stigma of Mental Illness **by Roy Richard Grinker**

Reviewed by Mitch Jones, MD

In *Nobody's Normal*, anthropologist Roy Grinker presents the history of mental illness from ancient to modern times and shows the ways in which culture has been responsible for the stigmatization of mental illness. He traces the change of the meaning of "normal" to its present concept which has caused the exclusion of the mentally ill (and other stigmatized groups) from social acceptance. Grinker follows the historical emergence of psychiatry as a bona fide medical specialty and the ongoing process of categorizing and labelling different types of mental illness. He also comments on the major effects of the rise of psychoanalytic theory and practice and the involvement of the United States in wars on the treatment and public perception of mental illness.

Grinker is a cultural anthropologist. His great-grandfather, grandfather, and father were all highly prominent and influential American psychiatrists; it was only natural that Grinker himself was expected to become a psychiatrist. However, he did not follow his expected path but, instead, became an anthropologist who studied mental illness - thus, slightly redeeming himself to his family. Grinker and his wife, a psychiatrist, had an autistic child, and personal accounts of his interaction with his grandfather and father as well as his wife's enlightening and heart-warming experiences with the autistic child are woven throughout the book.

He points out that the symptoms of mental illness have remained the same in every time and culture and are even recognizable in ancient Greek and Islamic texts. For example, psychosis, mood swings, depression, anxiety, and obsessions and compulsions are easily recognized in the old sources and are not unlike the current symptoms of mental illness. However, the names given to the problems and the causes attributed to said problems, as well as the treatment of those afflicted, have varied widely from time to time and culture to culture. For example, a term used just recently in psychiatric literature is "Serious Mental Illness" or "SMI". SMI characterizes a mental disorder that seriously impairs one from some or most of the challenges of daily living and several life activities. In this group of the mentally ill are those who cannot live independently, who are unable to hold a job, and who are impaired in social relations. Historically, over the past three centuries, they have been disparaged and stockpiled by the thousands in "insane asylums". A constant factor in most cultures remains the stigmatization of mental illness and the devaluation, exclusion and dehumanization of those with serious mental problems. Because of society's attitudes towards the mentally ill, these people have avoided treatment and learned to hide even the smallest indications of mental problems in themselves and their relatives in order to avoid censure and stigmatization.

The word "stigma" originated from the Greek, originally meaning a mark or puncture wound on the skin but evolving to mean a sign of social unacceptability or the shame or disgrace attached to something regarded as socially unacceptable. The mentally ill have been characterized as inferior, non-productive, weak, impulsive, poorly self-controlled, and unfit to be a part of society. Those stigmatized for mental illness are only one group of people in society who are unfairly characterized as inferior, unacceptable, and weak. Grinker also pays serious attention to the injustices suffered by members of other groups (including women) so labelled and poorly treated in much of history.

The idea of "normal" was born in the late 1850's as a mathematical concept, essentially meaning average, but, as Grinker points out, is now used socially to indicate the ideal characteristics of a member of any particular culture. He cites as an example the research project of Harvard professors called the "Grant Study of Normal Young Men" which sought to determine the typical characteristics of the average American man. The study population, composed of 268 Harvard male undergraduates, was completed in 1945 and concluded that the "normal man" was young, white, native-born, intelligent, and physically fit. "Normal" had come to mean a good fit into the values of a particular group.

Typically, people try to "fit in" to the expectations of their group; they usually join with others in the group to exclude and downgrade those who do not meet those expectations. Throughout his book, Grinker advocates for the acceptance and the celebration of diversity. He is hopeful that, eventually, all people will come to understand that no two people in the world are exactly alike and that all deserve a chance at a good and decent life.

Definitive causation for most mental illnesses is still not known despite exponential increases in knowledge and the understanding of genetics, epigenetics. neurochemistry, neuroanatomy and social and environmental factors in human development. The classification and labelling of mental illness has progressed slowly over several hundred years, and Grinker points out that some of the labels given to the mentally ill have actually <u>added</u> to their stigmatization. For example, in 1838, American Dr. Isaac Ray said that insanity could be divided into only two categories – "idiots" and "imbeciles".

Grinker follows the uneven progress of the categorization of mental illness up to the publishing of the current standard of psychiatric diagnosis – the fifth edition of the *Diagnostic and Statistical Manual of the American Psychiatric Society (DSM-5)*. The *DSM-5* still defines most mental illness by descriptions of clusters of symptoms, but also this diagnostic manual has moved in the direction of accepting the fact that most mental illnesses and syndromes exist on a continuum or a spectrum with variations, both in the severity and the kind of symptoms. (I am reminded that I am somewhere on the obsessive-compulsive spectrum when I leave my house each day, drive two blocks, and then often turn around, returning to the house to be certain I have closed the garage door!)

Grinker supports the concept of spectrum of a condition and provides, as an example, the change in diagnosis of Autism in the DSM-5 from subdivisions of the condition, such as Asperger's, to a smooth continuum of symptoms. Further, he is in favour of removing Autism entirely from a type of mental illness, rather designating it as a "human diversity". He talks about the unusual abilities of his autistic daughter, Isabel, who can complete a complicated jigsaw puzzle picture upside down, has perfect pitch, and can name any note played on a piano or guitar. In addition, she has an extraordinary memory for past events and can totally focus her attention on a narrow subject for unusually long periods of time. Obviously, not all people on the autistic spectrum have such exceptional abilities, but those who do, and were previously unappreciated, are often now valued by employers for their extraordinary memory for the details of narrow topics. For instance, they have the ability to detect visual and mathematical patterns and are able to intensely focus on a task for long periods of time. These people are an exceptional fit for the requirements of work and research in high tech industries; Grinker says they are a perfect example of "the revenge of the nerds!"

Members of the Grinker family were greatly influenced by the rise of psychoanalytic practice and theory. The author's great-grandfather, Julius, emigrated from Prussia to Chicago in the late 1800's. He was Jewish, meeting with some professional prejudice, but went on to become a respected and internationally renowned neurologist. He "tried his hand at psychoanalysis for a while" as many neurologists did in that day. He is described by the author as "caustic, hypercritical and sexist"; throughout the book, there are references to his withholding approval and affection from his son, Grinker's grandfather. However, the grandfather, a distinguished psychiatrist and psychoanalyst, became the author's mentor and his role model. The grandfather was a friend of Sigmund Freud's and was personally analysed by Freud in Freud's Vienna office. (The book's description of Freud, his office. and his working methods are

remarkable.) Apparently, the grandfather's wife was also a friend of Freud's, and she is said to have written Freud and told him his analysis had not noticeably improved her husband!

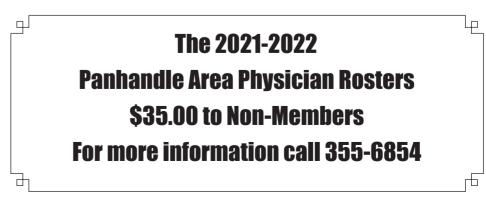
Psychoanalytic theory introduced the proposition that mental and behavioural problems were related to the patient's underlying unconscious memories and pent-up feelings. There were many results of these propositions: 1) an accordance of opinion that everyone was subject to mental distress at times 2) the existence of a framework for understanding the resulting problems 3) and the efficacy of talk therapy in the relief of these problems. Psychoanalytically-oriented psychiatrists such as the Grinkers dominated academic psychiatry and leadership roles in American psychiatry in the 1930's, 40's, and 50's. During those same years, these psychiatrists influenced nomenclature in the DSM's various iterations. In the 1950's, the development and use of the first truly effective medicines for psychosis, bipolar disorder, and depression led to the establishment of balanced psychiatric treatment which, at its best, utilizes both medicines and talk therapy.

Grinker's grandfather served in North Africa as a psychiatrist in the US Army in World War II and wrote about his experience. The problem of symptoms from stress in combat have existed from the Civil War and before, and, in every subsequent war, have affected as many as 30% of soldiers discharged for medical disability. Symptoms of stress can be physical or psychological, and the syndrome has been named differently in every war. In World War I, it was called "shell shock"; in WWII, it became "combat fatigue". Finally, in recent wars, it was named post-traumatic stress disorder or PTSD. Grinker says that PTSD has become accepted as a treatable

physical illness – something that could happen to anybody. It is this belief that has done much to lessen the stigma of mental illness in the military as well as within the civilian population. There is a growing understanding that mental illness is a physical and treatable disorder, existing from mild to severe along a spectrum, and, like the common cold, can affect anyone. Because of this, Grinker is cautiously optimistic that the stigma of mental illness will experience relief.

I found Nobody's Normal to be well written and based on extensive research. It is jampacked with statistics, quotations, and vignettes. The quotes run from Plato to Lady Gaga and from Shakespeare to Sylvia Plath; the vignettes range from stories of scientific advances to a detailed description of Freud's office and poignant pictures of "insane asylums" and their sadly ill-cared for populations. Nobody's Normal_is well worth reading, not only for its accounts of the hardships and the triumphs of the mentally ill and the misadventures and successes of psychiatry, but also for its constant reminder of the ease with which stigmatization, prejudice and discrimination can arise in any culture.

Mitch Jones, MD was raised in Canyon and returned to the Panhandle after completing his psych residency at the Menninger Clinic and working as medical director of a psychiatric hospital in Newton KS. He served the community as a practicing psychiatrist, medical educator, and correctional facility practitioner for over 50 years, and continues to hold the position of Associate Professor of Psychiatry Emeritus at TTUHSC. Dr. Jones sits on the Physician Health and Wellness committee of PRCMS and prepares the society's formal tributes to our deceased members. As you can see from this article, his mental acuity is undiminished, giving hope to all of us. (SU)





Twice Alive by Forrest Gander

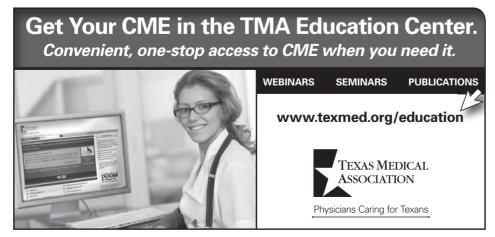
Reviewed by Phillip Periman, MD, FACP

Starting with our modern-day neglect of all things poetic, one can wonder at the remark Forrest Gander made in 2019 when he read in Amarillo one week prior to his winning the Pulitzer Prize for his collection, *Be With*. Gander told his audience that every society consistently had three things: a ritual for the dead, a prohibition against incest, and the presence of a poet. (I always told medical students that every society had a medicine man; maybe that person was both physician and poet.) If poets and poetry are so important, why don't we read them more often?

I am not sure I can answer that question. However, I do find it interesting that two of the last five winners of the Nobel Prize in Literature have been poets: Louise Glück (pronounced to rhyme with "click") in 2020 and Bob Dylan in 2016. If you bridle at Bob Dylan being known as a poet, I would refer you to the long-time California bay area poet, Jack Foley, who argues that the place poets get heard is in the music world as songwriters.

Do you know anyone who checks out a book of poetry to read in the same way they might go to the library for the latest best-seller? I don't. I do know a few people and poets who pre-Covid showed up at the Burrowing Owl Bookstore to listen to poetry read aloud. We were not an elite group, but we were dedicated addicts of the spoken word.

In this review I hope to arouse your interest in checking out Gander's latest collection, Twice Alive. As a lifelong reader, one might say book addict, I regularly read magazines and journals that discuss current literature and often carry a poem or two: The New Yorker (two in every issue), The New York Review of Books, The Paris Review, and the N.Y. Times Sunday Magazine. Earlier this year in those publications, I encountered Gander's poems: "Aubade II" and "Night Surfing in Bolinas". As is often the case with modern-day poets, some obscure fact/event led the poet to write. In Gander's case it was Ötzi the iceman, frozen 5300 years ago in a glacier between Austria and Italy, who inspired "Aubade II" - a musing about his life, the circumstances of his death and the preservation of his body that eerily echoes for us living today. In the "Bolinas" poem I had to wonder was it a place in Mexico, a country I had never heard of, or what. By Googling it, I discovered Bolinas is an unincorporated California town of slightly more than 1600 folks who sustain its reclusive reputation. Gander's poem creates a nighttime mystery of ocean dangers, in his words, "an eerie peacefulness veined with fear". But the real thrust of this poem is the intimacy of a love relationship as he writes:



"I have risen from the bottom of • myself to find • I exist in you • exist in me and • against odds I've known even rapture, "

Gander's first wife, the poet C.D. Wright, died unexpectedly in 2016 of a pulmonary embolus following a long international flight. For two years he did not write; then produced Be With which in many ways was a tribute to his marriage. In recent years Gander has entered a friendship with Ashwini Bhat, for whom Twice Alive was written. As might be expected, Gander has merged Indian culture with that of his native California. In addition, his background in geology (his college major) and interest in nature led him into collaboration with Anne Pringle, a "leading contemporary mycologist". Her interest in lichen (a synergistic alliance of a fungus and algae) stimulated Gander to merge biology, geology, the Indian Sangam literary tradition, late-life romance, and California landscapes into this series of poems which he subtitled, "An Ecology of Intimacies."

Twice Alive includes two series of poems Gander titles "Sangam Acoustics" that merge current California environmental events (forest fires) with its landscapes using the Sangam model of forest, sea, mountains, fields, and wasteland. In addition are poems repeated in three different versions: "unto ourselves", "twice alive", and "aubade". Closing the collection is a short section of poems inspired by Gander's close-up photographs of redwoods as well as a tribute to the poet Kenneth Rexroth. To close this collection (because Sangam poetics are so little known in the USA), Gander asked the literary scholar N. Manu Chakravarthy "to provide some context."

Because of the pleasures of his language and the complexity of his content, I found it possible to read Gander's poems in more than one way. First, one

can read them as one listens to music, for the sounds the words make, the emotions the imagery elicits, and the surprises his exploration into the physical world brings. For example, in the poem "Twice Alive III. Circumambulation of Mt. Tamalpais" he writes,

"....we are prey to the ache/ of not knowing what will be revealed as/ the world lunges forward to introduce itself."

Or in "Unto Ourselves" in a more depressive mood Gander's says,

"...for whatever it meant to live oneself before every gesture became performance for an audience we imagine never to be finished with looking at us."

Or in "Unto Ourselves II: the Persistence of Dispersed Worlds" Gander uses the sheathed filaments of cyanobacteria to evoke a moment of intimacy,

"while we stood on our porch and admired/ the soft edge of things in moonlight as though/ we were in a Gerhard Richter painting ... "

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The other thing I would say about reading poetry (and Gander's work in particular) is that one should not plan on reading fast, but slow. Think of a collection of poems like the Psalms. I think it is better to read one poem a day, or even only one poem a week - -but read that poem several times during the week and include time to research unusual words and places used or described in the poem - for example in Gander's book: "immelmanning", "huichichiquis", or Farallon Islands. Be prepared for a surprise, because, just about the time you are sick of having to look something up to obtain all the meanings he has put into his poems, he will write a line or two like these:

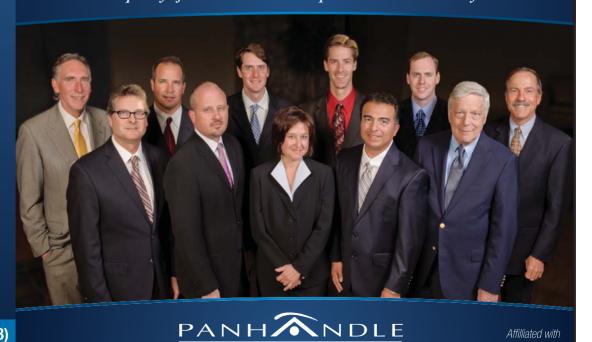
"we tried walking in someone else's shoes/ but fuck that really it was a sham, "

and you realize that the strangeness, the wonderfulness of his poetry is not so much in its exact meaning or the exact definition of things, but in the way his words make you feel, the wonder of intimacy, the possibility of being twice alive. Certainly, Gander has mastered the mantra of his late wife who wrote, "Poetry is a necessity of life. It is a function of poetry to locate those zones inside us that would be free and declare them so."

In Twice Alive Gander has reignited a poetic flame by merging traditions, biologies, geographies, and intimacies into a unified collection that allows the reader to choose among several possible incarnations - a mystic intimacy worth engaging.

Phillip Periman was born in Memphis, Texas and grew up in Amarillo. He graduated from Amarillo High School, Yale University, and Washington University School of Medicine in St. Louis. He returned home in 1976 as the first full-time member of the Texas Tech Department of Internal Medicine and taught every third-year student assigned to Amarillo until the summer of 2016. After retiring from his practice of hematology and oncology in 2017, Dr. Periman became a published poet!

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The Obesity Code by Jason Fung, MD

Reviewed by Bo Neichoy, MD

I was almost 10 years out of medical school when it hit me. It's a sobering realization as you think that everything a doctor needs to know about human health would be discussed in the four or more years of medical school. Specifically, I was in the business of helping morbidly obese patients (at this point, we all are). When it hit me that I had absolutely no significant knowledge of nutrition, I felt very let down. I felt that my medical education had failed me. I had lived by the "eat less, do more" credo for all of my life and now I realized that I had been lied to.

The idea of the simple math of calorie counting seems reasonable. For the most part, we are all somewhat good at math or the use of a calculator. The caloric value of protein, carbs, and fat (and sometimes alcohol) seem pretty easy to grasp. How our body burns calories is also a simple concept (or so I thought). I can figure out my baseline metabolic rate with some simple testing. I can see the calorie counter on my rower, Apple watch, and step counter. But why does that math never add up? Why are we, as a country, getting more and more unhealthy?

In The Obesity Code by Jason Fung MD, you start to grasp the science behind how our body determines to hold on to fat or let it go. You get the sneaking suspicion that everything that you believed about how to lose weight is wrong. Out body composition and weight are controlled by hormones, and only by understanding the effects of insulin and insulin resistance can we see any significant results. As doctors, we do not pay a bit of attention to insulin resistance until the number on the lab work turns red. The next step is to make that number not be red anymore.

These patients then visit a diabetic educator. I know we all think we are doing the best thing for our patients and 28 PANHANDLE HEALTH FAIL 2021

covering all of the basics; however, this rarely rights the ship. This book gives the insight and basic knowledge that, as doctors and providers who deal with human health, we should all be preaching. Until most providers expand their basic knowledge on nutrition, the health of American is doomed. No amount of health insurance will fix this issue. Government will not fix this issue. We as providers need to understand basic human physiology. This book is a great place to start.

Through the book you gain understanding of the complexity of obesity. It explains the origin and why we are seeing higher rates. This issue affects the entirety of society (no mask or vaccine can curb it). Medical cost of adult obesity in the Unites States are estimated to be between \$147 billion to nearly \$210 billion dollars per year. On average, American spend \$78 billion dollars a year on weight loss efforts. Gyms are a \$27 billion dollar a year business. All this is to say, our society's obesity is not due to lack of effort (eat less and do more). People want to be healthy. They want to lose weight. Nobody wants to be a diabetic.

So, as doctors, what are we doing? What knowledge do we possess that could fix this issue? We are good at what we do (for the most part) but are we good at actually fixing the disaster known as the American health system? Dr. Fung does a great job at bringing insight to the root cause. Metabolic inflexibility is killing us all. Through multiple issues at the hormonal level down to how our mitochondria process and produce energy, he explains how it all goes wrong. Most importantly, he gives a step-by-step plan to how to fix this issue. We are all realistic in understanding that a many of our patients will not listen even if we hand it over on a golden plate. However, we folks in health care have to, at baseline, understand the dynamics of health and

wellness. If we do not give patients this scientific understanding, are we doing our jobs?

I have read many books about obesity and weight loss. This book truly gives you insight to the actual problem. If you are scratching your head and asking the same question as I do (why do my patients keep getting bigger and unhealthier?), start with this book. Dr. Fung will explain the basics of obesity. If you have no desire to understand the basics of obesity, you may want to consider retiring, as this is our future. Obesity is the biggest threat to our way of life. Obesity will overwhelm our hospital systems and will drive economical destruction. For instance, look at the current epidemic/pandemic that has captured our attention. COVID has killed 621,000 people in America at the time I am typing this article. Depending on your source, 65-85% of these people were obese (if not morbidly obese). The average patient with a serious outcome from COVID has 3 or more co-morbidities. Is this a result of lack of sufficient pharmacologic treatment of medical issues? Or is this a lack of effort on the part of our society? Have we missed the boat on what is plaguing our society, and are we armed with the right science to instruct our patients? Reading Fung's The Obesity Code can start the process of answering these questions and of providing a path to better health for ourselves, our patients, and our society.

Dr. Bo Neichoy is the co-owner of the Panhandle Surgical Group and The Panhandle Weight Loss Center, as well as The Surgery Center of Amarillo. He grew up in Southeast Texas but, by the Grace of God and with the help of a beautiful lady, he migrated to the Panhandle. His mission in medicine is to correct the misguided health journey of the majority of Americans by educating on the actual sources of health problems and obesity.



Gitanjali by Rabindranath Tagore

Reviewed by Vasu Gupta, MS4

The pride of India, Rabindranath Tagore, was born on May 7, 1861, in Kolkata, India and won the Nobel Prize for Literature in 1913 for his collection of poetry, *Gitanjali* ("song offerings"). Based on the life of the common man, like most of his other work, *Gitanjali* was originally written in Bengali before he translated it into English. Tagore's transcendent literature has inspired – and continues to inspire – generations of individuals.

When Tagore wrote Gitanjali, India was under British rule and Tagore dreamed of freedom for his fellow countrymen. As a British colony, Indians were treated like serfs and lived in constant fear of death and of cruel and unusual punishment. The oppression was so severe that Indians were forced to keep their eyes downcast and were not allowed to look into the eyes of their conquerors without reprimand. During these dark and miserable times, Tagore's poems became a ray of hope with their vision of equality, justice, and freedom for all. These positive ideals are also found in two of Tagore's poems - one became the National Anthem of Bangladesh and the other, the National Anthem of India after his death.

One of my favorite poems, poem 35 "Where The Mind Is Without Fear" of *Gitanjali*, published about 110 years ago, is printed below:

Where The Mind Is Without Fear

- Where the mind is without fear and the head is held high;
- (2) Where knowledge is free;
- (3) Where the world has not been broken up into fragments by narrow domestic walls;
- (4) Where words come out from the depth of truth;
- (5) Where tireless striving stretches its arms towards perfection;
- (6) Where the clear stream of reason has not lost its way into the dreary desert sand of dead habit;

- (7) Where the mind is led forward by thee into ever-widening thought and action –
- (8) Into that heaven of freedom, my Father, let my country awake.

The main idea of the poem is the natural desire of people for freedom from all self-imposed or ruler-imposed evils: economic and class systems, improper religious practices, poverty, starvation, and superstitions. This theme is highlighted in line 3 as "narrow domestic walls" to illustrate the restrictions prevailing in society at that time. For example, the infamous ancient Indian Caste system barrier separated individuals based on heritage from the moment they were born to determine their type of occupation such as priests, politicians, tradesmen, or laborers. And those not fortunate to be born into one of those castes were deemed "Untouchables". The "Untouchables" were trapped in poverty-stricken slums; they were not allowed any of the fundamental human freedoms and were deprived of all opportunities to change their predetermined fate. Another example of these restrictions was the practice of "Sati" ("Virtuous Woman"). Arranged marriages of children were a very common practice at the time. In some parts of India, when the husband passed away, the young wife would be forced to be burned alive on the funeral pyre of her husband, while, in other parts of the country, the widow would adorn herself with black veils and was not allowed to remarry. The rest of the world, especially Western countries, had been transformed by the Enlightenment, but India was stuck following old customs while under the British Empire.

Tagore also illustrates a desire for unfettered truth in line 4 "from the depth of truth", rather than words censored by fear. In the depths of despair and fear, Indians could not be honest with their words and became "yes-men" pretending to agree with their colonizers. Their words became constrained as fear hampered them from expressing their true opinions and feelings. Tagore refers to this metaphor again in line 6 as "the dreary desert sand of dead habit." Without realizing it, Indians began to hurt themselves by not being truthful, resulting in the loss of ability to think and reason for themselves. In line 7, "Where the mind is led forward by thee into ever-widening thought and action," the poet demonstrates his devotion to God and prays for God's guidance to help his countrymen move forward with noble thoughts and actions. Ending the poem with "Let my country awake" (line 8) showcases Tagore's plea to God to help his people fight against oppression to become a free nation.

Many people have different feelings about this poem. Here is my mom's interpretation: "I believe this poem's true beauty is its versatility. When I first stumbled upon this poem, I believed Tagore was pleading to God for scientific freedom. Every line paints a vivid picture of the ideal world he wishes for, and this world would be utopia for humankind's advancement. At these daunting times, I find solace in the words of advice left to me by my predecessors."

Another insightful poem that I have come to enjoy is Tagore's poem number 21 from *Gitanjali*, "I Must Launch Out My Boat". This poem conveys the mental strife of life's journeys in just a few simple lines.

I Must Launch Out My Boat

- I must launch out my boat. The languid hours pass by on the shore – Alas for me!
- (2) The spring has done its flowering and taken leave. And now with the

burden of faded futile flowers I wait and linger.

- (3) The waves have become clamorous, and upon the bank in the shady lane the yellow leaves flutter and fall.
- (4) What emptiness do you gaze upon! Do you not feel a thrill passing through the air with the notes of the far away song floating from the other shore?

In this poem, the "boat" could be interpreted as a metaphor for Tagore's ambitions, while the "flowers" are the results of Tagore's previous teaching, writing, and painting endeavors. Tagore uses nature's four seasons to parallel the stages of human life. The flowers bloom in the Spring, but as Spring becomes Fall, the flowers pass away and the leaves turn yellow. It is at this juncture we discover our poet. Tagore realizes that his energetic youthful teachings were "futile" and have "faded" to become burdens over time, making both himself and his ideals stagnant. The Fall season becomes a time where the endeavors become more difficult as Tagore deals with the struggles of aging, for instance in line 3: "The waves have become clamorous."

Even early in the poem, it is evident that Tagore realizes he must begin his next journey but has become unmotivated, idly letting time pass. I envision an old man sitting in the sand next to his boat and mentally trying to spur himself into action, but he just continues to stare into the water as time passes. In the last stanza, there is a sudden tonal shift with a feeling as if Tagore had just slapped himself out of meaningless thoughts, "What emptiness do you gaze upon!" (line 4). Tagore starts listening to the hopeful sounds of success from another shore. Now, as Tagore begins to look to a brighter future at the end of the journey, he becomes excited by the idea of finding the origin of the songs on a distant shore, looking beyond the finish line of his endeavors.

While Rabindranath Tagore's poetry was originally written for the struggles faced by the people of early twentieth-century India, these struggles are still present among many groups of people today. Over a century later, Tagore's poetry offers the people of today, as well as the people of the future, a unique style of wisdom relevant to universal struggle and conflict regardless of person, place, or time. These poems are only two examples of his extensive body of work. I continue to read others and have found all of them to be an inspiration, advocating for the ability of man to overcome obstacles for a brighter future. Tagore's poetry was written in a mesmerizing fashion that left its imprint in history and will leave an imprint in your heart if you give it a chance.

Acknowledgement

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Works Cited

Gitanjali, <u>www.tagoreweb.in/Verses/</u> <u>gitanjali-190</u>.

Vasu Gupta is a fourth year medical student at Texas Tech University Health Science Center. Growing up in Clear Lake, near Houston, he has always been surrounded by a diverse population (including a large Indian population). With this article, he hopes to begin a lifelong journey of becoming more in touch with his culture and spreading its beauty to others. Vasu will be applying to internal medicine residencies this fall. He states that "being a physician and sharing my knowledge has always struck me as the most fundamental and noble pursuit essential for humanity to flourish and survive for centuries." (SU)



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The Old Man and the Sea by Ernest Hemingway

Reviewed by Scott Milton, MD, FACP

The Old Man and The Sea is a novel **I** written by Ernest Hemingway in the early 1950s. In 1953 this novel was awarded the Pulitzer Prize for fiction and contributed to Hemingway's receiving the Nobel prize for literature in 1954. It is a short novel (127 pages) and was written when Hemingway lived in Cayo Blanco, Cuba. It is the last major work Hemingway published in his lifetime. It is one of his most famous works and is a novel describing the struggle between an aging Cuban fisherman and a giant marlin caught far off the coast of Cuba. If I had to pick one word to describe what this novel means to me, that word would have to be "struggle". In this review I think it's important to know something about Hemingway himself. I will also give a brief review of Hemingway's writing style and his subject matter and why many scholars believe he is such an important 20th-century writer. And finally, I will try to describe what this novel means to me.

Hemingway was born July 21, 1899 in Oak Park, Illinois to Clarence Hemingway and Grace Hall Hemingway. Both of his parents were well-educated and well-respected. His father was a physician who would later commit suicide just as Ernest was to do. His mother was a talented, domineering, artistic woman who became an accomplished musician and opera singer. Ernest Hemingway had a difficult relationship with his mother and her domineering personality. As a teenager, he became rebellious towards his mother's assertiveness and later apparently became resentful, even blaming his father's death on his mother. Further, Hemingway's tumultuous per-



sonal life and multiple marriages was likely influenced heavily by this dysfunctional relationship between Hemingway and his mother.

Hemingway's first job was as a cub reporter for the Kansas City Star. Hemingway was employed shortly after graduating from high school and was a journalist there for only six months. This short period of time is important as Hemingway relied on the Star's style guide in developing his writing style. "Use short sentences. Use short first paragraphs. Use vigorous English. Be positive, not negative." In 1918, after being rejected from the US Army for poor eyesight, Hemingway volunteered as a Red Cross ambulance driver and in June of that year arrived at the Italian front. In early July he was seriously wounded by mortar fire and apparently was hospitalized for six months recuperating. During this time he fell in love with a Red Cross nurse who would later rebuke him. This further scarred the young Hemingway and also contributed in all likelihood to his tumultuous personal life.

After the war, Hemingway wrote for the Toronto Star, married his first wife, and moved to Paris. During this time the Hemingways became well-connected to many influential artists and writers. A trip to Spain in 1925 influenced his first great novel, The Sun also Rises. His second novel, A Farewell to Arms, was published in 1929. This novel is set during the Italian campaign of World War I and is a first-person account of an American in the ambulance corps of the Italian army. In the 1930s Hemingway settled in Key West, Florida and later in Cuba. Later, he reported on the Spanish Civil War which occurred in the mid 1930s and is the basis for his third great novel For Whom the Bell Tolls. Hemingway also hunted U-boats in the Caribbean and covered the European front during World War II, often being embedded as a reporter in combat. After World War II, Hemingway

returned to Cuba with his fourth wife. He continued to travel and survived two airplane crashes in the early 1950s. The author was in constant pain from the multiple injuries suffered during his life and became further dependent on alcohol and pills. Hemingway's health further deteriorated in the late 1950s. He suffered from major depression and paranoia and eventually committed suicide at his place in Ketchum, Idaho in 1961.

In his essay "The Art of the Short Story" Hemingway states: "A few things I have found to be true. If you leave out important things or events that you know about, the story is strengthened. If you leave or skip something because you do not know it, the story will be worthless. The test of any story is how very good stuff that you, not your editors, omit." This minimalistic style was developed early in Hemingway's career as a young journalist. A newspaper reporter must report on the immediate events and leave few words for interpretation. And by reporting on only immediate events, focus is achieved with minimal elaboration. Hemingway used the term "iceberg theory" to further describe this minimalistic style. In Hemingway's *Death in the Afternoon* he writes: "If a writer of prose knows enough of what he's writing about, he may omit things that he knows and the reader, if the writer is writing truly enough, will have a feeling of those things as strongly as though the writer had stated them. The dignity of movement of an iceberg is due to only one eighth of it being above water. A writer who omits things because he does not know them only makes hollow places in his writing."

The Old Man and the Sea is a story about deep-sea fishing, a subject of which Hemingway had a great deal of knowledge. The book is easy-to-read, using short sentences and common words and well-developed characters. The main character, Santiago, is an aging Cuban fisherman who hooks a giant marlin far off the coast of Cuba. After a lengthy struggle, the huge fish finally succumbs to the old man in his small boat. Finding the fish too large to fit in the boat, the old man ties it beside his small skiff, only to have it attacked by sharks. By the time he reaches the coast, only a skeleton remains of the great marlin.

I would suggest reading this novel twice before concluding what it means. To me, this short novel can be summed up in one word: "struggle". But it's a struggle of many different subjects. It's a struggle of life and death, as well as the struggle between man and nature. It's the struggle of aging. And it's the struggle or the conflict between good and evil. As mentioned previously, it's only 127 pages long, and you likely will never need a dictionary to look up the meaning of any words. Such is the style of Hemingway.

Dr. Scott Milton was raised in Amarillo and is the son of iconic internist Dr. John Milton. After completing an infectious diseases fellowship at Vanderbilt, Scott returned to Amarillo as an ID practitioner, medical educator at Texas Tech, and, throughout the first 18 months of the COVID pandemic, the Health Authority for Potter and Randall counties. He is now the DSHS Regional Medical Director for Region 1, which includes 44 counties surrounding Lubbock and in the Panhandle. (SU)

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Franklin D. Roosevelt: A Political Life by Robert Dallek

Review by Dominic Heffel, MD, FACS

How did someone of privilege, really just a solitary Hyde Park, Hudson Valley country squire with an over-protective and indulgent mother and no siblings, become one of the three greatest presidents of the United States? After all, Franklin was born to a family where both the Roosevelt and Delano names meant automatic entrance into yacht club society and smooth sailing ahead. He attended Groton prep, Harvard, and Columbia Law because that is where the elites sent their children. He dropped out of Columbia Law, but passed the bar exam and then practiced for only a few years in New York City. All three of those educational opportunities were partly provided to him by chance of birth, not by any particular great effort on his part. He was intelligent, but did not over-apply

himself. He did excel at evening cocktails, socializing at clubs and hotels and decorating his exclusive Harvard dormitory room. (The really rich kids were isolated in a special rich kids' dorm, back then.) What happened? How did someone like that become the champion of the forgotten man and one of the saviors of the free world? How did that country gentleman become FDR?

Dallek does not answer these questions in this biography. Well, not directly, because then it would be an editorial essay and not a 627-page book with 22 chapters. Additionally, the author's intent was to present the story of FDR, not promote a particular theme. (Dallek said that in one interview. I will take his word for it.) The author provides the story so that the reader can derive his own theories and opinions about FDR. And, really, is not that more fun?

News flash! It is good to be rich. The family's wealth and status were conveyed to Franklin such that he perceived himself better than his cohorts. To say that he had self-confidence is an understatement. FDR did not distinguish himself academically at any school, but he was competitive and tried to come out on top. This nature pervaded his political life as well. Self-confidence and competitive nature seem invaluable for a successful political career. FDR's mother deserves some credit too for the final man. She was an intrusive mother. Eleanor Roosevelt felt that her marriage to FDR involved three people: her, Franklin and Sara Delano



Roosevelt, the mother of FDR. Sara was a constant presence. As the executor of the family trust, she could tighten the golden lasso when she wished, and she did. (She probably prevented the divorce of Eleanor and Franklin by threatening disinheritance. Franklin cheated.) But she was also extremely supportive towards her only child. Sara Delano Roosevelt considered herself at the apex of American and even European society, and her son was right there with her. By the time he was fourteen, Franklin had been to Europe 8 times. He was hobnobbing with the adults, not children. Maybe, if your mother and her friends keep telling you that you are special and destined to greatness, then you start to believe it?

Theodore was a useful uncle and a role model. Teddy Roosevelt (TR) hailed from the Oyster Bay Roosevelts and became president after the assassination of President McKinley in 1901. Teddy was a progressive Republican. Franklin identified as a Democrat, as his father had been a staunch supporter of the party. TR served until 1909. Franklin entered politics in 1910 and wisely made no effort to separate himself from the very popular Oyster Bay politician. Dallek suggests that he entered politics due to boredom with the law profession. Again, it is good to be rich! Franklin quit his law practice and started a new profession without any fear of going hungry. He was drawn to the allure of "running a campaign, winning an election, and outdoing other officeholders." Dallek also suggests that his supreme self-confidence played a part. Like Teddy Roosevelt, he believed he was a natural-born leader and like TR he believed he was "better suited to assessing and defending the national interest than the arrivistes (meaning Italians, Irish, the Catholics) who had taken control." Demonstrating signs of an experienced politician, FDR understood that he needed the endorsement of men he considered unworthy of office. He kept his private views to himself and flashed that charming movie star smile. This masquerade was used and perfected throughout his political life. Arthur Schlesinger, Jr. observed that "the public face could never be relied upon to express the private man." In short, he knew how to manipulate and how to misdirect friends

or opponents. He informed Sara that he was marrying Eleanor... after the marriage proposal. He knew Sara would be against the marriage so he limited her options. He used the same technique in his political life. He would initially be quite evasive and then spring his plans on his opponents at the last minute so that they had minimal or no time to react. He never telegraphed a move.

In his first election Franklin also revealed a characteristic that would make him an effective politician. He had the ability to correctly gauge the mood of his constituents and allow that gauge to modify his politics. He could sense the sentiment of the public. (Gauging sentiment and then acting is probably not leading, but that technique made for a good politician.) Some contemporaries said it was as though he had mood-acquiring golden antennae. In his first New York election FDR had accurately surmised that the voters wanted a return to selfless officeholders who promoted the public good and were also forward-looking. In upstate New York, he campaigned as a country gentleman in riding breeches and boots and toured the country roads in a hightech red Maxwell touring car. That image separated him from other candidates. He campaigned on his wealth: "I am pledged to no man; I am influenced by no special interests." It worked. He became a senator in the New York state house. After a stint as Assistant Secretary of the Navy (just like TR) in the Wilson administration and a failed run as a vice-presidential candidate, he would go on to become governor of New York in 1928. Once governor of the most populous state in the nation and arguably the most important state, one automatically became a presidential contender. In 1932 he handily beat Herbert Hoover to become the 32nd President.

One contemporary politician concluded that, if you were a Democrat and had not committed rape or murder, you could have beaten Herbert Hoover in 1932. Hoover was a brilliant engineer and a self-made millionaire before the age of 40. But he was inflexible in politics. Roosevelt was malleable – he would try anything to fix a problem. When the Great Depression started in 1929, Hoover continued to believe in laissez-faire policies and the private sector. He claimed prosperity was just around the corner. But it wasn't; it was very far away. In a country of 123 million people, with 45 million unable to find work, Hoover took no substantive action. He was waiting for something to happen. The price on a bushel of wheat was at a 300-year low. Farmers were becoming Bolsheviks. The steel industry ran at 11% capacity. Hoover believed that any government relief would be a disservice to the unemployed. Meanwhile, as a governor, FDR was taking action to help his 12 million constituents. He asked for appropriations for public works so the unemployed could find some financial relief and, if that was not successful, he asked for direct appropriations for food, clothing and shelter for the destitute. He asked the legislature to investigate unemployment insurance. As governor and later as president, he recognized it was important to just do something. He did not know if a given program would work, but he was willing to try. If it did not work, he was willing to try something else.

FDR assumed the presidency when America was in severe internal distress: The Great Depression had been persistent since 1929, nativism was rampant, and political power was shifting to the cities. Urbanites were in conflict with the rural class, isolationists were in conflict with globalists, the population was generally anti-elitist and anti-intellectual, banks were failing, the Ku Klux Klan was rising, farmers were organizing as communists, and fascism was spreading in Europe. There, populists proposing simplistic solutions to complex problems were becoming, well, popular. One proposed a class war and wealth redistribution; another proposed a racist solution. They both had an audience!

Why did FDR think he was the one for the job? And why such a profound difference in behavior between Hoover and Roosevelt, two members of the same class? Franklin was even called a traitor to his class. Why did FDR go on to create the Social Security Administration which helped the elderly mitigate poverty, the Federal Deposit Insurance

Corporation which protected an individual's deposits, the Home Owners Loan Corporation which allowed the unemployed to refinance mortgages and keep their homes, the Agriculture Adjustment Administration which raised farm prices by bringing production in line with demand, Unemployment Insurance which provided financial relief, the National Labor Relations Act which legitimized labor unions, created minimum wages and maximum work hours and humanized the industrial system, the Public Works Administration which worked on infrastructure and provided jobs to millions, the Works Progress Administration which provided aid to unskilled laborers, artists, writers, actors and musicians, and the Federal Emergency Relief Administration which

provided aid to the most needy? Why did this trust fund upper-class elitist even care?

Dallek does not directly state why FDR did what he did. His biography does, however, suggest a few reasons. Eleanor probably had an effect on Franklin. She was a champion of the common man and acted as a second conscience. She was quite sensitive to the suffering of the under-privileged, and she relayed her thoughts to her husband. In the summer of 1921, at the age of 39, Franklin contracted polio - an extreme blow of fate. One per cent of adults who contracted the disease went on to develop long term problems, and he was one of the unlucky; he never walked again without crutches and iron leg braces. Frances Perkins, his eventual

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Secretary of Labor, knew FDR before and after polio and she saw a change. Before polio, he was a 6' 2" snob; when he tilted his head back and looked down past his pince-nez glasses at someone, he would hardly take the time to listen. After polio, at chair height, he was more attentive. People who could walk and run were now superior to him, so they deserved attention - or so Perkins surmised. Eleanor noticed the same change. Perhaps the disease made him more humble and more empathetic to those who had also been dealt a fateful blow, and he wanted to help them. Perhaps he came to understand, as Herbert Hoover never did, that many people were destitute through no fault of their own. They needed help just like the polio victims he rehabilitated with in Warm Springs, Georgia.

Maybe he did what he did because of the other people around him. While he had supreme self-confidence, he also wisely surrounded himself with experts: he listened and then he decided. As President, he listened to advisors from his "Brain Trust" or "Privy Council", formed from Columbia University and Harvard types. This brain trust was not publicly advertised, as FDR understood that anti-elitist sentiment was prevalent in the 1930's (Intellectuals had been blamed for the Great War and the broken promises of the Princeton-based Wilson administration). He appointed Frances Perkins, the first woman cabinet member, as Secretary of Labor. He appointed Henry Wallace, an expert farmer and farmer's advocate, as Secretary of Agriculture. Perkins, a former progressive New York social worker, knew much more about labor law and worker exploitation than Roosevelt would ever know, and Wallace was the same on farming. Roosevelt listened to them and then acted. It speaks volumes that many of his cabinet appointees stuck around for the full twelve years: Perkins at Labor, Cordell Hull at State, Harold Ickes at Interior, and Henry Morgenthau at Treasury. Compare that fact to all the administrations of the last 50 years.

Early on, FDR understood that, to be a leader who exerted power, one needed to be in office. He also concluded that, to be a successful politician, one needed consensus. If there were no consensus, he did not proceed. Some journalists have accused him of not actually having any opinion on anything! They mistook his political evasiveness for a lack of opinion. In 1911, The Triangle Shirtwaist Factory caught fire in New York City. Women workers could not exit through the doors (management locked the doors daily because poor people are thieves - sarcasm intended) so they had to jump and many did and many died. But they were immigrants and nobody cared. When, as a senator in the state legislature, FDR was approached by reformers to improve work conditions, he opted out. Upstate farmers, his constituents, cared little about the plight of the poor and the immigrant, and he understood that farmers made the difference if any re-election were planned. He proved he could do the political calculus. If he wanted to stay in office and exert power, he must go with the consensus.

This calculus manifested itself throughout his political career. To remain in office meant the exertion of power and the chance to lead - so, the goal was to stay in office. When he was president, he was approached a few times to push for an anti-lynching bill. Eleanor pushed him on it too. While the majority of the people in the United States supported an anti-lynching bill, according to Gallup, the church-going Southern Democrats in Congress certainly did not. He needed the Southern Democrats for his New Deal programs; so an anti-lynching bill, the morally correct action, was off the table. He sacrificed morally correct leadership moves to political expediency. And he did this more than once, such as when he placed 140,000 Japanese-American citizens in internment camps. The ACLU eventually called that internment one of the worst breaches of civil liberties in U.S. history. He also did not make significant moves to save persecuted European Jews, as anti-Semitism was also prevalent in this country in the 1930's.

The same is true of the isolationism and nativism that permeated the 1920's and '30's. 1924 saw the passage through Congress, with little opposition, the Immigration Act, the Asian Exclusion Act and the National Origins Act. Immigrants – in this case, Asians, Italians, Greeks and Eastern European Jews – were ruining America. (They were not sending their best.) FDR understood the sentiment but did not agree. He was an internationalist and felt the United States should be involved in the world's affairs. When asked if he was an isolationist, however, FDR would be evasive. Prior to WWII, there was no consensus for globalism, so FDR dodged the issue till the war came.

The majority of Americans blamed the Great War on international bankers (that's a code word), intellectuals (also, partly code) and munitions makers and saw them as indifferent to human suffering. With no desire to waste blood and treasure on another European war, Congress passed the 1935 Neutrality Law, which forbade the selling of arms or provision of loans to belligerents. It also forbade the travel on ships in a war zone. Hitler became chancellor of Germany in 1933. Mussolini's Italy invaded Ethiopia in 1935. FDR did not like the law as it took away his power to punish belligerents, but he signed it. He could not veto a bill that was overwhelmingly popular and threaten his 1936 re-election. To exert power, he had to stay in office. He did show a touch of genius in the way he used the law. In 1935, he forbade all travel on Italian ships lest they be sunk by imaginary Ethiopian submarines. So, he got to punish Italy just a little.

FDR understood that a war was coming, even though the nation thought it could avoid the world's problems. Japan invaded Manchuria in 1931, before he was president. With impressive foresight, he saw there would be a showdown between the great democracies of France, Great Britain and the United States and the anti-democratic regimes of Japan, Germany and Italy. He placated the isolationists by signing the Neutrality Act and giving faux neutral anti-war speeches, while at the same time ordering the manufacture of 15,000 war planes per year to be sold to Britain and France. And war did come in 1941 when Japan attacked at Pearl Harbor. FDR used that attack as a back door in to Europe as it was imperative to save the great democracies first.

In the last few chapters of this biography, Dallek discusses FDR's post WWII vision. The creation of the United Nations and the involvement of the United States in the world's affairs was mandatory for FDR. These were ideas he carried over from the Wilson administration. He felt that a return to isolationism was a path to repeated conflicts. In 1944, Roosevelt's health was waning as he suffered from life-threatening hypertension, congestive heart failure, cardiomegaly, and arteriosclerosis. Yet he ran for a fourth term even though many close to him felt he was dying. He won again. Was this an act of narcissism, or did FDR just want to finish his mission? Dallek lets the reader draw his own conclusion. FDR did commit a great disservice to Vice President Truman, though. FDR must have known he would not survive a fourth term, yet he kept Harry Truman in policy darkness at a time when Joseph Stalin was making bold moves.

If you like to read about presidential history, Franklin D. Roosevelt: A Political Life is a good, easy and yet substantive read. If you are concerned about the current state of affairs in this country where there appears to be an enlarging rift between various groups and classes, this book provides hope. The similarities between now and then are striking. This country resolved some large differences between groups and classes in the two decades after the great crash of 1929. FDR played a role in uniting the country by humanizing the industrial system, helping farmers and the unfortunate. He was from the government and he was there to help. His push for globalism and U.S. involvement in world affairs resulted in the creation of the United Nations and NATO, peace in Europe, and the containment of communism. His experiment with Keynesian economics probably softened the 2008 recession. On the downside, a second World War also played a significant role in uniting the country.

Dominic Heffel, MD, FACP is a Plastic and Reconstructive surgeon who specializes in microsurgical breast reconstruction. He moved to Amarillo in 2020 to form a practice with Dr. Rouzbeh Kordestani. They have known each other since they were General Surgery residents together at UCLA in the mid-1990's. Dr. Heffel reports that he likes to cook, read about history or politics, and sleep. (SU)



Caste by Isabel Williamson

Reviewed by Skye McLaurin-Jiang, MD

The year 2020 has been a reckoning for so many of us. The coronavirus has connected us all. Not even those who remain uninfected were spared the fear, grief, confusion, disruption, or isolation. As if COVID-19 were not enough trauma, a rise in Asian and Pacific Islander hate crimes, Anti-Semitism, and a social justice movement sparked by brutal and unjust police action against Black Americans ricocheted throughout the country. At the same time, we witnessed a protracted and polarizing presidential election to close out the year. Caste, by Isabel Wilkerson, is a must-read book for anyone wishing to unravel the origins of our current sociopolitical strife.

When I'm not reading the preschool classics (e.g., Margaret Wise Brown's *Goodnight Moon* or Dr. Seuss' *The Cat in the Hat*) to my toddlers or journal articles for work, I spare time only for books that teach me something immediately usable. *Caste* is such a book. I not only gained a scaffold from which I could construct a more productive view of racial hierarchy, but also gained recognition of actionable ways in which I can mitigate the inequities brought on by the American caste system. I opted to listen to the audiobook, narrated by Robin Miles, who keeps a lively pace.

Wilkerson defines "caste" as " the granting or withholding of respect, status, honor, attention, privileges, resources, benefit of the doubt, and human kindness to someone on the basis of their perceived rank or standing in the hierarchy." Wilkerson is an extremely accomplished author and Pulitzer prize-winning journalist who spent time in India, where castes have a complex and notorious presence. Caste was my first experience with Wilkerson's masterful writing, although she has other influential works such as The Warmth of Other Suns, which depicts the great 20th century migration of Black citizens away from the South. Continuing in this vein of historically-based non-fiction masterpieces, *Caste* is extremely vivid due to impeccable imagery crafted by Wilkerson throughout. I am captured by the way Wilkerson floats between examples that help depict the structural caste organization of the United States and its continued grip on the American experience.

I recently transitioned to storing things only in clear containers, realizing that I easily forget what I have stored on my shelves when the containers are opaque. The book Caste seems to use a similar analogy - revealing the contents and structure of America's caste system in a manner that allows us to identify what power structures we might have been unknowingly storing away for hundreds of years, essentially invisible due to the opacification of their container. The origins of the American caste system date back to the arrival of the first colonists on the shore of what is now Virginia. John Rolfe described the selling of 20 African Negroes, thereby cementing these individuals from a different continent and with darker skin than his own as being at the bottom of the caste system - doomed to be property for sale and to endure a lifetime of enslavement.

Although the examples Wilkerson uses are sometimes uncomfortable – she leans into the philosophy that the first step in unraveling or disrupting the color-based caste system in the US is to understand the natural origins of it. For example, by describing the social architecture of a wolf pack –including an alpha and an underdog--she argues that castes are not unique to the humans, but are repeated across the animal kingdom. It is merely the invisible imbalance of power such castes hold that makes them treacherous and worth dismantling.

I found that this book provides a comprehensive framework from which to view the structural forces contributing to the inequities in our society. As a physician, it provides important reminders about the underpinnings of social determinants of health, the root causes of our inequitable health care system, excess maternal and infant mortality, lack of elder care, and poor early childhood education system.

In the final section, Wilkerson sparks thought about alternative systems to move toward. Although we did not construct the system, many of us have lived our entire lives immersed in this mostly invisible but often palpable American caste system. *Caste* is worth reading if not only to clearly name the problem, to see it for what it is. Because only when we see it can we begin to remedy it.

Skye McLaurin-Jiang grew up in Amarillo and completed her undergraduate and medical school education in the Texas Tech system. After finishing her residency in General Pediatrics at Wake Forest School of Medicine, she completed a National Research Service Award Primary Care Research Fellowship and Masters in Public Health at the University of North Carolina at Chapel Hill. Skye is a clinician-scientist focused on how public policy and health systems intersect with maternal and child health inequities. She and her husband returned to Amarillo in 2020 with their two children.

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Four Characters in Search of a Radiologist

by John Andrew, MD

 $R^{\rm eading}$ is a chore. I crave the information, but after squinting at small images 9-10 hours a day, I prefer to rest my eyes for another day at the office. Over the past 30 years, I have become addicted to books on tape: Blackstone Audio, Recorded Books, Brilliance Audio, Tantor media, and the latest iteration, Audible. com. They allow for investigation of large, intimidating tomes I would not have the discipline to complete on my own. I'm looking at you Ulysses by James Joyce, Cromwell the Lord Protector by Antonia Fraser, The Civil War Vol 1-3 by Shelby Foote, Nicholas and Alexandra by Robert Massie.

Obligatory highbrow name-dropping aside, we can now descend to my wheelhouse - something with a little more down-to-earth flavor. The following protagonists possess varied strengths and endearing weaknesses. Orders from their superiors are invariably frantic, often contradictory, and are usually accompanied by tenuous, ephemeral support. But never fear, these heroes are always granted adequate discretionary power to be saddled with blame regardless of the outcome. They prove that ordinary folks placed in unusual (usually no-win) situations can perform spectacular feats, if only to survive.

Bosch (Harry Bosch series by Michael Connelly. Book 1: *The Black Echo*)

Harry Bosch's mother was a prostitute. She adored her son and did all she could to feed, clothe, comfort, and nurture him. She was murdered by a client who was never apprehended. The death of vet another prostitute in 60's LA received only cursory attention from police and was soon forgotten. Eleven-year-old Harry was shunted to an orphanage where he was a habitual runaway. He bounced back and forth between the streets and foster homes until age 17 when he enlisted in the army and was fast-tracked to Vietnam.

He was a tunnel rat in Vietnam (nicknamed "Harry Kari Bosch"), tasked with killing the enemy and causing mayhem in a vast maze of underground passageways, dormitories, kitchens, magazines, hospitals, and command posts. He encounters the Black Echo: the amplification and reverberation of one's inner fears elicited by sensory deprivation from the absence of light and sound in a cavern far underground. Bosch survives two tours of duty in Vietnam and returns to Los Angeles to enlist in the police academy. Even as he rises through the ranks to become LAPD's finest homicide detective, he is always searching for clues to his mother's



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Rostnikov (Inspector Rostnikov series by Stuart Kaminsky. Book 2: Black Knight in *Red Square*)

Battle of Rostov – Eastern Front: 1941. A 15-year-old youth stumbles from a dilapidated doorway and destroys a German tank with the lucky toss of a grenade and a burst of gunfire. This act of bravery and desperation results in a mangled left leg. Any self-respecting carpenter, electrician, or plumber could see that the leg required amputation. A sleep-deprived shell-shocked physician, however, chooses to operate half the night, less to preserve the shattered limb, than to escape the horrors beyond the walls of the surgical suite. After the war, the youth joins the Moscow Police Force. For the next 30 years, Porfiry Rostnikov limps and drags the painful appendage through the halls of justice and down the back alleys of Moscow.

Life in Cold War and post-Soviet Russia is complicated. Rostnikov proves that a high-profile murder is committed by KGB agents rather than their convenient scapegoat and is immediately banished in disgrace to the obscure Department of Special Crimes - a repository of awkward cases no one else cares to touch. Assignments include: the murder of an astronaut in the MIR space station, the Mayday plot to assassinate Mikhail Gorbachev and blow up Lenin's tomb, and the immediate apprehension and incarceration of a low-level criminal who just might be Vladimir Putin's distant nephew. Rostnikov proves himself to be a top investigator by overcoming seemingly insuperable obstacles:

He is lame, but far from disabled.

He is married to a wonderful woman who happens to be Jewish (which brands them both as politically suspect, even though they are apolitical and irreligious).

He is incorruptible, perhaps his greatest flaw. What good is an honest policeman in a police state?

<u>**Gunther</u>** (Bernie Gunther series by Phillip Kerr. Book 1: *March Violets*)</u>

He's overweight and drinks and smokes excessively. Dismissed from the Berlin police department for refusing to join the Nazi Party, Bernie Gunther becomes a private investigator. Business is booming. People are disappearing right and left. Distraught family members want to know the whereabouts of their relatives who woke up, went to work, and never came home. Are they in jail? Shipped to a concentration camp? Or worse?

The war starts; Gunther enlists in the army and is perversely assigned to a Death Squad in Poland. A compassionate general who knew him before the war transfers Bernie to a military investigation unit before he can be shot for insubordination. The series spans four decades, from the 1936 Berlin Olympics, through WWII, Bernie's incarceration and escape from a Russian POW camp, and through the Cold War on both sides of the Iron Curtain.

Bernie's struggles invite the listener to ponder the questions: What happens to normal (mostly) honest industrious patriotic citizens in a fragmented society ruled by criminals with rioting in the streets and daily mass murders? Do good Germans keep their heads down, mouths shut, and muddle on hoping for the best? Or do they leave? And where exactly would they go?

Flashman (Flashman series by George MacDonald Fraser. Book 1: *Flashman*)

I hesitate even to mention my last individual in mixed company, as his exploits were *not* appreciated by my late wife. Fortunately, the George MacDonald Frasier series was written, gained fame among a small but devoted audience, and was forgotten long before the latest generation of politically correct moral apostles was even born. My daughter, the child and adolescent psychiatrist, has provided some insight into why this particular brand of humor appeals to me. Her differential diagnosis (the unvarnished version) includes: a need for humor as a defense mechanism, arrested development at age thirteen, id envy, or just plumb crazy. I vote for all of the above, but I never attended one of those fancy-pants psychiatry residencies, so what do I know?

So, for those of you who have yet to google Harry Flashman on the sound logic that anyone requiring the above disclaimer merits investigating...I'll be brief.

Expelled from his highfalutin' public school (Rugby) for getting roaring drunk (multiple offenses), Harry Flashman joins the army and is shipped off to Afghanistan. He lies, cheats, steals and grovels in an unsuccessful effort to avoid danger but somehow mistakenly gains a reputation as a gallant warrior. The next 30 years are spent in fruitless search for a safe billet where he can eat, drink, smoke, belch, gamble and womanize in peace. His travels/travails include experiences in the first Anglo-Afghan war (1839-1842), the Atlantic slave trade, the charge of the Light Brigade, John Brown's raid on Harper's Ferry Virginia (1859), and the Tai Ping Rebellion (China 1864).

And who else but Harry would seek refuge in a brothel while simultaneously fleeing Ku Klux Klan assassins and irate agents of the Underground Railroad?

Conclusion

So, when my patient on the fourth floor absolutely refuses to improve (just to spite me), when I feel frustrated, and my eyes feel tired and my body is beaten... on such occasions, I seek out the company of these characters. Because, well, you see, they're my friends.

Dr. John Andrew was born in Paducah, Texas and grew up in Houston. He attended Rice University and UTMB Galveston, and completed a Radiology residency at Scott and White in Temple, Texas, followed by a Neuroradiology fellowship at UT Houston. He has practiced radiology in Amarillo for 34 years.

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The Alchemist and Your Personal Legend The Alchemist by Paul Coelho

Reviewed by Taru Bharadwaj, MS1

The legend of Narcissus has established itself as a warning for many children and adults, as the primary moral of the story is that vanity and selfishness will lead to downfall. We learn of a young Narcissus who was so captivated by his own beauty that he would spend all his time staring at his reflection in a lake and one day leans too far and falls into the lake, drowning. The iconic novel, The Alchemist, tells the story of Narcissus with a twist. In the Prologue, the Alchemist, a major character in the novel, reads about Narcissus and is delighted by an avant-garde take. Instead of the story ending grimly with the death of Narcissus, it continues when the forest goddess finds that the freshwater lake had turned salty. She asks the lake why it weeps for Narcissus and finds out that, while Narcissus admired his beauty in the lake, the lake also admired its beauty for the first time in Narcissus's eyes. The alchemist, a mysterious figure at this point, praises this story and disappears from the book until much later. It is not until I completed the book that I realized the meaning and purpose of including the altered story of Narcissus in the Prologue. It all comes down to one of the main motifs of the novel: the Personal Legend.

The very first sentence of the story tells the reader the name of the main character, Santiago, who is simply referred to as "the boy" for the entire story. The reader learns that Santiago is a young shepherd from Spain who craves to travel and explore. The story opens with him spending the night at an abandoned church with a prominent sycamore tree. Through a third person narrator, the reader finds that the desire to travel is why he chose to be a shepherd, as it would allow him to travel easily without being bound to one place. However, the reader can sense that Santiago is not fulfilled by his life. While he does travel more than the average person, he realizes that he follows his herd's schedule; thus, he is still bound to his herd.

When he has a peculiar dream that involves a child playing with his sheep and then being transported to the Egyptian pyramids where there is a hidden treasure, Santiago visits an old woman who could interpret his dream. She tells him simply to find the treasure at the pyramids and give her one-tenth of what he finds. Santiago, sure that she has scammed him, feels disappointed until he meets an old man who encourages him to do the same. The old man, Melchizedek, proves himself to be the king of Salem and gains the trust of Santiago, who finally starts to consider the proposition of traveling to Egypt to find his treasure. Melchizedek introduces Santiago to the concept of a Personal Legend:

"It's what you have always wanted to accomplish. Everyone, when they are young, knows what their Personal Legend is. At that point in their lives, everything is clear and everything is possible. They are not afraid to dream, and to yearn for everything they would like to see happen to them in their lives. But, as time passes, a mysterious force begins to convince them that it will be impossible for them to realize their Personal Legend."

The Personal Legend is the main driving force of the plot. It is what drives Santiago to leave his sheep and the life he knows in order to find the treasure and reach personal fulfillment. He starts by travelling to Tangier, a port in Africa, where he meets a crystal merchant with a failing business. He helps the merchant by polishing his crystals and eventually gains a job, saving enough money to continue his Personal Legend. The crystal merchant represents the failures of many people and represents what happens when one allows fear to inhibit the pursuit of the Personal Legend. The crystal merchant knows his Personal Legend as well: he wants to make the religious trek to Mecca. However, he is apprehensive to do so, as he fears that his life will lose meaning once he makes the trip. What will he live for then? This fear is also what caused his business to dwindle, as it kept him in a limited mindset, unable to toy with new ideas that could help his store. The merchant is a good person. He is helpful and thoughtful, but fear was enough to put a halt to his life and cause the Kafkaesque cycle that he felt stuck in. Santiago represents the opposite path; he is on a mission and lives his life with purpose. Thus, because he has a driving force, he is able to revive and improve the crystal merchant's store to increase profit, so he can continue his journey. His broader perspective and pressing goal allow him to forge forward in his journey. Santiago, once he earns enough money to travel again, briefly considers giving up his personal legend to go back home to his sheep and previous life; he then realizes that he can easily make enough money to go back home whenever he wants, as he had done with the crystal merchant. Thus, he continues his journey and meets a caravan that is travelling across the desert.

Here, he meets an Englishman who is constantly preoccupied with his books. The Englishman explains that they are alchemy books and that he is travelling to meet someone called the alchemist. At first, Santiago and the Englishman do not get along. The Englishman devotes all of his time to his books to prepare to meet the alchemist, while Santiago values his experiences more and learns from "doing" rather than studying. The Englishman then introduces Santiago, and the reader, to the phrase "Soul of the World." The Englishman explains that the Soul of the World is the "Principle that governs all things.... When you want something with all your heart, that's when you are closest to the Soul of the World. It's always a positive force." The Soul of the World "allowed them to understand anything on the face of the earth, because it was the language with which all things communicated." The Soul of the World is another crucial theme in the story, and this will grow clearer as the plot progresses. Finally, the caravan reaches an oasis called Al-Fayoum in Egypt as a war takes place; the oasis acts as a safe haven from the war.

In the oasis, Santiago meets a young woman named Fatima, and they instantly fall in love. The alchemist also makes a reappearance in the story (he has not been in the book since the Prologue); all the reader knows is that he expects that someone from the caravan will need his help and become his scholar. The reader is left to speculate whether the pupil will be Santiago or the Englishman. The Englishman finds the elusive alchemist and disappointedly returns, saying that the alchemist has essentially offered no help or tutelage when asked how to turn lead into gold. Soon, Santiago receives an omen in the form of two hawks and a vision of an attacking army. Earlier, Santiago had been skeptical of signs, questioning the old lady who interpreted his dream and the old man who claimed to be the king of Salem; now, the reader can see a large shift in character when he instantly heeds the omen, warns the elders of the oasis, and is correct in his warnings. This shows that he is better connected to the Soul of the World and is able to better understand languages and messages from nature.

The alchemist observes Santiago's ability and seeks him out as his pupil. This shows another motif of the story: the difference between learning through studying and learning by experiencing. The Englishman has devoted much of his life to his books to understand the complex details of alchemy, without actually working through the puzzles; on the other hand, Santiago organically learned through his experiences and observations, which is why the alchemist chose him to teach. Santiago and the alchemist travel through the desert and face a series of challenges that further strengthen Santiago's connection to the Soul of the World. One of the most important conversations at this stage relates to Santiago again questioning whether he should even fulfil his Personal Legend or not; he points out that he could simply stay in Al-Fayoum and marry Fatima. The alchemist says that, while they may experience happiness for a short time, Santiago would always regret never seeking out his Personal Legend to completion and Fatima would always feel guilty for holding him back. This despair would lead to their downfall; instead, the alchemist points out that Santiago should fulfil his goal, then happily live out his life without any remorse.

The climax of the novel occurs when Santiago displays complete understanding and unity with the Soul of the World by communicating with the desert itself, the wind, then the sun. He then, with no aid from the alchemist, saves himself and the alchemist from captors when he

| continued on page 44

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turns himself into the wind, a phenomenal scene which catapults the story from a novel into something like a fable. This also allows Santiago to understand that the Soul of the World includes his soul as well, as they are all interconnected. This highlights an important principle of alchemy: that intricate books and formulas can never give the answer and that one must instead coax substances to change into something else, in the way Santiago used his words to turn into wind. When Santiago finally reaches the pyramids, he comes across two refugees of the war who rob him and scoff when he explains he is searching for a treasure he saw in his dream. In a bizarre twist of events, one of them says that he also had a ridiculous dream where he saw treasure under a great sycamore tree at a Spanish church. However, Santiago, who is now wellversed in the Soul of the World, understands that this is simply another omen pointing him to his destination. The story ends with Santiago returning to the very church he found refuge in as a shepherd; there he digs and finds a chest of gold, precious stones, and priceless statues, fulfilling his Personal Legend. Santiago muses, "life really is generous to those who pursue their Personal Legend." With a vow to give one-tenth of it to the old lady and return to Fatima, Santiago closes his current story and the novel ends.

The fact that there was a physical treasure of riches waiting for him was a unique twist in the story, showing that material pleasures are not necessarily bad and do not make a person inherently greedy. The fact was, chasing the Personal Legend required Santiago to sacrifice his sheep, his old life, and his money; thus, the fact that he had a spectacular journey and found riches shows that sacrificing current comforts to pursue one's dreams can lead to even more. The Soul of the World and the alchemy scattered throughout the book gives the story a mystical edge, transforming it's almost self-help atmosphere to a mythical and rich tale. It also serves to show Santiago's personal growth, as he is transformed from a skeptic of magic and omens to a person who is one with the magic of the world. Also, the Soul of the World proves that the way to truly learn and grow is to experience and do; unlike the Englishman, who would stick to his books, Santiago performed alchemy on himself and discovered it through his actions.

Finally, Narcissus's Legend from the Prologue makes sense after Santiago finds his treasure. Though Narcissus was vain, he still gave the lake joy, as the lake could observe its own beauty in his eyes. For the first time, the audience learns that a certain amount of selfishness is necessary, and the original moral of Narcissus's Legend shifts from vanity being immoral to some level of self-indulgence being an asset. Santiago had to display some selfishness by giving up his family, sheep, and love to pursue his dreams. The Alchemist shows that, although one mustn't hurt others, one must also not hold back for the sake of others, and that things like love and comfort should not prevent one from pursuing dreams. Santiago shows that, sometimes, we each deserve to grant ourselves enough of our own time and energy to achieve our Personal Legends.

Whether we believe in destiny or not, it is clear that we can gain from *The Alchemist* and master its themes. *The Alchemist*, because it displays motifs like pursuing a personal destiny, putting comforts like love in abeyance, granting oneself a certain amount of selfishness, and connecting the real world to legends, magic, and alchemy sets itself apart from other motivational books. Indeed, it rises to the level of a classic novel of adventure and a refreshing take on a hero's journey.

Taru Bharadwaj went to school in Amarillo and recently graduated from Texas Tech, majoring in microbiology. She is currently a first-year medical student at Texas Tech University School of Medicine. Taru has written several articles for Panhandle Health over the past several years in collaboration with her parents, Dr. Ravi Bharadwaj and Dr. Hena Tewari. We suspect that her humanism and her clear writing style are two of the many attributes that helped her get into medical school! (SU)

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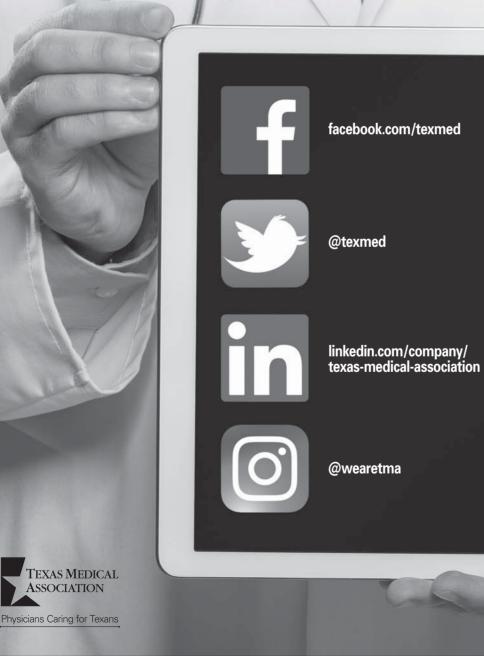
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