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MEDIC.....18
PORTER'S FINE DRY CLEANING.....15
SAMARITAN COUNSELING CENTER.....12
SNELL'S.....8
WILLIS KNIGHTON HEALTH SYSTEM.....2

TABLE OF CONTENTS

PRESIDENT'S PAGE.....5-8
EDITOR'S PAGE.....9, 10
ECONOMICALLY SPEAKING.....11
SMS - A 170 YR. RETROSPECTIVE, PART 2.....13-15
LAW NOTES.....17
A SECOND OPINION BY BEN JAMES.....19
CME.....20,21
AREA LEGISLATORS.....22,23
LSMS WHITE COAT WEDNESDAY.....24
NLMS NOTES.....25
NEW MEMBERS.....25
DOCTORS' DAY CELEBRATION.....27
AMA LIFETIME ACHIEVEMENT AWARD.....28,29
CRAWFISH BOIL SAVE THE DATE.....29
LSMS 2020 HOD.....31
64TH ANNUAL OYSTER PARTY & FISH FRY.....33,34
NLMS BOOK CLUB.....35
NLMS MEMORIALS & GIFTS.....37
CASSIDY CONFERENCE.....39

MEMORIALS

ISAAC MUSLOW, M.D.....36,37

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PRESIDENT'S PAGE

TO BE OR NOT TO BE

By F. Thomas Siskron, IV, M.D.

As I begin my tenure as president of a newly reorganized society in the first month of the new year, a year which surely inspires just a touch of jealousy in the Ophthalmologists who have presided over the society in the recent past, I have searched my imagination for something to write about that could play upon a “hindsight is 2020” theme. I have had some ideas, but they just haven’t seemed “original” enough to inspire me to write. I know my readers are probably tiring

of the nutrition and health messages I have been repeatedly pushing to press over the last twelve months, however, just now, literally less than five minutes before I sat to begin drafting this first paragraph, I received a text from a colleague and friend that compelled me, once again, to write about this very topic. It simply read, “Bet you would like NEJM Dec 26, page 2541. Three years ago, I would have skipped over this article. Thx!”

Well, in hindsight (see what I did there?), three years ago I would have probably skipped over that article, too. Probably? Who am I kidding? Truth be told, I don’t even read the NEJM, so I would have never even been aware of its existence; but, even if I had captured a glimpse of the title as I thumbed through the journal, it would not have compelled me to stop and read it. However, I am engrossed by articles like this all the time now, often of my own discovery, sometimes when someone else brings them to my attention. You see, something happened almost three years ago that changed my life and my outlook on the practice of medicine. I became involved in CrossFit Health.

Since then, I have met, mingled with, and been amazed by brilliantly engaging physicians, researchers, and best-selling authors who share my passion for meaningful changes to our national nutritional recommendations and practice of true “health” care, not just the “sick” care that we mostly practice today. I am staring at over ten books sitting in front of me on my shelf right now filled with their reviews of the research and theories about nutrition and health. It is because of the knowledge and strength of conviction I have gained from this group that I am no longer content to simply “manage” the all-too-common inevitable metabolic decline of my patients with a prescription and a six month follow up. I want to cure them now. I want them to be free of my services. I often run behind in my clinic because taking the extra time to share this message with almost everyone who crosses my office threshold is so important. Unfortunately, it’s not always an easily delivered or warmly welcomed message.

I recently had a discussion with my PA about whether I should “stay in my lane,” because I have no delusions concerning the difficulty of confronting lifestyle issues without being

confrontational, and it would be much easier to keep my focus on the Urologic problems that bring patients to see me. If I would just shut up and do my job, I would frustrate others, and be frustrated myself, much less. Patients almost universally believe their Urologic diseases are isolated issues which couldn't possibly have any relationship to their nutrition and lifestyle choices, and discussions in which I try to bridge the treacherous gap between the two are not easy. Even with conscious, dedicated attention to avoid the suggestion of "blame," just a brief touch on the message of trying to improve nutrition and lifestyle choices can be like running through a field of landmines.

I have found that humans in general are very resistant to hearing that they are not as healthy as they have convinced themselves, much less that they may be in some way responsible for their poor health. This is the only logical conclusion that can be derived from hearing what I have to tell them, though, and it is a difficult pill to swallow. They similarly have no desire to entertain the notion that they possess more power to heal themselves than any physician with a prescription pad or any miracle procedure of modern medicine found within the walls of a cath lab. I can tell when they get defensive and some get angry at the suggestion, and it is usually the ones who need to hear the message the most. I have even lost a few patients because I dared to tread on this hallowed ground.

I am reminded of one such patient who penned a hand-written letter in which he scolded me, stating that he, "did not appreciate the lecture on diet and exercise from a genetic freak, string-bean of a man." His only take-away from my genuine concern for his health and my offering ways to improve it was that I look the way I do because I wake up and roll out of bed every day with nothing more than the luck of having chosen good parents. He apparently believed it had nothing to do with my daily avoidance of processed carbohydrates and exercise choices. The fact that my Father has rarely knowingly consumed refined sugar since the early 1990s, when he went cold turkey on his Big Gulp habit, was also not considered relevant; nor the fact that I have never known my Mother not to pursue some form of exercise almost religiously, a choice which I believe anyone who knows her can see has served her well. To that patient, health is all genetic predisposition and has nothing to do with personal choices. While genetics are an undeniably powerful influencer of almost every aspect of our lives, I consider any predisposition of mine for health above that which others possess, if I have any at all, has been passed down from my parents much more by their examples than by their genes.

Despite exhaustive attempts to find a technique of delivery which softens the blow and somehow makes patients more receptive and less threatened by the message, and no matter how gingerly I approach this topic, I still see patients, like this man, who "shut down" when I broach the topic of their nutrition or lifestyle choices. Depending on my mood and the initial response I get, I sometimes drop the topic like a hot iron; but, often I continue. When I do press on and challenge the boundaries of the blame-free safe space they have created for themselves, they are almost universally quick to make me aware of factors beyond their

control or ability to alter which have landed them in their state of poor health. It makes me sad (for their sense of helplessness) when I receive such a defensive barrage of excuses about busy lives, demanding jobs, bad knees, bad backs, and bad genetics to explain away and justify their condition.

However, every now and again, I get a different response. I received another hand-written note from a patient thanking me for saving his life, after he listened to my advice and acted upon it. I saw another patient recently who was so excited to show me how significant was his weight loss since our first visit that he bunched up his shirt to show off how it now draped over his abdomen like a blanket. I saw a patient who couldn't wait to brag about having an A1c back within normal range for the first time in years, despite having stopped his Metformin. And, finally, I recently visited with a friend near my age who told me, from his ICU bed, that he is ready to take control of his health, for himself and his family, because he now sees that he is going to die prematurely if he doesn't change. I just pray that he acts upon that realization. All these people were exposed to the opportunity for a better life because I did not shy away from the chance to challenge their misconceptions and complacency. They made a choice to make a change, rather than lift their feet to be swept downstream by the powerful current created by the modern societal influences that got them where they were.

Which brings me back to the text I received from a friend out of the blue one afternoon, thanking me for inspiring interest in an obscure article. He now has a similar eye for these types of articles and sees a healthier path into retirement at the age of almost 70, simply because we happened to jump into the same rental car while in Santa Cruz together at one of the first CrossFit Health gatherings. Despite being involved in CrossFit for several years longer than me by the time we met, he was about 20-30 pounds overweight, and he underestimated the role the misguided USDA nutritional guidelines and the Standard American Diet played in his health. He thought he was eating healthy on a "low fat" diet, until we talked about the truth of the scientific research on nutrition and my own nutritional choices. Since then, he has become leaner and more muscular than most men half his age. He beams with pride every time I see him when back in California as he tells me how much better he feels, and I beam with pride that he credits me for the change. Though both are important, I am a firm believer that health is at least 80% what we eat (nutrition) and more important than what we do (exercise), and he is living proof. I hate to break it to the "I exercise so I can eat freely" crowd, but you can't outrun a bad diet.

"Whether 'tis nobler in the mind to suffer the slings and arrows of outrageous fortune, or to take arms against a sea of troubles, and by opposing end them?" My discussion with my PA ended with my realization that, like poor Hamlet, I have a choice to make with each patient encounter, and I have decided the rewarding victories, infrequent though they may be, are worth persisting through the disappointing failures. What if a single contact with me, whether in my office, at a social gathering, or by reading this article, is the only time

someone hears the liberating message that they can save themselves from the clutches of chronic disease? What if a direct frontal attack on their defenses is what it takes to reach them, rather than the typical “lose weight and exercise more” soft-pitch message usually served in closing to avoid difficult and time-consuming discussions?

My message seems to fall upon the rocky path or into the weeds more often than it finds its way to fertile soil, but the occasional successes surely make it worth continuing to try. I have also heard it stated as a basic marketing principle that it takes seven “touches” before someone will internalize and/or act upon your call to action, so continue to try I will. After all, patients are always free to find another physician who won't try, just as you are always welcome to flip past my articles or even avoid me at parties. It's OK. I can take it. Lastly, in case you think I forgot to tell you what the NEJM article was about by mistake—I didn't. I hope you will go read it for yourself, and then keep searching for and reading similar articles in your own search for the real truths that will lead to a life free of chronic disease. Hint: it will not be found in the USDA dietary recommendations for Americans, the “heart healthy” marketing claims on a box of Cheerios™, nor in the package insert for Metformin.



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EDITOR'S PAGE

DRUM ROLL PLEASE...THE NORTHWEST LOUISIANA MEDICAL SOCIETY

By Richard J. Michael, M.D.

As the new editor of the Northwest Louisiana Medical Society Quarterly Bulletin, I can assure you that I will be less humorous than Dr. Geof Garrett and more concise than Dr. Tom Siskron. I will attempt to make my columns insightful and newsworthy. But to many of you, my columns may seem like therapy for me.

The obvious topic that is most newsworthy for our organization is our name change from the Shreveport Medical Society to the Northwest Louisiana Medical Society. This name change had its origin in the deunification of the Louisiana State Medical Society from its component parish medical societies in 2018. The hope is that the Northwest Louisiana Medical Society name change will better accomplish this Society's goal to serve all the physicians in Bossier, Caddo, Claiborne, Desoto, Red River, and Webster parishes. Northwest Louisiana has important issues for physicians that are unique to this area of the State. I hope that our Society can evolve to be a great source of education, advocacy, entertainment, and collegiality for its physicians. I am confident that with the leadership of our Executive Director, Brandi Gaitan, our 2020 President, Dr. Tom Siskron, and our Board of Directors, The Northwest Louisiana Medical Society will make great progress in achieving these goals.

A pet peeve of mine. It is my perception, based on personal experiences and discussion with physician colleagues, that physicians get more unsolicited "out of work" requests for professional services than other professionals. I am referring to people who are not our patients (though this likely applies to our patients seeking us out in non-traditional settings also). Is this accurate or am I off base in my perception? Do our lawyer, accountant, and banker friends get the same number of requests for professional services when they are attempting to enjoy their families or hobbies in their personal time? I think real estate agents do, but their cell phones are easily found in their advertising materials. I think bankers might. I suspect that lawyers and accountants don't receive near the volume of texts, emails, or calls that physicians do outside of their usual practice of medicine. I have been surprised over the years about the communications I have received seeking professional advice or access to my clinic from people who have obtained my number out of a school or church directory. Or maybe a request for medical advice at a dinner party once

they realize I am a physician. “I’m sorry to bother you Dr. Michael, BUT I wanted to know...” I think this is because the beliefs of society have generally evolved to consider health care a right. Having a competent lawyer or accountant is not thought to be as much of a right but having solutions for your health issues is generally considered a right. Since our society has grown accustomed to having solutions at their fingertips within a moment’s notice, it is only natural to feel empowered to seek help with a health issue. So, Dr. Michael or Dr. Smith is not going to be too bothered if I reach out to them about a health issue I or my family is experiencing. Heck, they may be flattered! I have laughed at most after hour interruptions over the years, maybe to keep from crying or cussing. I guess I am flattered on some level that someone trusts me enough for my advice.

There are many issues to consider when a patient reaches out to a physician in a nontraditional way. Is this considered a patient-physician relationship if I attempt to help a person who has sought me out and not seen me in clinic? I think we all know the answer is yes, and the medical malpractice implications are real. Our inclination as physicians is to help people who seek help from us. But what if the person who is reaching out to us is really sick and we do not recognize this because we don’t know their entire medical history, we are distracted at our child’s soccer game when they contact us, or we can’t thoroughly evaluate them via an impromptu “virtual visit”. Our liability is real if we engage in these situations. There are additionally HIPPA implications too...on multiple levels. It is smartest to defer these interactions and request that the person call your office for an appointment and to establish a professional relationship.

The other implication to consider here is that physicians need their free time, perhaps more than any other profession. We work long hours. We make serious decisions that have incredible ramifications for our patients. We perform intricate and dangerous surgeries and procedures. When we leave our offices, hospitals, and call responsibilities, we want and need our free time, our families, our hobbies, and our distractions. Every single patient encounter takes a little debit of energy from a physician, and without the ability to get away and recharge our core/spirit/soul, we are doomed to be drained and made less efficient, less happy, and less able to live a life that gives us joy.

I don’t know whether my above perceptions and conclusions are accurate. I think physicians must consistently be on guard to protect themselves from unnecessary stressors, and included in these stressors, are non-traditional interactions with potential patients who need help. The Northwest Louisiana Medical Society will stand ready to provide education, support, and collegial interactions that will help its physicians deal with this and many other stressors that come with and from our profession. I look forward to a great 2020!



ECONOMICALLY SPEAKING A WEALTH-TAX WOULD MAKE THINGS WORSE

By Alan B. Grosbach, M.D.

In this Presidential election year, we are hearing many proposals for correcting inequality, especially income inequality and wealth inequality. Senator Elizabeth Warren, for example, advocates a wealth tax to fund several high-priced spending programs, like free college and Medicare for all, but also to address income inequality. There are good reasons to believe proposals like this would make things worse, especially for America's least wealthy.

In a November 20th CNN Business article ("*Elizabeth Warren's wealth tax will make income inequality worse, not fix it*"), Orphe

Divounguy and Hilary Gowins explain that Warren's proposed 2% annual tax on wealth above \$50 million plus an additional 1% on wealth above \$1 billion would probably have a paradoxical effect, likely producing a decline in investment, reduced economic growth, and fewer jobs. That's because great wealth does not sit idle. It is the engine that powers economic expansion.

According to Divounguy and Gowins, the economic clout of America's wealthy investors is a big reason why this country leads the world in new patent filings. When capital is available to fund new ideas, more jobs, new products, and wider choices for consumers just naturally follow.

European experience with wealth taxes provides a highly negative lesson. Austria, Denmark, Finland, France, Germany, Iceland, Ireland, Italy, the Netherlands, Luxembourg, and Sweden have all tried wealth taxes and repealed them. In France the wealth tax was repealed in 2017 after people simply took up residence elsewhere rather than surrender their wealth. In 2015 an estimated 10,000 millionaires left France. The wealth tax actually cost the French government about \$7 billion, double the amount of revenue it produced. GDP growth suffered to the tune of \$3.5 billion per year.

Not only is the wealth tax wrong-headed, so are the spending programs advocated by Warren and others. In a November 5th Policy Analysis for the Cato Institute ("*Exploring Wealth Inequality*"), Chris Edwards and Ryan Bourne make it clear that there is an inverse relationship between social program spending and lower- and middle-income wealth. As government promises more generous programs for retirement, health care, unemployment, and education, people have less incentive to save for their own future needs. They also have less money to put aside. Martin Feldstein's groundbreaking study of Social Security in the 1970's showed that, "every dollar increase in benefits reduced private savings by about 50 cents."

Edwards and Bourne quote Martin Feldstein's argument that the problem "is not inequality but poverty." Wealth inequality has increased, but the poverty rate has declined because wages have risen, and unemployment has fallen. Federal Reserve data reveal a slight increase in wealth for the top 1 percent of Americans between 2013 and 2016 while median household wealth grew 16%. The wealthy are not gaining at the expense of the less well off.

More social program spending will inevitably exacerbate the problem while providing even more campaign rhetoric for politicians who continue to vote for more spending. Elizabeth Warren told CNN, "You've got things that are broken in your life; I'll tell you exactly why. It's because giant corporations, billionaires have seized our government," ("*Elizabeth Warren on Billionaires*," CNN, July 31, 2019). No, Senator, it's because people like you keep voting for more spending and higher taxes.



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THE SHREVEPORT MEDICAL SOCIETY A 170 YEAR RETROSPECTIVE

PART TWO – THE DAWN OF THE CENTURY

By Frederick J. White, MD, Historian of the Society



As the new century dawned, the course of medical progress continued. The prior decade had seen development of antitoxins for tetanus and diphtheria, the compounding of aspirin, disinfection with carbolic acid, and the discovery and use of Roentgen rays in medicine. The first decade of the new century would see widespread use of the binaural stethoscope, the development of electrocardiography, the first successful corneal transplant, and the eradication of yellow fever outbreaks in the United States. During

this time the physicians of the Shreveport Medical Society embodied the optimism and activism of this Age.



1900 to 1910 – In 1901, Dr. Thomas E. Schumpert of Shreveport was elected to serve as the 20th President of the Louisiana State Medical Society, being the third President from Shreveport (after Dr. James C. Egan in 1878 and Dr. A. A. Lyons in 1881). At age 38, Dr. Schumpert was also serving

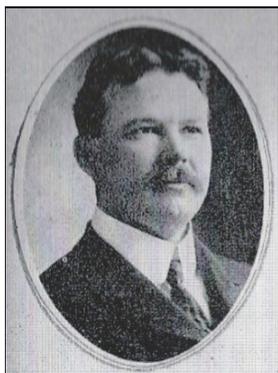


Figure 1. Dr. Thomas E. Schumpert

as the President of the Shreveport Medical Society in 1901, becoming the first Physician to simultaneously hold both Presidencies. That year there were 47 registered physicians in Caddo Parish, 22 of whom were members of the Shreveport Medical Society. Shreveport was the third largest medical community in the State, tied with Calcasieu, following the much larger community in Orleans and the slightly larger community in St. Landry Parish.

In 1902, Dr. J. Ashton Blanchard, the Shreveport City Physician, announced his departure from the office, citing inadequate compensation. The salary of the increasingly busy City Physician had been fixed for 20 years at \$600 per annum. Upon the vacancy, the City Charter Committee sought to continue the same salary. The Shreveport Medical Society opposed that proposal, and the Society passed a resolution calling for the salary to be set at \$1800. The Society also stated that none of its

members would accept the office unless the pay were increased. After further public debate, the city Committee fixed the salary at \$1800, and Dr. J. F. O'Leary, formerly assistant surgeon of the Marine Hospital, was subsequently sworn in as the new City Physician.

In 1902 the 23rd Annual Meeting of the Louisiana State Medical Society was held in Shreveport in the auditorium of the Caddo Club, and the sweeping reorganization plan establishing Councilor Districts and authorizing the House of Delegates was presented to the Society, and then adopted one year later. During that meeting, the LSMS adopted the following resolution – *“Resolved that in the opinion of the Louisiana State Medical Society, the Charity Hospital of Shreveport is not commensurate with the needs of the public, and we most earnestly petition the Legislature to appropriate a liberal amount, sufficient to equip and sustain a modern hospital worthy of our great commonwealth and this progressive city.”* At that time the Shreveport Charity Hospital was discharging approximately

75 City and Parish patients per month and an additional 240 patients per month from the State at large. In the subsequent General Session of 1902, the State Legislature appropriated \$60,000 for the construction of a new building for the Shreveport Charity

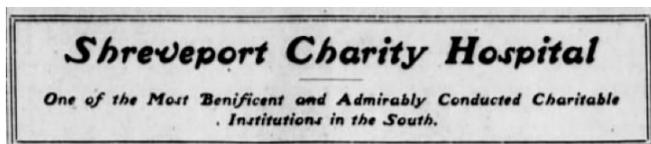


Figure 2. The Shreveport Times, September 27, 1903

Hospital. With the addition of about \$30,000 from the hospital building fund, construction began in 1903 with formal opening in 1904.

In 1904, the Shreveport Medical Society publicly rebuked the City Council for defeating a mosquito control ordinance, and called for the placing of screens on cisterns and the draining of lagoons. In August 1905, Shreveport experienced its last yellow fever outbreak, part of a regional epidemic that was primarily centered in south Louisiana. Several cases were reported among persons entering the city. Mindful of the devastation of 1873, the city response was vigorous. By authority of Dr. James C. Egan, President of the Parish Board of Health, the city was placed under a protective “shotgun quarantine,” with quarantine guards from a Citizens Sanitary Committee restricting movement of all persons seeking to enter the city and forcibly suspending all train traffic from the south.

The Board of the new Shreveport Charity Hospital announced that no patients with fever would be admitted in order to protect those patients already in the hospital. A detention camp was established for persons suspected of having the disease, but with only one confirmed case detained. Under direction of the Board of Health, emergency sanitation orders were strictly enforced, with the City Judge citing Mayor Querbes for the poor condition of the public thoroughfares. The Shreveport Medical Society published in the Times a schedule of measures to be used by the population in eliminating mosquitoes from their homes. The principal measure was fumigation by burning four to six pounds of sulfur for every 1000 cubic feet of space, sealing the room for six hours, followed by the burning of saucers of Pyrethrum in the windowsills thereafter. With mosquito control and quarantine, Mayor Querbes declared that although there had been the “absolute stopping of business,” Shreveport was “entirely free from all infection.” Yellow fever never again plagued the City.

By 1906 the Louisiana State University, under the leadership of its President, Colonel Thomas Boyd, was engaged in a vigorous expansion. Proposals for both Departments of Law and Medicine were under consideration. The medical facilities in Baton Rouge were not felt sufficient to host the medical school, and Shreveport and New Orleans vied for the institution. The Shreveport Progressive League (forerunner of the Chamber of Commerce) guaranteed \$ 37,000 to fund the project and appointed a committee to present the Shreveport proposal, led by Drs. Randell Hunt and J. C. Willis. Drs. Hunt and Willis made several trips to Baton Rouge and New Orleans to present the case for Shreveport. However, in January 1907, despite expectations to the contrary, the LSU Board of Supervisors awarded the Medical Department to New Orleans. *The Shreveport Times* noted that the Board had likely been swayed by the \$ 90,000 of funding offered by New Orleans. Although the LSU law school opened in Baton Rouge in 1906, the LSU medical school did not open until 1930.



Figure 4. Dr. Oscar Dowling

In 1907, Dr. Oscar Dowling of Shreveport was elected as the 25th President of the Louisiana State Medical Society, the fourth physician from Shreveport to hold that office. During his tenure he proceeded with the establishment of a working House of Delegates and proposed strengthening the disciplinary powers of the Board of Medical Examiners. Trained and practicing as an otolaryngologist, Dr. Dowling had a profound interest in public health. As President, he called for improved recording of vital statistics, and proposed a state-owned tuberculosis sanitarium. In 1909 Dr. Dowling became President of the Shreveport Medical Society. Under his leadership, the Shreveport Medical Society denounced the practice of the writing of prescriptions for whiskey, and mailed a copy of the resolution to each physician in the Parish. In 1910 he became President of the Louisiana State Board of Health and developed “the health train,” a travelling railroad car fitted with public exhibits on hygiene, dental care, nutrition, tuberculosis, and



Figure 3. *The Shreveport Times*, August 3, 1905

hookworm. That year the Shreveport Medical Society formally endorsed his efforts to improve recording of vital statistics and called upon the Caddo Parish Police Jury to compensate the Parish health officer for such duties.

In 1908 Dr. Schumpert died of typhoid fever at the age of 45 years. In his will, he donated the Shreveport Sanitarium, which he had founded in 1898, to the Sisters of Charity of the Incarnate Word, and it was renamed the Schumpert Memorial Sanitarium. In 1910, the Shreveport Medical Society identified impure milk as a source of typhoid fever and adopted a resolution calling for monthly bacteriological examination of milk offered for sale in the City.

✱

As the decade ended, the Shreveport Medical Society boasted 60 members, and published a monthly four-page bulletin. As expectations turned to the coming decade, no one could foresee the trials of pestilence and war that awaited....

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LAW NOTES

CYBER ATTACKS: WHEN TO NOTIFY YOUR CUSTOMER

By Luke Whetstone

Modern technology is an amazing asset for businesses in Louisiana and nationwide. The ability to digitally store customer information and utilize “cloud based” services makes for a more efficient and effective business. However, as with all advances in technology, there are dangers. With the advent of modern methods of storage of customer data, there has been a flood of breaches in data security by criminals seeking to steal and sell a company’s customer information. Companies as large as Target and Home Depot have recently been the victims of large data breaches, with cybercriminals obtaining unfettered access to the personal information of a massive number of customers.

Every business should have a plan to minimize the risk of, and the damage from, a potential cyberattack and data breach. However, regardless of the precautions a business takes to prevent a data breach, it is always possible that one can occur. There is no guaranty of absolute data security. For that reason, businesses operating in Louisiana need to be aware of their obligations to their customers under state law in the event that a data breach occurs. Following such a breach, businesses in Louisiana are legally required to notify their affected customers.

Notification of customers is governed by the Louisiana Database Security Breach Notification Law. The law applies to corporate entities as well as any person, partnership, or group that conducts business in Louisiana and retains their Louisiana customers’ personal information.

Following a data breach, businesses must quickly notify their customers that their data is at risk, but the law does allow time for businesses to determine the scope of the breach, try to prevent further disclosures, and restore the reasonable integrity of the data system. However, notice must generally be given within 60 days from discovery of the breach. Under the law, a customer can bring a civil action against a business to recover damages resulting from the failure to notify in a timely manner.

Data security is a relatively new problem facing businesses, but it is a problem that appears will be with us for quite some time. Businesses not only need to have protections in place to try and prevent data breaches, but they should also have a plan for letting their customers know if their data is at risk. Putting a notification plan in place ahead of time can mean one less thing a business has to worry about in the wake of a cyberattack.

Luke D. Whetstone is an attorney at Cook, Yancey, King & Galloway, A Professional Law Corporation. He is licensed to practice law in Louisiana and Arkansas and his practice includes cyber security and liability and labor and employment.

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A SECOND OPINION IS USUALLY A GOOD IDEA FOR PATIENTS AS WELL AS INVESTORS

By Ben James, CIMA® Financial Advisor, Deupree James Wealth Management

Medicine is not always an exact science. My wife, a local family practice physician, describes it as the “art of medicine.” When the treatment choice is not clear-cut, she says, getting a second opinion is often a good idea.

In their book [Your Medical Mind, How to Decide What is Right For You](#), Doctors Groopman and Hartzband agree. “Uncertainty pervades much

of medical decision-making, and, in situations where one cannot predict the outcome exactly, how the decision is made can be as important as what decision is made.”

Yet, according to the [Harvard Health Letter](#), 70% of Americans don’t feel compelled to get a second opinion or do any additional research. This, it says, is despite the fact that “doctors generally welcome having their patients seek second opinions.”

Consider this statement from Dr. Gregory Abel, a blood cancer specialist at Harvard-affiliated Dana-Farber Cancer Institute: “If you have a doctor who would be offended by a second opinion, he or she is probably not the right doctor for you.”

Now replace the word “doctor” with the words “financial advisor.”

If you have a financial advisor who would be offended by a second opinion, he or she is probably not the right financial advisor for you.

Getting a second opinion about your physical or financial health is easy, but many fail to seek one, much to their detriment. This is true for doctors too—and they of all people should know better!

Consider for a moment how easy it is for your patients to get a second opinion. Patients have the right to get their medical records from you so they can have another physician review them. Your patients can even put them up securely on the Web to expedite delivery of the data.

Why shouldn’t you, as an investor, have the same rights?

Most financial advisors will offer you a free consultation. Financial advisors meet with prospective clients all the time to stress-test financial plans and portfolios. If an advisor recommends a change, then you decide if you will proceed.

At Deupree James Wealth Management we take great pride in knowing that we’re improving lives when we help our clients make smarter financial decisions. If you’re interested in a second opinion, we’d be happy to help.

1. Harvard Health Letter. “A matter of opinion.” October 2011. Available at https://www.health.harvard.edu/newsletter_article/a-matter-of-opinion. Accessed December 2019.

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Part of the mission of the NLMS Civic Assistance and Education Fund, Inc. is to contribute to CME for members and the public. As part of this effort, monthly articles will be published in the NLMS Bulletin covering subjects and a schedule of events that will provide a CME resource for members. Input from CME providers will be considered for inclusion and the opportunities for CME will be emphasized.

LSU HEALTH SHREVEPORT

⇒ **GRAND ROUNDS ARE OFFERED DAILY**

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- ◆ April 18, 2020, Hilton Shreveport
- ◆ Ameya Asarkar, M.D.

⇒ **PSYCHIATRY: LARC SYMPOSIUM**

- ◆ April 21-22, 2020, LSU Health Shreveport Auditorium
- ◆ Nicholas Goeders, PhD, James Patterson, MD

⇒ **AHEC: OPIOID CONFERENCE**

- ◆ May 16, 2020, Sam's Town Hotel & Casino
- ◆ Wanda Thomas, M.D.

⇒ **16TH ANNUAL LEVY CONFERENCE VISITING**

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- ◆ June 12, 2020, LSU Health Shreveport, Main Auditorium
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⇒ CANCER CONFERENCES

- ◆ General: Every Monday at 12:15 pm except 4/13 & 5/25
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- ◆ HepatoPancreatoBilliary: Every Tuesday at 4:30 pm
- ◆ Thoracic: April 2, May 7 & June 4 at 12:00 pm
- ◆ Located in WK Cancer Center 2nd floor conference room

CHRISTUS HEALTH SHREVEPORT

⇒ MEDICAL STAFF CANCER CONFERENCES

- ◆ General: April 13 & 27, May 11, June 8 , 22 & 29, 12:30 pm
- ◆ Breast: April 6 & 20. May 4 & 18, June 1 & 15, 12:30 pm
- ◆ Located in Highland West Wing Conference Room

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2020 LOUISIANA STATE LEGISLATURE

Regular Session

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E-mail: sen36@legis.la.gov

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531 W. 61st Street
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Tel: (318) 862-3100
Fax: (318) 862-3102

E-mail: sen38@legis.la.gov

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Shreveport, Louisiana 71103
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Senator Barrow Peacock (Dist. 37)

1619 Jimmie Davis Hwy.
Bossier City, Louisiana 71112
Tel: (318) 741-7180
Fax: (318) 741-7182

E-mail: peacockb@legis.la.gov

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431 Jefferson Street
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Tel: (318) 357-3116
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West Monroe, Louisiana 71291
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LSMS Legislative Reception & White Coat Wednesday

LSMS is excited to invite our physician community to two events allowing you to interact with your legislators!

- On March 31, 2020, the Louisiana State Medical Society will host a **Legislative Reception** at the Capitol Park Museum, 660 North 4th Street, Baton Rouge, LA 70802. The museum is conveniently located across the street from the State Capitol. The reception is scheduled for 6 PM or upon adjournment of the legislature. LSMS encourages members to arrive around 5:30 to greet legislators as they enter.
- The next morning on April 1, 2020 at 7:30am, LSMS will begin **White Coat Wednesday** at the Lt. Governor's apartment in the Pentagon Barracks. The event will include you being able to attend committee meetings of your choice, as well as, giving you the opportunity to visit with your legislators while they are in a legislative session.

Please consider registering today. To easily register, use your phone's camera to snap a picture of the provided QR code.





Northwest
Louisiana
MEDICAL
SOCIETY

NOTES

- **NEW WEBSITE** Take a moment to check out your society's new website: northwestlouisianamedicalsociety.org. Members are encouraged to register for events through the website. If you have any questions, please contact Brandi Gaitan, NLMS Executive Director (318) 510-3138 or brandeth@gmail.com.
- **CIRCLE OF FRIENDS** The NLMS would like to thank our current Circle of Friends Sponsors: CHRISTUS Shreveport-Bossier Health System, Ochsner LSU Health and Willis-Knighton Health System. Each of these organizations has provided a monetary donation and has agreed to host a NLMS meeting at their location. All NLMS members are welcome and encouraged to attend these events. Support through the Circle of Friends program allows us to improve our meetings and social events as well as provide more CME throughout the year. There are four levels of sponsorships. Other sponsorships are available. If you or your practice are interested in supporting the NLMS or have any questions, contact Brandi Gaitan, NLMS Executive Director (318) 510-3138 or brandeth@gmail.com.

WELCOME NEW MEMBERS



John J. Lucas, M.D. (Service)

OFFICE: Overton Brooks Hospital

SPECIALTY: Dermatology

GRADUATION: University of Arkansas Med. School, 1974

TRAINING: Tripler Army Medical Center, 1975
Brooke Army Medical Center, 1980



Jerry A. Smith, M.D. (Active Part-Time)

OFFICE: Family First Medicine, Ruston, LA

SPECIALTY: Family Practice

GRADUATION: LSUHSC-Shreveport, 1986

TRAINING: LSUHSC-Shreveport, 1987
University of TX at Tyler, 1990



Randall G. White, Jr., M.D. (Active 1st Yr.)

OFFICE: Willis Knighton Preferred Pediatrics

SPECIALTY: Pediatrics

GRADUATION: LSUHSC-Shreveport, 2016

TRAINING: LSUHSC-Shreveport, 2019



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<i>J. Paul Drummond, M.D.</i>	<i>Jerry W. Drummond, M.D.</i>
<i>Jeffrey E. Faludi, M.D.</i>	<i>Lewis C. Jones, M.D.</i>
<i>Herbert B. Master, M.D.</i>	<i>Robert McVie, M.D.</i>
<i>Louis J. Sardenga, M.D.</i>	<i>Robert S. Thornton, M.D.</i>

RSVP by March 6, 2020

Buffet luncheon \$35 adults \$15 children (12 and under)

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318-294-2919 anitamoonthwhite@gmail.com*

SMS HONORARY MEMBER RECEIVED THE AMA MEDICAL EXECUTIVE LIFETIME ACHIEVEMENT AWARD

On November 16, 2019, SMS Honorary Member and recently retired Medical Society Executive Director, William O. Huckabay, Jr. received the AMA Medical Executive Lifetime Achievement Award. The award was presented to Mr. Huckabay by Dr. Jesse Ehrenfeld, Chair of the AMA Board of Trustees, at the AMA Interim meeting in San Diego. The following are Mr. Huckabay's remarks upon receiving this award.



Mr. Huckabay at the Podium of the American Medical Association House of Delegates

- Wow! For an 84-year-old guy named William Osler, this is a big event. I am truly humbled and I thank you.

- Whatever I achieved as a Parish Medical Society Executive that merited this award and benefitted physicians and patients, I say, "To God be the Glory." I wish I could have done more.

- I dedicate this award to my grandfather, Dr. L. S. Huckabay. A Tennessee Medical School graduate, he began his practice in the rural area of Northwest Louisiana in the early 1900s. In the beginning, he often made house calls on horseback. In the end, he provided a hospital and clinic for the area. He was a strong supporter of organized medicine and a longtime member of the Louisiana State Medical Society and the AMA.

He was particularly a strong advocate for the AMA in the early 1950s. The practice of medicine remained a "calling" for him throughout his life.

- I want to thank the AMA for providing me this opportunity to visit San Diego. Throughout my naval career, my first choice of duty station was always San Diego. You know what; I never was assigned to San Diego. So thank you AMA for bringing me to San Diego.

- I want to thank the U.S. Navy for providing me the opportunity to earn a graduate degree in Public Administration from Auburn University during which I first learned and studied the Principles of Managed Care. This education proved most valuable later in life when at the age of 55 I became a medical society executive.

- I want to thank:

- The AMA Board of Trustees for selecting me for this award;

- The Louisiana State Medical Society Board of Governors for nominating me;

- The Shreveport Medical Society and Dr. Ben Singletary for providing me the opportunity to serve; and

- The American Association of Medical Society Executives for being a valuable resource to Med Executives.

- I want to thank Past AMA Presidents Dr. Stormy Johnson and Dr. Don Palmisano for their leadership and inspiration to me.
- Many thanks also to Dr. Lou Goodman of the Texas Medical Association for getting me on course as a new Medical Executive in 1990 and to Dr. Jeff White and Dr. Bruce Williams for keeping me on course for 29 years.
- And most important, I want to thank my wife, Carolyn, here with me today, for her valuable support and encouragement. Carolyn, I love you dearly, please stand so they can see you.

I thank you.



**Statement of Dr. Patrice Williams, President of the American Medical Association
November 19, 2019**

“During his years of service to the Shreveport Medical Society and the Louisiana State Medical Society, William O. Huckabay, Jr., has been a tenacious advocate for patient safety and physicians’ rights,” said AMA President Patrice A. Harris, M.D., M.A. “Across his career – including 24 years in the U.S. Navy and 29 years at the helm of the Shreveport Medical Society – Mr. Huckabay has been a leader and a tireless advocate. His contributions to the state and medicine – particularly the Shreveport Medical Society Physician Revitalization Program, which is combatting the symptoms of physician burnout – will continue to have a positive impact for years to come.”

The Medical Executive Lifetime Achievement Award of the American Medical Association honors a medical executive of a county medical society, state medical association or national medical specialty society who has contributed substantially to the goals and ideas of the medical profession.

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I will always be grateful for the relationships established during my time at the SMS and the privilege of working with Mr. Huckabay and Sandy. Also, it was a great honor to serve the dedicated physicians of the Shreveport Medical Society.

I would be equally honored to assist in any Real Estate need you may have. If you have a family member or friend that would benefit from my services, please have them give me a call, as well."

~ Heather



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Louisiana State Medical Society

House of Delegates 2020

The Northwest Louisiana Medical Society was well represented at the LSMS 2020 House of Delegates. The meeting began with a Mardi Gras Style welcome reception the evening of Thursday, January 23 and concluded on Saturday, January 25 with a HOD session. Dr. Lee Stevens passed the gavel to the 140th LSMS President, Katherine Williams, MD.

The House of Delegates is advocacy in action! NLMS members interested in participating in HOD 2021 should contact Brandi Gaitan, NLMS executive director (318) 510-3138.

Thanks to the following physicians for serving on behalf of the Northwest Louisiana Medical Society!



Drs. Randall White, Jake Majors, Christina Notarianni, Lee Stevens, Steen Trawick, Jeff White, Phillip Rozeman, Rick Michael & John Carmody



Drs. Steen Trawick, Christina Notarianni & Rick Michael



Dr. Jeff White and Christopher Lebouef LSMS VP of Marketing & Communications



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64th Annual Oyster Party & Fish Fry

...was held on Friday, February 7, 2020, at Savoie's, The Catering Place. This was the First Official Event as the Northwest Louisiana Medical Society and over 248 were in attendance! Guests enjoyed raw oysters, oyster bisque, fried fish, shrimp and oyster poboys, Randazzo's King Cake and of course oysters Rockefeller and Bienville grilled by Dr. James "Ronnie" Bergeron and his crew. Dr. Bergeron has been the NLMS head chef for the past 51 years. NLMS president, Dr. F. Thomas Siskron IV took a moment to thank Dr. Bergeron for keeping the Oyster Party tradition for the past 51 years and making it possible to celebrate our 64th! On behalf of the NLMS membership, Dr. Siskron presented Dr. Bergeron with John Folse's cookbook, "The Encyclopedia of Cajun and Creole Cuisine" which was signed by all those who attended the party. Dr. Bergeron thanked the NLMS for the gift and gave a brief history of the Oyster Party and spoke about the importance of friendship. Dr. Bergeron along with his first patient and best friend, Mr. Leonard Patterson presented new grills to be used at future Oyster Parties! NLMS would like to thank Kevin Murphy and his team at Laveer Wealth Management for sponsoring the event and Sandy & Ron Cagle for all of their behind the scenes preparation. Thank you!



Leonard Patterson, Dr. James "Ronnie" Bergeron & Dr. F. Thomas Siskron IV, NLMS President



Dr. Rick Michael, Kevin Murphy with Laveer Wealth Management & Dr. T. Steen Trawick, CHRISTUS Shreveport Bossier



Dr. Jake Majors, Brandi Gaitan, Dr. Vincent Culotta Jr., LSBME, Dr. Leonard Weather, Representative Kenny Cox & Candie Cox



Dr. David Cavanaugh, Senator Robert Mills, Dr. James Bergeron & Brian Crawford, WK Health System



Dr. Christina Notarianni, Thomas Carmody & W. Clinton Raspberry Jr.



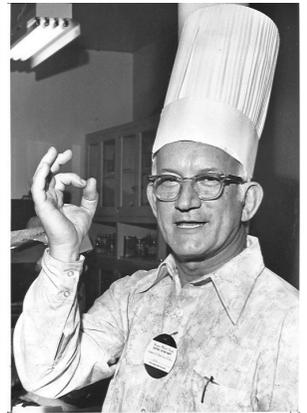
Drs. Aaron Broadwell, Ellie Hudnall, Julie Broadwell, and Andrea Bienvenu & Dr. John Bienvenue



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Oysters Bienville



Dr. Eugene St. Martin, Founder of the Oyster Party Circa 1956



NLMS BOOK CLUB

By Margaret M. Crittell, M.D.

As you may be aware, the Northwest Louisiana Medical Society has started a Book Club. We met four times in 2019 and discussed the following books:

When Breathe Becomes Air

by Paul Kalanithi, MD

Cutting for Stone

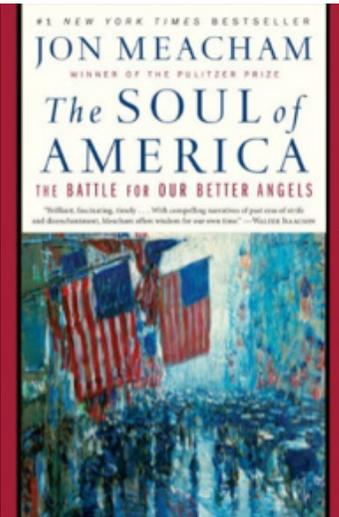
by Abraham Verghese, MD

When Death Becomes Life: Notes from a Transplant Surgeon

by Joshua Mezrich, MD

Being Mortal: Medicine and What Matters in the End

by Atul Gawande, MD



Jon Meacham. We felt that in an election year, this was a good selection to promote healthy political discussions. We will choose our next book after this meeting. The first meeting will be at 6:00 PM.

The first meeting will be Thursday, March 12 at La Madeleine in Shreveport. There is a room for meetings near the back just past the register. It is a very low-key discussion and I have very much enjoyed hearing the insights of my colleagues. I hope to see more of you at our upcoming meetings. If anyone has questions, the best way to reach me is by email at crittell@bellsouth.net. I look forward to seeing everyone at our upcoming events.



Isaac Muslow, M.D.
 1926-2020

Dr. Isaac “Ike” Muslow was born April 4, 1926 in Oil City to Sylvia and Harry Muslow. He attended Louisiana State University at Baton Rouge, Centenary College of Louisiana, and Louisiana State University School of Medicine at New Orleans. He served his internship at “Big” Charity Hospital at New Orleans. In 1950 Dr. Muslow served as Medical Officer in the United States Air Force. In 1952 he served his medical residency at Georgetown University Hospital and then at “Big” Charity Hospital at New Orleans. From 1954 to 1958 Dr. Muslow was Instructor of Medicine at LSU School of Medicine. He was also the Director of the Kidney Station at New Orleans Charity Hospital. This was one of only two dialysis units in the south. He developed the first fellowship dialysis program in the state, and he was attending physician at the VA Hospital in Gulfport, Mississippi.

From 1958 to 1964 Dr. Muslow was in private practice in Shreveport, Louisiana. He was also attending physician at the Overton Brooks VA Hospital. From 1964 to 1970 he was the Administrative Director in the Department of Internal Medicine at Confederate Memorial Medical Center. It was at this time that a full compliment of internal medicine residents was first obtained. In 1970 at Willis-Knighton he established and directed the first dialysis unit in the area.

Also in 1970 he began his long career at the LSU School of Medicine at Shreveport accepting the position as acting head of the Department of Family Medicine and Comprehensive Care. Three years later he began the first of three terms as Dean of the Medical School and as Vice Chancellor. During his tenures as Dean Confederate Memorial Medical Center merged with LSU Medical School Hospital. In 1991 LSU Medical School Hospital was named the nation’s most profitable public hospital. Under his leadership the Burn Center and the organ transplant program were developed, the emergency unit became a level one trauma center, three Centers of Excellence were created in Arthritis and Rheumatology, Cancer Research, and Forensic Toxicology. Also created was the Ambulatory Care Center, the Feist-Weiller Cancer Center, the Women’s and Children’s Center, the Radiation Therapy Center, the Children’s Hospital within the hospital, the LSU Medical School Foundation. Also an affiliation agreement with E. A. Conway Hospital at Monroe, Louisiana was established.

Dr. Muslow was a member of the Federation of State Board of Nursing Examiners, the State Board of Medical Examiners. He was also its chairmen; and its representative to the American Board of Medical Specialties, and the American Board of Internal Medicine. He was a member of the Shreveport Medical Society and the Louisiana State Medical Society for 62 years. He received the Shreveport Medical Society’s Distinguished Service Award, the Louisiana State Medical Society Award, and was a member and President of the Public Solicitation Review Council. He was honored by the American Heart Association and Junior Achievement. An endowed chair bearing his name was established in Internal Medicine at LSU Health Science Center-Shreveport. Dr. Muslow was a lifelong member of Augudath Achim and B’nai Zion Congregation.

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In June of 2000 Dr. Muslow retired from the Dean's Office. On July 1st he continued teaching residents, medical students and treating patients at the VA until his retirement in 2015. He received a nice retirement party at Overton Brooks VA attended by friends and family.

Dr. Muslow died at home on Saturday, January 18, 2020. He was preceded in death by his parents and his sister, Lille Muslow Black. He is survived by his wife of 63 years, Berte Alcus Muslow; his children, Katherine Muslow Koeppel and husband, Peter; Harry Alcus Muslow and wife, Susan; Jonathan Hyman Muslow and wife, Elena; grandchildren; Sarida Muslow Brown (Conner), Sima Muslow Mazon (Assaf) and Eitan Muslow (Dana), Leia Muslow, Eli Muslow, Benzi Muslow, Adin Muslow Koeppel, Joshua Alcus Koeppel, and Jessica Berte Muslow; step-grandchildren, Max Koeppel, Ben Koeppel, and great-grandchild, Amit Mazon.

Do you know what I noticed about Dr. Muslow during the years? He was never by himself. He would either be in conversation with people, or he would be walking down the hospital corridor with those residents and medical students trailing behind.

-Charles Lester Black, Jr., MD

Northwest Louisiana Medical Society

Memorials & Gifts

The NLMS Civic Assistance & Education Fund (CAEF) is authorized under the IRS Guidelines to receive tax deductible memorials and honorary gifts from members of the Medical Society, friends, organizations and businesses. All memorial contributions and honorary gifts so designated, unless otherwise requested by the donor, are credited to the general fund from which allocations are made by the Board of Directors to support community charity and educational activities.

An appropriate letter will be sent on the donor's behalf to the family of the deceased or to the person honored. The amount of the gift will not be disclosed unless requested.

NLMS members are encouraged to consider the Civic Assistance & Education Fund in their annual giving. For more information, please contact the SMS office at 675-7656.

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