

COVID-19: ROAD TO RECOVERY

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PRESIDENT'S PAGE

KNOW THY ENEMY AND KNOW THYSELF

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

If there is one thing that this viral pandemic has taught us, it is that we live in a hostile environment without as much control over our lives as we would like to think, and nobody has all the answers in times like these, no matter how confidently some try to make us believe otherwise.

From death toll projections to recommendations on nonpharmaceutical interventions, the predictions and guidance given by our leaders at all levels since "Covid-19" became a household word earlier this year have been all over the map: some completely illogical, some contradictory, and most others vague, inconsistent, or confusing. We have also learned that fear, especially of the unknown, is a powerful emotion and it has forced our society to endure the last few months of unprecedented measures, though as Dr. Jeff White's latest fascinating and timely piece on the 1873 Yellow Fever epidemic found in this Bulletin makes clear, there is ample precedent in dealing with outbreaks much more devastating than this one.

We are seemingly over the peak of the current pandemic, at least in Northwest Louisiana, as this article goes to press, and whether you believe our global measures to "flatten the curve" were reasonable or unnecessary, successful or futile, there are still many unknowns, in terms of both the ultimate effect of the virus itself on our society, and the consequences of our reactions to it that will affect us for years to come. It will take many years for the truth to slowly unfold and come into focus, I think, much like I remember photographs in the high school yearbook committee darkroom would slowly appear from a blank page in the chemical wash. Though I traded the dim red glow of the dark room for the dim blue glow of my computer screen, I still enjoy watching for patterns to come into focus, and searching through the data during this pandemic has become a preoccupation of mine. I believe studying the data to reveal what can be known, not relying on projections, models, or emotional reactions based on what is unknown, is the only way forward. So, I have been immersed in the data, and will share a little of what I have found from our corner of the Covid-19 crisis, with grateful appreciation to NLMS Board member and Caddo Coroner, Dr. Todd Thoma, for allowing me to contribute to the collective understanding of what has happened here by studying each of the deaths in greater detail.

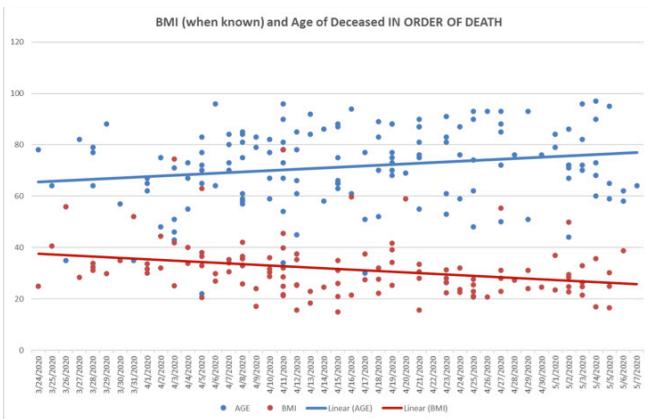
As of 5/7/20, there were 144 deaths "from" Covid-19 in Caddo Parish (174 as I write this), and make no mistake, more so than influenza or any other infectious disease I have known in my time as a physician, I believe the data on those initial deaths show that Covid-19 has clearly preyed upon a specific subset of our population as preferred victims. Sun Tzu instructed warriors to, "know thy enemy," as one of the prerequisites to winning wars. Part of knowing and understanding Covid-19 is knowing which among us are most vulnerable to it.

AGE GROUP	Total Deaths	# with known BMI	Average BMI	% with Diabetes	% with HTN	AVG# of Serious Chronic Diseases**
All	144	119	35.48	59.03%	81.94%	4.23
90-100	16	11	23.506	43.75%	68.75%	3.80
80-89	31	27	27.060	51.61%	87.10%	4.71
70-79	39	32	31.190	51.28%	87.18%	4.23
60-69	29	26	30.791	72.41%	93.10%	4.79
50-59	18	14	34.617	66.67%	66.67%	3.56
40-49	6	5	45.436	83.33%	66.67%	4.33
30-39	4	3	62.060	75.00%	50.00%	2.25
20-29	1*	1	63.000	0.00%	0.00%	2.00

Average age was 71 and 50 were nursing home residents (40.28%)
 *no prior medical history or labs known except morbid obesity and sleep apnea
 **chronic diseases of heart, lung, vascular system, kidneys, liver, brain
 i.e., CAD, CHF, COPD, PVD, CKD, CVA, Alzheimer's, Cirrhosis, Cancers, etc.

As you can see in the data contained in the chart, what comes to focus with startling clarity is that obesity, diabetes, hypertension and other comorbid conditions, and age show strong associations with death from Covid-19. This is no different than data from other parts of the world, but I believe 1) most of the reported data under reports these associated factors (as did our raw data), and 2) the first two outweigh the others in terms of their significance. Almost 60% of the deaths had the diagnosis of diabetes, hyperglycemia, or prediabetes (all on the spectrum of metabolically ill), and the average BMI of all deaths with a recorded BMI was 35 (on average firmly in the morbidly obese range). In fact, I found the difference in BMI when measured by decade increased as the deceased got younger with high statistical significance (p value of 1.25E-11) using the single variable ANOVA test.

Furthermore, by graphing the deaths in order of occurrence (graph below), there is a clear trend of the young and obese (with more diabetes on average) being the first to succumb, even though they had fewer serious comorbid conditions on average. This may have been because they were equally vulnerable, just more mobile and exposed earlier in the stages of the pandemic, but still, being young, morbidly obese and diabetic seems to be at least as significant a combination as being elderly, thin and chronically ill. To be clear, in Caddo Parish, I was not able to confirm any of the first 144 deaths as "healthy," though I am forced to admit that data was unavailable on a few, so I can't say with 100% confidence there was not one healthy person among them.



After seeing this pattern, I couldn't help but be reminded of a few of my past articles, specifically those in which I warned of the importance of a "fitness reserve" to combat illness and injury. Take, for example, this excerpt from my June 2019 article The Power of Health:

"This brings me to one final and very important point, which is to note that the healthier person will also have a hedge against sickness and injury. If, for instance, both were to contract the flu or suffer serious trauma, the fitter/healthier person would have a better chance of an uncomplicated recovery and survival. Truly fit people not only avoid illness more effectively, they also survive illness and injuries better."

If you substitute the word "Covid-19" for "flu" in that paragraph, my point certainly seems so much more urgent than it did over a year ago. The elderly and ill will always be among the weakest of our ranks but looking at this data makes me grieve at the realization that youth could not save the young among these deceased, given the degree of obesity and diabetes among them. If only there had been a way for me to warn the world over a year ago of exactly what was coming, surely the urgency of the situation would have been realized and the death toll from Covid-19 would have been much less. Yeah, right. The sad truth is that very few, if any, listened to my points then, and very few more would have listened and changed their habits with prescient knowledge of current events. In the midst of the current crisis I see people every day, people who are at serious risk of death from this virus based on what we now know, who are eating and behaving like nothing has happened and there is nothing they can or should do to change their behaviors.

Of all people, those who should understand the risks the most—those of us on the healthcare front lines—are among the worst, and are barely doing anything different, aside from lifting our masks momentarily before taking a bite of the junk food that still litters the doctor's lounges and nursing stations throughout the hospitals of America. Hospitals across the country, including right here in River City, are making sure their staff and visitors are comforted and feel appreciated by ensuring the "rations" of processed sugary junk food and beverages are restocked daily. Some are even proudly posting on their social media pages about partnerships with Big Soda and national-chain pizza companies who are donating product to make sure those on the front lines are "properly fueled for the fight." Really? To quote Andy Dufresne in The Shawshank Redemption, "How can [we] be so obtuse?"

I get it that we have "boiled the frog slowly" over the last fifty years of our love affair with high-fructose corn syrup, fake oils, and other processed foods, but when will we wake up, realize it is destroying the health of our country, and lead by example? Our once healthy nation has become a society with an alarming prevalence of obesity and diabetes, and we have become accustomed to myriad other serious chronic diseases also caused by poor nutrition and lifestyle choices, almost without considering them as abnormal functions of the human aging process anymore. We just expect to get diabetes and coronary artery disease, "because it is in our genes" and we think there's nothing we can do about it.

The full quote attributed to Sun Tzu found in The Art of War goes like this, "If you know the enemy and know yourself, you need not fear the result of a hundred battles. If you know yourself but not the enemy, for every victory gained you will also suffer a defeat. If you know neither the enemy nor yourself, you will succumb in every battle." We now know who this virus claims as the vast majority of its victims; but, do those we now know to be clearly at increased risk really understand how vulnerable they are? I don't think they do, and because they don't know themselves, they will continue to suffer defeat in battle against this enemy. I personally expect this virus is with us forever, seasonally affecting thousands of people in various corners of the world at all times, as does influenza. This year's deaths were mostly condensed

into a few months only because of the lack of any immunity, effective treatments, or vaccines. Subsequent years will probably see death tolls similar to influenza, maybe less, maybe more, but I find it a hard argument to make that we will wake up one morning and be "safe" from exposure and death from Covid-19. Not to mention that there will probably be another unknown virus in our future! Shall we stay hidden inside until there is a miraculous cure or another vaccine that millions of people can refuse to take? It seems that about half the country is determined that is the best strategy. I disagree.

The fact of the matter is that the vast majority of these deaths are preventable, and I don't mean from wearing masks, abandoning the centuries old tradition of shaking hands for elbow bumps and "social distancing," or by closing our small businesses and destroying a once thriving economy; rather, they are preventable by taking personal responsibility for our own health, and then educating others about the dangers of the Standard American Diet and a sedentary lifestyle. It is by being truly healthy and able to defeat the virus rather than succumb to it. The voices of those of us who understand the dangers are being drowned out, however, by the commercials that proclaim of the sugar-filled processed foods, "They're Grrreat!" Our voices are also being ignored by the parents who continue to stock their pantries with the very foods that will probably one day force their children, albeit many years from now, into chronic disease and death statistics like those above. The incidence of type II diabetes has quadrupled in this country since my childhood alone, and there doesn't seem to be any reversal in this trend on the horizon. This may be hard for some who read this to hear, but it needs to be said...by more than just me. We all should be leading by example, and now is the perfect time to start. If you are ready to reduce your risk but don't know where or how to start, I would love to help you. I broke my addiction with processed foods and reclaimed my health about 10 years ago, and I would love to show you how you can, too. All you have to do is ask.



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EDITOR'S PAGE

THE CHALLENGE OF SARS-CoV-2 SHOULD LEAD US TO LEAN ON OUR FAITH, OUR FAMILIES, AND OUR COLLEAGUES

By Richard J. Michael, M.D.

Footprints in the Sand

One night I dreamed a dream.

As I was walking along the beach with my Lord.

Across the dark sky flashed scenes from my life.

For each scene, I noticed two sets of footprints in the sand,

One belonging to me and one to my Lord.

After the last scene of my life flashed before me,

I looked back at the footprints in the sand.

***I noticed that at many times along the path of my life,
especially at the very lowest and saddest times,***

there was only one set of footprints.

This really troubled me, so I asked the Lord about it.

"Lord, you said once I decided to follow you,

You'd walk with me all the way.

***But I noticed that during the saddest and most troublesome times of my life,
there was only one set of footprints.***

I don't understand why, when I needed You the most, You would leave me."

He whispered, "My precious child, I love you and will never leave you

Never, ever, during your trials and testings.

When you saw only one set of footprints,

It was then that I carried you."

I have always loved this beautiful poem, the author of which is not certain. It hung on a wall in my childhood house and in my grandparents' house, and I read it frequently, often tearing up. I still tear up when I read it at the end of my 5th decade. This beautiful poem brings me comfort and hope, and it helps me in the times in my life that I consider challenging.

In a 1918 publication by Ralph Waldo Trine titled *The Higher Powers of Mind and Spirit*, he tells the following story: "Do you know that incident in connection with the little Scottish girl? She was trudging along, carrying as best she could a boy younger, but it seemed almost as big as she herself, when one remarked to her how heavy he must be for her to carry, when instantly came the reply: 'He's na heavy. He's mi brither.'"

Who among us has not said or thought the phrase, "he's not heavy, he's my brother" or "she's not heavy, she's my sister"?? It is such a simple, yet powerful motto.

Challenging times are with us currently as our world battles with the novel coronavirus, SARS-CoV-2. Whether you are a Christian or a person of a different

faith, or even if you are an atheist or an agnostic, I think there is a very important message in the 'Footprints' poem or the 'not heavy' motto. Lean on your God and faith, and if that is not your focus, then lean on your family and medical colleagues in these troubled times. Allow your God, your family, your friends, and/or your medical community to carry you through this challenge when you are tired or scared or just discouraged. We have the most wonderful colleagues in our field of medicine, including but not limited to, doctors, physician extenders, nurses, case managers, social workers, respiratory therapists, physical therapists and their assistants, occupational therapists, speech therapists, nutritionists, nursing aids, and many others I am certain I have failed to include. Do not be afraid to ask your God or your colleague to carry you in your hardest and darkest times. It would be an honor.

A special note of thanks to the medical community who has stepped up to serve others during the COVID-19 challenge. I have heard numerous inspirational stories involving physicians, physician extenders, nurses, clergy, lab personnel, etc. Many have sacrificed for the good of individual patients and our Shreveport-Bossier and Northwest LA community. I am so proud to be a small part of such a wonderful group. No matter the hospital or health system we work at, our political beliefs, our flaws and limitations, we have all truly lived up to the reason that a majority of us went into medicine..."to cure sometimes, to heal often, to comfort always."

To our Shreveport-Bossier and Northwest LA physicians and medical community, you rock and have made our community at large proud beyond words. Much love and gratitude to each one of you.

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ECONOMICALLY SPEAKING WHAT IS SAFE AND WHO DECIDES?

By Alan B. Grosbach, M.D.

America's leaders in politics, medicine, and business express commitment to the goal of 'safely' restoring America to its pre-COVID-19 status. The problem is I'm not sure any two of them are agreed on a definition of what 'safely' means.

Dr. Anthony Fauci told a Congressional panel on May 12th that the epidemic was not under control. That's hardly a bulletin. We don't have the tools to control it, and we won't have until there is a broadly effective treatment or a highly effective vaccine. Despite the lightning-like speed with which laboratories around the world are working, how soon either of those goals will be achieved is anyone's guess.

More importantly, serious questions need to be asked and answered. For example, what constitutes safety in the context of this epidemic, and who decides when we are safe? I think the definitions are tremendously varied depending on who you are and where you live.

It wasn't difficult to define safety for New York City dwellers a few weeks ago when the epidemic was at its height. The biggest threat they faced then was from the virus itself. There was the distinct possibility that their hospitals would be overwhelmed with patients and that the availability of equipment such as ventilators would be so limited that life-and-death decisions would have to be made about who would get one and who would not. New York has suffered grievously with 338,000 COVID-19 cases and 21,845 deaths, but graphs show that the peak for the state has passed, probably in mid- to late April.

So, what is New York's biggest threat now? Certainly, individuals still face the possibility of getting sick, but that risk is declining day by day. On the other hand, the risk now faced by all New Yorkers along with the rest of us is the unrelenting economic damage being done by continued lockdowns. Some balance is needed.

In the last few weeks, more than 30 million Americans have become unemployed. We are told that most of those job losses are temporary layoffs, but we really don't know how many will come back or how soon. Anyone who is losing or has already lost a job or a business as a result of the lockdowns is suffering severely, perhaps irreparably.

The U.S. economy shrank 4.8% in the first quarter. The worst is undoubtedly yet to come because who knows if there will be any recovery in May as lockdowns continue. The sobering economic numbers don't tell the whole story because the economic damage affects us all while COVID-19 has the potential to affect far fewer.

Governors in several states seem to be doing a good job of making decisions that balance the safety of public health with economic imperatives. FreedomWorks released a report on May 4 entitled, "Reopen America," touting the policies of governors in Colorado, Florida, Georgia, Iowa, Nebraska, Oklahoma, South Dakota, Tennessee, and Wyoming. The governors of New Jersey, Pennsylvania, Virginia, and Wisconsin have done the poorest job of protecting their citizens from economic disaster by unreasonably prolonging their states' lockdowns. The policies instituted in the nine states at the top of the list should be the example for the rest of America. Hopefully they will be.



THE YELLOW FEVER EPIDEMIC IN SHREVEPORT IN 1873 PESTILENCE

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

On Monday, September 1, 1873, 35 citizens of Shreveport were dead from a yet uncharacterized febrile illness. The day before, Dr. W. T. Dickinson Dalzell, the physician-rector of St. Mark's Episcopal Church, had stated from the St. Mark's pulpit that a plague had struck the city, urging his congregation to leave.¹ Monday evening the physicians of

Shreveport met in emergency session to consider whether the dreaded yellow fever had gripped the city. A lengthy discussion wore far into the night. The physicians were no doubt aware that declaration of an epidemic of yellow fever would have significant economic consequences. The relatively mild yellow fever outbreak of 1870 in New Orleans prompted a strict quarantine with, as a contemporaneous observer in that city noted, "incalculable damage to its commercial interests."² Around midnight the Shreveport physicians finally voted a resolution informing Mayor Sam Levy and the Board of Administrators that yellow fever did exist in the city, but was not yet epidemic.³ The majority of the deaths, they certified, were due to an aggravated bilious fever.⁴

Within a brief time more than half of the roughly 10,000 persons in the city fled to the countryside, leaving about 4,500 as the city was then quarantined by all adjacent towns on suspicions of yellow fever.⁵ The *Daily Shreveport Times* on Wednesday, September 3, encouraged the population not to flee the city - "Reports of the prevailing sickness in this city are greatly exaggerated abroad ... That there have been a number of deaths, is true, but there is no epidemic.... Considering the prevalence of severe fevers in the country as well as in town, our townspeople are safer here where their family physicians are at hand...."⁶

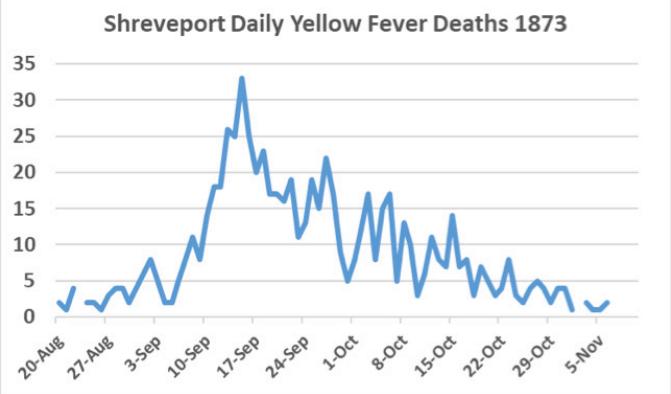
Dr. Dalzell had seen yellow fever during his years in the Caribbean and as a physician volunteering aid during the 1854 yellow fever epidemic in Savannah, Georgia. On Tuesday, September 2, Dr. Dalzell organized a meeting of citizens to form the benevolent Shreveport Howard Association, judiciously stating that "as the physicians of our city have declared that yellow fever is in our midst, much suffering and want may result from the fever becoming epidemic."⁷ The Shreveport Howard Association solicited funds for relief of the needy, organized four geographic care wards, hired nurses to care for yellow fever victims, and scheduled daily meetings through the course of the outbreak. L. R. Simmons, a printer and bookbinder on Milam Street, was elected president, with Father Jean Pierre, founding pastor of Holy Trinity Parish, and Dr. John B. Wise, a young physician just establishing practice after completing medical studies in Europe, among the initial members. The *Times* called the organization "a precautionary measure, and not by any means a present necessity."⁸

By Thursday, September 4, the *Times* commercial reporter found "a general business stagnation, caused by the panic."⁹ That night the train from Shreveport was stopped outside Dallas by an armed posse threatening to kill the engineer if he proceeded. The train returned to Shreveport.¹⁰ On Friday, September 5, Jefferson, Texas, instituted quarantine against Shreveport, with the editors of the *Times* calling the action "hasty"

and "rattle brained."¹¹ That same day the Texas and Pacific Railroad suspended train service east of Marshall, Texas.¹² The railroad subsequently ran relief trains twice weekly to deliver supplies and medical personnel to a point west of Shreveport.¹³

By Tuesday, September 9, the U.S. Mail trains were the only trains departing Shreveport, although some steamboat traffic continued and the overland stage from Monroe continued to run. The drug stores were staying open all night to fill prescriptions. The Howard Association, reporting nine interments from yellow fever in the past two days, formally declared that the disease was epidemic in Shreveport, and requested such physicians and nurses as could to come from New Orleans to assist.¹⁴ The New Orleans Howard Association responded the next day that they were dispatching nurses and physicians to Shreveport, and that they would bear the costs.¹⁵ Due to their relief efforts five physicians, thirty-three nurses, and three apothecaries had come to Shreveport by mid-month.¹⁶ Father Pierre requested and promptly received similar assistance from the Daughters of the Cross to come serve as nurses.

In the second week of September, yellow fever exploded in Shreveport, with cases and deaths growing exponentially. On Thursday, September 11, the *Times* reported that the cotton trade had completely ceased and that one half of the houses of business were closed, and the other half "might as well be."¹⁷ By Saturday, September 13, the physicians reported 500 active cases.¹⁸ On that same day Mayor Levy sent an urgent telegram to U. S. Senator Joseph R. West of Louisiana – "The people are panic stricken. All that could have left. The poor are nearly all on our hands; no money in the city treasury. All pecuniary aid will be thankfully received. Fever increasing."¹⁹ That date, Dr. Henry Smith of New Orleans, working with the Howard Association, arrived and immediately opened a hospital for yellow fever victims in the Tally's Opera House building, in the 200 block of Milam Street.²⁰ The upper floor of the building, which is still standing today, served as a morgue during the epidemic.²¹ On September 15 Mayor Levy established an office there to certify deaths and issue orders for graves.²² The epidemic peaked that day with 39 deaths.²³ Death was everywhere. Years later, Mrs. George T. Martin, a newlywed in September 1873, recalled the scene:



Graves were filled as fast as they could be dug. All during the night horses could be heard carrying the dead, and the moans and weeping of the bereaved families swept over the town. Girls who were well today were dead from the terrible fever in a week's time. My husband was in the upper story of the house where we were living at the time and I was downstairs. There were days when I watched for them to carry up a casket for him, or maybe bring one to me. We were so sick, the plans had been made for our burial together. As fast as victims died, they were buried without much ceremony to ease the pain of those left. When entire families were swept out by the fever, their clothes and everything

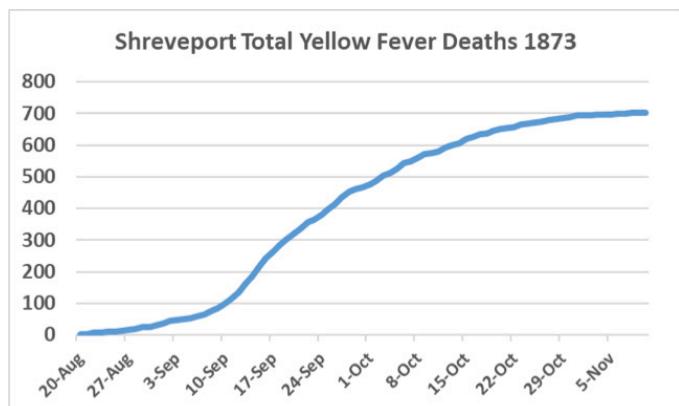
in the house was burned.²⁴

By September 17, the plight of Shreveport had reached the front page of the *New York Times*, which published details on how to contribute to relief by Western-Union transfer of funds.²⁵ Funds began to arrive from throughout the United States, including large contributions from the Cities of Boston, New York, and St. Louis. By September 24, the *Shreveport Daily Times* noted that the epidemic was showing signs of abatement as the number of daily deaths had decreased.²⁶ On September 26, a joint meeting was held between the physicians of Shreveport and the visiting physicians from New Orleans to discuss the origins of the epidemic. The matter was determined of sufficient complexity that a committee of Shreveport physicians was appointed to conduct a thorough study with a subsequent report.²⁷

The epidemic continued to wane through October. By Saturday, October 18, three physicians working with the Howard Association returned to New Orleans, declaring the epidemic phase of the disease over.²⁸ By October 22, the cotton trade and commerce on Texas Street had begun to resume.²⁹ The weather turned cold and by the morning of Wednesday, October 29, patchy ice was seen.³⁰ On October 30, the physicians of Shreveport declared train travel safe and, in consultation with physicians visiting from Dallas, passed a resolution stating "in our opinion it is perfectly safe to renew our social and commercial relation with the outside world."³¹ On November 3, the Texas and Pacific Railroad resumed service to the Shreveport depot.³² On November 7, L. R. Simmons, President of the Shreveport Howard Association, telegraphed New Orleans that no further donations would be needed.³³

The history of the epidemic is replete with tales of heroism. Father Pierre and four other priests as well as several of the Sisters of Charity perished ministering to the sick, as did Lieutenant Eugene Woodruff, U.S. Army Corps of Engineers, who had stayed on from clearing the raft.³⁴ The following physicians died while at their posts during the epidemic – Dr. J. L. Hibbett (Sept. 11, Shreveport, age 41 years, having practiced locally for about two years), Dr. John B. Wise (Sept. 22, Shreveport, age 30 years, just established in practice), Dr. J. A. Richardson (Sept. 24, volunteer from Jefferson, TX, age 33 years, whose service was recognized in the Annual Address of the President of the American Medical Association in 1874), and Dr. Thomas P. Hotchkiss (Oct. 8, Shreveport, age 59 years, who had come out of retirement to care for the poor at no charge).³⁵ Of these and all of the physicians who fought the epidemic, the *Daily Shreveport Times* wrote:

The practice of medicine, in its highest effort, requires much of genuine heroism. ...The physicians of Shreveport proved true to themselves and to their noble profession. They labored day and night, and visited the poor and needy when called, as promptly as they did the rich. They have done themselves and their



profession all honor.³⁶

The effects of the 1873 yellow fever epidemic were profound. In a final installment – Postlude – we will examine how our community recovered from this catastrophe.

Historian's Supplemental:

The 1873 Yellow Fever epidemic in Shreveport is counted as among the deadliest ever recorded in the United States. By comparison, here are data for the 1918 and 2020 viral epidemics. Data are rough estimates.

	Year	Population	Cases	Deaths	Cases per 100,000	Deaths per 100,000	Case Mortality Rate	Population Mortality Rate
Shreveport, Yellow Fever	1873	4,500	3,000	760	66,700	16,800	25%	17%
Shreveport, Influenza	1918-1919	42,000	4,000	500	9,500	1,200	12%	1%
Caddo, COVID-19	2020 (as of May 17)	240,000	1,900	150	790	60	9%	<1%

1 Charles C. Phillips, *The First One Hundred Fifty Years: A History of St. Mark's Cathedral and the Episcopal Church in Northwest Louisiana* (Shreveport: Mid-South Press, 1990), 53.

2 Jo Ann Carrigan, *The Saffron Scourge: A History of Yellow Fever in Louisiana, 1796-1905* (Lafayette: University of Louisiana at Lafayette Press, 2015), 104.

3 The Daily Shreveport Times, September 2, 1873.

4 Ibid.

5 Henry Smith, Report of the Yellow Fever Epidemic of 1873, Shreveport, LA (New Orleans: L. Graham & Co., 1874), 3.

6 The Daily Shreveport Times, September 3, 1873.

7 Ibid.

8 The Daily Shreveport Times, September 5, 1873.

9 The Daily Shreveport Times, September 4, 1873.

10 The Daily Shreveport Times, September 6, 1873.

11 Ibid.

12 The Daily Shreveport Times, September 7, 1873.

13 Carrigan, The Saffron Scourge, 107.

14 The Daily Shreveport Times, September 9, 1873.

15 The Daily Shreveport Times, September 10, 1873.

16 The New York Times, September 17, 1873.

17 The Daily Shreveport Times, September 11, 1873.

18 The Daily Shreveport Times, September 13, 1873.

19 Amy Fairchild & David Merritt Johns, "Don't Panic! The 'Excited and Terrified' Public Mind from Yellow Fever to Bioterrorism," in Robert Peckham, ed., *Empires of Panic: Epidemics And Colonial Anxieties* (Hong Kong: Hong Kong University Press, 2015), 155-180, 159.

20 Smith, Report of the Yellow Fever Epidemic of 1873, 3.

21 Gary D. Joiner & Ernie Roberson, *Lost Shreveport: Vanishing Scenes from the Red River Valley* (Charleston, SC: History Press, 2010), 25.

22 The Daily Shreveport Times, September 17, 1873.

23 John M. Woodruff, Annual Report of the Supervising Surgeon of the Marine-Hospital Service of the United States for the Fiscal Year 1873 (Washington, DC: Government Printing Office, 1873), 110-111.

24 "Pioneer Woman Tells of Yellow Fever Epidemic," The Shreveport Journal, June 27, 1935.

25 The New York Times, September 17, 1873.

26 The Daily Shreveport Times, September 24, 1873.

27 The Daily Shreveport Times, September 26, 1873.

28 The Daily Shreveport Times, October 18, 1873.

29 The Daily Shreveport Times, October 22, 1873.

30 The Daily Shreveport Times, October 29, 1873.

31 The Daily Shreveport Times, October 31, 1873.

32 Smith, Report of the Yellow Fever Epidemic of 1873, 11.

33 The Daily Shreveport Times, November 7, 1873.

34 The Daily Shreveport Times, October 18, 1873.

35 The American Medical Association, *Transactions of the American Medical Association*, vol. XXV. (Philadelphia: Collins, Printer, 1874), 84.

36 The Daily Shreveport Times, November 18, 1873.



FINDING RESILIENCE DURING AND AFTER COVID-19

By Thomas G. Latiolais, M.D.

The pandemic certainly will not be our last challenge. We have been able to use our creativity, management skills, experience and good old-fashioned American ingenuity to find our way to this point. Individually, in the teams of people with whom we work every day and in our organizations, we have learned to adapt and develop trust and resilience. What follows are some of the ways by which we can assess, evaluate and share the resources, procedures, adaptations and newfound leadership to build on the resilience within ourselves, our teams and our organizations.

Almost every article I read starts with the appointment of a chief wellness officer and the establishment of a well-being program within the organization. Most individual physicians, with whom I have spoken since the establishment of the NWLA Medical Society's Physician Revitalization Program (PRP), already had their resiliency plan in place before Covid-19. Taking the time for oneself by exercising, meditating, prayer and/or yoga is a good place to start. Even if one cannot exercise daily, exercising or one of the other practices has been shown to be clinically effective in helping one's well-being, preventing depression and increasing lifespan.

Other practitioners have told me they maintain human connections by spending time with their spouses, children and other friends and family. During the pandemic, we adapted communication styles by using Zoom meetings and Skype. At home workers used Microsoft Teams, webinars and conference calls. Studies suggest that long, deep conversations help us feel more connected, enhance our sense of well-being and may help protect our memory. Those connections used during our time of isolation and social-distancing provide a tangible sense of relief from loneliness.

Did you pull out the bread-making machine, buy a sewing machine, pick up an instrument or play new card or board games? Resilience is also developed individually with creativity, picking up new skills, playfulness or just plain playing with each other. We know these activities reduce stress, increase well-being and strengthen the bonds of romantic partners. Continuing to take care of ourselves by prioritizing many of the above strategies even after the pandemic is behind us, can and will build resilience in ourselves, set an example for our family and prevent burnout and mental health struggles.

At the team and organizational level, there is the need to take care of those who take care of those needing care. Needs are identified to create resiliency at the team level. Examples include basic needs, communication and leadership needs and psychosocial and mental health needs. Basic needs are just that: personal safety, family safety, childcare, transportation and parking, healthy food and water and a place to stay. Communication and Leadership needs: Steady, reliable, accurate and transparent information from leaders about what is happening in each clinic, department, floor, office, etc. is paramount. Acknowledge challenges and deficiencies (without playing the blame game) in the team or organization's

ability to fully confront the crisis and unambiguously state what is being done. Psychological and mental health needs: Utilize peer and family support by allowing workers to speak out in groups regarding their fears, anxieties and challenges. Supportive one-on-one conversations with volunteer mental health professionals, as well as behavioral health experts to proactively reach out to the team. Confidential access to virtual psychiatric care.

After the crisis, debrief your team using the appreciative inquiry approach, asking "What went well?" and "Is there a positive story you can share?" Strongly encouraging participation in the debriefing rather than mandating attendance may be more effective. Use these debriefings to integrate what was learned into the "caring for the health care workforce" plan. Finally, recovery aid is helpful and as we all know, barriers to seeking aid may be greater for those in the healing profession than others. Finding ways to normalize receipt of care is useful. After the crisis, screening for depression and post-traumatic stress should be considered by the team leaders and organizations.

Adapted from:

AMA-Caring for Healthcare Workers During Crisis:

Creating a Resilient Organization

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NLMS BOOK CLUB REPORT

By Margaret M. Crittell, M.D.

Like so many other activities, the Northwest Louisiana Medical Society's Book Club fell victim to the pandemic. Our March meeting was scheduled for the 12th, which was the evening before the Governor shut down schools. The book we had read for that meeting was "The Soul of America" by Jon Meacham and, while it now feels like I read it a million years ago, I did enjoy the book and hope that at some time in the future we can revisit the book in a group discussion.

Since that time, I, like so many of you, have found that I have a little more time for reading. Even though I have worked throughout the entire quarantine, I have read at least a book a week, if not more, just because I can only watch the insanity on the news so much, and since the SARS-COVID-2 virus seems to target those with diabetes, I have tried to keep my pandemic baking to a minimum. I will discuss a few of my favorite reads here and I hope that I will soon be able to discuss them in person with some of y'all.

One of the first books I read was "Thirty Million Words: Building a Child's Brain" by Dana Suskind, MD who is a Pediatric ENT specializing in cochlear implants. She has really created a movement when she observed that her patients who received cochlear implants at a younger age and were in households where more words were spoken to them had better outcomes than children who either got the implants later or were raised in homes where children were not regularly spoken to. It is a fascinating read and shows the importance of early childhood interventions, especially in our most vulnerable populations. Interestingly, the author actually spoke here in Shreveport a few years ago and her curriculum is being followed and taught to parents right here in the ArkLaTex.

The next book on my list was "Food Fix" by Mark Hyman, MD. Although reading it, you would think it may have been penned by our very own Tom Siskron, MD, this book takes a deep dive into the very convoluted world of our food politics and policies. It discusses the lack of nutritional guidelines for SNAP benefits (did you know that the Coca-Cola company gets more money from the US Government through SNAP benefits, than any other customer!) and it goes into some of the health implications of our SAD (standard American diet). Dr. Hyman is a physician who practices Functional Medicine and while I do not agree with all of his theories on diseases, I do think that this book has a lot of good information about changes we may want to make to our food system which will then have a direct impact on our health and the health of our patients. I definitely have been trying to eat nutritious foods during our time in quarantine and I have enjoyed exploring some of our local farms that can deliver fresh, pasture raised meats, eggs and other items, right to my front door!

My final pandemic book that seems relevant to this audience is "Slow Medicine: The Way to Healing" by Victoria Sweet, MD. I had read a review of this book a while back and I had it sitting on my shelf. I really found that the book resonated with my own experiences in medical school, even though I am roughly 25 years her junior.

Only by the time I went through medical school there were as many women as men in the class, but not much had been altered from the curriculum that she describes in her book and the one I survived 20 years ago. She discusses the changes that have taken medicine from a slow, methodical profession, to a rushed, checklist, shift-work style job. It opens with a frustrating, but all too familiar story of her assisting with her father during an illness in which a chart error, which is entered electronically, creates a whole host of problems for her father and really nearly kills him. Fortunately, with her medical knowledge she realizes this and by placing him in home hospice care, and receiving what she goes on to explain as slow medicine, he is saved from the fast medicine that nearly ended his life. In addition to medicine, she is a medical historian and her first book, "Gods Hotel: A Doctor, a Hospital, and a Pilgrimage to the Heart of Medicine" is what I am proposing for our next book club meeting. Hopefully this will take place in September, if things are going well.

I hope all of you are staying well and if you have read a really fascinating book that you think would be interesting for the book club to read, please feel free to email me at crittell@bellsouth.net.



NOTES

NEW WEBSITE Take a moment to check out your society's new website: www.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 Circle of Friends Sponsors: CHRISTUS Shreveport-Bossier Health System, LAMMICO, Ochsner LSU Health and Willis-Knighton Health System. Support through the Circle of Friends program allows us to improve our meetings and social events. The hospitals have agreed to host a NLMS meeting at their location. This has allowed the NLMS Board of Directors to invest in quality speakers and offer more CME throughout the year. All members are welcome and encouraged to attend these events. There are four levels of sponsorships. Other sponsorships are available. If you or your practice are interested in supporting the Circle of Friends or have any questions, contact Brandi Gaitan, Executive Director (318) 510-3138 or brandeth@gmail.com.



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To the Northwest Louisiana Medical Society,

I can't thank you enough for the essential work you are doing in responding to the COVID-19 pandemic. I recognize that these are challenging times and that you have been working long, hard hours. You have made many sacrifices, including time away from your families, in order to care for your patients. My mother was a nurse, and I learned many years ago that not all heroes wear capes. Instead, some wear scrubs or lab coats just like you. You put your patients first and often risk your own health to care for others. With all of my heart, and on behalf of the entire state, I want to thank you for your relentless efforts and for your service to all Louisiana residents, especially the most vulnerable.

From the beginning of this crisis, we knew that we had a long road ahead of us. I wish I could tell you when the threat from this virus will come to an end, but you know as well as I do that no one knows when that will be. What I can tell you is that we have made tremendous progress as a state in slowing the spread of COVID-19 and preventing our health care capacity from being overwhelmed. Everyone has had a role to play in this progress, from the aid we've received from the federal government to every citizen who has followed the mitigation measures to, most importantly, our health care heroes.

My team continues to work with the Department of Health and our federal partners to ensure that we have the medical and testing supplies we need and to advocate on your behalf. If there is anything you need, please do not hesitate to reach out to my office.

Each morning as you head out into a world of uncertainty, please know I am lifting you up in prayer and your sacrifices are never out of my mind. I celebrate along with you those have recovered and mourn with you each patient we have lost. You represent the best of us. On behalf of the entire state of Louisiana, I sincerely thank you.

Thank you and God bless,

A handwritten signature in black ink, appearing to read "John Bel Edwards".

John Bel Edwards
Governor



LEGISLATIVE OUTLOOK

By Representative Thomas Pressly

The COVID-19 pandemic has created an opportunity for our region to reset, build upon our strengths, and emerge from the economic decline stronger than ever. Louisiana is rich with natural resources, a low cost of living, and a central location with quality transportation lines to reach the rest of the country quickly. Yet, our state – and particularly our corner of the state – remains in neutral, economically speaking. We have seen our sister cities, such as Greensboro, Austin, Nashville, Little Rock, Jacksonville, and Midland, grow while we have stood still over the past 40 years. This should give our community pause as we have been passed up in population, stature, and opportunity.

Yet, their growth should also provide us with tremendous hope for the future as we too can grow quickly if we work together, put the right policies in place both at the local and state levels, and build upon our strengths.

Our community's strengths are no secret; the medical industry, Barksdale Air Force Base, the energy sector, transportation and logistics, and agriculture are the foundation of our economy and provide the building blocks for the future of our region. For purposes of this article, I'll focus on the healthcare industry.

Hospital systems have continued to help our economy grow in Northwest Louisiana. The vast expansion of Willis-Knighton over the past fifty years, invigoration of the CHRISTUS system, and the addition of Ochsner to our region have all added to the possibilities for future economic growth. Additionally, healthcare companies from Morris and Dickson, which was established in 1841, to new companies which are part of the Entrepreneurial Accelerator program at BRF, prove that medical research and manufacturing can succeed in our community. Louisiana must create the economic conditions to ensure that our healthcare industry can strive and thrive in northwest Louisiana. For me, economic development must start with systematic changes to our tax code. As the Pelican Institute, a non-partisan research and educational think tank based in Louisiana has stated, Louisiana must get away from picking winners and losers with massive incentives to multi-national corporations and instead create a code which is flatter, fairer and not subject to substantial changes every year. We can do this by implementing changes which will be opposed by those who are receiving the tax advantages now (as their sweetheart deal will be over), but allows Louisiana to be competitive with our sister states.

Additionally, Louisiana must continue to provide resources to ensure the continued success of our healthcare industry – namely an educated workforce. The medical school in Shreveport, which was established in Shreveport in 1966, has been vital in providing physicians in northwest Louisiana since that time. Our state must continue to support the school and expand research opportunities at the health science center. The University of Alabama Birmingham is a perfect model for our community to follow in building a world-renowned center. Further, the nursing programs at NSU Shreveport and Southern University of Shreveport, and the continuing expansion of health-related programs at BPCC have helped to create an educated healthcare workforce in our community. By prioritizing and incentivizing educational opportunities in the healthcare field, we can ensure the quality workforce necessary to continue to grow this vital field.

While the economic challenges created by the COVID-19 pandemic have reshaped the global economic outlook, our region is well positioned to build upon the economic healthcare foundation to lead us to success. By building on our foundational strengths, Louisiana can begin to turn the tide economically and build a sense of pride. The medical community is essential to that success.



LOUISIANA REGION 7 HOSPITAL COVID CONSIDERATIONS

By Knox Andress, RN, FAEN,

Administrative Designated Regional Coordinator,
LA Region 7 Hospital/Healthcare Coalition

During a recent Shreveport Mayor's press briefing coinciding with the announcement of Louisiana "Phase One" reopening, a news reporter questioned if Louisiana Region 7 hospitals were doing any type of COVID-19 after-action-report (AAR). AARs are historically convened by hospital leadership following a disaster to analyze the response and improve planning for the next similar event.

While COVID+ patient admissions were trending down hospitals were still in pandemic response mode. Approximately 200 COVID+ inpatients with nearly 11% of those on ventilators in critical care units were reported in Region 7 hospitals at the time. A hospital pandemic after-action would have been premature for most at the time but the question was valid in principle.

The systematic analysis of a hospital's disaster response provided by a thorough after-action-reporting (AAR) allows the hospital to validate and improve its existing plan increasing its preparedness and resilience for the next similar event. Topics that must be addressed in a hospital's disaster response AAR include what worked well, opportunities for improvement, potential strategies for improvement, to whom the improvement strategy is tasked and a timeline for strategy implementation. AARs are required for CMS certification, Joint Commission and other accreditation purposes. Depending upon the scope and scale of the response AARs occur at facility, local, regional and state levels. The Louisiana Region 7 Hospital Coalition is planning for its reporting.

The terrorist attacks of September 11, 2001, lessons from Hurricane "Katrina" (2005), and the EF5 tornado that destroyed St John's Regional Medical Center, Joplin, Mo. (2011) were reminders that hospitals must plan for crisis scenarios posing limited resources resulting in diminished medical capabilities and capacity. Previous pandemics, 4 in the last 100 years, the potential of high consequence infectious diseases such as Ebola and our current COVID-19 pandemic indicate the need for coordinated healthcare systems preparedness to build surge capacity.

Since 2002, the HHS/ASPR Hospital Preparedness Program (HPP) and its associated funding to state and territory awardees have facilitated emergency preparedness, surge capacity and resilience in Louisiana hospitals and healthcare systems. Led by the Louisiana Department of Health, HPP program deliverables have required regional (9), hospital-healthcare coalition development. Louisiana and Region 7 Hospitals (31) are building their surge capacity and capability by organizing and coordinating with their community healthcare response partners including the Louisiana Office of Public Health, emergency medical services, parish Offices of Homeland Security and Emergency Preparedness leadership and non-governmental agencies.

Hospital planning for the potential second wave of COVID-19 or the future pandemic surge will require continued coordination and strategy development. Efforts to expand surge beds capacity will include additional planning for alternate care sites on and possibly off facility grounds as was done at the Morial Convention Center in New Orleans. In order to staff potential alternate care sites strategies for recruiting, hiring and retraining or cross-training staff must be taken into account. Region 7 hospitals experienced personal protective equipment (PPE) shortages including masks and gowns but have adapted by employing CDC guidance for PPE deficits and with assistance from local, state and federal partners. Hospitals closely monitored medical surge, intensive care unit beds, pharmaceuticals and ventilator availability but never experienced a critical shortage. Considerations for future response should include plans for crisis standards of care and potential scenarios where conventional and contingency resources including care delivery locations, medical staffing and supplies such as ventilators, no longer suffice.



CHRISTUS SHREVEPORT-BOSSIER HEALTH SYSTEM

By T. Steen Trawick, Jr., M.D., CEO/CMO

We are living in unprecedented times with complete disruption to normal operations. COVID-19 is a rapidly evolving situation that confronts our nation in ways we could not have predicted just a short two months ago. Government mandates to cease/limit elective surgeries and procedures have resulted in extreme volume, revenue and profitability declines. Broad restrictions and extreme measures to limit the spread of the virus have left many patients feeling isolated and anxious.

An abundance of misinformation about COVID-19 hasn't helped either, as widespread confusion and growing mistrust of sources adds to the distress that patients are already feeling. As we seek strategies to navigate this brave new world, the pandemic has thrown telemedicine into the spotlight. March 17, 2020 may well be remembered as the day the telemedicine revolution finally took off. The highly accelerated rate of COVID-19 driven telemedicine adoption creates truly profound changes in healthcare delivery models, and also, opportunities in cost containment and marketing differentiation.

In the interest of public safety, the federal government largely removed two huge and long-standing barriers to telemedicine adoption by easing reimbursement and HIPAA restrictions. Many private pay health plans followed suit. These changes open the door to exciting new ways to better serve patients today and to bolster, grow and sustain medical practices, clinics, hospitals, and healthcare networks in the future. Importantly, telemedicine can be the antidote to the disruption of care caused by the pandemic. In a late April survey, a majority of adults surveyed stated they are unlikely to seek care at this time for non-COVID related healthcare. Primary care practices are experiencing at least a 45% reduction in visits while specialist practices as much as 75%. Americans are fearful of exposure and telemedicine can allow the care that is needed while limiting the risk of exposure.

There's no denying that telemedicine is convenient, saves time and potentially, saves money too. Unfortunately, providers, payors and policymakers are playing catch-up with telehealth technologies right now, and are just beginning to recognize the true value and potential. A recent survey of U.S. patients found that 84% are more likely to select a provider that offers telemedicine over one that doesn't, so it's clear this technology is something patients want.

In the end, adoption of telemedicine accelerated by the pandemic is good news for patients and physicians. For patients, telehealth equals safe care and easier access that will also translate into a reduction in no-shows and cancellations due to transportation issues, time away from work or child care issues. For the physician, telehealth boosts practice efficiency while optimizing the physician's time. No doubt, telemedicine is making immediate, positive contributions during this pandemic, allowing us to connect with our patients anywhere at any time. The value doesn't stop there. Telemedicine is a long-term investment we must embrace, a complete gamechanger and a worthy solution for safe, efficient care on our road to recovery post-pandemic.

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OCHSNER LSU HEALTH SYSTEM

By Chuck Daigle, CEO



The obstacles we have faced as a healthcare community in the last few months tested our processes, our commitment and our mission. You, the physicians, rose to the challenge and acted quickly to mitigate the impact and the risk on the frontlines of COVID-19.

Many of you played a vital role in healing these patients. You have also shown compassion during their loneliness and through loss--and have not given up. Your bravery to face this challenge and focus on the opportunity to heal, to learn, and to lead your team is exceptional. As one of our recovering patients said as she was going home, her physician was placed by the hands of God and her nurses were angels.

All of you have had your lives turned upside down and experienced great personal sacrifice. We know that you were already on the frontlines of lifesaving work and championing health for our friends, family and neighbors before this pandemic hit. Yet, many of you were asked to put your work and practice on hold, and to urgently learn a new way to care for patients virtually. As a result, you are working longer hours to help ensure patient care is not further delayed. Your adaptability is saving lives, healing and maintaining the health of our community--and it does not go unnoticed.

At Ochsner LSU Health, our commitment to you and to our community is to continue investing in health and a better quality of life for Northwest Louisiana. We will remain vigilant in responding to and counteracting the impact of this pandemic on our health and economy.

We will be dealing with COVID-19 for a long time. But, every person in Northwest Louisiana and beyond has already been deeply affected by this pandemic and will never forget the loss and the isolation felt during this time. My hope is that we will also never forget the collaboration and the resilience.

Wrapped in uncertainty, this challenge of COVID-19 demanded constant communication and teamwork among countless agencies and organizations. Working together we save more lives, we prevent more illnesses, and we can further a healthy lifestyle for our friends, family and loved ones.

To the physicians of Northwest Louisiana, none of this is possible without you. Thank you for your dedication, your tenacity, and your resilience in 2020 and always!



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WILLIS-KNIGHTON HEALTH SYSTEM

By James Elrod, President & CEO

When COVID-19 began to appear in Shreveport-Bossier, we became acutely aware of the heavy responsibility that we bear, not just toward patients but as a local collaborator in public health.

As it is with so many issues at Willis-Knighton, the positive response of physicians was essential to assure that we could successfully meet the demands before us.

We've often heard that God puts the right people in the right place at the right time, and that is certainly the case with physician leaders Brent Whitton, MD, chief of the medical staff, and Leslie Dean, MD, chief medical officer. Their insight and calm helped to assure that we were responding not only to our patients but also keeping our physicians informed as well.

During this pandemic, we were fortunate to have the wisdom and expertise of Joseph A. Bocchini, Jr., MD, nationally-known pediatric infectious disease expert, to offer news and recommendations, not to mention his willingness to respond to media requests while our infectious disease specialists were in the hospitals caring for patients.

At the height of the pandemic this spring, Willis-Knighton was caring for the largest number of COVID-19 patients in North Louisiana, nearly 100 daily. That required repurposing areas to accommodate infectious diseases and deploying staff to new positions as they faced the challenges of the unknown with rules, regulations and mandates changing rapidly, often multiple times a day.

The fear of the unknown was real. This virus was so new that there were no protocols for treating it, no effective medications and certainly no preventive measures others than simple tactics like quarantine and masks, both of which prevailed 100 years ago when the Spanish Flu struck America. Thus, its treatment presented a learning curve.

Within that learning curve of treatment, we also found learning in other areas.

We learned the value of cooperation, within the health system, within the community, within the state and nationally. The command center structure and constant contact with local and state officials helped us address this crisis and come out with far better results than did our colleagues in New Orleans or New York.

We learned the resilience of our staff, tested, torn and worn down, they continued to step up and support patients. We experienced overwhelming support, even from doctors and clinical staff whose experiences with in-hospital care had been long in the past.

We learned the importance of supply chain logistics and innovation in acquiring and preserving supplies of masks, isolation gowns and hand sanitizer.

We learned the importance of population health and the sad reality that comorbidities in our African American patients affected their outcomes and made this population more vulnerable.

We learned that ours is a loving and caring community, willing to come out to support our staff in multiple ways, from food to prayers to parades.

And as the pandemic progressed, we learned that even children, initially considered not at risk, could develop devastating effects from COVID-19.

COVID-19 has not been conquered. But as we think back to the great relief America experienced upon the introduction of the Salk vaccine for polio, we eagerly await medical ingenuity and a brighter tomorrow that will assure a better future.

"We are made wise not by the recollection of our past, but by the responsibility for our future."
-George Bernard Shaw



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LSU HEALTH SHREVEPORT

By Ghali E. Ghali, M.D., Chancellor

LSU Health Shreveport (LSUHS) has worked diligently as the academic medical center in our community to leverage the expertise of our faculty, residents and fellows in responding to COVID-19, while maintaining a laser focus on the continued delivery of exemplary medical education during these unprecedented times.

MEDICAL EDUCATION - Medical education quickly migrated to a vigorous online curriculum when the pandemic hit Louisiana.

These efforts allowed all LSUHS students not only graduate, but to do so early. While cancelling spring activities such as White Coat, Match Day, and Commencement were difficult decisions, it was necessary. The schools of medicine and allied health professions conducted online commencement ceremonies in an effort to provide a semblance of this milestone.

TESTING - In less than two weeks from conception to processing test samples, the Emerging Viral Threat (EVT) lab was created providing a CDC/CMS/CLIA approved lab offering highly reliable testing with robust processing capacity allowing for an average processing time of 36-48 hours. The lab creates its' own test kits. Within twenty-one days of opening the EVT lab, a serology/antibody lab was added providing support for convalescent plasma therapy based on identifying the amount of antibody in donated plasma and identifying asymptomatic individuals who had recovered COVID-19. As of May 25, 11,652 tests have been processed by the EVT lab and 2,219 by the serology lab.

The EVT lab has been actively engaged, through financial support of Caddo Commission and private funders, in taking testing into the community through repurposing of our Partners in Wellness van. This van has traveled throughout north Louisiana providing testing in medically underserved areas, nursing homes, and to first responders.

CLINICAL TRIALS – LSUHS faculty led the first convalescent plasma clinical trial in Louisiana, which provided plasma therapy to a critically ill patient at Ochsner LSU Health Shreveport. Of note is fact that the serology lab at LSUHS provides the titer testing required for other area hospitals to join the convalescent plasma clinical trial.

On April 5, LSUHS was the first site in Louisiana and the second location in the US (following Massachusetts General/Harvard) to offer the inhaled nitric oxide clinical trial. LSUHS remains one of only six sites in the world approved to participate in the INO trials. A second nitric oxide trial began on May 7 and is available to mild to moderately ill COVID 19 patients. Both of these trials are showing promising results for COVID-19 patients.

ESTABLISHMENT OF BEST PRACTICES - Dr. Shane Barton and Dr. Patrick Massey established a protocol adopted by the American Academy of Orthopaedic Surgery regarding orthopaedic surgical selection and inpatient paradigms during the COVID-19 pandemic.

WORKFORCE IMPACT – Recent graduates received their diplomas early allowing them to enter the healthcare workforce at a time when they were needed more than ever. Many of these graduates are involved in community testing, making outreach calls to identify convalescent plasma donors, clinical trials, and in workplace re-entry plans. A team of seven LSUHS residents and a faculty leader provided two weeks of requested medical services in New Orleans hospitals at the peak of the pandemic in south Louisiana.



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LA STATE BOARD OF MEDICAL EXAMINERS

By Vincent A. Culotta, Jr., M.D., Executive Director

It is a privilege to address the physicians of the Northwest Louisiana Medical Society through your Bulletin. It has been a very busy time at the State Board of Medical Examiners. During this period of Covid19, we have issued over 1,500 temporary license to physicians, PAs, respiratory therapists, and other medical specialists in the field of clinical laboratory personnel and genetic counseling. We have established a Covid19 webpage with constant updates to orders from the Office of

Public Health, and the Governor pertaining to healthcare related matters. The board has answered thousands of emails from our licensees regarding issues relative to the Office of Public Health orders and how to safely reopen their practices in light of Covid19 and the new restrictions.

To be clear, the Louisiana State Board of Medical Examiners only reposts OPH and other state and national information for the convenience of our licensees. The Office of Public Health orders relative to elective surgical procedures, office based practices and other matters are the decisions of the OPH and LDH. We attempted to help you clarify the operation of your office in the light of these orders, but all ultimate decisions are of those of the Office of Public Health.

As you return to practice in a more normal fashion, we urged you to have adequate PPE to protect your employees and all of your patients, use adequate social distancing in your waiting rooms. If you are doing invasive procedures in your office or surgery center, please follow the guidelines to perform pre-op screening and or testing and postop screening and or testing on your patients according to the Office of Public Health. Stay informed by checking your email regularly. Refer to the Covid19 section of the LSBME website for many topics of interest to your practice and that of your fellow licensees.

Many of our rules regarding the practice of telemedicine were automatically suspended with the first declaration of the Louisiana healthcare emergency. Also, requirements for in person visits for first time prescribing of controlled substances were also suspended during the period of the declared healthcare emergency. These suspensions of rules will last for the duration of the declared healthcare emergency. Again, I urge you all to visit the Covid19 area of www.lsbme.la.gov to learn all the details of changes to licensing and other regulations that may apply to your practice.

The Board, in cooperation with the Governor's office, has worked diligently to get as many practitioners to assist in the care of the overwhelming number of sick and critically ill patients across the state. Many of you have called to suggest better ways to care for patients in this age of Covid19. The board welcomes your input and happy to review anything that you suggest. Please send these suggestions to the board. Should the board determine your recommendations have merit, we will forward those on to the Office of Public Health at LDH.

I personally stand ready to assist any licensee during these times and I can be reached at (504)568-6820 or at vculotta@lsbme.la.gov. Stay Safe, Stay Strong!

1st Quarterly Meeting & Telemedicine CME

The NLMS 1st Quarterly Meeting held on Wednesday, March 4 was extremely timely! Less than 10 days later, stay at home orders were enforced and many physicians would soon be faced with implementing telemedicine in their own practices. Yvonne Mounkoune with the Texas Medical Association presented a 1 hour CME course on Telemedicine. Physicians learned: need-to-know telemedicine terminology, benefits and barriers, appropriate patient populations, and effective telemedicine encounters. Special thanks to Willis-Knighton Health System for hosting our meeting. They provided a very comfortable meeting space and a delicious meal.



Drs. David Dies & John Noles



Drs. Donald Posner & Thomas Latiolais



Drs. Kamel Brakta & Caroline Capertone



Dr. F. Thomas Siskron, IV & Yvonne Mounkoune,
TMA CME Speaker



Mike Chandler & Jaf Fielder, WK Health System



COVID-19 WARRIOR BLOOD DRIVE

The NLMS partnered with Pierremont Oaks Tennis Club and LifeShare Blood Supply and hosted a blood drive on Friday, May 8 from 10am-3pm. This was a very successful drive for LifeShare. We exceeded our collection goal and helped save 60 lives! Donations also helped replenish blood supply due to shortages from the C-19 pandemic. Special thanks to POTC for hosting the LifeShare bus in their parking lot and to Dianna Smathers at LifeShare for coordinating. Thanks to all the NLMS physician members who donated on May 8 and on any given day!



Dr. Christina Notarianni



A Great Neighbor



Dr. John Reeves



David Gaitan



Brandi Gaitan, NLMS Executive Director & Dianna Smathers, LifeShare



Philip Campbell, POTC Pro



PIERREMONT OAKS
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2020 STUDENT AWARDS



Fehima C. Dawy was awarded the 2020 SMS Honor Award. She was nominated by her classmates as the graduating senior who best exemplifies the ideals of the doctor-patient relationship.



Claire E. Franklin was awarded the 2020 Pattie W. Van Hook, M.D. Memorial Award. She was recognized as a member of the graduating class for her support of organized medicine & her contributions to community service.



Paul Minor Schuler, M.D.

1956-2020

Dr. Paul Minor Schuler was born November 1, 1956 at New Orleans to William and Jenelle Schuler. He graduated from The University of New Orleans with a degree in biology. In 1983 he received his MD degree from the Louisiana State University School of Medicine at Shreveport. He subsequently became board certified in critical-pulmonary care and sleep medicine. He opened his practice in the Shreveport-Bossier community where he was known for his unwavering commitment to his patients. He truly loved his work and was a lifelong learner of medicine.

Throughout his life he enjoyed traveling with his wife, watching LSU football, and working with electronics. Most recently he cherished traveling to visit his children who live out of state.

On Sunday, March 1, 2020 Dr. Schuler died unexpectedly at Willis-Knighton Pierremont Hospital. He is survived by his wife of 33 years, Lea Schuler; two sons, Kyle Schuler and wife, Kathryn; and Ryan Schuler; daughter, Tara Schuler and finance', Jack White; sister, Missy Leon and husband, Charles Leon; and mother, Jenelle Schuler. He was preceded in death by his father, William Schuler.

They said he was a loving husband and father. He will always be remembered for his passion for helping people in and out of the hospital. He will be deeply missed by his family, friends, and all who knew him.

-Charles Lester Black, Jr., MD

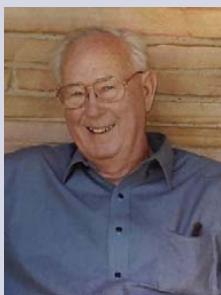
NORTHWEST LOUISIANA MEDICAL SOCIETY

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 NLMS Civic Assistance Education Fund in their annual giving. For more information, please contact the NLMS office at 675-7656.



*Ben Benoit Singletary, M.D.
1932-2020*

Dr. Ben Benoit Singletary was born October 22, 1932 in Winnfield, Louisiana to Archie Fairly Singletary, Sr. and Lula Love Singletary. He graduated from Winnfield High School in 1951. After graduating from Northwestern State University at Natchitoches, Louisiana Ben served his country in the Army as First Lieutenant from 1955 to 1958. On August 3, 1957 Ben married his college sweetheart, Esther Joyce Lindsay Baker. He subsequently received his MD degree from the LSU School of Medicine at New Orleans in 1962. He served his internship and residency at Confederate Memorial Medical Center at Shreveport. Ben was in private practice in Shreveport as an OB/GYN from 1966 to 1983 at Willis-Knighton Hospital. From 1983 to 1994 Dr. Singletary restricted his practice to gynecology at Willis-Knighton Hospital.

Dr. Singletary did a lot of stuff. He was passionate about helping others. He provided care for his many patients. He was attentive to the needs of his church, Ford Park Baptist Church. He provided surgical services to the poor in Tehuantepec, Mexico. In 1976, I was actually there on that mission trip where I observed his care of the Indians of southern Mexico. He was also Chairman of the Board of the Mexican Indian Training Center. He assisted with the "December on the Red" holiday lighting program and the "Gateway Project" which installed lighting and foliage at the I-20 and 3132 intersection. He also enjoyed fishing with his brother, Archie and LSU and New Orleans Saints football games.

On Friday evening, May 1, 2020, Dr Ben Singletary, loving husband, father of three, grandfather of five, died at the age of 87, surrounded by loved ones. He was preceded in death by his parents and his two older brothers, Archie and Charles; also by his grandson, Benjamin Patrick Michael. He is survived by his wife of almost 63 years, Esther; three daughters: Laura Singletary Holifield and her husband, Mark; Toni Singletary Johnson; Tara Singletary Osborne and her husband, David. He is also survived by four of his five grandchildren: Kristin Holifield, Hannah Holifield, Joshua Osborne, and Joseph Osborne as well as nephew, Steve Singletary and nieces, Terri Drummond and Jennifer Merrywell.

You know, they said, "To be absent from the body is to be present with the Lord."

-Charles Lester Black, Jr., MD



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<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>
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Left to Right: Andy Taylor, Doug Thomas, Stefanie Y'Barbo and Adam Sistrunk

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