

Dr. Cook Named Oklahoma Family Physician Of The Year

Charles Cook, MD, of Poteau has been selected as the 2006 OAFP Family Physician of the Year. He was chosen by the OAFP Board of Directors for the compassionate and comprehensive care given to his patients; his involvement in community affairs and activities that enhance the quality of his community; and serving as a role model professionally and personally to his community, other health professionals, residents and medical students.

The award was presented during the President's Dinner June 16 at the OAFP's Annual Scientific Assembly in Oklahoma City. He was selected from a distinguished list of physicians nominated from throughout the state.

Dr. Cook is the director of Southeast Oklahoma Area Health Education Center at Carl Albert State College in Poteau, Okla. He was instrumental in the development, management and direction

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of Camp Wishbone. Dr. Cook created the camp for children infected with or affected by HIV/AIDS. His vision was to provide these special children with a summer camp experience. The camp was staffed with

volunteer medical personnel, and he personally raised funds to ensure Camp Wishbone was free of charge to the families.

Dr. Cook has been a member of the American Academy of Family Physicians for more than 27 years and is board certified by the American Board of

Family Medicine.

In a letter of recommendation, Pat Turner (Northeast AHEC), Andy Fosmire (Northwest AHEC), Joe Langley (Southwest AHEC) and Richard Perry (Oklahoma AHEC) wrote, "Those of us who are fortunate

enough to work with Charles on a daily basis know that behind the no-nonsense demeanor that Charles can sometimes wear is a man who deeply cares for and respects others. Those in need have an advocate in Charles Cook."

Gary Batton, executive director of Health at the Choctaw Nation of Oklahoma, wrote, "Dr. Cook was able to bring students from virtually every medical discipline as well as their colleagues to the Choctaw Nation of Oklahoma to sign a memorandum of understanding to help with clinical rotations at all of our clinic sites. This has helped us tremendously in the area of recruitment and retention for the Choctaw Nation."

"I want to thank you for this recognition while realizing there is no way I can ever adequately express just how much of an honor this is," Dr. Cook said. "There have been a lot of people who have made it possible for me to stand here tonight, and I want to thank all of them. I have been lucky to have a wonderful family, several teachers who took the time to hold me to a



Charles Cook, MD, right, accepts OAFP 2006 Family Physician of the Year honors from AAFP Board Chair Mary Frank, MD.

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"I received a phone message a few weeks ago from a girl who had attended Camp Wishbone. This caused me to rethink what I needed to say and to focus on the HIV-infected children and their families. I also want you to understand what a good thing the Academy did by supporting the camp.

"For those who are unfamiliar with Camp Wishbone, this was a summer camp for children living with HIV. After nine years we have closed the program, but for good reasons. First, with better prenatal screening and treatment, we are seeing very few new cases of HIV in children. Second, the children who were coming to camp – some of them very sick and not expected to live very long – have survived and are now too old for camp.

"As a physician, I understand what AIDS does to a person's body. But it was a conversation about 10 years ago with a young

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man with AIDS which made me understand that the psychosocial effects of this disease are often more devastating than the physical effects. Let me back up here – this is a disease that destroys and disfigures the body and kills. Yet the psychosocial effects can be harder to deal with. A 3-year-old girl with leukemia that I had as a patient in medical school taught me that children with life-threatening illness lose a significant portion of their childhood. Children with AIDS not only experience this, but they also have to deal with the societal disdain that is still prevalent toward persons with the disease. They are often isolated, shuffled around from one caretaker to another and have fears and responsibilities that no child should have.

“Let me tell you about a couple of the kids. I could fill the rest of the evening with these stories, and it has been hard to decide which to talk about, but these are good examples.

“First there was Jeff – 6 years old, skinny and never out of arm’s reach of a stuffed toy dog. This dog was his friend and in many ways his parent. He talked to the dog – the dog talked to him. Often the dog would tell Jeff to do something he knew he needed to do but, being a 6-year-old boy, really did not want to do, such as take a bath before going to bed. The first day the kids arrived around two in the

afternoon and our first meal was at six. Jeff was packing the food away. When asked if he was hungry he said, “Yes. I haven’t eaten today – Momma was too sick.” From the way he said this, you knew that this happened often. Now Momma was too sick – she died two weeks later. They had no support. They were isolated from family and friends due to a fear of AIDS. When she died he was sent to distant relatives in Minnesota that he had never seen.

“Then there is Lisa, the girl whose phone call changed my remarks tonight. When we first encountered her, Lisa’s mother had already died due to AIDS and six months before the first camp Lisa had acquired a viral infection which left her totally blind. She was being cared for by an aunt who just was not ready financially or emotionally to accept this responsibility. She was not expected to live much longer, but with new treatments is doing well, will graduate high school soon and plans to go to college. She plans to be a teacher. It is very important that we treat these children like normal people and be sure they reach every developmental milestone on their way to becoming functioning adults, not take the stand as has been done all too often in the past that they won’t live long anyway, so it is not important.

“I would end this with a challenge and ask the physicians to think back as to why you went to medical school in the first place, or at least what you told the interview committee. Also remember why you went into family medicine instead of some other specialty. I would wager it was not to get involved with Medicare reimbursement issues, malpractice reform legislation or driving a new Lexus every year. In one form or another, I would wager it was “I want to help people.” But like the story of draining the swamp and the alligators, sometimes we forget our original purpose.

“So the challenge is: Get involved!

“Find a cause you want to make a difference in and get started. Don’t just write a check – checks are good and without them these programs would not happen. But give of yourself and give of your time. Time is a precious commodity, especially for doctors, but the personal returns will be worth it.

“The challenge is: Find a way!

“You don’t have to head up a project like Wishbone – that took an enormous amount of time and effort – and, quite frankly, if I had been in practice rather than working with AHEC, there is no way I could have done it. But I could have been like all of the volunteers – like David Daugherty and Barbara McEntire, who gave up their summers to be at camp year after year. Others with less available time helped set up activities or transported kids to camp that otherwise would not have been able to come. They found a way. They found the time.

“The challenge is, to borrow a tag line: Just do it!”

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OAFP's 2006 officers are, left to right: Russell Kohl, MD, director; Cheyn Onarecker, MD, alternate delegate; Mike Woods, MD, delegate; Paul Preslar, DO, secretary/treasurer; Paul Wright, MD, vice president; and Tomás Owens Jr., MD, president-elect. Not pictured: Pamela Ahearn, MD, president; Steven A. Crawford, MD, delegate; Kevin Steichen, MD, alternate delegate; Brad McIntosh, MD, director; Alton W. Rae, MD, director; Philip Palmer, MD, director; James Wight, MD, director; and Bobby Rader, MD, director.