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ABOUT THE COVER

Healthcare law and equity was a topic of debate during the 2023 Wyoming Legislative Session.
ILLUSTRATION BY WHITNEY HARMON

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Violence Against Healthcare Workers

BY JOSH HANNES, VICE PRESIDENT, WYOMING HOSPITAL ASSOCIATION

In September 2022, a new report revealed that 5,217 nurses were assaulted on the job in this country in just three months in 2022.

These are staggering numbers and far exceed the experience of workers in any other profession.

This equates to more than two nurses assaulted every hour, 57 every day, and 1,739 every month. Bureau of Labor Statistics data show workers in healthcare and social services experience the highest rates of violence and are **5 times** as likely to be injured at work than workers overall. Rates of violence against healthcare workers have risen every year since 2011.

Right here in Wyoming, between January 1, 2021, and June 21, 2022, violence impacted 121 healthcare workers—with injuries extreme enough to result in workers' compensation claims. It is important to note these are only workers' compensation claims and not the total number of assaults on healthcare staff.

The total number of attacks is, without question, dramatically higher.

> While this commitment to service is what makes nurses and other healthcare providers heroes in their communities, it also makes them extremely vulnerable.

The question of "how high" is difficult to pin down. Many times, attacks go unreported, and the reasons are varied. Healthcare workers are often, by nature and by training, helpers. They are in this field to care for people. They have been trained to treat the patient in front of them—even in the face of threats and physical violence. While this commitment to service is what makes nurses and other healthcare providers heroes in their communities, it also makes them extremely vulnerable.

Further adding to the risk, they have no ability to pick and choose who they serve.

In a hospital setting, federal law requires all patients who walk through the door be treated. For example, a patient may enter the emergency room of a hospital on Monday and assault a nurse. This same patient could return to the same emergency room on Friday, and the hospital staff must treat that patient—regardless of the threat they pose.

State legislators across the country have decided they have an important role to play in addressing this violence.

Nebraska, Louisiana, Wisconsin, and Oklahoma have all passed laws which consider assault of a medical professional or provider a felony. The passage of such legislation makes a strong statement about how healthcare workers are valued, and how the abuse they suffer in the workplace is unacceptable.

There is precedent for this in Wyoming law: The state of Wyoming has enhanced penalties when it comes to corrections and detention officers. Federal law acknowledges attacks against flight attendants as a more serious crime than a "regular" assault.

Hospitals and other healthcare facilities are intended to be places of healing. The harm caused by attacks on healthcare professionals extends beyond the individual(s) assaulted. It interferes with the care of other patients, some who may require lifesaving measures. Interfering with the delivery of healthcare is a serious public safety issue, and Wyoming law should be updated to recognize this reality.

Healthcare providers, particularly nurses, have been leaving the profession at an alarming rate over the past several years. Burnout is one driver of this exodus, and Wyoming has suffered a lack of workforce more than most states. The market for recruiting healthcare professionals is a national one and Wyoming must compete in that market for nurses and other providers who are in high demand everywhere. It is critical for Wyoming to make itself as inviting as possible to attract and retain the best talent.

While states across the country continue to pass laws enhancing penalties for these crimes, Wyoming places itself at a further competitive disadvantage without addressing this growing issue.

Recognizing an attack against a healthcare worker as a more serious crime than a "regular" assault or battery and attaching felony penalties to those who perpetrate against healthcare workers is the right policy adjustment to protect healthcare workers, patients, and Wyoming's essential workforce.

> It is critical for Wyoming to make itself as inviting as possible to attract and retain the best talent.

There is no question, enhanced penalties are punitive. A felony conviction is no small matter and carries with it a number of associated consequences. The jury is still out on whether such penalties prevent attacks. However, healthcare providers are talked about with the same esteem as law enforcement and firefighters. They provide essential services to our communities and save lives, just like the other professions against which an attack is deemed to be more egregious and deserving of enhanced penalties.

Since healthcare workers are far more likely to be assaulted at work than any other profession, and the consequences of a violent attack in a clinical setting are so great, why would state law not consider such offenses as deserving of enhanced penalties? The Wyoming Hospital Association, the Wyoming Medical Society, the Wyoming Nurses Association, and nurses from around Wyoming strongly support the adoption of these policy measures to protect the quality of care in Wyoming.

This article was previously published online in Wyoming Hospital Association Weekly News Briefs, January 13, 2023.

Wyoming Medical Society Mission:

Advocating for doctors and their patients since 1903

BY KRISTOPHER SCHAMBER, MD

Support. Oppose. Neutral. These are the available single-word responses to any piece of legislation or policy that comes across our board table. Simple, right? Actually, quite the dramatic opposite. The process is complex and nuanced. As one side perceives it: we didn't fight hard enough, we gave up, we lost. And on the other side: the same. With any bill, and in particular for those with very strong convictions on either side, a single-word response has limited meaning, and should be taken in context of the entirety of a bill, including its intent, the precedent it may set, and potential ramifications. These responses cannot, and should not, be taken as an absolute decree. Indeed, many pieces of legislation in the past five years have had damning consequences for patients, physicians, and medical practice, beyond their purported intent. It is this uphill battle that we fight constantly at the Wyoming Medical Society.

> We must not let fervent ideology control the conversation, lest we wish to lose more control of our profession.

So how do we ultimately get to one of those one-word responses on any given piece of legislation? The Wyoming Medical Society board of trustees meets quarterly, either in person, or via teleconference. In addition to the business of the society, including the budget and other matters, we discuss legislative policy. Our executive director compiles a list of all medically relevant topics for discussion, including upcoming proposed legislation, requests from various legislators and organizations, and topics brought forth by board members, society members, and others. The board then discusses the topics, develops an action plan, and renders a stance by board vote with a simple majority as directed by our bylaws, which are governed by state statute. The information is then presented to society members via regular email updates and through their county or regional society representative. Any member is allowed to attend any board meeting.

The Wyoming Medical Society is a political advocacy organization, whose mission is, as stated above, "Advocating for doctors and their patients since 1903." Political advocacy is messy. Ideology often butts heads with pragmatism. We must not let fervent ideology control the conversation, lest we wish to lose more control of our profession. Plainly spoken, we must play the game. This means give and take. In pragmatic terms, this looks like supporting a bill we don't like if certain legislators agree to take out the really bad stuff, or if they support us on another bill. If we go hardline in any direction, we risk a worse version of a given bill, or losing support entirely on future legislation.

Society members have a number of ways in which they can influence WMS policy and positions. This includes communication through their county trustee who holds voting power on the board, appealing decisions of the board as outlined in our bylaws, and using The Wire, our new member engagement tool designed specifically for members to communicate anything of importance to all society members.

Because many of the topics as of late have fervent supporters on either side, within and outside of medicine, we must work with our mission ever in the forefront. With our mission as a beacon, our advocacy work for medicine in Wyoming is centered on a few tenets. These are as follows:

1. We oppose any legislation that seeks to criminalize physicians, PAs, or the practice of medicine. We believe that the tort system effectively and appropriately punishes providers in cases of negligence.

2. We believe the legislature has NO business dictating the practice of medicine. Indeed, there have been various members of the legislature in the past five years who have made this assertion, claiming to not have enough expertise to legislate the practice of medicine (e.g., optometry scope of practice expansion).

3. We believe in physician, PA, and medical practice autonomy (see below).

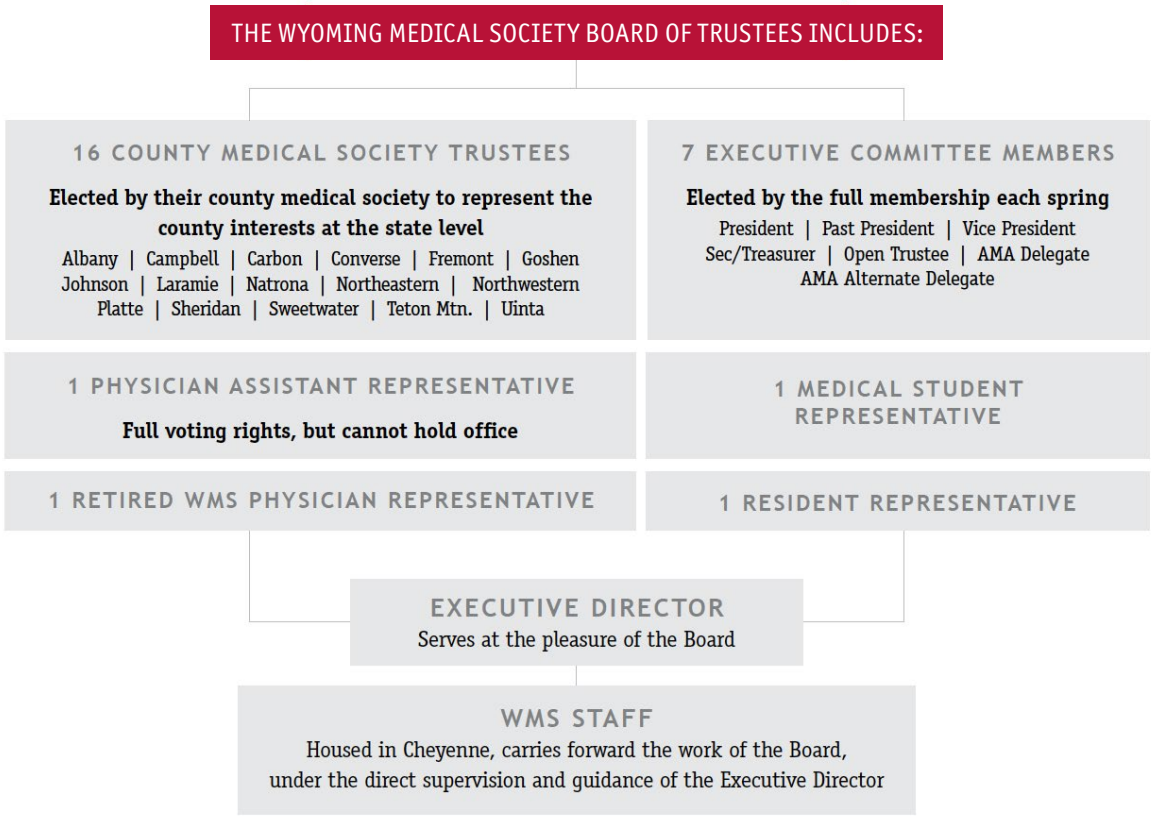
4. Our advocacy work is, and should be, nonpartisan.

5. Our advocacy work should not be bounded by our own personal beliefs.

Regarding evidence-based medicine, the Wyoming Medical Society does not set medical guidelines, direct the practice of medicine, or otherwise tell physicians or PAs how to practice. We believe strongly in physician autonomy, individually and as a profession. There is a great breadth of medicine across all specialties. Even within a given specialty, practices vary greatly. We believe physicians are, and should be, stewards of evidence-based medicine, with flexibility to adjust practice based on the available evidence. Again, we do not believe the legislature is capable of deciphering what is, or is not, good evidence, and therefore should not be legislating based on their perceptions of such evidence.

Our own personal beliefs are important, but should not be taken as a referendum for the whole of medicine. We all took variations of the Hippocratic Oath when we became physicians. Among many very important details, a personal or political guide to our profession is not included. The oath is people-centric, including both individuals and populations. Similarly, the American Medical Association Code of Ethics contains many virtuous principles. Among others, it advocates that we "regard responsibility to the patient as paramount," and allows physicians freedom "to choose whom to serve, with whom to associate, and the environment in which to provide medical care." But this does not give that same physician allowance to limit care for an individual or a population. I mention these principles not to diminish anyone's personal beliefs, but as a reminder of how we conduct ourselves professionally, and in advocacy work, the mission of which is to support physicians and their patients. Though difficult at times, WMS policy decisions should be based on how they will impact physician and PA medical practice and the physician/patient relationship, and not partisan politics or personal beliefs.

For 120 years the WMS board and staff have been proudly and vigorously fighting every day for each of you, our patients, and our profession. Each position will certainly not be agreeable to every member, though I am confident that regardless of any divergent beliefs, we still have common interests in a profession that is far bigger than any one of us.



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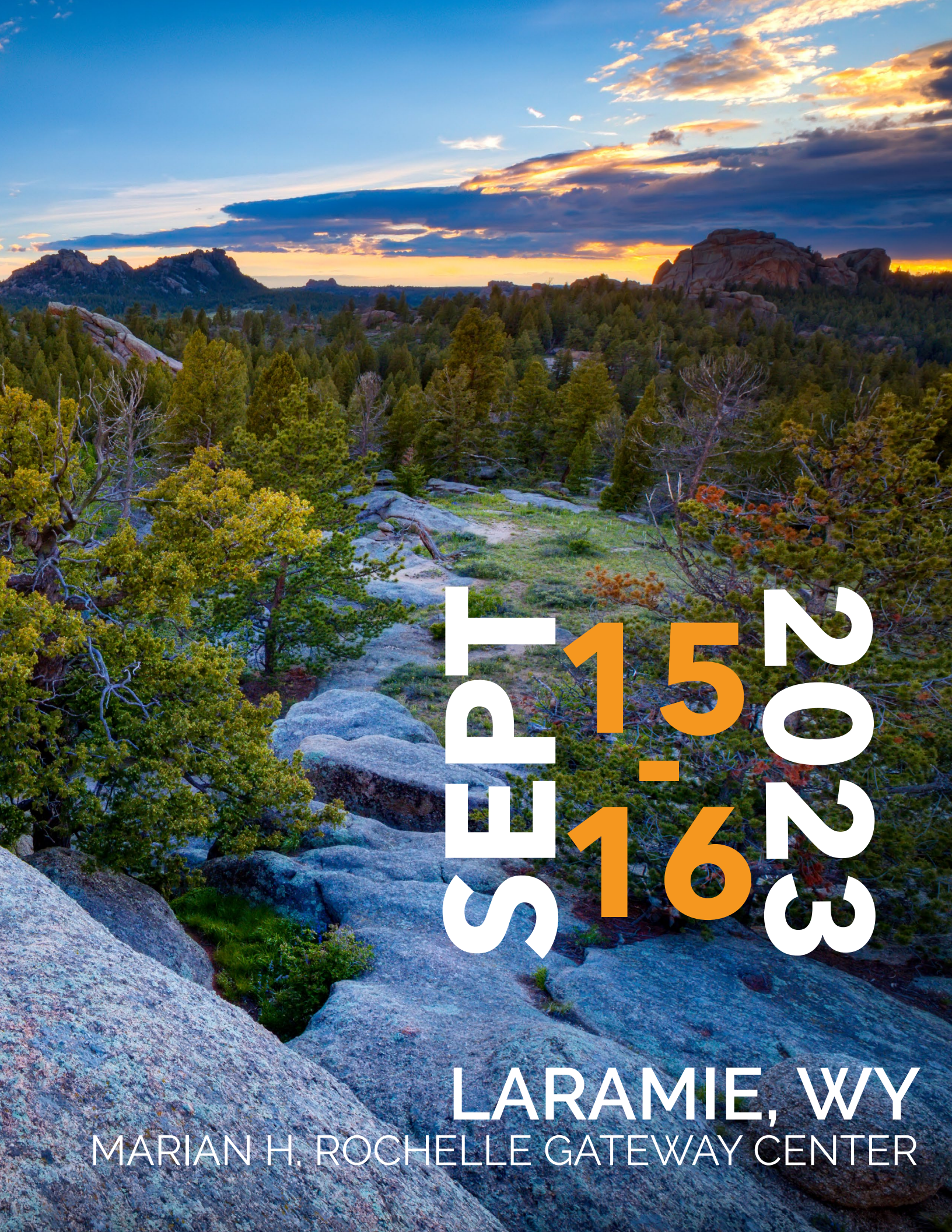
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Section 38 of Wyoming's Constitution

The Shield Becomes a Sword

Wyoming's constitutional right to make healthcare decisions

BY NICK HEALEY and TEDDY BOYER

In 2010, a debate about the proper role of government in healthcare roiled the country, as Democrats sought to pass the Patient Protection and Affordable Care Act–popularly known as the ACA or Obamacare–federal legislation they claimed would provide greater access to healthcare. Federal and state-level Republicans claimed the ACA would limit patient choice in both healthcare services and in how to pay for those services. The ACA passed, and several years later, in 2012, Wyoming's Republican-led Legislature proposed a constitutional amendment to shield its citizens' ability to make their own healthcare decisions, subject to reasonable restrictions, which Wyoming's voters approved–Article I, section 38 of the Wyoming Constitution.

In 2023, Wyoming's Republican-led Legislature finds section 38 used as a sword against its efforts to restrict Wyoming's citizens' ability to make certain healthcare decisions, such as within the realms of abortion and gender-affirming medical care. In 2022, the U.S. Supreme Court (or SCOTUS) set the stage for this debate by ruling in *Dobbs v. Jackson Women's Health Organization*, that the U.S. Constitution did not guarantee the right to abortion, and in the process overturned 49 years of precedent that began with *Roe v. Wade* in 1973. In the process, the SCOTUS gave individual states the right to regulate abortion.

Opponents of the Legislature's efforts have sued in the Wyoming District Court for Teton County: in 2022, to invalidate the "trigger ban" on abortion; in 2023, against the *Life is a Human Right Act* (the "Life Act"), claiming these are illegal restrictions on their rights under section 38. Whether the Life Act, and similar laws, survive those challenges will ultimately turn on what the Wyoming Supreme Court finds that section 38 really means.

The genesis of section 38: The healthcare decisions amendment

Article I, § 38 of the Wyoming Constitution was passed by the Wyoming Legislature in 2011, and approved overwhelmingly in 2012 by Wyoming's citizens. Section 38 states, in its entirety:

a. Each competent adult shall have the right to make his or her own healthcare decisions. The parent, guardian or legal representative of any other natural person shall have the right to make healthcare decisions for that person.

b. Any person may pay, and a healthcare provider may accept, direct payment for healthcare without imposition of penalties or fines for doing so.

c. The legislature may determine reasonable and necessary restrictions on the rights granted under this section to protect the health and general welfare of the people or to accomplish the other purposes set forth in the Wyoming Constitution.

d. The State of Wyoming shall act to preserve these rights from undue governmental infringement.

Section 38 does not explicitly mention the ACA, but there is little doubt it was intended as a direct response.[1] In fact, Wyoming's response to the ACA was not unique–between 2010 and 2015, 22 state legislatures enacted measures relating to challenging or opting out of the ACA, and five states–Alabama, Arizona, Ohio, Oklahoma, and Wyoming–amended their constitutions to prevent or inhibit the application of the ACA. All of these state constitutional amendments, like Wyoming's, explicitly guaranteed the right not to be compelled to participate in a healthcare system. However, Wyoming went further, guaranteeing the right of every competent adult to make their own healthcare decisions.[2] In fact, the Wyoming Legislature strengthened this protection by stating that the State itself was required to protect this right from "undue governmental infringement." SCOTUS has given the term "infringement" particular significance in the Second Amendment context, essentially holding that it means the Second Amendment protects a right that pre-existed the federal Constitution.[3] In Second Amendment cases, SCOTUS has held that the burden is on the government to show that the governmental infringement is justified, and will grant "substantial deference" to protecting the preexisting right. The Wyoming Supreme Court has likewise held that, where fundamental rights are involved, the government bears the burden of proof, not the challenger.[4] Therefore, the Wyoming Legislature seems to have set itself a high bar in seeking to constrain Wyoming citizens' rights to make healthcare decisions–the State has the burden of showing that a restriction is justified. That may, given the circumstances, be an uphill battle.

When passed, section 38 seems to have been a specific response to two aspects of the ACA. Section 38: (a) addressed the belief that the ACA would restrict a patient's rights to choose their own physician and course of care (including so-called "death panels", which would supposedly deny care to older or disabled patients in the name of cost containment)[5] and (b), addressed the concern that Wyomingites would be compelled to participate in a single-payer healthcare system. The Wyoming Attorney General argued in *Johnson I* that section 38 was only intended as a "message" amendment, "expressing the state's displeasure with the controversial federal Affordable Care Act."[6] That may be true–however, the way the Wyoming Legislature and voting public chose to express that displeasure seems to have been by guaranteeing the right to make healthcare decisions.

Wyoming courts are already grappling with these issues

Fast-forwarding just 10 years since the passage of section 38; Wyoming's "abortion trigger ban," Wyo. Stat. § 35-6-102, went into effect soon after the ink was dry on the SCOTUS' *Dobbs* decision. The "trigger ban" prohibited abortion except in very limited circumstances:

- When necessary to preserve the woman from a serious risk of death or of substantial and irreversible physical impairment of a major bodily function, not including any psychological or emotional conditions;
- the pregnancy is the result of incest; or
- sexual assault.

Almost immediately after the "trigger ban" went into effect, in 2022, several individuals and organizations filed

[1] See Asay, Meredith, The Affordable Care Act: Expanding Healthcare Coverage and Wyoming's Response To It, 36 Wyoming Lawyer 20 (October 2013)("In 2011, in response to the passing of the Affordable Care Act, the Wyoming Legislature passed Original Senate Joint Resolution No. 0002 (SEJR0002) which proposed to amend the Wyoming Constitution to include the rights to make healthcare decisions; pay directly for healthcare without penalties or fines; and preserve the right to healthcare access from undue governmental infringement.")

[2] Compare Ala. Const. art. I, § 36.04(a) ("In order to preserve the freedom of all residents of Alabama to provide for their own healthcare, a law or rule shall not compel, directly or indirectly, any person, employer, or healthcare provider to participate in any healthcare system."); and Ariz. Const. art. XXVII § 2(A), preempted by Coons v. Lew, 762 F.3d 891 (9th Cir. 2014) ("A. To preserve the freedom of Arizonans to provide for their healthcare: 1. A law or rule shall not compel, directly or indirectly, any person, employer or healthcare provider to participate in any healthcare system."); and Ohio Const. art. I, § 21 ("(A) No federal, state, or local law or rule shall compel, directly or indirectly, any person, employer, or healthcare provider to participate in a healthcare system. (B) No federal, state, or local law or rule shall prohibit the purchase or sale of healthcare or health insurance. (C) No federal, state, or local law or rule shall impose a penalty or fine for the sale or purchase of healthcare or health insurance."); and Okla. Const. art. 2, § 37(B) ("To preserve the freedom of Oklahomans to provide for their healthcare: 1. A law or rule shall not compel, directly or indirectly, any person, employer or healthcare provider to participate in any healthcare system . . . ."); with Wyo. Const. art. I, § 38 ("(a) Each competent adult shall have the right to make his or her own healthcare decisions. The parent, guardian or legal representative of any other natural person shall have the right to make healthcare decisions for that person. (b) Any person may pay, and a healthcare provider may accept, direct payment for healthcare without imposition of penalties or fines for doing so."). See Justice Brennan's Call to Arms-What Has Happened Since 1977?, 77 Ohio St. L.J. 387 (2016)

[3] See New York State Rifle & Pistol Association, Inc. v. Bruen, 142 S.Ct. 2111, 2129-30 (2022); see also District of Columbia v. Heller, 554 U.S. 570, 592 (2008).

[4] Hardison v. State, 507 P.3d 36, 39 (Wyo. 2022)

[5] Gonyea, Don, "From the Start, Obamacare Struggled With Fallout From a Kind of Fake News", NPR (January 10, 2017 (https://www.npr.org/2017/01/10/509164679/from-the-start-obama-struggled-with-fallout-from-a-kind-of-fake-news)

[6] 2022 WL 3009976 (Wyo.Dist.) (Trial Motion, Memorandum and Affidavit), District Court of Wyoming, Ninth Judicial District, Teton County

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suit in state court in Jackson, seeking to prevent the State (and county and town law enforcement) from enforcing the "trigger ban" (*Johnson v. State of Wyoming*, or "*Johnson I*"), claiming that the "trigger ban" violated section 38's guarantee of the right to make healthcare decisions. Judge Owens temporarily granted the plaintiff's requested injunction against enforcement of the "trigger ban," finding a substantial likelihood that the "trigger ban" was unconstitutional. Judge Owens then certified the question to the Wyoming Supreme Court for a final decision. The Wyoming Supreme Court, however, refused to decide the question at that time, sending the case back to Judge Owens for further development of the facts. *Johnson I* has been overtaken by events on the ground, as the Wyoming Legislature passed the Life Act in 2023, seeking to further refine the abortion ban, and remove some of the grounds on which the "trigger ban" had been challenged. Immediately after the Life Act became effective, the plaintiffs in *Johnson I* filed a new lawsuit before Judge Owens (*Johnson II*), claiming that the Life Act also violated the section 38's guarantee of the right to make healthcare decisions.[7]

Section 38's inherent tension; the right to make healthcare decisions vs. "reasonable restrictions"

Section 38 contains an inherent tension–on the one hand, subsection (b) guarantees the right to make healthcare decisions (which subsection (d) says must be protected from "undue governmental infringement")[8], and on the other, subsection (c) permits the State to restrict that right. It is almost inevitable that a court would be called on to resolve that tension, which would require the court to answer several questions:

- Is the treatment (such as gender-affirming care) or procedure (such as surgical abortion) "healthcare," so that the decision to undergo that treatment or procedure is a "healthcare decision"?
- If the State has restricted an individual's right to receive the treatment or procedure, is that restriction both "reasonable" and "necessary," and specifically, both reasonable and necessary "to protect the health and general welfare of the people" or "to accomplish the other purposes set forth in the Wyoming Constitution"?

The Wyoming Legislature attempted an end-run around the first question, by making a Legislative finding in the Life Act that abortion is *not* healthcare. This attempt is unlikely to be successful–under the Constitution's "separation of powers" principle, interpreting the laws (including the constitution), it is the exclusive job of the courts, not the legislature (as both Judge Owens and Governor Gordon have pointed out). While the Wyoming Supreme Court has acknowledged that it must give "great deference" to Legislative pronouncements, it has also acknowledged that the Court has an "equally imperative duty to declare a legislative enactment invalid if it transgresses the state constitution … We must look behind the name to the thing named."[9] Therefore, the Legislature's declaration does not bind Wyoming's courts, and this issue will have to be addressed.

The Wyoming Supreme Court will instead look to the "plain language" of section 38 itself, following the time-honored rule that "[i]n cases of constitutional interpretation, a court is guided primarily by the intent of the drafters; in determining that intent, the court looks first to the plain and unambiguous language used in the text of the Constitution."[10] Further, "[i] n cases of constitutional interpretation, courts are not at liberty to depart from a meaning that is plainly declared."[11] But if a court determines that the language of section 38 is ambiguous, then a court may consider the legislative history of section 38;[12] along with the historical context in which section 38 was passed.

Abortion and gender-affirming care under section 38

Section 38 does not define "healthcare decision," giving

[7] The plaintiffs' claims in both *Johnson I* and *Johnson II* do not rely on section 38 alone, and also include challenges on other grounds, including the constitutional right to free expression of religion. However, this article focuses on section 38.

[8] The State has argued in *Johnson II* that "government infringement", in this context, means the federal government, since the concern section 38 was meant to address was federal restrictions on patient choice in the ACA.

[9] Witzenberger v. State ex rel Wyoming Community Development Authority, 575 P.2d 1100, 1114 (Wyo. 1978) ("While it is our duty to give great deference to legislative pronouncements and uphold constitutionality when possible, it is likewise our equally imperative duty to declare a legislative enactment invalid if it transgresses the state constitution. We cannot, in good conscience, call the Authority a political subdivision when it is clear by the terms of the act itself that it is not. We must look behind the name to the thing named. Its character, its relations and its functions determine its position, not the sobriquet it carries.")

[10] Powers v. State, 2014 WY 15, Hd. 3, 318 P.3d 300 (2014)

[11] Id.

few textual clues as to the intent of the drafters. However, as described above, the intent of section 38 appears to have been, at least in part, a direct response to fears that the ACA would limit patient choice, indicating that laws doing the same thing, i.e. limiting patient choice, are specifically within its scope of protection. While the Wyoming Attorney General has argued in *Johnson I and II* that the proper question is whether the Wyoming Constitution guarantees the right to abortion, the proper question is more likely whether abortion is a healthcare decision. The Legislature itself has spoken to the "plain meaning" of the term "healthcare decision" in the 2005 Wyoming Healthcare Decisions Act , defining it as:

> *[A] decision made by an individual or the individual's agent, guardian, or surrogate, regarding the individual's healthcare, including: (A) Selection and discharge of healthcare providers and institutions; (B) Approval or disapproval of diagnostic tests, surgical procedures, programs of medication and orders not to resuscitate; and (C) Directions to provide, withhold or withdraw artificial nutrition and hydration and all other forms of healthcare.*[13]

"Healthcare," in turn, is defined as "any care, treatment, service or procedure to maintain, diagnose or otherwise affect an individual's physical or mental condition."[14]

Using these definitions to interpret section 38, the Wyoming Supreme Court could find that both the decision to terminate a pregnancy, and to receive gender-affirming care, are "healthcare decisions" protected by Article 1, section 38. Pregnancy is a physical condition, and which is clearly affected by termination (usually through a "surgical procedure" or

[12] Id. at ft.n. 12 citing Geringer v. Bebout, 10 P.3d 514, 521 (Wyo. 2000).

[13] Wyo. Stat. 35-22-402(a)(ix)

[14] Wyo. Stat. 35-22-402(a)(viii)

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"programs of medication"). Likewise, gender dysphoria is a recognized "mental condition" (in the DSM-5), which either "programs of medication" or a "surgical procedure" can treat. Using the definitions the Legislature has already created, the Wyoming Supreme Court could easily find that both the decision to terminate a pregnancy, and to receive gender-affirming care, are "healthcare decisions," protected by section 38.

The question then becomes whether Wyoming's restrictions on abortion, and proposed restrictions on gender-affirming care, are "reasonable and necessary restrictions to protect the health and general welfare of the people." It's unclear how a Wyoming court would judge the reasonableness or necessity of restrictions on section 38's right to make healthcare decisions. Generally, restrictions on constitutional rights are reviewed by courts under a "strict scrutiny," "intermediate scrutiny," or "rational basis" standard. Strict scrutiny is generally applied to governmental restrictions on fundamental rights; it is the highest bar a governmental restriction must overcome, and such restrictions will only be upheld if they serve a compelling state interest, and are narrowly tailored to serve that compelling interest. Judge Owens in *Johnson II* found that section 38 protected a fundamental right when she granted a temporary restraining order (TRO) against enforcement of the Life Act, stating that:

> Healthcare is defined as any care, treatment, service or procedure to maintain, diagnose or otherwise affect an individual's physical or mental condition.

> *Wyomingites voted into law that they have a fundamental right to make their own healthcare decisions, and, by doing so, they also agreed that the state can put reasonable and necessary restrictions on that, as long as there is no undue government infringement. The Legislature declaring that abortion is not healthcare takes away from the duty of this court to decide constitutional questions of law, and that violates the separation of powers.*[15]

At the trial court level, at least, it appears that the State of Wyoming will have to identify a compelling state interest that the Life Act was narrowly tailored to protect. That phase of *Johnson II* has not yet begun, but will be a heavily fact-intensive inquiry, and is unlikely to be over soon. Again, the Legislature appears in the Life Act to have pointed to its interest in protecting life, which it contends begins at conception, as the interest it seeks to protect. However, it remains to be seen whether Wyoming courts are willing to accept the Legislature's contention. Likewise, the State of Wyoming will have to explain why the Life Act is "necessary" to protect life, when it has already passed statutes that resolve conflicts between a child's right to life and a parent's right to the free exercise of religion (another fundamental right) against the child. Wyoming law (Wyo. Stat. 14-3-202(a)(vii)) excepts from the definition of "neglect" of a child's treatment of medical conditions solely with prayer, presumably even if it results in the child's death. These difficult questions will likely be part of Judge Owens' (and the Wyoming Supreme Court's) decision-making process as *Johnson II* progresses.

Conclusion

Section 38 was a direct response by the Wyoming Legislature and citizens to the passage of the ACA; however, the Wyoming Legislature and citizens may have inadvertently opened the door for a person to claim that their "healthcare decisions," whatever they may be, are now protected by the Wyoming Constitution. The reasonableness of any restrictions on the rights guaranteed by section 38 is a matter the courts are now wrestling with, and likely will for years to come.

[15] Wyoming Tribune-Eagle, "Wyomingites temporarily regain access to abortion", March 22, 2023 (https://www.wyomingnews.com/news/local_news/wyomingites-temporarily-regain-access-to-abortions/article_c8bc9c52-c90a-11ed-b7dc-9b04ecffcd61.html)

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Advocating for a Small Group

Gender-Affirming Care

Providers and advocates navigate the needs of a small community

BY KELLY ETZEL DOUGLAS

In January and February, physicians, psychologists, and advocates appeared at the Capitol to testify about two bills that sought to limit gender-affirming care for people under the age of 18 in the state. While Senate File 111, Child abuse– change of sex, and Senate File 144, Chloe's law– children gender change prohibition, both failed to become law, the topic reflected confusion, fear, and anxiety among those on all sides of the issue.

Legislators sponsoring the bills sought to control what they worried would harm children, and physicians were fearful they would face criminal charges for their work to provide the best care possible for their patients. Mental health professionals were anxious about the potential harm to transgender children who watched, listened, or read about the legislative action. The Wyoming Medical Society had opposed both bills as they stood.

Identifying as a different gender

Transgender is an adjective describing people whose gender identification does not match the sex they were assigned at birth. A transgender man is someone who was assigned female at birth but now identifies and lives as a man. A transgender woman is someone who was assigned male at birth but identifies and lives as a woman. Nonbinary people identify as a gender that's not exclusively male or female. Together, lesbian, gay, bisexual, transgender, and queer and/or questioning, plus other sexual and gender minorities are commonly known as LGBTQ+.

A 2021 Pew research study found that 20% of Americans say they know someone who identifies as transgender.[1] A 2022 UCLA Williams Institute research study[2] found that nationally, 1.4% of youth ages 13-17, and 0.6% of adults age 18 and older, identify as transgender. The same study estimates that 0.6% of youth ages 13-17 in Wyoming identify as transgender.

"Before about 10 years ago it would be pretty rare. Now it's routine," said Wyoming Behavioral Institute Medical Director Stephen Brown, MD, who specializes in child and adolescent psychiatry. He is also a member of the Wyoming Medical Society board. Dr. Brown has practiced psychiatry in Wyoming for 33 years. He said he isn't sure why he is seeing more cases

of patients identifying as a different gender, but it may be that it's more acceptable socially. He is still concerned for them.

"A lot of these kids are under immense pressure. The adults don't understand." Dr. Brown said that it's not just bullying at school; many adults haven't met a transgender person before and have trouble with the concept.

The needs of children and adolescents struggling with mental health issues have changed over time in concert with shifts in the environment in which they live. Dr. Brown is seeing more patients identifying as a different gender, and Wyoming Behavioral Institute has added an LGBTQ+ group as part of its residential treatment model to give patients a safe place to talk about their feelings. Dr. Brown offers clinical rotations for family practice residents and physician assistant students to observe and understand the issues today's youth are facing. He advises his students to treat people as they are, where they are. "It is important to recognize that trauma may result from rejection, particularly when adult decision-makers in children's lives are unable to accept them," he said.

Mental health

Mental health is a common topic of discussion among caregivers of transgender children. They may suffer from depression, eating disorders, and be at elevated risk for suicide.

Caroline Kirsch, DO, associate program director and director of Osteopathic Education at the University of Wyoming Family Medicine Residency Program in Casper, cited statistics from the 2022 Trevor Project National Survey.[3] The survey found that nearly one in five transgender and nonbinary people ages 13-24 had attempted suicide during the past year. Of all surveyed LGBTQ+ teens aged 13-17, 18% had attempted suicide, and 50% had considered suicide. This is all higher than the national averages.

"Research shows this is a result of trauma from social stigma," Dr. Kirsch said, citing findings by the Trevor Project survey. She noted that transgender people weren't experiencing trauma just because they felt uncomfortable in their body, they were also experiencing trauma because of the way they were treated by others.

The Trevor Project survey identified three support categories that decrease suicide risk for transgender people; 1) social support from family, which cut the attempted suicide reporting in the group to less than half, 2) gender accepting schools, and 3) community support. "Each step of support adds another level of affirmation for that person," Dr. Kirsch said.

"I think the mental health part is important for skills to cope with the trauma that comes from being stigmatized," Dr. Kirsch said. "How do you navigate in a society that's not accepting?"

What is gender-affirming care?

Gender-affirming care can be a number of actions that support a person's gender identity. This can be social affirmation, such as addressing a person by the name and pronouns they prefer. It can be supporting a child who dresses and acts in the manner of the gender they prefer. It can be mental health care and counseling in a way that addresses and acknowledges the person as they want to be seen.

Beyond mental healthcare, gender-affirming care might be the use of puberty blockers to slow down puberty for a child who experiences genuine and long-held distress related to gender, which can be reversed. In some cases, which are overwhelmingly for adults, it can also be hormonal or surgical intervention.

Core curriculum

"It's something that I never dealt with growing up, the medical school never talked about it. I'm sure they're talking about it a whole lot now in medical school," Dr. Brown said.

Gender identity is now part of the core curriculum in Wyoming's medical school. Doctors who earn their MD through the Wyoming, Washington, Alaska, Montana, and Idaho (WWAMI) medical school program can also take an LGBTQ+ pathway. The LGBTQ+ pathway is one of six pathways the school offers for students who would like to help underserved populations. Other available pathways are: Indian Health, Global Health, Latinx, Black Health Justice, and Underserved.

"WWAMI first years [medical students] learn to provide an affirming environment for LGBTQ+ patients, because it's something that providers are starting to see," Dr. Kirsch said. "They are entering clinical rotations understanding how to approach LGBTQ+ patients in a positive, affirming way."

"I'm of the belief that everyone needs the very best healthcare they can get. This is one space. So many groups need better health and better access," Dr. Kirsch said.

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[1] Minkin, R., Brown, A. "Rising shares of U.S. adults know someone who is transgender or goes by gender-neutral pronouns." Pew Research Center, 2021, pewresearch.org.

[2] Herman, J.L., Flores, A.R., O'Neill, K.K. "How Many Adults and Youth Identify as Transgender in the United States?" The Williams Institute, UCLA School of Law, 2022, williamsinstitute.law.ucla.edu.

[3] "2022 National Survey on LGBTQ Youth Mental Health," 2022, thetrevorproject.org.

Advocating for a Small Group

Healthcare access

Wyoming Equality, a nonprofit dedicated to improving the lives of LGBTQ+ people, is working on resources at a local level.

"It's really interesting what good data can do," said Sara Burlingame, executive director of Wyoming Equality. Two years ago, the nonprofit asked the LGBTQ+ community to share feedback to help inform its policy. Burlingame expected the community to say they needed help with acceptance and hate crimes. Instead they identified healthcare needs.

"Folks were going out of state. Healthcare providers didn't know what was needed. It was a much more complex issue than we anticipated," Burlingame said.

The Wyoming Equality Healthcare Access Project, or WEHAP, committee formed, and made a plan to help the LGBTQ+ community access healthcare.

Wyoming Equality Healthcare Organizer Kota Babcock is one of two Wyoming Equality employees assigned to WEHAP. Babcock said that first, WEHAP identified two main barriers to healthcare access for LGBTQ+ people: 1) access to affordable healthcare, and 2) access to supportive providers. Then they began finding solutions.

WEHAP has compiled a list of almost 50 supportive providers in Wyoming, from primary care physicians to naturopaths. Babcock is working to add affordable payment options, including for those without insurance, to the list. Patients are able to reach out to Wyoming Equality for this information, but it's kept from public view after a provider in Colorado received threats.

To create the list, Wyoming Equality representatives meet with providers for a one-on-one session. "We're really open to what that person has to say about LGBTQ issues," Babcock said. "We are not abandoning people for being behind on the information. We want to be properly cared for, and we want doctors to be able to ask questions. We are looking for people who are open to learning, who are showing dedication and interest in caring for patients. We are a small community and want as many allies as we can find."

Dr. Kirsch also wants both patients and providers to feel comfortable. "The whole idea is that we have a place where people can get healthcare, not be turned away—which has happened—or laughed at," she said. "I think some providers are afraid and don't want to do anything. Most of us are here because we want to provide healthcare, if you don't know what to do, you freeze."

"Honestly, caring for most human beings is the same," Dr. Kirsch said. "If it's an upper respiratory infection, gender doesn't matter."

How would Dr. Brown recommend providers understand gender identity when caring for patients? "You can emphasize the desire–of people being happy. They need compassionate support," he said. "The political environment complicates their world. It's just this: how do you get good care to people who identify as a different gender?"

Wyoming Equality Executive Director Sara Burlingame would like providers to know that her organization would like to have a dialogue, even when it's difficult to know where to start.

"We could have a better conversation here in Wyoming. We'll meet you where you are," she said.

RESOURCES

If a provider is looking for more information, Dr. Kirsch recommends reading publications from sources such as the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the Fenway Institute.

Resources accessed for this article include:

- **American Association of Pediatrics (AAP) policy statement. "Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents." Pediatrics, October 2018.**
- **AAP publication. "Developing Parenting Guidelines to Support Transgender and Gender Diverse Children's Well-being." Pediatrics, September 2022.**
- **AAP's HealthyChildren.org website, offering plain language guidance for parents of transgender youth.**
- **American Medical Association (AMA) Education Hub, lgbtqiahealtheducation.org.**
- **The Endocrine Society. "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline." The Journal of Clinical Endocrinology & Metabolism, November 2017.**
- **San Francisco State University's Family Acceptance Project.**
- **Wyoming Equality Healthcare Access Project (WEHAP), wyomingequality.org.**
- **World Professional Association for Transgender Health (WPATH), "Standards of care for the health of transgender and gender diverse people, version 8." Int J Transgend Health. 2022, wpath.org.**

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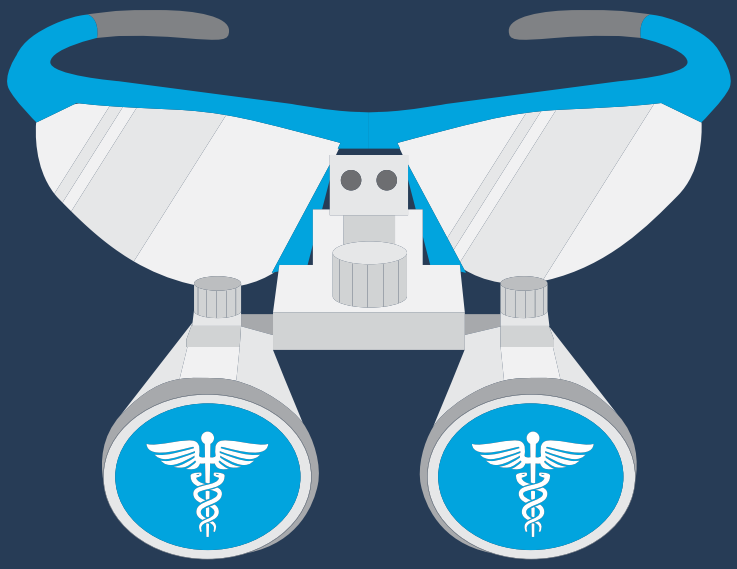

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WWAMI Student Profiles

The Wyoming Medical Society is proud to introduce the next class of first-year Wyoming WWAMI medical students.

WWAMI stands for the five states that participate in the four-year medical education program: Wyoming, Washington, Alaska, Montana and Idaho. Each year, the program reserves 20 seats for qualified Wyoming residents, who spend 18 months on the University of Wyoming campus, followed by two years at clinical sites throughout the WWAMI region.

This year we asked them just one question: What is the best thing about being a medical student? Find their answers below.

Shayna Bauer
Thermopolis

The best thing about being a medical student is getting to experience learning medicine with all my classmates. Sometimes it's challenging, difficult, and just straight up hard but being able to do it with 19 amazing other people–and faculty who support us endlessly–is the best part.

Trent Bronnenberg
Cody

My favorite part about being a medical student is the relationships I have built with my classmates and the physicians in the Laramie community. I love the ability to further explore the medical field through our education and continuing to gain knowledge to find my future specialty.

Ross Cook
Lander

I feel proud and honored to be a WWAMI student because every day I get to grow with a group of peers and leaders who care about this place as much as I do at one of the best medical schools in the country. Our diverse educational team is made up of brilliant researchers, professors, physicians, pharmacists, and social workers who are infectiously passionate about what they teach and are dedicated to helping us turn into good people and good doctors. All this on top of living in one of the most beautiful places in Wyoming where I have access to just about any sport or activity I can think of right out the back door. Why would I go anywhere else?

Jenni Ebersberger
Powell

The people you meet and the connections you make is the best part about being a medical student. From the teachers and administration, to classmates, and everyone in between, each person shines a unique and valuable light into your life. Year one is one of the most vulnerable times during the journey to a career in medicine, and the people that surround you help shape you and are invaluable.

Aaron Erickson
Cody

My favorite thing about being a medical student is being able to always learn new things and be challenged in a constructive way.

Brayden Feusner
Cody

The best part of medical school has been the opportunity to interact with and learn from amazing faculty, staff, classmates, and physicians. I feel very fortunate to be a part of WWAMI and look forward to continuing to grow in my journey to becoming a physician.

Cale Hinkle
Lander

My three favorite things about being in medical school are continually being in awe of my classmate's amazing abilities, feeling like I'm on a never-ending adventure, and sharing my medical school experiences with my family.

Caleb Hoopes
Sheridan

Medical school is a challenging environment, but it is very rewarding. The best part is the opportunity to meet people and the space to fail. Medicine is challenging. No one gets it right the first time. I have enjoyed being around such an incredible group of people who support me so that when I mess up, I can learn from my mistakes and grow.

WWAMI Student Profiles

Hyrum Hopkin
Lovell

Though medical school is known for its long hours of studying and rigorous learning material, my favorite part of school has been noticing my knowledge increase. With a better and deeper understanding of the human body, I have already been able to help people both in my community and family better understand what is happening with their health. I have enjoyed seeing both myself and my classmates become caring physicians. I have also really appreciated all of the support and training shared with us by the best doctors, professors, and mentors in Wyoming.

Daphne Ma
Cheyenne

The best thing about being a medical student with WWAMI is the early integration of patient interaction, top notch education at home, and the mentoring from physicians, helping us to be the best providers for our future patients.

Hannah Mills
Powell

My favorite part of medical school so far has been the enormous amount of support I have received from faculty, classmates, and all the mentors who are pushing us to become the best physicians we can be. This experience would not be the same without all those people cheering us on and sharing all their knowledge and experience.

Casey Pikla
Lander

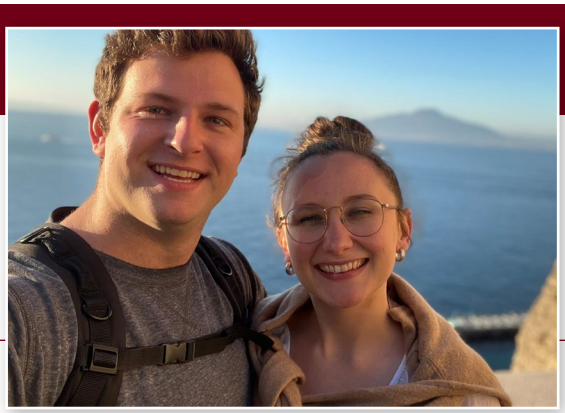
The best part of being a medical student is the challenge, the community and the pursuit of a truly rewarding career. Every single day I have the privilege of learning and growing through the immense demands asked of physicians-in-training. I share that experience with a group of passionate, dedicated peers with whom a special bond is formed. There are highs and lows, but there is also the knowledge that I am working to serve a special role in the lives of others.

Franklin Powell
Jackson

"Medical school is a marathon, not a sprint" sums it up well. The best part is getting to dive deeper into the puzzle every day from a different lens. I'm thrilled to be a part of WWAMI, where I get to learn on a very intimate scale with 20 of Wyoming's best!

Madeleine Prince
Cheyenne

The connections I make with the generous members of the medical community in Wyoming are my favorite part of medical school. I am so grateful for their willingness to teach me and I am inspired by the significant, positive impact they have on their patients and communities.



Andrew Quinn
Big Horn

The best part about medical school so far has been building relationships with so many amazing individuals in the WWAMI community, whether it's students, physicians, or faculty. It has been a privilege and will continue to be a privilege to constantly be around such great people throughout a career in medicine.

Thomas Robitaille
Casper

The coolest part of medical school has been having the opportunity to apply what we have learned in the classroom with what we see in real patients, especially so early on in our education. The best part of medical school, however, has been getting to learn and grow alongside all of my amazing classmates.

WWAMI Student Profiles

McKenzie Stampfli
Cheyenne

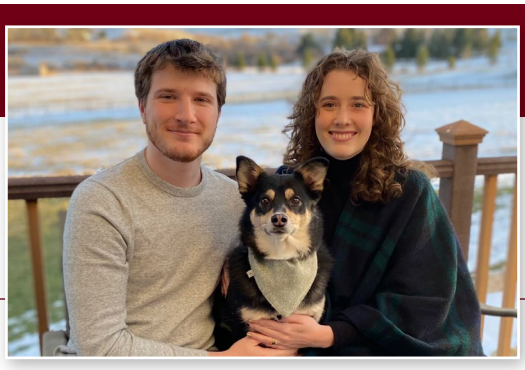
The best part about being a medical student is making connections and fostering relationships with physicians around the state. Whether through mentorship, teaching, or primary care practicum, they have been generous with their time and expertise to make sure each of us has an enriching experience.

Heidi Taggart
Jackson

It is so gratifying to go to our clinical experiences and be able to directly apply the knowledge that we work to learn in the classroom for the benefit of the patients we see. Being able to spend my time learning about medicine and patient care is definitely the best part about being a medical student, and being surrounded by an amazing network of classmates and instructors while doing so only makes it more fun.

Galen Tribble
Cody

My favorite part of being a Wyoming WWAMI student is the phenomenal support in becoming a great physician from classmates, administration, and the Wyoming medical community. I'm incredibly thankful to be a part of such an incredible program.



Andrew White
Big Horn

My favorite part of being a medical student is having the help of local physicians to integrate the class work with clinical practice. This helps put everything into perspective and make everything we learn so much more meaningful.

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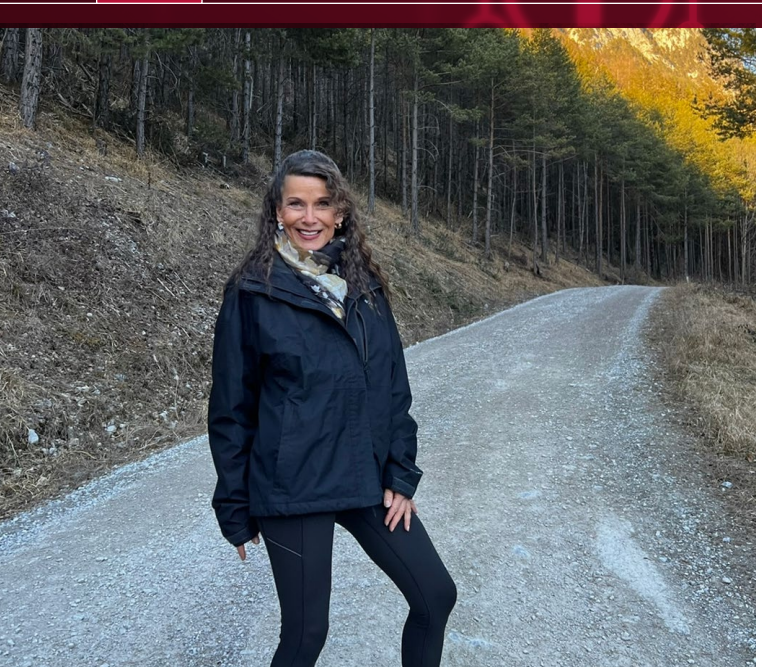

Dr. Susanne Levene on a recent trip to Europe. This photo was taken in Austria. PHOTOS COURTESY OF DR. SUSANNE LEVENE

Dr. Susanne Levene

Prison doctor trained as a surgeon finds opportunities to use skills and learn new ones

BY GAYLE M. IRWIN

Susanne Levene, MD, employs her skills as a general surgeon and implements new knowledge as a physician for the Wyoming Department of Corrections.

She primarily serves inmates at the State Penitentiary in Rawlins, however, she also travels to the Medium Correctional Institution in Torrington, the Women's Center in Lusk, the Honor Conservation Camp in Newcastle, and the Honor Farm in Riverton when needed. Each facility provides occasions for her to use her surgical knowledge for consultations and also gives her opportunities to learn and implement new skills.

"The complexity and variety of patients I see are actually much more interesting than a routine medical clinic. It's more like being an emergency room doctor and a jack-of-all-trades," Dr. Levene said.

Many inmates "either have had no medical care at all before they came in or they've had medical problems that they never addressed," she said. Therefore, she sees people with cancer, diabetes, strokes, heart attacks and other diseases, as well as those with extensive trauma after major inmate-on-inmate assaults. She likes to surgically remove all kinds of lumps, bumps, and skin cancers. Breast biopsies have also been done and one male inmate is now on Tamoxifen for atypical ductal hyperplasia.

Dr. Levene attended medical school at the University of Colorado in Denver and moved to Wyoming with her then husband, an orthopedic surgeon. Dr. Levene became the practicing physician at the state penitentiary in 2013 and stayed about two years. She pursued other opportunities but returned in 2018.

"It seemed like I was a good fit because I was very curious; there were a lot of interesting cases I was seeing," Dr. Levene said. "I was learning a lot, and I realized that I had a good way with the inmates by being thorough and not just listening to what they were saying but also going the extra mile to research the complaints. I was just going to take the job for a little while, but I've been there now for almost five years."

One case she found intriguing involved a man who developed a mass on the side of his jaw. She said, "it was tiny," and her request for an ultrasound was denied by the insurance carrier.

"They wanted me to try to treat him with antibiotics first, and so we did that," Dr. Levene said.

However, two weeks later, the growth had enlarged.

"By the time I finally got the ultrasound, it was already quite large, and then we followed that with a CT scan," she said. "He had this huge parotid mass—it was growing into his neck along the carotid artery. We got a biopsy and it was an anaplastic parotid tumor—it was just consuming him."

She obtained authorization for the man to go to a Denver cancer surgeon.

"He removed the whole thing [but] it recurred, and he ended up going to Torrington to get further chemo," she said. "Finally, the provider over there wanted to get another biopsy because he wanted to try some new gene hormone therapy."

Dr. Levene drove to Torrington to see the patient and perform another biopsy for the proposed gene therapy.

"He ended up passing two weeks after that. It was the fastest growing tumor I think I've ever seen."

Another incident involved a prisoner in Torrington who was being treated for painful hemorrhoids, a diagnosis the man received when visiting emergency rooms and while in county jail, she said.

"He was transferred to me from Torrington to take care of the painful hemorrhoids. Since I have a professional anoscope

and I am a surgeon, the Torrington provider thought I could manage this better," she said. "So, I see the patient, and I immediately realize he's got a large rectal cancer."

She works with nurses who evaluate prisoners' symptoms and conduct routine checks, such as monitoring blood pressure and assessing potential colds.

"The nurses prevent me from having to see the runny noses and sore throats, which are often main complaints," Dr. Levene said. "If the inmate has a medical concern, they fill out what we call an HSR, a health service request, and they write down their request. Let's say they have a runny nose and a fever, and they write that ... then the symptoms are in the HSR and then the nurse goes off to evaluate them ... They present these patients to me, and usually I manage them without having to see them. I may order Mucinex or maybe ibuprofen or maybe I'll order an X-ray. The nurse will put the orders in and then if I need to see that patient later, they can put that order in as well."

She added, "My job is to take care of the medical necessity of the patient. We cannot fix everybody's bone-on-bone arthritis in their knee and we can't fix everybody's rotator cuff. I have to assess whether they really need something or whether they just want something. I also have the ability to send nurses out to do blood pressure checks so I know for sure whether the blood pressure medication is working."

A medical officer escorts the Rawlins inmates to Dr. Levene, however, the Torrington prisoners enjoy more freedom.

"They can come down to the clinic by themselves," she said. The medium correctional institution in Torrington includes an inpatient medical unit on the property and a hospice wing.

Sometimes prisoners need greater care than can be done at the Rawlins prison clinic, and therefore, special approval is needed for off-site visits to medical facilities due to safety and security concerns.

"It's not that easy to get the inmates out for off-site appointments," Dr. Levene said. "You have to be able to make a good, strong case to be able to get your inmate out for an MRI or a CT scan or even a surgical consult. I have a better background, I think, to be able to put the data together and to be able to get my off-sites approved."

Trained as a surgeon, Dr. Levene pursues learning other aspects of the medical field in order to help patients on-site.

"I've learned a lot of different things, and I'm trying to learn how to do my own ultrasounds," she said. "We have an X-ray machine, and I know how to take my own X-rays and send them off for reading. If I have a guy with acute shortness of breath and I'm wondering what's going on in the lungs, I can do that."

Dr. Susanne Levene in her home with her dog, Cole.

An X-ray technician comes to the prison once each week "to do the routine X-rays," she added.

Dr. Levene believes the work is interesting enough that she considered having WWAMI students come to observe and learn. However, the warden did not support this endeavor and therefore no medical students will be rotating through at this time.

Her daughter, Sierra, is part of the WWAMI program, and is considering becoming a surgeon like her mother.

"She kind of grew up with that interest, and so I'm very proud of her," Dr. Levene said.

As she continues implementing her medical skills, helping Wyoming's inmates, Dr. Levene embraces the work.

"It is an interesting profession," she said.

Ugandan Healthcare

Midwives at Ishaka Adventist Hospital teach new mothers about breastfeeding, newborn care, and kangaroo care.
PHOTOS COURTESY OF DR. RACHEL BANACH

A Culture of Community

Doctors spend 10 days working in Uganda

BY KAYLA RUNKEL

Stepping inside the Ishaka Adventist Hospital in southwestern Uganda feels like stepping a century back in time. With no drinking water or many luxuries of the modern-day American hospital, the quality of patient care might seem lacking from an outside perspective. But if you asked Jody Cousins, MD, that couldn't be further from the truth.

Dr. Cousins is a family medicine physician practicing in Cheyenne, WY. She is a proud WWAMI graduate who completed her residency at UW Family Medicine in Cheyenne, where she would later become a faculty physician. It was here that she met now second and third-year residents Natalie Cazeau, MD and Rachel Banach, MD. Drs. Cazeau and Banach have known each other since medical school. They are both interested in global medicine, learning from and about different cultures around the world. The mutually shared respect for cultural differences in medicine is what landed these three Wyoming doctors in Uganda together.

After their recent medical mission trip to Uganda with second and third-year residents Natalie Cazeau, MD and Rachel Banach, MD, it became abundantly clear that patient care amid limited resources can go far beyond what the eye can see. Especially in Africa. A place where community is at the heart of everything, including medical care.

"Africa is people," Dr. Cousins says. "From the morning when you wake up until the moment you fall asleep. It's all about the people."

Of course, this wasn't Dr. Cousins' first mission trip. In fact, she's been on four and is planning another trip in August to Rwanda. It was, however, the first trip for Drs. Cazeau and Banach. The first, but most certainly not the last.

"When we heard about the trip from Dr. Cousins, we both immediately said we wanted to go," Dr. Banach says. "We even spent a couple of months fundraising beforehand, and everything we raised went to the people of Uganda."

> "Africa is people. From the morning when you wake up until the moment you fall asleep. It's all about the people."

The trip was organized through the Overseas Medical Volunteer (OMV) group, a nonprofit through the Seventh-day Adventist Church. This was the OMV's second mission trip to Uganda, where they worked with the Ishaka Adventist Hospital and the affiliated school of nursing and midwifery. The OMV group included volunteers from different professional backgrounds from dental hygienists to professors, physicians to nurse practitioners, and a pastor. They organized and worked at the medical camp, donated to community events, and met with the local medical students and residents they're actively sponsoring.

Dr. Cousins has a Ugandan medical license, which means she and Drs. Banach and Cazeau could participate in rounds and actively care for patients at the hospital. In their 10 days spent in the Ishaka community, they saw thousands of patients. While most patient visits lasted only a few minutes, some were much more extensive, even going so far as to step into the operating room.

Dr. Banach admits that her experience in the OR in Ishaka came with a few unique challenges. "It was a bit of a struggle for me to find new, clean scrubs, and a scrub cap. There were no disposable surgical gowns or drapes," she says. "In the OR, I was given large white rubber boots to wear."

Dr. Rachel Banach helps a child while visiting the boarding school for disabled children. The child got a bloody nose while playing soccer with the older kids.

Despite the medical resource limitations, she insists that having the ability to witness Ugandan resourcefulness first hand was an enlightening and priceless experience. Having helped so many patients, it's hard to imagine that any circumstance would stand out above others. Still, there are a few unforgettable stories they're happy to recount.

For Dr. Cazeau, it was the element of culture shock in the Ugandans' approach to medicine that struck a memorable chord. "Some of the patients that came to the hospital had scarring all over their bodies," Dr. Cazeau says. "That's because when anyone was sick, the village doctors would cut the patient and sometimes put herbs inside the wounds to heal their ailment."

These unconventional remedies were commonplace for everything from serious illness to infertility. Still, it was the supposed causes that were, perhaps, most shocking. When a disease or misfortune had no apparent medical explanation, witchcraft and curses were to blame.

Ugandan Healthcare

Dr. Cazeau was adamant not to discount her patients' experiences. "That's what they believe in their culture, and I did my best to work within that. Keeping an appreciation for our differences was important to me."

While Dr. Banach worked in the medical camps and in the labor and delivery ward, she also found that taking part in grassroots organizations, community events, and youth groups were all very rewarding. "Connecting at the individual level outside of medicine helps to ground a person," Dr. Banach said. "Experiences like this bring us back to human connection and help instill empathy."

> "Learning to do medicine in a culture with such limited resources absolutely made me a better doctor."

For Dr. Banach, the culture of the community in Uganda, but particularly among women, couldn't be understated. "The female companionship was unlike any other." The hospital offered everything from lactation consulting to lessons in kangaroo care. A generous benefactor also helped pay the hospital fees for those who couldn't afford it. New mothers had a refreshingly unexpected level of support.

"It really was an amazing community," Dr. Cazeau says. "There were usually six moms in one postpartum room, and they all helped and learned from one another."

To all this, Dr. Cousins nods emphatically. "That's because the business of Africa is born by women," she says. "The weight of Africa is on women."

Of course, bringing aid and resources to the Ishaka community was only a tiny part of a much larger picture. As doctors, they weren't crossing cultural lines in hopes of changing systems and practices. They wanted to learn from them. By the end of the 10 days, there was no doubt in their minds that they were leaving Africa better doctors than when they had arrived.

Drs. Natalie Cazeau and Rachel Banach visited a rural secondary school for girls, where they taught the students sexual education and hygiene practices, and distributed menstrual kits which included reusable pads.

Drs. Natalie Cazeau and Rachel Banach learn how Ishaka Adventist Hospital midwives and doctors triage and document from Sister Joyce. Midwives did most of the triage, labor, and vaginal deliveries at the hospital. The maternity ward at the Ishaka Adventist Hospital was the busiest unit.

From left, Drs. Natalie Cazeau, Rachel Banach, and Jody Cousins at Ishaka Adventist Hospital.

Triage and labor and delivery beds in the maternity ward at the Ishaka Adventist Hospital. Women were expected to bring their own bedding, clothing, laboring supplies, and newborn blankets.

Dr. Natalie Cazeau visits the Ishaka Adventist Hospital garden. The garden is used for growing plant medicine, herbs, and food. It is part of the Lifestyle Department of the hospital.

Ugandan Healthcare

> "Of course, financial support, medicine, and medical supplies matter. But so do the people. Because in Africa, it's all about the people."

"Learning to do medicine in a culture with such limited resources absolutely made me a better doctor," Dr. Cazeau says. "I didn't have the ability to do all these fancy tests and labs. I just had to treat the patient based on my knowledge, and that was okay."

"Personally, I don't want to be another cog in the wheel of the medical system," Dr. Banach says. "Seeing the culture and companionship in Ugandan healthcare helped me further solidify that it is so much bigger than that."

While their overall experience on the mission trip was unparalleled, Dr. Cousins points out that some may question the point. After all, wouldn't it have been easier to simply send money to the Ishaka community? Perhaps. But their goal to support the people of Uganda went far beyond what they could provide financially.

"It's like that story of the starfish," Dr. Cousins says with a smile. "A woman was walking along the beach after a horrible storm washed thousands of starfish ashore. Whenever she came across one, she would pick it up and throw it back into the ocean. As she grabbed another starfish, a man asked why she bothered helping since she would never be able to save them all. To which she replied, 'Because it matters to this one.'"

Of course, financial support, medicine, and medical supplies matter. But so do the people. Because in Africa, it's all about the people.

"Going to a place like this tells people they are important," Dr. Cousins says. "That's what makes this poor country so incredibly rich."

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900 Pounds and Hopeless:

Katie's weight-loss story

BY KATI BLOCKER, UCHEALTH

Katie Peterson enjoys the family's three dogs and three cats. Sperry asks to be petted. Photo by Sonya Doctorian, UCHealth.

Katie Peterson, 44, weighed nearly 900 pounds.

Living in Lusk, Wyoming, a two-stoplight town with fewer than 2,000 people, she had been confined to her home for almost two years. Each morning she moved from her bedroom to the living room couch and then back at night with help from her then fiancé and her 17-year-old daughter.

Like many people with a food addiction, eating made Peterson forget about life, so she'd have half of a pizza rather than a few slices. Chips and dip, cookies, candy — she didn't care what it was. Eating dulled the pain she felt in her hips, back and legs from years of carrying the weight.

Food smothered her emotions, fueled by a series of traumatic events in her life.

Peterson tried to get help before, calling medical facilities nearby and in neighboring states. But it was always the same answer: she was too heavy — she needed to lose 200 pounds before they would see her.

Desperate, Peterson decided to scour the internet one last time, and a form popped up. She filled it out – name, address, telephone number — and hit the send button. Why not?

"I knew I was already on my way to dying," she said.

A few days later, her phone rang. The woman on the other end gave Peterson a feeling she hadn't had in years: hope.

That call eventually led Peterson to UCHealth Poudre Valley Hospital in Fort Collins, Colorado, for bariatric surgery. During her continued journey, she was cared for by the bariatric team that included surgeon Dr. Robert Quaid and nurse navigator Michelle Carpenter, both of whom Peterson now calls her guardian angels.

At her March 2023 follow-up appointment, she weighed 630 — 260 pounds less than when before surgery.

Learn more about Peterson's story, her struggle with food addiction and depression, and how she didn't give up in her fight, eventually finding a health care team that would become her army in her weight-loss battle.

STORY LINK:
uchealth.org/today/900-pounds-and-hopeless-weight-loss-stories

Katie's daughter, Elyse Richards, 18, is a high school senior. She and her brother, Dmitri are Katie's motivation in life. Photo by Sonya Doctorian, UCHealth.

Katie's support system, left to right: David Rohn, Katie, Elyse and Katie's mother, Jeanne Peterson. The family dogs are Chief (on Katie's lap) and Quinn. Photo by Sonya Doctorian, UCHealth.

Cardiac catheterization in progress in CRMC's cardiac cath lab, using Shockwave technology. CRMC is the first hospital in Wyoming to offer this innovative procedure to eligible patients.

Cheyenne Regional Medical Center Offers First-of-its-Kind Treatment for Heart Disease

In 2022 Cheyenne Regional Medical Center became the first hospital in Wyoming to use Shockwave technology to safely open a patient's coronary artery that was blocked due to a buildup of calcified plaque.

"Shockwave technology allows cardiologists to fracture problematic calcium using sonic pressure waves so that the artery can be expanded and a stent placed to safely restore blood flow to the heart," said Dr. Abdur Khan, the Cheyenne Regional Medical Group interventional cardiologist who performed the procedure in CRMC's cardiac catheterization lab.

The new technology is a novel application of lithotripsy, an approach that uses sonic pressure waves to safely break up kidney stones.

Dr. Khan also used the new technology on a second patient who underwent a cardiac catheterization that same afternoon. Both patients responded well to the treatment and were discharged home safely the next day.

As people with heart disease age and their disease progresses, plaque in the arteries hardens into calcium deposits that can narrow the arteries.

Calcium makes an artery rigid and often difficult to reopen with conventional treatments. This includes the use of balloons, which attempt to crack the calcium when inflated to high pressure, and atherectomy, which drills through the calcium to reopen the artery.

"Shockwave technology is considered a safer option than more conventional treatments since it creates sonic pressure waves that pass through soft arterial tissue and disrupt calcified plaque by creating a series of micro-fractures," Dr. Khan said. "After the calcium has been cracked, the artery can be expanded at low pressure and a stent safely implanted to improve blood flow, with minimal trauma to normal arterial tissue."

The coronary application of Shockwave therapy has been widely adopted in Europe, where more than 25,000 patients have undergone a coronary procedure using the technology. The therapy has been in use in the United States since 2021.

"The cardiology team at Cheyenne Regional Medical Center is steadfast in our commitment to giving our patients access to innovative procedure like Shockwave technology," Dr. Khan said. "It is exciting to be able to offer a new form of treatment for our most complex patients and especially a treatment that has been shown to be safe and improve outcomes."

Cheyenne Regional
Heart & Vascular
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Blue Circle of Excellence Raises Bar, Addresses Affordability

Through the years, Wyoming residents have sought perceived "cheaper and better" healthcare out of state. As providers know, affordable high-quality healthcare exists within the Cowboy state, but informing residents has been challenging.

Blue Cross Blue Shield of Wyoming (BCBSWY) launched the Blue Circle of Excellence designation in 2022 for Ambulatory Surgery Centers (ASC's). The goal was to address affordable healthcare costs and acknowledge organizations delivering measurable results, high-quality patient safety, and better health outcomes for knee and hip replacement surgery.

In October of 2022, Powder River Surgery Center (PRSC) became the first recipient of the designation. PRSC Director Linda Bedwell welcomed the recognition as part of her mission to keep patients in state, retain high caliber medical professionals and constrain care costs.

Bedwell started at PRSC in 2019 with a tough task —transition the surgery center from hospital outpatient to a free-standing surgery center. Bedwell was new to the Wyoming medical world, and this transition instantly illuminated her to the high costs of care in the state. During research, she also discovered only about 25% of Wyoming surgery centers were accredited.

Using her consulting background that emphasized accreditation and designations, she began asking insurers if they would offer higher care acknowledgements. National carriers weren't helpful. For Wyoming-based BCBSWY, it was an easy choice.

"We started the Blue Circle of Excellence program for a Wyoming-driven solution recognizing top-tier ASCs," said Kris Urbanek, BCBSWY Vice President of Care Delivery and Provider Affairs. "Powder River Surgery Center leads by example, highlighting a path other ASC's can follow."

Bedwell knew she worked with top-tier physicians who chose to live in Wyoming; but to keep them, PRSC needed to educate and attract home grown patients conditioned to look elsewhere.

"The people of Wyoming need to know what's going on and what healthcare is available here," Bedwell said.

Bedwell describes accreditation as a core initiative showing patients, payers and the government that an organization is committed to a high-quality care. Now she needs to convince other ASC's and spread the word.

"We're all in this together —the insurer and the provider," Bedwell said.

For her, she was thankful BCBSWY was willing to answer the phone and meet face-to-face when looking for support, something national carriers wouldn't do.

As PRSC prepares for its third accreditation, Bedwell sees accreditation as an integral part of the culture leadership that translates to the patient outcomes and satisfactions, something she takes seriously. This also helps keep patients in Wyoming.

BCBSWY's Urbanek also sees the relationship between high-quality care and affordability.

"Fewer patient complications, along with quality care and services, remain vital for controlling patient costs," Urbanek said. "Plus, at the end of the day, the patient is thankful to receive quality care within the state."

Bedwell recommends facilities pursue accreditations and the Blue Circle of Excellence for designations. More importantly, she added, providers around the state can thrive together.

Bedwell said she dreams of Wyoming clinics becoming healthcare destinations attracting regional patients seeking affordable and high-quality care. Until then, she will keep encouraging ASC's to earn recognition and join the cause.

LEARN MORE ABOUT THE BLUE CIRCLE OF EXCELLENCE PROGRAM AT
BCBSWY.com/wybce_asc_knees_hips

The Doctors Company
TDC GROUP

Five Key Concerns of Medical Professionals Post-Roe

In the wake of the Supreme Court ruling in *Dobbs v. Jackson*, which overturned *Roe v. Wade*, state restrictions are colliding with clinical judgment in ways unfamiliar to many medical professionals. Physicians and other healthcare providers are facing confusion and concern about how recent legal shifts affect them and their patients.

In this volatile legal landscape, The Doctors Company has gathered experts to present frontline clinician perspectives and to discuss approaches to medical providers' shared dilemmas. During a recent discussion with three prominent OB/GYNs about the pressure that the Dobbs decision has placed on clinicians, five top concerns emerged:

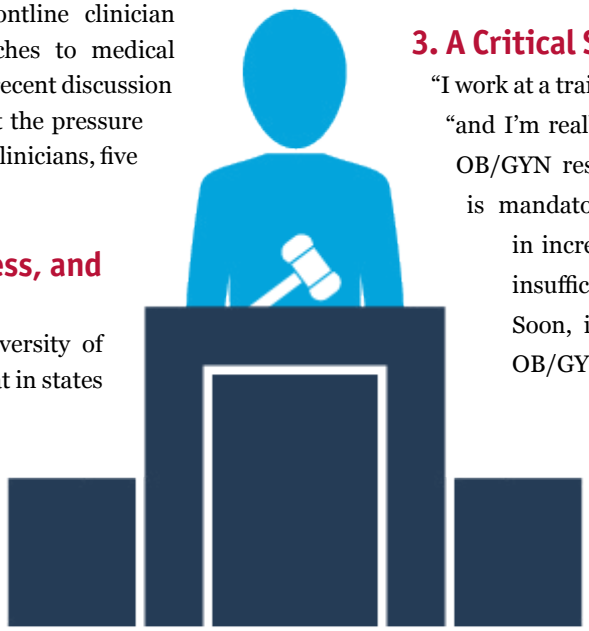
1. Telemedicine, Patient Access, and Legal Issues

Daniel Grossman, MD, of the University of California, San Francisco, proposes that in states where prescribing for medication abortions via telemedicine has become a standard of care, offering telemedicine appointments to the appropriate patients could increase clinic capacity to serve patients who must travel for care. Sheila Dejbakhsh, MD, MPH, speaking from Orange Coast Women's Medical Group in Southern California, made a similar point, noting that offering telemedicine preprocedure and postprocedure consultations for some patients helps those patients minimize time away from work and family.

2. Healthcare Access Inequities

Increasingly, patients who travel for care must cover enormous distances. A patient in Houston, Texas, who needs access to a first-trimester abortion is now looking at a 700-mile drive, roughly nine-and-a-half hours each way, to Wichita, Kansas, as their closest care option. If that clinic is booked, then the next-closest option is 800-plus miles away. These vast distances impose cost and time burdens, the brunt of which will be borne by patients who are already economically struggling.

Though we sometimes turn to telehealth to overcome physical distance, Ghazaleh Moayedi, DO, MPH, speaking from Pegasus Health Justice Center in Texas, points out that even when telehealth is an appropriate option, it may be the most marginalized patients who have least access to it.



3. A Critical Shortage of Training Venues

"I work at a training institution," Dr. Grossman says, "and I'm really concerned about, particularly, the OB/GYN residents, for whom abortion training is mandatory." However, training venues are in increasingly short supply, and are wildly insufficient for OB/GYN trainees already. Soon, it may be that only roughly half of OB/GYN residents have access to this required training.

4. Emergencies and the Risks of Delayed Care

All healthcare providers know that, as Dr. Moayedi says, "Nobody's body read the textbook." There is no standard medical definition of "emergency." Yet laws restricting abortion access may not reflect this complex reality, and can seem to expect people's bodies to follow a simple course.

5. Finding the Physician Voice

All panelists recognized that clinicians are generally snowed under by their daily work with patients. Still, during this high-stakes period, as organizational conversations unfold at institutions around the country, Dr. Dejbakhsh says, "It is very important that we take a more active role in stepping up." Along those lines, Dr. Moayedi emphasizes the clinical expertise that physicians bring to institutional planning.

Wyoming Department of Health

Wyoming Immunization Program
Bringing Immunity to Every Community

The Vaccines for Children Program

Is your organization a Vaccines for Children (VFC) provider? VFC providers are vaccine champions, providing immunizations against vaccine-preventable diseases for children in Wyoming at little or no cost. Providers that enroll in the VFC program receive federally funded vaccines at no cost, training, and support from the Wyoming Immunization Unit.

Congress created the VFC program in 1993 following a two-year measles epidemic in the United States. The epidemic resulted in tens of thousands of infections, and hundreds of deaths. Upon investigation, the Centers for Disease Control and Prevention (CDC) found that more than half of the children who had measles had not been immunized, even though many of them had seen a healthcare provider.

The CDC implemented the VFC program in 1994, and estimates that vaccination of children born between 1994 and 2021 will prevent 472 million illnesses (29.8 million hospitalizations) and help avoid 1,052,000 deaths in the United States.

In Wyoming, the VFC program is managed by the Wyoming Department of Health Immunization Unit. More than 100 healthcare providers across Wyoming are enrolled in the VFC program.

A patient is eligible for VFC-funded vaccines if they are 18 years old or younger, and also one of the following: American Indian or Alaska Native; Medicaid-eligible, uninsured, or underinsured (a child is underinsured if their insurance does not pay for vaccines).

This program covers all vaccines on the CDC's Advisory Committee on Immunization Practices (ACIP) recommended vaccine schedule. Providers enrolled in the VFC program may charge for the administration of each vaccine given.

Are you ready to enroll as a VFC participating program provider? All Wyoming immunization providers are invited to participate in the VFC program. New providers can begin the enrollment process by contacting the Immunization Unit at wdh.pvpreporting@wyo.gov or 307-777-7952.

Wyoming Department of Health

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Italicized names denote new members in 2023

Red names denote Wyoming Medical Society Board Members

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