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Is There a Cure for This Fever?

There is an illness across our land that seems to be spreading rapidly. It seemed very innocuous at first, most people were able to deal with it and move on with their lives, but now its true effects have come to light. In some cases it has been fatal.

The disease I am talking about is metric fever—the seemingly endless and persevering desire and need to quantify our performance and satisfaction. Its spread into medicine could be catastrophic, and by that I mean the death of the American physician and relational healing.

What are the signs? Apathy first and foremost, followed by depression, anger, and resentment. Also noted is a constant hunger. A hunger for something truly nourishing and sustainable. No matter how many metrics you eat you can never seem to get full.

And for what? So that we can forcefully tell our patients that we are the best there is and that surveys show they are happy? We don’t even have to ask them, we’ll tell them ourselves. We have the data to prove it.

Medicine’s recent switch to value-based payment was, of course, done with the best of intentions. But it may not work, and it will kill the very thing that makes our profession so special. The measurement of intangibles such as empathy, compassion, integrity and altruism, those very things that make a doctor special to those in need, is so hard to quantify. But we also know that it has proven time and again to be important to healing and improvement in health care. And that is what really is at stake. How can we lower the cost of health care without killing the very thing that makes it even worth having? Can we really corporatize and commoditize the doctor-patient relationship? The answer is no. Right now, we have no obvious solution, but we do have signs that our path down this road could be a massive mistake.

Physician burnout is all over the news and in our healthcare literature. At first it was easy to dismiss, but now it is not. It is a real problem and leaders have taken notice. Central to the problem is the incessant administrative tasks, reporting requirements and collection of data or, as Timothy Huff of Northeastern University puts it, “the constant collecting, documenting and reporting of performance-related minutiae.”

Mr. Huff went on to recount his interactions with American health care . . . “The ‘convenience’ I get is often a superficial and incomplete service or product that is only good for the most basic of my health care needs. In the meantime, I am told repeatedly how much the quality of my ‘experience’ matters to insurance plans, medical offices, and hospitals, even as that experience involves bonding with or even seeing a doctor less and less.”

The big mistake we may all be making is assuming that we know better than the people we take care of. Do we really think that most patients review mortality rates, infection rates, etc. prior to going to the hospital? Those things are important, and we know that, but that’s not what makes a hospital or doctor special to someone’s heart. It’s the whole experience. The nursing staff, the courtesy of the floor clerks, the respect shown over the phone. Give our patients’ the right to choose freely and eliminate all these useless metrics of “value” that are crushing those who should be the most caring and empathetic to those in need.

Hospitals have been infected as well. They are under constant pressure for reporting performance measures, patient-satisfaction surveys, and length-of-stay outcomes, and they transfer that pressure onto those who work in their realm. Recent events here in Austin tell me the disease is real. It is a shame.

Medicine and the world seem to be at a tipping point with technology. The glut of social media and the market value of followers and big data came painfully to the forefront recently. I watched as a young man, who reins over a vast empire of social media, was held to task as he realized that those seemingly harmless lapses of judgment actually caused harm to real people. The virtual world came...
into immediate conflict with a very real world, with real people.

And so I hope it will be with medicine. I hope this is just a cycle that we will endure and eventually shrug off. That soon all of us involved in medicine will begin to push back against the forces that are dehumanizing the very essence of what it is that we do, both hospitals and physicians.

Hopefully we will find a happy medium. A healthcare system that values economy of scale, efficiency, and practicality, but also makes paramount the importance of human beings in the healing process. There is not an app to solve this problem.

My mother may have had some advice on this metric fever. She was a fine cook, able to tell ingredients and recipes with a single taste. I remember asking her one time if the dessert we were having was “good for you.” She wisely replied, “Son, it’s either good, or good for you. You can’t have it both ways . . .”

I hope you all had a great Mother’s Day weekend with your families. I hope the day was filled with good food, laughter, and some good stories about Mom.

As physicians, I hope we can rediscover our roots and overcome this fever.

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Thank you to all who selflessly donated your time and skills! A special thank you to Austin Radiological Associates for providing bottled water.

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G. Wootten Brown, MD, 90, passed away on March 22. A native of Abilene, he grew up in Fort Worth. After high school, he served in the US Navy from 1945 through 1946. When his service was complete, he finished his undergraduate education at UT Austin before getting his medical degree at UTMB where he was a member of the Alpha Omega Alpha Honor Society.

His first wife died very young of polio, leaving him a single parent of two small children. He practiced family medicine in Galveston for several years, during which time he married his second wife Geneva Eads, a nurse at John Sealy, with whom he enjoyed a 46 year marriage after a two week courtship. He moved his growing family to Temple where he did his ophthalmology training. In 1961 he made a final move to Austin where he practiced ophthalmology for the next 50 years. During that time, he served as president of TCMS, Chief of Staff at Seton Medical Center, and for 40 years served as chief medical consultant for the Texas State Commission for the Blind.

He was the first physician to do cataract surgery at the new Seton Medical Center as the modern era of ophthalmology began. Dr. Brown was an avid outdoorsman who enjoyed golf, hunting, fishing, and spent many happy times with his family at their ranch near Uvalde. He was a collegiate baseball player, later an avid UT baseball fan and devoted time from his busy schedule to coach little league for almost a decade. In his later years, he displayed remarkable artistic ability and an eye for detail in crafting intricate models of famous sailing vessels. He is survived by his five children, including TCMS member Dr. Jim Brown and by 14 grandchildren and five great-grandchildren.

Dr. Bobby Joe "BJ" Smith, 86, died on March 23 from complications following a series of falls. A native of Gonzales, he was proud of his rich heritage as a fifth generation Texan whose great great grandfather owned a ferry on the San Marcos River which was used to lead families to safety during the Runaway Scrape in the Texas Revolution. After graduating from Gonzales High School he attended UT Austin before obtaining his medical degree at UTMB.

Dr. Smith moved to Austin where he did an internship and residency in the Brackenridge program and practiced family medicine for over 50 years, developing close relationships with multiple generations of families, always available for his patients at all hours when they were in need.

A former employee recalls, “He taught me so much growing up and even became like a surrogate father since I had moved away from home to start a new life in Austin. Dr. Smith never knew a stranger and always had wonderful words about everybody. Dr. Smith had such a love for life.” A strong believer in physical fitness, he took up marathon running at age 40 and over the years ran a total of seven marathons. Accompanied by two of his daughters he climbed Mount Kilimanjaro to celebrate his 70th birthday. He had a deep affection for Longhorn sports, dividing his time supporting baseball, football, basketball and track.

He was described as a gregarious, charming man who loved people, made friends easily and turned every social engagement into something special. In his later years he enjoyed sitting in front of his house and chatting with everyone who walked by and had a great affection for dogs and cats. He is survived by seven children and stepchildren and six grandchildren.
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In 1939, Rosewood Courts, the nation’s oldest public housing for African Americans was built in Austin. Rosewood Courts, or “the projects” to residents, is situated in East Austin at the corner of Rosewood Ave and Chicon St. Less than two miles from Rosewood sits a small office building on MLK Boulevard. I went to this office in early April to visit Dr. Jeffree James, a local internist whose practice is located here.

As I drove down Airport Blvd and admired the broad avenues and giant pecan trees, I was reminded of a street where I trained. Swiss Avenue in Dallas looked a lot like this—older but with renovated homes, beautiful trees and a wide avenue. It was a pleasant drive. The sun was out that day as I turned on MLK. There are a few fast food restaurants, a car wash and laundromat, and some convenience stores. It reminded me of the kind of neighborhood where we would stop to pick up dinner after little league games.

I pulled into the parking lot and admired the mural on Dr. James’ building. It’s an African scene, depicting history and reflecting the man who works inside. One of the men in the mural is clearly a man of medicine. I thought that was a nice touch.

As I stepped inside, the nurses were taking their lunch breaks and told me Dr. James would be a few minutes as he was finishing up his morning clinic. It’s a nice office—unassuming and comfortable.

Dr. James greeted me and we headed to the break room. It reminded me of my dad’s insurance office—a coffee pot, a small table and some chairs, and a few snacks for breaks. I then had the privilege of hearing Dr. James’ story.

Dr. James, the first black internist in Austin, has been practicing here since 1981 and has become an icon in the African American community in East Austin. I have taken care of many of his patients over the years and they are extremely loyal to him. The practice he has now was opened in 1984 after he purchased a small grocery store space with a bank loan. He used to teach and attend at Brackenridge and St. David’s before moving full time to a solo private practice. The Rosewood projects I mentioned earlier are where his story begins . . . because that is where he grew up.

He was the fifth of seven children, his dad did maintenance and handyman work and his mother worked as well. Early on it was clear that Dr. James had a different destiny than many of his neighbors. He excelled in science and was an avid reader, not an easy task when day to day survival can be challenging. His father brought him books and papers to read. His mother, he said, “was always in the way” and encouraged his education and intellectual curiosity any way she could. Instead of the bike he wanted for his birthday, he got a microscope complete with a freeze dried frog. The message was clear.

At 18 his mother packed his bag, a common practice as he was now considered a grown man. He moved to Los Angeles with his brother, got a job and went to school. Moving back to Texas to attend Texas Southern School of Pharmacy in Houston, he quickly realized that there were other opportunities available to him. He decided to be a physician and was accepted at UC San Diego Medical School (one of only five African Americans in his class). To call Southern California a culture shock would be demeaning. He experienced a new world of academics, intellectual freedom, and maybe a little less of the segregation he had come from. Dr. James went on to finish residency in Santa Barbara at the prestigious Santa Barbara Cottage Hospital. “I learned from the best,” he says. After a two year stint with the US Public Health Service in Los Angeles working in a clinic for the underprivileged, he found his mission and as he said “got back to my roots.” He knew he would return to Austin because it was home. “I needed to make a difference. I needed to serve my people.”

I can imagine the great pride his parents felt seeing him return to Austin, now a respected member of the community. Respect well deserved. In Austin in the early 1980s, he could now
see his world through a different lens and perhaps offer more than just medicine to his community. He could also offer hope.

At that time, prospective members to the Travis County Medical Society had to interview to gain admission. During his membership interview he was asked coldly, “Why are you here?” The sting of that question I know had to burn deep, a constant reminder that the world wasn’t quite what it needed to be just yet. But he persisted and thrived as he had done before. Soldiers who have been through many battles don’t flinch easily.

So now, in 2018, the president of TCMS comes to him and he gets to ask the question, “Why are YOU here?” And so I told him. I told him that I believe in the individual and that the great stories of medicine and community in Austin are usually the ones untold, and I felt it my duty, at least for a year, to tell them. His story of courage and persistence and the role he has in East Austin are not only exemplary but reflective of our city. We both knew the mission he undertook in 1984 could have been a failure. Segregation was still an issue and there was a huge disparity in health care—the haves vs. the have nots. But Dr. James succeeded and calls generations of local families patients. “We practice old fashioned, evidence based medicine here and I have to turn 6 to 10 people away per day. I just don’t have time to see them all.” In this day and age there may be no one to replace him when he decides to retire. The challenge and hardships of a solo practice may be too great for this generation.

We visited for a while, talking about his hobbies and what he likes to do with what little free time he has. He still reads a lot, plays some golf, and spends a lot of time with other prominent black leaders in our community. He still attends the 100-year-old Ebenezer Baptist Church where generations of his family have attended. “I feel the wings of my ancestors wrap around me when I’m there,” he says smiling. “I am at peace and rejuvenated.”

East Austin is changing. Soon, the neighborhood around Dr. James’ office may be filled with wine bars, organic grocery stores, and housing for the young and affluent. The story is not a new one. I hope though, that his building remains just as it is—a reminder that someone had made it out and came back to help. There’s too much history here to be forgotten.

As I left that day we took a few pictures in front of his office, shook hands and I departed. I noted the painting on his building once again. The mural on his office has been unscathed since it was painted in 1990. No graffiti, no gang symbols, nothing—an unspoken gesture of respect for the man from Rosewood.
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A former physician, Victoria Sweet is now associate clinical professor of medicine at University of California, San Francisco. In her book, *Slow Medicine: The Way to Healing*, she is appalled by the depersonalization of health care in its technological, institutional manifestations. Sweet recounts what transpired when her father suffered a grand mal seizure and was hospitalized—on the incorrect impression that it was his first such incident and that he might have suffered a stroke. From the introduction:

I’d known that health care was getting ever more bureaucratic; that doctors and nurses . . . were spending more and more of their time in front of a computer screen entering health care data. I’d experienced it myself. But until that week, I had no idea how bad it had become. If I, as a physician, couldn’t get appropriate care for a family member in a lovely community hospital with well-trained staff—who could?

What had happened to medicine and nursing? I asked myself.

To find out, I ordered up Father’s electronic health records and went over his near-death experience.

The document was 812 pages long and took me four hours to read. It began not with the doctors’ notes but with hundreds of pages of pharmacy orders; then hundreds of pages of nursing notes, which were simply boxes checked. Only the doctors’ notes were narrative, and mostly they were cut-and-paste. No wonder no one could figure out what was really going on. Still, to be fair, although I found mistakes in the records, Father had, after all, gotten discharged . . . I had to admit, judging by those electronic health records, his stay in the hospital looked 100 percent quality-assured.

There was just something missing. And it was hard to put my finger on it.

Everything looked so good in the computer, and yet what Father had gotten was not medicine but health care—Medicine without a soul.

What do I mean by “soul”?


Above all, responsibility.

No one took responsibility for the story. The essence of medicine is story—finding the right story . . . Health care, on the other hand, deconstructs story into thousands of tiny pieces . . . for which no one is responsible.

A robot doctor could have cared for my father just as well.

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The spotlight on Parkinson’s Disease (PD) has been intense in recent years due to the diagnosis of beloved public figures such as Michael J. Fox, Muhammad Ali, Linda Rondstadt and most recently, Neil Diamond. Now more than ever, people understand what it means to have this disease and how it affects the body.

Defined, PD is a long-term degenerative disorder of the central nervous system that mainly affects the motor system. The symptoms generally come on slowly over time. Early in the disease, the most obvious are shaking, rigidity, slowness of movement, and difficulty with walking. Thinking and behavioral problems may also occur.

There is not a cure for PD, though symptoms can be delayed by exercise. Knowing this, TCMS member, Nina Mosier, MD, and Susan Stahl, M.Ed., founded Power for Parkinson’s in 2013. The program offers free fitness/dance classes for those with PD and their care partners. The classes improve strength, balance, gait, flexibility, speech and mental outlook. “We each watched our fathers suffer with PD,” explains Dr. Mosier. “Because of this, we understand the special needs of those in this battle.”

In addition to the physical benefits, the community aspect of the classes also helps the patients. The attendees naturally support each other and have a sense of belonging. The program offers social activities—lunch and music groups throughout the year to reinforce the feeling of an inclusive community and provide socialization. “Our classes help fight depression and isolation that are common side effects of the disease,” says Mosier. “Power for Parkinson’s participants have an improved sense of well-being and report they are doing better physically, emotionally, and socially.”

Power for Parkinson’s classes are staffed by volunteers and fitness specialists. People with all stages of PD are welcome to attend. Currently, classes are held in Austin, Round Rock and Lakeway. If the classes are too far away, video versions are offered on YouTube.

For more information, visit www.powerforparkinsons.org or call 512-464-1277.
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President

The TCMA had their last meeting of the year in April at the historic Charles Johnson House. We were honored to have TMAA president, Karen Lairmore attend. This meeting is always full of excitement! Outgoing president, Kelly Hyde, presented incoming president, Melissa Smith, with her official president’s pin. Volunteer of the year, Christi Dammert, was presented with a gift and round of applause. Christi was not only the VP of membership this year but also the co-chair of TCMA’s largest fundraiser, “Party with a Purpose.” Thank you Christi for all the time and talent you have donated to TCMA!

We also had the honor of presenting grants to six deserving organizations. All grant recipients came to the meeting to accept their check and tell us about their work in the community. Organizations included Sammy’s House, Saint Louise House, Catholic Charities of Central Texas, Travis County Medical Society Physician Wellness Program, Volunteer Healthcare Clinic, and Austin Speech Labs. We are honored to partner with all of them!

The final event was presenting Janie Hernandez Romero, a nursing student at Concordia University, with a $4,500 scholarship. Meghann Bolton, Director of Foundation Relations for Concordia University was there to accept the scholarship for Janie. The Texas Medical Association Foundation Hispanic Nursing Scholarship Trust Fund of Dr. Roberto J. Bayardo and Agniela (Annie) M. Bayardo will be awarded annually to a first year nursing student in a 4-year program with financial need.

We hope everyone has a fun and safe summer!

Upcoming Events
August 22 – Book Club
September 18 – First general meeting of the year
For information visit www.tcmalliance.org

Member Spotlight: Elaine Agatston

Elaine is a native Texan, although her father’s company moved the family several times—which resulted in her spending some of her early childhood in Peru. She graduated high school in Irving, Texas and attended UT San Antonio, studying marketing. It was in San Antonio that she met her soon to be husband, Steve, a medical student at the UT Health Science Center. After Steve finished his residency in San Antonio, they moved to Boston for his fellowship and later to Dallas to begin a family and a medical practice. Together they have three grown children. Their oldest, Hannah and her husband Luke, have just had their first baby and live in Dallas. Grant, is an IU graduate and works for Amazon. Kate, the youngest, is finishing her first year at CU Boulder.

Elaine has been a member of the Medical Alliance for over 20 years, starting her membership with the Dallas Alliance, transferring to the Travis County Alliance when they moved here 10 years ago. Her husband, Steve, is a radiologist with ARA. Elaine enjoys her spare time playing golf and cooking. On weekends she and her family enjoy local hikes and travel, especially throughout the Hill Country areas. Steve and Elaine love the Austin lifestyle!
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Tick-borne Relapsing Fever in Texas and Travis County: Key Information and Recommendations

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What is TBRF?
Tick-borne relapsing fever (TBRF) is a bacterial infection characterized by recurring episodes of fever and other nonspecific symptoms. The bacteria that cause TBRF are cork-screw-shaped spirochetes transmitted through the bite of an infected soft tick. In Texas, Ornithodoros turicata ticks transmit the bacteria *Borrelia turicatae*. In the western United States and mountainous regions, *Ornithodoros hermsi* ticks transmit the bacteria *Borrelia hermsii*.

What Are The Symptoms of TBRF?
Symptoms typically develop within 5-15 days of being bitten by an infected tick. Illness can start abruptly with a high fever often accompanied by chills, sweats, headache and generalized body aches. Other possible symptoms include nausea, vomiting, anorexia, rash, neck pain, eye pain, confusion and dizziness.

These symptoms tend to last for 3-5 days (range 2-7 days) before they temporarily resolve. Often these same symptoms recur or “relapse” within seven days (range 4-14 days). The relapse occurs due to antigenic variation of outer surface proteins on the spirochete bacteria during the course of the infection. Although these relapsing episodes can occur up to 10 times, typically patients have three or less episodes.

TBRF in Travis County
In 2017, Austin Public Health noticed an increase in number of TBRF reports. In February, 11 people became ill and met a clinical case definition for TBRF after attending a workshop near Austin. Of the 11, five were tested and positive for TBRF. In June and July, four more people that spent time in Austin-area caves became ill with suspected TBRF, two of which tested positive for TBRF.

Who can get TBRF?
Anybody can develop relapsing fever. In Texas, soft ticks prefer dry habitats and low elevations and have been found in caves and underground burrows. In western states, people most often become infected while vacationing in cabins in rural, wooded, mountainous areas.

Distribution of TBRF Cases in the United States
In the United States, TBRF occurs most commonly in 14 western states. There were 504 cases reported during 1990-2011 and 20 of these occurred in Texas.

How Does Someone Get Relapsing Fever?
In Texas, soft ticks usually feed on rabbits and small rodents but they can also bite humans. Ticks can bite quickly and may not be noticed.

TBRF cannot be transmitted from person to person. Congenital cases of TBRF, however, have occurred.

How is Relapsing Fever Diagnosed and Treated?
When a person is febrile it is often possible to see the spirochetes on a blood smear. Serologic tests can also be used to see if a person has had the infection.
TBRF is suspected, health care providers should report cases to appropriate state or local health authorities who can arrange for testing through the Centers for Disease Control and Prevention. Patients with TBRF can have false positive Lyme disease test results. This is due to cross-reactivity of the *Borrelia* bacteria.

TBRF is treatable with antibiotics: \(^3,^9\)
- Tetracycline 500 mg every 6 hours for 7-10 days is the preferred oral regimen for adults. \(^8\)
- Doxycycline 100mg every 12 hours for 7-10 days is an effective alternative.
- Erythromycin, 500 mg every six hours for 7-10 days is recommended for children less than eight years old or pregnant women.
- Penicillin is also effective when tetracycline or doxycycline cannot be used, but should be given intravenously.

Note: When initiating antibiotic therapy, patients should be observed during the first 2-4 hours of treatment for a Jarisch-Herxheimer reaction. \(^10\) This reaction is a worsening of symptoms with rigors, hypotension, and high fever that occurs in over 50% of cases. \(^8,^9\)

In addition, Acute Respiratory Distress Syndrome (ARDS) has occurred in several TBRF patients, infected with *B. hermsii*, after receiving antimicrobial treatment. Although uncommon, treating physicians should be aware of this potential complication. \(^11\)

**How Can People Prevent Relapsing Fever in Texas**

The best protection against relapsing fever is knowing where and how people get it and avoiding that exposure.
- Use caution and be aware when entering caves
- Avoid sitting, kneeling, or crawling on the cave floor
- Use insect repellent containing DEET
- Wear long clothing and cover skin as much as possible
- Tuck your pants into long socks

*For more information, contact Austin Public Health 512-972-5000 or the Centers for Disease Control and Prevention at 970-221-6400.*

**Resources**

Unintentional Drowning and Drowning Prevention in Travis County

Philip Huang, MD, MPH
Sandra Lackey
Sarah Seidel, DrPH
David Zane, MS

With the arrival of summer in Travis County, participation in activities such as swimming and boating increases, also increasing the risk of unintentional injuries and injury deaths due to drowning and submersion. From 2007 to 2016, there were 140 deaths of Travis County residents due to unintentional drowning and submersion. Unintentional drowning deaths account for 3-4% of all unintentional injury deaths in Travis County and in Texas each year.

Demographics

Of the 140 deaths, 100 (71%) were males, and 40 (29%) were females. Men have a rate of injury-related death due to drowning and submersion that is more than twice as high as women. The highest percentage of drownings were in white adults (77; 55%), followed by Hispanics (40; 29%), Black or African-Americans (14; 10%); and other (includes Asian, Pacific Islander, American-Indian or Alaska Native) (9; 6%).

Table 1. Deaths due to Unintentional Drowning by Age Group, Travis County 2007-2016.

<table>
<thead>
<tr>
<th>Ten-Year Age Groups</th>
<th>Deaths</th>
<th>Percent of Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>1-4 years</td>
<td>14</td>
<td>10%</td>
</tr>
<tr>
<td>5-14 years</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>15-24 years</td>
<td>20</td>
<td>14%</td>
</tr>
<tr>
<td>25-34 years</td>
<td>29</td>
<td>21%</td>
</tr>
<tr>
<td>35-44 years</td>
<td>17</td>
<td>12%</td>
</tr>
<tr>
<td>45-54 years</td>
<td>21</td>
<td>15%</td>
</tr>
<tr>
<td>55-64 years</td>
<td>14</td>
<td>10%</td>
</tr>
<tr>
<td>65+</td>
<td>14</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>140</td>
<td></td>
</tr>
</tbody>
</table>

*Suppressed due to count <9

One in six of the 140 deaths in Travis County were children age 14 years and younger (Table 1). In contrast, in Texas one in four drowning deaths, and nationally one in five drowning deaths, are children age 14 years and younger. Among children 14 years and under, it is children ages 1-4 years who are most at risk for drowning. In Travis County, more than half (56%) of the drowning deaths of children age 14 years and under were deaths of children between the ages of 1 and 4 years. Children ages 1 to 4 years have the highest drowning rate of any age group, in Travis County, Texas, and the US.

Location of Unintentional Drownings & Submersions

Natural water, swimming pools, and bathtubs are potential drowning and submersion hazards (Tables 2 and 3). During the ten year period, 70 (50%) of drownings occurred in natural water (creeks, lakes, or rivers), 34 (25%) in swimming pools, 25 (18%) in bathtubs, and 11 (8%) in other specified or unspecified locations (Table 2). Children age 14 years and under are more likely to drown in swimming pools than adolescents (15-19) and adults (Table 3). Though swimming pools were the location of roughly a quarter (24%) of all drowning and submersion deaths, in children 14 years and under swimming pools accounted for over half (52%) of the deaths. Children ages 1-4 years most commonly drown in swimming pools. Of the 14 deaths of children ages 1-4 years, 11 (79%) occurred in swimming pools. In Travis County, there are 26,000 parcels of land with swimming pools, presenting a potential hazard to all children, but especially children ages 1-4. Adolescents (age 15-19) and adults age 20 and older are more likely to drown in natural water than in other locations. Table 3 displays the water sources that present the greatest hazard to each age group in Travis County and Texas.

Unintentional Drowning & Submersion-Related Injuries

Drowning is a process with several potential outcomes (fatal, non-fatal with injury/illness and non-fatal without...
injury/illness). Drowning begins in water, but the outcome can occur in the water or after leaving the water. The Centers for Disease Control (CDC) estimates that for every person who dies from drowning there are another five who receive emergency department care for nonfatal submersion injuries. CDC also estimates that 50% of submersion injuries require hospitalization and can include severe brain damage, resulting in memory problems, learning disabilities, and loss of basic functioning. Austin-Travis County Emergency Medical Services reported that between July 2010 and June 2016, of the 75 pediatric (under 19 years of age) drowning incidents they responded to, 70 individuals (93%) exhibited medical symptoms, nearly a quarter of whom (17; 24%) exhibited symptoms of wet lungs or rales (extra fluid in the lungs).

Signs and symptoms to look for after leaving the water if a person has experienced a water-related incident include trouble breathing, chest pain, persistent coughing, vomiting, foaming around the mouth, low energy, extreme sleepiness, unusual behavior and irritability.4 For more information on the treatment of drowning, see the recent American Family Physician article at: https://www.aafp.org/afp/2016/0401/p576.html.

Prevention & Resources to Discuss Drowning with Patients and Their Families

Drowning prevention requires multiple layers of protection. Physicians should talk to patients and their families about drowning prevention by addressing questions related to the layers of protection (Table 4). Sample questions and resources for referring patients are provided in Table 5. The local organization Colin's Hope also offers water safety cards, signage, trainings and webinars at www.colinshope.org.

### Summary of Highest Risks

- Children ages 1 to 4 years have the highest drowning rate of any age group, in Travis County, Texas, and the U.S.

### Table 3. Location in which various age groups are most at risk for unintentional drowning and submersion, Travis County and Texas, 2007-2016.

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Location</th>
<th>Percent of unintentional drowning deaths 2007-2016 occurring in location of greatest hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 and under</td>
<td>Swimming pools</td>
<td>Travis 52% 49%</td>
</tr>
<tr>
<td>1-4</td>
<td>Swimming pools</td>
<td>Texas 79% 70%</td>
</tr>
<tr>
<td>15-19</td>
<td>Natural water</td>
<td>Travis 70% 70%</td>
</tr>
<tr>
<td>20-29</td>
<td>Natural water</td>
<td>Texas 62%</td>
</tr>
<tr>
<td>30-39</td>
<td>Natural water</td>
<td>58%</td>
</tr>
<tr>
<td>40-49</td>
<td>Natural water</td>
<td>50%</td>
</tr>
<tr>
<td>50-59</td>
<td>Natural water</td>
<td>46%</td>
</tr>
<tr>
<td>60+</td>
<td>Natural water</td>
<td>37%</td>
</tr>
</tbody>
</table>

†Note: Travis County age groups 20 and older are combined due to suppression of counts <9 in each age category.

### Table 4. Layers of Drowning Prevention

<table>
<thead>
<tr>
<th>Supervision to Prevent Drowning</th>
<th>Layers of Protection to Prevent Children from Drowning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision during Non-Water Activities</td>
<td>Never leave children unattended near water (pools, tubs, lakes, rivers, etc or ocean)</td>
</tr>
<tr>
<td></td>
<td>Be aware of other drowning hazards for very young children (baskets, ice chests, kiddie pools)</td>
</tr>
<tr>
<td></td>
<td>Be aware of potential dangers in all environments not at home (e.g., other homes, on vacation, at public pools)</td>
</tr>
<tr>
<td>Supervision during Water Activities</td>
<td>Infants and toddlers should be an arm’s length away</td>
</tr>
<tr>
<td></td>
<td>Designate a “Water Watcher” in 15 minute intervals to maintain constant watch over all children in or near water</td>
</tr>
<tr>
<td>Physical Layers to Prevent Access to Pool or Spa area</td>
<td>Property Line Fencing: The first line of defense for people outside your home</td>
</tr>
<tr>
<td></td>
<td>Completely separates pool or spa area from house, other areas, and outside visitors</td>
</tr>
<tr>
<td></td>
<td>Self-closing, self-latching, and lockable with latches and locks out of the reach of children</td>
</tr>
<tr>
<td></td>
<td>Windows must not be more than 4 inches apart</td>
</tr>
<tr>
<td></td>
<td>Door Covers: Use only ASTM International approved covers, but keep all children and pets off of all safety covers</td>
</tr>
<tr>
<td>Physical Layers to Prevent Access to Pool</td>
<td>Gate Alarms</td>
</tr>
<tr>
<td></td>
<td>Floats children from entry to the pool</td>
</tr>
<tr>
<td></td>
<td>Water Feature Alarms: Floating alarms that detect motion on the water’s surface (However, do not rely upon alarms alone)</td>
</tr>
<tr>
<td>Swimming Skills to Prevent Drowning in Water</td>
<td>Swimming Skills</td>
</tr>
<tr>
<td></td>
<td>Everyone should learn to swim</td>
</tr>
<tr>
<td></td>
<td>Do not consider children to be “drown proof” because they’ve had swimming lessons</td>
</tr>
<tr>
<td></td>
<td>Include water safety in the swimming instruction</td>
</tr>
<tr>
<td>Life Jackets as a Layer of Protection in Water</td>
<td>L.P. Jackets</td>
</tr>
<tr>
<td></td>
<td>Life jackets should be approved by the U.S. Coast Guard approved life jackets or personal flotation devices (PFDs). Life jackets and PFDs should be worn by all children in or near water and by all children age 1 to 4 years in or near swimming pools</td>
</tr>
<tr>
<td>Addressing Emergencies in Prevent Drowning-Related Injuries and Death</td>
<td>Resources &amp; Skills</td>
</tr>
<tr>
<td></td>
<td>Local CPR and first aid skills mandated</td>
</tr>
<tr>
<td></td>
<td>All pool sources should take water safety and rescue courses</td>
</tr>
</tbody>
</table>

Adapted from National Drowning Prevention Alliance (www.NDPA.org) and Colin’s Hope (www.colinshope.org)
Table 5. Suggested Questions for Physicians to Address
Layers of Drowning Protection with Patients and their Families.

<table>
<thead>
<tr>
<th>Layer of Protection</th>
<th>Potential Questions</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Water</td>
<td>Does your family participate in lake or river activities such as swimming, boating, sailing, jet skiing?</td>
<td>Open Water Tips: <a href="http://ndpa.org/resources/safety-tips/open-water/">http://ndpa.org/resources/safety-tips/open-water/</a></td>
</tr>
<tr>
<td></td>
<td>Do you have life jackets for all family members?</td>
<td>Life Jacket Loaner Stations in Travis County: <a href="https://bit.ly/215Q0bF">https://bit.ly/215Q0bF</a></td>
</tr>
</tbody>
</table>

Sources
1Underlying Cause of Death Codes W65-W70 and W73-W74. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death. Data obtained from CDC Wonder for 2007-2016.
2There are approximately 450 unintentional injury deaths in Travis County and 9,500 unintentional injury deaths in Texas each year.
3In Travis County, the crude rate of mortality for children 1-4 for unintentional drowning and submersion is 2.5 per 100,000 compared to 1.3 for all ages; in Texas, it is 3.4 per 100,000 compared to 1.3 for all ages; in the U.S., it is 2.8 per 100,000, compared to 1.2 for all ages; CDC Wonder 1999-2016.
4See Colin’s Hope statement regarding drowning after leaving the water at http://www.colinshope.org/drowning-after-leaving-the-water/
5Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS).

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For detailed information regarding the RFQ process, Physicians should email TRS Procurement & Contracts contact Brenda Black at brenda.black@trs.texas.gov and cc LaTresa Stroud at latresa.stroud@trs.texas.gov. The current deadline for a Physician’s submission of a response to the TRS RFQ is June 6, 2018. TRS is under no legal obligation or any other type of obligation to execute any contract on the basis of this notice.

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Property for Sale: Hill Country Ranch, 3610 Welgehausen Road, 116 acres, 16 miles north of Fredericksburg, TX and 5 miles west of Enchanted Rock. A paved county road access and the original pioneer stone house. House has a state of Texas historical marker. The owner was attacked by Indians nearby in 1870. There is excellent deer hunting, turkey hunting and nice neighbors. For further information please contact Victor Nixon at Nixon Real Estate at 830-997-2187 or cell 830-889-2325.

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