



In this edition:

President's Corner

Women, Life, Freedom: A Conversation on Iran with Arram Noshirvan, MD, PGY3
Welcome New NM ACEP Members

News from ACEP:

Resources and Latest News: ED Boarding Crisis Advocacy
Upcoming Events and Deadlines

President's Corner

David Cheever, MD, MS

NM ACEP Members,

Happy Fall! I hope that you are doing well as we move towards the holidays and colder weather. As I reach 6 months of being in this position, I remain incredibly impressed with the talent, strength, and compassion of ED physicians in this state. We have an inspiring group of doctors in our chapter, and it is an honor to be able to work with all of you. We continue to work admirably as the front-line care providers for the health care system of the state.

Despite our strength, and in some ways because of it, New Mexico's ED physicians face continued challenges to our practice. As front-line health care providers, we are facing one of the worst respiratory seasons in memory with high patient volumes and decreased hospital capacity. Additionally, we are working in a changing environment with dramatic shifts in the realms of reproductive health and the practice structures of community ED docs. This is all without many of the resources that we enjoyed before the start of pandemic. A stressed system is being stressed further.

Yet, we remain strong together. At the most recent NM ACEP board meeting we discussed several ways to advocate and support ED doctors throughout the state. We identified many areas of advocacy, but I want to highlight two here:

1. **Reproductive Health and Patient Safety.** Our chapter has agreed to support ACEP's Reproductive Health and Patient Safety Task Force. This group has been tasked with recognizing and educating on practice-based issues pertaining to post-Dobbs practice. Our group has nominated Scott Mueller and Caitlin Bonney to act as our chapter liaison and alternate respectively. Thank you Scott and Cait! Furthermore, we have created a New Mexico subcommittee to further explore state specific challenges after the recent SCOTUS decision.
2. **ED Boarding Crisis.** The chapter is working with local partners to educate and advocate for solutions regarding the current boarding crisis. This advocacy also includes recognizing the challenges the situation presents for both rural and urban hospitals. We have aligned ourselves with national ACEP's request to the National Governor's Association and President Biden to act on this issue. Additionally, ACEP is collecting narratives about the current crisis from its members. If you would like to participate, [please follow the link here](#).
- 3.

If you are interested in being more involved in these (or any other!) advocacy issues, please reach out! You can either participate in the discussion board of our [EngagED online community](#). Additionally, all are welcome for our next NM ACEP meeting on January 28th. This will be an in-person event in Albuquerque and promises to be a great event.

I hope you all have a great end of the fall and beginning of winter. I remain very excited for this chapter as we move into the New Year and look forward to working with you all over the next few months. All the best.

Women, Life, Freedom

A conversation on Iran with Arram Noshirvan, MD, PGY3

Elizabeth Lynch, MD, PGY2

Women. Life. Freedom. The words resounded deeply as Arram Noshirvan explained the origins of the Iranian revolution to our Emergency Medicine didactic conference. The words stopped me in my tracks. What a simple request. Women. Life. Freedom. I wanted that too, for myself, for Iran, for everyone. Like most Americans I know, my public-school education glossed over the history of Iran, leaving me feeling ill equipped to have an opinion on a revolution happening across the world. It was far too easy for me to stay silent about the revolution, and Iranian governments violent crackdown in retaliation, because it was complicated and not my area of expertise. As Arram explained the history of his family and his culture it reminded me how important it is to recognize the diversity in our Emergency Medicine family, and how important it is to speak up and show up for each other. I am grateful for Arram and for his willingness to share his story with the Emergency Medicine community, to educate us on the richness of Iran, and to help us understand the importance of this moment.

How did your family end up coming to the United States?

For generations, my family on both my parents' sides lived in Iran without the strict restrictions of the authoritarian theocracy that exists today. After the 1979 Revolution, the Islamic Republic came into power swiftly and violently. Freedoms and basic civil rights became severely restricted overnight. Mass executions occurred.

Shortly after, my parents moved to the US. They settled on Southern California, where there is a large Iranian-American community. My parents were the first to come to the US. Soon, aunts, uncles, and cousins moved here when they could, to escape the devolving conditions in Iran. We all crammed together in a small multi-generational home.

What does it mean to you to be an Iranian American?

I identify as Iranian-American. I was born and raised in the US. I have a strong Iranian heritage which I identify with and continue to practice culturally. I haven't been able to go to Iran for the reasons mentioned above. I hope one day soon, I will be able to.

I benefit both from the rich culture of an immigrant family and the privilege of growing up in the US and being fluent in navigating this space. I did not suffer the trauma of being torn away from the only home I know, or of being bullied in school for having an accent.

Instead, I understand that we are here by tragic circumstance. My childhood filled with stories from "back home". The longing I see in the eyes of the older generation for a country they used to be proud of.

Grieving for my people who are oppressed under a "Supreme Leader's" rule. Being Iranian-American means working hard to make my family's sacrifice worth it.

What has your experience been in NM compared to CA as an Iranian?

Southern California has one of the most robust Iranian diaspora communities in the world. There are kabob restaurants, Persian TV and radio, Iranian grocery stores. You can run into an Iranian at any of these establishments and they will treat you like family. When I tell someone I am Persian, they know exactly what that means. In New Mexico, that often requires further explanation.

New Mexico has a much smaller and under-represented Iranian population. The general population may not be as familiar with our culture and customs. We are often generalized with other Middle Eastern minority groups in the state.

Regardless, common among Iranian diaspora anywhere is a resentment of the current Islamic Republic and the yearning for this revolution to be successful and bring peace to Iran.

How do you deal with the lack of media attention in the US on the atrocities against the people of Iran by the Iranian government?

After 9/11 and the "war on terror", the Middle East has been depicted as a poor, uncultured area prone to violence. It feels as if people have come to expect brutality in the Middle East, and think this might be the norm for Iran. This is not the norm. Iranian culture is warm, welcoming; we cherish life. These are deliberate efforts by the government to kill its own people to stop a revolution.

The lack of attention in Western media has been one of the most frustrating parts. Total internet shut downs in Iran have allowed the government to continue their atrocities. As an Iranian-American, the best I can do is broadcast the stories as much as I can; post on social media, buy ads, organize and participate in demonstrations. But it often feels like screaming into the void if people are unmoved.

Do you see any parallels between the challenges facing NM/ABQ and the challenges facing Iranians today?

That is an interesting question. Both face unique challenges that are hard to compare. One I see in common is the economy and inequality. Iran has a lot of natural resources, namely oil. However, the money generated from these resources does not go back to the people. The government and those in leadership benefit from riches and they invest the rest in terrorism. Sanctions have made the economy worse for Iran. That has yet to affect those in power or the terrorist groups they fund; those deficiencies are instead transferred to the people.

I really want to stress that this revolution is not about the economy, though. This revolution is for a complete overthrow of the Islamic Republic. The suffering economy in Iran is just another symptom of the government deprioritizing its citizens. It has simply pushed people to the point where they have nothing to lose.

Beyond worsening economic conditions, it is difficult to draw other parallels. Although there is worsening risk of fascism encroaching onto our democracy in the US nationwide. What is happening in Iran is on a different scale. There is no discretion.

How can your community here support you? How can the hospital do a better job supporting residents as they deal with global events with a personal impact?

The most important thing to do in this case is to support the people of Iran and spread the word about this revolution. This is not a controversial revolution. There are no equal "sides" of this fight. It's a story of people standing up for their rights, their freedom, their lives.

People can sometimes be criticized for posting on social media about a movement without following up with action. This has been referred to as "virtue signaling", and sometimes social media is not the space for real activism. In this case, posting on social media IS the action. The internet is shut down in Iran; the US media is not doing an adequate job covering the stories; there is nowhere to donate (due to sanctions). There is simply no greater action you can take than to bring more awareness. As long as there are eyes on Iran, they cannot kill us all.

Neither the revolution nor the violence on our people have been recognized by the hospital. I think there was a footnote in a generic monthly mass-email once. There are a number of Iranian residents, nurses, and staff in our hospital. For the last 50 days, our headspace has been filled with emotions thrown between grief and hope for our people, guilt that we could not be doing more. Constantly checking social media pages for any signs of hope peppered into videos of the latest tragedy committed by the Islamic Republic. Learning the names of new martyrs. Creating new group chats among other Iranians in their community to brainstorm what else we can do while our brothers and sisters take the bullets across the globe.

What is the significance of this revolution being sparked by women protesting repression?

This government has its most severe restrictions and tightest grip on women's rights. The 1979 Revolution suddenly rolled back a century of advancements in women's rights. Prior to the Islamic Republic, women could vote, express themselves through whatever clothing they liked, and they were encouraged to pursue an education and participate in the culture.

Ever since the Islamic Republic took hold, segregation has been implemented in almost all aspects of life. A conservative dress code which includes a mandatory head covering is strictly enforced. Laws have been put in place to discourage women from pursuing professional work.

The murder of Mahsa Amini ignited the powder keg of 43 years of oppression. The whole world is witnessing the incredible bravery of the Iranian women risking their lives by carrying out simple acts we take for granted. Showing their hair, dancing in the street, speaking out against the government. All punishable with extreme consequences.

Their bravery really inspired the rest of the population. It's not just women out there. It's men and children of all groups and ages standing by their sisters. A majority of cities and provinces are involved. The diversity and extent of the protests this time around is what makes us call it a revolution.

What is your favorite thing about being Iranian?

The history is very rich and a beautiful representation of who we are today, Cyrus the Great founded and expanded the Persian empire about 2,500 years ago. In one of the first examples of human rights in world history, he respected religious freedom and local customs of all the lands he conquered. This was unheard of at the time.

Also, I can't answer this question without stating that Persian food is simply amazing. Delicious herb stews, tasty barbecue, crispy rice.

Arram Noshirvan, MD, PGY3

Elizabeth Lynch, MD, PGY2

Welcome NM ACEP New Members!

Eryn Duffield, DO
Rebecca K Fastle, MD
Andrew Hyden, MD
Brandon Matthew Painter
David Pollack, MD
Taylor Dean Sheppard
Hannah Silberberg
Joseph F Smith, MD



FROM NATIONAL ACEP

ACEP Resources & Latest News

ED Boarding: Advocacy on the Front Lines: ACEP launched an [advocacy and public awareness campaign](#) to sound the alarm on the ED boarding crisis.

- The campaign centers around more than [100 boarding stories](#) sent in by ACEP members that paint a picture of the grim situation in many EDs across the country.
- Your stories formed the heart of the [letter ACEP sent to the White House](#) on Nov. 7, cosigned by 34 health care and patient advocate organizations.
- In [the latest regulatory blog](#), ACEP Senior Vice President for Advocacy & Practice Affairs Laura Wooster provides a progress report on these efforts and previews next steps.
- ACEP continues to collect stories. [Submit yours via this anonymous form](#).
- Visit our new [ED Boarding resource page](#) to view the stories, read the advocacy letter and get talking points on the issue.

Prepare for the potential pediatric tripledemic: ACEP's Pediatric EM Committee has pulled together some resources to help.

- [The Pediatric Tripledemic: How to Survive](#) presented by Annalise Sorrentino, MD, FACEP
- [Managing RSV and Bronchiolitis](#) presented by Christopher Amato, MD, FACEP, and Jessica Wall, MD, FACEP
- [Managing Difficult Pediatric Airways](#): In this episode of ACEP Frontline, Dr. Al Sacchetti reviews the approach and management of difficult pediatric airways.

CMS Finalizes Requirements for Rural Emergency Hospitals: Will any Hospitals Convert to this New Facility-type Next Year? In Regs & Eggs this week, [get ACEP's analysis of the final REH policies](#) and whether they will improve access to care.

The 2023 Physician Fee Schedule Final Reg-- Highlights and Analysis: Two major Medicare final rules were recently released, including the 2023 Physician Fee Schedule that has a big impact on reimbursement. ACEP's regulatory team analyzed 3,000+ pages of content and wrote [a special edition of Regs & Eggs](#).

New Data Underscores Cost and Health Outcome Concerns with Independent Practice: We know that everyone on an emergency care team is integral and valued. But our experience shows that nobody else has the training or expertise of an emergency physician. As lawmakers and administrators evaluate whether to empower nurse practitioners and physician assistants beyond the scope of their training, new data from Stanford University reinforces our reservations about exposing non-physician practitioners to responsibility they are not prepared to assume. [Read more in the November ACEP Board Blog.](#)

Childcare challenges + solutions: ACEP's Young Physicians Section convened a panel of YPs who utilize au pairs, nannies, at-home daycares and more. [View the episode and related resources.](#)

Dangerous toys? ACEP's smart phrase library has a new addition related to consumer product safety to help with reporting injuries from commercial products. [View all smart phrases.](#)

ACEP4U: Making it Easier to Find Your Crew with [ACEP's New Member Interest Groups!](#)

Honor Outstanding Medical Students with ACEP/EMRA Awards: Make sure standout students get recognized for going above and beyond! The deadline is Jan. 8 to nominate a 4th year EM-bound medical student for the ACEP/EMRA National Outstanding Medical Student Award. [Learn more.](#)

EMF Grant Cycle is Open, Set to Award \$1.5 Million in Funding: Get those grant applications ready! The Emergency Medicine Foundation is set to award \$1.5 million in grants, with opportunities covering a wide range of critical EM research topics. This cycle includes seven new grant categories. [Apply by Jan. 20, 2023.](#)

From the CDC: CDC Releases 2022 Clinical Practice Guideline for Prescribing Opioids for Pain: The new CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022 (2022 Clinical Practice Guideline) provides 12 evidence-based recommendations for primary care and other clinicians who provide pain care, including those prescribing opioids, for outpatients aged 18 years and older with acute, subacute and chronic pain. [Read more on the CDC's website.](#)

Upcoming ACEP Events and Deadlines

Dec. 14: [Virtual Grand Rounds: Advanced Ultrasound-Guided Nerve Blocks](#)

Jan. 8: Deadline to nominate a 4th year EM-bound medical student for the [ACEP/EMRA National Outstanding Medical Student Award](#)

Jan. 17: [The Nuts and Bolts of Physician Reimbursement 2023](#)

Jan. 20: [Deadline to Apply for an EMF Grant](#)

March 31-April 3: [ACEP's Advanced Pediatric EM Assembly](#)

April 13-15: [EM Basic Research Skills, Session II](#)

Contact New Mexico ACEP

David Cheever, MD, MS - President

Sylvia Lyon - Executive Director

[Email](#) | 505.821.4583 | [Website](#)

New Mexico Chapter ACEP
c/o Greater Albuquerque Medical Association
P.O. Box 94838
Albuquerque, NM 87199

© 2022 New Mexico Chapter ACEP. All rights reserved.