A PUBLICATION OF THE MARION-POLK COUNTY MEDICAL SOCIETY WINTER 2019

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A PUBLICATION OF THE MARION-POLK COUNTY MEDICAL SOCIETY

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President's Message

Erin Hurley, MD, FAAP

'I see cancer as a gift'

It is hard to believe almost two years have passed since I began writing these letters. I initially wondered about my ability to fulfill this role as Medical Society President, as I was diagnosed with breast cancer just a few months before it began. As I look back, the fears and worry I faced back then seem like a distant memory. Before my imaging was complete, I worried constantly that the cancer had spread, and I was so afraid of chemotherapy and more surgery. I feel blessed that I had a stage I diagnosis without a need for chemo, like I was able to just dip my toe in the waters of cancer and then move on.

Many days, I forget about my cancer journey. It began in my late 20s when my older sister was diagnosed, in my early 30s when I learned of my BRCA 2 gene mutation, and in my early 40s when I chose to have preventive surgeries. It culminated at age 50 when I was diagnosed with breast cancer. Most days, I just feel like me, which may not be the "typical" 52-year-old. I have several scars, have been reconstructed, have been in surgical menopause for over a decade, and continue to deal with post-radiation changes.

Several weeks ago, I participated in a momentous 5K breast cancer walk with my daughter and sisters. Wearing a pink tutu and pink wings was nothing new, as I had taken part in at least 16 cancer walks with my family over the past 21 years. But this was my first walk as a cancer survivor. On this day, I remembered all the pain that came with being a survivor. As I walked into the area reserved for survivors, I sobbed tears like I had on the day of my diagnosis. I held a 2-year survivor sign while I posed with the other survivors for a pre-walk photo. I crossed the finish line with my sister, Courtney, a 23-year survivor. It was a memorable day.

Life is so much about mindset and perspective. I see cancer as a gift that helped me gain even more reverence and meaning for my life. It helped me to slow down and make each day count, remember to laugh and enjoy life more, and pay attention and invest in relationships with those I care about. My cancer will never define me, but it has been one part of the transformation that has occurred in my life during the past two and a half years. I have enjoyed sharing some of my transformational journey with you, and I hope we can stay in touch. Send me an email at transformationaldoc@gmail.com or look me up on Facebook at Transformationaldoc. I look forward to seeing you at next year's Marion-Polk County Medical Society events as we celebrate our 150th Anniversary!

150 YEARS 1870-2020

Marion-Polk County Medical Society

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A STINT IN UGANDA

As in the United States, much of the pathology teaching in Uganda occurs over a multiheaded scope, which was provided by the Massachusetts General Hospital pathology department in Boston.

Courtesy of Larry Konick

RETIRED SALEM DOCTOR TRAINED UP FUTURE PATHOLOGISTS IN AFRICA

BY HEATHER RAYHORN

It doesn't take long to realize Dr. Larry Konick has a servant's heart.

Dressed in a ballcap and Uganda T-shirt, looking noticeably thinner and quite a few years younger than his online professional photo, it also doesn't take long to see service has served him well.

The 64-year-old Salem pathologist retired in March of 2018 and signed up through the pathology department at Massachusetts General Hospital in Boston to head to the southwest corner of Uganda, where pathologists are a big need. For four and a half months, from June to October of 2018, he volunteered his time teaching and training at Mbarara University of Science and Technology in Uganda. Konick said he was the only licensed pathologist in Mbarara; in all of Uganda, there are only 30.

Konick said he had always wanted to serve abroad doing something medical related. He once imagined joining the Peace Corps after school. He wanted to see the world and help others, but life didn't quite work out that way. Nearly 40 years later, with retirement coming, he realized he had another chance.

"I was doing it at the end of my career instead of at the beginning," he said.

Using his skill in pathology can be a bit tricky abroad. There's not much of a need for pathologists on a week-long mission trip into villages. Pathologists need their equipment. They are more useful in a facility. That cuts down on the opportunities. But what Konick found was better than a one-and-done trip. As a teacher, working with medical and nursing students but mostly a couple pathology residents, he was able to train up people in Uganda to carry on the work in their own country.

"I thought teaching would be a good fit," he said, "so they don't have to rely on foreigners. It's like that old adage, teach a person to fish, and you'll feed them for a lifetime."

Experiencing global medicine

Despite going by himself to Uganda (he didn't go with a medical group, and his wife remained in Salem), he said he never felt afraid, at least not of people.

People, he said, were very friendly, calling him Dr. Larry, baldy, professor, or Mzungu, the name for white people or foreigners who speak English in Uganda.

"The most dangerous thing going around was disease, a whole spectrum of disease," he said.

AIDS, tuberculosis and malaria are common.

He tells the story of a colleague who pointed out to him that the tents just outside his window at the hospital were for suspected cases of highly infectious agents such as Rift Valley fever, Marburg virus and Ebola virus and the fire pits were burning contaminated items.

Then there's the story about the time 50 students were across the hall in the morgue watching an autopsy without masks on, and it turned out when the chest was cut open, the lungs were filled with miliary tuberculosis.

As for his work as a pathologist, Konick saw a lot of masses. X-rays and lab work are not always available, so fine needle aspirations were often taken from the tumors in the patients. Konick said patients would lie right in the middle of the teaching hospital's "museum" of body parts for the procedure.

He saw more than a dozen case of retinoblastoma, which he had only seen once in America in all his years of practice. He saw many cases of stage-four cancer. He saw Burkitt's lymphoma in young people.

"It felt like a pediatric hospital at times," he said. "I was brought to tears."

Families would often camp out on the hospital lawn so they could take care of their loved one, providing food and cleaning clothes. The hospital provides free healthcare through a limited budget from the government but also relies on researchers for equipment and money. Massachusetts General Hospital, which sent Konick, also has a partnership with the Mbarara University of Science and Technology pathology department hospital to provide materials and funding for the pathology trainees. But many patients don't come back once they get a diagnosis. The culture is such that breast cancer is easier to face for some than a mastectomy, Konick said. And coming to the hospital is often a last resort, anyway, hence all the late-stage cancers.

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HEALTHCARE IN UGANDA

The following is from Larry Konick's blog **larryinuganda.blogspot.com** that he kept while in Uganda. This is from his Aug. 20, 2018, post on healthcare in Uganda.

As much as people complain about the system in the US, be glad you do not have to deal with the Uganda system. The few people that have health insurance have their healthcare handled in the private sector, which I understand is pretty good. If people can afford to pay out of pocket, they can also get healthcare in the private sector. Everyone else has to deal with healthcare in the public sector that has very limited resources and is understaffed. I was told that some people who need surgery, chemotherapy or special treatment go back to their villages to raise money and return only when they get the money. Some people do not survive the delay in treatment.

Another obstacle is the alternative healthcare providers. In the villages, there are witch doctors (a term that I have heard multiple times), traditional healers and few medical health care providers. Initially, many people go to the witch doctor who tells the patient their ailment is due to devils, something they did or some other equally ridiculous reason (IMHO). The people are told to go home and do something equally ridiculous (again IMHO) to atone for their sins. They may also go to a traditional healer who deals with herbs. When these do not work, they raise money to travel to the closest public health center. By this time, the disease is progressed to stages well beyond what is seen back home. It has been heart breaking for me to see young children with huge tumors. Adults also have huge tumors and advanced disease. Chemotherapy options are very limited and expensive. Radiology studies are limited, and patients also need to pay for them. In our lab, there is no charge for pathology evaluation, and funding from the university is minimal. Before Massachusetts General Hospital decided to support Mbarara University of Science and Technology pathology, there were times the department would shut down due to lack of supplies. It is a sad situation.

When HIV was a problem, the Uganda government stepped in to support education, provide free condoms, provide treatment and start sex education in primary school. More education and government funding are now needed to resolve the other healthcare issues.

A STINT IN UGANDA

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Konick said most people are from small villages where they rely on medicine men, or witch doctors, who will often tell them they are sick because they did or didn't do something. Next, people might turn to herbal medicine. The public hospital is a last option. In Uganda, doctors also lack basic equipment. Though the hospital may have something advanced like molecular testing brought by researchers, they lack in other simple areas, going without gastrointestinal equipment or X-rays. Patients are often responsible for providing such tools as syringes, needles and bottles to put samples in. Running out of toner or alcohol would halt work for Konick. And the medical information system often consisted of a book the patient carried around.

Living in Uganda

While in Uganda, Konick soaked in the African experience. His apartment was within walking distance of the downtown area where the hospital is, so he relied on his feet to get him where he had to go. In addition to walking to work, he'd walk to the market, where vendors would try to sell him live chickens, unrefrigerated meat and a variety of produce.

He'd buy fresh fish but only chicken and other meat if it was frozen. He could also find items such as canned foods, peanut butter and some cheese from the tourist market. His diet and a lot of walking led to him losing 20 pounds while he was there.

The local market in Uganda had fruit, vegetables, clothes, housewares, fresh fish, live chickens and fly-covered meats. Courtesy of Larry Konick

In his apartment, it wasn't uncommon to go without electricity. And Konick had to have a filter for water or drink bottled water. The windows of his apartment had bars instead of glass, and the shutters were always open, letting in the "intolerable" smoke and stench of burning garbage, including plastic. Insects and lizards were common sights, crawling on walls and residing in his bath towel. His bed featured a mosquito net covering, hanging down over it like a lace canopy for a princess.

Uganda is about the size of Oregon but has 40 million people, compared to Oregon's four million. Konick's location was only a mile from the equator. The weather there is surprisingly pleasant year-round, ranging from the 60s to the 80s, with 12 hours of daylight. Though there are a variety of languages, English is the official language.

In his spare time, Konick befriended a group of students, volunteers and staff who were all part of a fitness group that did aerobics outside on a grassy hill. He also invited people over for dinner parties.

He learned a lot about the culture from his pathology students. One told him about the importance of having children, how he went to a funeral of a young friend who was in his 20s and left behind 12 wives and 25 children. The resident himself took care of his own father's wives and his brothers and sisters after his father's death.

Konick also got to see the African land and wildlife. His wife and son met him in Kenya for a vacation during his stay. He also got within yards of the mountain gorillas in Bwindi Impenetrable Forest in Uganda.

Back in Oregon

Service is nothing new to Konick. He has been involved with the Rotary Club of Salem for a few years, but being in Africa did increase his desire to be involved internationally.

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Living, working and socializing with the locals and the many students/volunteers from around the world were the highlights of the trip for Larry Konick. Courtesy of Larry Konick

Last year, he joined Salem for Refugees, an organization that helps refugees adjust to life in America. He has been part of a team helping a family from Sudan. The team has helped the single mother and her four children, ages 5 to 11, with everything from moving to transportation, healthcare and budgeting to getting ready for school and finding the mother a job. Konick has also started up a mentor relationship with the oldest boy.

"I probably would not have done that without my time in Africa," Konick said about his relationship with Salem for Refugees.

Konick also serves on the International Service and Literacy Committees as well as Youth Exchange Committee at his Rotary Club. He also serves on the sustainability committee at his temple, Temple Beth Sholom, and works with the gleaning program Salem Harvest.

And if that's not enough, he's picked up woodcarving, creating a series of pieces featuring African animals.

"Its very relaxing," he said about woodcarving. "Medicine is very stressful. I didn't realize that until I retired."

Asked if he'd go back to Uganda, Konick said he would, but only if he could go with a group of people. It was isolating to make the trip alone. Even though he reached out for social support and made friends, many of them were there with their own team and would come and go.

But his goal was to teach pathology, which he felt like he achieved.

"One resident when I left was a good pathologist," Konick said. "I felt confident he could be very good."

He also gained an appreciation for African medicine: "They have limited resources, and they work around it," he said in awe. "They are 50 years behind and make it work."

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HISTORICAL TIDBITS

BY HOWARD BAUMANN, MD

150 YEARS OLD AND STILL ALIVE TO TELL ABOUT IT

The Holman Building, on the NW corner of Commercial and Ferry streets in Salem, was the location of The Marion-Polk County Medical Society's first meeting. The photo was taken in 1925.

(Image courtesy of the Oregon State Library)

Talk about getting old: Our 150-year-old Marion-Polk County Medical Society is the oldest medical society in Oregon. Many institutions are having centennials these days, but not many are having a sesquicentennial celebration like we are. Our society and our earliest members can claim accomplishments and notable firsts that no other medical society in Oregon can. Let's take a look at that list:

1867

First Medical School

The Willamette University College of Medicine was established in Salem by future society members three years before our medical society was founded. This medical school, the third west of the Mississippi River, was the first in Oregon and the Pacific Northwest. It would be 20 more years before the University of Oregon Medical School would be established in 1887, and the University of Washington Medical School was even later in 1946.[1]

1870

First Medical Society

Our society, the first in Oregon, was officially born on October 14, 1870, at a meeting held in the Holman Building, located on the northwest corner of Commercial and Ferry streets across from today's Salem Convention Center. It was then called the Medical Society of the Third Judicial District. This name was chosen so as to include all of the doctors in Marion, Polk, Yamhill, and Linn counties. You might have thought that Portland would have the first society, but Portland doctors just couldn't get their act together until 1877.[2]

1874

Salem's First Hospital

I have previously written about this hospital, a two-story wooden structure that was built under the supervision of three Willamette professors, all of whom were also members of our society.

The hospital was located adjacent to campus and was called the Oregon Home For The Sick. It served Salem's population, as well as a training hospital for medical students. The unusual name given to the hospital was chosen to try to divert away from the long-held notion that "a hospital was a place where you go to die." The hospital was located on the northeast corner of Ferry and 12th streets, just south of today's Adam's Rib Smoke House.

The building was later used as the Oregon State School for the Blind in 1883, and in 1896 it became Salem Hospital's first hospital.[3,4]

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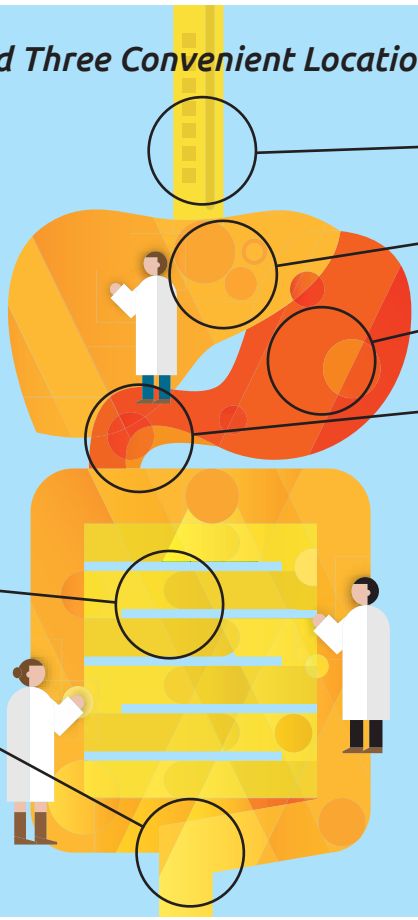

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1874

First State Medical Society

Dr. Alfred Belt, our first president, along with eight other members of our society, were the majority among the founding fathers of the Oregon State Medical Society (today's OMA), the first such society in Oregon. It seemed only appropriate that their first office would be located in Salem, given its proximity to the Oregon Legislature, Medical School, and, of course, our medical society.[5]

1876

First Medical Society Journal

There were three early journals in Oregon. The first was written by a homeopathic doctor, and the second was published by the medical school, both short-lived due to low subscriptions. The third, The Oregon Journal, was started and edited by three doctors from our society, thus becoming the first official medical society journal in Oregon. Over the years, it too had its ups and downs, but it survives today as the oldest society journal in Oregon, now called Chart Notes.[6]

So, Let the Party Begin!

We hope to celebrate our sesquicentennial with several events over 2020. The first task will be to get all of you proficient in saying the word sesquicentennial. Practice each day by repeating that word 10 times nonstop. On a personal basis, I need to confess that I still fumble a little pronouncing the word, even though I graduated during the sesquicentennial year of my medical school at the University of Cincinnati College of Medicine. I'm not really as old as this makes me sound, but I sometimes feel like it. We plan to celebrate this milestone and our legacy throughout the year, beginning with our Winter Membership Meeting on Wednesday, Jan. 22, at the Cat Cavern at Willamette University. Check out the flyer in this issue of ChartNotes for more information and our website mpmedsociety.org as we update events throughout the year.

1 Baumann HW. Joseph Wythe, MD, Founding Father and Fallen Hero. Chart Notes, Spring 2017, 8-9.
2 Baumann HW. Oregon's First Medical Society is Born. Chart Notes, November 2013, 15-17.
3 Baumann HW. Salem's First Hospital: Oregon Home For The Sick. Chart Notes, May 2014, 14.
4 Baumann HW. Hospital in the Mist. Chart Notes, Spring 2019, 8-9
5 Baumann, HW. Oregon's First Community Health Transformation: 1856-1890. Chart Notes, Summer 2016, 8-9.
6 Olaf Larsell. The Doctor in Oregon (Portland, Oregon: Binfords and Mort, 1947) 402-403.

MISSION MINDED

Former Salem general surgeon Deborah Eisenhut is back in the area… for now, and she has some stories to tell.

Eisenhut served in Cameroon from 2015 to 2017 and still has an apartment there. This picture was taken on a hike above the hospital.

BY HEATHER RAYHORN

Deborah Eisenhut grew up in a church and family that supported missionaries. She remembers hearing their stories. They were stories that stuck with her.

"I learned as a child we are to go and make disciples," she said. "Education and medicine are important, but we also must care for the soul. If we are leaving that out, you're not caring for the whole person."

In 2007, after almost 21 years as a Salem-area general surgeon, she quit her job and entered the mission field full time. She worked with WorldVenture before joining SIM, an international faith-based mission organization, in 2012. Entering missions took a bit of the faith she professed. It would be a lifestyle change that would affect all areas of her life. Not only would she be moving abroad away from friends and family into different cultures that spoke different languages, but she had to raise her own funding, and that meant finding people who would commit to supporting her. To do that, she started speaking to different churches and individuals to seek financial and prayer support. Five churches, and more than 50 individuals, in Oregon and Washington currently provide for her.

WorldVenture sent her to Pakistan, where she lived from 2007 to 2011. She worked at Shikarpur Christian Hospital in Shikarpur, Sindh, a hospital for woman and children, and learned Sindhi, the language spoken in Sindh, a province in southeast Pakistan. Then in 2010, heavy monsoon rains caused widespread flooding and landslides in northwest Pakistan. The flooding destroyed homes, crops, and infrastructure, leaving, among other problems, malnutrition and waterborne disease in its wake. It is considered one of the largest humanitarian disasters with more than 20 million people affected.

Eisenhut was swept up in the flood relief as displaced people searched for aid. She took it as an opportunity to help and to minister to people in need. For seven months, her small hospital staff helped feed 5,000 people with funds raised in the U.S. for food and medical care. She also ran a ward in her hospital for malnourished children. A survey done of the kids in the area showed 23 percent of them were malnourished, she said, mostly due to malaria, worms and tuberculosis.

But in Pakistan, she wasn't able to use her surgical skills, which was her desire. She returned to Salem in 2011 on a home assignment and for 18 months did the speaking and fundraising rounds and went through the process of switching to SIM. During that time, she also worked at Salem Free Clinic twice a week.

Then she got a chance to go to Liberia in April 2013 after an exploratory visit in September 2012.

"I was looking forward to being in a country that wasn't in the headlines every day," she said in reference to the floods in Pakistan, as well as Osama Bin Laden, who was killed during her time there.

But headlines were also about to explode out of Liberia not long after she arrived.

She had only been in Liberia – near the capital, Monrovia — a year when she got news of 60 cases of Ebola in South Guinea, a country that borders Liberia to the north. She knew they had to get ready for an epidemic. They started by creating an Ebola unit in the chapel that had five beds. This became ELWA 1. They worked off a 1997 manual on Ebola from the World Health Organization. Then, in June, cases showed up in North Liberia where Eisenhut's hospital, ELWA, had patients from.

"I remember wanting to do things right and to be a good example," Eisenhut said when asked if she was scared.

Samaritan's Purse has its Liberia headquarters on the ELWA campus. They were working on a new hospital to replace the old one when the news of Ebola hit. They began to convert the kitchen/laundry facility to an Ebola unit, which became ELWA 2 and eventually held 125 beds. They also provided funding for Ebola care at ELWA Hospital. A tent hospital that would grow to 250 beds also started to go up. But even with all the medical support, there was mistrust in the community, Eisenhut said. People were scared, and there was rioting due to the tent hospital, which the people didn't trust. Conspiracy theories spread that the hospitals were making people sick.

Eisenhut also said a lot of the resistance came from traditions and superstitions. She said officials faced resistance to burying bodies of Ebola victims. Families wanted to touch the bodies. They wanted to wash them and anoint family and friends with the water used to wash the bodies. They even wanted to keep the body of their family member in their homes. Not doing such traditions, they believed, would result in the souls of people coming back to haunt them, Eisenhut said. People went as far as to steal the bodies of friends and family from the Ebola units, she said.

Because of the threat of Ebola, Eisenhut was evacuated out of Libera by SIM in August of 2014 amid threats of flights being grounded.

But Ebola wasn't the only hard thing Eisenhut dealt with in Liberia. The hospital she worked in was in a "pretty awful state," following the country's civil war in the early to mid '90s. She rattled off basic things the hospital didn't have, including lights, suction, anesthesia machines, oxygen tanks. She said there were holes in the surgical drapes, and the instruments were in poor condition. And when she started to organize for new equipment to be brought in, she learned firsthand of the culture of theft. Anything that was seen as having value would be stolen, including the laundry soap she put out to encourage staff to start washing their hands.

Eisenhut also was shocked by the insubordination and lack of care toward patients. Staff would choose to sleep instead of check on patients, she said, and patients would die of dehydration and neglect in their beds. To combat this, she started to teach patient care by doing teaching rounds with medical staff, but she also realized it required something more.

"That's why they need the gospel," she said. "It's a heart issue, and that's why I'm a missionary."

Even though Liberia is considered a Christianized nation, Eisenhut said it's not evangelized.

"They identify but don't know God," she said, pointing to the evidence of the culture of abuse, neglect and theft. She called her approach at making disciples of Jesus natural, talking about her faith with coworkers and patients as situations arose, just like she would do at home.

After being evacuated out of Liberia, Eisenhut returned to Oregon again for a year. She spoke at hospitals, schools and churches. She was on a mission to educate people about Ebola.

...continued on next page

During Eisenhut's time in Pakistan, she was involved in mobile medical clinics to help people displaced by the flood.

In Pakistan, Eisenhut cared for children in the malnourished children's ward at Shikarpur Christian Hospital in Shikarpur, Sindh.

Eisenhut was in Liberia when the Ebola epidemic hit in 2014.

Eisenhut was able to use her surgical skills at ELWA Hospital in Liberia.

In Cameroon, Eisenhut worked at Mbingo Baptist Hospital in a rural part of the Northwest Region of the country. Part of her job was training young surgeons through the Pan African Academy of Christian Surgeons.

Eisenhut is seen in surgery at Mbingo Baptist Hospital in a rural region of Northwest Cameroon.

MISSION MINDED

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"SIM also asked me to help with the CDC courses at the FEMA training center in Anniston, Alabama," Eisenhut said. "So I went back and forth between Alabama and Oregon assisting with the courses and speaking."

Then the opportunity came to go to Mbingo Baptist Hospital in a rural region of the Northwest Region of Cameroon. Eisenhut arrived in August of 2015. There she got involved with the Pan African Academy of Christian Surgeons, training young Africans to be surgeons. The hospital would do on average a thousand surgeries a month.

"It was more of a teacher role, very satisfying," she said. "Residents went from knowing nothing about surgery to being capable surgeons."

In Cameroon, there were more Christians, but there were also many of the same problems that Eisenhut saw in Liberia, she said. She still struggled with staff who didn't put patients first, as well as patients who considered Western medicine a last option.

"The difficulty working in Africa is the constant death ... the premature, preventable death and disease," she said. "There is a lot of infection, gangrenous wounds, ruptured intestines, late cancer."

People would try all other options including local healers, or witch doctors, before going to the hospital. Even when it came to trauma, the hospital was a last resort. Instead of the "golden hour" talked about in American hospitals in reference to the window for treating trauma, in Africa, doctors joke about the "golden week," Eisenhut said.

Another reason people don't go to hospitals is they can't afford them; most hospitals require payment before care, Eisenhut said. Mbingo Baptist Hospital, the mission hospital where Eisenhut worked, will provide care first and let patients work off their payment. Eisenhut remembers a grandmother folding gauze for four years at the hospital to pay off the care her granddaughter had received. Another man paid off his care by shaving down sticks and wrapping the ends with wisps of cotton to create what essentially are Q-tips.

Eisenhut said there are many things that are different about healthcare in Africa. Eisenhut said, for example, there are things that happen magically – by well-trained people — in the ER in America, things like surgery prep, anesthesia, clean instruments. In Cameroon, however, she said it was a constant battle to get staff to do simple things.

"People (in America) don't understand the lack of infrastructure and support (in Africa). There is no guarantee that things will be done right," she said.

But there are similarities too. Patient interaction is the same, Eisenhut said. "I love patients at home and overseas. Most patients are gracious, and there are a few turkeys, too."

Eisenhut, now 62, has been back in Salem for two years, though she still has her apartment in Cameroon. She would like to return, but the threat of civil war has intensified, and with her mom almost in her 90s, she said she feels like her mission is here in Salem. She is still practicing French twice a week with a tutor, and she did a two-and-a-half-week mission to Niger in October to teach basic surgical skills and to cover for the surgeons while they went on a spiritual retreat.

Whatever is in her future, she trusts God is in control.

"God's taken very good care of me," Eisenhut said. "I don't feel like I've sacrificed anything or lack anything. ... God brought the support. He says, 'You do the work, but I'm providing.' This is God's work. He will continue taking care of me."

Ministry Timeline

2007
Leaves Salem Health to enter full-time ministry

2007
Moves to Pakistan

2010
Pakistan floods

Apr 2013
Moves to Liberia

Mar 2014
Ebola epidemic begins

Aug 2014
Evacuated out of Libera; returns to Salem

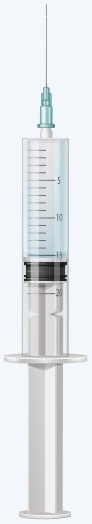
Aug 2015
Takes position in Cameroon

Nov 2017
Returns to Salem

How to Help

Deborah Eisenhut does not get a paycheck from the hospitals she works at. She is in full-time ministry, even when she is on assignment in the states like she is now. Her income is largely based on the individuals and churches who have signed up to support her. "My mission calculated what my support needs to be based on my financial needs and the economy of the country where I work. They then present me with a recommended budget. That determines how much support I need to raise," she said. Those interested in being part of that support or hearing updates on her can email deborah.eisenhut@sim.org. She can also be emailed for speaking arrangements.

Ebola Vaccine



The World Health Organization released data in the spring of 2019 from a study on the experimental Ebola vaccine rVSV-ZEBOV-GP used during the outbreak of Ebola in the Democratic Republic of the Congo. The vaccine was administered August 2018 through March of 2019. WHO found the vaccine is protective 97.5 percent of the time. Their report said among the nearly 94,000 people vaccinated, 71 were diagnosed with Ebola. Of those 71 cases, 15 had symptoms 10 days or more after the vaccination while the majority (57 cases) had symptoms within 10 days of getting the vaccination, suggesting the vaccine hadn't yet provided full protection. Most notably, there were nine deaths among 56 cases, all within less than 10 days of the vaccination. There were no deaths among people where the illness occurred 10 days or more after they were vaccinated.

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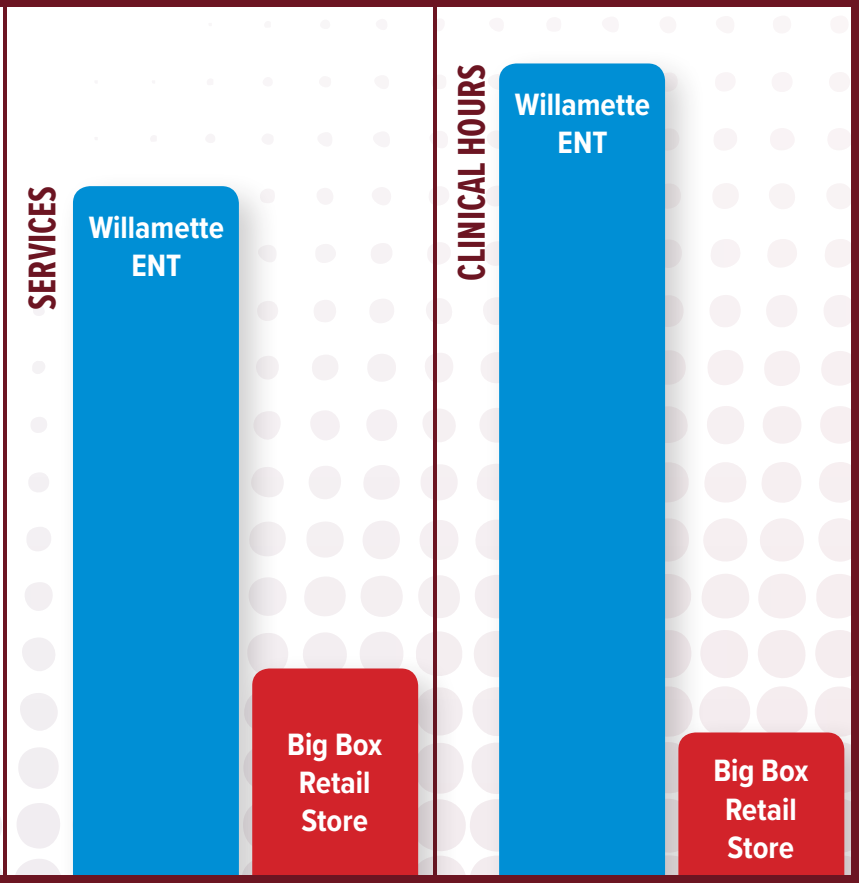

People visit one of the wells in Haiti paid for by the Rotary. Courtesy of Cynthia Witham

CLOSE TO HOME

Retired doctor impacts Haiti from Salem

BY HEATHER RAYHORN

One doesn't have to travel across the world to help improve the health of those in third-world countries. Dr. Howard Baumann has raised more than $200,000 for the health infrastructure in Haiti from the comfort of Salem.

The gastroenterology doctor who worked with Salem Clinic until retiring in 2010 has helped the Caribbean island he has never set foot in for nearly the past decade through his role in the Rotary Club of Salem. Baumann, a member of the Marion and Polk County Medical Society and a longtime contributor to Chart Notes, has served as the downtown Salem Rotary chapter's chairperson of International Services since 2009.

Baumann's role consists mainly of fundraising through grant writing and presentations to other Rotary clubs, which are potential donors. He had formerly held the position in the early '80s. Then, he'd answer a few questions and raise between $500 and $1,000 for items such as a used X-ray machine for a Rotary club in the Philippines or medicine for an island colony of people afflicted with leprosy. But like many things, what once was easy has become more complicated with time. In returning to the role, Baumann found the dynamics had changed. Projects are larger, $10,000 to $30,000 for basic grants and a minimum of $30,000 for what the Rotary calls global grants. With the higher funds comes more requirements in the grant-writing process. Projects have to be proved sustainable, something that can be maintained and something that the community needs. He has to show how such things as problems and maintenance will be dealt with and if there is a local Rotary club that can check in on the project. And he has to work with that Rotary in the area to get a community needs assessment.

In 2009, he helped raise money for maternity equipment for a hospital in the Ukraine. After that, he got involved in a well-building project that another member of the International Services committee, Cynthia Witham, had already begun. This project kicked off an ongoing relationship with Haiti that is still ongoing today.

It all started after Witham welcomed a new grandchild into the family, a little girl her son and daughter-in-law had adopted from Haiti.

Witham connected with a man who was part of the Rotary in Hinche, Haiti, in 2009 and found out the greatest need was for toilets and clean water. With a population of about 80,000 people, the community of Hinche lacked clean, free-flowing water. The river that people depended on for drinking water was brown, and people defecated on the land. The issue actually led to an outbreak of cholera in 2010, right before the Rotary of Salem began building wells.

"Haiti gave me a granddaughter," said Witham, who worked for First Call Home Health before retiring in 2018. "I thought, it would be so awesome if I could get them water."

The Rotary in Hinche has now completed four projects with funds from the Rotary of Salem, building a total of 17 wells – including one that supplies clean water to a regional hospital -- and four community latrines, which are basically public bathrooms consisting of eight stalls built over a plaster-lined ditch that can last 20 years before needing to be moved.

Baumann has been essential in the fundraising, Witham said.

"I'm not a paperwork person. Howard is awesome at it," she said. "Howard has been a key part in keeping it going."

Though Baumann said he can write a proposal in a few weeks, the whole process of getting approval and getting funds can take up to a year or two. During that time, he

has to stay in touch with potential donors, made up of other area Rotary Clubs, and keep them up to date.

"Clubs in this area are very eager to help us," Baumann said, noting that many clubs have international funds but don't want to do the work to set up projects.

And the good news is that the regional Rotary district will double what is raised and the international club will give double and a half, so if Baumann needs $80,000, he only technically needs to raise $23,000 from his club and other clubs in the district.

But even after each project is approved, Baumann's work is not done. Success has to be followed. For example, with the wells and latrines, Baumann and other Rotarians follow school attendance in the area.

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Haitian women carry water.

Drinking water is seen before the well was installed. This is what schoolchildren were drinking before the Rotary well was installed.

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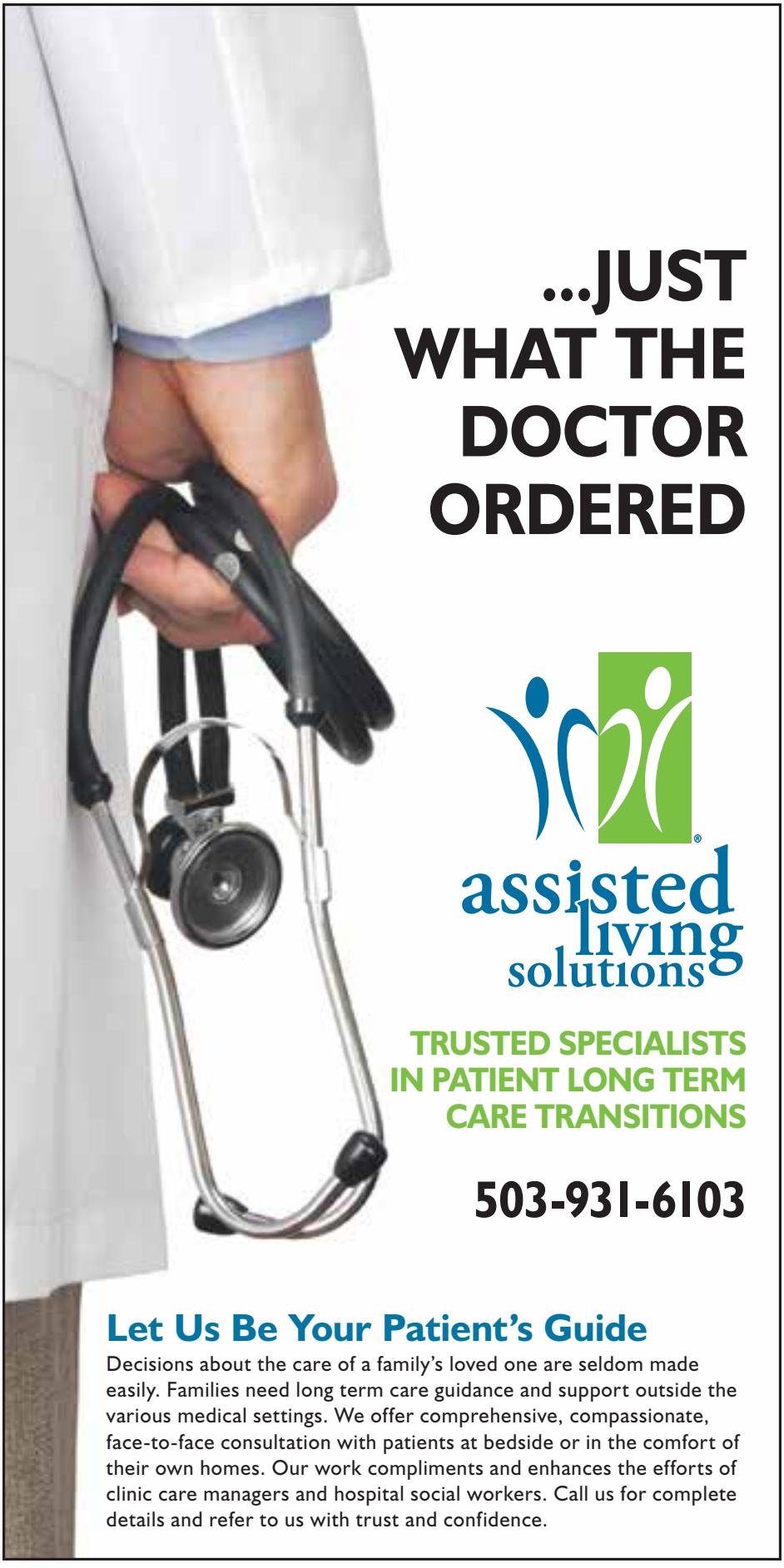

CLOSE TO HOME

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They've seen drastic improvement in those communities as kids are attending school more because they are not getting as sick. There has been a total reduction in cholera cases in those villages, as well.

Baumann has become so good at grant writing that he is now considered a coach for other Rotary clubs and gives writing presentations to teach others. He is helping the Beaverton Rotary Club write a proposal for helping female Uganda farmers.

He hopes he will be able to train up others in his own club too, as he is getting older and has a growing interest in local mental health that he wants to get involved more with. He has been a board member and a volunteer at the Oregon State Hospital Museum of Mental Health for 10 years. But for now, he is also involved in initiating his fifth Haitian well and latrine project, this one costing $100,000.

When asked about his feelings on what he and his committee have accomplished in Haiti, Baumann points away from himself and toward the need: He quotes the World Health Organization, saying 1/6 of the world's population does not have access to clean water and 2/5 lacks improved sanitation (toilets). He then shows pictures of Hinche that show people at the wells the Rotary of Salem have helped build and tells how the wells not only have improved the health but also the economy, as the local farmers market has grown in the area.

Baumann personally doesn't feel the pull to visit third-world countries. Almost every year other members of the committee travel to Haiti to view progress. Born and raised in San Diego, California, Baumann spent time volunteering in Tijuana's "cardboard cities" during his youth through the Boy Scouts and as a pre-med student at San Diego State.

He knows what it's like. He doesn't feel like he has to go there. But he can still help. For him, the Rotary is a great place to do that.

IN MY OPINION BY RICK D. PITTMAN, MD, MBA

THE ADDICTION OF THE VOLUNTEER

Orgasm, high-caloric foods, long-distance running, gambling, praying, cocaine, nicotine and many more, including charitable giving and volunteering, all have one thing in common. They trigger the dopamine response in the pleasure circuitry of the nucleus accumbens that leads to addiction. The pleasure buzz is caused by a complicated chain of neurochemical responses and occurs during leisure time. Volunteering is something people want to do and, at a personally satisfying level using their abilities and resources, succeed in doing.

The Benefits of Volunteering:

- Volunteering is associated with higher well-being in many cultures worldwide (Calvo, et al. 2012; Plagnol, et al 2010), and people with higher well-being are more likely to volunteer. (Thoits and Hewitt2001)
- People who volunteer have lower anxiety and depression. (Benson, et. Al 2007; Handy and Cnaan 2007 and others)
- People who volunteer have better physical functioning. (strength, agility, walking speed. etc.) (Choi and Tang 2014)
- Health risk behaviors: People who volunteer report fewer health risk behaviors such as smoking, drinking, extremes of BMI, and low physical activity. (Harris, Thoresen 2005 and others)
- Teens who volunteer are associated with fewer risky behaviors (alcohol, tobacco, drug use, antisocial behavior, violence) and also notice increases in beneficial behaviors such as physical activity, school success, etc. (Benson, et al. 2007; murphy et al. 2004)
- Interventions to increase volunteering behavior produced increased physical activity among older adults. (Fried, et. al. 2004)
- Cardiovascular health is better in volunteers; they have lower resting heart rate and blood pressure C-reactive protein. (Burr et. al. 2001; Konrath 2013)
- Studies using MRI typically find enhanced cognitive functioning among volunteers. (Carlson et al 2009). Other MRI studies show differential neural activation in the reward areas of the brain when making charitable donations. (Harbaugh, et al 2007)
- Oxytocin administered nasally led male participants to donate significantly more money to a charitable cause vs. a placebo. (Barraza, et al 2011)
- Cortisol, vasopressin, and testosterone have shown contradictory results.
- If parents volunteer, offspring are more likely to volunteer. (Ebstein, et al, 2010)
- Money cannot buy happiness, but how you spend your money can. Experimental studies show that people who spend money on others report greater happiness. The rewards of prosocial spending are observable in both the brain and the body and can "potentially be harnessed by organizations and governments." (Dunn, Aknin and Norton. 2014)

The body of research on the physiological correlates of volunteering is large and includes genetic research that implies not everyone is capable of volunteering for a large organization. For instance, people carrying the S' allele of Serotonin show higher levels of social avoidance, anxiety and depression. (Christ et al 2013); they do not volunteer nor are they capable.

Not all addictions are bad. While the use of heroin will invoke the dopamine pleasure response, you are probably better off being addicted to orgasms or charitable activities like volunteering or donating money because they will give you a warm fuzzy feeling without destroying your life. Indeed, volunteering can save your life; the evidence is clear.

A VOYAGE WITH A CAUSE

Newberg doctor takes groups of people all over the world to help others and battle burnout

BY HEATHER RAYHORN

David Krier works with a patient.

Dr. David Krier works part time as the student health doctor at George Fox University in Newberg. With the rest of his time, he brings together the idea of vacations and international volunteerism with an organization called Volunteer Voyages. Krier created Volunteer Voyages a decade ago to take volunteers into communities throughout the world for humanitarian work. Here, he answers questions on what inspired him to do such a thing, how his team selects where they go and how people can get involved.

Q: What's the idea behind Volunteer Voyages?

A: I've been doing this type of work for over 30 years now, and I'm continually fascinated with what I learn each day about the needs in our world, how people solve them (or not), and what joy we can bring to our clients — the people we serve AND our volunteers — through having opportunities to work closely together. But it's not all work. We usually limit our trips to two weeks so that people can fit it into the usual vacation schedule. Our first week is generally the time that we do the work, whatever that may be. Then, the second week, we treat ourselves to a variety of tours that endeavor to celebrate the history, culture, and uniqueness of the people we've just been working with. For example, after working with the Quechua people (descendants of the Incas) for a week, we truly begin to understand them when we tour Cusco, Peru, the Sacred Valley of the Incas, and Machu Picchu. And then there is the Taj Mahal in India, bathing elephants in Thailand, the incredible sights and history of Bali, and traveling from Tokyo to Hiroshima in Japan by bullet train … It's usually a life-changing experience. We can make special arrangements, though, for a trip that is longer or shorter than that, depending on the needs and desires of our volunteers.

Q: Volunteer Voyages' mission statement reads, "Enriching lives through humanitarian service adventures." You say on your website that it is as much for the volunteer as it is for the people who are being helped. Explain that and why you think that's important.

A: After years of doing projects with other organizations, I gradually became convinced that we were all missing something. The focus of those organizations was always on the people the volunteers were serving, and rightly so. After all, that's what brought us to their country in the first place. So we all gave as much of ourselves as possible, and sometimes it felt like it bordered on martyrdom. I saw a lot of volunteers try out a trip or two and then drift away to work in more mundane environments. We put up with poor living conditions, unsavory food, and long hours. There wasn't much touring because we didn't feel like it was appropriate to enjoy ourselves when we were working with people who had such limited resources of their own.

But over time, I realized several things. First, the people who benefitted the most from any of those trips were the volunteers, even as the people we were helping benefitted greatly! And those people didn't expect us to put up with such primitive conditions – they wanted us to be their guests and to have the best accommodations possible. I also realized that the people we were working for were genuinely happy, even in their poverty.

We were missing the mark, somehow, in a big way. So I set about to create an organization that focuses a great deal of energy on our volunteers. I firmly believe that everyone should have an opportunity to volunteer, and if the experience is pleasant, they'll continue that course. That ultimately means that there will be more people volunteering over time and more people will get help! So, on our trips, we don't rough it – but we don't lavish ourselves in 5-star luxury, either (although that does occur, at times). We stay in clean, modest hotels, eat good (OK, sometimes fantastic) food, and travel in safe vehicles. And in the final analysis, we have a lot of volunteers who return for multiple projects, even though we really try to cater to the first-time volunteer.

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Q: It sounds like it's for anyone. Do you have anything specific for medical professionals?

A: Medical projects were the beginning focus of Volunteer Voyages. We had lots of opportunities to work in a variety of remote locations, as well as some locations that were relatively urban. As time went by, though, I kept hearing from our medical volunteers that they wished they could bring along others whom they were close to but who didn't have any medical skills. That led to us revamping our orientation a bit to include projects with mixed, little, or no medical focus. That approach has evolved over the years to include both types of projects. As an example, we have a trip coming up just after Christmas this year that will be primarily medical. It will include doctors, nurses, psychologists, physical therapists, social workers, and more. But we'll have lots of work for others, too. It will be in Cajamarca, Peru, which is at about 9,000 feet in the Andes. During the second week, of course, we'll find our way to Machu Picchu and the Sacred Valley of the Incas.

Q: What are your other upcoming trips?

A: We're still negotiating with communities, villages, and tribes for the rest of our 2020 schedule, and details aren't set in stone yet. We will be including trips to Timor-Leste, Peru (both in the Andes and in the jungle, along the Amazon River), Vietnam, Thailand, and, hopefully, India. There are lots of other locations in Asia, Africa, Latin America, and the Caribbean that we would like to expand our outreach into.

Q: How do you select your projects?

A: First, once we decide where we want to do a project, we approach the leadership of the community, village, tribe, etc., and sit down with them. We first explain to them that we are not Santa Claus. They usually understand that we're not going to come in and simply give them things. Then we continue by asking them how we can best help them. Do they want to learn a particular skill? Do they want help figuring out how to do or how to access something specific? We collaborate with them to discover the best way that we can help them achieve the goals that they set forth. It may be how to sew mosquito nets, which they can make and sell to other tribes; how to process cacao into the highest quality cocoa beans for sale; or how to build water filters for a family. Then our job is to research! If we have volunteers with the appropriate skillsets, we invite them. If not, we try to fill the spaces with anyone who's willing to learn a new skill. Then we teach them – the volunteers – what is necessary so that they can instruct others. That's one of my favorite parts! I simply love learning. Finally, we bring them our project. Wait! It's not our project now – it's theirs. They own it. We can help, but, if we disappear, the project will continue. That's sustainability.

Q: You were part of a study published in 2009 in Mental Health, Religion and Culture called "Reduction in Burnout May be a Benefit for Short-Term Medical Mission Volunteers." What did you learn from that research?

A: That was an incredible study! A psychologist friend of mine, Clark Campbell, PhD., suggested that we study the effect our projects have on burnout among health care professionals. For five years, he administered the Maslov's Burnout Inventory to our medical volunteers at three points: before we go, after we get back, and six months later. In those five years, we finally got only 19 people to complete all three sets of data – aaah research! But, when we finally looked at the data, it was awesome. We learned three things:

1: We were burned out before we went on the trip. (uh, no surprise there...)

2: We were better when we got home. (not surprising there, either...)

3: Six months later – we were even better still!! (That was statistically significant!)

That study documents that our projects, which simply involve working for just a week in an underserved international community, reduce the effects of burnout in us for at least six months. Anecdotally, I believe the real effect lasts more on the order of two years, but we didn't study that. When we extrapolate those study results to any medical practice, though, it suggests that the doctors and nurses that volunteer for even just a week might become happier, more content and satisfied, and may be more productive than if they hadn't been involved.

For many professionals, I believe, it's also a matter of reconnecting with their passion. It's remembering why you went to all that school and reliving the excitement of each new discovery. Practicing medicine systematically takes that away, and Volunteer Voyages helps to take you back to that place where medicine is new and fresh again.

BY HEATHER RAYHORN

4 WAYS TO GET INVOLVED

Hearing great stories about what others have done is inspiring, but if you are not involved in international aide, you may wonder how you even get involved. Here are four places to start your search if you are interested in international service.

1 Medical Teams International:

This Portland-based organization has opportunities for medically licensed professionals to serve internationally and locally. Locally, volunteers can assist in sorting and packing medical supplies to ship to domestic and international partners. Internationally, volunteers strengthen health systems so that people will thrive after volunteers leave. While Medical Teams International is a faith-affiliated organization, it does not require shared faith among volunteers and does not proselytize. Volunteer opportunities change on a regular basis. For the latest info, see ***medicalteams.org/volunteer***, where you can also fill out an application. For more information, email volunteer@medicalteams.org.

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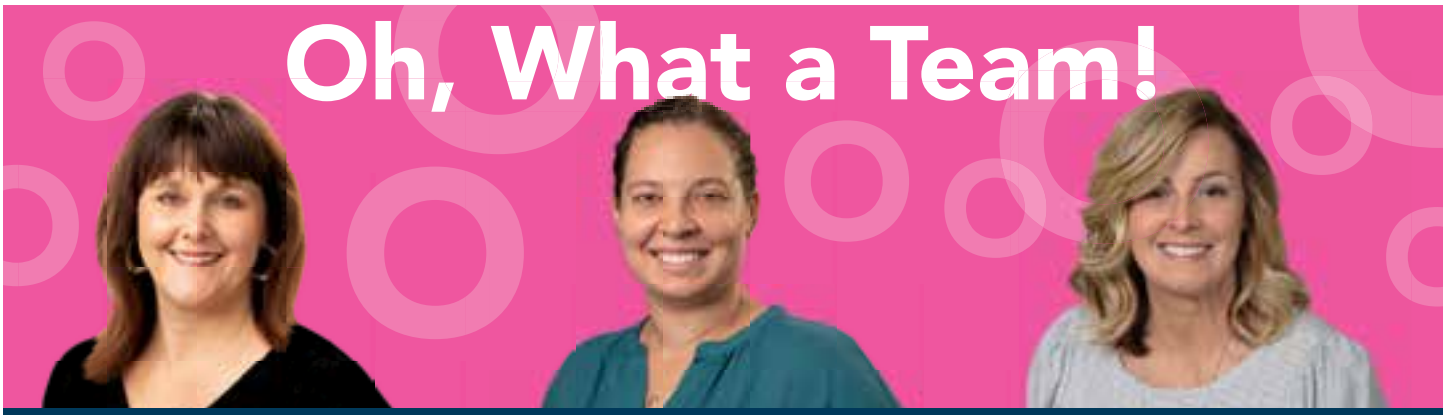
A volunteer serves with National Community Health Workers in Cox's Bazar, Bangladesh. Credit Medical Teams International



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Certified Nurse Midwife

Melissa Sheffield, ARNP, CNM
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CHART NOTES - WRITER BIOS

HEATHER RAYHORN, EDITOR

After covering the Salem area for 18 years as a journalist, Heather Rayhorn is now attending Corban University's graduate program in education to become a high school English teacher.

RICK D. PITTMAN, MD, MBA

In private vascular surgery practice for 28 years before obtaining a MBA from OHSU/PSU, Dr. Pittman works full-time as a vein and wound care specialist in the Silver Falls Dermatology Clinics and spends his spare time in the garden, behind a camera or in the workshop restoring cars.

HOWARD BAUMANN, MD

Howard Baumann retired in 2010 after 34 years practicing gastroenterology at Salem Clinic. He is a member of the American Association of the History of Medicine, the Society for the History of Navy Medicine, and is a Board Member of the Oregon State Hospital of Mental Health. He contributes regularly to Chart Notes and Historical Tidbits.

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4 WAYS TO GET INVOLVED

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A doctor with Doctors Without Borders/Médecins Sans Frontières checks the heartbeat of one of the children hospitalized at the measles treatment center during his daily shift in Mai Munene, DRC in May 2019.
Credit Pablo Garrigos/MSF

2 Doctors Without Borders:

This world-wide organization is for those looking to make more of a long-term commitment to global health. Its medical members are employed, not volunteers. All new recruits must make a commitment of nine to 12 months. The exception to this is surgeons, anesthesiologists and ob-gyns, who can sometimes do missions from six weeks to three months. Teams work in more than 60 countries around the world. They work in conflict zones, after natural disasters, during epidemics, in long-term care settings and in research. Roles exist for physicians and nurses to technical logisticians and laboratory technicians to non-medical staff. For a complete list and more information, go to ***doctorswithoutborders.org/careers***.

3 Salem For Refugees.

The group, which formed in 2016, holds monthly Welcoming Our New Neighbors Meetings on the first Monday of every month from noon to 1:30 p.m. at Salem Alliance Church. Its web site says it's a network of "community members, businesses, government organizations, nonprofits, resettlement agencies, and faith communities who are committed to empowering refugees to thrive in Salem." Volunteers can join a mentor team or a resource team. Resource teams include healthcare, which helps refugees navigate the medical system and access quality healthcare, as well as teams that help with everything from education to employment to housing. Individuals or groups can also put together a variety of kits for refugees. For more information, go to ***salemforrefugees.org***.

4 The Rotary Club of Salem:

There are several Rotary clubs in the Salem area, but the Rotary Club of Salem is the largest. Both Howard Baumann and Larry Konick, as well as pediatrician Fara Etzel, are involved with the club that's also known as the Downtown Rotary Club. Baumann, who serves in International Service as well as other areas, said a variety of people, from business leaders to politicians, are involved in the Rotary. There is a commitment of attending weekly meetings, which meet at noon on Wednesdays at the Salem Convention Center, on a regular basis. Meetings consist of lunch and speakers who address topics as varied as the participants. In addition to the weekly meetings, members are expected to sign up for specific committees that interest them. The Rotary is involved in supporting everything from international projects to area schools to the building of the amphitheater at Salem's Riverfront Park. "Whether your interests lie in education, mentoring youth, clean water, healthcare, economic development, peace initiatives or a number of community service projects, there is always something to do," the website says. Dues vary from club to club but are $300 to $360 a year at the Rotary Club of Salem. For more information, go to ***rotaryclubofsalem.com***.

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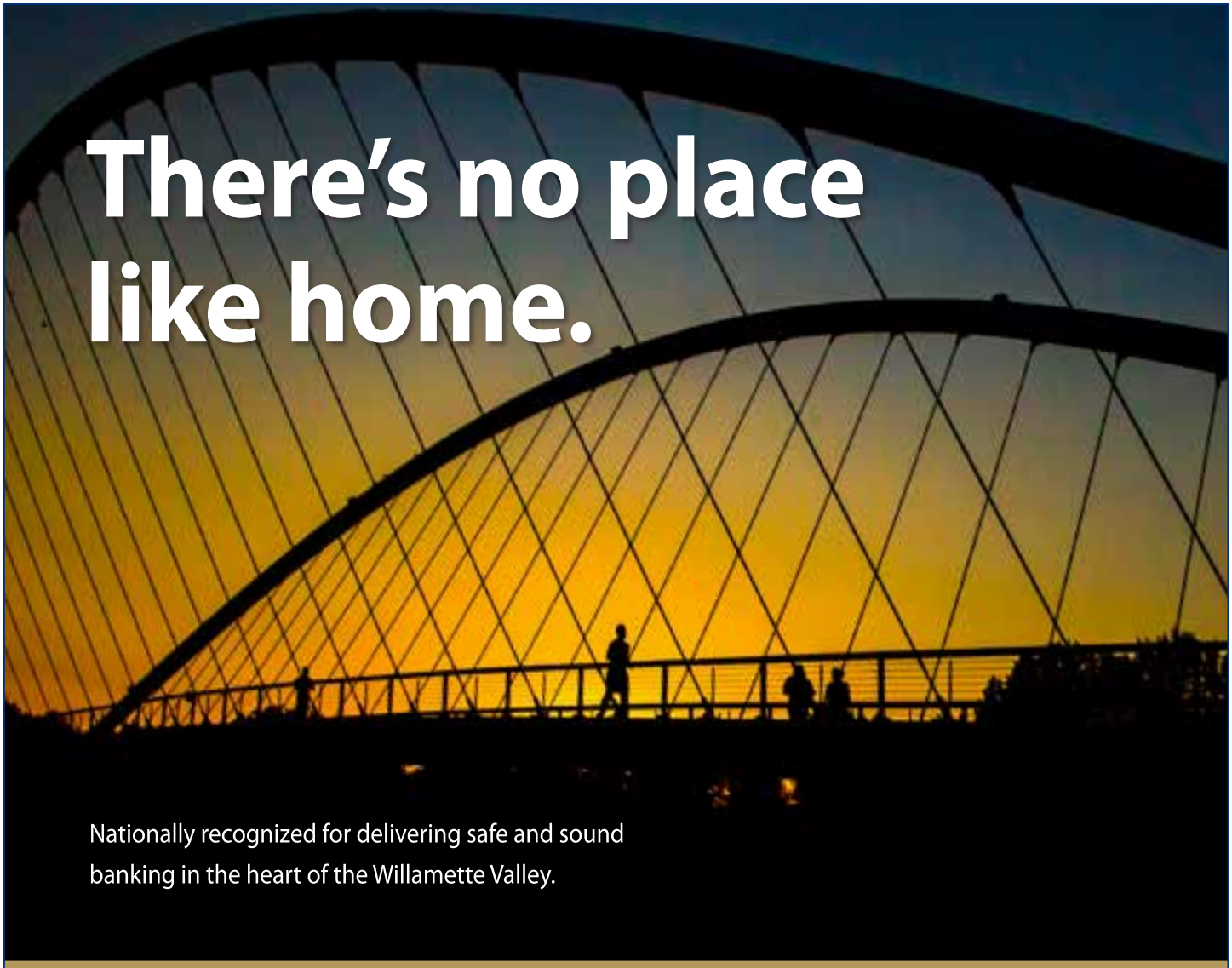

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