



CHART NOTES



COMING TO AMERICA: SOUTHEAST ASIA E D I T I O N



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Hello, bonjour, xin chào.

It is by sheer coincidence that I began my service to our medical community at the Lunar New Year. As a Vietnamese woman, the Lunar New Year holds a special place for me. It has long been the most important holiday for my family, even more than Christmas. It is a time for honoring those who came before us and for cleaning out the old and outdated to allow us a fresh start. We have just entered the Year of the Wood Dragon, an auspicious sign. Not only do the animals of the zodiac rotate through twelve years, like the hands on a clock, but they also advance through five cycles representing the elements wood, fire, earth, metal, and water. 2024 is a dragon "hour" in a wood "day," the first since 1964, and it brings "big change energy." Words associated with wood are patience, compassion, expansion, opportunity, and growth, while the dragon has fiery independence. This is the year, the horoscopes say, to work toward something, to give ourselves an assignment and stick with it.

Fortunately, our medical society is set up for success. The volunteer board is amazing. We are diverse, experienced (ie some of us are really old), and are at different stages of medical careers. Our administrative team is also top-notch. Harvey Gail and Miriam McNie provide the infrastructure that allows us to act. We are financially stable, get along, and have lots of opportunities to serve. Ultimately, we are united in our mission to support the medical providers so that you can best serve the community-at-large. I'm excited to share our medical society's mission and our vision for the next few years.

ADVOCATE

We will advocate for providers' well-being and performance. It is possible, my friends, to live your humanity while delivering excellent care. It is beautiful to strive towards progress and not perfection. It is possible to be a mom, a wife, and a physician without becoming a martyr. We do not need to sacrifice self to be a successful provider. So, this year, I am advocating a small shift in our medical culture, to let go of guilt and shame, and instead endorse provider well-being alongside clinical excellence. Please check the well-being QR code on page 23 that gives you access to numerous services to support you, as a human being. I invite you to speak with a member of our wellness team, Dr. Erin Hurley, Dr. Keith White, and me, because you matter and are not alone.

President's Message

Tanie Hotan, MD



COLLABORATE

We will collaborate externally, deepening relationships with community-based organizations that share common goals of community well-being. We'll roll up our sleeves and serve. We are excited to collaborate with the nonprofit Marion Polk County Food Share this year and will introduce multiple food-as-medicine and culinary medicine opportunities.

And we will collaborate internally with the medical providers in our community, getting to know you outside hospital and clinic walls. In addition to the recent winter social we will have at least one dancing date night, a spring social with an invited speaker, and Santa at the Carousel. Look for digital *ChartNotes* and other updates to our social media, making it easier to keep in touch.

EDUCATE

We propose to offer relevant CME to our members twice a year, the next in collaboration with Salem Health. Look for a save-the-date for April. Of course, we are always eager to hear from members for new ideas and opportunities.

I chose to join the MPCMS board because I invest in processes and organizations that give me hope for tomorrow. The mission of our medical society aligns beautifully with my internal directives, resulting in a natural, feel-good relationship—and it's fun. I have the privilege of using this platform to provide awareness of issues I care deeply about. That is pretty awesome! This society is worth my effort and investment, and I hope you will feel the same. Ask yourself why you are here, and if any of the topics I mentioned resonate with you, the call-to-action is for you to scan the QR code for more information or speak with any of the board members. We would love your engagement, your active participation, and your active membership in any or all of our activities.

With a thankful heart I propose a Year of the Dragon toast to our Medical Society!! Cheers!! 🍷





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Recognizing Community Based Organizations in 2024

In 2024, your medical society board will focus on recognizing and collaborating with nonprofit organizations in our two counties. Community-based organizations provide critical services to many people in Marion and Polk Counties. We will partner with a couple of nonprofits in the coming year. One worthy of recognition is Marion Polk Food Share. This year, we plan to collaborate with Food Share on several projects and will share information about their programs with our members. We are excited to have them join us for our Spring member dinner on May 23rd. They will tell us about their impressive youth farm, specifically how it benefits kids and highlights the importance of good nutrition. Later, we will have an opportunity to get our hands dirty, work on the farm, and help raise crops. We will also schedule a food sorting day at their warehouse. Last year, we sorted over 3000 pounds of potatoes.

From the Executive Director G. Harvey Gail, MBA



Medical professionals already know the importance of food security and good nutrition. That's why Marion Polk Food Share is a perfect choice for our collaboration efforts.

In addition, another valuable nonprofit directly supported by our members is the Salem Free Clinic. Many society members have volunteered their time at the clinic, which provides an important healthcare safety net in Salem. You can meet the staff of the Free Clinic at our Spring member dinner. And if you can volunteer your time there, it will be well worth it. Most providers report they get more from the experience than they give.

These are great community-based organizations. If you have ideas for other organizations the medical society should partner with please let our board members know. [f](#)

In This Issue

In the thirty-some years I have been involved with the Marion Polk County Medical Society, I have seen many presidents come and go, myself included. It is always fun to see what ideas, priorities, and experiences they bring to the position. This year seems special. Tanie Hotan always and everywhere exudes youthful energy and passion. Yes, I know her daughter graduated from college last spring, but age is more than a number on the calendar. And so is youth. She has already made recommendations to help society leadership more effectively reach members in the digital age. She is a dedicated supporter of physical and mental wellness for both the membership and the community. And, she is a strong advocate for partnering with other nonprofits in our counties.

In this issue, you will meet Hotan through her President's Message, her hidden gem article, and images from the winter social. None of us anticipated that the first *ChartNotes* published during Hotan's presidency would celebrate providers from SE Asia or that her official inauguration would coincide with the start of the Year of the Dragon. Apparently, good things come in threes.

As a naturalized American citizen who completed high school, college, and med school in Oregon, she wouldn't make the cut for our article on international medical graduates. Nevertheless, she does bring a unique background and perspective to her new role.

Also in this issue, you will find an introduction to Southeast Asia, which is only slightly longer than a string of tweets, or whatever they're called now, and a handful of "Coming to America stories" from our colleagues.

From the Editor by Nancy Boutin, MD



Society member, school board director, and busy psychiatrist Satya Chandragiri will join *ChartNotes* as a regular contributor in this issue. He shares his experience visiting Washington DC, "the Temple of Liberty and our Republic."

Wellness contributor Erin Hurley describes the benefits of going S-L-O-W, historical tidbit meister Howard Baumann introduces us to a ray machine from the past, and Eden Rose Brown is back with important information about the cost of dementia, direct and indirect. Cheryl MacDonald follows up with information about the role of hospice and palliative care. With great sadness, we note the passing of Dr. Rodrigo Oyarzun with an *In Memoriam* by Mauricio Collada.

Bringing up the rear, I share my interest (obsession) with maps and AI cartoon apps, and Rick Pittman revisits the Doomsday Clock.

Look for QR codes throughout *ChartNotes*. As often as I've wished I could add end notes, links, or inserts to extend content for interested readers, the QR solution didn't occur to us until the last issue when we had way too many interesting pictures of Rick Pittman's gastronomic adventure to fit the number of available pages. QR codes may be my newest current obsession. [f](#)

Out & About

BY MARY LOUISE VANNATTA, MBA, CAE,
AND ADDISON ALLEMANN

The sun has started to shine, and the fear of ice storms has faded into the back of your mind. Now, all you can think about is rain, new flowers, and what you will do this spring.

Spring has Sprung

With spring comes new growth and budding blooms. This time of year, you can find beautiful flowers all over. Why not take your family on a day trip to a flower farm or festival? Check



Adelman Peony Garden

out the Wooden Shoe Tulip Festival in Woodburn or the Iris Festival in Keizer. Go to Adelman Peony Garden and take a family photo or take a bouquet home. See Salem's rich history by attending the Deepwood Plant Sale, March 22-23, 9 a.m. - 3 p.m. Shop for hard-to-find native and companion

plants, yard decor, pottery, and more. There will be free guided tours of the Nature Trails at 10 a.m. and noon or guided tours of the Formal Gardens at 11 am and 1 p.m. both days of the sale. This is a great chance to see the Erythronium (Fawn Lilies). For a downtown experience, visit the Cherry Blossom Festival at our Capitol on March 16.

Earth Day

April hosts Earth Day on the 22nd. It is a great day to take time to think about the health of our planet. Here are some fun ways to celebrate the day. Visit cityofsalem.net and search "Earth Day Challenges" for ideas like Springtime Yard Bingo or a fun kid's craft on making paper towel-roll zoo. Check out the Earth Day Celebration in Silverton. Sign up for community service, clean up a park, or plant a tree.



Oregon Ag Fest

Bike and Hike

Are you an ambitious bike rider? You could take on the 63-mile Monster Cookie Ride at the end of April or enjoy a 6-mile Mini-Cookie from McNary High School to Keizer Rapids Park and back. If you want a fun spring hike, check one of these six from the website willamettevalley.org/six-perfect-hikes-in-oregons-willamette-valley. There are also some super hiking tips. 📌



The More You Grow- Spring Events and Activities:

- **Salem Capitals Professional Basketball Games:** All season at the Salem Armory, check out their schedule at salemcapitalsbasketball.com
- **Salem Pastoral Counseling Center 2024 Annual Fundraiser & Improv Show:** March 8, 930 Chemawa, Keizer. SPCC 2024 Annual Fundraiser & Improv Show (givebutter.com)
- **Cherry Blossom Day Run and Celebration:** March 16, Downtown Salem. www.travelsalem.com/events/cherry-blossom-day-run-and-celebration/
- **The World Famous Glenn Miller Orchestra:** March 17, 2:30 pm. <https://elsinoretheatre.com/events/world-famous-glenn-miller-orchestra/>.
- **Wooden Shoe Tulip Festival,** March 22-May 5, 33814 S. Meridian RD, Woodburn. www.woodenshoe.com
- **Deepwood Plant Sale,** March 22-23, 9 am- 3 pm, 1116 Mission ST SE, deepwoodmuseum.org
- **Build A Bar:** March 23, (times between 11-5) Chomp! Chocolate Factory. 2195 Hyacinth ST NE #134. Salem. <https://chompchocolate.com/products/build-a-bar-march-23>.
- **Women of the Blues:** Salem Historic Grand Theatre, March 30, 7 pm. www.salemshg.com/event/womenoftheblues.
- **Chefs Night Out:** Marionpolkfoodshare.org April 14
- **Peking Acrobats:** April 27, 7:30 pm. www.ElsinoreTheatre.com.
- **Oregon Ag Fest,** April 27-28, Oregon State Fairgrounds. Over 30 interactive activities for kids, as well as a petting zoo, equipment display, tradeshow, and pony rides (free of charge). oragfest.com
- **Salem Bicycle Club's Monster Cookie Metric Century Bicycle Ride,** April 28, 7:30 am. Choose from a 6, 35, or 63-mile ride starting at McNary High School. www.salembicycleclub.org.
- **Adam Ant with the English Beat,** May 3, 8 pm. www.ElsinoreTheatre.com
- **Oregon Garden's Art in the Garden:** May 25, 10:00 am, Local artists showcase their handcrafted pieces at Silverton's Oregon Garden. www.OregonGarden.org

The Winter Social and President's Awards



The Winter Social and President's Awards was held at Illahe Hills Country Club on February 15. Over 60 people were in attendance. Tanie Hotan, Medical Society President, gave a wonderful speech on her goals for 2024. All enjoyed the Year of the Dragon theme with the red and gold decorations, Asian-themed appetizers, and special cocktail — a dragon fruit margarita.



Left to right: Mark Hoyt, Abbey Hudson, Maggie Hudson, Eric Pritchard and Vincent Gimino.



Salem Clinic Medical Foundation receives the president's award for their work on the Salem Keizer Healthcare Careers website. Left to right: Tanie Hotan, Ryan Farwell and Ericka Kingsbury.



Left to right: Ryan Farwell, Salem Clinic, Drs. Nancy Boutin, Paul Huun, and Howard Baumann.



Left to right: Tanie Hotan, MPCMS President, Rod Stanley and Erin Hurley.

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In Memoriam

BY MAURICIO COLLADA

My very dear friend, Juan Rodrigo Oyarzun, was a supreme professional, dedicated to his craft and supportive of all those people who helped to make him an excellent cardiovascular surgeon.

Thanks to his support, at all levels of staff throughout the department, he ended up becoming not only a friend but a trusted mentor. He was a man with a lust for life, for travel, for friendship.

A proud Chileno, Rodigo always presented himself in a way to best reflect that heritage. Elegant and well-spoken, he embodied the best, most noble aspects of machismo, as it is understood in our culture. He was a gracious host, a caring friend, and a man you could depend upon, without reservation, in an emergency, medical or otherwise. He was an early member of the Salem Health Motorcycle

Owners Group, open to all, and a group whose only goal was to celebrate and enjoy the freedom of the open road. Even there, Rod brought his customary sense of sophistication, style, and love of life.

Above all, he was an educated professional, justifiably proud of his cardiovascular skills and proud of everything he did in his field and this, more than all else, defined the man. If there is anything he did to a fault, it is that he wanted to always provide the best possible service for the cardiovascular patients in Salem Hospital.

He will be missed.

Adios mi hermano, te estrañare.



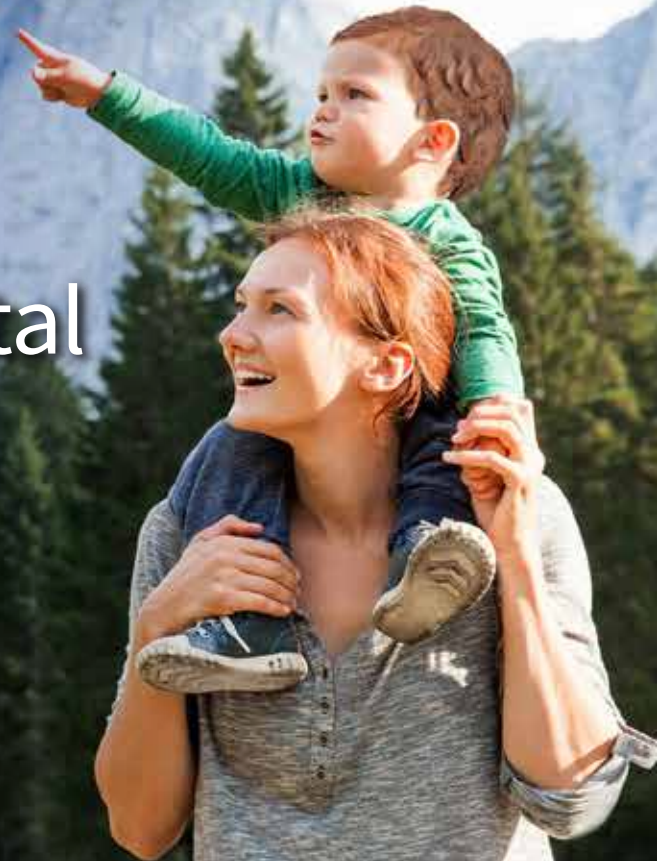
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Howard Baumann, M.D

THE BRANSTON VIOLET RAY MACHINE

The Willamette Heritage Center had a recent historical exhibit from June to October 2023 entitled "To Your Health". This presented our early medical history, showing artifacts and photos from their archives as well as from other local resources, which included Salem Health's J.A. King Staff Library and the Oregon State Hospital Museum of Mental Health. This amazing display included some conventional and some not-so-conventional medical treatments.



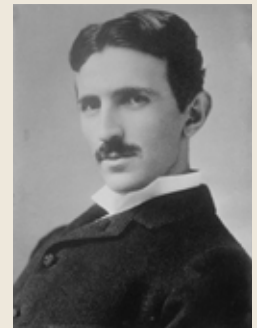
Branston Violet Ray Machine, c1915.
(Photo, courtesy of Willamette Heritage Center)

WAS THERE NOTHING THE BRANSTON VIOLET RAY MACHINE COULDN'T CURE?

Kylie Pine, curator and collections manager, asked me to help set up a couple of the displays. One being the Branston Violet Ray Machine and the other an old gastroscope used at the Salem Hospital many years ago.

This electrotherapy violet ray apparatus became popular about 1915 and well into the first half of the 20th century. It was recommended for the treatment of such disorders as rheumatism, nervous conditions, acne, baldness, gonorrhea, and even writer's cramp. Obviously, like other snake oil and quack remedies, there was no effective proof of effectiveness.

The electrical coil used in the glass tubes of this machine was invented by Nikola Tesla, a person as famous back then as he is today. Tesla came to world fame in the 1890s and early 20th century for his leading research in electricity, including the uses of alternating current (AC), transformers, household appliances, and x-ray technology.



Nikola Tesla, 1890.
(Photo, courtesy of Library of Congress)

Tesla's electrical coil was inserted inside various-sized glass wands producing a high-frequency, low-current beam, giving a vibratory sensation and a sense of warmth when applied to the body. The vibrant purple ray glow came from the ionization of the gas within the glass tube. It was fun being able to show the violet ray glowing brightly on the wall and ceiling above our machine's display case.^[1]

An early Violet Ray Manual gave this advice for the treatment of nasal catarrh (runny nose). *In this condition, the Nasal Tube is used within the nose with a mild current within the nasal passage, two to five minutes on each side, followed by an application with the Surface Electrode externally over the area of the nose.*

The last company in the US to manufacture the violet ray device was the Master Electric Company but lost that right following an FDA lawsuit in 1951. Today, however, violet ray devices are still being produced outside the US and can be purchased and imported if you wish.^[2]



& HISTORICAL PRESERVATION

SCHINDLER'S SEMIFLEXIBLE GASTROSCOPE



Rudolf Schindler assisted with gastroscopy by his wife.
1932, Vienna.^[3]

The semiflexible gastroscope displayed at the Willamette Heritage Center was developed by Rudolf Schindler at the University of Vienna Medical School in 1932. This improved scope was much more comfortable and less risky for the patient than the old rigid scope. The increased mobility and vision provided more accurate photos and biopsies. Later, this scope would be replaced in the 1960s by fiber optic scopes.^[3]

Schindler Gastroscope in bottom section
+ biopsy forceps in top section.
(Photo, courtesy of Willamette Heritage Center.)



In 1982, Hospital Administrator Irwin Weddle handed me the above Schindler Gastroscope, case and all, telling me that it had been found tucked away back in the surgical unit of the Salem General Hospital. The General Unit was then being enlarged and converted into a modernized rehabilitation unit. I agreed to accept the scope as caregiver but felt that it still belonged to Salem Hospital, where it should also continue to be stored. When the Historical Mural Wall in Building B was completed, it was decided to display the scope in one of the new showcases located along the opposite wall of the hallway. This case also contained other historical artifacts, including an old doctor's bag.

Sadly, in 2000 the display case was broken into, shattering glass everywhere. Luckily, nobody was injured during the break-in, which was thought to have been committed by a person looking for drugs. As a result of this incident and similar reports from other institutions, Salem Health made the decision to prohibit the display of historical artifacts in the hospital.

All of this, of course, brings up a much broader discussion about the safe preservation and display of our historical past. Over the years, I have been asked to find new homes for several artifacts, but it has become more and more difficult. Recently I wrote an article in *ChartNotes* about one such challenge, to save an antique hall tree (coat rack) that had belonged to one of our original hospital founders, Dr. Willis Morse. Historical preservation remains a worry and a major concern for me, and I hope to write more about this topic.^[4] [f](#)

[1] Seifer, Marc (1997). *Wizard: The Life and Times of Nikola Tesla*. New York: Birch Lane Press.

[2] *Health Rays from The Branston Violet Ray Generator, First Edition (1917)*. Toronto, Canada: Charles A. Branston Co.

[3] L. Morgenstern. *From the Sword to Schindler: A Saga of Gastroscopy, Surgical Innovation*, 2009; 16: 93-96.

[4] Baumann, HW. *The Travels of Dr. Morse's Hall Tree*. *ChartNotes*, Summer 2020, 16-17.

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The Role of Hospice in Dementia Care

An interview with Cheryl MacDonald, MD, Medical Director, WVH



Nancy Boutin, MD: When we talk about hospice, I think many people imagine diseases like cancer and end-stage heart disease. How does dementia fit in that picture?

Cheryl MacDonald, MD: Dementia has been called “the long goodbye.” It may be difficult for some people to think of it in six-month increments. From the outside, dementia may look like simple memory loss, but it really represents organ failure in much the same way we understand visceral organ failure. As with cardiac and pulmonary diseases, there are many different presentations, etiologies, and disease trajectories.

For example, the Alzheimer’s FAST scale documents a patient’s functional decline all the way to infantile dependency. A patient with vascular dementia likely also has heart, kidney, and peripheral disease. Lewy body dementia, with its frightening hallucinations, goes hand-in-hand with Parkinsonism.

With our extensive experience at end-of-life, hospice providers can help determine when a person meets that six-month prognosis, often sooner than caregivers and providers realize. If we guess wrong, and after six months the patient has a new six-month trajectory, they remain eligible for services.

NB: I moved from in-patient palliative care to WVH just a few years ago, but it seems like the number of dementia patients on service has increased.

CM: That’s true around the country. Most experts agree that for larger hospices, dementia patients make up about 25% of their daily census.

NB: Why so high?

CM: The number of patients living with dementia is increasing in the general population. Also, patients with other diagnoses may have options to try, so they often admit during what turns out to be the last weeks of life. By the time dementia patients get to us, they and their families have watched the decline for years. Even the most devoted spouse is tired. The patient may not be able to express their wants and needs. Pain, fear, boredom, and even constipation may result in delirium and/or behaviors that are difficult or even aggressive.

NB: How can hospice improve all that?

CM: For one thing, team members go to where the patient lives, whether it’s the family home or a facility. There’s nothing like actually experiencing a patient’s life where it happens. Not only do we have experience in understanding what the behaviors are trying to communicate, but we also have tools to manage them—chaplains, music therapy, pet therapy, and massage, as well as the ability to titrate medications based on our own observation.

NB: For example?

CM: Most people probably don’t think of pain as a prominent part of a dementia diagnosis, but this population is likely to have musculoskeletal pain due to age, inactivity, and chronic injuries. They may have falls, pressure injuries, contractures, or ischemia centrally or peripherally. Imagine not being able to identify or communicate that to your caregiver.

NB: And the field team does that?

CM: One of the most important things we offer is listening, supporting, and educating caregivers. For an exhausted, overwhelmed spouse or child there’s nothing like hearing, “We understand, you’re doing a great job, why don’t we have a volunteer give you a break for a couple of hours?”


Sometimes our social workers need to help find respite or even placement. It goes without saying that a patient on hospice can forego those long, disorienting trips to the ED and hospitalizations that are hard on everyone.

NB: Tell us about the GUIDE program.

CM: CMS has realized the significant impact dementia has on health and healthcare in the community. The new demonstration project, launching later this year, will fund case management, education, and support much earlier in disease progression than hospice would allow. It requires participating agencies to have expertise in caring for dementia patients. It won’t take patients away from their PCPs, but adds on services.

NB: So GUIDE won’t be a hospice program?

CM: Sometimes I’m asked why our organization changed its name a few years ago. One of the main reasons was to allow the agency to participate in community benefit programs like GUIDE without every caller thinking they had reached hospice.

And when they do need that level of care, WVH hospice will be ready for them. 



E Pluribus Unum

SATYA CHANDRAGIRI MD



I am sitting at Ronald Reagan Washington Airport, waiting for my flight back home. A flood of humanity surrounds me, and it is crowded. I see little children laughing and playing, parents and families tired and hoping to catch up on some rest after perhaps a vacation with their kids, young professionals, and college students eager to get home for the holiday. Black, White, Asian, Middle Eastern, old, young, and speaking in many languages, English, Spanish, Chinese, Hindi, and many African and far Eastern languages I recognize. They have wide food selections and even had Prez Obama burger on the menu! This is my America.

This visit was important for me to spend precious time with my children and their partners and to tour the US Capitol and the National Museum of African American History and Culture. I even stepped in the middle of two groups protesting the SCOTUS decision on affirmative action in college admissions with potentially far-reaching consequences on educational equity. For me, it was a pilgrimage to the Temple of Liberty and our Republic. Yet, I learned that enslaved African Americans, leased out by their slave owners, mined sandstone from local quarries and built the United States capitol, the White House, and the Smithsonian castle. The very temple of Liberty was indeed constructed by the forced labor of those who lacked liberty! We all must acknowledge this paradox. As an immigrant and elected public servant, I have witnessed many sociopolitical shifts in our public schools and our communities in recent years.

Before starting my new term as Salem Keizer School Board Director, I felt a need for this journey to better understand at a deeper level our shared history and ask myself who are we when we say—I am an American?

For me, as an American, I must fully acknowledge and accept all the benefits and liabilities of not only what we have in front of us but also take full responsibility for our shared history. I have



African American history and culture museum Smithsonian in DC. The model of a slave quarter.

been processing what I witnessed. The life and sacrifice of generations that preceded me, the trauma and abject suffering that came with racism, human trafficking, wars, the divisions and healing, the struggle of the founding fathers and the indigenous inhabitants of our lands. Despite all the imperfections, as a nation, we have succeeded in creating a wonderful republic and have come a long way to become a beacon of hope for the world. Yet, we have important work ahead of us to protect and preserve what we have. This journey must include everyone, for our future depends on uplifting everyone. We will need all hands on the deck. Until we have one America for all of our children, our work is not finished.

President George Washington's parting message was, "We must guard our inheritance. If we allow sectional jealousies to eclipse national interests, the republic will be in peril." Today, in this hyper-partisan climate, this message is as important as it was then. This is my solemn duty to all my children, families, and my communities. I must do all I can to help heal our communities and work in the best interests of our children, families, and generations to come. E Pluribus Unum (out of many, one). After all that is our nation's motto. So help me God. 🇺🇸





Your Trusted Counselor

By Eden Rose Brown, JD

The Costs of Dementia: For the Patient and the Family

A recent report from the Alzheimer's Association states that one in nine Americans aged 65 or older currently have Alzheimer's. With the baby boomer generation aging and people living longer, that number may nearly triple by 2050. Alzheimer's, of course, is just one cause of dementia—mini-strokes (TIAs) are also to blame—so the number of those with dementia may be higher.

Caring for someone with dementia is expensive, and care is often needed longer than for someone who does not have dementia. Because the cost of care in a facility is out of reach for many families, caregivers are often family members who risk their own financial security and health to care for a loved one.

In this article, we will explore these issues and the steps families can take to alleviate some of these burdens.

Cost of Care for the Patient with Dementia-And How to Pay for It

As the disease progresses, so does the level of care the person requires, and so do the costs of that care. Options range from in-home care (starting at \$59,488 per year) to adult daycare (starting at \$20,280 per year) to assisted living facilities (\$54,000 per year) to nursing homes (\$94,900 per year for a semi-private room). These are the national median costs recorded for 2021 as provided by Genworth in its most recent study, [genworth.com/aging-and-you/finances/cost-of-care.html](https://www.genworth.com/aging-and-you/finances/cost-of-care.html). Costs have risen steadily over the past 20 years since Genworth began tracking them.

Care for a person with dementia can last years, and there are few outside resources to help pay for this kind of care. Health insurance does not cover assisted living or nursing home facilities or help with activities of daily living (ADL), which include eating, bathing, transferring, toileting, and dressing. Medicare covers some in-home health care and a limited number of days of skilled nursing home care, but not long-term care.

Medicaid (Oregon Health Plan), which does cover long-term care (in a nursing home), was designed for the indigent; the person's assets must be spent down to almost nothing to qualify (less than \$2,000). VA benefits for Aid & Attendance can help pay for some care, including assisted living and nursing home facilities, for veterans and their spouses who qualify.

Those who have significant assets can pay as they go. Home equity and retirement savings can also be a source of funds. Long-term care insurance may also be an option, but many people wait until they are not eligible, or the cost is prohibitive. However, for the most part, most families are not prepared to pay these extraordinary costs, especially if they go on for years. As a result, family members are often required to provide care for as long as possible.

Financial Costs for the Family

Women routinely serve as caregivers for spouses, parents, in-laws, and friends. While some men do serve as caregivers, women spend approximately 50% more time caregiving than men.

The financial impact on women caregivers is substantial. In another Genworth study, more than 60% of the women surveyed reported they pay for care with their own savings and retirement funds. These expenses include household expenses, personal items, transportation services, informal caregivers, and long-term care facilities. Almost half report having to reduce their own quality of living to pay for the care.

In addition, absences, reduced hours, and chronic tardiness can mean a significant reduction in a caregiver's pay. 55% of those surveyed were employed full-time when their loved one required care, and 51% said caregiving negatively affected their ability to do their jobs. About one-third of caregivers provide 30 or more hours of care per week, and half of those estimate they lost around one-third of their income. More than half had to work fewer hours, felt their career was negatively affected, and had to leave their job as the result of a long-term care situation. To view the rest of this informative article, go to: <https://www.genworth.com/aging-and-you/family/caregiving.html>

Dementia Supplements

While the Oregon Advance Directive covers several medical issues, it does not address dementia-related illnesses. Many years ago, as my clients began experiencing more and more Alzheimer's and other related situations, I saw the need to expand coverage of the advance medical directive to dementia-related illnesses. In response to that need, I created a Dementia Supplement that coordinates with the Oregon Advance Directive and POLST. The supplement directs your care providers to terminate nutrition and hydration if you are in late-stage dementia but are being spoon-fed due to an autonomic response to a spoon at your mouth and your ability to swallow. In other words, while the Advance Directive covers tube feeding and artificial nutrition and hydration, the Dementia Supplement is designed to address spoon-feeding and natural nutrition and hydration and is designed to allow you to die naturally while being kept pain-free through hospice-provided medications.

If you would like more information or to receive a copy of our Dementia Supplement to review and include with your Advance Directive, please email me at eden@edenrosebrown.com.

Conclusion

Long-term care planning should be part of any comprehensive estate plan, and proper planning, including asset protection planning, financial planning, hospice, and dementia care, will help provide you and your loved ones with peace of mind and avoid chaos when the need for care arises. 📖



Southeast Asia 101

BY NANCY STIDHAM BOUTIN, MD

Southeast Asia is divided into two regions. The mainland is a peninsula comprised of Vietnam, Laos, Cambodia, Thailand, and Myanmar. It extends south and east from China like the tail on the letter Q. Insular Southeast Asia is made up of thousands upon thousands of islands in the Indonesian and the Philippine archipelagos, as well as Malaysia, Brunei, Singapore, and Timor-Leste. The eleven countries lie almost entirely between the Tropic of Cancer and the Tropic of Capricorn, with only the northern half of Myanmar stretching across the imaginary line. Unlike the equator, the other named lines of latitude (“tropics” and “circles”) are defined by their relation to the sun and fall between nearby parallels. Only within the tropics can the sun ever appear directly overhead at noon.

One of the most ecologically diverse areas on the Earth, weather in Southeast Asia is influenced not only by the tropical location but also by vast bodies of relatively shallow water and the monsoon winds they create. Another essential aspect of Southeast Asia is its western position on the Ring of Fire or the Pacific Rim. Volcanic activity (hence all the islands) impacts the region’s topography, fertility of its soil, and deposition of rich mineral deposits.

It also has more far-reaching effects. Volcanic eruptions in the Philippines and Indonesia in 1814 and 1815 produced a global drop in temperature known as a “volcanic winter.” In the Eastern US and the UK, 1816 was called “the year without a summer,” with wide-ranging consequences worthy of a future article. The explosion of Krakatoa, west of Java (not East as it appeared in a popular movie in 1968), put so much particulate into the air that scientists believe it affected the Earth’s climate for a hundred years, partially off setting rising CO2 levels.

The earliest inhabitants of the region probably looked quite similar to indigenous people in Melanesia, New Guinea, and Australia. But human beings are a restless species and over the last fifteen or twenty centuries there has been a lot of traffic through Southeast Asia, bringing diverse DNA, with its attendant evolution of physical features. Chinese dynasties ruled Vietnam for a thousand years and continued to exert considerable control until the mid-fifteenth century. China never extinguished the Vietnamese quest for independence but did introduce Confucian philosophy and chopsticks

Myanmar’s neighbor to the west, India, brought Hinduism and other cultural influences across the border, but trade across the Bay of Bengal had a similar impact on the other peninsular countries and the western islands of Indonesia. One writer claims the predominant long-term interaction, Chinese or Indian, can be inferred in any area by whether citizens eat primarily with chopsticks or spoon and fork. Sounds like an opportunity to study for a college scholarship program.





Whether Buddhism, Hinduism, or the Islam that came later, the people of Southeast Asia embraced spirituality, creating amazing places of worship, many of them still extant and many existing as jungle ruins. Angkor Wat, What Rong Khun (the White Temple), the Borobudur Temple, and Bagan in Myanmar give a glimpse of spirituality and culture that flourished for hundreds of years before the first westerner “discovered” Indochina and the island nations of the South China Sea.


Portuguese explorers made first contact, looking for an ocean route to China, at about the same time Columbus “discovered” America. From the early 1500s to shortly after World War II, Europeans dominated Southeast Asia as “trade partners,” colonizers, and conquistadores. The Portuguese occupied a portion of Indonesia from 1511 to 1641. The Dutch East India Company colonized another part of the archipelago in the early 1600s, expanded its hold after the Dutch-Portuguese war, and was ultimately replaced by the Dutch government in the early 1800s. Spanish held the Philippines from 1565 to 1898 but ceded control to the US at the end of the Spanish-American war. France consolidated its rule on the peninsula after capturing Saigon in the mid-1800s referring to everything but Burma as French Indochina. Much of what is now Malaysia was under the control of the British East India Company, and then the Crown beginning in 1826. The British added another “jewel” to their crown with Burma (Myanmar) in the late 1800s.

During World War II, the Japanese occupied essentially all of Southeast Asia. Forced labor and famine were common in the island nations, while the mostly French-held peninsula was relatively spared due to Vichy France’s collaboration with Japan’s most important ally, Germany. With the defeat of the Axis powers, the former colonies began working toward their independence with more or less ease. The French, however, had never left Indochina and were not ousted until 1954, with Vietnamese nationalist, Ho Chi Minh, an important figure. Within a decade, the US had become involved in the struggle between Vietnamese factions, and the “Second Indochina War” became a bloody proxy battlefield in the US/USSR Cold War.

Saigon, whose fall had given France Indochina more than a hundred years before, fell again in 1975. The end of the civil war in Vietnam did not, however, result, in peace on the peninsula. The Khmer Rouge in Cambodia released a reign of terror between 1975 and 1979. A Laotian civil war raged, largely unnoticed in the west, but with a new wave of immigrants: Hmong hill people who had escaped certain “extermination” at the hands of the ruling Pathet Lao. Myanmar has been under repressive military rule and its own reign of terror for decades, with persecution of the Rohingya the most visible, but not the only, target of the current military government.

For most of Southeast Asia, the new millennium has been an era of astounding economic growth, prosperity, and strengthening ties with the West. Vietnam opened its doors to Americans and is now a “must-see” for dedicated travelers.

Thailand’s beaches attract droves of international tourists and recovered quickly after the disastrous 2004 Boxing Day Tsunami. Economic recovery post-pandemic has been good. The US government has identified the ASEAN countries (all the SE Asian countries except Timor Leste), as a crucial strategic partner.

In this issue, we celebrate our mid-Valley providers who come from a vibrant, diverse part of the world with a rich history, blossoming after millennia of exploitation from the East and the West. We are lucky to have them in our medical family. 



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Coming to America Stories: the

International medical graduates from Indian schools make up the lion's share of foreign-born doctors in the US. The next biggest slice of the IMG pie chart goes to students from Caribbean schools, but many of them were born and raised in Akron, Boston, or Portland. The next slices, nearly identical in size, belong to doctors from Pakistan and the Philippines. While this issue of *ChartNotes* is dedicated to docs from all over Southeast Asia, our colleagues from the Philippines overwhelmingly responded to the RFI (request for information)—so get ready for all the Philippines, all the time.

Navigating the convolutions of getting accepted to a residency program in the US on an H1 visa is difficult for anyone, but jumping through the hoops as a couple adds additional layers of complexity. And yet, four of the doctors in this issue's "Coming to America" stories came two-by-two.

Jefferson Loa and Dinah Garinganao Loa

Jefferson and Dinah Loa took the process up one more notch due to Jeff's status as a Canadian citizen. To understand that part of the story, you need to go back more than eighty years.

In 1937, the Imperial Japanese Army began its aggression against China, signaling the start of the Second Sino-Japanese War. A few months later, Germany flouted the Treaty of Versailles and annexed Austria. Together, the two events led directly to the Second World War, which eventually touched every corner of the globe.



Loa family

Jefferson Loa's grandparents escaped Fukien Province, just north of Hong Kong, for the safety of the Philippines.

There, they found a thriving Chinese community with its heart in Binondo, the world's oldest "Chinatown," founded in 1594. Despite years of privation during the Battle for the Pacific, they had children, and later, their children had children.

Loa, a KP hospitalist and newly-minted associate hospice medical director, was born in Manila and spent his wonder years there. However, since the Philippines does not recognize birthright citizenship, the family emigrated to Vancouver, Canada, in 1992. They established Canadian citizenship, and Loa attended the University of British Columbia. The move was undertaken, in part, Loa says, because his parents had "always aspired for (him) to become a physician."

On a vacation trip to Manila, Loa met and fell in love with his future wife, premed Dinah Garinganao. After graduation, he returned to Manila to attend medical school with Dinah. Only later did they realize that if they made it through a residency with brutal hours and low pay, Loa would never be able to practice independently as a non-citizen. Canada, on the other hand, only offered residency positions to graduates of Canadian medical schools, regardless of citizenship. So he entered the US match as a CSA, a "Canadian Studying Abroad," and landed a position at Saint Joseph's Hospital in Chicago.

The pair staggered their post-grad training to facilitate starting a family, living so frugally Loa couldn't afford a cell phone until he became chief resident. "I was always either at home or at work," he says, with a laugh. "Who was I going to call? I mean, we had a landline..."

Dinah Garinganao experienced a childhood most kids would find idyllic. Her family lived in the mountains of Negros Occidental Province, sometimes called "the Sugar Bowl of the Philippines," in the Visayas island group. She had a pet monkey, rode horses, played in the rice fields, and could visit an active volcano without ever leaving Negros. Although her father was an engineer in charge of ensuring electrical service to remote areas, the family only had electric power during the night.

She studied physical therapy for one year in the island's capital, Bacolod City. Nicknamed "The City of Smiles," its population is only slightly smaller than Portland's. Garinganao says her father "decided one day to bring the family to Manila for better education."

She completed her PT degree in Manila but says she didn't feel fulfilled. When she met Jeff Loa, and he had a similar sense about his potential career as a biochemist, they decided to go to medical school. When it came time to match, Loa took the first turn, taking his spouse and daughter as H4 dependents, with



Dinah Garinganao Loa



Jefferson Loa



Philippines

Canada as their port of entry-- since two of the three of them had Canadian citizenship.

The young family found living on very little money in blustery Chicago challenging, to say the least. Garinganao looks back on that time, and their ability to face hardship, with justifiable pride. "We were so pampered in the Philippines," she says, that figuring out how to do everything themselves came with a steep learning curve. "All we had was a piece of luggage and a baby. We were so naïve. And then reality struck. I said, 'What are we going to do?'"

They learned to shop grocery store sales, going from place to place for the best discounts on everything from shampoo to chicken, and then piling purchases in the baby's stroller. She bought pots and pans with Jewel Osco points and funded a microwave oven through SurveyCircle. They had another baby and started looking for their next adventure, someplace more like Loa's years in British Columbia—but with less snow.

When the Loas moved to Salem in 2016, they bought new furniture, new luggage, and a new car, ready to face whatever came their way.

Anda Yangson

Hospitalist Anda Yangson's childhood was the yin to Garinganao's yang. A self-described "city girl," she had more exposure to medicine than almost any other youngster. Her grandfather, a Mass General-trained cardiothoracic surgeon and head of the Lung Center of the Philippines, regularly took her to his clinic. "I would play there while he was seeing patients, and then we'd go round at the hospital." Her grandfather also served as the private physician for some prominent families in Manila and even Catholic nuns in a cloistered convent. "Their own families couldn't visit," Yangson says. "And there I was, inside the convent, because I was with him."



With that background, attending medical school didn't come as a surprise, but Yangson said she never dreamed of training in the States. Multiple family members live in the US she now has a sister in Texas, and her father has his citizenship, "but practicing here was totally not in the plan."

Fortunately for Salem Health, her friends positively influenced her at several critical junctures. She says that looking back, she just wasn't ready for residency when she finished medical school. Her mother asked what she planned to do. Yangson had to say something, so she told her mom she planned to take the USMLE—like some of her classmates. When she passed parts one and two, she remembers thinking, "Uh-oh, now I guess I have to take part three."

Yangson trained outside of Pittsburg, and when she finished, a friend invited her to come for a visit. A big city girl, she landed in, of all places, LaGrande, Oregon. Although she had the opportunity to stay in Eastern Oregon, a close friend from the Philippines had just started working in a brand new program in Salem and talked her into moving to the Valley. Almost immediately, yet another friend began a campaign to find Yangson a boyfriend. "We were at a party in Portland, and she kept introducing me to people, telling them I was single. It was so embarrassing. But one person said, 'Ohh! I know somebody in Salem.' My friend made me give him my number. I went on my one and only blind date, and it turned out to be my future husband, Michael."

Thanks to Mike's mountain man example, Yangson has found her inner outdoor person. She loves the green, the mountains, and the way the air smells. "Even if we go somewhere else for a while, I think we'll retire in Oregon. It's just so beautiful."

Richard and Denise Basilan

A number of the doctors from the Philippines have reported that it is common, if not ubiquitous, to have parents hope their children will grow up to be doctors. Not so in the case of Salem Health hospitalist, Richard Basilan. Growing up in a poor farming community 45 miles south of Manila, his future appeared foretold — he would grow coconuts, coffee, and corn like his father. However, Basilan's father had gone to Abu Dhabi as a manual laborer to earn enough money to buy the land they farmed, unusual in their community and a huge step forward.

The local school was "not very good," but Basilan says he "accidentally" learned to speak English sometime during his childhood. He says he



Richard and Denise Basilan

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Basilan family

Coming to America Stories: the Philippines

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doesn't know how it happened, the language just came naturally to him. An avid reader, he always received English-language books on gift-giving occasions, and he thinks that may have helped. Between his linguistic ability and obvious intellectual ability, family friends recommended he consider a local high school with an emphasis on what we would now call STEM.

He flourished. Not only was he admitted to a well-regarded college and medical school, he received enough academic support that college was free and he paid one dollar a semester for med school (that isn't a typo). During gross anatomy, he was alphabetically paired with fellow student, Denise Barba. "We were spending like eighteen hours a day together—and once we got into the hospital, it was sometimes seventy-two hours. We got married right before we left for Missouri. She wasn't sure about moving, but I pointed out that we knew practicing doctors from the Philippines who re-trained and became nurses so they could work in the States. We had the chance to broaden our opportunities whether we returned to the Philippines or not."

Denise Barba-Basilan, the oldest child in a large, multigenerational family, didn't have to talk her parents into a medical career. Her husband says she was strongly encouraged from an early age. Fortunately, the study and practice of medicine suited her very well. The pair managed all their USLME "steps," and arrived in Columbia, Missouri just a few months after their wedding. "It's a small university town and we felt right at home there."

As with the Loas, managing two careers and immigration requirements made future planning somewhat complicated. Denise finished a family medicine residency and became an attending, which would fulfill her J-1 waiver requirement. Richard finished internal medicine and a two-year infectious disease fellowship "fell in his lap." At the completion of the fellowship Denise still had a year to go and Richard didn't have the option of joining a practice and starting his payback. So he did the obvious thing—he started another fellowship, this time nephrology.

"I thought we were going to stay there (Missouri) but after we had our second child, things were getting a little hectic with nephrology call. I was leaving for the hospital at 2:00 in the morning and leaving my wife with a newborn and a 2-year-old. The idea of having a hospitalist's call schedule became very attractive."

Basilan's lucky star twinkled again. At a medical meeting in Denver, a recruiter from Salem Health approached Denise with information about a hospitalist opening in Oregon. She replied, "Let me give you my husband's resumé."

Basilan joined Salem Health in 2011, and Denise took a practice break with (now) three children at home. When she reentered the workforce, "she did a ton of things," Richard recalls. She

worked with a mobile COVID unit serving women's shelters, farms, and homeless camps. She started a medically supervised weight-loss clinic. She joined the board of trustees at Abiqua School. She provided medical support to an organization for refugees.

"I'm not a big fan of social events, but I went as my wife's plus one for a fund-raiser for the refugee organization. I must have been wandering around looking lost because two different people during the evening asked me if I needed help." Basilan laughed. "They thought I was one of the refugees!"

Cherry Ann Clemente Valino

Cherry Valino, KP hospitalist, says she followed in Richard Basilan's footsteps—same college, same medical school, and now the same hospital. Although she is the first person in her direct line to go to medical school, several of her grandmother's siblings are doctors, including some in Washington state, so she saw them when they came back to visit. She says that growing up she understood she had two career options: law and medicine, and she knew she didn't want to be a lawyer.

Valino realized, like many people, that residencies in the Philippines resembled those in the US forty or fifty years ago—long hours, abusive treatment, and low pay. Her grandmother had seen her siblings' lifestyles in the States, and she supported the notion of leaving, at least for training. Valino matched in Youngstown, Ohio. She married her hometown sweetheart after residency and moved to Wyoming—a state just about as different from Manila as you can imagine. Shortly after welcoming an addition to the family, they came to Salem.

Now that the Valinos have a five-year-old son, they face the same balancing act as many immigrants, retaining the best of the old and choosing the best of the new. Although most of the adults in this article spoke Tagalog as their primary language, especially at home, their kids prefer English. The Basilan's oldest daughter picked up passable Tagalog as a preschooler visiting her grandparents, "but it didn't stick."

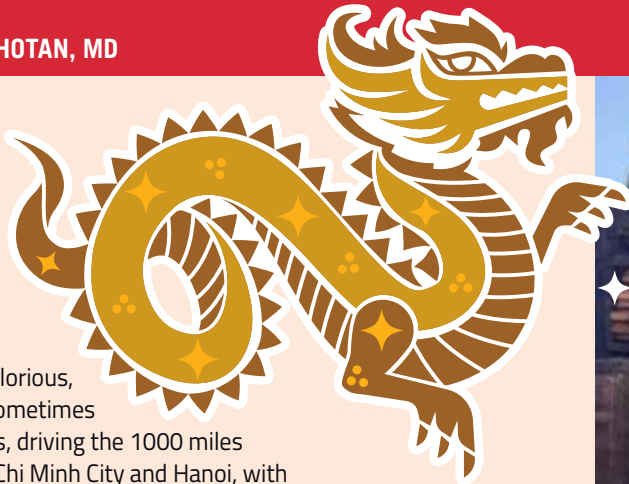
For Valino, keeping in touch with her culture mainly comes down to religion, food, and family traditions. While it's true Filipino cuisine hasn't yet experienced the market penetration that many other Asian food has enjoyed, restaurants and food trucks featuring adobo, lumpia, and lechon are becoming easier to find, even in Salem.

If the ex-pats from the Philippines who work at Salem Health, on the wards and at Creekside, are a representative sample, the culture promotes friendliness, service, and the ability to laugh well and often. Jefferson Loa believes the Philippines produces so many doctors and nurses "because we have a very nurturing culture. There may not be a lot of original research coming out of the country, but there is definitely a societal value placed on caregiving." 📌

Hidden Gem

Bai Tu Long Bay: The Dragon's Children

BY TANIE HOTAN, MD



After ten glorious, hectic, sometimes stressful days, driving the 1000 miles between Ho Chi Minh City and Hanoi, with side trips to temples with names like “The Perfume Pagoda,” “The Temple of Literature,” and “The One Pillar Pagoda,” my family and I reached the pristine, emerald waters of UNESCO heritage site Bai Tu Long Bay. Although the name has various English translations, the words, “bow down,” “respect,” and “dragon’s children” appear most frequently. Bai Tu Long Bay, nearby Halong Bay (descending or departing dragon), and Cát Bà Island (women’s island) together make up a 600 sq mile zone east of Hanoi.

Halong is quite developed with plenty of tourist amenities while Bai Tu Long remains a hidden gem. For millions of years, the enormous limestone formations, karsts, that dot the bay have been shaped by weather into figures that, in the twilight, may resemble dragon’s children.

I had traveled to the bay with my husband and our children (does that make me the dragon?) for the final leg of a celebratory graduation trip for daughter Maddy. I had been back to Vietnam only once, for a medical mission, since I left Saigon as a four-year-old in late April 1975. My memories of that time are vague, but like many families in America, our lives were forever changed by those events. Maddy majored in history with an emphasis



on Southeast Asia and wanted to see her heritage, to visit temples, dynasties, and architecture that had survived a thousand years. She wanted to experience Vietnam firsthand. Her knowledge of the country’s history, going back to BCE, made her our guide.

I had assumed I would be the translator on the trip, although most people in the cities speak English or French, but the farther north we drove, the less people seemed to understand me, even simple words like “hello,” or “thank you.” I learned that not only do the accents change, but there are different dialects spoken in southern, central, and northern Vietnam, along with dozens more ethnolinguistic pockets in remote areas.

We visited a friend in Hanoi, a city with some of the worst traffic in the world. If there are four traffic lanes, there will be five rows of cars. Red lights are suggestions to be ignored. You have to hold up your hand to try to cross the street, but the cars just go around you. I clung to my kids, who seemed way less bothered, and spoke a little mantra, “Okay, stop. Don’t hit me.”

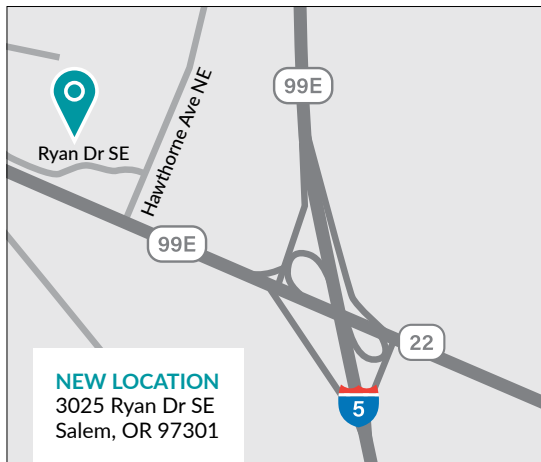
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Hidden Gem

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We were fine. And I was ready for a different experience.

A hundred miles and a world away from Hanoi, I found what I was looking for on the coast, an escape into quiet time. We spent three days on a small cruise ship that held about thirty people including us, practically alone out on the water. No cell service. No internet. We kayaked together in clear, cool water. We explored white sand-ringed islands no bigger than a football field. We watched the evening sky turn from shades of mango and plum to deepest sapphire, scattered with stars.

The amazing thing about slowing down in a beautiful, peaceful place is that you end up getting to know about your family, your neighbors, and then about yourself. You open yourself to those magical moments of connection.

I felt a profound spiritual connection to the water, the wildlife, the gentle wind, and moving among mountain tops as if our little boat floated on clouds instead of the sea. It felt safe to be vulnerable, to open myself to my heritage, as Maddy had wanted for herself on this trip.

Nature, quiet, and the wide-open sky have always been looked upon as sacred spaces, healing spaces. For me, Bai Tu Long was more than a hidden gem—it was a soothing balm and the perfect finish for an amazing two weeks introducing my family, and myself, to my ancestral home. 🇻🇳





Wellness

Erin Hurley, MD



Finding Your Inner Lucy

I recently had the privilege of spending five days in Punta Cana, Dominican Republic, as part of a Women's Mastermind Retreat. Among our esteemed hosts was Lucy Doughty, a native Dominican whose presence could only be described as ethereal. You can catch a glimpse of her in action in this podcast episode hosted by the dynamic Loren Lahav, one of the leaders of our mastermind group:



To behold Lucy is to witness a vision of grace. Her every step seems to defy gravity, and her voice carries the weight of wisdom accumulated over eons. In her gentle, melodic tone, she shares her insights with a generosity and care that is truly awe-inspiring.

Over the course of three days, Lucy graciously welcomed our group of twenty women into her home. She not only prepared delicious meals but also fielded our endless stream of questions with patience and grace. Most importantly, she embodied a way of being that operated at the highest level. Through her example, she illustrated the transformative power of inquiry in expanding our perspectives and the importance of daily rituals in nurturing ourselves to give our best to the world.

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The Oregon Wellness Program

Not everyone has had the privilege of attending a retreat or spending time with someone like Lucy. Something that is always available is access to the Oregon Wellness Program. This Urgent Mental Health Counseling Program Serves all of Oregon's 139,000 Licensed physicians, advanced practice nurses, nurses (RN, CAN, LPN), dentists, dental hygienists, dental therapists, acupuncturists and physician assistants. The Oregon Wellness Program (OWP) is a state-wide mental health counseling program dedicated to confidentially serving the urgent needs of Oregon's health care professionals. The OWP firmly believes that a healthy workforce is critical to the best care for all Oregonians. OWP services are 100% confidential and free of charge to the client. No insurance is billed. The client is eligible for up to eight, one-hour counseling sessions per year.



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Services are provided by a mental health care team of 35 professionals ranging from MSWs, PMHNPs, Psych Ds, and PhDs to MD/DO psychiatrists. All services are currently offered via telehealth.

Since its inception in 2018, the state-wide program has provided care to every individual who has requested services, totaling over 6,000 counseling sessions. The program began with services limited to physicians and physician assistants and it expanded to advanced practice nurses in 2020 and dentists in late 2021. Oregon's nurses were incorporated starting in the summer of 2022. In 2023, with the support of the Oregon Board of Dentistry, dental hygienists and dental therapists were incorporated.

As a member of the Executive Committee of the Oregon Wellness Program, a board member of the Marion-Polk County Medical Society, and a member of the Wellness Committee of our society, I am available to answer questions about the programs offered or be a resource.

You can email me at erin@transformaitonaldoc.com anytime. Here's to our wellness as healthcare providers.

Erin Hurley, MD



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Despite facing the sudden loss of her husband in 2012, leaving her with two young boys to raise, Lucy refused to be deterred. Instead, she stepped into her role with unwavering determination, becoming a driving force for change. She is deeply involved in The Doughty Foundation, her family's organization dedicated to creating a brighter future for children and families confronting life's toughest challenges. You can learn more about their work here:



Inspired by Lucy's essence, I've made a commitment to integrate her way of being into my own life and observe its ripple effects on others. I've taken to affectionately referring to this practice as "Lucying" or channeling my inner Lucy.

When asked about her graceful gait, which left an indelible impression on all of us, Lucy graciously demonstrated her technique. We eagerly followed suit, practicing our best Lucy walk. Head held high, shoulders back, one foot confidently placed in front of the other, hands swaying gently, and our heads tilting ever so slightly from side to side. And the pace? Well, let's just say it was deliberate and S...L...O...W. As I went about my daily activities, from strolling to breakfast to navigating crowded spaces, I found myself slipping into my Lucy Walk. At that unhurried pace, I became the one being overtaken by others.

The results of channeling my inner Lucy were nothing short of transformative. I felt a profound sense of calm and tranquility wash over me. It was as if stress had no choice but to retreat in the presence of my Lucy walk. Much like the "box breathing" technique practiced in the military, our bodies have the remarkable ability to influence our state of mind, shifting from a cortisol-fueled state of stress to a peaceful, parasympathetic state.

Maybe you can take a cue from Lucy. Next time life gets overwhelming, embrace the simple power of walking slowly as a pathway to find your calm. Move the walk outside into nature and gain even more benefit. Studies show that exposure to forests, so-called forest bathing, can boost our moods and energy, improve focus, and even strengthen our immune system. I have encouraged many a healthcare provider to leave the built environment even for five short minutes during their lunch break, and they have been shocked by how much those few minutes outside have benefitted them the rest of the day.

Stay tuned, the Medical Society is looking at some nature walks in the near future. Who knows? You might just find yourself floating on clouds too.

**With gratitude and inspiration,
Erin Hurley, MD**

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Managing Editor



Nancy is the Medical Director of Supportive Care at Willamette Vital Health. She has contributed articles to *ChartNotes* off and on for

twenty years. She is very happy to be back at the keyboard.

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 *ChartNotes* and Historical Tidbits.

★ **THANK YOU MEDICAL PROFESSIONALS**

This issue of *ChartNotes* features our winter member social that was held at Illahe Hills Country Club on February 15th. We were honored to recognize two winners of our annual president's awards. One of those was given to Salem Clinic Medical Foundation recognizing their wonderful work on a website that helps kids in high school learn about jobs in the medical field. This highlights the work of educators who help our young people grow into their medical careers. So, we take a moment to thank our medical educators who prepare kids for careers in healthcare fields. As always, if you have any ideas for features in *ChartNotes*, contact Nancy Boutin at nancyboutin@me.com. If you or your organization has news or events to share, or an in memoriam to share about one of our members, contact Harvey Gail at exec@mpmedsociety.org. Also, visit our website at www.mpmedsociety.org for our news submission policy. The Marion-Polk County Medical Society thanks all of the medical professionals in our community for your unwavering dedication, service and sacrifice. Be Well!



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MY CURRENT OBSESSIONS

...continued from previous page

Winkel tripel projection showing a flat world with curved edges in order to minimize distortion.

Even that map gives the impression that the two land masses are similar.

There are many reasons people might believe Russia is "stronger" and "more important" than Africa, for example. However, the reasons shouldn't include subconscious bias created by a piece of paper on a wall—that uses a format

devised almost five hundred years ago. That's one of the reasons I include map overlays from an app called "thetruesize.com" on articles about the homelands of our international providers.

Just for fun, consider that there is no up or down in space. And, in our culture, winners are on top. Try turning a world map or a globe upside down and see how disorienting it feels to have Africa, South America, and Australia "above" the rest of us. 🇺🇸

Circling Back

As a child, I became obsessed with digging a hole to China. (I never did get any closer than twelve or fourteen inches.) However, that memory may have been the impetus in the last *ChartNotes* for creating an overlay that showed South Asia and the Western Hemisphere as if you could look straight through the globe. We are all familiar with the fact that the degrees of latitude increase as they move away from the equator, but the prime meridian and its better half, the international date line, generally get less press than the equator. I failed to invert the parallel values when I superimposed the Eastern Hemisphere on the West. South Asia ended up over the Caribbean instead of Mexico, where it belongs.

Of course, the simplest way to check your math is to ask Siri what time it is in two locations you're trying to match up. If it's 10 am in one place and 10 pm in the other—you're in the ball park. Declare victory and move along.

Right:



Wrong:



(Had my big dig succeeded, I would have emerged in Uzbekistan, not China.)

The summer 2020 issue of *ChartNotes* provided a look at Nicole Vanderheyden's Long Beach Peninsula property in the process of rewilding. In the autumn of 2022, we became acquainted with SeaDance Nursery, created to distribute the overflow of plants, seedlings, and seeds from Vanderheyden's cultivation of native plants.

In between, the New Yorker ran a piece called, "An Ark for Vanished Wildlife," about a former farmer bent on returning wild beavers, wood cats, and Exmoor ponies to Britain. As far as I know, Vanderheyden's effort focus on seeds and butterflies, but wouldn't it be great to bring Woolly Mammoths back to the Tualatin Valley? I'm just going to leave that here for us to think about. . .

Not to be outdone, The New York Times chose the pawpaw, my obsession two summers ago, for two articles in 2023. First, "In The Garden" writer, Margaret Roach published an article in July suggesting you replace your lawn with a food forest and highlighted Maryland permaculture expert Michael Judd, a pawpaw aficionado. In September, Molly Fitzpatrick wrote an article about the pawpaw king of Brooklyn. I would just like to point out that when I introduced our readers to this indigenous fruit, I found very little on the internet. Now you can't swing a rusty shovel without hitting somebody gaga for pawpaw. Coincidence?

And no, I still have not convinced my husband to plant one in our yard. 🇺🇸

Last Word

Now I Am Become Death, Destroyer of Worlds

Imagine there is no TV. It is 1938, an evening in America. Millions of people relax, sitting back and listening to music on the radio; increasingly urgent “news flashes” reporting “several explosions of incandescent gas, occurring at regular intervals on the planet Mars.”

Doomsday is here: the Martians have invaded New Jersey—residents are ordered to evacuate immediately. ¹

We know this was a hoax, although millions did not think so then. No doubt, this was the first clear example of “fake news” the world had seen. Orson Welles’ 1938 radio dramatization of H.G. Wells’ novel, “War of the Worlds” (published in 1898) was broadcast when radio was the most common source of information. Millions of people heard the broadcast, and as many as one million people bought into it. People fled in their cars, believing doomsday was only minutes away, maybe only 90 seconds.

In January 2023, the Doomsday Clock was set at 90 seconds primarily due to the Russian invasion of Ukraine and the rising threat of nuclear war. I imagine most of you have heard of the Doomsday Clock, a representation of when the world as we know it ends. If you are not familiar with it, you need to catch up.

The Bulletin of the Atomic Scientists (BAS) created the Doomsday Clock in 1947 when they set the countdown at seven minutes to zero (atomic bombs go boom at zero). The BAS was founded in 1945 by Albert Einstein, J. Robert Oppenheimer, and others instrumental in developing the first atomic weapon during the Manhattan Project.

The clock is reset annually by the Bulletin’s Science and Security Board in consultation with a group of experts, which includes nine Nobel laureates. The Doomsday Clock has become a universally recognized gauge of the world’s vulnerability to global catastrophe caused by man-made technologies, including Artificial Intelligence (AI), the threat of nuclear apocalypse, and more. Global climate change can be added to the list with an asterisk.*²

*“A moment of historic danger: it is still 90 seconds to midnight”
Bulletin of the Atomic Scientists; Editor, John Mecklin. January 23, 2024*

90 seconds does not seem like much time, but consider the following:

Russia, Ukraine, Israel, Hamas, Egypt, Gaza Strip, Palestine, Red Sea, Houthis, Iran, Iraq, N. Korea, China, AI, Air strikes by many, Natural Disasters, Climate Change, US-Mexico Border, Human rights and more. I would say we are on the edge.

In 1985, the pop single, “We Are The World” was released. You owe it to yourself to watch the Netflix documentary,



“The Greatest Night in Pop,” which gives an in-depth look into the making and recording of the song. Forty-six of the world’s greatest singers, musicians, and songwriters came together as one for a single night to record the song. 800,000 copies were sold in the first three days. The world was united. At twenty million sold, it became the first single to reach platinum status. The cry for help went global. “We are the World” helped nudge the Doomsday Clock in the right direction.

Before this song was released, the Doomsday Clock had dropped to three minutes to midnight. From 1985 until 1991, the world was increasingly declared a “better” place. The Doomsday Clock was set at seventeen minutes to midnight in 1991. World leaders agreed to lay down their nuclear arms. Seventeen minutes to an apocalypse.

“Now I am become death, the destroyer of worlds” ³ These prophetic words have come back to haunt us as the Doomsday Clock is ninety seconds to midnight in 2024. The threat of nuclear disaster is closer than ever, and worse, it can come from any corner of the world. Global warming can take a back seat for now.

Most of us in the USA feel isolated from the atrocities happening all around us. However, many have/had loved ones in danger. My niece and her family barely escaped from Herzliya (north of Gaza), where her husband worked on a construction project.

What can we do?

Maybe Elon Musk is right.

Long time ago

New Life had begun.

Everyone went to Elysium.

People singing like stars.

Now everyone’s going to Mars...⁴

News Flash: None of this is happening. The media channels are all involved in the biggest hoax of all time. It is all fake news. So just sit back, relax, and enjoy the music of Raymond Raquello. 🎵

1. ARCHIVE, Mercury Theater: The government meteorological bureau has requested the large observatories of the country to keep an astronomical watch on any further disturbances occurring on the planet Mars. We have arranged an interview with the noted astronomer, Professor Pierson who will give us his views on this event. In a few moments, we will return you to the Princeton Observatory at Princeton, New Jersey. We return you until then to the music of Raymond Raquello and his orchestra.

2. * If you believe Mankind is responsible.

3. J. Robert Oppenheimer, from the Movie

4. Adapted from J. King “Everyone’s gone to the Moon” 1965



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