



# CHART NOTES

## Finding your inner Athlete

pg 12



Olympic Gold Medalist  
and Salem-born  
Physician

pg 6

President's Message	3	Getting Pickled	17
From the Executive Director	4	The Tarzan Principle	19
From the Editor	5	Homelessness Solutions	21
Energy	11	Asylum	22
Practicing What We Preach	12	My Current Obsessions	24
Ultrarunner: Pam Smith, MD	13	The Last Word	27
Women Who Run	15		



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# CHARTNOTES

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## What a Summer

Hope you had a good summer! I have seen quite a few summers—in less than a year I get my Medicare card. I have seen glorious summers and wet summers. But this is a first, the summer of the disbelievers.

How did we get into this mess where our opinions on medical issues mean less than those of the “MyPillow” guy? Have we failed to help our patients somehow in the believability test? Why?

First off, this sounds political, and I am not about politics (maybe at home, but not when it comes to caring about my patients). I hope that I also never try to bully my patients and try always to respect their opinions. But this is something new—if I do not disagree with their theories and arguments about the vaccine, could I then be morally responsible for their harm if they get COVID? And I like my patients. I like them a lot and want only the best for them.

But what about us, the healthcare force? Why are we hesitant and why do we fight mandates to vaccinate or use masks?

Let’s get granular—should we mandate the vaccine for all healthcare workers? Here are the advantages of such an approach: beneficence/non-maleficence. We have a legal and ethical obligation to ensure a safe environment for patients, health care workers,


President’s  
Message  
Doug Eliason, DO



and visitors. Justice. Protecting healthcare workers allows us to preserve capacity for our ill patients allowing distributive justice. Here are the disadvantages of vaccine mandates for healthcare workers: It eliminates the right to informed consent or refusal of treatment.

Back to believability, why do our patients now smugly tell us they take Hydroxychloroquine and Vitamin D and remind us that “big pharma” and Bill Gates are pushing the vaccine as a form of mind control? How do we respond to deep-seated beliefs (founded on limited or no scientific rigor) that lead to harm?

I look for wisdom from others smarter than I. One of my heroes is Admiral Bill McRaven, the retired commander of all military special forces, a Navy SEAL from 1977. He stated in one of his speeches, “You may be in charge but it’s never about you and you can’t forget that.” He also once stated, “The great leaders know how to fail,” but then advised, “Work hard. Be humble, and I think that will serve you well in life.”

So, in a world full of disbelief I will always try and sometimes fail, I will make it about the patient and not that they do not believe me, and finally I will try to be humble, respecting their opinion and acknowledge that I do not have all the answers. 



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*ChartNotes is a quarterly publication whose purpose is to provide information of interest to the local medical community. Unless stated otherwise, opinions expressed in any article are solely those of the author and are not necessarily endorsed by the Marion-Polk County Medical Society, its employees, officers or directors. Community members interested in writing for this publication are encouraged to contact the editors. We invite feedback and comments, to be published at the discretion of the editors.*

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From the  
Executive Director  
G. Harvey Gail, MBA

## A Focus on Wellness at MPCMS

Over the first few months of my service as Executive Director I heard a common theme expressed by our medical professionals: wellness. Exactly what that means is a little different for each person, so our focus at MPCMS has been to explore the topic by getting out there and doing things.

Our first in-person event after lockdown eased was a great, stress-free day on the lake paddleboarding. In August we held "Dancing Date Night" featuring dance lessons in Bachata, Salsa, and Merengue dances with Dr. Tanie Hotan. Over 50 people danced the night away at Willamette Heritage Center. Two

wellness workshops were led by Dr. Erin Hurley and Dr. Tanie Hotan. All these events included wellness as a topic of discussion, and many great ideas were shared.

Now that we can meet in person again, I'm getting to know many of the society members. I'd like to especially thank Dr. Ralph Yates at Salem Health for spending time with me. Dr. Yates reflected on the challenges faced in the early days of the COVID-19 pandemic, the leadership needed at the start of the vaccination effort, and how MPCMS can provide wellness and leadership opportunities for its members.

Also, I had a great tour with Maggie Hudson at Santiam Hospital in Stayton. We talked about "charitainment" activities that would interest our members—fun, social volunteer activities that provide important services to charities at the same time. This could include entering a team in a golf tournament or fun run, sorting food at Marion-Polk Food Share, or working on a Habitat for Humanity project. Please contact me or any of our board members if you have ideas on this topic.

Finally, enjoy this issue focused on the athletes among us. Happy reading and be well! 📺

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## In This Issue

I had so much fun learning about our community's artistic side this spring, I was looking forward to finding out about the athletes. We barely scratched this surface this issue. Mostly, I heard about current, solo activities. I hope we can also find out about team sports and glory days in a future issue. One thing each of our subjects had in common was the appreciation of being able to de-stress and recharge while they pursued their sport, whether running, skiing, or dominating the pickleball court.

We were pleased to find that, after reading the summer issue of *ChartNotes*, several of our members decided to share their thoughts and suggestions about ways to serve the homeless population. Your editorial team loves to get conversations going on these pages. Please send us your feedback, op-ed, or suggestions. Writing can be lonely and it's very nice to hear more than the echo of our own voices.

We continue to focus on provider wellness. You'll read about events we've had, events we're planning, and suggestions about how to fit wellness into your busy life. One of the events, the Dancing Date Night at Mission Mill, was carefully planned for COVID safety—outdoors, social distancing, and (I think) 100% vaccination rate. However, it occurred before the reinstatement of the indoor mask mandate. While nearly everyone I saw had a mask in their pocket, and my tablemates all checked in with each other about mask/no mask comfort, the evening was essentially mask-free. Someone who saw the pictures in the Salem Reporter called with a question about the optics of the

evening. As you look at that photo, and the ones in this issue, I refer you to Rick Pittman's pieces on focal length and the compression of space. Your executive board is extremely careful about exposure risks and appreciate the concern and reinforcement as we all get a bit of COVID fatigue.

The editorial staff—Howard Baumann, Rick Pittman, and I—indulge in some of our favorite things and, I hope, entertain you in the process. The recent Olympics inspired Howard to dust off memories of the gold medal won by a Salem doctor long ago and far away. Rick shares more thoughts on the art and craft of photography. And I narrowed my obsession discussion to three topics: Halloween, space travel, and using forms to create very short written pieces that are hard to characterize.

## From the Editor

by Nancy Boutin, MD



As we get ready to go to print, we're witnessing COVID Groundhog Day and I'm glad we didn't write about the end of the pandemic. Here's hoping that by the next issue we have enough neighbors vaccinated that we're enjoying a steep decline in cases. If not, go back a few issues and pull out the instructions for making snug sacks. We may be socializing outdoors again this winter! [f](#)



*Open your yard to Halloween visitors.*



*Nancy and Rod Boutin, socially distanced and way out of their comfort zone.*

# OLYMPIC GOLD MEDALIST AND SALEM-BORN PHYSICIAN

By Howard Baumann, MD

## Let's start with a pop quiz:

1. Did A.C. Gilbert ever live in the Gilbert House, located in the A.C. Gilbert Discovery Village at Salem's Riverfront Park?
2. With the stress and time needed for training for the 1908 London Olympics while a student at Yale Medical School, did he ever really receive an M.D. degree?
3. Was he ever a member of the Marion-Polk County Medical Society?
4. Are there other physician Olympians who have lived in Salem?



A.C. Gilbert at age 9, 1893.  
(Courtesy of Willamette Heritage Center)<sup>1</sup>

Dr. Alfred Carlton (A.C.) Gilbert was a multi-talented inventor, businessman, professional magician, Olympian, and an M.D. who was born and raised in Salem, whose best-known invention was the Erector Set. Although the Erector Set personally made a big hit with me as a kid, it was his Chemistry Set that I'm certain set my course to a chemistry degree. Because many of his formative years were spent in Salem, this article will emphasize those early times and some of the events that might help us better understand this unique individual.

The first of the Gilbert family to migrate to Oregon was A.C.'s great-uncle I.N. (Isaac Newton) Gilbert who crossed the plains from Michigan in 1844. A.C.'s father, F.N. (Frank Newton) Gilbert came to Oregon in 1869 at age nineteen by ship via the Panama Isthmus. F.N.'s brother A.T. (Andrew Thomas) Gilbert followed shortly afterward. The two brothers became business partners in Salem in a brokerage and insurance business. It was A.C.'s uncle, A.T. Gilbert, who built and lived in the house that still stands in the A.C. Gilbert Discovery Village. A.C. was born on February 15, 1884, on his parents' farm located close to the intersection of Marion and Cottage Streets. Salem's population was then just over 2,500.<sup>2</sup>







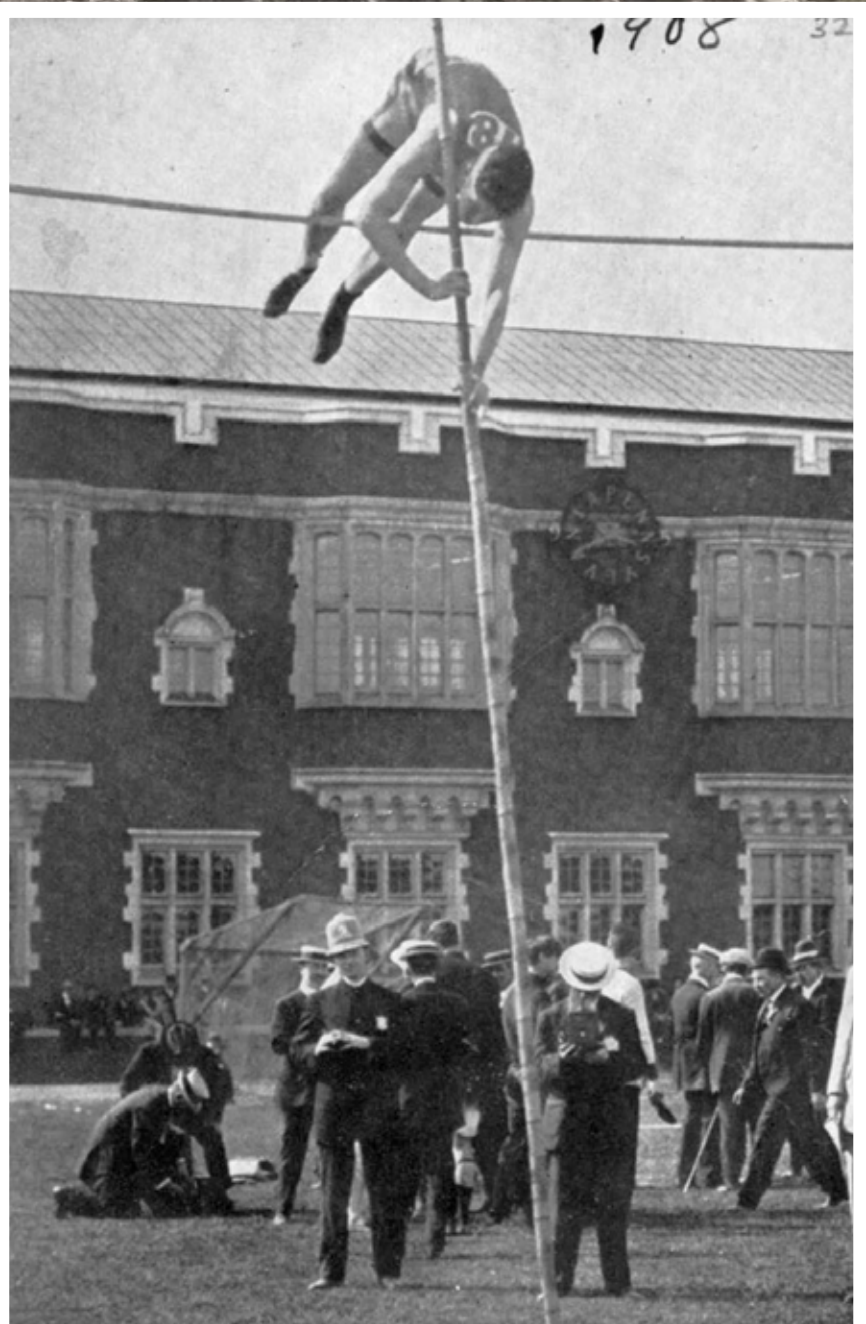
President Theodore Roosevelt with U.S. Olympic team, home from the London games, Sept. 2, 1908

In his autobiography, *The Man Who Lives In Paradise*, A.C. Gilbert describes himself as a youth whose “hobbies involved action and movement.” He trapped squirrels for profit, watched as many track meets as he could at Willamette, and had an early fascination with magic tricks. He tells us about how he and his friends pretended the family barn was a fire station, complete with a pole they designed to slide down. One day they helped form a bucket brigade at a real fire, with the fire chief giving them a special commendation and recognition in the newspaper. And then there was the near disastrous parachute incident: Young A.C. had just watched a hot-air balloon event in Salem where one of the passengers jumped from the gondola with a parachute and floated safely to ground. He recalls in his memoirs, “If another person could do it, I thought, I could too.”

While standing on the roof of their two-story home, he practiced throwing a large canvas tarp with grommets at the corners, tied by ropes to a rock, to watch how the parachute would open. The next afternoon a crowd started to gather in the yard to watch him jump. Thankfully, his father was alerted, ran from work as fast as he could, found A.C. starting to tie ropes to his belt, and ordered him to come inside immediately.<sup>3</sup>

A.C. attended high school at the Tualatin Academy in Forest Grove, a preparatory school connected to Pacific University. He went on to

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A.C. Gilbert vaulting at the 1908 London Olympics. (Courtesy Yale University Library)

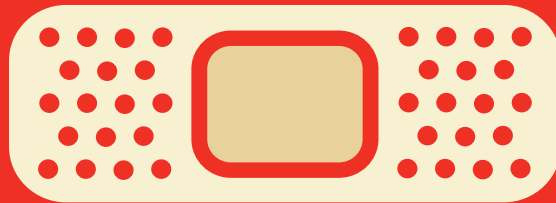
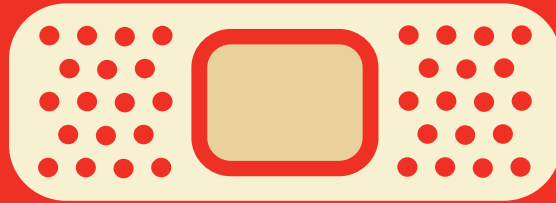
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## A.C. GILBERT

...continued from previous page

attend and graduate from Pacific where he was very active in sports, serving as their football quarterback and captain of their State Championship track team. <sup>4</sup>

While attending Yale Medical School, he continued to participate in track and field, and in 1908, during his senior year, he hoped to qualify for the U.S. Olympic Track Team. Back then Yale allowed graduate students to participate in collegiate sports, if they could find the time. To everybody's surprise, A.C. qualified handily by breaking the world record in pole vault at the try outs in Philadelphia with a leap of 12' 7.75". At the 1908 London Summer Olympics he won the Gold Medal in pole vault, but at a price. The Olympic ordeal had put A.C. behind in his graduation requirements. The Dean, however, realizing how important the Olympics were to him, not to mention that he just won a Gold Medal for the U.S., allowed A.C. to take an additional year to complete his studies and obtain his M.D. degree. <sup>5</sup>

At commencement A.C. had to tell his parents about his decision not to practice medicine, and further, that he and a friend, John Petrie, had already started a successful business: Mysto Manufacturing Company, making and selling magic kits. A.C.'s original decision to go to medical school was based on his interest in coaching, and the medical aspects of sports, but his feelings had changed. "I didn't feel I had either the temperament or a strong enough desire ..."

His parents were disappointed, but supportive. His father, still hoping, told him that if he would come back to Portland, he would set up a fine office and get him started there. A.C. later writes: "My father always showed an uncanny understanding of the spirit behind my escapades, adventures, and hobbies. . . many times, I must have taxed his patience and understanding to the breaking point. . . [when] I graduated leaving behind my medical studies ... everything was business ... nothing could stop me. I was on my way." <sup>6</sup> The rest is history!

To learn more about this fascinating Salemite and his subsequent business accomplishments inventing and creating toys, you and your kids must tour the A.C. Gilbert Discovery Village at Riverfront Park. [📍](#)

1 Willamette Heritage Center, Photo 2007.1.0646.

2 Andrew T. Gilbert House. National Register of Historic Places Inventory – Nomination Form, August 18, 1980.

3 A.C. Gilbert, with M. McClintock, *The Man Who Lives In Paradise: The Autobiography of A.C. Gilbert* (New York: Rinehart & Company, 1954), 7-17.

4 Gilbert, 65.

5 Gilbert, 80-90.

6 Gilbert, 107-110.

7 David Lewis, Gus Envela Jr. (1968 -), *The Oregon Encyclopedia*, Oregon Historical Society.

## Quiz Answers:

1. No, he never lived in the Gilbert House. It was his uncle, A.T. Gilbert, who built and lived in that house. A.C. was known to have visited frequently as a child.
2. Yes, he finally completed his medical studies after an additional year at Yale.
3. No, he never practiced medicine in Salem, or anywhere else for that matter.
4. Concerning other Olympians, there were no other physicians from Salem that I know about, but there was a McKay High School student, Gus Envela Jr., who went on to sprint in four Olympics between 1984 and 1996, no medals, but placed fourth in the 100 meters in 1992. <sup>7</sup>



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# Energy

Erin Hurley, MD



I met a physician almost 10 years ago. He is the nicest person—helpful, available to provide advice or information, and oh, so, kind. I worry about him because I cannot remember a single time we interacted when he did not sound or look tired, if not completely exhausted. It seems a theme for many medical providers. Our successes often come with too much fatigue and too little joy.

Take a moment to imagine what it would feel like to have this success and be full of energy and positivity every day. If you find yourself in former category, read on, as there is hope for you yet!

First, let's check in on your energy level. On a scale of 1 to 10, what would it rate today, this week, this year, and this decade? Raising your score by a little or a lot is possible even with small investments of time, implementing new habits with consistency.

According to one of my favorite authors, Brendon Burchard, in his book *High Performance Habits*, you can do it! He teaches "High Performance" based on the top six habits of high performers ("individuals reaching and sustaining long-term success, while maintaining well-being and positive relationships.") The six habits are: clarity, energy, necessity, productivity, influence, and courage.

For more in-depth information, pick up the book (also available on Audible) or try out the High Performance Planner with twice-daily, weekly, and quarterly prompts to help you keep these six habits in mind. Brendon also teaches that your choices affect you for about 72 hours. Your workout, meditation, or healthy meal just helped you out for the next three days! On the contrary, when you eat a deep-fried meal, miss a full night of sleep, or skip a workout, you face 72-hours' worth of consequences. Ouch! Time to eliminate our spur-of-the-moment decisions and instead plan ahead to avoid those short-term fixes that haunt us in the long run.


### Here are a few hacks to consider:

1. Regularly get fifty minutes more sleep per night. If you have a call shift that disrupts a night of sleep, create a buffer before or after to salvage that 72-hour window. Schedule some naps or restorative meditation.
2. Prep your meals ahead of time or consider a home delivery service that brings healthy prepared meals. Keep healthy

snacks and meals readily available at home and work. Put a bowl of apples/fruit on the counter, small packets of nuts or seeds in a drawer at work, and always make sure you have plenty of access to water (especially if you drink coffee or caffeinated beverages). When the next hangry episode hits, you no longer need to line up in the fast-food drive-through on the way home. Avoid grocery shopping when you're hungry, better yet, try Instacart to save time and avoid those impulse buys in the cookie and chips aisle. If you don't bring unhealthy foods into your space, you can't eat it! Model smart behavior and encourage your family/team to do the same. I often bring in a bag of tangerines, apples, or other healthy options for my team instead of the usual sweets. I let them know I care about them and their health! If you must try something sweet, consider individually-wrapped dark chocolates in small amounts.

3. Discipline Equals Freedom. The more you schedule your day/week/month/year, the better idea you will have of your commitments. This lets you make plans for healthy activities. Don't forget to schedule dates with your partner, kids, friends, and schedule your self-care including workouts, meditation, journaling, etc.... We all know if those dates don't land on your calendar, they won't happen. Review your calendar regularly and make sure everything planned is essential. If not, remove the activity and leave buffer space or add something that will serve your health or relationships. Need help tracking your activities? "Toggl" is a free app that tracks and categorizes your activities and sends a weekly log. It's only as accurate as your entries, so track your time meticulously for a week or two and then review to see how you're really spending your time.

4. Keep a journal or habit tracker and review it at least weekly. Even adding a few lines in a journal regularly will help clarify where you've made progress and where you stalled. And celebrate your successes no matter how small! My high-performance coach always starts our sessions with finding some wins since our last meeting. This helps focus on the positive and keeps me motivated to continue the great work. Remember, even a small change or habit, consistently implemented, can lead to huge gains in the long term. (Think of compounded interest over the years.)

I hope you can find some ideas that will serve you until next time. Feel free to email me for more information at [transformationaldoc@gmail.com](mailto:transformationaldoc@gmail.com). 





## From Where I Stand

Alyssa Schmidt  
MPH, MCMSc, PA-C

# PRACTICING WHAT WE PREACH



Board members Joseph Rad, PA-C and Alyssa Schmidt, PA-C with their plus ones.

Since I moved to Salem in 2017, Marion-Polk Medical Society has hosted speakers and networking events that helped me grow as a new provider. Provider wellness has been the theme of most of our medical society events since I joined. This summer, after the hardest year of most of our careers, we decided to practice what we preach. We incorporated new events to encourage exercise and fun.

In July, we hosted our first event since the COVID pandemic started. We met at Turner Lake for a paddleboard day. Yes, we met on the 115° F day. Never did I think I would trade in my basketball shoes for wet shoes. The water felt refreshing, and I picked up my new summer hobby. Paddleboarding proved much more difficult than I thought! A mix of experienced and new paddleboarders combined to make the perfect recipe for a great summer adventure. This event provided laughter and fun in the outdoors—important keys to self-care. After a year of social distancing, it was awesome spending time with other providers learning a new activity.

Then on August 5th, the Marion Polk County Medical Society sponsored Dancing Date Night at Tap Root Old Mill. Dr. Hotan, from Aumsville Medical Clinic, showed us that you are never too old to learn how to Merengue! We had providers young and old, retired and new, join us for our second event. With the concerns of the Delta variant in our community, we held the event outside on the lawn. We danced the night away with wine, charcuterie, and fearless spirits.

As providers, we tell every patient about the importance of daily exercise, but do we take our own advice? Exercise releases endorphins to help improve our moods and reduce stress. It is more important than ever that we, as providers, embrace exercise. I hope you will join us at our next activity!

Do you have ideas for future events? Please let us know! [f](#)



Instructors Tanie Hotan and Mark Lowes showing how it's really done.



Praxis PA Christine Rue and husband on date night.



BY NANCY BOUTIN, MD

# Ultrarunner: Pam Smith, MD

Let's get one thing clear right out of the gate: Pam Smith, long-time Salem hematopathologist, is an honest-to-goodness, international, elite athlete who sets world records and wins big races, including the Western States 100 (mile) in 2013. If you only know Dr. Smith from Tumor Board or sharing a two-headed microscope over a difficult case, you might find that surprising. Unfailingly helpful, pleasant, and unassuming as she is, you might have a hard time picturing her, one Thanksgiving, running a little shy of eight hours in the middle of the night along the Arabian Sea representing the U.S. in Doha, Qatar, as part of the 100 kilometer World Championships. The women's team took third and Smith had a tenth place finish. Did I mention the *world* championships?

Smith, who says she doesn't think she "was blessed with a huge amount of natural talent," credits her success to a strong work ethic and that she loves to "figure things out." She has, however, enough natural talent that she came in first

the first time she did the mile run at middle school, the first time she ever ran five kilometers, and qualified for Boston with her first marathon—for which, she admits, she didn't really train "appropriately." Her longest "training run" had been only nine miles.

She didn't run Boston that year--Smith's parents took the family to Mexico to celebrate her medical school graduation instead. She spent ten years trying to improve on the PR she set qualifying at the Washington's Birthday Marathon in Greenbelt, Maryland. Smith says she realized she had obsessed over beating her first finish time and didn't think that was good for her. The wisdom, she says, is that if you want to progress as a runner you can either go faster or longer. Turns out, her forte was to go longer—a lot longer. And, when she trained for those longer distances, she got faster and the old PR fell.

"By definition," she explains, "an ultramarathon is anything longer than 26.2 miles, whether on the road or on trails. Most ultrarunners specialize in one or the other, but I like both. Many people think that all long distances are the same, but when you double the mileage, there are a lot more factors to contend with."

When Smith decided to abandon marathons and take up trail running, there just happened to be a fifty kilometer trail run coming up along the Mackenzie River. She figured 50k was only five miles longer than a marathon, so it should be a piece of cake. She went in with no expectations of the experience or herself and had a blast. The scenery was beautiful and the people were great. A group from Corvallis introduced themselves. "They said, 'You should come around with us. We can do more—let's all do more.' So I said, 'Sure, I want to do more.' Just what I needed—a bunch of enablers," she says with a laugh.

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## ULTRARUNNER

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Although Smith does run some 50k races, she really excels at 100k—62 miles and a skosh—which she runs in around eight hours, and also 24 hour runs. Smith qualified for the 2021 U.S. National 24 Hour team when she racked up 153.041 miles in the World Championships in Albi, France, in 2019. Unfortunately, due to COVID, the October Championship race in Romania has been canceled, as were the 2020 Worlds. “Which means,” she says, “everyone is going to have to qualify again. They were nice about it, but I thought the pain of re-qualifying sounded terrible. I guess with experience there is knowledge. It’s going to be very painful.”

That said, she has chosen to run the Badwater 135 in Death Valley. The race is 10% shorter than her total distance in France, but many times more grueling than a flat course in Europe, with provisions, port-a-potties, and, it appears from the Irun4Ultra YouTube, massage therapists on the in-field.

“The race goes from Badwater basin, which is minus 282 feet, up to the Mount Whitney portal at 9,870 feet. It’s 135 miles and they conveniently make this race in July. And, I also did it on the record hottest year that they’ve ever had there, a 127-degree high. There is no shade anywhere because nothing grows in Death Valley. The thing that’s interesting about the race is that you’re running on the road and your crew is in a car, so they can stop anywhere, which is nice because you have assistance, but you also have an out. You can jump in that car anytime you think things are getting bad. So there’s a mental game that you have to play, ‘I’m going to keep going.’ The pavement temperature hit 160 degrees, hot enough to melt the glue in my shoes. The sole of one of them completely detached.

“Having a crew car requires another level of strategy. You’re left to figure out when you want your crew to show up and what they are going to have in the car and what are they going to do with you, and so on. Most other races dictate that to you—there’s going to be a crew station every five miles, for example.

“With the 24 hour races, the mental game is different. If you sit for a few minutes, it’s less time you have to put out the energy, but it’s also less ground covered. At the end of the day, you’re going to be exactly where you started. Because you’re running in a loop, you see everybody on the course frequently. There tends to be a stronger sense of camaraderie. You know, misery loves company. Everybody’s out there suffering together--the people who are running slower or faster, walking, or whatever, they all kind of cross paths multiple times throughout the day. You’re never more than a mile from whatever you need, so you have to push through the demons telling you, ‘Stop. This is stupid. It doesn’t mean anything.’ Those demons grow bigger and stronger as time goes on.”

One thing that doesn’t bother Smith on the overnight runs is the need for sleep. She says that she doesn’t get sleepy as long as she’s moving. If she slows down and gets cold, that’s when she has a hard time. And, she says, after a run like that, she actually has a difficult time getting to sleep. She’ll end up reading a book, fully



The U.S. team on the podium in Qatar.

clothed, in the hotel bathtub while her husband, who has been up to support her, sleeps in the bed. An ultrarunner himself--until a knee injury ended the long runs--he understands.

So far, nothing about ultrarunning sounds very appealing. But Smith said if she had to be the kind of runner who goes out for a few miles a day, she wouldn’t run at all. For her, the payoff comes in many different ways.

“I like the training plan—figuring out the best physiologic approach for my body and the kind of running I want to do. I like having a goal. I like the discipline. I like being an athlete. I love being out on the trails. I love being out there with my friend group. Going out for three hours on a Saturday morning is the same thing as other people going out on Friday night. We talk, we laugh, and when I get home, I feel like I’ve done something. I feel good. I don’t get a runner’s high, I get a runner’s mellow. It de-stresses me and gets rid of anxiety. I can let things go instead of focusing on what happened at work or whatever. At my core, I’m a very competitive person. Not so much with other people, but with myself and what I think I can do.

“I love figuring out how I’m going to do better at a race, how to pace, where to walk, what to eat. I need to decide where to have drop bags, what supplies to take, what gear to use, which shoes, all of that. Managing the details is a skill and that’s where I really excel. It’s a challenge and it’s fun.”

This summer Smith crewed for a friend running the Badwater 135. She had insights and strategy to share, plus a car to drive, and making sure the runner had everything he needed to keep the demons at bay. She even tidied Death Valley along the way, picking up non-race trash for proper disposal.

Although Smith is dedicated to her sport, she has plenty of other interests to keep her well-rounded. As with many parents of teenagers these days, she’s gotten good managing a socially-distanced high school experience. Her husband is a teacher, so they have juggled everyone’s video conferencing needs. She enjoys cooking with home-grown produce from her garden and eggs from her chickens. She adopted a neighbor’s goats and a “rescue” long-haired sheep. She’s mentoring younger ultrarunners. She’s busy enjoying all the outdoor activities the West has to offer.

Sounds like a summer of rest and recharging compared to her usual training schedule. Just wait until they announce the location of the 2022 World Championships. . .



# WOMEN WHO RUN

BY NANCY BOUTIN, MD

While Pam Smith may be the only woman ultrarunner in our medical community, three other women marathon runners turned up in our sweep of athletes. They have some differences and some commonalities in why and how they took up long-distance running. Gloria Marlowe, KP surgeon, Cheryl MacDonald, WVH medical director, and Tanie Hotan, Santiam family medicine doc, all find physical and mental renewal out on the road.

MacDonald grew up in a farming community in southwest Michigan and says she and her siblings were “always outside, running everywhere.” In high school, the PE teacher tagged some girls as sprinters and assigned others to distance. MacDonald pulled the long straw and ran the cross country route. She tried to collapse when she got back to the teacher. “Oh no,” he said, “You’ve got the second half of the workout still to do.” When she got home and sprawled out on the floor, her mother told her this was obviously too hard and that she should quit immediately. “That’s not a word in my vocabulary,” MacDonald says. “It just cemented my resolve.”

Marlowe took up running in high school in Nebraska to combat the effects of the American diet. MacDonald competed with the boys’ track team because her district hadn’t caught up with the 20th

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Gloria Marlowe in her Boston marathon bib.



Tanie Hotan and friends practicing patriotism, gratitude, and camaraderie on the road.

## WOMEN WHO RUN

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century. Hotan started running as an adult after she volunteered at an event to support one of her kids' teachers and met Susan Gallagher of Gallagher's Fitness. She selected a race, bought some shoes, and found a whole bunch of new friends.

For each woman, more serious running grew out of the social opportunity they found in a community of like-minded individuals. They liked the way they felt after a run. They liked having something to do with fitness-focused peers. They liked the post-run socializing. But at some point, each got the idea she should sign up for a marathon, preferably one of the big ones—Boston, New York, Chicago, or the Marine Corp Marathon in Washington, D.C. Hotan trained with the Gallagher group and an older, more seasoned friend. Marlowe found an on-line training guide and went it alone. MacDonald, who had been entering short fun-runs and races, waited until she was post-partum with her second child to start adding longer miles to her workout.

MacDonald went across the lake and ran Chicago when her son hit 18 months. She loved running through the ethnic neighborhoods and seeing how each one highlighted a different aspect of their culture. Marlowe's first marathon took her through the streets of D.C., past the Pentagon, the National Mall, and the Capitol. She remembers being in awe of all of it. Hotan had a different experience. In 2014, the entrants to the Boston Marathon ran under heavy security out of fear of a copycat attack after the carnage of the year before. "There was militia on top of the buildings, up there with their rifles, basically protecting us."


The '13 bombing had drawn Hotan into running a marathon. She felt personally affronted that someone had attacked "her" community. She needed to make a statement, to go back to the site, as a way to say, "I'm not going to let you take this away from us." She realized she probably didn't have the speed to qualify yet and looking for her plan B, she found a backdoor into the race. She discovered that people who register and raise money for a qualified marathon charity can earn their golden ticket. She chose a charity that combats childhood obesity and raised over \$5000.

Somewhere around 20-23 miles into the races, each woman has hit the proverbial wall. MacDonald recalls, "After the first one, you say, 'I'll never do that again.' And then I did it nine more times." Marlowe drew inspiration from the war memorials to "all these young kids who went through so much more than what we're doing as runners." Hotan sucked it up when a woman stepped out of the crowd to run the last couple of miles to the finish line with two running prostheses where her legs should be—necessitated by injuries sustained at the bombing one year before.



Cheryl MacDonald and husband, Tom Armstrong, on top of the world.

MacDonald experienced a similar moment during her last marathon—the 2001 Marine Corps Marathon held six weeks after 9/11. She didn't think she would be able to attend, "but at the last moment, they said they were opening back up and I flew into Reagan Airport the first day they let planes in," she says. "The security was unbelievable. The Capitol was, of course, fenced off and there were so many guards everywhere. The Pentagon was still just devastated, a war zone. I ran my slowest time ever, but it seemed so much more to me because the whole spirit of the place was about people coming together as a country. Runners from New York wore the numbers or the faces of people who died. And when we ran by the Pentagon, everyone just stopped and stood there, universally. Usually, you worry about your time and passing everybody. And in this race, it just seems like nobody really worried about their time. Everybody just wanted to be present in that moment and kind of feel what this meant to us."

Community, challenge, effort, goals. For these women who run, the marathon serves as a metaphor for the work they do every day. The shorter races bring out their competitive sides. But at 26.2 miles, each of the three said they don't expect to stand on the podium and that lets them release the stress of competitiveness. Instead, they're able to be present in the moment, to find their limit, and then push through it to the finish line. 



# Getting Pickled with Tom Kruse, MD

BY NANCY S. BOUTIN, MD

Many credit Abner Doubleday with inventing baseball. James Naismith gained immortality when he nailed a peach basket to a balcony rail. Walter Camp carries the soubriquet “Father of American Football.” Can Pritchard, Bell, and McCallum, the groomsmen of pickleball, be far behind?

Imagine the marriage of tennis and ping pong, played over a low net on a badminton court, and you have a close approximation of pickleball. Like Naismith’s mighty hoops, pickleball started as a game to keep bored students occupied. Inspiration hit the Bainbridge Island dads in 1965, seventy-five years after a young PE instructor defaced the YMCA balcony in Springfield, Massachusetts. The rest is history.

For most of the years that Salem dermatologist Tom Kruse played competitive tennis, he never heard the word pickleball. If he had, he’d probably deny he’d someday become a pickler. He’d have been wrong.

For Kruse, tennis has been a life-long pursuit. He discovered the game as a ‘tween in Iowa, played on a high school team in the Chicago suburbs, continued with intermurals as an undergrad at DePauw in Indiana, and picked up games as time allowed during medical school and two residencies, internal medicine and dermatology, at Case Western.

Finally tired of the midwestern weather, Kruse headed west and hung up his shingle in Salem, Oregon. He didn’t arrive in time to use the tennis courts built by the medical staff behind the hospital — courts sacrificed for building expansion—but that didn’t slow him down. He and wife Pam played frequently, both singles and mixed doubles, often with other medical couples.

Kruse also cycled regularly, both in Salem and on vacations here and in Europe. He says that he didn’t really need exercise to de-stress, dermatology doesn’t cause the same adrenalin load found in many other specialties. “But it does require a certain amount of stamina to see 35-40 patients a day, on your feet going to the next one and the next one and the next,” he says. “I’m sure the exercise gave me a beneficial mental break, but it also helped with the pure stamina I needed.”

When Kruse retired, he and Pam followed the weather again, this time as Arizona sunbirds. They found a tennis community, but Pam’s arthritis limited her play and she switched to pickleball. Kruse tried it out and found he really liked it, too. The game was still new at their place and they first played in a parking lot with portable nets and a snow fence to stop the balls. The biggest complaint of people who live near pickleball courts, Kruse



Service, Pam Kruse.

claims, is the noise generated by a game—but not so much the sound of paddle on ball or cursing over missed shots. Instead, you’re likely to hear raucous laughter, hooting, and enthusiastic commentary from the players.

Pickleball is almost always played as doubles—there’s no such thing as a singles court and it is “brutal” to cover the whole territory alone. The rules favor volleys over power serves and a no-volley zone near the net, called the kitchen (don’t ask me why), diminishes the use of hard, non-returnable slams. “There are more rallies and the ball stays in play longer,” Kruse says. “That’s a big part of the appeal.”

Everything about the game makes it relatively easy to pick up and it’s catching fire with the 20 and 30-year-old set. Kruse says they’re “really sticking to the old guys.” With so many players, pickleball has become very competitive. There are pros and rating systems and tournaments--NBCSN

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## Getting Pickled

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broadcasts the national tournament—and even projections of when pickleball will have enough players in enough places to qualify to become an Olympic demonstration sport.

Although the game was developed for children, it's really been embraced by grandparents. Courts are ubiquitous in communities that cater to active retirees, especially in warm-winter areas like Arizona and Southern California. "They're sinking real money into expansion," Kruse says. "There's a development near us in Tucson and the first sign you see when you drive in is '24 pickleball courts straight ahead.' They're state-of-the-art, with fences in between courts, lighting, bathrooms, and a picnic area. Just beautiful."

But the game can be played in damper conditions than tennis would allow—Kruse sent photos of soggy picklers on the courts in Sunriver earlier this summer—and indoors. "There's an indoor club in Bend run by a couple of pros. It has eight courts," he says, "with a viewing area, a wine and beer bar, and a balcony with a fireplace that looks out over the Cascades. It's amazing and very popular."

Less opulent indoor courts can be found in gyms, converted warehouses, basketball facilities, and even theme restaurants. If you can play darts in bars, why not pickleball in cafes?

Kruse plays four or five mornings a week. For a while he entered

a lot of tournaments and earned a slew of metals, but then he says, he fell victim to the Peter Principle. He moved so high in the rankings that he found himself playing against a lot of really good opponents. "You'd end up driving to these tournaments, pay a pretty steep entry fee, and maybe only get two games out of it," he says. "You've spent your whole day. I can play with a group of friends for two or three hours, have fun, and get some good exercise. I haven't played a tournament for several years and I don't miss it."

With the slower play, it stands to reason that pickleball would provide less cardio than other sports. But intuitively obvious isn't always the same as accurate. As a player's skill level increases, the speed of the game and the amount of exercise increases, too. "One of the pros in Bend wore a heart monitor playing both doubles tennis and doubles pickleball. He found that he got 50% more exercise playing pickleball."

During Kruse's annual physical last summer his doctor became "a little concerned" about his low resting heart rate, which he says was in the upper 50s. He ordered his first-ever EKG. It showed a healthy heart well-conditioned by a steady diet of cycling and pickleball.

Heart health probably wasn't top-of-mind for the Bainbridge dads when they made up a new game for their bored kids. But unlike the other American-born sports, it doesn't take a whole team to play, there's very little risk of injury, it doesn't require much equipment, and it offers a great cardio workout. Thank you, dads. 🏓

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# The Tarzan Principle

BY KEITH WHITE, MD

The Creator was not kind to me when handing out grace, coordination, and balance. My younger brother was the natural. So growing up in the '60s, mediocre at baseball and football compared to my friends and brother, I regarded myself a non-athlete.

In order to get out of the daily grind of required gym classes in college, I signed up for Sunday ski lessons. I just wanted to survive the scary downhill rigors and get back to studying, ASAP. I didn't realize the rudimentary survival skills I learned in those two winter semesters would be the key to unlimited opportunity for future happiness.

After college, I forgot about skiing; I had too much studying to do. But, by accident, a light went on during a rotation with the US Public Health Service in Juneau, Alaska. The couple I stayed with wanted to try skiing at Eaglecrest, the new ski area on Douglas Island across Gastineau Channel. With some trepidation, remembering the survival mode that I always adopted at Hoodoo Ski Bowl, I went along.

All the equipment had changed. Skis were shorter, wider, and had better metal edges. Sturdy, inflexible boots fit tightly. No more "bear trap" bindings, the skis locked on. The gear became part of your body.

I was very pleased to discover skiing was much easier than it had been in college. I could teach my hosts some ski skills. We had many good times at the mountain. This triumph, coupled with my slowly accreting skills, gave me new self-confidence and a new self-image. Skiing became something I enjoyed immensely, gave me lots of good exercise, despite my academic slug-like predisposition, and took me way away from stress. Skiing was something to look forward to. It recharged my batteries. It still does.

When I got home from Alaska, a friend took my wife, her sister, and me cross country skiing at Mt. Hood. I could use some of my alpine knowledge and employ some of the old Hoodoo survival maneuvers. It was more aerobic—except when I huffed and puffed into the anaerobic zone. With time and experience I became much more fit.

That year we formed a group of friends who went cross country skiing every non-call weekend throughout residency. We'd look forward to skiing even when exhausted from being up all the night on the wards. A quiet appreciation of the woods and hills, either solo or with friends, revived us for another week.

Concurrently, I went alpine skiing, as well. Locally, at Timberline and Meadows and Mt. Bachelor, and on road trips into British Columbia to ski the hills near Vernon, Penticton, Manning Park, Kelowna (Big White), Whistler, and Black Comb.

During the years of medical practice in Independence and Monmouth, I often rode the rowdy mid-week ski bus to Mt. Hood Meadows. There I would meet amazing people from all walks, skiing into elder-hood. My friend Bob, who got me on the bus in the first place, did not retire from skiing until age 84.

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## THE TARZAN PRINCIPLE

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On the weekends I went cross country at Santiam Pass, Bachelor, the trails along the nearby Cascade highways and bushwhacking in the Blue Mountains and Ochoco Mountains—a lot safer and easier than alpine, and much less expensive. The last time I went cross country I picked a sunny day. The slick, compacted snow made it feel like skiing on oiled glass. No friction. I fell 100 times. But I enjoyed every beautiful minute out there by myself—better that I had nobody to feel sorry for me.

Skiing improved my self-confidence. It led me to many new friends and places. Negotiating tough mountainsides in alpine and exhausting climbs in cross country gave me the grit to “gut it out” on high-altitude trails during botanical expeditions in the Himalayas and the mountains of Southwest China and Eastern Tibet.

The slopes gave me an alternate life and helped me develop other alternate lives that took me away from my doctor role. These other lives recharged my batteries and made me ready for the long days and nights of practice. They also gave me something fun to look forward to.

I learned to practice the “Tarzan Principle.” Tarzan never let go of one vine without having hold of another. I never leave one good experience without having planned others. I believe the practice protected me from even getting close to burn out.

The many decisions I had to make skiing, on expeditions, and during my time as a helicopter firefighting foreman with the US Forest Service—some good and a few not so good—gave me confidence in myself, my teammates, and in our decision-making processes, out in the field and in the office.

I know many medical professionals have other lives. You probably do, as well. To me, these men and women seem very happy. How about you? What are your “happy other lives”? How often do you live them? Can you slice out more time to be in your other lives?

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# Some Possible Solutions to Lessen the Medical Impact of Homelessness

BY HAL BOYD, MD

Homelessness in Oregon is clearly a medical question, a public health issue comparable to COVID-19, tuberculosis, and other infectious diseases. In my forty-seven years of orthopedics practice, the only patients I've seen with tuberculosis came from the homeless population. I have treated two unvaccinated patients who died of tetanus. Post-op care, medication adherence, and physical rehab are all major challenges among the homeless. Salem has two public health victims—the unhoused and the larger community. Solving the problems of one solves the problems of the other.

Our state budget for public health often ranks 47th of 50 states, per capita, with homeless assistance shifted to the cities and local compassionate organizations. Churches in Salem do a remarkable job keeping the vulnerable fed and sheltered. Besides volunteers, there is no systematic approach.

On 7/12/21, a three-day hospital admission for dangerous mental behavior should have protected a disruptive schizophrenic walking barefoot on hot asphalt in 110-degree weather. A systematic approach could have offered a best practice for care of this woman. But does society have the will for change?

After experience on the Marion-Polk Homelessness Study Group, district attorneys from Marion and Polk modified public drug and drinking arrests from legal proceedings to diversion for treatment. Certainly the medical community can think as creatively as the lawyers.

We currently have no medical system defining best-practices for homelessness interventions, no effective method for data analysis, and no systematic way to connect this population with community resources. Addressing disparate issues as they pop up is a sort of medical whack-a-mole. A computer-based system with a homeless medical checklist would define the group and allow more effective follow-up. It would provide a portable medical ID shared throughout Oregon for a group of patients with no fixed address and who are often very mobile. Computer data could then be analyzed by the Oregon Health Authority to determine new best practices.

Furthermore, if the homeless were in a "health system" they would be phone identified, with two-way



communication, just like our current patients. The system would be able to communicate specific health ideas, appointment reminders, home and health options, test results (2-factor authentication), all of the communication tools we use. There could be a daily note from the OHA. This approach will help identify those ready for change and/or those who need mental health care.

If we could offer three areas of medical homeless intervention, what would they be?

I imagine an OHP "lite" program run by community psychiatric NPs, PAs, MSWs, and MAs. Find out who wants assistance. Participants in the program earn a reward. Join a drug rehab program, you are rewarded. Publicize success.

Priority would be given to keeping all children and women with children in homes.

Veterans must have an advocate for their VA concerns. On a recent visit to St. Mark's Lutheran Church, three of nine homeless individuals on the front porch were young vets with nowhere to go.

The members of the Marion-Polk County Medical Society have the opportunity to be a voice for change. Following a timely discussion at the MPCMS, our board should send a letter to the Oregon Health Authority requesting support for a systematic policy of medical homelessness management, subsequent data analysis, and the creation of a computer-based Oregon Homeless check list. It's a step toward protecting the health of our community. 📌



# Asylum

By Prassana Pati, MD

Editor's note: Asylum. The word comes from Late Middle English and means a shelter, a place of refuge, or protection from danger. In recent years, the word has been used often to describe men, women, and children seeking entrance to our country to escape untenable conditions elsewhere.

But in America after the mid 1800s, the word "asylum" frequently followed "insane." These were intended to be places of safe haven and dignity for the mentally ill. One hundred years later, critics of the dedicated mental institutions argued that poor conditions and frequent violation of patients' rights had replaced the notion of refuge and protection. They favored mainstreaming mentally ill individuals, believing families and well-staffed community care centers would replace the insane asylums.

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Prassana Pati, MD, has practiced psychiatry on both sides of the deinstitutionalization divide. In response to the summer '21 issue of *ChartNotes*, he wrote this:

Dorothea Dix, a mid-19th century innovator and teacher in Boston, Massachusetts, surveyed the care of the mentally ill. She found them with poor hygiene and worse nutrition sleeping on straw beds in barns, their situation not much different from our homeless population today. Dix went before the Massachusetts legislature and presented her data, thus beginning the asylum system in the US. In Southeast Portland, the young state of Oregon had a privately-operated asylum, supported, in part, by state funds. Recognizing the need, the State of Oregon established an asylum in what is now the Oregon State Hospital. This treatment movement spread throughout the country.

Having worked at OSH for twenty-eight years, I know in my heart that psychiatric care starts with the patient living in a secure place, with three meals a day, and people to interact with. I came from Penn State Hospital in 1952 and began to understand mental health. Imagine yourself mentally ill, homeless, and sleeping under the Marion Street Bridge.

When I came to the Oregon State Hospital, seventy percent of voluntary short-term admissions were for thirty days or more. These days are tragically gone. The indigent mentally ill in Salem or Portland are frequently homeless, camping, and wandering about the streets. Many are in the work force, with families to support, and no access to reasonable healthcare.

In summary, my call to action is to bring back the asylum system to address the homeless problem. This is needed in the entire country, whether Oregon or New Jersey. Proper mental healthcare starts when people feel safe. Living under a bridge is not that. 

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BY NANCY BOUTIN, MD

# MY CURRENT OBSESSIONS



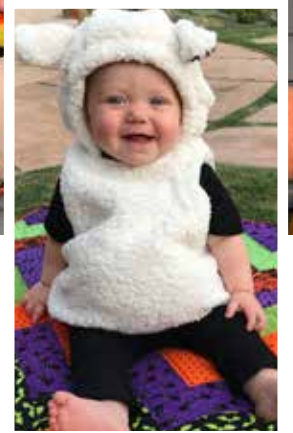
## Halloween

I don't want to sound like I'm snacking on a bunch of sour grapes, but compared to what the kids have today, Halloween in the 1960s was a veritable wasteland. We decorated with a couple of pathetic carved pumpkins on our porches, a scarecrow (if you lived near a farm), and maybe, maybe a portable turntable inside the front door that played spooky sounds. We bought costumes printed on thin aprons of non-breathable plastic and wore molded masks that covered our eyes and mouths so we couldn't see or eat the full-sized candy bars that constituted the best part of the night. Sometimes we got apples or homemade "health bars" even after urban legends warned of razor blades and warfarin hidden in anything that didn't come in a sealed wrapper printed with the words "Mars" or "Hershey." If somebody wore a homemade costume, they (or their mom) thought it would be neat to appropriate another culture, religion, or ethnic group and today they pray no pictures survived to reappear on social media.

What a difference five or six decades make. . .

My four-year-old granddaughter called the other day to put in an order for her annual Halloween dress—usually black with some sort of "pumpkin face" on the fabric. (Search "Halloween fabric.") Her mother has quilted black, gray, and orange place mats with black and orange ombré cloth napkins. A scary lap quilt covers the back of the couch. (Search "Halloween quilt patterns" in Pinterest.) There is the annual purple, green, and orange LED "dead" tree for the living room. (Search "LED Halloween trees.") A pennant flag bunting of Halloween-themed fabrics hangs from the drapery rod over the picture window. (Pinterest, again.)

But wait, it doesn't stop there. My daughter's neighborhood in San Diego looks like an orange and purple Peacock Lane with green laser lights synced to the overture of a Harry Potter movie. On the street you'll pass Dale Chihuly walking hand-in-hand with a tiny "glass" sculpture, a four-foot tall banana slug with a slime trail, a pint-sized Ruth Bader Ginsburg, or Hogwarts faculty members. (Put in any of these words followed by "costume.")



For a more nuanced, personal touch, consider lawn vultures made from old flamingos (Lawn vultures should do it) or paper towel holders crafted into floating candles. (Include "Hogwarts" or "Harry Potter" to "floating candles" to find the the kind you hang from the ceiling.)

I don't know if it's the kids who led the Halloween renaissance, their parents, or J.K. Rowling, but I am all for it. Send us your best All Hallows Eve photos. But take a look at Rick Pittman's photography advice at the end of the issue first!

## You Are Fantastic

I found this on Twitter, written by novelist Jeremy C. Shipp.

*You are fantastic. You are a Scholastic book fair. You are a capybara wearing a sun hat. You are a torchlight passageway behind the bookshelf. You are the sensation of plunging your hand into a barrel of dried beans. You are a cosmic goddess devouring the moon.*

I don't know whether to call it a poem or a love note or something else entirely. Nevertheless, I recognized it as a form worth copying. My husband is the king of the wedding speech. Like Mr. Shipp, he is able to blend heart and humor and nostalgia in a way that made both of our daughters cry on their big day. But in a good way, of course. Left to my own devices, I am an epic fail. However, with a form I can usually do all right.

# To the Moon and Back

Seems like everybody wants to get into space these days. Apparently, it helps to have important connections. Back in the day, three Salem residents hitched a ride on Apollo 14 with astronaut Stuart Roosa. Now that's a good connection. And these guys didn't settle for



some sub-orbital jaunt to the edge of Earth's atmosphere. No, they orbited the moon thirty-four times before they came home and put down roots.

Forget moon rocks. Salem has Moon Trees because Roosa, a smoke jumper in his younger years, decided to see the effect of space flight and weightlessness on seeds from indigenous American trees. He worked with the US Forest Service to collect

seeds from five different species, including the Douglas fir, and carried them in his personal kit. In 1971, there hadn't yet been many space experiments and no one really knew what to expect.

Take off, orbit, and splashdown went without a hitch. Unfortunately, during decontamination, the bags holding all the seeds exploded, sending them on another, much shorter, trip. Again, no one knew if the series of unfortunate events would damage the seeds and scrub the whole experiment. They were swept up and sent to Forest Service nurseries where many of the space voyagers germinated. Ultimately, seedlings were sent back to their environment of origin and planted alongside an earthbound seedling of the same type. Of the six sent to Oregon, three ended up in our zip codes.

Apollo 14 made the third trip to put astronauts on the surface of the moon in January, 1971. The seedling that now stands on the capitol grounds at 44 deg 56.351 min N, 123 deg 01.901 min W was planted on Arbor Day during the Bicentennial celebration in 1976. If you are not an orienteer, just go wander around. There's a stand and a plaque to mark the tree. Not to give away the punch line—but the tree looks no different from its control-group cousin nearby.

The more interesting question involves two Moon Trees that came to Salem in 1973. Records say they were planted at "a private residence" in North Salem along Mill Creek. The neighborhood is now largely industrialized and it's hard to say from Google images whether the trees survived. Does anyone still live at the "private residence"? Do they know they have, or had, alien trees in their front yard? Why did the people who owned the property almost fifty years ago merit receiving the same trees that were given to world leaders by US presidents?

Now, that is a mystery I'd like to solve. Please email me if you have any answers! [✉](#)

In breaking down "you are fantastic," the trick is to find disparate items that have history and/or meaning to the recipient. Start with a simple declarative sentence of affirmation and follow up with sentences that get longer, more complicated, and more specific. The one Shipp wrote would actually be pretty appropriate for my younger daughter. For my older daughter I would adjust it to something like:

*You are amazing. You are a hot stone massage. You are two tickets for a Hamilton matinee. You are your Grandma's beef stew with biscuits and honey. You are the rainbow that shimmers in a sprinkler's spray on a blistering afternoon. You are the mama bear protecting her cubs.*

Short pieces like this can be written in a birthday card, printed and framed as a gift, or read at a special occasion. They don't need to be fancy.

I stumbled across a similar form many years ago and got obsessed with *that*. It came in very handy during my younger daughter's senior year of college. Her sorority wanted notes from parents to be read at meetings in the months before graduation. I. Was. On. It.

## How to be Mallory

Declare your sense of style before you're old enough to know the word "style."

Tell Santa you'd like a wooden work desk with a knee-well and three-on-the-side, instead of Hot Wheels.

Sit through interminable medical meetings when the babysitter is sick and then ask questions about what you've heard.

If your mother suggests a birthday party at Chuck E. Cheese, counter offer with a mom/daughter weekend in Seattle for theater and fine dining.

Be a good and loyal friend.

Develop a sense of direction and knowledge of cars that warms your dad's heart.

Globe-trot with your mom.

Go to every high school dance with guy friends because boyfriends are too restricting.

Come home for break and plant yourself in the corner of the blue couch. It's important to know what not to wear and how to flip a house.

Have a smile that lights a room.

Make your parents very proud.

Try it yourself. Pick a friend or loved one and reflect them to themselves. You don't need to be Shakespeare, or Emily Dickinson, or ee cummings to make them cry. In the good way, of course.





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- Sports Medicine



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## Physician Assistants

### Todd Rosborough, PA-C

Todd Rosborough, PA-C received his Bachelors of Physician Assistant Studies at Touro College School of Health Sciences, Dix Hills, NY. He is certified by the National Commission on Certification of Physician Assistants.



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### Sarah Traser, FNP

Sarah received her master's degree in nursing from Chamberlain College of Nursing, Addison, Illinois. She is board certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners.



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# Last Word

## Size Does Matter

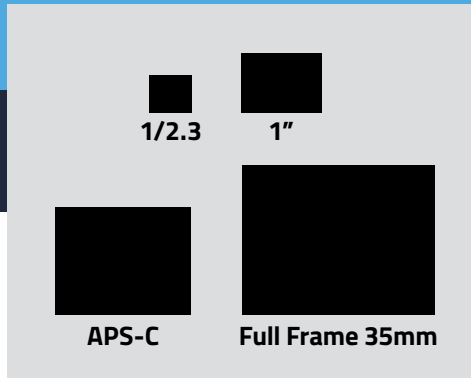
In my opinion, there are two basic reasons for using photography. Social—these images are designed to be viewed on a screen, usually a small one. Serious—these images are designed to be published/printed—read “blown up.” All editions of ChartNotes are designed to be viewed as printed material.

When we launched the photo contest—with hopes of getting images to use in ChartNotes—I asked that photos be submitted with an industry standard of a minimum 300 DPI (dots per inch) —also called PPI. For this discussion, consider them the same. PPI refers to the pixels per inch in the camera’s digital sensor (says nothing about the size of the pixels) and DPI is a measure of printer dot density (how much ink is laid down). The larger the number of pixels, the larger you can blow up an image (print), but that is only a part of the story.

When the industry requests 300 PPI minimum they are referring to full frame sensors (35mmx24mm). While each of the above sensors could contain 12 megapixel (iPhone 12), the larger sensors obviously contain much more digital information. Larger sensors collect light better. The newest smart phone sensors are ~1/2.55”. This information alone should convince you that smartphones are clever but not really a serious piece of photography equipment. Despite this, smart phone images can be printed, but there is a limit.

In the Summer 2021 issue of ChartNotes, the photo of the Florida Keys yielded this information: sensor size 2353x1777 pixels. DPI 96. If you multiply the two dimensions, you find that this is a 4 MP sensor. The largest photo that could be produced with resolution @ 96 DPI would be 24 inches x 18 in. But to achieve the required dot density for use in a magazine (the minimum 300 DPI noted above) you couldn’t blow up the image beyond =7.8”x 5.9,” which is not big enough for a cover or calendar photo.

The nature walk in Bush Pasture park was 3024x4032. At 300dpi you could print out 3024/300=10” 4032/300= 13” (10x13). This calculates to a12 MP sensor. 10”x13” is a good size and could be used for a cover photo, but



it would never compare in detail to a 35 mm sensor with 12 MPs.

In 1967, when I started my love affair with photography, digital photography did not exist on a large scale. Film was it, and no matter what camera you used, one was able to submit high resolution images (>500DPI) to the magazines. My first published photograph, in 1968, was of President Lyndon B. Johnson and his wife visiting Travis AFB.

In 1988, Nikon released the first commercial DSLR camera, the QV-1000C with a 0.38 megapixel full frame sensor. In 1991, the US list price was \$20,300. [4]

I bought my first digital camera in 1999—a Casio QV-10— the first consumer LCD digital camera. It had a resolution of 0.08 megapixels (you read that right) and was more of a novelty than a real tool (\$999.99). Since 2003, digital cameras have outsold film cameras, but only recently have high resolution, full frame, digital cameras become affordable. Based on scanner information of film, it was calculated that a 35mm film image was the equivalent to 5600 pixels x 3620 pixels or roughly 22 MP. The Phase One P25 came out in 2004, cost ~\$30,000 and was touted as the first digital camera to surpass film.

As with particle theory, the better the equipment the more you see. Recent high tech film scanners have been able to see far more detail and we now estimate that a film equivalent digital camera needs to be around 80 MP. The industry has responded by offering cameras with resolutions up to 400 MP.

For social photographers, the smartphone is a great tool and far surpasses older DSLR’s for quality. For serious photographers, I suggest you get a DSLR with a minimum sensor size of APS-C (eg. Canon Rebel) and submit your pictures to rpittman@silverfallsderm.net. Sensor size really does matter.



### NANCY BOUTIN, MD, MBA

Managing Editor



Nancy is the Medical Director of Willamette Valley Palliative Care. 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

The Marion-Polk County Medical Society thanks all of the medical professionals in our community for your unwavering dedication, service and sacrifice. In the last issue of *ChartNotes* we thought we saw the light at the end of the tunnel of the COVID-19 virus pandemic. Unfortunately “getting back to normal” will have to wait for healthcare professionals. Until then, Marion-Polk County Medical Society supports and encourages you and provides opportunities for achieving wellness through activities and seminars. Readers, if you have any ideas on how we can help, we would love to hear from you. Contact Nancy Boutin at nancyboutin@me.com or Harvey Gail at exec@mpmedsociety.org.



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