



CHART NOTES



Exercising *Creativity*

1969:
The Year of the
Monster Merger pg 6

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President's Message Doug Eliason, DO



COVID Vaccine Madness

What craziness we live in; part of our patients hound us for the vaccine and part tell us how evil they are and all their harm. What is a provider to do?

Maybe we can lead through example. When we get the shot and tell our patients, we are signaling our trust in the process that led to the vaccine. We can show that we are willing to put our arm out and accept a small risk for the benefit of protection. We can try to explain why this is safe, the measures that were taken, and the overriding level of caution we all know the FDA takes.

Also, we can accept and not belittle those who refuse. We can battle rumor with fact, knowledge against irrational fear, and maybe persuade a few. Those patients who cling to the notion that the vaccine is a government conspiracy may be beyond our ability to persuade, but we can agree

to disagree and we can leave an open door to discuss again if they are willing.

And finally, we can become part of the solution and volunteer to help with vaccination. Stop for one moment, think back over your medical career, and try to find a more pressing public health crisis in your life time. Then imagine the huge challenge of immunizing our community. We are key to this process and can have a critical role at an immunization site, both through counseling and treating the rare reaction. These are our patients, our friends and neighbors, and our families in those lines. We have a chance to make a huge difference in their lives by volunteering.

This endeavor is too important for any of us to not step up and play a role. Lives depend on us.

Be well until we can all meet again!

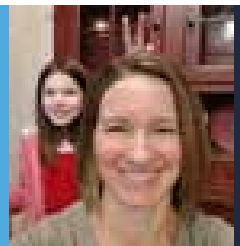
Farewell

After five amazing years at the helm of the medical society, it is time for me to say farewell. However, it is not a final farewell as I will continue to be actively involved in the local medical community as the new Executive Director for Salem Gastroenterology and Salem Endoscopy. While this next chapter presents an exciting new journey, my departure from MPCMS is certainly bitter sweet. I have come to think of the medical society as my own, taking pride in its successes, mission, and rich history of serving our local medical community. I am proud of how far we have come and how stable we are despite such unstable times—a testament to the resilience that has kept this organization vital for over 150 years.

I want to thank each and every one of you for allowing me the opportunity to grow and learn over the last five years; for trusting me

From the Executive Director

Krista S. Wood, MBA



with the challenges that have faced us and believing in my capabilities as a leader. This experience has taught me a great deal and has played no small part in the growth and development of my career. I will be forever grateful for your belief and confidence in me. It has been such an honor to cultivate relationships with members and a board who serve their community and their colleagues with such passion. I look forward to working with you again in the future as common members of the Marion-Polk medical community, and I will continue to advocate for your well-being where ever I go.

All my very best to each of you, *Krista*

Santiam Pulmonary Clinic Welcomes Vincent Gimino, MD



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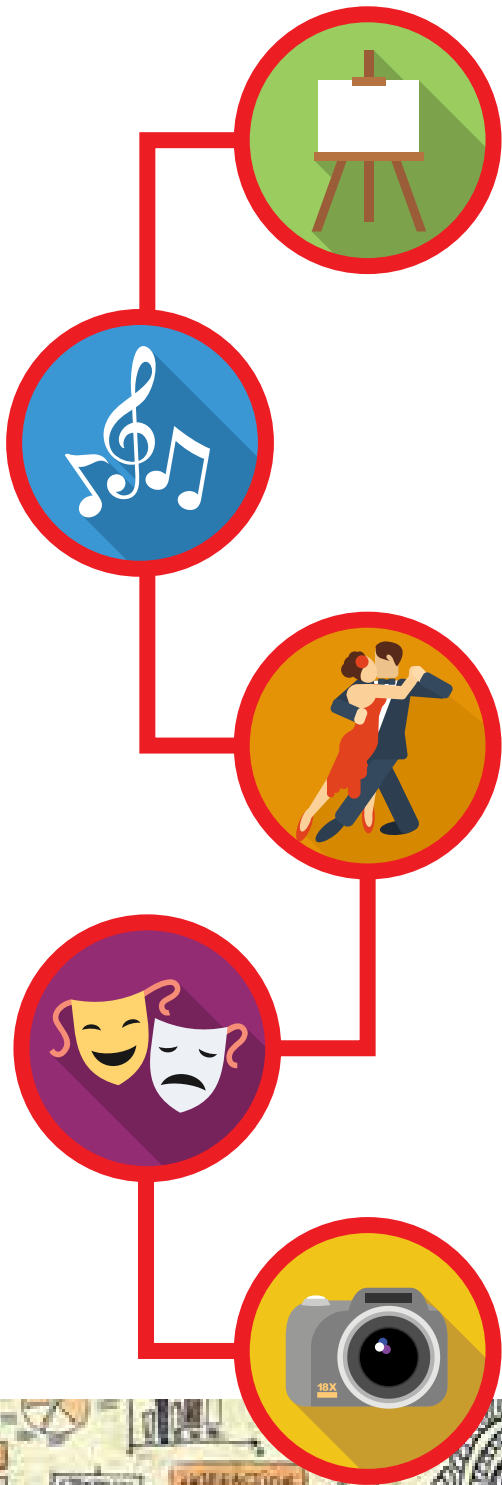

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In This Issue

by Nancy Boutin, MD



During the difficult year of 2020, Chart Notes dealt with the challenging issues we faced together. I hope you found that useful as our real worlds got smaller and our virtual worlds exploded. Even though 2021 has started with its own set of challenges, it feels like a good time to celebrate.

In this, the first issue of 2021, we asked members to share their artistic sides. I expected to hear about oil, acrylic, watercolor, and most of our respondents said they at least dabbled in paint. But the stories really got rolling when the members talked about their other interests, ranging from Indian Classical Music to Latin Dance.

Several of the members who share their creative passions in these pages were born outside the US. Hearing their stories reminded me of the vibrant diversity these colleagues bring to the practice of medicine in the mid Valley. I'd love to hear your ideas about what/who to include in an issue devoted to our international providers. Watch for the Survey Monkey.

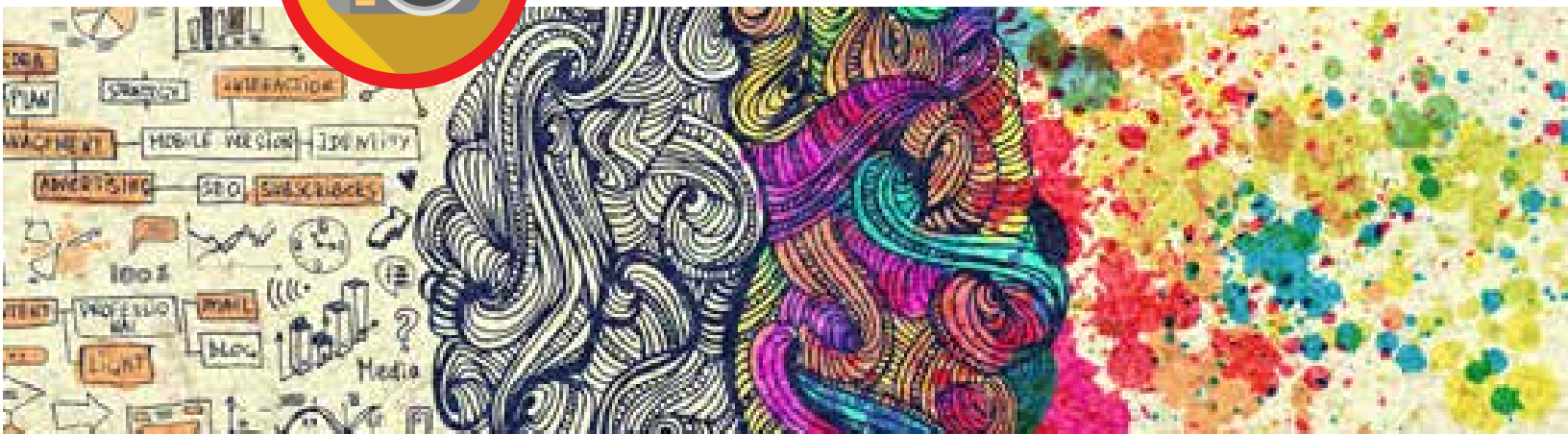
Rick Pittman, an accomplished photographer, shares his tips and techniques to improve your shots. And, because Chart Notes loves your creative side, he introduces what we hope will be an ongoing photography contest. It will shine a light on you and add a touch of beauty to future issues.

In an article in our last issue I mentioned the Spanish Influenza. For local context, I said Salem Hospital opened its doors two years before that pandemic hit. Chart Notes historian, Howard Baumann, immediately recognized the inaccuracy of my statement, but the issue had already gone to print. In this issue, Howard will trace the sometimes convoluted history of how two very different hospitals, each founded over 100 years ago, gave rise to today's Salem Health.

Since the early days of the pandemic, I've seen articles and complaints about boredom. Every time I read that, I shake my head. Not only have I *not* Kondorized my home, my creative space looks like a hurricane hit. Starting in this issue, I will share a few of my recent, random interests, with references and hard-learned lessons. You might just find your own next obsession there.

And finally, a message from Krista Wood, who took over leadership of the Marion Polk County Medical Society during a very rocky time. Under her leadership, MPCMS has reorganized and streamlined, which may be why we have made it through the worst (fingers crossed) of the pandemic in a strong position, even as other medical societies have folded.

As always, we appreciate your feedback and look forward to hearing from you. 📧





1969: THE YEAR OF THE MONSTER MERGER



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It wasn't easy, but it finally happened! After nearly 50 years of traveling on parallel paths while serving the citizens of Salem, two competing hospitals: The Salem General Hospital and The Salem Memorial Hospital officially merged on October 1, 1969. Few of us remain today who remember that day, but there are some of us "old goats" who started practice not long afterwards who can still remember the various ramifications, both pleasant and not so pleasant, of that union.

These two hospitals were founded under totally different premises. Salem General Hospital, initially called Salem Hospital, was a community-based hospital when it was founded in 1896. They would change their name to Salem General Hospital in 1927. Salem Memorial Hospital was a totally religious-based hospital when founded by the Mennonite Church in 1916, then called Salem Deaconess Hospital. They changed their name to Salem Memorial Hospital when they converted to a community-based hospital in 1947. There were several name and site changes along the way, as you will see.

Part One of this article will trace the historical timelines of these two hospitals as they evolved, and a future Part Two will delve more into the nitty gritty of the actual merger.

Timeline for Salem General Hospital

1896 – Salem Hospital was the name given when it was incorporated on July 3, 1896. This all came about through a collaborative effort between the City of Salem and Willamette University College of Medicine. The hospital opened in the old Oregon Institute for the Blind, located on the northeast corner of Ferry and 12th Streets SE. There was an initial power struggle between the College of Medicine and the City of Salem for control of the 29-bed hospital, but it was the community-based board that won control and granted the College of Medicine admission privileges for their patients and for student training.¹

1899 – Salem Hospital needed more space and moved into the Glen Oak Orphans Home on Asylum Avenue across the street from the Oregon State Insane Asylum. They later added two surgical rooms in 1906 and a Contagious Disease Cottage in 1910.

1919 – Salem Hospital took over the temporarily vacated McKinley Elementary School in order to provide the needed beds to handle the Spanish Influenza pandemic.

1920 – Salem Hospital moved back to Center Street, but this time into the cramped quarters of their old Contagious Disease Cottage. They had been evicted from their Glen Oak building by the Oregon State Hospital which had taken it over by eminent domain to relieve overcrowding in its own facility. To make things worse, construction on Salem Hospital's new hospital had been halted at the foundation excavation stage due to financial difficulties and the lack of construction supplies related to WW1.²

1924 – Salem Hospital added additional space to the Contagious Disease Cottage, but finally moved into its new state of the art 21-bed hospital in 1924. They soon expanded to 59 beds plus 16 obstetrical beds.

1927 – Salem General Hospital became the new name of the hospital. The board of directors made this change stating that they wanted to avoid any possible identity confusion with the adjacent Oregon State Hospital.

*Salem Memorial Hospital,
early 1950's, corner of
Winter and Oak Streets SE.
(Courtesy Salem Public Library)*



*1892 photo of the Oregon
Institute for the Blind.
(Courtesy of the Salem Public Library)*

Timeline for Salem Memorial Hospital

1916 – Salem Deaconess Hospital was founded by Mennonite leader Franz Wedel, along with four nurses: Deaconess Sisters Marie and Martha Wedel and Sisters Anna and Marie Duerksen. They purchased the former Capital Hotel at 665 Winter Street SE, located where Salem Health's Building B now stands. The hospital board was made up of Mennonite leaders and pastors. They opened with 12 beds, but by 1920 they were able to expand their hospital to 60 beds. There was no elevator and staff had to carry patients up and down a winding staircase.³

1925 – Salem Deaconess Hospital completed construction of a 4-story

concrete and brick hospital adjacent to their old hospital with a capacity of 124 beds.

1947 – Salem Memorial Hospital was selected as a new name when the Deaconess converted from a religious-based to a community-based hospital. The economy following WWII was particularly tough on religious and charity hospitals. Rather than dissolving, their board voted to drop all religious connections, elect a community-based board, and change their name to Salem Memorial Hospital. This allowed them to negotiate a substantial loan from Pioneer Trust Bank for needed



*General Hospital on Center Street, c.1935.
(Author's private collection) Postcard of Salem*

repairs and upgrades that allowed them to incorporate as a community hospital with the City of Salem.⁴ [f](#)

What's next? - Part Two will explore the actual merger of 1969 itself. We will pick up in the late 1940s with the first attempt at a merger, and go from there.



*1916, Salem Deaconess Hospital at 665 Winter Street SE.
(Courtesy of Salem Public Library)*

- 1 Robert Gatke, *Chronicles of Willamette* (Portland, Oregon: Binford & Mort, 1943), 426.
- 2 Baumann HW. *McKinley Elementary School Stepped Into the Gap*. Chart Notes, Summer 2019, 10-11.
- 3 John McMillan, *A Century of Service*. Salem Hospital 1896-1996 (Salem, Oregon: Salem Hospital, 1996) A delightful account of Salem's hospital history.
- 4 Baumann HW. *Salem Hospital. No Stranger to Affiliations and Mergers*. Chart Notes, March 2016, 10-11.

INDIAN CLASSICAL MUSIC: DEEPA DATTA, MD

BY NANCY BOUTIN, MD



When Deepa Datta, MD, a member of Pacific Pathology Associates, began to study, via the internet, with a singing teacher in India, they created a high-tech version of an ancient tradition, that of the guru-shishya, or teacher-student. For several thousand years, classical music passed from one generation to the next, from one teacher to one student. The idea of a school for music didn't take hold until early in the 20th century. Datta attended one such school in her home state of Odisha, on the Bay of Bengal.

The course of study required six years. While that may seem like a long time, the intricacies of Indian classical music demanded that and more. The approach to creating the melodic framework of Indian classical music may be closest to jazz in the West, full of improvisation. If you're not already an aficionado, imagine a Bollywood soundtrack to get a rough approximation. The sound has been described as "otherworldly."

This impression is due, in part, to the fact that Indian singers pay as much attention to what happens between the notes as to the melody itself. Indian music is to Western music as cursive writing is to printing—how you get from one letter or note to the next matters.

Halfway through her training, Datta received acceptance to medical school in another city. If her pre-med studies had left little time for other pursuits, medical school eclipsed them entirely. Besides, Datta says, while she enjoyed singing, the pressure to continue to study had been external. She didn't mind, too much, giving it up.

Datta's education had begun at a convent school in her hometown of Rourkela. In addition to all the usual academic subjects, little girls had time set aside each day for arts and crafts, which could include a wide variety of fiber arts. Datta said her mother, an accomplished seamstress, provided a great example and she found the handwork relaxing. As they got older, the girls were expected to pursue additional creative outlets, such as instrumental music, dance, or singing. Datta began her study of singing at age 10 or 12, long before she entered formal training. But with the advent of her medical studies, life got in the way of a serious study of vocal music for many years.

Deepa and her husband, Sam Datta, MD, a Salem Health outpatient physician, married, started a family, and moved to the United States. After the birth of their second child, they relocated to Heppner, Oregon, where they lived for five years among "this nicest people you could imagine." Datta took a post-training "gap year" — or two — and became part of the fabric of the community.

The townspeople, she discovered, were warm and welcoming and she was "adopted" by a group of older women who re-introduced her to painting. Shortly before she joined them, one of the members had died after a long illness and the husband gave Datta all the woman's art supplies, which she called "a blessing."



The group took classes, bringing in teachers from as far away as Seattle. They critiqued and encouraged one another. Datta entered some of her pieces in competitions and started winning awards. Then she went back to work.

For the next twenty years, medicine and supporting the children though school took the bulk of Datta's creative energy. She and her husband would go out for the occasional wine and painting night, but intense study of any creative outlet moved to the back burner.

In 2015, with her son and daughter spending less and less time in the nest, Datta engaged in two interests—she took an integrative medicine fellowship and found a singing teacher to pick up the study of classical music where she left off—this time for her own enjoyment.

Thanks to the internet, Datta found her teacher in India and began "live" weekly lessons, which she continues to this day. She says it takes a lot of dedication and time, but she enjoys it immensely.

Indian classical music dates back thousands of years, but the division into northern (Hindustani) and southern (Carnatic) branches is much more recent—the 13th century CE. Under the Islamic Delhi Sultanate and subsequent Mughal Empire, Hindustani music incorporated influences from as far away as Persia.

While Carnatic music tends to be more structured, Hindustani tradition provides the performer with a relativistic set of swaras (notes) and musical motifs within a raga (color) of music that corresponds to an emotional state, time of day, and/or season. The composition is further defined by the tala, or musical measure, which may be implied or provided by a percussion instrument like finger cymbals.

The intent of classical music is to evoke specific emotions in the listener. The legendary 16th century musician, Tansen, for example, is said to have had such power he could control the emotion of the natural world, creating rain by singing a cloud raga and lighting lanterns with a lamp raga.

Another tool at the singer's disposal is the gamaka. Mozart is supposed to have said, "The music is not in the notes, but in


the silence between them." A gamaka takes that space and infuses graceful curlicues, connecting one note to the next. Whether sliding, oscillating, double note, or vibrating, the gamaka gives Indian music a flavor unique in the world.

While even a tone-deaf Westerner can learn to sing a standard with enough repetition, Hindustani music requires the practitioner to master tone, time, and the space between the notes. No wonder it takes such dedication.

The first known recording of Indian classic music occurred in the early days of the 20th century, by Fred Gaisberg, the same recording engineer who recorded famed Italian tenor Enrico Caruso. In his last project, during the 1930s, Gaisberg developed and constructed Abbey Road Studios. Fitting, given the short connection from the Beatles, to Abbey Road, to Ravi Shankar, the sitar artist and Beatles guru (and Norah Jones's dad) who brought Indian Classical Music to the West, thus closing the loop to Gaisberg.

Today's Bollywood soundtrack, which takes the majority of airtime in India, is definitely Western-influenced pop music. Still, the movie industry holds classical music in a place of reverence. Through these songs, the concepts of the classical tradition have been introduced to the American audience. And really, who doesn't love the finale of *Slumdog Millionaire*? Canadian artist Abby V has several YouTube parodies of Vogue's "73 Questions" series, as he walks through his home singing 73 ragas posed to him by a faceless interviewer.

The quest for mastery in such a venerable and complex art is for Datta a meditation in its own right. At the same time, she has started reading classical Indian texts and has adopted a more formal meditation practice, which she calls her "new love."

As someone with an interest in integrative medicine, Deepa Datta understands the role of mindfulness and stress reduction in achieving and maintaining good health. For her, time spent engaging in the visual arts and practice of classical music are two means to a common end; a healthy balance between the physical body, the mind, and the creative spirit. 

THE PINNACLE OF SKILLS:

Patricia Peterson, MD

BY NANCY BOUTIN, MD

Patricia Peterson, MD, says she “dabbles” in oil paint. Her schedule as a Salem Clinic OB/GYN doesn’t give her big blocks of free time, but when the mood strikes, she is ready to paint. Although she has always enjoyed exercising her creative side, somehow oil painting had seemed like the ultimate artistic activity, and so felt a little daunting. Finally, in the early 2000s, she took the plunge, only to find that free time evaporate caring for her seriously ill mother over the next seven or eight years. When Peterson’s level of time commitment lightened, she restarted, and says she feels like she is still in the beginning stages of learning to paint. Nevertheless, she finds working in oils endlessly interesting.

On a trip to Paris, Peterson fell in love with the Louvre, getting up close to the artwork, examining brush strokes and the layering of the paint. “I’d wander around thinking, ‘How did they do that? The skin looks translucent.’ I wondered if I could ever learn all that.”

Peterson had always been artistic. Growing up in Butte, Montana, she learned to sew, to quilt, to crochet afghans, and taught herself flower arranging, but there wasn’t a lot of formal teaching outside of the public schools. After she completed medical training and moved to Salem, Peterson began jewelry making and took classes in floral arrangement. Her family always assigned her the centerpiece for holiday meals.

After she’d become the family florist, Peterson felt ready to challenge herself with oil painting. However, when she took her first class, she found she needed to acquire a whole new language. “It’s like learning Latin, or reading sheet music—or medicine. You have to understand what glazing is, how to prepare the canvas, and start figuring out different techniques.” Also like the study of medicine, she says, “You learn from people with experience and great skills. You read. And then you practice, practice, practice.”

One of Peterson’s friends has a small cup she gets out at the start of every session. She tells her fellow painters to put their inner critics in there and go get the job done. “That’s the way you have to approach it,” Peterson says. “We’re very analytical and critical in medicine. We look at something and like it, or not, and then we pick it apart. It can be difficult to share what you paint because you’re really sharing a little piece of your soul.”



She says it's important to have trustworthy critics she can ask for technical feedback. "What do you think about this one? How about the shadowing? And so on." Peterson also studies other people's work for ideas and techniques. "I'm on a Facebook group and there are a lot of pictures of snow right now. Most people paint snow as white, but there are about half a million shades in there. That's the part I think most of us new painters struggle with, trying to really see and get the palette right. You wish you had a little more time and a little less critic."

Peterson says she must be careful about allocating her painting time because the creative impulse can take over. She finds herself in the flow and loses track of time, stress, and "I just let everything go." Suddenly, it's six or eight




Patricia Peterson, MD

or ten hours later and she'll be shocked to see how much time has passed. "Then, I'll go back the next day and whatever I was doing is still not finished. I want to add this or change that."

One drawback to oils, as opposed to watercolor, is the lack of portability. "My boyfriend would like me to take a little travel set and some paper and go out with him kayaking or hiking. I love painting landscapes, and the idea of painting in plein air, but I would need a whole suitcase!"

While she appreciates watercolor, she has no experience and thinks it requires a very different perspective than oils. "It's like being able to see things in the negative, like a photographic negative, to do it."

In the meantime, taking classes online, or via DVD, allows Peterson to progress despite a busy schedule. "As I learn more about painting and what other people do, I get excited and want to go in and try the new technique. It pushes me, but at the same time it's a relaxing outlet that decreases the stress."

Given the year we've had, anything that decreases provider stress is a very good thing. Now, if we could just figure out how to find a little more time and a little less critic... 

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BY NANCY BOUTIN, MD

JAZZ GUITAR TWO WAYS:

BILL HUGHES, MD AND ZOLTAN TEGGLASSY, MD

Zoltan Teglassy, MD, received a guitar for Christmas many years ago in Budapest. Like a lot of kids, he wanted to learn to be a rock star, but after six months, his teacher told him that he didn't like to teach rock and roll. He preferred jazz. Teglassy didn't want to look for another teacher, so he switched styles—and kept the teacher for another ten years, through high school, university and medical school. Eventually, Teglassy put together a band, complete with a lead singer, and earned extra money gigging around town under the rather elegant name, *The Budapest Jazz Quartet*.

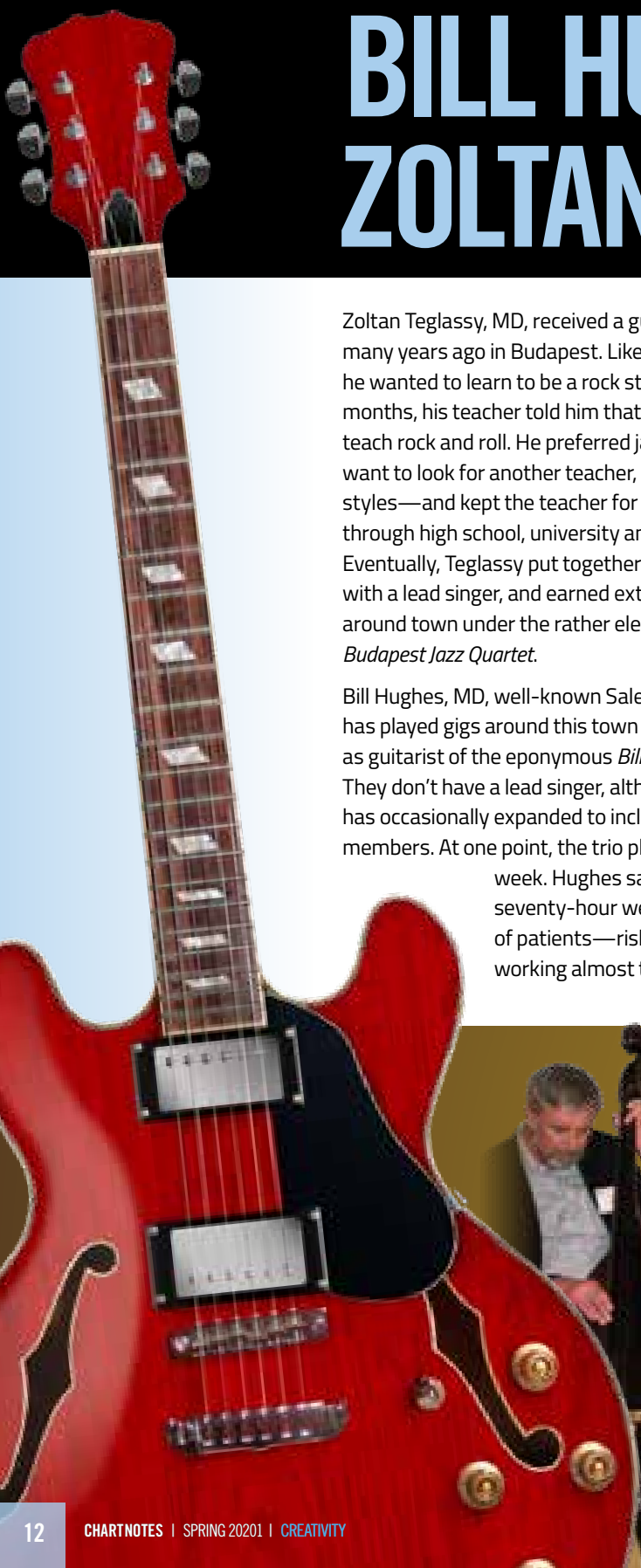
Bill Hughes, MD, well-known Salem internist, has played gigs around this town for many years as guitarist of the eponymous *Bill Hughes Trio*. They don't have a lead singer, although the trio has occasionally expanded to include four or five members. At one point, the trio played five nights a week. Hughes said he went from seventy-hour weeks taking care of patients—risking burn-out—to working almost that hard practicing

and playing guitar. Of course, all that stopped with the pandemic. Hughes has played only two live shows in the last year, but he's not sure he wants to resume the previous schedule, even as opportunities open up. He says music got to be work instead of fun—and now it's all fun. "It's nice to know," he says, "that after 73 years I can still learn something difficult."

Jazz, Hughes says, requires more than just memorizing chord changes. The player has to internalize the changes, to move them into a place of unconscious competence, so that, when another band member improvises, the rest can follow without requiring conscious thought.

"Imagine," he says, "being able to turn on the radio and instantly know what the drummer is doing, what the bass player is doing, what the chord changes are, what the soloist is playing. That's what the jazz musician strives for. I'm working to get there."

Teglassy says something similar. When he feels stressed, he listens to music. He says he can picture what's happening between the musicians, hear what



The Bill Hughes Trio at play.



Bill's trio.



each instrument is doing, anticipate what comes next. Two minutes immersed in that musical world, he says, causes his "brain to stop suffering" from whatever has caused him distress.



Teglassy at Lake Balaton.



The Budapest Jazz Quartet in summer...

Although he has moved back and forth between Hungary and the US several times, Teglassy has stayed in contact with his bandmates.

Every summer they get together and play a music festival at a hostel on the north shore of Lake Balaton—the only European lake, the ads claim, that can be seen from the moon with the naked

eye. The mostly young crowd comes from all over Europe and the UK, to swim, to boat, to bike, and to listen to music. The quartet has a playlist of about 60 songs, and with a quick practice session, often the day of the performance, Teglassy fits back in.

Like Hughes, Teglassy's opportunities dried up during COVID. He doesn't have people in his bubble to play with and had to forego his trip back to Hungary. But he has high hopes for this coming summer.

Hughes has high hopes for the summer, as well.

After spending several years in a Portland condo, he moved back to Salem and bought a house on the river. It needed work, and so did the landscaping. Having taught himself to build a house, "not knowing anything," in the middle of his medical career, he did not feel daunted by a gazebo. He studied pictures, made some calculations, and just did it. "I look at the gazebo now and can't believe I did that. And yet, from my life experiences," he says, "I know with absolute certainty that if I jump into something and stick with it, I can figure it out."

Landscaping, he says, is like painting in three dimensions. He envisions a yard that will look wild, but cared for. He is using native plants and intends for the effect to be subtle, but harmonious--more like a jazz riff than a formal composition. He is using his time away from performing to create his oasis, bake sourdough bread, and indulge in British mystery shows. He does, however, continue to practice daily, as does Teglassy.

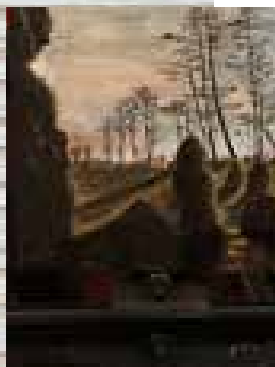
Teglassy has played a few times with the *Bill Hughes Trio* at hospital events and some of Hughes's regular venues. It's a long way from Lake Balaton to Salem, but when you speak each other's language—jazz guitar—the distance doesn't seem so great. 🎸



...and in winter.

BY NANCY BOUTIN, MD

Get a Handle on It: PAUL WEAVER, DO



Paul Weaver, West Salem DO, hadn't done any drawing or painting since grade school, so it came as a surprise when one of his children gave him a painting set for Christmas a few years ago. However, Weaver's other artistic pastime, crafting wood knife handles, also came to him through serendipity, so he didn't question it too much. Instead, he surrendered to his right brain impulses and gave it a try. He finds painting "refreshing" and likes the science of color mixing and the optical perception of the brain, given minimal input.

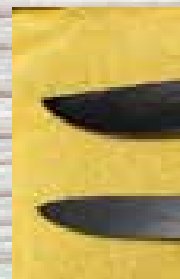
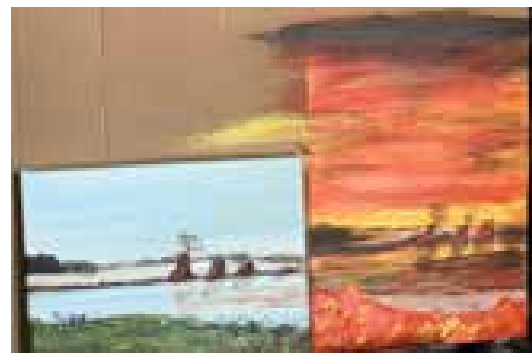
Weaver thinks many of us were told in school, "You're no good at art," and we believed it. He found a book called, "Drawing for Older Children and Teens: A Creative Method for Adult Beginners, Too." He followed with "Drawing on the Right Side of the Brain." Both gave him permission to shut down his left brain critic and have fun. "Of course," he says, "everyone has art in their head. You still have to go in and practice it—there's your art."

The first art kit included acrylic paint, which dries quickly and has clear colors. "With oil, you have to paint and wait, paint and wait." Weaver's studio is in the garage, and that's often too cold for oil painting. This winter, he's started using pastels, which he has moved into the house because they are less messy than some of the other media. He thinks watercolors are likely the next step.

Plants, landscape, and other representational objects appeal most to Weaver. He finds the right brain/left brain is hard to disconnect, maybe

especially for doctors. That, he says, is okay. Instead of fighting one strength or other, he tries to incorporate both. He considers the two-to-three hours he spends painting on the weekend a "good dose." However, he thinks about his projects during the week, sometimes daydreaming about the images he wants to put on paper. He finds inspiration in nature, on screen savers, wherever he sees a beautiful image. He says he starts his week thinking, "What am I going to do next?" and something always pops up.

Weaver believes that during pre-med and medical school we learned to label things and name things, which is very left-brain, word-based processing. "In practice, you have to either unlearn that or go beyond to look for patterns, relationships, the right-brain part of medicine. Thinking about the art makes me realize what's going on inside my head. If I name something too soon, I go off in the wrong algorithm. But if I think about it for a while, I might see something else. Does it fit a pattern, is it recognizable? In the design and structure of a painting, I see the design and structure of the body. My practice is mostly






muscular skills now, so structure and function are key. The whole practice is very hands-on, seeing how the patient's body feels, how it moves."

Just as Weaver stumbled into painting, fate handed him a brochure for making knife handles many years ago. He and his wife had just moved into their new house during residency and a mailer came for the previous tenant. After so many years studying medicine, the idea of a "very hands-on" hobby sounded intriguing. Recently, a Netflix reality show featured burly men forging beautiful, if not very practical, knife blades, but that's not what

caught Weaver's attention. The practice of making handles requires a ready-to-use blade with an intact tang, or the thin metal handle to which a craftsman attaches material, often wood, that can be as rustic or as elegant as the creator chooses.

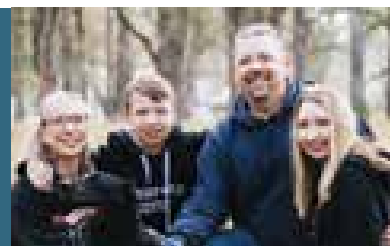
Sometimes Weaver buys exotic wood for a new handle, but often he finds wood, antlers, or other material out in nature. Sometimes he uses resins that he can dye in different colors before he fabricates the grip. He attaches the material, shapes it, and sands it to a satiny sheen. Each one takes about ten hours from start to

finish, depending on the complexity of the design and/or fabrication. He estimates that he has completed between sixty and one hundred knives out in his garage—in a space that now includes his painting supplies. Like painting, crafting something beautiful out of his imagination and basic materials creates a sense of calm and accomplishment.

Regardless of the medium; paint, wood, or the musculoskeletal system, Weaver finds the combination of skilled hands, accessing the right brain, and careful application of acquired skill makes it worth coming back, day after day. 



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Dancing With Your Salem Star: Tanie Hotan, MD

BY NANCY BOUTIN, MD

Aumsville family physician, Tanie Hotan, MD, didn't consider herself a ballroom dancer when Santiam Hospital asked her to represent them in the 2019 fundraiser, "Dancing with the Salem Stars." Yes, she had taught herself and her fellow cheerleaders hip hop back at Beaverton High School. Yes, she had danced her way through the stress of medical school and even taught hip hop in the Portland area during her residency. Now, on the far side of 40, with two mostly-grown children, the idea of dancing on stage, in heels, felt a little unnerving. When the organizers gave her "Disco" for style and Cher's "Believe" for music, Hotan decided she needed to go all out, to channel her inner Cher. After six practice sessions with her assigned partner, Chris, she walked on stage at the Elsinore theater with hair extensions, dramatic make-up, a red sequined mini dress, and white patent leather go-go boots.

After Hotan's performance, one of the judges commented, "When he puts you on his shoulder and you're able to lift your head up and stretch yourself out, I don't think people realize how difficult that is. I'm not supposed to do this," she held up a paddle, "but I'm giving you a '10.'"

Hotan walked off the stage with a Mirrorball trophy, a reawakened love of dance, and a new partner for future competitions, Mark Baker. She built a small dance studio in her basement and started taking lessons with a focus on Latin dance.

At 5 AM every morning, Hotan gets up for "a couple of hours of practice" before the workday starts. That



Up on the roof...



schedule might not be everyone's cup of tea, but for her, it's a moving meditation. Getting dressed, and putting her earbuds in while everyone else sleeps, elicits the anticipation of a Christmas morning and waiting for a good friend to visit. She steps onto the dance floor, finds her posture, and when the music starts, she says, "it sends me to a place of joy, connected to my spiritual being. I am in a beautiful, loving place of peace and body awareness, honoring the music and body."

The same mind/body/music/breath connection informs Hotan's visual art expression. As an abstract acrylic flow artist, she has a sense of what she wants to paint, but says that she tries to loosen her wrist and let the impulse flow. She strives to let the process be fluid and relinquish control, to listen to what it's trying to tell her. "It's usually much more beautiful than I could imagine, than what I could force." She says she takes the same approach to choreography.

Her knowledge of anatomy, physiology, kinesiology, and even applied physics helps Hotan execute

...continued on next page



Dancing at Cubanísimo

BY NANCY BOUTIN, MD



As the weather warms, and vaccine rates go up, it will be possible to dance outside with friends, neighbors, maybe even total strangers—with masks and appropriate distancing. Where to go?

One obvious venue is Cubanísimo Vineyards, which has been offering salsa dance nights for several years. It also happens to belong to MPCMS member and Salem neurosurgeon, Maurice Collada. Collada says, "Of course, there's been a bit of a shut-down, but we're still open. We're looking forward to having people back on our patio and enjoying the music—and the wine."



Cubanísimo typically offers three days of music and dancing on Memorial Day weekend and continues to celebrate summer clear through the three-day Labor Day weekend. Not only do they offer Latin dancing, they schedule nights dedicated Zydeco and other types of Caribbean music. The vineyard has proven to be

a draw for salsa aficionados all along the I-5 corridor, so there are often some good examples to follow out on the dance floor.

Collada doesn't anticipate formal classes, but often has friendly experts on hand. He is open, however, to responding to the needs and requests of his guests.

Who knows? Maybe Tanie Hotan and Mark Baker could be persuaded to lead a class or two. In the meantime, Collada says that even couples with no ballroom experience enjoy an evening of dancing however the music moves them. And if they don't feel confident enough to start, another glass of wine should help a lot.

DANCING WITH THE STAR

...continued from page 17

the complex moves required in dances like the rumba, cha-cha, and samba. She sees “a beautiful melding of science and art” in the combination of her technical understanding and connection to the music. “I get an ‘aha’ moment every time, like I’m rediscovering it all.” Synonyms for that aha feeling include “inspiration, epiphany, and enlightenment,” which all seem in keeping with the private experience she describes.

The public experience of dance and dance competition suffered under

COVID-mandated social distancing, but Hotan and her partner found ways to safely continue dancing despite the pandemic. Instead of a ballroom filled with hundreds of dancers and a panel of judges, competitions moved online, with five or six professional-quality videos playing simultaneously on a single screen. Hotan and Baker have also found ways to teach outdoors, including on top of Salem’s Basil and Board, with taped areas separating couples who come for “Dancing Date Night on the Rooftop.”

They are talking with other safety-minded venues to expand opportunities for folks looking to overcome obstacles to dance.

Lauren Carlson, an Aumsville NP who attended two date nights at Basil and Board, says it was the first social foray out with her husband in months. She knew Hotan would follow safe practices, and, sure enough, every couple found hand sanitizer in their goodie bags when they reached their tables. “Everyone wore masks the whole time, except when the food came out.” Carlson admits her husband expressed a little skepticism at first, but it was so amazing for them to be out in the open together, around other people having fun, he relaxed and had a great time--he even liked picking up a few dance steps. Carlson says that when the restaurant announced the second Date Night, the couple bought tickets right away. “It was a no-brainer.”

Hotan’s own husband, family medicine doctor Scott Haden, MD, also expresses a little skepticism about dance, although he supports his wife’s involvement wholeheartedly. “About a year ago,” she says, “he asked me how often he had to go dancing to stay married to me. I told him ‘once a quarter.’” They used to go swing dancing together even before Hotan’s Salem Stars experience, but there are few opportunities during the rainy season. At home, she spends a few minutes, once a week or so, showing him Latin moves. Like many men in the US, the fluid hip action proves difficult, but she says Hadden is a very good sport.

Fortunately for Hotan and Hadden, they easily sorted out the dancing together/



Abstract acrylic flow.

staying married equation. Not only do they share two children, they share a medical practice. And Hotan believes the time and energy she puts into improving her dance, improves her medical care—it's the yin to her practice's yang, providing balance. "I love my medicine and the opportunity to help life, help the community, and there's such need right now. The love and creativity that comes through my art allows me to drive harder as a physician, to go the extra mile for my patients. I've always seen that when I have an artistic component to my life, I'm much more able to weather the storm."

The goal, Hotan says, is to become the best Latin dancer she can be. Winning or losing a competition is "like a little journal entry in my dance journey book. As long as I do my personal best and enjoy every moment, then I feel like I will have succeeded." 📺



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1,2,3 EarWell®. (2020, March 27). EarWell® - Becon Medical. Retrieved January 15, 2021, from <https://www.earwells.com/>

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MY CURRENT OBSESSIONS



My family will tell you that, for me, the barrier between interest and obsession is whisper-thin. Lockdown has cut my commute from 40 minutes to a short walk between kitchen counter and kitchen table. My social life occurs almost exclusively by screen. Travel? Forget it.

This time-management scramble has provided me the opportunity to explore obsess over new interests. I hope you find something that piques your curiosity.

SOY

A friend sent me a tofu-making kit because sourdough is so *last year*. I can count on one hand the number of times I have bought tofu, but he knows my love of a new challenge. My friend found the kit on a YouTube cooking channel called Emmymade (<https://youtu.be/MdGLyBLVLhs>) and claimed that it just screamed my name. How well he knows me.

I watched the video and I heard Emmy say “Japanese instructions always work

if you follow them to the letter.” Well, of course it took me four or five failures before I’d tested “improvements” on all the variables. Then I went back and followed Emmy’s instructions “to the letter” and ended up with a fantastic block of firm tofu—better than any I’d tasted before. I just slice it and eat it right out of the fridge. And there are approximately a million recipes online.

The first few times I made tofu, the kitchen looked as if a bomb had exploded, but now I can go from soaked soybeans to finished product in one hour, including clean-up.

At the end of the process you have two additional products—the soybean paste, called Okara, and nearly a gallon of soy whey. Both have nutritional value and many, many applications.

Okara can be used to make a good-looking hummus or, when dried, added to baked goods, yogurt, and cereals. It contains soluble and insoluble fiber which helps lower cholesterol, triglycerides, and LDLs.

Whey, added to juice, tea, or other infusions makes a fermented probiotic drink similar to Kombucha. (<https://www.ediblecommunities.com/recipes/>) Whey adds high-quality protein to homemade breads and soups. Diluted, use it as fertilizer for tomatoes, berries, and other acid loving plants.



SOY TIPS:

- The kit costs ~\$50. You may be able to get the components for less, especially if you already own some of them. But the pine box *is* lovely.
- The quality of the beans matter. Buy them in bulk at WinCo or Whole Foods. They're very inexpensive.
- Save time when you squeeze the hot soy milk bag by using a silicon mitt or glove. (Bonus: when you tell your friends about what you're doing, you get to say "soy milk bag.")
- Wash your cooking implements as you go. Soy bits turn into Gorilla Glue when they dry.
- If you make *any* fermented beverage in stoppered glass bottles, use a plastic tester bottle alongside. You can feel as the pressure builds. Otherwise, you may have a ceiling-staining geyser when you remove the stopper.

Amazon (<https://www.amazon.com/Yamako-Tofu-Kit-HINOKI-82597>):

TED LASSO

This Apple TV comedy series grew out of an NBC promo produced many years ago when the network started covering Premier League Soccer from the UK. Jason Sudeikis plays Ted, an eternally optimistic, hokey, season-winning football coach from a Midwestern Division II school, who is, inexplicably, hired to

coach a failing Premier team. Hilarity ensues, and we learn there's more to Ted than his sunny exterior.

My husband and I watched the series once. We recently binged it a second time when we wanted a little lift. Print media from *Salon* to *Christian Century* say Ted is what we need right now.



...continued on next page



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SNUG SACKS

Remember these from the '80s? They are perfect for outdoor dining, visiting, or just sitting on your patio when you can't stay inside one minute longer. The original Mother Earth News pattern (<https://www.motherearthnews.com/diy/snug-sack-zmaz80jzraw>) recommends you use "an old quilt or blanket."

I bought polar fleece on sale and it worked fine. And then I looked in my linen closet and found some old quilts and blankets that should have been donated years ago. Even better.

You can go the whole zipper and snap route, but I find a front center seam about half way up is all you really need. I like a closed bottom, but my husband doesn't want to look like he's in a sack race on the McMenamins' deck.

So, there you have it; three things my family is tired of hearing about. They appreciate your indulgence and hope I'll move on to something else now that I've got tofu, Ted, and upcycled bedding out of my system. On to the next new thing...



A family cooies up for the upcoming winter during the 1970's energy crisis with Snug Sacks, which are like sleeping bags with sleeves, Detroit, Michigan, October 19, 1977.

Photo: Underwood Archives/Getty

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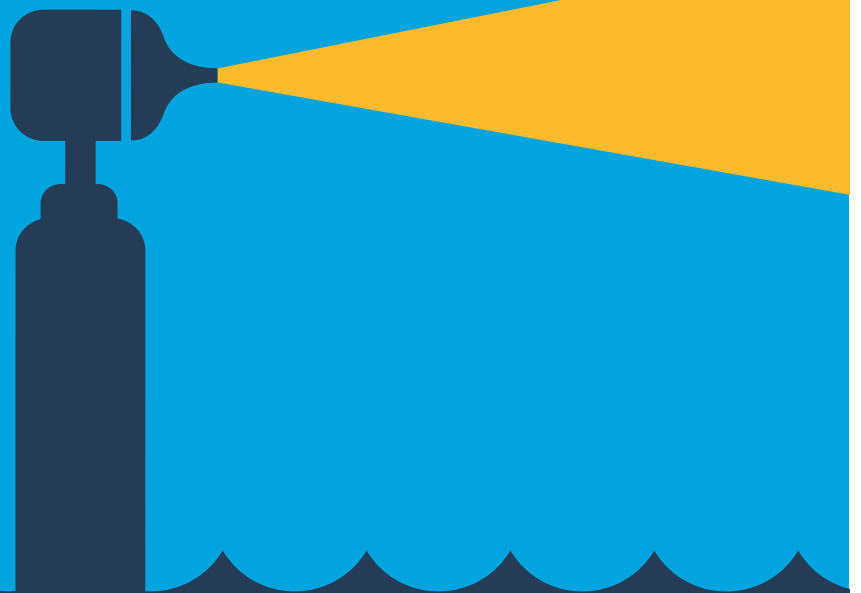
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A PIN HOLE CAMERA HAS AN INFINITE DEPTH OF FIELD

With the advent of the smart phone camera, everyone thinks they are a photographer. But for the most part, the phone cameras are a compromise and do not give the real photographer much control over the shot. One of the most important concepts to understand as a serious photographer is depth of field which is mainly controlled by the aperture setting known as the f-stop.

To put it another way, depth of field is how much of the photo is in focus. If the photo is of a landscape, you probably are going to want everything within the view finder to be in focus. On the other hand, if you are taking a portrait, especially in a studio, you will want to control how much (or little) of the background is in focus.

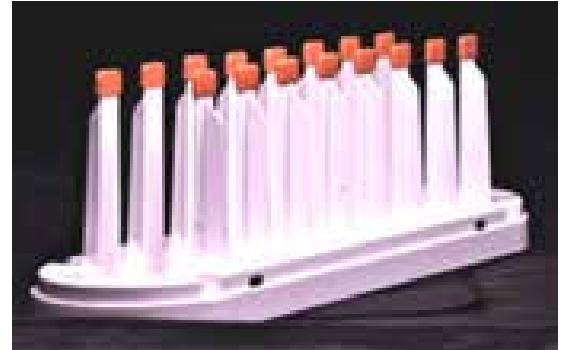
Now here is the tricky part.

The f-stop setting is counterintuitive – the larger the number the smaller the opening. So the largest f-stop produces the smallest aperture and the greatest depth of field. Got it?

The two photos on the right are taken at two different f-stops. number the smaller the opening. So the largest f-stop produces the smallest aperture and the greatest depth of field. Got it? The two photos on the right are taken at two different f-stops.

Can you guess which is taken @ f 22 and which is taken at f 1.8? Extra points if you recognize the prop. Answer below.

Note: for the sake of simplicity, I have not talked about the Holy Trinity of Image Capture, which is also at work here. We will do that next time.



Answer: Top photo shot at f1.8. Bottom photo shot at f22. The prop is a drying rack for vinyl records.

Below was taken at 350ft, f22, variable ISO and shutter speed with automated pan and scan, using a Mavic Air 2 Drone. The view is looking south east over Oak Knoll Golf Course, HWY 22 W.



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RFP: Request for Photographs

By Rick Pittman, MD, MBA

- Contest participants are limited to current Marion Polk County Medical Society members (physicians, NPs, PAs, residents, and medical students) only; the MPCMS member must be the photographer of the image submitted.
- There are four categories in the contest. Please tell us which category you intend
 - Nature – Landscapes
 - Wildlife
 - Oregon (images should be of locations within the state)
 - Travel (send in your best vacation shots)
- Images of people discouraged due to need for photo permissions.
- Submit up to one image per category May 1, August 1, or November 1 for the following issue.
- Send to: Rpittman@silverfallsderm.net
- State the title of your photo (keep file names short), where the photo was taken, what camera you used, the specifics of the settings (Aperture, ISO and Shutter speed minimum, AWB etc, optional) and any other information you would like to include about the image.
- Please give us your name & specialty.
- Photos may be in color or black-and-white. Horizontal layout preferred.
- Please limit photo manipulation (i.e. Photoshop). Acceptable photo manipulations include minimal color correction as well as cropping of the original image. The contest is based on photographic skills and highly altered images are not currently accepted.
- MPCMS staff members will pick up to three finalists in each category and to display on line.
- The grand-prize winner and category winners will be chosen by a panel of MPCMS staff.

Prizes:

- Grand prize winner (1): Publication and \$50 gift certificate.
- Category winners (3): Publication and \$15 gift certificates.



CHART NOTES - WRITER BIOS

NANCY BOUTIN, MD, MBA

Managing Editor



Nancy is the Medical Director of Willamette Valley Palliative Care. She has contributed articles to Chart Notes 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 Chart Notes and Historical Tidbits.



THANK YOU MEDICAL PROFESSIONALS

The Marion-Polk County Medical Society would like to thank all of the medical professionals in our local community for your unwavering dedication, service and sacrifice. From those working tirelessly with COVID-19 positive patients, to those working behind the scenes to secure PPE, operationalize tele-visits or simply respond to emails and phone calls - your role is invaluable and appreciated. As we plan future issues of Chart Notes, we would like to share your experiences during this pandemic. How has it affected you, your practice, your relationships with your patients? How are you moving forward? If you would like to share your story/experience please contact Nancy Boutin at nancyboutin@me.com or Krista Wood at krista@mpmedsociety.org.



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