



# CHART NOTES



## Volunteerism



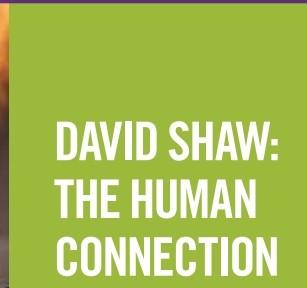
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## What is our mission?

As with any 150-year-old organization, our role in serving the medical community has evolved. So what purpose do we serve? What is our mission and brand statement as we forge out into the community of busy medical providers? Our homepage shows three simple words: Advocate, Collaborate, and Educate. Does this fit the mission of our current membership? Does it sound appealing to those larger organizations that support our society? Each of these words carries significant meaning and as a board, we strive to provide a place that is neutral and free of biases in order to serve all our members and the medical community as a whole. We want to be a place where physicians, PAs, and NPs alike can call home.

**Advocate:** By supporting our members we provide a place where issues can be addressed, causes can be fought, and needs met. This is a society where we can come together unified by the love of our community and our profession. We advocate for changes that will improve our lives as medical professionals. When we feel supported, we can provide better care for our patients, which then makes us better care providers. We advocate for a healthier balance between sometimes exhausting career choices and a busy personal life. Self-care seems to be the buzzword of the last decade.

Unfortunately, we are great at giving medical advice but oftentimes horrible at taking time for ourselves. We advocate for policy change when it benefits all our members and at times silently object when these changes impede the care of our patients. We strongly advocate for collective unity as the world of medicine becomes fragmented by the ever-increasing commercialization of medical care.


## President's Message

Keith Neaman, MD



**Collaborate:** The definition of collaborate is to work jointly on an activity or cause in an attempt to produce or create something. So what are we creating? What are we collaborating on? One main focus of the society over the past years has been to create awareness of provider wellness. This task is much bigger than any individual provider and involves collaboration between physicians, administrators, and hospital systems to shift how we deliver care and how we value time spent both in and outside care settings. Collaboration is imperative in the continuous improvements needed to provide more cost-effective, outcomes-based medicine. Our meetings and gatherings allow an opportunity to touch base with other providers and address the needs of our community.

**Educate:** Our lives have been focused on education for decades. So what more can our society provide? Education is more than what we learn from textbooks and CME courses. Some of the best lessons are learned from our colleagues and with the fragmentation of medicine, these opportunities to interact are becoming rare. The society offers a chance for each of us to participate in educating each other, the community, and administrators about our successes, failures, and aspirations for continued improvement.

I hope to spend the next two years as president showing the value of our 150-year-old society in modern medicine and to our community. We need the medical society now more than ever. Whether it be to advocate, collaborate, educate, or another set of values is up to us as members to define its role and what we want it to be. So participate. Join us. Reach out and help us create a society that you want to be part of. 



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## Get Out There

Spring has sprung and summer is right around the corner. With the change of weather, it's time to get out there! That was our theme for the Spring Member Dinner. Our speaker was Zach Urness, award-winning outdoor columnist for the *Statesman Journal*. It was fun seeing everyone in person for the first time in many months, especially for me since I started as Executive Director only meeting members by ZOOM.

Hopefully, all our members will be inspired by the message to get out there. Wellness experts agree that getting out into nature and volunteering can be extremely beneficial. These activities are a great way to reset, reenergize, and provide a wider perspective. Zach had some great ideas for family-friendly hikes and outdoor activities. Also, one of our pro bono sponsors at the dinner was Salem Free Clinics. Their

## From the Executive Director

G. Harvey Gail, MBA



organization provides opportunities to volunteer and share your skills as physicians with those in need.

We have more activities planned. Dancing Date Night is back on July 13. Dr. Tanie Hotan will provide dance instruction and Dr. Maurice Collada's vineyard, Cubanísimo, is the perfect setting for this fun and energizing activity. Our new provider celebration is set for October 6. Save the dates!

On another note, our directory is coming up for publication. Now is the time to update your contact information. You can log into the website or call in any changes to our office.

I hope you are inspired by this issue of *ChartNotes* that features the volunteer pursuits of our members. They are truly inspiring stories. 📖

## In This Issue

Volunteering offers many personal benefits—if you believe *happiness.com*—and why wouldn't you? Most publications extolling the rewards of volunteerism cite some combination of the following factors: connection to others, creating self-confidence or self-esteem, better physical and mental health, sense of purpose, improved perspective, and/or career opportunities. Some of us just do it because it's fun to get more involved with activities we already enjoy or want to learn more about.

In this issue, you'll meet colleagues whose lives have been enriched by volunteering, whether in a medical capacity or doing something totally unrelated to our day-to-day reality, including members of your board of directors. You'll hear from society president Keith Neamen about opportunities to re-imagine the role of the MPCMS in a (fingers-crossed) post-pandemic world.

Howard Bauman introduces Hazel Patton, a Salem super-volunteer and former "first lady" of the medical society;

## From the Editor

by Nancy Boutin, MD



her husband, pathologist Roy Patton, served as society president in 1979. Erin Hurley talks about the intersection of volunteerism and wellness. David Shaw introduces us to a remarkable young man he met on one of his mission trips and who now lives in Salem. One member gives us an inside look at a refugee shelter in Poland. Keith White introduces us to a remarkable camp for young people.

Recurring columns will touch on wellness, Rick Pittman's opinions, and my current obsession, papaws. And—we're introducing three new features: mini-profiles of new society members, things to do in the mid-Valley, and a remembrance of members who have moved to the eternal care unit.

If you know of individuals who should appear in the pages of *ChartNotes*, for any reason, please contact executive director, Harvey Gail. We look forward to hearing from you. And keep your eye out for a SurveyMonkey as we prepare for the fall issue: *What I Did on My Summer Vacation*. We're hoping to see interesting projects, fabulous travel, and a few surprises. 📖

# New Board Members

## Jasmin Chaudhary, MD




For providers who watched television in the 1960s, or grew up with Nick at Nite, the theme song from the Patty Duke Show may pop into your head at odd times. It tells the story of “identical cousins” with polar opposite life experiences. “Cathy has lived most everywhere, from Zanzibar to Partridge square, but Patty’s

only seen the sights a girl can see from Brooklyn Heights...”

The bio for MPCMS board member, Jasmin Chaudhary, MD, demonstrates the same dichotomy. Her milestones suggest a girl who never strayed far from the I-5 corridor—born in Eugene, high school in Woodburn, Salem for college and her first job after training, and an infectious disease fellowship at OHSU. However, she spent several years attending an American grade school in Egypt where her engineer father worked on a wastewater

project. The family traveled from their home base on frequent trips to Europe and around the Middle East. For Chaudhary, those years kindled a passion for travel, people, cuisine, and language. She speaks Spanish fluently, and can “get by” in the other romance languages, Arabic, and Urdu. Chaudhary and her husband continue to travel for pleasure, COVID permitting, as often as possible.

After she headed east for medical school, Chaudhary landed in Indiana for residency. While many West Coasters feel ill-at-ease in the flatlands of the Midwest, Chaudhary loved it precisely for its contrast to home. It helped that the people she met were “super friendly.” Nevertheless, she was glad to get back to Oregon and some of her favorite pastimes—hiking and mountain climbing—that were not available in Indianapolis. “I’ve traveled all over the world and that’s where I came to the conclusion I can’t imagine living any place but here.”

Chaudhary volunteered to join the MPCMS board after reading an issue of ChartNotes. “I was astounded that the medical society had been around since the 1880s! I’ve been interested in getting more involved with civic duties and giving back to my community, and I thought this would be a good way—to be part of an organization that’s served the medical community for over 150 years and continues to be active and brings providers of all specialties together to address common goals.” 



## Tanie Hotan, MD

New board member, Tanie Hotan, MD, has worked as a family medicine provider at Santiam Hospital and Clinics in Aumsville for twenty-one years. She has practiced across the care delivery spectrum—inpatient, outpatient, nursing home, and OB. With the arrival of the pandemic, she expanded into community health medicine.




“The pandemic brought painful attention to the existing, widening equity gaps, and the implosion of our society’s wellbeing,” she says. “I decided to reach beyond the safety of my clinic to better serve those in need. And so, in July of 2020, I began volunteering at various COVID mass testing sites, organized a few of my own, and helped create the Santiam Mobile Vaccination Project, which ultimately landed me a position on the Marion County Population Health Committee. These acts of service gave me hope that we would get through this mess together. In 2023, I intend to continue outreach and to launch a lifestyle medicine curriculum.”

Part of a wellness lifestyle, Hotan believes, is investing in things that “give (us) life.” The spring issue of ChartNotes highlighted Hotan’s

love of Latin dance, which she says “began as a hobby in 2019 and has become a regular practice.” Hotan describes the time she spends in her small basement dance studio as a moving meditation. “I am so grateful for what dance has brought into my life. I get excited about the lines and the shapes I create, the control of my spins, the smooth circular motions that contrast with the sharp hitting snaps.”

Since that first article, Tanie and her dance partner, Mark, have continued to compete around the Pacific Northwest, winning an impressive number of first-place ribbons at the recent Portland Open Dancesport competition. As this issue of ChartNotes goes to print, they will be competing in another Dancesport event, this time in Scottsdale, Arizona. The pair will close out the summer with a trip to Orange County for the 2022 Embassy Ballroom Championships. “I am so happy my husband Scott attends most of my competitions and is my biggest fan.”

For MPMCS members who would like to see Hotan’s lines and spins closer to home, watch for a summer “Dancing Date Night” or make a point to attend the World Beat Festival, at the Salem Riverfront, on Saturday, June 25th, from 12:45 PM—1:30 PM on the Stepping Stage. “Come check us out,” Hotan says. “I invite you to come, spectate, and participate!”

For more information, go to <https://taniehotandance.wixsite.com/portfolio>, under Calendar. 

# Spring Dinner Meeting



Over 90 people attended the Spring Dinner at Illahe Hills Country Club.



Dr. Keith Neaman, President addresses the members.



Mary VanNatta-Gail and Eva Hosseini.



Dr. Maurice Collada and Debra Collada.



Dr. Rick Pittman and Dr. Douglas Eliason.



Members toast to the evening.

## CHART NOTES - SPRING BIOS

### NANCY BOUTIN, MD, MBA

Managing Editor



Nancy is the Medical Director of Supportive Care at Willamette Vital Health. She has contributed articles to *ChartNotes* off and on for twenty years. She is very happy to be back at the keyboard.

### RICK D. PITTMAN, MD, MBA



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

### HOWARD BAUMANN, MD



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

## ★ THANK YOU MEDICAL PROFESSIONALS

In the last issue of *ChartNotes* we featured lifelong learning the activities beyond medicine that round out our lives. Marion-Polk County Medical Society is partnering with organizations like RISE that provide fun wellness-oriented activities for Medical Society members. Watch for emails and visit our website for more information. Also, if you have any ideas for features in *ChartNotes*, contact Nancy Boutin at [nancyboutin@me.com](mailto:nancyboutin@me.com). If you or your organization has news or events to share, or an in memoriam to share about one of our members, contact Harvey Gail at [exec@mpmedsociety.org](mailto:exec@mpmedsociety.org). Also, visit our website at [www.mpmedsociety.org](http://www.mpmedsociety.org) for our news submission policy. The Marion-Polk County Medical Society thanks all of the medical professionals in our community for your unwavering dedication, service and sacrifice. Be Well!

# 150 YEARS

1870-2020



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# HAZEL PATTON: SALEM FIRST CITIZEN



Hazel Patton, Founder of Carousel  
(Courtesy of Salem Riverfront Carousel)

Hazel is once again back in the news, this time championing the cause for Salem’s Micro-Shelters Project (more about this below). It’s my opinion that it would be hard to find any Salem resident who has accomplished more than Hazel Patton in her role as a historic preservationist, community activist, and volunteer. I hope you will agree with me after you have read this article.

I first met Hazel and her husband, Dr. Roy Patton, shortly after arriving in Salem in 1976. I ran into Roy first, a hospital pathologist, a preservationist by his own rights, and soon-to-be President of the Marion-Polk County Medical Society (1979). However, it didn’t take long for my wife Jean and me to also become acquainted with Hazel through her leadership role in the medical society’s auxiliary. Some of you may remember back to those good old days when the auxiliary raised medically-related scholarship funds by selling community calendars, holiday poinsettias, and promoting the Celebrity Lecture Series at the Elsinore Theater each year.

Before moving to Salem in 1971, Hazel had completed training as a medical technologist in 1956 at Washington State University, married Roy in 1958, and then lived in Huntington Woods, Michigan for 12 years before their move. Hazel became very busy during those early days in Salem with her Auxiliary duties, raising five young sons, and working part-time as a med tech. By 1984, she had somehow found time to start caring for elderly patients and soon found herself as board president of Volunteers for Seniors, a group dedicated to helping the elderly in nursing homes and in their own homes.



Little Gem Grocery Store, Court Street-Chemeketa Street Historic District, Date Unknown. (Courtesy Salem Public Library)

One of the first preservation projects that Hazel and Roy undertook was an old rundown house (Historic Barquist House) that came up for auction. It needed serious renovation and a lot of love. They also needed to move the house several blocks to a lot in the Court Street-Chemeketa Street Historic District. As a youngster, Hazel had learned to appreciate the finer aspects of good construction and craftsmanship from her father, so it was not surprising that she and Roy decided to restore this historic house back to its glory.

Hazel and Roy later learned about an old mom-and-pop grocery store near their house, the Little Gem Grocery Store, that was about to be demolished. They launched a community effort to repair, paint, and then roll the store through Salem’s downtown streets to A.C. Gilbert’s Discovery Village in Riverfront Park in 1998.<sup>[i]</sup>

Her next project was the Salem Riverfront Carousel, inspired by a 1996 visit to an old-world style carousel in Missoula, Montana while on a family trip. The Carousel became a work of love for all involved, including its many artists and craftsmen. The Carousel was finally dedicated on June 2, 2001. Unfortunately, Roy passed away in 1998 before the completion of the project, due to a heart condition.<sup>[ii]</sup>



Friends of Two Bridges was incorporated in 2010 with Hazel as the board president. The first bridge, the vintage (1912) Union Street Railroad Bridge and Trestle, had been placed on the National Register of Historic Places and was converted to a bicycle and pedestrian bridge to become part of Salem Riverfront Park. The second bridge, the Peter Courtney Minto Island Bicycle and Pedestrian Bridge, was completed in 2017.



*Hazel standing next to her portrait at the Carousel. (Courtesy Salem Riverfront Carousel)*



*Hazel Patton and Emil Graziani. Salem Riverfront Park Micro-Shelter Display, September 2021. (Courtesy of Venti's Downtown Micro-Shelter Fundraiser)*



*OSH Museum of Mental Health Ribbon Cutting 2012. From left: Past Superintendent Dr. Dean Brooks, Superintendent Greg Roberts, Actress Louise Fletcher (Nurse Ratched), board chair Hazel Patton, and Mayor Anna Peterson (Courtesy of photographer Ron Cooper)*

In 2007, Hazel's next project was the historic Kirkbride Building at the Oregon State Hospital which was about to be demolished, along with other hospital buildings that had fallen below code. The Kirkbride Building, the original entry, was constructed in 1883 and is noted to be the oldest Oregon State building still standing, plus it was the filming location of the five-time Oscar-winning movie: *One Flew Over the Cuckoo's Nest*. Hazel's battle plan started with recruiting a small team of experienced members who rapidly got the State Hospital listed as a National Historic District, thus halting the wrecking ball. Interestingly, it was during discussions that both the hospital administration and the Oregon Health Authority liked the proposal of using the first floor of the building to develop a museum of mental health, open to the public, and the rest of the building used for additional hospital administrative conference rooms and offices. The building was

fortified to meet earthquake standards while retaining its outward historical appearance. Hazel, as Chair of the board of directors, overviewed the development of the Museum of Mental Health. At the dedication ceremony on October 6, 2012, we were honored to have actress Louise Fletcher, who had won an Academy Award portraying Nurse Ratched, present to cut the ribbon. I need to interject here to say how proud I was to be present that day as a member of the museum board.<sup>[i]</sup>

Hazel's recurrent statement: "I love old buildings," is likely the driving force for her dedication to protecting other historic treasures like the Historic Elsinore Theater, Deepwood Estate and Gardens, the Southern Pacific (Amtrak) Railroad Station, and Salem's Downtown Historic District. Later, Hazel would become a founding member of the Salem Main Street Association in 2016, an organization actively looking for ways to enhance the vitality of downtown.

Along with friends Ron Steiner and Emil Graziani, Hazel became involved with Salem's Micro-Shelters Project sponsored by the Church in the Park. After touring a pallet house display set up in North Salem in April 2021, they proposed that the city and Church in the Park collaborate to develop a more encompassing project to help the unhoused population of Salem. In September, two micro-shelter units were assembled at Riverfront Park for public viewing. The fundraising campaign has raised \$750,000 – sufficient to build 150 shelters!<sup>[iv]</sup><sup>[v]</sup>

Hazel was recognized as Salem First Citizen in 2014, Willamette University awarded her an Honorary Doctor of Public Service Degree in 2018, and she is still going strong. Hazel is recently quoted as saying: "I love Salem. Always have. Always will." Somehow, I believe her. [f](#)

[i] Salem Reporter, 6 May 2021.

[ii] Statesman Journal, 3 June 2001.

[iii] Baumann, HW. Volunteers Save Historic Psychiatric Hospital from Wrecking Ball. ChartNotes, Spring 2016, 8-9.

[iv] Statesman Journal, 17 September 2021.

[v] Statesman Journal, 8 October 2021.

# CAMP ATTITUDE

Our family first came to Camp Attitude in order for son Ryan to have a camp experience centered around him. Ryan has a congenital brain deformity called alobar holoprosencephaly that causes spastic paraplegia, along with cortical blindness and deafness. His eyes and ears work, but his cortical processing is impaired. He has diabetes insipidus and requires nasal desmopressin every twelve hours and close attention to free water and electrolytes. Nutrition and medications are given through the jejunal port of a percutaneous gastro-jejunal tube. He is completely dependent on others for his life and welfare.

Ryan is a real person with a full range of emotions and likes and dislikes. He expresses himself vocally, just not in spoken language. He is joyous and his happy expressions light up everyone around him. Thus, his family and caregivers strive to keep him entertained and laughing. Camp Attitude, on the beautiful South Santiam River, is designed around the idea of giving developmentally handicapped kids a great experience. The name refers to a verse in the Bible that asks us to assume the attitude of Christ, in service to others. Christian-inspired, Camp Attitude serves all faiths. During their week at camp, Ryan and the others have access to fun experiences all day long and into the evening.

The camp is run by volunteers at all levels and funded by donations. It is free to the “campers” (the disabled kids) and their families. The large campus has many log cabins with bathrooms and showers and an expanding number of yurts. Some can accommodate up to eight people and are designated one to a family. Camp has a tent city for the church group “Buddies” who pay to volunteer a week at a time to be the guides and companions of the campers. This setup allows the parents to relax in a friendly, supportive environment (with even some group counseling) for a week, while their kids and their siblings are kept busy having fun.

There are three communal meals every day and a program every evening under the shelter of a large, partly open, cafeteria/auditorium. The evening program features photos and videos of the day’s activities taken by a troupe of professional and volunteer photographers.

Activities include Lake Day, with rides on jet skis, kayaking, water sleds pulled behind ski boats, pontoon boat rides and swimming for those who are able, and a big picnic. Every day there is an “all-comers” water fight on the big commons




*From L to R, Teresa (Ryan’s #1 caregiver and guardian angel), Ryan (in wheelchair), sister Erin (standing above Ryan), dad Keith, and his wife, Mary Ellen Ramseyer (RN, who used to be in charge of employee health at Salem Hospital)*

field. There is horseback riding, fishing, wheeling through the many paved trails, crafts, bowling, and every Monday evening, laser tag battles. There can be custom car shows, model trains, hot air balloon rides, and a plethora of other special activities. People with a heart to volunteer are attracted.

As a doctor, I was drawn to helping out at the camp medical station, a relatively sophisticated small doctor’s office. Pretty soon, my wife (a very high-powered RN) and I were taking responsibility for stocking the medical supplies, donating medical furniture and medical equipment, helping to recruit, and writing policy for the medical station. We also volunteer to staff the station for a week every summer, bringing Ryan; one or more of his caregivers; and sometimes his sister, Erin.

This summer will be our 11th year at Camp Attitude. We welcome medical people (nurses, physicians, PAs, NPs, paramedics, et al) to volunteer for one of the seven or eight weeks of camp every year. It’s also possible to volunteer for non-medical services such as helping out with equipment for Lake Day and many other camp needs.

If you know of a kid or young adult who might benefit, or if you would like to volunteer—or donate materials or money or time to Camp Attitude—you can contact me at [rhodoc@msn.com](mailto:rhodoc@msn.com) or camp director Stacy Foster at [stacy@campattitude.com](mailto:stacy@campattitude.com). 

By Nancy S. Boutin, MD

# PREPARING FOR DISASTER

Over the last twenty years, Oregon has had no shortage of disasters—COVID, wildfires, floods, ice storms, mass shootings, and a heat dome. No locusts yet, but the century is still young. How does a state of four million manage—and pay for—a disaster response team ready to act anywhere in the state on short notice?

One answer is volunteers. But how do you get the right people in the right place at the right time, and how do you prevent well-meaning, but incompetent, do-gooders from gumming up the works? That was the question facing federal and local governments in the wake of the 9-11 terrorist attacks.

Disaster preparedness expert and past president of the MPCMS, Doug Eliason, DO, says you need a way to organize and train interested medical team members of all types and a registry to keep track of them. The beauty of the program, developed twenty years ago, is that it's locally inspired. "The federal and state agencies often miss the mark, but a community best understands its needs and has trust in the people it knows."

Because you can never have too many acronyms in an emergency, the organization is called MRC (Medical Reserve Corps) and the registry is SERV-OR (State Emergency Registry of Volunteers in Oregon). Eliason calls the SERV-OR the "glue that holds it all together." The two arms work closely with HSPR (Oregon's Health Security, Preparedness and Response Program).

When you sign up, you have two choices—join a local unit that meets together, plans, and knows each other, or join a statewide pool, which is what Eliason did. He compares it to league play vs a pick-up game. Either way, the Corps and the registry "allows a bunch of health professionals of all different kinds to come together and they all have something that shows they are who they say they are." Being able to access other registries helps assure that out-of-state volunteers

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## PREPARING FOR DISASTER

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possess the credentials they claim. Membership in an MRC offers protection for individuals who work during a declared disaster—professional liability is covered by the state, and they are eligible for workers' compensation if injured.

Additionally, volunteers aren't committed to being available for every opportunity that comes their way. Eliason says that as a "seasoned" provider, he isn't interested in sleeping on the ground, "so I am probably a little pickier about what missions I take." Many MRC units have been deployed around Oregon during COVID, staffing test sites or vaccination sites. Data shows the value of the organization during the pandemic. Eliason says he and others have been "contemplating the end-of-disaster declaration, but it hasn't happened, yet."


As a member of the statewide pool, Eliason travels around Oregon and teaches local MRCs disaster site management. He says to understand how that came about, you need to go back to his "origin story."

"About ten years ago I was still in the military and I did my first basic and advanced disaster life support course. I thought it was a great opportunity where we, in the military, could help communities by offering this kind of training. I retired in 2010 but I still wanted to be involved and I enjoy teaching. As part of the Medical Response Corps, I get to do both. The course is open to anyone with an interest because it teaches participants how to work as a team. It teaches how to be part of the response and gives a sense of team."

The basic course is primarily didactic, but the advanced is hands-on. Eliason describes group triage, starting with "your mom voice" and telling injured people to gather in a particular place (at the blue car by the tree, for example). If they can, they have intact mentation and ambulation—they aren't the highest priority. Those who can't ambulate, but can still raise a hand or a foot on command probably don't need immediate, life-saving interventions—and neither do the deceased. In a very few minutes, you have separated a mob into manageable, prioritized groups. "You can teach anyone simple things like that—and because they all learn together, they understand the whole process."

"It finishes with an exercise," Eliason says, "where your team is presented with multiple casualties--someone running triage, someone who runs the treatment area, and someone arranging transport. And we throw in a little realism. Sometimes terrorists are part of the exercise or people who are disruptive or confused patients who distract you. The whole point is so that if you end up in a disaster situation, you've had a little taste of it once. Nobody feels ready in their first disaster, but after this course, they're better prepared."

Eliason says volunteering in this way gives him a sense of accomplishment. He says he hopes graduates of his training never have to practice their skills, but he feels gratified when he learns the training has been useful. One of his former students was on-site at the mass shooting at a community college in Southern Oregon a few years ago. He told Eliason, "I think I was far more effective because I'd been through the course. I was able to do more and certainly felt better about my ability to respond."

"We teach with that sense of realism," Eliason says, "because we don't get to pick when or how a disaster occurs. Sometimes they just happen." 

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# DAVID SHAW, MD: THE HUMAN CONNECTION

Over his many years practicing orthopedic surgery in Salem, David Shaw, MD, has led dozens of medical mission trips to third world countries, usually twice in one year. His first trip was to Africa with members of Salem Alliance Church sometime before the turn of the millennium. While he felt the team provided good medical care, it broke his heart to see opportunities that could not be met with the available equipment and supplies. He kept trying to come up with workarounds but had to accept the limits of the situation. When he returned to Africa, Shaw says he borrowed a tent from Debbie Eisenhower and the team set up a surgical suite. “We did twenty-five or thirty cases on that trip, urgent ones.”

In 1999, he was invited by a Portland orthopedist to work with him on a short trip to Ecuador. Logistically, staying in the Western Hemisphere proved much simpler, requiring significantly fewer air miles and causing no more jet lag than flying to Ohio, which is in the same time zone as Quito. In 2006, Shaw and a growing list of dedicated team members incorporated under the name Capitol City Medical Teams to provide infrastructure and fund-raising with the goal to “better meet the health needs of impoverished people.”

Dr. Shaw is not, by any means, the first mid-Valley doctor to undertake medical mission trips, but he has been credited as a significant influence by many who followed. The team he leads usually consists of one or two orthopedic surgeons, anesthesiologists, an internal medicine doc or two, nurses, prosthetists, and physical therapists. Sometimes another surgeon—trained in ophthalmology or GYN, general surgery or ENT, will go with them to get the lay of the land and end up returning with their own team a year or two later. More than eighty different doctors, nurses, and other team members have worked alongside Shaw—paying their own way and using vacation time—to care for patients in very complicated situations.

Shaw’s early education in India exposed him to conditions common among the team’s patients in South America, but unfamiliar to most physicians trained primarily in the US. He’s

also open to brushing up on general surgery techniques and pitching in where needed. On one of his early trips, he said he repaired a lot of umbilical hernias, but that was the most in-demand presenting problem. Shaw says one important difference between operating in the States and anywhere hosting a mission trip is that the surgeon needs to be aware that patients live lives outside the OR and they can’t stop for a leisurely recovery period. The surgical team needs to come up with a post-op plan that works for someone who doesn’t have a PTO bank or a family that can take FMLA.

The reward for sharing his talents and experience, Shaw says, is the ability to make a human connection, with his patients, their families, and his fellow volunteers. Other than that, he seems perplexed by the question of what does he get out of it?

“That’s a tough question. Part of it comes from being raised in a family, in a culture, where you are part of a community, you’re not on your own. To be able to help is part of life. It’s not anything that you go out of your way to do. It’s who you are and how you live. All the way around, it was that way.

“I think I was also influenced by my father’s religious views and my mother’s death from complications of paraplegia which was never appropriately diagnosed or treated, and also the kind of medical school I attended. It was a missionary-sponsored school and the professors came from all over the world to be part of a mission, so they modeled that value. As I look back at life in general, I think what I’ve been involved with here is just an extension of how I grew up.”

Shaw was born in Uttar Pradesh state in north-central India, bordering Nepal. In the US, the state is probably best known for being home to the Taj Mahal in Agra, some 225 miles from the capital city of Lucknow, where Shaw’s father was the personal assistant to the governor. Shaw recalls a comfortable middle-class upbringing where he was educated primarily in Catholic schools. Although the Christian population of India is only 2%, Shaw’s family converted to Christianity (Church of England) five generations ago.



*Waiting patiently for cast changes*





*Samantha Schmidt, Kim Geelan, M.D., and David Shaw, M.D. preparing for an operation*

For medical school, Shaw attended Christian Medical College and Brown Memorial Hospital—founded for women students—in Punjab in 1897 by Lady Edith Brown. He was in the sixth “batch” of men admitted. He says it was top-notch training that provided him the chance to see a wide variety of pathologic conditions. He completed his residency there and took the Indian equivalent of the Boards. Later, Shaw came to OHSU and completed a second residency before passing American orthopedic boards. He’s practiced in Salem ever since—except when he’s practicing, a few weeks at a time, overseas.

He and his regular team members don’t find the commitment or the travel too intrusive. “I think all of us have learned to think of it as an extension of what we do in our lives—like another office just in another place! Once you do it, it just becomes a part of what you do and it falls into a slot in your life. I can tell you, once you have done it a few times and got things streamlined and see what happens to people’s lives with just a little effort, it is very difficult not to do it!”



*Post op smiles!*

Shaw appears to have an uncanny ability to impact people’s lives, with just a little effort. One time, he and his wife had a chance encounter with the airport manager in a small West African country. The man, who walked bent over due to legs affected by childhood polio, drove the stranded couple to a mission in the jungle late at night, refusing to accept payment. Shaw told him that corrective surgery and bracing for his legs would be a simple matter in Oregon. When the man could schedule time off, he came for treatment. At the time, he expressed a great

deal of gratitude— but he didn’t yet realize the impact Shaw’s connection would provide. Some years later, now the assistant airport manager in Paris, he wrote Shaw another thank you note. This time he said, “Dr. Shaw, what changed in me after my visit there was not my leg but my dignity. I could now look another person eye to eye.”

There is a collection of clips on Vimeo, five-to-fifteen minutes long, highlighting some of CCMT’s campaigns. <https://vimeo.com/31356133>. Shaw apologizes in advance for “getting a little emotional” narrating what he calls, “an amazing privilege that not everybody gets to have in their lifetime—and it happened to us.”

I dare you to watch and see if you don’t get a little emotional, too. [f](#)

  
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# Marcelino

BY E. DAVID SHAW, MD

We had examined about fifty children already and had another hundred or so to see when Marcelino slid into the small exam room, barely visible in the crowd of children, parents, nurses, and orange-aproned workers from the foundation. A well-built young man with a pleasant face, he crawled across the ground on his knees, scooting along with his hands, his half-hidden legs curled up under him. The incongruity of the image registered at the back of my mind—he never looked up, and he did not want to be noticed. But his energy hit home and his chemistry with the medical team did the rest.

Born with rudimentary legs, knees, and hips that could not straighten, and feet turned in under, Marcelino's mother did not have sufficient circumstances to deal with him physically and mentally. He had been given up to the streets of Ecuador at two years of age to fend for himself by begging. Eventually, he was taken to an orphanage in the jungles of northern Ecuador. Over the next ten years, Marcelino taught himself skills to survive despite his deformities.

They took him to a doctor, but the severity of the malformation from his knees down precluded a functional outcome. No one had suggested treatment. Besides, he had no money.

Workers at the orphanage heard about our group coming to Riobamba and brought him on an eight-hour bus journey. During the five minutes we had to see each child, we had to explain to Marcelino that the surgery I proposed could not be undone in the future—both legs had to be amputated at the knees. He would also need major surgery on each hip before he could even straighten his thighs enough to stand. We gave Marcelino and his caregiver the night to think about the option and make a decision.

The next morning, there they were. But I needed to be sure what Marcelino felt deep inside, so Robert, our interpreter and helper, spent several hours trying to get to know the young man. Crowds made the conversation more difficult, but the critical time had arrived for a decision—loud and clear and only from Marcelino.

We sent everyone out of the room except the three of us and the caretaker. Deep breaths were taken. "Marcelino, what is it that you would like?"

He didn't look up. "Sólo quiero ser tan alto como mis amigos y mirarlos directamente" (I want to be as tall as my friends and look at them straight on!)

I explained we needed to do two major operations now and then two more painful operations next time we came. He met my eyes and nodded his head without a sound. In that instant, I knew this thirteen-year-old boy had endured all that life could throw at him and survived. It would not be surgeries and pain that ruled his life but the strength inside him I had just seen.



We decided to push hard on that rock right alongside him. We amputated both legs and performed the surgeries to release all the anterior hip and pelvic muscles—four major operations at the same sitting. The next morning, Marcelino gave not a whimper, just a quiet gritting of his teeth. Amazing, but not a surprise to me. I had already looked deep into those eyes and seen his strength.

Two days later, he stood on specially designed, temporary, prostheses. His hips were still not completely straight so the prostheses had been designed to support his weight in a bent position. Marcelino's face lit up with a smile and



he looked at the people around him—straight on. Funny how blurred he looked to all of us, watching him through our tears.

Two more surgeries the next year corrected the remaining bony deformities. Six weeks later he had brand new prostheses and a height of 5 feet.

Marcelino, you are not the only tall one, my friend. Your spirit has made us all stand very tall! 🇺🇸

## Marcelino Update

BY NANCY S. BOUTIN, MD

Marcelino came to Salem with his new family at the height of COVID, so he really appreciated the re-opening of school, sports, and social events. He was initially placed in a cohort of ESL teenagers and they have developed into a solid group of friends. He is a member of the wrestling team—with a special varsity jacket he wears with pride. He has taken to the role of a typical Oregon teen with gusto. Now a high school junior, Marcelino is working, wrestling, acquiring the coveted driver's permit, and considering colleges. As a person with bilateral prostheses, he must use some adaptive devices, but it doesn't seem to slow him down. He has proven to be a natural at wheelchair basketball and has caught the attention of at least one adult player/coach who has offered strong support and encouragement.

Marce, as his mother calls him, has enjoyed becoming part of a large, extended family—especially the celebrations and food! She says their family has always put a high value on community activity and volunteerism, so it has been a joy to see him out on the soccer field as a volunteer coach for disabled children. It is especially gratifying “to watch him and his big smile. . . engaging with the younger kids and being a role model for them.”

Dr. Shaw says that the “crux of it all, to me, seems to be the blossoming of a spirit given a chance. The cards dealt to him in life could have smothered him, but given just one different card, he is playing a different game. How many such “spirits” do we miss?” 🇺🇸

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# Wellness

Erin Hurley, MD



## Wellness and Volunteerism: The Life You Change. . .

It's true that volunteerism helps provide needed services in our community and around the world. As an employee of Liberty House, a non-profit child abuse assessment center, my work benefits every day from generous volunteers and donors, and for that, I am so grateful.

When my older sister became a breast cancer survivor in 1997, our family began to fundraise and volunteer for organizations committed to ending breast cancer. 60-mile 3-Day walks became a regular occurrence for my sister and me starting in 1998. Some years we were joined by our spouses, siblings, and friends. For my sister's 10th walk (and anniversary celebrating ten years cancer-free), we gathered a team of twenty-four walkers and a support crew in Boston. The next year we were the highest fundraising team for the Chicago Breast Cancer 3-Day Walk, bringing in around \$90,000 with a team of over forty members from all over the country. Over the years, with the help of family, friends, and team members, we helped raise over a half-million dollars. I will participate in my 8th 3-Day Breast Cancer Walk in September, with both of my sisters, my niece, and my daughter along with many other team members, and I cannot wait as it has been five years since my last walk.

Our family has completed 5K walks and runs to raise money for breast cancer, to support Liberty House, to support victims of fires, for the epilepsy foundation, and more. My youngest participated in his first breast cancer walk at age 6 months in a Baby Bjorn. My husband, who was carrying him and walking with our 2-and-a-half-year-old son, got separated from the rest of our group--with no bottle, no snacks, and no cell phone. They were the last to cross the finish line and it took them hours to find us. But that didn't stop them from participating again the next year, or the next.

My sister and I spent eight years volunteering for FORCE (Facing Our Risk of Cancer Empowered), an organization that supports individuals and families who have a BRCA gene mutation and other raised risk of genetic cancer. Years later, when I received my breast cancer diagnosis, my connections with this organization were so valuable and I received great guidance from the organization's knowledgeable founder regarding my medical care. This is just one example of my strong belief that when we give our time, service, energy, or finances to individuals or organizations in need, whatever amount we contribute, returns to us multiplied many times over.

Volunteers want to make the world a better place. They usually have a servant's heart. They are kind and loving. They manage to

get a lot done. If you tend to volunteer regularly, I'm sure you know all of this. If you haven't volunteered in a while, I highly recommend it.

The memories you make together, spending time for a bigger cause, are simply priceless. And the friendships you create, magic. It saddens me that so many volunteer opportunities were paused during the pandemic. Thankfully, many are returning. Organizations can certainly use the help, and so can volunteers.

When we give to the world, we get so much back. Contact me or the medical society office if you are looking for volunteer activities. We would be happy to share information about opportunities around our community. Who knows, the life you change may just be your own!

You can find me at [transformationaldoc.com](http://transformationaldoc.com)



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BY NANCY S. BOUTIN, MD

# WORKING IN WARSAW

“Imagine a huge exposition hall that’s been converted into a massive shelter— 7000 people on cots with no walking space in between. Imagine that spread throughout an entire convention center. Now add a second level, filled with Ukrainians who have been hiding in buildings for days and days with no food, water, or power. Somehow they are found, taken to the border, and shuttled to the Warsaw exposition hall, and we’re there to help. I’ve never seen anything like it,” says a Salem provider, who prefers not to be named. “I didn’t go to Poland to get recognition. I want the medical community to know what it’s like there, but I don’t want this to be about me.”

Still jet-lagged and plagued with gastroenteritis (“we all got it”), our colleague says it’s going to require long walks in Minto Brown to process the tidal wave of emotional and sensory inputs, and “to reconcile some things.”

Three months after the Russian invasion, the crowds meeting trains coming out of Ukraine, offering to take strangers into their homes, have thinned, but the need continues. “The Polish government calls them *guests*, not *refugees*, and the exposition hall is intended to be temporary housing on the way to someplace else.”

The shelter draws medical staffing from the US (NPs, RNs, EMTs, a psychologist, and some dentists), but on this trip security and infrastructure come from Canada. The hall houses a Canadian biometric center that helps document the identity of “guests” who may have left their homes without proper ID. Some “guests” need help connecting with family or friends around Europe—or requesting asylum in Canada.

The Canadian military had increased its numbers and its visibility around the building’s perimeter in recent weeks. “The shelter has attracted criminals from all over, speaking every language. They come with paperwork that shows they are ‘authorized’ to pick up medicine—usually controlled substances—or that this child or that one belongs to them. We had to watch out constantly for human trafficking.”

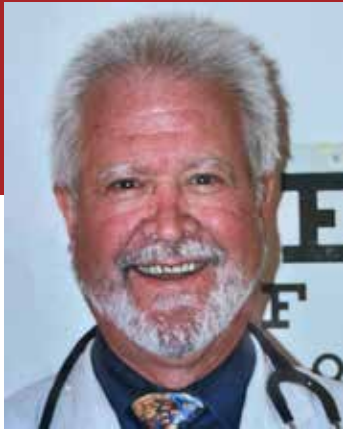


“Because it’s in a confined area with limited hygiene facilities, there were a lot of GI illnesses, a lot of communicable diseases— Strep throat and kind of that thing. The Canadians were especially worried about anthrax for some reason. As far as traumatic injuries, there were gunshot wounds and broken arms. And a lot of PTSD, a ton of it. They would bring the new refugees, the new “guests,” during the night. The next day I’d come in and find children hiding. They would hide in the weirdest crevices because they were terrified. That’s what they’d done for the last five or six days—they hid. So I would coax them out with little finger puppets I’d brought, and with help from an interpreter and their parents, they would finally come out. But the children stopped playing. I mean, *they just stopped playing*. And they were hyper-vigilant about everything going on around them.

“We saw PTSD constantly. You know, moms learning that their sons had died and there was nothing left to bury. And war crimes, blatant war crimes—Russian soldiers going through buildings and just randomly shooting people.

“I’ve never experienced anything like this, ever. There was so much devastation and loss. And when people are so vulnerable, the provider-patient relationship goes away and you’re just two human beings talking. Now that I’m home, I’m going to have to do some processing, but it was good. It was a good trip. In spite of everything, it renewed my faith in humanity.” [f](#)





Boughn

BY NANCY S. BOUTIN, MD

# BOUGHN: GIVING BACK

The 100-year-flood of 1996 served as the impetus for a variety of changes in the mid-Valley's medical community. Salem Hospital, an island in the flood plain, had water covering half the seats in Wedel Auditorium. Sump pumps ran constantly to try to keep expensive equipment in the basement, especially in the radiation therapy department, from disaster. Shortly thereafter, the board approved the planning and development of the Center for Outpatient Medicine, which opened three years later—the first major expansion on the Winter Steet campus since the addition of the C wing years before. Skybridges and “You are here” maps came later.

For Stayton family medicine doctor, Richard Boughn, MD, the events of that February posed an even more dire threat and led to a valuable volunteer opportunity.

“I needed to evacuate our house, so I put the baby and my two older children in the car and started down the road. But the road wasn't there. We fell about four or five feet into the floodwaters. They came up past the door handles and started pouring in the windows. Thank goodness I had a cell phone.”

While the family waited for help to arrive, logs and other debris swept down from upstream and rammed the car over and over, knocking it from side to side. Emergency providers brought a drift boat, attached a cable, and got the family out “just as the water got up to seat level.”

Boughn's partner had been performing all the physicals for the volunteer firefighters, whom Boughn credited for saving his life and his children's. The partner had been charging the standard rate of \$80-\$120 per physical, but when he retired, Boughn saw a way to show his gratitude. He stepped up and said, “I'd like to do them for free.”

At first, Boughn was doing one or two physicals a week, including EKGs and pulmonary function tests when appropriate.



Over time, the number dropped as more firefighters became employed and the federal government picked up the tab, but Boughn continued to serve those in Sublimity and the students in the firefighting program. “It tapered down, but I was still doing one or two a month for years.”

What started as payback had become pay it forward. And, shortly before COVID forced Boughn to step away from his private practice, the Santiam Fire District published a thank-you for over two decades of service that “helped ensure the health and wellness of our firefighters.” They also acknowledged that Boughn and his staff had saved the Fire District “thousands and thousands of dollars over the years, allowing those savings to be used in other areas of need.”

Rather than a sense of obligation, Boughn says he felt a sense of belonging to the community. “People volunteer for stuff in town. It didn't make sense to donate my used clothing when I had a valuable skill. Besides, it was something I enjoyed doing. I understand they used the money we saved to buy infrared cameras to find people in smoke. They saved my life, maybe this will help them save someone else's.”

# Wondering what to do this summer?

You've worked hard all year and are probably REALLY looking forward to the good weather. Even if the sun doesn't shine, you'll keep boredom at bay with these summer activities.

## Outdoors

The Pacific Northwest offers a plethora of great outdoor activities. Salem/Keizer has about 30 parks for your enjoyment. You can take a quick hike, bike ride, or walk and still be home for dinner. If you want to make a splash, kayaking, stand-up paddleboarding, or boating sites are nearby. Visit [TravelSalem.com](http://TravelSalem.com).

## Fun with the Kids/Teens

Keeping kids busy can be a challenge. At Salem Riverfront Park, you can find a stunning carousel with hand-carved horses, the Gilbert House Children's Museum, a splash pad, a playground, and the Eco-Earth Globe. During summer evenings, watch free movies in the park. Ride bikes over the pedestrian bridge to Minto Brown Park. Just outside Salem is Enchanted Forest, a magical storybook amusement park. Search out some Escape Rooms in town, see a movie on the big screen with lounge chair seats at Willamette Town Center, or catch a second-run film at Northern Lights Theater Pub. You can get some "Agritainment" at one of our local farms listed on the Travel Salem website.

## Date Night

Want a fun evening without kids? Check out nostalgic arcade games at Coin Jam or the rooftop bar at Basil and Board. For a cozy evening away, spend the night at Silverton's Oregon Garden Resort, where you can stroll in luscious gardens, go to the spa, and enjoy a nice dinner. The Oregon Symphony and Salem Philharmonic Orchestra have launched their season. Learn something new at one of the local pub talks or lectures at Willamette, Corban, or Western Oregon Universities. With more than 800 vineyards in the Willamette Valley, you can't go wrong with a winemaker's dinner or start your journey through the Willamette Valley Wine Trail. [WillametteValley.org/wine](http://WillametteValley.org/wine).

## Through the Ages

Our region's history and rich heritage are accessible all over the city: Tour Deepwood Museum & Gardens, the historic Queen Anne home on 5-acres or visit Willamette Heritage Center. Don't overlook Oregon's State Capitol Building. Explore the fountains, tribal walk of flags, WWII Memorial, and the 23-foot statue of the Oregon Pioneer, affectionately known as the "Gold Man."

# Out & About

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



*Dancers at Salem's World Beat Festival. The festival is June 24-26 at Salem Riverfront Park.*

## Fairs, Festivals, Annual Events

Festivals are the highlight of the 2022 Summer season.

**World Beat Festival:** June 24-26 at Salem's Riverfront Park ([SalemMulticultural.org](http://SalemMulticultural.org))

**St. Paul Rodeo:** June 30-July 4 ([StPaulRodeo.com](http://StPaulRodeo.com))

**Ironman Triathlon:** July 10 ([Ironman.com](http://Ironman.com))

**Salem Art Fair:** July 15-17 at Bush Pasture Park ([SalemArt.org](http://SalemArt.org))

**Great Oregon Steam Up at Powerland Heritage Park:** July 30-Aug 7 ([AntiquePowerland.com](http://AntiquePowerland.com))

**Hoopla 3x3 Street Basketball Tournament:** Aug 6-7 ([OregonHoopla.com](http://OregonHoopla.com))

**Oregon State Fair:** Aug 26-Sept 5 ([OregonStateFair.org](http://OregonStateFair.org))

Don't let work consume you this summer! Enjoy this time of year and stay local to find fun for you and your family. [f](#)

# In Memorium

## Edward Orlowski, MD – 1950-2022

In April, Ed Orlowski joined his buddy Mike Van Ronzelen in the Great Beyond, where they are undoubtedly putting celestial Cheetos up their noses and pranking the “old” docs. In his spare time, Ed’s likely eating pierogis and watching Myron



Jane, Cal, Ed, and Ty in Ed's happy place.

Florin’s accordion concerts with his parents and immigrant grandparents, whom he finally can understand. There is no Tower of Babel in heaven, all the seats in Notre Dame stadium are on the 50-yard line, and patients never call in the middle of the night. If there is justice in the universe, Ed is again skiing black diamonds and scuba-diving tropical waters where he always found peace and contentment. Blub, blub, blub.

During their forty years in Salem, Jane was the organizational force that allowed Ed to move freely between a busy oncology practice and a personal life full of growing boys (Ty and Cal), a wide circle of friends, and fabulous trips all over the world. During Ed’s retirement, grandchildren Clara and Max made staying closer to home its own adventure. Their mother Catherine became the daughter Ed and Jane never had.

While those of us left behind miss his bad jokes, his animal-dander sniffles, and birthday greetings that begin with, “You’re o-o-old,” we hope he’s having a blast on the other side.

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## Thomas Bailey, MD – 1936-2022

If you created a word cloud from all the things said about Salem urologist Tom Bailey in the last few months, the largest font would probably go to Listener. "Tom listened intently, even if he didn't agree with your point of view. He listened until he could find the gold buried in your words."


Another prominent word in the cloud, also beginning with the letter L, would be Learner. Many of the pastimes and activities Tom undertook enriched his life for the rest of his life. Of course, he constantly honed his medical skills, but beyond that, golf, gardening, and Bible study, to name a few, remained active interests right to the end. After a burst of enthusiasm though, a few didn't make the cut. Working in his home darkroom took entirely too much time and the beehives had to go after Tom added ICD-10 code T63.441A to his personal problem list—toxic effect of venom of bees (unintentional), initial encounter.

Tom really enjoyed life—another "L" for the cloud—good food, good drink, good companions. He liked to share a bottle of Oregon pinot with family and friends—including, of course, the love of his life, wife Brada.



For a boy from Iowa, he had a surprising appreciation of oysters. One of the last items on his bucket list was a final trip to the coast with his children for fresh-out-of-the-water oysters. Despite Oregon's strange 2022 springtime, the weather cooperated with a bluebird sky and warm breezes.

On the afternoon before he died, Tom said, "I have no regrets. I've had a wonderful life, a great family, and a fulfilling career. Now, let's get this over with."

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# MY CURRENT OBSESSIONS



## Pawpaw

My five-year-old granddaughter stood on the deck of a friend's house and pointed into the arroyo. "That's a grapefruit tree."

Down below, a giant, leafy tree appeared to be loaded with green spaghetti squash. I didn't recognize them, but I immediately scratched grapefruit off the list. "My neighbor says they're pawpaws," the friend said, "and they're only edible for one day. Not worth the trouble of going down and picking them up."

I had a vague recollection of a television show about pawpaws, and of course, Little Nell down in the pawpaw patch. My son-in-law remembered that Baloo sang about them in "The Bare Necessities" and my daughter thought they'd been one of the ingredients on the last episode of Vivian Howard's PBS show, "A Chef's Life." I, of course, went to the iPad of all knowledge and asked Farmer Google. Now I want my own pawpaw tree, although experts recommend two for the purposes of cross-pollination.

*Atlantic Magazine* reports that in 1916, "agricultural experts voted the pawpaw the American fruit most likely to succeed, ahead of blueberries and cranberries."

In *serious eats*, food writer Sara Bir says, "Tromping around in the woods seeking pawpaws makes me feel more a little more human, and the pawpaw's enticing taste is only one of its rewards." A taste she describes as, "sunny, electric, and downright tropical: a riot of mango-banana-citrus that's incongruous with its temperate, deciduous forest origins." Bir recommends that when you find a ripe pawpaw, you should rip it open with your hands, slurp down the pulp, and indulge yourself in "the gooey, primal, sensuous experience."

Indigenous to the eastern US and southeastern Canada, at least since the days of mastodons and giant ground sloths, pawpaw trees can grow throughout agricultural zones five to eight—which includes the Willamette Valley and, apparently, an arroyo in San Diego.



*Outdoor Life* calls the pawpaw "the ultimate tree for survivalists." Not only is the fruit delicious and vitamin-packed, but the bark can also be used to make rope or start a fire, and the wood used for carving. Leaves repel deer and insects (except certain species of butterfly), and can be used for everything from basket liners to toilet paper.

You have to wonder if the course of Oregon history might have taken a different path without the fruit. *Outdoor Life* quotes Merriweather Lewis: "By Sept. 18 [1806], the party was within 150 miles of the settlements. It had run entirely out of provisions and trade goods...There were plenty of ripe plums, which the men called 'pawpaws.' Gathering a few bushels was the work of a few minutes only. The men told the captains 'they could live very well on the pawpaws.'" Maybe the timing explains why the third Thursday in September has been designated National Pawpaw Day, and also my birthday every seventh year.

I haven't tasted gooey, "electric" pawpaws yet, but if I can find two trees, and keep them alive for 3-5 years, I should be able to harvest fruit in the fall of 2026 or '27. Come on down to the patch and I'll let you rip one open. I'll even pretend not to notice if you slurp. 🍌





# New members

## Autumn Nihart, NP

### Willamette Vital Health—Hospice

Nihart is the newest provider at Willamette Vital Health (the umbrella name of Willamette Valley Hospice, Supportive Care, etc). She says that if you want to be a big, ole nerd, you are welcome to come be her friend. She and her husband, Wayne, moved to Oregon from Idaho, although she says, she's lived all over the US—which has given her an appreciation for cultural and socioeconomic diversity.



Nihart identifies her nerd tendencies as a fondness for alternative rock, Star Wars, Star Trek, and Halloween—and that she owns an extensive collection of animatronic monsters who live in her front yard during the spooky season. At the same time, she has a passion for marginalized and vulnerable populations. She has worked at an FQHC, cared for Syrian war refugees, and served LGBTQIA patients, doing her individual best to mitigate the health inequities these groups experience.

Her colleagues comment on Nihart's ability to meet patients where they are, her work ethic, and her willingness to share a tub of frosting when the going gets tough.

## An Ruan, PA-C

### Cascade Neurosurgery Services

Ruan, PA-C, joined the staff at CNS in January after graduating from OHSU. He came to medicine through his work in support of Portland's Asian and immigrant communities, as a translator and unofficial advisor when he realized many of



his clients didn't understand the medical system—or how to get the medical treatment they needed. While at OHSU, Ruan volunteered at the Bridges Collaborative Care Clinic to help

vaccinate vulnerable seniors in the community against COVID. Having someone who spoke their language put many at ease.

When he's not at work, Ruan and his wife love to explore the world. COVID crimped international travel, so they've taken the opportunity for more trips within the States, but they are looking forward to the international barriers dropping. Closer to home, they enjoy hiking and playing music together. Ruan says his main instruments are piano and guitar, but he also plays the Chinese flute and a number of other traditional Chinese instruments that would not be familiar to most of his colleagues in Salem. Although, given the musical talent that has shown up in the pages of ChartNotes, he might be surprised.

Ruan is thrilled to be back in the OR and looks forward to getting acquainted with more area providers.

## Hilary Licardi, DNP

### Willamette Vital Health—Hospice

Licardi joined then Willamette Valley Hospice and Palliative Care in 2018, recruited by former (and current) colleague Cheryl MacDonald. The two had worked together in Florida, caring for patients who needed inpatient hospice care within a very large system—numerically and geographically.



If Licardi's diverse interests were assigned compass points, complex symptom management would line up in the northern quadrant. Across the divide to the south, you would find a penchant for cake baking (and sharing) for every occasion. To the east, a commitment to long-distance running, health, and a love of the outdoors. To the west? An "addiction" to true crime—in books, television, and podcasts.

In April 2022, Licardi met her daughter in Las Vegas for Crimecon, where the two hobnobbed with former FBI agents, crime scene investigators, DNA experts, and some of the most well-known faces (and voices) in the world of true crime. MPCMS moved up in her estimation when she learned that Ann Rule had been one of the society's first "big name" dinner speakers. If only Licardi had moved to the Valley twenty years ago. . . [📖](#)

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# Last Word

## Volunteering is part of my DNA

In 2004, my son was a member of the West Salem Little League team that won the District 7 championship, and we were looking forward to a youth baseball season that would be more competitive than seniors Little League—one had to try out and be chosen for Babe Ruth—not like Little League where everyone plays. In 2005, the \$135.00 check was returned from the Babe Ruth youth baseball organization with a note saying that the organization was folding! We were devastated and time was running out and we did not want to go back to Little League. Another parent (Steve R) and I who had outstanding players decided to join the JBO—Junior Baseball Organization (called Junior Baseball Oregon). See below.

<https://www.glencoeyouthbaseball.com/page/show/3776984-jbo-history-information-and-evaluations>

Suffice it to say that JBO remains the hyper-elite youth baseball organization in Oregon. 90% of the players on the Oregon Beavers 2006 Championship team came from JBO. As I write this, I wonder why I did not know about JBO sooner...

Steve R and I financed the very first West Salem JBO Association and formed the first WSJBO team. We had twice as many kids try out than we could accept at the Federal level (see link above). We built a batting cage on my property, available for the team 24/7 (lights, no heater, covered), that required I buy special liability insurance.

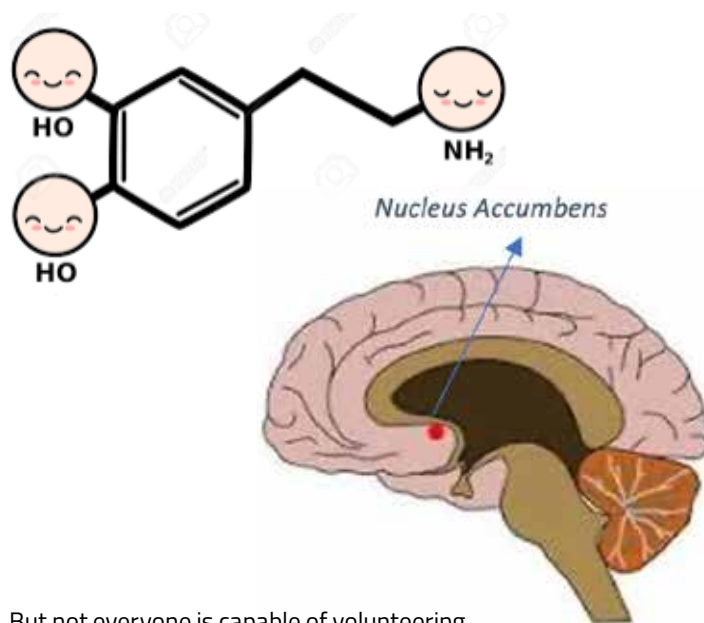
The organization began to grow, adding new coaches and teams at the various levels. In 2005, I started the process of forming a non-profit organization and in January 2006, WSJBO was granted 501(c)(3) status, which meant that Steve and I no longer had to fund everything! I coached two more seasons after my son aged out of JBO and served as president of the corporation until 2013 when I finally gave up the reins of the non-profit.

Most of my volunteering has been coaching sports teams (baseball, basketball, softball) or photography. While in medical school, I formed a city league fastpitch softball team, funded by the urology department, and aptly named "The Stream Team," and spent every Tuesday during my senior year as a volunteer drawing blood at an STD clinic. I did all the photography for our Medical School yearbook in 1981 (the very first hardbound yearbook for the U of O Med school), including darkroom, proofing, and printing.

I am the official volunteer club photographer for the Oregon region of the Porsche Club of America. And—I volunteer to write this column.

## Why do we volunteer?

Orgasm, high-calorie foods, long-distance running, gambling, praying, cocaine, nicotine, and many more, including charitable giving and volunteering, all have one thing in common. They trigger the *dopamine* response in the pleasure circuitry of the nucleus accumbens which leads to addiction. The pleasure buzz is caused by a complicated chain of neurochemical responses and occurs during leisure time. Leisure time: an uncoerced activity is undertaken within free time. Uncoerced activity, including volunteering, is something people want to do and, at a personally satisfying level using their abilities and resources, succeed in doing. (Smith, Stebbins, and Dover 2006:133). Volunteering is defined as any activity of any individual, alone or with others, as a solitary act or as a member of some informal group or formal organization, that is performed without compulsion/coercion and mainly without direct remuneration/payment that directly or indirectly attempts to improve the satisfaction and quality of life of others. . . (Smith 2016).



But not everyone is capable of volunteering.

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

If you are capable and have not performed any volunteer work recently, it is time to step away from the pandemic-induced exile and get high on some of that dopamine. 📺



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