



# CHART NOTES

## HELPING KIDS COPE *with* PANDEMIC RECOVERY



**HORACE  
CARPENTER, MD**



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**TALK  
ABOUT TRAUMA**



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**THE  
PROBLEM**



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**RECLAIM  
WELLNESS**



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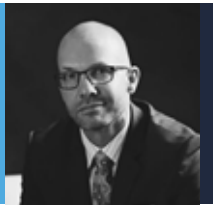
## Children experience lasting effects of the pandemic

This is an issue of *ChartNotes* that hopefully will begin to raise awareness of some of the lasting effects that the COVID-19 pandemic has left our society with—its effect on our younger generation. I am not a pediatrician, epidemiologist, child psychologist, or even have my MPH—so I proceed with caution as I provide what I consider is Level 4 evidence (case report) regarding the pandemic and its effect on our younger generation. I have five beautiful children who range in age: 16, 14, 11, 8 and 3. While our household is a bit hectic at times, our kids have access to good education and healthcare, and have the support of a two-parent household where my wife can stay home full-time, engineering all the ins and outs of a large family.

However, the pandemic was brutal for us and affected each of my children in very different ways. Our oldest is brilliant but a bit socially awkward and suffers from a little type-A anxiety. (Hmm...he definitely got that from his surgeon father.) Removal from school and transitioning to online education was challenging, to say the least. He lost all the stabilizing effects of routine and the social connections that play such a vital role in development at his age. He became easily triggered and, at times, complained of suicidal ideations. As parents, we felt helpless and scared, yet trapped by all the restrictions that surrounded us. Access to a mental health provider was virtually non-existent (even with my healthcare provider connections.) With each emotional storm, all attention turned to managing him, creating a downhill effect on the rest of our children.


### President's Message

Keith Neaman, MD



My 14-year-old had a different reaction to the pandemic. Like most teenage girls she enjoys her private time and the oasis we created for her. Being the only girl in the family, though, probably didn't help. Online school was impossible for her. I usually spent about an hour each night helping manage her list of assignments. It was hard to see a child who loved going to school loathe anything online. She had a difficult integration back into school as she struggled significantly to make friends and, despite getting excellent grades, came home each day stating how much she hated school and was so lonely/depressed. Puberty was not meant to be experienced in isolation. The 11 and 8-year-olds are close enough in age that they had each other (thick as thieves)—school was hit or miss since having four people online at once was a challenge living in the country, but I feel that they survived the pandemic with a little less of an effect.

So why the personal sob story? It's simple. Statistically speaking, these kids are positioned for success—yet the isolation associated with the pandemic, online school, lack of social connection, and minimal access to mental health care left all of us in turmoil feeling insecure, isolated, confused, fearful, exhausted, frustrated, and at times, pretty darn depressed.

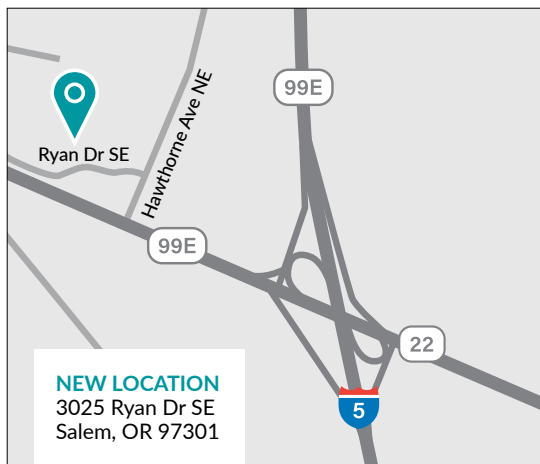
I can only imagine that for less privileged families than ours, the pandemic-associated trauma likely created much more dire circumstances than we experienced. 



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## May Member Meeting



Members enjoyed the social hour and visits to our sponsor tables as well as a buffet dinner.



Manya Helman with Wellness and Recovery of Salem contributes to the food drive for Marion Polk Food Share. In addition to food items, \$460 was raised in our raffle drawing.



The medical volunteer panel included (L-R): Jennifer Lee, ANP-C; Guesly Dessieux, MD, Orin Bruton, MD, and David Shaw, MD. The presenters' videos and pictures told a wonderful story of how medical missions can have a profound impact in people's lives.



Over 80 people were in attendance at the May Member Meeting at Illahe Hills Country Club.

## Get Out There – Make a Difference

Last year our theme for the spring member dinner was “get out there.” After two years of the COVID-19 pandemic, the theme was inviting. Our speaker, Zach Urness, Outdoor reporter for the *Statesman Journal*, encouraged our members and their families to get out into nature. This year we revisited the theme but with a twist. Inspiration came from Dr. David Shaw who received our President’s Award in February. His work on medical missions is truly inspiring. So, our spring dinner on May 25th featured Dr. Shaw and Dr. Guesly Dessieux who have done medical mission trips, as well as Dr. Orin Bruton who volunteers at Salem Free Clinic. Also, Jennifer Lee, ANP, described her medical mission trips to Thailand and Kenya. This was an inspiring and moving discussion. We also had a food drive for Marion Polk Food

## From the Executive Director G. Harvey Gail, MBA



Share. Many brought non-perishable food items. Thanks for helping fill that barrel!

Volunteering your time can be rewarding and inspiring. By getting a little out of our comfort zone, we grow as individuals. By working on a common goal to help others through volunteer pursuits, we can make new relationships with colleagues and with the community. I hope our theme inspired our members to take on new challenges in the volunteer realm.

So, this summer, set some time aside to do some fun volunteer activities. We will have some ideas for you, check out our community calendar on our website. Also, we have a food sorting activity with Marion Polk Food Share in September. [f](#)

## In This Issue

We started talking about the end of the pandemic during the first dip in cases back in July 2020 and, according to the experts, the end is finally here. Since the last issue of *ChartNotes*, the COVID public emergency declaration has been lifted in the US and internationally. But what does that mean? Recently, two friends who had dodged the virus since Leap Day 2020 ended up on Paxlovid. I guess the difference between now and this time three years ago is that I don’t worry over much about my friends’ outcomes.

During the many waves and variants that made up the pandemic, Oregon fared very well compared to most parts of the country. We were in the basement with Maryland (in the good way) when it came to total reported cases, and in the bottom ten in reported per capita COVID deaths. The Willamette Valley had fewer cases and fewer deaths per capita than most other parts of the state. Children and teenagers as a group had low rates of serious illness, and lower mortality than other groups, but the impact of the last three years on socialization, education, and mental health has been significant. Just after publication of the last issue of *ChartNotes*, Salem psychiatrist and former Salem-Keizer school board chair, Satya Chandragiri, came to the medical society to bring the board’s attention to the struggles of young people in our schools, neighborhoods, and practices—and possibly, our families, as well.

## From the Editor by Nancy Boutin, MD



In this issue we will brush up on the concepts of adverse childhood experiences, national and local data regarding post-COVID mental health issues, the experience of providers in the area, and solutions—from 30,000 feet to evidence-based interventions we can use right now. We’ll hear from Erin Hurley about interventions you use to protect your own mental and physical health, Cheryl MacDonald’s interview introduces us to an expansion of grief care support in the community, and Eden Rose Brown celebrates National Safety Month with a piece on preparing for the unexpected with a revocable trust.

We’ll see what’s up in the Valley this summer and take a look back at the society’s spring get together. *ChartNote’s* last issue rekindled my current obsession, and Rick Pittman’s life-long obsession with cars has reawakened his internal provocateur. He sent in his draft with strict instructions to edit typos and misplaced commas, but nothing else!

Twenty-eight pages is a tiny fraction of the space necessary to cover the topics at hand, but I hope this tapas version will whet your appetite to learn more. References are available by request. [f](#)

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# Out & About

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

# What Should I do This Summer?



## Get Outdoors for Local Produce

The sun is shining, and all you want to do is go outside. While we recommend EZ Orchards, Aspinwalls, and Fordyce for your local produce, why don't you pick it yourself? Take your significant other or family and pick apples at Apple Haven Farm or blueberries at Fordyce Farm.

## Fun with the Kids/Teens

The kids are out of school and looking for something to do. Salem offers many activities for the whole family. Enchanted Forest provides a fun and unique opportunity to visit a world of enchantment full of rides and entertainment. Riverfront Park continues to be a popular destination with the Gilbert House Childrens Museum, the splash foundation and Movies in the Park on Friday evenings from June 30-August 25. If movies outside aren't your thing, go to any of the Regal Cinemas for Summer Movie Express, where tickets are \$2 Tuesdays and Wednesdays.

## Summer Fun and Festivities

This year, the World Beat Festival will be held June 23-25, celebrating Mabuhay Pilipinas (Philippines) in Riverfront Park. Check out the music, dance, food, and traditions of over 70 nations and cultures.

## Charity Fundraisers and Runs

Get in your "steps" at On Your Feet Fridays. On July 14 and August 11, Willamette Valley Road Runners features a downtown scavenger hunt. Participants run and walk throughout downtown collecting passport stamps from eight locations. This is a free event for all ages and all fitness levels. Sign up between 5:45 pm and 6:30 am at the Salem Convention Center Sculpture Plaza, and passports listing that day's locations will be provided. At 6:30 PM, the crowd will head out to collect stamps, returning to the Salem Convention Center Sculpture Plaza by 7:15 PM.

## First Friday Art Walks

Head downtown on the first Friday of the month for Downtown Salem's First Friday Art Walk & Free Concert Series! This event will go through the month of December, starting at 5 pm and ending at 8 pm. Visit 20+ of Salem's finest downtown establishments for local art, pop-up events, live music, and more. After the Art Walk, meander to the new Gerry Frank Amphitheater to enjoy a free concert on July 7 and August 4. Want to level up your Art Walk experience? Grab an Art Walk Passport and enter to win the Art Walk Raffle Basket.



*Harvey Gail, MPCMS Executive Director poses with his painting at First Friday Artwalk.*

## Great Oregon Steam Up: July 29-30 and August 5-6 (7 am - 6 pm)

Located at the 62-acre Powerland Heritage Park, Steam-Up was awarded the 2022 Best Annual Event by the Best of the Willamette Valley. Fourteen different museums are on site, including a model railroad exhibit. Kids and adults enjoy riding the miniature train, trolley rides, panning for gold, blacksmith and flour milling, firefighting challenge course, fire bucket activities, pedal tractor pulling and a LEGO display. Also, don't miss the Parade of Power — featuring vintage tractors, trucks, steam traction engines, and automobiles.



*Great Oregon Steam Up*

*...continued on next page*

# What Should I do This Summer?

...continued from previous page

## Canterbury Renaissance Faire July 22-23, July 29-30 (10 am-6 pm), Silverton.

Head over to Canterbury Renaissance Faire and participate in an innovative, interactive environment modeled on elements from a plausible Summer Market Faire from the era of “Good Queen Bess” (Elizabeth I, 1558-1603). Fairgoers can experience the sights and sounds, science, entertainment, crafts, and lifestyles of Elizabethan Village Folk. Support your favorite knight in a live jousting tournament in the horse arena or be amazed by magicians at the Tudor Rose Stage. Don't be surprised if you find yourself next to a fairy or elf while shopping at one of the over 70 vendors. Purchase tickets at [canterburyfaire.com](http://canterburyfaire.com) or onsite. Prices are \$22 for all over 12, \$18 for 12 and under, and 60 and over. Kids age 5 years and under are free. Parking is free. [f](#)

## Annual Events

- World Beat Festival, June 23-25, 2023 ([sailemmulticultural.org](http://sailemmulticultural.org))
- Marion County Fair, July 6-9, 2023
- Polk County Fair, August 9-12, 2023
- Oregon State Fair, August 25- September 4, 2023



Miriam McNie MPCMS Member Relations Director sits on the throne at the Canterbury Renaissance Faire.

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# Your Trusted Counselor

By Eden Rose Brown, JD

## NATIONAL SAFETY MONTH: A Revocable Living Trust as Your Tool For Safety

For over a quarter of a century, the National Safety Council has recognized June as National Safety Month. An objective of National Safety Month is to raise public awareness of the top safety and health risks in the United States. One of the lesser known but considerable risks Americans and their loved ones face are the financial and emotional repercussions that can accompany incapacity or death. A revocable living trust is a legal tool that can keep you and your loved ones safe from the costs, uncertainty, and confusion that may result upon your incapacity or death.

### A Revocable Living Trust Protect You

Like every person, you are at constant risk of suffering a disastrous accident or illness that may render you incapable of caring for yourself or your loved ones. Your incapacity could be temporary, or it could last until your eventual death. The total cost of incapacity, which may include lost wages and the cost of required medical care (if your incapacity requires assistance with the activities of daily living such as bathing, eating or dressing), is difficult to calculate. However, it can quickly become very costly: the average cost of assisted living in the United States in 2020 was \$4,300 per month.<sup>1</sup>

A revocable living trust protects you by providing instructions for how you and your loved ones are to be financially supported during your incapacity. A revocable living trust also allows you to choose who will handle your finances when you are unable to handle them yourself. Further, there is no better time than now to put a revocable living trust in place because the trust is revocable, which means that you can change your mind at any time and alter your trust as your life circumstances change, as long as you have mental capacity.

### A Revocable Living Trust Protects Your Loved Ones

A revocable living trust also protects your loved ones. It provides specific instructions for what you want to have happen upon your incapacity or death, which means your loved one will not be left

guessing what you would have wanted, or worse, have to look to state law to determine who should be given the authority to handle your financial and end-of-life affairs.


Estate administration fees vary widely by state, but they too can be very costly. In California, for example, where probate attorney and executor fees are set by law, the attorney and executor fees to probate a home worth \$800,000 could be as much as \$38,000.<sup>2</sup> A revocable living trust, however, can avoid probate and the associated probate fees.

Another benefit of revocable living trusts is that they can remain private. Without the instructions contained in a revocable living trust, family members are often forced to resort to public court processes, which means that the court and other nosy individuals may be prying into your very private matters.

Further, a revocable living trust can provide basic marital deduction planning to maximize the use of your and your spouse's estate tax exemptions so that your loved ones do not face a large estate tax burden after your death. Finally, using a revocable living trust allows you to protect the money you leave to your loved ones from your beneficiary's creditor.

### A Revocable Living Trust Must Be Properly Funded to Work

In order for a revocable living trust to work, it must be properly funded, which means that your property must be owned by the trust, or for certain types of property, the trust must be named as the beneficiary. If your revocable living trust is not properly funded, then a probate may be needed. For this reason, June is a great time to review any communications you have received from your attorney about the accounts and property that need to be owned by the trust or that need their beneficiary designations changed to name the trust.

Because the instructions contained in a revocable living trust are so vital, it is important that you review them each year to ensure that they still reflect your wishes and your situation. If you need to make any changes, please contact us, as we would be happy to help update your revocable living trust so that it works for you and your loved ones during incapacity and at your death. 

<sup>1</sup> What Is "Assisted Living" and How Much Should It Cost?, AssistedLiving.org, [https://www.assistedliving.org/cost-of-assisted-living/#an\\_overview\\_of\\_assisted\\_living](https://www.assistedliving.org/cost-of-assisted-living/#an_overview_of_assisted_living) (last visited May 24, 2022).

<sup>2</sup> California Probate Fees 2020, Velasco Law Group Blog (Feb. 14, 2020), <https://www.velascolawgroup.com/california-probate-attorneys-fees-and-court-costs/#:~:text=Statutory%20probate%20fees%20under%20C2%A7,2%25%20of%20the%20next%2024800%2C000>

A former MPCMS board member and *ChartNotes* contributor, attorney Eden Rose Brown provides comprehensive, highly personalized counsel in wealth preservation strategies, family legacy design, estate, tax, and charitable planning. Honored by her peers as an Oregon Super Lawyer and named one of the Top 100 Attorneys in the United States, Eden's innovative planning strategies maximize client control, minimize taxes, and preserve family wealth and harmony for generations.

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# HORACE CARPENTER, MD

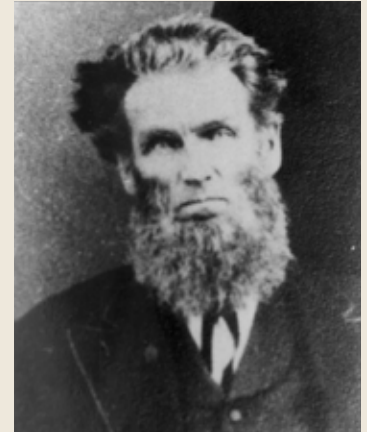
## YOUR QUIZ:

1. Yes or No: Had you ever heard of Dr. Horace Carpenter before picking up this issue of *ChartNotes*?
2. Name the museum in Oregon that has Dr. Carpenter's photo in its entrance porch.
3. Was Dr. Carpenter ever a member of the Marion-Polk County Medical Society?



Waller Hall on USPS Postal Card, Willamette University Sesquicentennial 1991. (Author's Collection)

**DR. CARPENTER** was born in Indiana in 1826 and married his wife Sarah in Iowa in 1850. He and Sarah would eventually have a total of 5 children. Following graduation from the State University of Iowa College of Medicine in 1856, he completed additional surgical training at Brooklyn City Hospital. Throughout his career, Dr. Carpenter retained an excellent reputation as a surgeon. At the outbreak of the Civil War in 1861, he mustered into service as an assistant surgeon of the First Regiment of Calvary in the Oregon Volunteers. His unit traveled to Oregon via the Isthmus of Panama.<sup>1</sup>



Dr. Horace Carpenter, c.1870. (Courtesy Willamette Heritage Center)



Officer's Quarters, Fort Yamhill. (Courtesy Yamhill State Heritage Area)

Dr. Carpenter served at various forts in Oregon, with Fort Hoskins and Fort Yamhill being the two closest to Salem. His wife Sarah and their children were able to accompany him. Following military service, he established a medical practice in Salem in 1865. (Consider taking a picnic lunch out to visit the Historic Parks associated with these two nicely preserved forts.)<sup>2</sup>

It would be hard to imagine a more effective physician leader than Dr. Horace Carpenter during those early days of our medical community. Here is a listing of his accomplishments:

**1867** – Appointed as the first Dean of Willamette University's College of Medicine, the first medical school in the Northwest and the third west of St. Louis. Dr. Carpenter was a steadfast leader during those challenging early days, when tensions were high much of the time between the Medical School Staff and Willamette University's Board of Directors.<sup>3</sup>

**1869** – First editor of the Oregon Medical and Surgical Reporter, the first medical journal in Oregon.

# LEADER AND WARRIOR

**1870** – A Founding Member and the first Board Secretary of the Marion-Polk County Medical Society, the first such medical society in Oregon. Our society's inaugural meeting occurred on October 14, 1870 downtown in the historic Holman Building.<sup>4,5</sup>

**1874** – Appointed as a member of the Organization Committee which established the State Medical Society (today's Oregon Medical Association). Dr. Carpenter was chosen as its first Corresponding Secretary.



*Salem's first hospital (Salem Home for the Sick) constructed 1874, photo 1892.*  
(Courtesy Salem Library Historic Images)

**1874** – Dr. Carpenter cofounded Salem's first hospital, along with fellow professors Dr. D. Payton and Dr. S.R. Jessop. The hospital, located on 12th St SE just across from Willamette's campus, served as the College of Medicine's first teaching hospital. Dr. Carpenter and family moved into the hospital temporarily where he served as the attending physician. An interesting newspaper article in 1875 reported a successful hemorrhoidectomy performed in the hospital by Dr. Carpenter with Dr. Payton administering the chloroform.<sup>6,7,8</sup>

**1875** – Dr. Carpenter resigned from the College of Medicine as Emeritus Professor, having served as Dean and Professor of Surgery for seven years.

**1878** – Dr. Carpenter set up private practice in Portland, while serving as President of the State Medical Society and as a vice president of the American Medical Association.



*Sketch of Oregon State Insane Asylum, viewed from Asylum Avenue, circa 1883.* (Courtesy Willamette Heritage Center)

**1882** – Appointed as first Superintendent of the Oregon State Insane Asylum. This brought Dr. Carpenter and his family back to Salem. One of his first jobs as Superintendent was to orchestrate the "smooth transfer" by train of the Hawthorne Asylum patients down to Salem. This is an interesting story by itself.<sup>9</sup>

**1886** – Resigned after four years as Superintendent to again set up medical practice in Salem, this time located on the second floor over D.W. Matthews' Drug Store on State Street.<sup>10</sup>

Dr. Carpenter passed away in 1888 at age 61 after being confined to his house for three months with "an affection of the liver". He was buried in Pioneer Cemetery. [f](#)

- 1 Olaf Larsell, *The Doctor in Oregon* (Portland, Oregon: Binfords and Mort, 1947), 194.
- 2 Baumann, HW. *Discovering the Hospitals of the Oregon Territory*. *ChartNotes*, Winter 2017, 16-17.
- 3 Baumann, HW. *Joseph Wythe, MD. Founding Father and Fallen Hero*. *ChartNotes*, Spring 2017, 8-9.
- 4 Present site of the new Holman Riverfront Park Hotel.
- 5 Baumann, HW. *Oregon's First Medical Society is Born*. *ChartNotes*, November 2013, 15-16.
- 6 Baumann, HW. *Hospital in the Mist*. *ChartNotes* Spring 2019, 8-9.
- 7 *Weekly Oregon Statesman*, July 1874.
- 8 *Weekly Oregon Statesman Journal*, April 10, 1875.
- 9 Diane L. Goeres-Gardner, *Inside Oregon State Hospital: A History of Tragedy and Triumph* (Charleston, S.C.: The History Press, 2013), 44-45.
- 10 *Statesman Journal*, Dec. 14, 1886.

## Quiz answers:

1. What ever your answer, I hope you enjoyed this article!
2. The Oregon State Hospital Museum of Mental Health, Center Street NE, Salem.
3. Yes, he was both a Founding Member and our first Board Secretary.



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# Willamette Vital Health *Grief Care* Expansion Project

by Cheryl MacDonald, MD

## An Interview with WVH's Bilingual Grief Counselor

**Cheryl MacDonald, MD:** Luz, every Medicare-funded hospice must offer bereavement support to the patient and their loved ones, plus follow-up support for a year after the death. Here at WVH, Grief Care stands as its own entity alongside Hospice, Supportive Care, and the Tokarski Home. Can you explain that?

**Luz Rivera, MA, LPC:** The separation is a natural one. It allows the focus to shift to the patient's loved ones and their grief journey after the patient dies. In the '90s, we collaborated with Mother Oak's Child to provide grief support for children and teens. Later, Mother Oaks became a part of WVH, making this vital programming a key specialization of our services. We recognize that children and teens grieve, grieve deeply, and they grieve differently. Their needs go unrecognized and unmet. Just like children and teens, people from diverse backgrounds and abilities may be disenfranchised mourners, too. They should also have access to grief counseling.

**CM:** And that led to the Grief Care Expansion Project?

**LR:** Exactly. Thanks to a three-year, \$300,000 grant from the M J Murdock Charitable Trust, we have begun to build the project's infrastructure while continuing our existing Grief Care services. In January, we hired a program coordinator to support administrative needs, and I joined the team as the first Spanish/English bilingual grief counselor. We now have capacity to accept community referrals for Grief Care, free of charge. We will plan and implement a formal community needs assessment in the coming year, to understand what the Mid-Valley wants and needs. Through this new expansion and with community engagement, we connect to existing partners and create new partnerships. I am pleased to say that we've accomplished more by this point than we expected.

**CM:** Do you think it's important that someone from the Latinx community fill this new role?

**LR:** The team needs bilingual ability if we are to serve a community where English is not first language. Everyone does better in their primary language when they're stressed. Having choice is key. And while the Latinx community is diverse in its own right, we have similar experiences. A person from a culture that values individualism will require a perspective shift to work in a group-oriented culture. I think someone who grew up in an extended group, as I did, will have an easier time understanding the nuances of what is said and not said. It also sends a message about the organization's commitment to diversity and inclusion.



Luz Rivera, MA, LPC

**CM:** Will this mainly be one-on-one counseling?

**LR:** Along with individual counseling, we will continue to offer group services, as usual. People do better in a group where they can see that they are not alone. No matter the setting, we always assess family and friend risk after the loss of a loved one, which is key to any program.


**CM:** Are there other goals for the project?

**LR:** Education. We want to dispel mythology that exists about grief. Now we can reach the broader community, as well as those in the program.

**CM:** Can you say more about grief mythology? I was taught in medical school that grief lasting longer than six months was pathological.

**LR:** It is a myth that there is a single normal way to grieve—on a timeline—and then you get over it. Every culture has its own approach to the experience and expression of grief. We intend to provide the best information available to support each person through their grief journey. Specialized training means that a counselor will be a companion to a mourner without any expectation or judgment that says, "It's been two months. It's time for you to start living and move on." In reality, grief ages with you. It changes over time. It doesn't magically disappear.

**CM:** What would you like the reader to take away from this interview?

**LM:** Refer your patient for Grief Care or tell them how to refer themselves. Support the project in any way you can. \$300,000 is a great starting place, but it is intended to be a start. Over the last forty-five years, the Mid-Valley has supported WVH's efforts to care for the community. Grief Care will need the same level of engagement to be sustainable and to grow. 

# What We Talk About When We Talk

BY NANCY BOUTIN, MD

The idea that stress impacts physical health is not new. In the 1970s researchers at OHSU came up with a list of life events, both “positive” and “negative” and rated them on health impact from the death of a spouse to getting a new puppy, assigning a number value to each. Data showed that a person with a high total number within the previous year had a significantly increased risk for a major health incident or even death.

At the same time, Bessel van der Kolk’s work with Vietnam veterans in Boston led to the inclusion of PTSD as a recognized, though controversial, diagnosis in the DSM-III. The Harvard-trained psychiatrist expanded his work to include children who had experienced traumatic events, usually at home, and found many similarities between the two groups.



*Bessel van der Kolk*

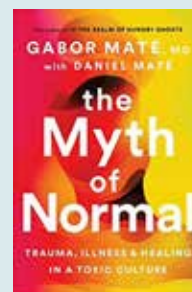
In San Diego, Kaiser Permanente internal medicine doctor Vincent Filetti ran a wellness clinic that included a very successful medically-supervised diet program. When one of his patients “regained the lost weight faster than (he) had believed physiologically possible,” she told him she thought her incest history made her eat in her sleep. Taking what amounted to a trauma history among his patients showed him that many had comparable backgrounds. When he mentioned this association at a national meeting, he says it was not well-received.

But Dr. Robert Anda, from the CDC, thought Filetti was on to something. They collaborated on the population survey which led to the development of the ACE study that compares childhood exposure to abuse, neglect, and “household dysfunction” to health status in adulthood. In their relatively advantaged population, they found that 12.5% of respondents had four or more adverse experiences out of a possible total of ten. Since then, studies of Medicaid recipients have shown a much greater



percentage of individuals with four or more events. An ACE score of four seems to be the inflection point for a significant increase of adulthood chronic illness, cancer, mental illness, and substance use disorder, mediated by organs that matured in a soup of stress hormones and chronic inflammation.

Gabor Maté, a Canadian physician born in the Jewish quarter of Budapest two months before the Nazi occupation, transitioned from Palliative Care to Addiction Medicine. He headed up the Portland Hotel Society in Vancouver, Canada where, he says, he



*Gabor Maté*

learned everything he knows about addiction. He also developed an appreciation for the role of childhood experiences in the development of all sorts of adult behavior and health outcomes. He believes the ACEs survey suffers from a serious flaw, “it can’t measure what you never had.” In addition to the ten adverse experiences, he puts emphasis on early attachment with the primary caregiver or lack thereof.

Gabor recounts his mother’s story that on March 19, 1944, the day the Nazis marched into Budapest, he became inconsolable and his mother called the pediatrician to find out why her baby wouldn’t stop crying. The doctor told her, “Mrs. Maté, all the Jewish babies are crying today.”

Given the circumstances—his father taken into forced labor and his grandparents deported to Auschwitz—he understands that his mother’s attention must have been diverted. But, he says, the lack of attachment still had an impact on his development similar

# About Trauma



to that he sees on other addicts. Maté reports he lost control over buying and hoarding classical music CDs—not exactly the same impact as heroin or methamphetamines—but he understands the compulsion his patients feel to acquire their substance of choice, no matter the consequences.


In his best-selling book, *The Body Keeps The Score*, van der Kolk also observed the effect, both short-term and long-term, of children whose primary caregiver had a mismatched attachment style to theirs.

And because no medical model ever comes without complicating factors, evidence also supports the existence of epigenetic trauma. Studies of female holocaust survivors who developed PTSD compared to those who did not develop it, show depression of cortisol levels with a strong correlation between degree of PTSD and the level of cortisol production suppression. Their adult children show similar cortisol patterns despite birth in the United States or Israel. They also showed a higher-than-expected prevalence of PTSD, despite a lack of identifiable personal trauma exposure. The same cortisol phenomenon has been observed in children born to mothers with PTSD caused by the events of 9/11.

A fascinating article in the December 1, 2013 issue of *Scientific American* reported on a study by Dias and Ressler that showed male mice, trained to associate the scent of acetophenone and unpleasant stimuli, passed the fear of that odor in offspring for at least two generations. This occurred even when the pups' mothers were artificially inseminated, removing any opportunity for learned behavior. "In addition," the authors note, "in vitro fertilization, F2 inheritance, and cross-fostering revealed that these transgenerational effects are inherited via parental gametes. Our findings provide a framework for addressing how environmental information may be inherited transgenerationally at behavioral, neuroanatomical, and epigenetic levels."

At the most fundamental level, the effects of trauma come down to chemistry. There is an event, experienced by an individual, who may or may not respond with the release of stress hormones. The amount of fight, flight, or freeze induced indicates to them the level of risk or danger to associate with the event, whether unique or repeated, and varies along a continuum. A person whose luck in the genetic lottery, for example, made them a cortisol hyper-secreter lives in a much more dangerous world than others because a small disruption in routine results in an exaggerated stress response. They may look like a 4+ ACE individual despite life events that appear benign to others. And that genetic trait is only one element in a myriad of factors that will determine any individual's response to a potentially traumatic event.

On the positive side, the effects of trauma can be modified and mitigated—the earlier, the better. Having survived devastating experiences has, in many cases, been turned into motivation for success. However, the individual who rose above a high ACE childhood and "pulled themselves up by their bootstraps" didn't do it alone. They required a mentor, a program, or an institution that helped them find some inherent talent or strength that allowed them to flourish. With an entire generation marked by the worst pandemic in a hundred years, we cannot afford to leave recovery to chance. 📖



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# The Problem

BY NANCY BOUTIN, MD



In October 2021, shortly after schools in America had officially reopened their doors, three organizations: the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association, declared a national emergency in child and adolescent mental health. Yes, the disruption of the pandemic in school, social contact, living with stressed-out parents, and the loss of loved ones to the virus had taken their toll. But the declaration explicitly states that the problems these organizations saw had been affecting our children for at least a decade prior, with suicide the second leading cause of death between ages ten and twenty-four in 2018, two years before any of us had heard of Wuhan.

"The pandemic has struck at the safety and stability of families. More than 140,000 children in the United States lost a primary and/or secondary caregiver, with youth of color disproportionately impacted. We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, and their communities. We must identify strategies to meet these challenges through innovation and action, using state, local, and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment."

A study by the Kaiser Family Foundation (KFF) showed anxiety and depression among adolescents increased by one-third from 2016 to 2020. A separate survey of high school students in 2021 found that LGBTQ students were "more likely to report persistent feelings of sadness and hopelessness."

KFF noted worsening emotional distress, lack of peer connection, and increased rates of drug overdose, self-harm, and eating disorders through the pandemic. Effects were more pronounced in young people who had experienced adverse childhood experiences. Children and teens who tested positive for COVID showed an increased rate of new mental health diagnoses. The report from KFF also updated the number of children who lost a primary caregiver up to 200,000 as of June 2022.

These findings would likely not surprise mid-Valley providers or parents. Psychiatrist and Salem-Keizer School Board member Satya Chandragiri asked Marion-Polk Medical Society to support efforts to address the issue, starting with this *ChartNotes*.

Board member Erin Hurley, MD, who recently retired from her position as medical director of Liberty House, saw the effects firsthand. "Between adult stress, close quarters, and a lack of eyes-on, the cases of child abuse we saw increased dramatically in numbers and severity throughout the pandemic. All child abuse is horrific, but we used to see the worst of the worst maybe once a year. When kids could no longer find safety by leaving the house, we saw the worst every month, sometimes every week. And we know that generational trauma carries down at least two generations, maybe more."

Pediatric PA, Halie Goffrier, continues to see the same mental health challenges and maladaptive coping reported by KFF. She says that with increasing socialization, depression has decreased, but she sees more anxiety among her patients than at anytime in her almost-twenty years of practice. "And a huge uptick in eating disorders," she says. "I think it's the desire to control something when life feels so out of control." She is grateful none of her






patients have completed suicide, but there have been attempts and “definitely an increase in self-harm behaviors.”

Teenagers are using a lot of substances to self-medicate. “Sleep cycles are crazy—all over the place, so kids are using excessive amounts of caffeinated energy drinks to wake up and stay awake. Cannabis use has been normalized, and vaping is seen as benign. In fact, excessive vaping leads to increased anxiety, abnormal weight loss, and hallucinations.”

One change Goffrier would like to see is better communication between pediatricians and healthcare providers in the schools. “I’d like to be able to call and say, ‘Here are the goals we set in my office. Could you check in—help them with some accountability?’ And, at the same time, they could call me and say, ‘I’d like this kid to be seen sooner rather than later.’”

She would also like providers who deal with adolescents not to fear opening Pandora’s Box by asking how they’re doing. “This is a long-term problem that won’t be fixed in a single visit. Just assure them, ‘We’re here. We’re going to work on this, but it’s going to take some time.’”

Bridgeway CEO, Tim Murphy, joined a Chamber of Commerce panel in March to discuss the illicit fentanyl crisis. The meeting attracted, he says, an “incredible turnout by the community.” Speakers had well-thought-out approaches to overdose treatment, drug interdiction, and so on. Murphy pointed out, “We’re all reactive. I think it’s our responsibility to figure out why they’re using in the first place.”

In the case of adolescents, he thinks it’s not only the isolation and loneliness. The pandemic actually made them afraid to socialize. “Now, someone calls and says there’s a party at the park, and they go. Somebody has a bag of pills, whatever. Kids don’t think about the consequences, it’s just a chance to check out,” Murphy says. “We need to understand the motivation and give them better options.” 



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# Solutions:

BY NANCY BOUTIN, MD

## TRAUMA-INFORMED CARE

The national emergency declaration issued by three pediatric organizations called on “policymakers at all levels of government and advocates for children” to support ten initiatives to improve access to mental health care for children, adolescents, and families through large, well-funded programs. Somewhere near the bottom of the list is a single line that calls for “trauma-informed care services that support relational health and family resilience.”

While all the proposed programs seem worthy, trauma-informed care can be done in any environment without waiting for major funding to make its way out of government. Many organizations have already adopted some level of TIC. For those unfamiliar, content is easily accessible through courses on-site and/or online.



Bruce Perry

Listening to the pioneers like psychiatrists Bessel Van Der Kolk, Bruce Perry, and Sandra Bloom, common words and themes emerge, beginning with safety. In a vivid introduction, Van Der Kolk describes two groups of children, one traumatized and one not, who make up stories about random magazine images of people in various settings. The trauma group reveals an “inner map of the world” filled with danger and threat. The other group tells benign, even boring, stories where ordinary events take place and lead to a happy outcome—which might include ice cream or some other treat. These children move easily from this activity to another one, while the children in the test group become agitated, aggressive, and so aroused they had to take breaks between pictures.



Sandra Bloom

People who experience trauma are often dis-integrated and dysregulated, out of sync with their own bodies, and unable to successfully find a rhythm with other people. Creating occasions that foster those common rhythms, Van Der Kolk believes, helps speed the healing process. He recommends dance, choral singing, throwing a ball—anything that requires individuals to become attuned to the others in the activity, to anticipate what they will do, and to respond in the moment.

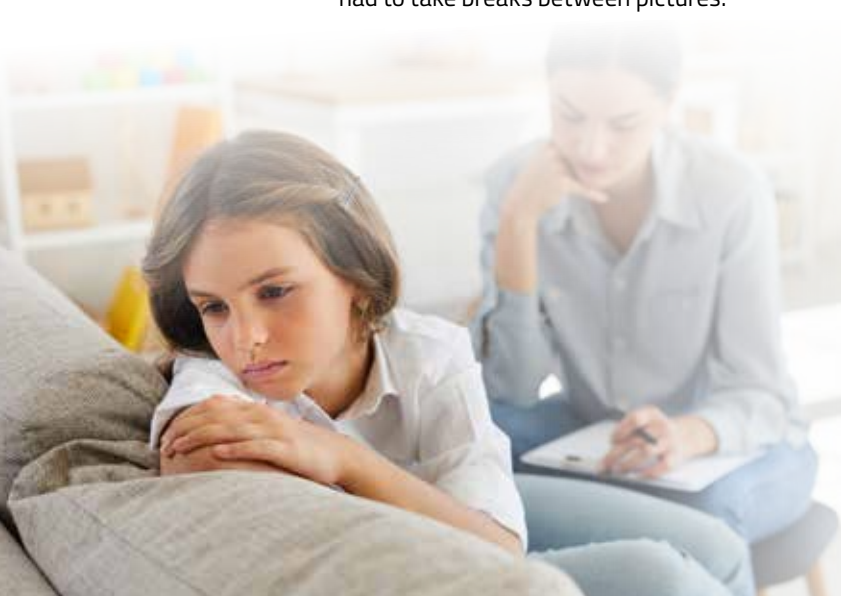
Humans, Van Der Kolk says, have used communal rituals that included dance, music, and reenacting myth as coping mechanisms since before written history. He welcomes research into how traditional, even ancient, collective ceremonies affect the brain and how they might prevent or alleviate trauma. Greek drama, he says, may have “served as a ritual reintegration for combat veterans.”

Van Der Kolk had seen, firsthand, the healing power of theater through a group of Vietnam veterans under his care for PTSD, and in his son, Nick, who suffered from chronic fatigue syndrome during high school. When Nick had the opportunity to work with an improv group during the early evening—his most energetic time—his condition began to improve. Acting, Van Der Kolk says, gave Nick a chance to be in his body, to experience his body as a “new, embodied version of himself.”

Van Der Kolk then observed three acting troupes for juvenile offenders which offered the actors a chance to confront the “painful realities of life and experience symbolic transformation through communal action.” After careful desensitization to their discomfort, traumatized young people begin to engage with one another, to get in tune with their own bodies, and with the other actors. The actors were taught to feel deeply and convey those feelings to the audience but from the safety of portraying a “not them” character and situation.

There’s a story going around the internet about Tim Allen and classically-trained actor Alan Rickman working together in *Galaxy Quest*. After Allen delivered an emotionally intense performance in a pivotal scene, he said, “I don’t like the way I’m feeling. I think I’ll go back to my trailer.” Rickman turned to the director and said, “I think Tim just experienced acting.”

For a traumatized individual, releasing the stored trauma will not always feel comfortable, especially at first. It can be a slow and complicated process, but a crucial step in healing. For “learning to inhabit your body,” Van Der Kolk suggests yoga, a recommendation he backs up with evidence-based research.





## Ben Congo: the power of connecting through music

Life for middle school student, Ben Congo, sucked. His mother, a frontline nurse in Boise, finished her NP training, and she and his stepfather accepted jobs in the Willamette Valley. They took him away from his friends and his dad and plopped him into a new school that hadn't yet gone fully live. A talented trumpet player, Congo found Zoom band practice worse than nothing at all and put down his trumpet for good. He sank into a deep depression, worrying his mom, MPCMS member Autumn Nihart, NP.

It's a little unclear who first came up with the plan to try a saxophone. Sometimes, a random idea hits like a bolt of lightning. Congo not only loved, loved, loved playing the instrument he got really good.

Instead of going into high school as a nerdy, invisible freshman, he quickly became known as the leader of the school's award-winning jazz band. He joined a regional band, too, and made friends across the Portland Metro area. Depression evaporated, and Congo began researching which college would best support his planned musical career.

As of the first week of May, Ben Congo can add a new entry to his resume—the "Outstanding Musician" award he earned for a solo he performed at the Mt Hood Jazz Festival.



Bruce Perry has applied his research in TIC to the classroom, making it especially applicable to Dr. Chandragiri's call to action. He co-authored a best-selling book with Oprah in 2021 entitled *What Happened to You? CONVERSATIONS ON TRAUMA, RESILIENCE, AND HEALING*, which took his concepts to a general audience. Perry's neurosequential model presents the brain as an inverted pyramid with the primitive brain at the bottom and the cortex at the top. He posits that any interaction with children (or adults for that matter) is first perceived as action and emotion before it can be rationally processed.



His "three R's" are Regulate, Relate, and Reason, and although they are presented as an intervention in the context of helping vulnerable children learn, the concept likely works in any emotionally-charged interaction. However, as well documented in *Body Keeps the Score*, traumatized brains, hypervigilant for threat, often default to the emotional and may have difficulty moving to relate and reason. Another alliterative sequence to describe the process might be Calm, Connect, and Communicate.



Perry recommends considering the question "What happened to you" any time a person's actions or reactions seem inexplicable.

Australian psychologist, Howard Bath, offered a succinct introduction to TIC for caregivers, teachers, and parents in the journal "Reclaiming Children and Youth" in 2008.

He describes how anyone can support safety, connections, and managing emotions. It's worth a look.

Sandra Bloom's Sanctuary movement is all about building a safe space/community for healing. She says she's tried to find a better word than resilience, which literally



means the ability to spring back. She believes overcoming adversity leads to the ability to move forward, instead of back. Her healing model includes four nonlinear components: safety (physical, psychological, social, and moral), emotions, loss, and future. Creating sanctuary is a longer-term solution for the problems facing young people post-COVID, but worth a deeper look in a later issue.



## WHAT CAN WE DO RIGHT NOW?

Tim Murphy, Bridgeway Recovery Services CEO says that the Salem-Keizer School district doubled its Bridgeway contract to provide student counseling in all middle and high schools. Students can self-refer or be referred by a teacher for 1:1 or group counseling on-site for drug or alcohol issues. Staff is there to provide services several hours per day two-to-three days per week. Murphy recommends finding a "good fit" counselor for persistent or serious concerns, although he realizes that is easier said than done even in the best of times. To increase that attenuated sense of safety and

*Continued on next page*

## WHAT CAN WE DO RIGHT NOW?

...continued from previous page

integration, to overcome maladaptive coping mechanisms, he advises more quality family time. “The eight-year-olds will love it, the teenagers less so, but it’s still important. Try to get the older kids involved with volunteering—walk dogs, read to old people. They feel better and everybody benefits.”

Salem Pediatric Clinic PA Halie Goffrier limits her practice to adolescents, patients who rely less on their parents for health-related decision-making than younger children—for better or worse. The clinic does have grant-funded therapists for brief interventions. “They’re intended to bridge to longer counseling, but finding someone to refer to can be a challenge.”

In her wellness visits, she focuses on the basics. She advocates for good quality sleep. If a kid isn’t in organized sports or enjoys working out, she says to find something you like and get your body moving. Like Tik Tok? Dance for a half hour and video it. Eat food that grew in the ground instead of created in a factory—not too much, not too little. Find activities that make you feel good instead of self-medicating with cannabis or vaping. For providers and other

adults, she recommends asking the question, “How are you doing?” Kids are just waiting for someone to give them the opportunity to talk about their experience.

Bruce Perry, MD, Ph.D., found a surprising correlation in his patient population—the kids who came the farthest distance had the best outcomes. He hypothesizes that a long car ride with a parent provides quality time for talk with fewer distractions. And, let’s be honest, who didn’t put their baby in a car when they couldn’t be soothed any other way?

The mid-Valley has many free and low-cost opportunities for children and adolescents from the Kroc Center to Gilbert House, Salem Drop to the Ike Box, and many school programs. A quick search of the internet will lead you down a rabbit hole of possibilities.

## NATURAL MOOD MODULATORS

- Forest bathing: getting out into the woods, especially pines and firs, for a couple of hours at least once a month leads to lower blood pressure, improvement of autonomic and immune functions, and improved mental health. Measurable changes last 7-to-28 days.



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- Exercise: endorphins, engagement of the HPA axis activating the limbic system and hippocampus while inhibiting the fear response in the amygdala.
- Sleep: decreases cortisol levels. The other effects are well-known
- Natural light: every additional hour per day spent in natural light decreases the risk of long-term depression. Biochemical effects include a decrease in stress hormones and melatonin.
- Microbiome: More neurotransmitters in the gut than in the brain, including GABA. See the last issue of *ChartNotes* and the article on fermented foods in this issue.
- Gardening: In addition to the benefits of natural light and exercise, *M. vaccae* in the soil triggers the release of serotonin in the brain. Get your hands dirty!
- Positive psychology: See “Three Good Things” in *ChartNotes* Summer ‘21, “Wellness” in CN Spring ‘23, and check out *What’s Going Well: the question that changes everything* by Portland author Greg Bell. (Past issues of *ChartNotes* are available on the website for members)
- EBTs: Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Emotional Freedom Technique (EFT) tapping, Vagal breathing, mindfulness/meditation, and others can all be done without a therapist. Books, workbooks, and apps are widely available. Eye Movement Desensitization and Reprocessing (EMDR) can be done without a therapist but is not recommended.

Neurotransmitters have complex interactions that may be excitatory, inhibitory, or modulatory, and may flip based on the level or neurologic environment. The following are generally considered to improve mood when present in physiological doses—that is, naturally occurring. Below are some non-pharmacologic ways to increase levels.

- Oxytocin: Yoga, do something nice for someone else; gaze into a dog’s eyes; hug someone; give someone a massage; eat foods rich in Vitamin D, C, magnesium, and/or dietary fats (fatty fish, mushrooms, peppers, avocado, etc. Yum.)
- Serotonin: exercise; exposure to natural (bright) light; foods high in tryptophan like turkey and salmon; feed the microbiome; get a massage; start journaling; laugh more; get enough sleep.
- Dopamine: Listen to music; decrease intake of saturated fat; get enough protein; feed the microbiome; eat Velvet beans and/or fava beans (I see a new obsession coming); exercise often; get enough sunlight; meditate; green tea, turmeric, and oregano oil may help (I found a recipe for home extraction using fresh oregano—another obsession?)

Whenever you call a healthcare provider on the telephone, the first thing you hear is a message that says if you are having an emergency hang up and call 911. The same is true here. If you have a young person in crisis standing in front of you, there’s no time to find a dog for eye-gazing. Please reach out for help, even if that means a trip to an ED. But everyone, even those who appear unscathed by the effects of the pandemic, can benefit from efforts to improve mental and physical health. This very short piece is intended to help us start thinking about solutions. If you have any to share, please email me or the staff at MPCMS. 📧

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# Wellness

Erin Hurley, MD



## Reclaim Wellness

For most of us, it goes without saying that the past three years have been the biggest challenge of our medical careers. Since 2020, our overall well-being has likely taken a turn for the worse, maybe more so than at any other time in our lives.

When we add the cumulative effect that the pandemic had on ourselves, our immediate and extended family, our friends and their families, our patients and their families, our community, our nation, and the world; it is truly immeasurable the amount of trauma that we have been exposed to.

As a physician and a coach, despite the added pain and suffering, I encourage you to consider focusing on what you have control over as there are many things we can do at no cost and with minimal investment of time or energy.

Let's start small. I know that may be a stretch for you as a hard-working, diligent, and capable medical professional. These traits are great to a point until they come at too high a cost to your overall health and well-being. We medical providers spend a lot of time in our heads, problem-solving and being intellectuals often at the expense of tending to our bodies and emotions. Just like most things in life, we need balance, even when it is not clear that they are directly related to the productivity which gets so much attention in medicine. However, research supports all three will help us be more creative problem solvers and even more productive when we let our brains rest, our bodies move, and our emotions come out to play. If you want to learn more, the book *Rest, Why You Get More Done When You Work Less*, by Alex Soojung-Kim Pang is a great read!

I interviewed a couple of health and fitness experts for some easy-to-implement ideas. These are activities that healthcare providers can add to their busiest days. Choose one to commit to this coming week. Write it down and share what you plan to do with someone. Send me an email with your commitment. Social accountability and writing our goals down works!



Chantal Barton

### Chantal Barton, Yoga Instructor from Resonance Yoga Collective advises:

- Don't touch your phone (or other electronic device) for at least the first 15 minutes after you wake up. "Win the morning, win the day." Start your day with intention and not opening the door to hundreds of intruders in your bedroom first thing in the morning can set a calmer tone for the rest of your day.
- Put your phone and electronics away at least 15-30 minutes before bed.
- To reset your nervous system, splash some cool water on your face, or turn the water to cool for the last 15-30 seconds of your shower. Practice a calming meditation, mantra, or belly breathing to remain positive and calm during this refreshing activity.
- Push away from your desk, cross your arms on your desk, and rest your head on your arms for 2-5 minutes. Intentionally breathe with your belly and let your belly relax.
- Take a 2-minute walk once or twice during your day, outside if you can. If you can't leave to walk, step away from your screen and stretch, do some high knees, arm circles, or other body movement for 1-2 minutes.

▪ Mid-day, pause to get your ribcage to move with a full breath. Place your hands on either side of your ribcage and feel it move your fingers and thumbs. (We often focus solely on the exhale, but the inhale is also important.)

▪ Observe the patterns of your body. Do you tend to shut down and isolate or nap when overwhelmed or do you get tense with an elevated heart rate? Based on your pattern, consider adding small activities to boost your energy if you often shut down (scaled breathing is a quick fix), or try tapping, a short meditation, or closing your eyes for a few moments to calm an adrenaline rush.

▪ Midday: stop and take a full breath—put your hands on either side of the ribcage and feel it move your fingers and thumbs. Sometimes we also need to focus on our inhale.

Chantal's Wisdom Pearl: We can use our body to tell our mind what to do such as breathe in a manner our brain associates with calm instead of trying to think our way to calm. It is never too late to disrupt and let go of patterns created in our body that may add to our tension instead of relieving it.






Rod Stanley

**Local Personal Trainer, Rod Stanley, from Ritual Health and Fitness, advises:**

- While prepping or cooking, reach your arms above your head, or bend forward and reach for your toes several times.
- While watching TV, stretch during commercial break, or watch TV on the floor or standing so you can stretch during the show.
- While getting dressed, intentionally stretch your body.
- Replace an unhealthy habit (reaching for our phone during a break) with a healthy choice like drinking a glass of water, or do some lunges, high knees, or deep knee bends.
- Take the stairs instead of the elevator.
- If you have 12 seconds and access to stairs, run up the stairs for 12 seconds to raise your heart rate. Try this just 3 times per day to boost your health.
- Choose a standing desk over a sitting desk and stand more often throughout the day.

Rod's Wisdom Pearl: Just get moving. We don't need to complicate exercise, just move more, and listen to your body.

Lower the bar until the new thing becomes easy, or fully integrated into your routine. Limit yourself to no more than 3 things to work on at a time. The momentum you build from these small wins will create a snowball effect to carry you into the harder tasks you want to accomplish. Be patient, give yourself grace, start small, and be consistent and you will get there. Life is a marathon, not a sprint, it's ok to slow down to make sure we get to the finish line in a healthy manner. 

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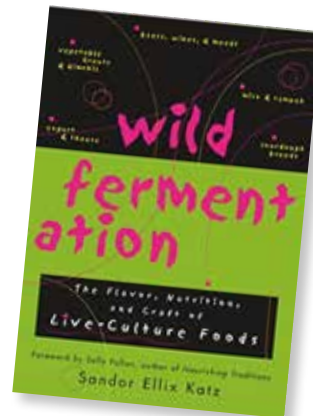
# MY CURRENT OBSESSIONS



## Fermenting Fun

After the *ChartNotes* “Food” issue, which included articles on the microbiome and food-as-medicine, I pulled out my old copy of *wild fermentation* by Sandor Katz. When I bought the book twenty years ago, I had no idea he was a “provocateur, trendsetter, and rabble-rouser.” I had simply entered my first cycle of a fermented food obsession. Since then, I’ve made yogurt and sourdough bread more or less continuously, and left-over red wine goes into a crock with a “mother” floating on top for a never-ending supply of vinegar.

Some of my first-cycle experiments had unfortunate outcomes. The sauerkraut in my pantry resembled *The Blob*, possibly the most terrifying horror movie from the early 1960s, IMO. My first and only effort at Caribbean slub, “a refreshing carbonated drink,” ended in a geyser that exploded out of the glass bottle’s narrow neck when I pushed open the swing top stopper, splattering on the kitchen ceiling. It astonished me so much, I opened the second bottle to see whether it would do the same. It did. If you’re not careful, Kombucha can



do something similar, but less dynamically. I made a few batches with a gift scoby, but nobody in the house likes it enough to bother. I put Sandor’s book back on the shelf, having developed my own modifications for the staples we liked.

However, my renewed appreciation for the microbiome and lacto-fermented foods sent me back for another try. This time I went high tech and actually bought an airlock. Okay, that’s not quite accurate. I bought three different types of airlock to see which one I liked best.

The secret to a good ferment is the bacteria that hitches a ride on your clean produce. The chemical reactions they produce requires anaerobic conditions— which is why it’s important to keep your fermenting food under liquid. There are many solutions on the internet, but I like glass weights. I recently found some with a glass pokey-uppy part that’s easy to grab. The ones that look like plain paperweights occasionally eluded me, leading to some scenarios worthy of honorable mention on a funny home video show.

An airlock lid further reduces oxygen in the fermenting container and prevents the introduction of unwanted molds, bacteria, fruit flies (fermentation produces their favorite perfume), and dust. Carbon dioxide produced during the process must be vented if you want to avoid my slub experience. It dilutes and then displaces the original air in the container. The standard water-filled airlock lets you see the increased pressure in the container as the water level in the two arms becomes unequal. Bubbles will pass through the water in a mesmerizing process—unless the ferment is so active that it bubbles out. Another type of airlock, made of silicone, looks like the nipple on a Playtex baby bottle. It fits into the screw band of a canning jar. They’re not as much fun to watch as the water-filled, and won’t stop liquid escaping during a vigorous phase of the ferment,








but they come in pretty colors, they're dishwasher safe, and they have a much lower profile. The third style also has a one-way valve and comes with a pump to suck out the air. Mostly I've been using this one to keep my ground coffee fresh. I can't tell if it works. I suspect my husband has fallen down on the job.

Sauerkraut has now been added to the "always-on-hand, always-in process" fermented foods at our house. With just two of us, a quart jar in the refrigerator lasts just about as long as it takes to ferment a new batch. It couldn't be easier to make. A shredded two-pound cabbage will just fill a quart jar after it has been

"massaged" in a large bowl with salt (multiply the weight of the cabbage times .015 to get the amount of salt for a ~2% brine). I like to add caraway seeds and peppercorns just before packing, but you could add other herbs, spices, or shredded veggies for color and flavor. Most instructions say to keep your jars in a warm, dark place. I like to keep the fermenting jars on my counter, so I've made jar "sleeves" out of the top part of some old gym socks. When I did use a gallon jar, I wrapped it with a kitchen towel, held in place with plastic wrap in the same way you would use Coban over a dressing. Come to think of it, you probably could use Coban directly on the jar.

Delving into Katz's book, I tried a few more recipes that didn't turn out the way I hoped. A recipe for low-salt sauerkraut using red wine will likely go into worm compost. (I hope my little composters don't get as obnoxious as the inebriated worms in Men in Black.) A recipe for fruit vinegar using apple peels and cores has not turned to vinegar in the stated amount of time. It sits on my counter smelling like a fine jar of pruno at the state prison. However, summer produce is just around the corner and I see all kinds of salt-brine pickles in our future. Stay tuned. 





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**CHART NOTES - SUMMER BIOS**

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*Managing Editor*



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**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**

It was a bit of a milestone when Oregon officially ended the emergency proclamation for the COVID-19 pandemic. For most people, this was the end of masks, social distancing, and many pandemic-era workplace policies. However, as we have seen in this issue of *ChartNotes*, the social and economic impact of the pandemic is far-reaching, particularly with children. As medical professionals, we are in a unique position to make a difference in identifying those who may be at risk. So, for everyone who is in this position, thank you for what you have already done. Thanks for being willing to learn more about the impact of the pandemic and for collaborating with others to find solutions to these social, physical, and economic challenges.

Always, if you have any ideas for features in *ChartNotes*, contact Dr. 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!



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# Last Word

## COVID Was Caused by Global Warming and the Use of EVs



*"I have lived here before, the days of ICE  
And of course, this is why I'm so concerned  
And I come back to find the stars misplaced.  
And the smell of a world that has burned.  
Yeah well, maybe  
Maybe it's just a change of climate  
I can dig it  
I can dig it baby, I just want to see"*

Jimi Hendrix "Up from the Skies." 1967

Anthropogenic global warming, or climate change, because we humans burn fossil fuels is perhaps the biggest fraud of the century and has been on our plates since the late '60s. The planet has gone through many cycles of getting hotter then cooling down without our help. Islands, especially in the Pacific, experienced higher local sea levels in the mid-Holocene than they do today.

Mixing politics with science is the major reason people have been attracted to electric vehicles. Sure, there is some science to decreasing CO2 production, but most of the people who buy EVs are rich and write with their left hand. The poor cannot afford them. In 2021, the cost of an EV was about \$10,000 more than the industry average, including the tax breaks.

What folks do not seem to understand is that EVs do not become carbon neutral for a long time. Depending on who you believe, an EV has to travel between 20,000 and 50,000 miles before the carbon footprint created during manufacturing becomes neutral.

If I took a figure somewhere in the middle, say 35,000 miles, and I bought an EV for my daily commute, I calculated it would take 23 years before my EV becomes carbon neutral—long after I am dead.

In the UK, the internal combustion engine (ICE) will be outlawed in new cars by 2030. How in the hell does anyone come to that conclusion without exploring other possibilities? Elon Musk brought Tesla to the world in 2006, but 17 years later you still cannot go on a road trip anywhere you want, because you are TETHERED to an electric cable?

Here it is almost 20 years later and where is the infrastructure for EVs?!? Instead of the push for EVs, why not use what we already have? The internal combustion engine is not the problem. This is important enough to repeat. The internal combustion engine is not the problem; it is the fuel that we burn. The UK has made a huge mistake, and it is a piece of legislation that needs to be re-examined. Here in the US, the blue states are playing Simon Says by blindly following the UK's lead.

It is not science driving this equation—it is politics. The COVID-19 pandemic and economic recession led to widespread calls for a "green recovery" and many believe the issues surrounding global warming are being solved with Electric Vehicles, among other things. I call this short-term thinking.

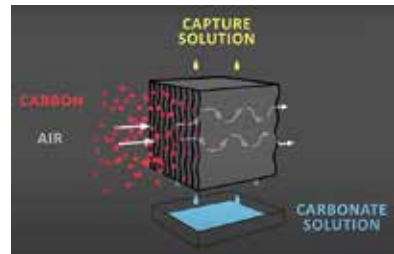
The disenchanted believe the ICE is dead, and I sincerely hope they are wrong, meanwhile the earth is being raped of its lithium and other rare materials, and the carbon footprint of producing EV's takes a long time to be neutralized.

Yes, I do believe that CO2 emissions are a problem with the fuel we currently burn in our internal combustion engines. Porsche has teamed up with Siemens to produce sustainable fuels, and today, right now, the use of synthetic fuels can reduce CO2 emissions by 85% with a 100% reduction in the not-too-distant future! Why not give us a tax break for the use of synthetic fuels!?

The advantages of synthetic fuels:

- Identical chemical properties to fossil-derived fuels like petrol, diesel and kerosene and can be used as "drop in" replacements.
- High energy density comparable to traditional fuels.
- Produced using renewable energy sources like wind power and natural resources like atmospheric CO2 and H2O.
- Actively removes CO2 from the atmosphere and repurposes it as a raw material for eco-friendly fuels.
- Can be blended with conventional fuels to minimize the environmental footprint.
- Also compatible with liquid fuel powered heating systems.
- Minimal changes for consumers.

If you believe that Electric Vehicles are one of the saviors of our planet, then you are probably convinced that global warming caused the COVID pandemic. ICE is nice and not dead, and while Electric Vehicles may be our future (distant), internal combustion engines, using synthetic fuels, can provide a meaningful mid-term solution, that in reality, is far less expensive than a new electric vehicle. 📌



[1] From Petrochemical Chemical & Energy <https://www.petro-online.com/news/fuel-for-thought/13/breaking-news/synthetic-fuels-what-how-why/59229>

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