



CHART NOTES



Public Service Through Public Office

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President's Message Doug Eliason, DO



The difference a few months can make...

Like all of you, the evolving pandemic has turned my world upside down. I am now doing telemedicine, preparing to act as a hospitalist if needed, and preparing to fill any role I may need to fulfill. I worry about my family, my patients, my staff, and my community. And I am worried about all of you--my friends and colleagues. I feel stressed, worried and unsettled by all this. My 401K is in the toilet and I wonder how many more years I will need to work to get back to where I was. But I am alive, the sun comes up each day despite my worries, and the birds still sing in the morning.

I see what you are all doing as a community of healthcare providers and I am in awe of both your positive attitudes and ingenuity. I look around and I see and hear resiliency

all around me. Organizations have risen to the occasion and groups of providers have found ways to serve their patients, take care of themselves, and survive. It tells me that when the chips are down we still have the will and drive to serve our community.

It is not done yet and the victory lap may still be in the offing, but I see and feel hope around me because you all care. It is my strongest desire that when this finishes, we do not forget how and why we all came together to fight this pandemic, that we all remember how we put aside our differences to stand with and for our community.

God bless you all, and until we all come out on the other side of this pandemic, continue to keep yourselves physically, emotionally, and spiritually healthy! 🙏

Letter from the Editor Nancy Boutin

I am pleased to have been invited to rejoin the editorial committee of Chart Notes. For those of you keeping score, this is my third trip back to the buffet. I have missed the opportunity to ask you probing questions about your practices, your hobbies, and your ideas for improving our Society. I missed learning about mission trips, exotic travel, and unique hobbies that forced me to research everything from how to rate a golf course to cosplay in Las Vegas to the

history of surfing. I missed getting to know colleagues across the two counties from Silverton to Dallas and all points in between.

I hope you enjoy this issue of Chart Notes as much as we have enjoyed putting it together. Please contact Krista Wood or me if you have ideas about stories you'd like to see, colleagues you'd like to highlight, or topics you'd like us to investigate.

Take care and be safe! 🙏

Public Service through PUBLIC OFFICE

BY NANCY BOUTIN

Lessons From **FOUR** Physician Campaigns

From John McLaughlin to John Kitzhaber, physicians have helped shape Oregon in ways well beyond their medical practices. Service to the community threads through their DNA. They miss kids' birthdays, social events, and lots and lots of sleep in service to the needs of patients and their families. They often serve on hospital committees, specialty society task forces, and even county medical society boards. But does the skill set necessary to run a code or a team or a clinic crossover to running an elected office? Do physicians have the temperament to survive a contested campaign?

In the last few years, at least four Marion Polk County physicians have answered "yes" to those questions. Satya Chandragiri and Kathleen Harder each ran for the Salem-Keizer School Board. Trevor Phillips ran for City Council. Bud Pierce ran for governor.



1 SATYA CHANDRAGIRI

Not Running *Against* Anybody

Running for office transformed Satya Chandragiri. The Salem psychiatrist says that before he started campaigning in Marion County, he thought of himself as "a naturalized ex-pat with a piece of paper called citizenship." Knocking on doors, sitting in strangers' homes, hearing their stories and telling his own, changed something in Chandragiri's view of himself as an American. "It was an internal process, like an egg becoming an omelet," he says.

Chandragiri moved to Salem with his wife and children in 2005, after serving as Superintendent and CMO at the State Hospital in Pendleton. During their five years in Eastern Oregon, the family had been befriended by colleagues and neighbors with more conservative views than they found in the I-5 corridor. The

values of family, entrepreneurship, and self-reliance mirrored those of his native India and, in his experience, immigrants in general. When he became a citizen in 2010, Chandragiri registered to vote as a Republican.

After serving as Salem Health's Psychiatry Medical Director, Chandragiri put together an eclectic practice including a half-time appointment at the Veteran's Health Administration, a private practice, and providing psychiatric coverage for a half-dozen Lane County group homes for people living with brain injury. In 2016, he assisted with community mental health efforts in Harney County during the siege of the Malheur National Wildlife Refuge.

For Chandragiri, the call to politics arose from his frustration trying to advocate for veterans' mental health. He couldn't get anyone to listen. "I'd get two or three minutes to testify, but I felt the committee members had already made up their minds. Then, I thought, 'It doesn't do any good to get angry because they don't do what I want,'" Chandragiri says. "I just needed to roll my sleeves and show up. Who's going to bet on a horse that doesn't run?"

He decided to stand for House District 19, but, as a federal employee, faced a special hurdle—the Hatch Act. Chandragiri's patients, who would lose their doctor if he ran, encouraged him to run. "They became my campaign team, literally. I launched my bid from the VFW hall."

Chandragiri lost in the primary, but his first attempt at elected office provided an invaluable education. "I learned how to campaign," he says. "I learned you need an emotional message to connect with people. I realized most importantly—I'm not running against anybody, I'm running for my veterans. That stance allowed me to rise above partisanship and showed a contrast to other candidates while maintaining good relationships."

Rather than feeling discouraged, Chandragiri felt energized. He decided to stay involved. He became a precinct committee person and kept in touch with people—both party leadership and constituents. He helped other candidates with their campaigns, which included more door knocking. "I started hearing stories I never heard in my office" about his neighbors' struggles, their needs, and their hopes.

He became acquainted with the Russian Old Believer community, who struggled to balance school attendance with their desire to keep families together during the long Orthodox Easter—their most sacred holiday. Chandragiri showed them how to request a religious accommodation that satisfied both sides. He encouraged leaders to make their voices heard on topics important to them. "That year,"

he says, "2000 people signed up to vote for the first time in their lives."

In 2018, a long-standing school board member decided to step down. Chandragiri's children had both graduated from the Salem-Keizer school district and he knew about the diverse student body. He knew there had been a cluster of teen-suicides. He felt addressing issues that impacted students' well-being with the earliest possible intervention might prevent a host of problems later. He returned to campaigning.

Although school board members represent specific zones, they are elected at-large and Salem-Keizer covers a lot of real estate. Chandragiri says he didn't have the funding of his opponent, but he had a wealth of human capital—physicians, Old Believers, veterans—who came to his aid. He was surprised at negative

campaigning in a non-partisan race and says he had to be careful with his communication to transcend negativity. "If you do that," he says, "the people following you also become very mindful of how to communicate."

Advisors told Chandragiri not to talk about teen suicide for fear it would "turn off" voters, but he felt strongly that it needed to be brought to the surface. No suicide prevention policy existed to guide teachers, counselors, and principals. He found, as with many taboos, opening the conversation helped heal.



He also chose to embrace the diversity of experience and perspective he brought to a diverse school district, although some thought it risky. Chandragiri reports that, between them, he and his wife speak nine different languages; helpful in a district where 17% of students are "English Language Learners."

On election day 2019, Satya Chandragiri became Salem-Keizer School Board's new Zone 4 member. He intends to spend the next four years focusing on mental health, student safety and welfare, and teacher well-being. On his website, he likens the District Annual Report to the speedometer of a car and says we can not drive safely relying only on that input. "We must look ahead, at the mirrors and the dashboard to be safe on the road. Likewise, we must consider many factors when it comes to moving forward with our Salem-Keizer schools."

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TREVOR PHILLIPS

Local Matters

If you asked ED doctor, Trevor Phillips, what he's learned since becoming involved with the Democratic Party in Marion County, he'd probably tell you, "All politics is local and local politics matters."

Phillips, elected to City Council in the 2020 primary, says on the drive home after an evening shift on election night 2016, he realized the Electoral College, not the voters, would determine the next occupant of the White House. It struck him that neither he nor most of the people he knew understood the importance of local elections and the cumulative impact they have on the national stage. He had followed the news since his days in student government at Linfield College. He'd donated to some campaigns and even stopped by the Marion County Democratic Headquarters when it was still on Liberty Street. He says, at that point in his career, he thought it was "adequate." The last presidential election showed him otherwise.

"It's not effective to be on the sideline," he says. "Even if you're donating money and posting strongly-worded articles on social media, it doesn't change hearts and minds. It's not what is needed today. I don't know if I was certain I would run then, but it was a strong possibility."

Phillips and his wife were well-connected to their Southeast Salem neighborhood. They had co-hosted the annual Fourth of July parade, a decades-old tradition, for the last nine or ten years. In the 2020 election cycle, City Council seemed like the natural progression. By then, Phillips had become very involved with the Marion County Democrats, rising to vice-chair of the county organization. "In high school, I was an Eagle Scout, so civics and going to structured meetings that were somewhat hierarchical was nothing new to me. I fit right in." He says his goal had been to facilitate intra-party conversation and things progressed from there. "I learned how campaigns worked. I participated in exploratory committees for the state legislative district I live in. I got to look behind the scenes and to see how it all works."



Seeing how it all works challenged his expectation about who should run for office. "As a well-trained, board-certified doctor I assumed that it's a different person who does that, someone more qualified and knowledgeable about what's going on, a specialist, not me. Now I see that's absolutely not true. It's so important for people with skills and understanding to step up and reaffirm our shared reality."

"At this point in our history, when democracy isn't as strong as it once was, it's vitally important for people to be involved with the gears of government, to testify, to contact their legislators, to let them know what they believe, based on a solid understanding of medicine or other skill sets. Evidence shows that knowing your local leaders makes a difference. If you wait to introduce yourself until the 11th hour, you don't have the ability to help shape their understanding and position on an issue."



Trevor with wife Michelle, son Grant and daughter Lilly.

Phillips has always believed the training and problem-solving skills healthcare providers bring to a complex problem is key. "Having people in charge of the pandemic who don't understand science or listen to the experts has been its own kind of disaster. We need more people with a strong science background, even a medical background, in all positions in government. We're used to working together, to taking difficult situations and making the best out of them with the best data and evidence we have."

Even before declaring for the City Council, Phillips used his connections and his hard-won medical knowledge to be a voice in city government. He served on the Downtown Homeless Task Force, where, he says, "We came together with stakeholders from across our community to address an incredibly complex issue and I want to make sure that the solutions we proposed come to fruition. Some of them are slowly happening and some will take energy and effort." He testified in favor of the Child-Friendly Cities Resolution. He has informally advised local and state leadership on COVID issues like school closures.

"The reason I'm running for Salem City Council," Phillips says, "is *because* I'm an Emergency Room doctor. The number one issue that faced our community before the pandemic was homelessness. I care for community members living with homelessness every shift. Also, we see traffic injuries, pedestrian injuries. There is so much data now to show that policies affecting the built infrastructure can reduce fatalities to close to zero if you build your city appropriately. So, having some rough experiences regularly with these issues made me look up and realize there were opportunities upstream from people coming to the ED. It was the final straw for driving home the importance of local leadership.

The incumbent for Phillips' ward, Ward 3, announced his retirement from office in September, leaving Phillips to run unopposed. Nevertheless, Phillips says they got the campaign started early, with the obligatory door-to-door canvassing.

He had intended to take much of May off to campaign. "I had knocked on 500 doors personally and intended to do 1500-to-3000 more. Now, of course, there is no door knocking, so I'll be making calls instead." He says the "new normal" is unlike anything anyone has seen, but they're learning as they go. He believes the personal connection is key. "You really have to reach out to people, meet them on their terms, and inspire them. It's the best way to convince them that local matters, that they need to take the time to vote, to fill out the down-ballot races."

On the last day or two before the registration deadline, the incumbent changed his mind, turned in enough signatures to get on the ballot, and announced his bid for re-election.

Having an opponent and a pandemic certainly changed Phillips' approach to campaigning. And, more than ever, convinced him that local politics matters.

Phillips will now have at least one term to test his theories in a real world unimagined when he entered the race.

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Try to imagine a model for physician service. You will be hard-pressed to find a better example than Salem Clinic hospitalist, Kathleen Harder.

If you didn't already know that, it may be because she seems drawn to positions with a lot of work and not much limelight. From chairing her church staff-parish relations committee in Oklahoma to a school board budget committee in Salem to very long hours at the Oregon Medical Board, Harder rolls up her sleeves and does the job. "It's about the work," she says, "not you. Maybe I'm naïve, but I think we're obligated to make the world a better place if we can."

Harder, who practiced Internal and Hospital Medicine in Oklahoma for 14 years, developed a leadership portfolio long before she moved to Oregon. A thoughtful person, she enrolled in leadership training through the Chamber of Commerce and later the AMA. Harder served on the local United Way Board, the state medical association Health Insurance Board, the admissions committee at U of O College of Medicine, and moved up the ranks of her medical center starting with credentials committee and ending with Board of Trustees, a stop at Chief of Staff along the way.

KATHLEEN HARDER

Believe in Public Education

In 2009, she ran for the Stillwater ISD School Board. "I believe in public education," Harder says, "I think that's our future." She attended public school growing up in Ohio and wanted the same quality experience for her children. "I think of the teachers and staff as friends and mentors to this day. I had been painfully introverted and they helped draw me out, encouraged me to test myself, to try new things."

When Harder lost the election by 18 votes, she remained involved with the School Board, serving on the committee that conducted a national search for a new Superintendent. "It stings to lose, especially when the vote is that close, but you still have to do what's right. I had gained insight into the needs of the students and the community, so I wanted to help find the right candidate."

One year later, the Harder family moved to Salem. Work kept Kathleen busy, along with getting familiar with her new community and shepherding her youngest, a boy, through the Salem-Keizer public schools. Although she had gotten involved as a board member at the independent physicians association (MVIPA) and on Salem Health committees, her life-long interest in public education reasserted itself. "If you've got kids in school, the School Board is the one governmental body that touches people's lives more than anything. The policies that they do, or don't do, to encourage kids' success will impact everyone in the community. My son was in high school and I followed school board decisions—I was one of those nerdy people who would watch

on CCTV. It really sparked my interest. I like policy and process, so I started going to meetings and decided to run."

As she had in Oklahoma 10-years before, Harder found a training opportunity that gave her a chance "to put a toe in the water." One weekend a month she met with other women to better understand public speaking, media and messaging, cultural competency, and ethical leadership, among other topics. "Most of the women in the cohort were young and passionate, many from disadvantaged backgrounds. I was old enough to be mother to most of them, but it was interesting."

Back in Salem, she worked on various campaigns, got involved with the Democratic party as a Precinct Committee Person, and then a Neighborhood Leader. The training had taught her to develop rings of support from the most intimate circle—family and friends—outward to more distant stakeholders. "I wanted to have people from different ways of life and values on my campaign committee to give me their perspectives. We tend to surround ourselves with people we agree with and that's not necessarily a great thing—it narrows our focus too much."

She says she had "way too much fun, but I'm kind of a political nerd, so I like that stuff." She didn't love knocking on doors, she found it intimidating, and thinks politicians in 2020 have an extraordinary excuse to meet constituents in different ways. "Sometimes people can get kinda ugly at the door. And sometimes they're

amazing. They invite you in, share a cup of coffee, and talk about things. You may not leave with a vote, but you learn a lot. I had a great experience.”

The nonpartisan election pitted four contenders for School Board Zone 1, and even though candidates are elected per zone, the entire district votes for each position. Harder campaigned on a platform of increasing graduation rates, early childhood education, improved facilities and financial stewardship, and state funding for public education.

She won in the primary but did not have enough votes for a clear victory. In the general election, she says, campaigning was “very civilized” until the last few weeks. At that point, a single-issue PAC, unrelated to her opponent, mailed 20-30,000 glossy postcards attacking Harder for her support of reproductive rights and suggesting that her campaign had hidden motives. She lost the election by 859 votes.

Nevertheless, as she had done in the past, Harder took her licks and stayed involved. She has worked on the Salem-Keizer School Board budget committee since 2017. Her son graduated and she will soon cycle off the three-year commitment. Zone 1 is coming up for election again and she has been asked to consider another run. She laughs and says, “I would, but I really don’t have the time.”

In 2017, Governor Kate Brown nominated Harder to the Oregon Medical Board (what old-timers called the Board of Medical Examiners), where she has again climbed the ladder from Administrative Affairs Committee to Board Chair. Joe Thaler, MD, Salem physician and OMB Medical Director at the time of Harder’s confirmation, says she joined leadership rapidly because of “her thoughtful, balanced understanding of clinical medicine and the physician-patient relationship.” He

called her a “wonderful addition” and says she “has the ability to listen and bring the Board to a consensus,” despite the “tremendous amount of material presented at each Board meeting.”

“Every meeting,” Harder says, “we get a Dropbox with 10-20 thousand pages to get through to find the nuggets we need to make decisions. And we take the decisions very, very seriously. Our primary responsibility is to keep the patients of Oregon safe, but we also want to make sure the provider has the resources they need to get better. It’s a big responsibility.”

Despite initially feeling “slapped down” by the events of the 2017 election, Harder believes things have turned out for the best. “One of my mentors told me that when a door opens, you should look inside, there’s a reason it’s there. And when a door shuts, look at that, too. It might be an opportunity you didn’t expect.”

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BUD PIERCE⁴

Voters Need Choice



Bud Pierce's singular approach to running for elected office should not have surprised anyone who knows him.

In medical school, he decided he wanted to do research, so he took a break and got a Ph.D. It occurred to him at some point that he'd like to experience military service. So he joined the Marines. Listening to a speech by John Kitzhaber, it dawned on him that he should run for Governor someday.

When Kitzhaber resigned, Pierce felt the time had come. He says he didn't think anyone would mount a serious campaign against Governor Kate Brown, so he might as well do it himself. He didn't hold conversations with the Republican party, but he did call his old friend, State Senator Jackie Winters, and asked her "Is this crazy?"

She told him it was, indeed, crazy but he should do it anyway.

The hematologist/oncologist scheduled a media event on the Capitol steps and declared his intention to run in the 2016 special election—without any official backing. "I think doctors, especially of our generation, don't ask permission," he says, "we just decide. It's like that old saying, 'Eagles don't flock.' We can be good team players, but we like to be in charge."

Oregon has certainly had beloved Republican governors; Hatfield, McCall, and Atiyeh come to mind, but none for the last 30 years. Pierce says he ran at a time a Republican "almost can't win here." He believes as long as things are going well and citizens are satisfied, they aren't likely to change how they vote.

But he says he still wants people to have a choice. "Otherwise, we can just shut down and whoever the Democrats nominate wins the race. You don't even need to have elections."

Although he knew he ran as a long shot, Pierce found the process "fascinating." Mastering the material, understanding the issues, seemed less intellectually daunting than the highly technical medical information he had studied for decades. On the other hand, he realized he needed to really crystalize his thoughts about those issues. "When you stand up there and people ask you what you think about something, you have to be clear." He read every day and found it didn't take long to get up to speed. He hired a consultant recommended by Winters to put together the campaign structure and guide him to develop credibility. And then, four days a week, he saw patients in clinic and took his share of call. Which he says probably kept him from "sitting there obsessing."

In the primary, Pierce beat four other candidates with nearly 48% of the vote. In the general election, he received 43% to Brown's 51%.

According to Pierce, the culture of politics may make involvement especially difficult for healthcare providers. In medicine, professional worth is measured by reputation, reliability, and responsiveness. Elections, on the other hand, come down to "popularity contests," Pierce says. "What you have accomplished doesn't mean one thing to the public. Nowadays, it just matters if they like you." Additionally, medicine remains a polite society, with rules of behavior we follow. "In politics, there aren't any rules.

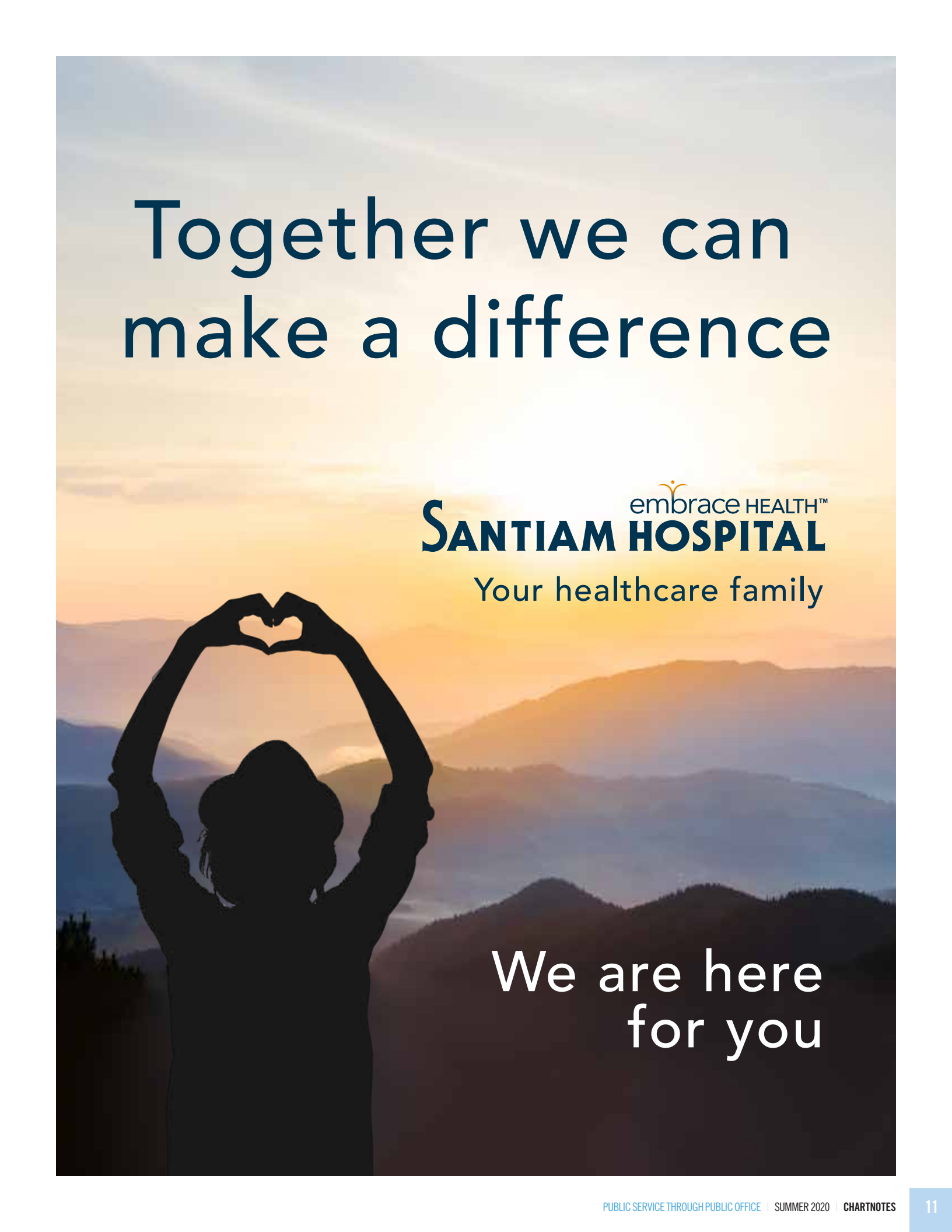
The gloves come off and you, doctor, get slapped around like anybody else."

However, he doesn't think the unpleasantness in the election process is all bad. "Part of the winnowing in American politics is like military training. If you can't hack boot camp, how are you going to hack combat? If you can't make it through the campaign, you're probably not going to like the job. There's a lot of pressure in office. But you have to realize it's not personal. If you weren't running, they wouldn't say one bad thing about you. There would be no ads about you. No one would say you're an idiot or that your policies are foolish."

Pierce believes he had an easier experience because the Democrats didn't see him as a threat to unseat Brown. "They never had any reason to come after me. Polling showed I was never a risk. The Governor and I were a little bit critical of each other, but we both kept it civil. A few times I heard her mutter little things under her breath, like a boxer who says to his opponent, 'Don't you have more than that?' It made me chuckle. But now when I see her, she's very cordial. I told her I'd help with the tobacco tax and she gave me a hug. I don't know how she really feels about me, but we can have normal conversations and I think that's a good thing."

"When I look back," Pierce says, "I see there was no way I could have won. People ask me if I'm going to run again, but I'd only do it if there was a chance to win. The first time you do it because it's interesting. There's a naive. But you learn.

We'll see..." 📱



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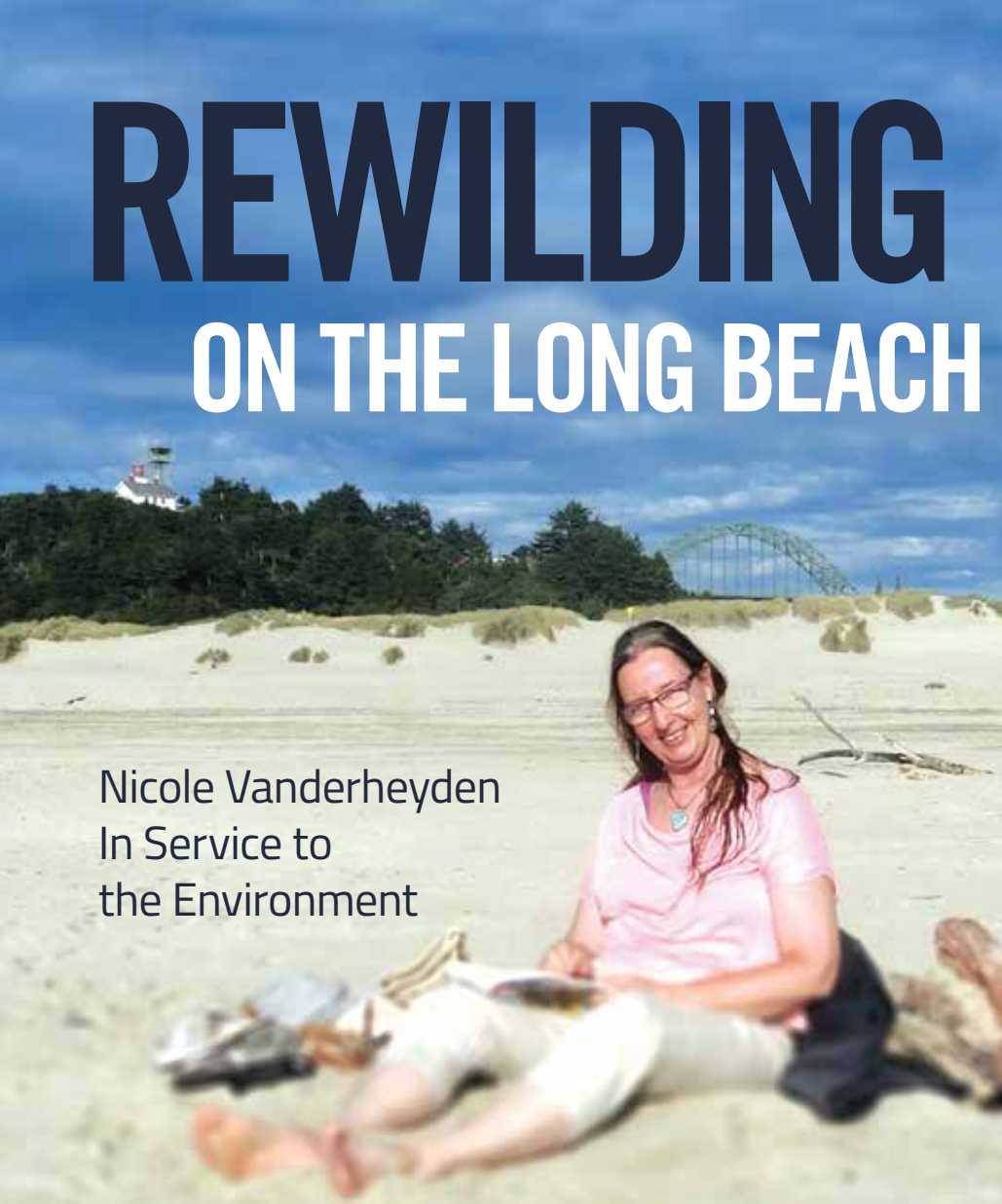
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REWILDING ON THE LONG BEACH PENINSULA



Nicole Vanderheyden
In Service to
the Environment

Nicole Vanderheyden didn't set out to save butterflies. The trauma surgeon, CMO, and Salem Health COVID-19 medical commander just wanted some acreage on the coast where she could keep a horse or two and maybe raise a few farm animals.

After shopping around, she found a parcel on Long Beach Peninsula between Loomis Lake and the westward-facing high tide mark. It came with a fixer-upper house, large fields of nonnative beach grass, and a conservation easement on a portion of her new property.

Fortunately, Vanderheyden was well-acquainted with carpentry, plumbing, and electrical wiring. And—

she had populated her Willamette Valley backyard with native plants and created a gray water system to keep them watered. A life-long environmentalist, she had previously reclaimed a large swath of Indiana floodplain when she lived in that state a couple of careers ago.

"I was in vet school, or practicing as a bird vet, when I heard about a project to save Caribbean parrots. The man behind the initiative really inspired islanders to have pride in their megafauna species, held national bird training, and got kids excited about taking ownership of their ecosystem. They worked together to restore bird habitat and, simultaneously, improved water quality. It made me think about my local region and ways

it could be reclaimed. First, I bought some property outright and then reintroduced displaced native plants. Everything had gotten out of balance."

To maintain the tax advantage of her easement in Washington State, Vanderheyden could have followed the previous owner's example; keep the grass mowed, avoid use of herbicides, and do not introduce any additional invasive species. But she liked the idea of rehabilitating a patch of ground degraded by the footprint of early settlers and their descendants. And, she discovered, coastal conditions posed special challenges. "I had a very steep learning curve and there wasn't really a how-to manual."

The ecology of the peninsula has a fascinating history. Sediment washed down the Columbia River had built up the east side 1000 or more years ago. However, the much younger west side, viewed from Vanderheyden's new picture window, had developed over the last hundred years as the Corps of Engineers built jetties to protect the shipping channel at the mouth of the Columbia. Loose sand deposited at a rate of up to 4 feet a year, producing loose, poor-quality soil. To prevent Pacific Northwest sandstorms, residents planted European beach grass in the 1930s, stabilizing the dunes—a plan blessed by the Soil Conservation Service.

Prior to human intervention, wind, salt, and frequent low-intensity fires favored the growth of "early succession meadow habitats," filled with carpets of western blue violet and other flowering plants in perfusion. By luck or design, this offered

a perfect smorgasbord for the entire life cycle of the Oregon silverspot butterfly. However, as pastures, grazing, and shadow-producing shrubs took over, the butterfly found its natural diet displaced and it either died out or moved on. The last silverspot sighting occurred around Vanderheyden's property in 1990.

Even before she bought her first parcel—she's now up to ~50 acres, with additional conservation easements—a consortium of public and private organizations began developing a plan to save the silverspot from extinction. It included scraping up surface soil with a tractor to remove non-native grasses, then replacing it with species like early violet, red fescue, yarrow, and pearly everlasting.

"This butterfly is a real homebody," Vanderheyden says. "It needs all the food for its different stages in close proximity—within a very specific microclimate."

She knew all about collecting seeds, had learned how to grow various plants, and understood different environments required special treatment. She thought of it all as a



science experiment. Even so, she says she "failed spectacularly. The first year three-quarters of my plantings died." She blamed the deer and put up deer fencing, to no avail. She looked for advice and found the official organizations, working on their own experiments nearby, seemed more worried that she didn't "screw it up."

The culprit, it turned out, was the very salt and wind that allowed the meadow to grow in the first place. "It challenges all your assumptions," she said. "I read a book called *Rewilding* about a couple in West Sussex who returned their farm to its natural state. I thought that if I'd read it earlier, I would have saved myself a lot of aggravation."

Vanderheyden continued experimenting and talking to like-minded people for ideas. She held work parties to get friends and family members involved with the rehabilitation effort. Three friends live on the property full time to continue working when she is at Salem Hospital. She started plants in the Valley from seeds or rhizomes, although maturation for perennials can take years, and then transplants them.

During year two of the project, she began to enjoy some success. "And then," she said, "things started to change on their own."

Locals noticed nesting killdeer after a 60-year absence. Twenty-three varieties of bees have been identified. Plant species diversity has increased. A similar habitat restoration project one-to-two miles from Vanderheyden's property required more than 30,000 plants to prepare for eventual reintroduction of butterflies reared in Portland and Seattle zoos "as the habitat becomes suitable."

Vanderheyden hopes to see butterflies on her property at some point. But even if the homebodies stay in their new homes, rewilding a little slice of Long Beach Peninsula will have been worth the effort. [f](#)



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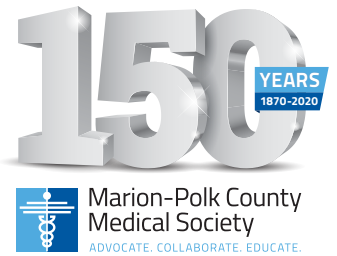
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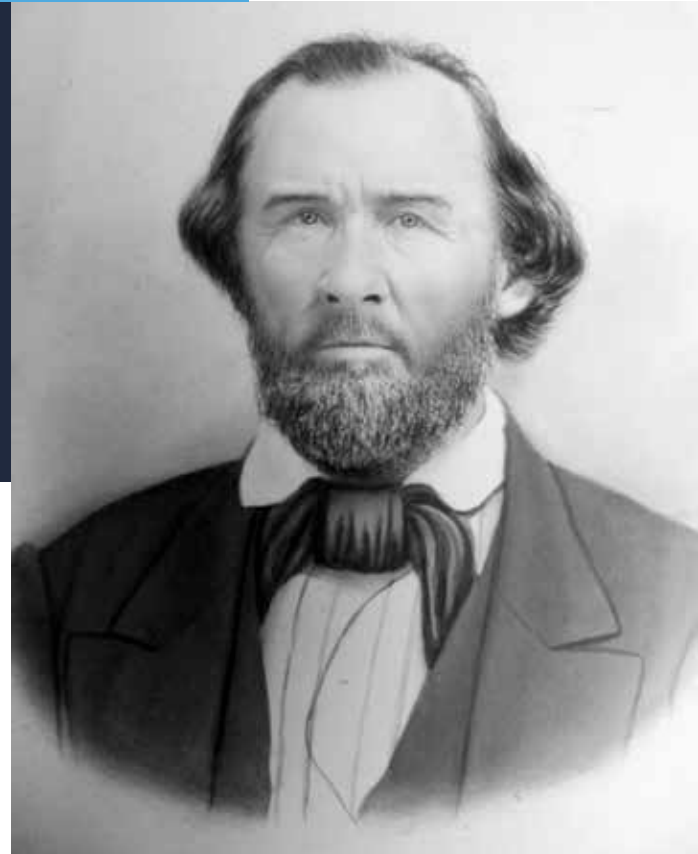
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MEET OUR FIRST PRESIDENT

DR. ALFRED METCALF BELT



Alfred Metcalf Belt, MD *Image Courtesy of the Masonic Grand Lodge of Oregon*

This story first ran in the January 2014 issue of Chart Notes.

What if we could somehow step into a time machine and go back 140 years to interview our society's first president? Hopefully our capsule will be perched up safely on the boardwalk outside his office so as to avoid getting splashed by horse carriages traveling down Commercial Street. Dr. Belt's office happens to be located above a pharmacy, with the patients having to creak up the stairs.

This particular drug store is among a group of wooden buildings located directly across the street from the Chemeketa Hotel, on Commercial Street between Trade and Ferry Streets.¹ Today that would put us on the block currently book-ended by Magoo's Sports Bar at one end and the Umpqua Bank at the other, and directly across from the Salem Convention Center.

Dr. Belt first came to Salem in 1850, arriving from Missouri by wagon train as part of a large population surge to the northwest that was occurring at that time. Born in Kentucky in 1804, he later studied medicine under a private

preceptor before entering medical practice. He had already practiced over 15 years in Missouri before coming to Oregon at age 45 with his wife and two kids. He would eventually have a total of ten children and practice in Salem for another 30 years.²

In 1870, when the Marion-Polk County Medical Society officially started, Dr. Belt was elected as its first President.³ Before that Dr. Belt had been asked to be on the faculty of Willamette University's newly established College of Medicine, even though he had not formally graduated from a medical school and lacked written credentials from his preceptor.

However, the Medical Department duly recognized his medical capabilities and leadership talents, and bestowed on him an honorary M.D. in 1869.⁴

Along with being our first president, Dr. Belt became a founding father of the Oregon State Medical Society in 1874, today known as the Oregon Medical Association (OMA). Militarily, he was Oregon's Surgeon General during the Rogue River War of 1855-1856, serving with the rank of Colonel. Dr. Belt's civic duties included being Salem's Postmaster, a volunteer firefighter, and also served as the Penitentiary physician for several years.



1873 Salem drug store advertisement.
Weekly Oregon Statesman. January 7, 1873

Outside of medicine, he played a significant role in Oregon's early Masonry movement. Dr. Belt retired in 1880 at age 76. He and his wife then moved to Independence, Oregon where he passed away the next year.⁵

Looking at his record, and if lucky enough to have actually been granted an interview, we would have to say that Dr. Belt was a high energy guy, committed to his family, the community, and the practice of medicine. The interview would likely have found him polite, maybe somewhat reserved, and mostly wondering why we were so inquisitive about him. The local newspapers offer very little insight into his personal life, but they do give us plenty of information about his accomplishments as a doctor and a respected community leader. One thing is for sure, very early on he set the bar high for all of us... very high! 📌

1 Weekly Oregon Statesman (Salem, Oregon), January 7, 1873, page 2.
 2 Olaf Larsell, *The Doctor in Oregon* (Portland, Oregon: Binforde and Mort, 1947), 193-194.
 3 Baumann, HW. Oregon's First Medical Society is Born. *ChartNotes*. July 2013, pages 14-15.
 4 Larsell, 193. Honorary medical degrees were not uncommon back then. This practice brought in needed professors to the medical school and reduced competition for students.
 5 Larsell, 194..

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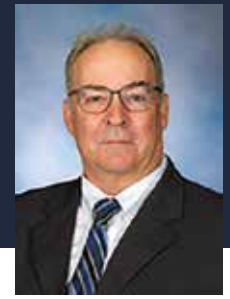
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HIGH-IMPACT CHRONIC PAIN



BY PAUL COELHO, MD

The right intervention to serve your patient

Your patient is suffering. She has such severe chronic pain that she applied for disability. She has seen many specialists, had several procedures, tried internet “cures,” but nothing really works. She did take opioids before the CDC cracked down and now no one will prescribe them for her. Oxycodone didn’t completely kill the pain, but it took the edge off enough to make it tolerable. You, unlike the other doctors, really listen to her. You are the nicest provider she’s met in a long time. She hopes you can help.

No doubt, you’ve met this patient, regardless of your specialty or practice location. They can be any age, any gender, and come from any socioeconomic stratum. Statistically speaking, though, the patient is most likely an unemployed, working-age woman, with a high school education, at best, and a history of trauma in her life. Her medical problems are complex with many diagnoses and surgical procedures, she has a cupboard full of prescriptions from various prescribers, and describes significant psychosocial co-morbidities.

This patient has High Impact Chronic Pain (HICP), a centralized pain syndrome that interferes with life on most days and is unlike anything you learned about in medical school. It’s no surprise if you feel frustrated trying to manage her problems in a typical office visit.

Your patient has “real” pain, but on functional MRI, her brain lights up in the emotion and social rejection centers, not the sensory centers you would see with acute pain. Most, if not all, the treatments she’s tried have done more harm than good.

A real iatrogenic nightmare. It’s no wonder she’s frustrated no one can make her feel better. At least hearing that she has disabling pain, and that someone acknowledges her suffering, validates her experience.

We were told for decades “pain is what the patient says it is.” We were told that pain conferred resistance to addiction. Then we were told we were bad doctors, maybe even subject to censure, if we left patients’ pain unmanaged. Wonder why the US has an opioid crisis?

As scientists, we base treatment on objective data whenever possible. Subjective information from patients and families helps us understand nuances and guides decision-making based on patient goals and values. We may suggest one therapy over another if the risk profile more closely aligns with the patient’s preferences (“I’d rather have nausea than lose my hair,” for example), but we don’t offer a toxic, ineffective treatment because the patient thinks it’s a good idea. The traditional shared decision-making model falls apart in the face of addiction. And yet, we have very few objective measures of chronic pain; no blood test, imaging study, or biopsy to direct us.

In September 2018, the Morbidity and Mortality Weekly Report of the CDC described a study of the incidence and prevalence of chronic pain and HICP in the US. After a population survey, they found that 20% of American adults suffer from chronic pain and 8% experience HICP. In addition to age, gender, and education, poverty played a key role in the risk of HICP, although, by percentage, race did not matter.


Because chronic pain is invisible and

patient self-report tends to be amplified, the assessment is completely subjective and dependent on the provider’s personal biases. There is no inter-rater reliability when assessing a patient with chronic pain, i.e., Cohen’s kappa is negative. Of the 1200 patients seen in the Salem Health outpatient pain clinic over the last three years, 8% were sent with a diagnosis of fibromyalgia. On formal testing, 62% qualified for the same diagnosis—with significant implications for appropriate therapy.

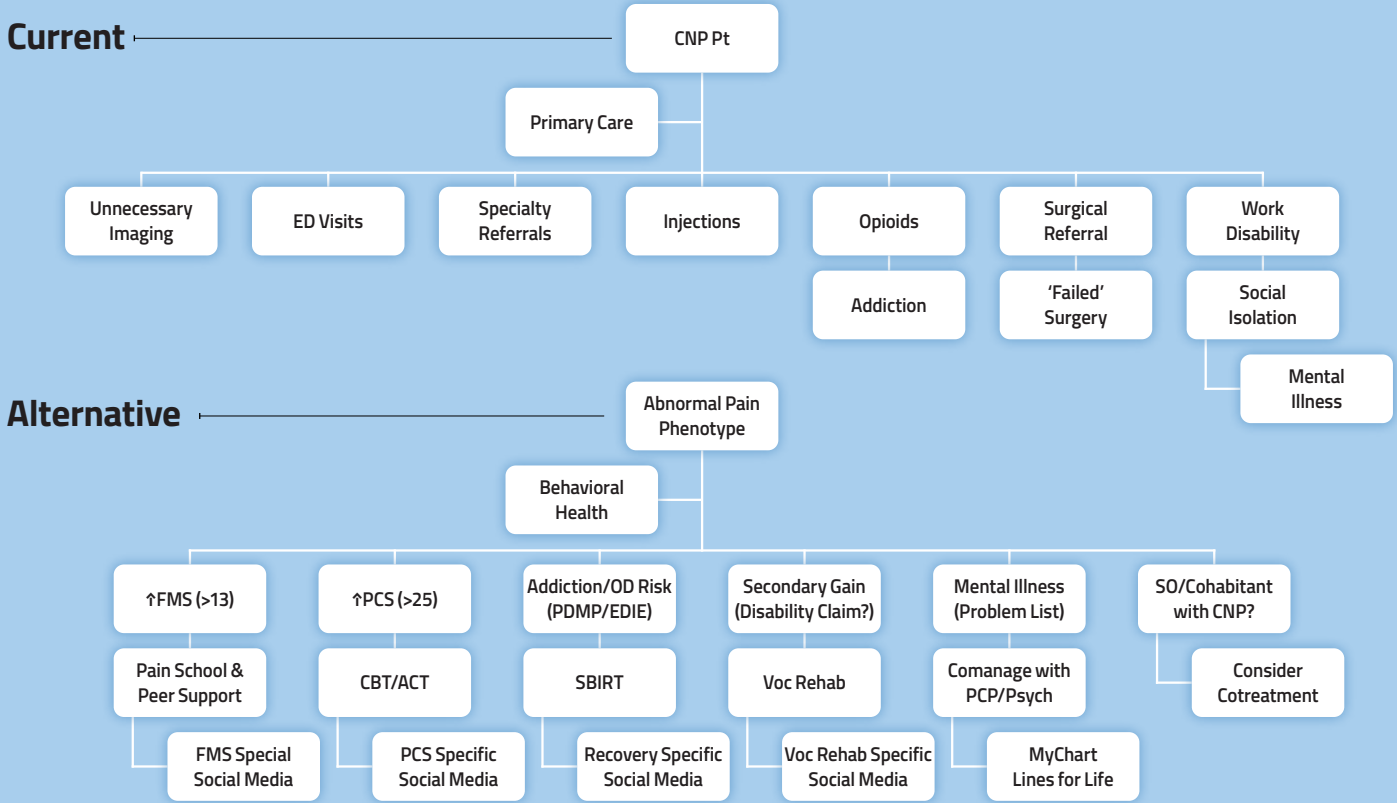
The only way to improve inter-rater reliability with HICP is to agree to use the same validated instruments when assessing patients. These include GAD 7 (generalized anxiety disorder), DSM 5 criteria for OUD (opioid use disorder), PCS (pain catastrophizing scale), FSQ (fibromyalgia screening questionnaire), among others.

By “phenotyping” the pain with the FSQ and the PCS, it is possible to identify patients at greatest risk for HICP and then further split them into cohorts likely to benefit from specific, nonpharmacologic interventions like cognitive behavior therapy/acceptance and commitment therapy, pain school, or specific mental health therapies.

These patients generally do not need, nor benefit from, more opioids, benzodiazepines, stimulants, or pain procedures. They need attention to their underlying behavioral health issues in an effort to help them to achieve a healthier, happier, more productive life.

In the words of Mark Sullivan, MD, Ph.D., “Our foremost duty to patients with chronic pain is not to reduce their pain intensity but to improve their health.” 

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ARE YOU NOW, OR HAVE YOU EVER BEEN, INTERESTED IN RUNNING FOR OFFICE?

BY NANCY BOUTIN

We asked our members about their personal interest, or lack thereof, in running for public office. 20% said they had considered it. Since the survey was anonymous, we had no way to know if the subjects of our service-through-elected-office article had all responded positively or if there are other potential candidates out there among us.

For the rest of you, one-third said they simply had no interest. That means two-thirds had given the question enough thought to have a reason they wouldn't throw any hats in any rings. An additional one-third of respondents listed time, lack of time, or time commitment as at least one of the factors that kept them from running for elected office. Slightly less than one-third described the toxicity of the current climate with the risk of personal attacks, family attacks, and privacy invasion as a reason to keep a safe distance from the political process.

That said, most of our respondents saw value in having medical voices present in discussions that shape our policies and priorities. The combination of critical thinking skills and a compassionate view of the human condition featured prominently in the answers.

"How do you think healthcare providers could contribute to the current political climate?"


- Honesty and a place for educated decisions.
- Medical and community insight.
- Disciplined logical thinking.
- Sanity and reality.
- Education and social responsibility.
- Good problem solvers who know how to use data as well as emotion.

One medical society member believes that healthcare and politics should be kept separate, but thought providers could contribute in both arenas. Several

saw opportunities to educate lawmakers about individual health, public health, healthcare delivery. Many mentioned the need to inject science into decision-making. Realistic, attainable goals were also thought to be more likely if providers had a greater voice in setting targets for governing bodies.

- We need to help share the facts, encourage testing and safety in our communities during this uncertain time.
- Common sense, understanding how science and medicine affect our lives, a habit of looking at data to find answers, caring about our communities.
- Make sure that we keep the best possible medical knowledge in front of our elected officials to help them make the best possible decisions for our state.

Another member said simply, "More involvement."

If you would like to bring your knowledge and skills to the governing process, take a look at the interview with Trevor Phillips, a politically active ED doctor, later in this issue. 

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CAAI; acaai.org/news/facts-statistics/allergies

You Can Serve Without Running

An Interview With Trevor Phillips

BY NANCY BOUTIN

Running for public office takes time, money, and some candidates suggest adding a hazmat suit. So what if you want to use your honed talents to improve the community without going full monty? Trevor Phillips, who has participated in many aspects of local politics, offered his insights on how to build your personal political platform.

NB: If someone had a burning desire to make their opinion heard in the Oregon State Legislature—about public health or education or the price of beans—how could they get in front of our elected leaders?

TP: Broadly speaking, it's easier to work on a team. A lot of people I know have gotten involved by joining an organization that works to lobby local leaders. Whatever your issue, there is likely a group looking for someone with healthcare experience and built-in credibility. They'll tell you what's going on, keep you updated on opportunities, and give you training on how to sit down and talk to your state legislators.

NB: How do you find these helpful organizations?

TP: Most are present on social media and you can't help but find them! Or put your favorite issue into a search engine and you'll see organizations representing both sides of any question. Almost everyone has a website with a button telling you how to get involved—and/or donate. Money is always in short supply.

Another good avenue is your specialty society. They undoubtedly have lobbyists on staff to advance issues that affect your work, directly or indirectly. And leadership wants the human stories you already have in your back pocket. They want actual providers to be the voice and face of the society, working with lobbyists who know the ropes.

There's also Doctors for America, co-founded in 2008 by Vivek Murthy, who later became the Surgeon General. They did a pretty good job teaching, in a brief lecture, what it is to lobby your leaders and the importance of establishing relationships so legislators know your work experience, not just your opinion.

It was difficult, at first. I didn't really think I wanted to do that, but over the last 3 ½ years, I've relied on the lecture much more than I thought I would.

NB: We talk to people all the time. What does the training add?

TP: The first time you testify—or have an office meeting with an elected official—you likely don't know the players, they don't know you, and you don't have a good feel for the process. But once you look behind the curtain, you see the importance of making phone calls and developing relationships. For those of us who live in and around Salem, access to state government is really convenient. And coming from healthcare, we have greater opportunity to participate because elected leaders and their staffs recognize our professional expertise.

Once you build those long-term relationships, it's easy to give legislators a call and say, "Hey, there's this thing going on. Here's my perspective and here's what I'm hearing from other docs."

NB: What about partisan politics?

TP: I don't need to tell anyone that being involved with the major political parties may seem very contentious right now, but the institutions are only as strong as the people in them. Consider stepping up and throwing your name in as a precinct committee person (PCP).

NB: How do you do that?

TP: Simple. You make an appointment,

fill out a form, and file it with the Marion County Clerk in the County Building before the next election. If you get three votes, you're in. Marion County has lots of precincts with open positions. And if your area is full, they can always put you in an adjacent area. It's the entry-level elected position and it's really grassroots. You don't have to move up the party ladder, but it's a way in, a way to test the waters and meet a lot of involved, interesting people.


NB: Where is party headquarters?

TP: The Dems are at 245 High Street NE across from the transit center. The Republican headquarters is at 752 Hawthorne Ave NE. If you want to drop by, call or check hours because the offices are usually staffed by volunteers, often in the middle of the day.

NB: So, what happens there?

TP: My party holds monthly general membership meetings where we go through local events, announcements, talk about training opportunities, volunteer opportunities, and we also vote on party business. Additionally, we fundraise and generally support our candidates. I presume things are similar in the other major party.

NB: What else would you tell a political newbie?

TP: I'd just bring it back around to the start: get involved in local politics. This is where decisions are made that affect your neighborhood, your kids, your day-to-day life. You'll work with people you see in the grocery store and at work, not some strangers across the country. You can make an impact right here where you live and make sure that our state leaders have access to the best information to make decisions that shape Oregon, now and in the years to come. 

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 **IN MY OPINION**

BY RICK PITTMAN, MD

THE DAY THE EARTH STOOD STILL

A glimmering ovoid UFO from boundless deep space pierces Earth's atmosphere, landing effortlessly in Cold War-Washington, D.C. Surrounded by vast military forces, the peaceful intergalactic humanoid, Klaatu, emerges from the mysterious spaceship accompanied by Gort, a silent but dangerous robot of unfathomable power. Klaatu demands an assembly of the world's leaders to hear his warning from another galaxy.

He explains that the combination of nuclear armaments and space travel is too dangerous. The people of Earth must live peacefully or be destroyed as a threat to other planets; either learn to co-operate as a species or Gort will destroy you to protect the universe. To demonstrate the enormous power at his command, Klaatu brings the Earth to a complete standstill.

In 1952 *The Day the Earth Stood Still* won the Golden Globe Award for Best Film Promoting International Understanding. When I was a kid, it gave me nightmares for weeks. Then, I studied it as part of a Movies and Culture course in college where I discovered the central, prophetic, meaning of the movie.

The 2008 remake, starring Keanu Reeves, delivered a similar message. Klaatu has not come to annihilate Earth, he has come to save Earth from humans. "If the Earth dies, you die. If you die, the Earth survives," Keanu/Klaatu declares in a chilling moment. The subsequent spread of destruction across the planet by nanobots, as seen in this season of quarantine, bears a striking resemblance to the spread of viruses.

In both versions of the movie, we are able

to convince Klaatu of our ability to get along as a species. Even though he knows he may not survive to stop Gort's destruction, he gives actress Patricia Neal the words to save us. At the last minute, she tells Gort, "*Klaatu barada nikto*," and humanity is spared. There has been much speculation on the meaning of "*barada nikto*," from, "It sounded good," to "There's hope for Earth if the scientists can be reached."

I could not help but think about the message of this movie as the coronavirus brought the planet to a standstill. I have been inundated by information, news, media coverage, etc. over COVID-19 and it is impossible to ignore. We have all been deeply affected by the current pandemic, and like you, I am actively changing the way I practice medicine. Personal interactions have changed drastically, but the best we can hope to gain is sustained, international cooperation among the scientists, as they are the key to our survival.

If you have been paying attention, you know that there is no certainty about the future of our relationship with the virus. If you catch COVID and survive, will you have immunity? How long before we reach herd immunity? Does immunity to one strain confer immunity to the others? Only good science can answer these questions.

This pandemic is of historical proportions and only good science spread and shared throughout the globe will solve some of the immediate problems and questions. If that doesn't serve as a wake-up call to the people of Earth then maybe we don't deserve it.

Klaatu barada nikto.

NANCY BOUTIN, MD

Managing Editor



Nancy is the Medical Director of Willamette Valley Palliative Care. She has contributed articles to Chart Notes off and on for twenty years. She is very happy to be back at the keyboard.

RICK D. PITTMAN, MD, MBA



In private vascular surgery practice for 28 years before obtaining a MBA from OHSU/

PSU, Dr. Pittman works full-time as a vein and wound care specialist in the Silver Falls Dermatology Clinics and spends his spare time in the garden, behind a camera or in the workshop restoring cars.

HOWARD BAUMANN, MD



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

 **THANK YOU MEDICAL PROFESSIONALS**

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



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