

LANE COUNTY MEDICAL SOCIETY | JULY 2019

# MEDICAL MATTERS

## Psychiatry and PTSD

Dr. Dickerson  
shares his journey  
into psychiatry  
and working with  
soldiers during the  
war following 9/11.



## Society Social

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# Society Socials!



## UPCOMING DATES:

July 10

August 14

September 11

Our LCMS member socials will be held on the second Wednesday of each month at the Oregon Electric Station from 5:30-7:30 pm. All members are welcome!

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# MEDICAL MATTERS

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# Goodbye Jenny



*At the end of July, Jenny will be leaving us as our Accounts Manager and Pam Snyder will be taking over.*

*Jenny has been a bright spot with LCMS and dedicates time outside of work to charitable causes such as working with homeless youth and recovering addicts. She and her husband, Vince, are planning a well-deserved trip after she retires, which includes a stop in Carmel, California, one of their favorite places.*

Over 33 years ago, I was hired at LCMS as the Staffing Director. The most satisfying aspect of that position was

working with physicians and their staff to find the “perfect fit” for their office.

During that time, I also acquired some of the accounting duties previously outsourced. In 1992, as those duties increased, I assumed the newly created position of Accounts Manager, and have remained in that position until now.

As I look back, I’ve enjoyed so many aspects of working for LCMS! For example, the interaction with the dedicated physicians, the interesting Society meeting topics, social events, public outreach, and special projects that have enriched my life. Above all, however,

I value the many lasting friendships made with fellow LCMS employees.

As I approach retirement, I can honestly say it has been an honor to work for and be associated with such an esteemed professional organization. I am continuously impressed with our medical community and am grateful as a resident to have access to such quality medical care.

With the outstanding staff leadership and the energy of the incoming Board, it will be exciting to see what the future holds for LCMS.

*-Jenny*





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# Chart Notes

“People expect almost everyone who’s served in the military to have PTSD, but it’s actually not that high of an occurrence.”

- DR. DICKERSON  
ON SERVING IN THE  
ARMY RESERVES  
SEE PG 12 FOR MORE

## AWARDS

**PeaceHealth Rides** received the 2019 BEST (Better Eugene-Springfield Transportation) Award for Transportation Options.

**Oregon Medical Group’s Garden Way Medical Clinic,** Pediatrics, received the 2018 HealthInsight Quality Award for Outpatient Practices.

## Society Social at OES Wednesday, July 10

Our socials continue this month at the Oregon Electric Station from 5:30-7:30 pm on July 10th.

New members are encouraged to come mingle and meet other local physicians. All members are welcome! Please feel free to bring along a coworker or two!



## Wicked at the Hult

LCMS has a limited number of special event priced tickets for **Wicked** on Thursday, August 1st at the Hult Center. To purchase your tickets, visit the LCMS website: [www.lcmedsociety.com](http://www.lcmedsociety.com), email us at [info@lcmedsociety.com](mailto:info@lcmedsociety.com), or call 541-686-0995. Tickets are extremely limited!

*Wicked is the untold story of two unlikely friends in the Land of Oz long before Dorothy drops in.*



## UPCOMING EVENTS

LCMS is planning a family day at the Jordan Schnitzer Museum of Art on Saturday, December 7th. More details to come!

The next Women’s Circle meeting will be Wednesday, August 21st, from 5:30-8 pm at the Oregon Wine Lab. For more information or to RSVP, please contact Shannon O’Leary at [catalystbcandc@gmail.com](mailto:catalystbcandc@gmail.com) or 541-255-2669 or register at [lcmedsociety.com](http://lcmedsociety.com).

McKenzie River Lavender is hosting their Lavender Festival 2019 July 12-14.

Eugene Civic Alliance is hosting a Run for Civic Park on July 27. Find more information at <https://eugene-civicalliance.org/run-for-civic/>.

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# PTSD: Where it comes from; How it develops; Can it be rid

**BY ALAN SYLVESTRE**

FOR LANE COUNTY MEDICAL SOCIETY

Your heart is pounding. Adrenaline is racing through your body and you become hypervigilant. Your blood pressure rises to extreme levels. All triggered by a memory from a traumatic experience.

When fight-or-flight kicks in, these symptoms are common. But if they continue months or years after the fact, it's more likely that you're suffering from Post Traumatic Stress Disorder, or PTSD.

A mental disorder triggered by traumatic pain, sometimes it can be seen in soldiers from traumatic experiences from war. But according to Dr. Joel Breen, a psychiatrist who works with patients at Serenity Lane in Eugene, there are two more common forms of how it develops.

"The first and largest that I treat is victims of sexual trauma; for those who either have been in situations of real or perceived danger," Breen says. "Secondly we see a lot of PTSD in first responders."

According to the National Institute of Mental Health (NIMH), there are approximately 8 million people who struggle with PTSD annually; which breaks down to between 7-8 out of every 100 people.

And the statistics are higher in women, due to the differences in emotional trauma between men and women. About 10 of every 100 women (or 10%) develop PTSD sometime in their lives compared with about 4 of every 100 men (or 4%).

Breen says the majority of those who develop PTSD don't know they have the disorder because it's a complex constellation of symptoms that can include flashbacks and nightmares, emotional numbness and avoidance of places, people, and activities that are reminders of the trauma, and being easily irritated and angered.

"The first approach to diagnosing

someone is to get them in and talk to them," Breen says. "People have the best insights into their own pathology."

For someone who has PTSD, Breen says there are two main treatment methods; medicinal and holistic. Breen prefers the holistic approach because it allows them to build a relationship with their patient through conversation.

By digging into how the trauma has affected their life since the initial event, Breen is able to discover the triggers that spark memories.

**"The first approach to diagnosing someone is to get them in and talk to them. People have the best insights into their own pathology."**

**- DR. BREEN**

From there, they can discuss coping mechanisms to help the patient move forward so the memory doesn't control them. Breen says the memory will never go away, but it can be suppressed to an extent.

"We can't surgically remove the memory," Breen says. "But in my opinion, most patients can receive rates of reduction in their symptoms. It's definitely reasonable to believe that through therapy we can help get rid of flashbacks or memories."

During bouts of PTSD, it's common for patients to go into various states of

depression. To treat this, doctors can sometimes prescribe antidepressants and other drugs that help bring down heart rates and control anxiety levels.

According to Breen, it's important to diagnose PTSD as early as possible because the earlier it's diagnosed, the less likely someone is to let the symptoms lead them to substance abuse.

"If untreated, PTSD can contribute to a lower quality of life; leading people to fall into drugs or alcohol as a coping mechanism," Breen says.

NIMH reports that between 50-66 percent of people who suffer from PTSD also battle simultaneous addiction. And they are also between two and four times more likely to also battle addiction than their peers who do not also struggle with PTSD.

Moving forward, Breen hopes that more technology can be used to diagnose and help treat patients. He says there are currently experimental advances being made that could provide doctors better insight into what triggers the memories in patients.

One experimental simulation known as Virtual Reality Exposure Treatment includes using virtual reality goggles, in a very controlled setting, to allow patients to experience scenes similar to those that caused their PTSD. The goal is to reduce a person's fear or anxiety, with the ultimate goal of eliminating avoidance behavior to increase their quality of life.

Breen says one of his primary goals as a psychiatrist is to educate the public about the commonality of the disorder so people who think they are showing symptoms will seek treatment as early as possible.

"My main goal is to advocate that this is a real disorder, and it's very common," Breen says. "Without being treated properly, it can lead people down very bad paths." ♦

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## MEMBER PROFILE

# Psychiatry and PTSD

Working at the VA led Dickerson to a career in Psychiatry, which led him to serving in the Army Reserves.

BY SHERIDAN KOWTA

FOR LANE COUNTY MEDICAL SOCIETY

**D**r. James “Wiley” Dickerson was always going to become a doctor. It’s in his blood, according to his grandmother. When he reflects on his childhood, he says that he never thought he could do anything more worthy than becoming a physician. His great-grandfather was a well-respected physician in North Carolina, who was known to disappear for days at a time as he helped deliver babies and tend to the sick around the county in the early 20th century. That was the legacy Dickerson was to carry on. “I can’t even tell you how many times my grandmother would take me aside, grab my hands and say, “These are surgeon’s fingers,”” Dickerson laughs. “I was barely old enough to talk, but it was just so beat into my head that I was going to be a doctor that I actually didn’t think about too much else.”

### Lessons from Veterans

It wasn't until he was in medical school, working in the psych unit at the VA over the summer, that he was first exposed to Psychiatry, and began to realize what he wanted to dedicate his life's work to. He recalls what he describes as a perfect storm of events. It was the 4th of July, a hot and humid summer day. The VA hospital was right on the harbor in Charleston, South Carolina. That same day, the Citadel, the nearby military college, was giving helicopter rides to anyone who wanted to go around the harbor. Then, as night fell, the fireworks started to go off. Dickerson says at least three-fourths of the men in the psych unit were veterans who had been in the Vietnam war—many of them had PTSD. "It was the worst set of events that could have possibly occurred," he says. "I was on call that night in the unit, and all of a sudden people were just scrambling for tables, chairs, and beds to crawl under because it was just like they were there again."

Witnessing veterans experiencing flashbacks that made the war real again made a lasting impression on Dickerson. He says Psychiatry is commonly dismissed as a less serious branch of medicine, but it's not. "That night convinced me that psychiatry was a more 'acceptable' career," Dickerson says. "It felt perfect to me as the Neurosciences were beginning to really take off, and I loved how the Liberal Arts meshed with Science."

There is no saying for certain what will traumatize one person while another who experiences the same situation goes unscathed, but Psychology's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, outlines key indicators and symptoms. For PTSD to be induced, a person must witness or experience a traumatic exposure of some type—this is referred to as a stressor. There are instances where the trauma is a single event, but there are

“It was the worst set of events that could have possibly occurred. I was on call that night in the unit, and all of a sudden, people were just scrambling for tables, chairs, and beds to crawl under because it was just like they were there again.”

— DR. DICKERSON

### ON VETERANS' REACTIONS TO FIREWORKS

also cases where the trauma is recurring and leaves a lasting impact. Then there are intrusion symptoms that follow the stressor: nightmares, flashbacks, upsetting memories, physical reactivity and emotional distress to triggers that remind the person of the trauma. Other symptoms are often present and needed for a full diagnosis to be given.

After his residency, Dickerson joined the Army Reserves as a way to pay back his student loans. He had worked with veterans in the past, but never thought there could be a chance that he would come near combat as a Psychiatrist. "It was back in the Clinton years when I didn't think anything would get me deployed," he says. "I did monthly weekend training and it was very low key."

### Serving in Iraq

But then 9/11 happened. Dickerson recalls a country gearing up for war, knowing that it was only a matter of time before he would get called up for active duty. "It wasn't a complete shock," he says. "But it was surreal to actually arrive in the desert with camels and a wild helicopter flight into Baghdad."

At the beginning of 2005, he was the Medical Director of a unit in his own private practice. He had an office in a historic building that overlooked the bay in coastal South Carolina. By the end of that same year, he was saying goodbye to

his wife and three children—two preteens and an eight-year-old—and landing in Kuwait as war broke out in Iraq.

Dickerson was the Senior Officer in a medical detachment, based approximately 90 miles north of Baghdad. The base itself had an Air Force theater hospital where soldiers with serious injuries were evacuated to for care. "It was like an old MASH unit," Dickerson describes. "But one that inflated into a state-of-the-art building, complete with OR suites."

They worked quickly on the ground, traveling by Blackhawk Helicopter all over central Iraq to debrief soldiers after there was a serious trauma or death. Today, Dickerson is able to talk about his deployment with the benefit of hindsight. He assesses the methodology they used at the time, how medicine has changed, and what he would do differently had he known what he knows now. He says he was able to make it out of the war relatively unscathed—an outcome he attributes to his expectations of his job as a doctor. "I feel like I handled things pretty well," Dickerson says. "I did see things in the main hospital, such as children with very bad burns, and serious trauma to many young men—but it was in the context of my work as a doctor. Maybe if I had those same injuries in the field somewhere, it would have been a lot more traumatic to me."

"People expect almost everyone

who's served in the military to have PTSD, but it's actually not that high of an occurrence," Dickerson explains. "Even in war zones, something like 39% of women have a chance of developing, or actually do develop, PTSD, and only 23% of men."

However, there are still sensory triggers that bring the war back to the forefront of his mind. At one point during his deployment in Iraq, the US Army had commandeered an area that Saddam Hussein's Air Force had occupied. He was staying in a building with a fortified roof that protected them from the nightly mortar assaults on the base. The blasts occurred around the periphery of the area, and on a few occasions, even blew up their portable toilets. "They blew it up once at least really good," he says. "I had to laugh at that—now we are really in deep s\*\*\*."

He has a sense of humor that would match any veteran's. But he tells the

story for a purpose. With PTSD, and the mind in general, people forget things over time. Chronology becomes disordered, and the details of an event become blurry. But smell often persists in memory. "To this day I can't go into a hot Port-O-John without being transported back there," Dickerson says. He describes going into a portable toilet that has been sitting out in the sun—how the air is thick inside, and the odor ripe. He gets an uneasy feeling, like all of a sudden, he is back in the battle zone. When he opens the door, it could be the soccer field his son was just playing on or it could be Iraq in 2005.

#### Home in the Northwest

When he came home from Iraq, Dickerson was honorably discharged and allowed to return to civilian life. Presented with the opportunity to start fresh again, he interviewed all over the

country with no clear idea of where he and his family were going to land. One of those interviews brought him to the Pacific Northwest. "We got really lucky on a January day when it was completely sunny out. We went up into the mountains and it was just beautiful. And we said, 'Well, that's that,'" Dickerson recalls. "So here we are."

Dickerson continues to see patients in his work with PeaceHealth Sacred Heart Medical Center in Eugene. While he says helping people is the most joyous aspect of his career, he wears many other hats in the Lane County medical community. He is Medical Director for the Inpatient Behavioral Health Unit at PeaceHealth's University District, and also serves as the Chairman of the Department of Psychiatry. ♦



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# Expanding Local Options for PTSD Treatment

BY VANESSA SALVIA

FOR LANE COUNTY MEDICAL SOCIETY

According to Veterans Affairs, Kevin Bourgault is the Army combat veteran with Post Traumatic Stress Disorder. But Kevin's wife Cheryl, and all of their family members, must deal with the PTSD also. The problem is, Cheryl isn't considered an important part of Kevin's treatment plan.

"PTSD is a communicable disease," says Kevin, development director for Veterans Legacy and the convener of a recent Living with PTSD panel discussion. "It's not just me that has it. My wife has it, my mother has it, my dog has it. It's experienced in the household, in my neighborhood, and in my employment. But we don't treat it or acknowledge it like that."

Although Cheryl has never seen combat, Kevin's PTSD is just as real to her as it is to him. She struggles to get Kevin's counselors to provide her with useful information, and for her role in his treatment to be honored and acknowledged.

"The VA calls her a dependent," says Kevin. "But I'm far more dependent on her to get through the day than the other way around."

For decades, Kevin says he woke up each morning feeling physically exhausted and drained before even getting out of bed. He says early on he went to a counselor and asked if he had PTSD and was told, "probably, yes." But what to do about it? They told him to get a job

wearing a uniform. "And then no one talked to me about it for 22 more years," he recalls.

Kevin and his wife, Cheryl.



"Then I had decades of getting up in the middle of the night, having trouble being around crowds and people and feeling like an alien, feeling isolated."

Kevin has had decades of experience

**"It's not just me that has [PTSD]. My wife has it, my mother has it, my dog has it. It's experienced in the household, in my neighborhood, and in my employment, but we don't treat it or acknowledge it like that."**

**— KEVIN BOURGAULT  
ON HOW PTSD AFFECTS THOSE  
AROUND HIM**

with the VA's version of PTSD treatment, and he says it's not only lacking but extremely negative at times. Programming at the VA is thin, and counselors often don't know how to customize PTSD treatment. "They either package up a program or tell you to purchase some gizmo, or they say 'just do X and you'll be fine,'" Kevin says.

Unlike most other health care, the VA tells you when your appointment is — the veterans don't get to choose their appointment times. Cheryl has her own career, and that makes it difficult to attend some of Kevin's counseling meetings. Getting someone on the phone is next to impossible. Kevin says, "The healing

happens from 10 to 2 at the VA and there's nothing more beyond that."

Recent difficulties Kevin has faced include being informed of the date of an important appointment to evaluate his benefit and a claim. He was told that if he doesn't show up to the meeting, he'll lose his claim. The problem is, however, that he is already booked to appear at an out-of-state paid conference that day, that was scheduled months ago. "Now, I can either make the appointment and lose thousands of dollars on airfare and registration, or I can keep my plans and abandon my benefits claim," Kevin says.

"His PTSD is part of our life all the time," says Cheryl. "It's a palpable energy, and I don't have the tools to know how help him or to help myself through it. That's where we have found the VA lacking."

The availability of holistic, integrative therapies that are accessible here is so lacking that the Bourgaults have had no choice but to look outside the VA for help. And that's precisely where Kevin's work with Camp Alma overlaps. Camp Alma, which was featured in the January 2018 issue of Medical Matters, is a 105-acre property in the Coast Range, about 30 miles outside Eugene that was previously a Lane County work camp. The camp closed about 10 years ago, and the nonprofit, Veterans Legacy Project, began leasing it in February 2017.

Kevin and the team at Veterans Legacy are slowly restoring the neglected buildings and weed-filled landscape. Once completed, they plan to offer housing for 40 to 50 veterans who are coping with PTSD and other conditions. They will participate in growing their own food, receive counseling, and learn skills to help integrate them back into society. Kevin has 300 pepper plants ready to go into a greenhouse, and as development director he plans to add cognitive therapy along with neurofeedback, EMDR (Eye Movement Desensitization and Reprocessing),



acupuncture, and other healing modalities that are not part of the VA's treatments. Kevin says what the VA offers is primarily a classroom setting once or twice a week, but the camp will offer community-based, social-based treatments that he says are absolutely key to ensuring that soldiers not feel isolated.

Like the combat experience, PTSD is different for each person, but one of the VA's shortcomings is that it tends to offer the same treatments to each soldier. "Each person responds to different types of treatments," Kevin says. "They need more options, and because the VA doesn't offer many options we have to go searching for it ourselves. Camp Alma is trying to offer something different that is not just cognitive-based therapy."

Their goal is to give the veterans positive experiences in a variety of settings that they can hold on to and use as anchor points for reintegrating into society. "How do you experience happiness and community? How do you experience integration within communities?" Kevin asks. "How do I help to get a person beyond this idea of being a disabled veteran? I don't want them to feel like that. I want them to be citizens with a positive identity of being an empowered person of the community."

Not figuring out how to reintegrate is deadly, quite literally. Kevin bemoans the lack of salient data on veterans. It has taken him hours of digging through

Oregon Health Authority statistics to find data on soldier suicide. "I want to see suicide data by month, by year, and by county for veterans by branch of service by combat era," says Kevin. "I have had several exchanges with OHA who default to HIPAA protections when I request data, in essence, placing the rights of the deceased before the living."

The figures that are available are stunning. 37.1% of Oregon combat veterans age 18 to 49 died by suicide from 2015 to 2017. "20 soldiers a day feel such despair that they think it's never going to get better again. 20 a day is a company of people like me a week. It's a battalion a month. It's a brigade every three months. It's a division every year and a half. From 2003 to present more people have killed themselves than have died by the bomb and the bullet for every conflict back to and including Korea. Something's not working."

In Oregon alone, one veteran dies every three days, on average. The American Foundation for Suicide Prevention estimates the loss of income for these lost soldiers at \$1,080,000 each. That's a staggering \$110 million of lost potential income annually.

The financial losses are significant, but the human loss is tragic. Kevin is hoping his panels and other programming he's bringing to Camp Alma and the community will open up more channels of conversation. In February, Kevin

organized a panel called "Living with PTSD: Family Experiences and Perspectives of Combat Trauma and Healing." In May he organized a veteran's only open mic night at Tsunami Books in Eugene. A similar panel is in the works for November, cosponsored by Branches of Valor, a Christian ministry in Eugene.

The more people talk about what's missing and what populations aren't currently receiving the help they need, the more people can begin to find solutions for them. Although being on the panel can be challenging because it takes a commitment to honest and open communication that can be difficult, Kevin sees them as extremely helpful.

"The audience and the participants appreciated it so much and it made me realize that we need more of this because they don't feel like they have a voice," he says. "It blows me away of the types of innovative things that we can do in the community that don't cost a lot of money but they can have such an impact. Not only on people like me, but on people like her," he says, as he points to Cheryl, who is silently nodding in agreement.

Healthcare providers can help in a variety of ways. Donating financially to Veterans Legacy Project is always an option, and the camp is actively seeking donations of labor and materials for the reconstruction. Volunteering time at Camp Alma when it gets up and running would be welcome and appreciated. ♦



**From top left:** An example of the set up participants will have at Camp Alma; flags representing different branches of the military fly outside the front entrance; they used old bunk beds to hold plants in their greenhouse; Camp Alma sits in a quiet area less than one hour from Eugene.

# Partnership for Better Health: Year One

**BY THOMAS K. WUEST MD, MMM**  
 CHIEF MEDICAL OFFICER FOR TRILLIUM COMMUNITY HEALTH PLAN, MEMBER OF FFLC BOARD OF DIRECTORS



Last year Trillium Community Health Plan and FOOD for Lane County (FFLC) announced their “Partnership for Better Health,” a collaborative effort that expanded the Screen and Intervene and Produce Plus Programs and launched a new pilot project, Veggie Rx, that integrates free access to fresh produce with diabetes education and support.

The Produce Plus Program provides free, high-quality fresh fruits and vegetables to low-income families at 14 convenient community locations in Eugene and Springfield-- including eight medical clinics. In 2018, our partnership established six new Produce Plus sites at primary care clinics in rural Lane County. These sites include: Orchid Clinic in Oakridge, Junction City Medical Clinic, McKenzie River Clinic in Blue River and three PeaceHealth sites: Dexter, Cottage Grove and Florence. The Florence and Oakridge locations are open to the community (not just patients of the clinic) and serve anyone who meets eligibility criteria—200% of federal poverty level (FPL).

The Trillium Veggie Rx Pilot Project (launched in 2018) addresses one of the chronic conditions often associated with obesity: Diabetes. The 2018 pilot integrated free access to fresh produce with members of the Trillium Diabetes Prevention Program (DPP). A cohort of Trillium members in the DPP received vouchers based on the size of their family that could be redeemed at one of two FOOD for Lane County farm stand locations. At the end of the first year, the data was encouraging. 23 class members accessed fresh produce over a five month period, upping their produce intake. These class members lost nearly twice as much weight as the members who received vouchers,

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\*\*ASAM is an approved provider by CSAT/SAMHSA of DATA 2000 training.

\*\*\*Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.



but didn't use them.

In 2019 (year two of the pilot) our Diabetes Case Manager/Certified Diabetes Educator (CDE) will be connecting a cohort of Trillium members with Type 2 Diabetes to Veggie Rx vouchers. To participate, the member will be required to complete the Diabetes assessment via phone interview and at least two education sessions post completion of the assessment. At the end of the pilot we will evaluate the cohort's health outcomes based on their use of Veggie Rx vouchers.

In looking back at the success of our first year, we wish we would have recruited more clinics to participate in Screen and Intervene (a two question screening tool) at the same time we implemented Produce Plus. The tool

assists physicians in identifying food insecure patients so they can refer them to fresh produce in their clinic or other community locations along with access to food distribution sites in Lane County. Our goal in 2019 is to implement the use of Screen and Intervene in all Produce Plus clinics.

Trillium and FFLC understand that food insecurity can lead to a variety of health concerns, including obesity, diabetes and high blood pressure. Working together to combat hunger and chronic health conditions through programs that create access to fresh, nutrient-dense produce for families in need, is key to decreasing food insecurity and improving health outcomes in our local communities. ♦



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# June Events

Thank you to all who joined us!



## 64th ANNUAL GOLF TOURNAMENT

The weather was bright and sunny for this year's golf tournament. Dr. Mark Lyon coordinated a great event with Dr. Paul Chavin, Dr. Cody Wasner, and Dr. Thomas Kollmorgen as this year's award winners. We hope to see everyone and more back next year!

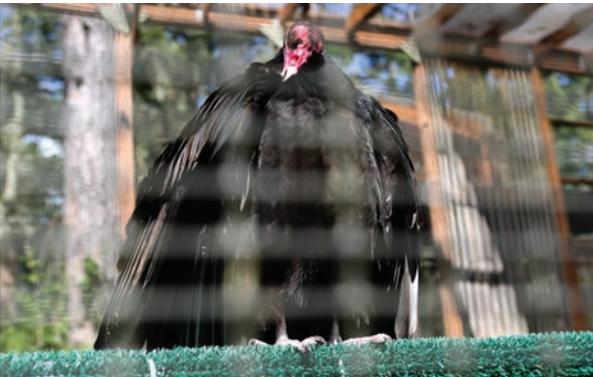
Thank you to our event sponsors:  
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**CASCADES RAPTOR CENTER FAMILY DAY**  
We had a mix of all ages come out to the Raptor Center for our Society event to kick off the summer. Members and their families learned about and met Guapo, a Swainson's Hawk. Everyone was also able to touch and hold various feathers and talons before visiting with the rest of the birds.

*Thank you to our event sponsor: Sapien.*



# Announcements

## Updates

**Dr. Troy Richey, MD**  
 Willamette Valley Dermatology  
 Chase Gardens South  
 360 S. Garden Way Ste. 230  
 Eugene, OR 97401  
 P: 541-747-6159

**Dr. Nicholas Tedesco, DO**  
 termed from Oregon Medical  
 Group June 19.

**Dr. Samuel Lau, MD**  
 Hillsboro Cardiology  
 333 SE 7th Ave. Ste. 5400  
 Hillsboro, OR 97123  
 P: 541-648-0731

**Michelle Wyatt, MD**  
 Oregon Medical Group  
 330 S. Garden Way Ste. 270  
 Eugene, OR 97401  
 P: 541-242-4211

**Dr. Rensie Chiara De Vera**  
 was misspelled in the Directory.

## Notes

**LCMS has a limited number of tickets reserved for our members for the Thursday, August 1st showing of Wicked at the Hult Center.**

For more information or to reserve tickets, please contact us at [info@lcmedsociety.com](mailto:info@lcmedsociety.com) or 541-686-0995.

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**LEASE SPACE AVAILABLE:** Beautiful new building designed by TBG architecture for lease. Available for occupancy October 2018. Cornerstone entrance to Crescent Village (SE corner of Crescent Ave. and Shadowview). Suites from 2,000-3,500 sq ft. For details, contact Terri Baarstad at 541-510-1332 or [tbaarstad@gmail.com](mailto:tbaarstad@gmail.com).

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