PNW Providers Help at the Border
Dr. Herbert and a group of volunteers provide support in McAllen

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**LANE COUNTY MEDICAL SOCIETY | MARCH 2019**

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The articles and stories in this magazine reflect the ideas, beliefs, and opinions of those interviewed or those that provided each piece. LCMS does not necessarily agree with or support all of these ideas.

PG 25 ▲ Dr. Esther Choo spoke about gender bias at our February 7th society meeting.
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What’s New

LCMS staff, along with the Board of Directors, have been thinking of ways to engage with more physicians in the community. We have also been receiving great feedback and ideas from our members that we plan to implement as the year continues.

One of the ideas was our society meeting with Dr. Esther Choo last month. The event’s large turnout helps us better understand what type of programs our members are looking for. Dr. Choo’s discussion on gender bias provided information about barriers faced by women throughout their medical careers and encouraged connections with local groups to help build larger networks.

We are also scheduling set monthly socials for this year at the request of the Board. Many of our Board members expressed their good experiences attending a smaller event as physicians new to the area and were able to more easily connect with senior physicians who made them feel welcome.

These socials are planned for the second Wednesday of each month from 5:30-7:30 pm at the Oregon Electric Station, except for June and December when we will plan more family-friendly events. We hope that our members - new and old will join in to establish new connections across different specialties. Please bring an LCMS colleague or two!

To keep up-to-date with all these new happenings, be sure to request to join our private Facebook group, Lane County Medical Society. Each request is checked with our membership system to ensure we only allow LCMS members in the group. (With that in mind, if your Facebook name is different from the name we have on file, please let us know.) We hope this creates a sense of security and members can openly discuss topics of interest, request recommendations, and connect with those that share similar interests. We will also be adding events to the Facebook page and sharing live videos of our meetings, if possible, when requested.

One last note, nominations are coming up for the Board of Trustees! If you have been interested in the workings of LCMS or would like to have a larger say when it comes to our events, donations, and magazine issues, consider reaching out to us for more information. To nominate a colleague, please email us at info@lcmedsociety.com.

See you all at our monthly social on March 13th!

-Kianna
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Chart Notes

“The people on these journeys are stripped of everything and their only crime has been wanting an opportunity for life for themselves and especially, for their children. Whatever we are able to provide at the Respite Center is an opportunity for us to restore their dignity”

— SISTER NORMA PIMENTEL
EXECUTIVE DIRECTOR
OF CCRGV ON PROVIDING SUPPORT FOR IMMIGRANTS

Join us March 13 for our first Society Social!

LCMS is hosting MONTHLY member socials at the Oregon Electric Station from 5:30-7:30 pm beginning in March. The socials will be held the second Wednesday of each month and are intended to provide more consistent opportunities for members to gather and get to know one another. We plan to have a featured guest at these socials who will talk about their topic for 10-15 minutes and be available for discussion afterward.

This month’s featured speaker will be Dr. Lauren Herbert who plans to share about her experiences volunteering at the border. Please invite your LCMS colleagues, and we’ll see you there!

If you would like to be a featured guest at one of our socials, please contact us at info@lcmedsociety.com.

Community Supported Shelters brought their new truck and a Conestoga hut to display at the February 7th society meeting. LCMS is proud to have contributed to this organization.

UPCOMING

The Women’s Circle will meet Thursday, March 28th at 6 pm at the LCMS office. For more information or to RSVP, please contact Shannon O’Leary at catalystbcan@d@gmail.com or 541-255-2669 or register at lcmedsociety.com.

Future Medical Matters issues include themes such as sports hobbies, PTSD and service animals, and social issues including gun violence and climate change.

We appreciate all our members who are willing to share with us each issue and would like to reach out to members and groups who haven’t had the chance to interview with us yet. If you or someone you know is interested in connecting with us about a topic, please email kianna@lcmedsociety.com.

To stay updated on all our events, please join our private Facebook group, Lane County Medical Society.
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Immigrant Resources in Eugene

BY SHERIDAN KOWTA
FOR LANE COUNTY MEDICAL SOCIETY

The immigration process is a complicated one, shrouded in obscure laws, and disrupted by shifting federal administrations. The controversy and confusion that arises from it are mere symptoms of how the system itself is broken. Even after a person is processed at the border and relocated within the country, their asylum status is not permanent. Hearings and proceedings take time and money.

“It’s easy for people to say that immigrants should get in line or they shouldn’t come in undocumented,” Guadalupe Quinn says. She is a local activist, and immigrant herself who first came to the U.S. in 1951 from Mexico. “But folks who are immigrating don’t feel like they have another choice if they’re trying to survive. I think it’s a very hard thing for people to understand when they have never been in that position.”

Quinn has been working within the Latino community in Eugene for the last 30 years. She has sat on the boards and committees of local organizations that focus on immigrants’ rights. “Obviously, any time you’re dealing with immigrants’ rights, you include dealing with racial issues and economic issues,” Quinn says. “Also, a lot of issues that deal with kids, schools, and police—whatever folks run into in their daily lives become areas where we need to support them.”

If a Latino family in the community needs something beyond what Quinn can help directly facilitate, she likely has the resources to connect them with an expert who can. For example, Raquel Hecht, of Hecht & Norman Immigration Law, serves as their pro-bono legal resource.

“As it turned out, when I moved [to Eugene], there were no Spanish-speaking attorneys in town,” Hecht says. “The immigrants found me.”

According to Hecht, her firm has helped thousands of people through the immigration process over the years. In addition to being partner at a law firm that specializes in immigration law, Hecht is a founding member of Grupo Latino de Acción Directa of Lane County, commonly referred to as GLAD.

“It’s always been really important to make sure we put a human face to immigrants’ rights because it isn’t just measures, it isn’t just laws, it isn’t people just following procedures. It’s the impact it has on real life human beings, their families, and their everyday lives.”

- GUADALUPE QUINN
LOCAL ACTIVIST
FOR IMMIGRANTS’ RIGHTS

Both Hecht and Quinn have been actively involved with GLAD since its conception. Quinn is currently its acting President. It was first born out of the recognition that the local Latino community was young—largely composed of immigrants and first-generation Americans—and in need of avenues through which to participate in the larger community of Eugene and Lane County. “The founding idea of GLAD was to provide a mechanism for people to provide their own voice in the community,” Hecht says. “And to promote Latino voices in the community - promote political participation.”

The group works with and on behalf of immigrants, with the intention to not sacrifice integration for the sake of assimilation. It has successfully uplifted several community members onto platforms of power where they can further advocate for the visibility and inclusion of the Latino community.

However, given that immigration has become an ongoing national conversation in the last two years, GLAD organizers agreed that more could be done. “Then, this whole crisis happened at the border,” Hecht says. “At that point, we convened, and decided that we need to do something to try to help the immigrant population with this asylum issue because my office can’t handle that many people—there’s just no way.”

Getting creative with their resources, GLAD started to invoke local attorneys, who were not immigration lawyers, to take on a single asylum case, under the guidance of Hecht’s firm. Functioning as an immigration law liaison, GLAD has seen success with this new initiative. “We immediately were able to place six asylum seekers with lawyers in the community,” Hecht says. “Everybody loves to do one asylum case because it’s a different area of law and you’re directly helping a person. You can see the impact. You care about these cases—they are good people who have suffered terribly. You feel like there’s room for them in the community.”

The integration of immigrants into the fabric of American society only serves to strengthen the surrounding community. “It’s always been really important to make sure that we put a human face to issues like immigrants’ rights because it isn’t just measures, it isn’t just laws, it isn’t people just following procedures.” Quinn says. “It’s the impact it has on real life human beings, their families, and their everyday lives.”

- GUADALUPE QUINN
LOCAL ACTIVIST
FOR IMMIGRANTS’ RIGHTS
Respite in McAllen, TX

The Respite Center provides care and a place to rest as immigrants connect with their sponsors in the US.

BY KIANNA CABUCO
DIRECTOR OF COMMUNICATIONS, LANE COUNTY MEDICAL SOCIETY

Walking through the doors of the Catholic Charities RGV Humanitarian Respite Center in McAllen, there is a sense of organized chaos. It’s clear there is a process to help operations run smoothly. One person is in charge of sorting donations, another has the keys to certain rooms, and each area is designated for a specific use.

Volunteers scurry around to find a place where they are most needed.

Sister Norma Pimentel is about 5’4”, but she commands order and has an air of authority about her. She is the Executive Director of the Respite Center and makes sure everything is moving along according to their protocol. Volunteers have to sign in, media need special permission for interviews and photos, and medical providers have to be prescreened by local physicians so they understand the established processes.

As she makes her way quickly through the respite center to “La Clinica” in the back, Sister Norma bursts through the doors and asks the group in there, “Do you know what you’re doing? Who have you spoken with?”

Dr. Lauren Herbert, who is a pediatrician with PeaceHealth, answers, “I’ve been in contact with Dr. Marsha Griffin about volunteering here and have let her know about the others in my group as well.”
people can use to rest while they wait at the Respite Center; medicines kept in “La Clinica” that are provided by medical volunteers when needed; a trailer that are available to those who need a more functioning pair for their travels; the envelopes provided by the Center to help the immigrants get to their final ed by Catholic Charities staff; one of the rooms where they can rest; an area where clothes and supplies are kept to be distributed; Sister Norma and another staff
The sense of relief is visible in Sister Norma’s face and shoulders as she says, “Alright, good. As long as you have spoken with Dr. Marsha, I am okay with you being here.”

Protocol for Care

Sister Norma works with a few local medical providers in the McAllen area including Dr. Marsha Griffin and Dr. Martin Garza to help screen providers who want to volunteer at the center. “Otherwise, we start hearing about problems,” Sister Norma says. “People will say, ‘I already know what I’m doing,’ and they take control because they’re medical experts and they’ve done this before, but we want to make sure that we’re following the protocol we’ve established.”

“I have assigned Dr. Marsha to oversee our medical response and to help coordinate the effort of people wanting to volunteer,” she says “She makes sure they’re credible, that they have the right documentation to help, and that they understand the procedures—the fact that we just do triage.”

Much of the care provided at the Respite Center is over-the-counter medication for more common illnesses such as the cold or flu and nausea from traveling. When necessary, they can also gain access to specific medications for certain illnesses and can be reimbursed through some funding that Dr. Marsha has been able to set up. In more extreme cases, Sister Norma says they will call an ambulance to take a patient quickly to the hospital, which has happened more than a few times.

“We are constantly having to come up with medication for all ages—children to adults,” she says. “Medicine for headaches, coughs, rashes, and sometimes lice or scabies...It’s easy for them to pick that up because they sleep on the ground and mattresses or things that are dirty.” When they have cases like that, staff try to isolate those affected so they don’t continue to pass it on and request that they don’t travel for a few days as well.

“I expect some of the volunteers that come to clean and disinfect things, such as the sleeping mats and common areas,” Sister Norma says. “We try to do this daily so every person that’s going to use a mat can use a clean one that’s disinfected from the previous person. Sometimes we ask the families themselves to help us out.”

The medical providers that work in “La Clínica” also help keep that space clean and organized. The back room has shelves that are labeled for certain types of medicines and are divided into sections for children and adults. This system allows for smoother transitions between volunteer providers.

“I certainly open the doors for everybody to come and be a part of this experience because it’s an opportunity for us to give back.”

– SISTER NORMA
EXECUTIVE DIRECTOR OF CCRGV

Next Steps

“Right now, we average about 300 people a day,” Sister Norma says. “The lowest we’ve seen lately has been about 50 to 60 people, and the highest has been between 500 to 600 at once.”

Moving forward, she says they are working to build a new facility in downtown McAllen that could more easily accommodate 400 to 600 people at a time. They did a design competition where architecture firms volunteered their designs, and the center has chosen the two finalists, who are submitting their final plans.

“Within about a year and a half or less, we should have a new facility precisely designed for this purpose,” Sister Norma says.

Most entering the Respite Center are only there for a few hours before they continue to their final destinations. The others who do sleep there usually only do so for one night. “We don’t need such a big place because we can adjust to how many people we have depending on how many people aren’t able to leave that same day,” she says. “Of those that remain, we find enough floor space for them to put a mat and rest for the night.”

According to Sister Norma, a number of the families have been victims of criminal violence in their home country and have struggled throughout their journey. Many of the accounts of the border processing facilities are harsh and stressful.

“I certainly open the doors for everybody to come and be a part of this experience because it’s an opportunity for us to give back,” she says. Volunteers contact them to see what they need and medical groups reach out as well to see what they can do.

One example Sister Norma gives is the University of San Francisco, where different departments volunteered including some medical students. While the Respite Center is strict about the processes, staff say they have had issues where volunteers take photos or videos without permission that have caused harm to some of the people that have gone through the Center.

“They’re also trying to make the screening process for medical providers easier so they can have more consistent help. They hope to create a calendar where providers can add their information and when they’d like to volunteer so the Respite Center staff can easily communicate with those providers.

“The people on these journeys are stripped of everything and their only crime has been wanting an opportunity for life for themselves and especially, for their children,” Sister Norma says. “Whatever we are able to provide at the Respite Center is an opportunity for us to restore their dignity.”

For more information about volunteering or to donate to the respite center, visit https://www.catholiccharitiesrgv.org/Home.aspx.
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PNW Providers Help at the Border

Dr. Herbert and other medical providers volunteer at the border.

BY KIANNA CABUCO
DIRECTOR OF COMMUNICATIONS, LANE COUNTY MEDICAL SOCIETY

When the small plane lands in McAllen airport, one of the first things in view is a cemetery with large headstones covered in colorful flowers and decorations. The airport is small and when the doors open to the parking lot, there are only a few cars waiting at the curb. It’s quiet.

McAllen is a small city on the US-Mexico border with the city of Reynosa on the other side. Many of its residents speak Spanish—if not only Spanish, and many that we spoke with came from Mexico or other places in Central America before settling in the border town.
Dr. Lauren Herbert, a pediatrician for PeaceHealth, led a small group from Oregon and Washington down to McAllen to volunteer at the Catholic Charities RGV Humanitarian Respite Center and explore options for how to best assist centers at the border. The group included Christine Heritage, a certified nurse midwife from PeaceHealth; Cathy MacKay, a retired nurse from PHMG Bellingham; Patricia Toledo Robbins, a bilingual community organizer in Eugene; Sarah Bascom, a volunteer from Eugene; and Kianna Cabuco, Director of Communications for LCMS.

“When we heard about the suffering at the border - separation of children from parents, deaths of children in detention, prolonged detention of families - we wanted to do something to help,” she says. “When Dr. Marsha Griffin put out a call for help in McAllen on the list serve for the American Academy of Pediatrics Immigrant Health, I contacted her right away.”

The Respite Center

As a physician without a Texas license, Herbert discussed with Griffin what care she was able to provide, which was mainly screening patients and providing symptomatic medications. Griffin was also able to connect Herbert to the Respite Center, where the staff sometimes had difficulties determining which illnesses required medical attention.

Since a variable number of immigrants arrives by bus each day, the more immediate needs are always different. Some days the large charter bus would bring about 60 people, other days, there would be multiple buses that would drop off hundreds.

Immigrants that were just released from detention would file in through a side door where they would receive a reusable bag and basic toiletries like a toothbrush, toothpaste, deodorant, and a comb. Then, they would sit and wait until they were called by a volunteer with Catholic Charities who would help connect them with their sponsors located throughout the US.

Depending on the time of day, they’ll either have a meal or get clothes and take a shower. There is also an area with donated toys where the children can play. Those with medical concerns can be seen in “La Clinica.”

“La Clinica,” where Herbert spent most of her time volunteering had two rooms - one where they stored medicine and supplies, and another main room that had two desks, a small area that could be sectioned off with a curtain, and a small waiting area with a few books and toys for children. Herbert and Heritage used the main room to see patients of all ages, with Herbert seeing more children and Heritage caring for the pregnant women. MacKay and Bascom also helped weigh patients and check temperatures of those that were ill.

Some of the immigrants said there was care available at the detention facilities, but they didn’t seek it out because it was very inconsistent. One immigrant reported that each person was examined, including listening to their heart and lungs. Another said they were only asked to lift their shirts and show their arms.

By the time these people arrived at the Respite Center, they would sometimes have infections that went unaddressed and had made them more ill. Herbert says, “There are occasionally people who need antibiotics or other medications, and we have a limited number here. If there are people who need more care than we’re able to provide at the respite center, then we could send them to the emergency room or I could call the two physicians who are associated with this clinic.”

“As a pediatrician, I’m used to people coming in concerned about a serious illness, but often times it’s not so we end up just treating the symptoms,” Herbert says. “That’s what I’m doing with most of the people here, and explaining to them why the symptomatic care is appropriate. It’s reassuring them a lot of the time.”

More often than not, the asylum seekers must keep moving because of their ankle monitors and can’t always take a few days to rest and recover. When they are scheduled to leave, they line up at the front door where they receive a jacket and some food for their travels. Then, small buses and vans take them to the bus station or airport where they continue their journey.

Anonymous

All of the people that arrive at the

Left to Right: The group divides donations; a refrigerator is stocked with sandwiches to give to immigrants as they leave the Respite Center; Christine Heritage, Patricia Toledo Robbins, Dr. Lauren Herbert, and Cathy MacKay pose in front of “La Clinica”; one of the large buses leaves after dropping off immigrants at the Center.
Respite Center have passed a “Credible Fear Interview” and are fleeing violence, extreme poverty, and other issues in their home countries. One of the immigrants at the Respite Center was traveling from Honduras with his daughter. He had to leave his wife behind because there wasn’t enough money for all of them to travel to America and she had some family with her.

“It was very difficult to leave her,” he says of his wife, “but I didn’t want anything to happen to my daughter.”

According to this person, their journey became more difficult the closer they got to the US border. They initially left on a “combi,” a small bus, that took them through Guatemala. From there, they took any form of transportation they could, and were detained for a short time by the Mexican police in Monterrey before being allowed to continue on to Reynosa.

“It was scary,” he says.

They were caught at the border by Los Coyotes, a Mexican gang he says charged him $2000 to take him and his daughter across the river in “una balsa,” a small inflatable boat. When they reach the other side, Los Coyotes tell them how to find border patrol so they can start going through the process to seek asylum.

He says the problems really began at the detention center. They separated him from his child and put them in “celdas,” wire cages that are big enough for about 30 people. In the five days they were kept there, he only saw her when she passed by his cage to go shower. The men weren’t allowed to shower.

In his case, he says they were fed three times a day, but the food was not good. Sometimes it was a small apple and a very cold sandwich or “horrible burritos that taste bad and seem like nothing.”

To sleep, they received a very thin mat and only a light plastic aluminum-type blanket even though the temperatures at the center were very cold, and he used his shoe as a pillow. The lights were always on and they weren’t allowed to ask the time.

When it’s their turn to leave, the people at the detention center take them to a different cell where they are interviewed before they leave. Many immigrants call this area the “hielera,” ice box, because it is even colder than their original cages.

“This was the worst moment because they give you nothing,” he says. He says sometimes they forget about you for days and when they finally are able to leave, many of them leave with an ankle monitor.

“It’s ugly and uncomfortable,” he says. “I know it’s not my country, but they treat me without respect, like I have no value. They didn’t explain anything.”

Reaching Across Borders

“Each of the immigrant’s stories are so different,” Herbert says. “We experienced a great deal of inconsistency when we talked with people...It seems the disorder and inconsistency in the detention centers is not accidental.”

Herbert hopes to return to work at the border for a longer period of time so she can understand a little more about what is happening and to support others providing medical care there.

Initially, when she heard about the separation of children from parents at the border, the organizations there did not have the structure to accommodate all the volunteers and encouraged them to work in their own communities to address the existing barriers to medical care that immigrants face in their own cities.

“While I think addressing the borders in our community is important,” she says. “I also think there is value in working at the border.” Medical providers volunteering at the border are working in their own clinics while also fitting in care for immigrants.

“I think there’s a role that we, as doctors, have in providing medical care, but perhaps, more importantly, providing compassion for people who have been suffering so much,” Herbert says. “I would love to see other people go down and volunteer to help the physicians that are down there all the time.” ◆

Left to Right: Some of the immigrants had ankle monitors; the group that traveled to McAllen including Sarah Bascom, Cathy MacKay, Patricia Toledo Robbins, Dr. Lauren Herbert, Kianna Cabuco, and Christine Heritage; baggies filled with basic toiletries that each person received upon arrival at the Center; Sarah Bascom organizing some of the items to be distributed.
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Make Health Knowledge ECHO

BY MIRIAM WOLF
PROGRAM ASSISTANT FOR THE OREGON ECHO NETWORK

This spring, Oregon ECHO Network will be re-offering some of its most popular ECHO programs.

Oregon primary care clinicians and their teams can choose from programs including Adult Psychiatry I Dementia 360, Persistent Pain and Opioids, and Substance Use Disorder in Hospital Care.

Project ECHO is a collaborative model of medical education and care management that pairs specialists at a central hub with clinicians to provide better care to more people, right where they live. Using virtual meeting spaces, ECHO participants learn how to care for complex patients in a primary care setting. Participants will have an opportunity to bring their own cases and get treatment recommendations from their peers and the faculty.

“We value the exceptional learning opportunities that the ECHO modules provide to our community. That is why Health Net and Trillium continue to be financial contributors and active members of the Oregon ECHO Network Advisory Board,” says Thomas K. Wuest, MD, MMM, Chief Medical Officer, Trillium Community Health Plan.

In Adult Psychiatry I, primary care clinicians can learn how to manage patients with depression, anxiety, and PTSD. Both medication- and non-medication-based treatments are discussed. Previous participants have called the information gleaned from the program “very practical, clinically applicable” and “very relevant to my practice; high-yield topic.”

The Dementia 360 ECHO helps clinicians to diagnose and treat dementia in a primary care setting. Participants can learn how to identify the common type of dementia and treat patients with pharmacologic and non-pharmacologic methods. Cognitive and functional assessment will be demonstrated. Participants will also learn when and how to report unsafe drivers and how to spot and report elder abuse and neglect.

Primary care teams treating

TRILLIUM TALKS

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patients with pain will benefit from the Persistent Pain and Opioids ECHO. They can learn to assess and understand different types of pain and provide evidence based behavioral interventions. In addition, they will learn to develop appropriate and ethical treatment plans for patients with Opioid Use Disorder. One participant in the last cohort noted, “I liked the practical examples of resources and seeing how a patient progressed with the use of these techniques.”

Participants in the Substance Use Disorders in Hospital Care ECHO can learn to manage challenging hospital behaviors, including active drug use in the hospital as well as how to help their patients with substance use disorder manage acute pain.

There will be instruction on pharmacotherapy for OUD including buprenorphine and methadone as well. Trauma-informed care in a hospital setting will be covered.

CME is available; most programs also offer MOC part II for internal medicine, family medicine and pediatrics. Programs are offered at no cost to you or your facility.

For details on specific dates and times and to sign up, please visit www.oregonechoetowork.org/programs. Programs fill quickly, so act now.◆

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Racism in Medicine

BY SHERIDAN KOWTA
FOR LANE COUNTY MEDICAL SOCIETY

Disclaimer: due to the sensitive nature of this article, the doctor interviewed chose to remain anonymous. He will only be referred to as Dr. “Q.”

Dr. Q wasn’t born in America, and though he is now a US resident, licensed physician, and double board-certified specialist, he is reminded every day that he is still an “other.”

“In broad strokes, you see it everywhere you go—there is racism all over the world,” Dr. Q says. “But when I came to the U.S., it was more obvious.”

Evidence of Oregon’s racist history is prominently fixed around town in Eugene—Skinner’s Butte, Deady and Dunn Halls. People often think about racists as swastika-toting, hood-wearing skinheads. But in day-to-day life, racism functions much more subtly. It isn’t the presence of a slur, but the absence of eye contact. To Dr. Q’s dismay, he’s experienced both ends of the spectrum while practicing in Lane County. “So many people in the medical community are surprisingly pretty blatant about their racism,” Dr. Q says. “I work in one of the major hospitals. There are people who don’t even say hello or good morning to me.”

Dr. Q describes his residency as having a particularly challenging learning curve, but not for the reasons that his white peers would expect. “I never felt like I was a part of my residency program. They judged me on how I looked and how I spoke,” Dr. Q says. “A good majority viewed people of color as lazy or idiots.”

“There were some attendings that saw my potential and were able to help me get through residency,” Dr. Q says. “I remember one attending of color telling me, ‘It is all a game—you play by their rules, graduate, and be done with it.’”

Unfortunately, graduation just led to a more complex set of games - where the racism is hidden and can be used to affect someone’s career.

Dr. Q has had varied experiences in the medical community. Some people have been helpful and encouraging, but others have been major detractors. “They don’t look at the results of a project or the idea presented to them, they more look at the person presenting and automatically assume it will not be beneficial,” he says.

Whether blatant or an implicit bias, racism is a psychological building block that allows people to feel that they are better than others based on how they look. When a person of color stands as an equal – intellectually, technically, morally – this building block is suddenly shaken. Insecurity, anger, and in extreme cases, violence, are often the result when this worldview is challenged.

He recalls a conversation he had with another doctor of color and quips, “Hard work only applies to people who are white.” He explains further: “When they succeed at something, it’s because they put in a lot of hard work, but when I do something, it’s luck.” Dr. Q has had colleagues tell him how lucky he was to have a successful career or a project launch. “They don’t recognize the hard work that other people put in.”

The Trump Era

There was an audible shift in society when Donald Trump was elected President of the United States. The repercussions rippled out into daily life in different forms. At a patient level, Dr. Q describes people as more upfront with their racist preferences in medical care.

He describes one instance of taking care of one of his partner’s patients who was sick to the point that she needed to go into the ICU. “I walked into the room and started to introduce myself, and she looked at me and said, ‘I would like a white doctor.’”

She then turned to a nurse, who was an older, white man, and says, “You tell me what I need to do.” “It was that nurse’s first day on the job, which is so ironic,” Dr. Q says.

At the medical level, Dr. Q says colleagues started to treat him with a new sense of fragility. “After Trump won, everyone wanted to suddenly be friendly, as if to say, ‘Look, I’m not a racist; look, I can talk to one.’”

At his work, there are a few people ready to jump in and be the hero if a patient has a problem. “Some people see...
it as an opportunity to better themselves,” Dr. Q says. “They end up looking like a hero, but you can’t be a hero unless there’s a villain.” This white savior complex places Dr. Q in a secondary role in his own practice. By design, he is still represented as the opposition, and this is ultimately only self-serving to the white doctor.

Unfortunately, on a personal level when outside the hospital, there has been more open hostility. There have been times where Dr. Q was followed or on the receiving end of hateful looks. “I don’t feel intimidated by this,” Dr. Q says. “But sometimes worry about the safety of my family.”

**Practicing Care**

While racism is a deeply personal offense, Dr. Q is able to recognize that it has less to do with the color of his skin than it does with what the other person has internalized. “The thing about it is, they’re scared, and patients run to what’s comfortable,” Dr. Q says. “As a physician, you have to know that. It might feel very personal, and for the first couple of years that I was here, it felt very personal. But I can’t change those people. What they have within them is really deep.”

He goes on to say, “I think people are inherently good and are unfortunately taught these behaviors. It could start as a harmless joke against a race, but the intent usually gets imprinted over time.”

“They are being taught that they are better and deserve better than other people,” he says. “It is sad that, most people like to leave a legacy to their kids, and unfortunately when they behave this way, the only legacy that they are passing on is racism.” Dr. Q uses the analogy of two toddlers, one white and one black, playing together. Infant children do not have natural enemies. Prejudice and hatred are perspectives that are instilled over time through learned behavior. With this example, Dr. Q explains how not only is racism unnatural, but how he believes that all people start off as fundamentally good.

Over the course of his career as a healthcare provider, Dr. Q has learned that what other colleagues believe does not dictate the kind of person he is or quality of care that he can provide. “Lane County is an interesting blend. Although there are people that are hostile to people of color/sexual orientation, there are people that look past those things and see a competent physician and have given me support over these years. I am proud to be part of this community.”

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BY KIANNA CABUCO
DIRECTOR OF COMMUNICATIONS
LANE COUNTY MEDICAL SOCIETY

LCMS invited Dr. Esther Choo to speak at our society meeting on February 7th on the topic of gender bias in healthcare. Choo was recruited to the department of emergency medicine at OHSU, where she does research and clinical care, and has gained national attention for being outspoken about the gender pay gap and barriers to career advancement for women.

“I had a hard time in my junior career navigating some of those barriers,” Choo says. “By the time I got to my mid career, I saw that these were patterns that happen to all women and there was no reason for each of us to work through them individually.”

Choo, who has two young daughters, says, “I think it’s true for a lot of women in medicine that when they get to a certain point [in their careers], they have an obligation to try to make it better for the next generation.”

Although she does get some complaints from colleagues when she speaks out, including being “too feminist” or “too outspoken,” Choo says it’s balanced out by the number of people who appreciate her message and the support she receives.

“There is a little bit of being comfortable with being a thorn in people’s backside,” she says. “That is not for everybody, but it’s the right roll for me right now.”

She encourages all medical providers to mobilize by joining local groups and networks. Social media is a great way to connect on multiple levels and can help providers find others with similar interests, such as letter writing, circulating petitions, or speaking out against policies that affect the working lives of women.

“There are more and more movements like PMG (Physician Moms Group), which is how I know women in this room,” Choo says of being at the LCMS February society meeting. “Joining a women specific group and staying on top of their initiatives, going to an annual meeting, and volunteering is a great way to get your feet wet in this kind of work.”

Bringing Attention to Gender Bias
February Society Meeting on Gender Bias in Medicine

Thank you to all who joined us!

“I appreciate this invitation to speak before a general audience of physicians about gender bias in healthcare. It’s very moving to me and I was very excited. I think the way this invitation was given, with such eagerness, it made me feel that LCMS is at the front edge of thinking about this topic… It’s still a topic that doesn’t always stimulate interest in a mixed audience so I felt very impressed and moved. I felt like it was a sign for me that maybe things are changing. I couldn’t appreciate being here more.”

-Dr. Esther Choo
Announcements

New Members

Lyle Torguson, MD
Family Medicine
Pleasant Hill Medical Clinic
35859 Hwy 58
Pleasant Hill, OR 97455
P: 541-988-7240
F: 541-687-1554

Betty G Acker, MD
OB-GYN
Planned Parenthood
3579 Franklin Blvd
Eugene, OR 97403
Phone: 541-344-9411
Fax: 541-344-6519

Petra Kuhfahl, MD
Internal Medicine
Oregon Medical Group
330 S Garden Way Suite 350,
Eugene OR 97401
Phone: 541-746-6816
Fax: 541-7263177

Directory

Please make the following changes in the 2019 Directory:

On page 118
Angela Zallen, MD
Pediatric Hospitalist
PeaceHealth Medical Group
3377 Riverbend Dr.
Springfield, OR 97477
P: 541-222-8500

On page 113
Kerry Tedesco, DO
Family Medicine
Oregon Medical Group
4135 Quest Dr.
Eugene, OR 97402
P: 541-461-8006

On page 32, please correct
Chala Wayne, Melanie,
FNP-BC to
Wayne, Melanie Chala,
FNP, BC

Events

The first LCMS monthly member social will be on
Wednesday, March 13th from 5:30-7:30 pm at the
Oregon Electric Station and
will feature Dr. Lauren Herbert, who will be sharing about her
recent trip to volunteer at the border. Hors d’oeuvres will be
provided. Please invite your LCMS colleagues!
If you are interested in speaking at one of our monthly socials,
please contact us at info@
lcmedsociety.com.

The next Women’s Circle meetings are Thursday,
March 28th and Thursday,
April 25th at 6 pm at the
LCMS office. For more
information or to RSVP, please contact Shannon O’Leary at
catalystbcandc@gmail.com
or 541-255-2669 or register at
lcmedsociety.com.

The 2019 Oregon Women’s Half Marathon and 5K
will be held in Eugene on Sunday, April 7th,
with cuddle time from
11-11:30 am. Cost is $20. For
more information or to register, visit http://eugeneyoga.us/
or call 541-520-8771.

Daffodil Drive Festival 2019
will be held in Junction
City on March 16 and 17.
There will be local vendors,
wagon rides, and live music. For
more information, visit http://
www.junctioncity.com/news/
daффodils/.

The Illusionist will be at the
Hult Center on Wednesday,
April 3. For tickets and more
information, visit https://www.
hultcenter.org.

Downtown Corvallis
Association and Downtown
Corvallis Retailers will
host the Downtown
Corvallis Wine Walk with
representatives from
Oregon wineries discussing
their wines while offering samples. More information
can be found at http://www.
downtowncorvallis.org/
experience/calendar.php.

Greenhill Humane Society
is hosting a cat yoga
fundraiser on Sunday,
March 10 from 10-11 am,
with cuddle time from
11-11:30 am. Cost is $20. For
more information or to register, visit http://eugeneyoga.us/
or call 541-520-8771.

Notes

LCMS members, please request to be added to our
private Facebook group.
This group is for members only and the hope is to help our
physicians connect more easily with each other. We will also
use this group to post about
upcoming events.

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with Nancy Arthur
Hoskins and a small
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themed trip to sail on
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of the sights of Egypt
from Alexandria to
Abu Simbel. Contact:
robert@intent.id.au or
nhoskein@comcast.net.
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Celebrate your doctor

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On National Doctors Day, we are grateful for the care that all physicians in Lane County bring to our families, neighbors and friends.

Thank you.

Enjoy our tribute video at peacehealth.org/doctors-day