



# scribe

Where your voice matters

MSMP invites member input about gun violence and prevention. To read what some members say about this important issue, see our coverage that starts on page 1.

A publication of the Medical Society of Metropolitan Portland

www.MSMP.org



## Year of collaborations

Systems, insurers join forces to keep pace with changing health-care landscape

By Cliff Collins  
For The Scribe

Health systems and insurers are making unprecedented moves to keep up with the ever-changing face of health care, calling them collaborations, partnerships, affiliations and alliances.

All seek to meet the objectives that have become buzzwords within the medical world and health care field: moving toward population health management, value-based care, clinical alignment, risk sharing, care coordination and integrated delivery systems.

This year has seen a dizzying number of these agreements completed or in the planning stages. Small-town hospitals are forming alliances with Portland-area health systems, which are competing to extend their range beyond the metropolitan region. Health systems continue to seek models similar to Kaiser Permanente,

where the insurance plan, hospitals and care providers all are under the same ownership and direction. Insurers scramble to stay healthy financially to meet the enormous challenges brought about by the Affordable Care Act, increasingly turning to health systems to bolster their bottom lines and increase their reach.

Here is a rundown of some examples of the different realignments and power shifts taking place or that occurred in 2015 in metro Portland and some other parts of the state:

### ► Legacy Health and PacificSource

Legacy Health has gone beyond the teaming it did with Regence BlueCross BlueShield of Oregon a generation ago to

form an actual 50-50 ownership agreement with a much smaller insurer than Regence: PacificSource, based in Springfield.

In an October announcement, Legacy said it would equally share responsibility for the health plan, and was forming a new joint venture governed by a board of directors to include six PacificSource appointees, six Legacy appointees and three community members. Many of these board members will be physicians, Legacy President and CEO **George Brown, MD**, told Legacy staff in a memorandum. Legacy will make an initial investment in the partnership, with additional investments during the next five years, for a total estimated at \$250 million. The actual figure won't be known

until PacificSource develops an insurance product that will hold the insurer's 50 percent of the ownership, said Legacy spokesman Brian S. Terrett. The two organizations will co-lead the new entity and expect to have their agreement completed sometime next year.

The partnership will give PacificSource a delivery system to support growth and access, while providing Legacy with an insurer. The two hope their alliance will enhance each organization's ability to compete with entities such as Kaiser and Providence Health Plans in terms of integration and the ability to better control costs.

See **COLLABORATIONS**, page 4

## MSMP members share perspectives on gun violence, possible solutions

By Brenda Kehoe  
For The Scribe

Recently, the **Medical Society of Metropolitan Portland** invited members to share their thoughts on gun violence, which affects all ages and races in the United States.

As we noted in our member request for input and possible solutions, firearms were blamed for 33,000 U.S. deaths and more than double that many injuries in 2013. The Centers for Disease

Control and Prevention and the World Health Organization consider violence a public health threat. The American Academy of Family Physicians, American Academy of Pediatrics, American College of Emergency Physicians, American Congress of Obstetricians and Gynecologists, American College of Physicians, American College of Surgeons and the American Psychiatric Association all are calling for action on this public health crisis.

See **SOLUTIONS**, page 16

To read MSMP member comments about gun violence and prevention, and a discussion article authored by Brenda Kehoe, MD, the medical society's immediate past president, please turn to pages 16 and 17.



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# Lung cancer screening reduces mortality

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### 132nd Annual Meeting • Battle of the Doctor Bands • The Scrub Run

Here is your chance to become a sponsor for one or more of these events, support your fellow physicians and local charities, and boost your company name. If you are interested in becoming an MSMP event sponsor, please contact Amanda Borges at amanda@msmp.org. •

## Training

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#### Feb. 3 at MSMP Conference Rooms

This course is recommended by the ONC, OCR and AHIMA, and includes both HIPAA and OSHA learning objectives. Discounted registration fee for members of MSMP and their staff. For more information or to register, please visit www.MSMP.org. •

## Save the Dates

Mark your calendars for MSMP's 2016 events. Registration will be required for all events, and more information will be posted soon at www.MSMP.org.

### 132nd Annual Meeting, May 10 at The Sentinel Hotel

### 2nd Annual Scrub Run, Aug. 13 at St. Josef's Estate Vineyards & Winery

### 3rd Annual Battle of the Doctor Bands, June 23 at Lola's Room at the Crystal Ballroom

We'll be looking for rockin' bands to participate in our upcoming battle. Applications will be posted online. •

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Join today at **MSMP.ORG**

# Collaborations: Patient care, financial health bolstered

CONTINUED from page 1

**Lewis L. Low, MD**, Legacy's chief medical officer and senior vice president, said the agreement is "culturally a good fit," and that PacificSource is interested in trying innovative models such as risk sharing with Legacy Health Partners, the health system's clinically integrated network with physicians. Reactions to the PacificSource deal from Legacy doctors have been positive, he said. Low also emphasized that Legacy will continue to work with other payers, too, and that PacificSource will continue to work with other providers. The partnership will be "a way to further the health of the people we serve," he said.

Legacy also has been active on other fronts, including the acquisition of **Silverton Health** and a partnership with GoHealth, an urgent care company.

## ► Providence Health & Services and PeaceHealth

**Providence Health & Services** took its first major step into southwest Washington with a letter of intent Oct. 26 to form a joint health and wellness center with **PeaceHealth** in Vancouver. In what the two health systems described as the "first of multiple initiatives in development," they will build an outpatient health and wellness center featuring rehabilitation, fitness opportunities, primary care and other services in a large building yet to be constructed on Padden Parkway in Vancouver.

The southwest Washington area, long dominated by Southwest Washington Medical Center, which is now owned by PeaceHealth, has faced competition since Legacy opened Salmon Creek Medical Center in 2005. That competition increased markedly after Legacy obtained an agreement with Kaiser Permanente in 2013 to treat Kaiser's 100,000 members on



Oregon Health & Science University and Salem Health finalized an agreement in November to manage their respective clinical services as an integrated health system. The affiliation includes the clinical enterprises of each organization, encompassing in part OHSU Doernbecher Children's Hospital and OHSU Hospital.

Photo courtesy of OHSU

sense to partner rather than compete, and that it would bring benefits to our patients." He added that Providence has developed expertise in managing population health, and PeaceHealth has some services that Providence doesn't offer, making the two organizations complementary.

Providence already had some presence in Clark County, according to **Dawn Tolotti**, Providence's executive for southwest Washington outreach services. First, it owns the property on which the health and wellness center will be built, which is centrally located and near the interstate. Second, Providence owns four primary care clinics there: one in Battle Ground, two in east county and one in west county,

with plans to bring up to 25 new retail clinics to Oregon and Washington. The clinics will be owned and operated by Providence, and become the first to open at Walgreens stores under a new collaborative services model.

Called Providence Express Care at Walgreens, the clinics will "provide an integrated health care option for patients with a known, trusted provider, while helping to evolve the retail clinic model from urgent episodic care to more coordinated care," the two parties said in their announcement. Walgreens and Providence will open three clinics in both the Portland and Seattle areas in early 2016, with plans for further expansion within the next two years.

## ► OHSU and Salem Health

OHSU and Salem Health finalized an agreement in November to manage their respective clinical services as an integrated health system. The agreement creates OHSU Partners, a joint management company that officially became operational on Nov. 16.

The affiliation model enables the organizations to operate as an integrated system while still being independently governed by their respective boards of directors, officials from each organization said. Both OHSU and Salem Health will retain their existing hospital licenses, and employees will continue to work for their respective organizations. Salem Health retains its name, but will change its logo to the OHSU flame.

OHSU Partners will develop an integrated strategy and budget to manage the clinical services of OHSU and Salem Health as an integrated system. The affiliation includes the clinical enterprises of each organization, encompassing OHSU Hospital, OHSU Doernbecher Children's Hospital, Salem Hospital, West Valley Hospital, Willamette Health Partners, Salem Hospital Foundation

and West Valley Hospital Foundation. OHSU Partners will be operated by a small management team, including a site executive for each organization who will be responsible for leading strategy implementation at their respective locations.

**Peter Rapp**, senior vice president and executive director of OHSU Healthcare, will serve as OHSU Partners' chief executive, and **Norm Gruber**, president and CEO of Salem Health, will be its president.

## ► OHSU and Moda Health

OHSU also garnered headlines late this year as details emerged of its \$50 million loan in 2014 to **Moda Health**. The two organizations signed a letter of intent to explore further collaborations together and to permit OHSU the option of converting the loan into a 25 percent equity stake in Moda. The insurer lost money on ACA plans during the first three quarters of 2015, and also got hit with news from the federal government that it would receive much less money from the feds than expected because the so-called risk-corridors program funds have come up short to reimburse participating health plans the anticipated amounts. OHSU and Moda also teamed up to share risk in their Synergy Network, which includes several thousand doctors.

## ► Tuality Healthcare and OHSU

After a lengthy courtship with Providence fizzled, Tuality Healthcare instead reverted to its collaborator in cancer treatment since 2002, OHSU, to form an affiliation in which OHSU will manage Tuality's clinical operations. If a final agreement is reached, Tuality's clinical operations will be managed by OHSU under the strategic direction of OHSU Partners. OHSU and Tuality expected to reach a final agreement by the end of this year. •

## The partnership will be "a way to further the health of the people we serve."

—Lewis L. Low, MD, Legacy chief medical officer and senior vice president

that side of the river at Salmon Creek rather than at PeaceHealth Southwest. That agreement ended a long-standing relationship Kaiser had held with Southwest Medical Center.

Although both Providence and PeaceHealth are Roman Catholic-owned health systems with similar histories, the two have not had formal relations before, and sometimes were competitive.

"This is the first collaboration that's taken a definite form and shape of what we anticipate will be many other initiatives," said **Lawrence H. Neville, MD**, PeaceHealth's regional vice president and medical director of PeaceHealth Medical Group, Lower Columbia Region.

Neville said that as discussions grew, "it became pretty apparent that it made

in addition to a small rehab clinic. The collaboration with PeaceHealth "made sense," because it gives Providence "opportunities to grow our market," she said.

Providence also had aimed to acquire or closely affiliate with Silverton Health and with **Tuality Healthcare** in Hillsboro, but in both cases it lost out: to Legacy, which acquired Silverton Hospital, and to Tuality, which signed an agreement in August to affiliate with **Oregon Health & Science University**.

## ► Providence and Walgreens

**Walgreens** drugstore company and Providence announced in August what the two called "a strategic clinical collaboration aimed at coordinating patient care and improving patient access,"

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# Conference to focus on ways physicians can care for chronic-pain patients and themselves

By **Cliff Collins**  
For *The Scribe*

Chronic pain can cause suffering to both affected patients and their physicians. That realization, and efforts to address it, are the focus of a conference in early 2016.

"These are some of the most difficult patients physicians encounter," observed **Barry Egner, MD**, medical director of **The Foundation for Medical Excellence**.



**BARRY EGNER, MD**

Resulting conflicts with patients, as well as frustration at not being able to help them, can be "emotionally draining," he said. One of the aims of the conference is to focus on how physicians can, and should, take care of themselves, as well as their patients.

The foundation, in cooperation with the **College of Physicians and Surgeons of British Columbia**, will present "The Assessment and Management of Complex Chronic Pain Patients, with a Focus on Marijuana and Tapering High-Dose Opioids," to be held Feb. 19–20 in Vancouver, British Columbia. Egner, who also has an internal medicine practice with Legacy Health and teaches the doctor-patient relationship and management of difficult patient relationships, will give a presentation on "Supporting the Practitioner."

"Stress and burnout—these were words we weren't raised on," said **Paul Farnan, MB, BCh**, a Canadian family

doctor and addiction specialist who has been in leadership roles in the area of physician health and well-being for almost two decades.

"Physicians always put their patients' health before their own."

Doctors go into medicine to help people, and when they find they cannot "fix" patients who are in chronic, intractable pain, physicians may feel they are not the good doctor they thought themselves to be, he said. Patients "come back in, and they're not better. That becomes a stressful situation." And it is compounded by the current workload doctors carry, where they are "too busy and too few," Farnan said.

Egner added that another complicating factor for physicians can be "how to take care of the inherited patient who has not been well-managed in the past" by one or more other providers. "How do you deal with that situation?" One session led by an expert will tackle this subject.

At the conference, Farnan will lead a session on "Pain and Co-Dependency in Patients and Doctors." Physicians treating patients with chronic pain see how the pain has disrupted their patients' lives, often causing depression and dysfunction, and in response doctors may overprescribe, he said. He uses the term "co-dependency" for what can be seen in



**PAUL FARNAN, MB, BCh**

the doctor-patient relationship in regard to chronic pain management, because Farnan often observes the same characteristics in those relationships as in domestic co-dependency relationships.

Several participants of previous conferences expressed interest in enhancing their interview skills with particularly challenging patients, especially those with chronic pain or who request specific prescriptions. Faculty members, co-led by Egner, will offer a practical, skills-based half-day course on those topics.

This will be the 28th year the foundation, often known as TFME, has held its major annual conference; from the beginning, educating doctors about appropriate prescribing has been one of the foundation's reasons for existence, according to Egner. When the foundation started, prescribing opiates for pain was not permissible except in cases of terminal illness, he pointed out. By the early 1990s, the climate had changed, and doctors were encouraged to give pain patients opiates.

"But physicians weren't educated about how to do this, or how to do this safely," he said. "We've gotten a lot of patients on high-dose therapy, and found it doesn't work very well."

Farnan noted that the consequences of this have been severe, too often resulting in addiction and accidental overdoses.

The conference gives doctors alternatives to using pain medications, one being cognitive behavioral techniques that can help patients cope. A form of cognitive behavioral therapy will be explained

called acceptance and commitment therapy, which is demonstrating success in improving patients' ability to function despite their pain, Farnan said. "Our goal is both to offer the key ideas and specific applications for exam room conversations with patients," according to the conference brochure and registration, which can be found at [www.tfme.org](http://www.tfme.org).

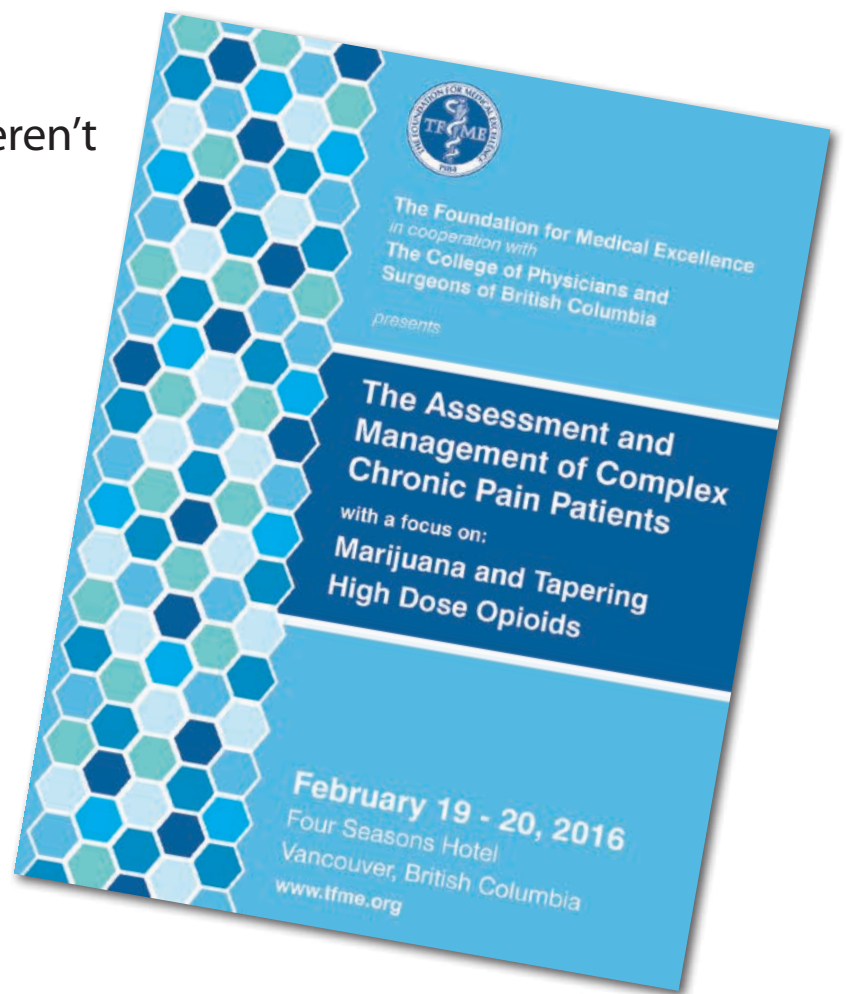
The meeting also helps physicians understand that they are not alone in feeling frustrated and stressed in treating these patients, a realization that is invaluable in making doctors feel better about themselves, he said. An emphasis will be on "harm reduction," added Egner: "how we got where we are and how to reverse the trend."

The conference, which includes experts from the United States and Canada, always attempts to stay on "the cutting edge" of developments in pain management, Egner said. He pointed to a special topic to be addressed this year: the use of marijuana as medicine. He noted that doctors are not trained about this, and because of growing acceptance by states such as Oregon, a lecture will be devoted to the topic.

Egner praised the **Medical Society of Metropolitan Portland's Physician Wellness Program**, which focuses on counseling doctors who are affected by stress and burnout. "I recognize the efforts of the Medical Society to help physicians," he said. "I look forward to continuing to collaborate" on initiatives to address and encourage physician health and well-being. •

**"Stress and burnout—these were words we weren't raised on. Physicians always put their patients' health before their own."**

—Paul Farnan, MB, BCh, Canadian family doctor and addiction specialist



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# Small trips, big impact

Need for medical care in communities abroad keeps integrative pediatrician giving back

By Jon Bell  
For The Scribe

Sure, when she was on a weeklong voluntary medical trip this past summer to provide health care for children and adults in Santa Maria de Jesus, Guatemala, **Anandhi Mandi, MD**, was working long, 12-hour days. And yes, she had to have someone cover for

her at her Hillsboro clinic, **Dr. Mandi's Integrative Pediatrics**, while she was gone. And maybe the food wasn't all that great where she was.

But Mandi wouldn't have traded it for anything—and she can't wait to go back.

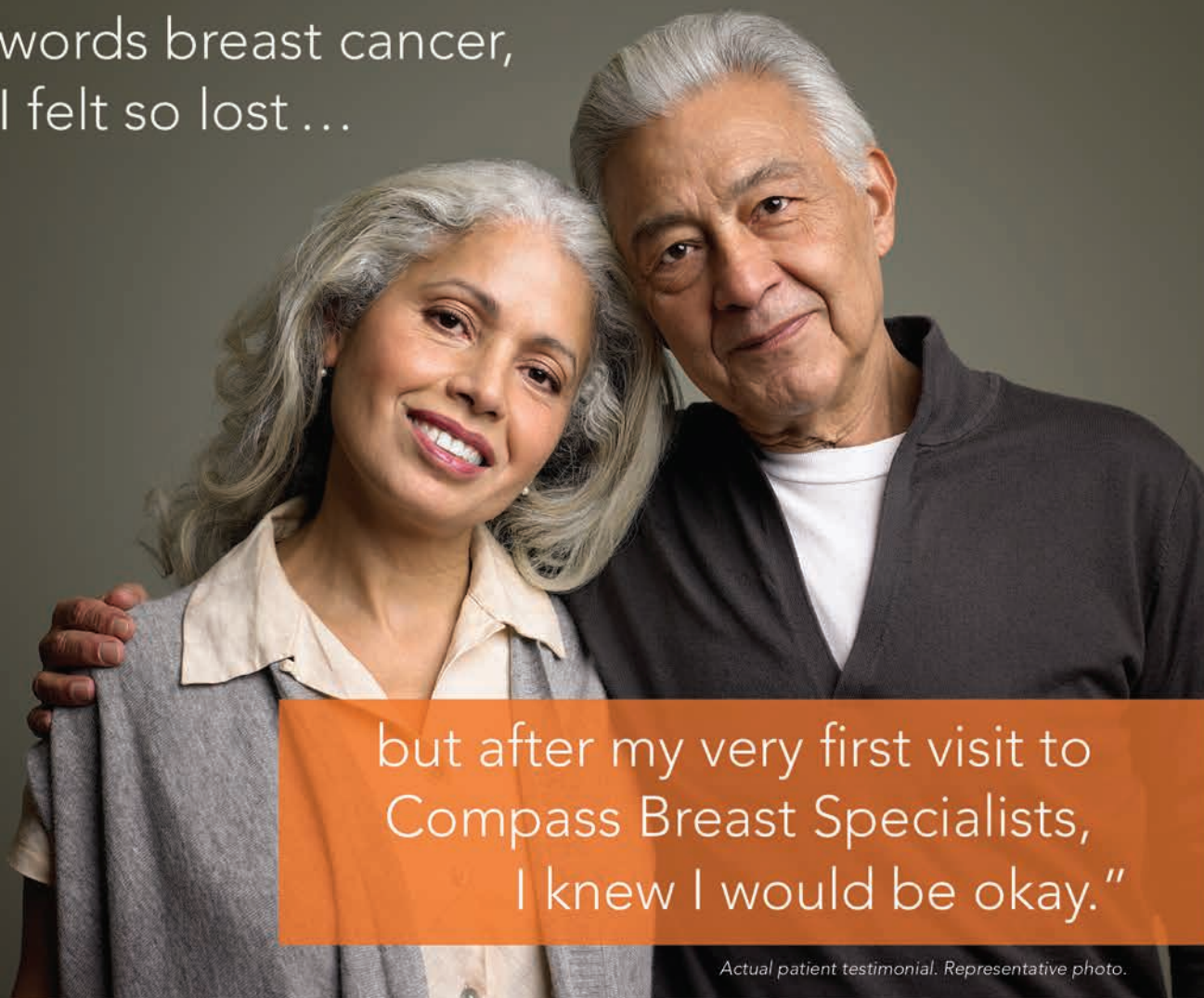
"I would go four times a year if I could," she said. "There's no business people telling you what to do, no electronic health records. It's just pure medicine."

Mandi, a native of India who completed her pediatric residency at St. Joseph Hospital in Chicago before landing in Oregon in 2000, takes a somewhat singular approach to medicine to begin with. She is one of only a handful of integrative pediatric physicians in the metro region, an approach she refined through a renowned fellowship in integrative medicine at the University of Arizona. Rather



Anandhi Mandi, MD, travels to developing countries, providing volunteer care to children and adults. "What I'm doing right now, I hope to do this forever," she said.

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than seeing 20 patients a day, Mandi usually sees around seven, and she said her approach incorporates "different modalities" that focus on health maintenance and disease prevention.

"This is a different way of doing medicine," she said. "It's so wholesome, but it's also evidence-based, so there's a lovely balance."

Mandi had always wanted to do some overseas work, but she had to wait until the time and situation were right. One patient of hers who has 14 children—biological and adopted—had been asking Mandi for a few years to do mission work in Haiti. Mandi eventually was able to and went to the country through Duke University and its partner organization Family Health Ministries. While there, she helped treat people for diabetes, sexually transmitted diseases, hypertension and other conditions. She's since made three trips to the country altogether, including one trip that found her 20-year-old daughter and some of her friends, who attend Emory University, accompanying her.

Mandi's first weeklong trip to Guatemala came in August, when she traveled to the Central American country with an Arlington, Wash., nonprofit called The Chance to Dream, which also organized Mandi's other two trips to Haiti. The organization partners with several communities in Guatemala to help make middle and high school education

See **PHYSICIAN PROFILE**, page 8

# Alliance connects students, advances integrative medicine



By John Rumler  
For The Scribe

Founded in fall 2009, the **Student Alliance for Integrative Medicine (SAIM)** is a Portland nonprofit comprised of health care students from Oregon Health & Science University, the University of Western States, Oregon College of Oriental Medicine, the National College of Natural Medicine and Pacific University.

SAIM is the student accompaniment to the Oregon Collaborative for Integrative Medicine, a nonprofit (formed by the same educational institutions named above) that strives to promote integrated health solutions through education, research, interdisciplinary collaboration and patient care. Funded by a NIH grant in 2003, OCOM was formally established as the Oregon Collaborative for Complementary & Alternative Medicine.

The executive director of OCOM since 2008, **Samantha Simmons, MPH**, has

provided oversight and support for SAIM since it was founded. "SAIM students are learning together and they will be ultimately practicing together and are uniquely suited to provide the kind of health care that mirrors patient demand, promotes the Triple Aim and reduces the primary care shortage," she said.

SAIM's main objective is to connect students and to advance integrative medicine by creating a space where medical students can share the approaches to medicine being utilized by colleagues from their respective schools. It also provides students with opportunities to begin networking and learning to speak each other's language.

Being located in Portland is strategically important to SAIM. Home to no less than three nationally recognized naturopathic learning institutions, NCM, OCOM and UWS, Portland has long been a vanguard in the mainstreaming of natural medicine. Its leadership is now even more secure: Earlier this year, OCOM, in partnership with the Academy of Integrative

Health & Medicine, created the first formally accredited inter-professional advanced training in the nation, a two-year Inter-professional Fellowship in Integrative Health and Medicine that will begin in February 2016.

OCIM and SAIM are well known nationally and internationally, Simmons said, and often looked to as role models for integrative health and medicine embedded in health care. "People may not realize that Portland is the only city in the country to house allopathic, naturopathic, chiropractic and Chinese medicine schools. We have a history of more than 25 years of collaborative research, education, patient care and advocacy."

Due to an unusually high turnover caused by graduations, SAIM's executive board is currently without a vice president, secretary and treasurer; however, **President Elliot Taxman** said the group is hosting elections in December. Taxman, who is on track to graduate from the NCM with an ND and MS in integrative medicine in 2017, said SAIM is currently planning one of largest events, the International Integrative Medicine Day, referred to as "IM day."

The event, which will be held at the Oregon Museum of Science and Industry on Jan. 30, consists of panel discussions featuring practitioner speakers from multiple modalities; an intercollegiate scholarship competition, sponsored by Bob's Red Mill; and an awards ceremony/social program featuring a live band.

The scholarship competition is often a speech contest or a student panel discussion addressing a specific topic, with all finalists receiving a \$4,000 scholarship. Topics in recent years have included autoimmune disease, inter-professional communication, mindfulness and pediatrics.

SAIM also facilitates social interaction and interdisciplinary learning each term as medical students from OHSU, NCM,

OCOM, PU and UWS visit each other's schools and present a one-hour lecture on a current topic.

Although it is temporarily on hold as new officer positions are filled, SAIM's quarterly newsletter provides a platform for an information exchange where medical students can both teach and learn about the new and different approaches to medicine being utilized by their colleagues. Each issue consists of student-written articles, news of educational opportunities, scholarships, jobs, internships, integrative medicine events, and local, national and international research updates.

SAIM's membership is difficult to estimate, Taxman explains. "All students are considered members, and membership at the different chapters varies widely from year to year as students graduate." An estimated 50 to 75 individuals are core members, and about 15 people are involved on the SAIM executive board.

**Past President Andrea Lane** said she joined SAIM because of her passion for integrative medicine and her desire to learn more about the benefits of integrative care. "It seemed natural for me to become a part of SAIM as one of my best friends is an MD, and she and I began talking more and more about the benefits of integrative care. While it was challenging for to me to balance the group with my school and personal life, it was ultimately very rewarding."

Further, Lane said SAIM provides a pathway to its members to meet a wide range of other students and practitioners in the regional health care community, to become familiar with other treatment modalities and to gain new skills.

"I truly believe that the integrative care model is the best solution for both patients and practitioners as it allows us to pool our resources and knowledge in order to provide what is best for each particular patient," she said. •

## PHYSICIAN PROFILE from page 7

possible for Guatemalan youth. Many children in the country only have access to education through the sixth grade. After that, they end up caring for their younger siblings while their parents work or find ways to make money themselves.

Mandi said she volunteered with the group to provide much-needed basic medical care to children and adults. The team traveled in a small van and usually set up a makeshift clinic of sorts in schools in different villages. People came from near and far—some from three-hour walks away—seeking treatment for everything from upper respiratory infections to fatigue and body aches.

In addition to paying for her airfare, Mandi brought all her own medical supplies, including over-the-counter drugs and some antibiotics. Many children start drinking soda early on, so dental hygiene is a big challenge as well. Mandi said the team also stuffed bags with washcloths, dental supplies, pain relievers, vitamins and other goods to hand out to more than 700 people. Reading glasses from the Dollar Tree also go a long way.

"Elderly women in Guatemala make their living with doing beadwork, sewing and handicrafts," Mandi said, "(so) they truly appreciated the \$1 glasses we gave them. It's very heartwarming."

After five days of treating patients, the team had a day or so at the end of the trip for a spot of vacation.

"You really work hard, but it's a beautiful place. It's like a paradise city," Mandi said.

Participating in one of the trips to Guatemala costs an average of about \$1,000, plus airfare, Mandi said. But she enjoys it so much that she doesn't mind the self-funded aspect of it at all. She's also lucky, she said, that she has a generous physician who can cover for her while she's gone, but the nice thing is that her trips are short.

"With some groups on volunteer trips you can be gone for 50 or 60 days," she said. "These are nice because they're just weeklong trips. Most people think they're not ready to do something like this, but once you do, you get the bug."

Mandi has indeed gotten the bug. She'll be heading back to Guatemala in January and will be off to Ecuador next summer.

"What I'm doing right now, I hope to do this forever," she said. •

Mandi also hopes other physicians might be interested in giving it a go as well.

To learn more, contact Mandi at [info@drmandipediatics.com](mailto:info@drmandipediatics.com).

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# Building an array of interests

*Physician Mark Anderson's hobbies include constructing boats, photography and music*

By John Rumler  
For The Scribe

**Mark Anderson, MD**, planned to build a large sailboat ever since he graduated from medical school at the University of Southern California in 1978. Finally, the launch date is on the horizon.

Currently chair of the Urgent Care Clinic at The Vancouver Clinic, Anderson also served as emergency department director at Holladay Park hospital the last few years before it closed in 1994, then spent 16 years at the Portland Adventist Medical Center ER while also serving as chair of the Multnomah County Emergency Medical Quality Assurance Committee.

After spending several years checking out different boat plans and designs, Anderson settled on a set of plans for a 1928 36-foot schooner. With modifications, the vessel has grown to a 40-footer and changed from a schooner to more of a ketch, which is easier to maneuver in heavy storms.

It will still look like a vintage boat, but it is being built using more modern methods and materials to minimize maintenance, Anderson said. "It'll be a great Pacific Northwest, open-ocean boat because it has a protected pilothouse with an inside helm in addition to the cockpit helm. This way, I can cruise in comfort even if it's cold and rainy."

Anderson has worked on the project off and on for 20 years, but he's been more



MARK  
ANDERSON, MD

engaged the last few years, putting in about 50 hours a month. The hull, deck and about half of the interior are finished. This winter he hopes to complete the basic interior.

The boat, which he's had to move twice as it's grown in size, is now in Brush Prairie, Wash., half covered by a shed roof and the rest by a tarp. It is on a trailer so the final move up to Port Townsend, Wash., should be easy. Launch date, he estimates, is in three years.

## Diverse interests

Anderson's been on or near the water most of his life. He grew up on Lake Winnebago, Wis., where the family had several boats, including a small cabin cruiser. In 1990, he moved to West Linn and was on the Tualatin River, spending almost as much time repairing boats on land as he did enjoying them in the water.

One of his early projects was the complete rebuild of a 1958 Thompson Sea Coaster, which he's documented with numerous photos on his website, [www.riparia.org](http://www.riparia.org). He deferred from the purist "totally original everything" rebuild in favor of compromising to a blend of authentic yet environmentally friendly.

"I wanted the low-polluting, fuel-efficient, reliable, modern power plant with a strong vintage boat that takes me back to my childhood," he said. "This boat is user-friendly for fishing, skiing, exploring or just tooling around."

Anderson is deeply interested in wilderness medicine and is highly versed in two unusual and not totally unrelated subjects: toxic woods and toxic sea life. He's been a woodworker since his childhood and learned early on that many woods contain toxins and allergens.

"A classic example of that is Western Red Cedar which is the most common cause of occupational asthma," he said.

The toxic sea life interest also goes back to his childhood, when he was collecting sea shells, and later, scuba diving. "Locally we have to be concerned with paralytic shellfish poisoning and domoic acid poisoning. Recently, I treated a patient that probably had scombroid poisoning. If you're snorkeling in the tropics and see a live cone shell, you'd better know which end to pick it up by or you may get a poisonous dart in your hand."

Anderson's website contains a comprehensive chapter on toxic sea life complete with information on everything from jellyfish to stingrays to sea snakes.

## Extraordinary talent

Music is yet another of Anderson's interests. He's studied piano, French horn and guitar; now he's delving deeper into early acoustic blues guitar and some jazz. "I'll never be great, and I play mostly alone, but I have a lot of fun although it keeps me up way too late," he said.

Mark Pomeroy met Anderson about eight years ago through their mutual boat-building interests, as Pomeroy is building a 29-foot sailboat. A construction manager, Pomeroy said there isn't anything Anderson can't do. "Mark's an extraordinarily talented person. Besides being amazingly versatile, he's a very high-quality person and fun guy to hang out with."



Photo courtesy of Mark Anderson

Among his many creative hobbies, Mark Anderson, MD, makes drums and guitars from dried gourds.

Anderson's interest in photography started when he took photos of summer camp with a primitive box camera. By age 11, he had graduated to a 35-mm, totally manual Kodak camera his father gave him. He learned darkroom techniques and took countless shots of nature, including landscapes, using macro and telephoto lenses and large-format and other cameras.

He's shooting mostly in digital these days, and the darkroom is in storage. "I may set it up again in retirement," he said. "There's something very rewarding with working in that intense primitive fashion."

Anderson has sold some of his photos, and a few years ago one of his slides, a shot of an old schooner, made the cover of *NW Mariner* magazine. "It's another example of how all these interests seem to inter-mesh," he said.

Through his website and Internet contacts, Anderson is in demand for his knowledge of wilderness medicine. AOL asked him to be a guest expert for an online chat about the subject, and a single question regarding the contents of a cruising medical kit evolved into a 30-page article on his website. He's also given presentations to yacht clubs about wilderness medicine, and one talk turned into a chapter about the medical needs of older sailors in a book about elderly cruising.

Alec Jensen was working as a paramedic when he met Anderson, who was an ER physician, at Adventist Medical Center. The two were neighbors in West Linn and will be neighbors again in Port Townsend, where Anderson is having a home built.

Jensen describes Anderson as a quiet (until you get to know him), high-energy person with multiple interests and a huge heart. While Jensen is also into sailboats, he prefers fiberglass, while Anderson favors wood. "I like to give Mark a hard time about that and he dishes it right back," Jensen said.

Once the two were driving to a boat show/event and on the way, Jensen said, his friend stopped at a roadside stand to buy a bunch of dried gourds. "Mark made guitars and some other things I could hardly believe out of those gourds. He's got so many passions and is so incredibly well traveled and well read that he can converse on almost any subject," he said.

When his vessel is seaworthy, Anderson plans to sail the Pacific Northwest up to the Queen Charlotte Islands and also to Mexico.

"Will I make it to Newfoundland, Scandinavia, and the French canals, and across to the Caribbean?" He paused, thinking. "Depends on how life and health goes!" •



Photo courtesy of Mark Anderson

Mark Anderson, MD, has spent the last two decades building a 40-foot ketch that he hopes to launch in about three years.

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# Integrative medicine fellowship, led by renowned MD, partners with Oregon collaborative

By Jon Bell  
For The Scribe

A fellowship for integrative medicine at the Arizona Center for Integrative Medicine is so well known and so renowned that providers in the field can refer to it by a simple name—the fellowship—and other practitioners know exactly what they're talking about.

**Tieraona Low Dog, MD**, led that fellowship program at the University of Arizona for nine years before retiring in 2014. Then something happened. The Academy of Integrative Health & Medicine (AIHM) came to Low Dog and asked her if she would like to join them and create and lead her dream fellowship.

Her answer? A resounding yes. Her new fellowship? A one-of-a-kind program coming to life through a partnership with the **Oregon Collaborative for**

**Integrative Medicine (OCIM)**, an association in the metro region.

"Dr. Low Dog brings exceptional experience from directing the University of Arizona fellowship, and this is the dream one that she would do if she could start all over in today's environment," said **Samantha Simmons, MPH**, OCIM's executive director. "It is the first truly interprofessional fellowship in integrative medicine and we are excited to be a part of it."

The two-year program, which welcomes its first cohort in February 2016, will include 1,000 hours of virtual classroom training along with clinical rotations and three in-person retreats. Two of those will be held in Portland. Elective modules in everything from Integrative Pain Management to 21st Century Cardiology will enable practitioners to customize their training for their particular areas of interest.

Part of what makes the new fellowship so unique, according to Simmons, is that it is open to a wide range of practicing providers, from MDs and DOs to pharmacists, licensed acupuncturists, chiropractors, nurse practitioners, dentists and many others, all of whom will train together.

"When you get people together from different professions and get them talking, it's amazing. Those walls just come down and the egos get checked at the door," she said. "We will be training providers to be able to design the innovative, sustainable and integrative models of care that can help tackle our issues with the health of the public and of the health care system in this country."

In searching for an academic partner for the fellowship program, AIHM interviewed six or seven different academic institutions. The academy liked what it found in OCIM, which includes



Tieraona Low Dog, MD

"When you get **people together from different professions and get them talking, it's amazing.** Those walls just come down and the egos get checked at the door. We will be training providers to be able to **design the innovative, sustainable and integrative models of care** that can help tackle our issues with the health of the public and of the health care system in this country."

— *Samantha Simmons*, executive director, Oregon Collaborative for Integrative Medicine

five members: the National College of Natural Medicine, the Oregon College of Oriental Medicine, Oregon Health & Science University, Pacific University and the University of Western States.

"We are the only city in the country to have this many diverse institutions in health care," Simmons said, "so we truly mirror the organization of the fellowship they're providing."

In a release, AIHM President **Mimi Guarneri, MD**, echoed Simmons' comments. "Portland is the only city in the U.S. to house all of the teaching institutions we need for the program as envisioned by Dr. Low Dog," she said. "We are extraordinarily well-suited for partnership."

According to Simmons, the application deadline for the first cohort was Nov. 13, and the fellowship received more applications than the 50 spots available. The partnership's steering committee was expected to determine who will be in the first cohort likely in December. Future cohorts will likely grow to 60 providers in each cohort.

Simmons said OCIM and its members are looking forward to what the new fellowship will do for integrative medicine and for improving public health.

"The fellowship is a new project for us and we are excited about what it will do for the entire field," she said. "We have always also had a vision for an integrative health clinic, and we feel that this fellowship program is going to help that to be realized, probably in the next five years. It's an exciting time." •

More information about the new fellowship can be found at [www.aihm.org](http://www.aihm.org).

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# First class begins NCNM master's degree program in integrative mental health

By Melody Finnemore  
For The Scribe

With a growing body of evidence that shows a direct connection between mental health and physical health, the **National College of Natural Medicine (NCNM)** this fall enrolled its first class to earn a master's of science degree in integrative mental health (MSiMH).

Accredited in 2014, the program was created in response to students' need for more training in mental health. NCNM wanted to create a degree program that would complement existing degrees in natural therapies—such as nutrition, mind-body medicine and acupuncture—that are increasingly shown to benefit mental health conditions in people who haven't responded favorably to standard psychotherapy or psychopharmacology, according to the college.

"What we're seeing is a movement across the country, with Oregon in one of the lead positions, to integrate mental health care with primary care," said **Angela Senders, ND, MCR**. "We want to train students to step into that role and have a broader understanding of mental

health services along with primary care. I think we're seeing as a country that that's really the way to go."

Students are trained to address mental health care from an integrative perspective using a variety of modalities, including counseling, mind-body medicine, nutraceutical and conventional pharmaceutical therapies, and psycho-



"What we're seeing is a movement across the country, with **Oregon in one of the lead positions**, to integrate mental health care with primary care."

—Angela Senders, ND, MCR

therapeutic approaches. Core courses provide students with concrete skills in biopsychosocial assessment, evaluation, diagnosis, and integrative and conventional therapies.

The curriculum provides in-depth coverage of serious mental health disorders, preparing students who want to specialize in mental health care.

Graduates of the master's program will be trained to recognize, assess and manage serious mental health conditions as part of an integrated health team. They can combine counseling skills and psychotherapeutic techniques with natural pharmacotherapy for a holistic mental health approach to care, according to NCNM.

effectively in helping people with change, we feel they have to engage in changing themselves in a way that is meaningful for them, explore their own psychology and have that 'ah-ha' moment," she noted. "They have to be very committed to their own self process and their own growth if they want to get into this because it is going to get intimate and they are really going to have to dig in."

NCNM's first MSiMH class enrolled 18 students, and the program caps at 20. Its primary target audiences for the degree program are students who are working toward a licensable complementary and alternative medicine health care degree, as well as graduates of those programs, according to the college.

On the program's website, the college notes that the field of mental health is rapidly growing due, in part, to recently enacted health care laws that require insurance companies to cover care for mental health conditions, as they do for other chronic diseases. The Bureau of Labor Statistics estimates that employment of mental health workers will grow 31 percent from 2012 to 2022, faster than the average for all occupations. •

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# National data, local results show integrative medicine's impact on chronic pain, depression

By Melody Finnemore  
For The Scribe

Integrative medicine can lead to significant improvements in treating chronic pain, depression and stress, according to a national report based on data collected by the **Patients Receiving Integrative Medicine Interventions Effectiveness Registry (PRIMIER)**.

Using data from PRIMIER, researchers found that the use of integrative medicine increased the Patient Activation Measure (PAM), which assesses to what degree patients believe they have the knowledge, skill and confidence to take action to improve their health, and whether they are likely to maintain positive self-care over time, according to the report released by The Bravewell Collaborative.

Over six months, the percentage of patients with low levels of patient activation decreased from 29 percent to 17 percent, while those with higher levels of activation increased from 71 percent to 83 percent. Previous research has found that higher PAM scores are strongly related to improvements in clinical outcomes such as less pain, an increase in utilization of prevention screenings, and a reduction in emergency room visits.

After reviewing the prospective data from 369 patients over six months, researchers also found significant reductions in patients' perception of depression and stress. In 179 of these patients who were being treated for chronic pain, researchers also found statistically significant decreases in pain severity and a 28 percent decrease in the degree to which pain interfered with quality of life, the report states.

PRIMIER is the first nationwide database of its kind, and is able to evaluate patient-reported outcomes over time—such as quality of life, pain, mood and stress—for patients who supplement conventional medical care with therapies such as acupuncture, yoga, chiropractic, biofeedback, nutrition, massage and mindfulness.

Developed and managed by BraveNet, the registry has enrolled more than 1,600 patients. BraveNet is a practice-based research network comprised of 14 integrative medicine centers based at some of the nation's leading hospitals and medical centers, including Boston University, Mount Sinai Beth Israel Center for Health and Healing, Duke University and Osher Centers for Integrative Medicine at Northwestern University, the University of California, San Francisco and Vanderbilt University.

The registry combines de-identified patient-reported data with information from the electronic health records from each participating center, documenting patient visit details, procedures offered, diagnosis and patient pain-assessment scores.

With its growing database, PRIMIER will evaluate whether patient-reported outcomes differ with the frequency and duration of each particular intervention, while also tracking variables based on multiple characteristics of the participants, such as age, gender, ethnicity, race, clinical condition and PAM level. Data is based on patient response to questionnaires comparing their baseline with results at two, four and six months, and up to two years.

**Loch Chandler, ND**, naturopathic physician, acupuncturist and manager of the **Providence Integrative Medicine Clinic**, said he has seen similar positive results in patients he treats with acupuncture at the Providence Cancer Center.

"I do see acupuncture helping in all of those categories," said Chandler, referring to the fact that, in addition to anxiety, depression and chronic pain, acupuncture can help alleviate back and neck pain, chronic headaches, nausea and loss of appetite, fatigue, poor sleep and insomnia, and shortness of breath.

"When I stick a needle into the skin, we actually get a release of serotonin, dopamine and endorphins that are natural painkillers," he said. "It also helps reboot that pain response. We get caught in this reflex sending of signals, and sometimes

the pain irritant is gone but the brain is caught in sending that pain response signal."

Integrative medicine has shown to enhance the quality of life for cancer patients by helping them better tolerate their chemotherapy and other treatments and improving their daily life overall, he added.

Chandler, who has lectured around the United States on integrative medicine and cancer, and Chinese medicine and cancer, noted that a growing body of studies document the positive impacts integrative medicine can have on post-operative pain, anxiety and depression as well. •



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## OHSU's Sanjiv Kaul, MD, honored for cardiology contributions

**Sanjiv Kaul, MD**, director of the OHSU Knight Cardiovascular Institute and professor of medicine in the OHSU School of Medicine, received the American Heart Association's highest clinical honor, the James B. Herrick Award for Outstanding Achievement in Clinical Cardiology.

He received the award "in grateful recognition of his highly significant discoveries expanding the field of cardiovascular diagnostic imaging and greatly enhancing the care of patients with heart and blood vessel disease," according to the American Heart Association.



SANJIV KAUL, MD

Kaul, the only cardiologist in Oregon to receive this distinction, is known for developing a technique to detect heart attacks through myocardial contrast echocardiography (MCE). More than 5 million people worldwide have undergone MCE. OHSU is one of only a few hospitals in the country using this technique, the school said. •

## Providence's pharmacy residency programs recognized for excellence

The American Society of Health-System Pharmacists has honored Providence's pharmacy residency programs with its ASHP Residency Excellence Award for 2015. Annually, since 2006, ASHP recognizes a residency program, and this

year Providence's postgraduate year 1 and 2 residency programs in Portland were selected.

"This is a very significant award as Providence is one of the first non-university-based programs to receive this honor," said **Steve Stoner**,



STEVE STONER,  
PHARM D

**PharmD**, Providence's chief pharmacy officer for Oregon. "This is tremendous recognition for Providence, for our residency programs, and for our pharmacy services."

"The ASHP award is a testament to the commitment to excellence by our pharmacy and medical group staff in providing advanced training for pharmacy practitioners while making consistent contributions to quality care of our patients," he said.

The Providence program has 19 residents from eight states. They compete through a national matching service to secure a residency position. Pharmacy residents travel throughout Oregon, serving in a number of Providence ministries under the guidance of clinical leaders. •

## County to require licenses to sell tobacco, vaping products

Retailers in Multnomah County soon will need a license to sell tobacco and vaping products.

County commissioners last month approved licensing businesses that sell the products, and will begin issuing annual licenses on July 1 of next year after a public education campaign, according to the county. Enforcement is expected to begin in January 2017.

The move to issue licenses was prompted after the county posted some of the highest rates of illegal sales to minors, according to state and federal regulators. Studies have shown licensing sellers

helps drive down illegal sales, the county noted.

Multnomah County board Chair Deborah Kafoury and other commissioners, who held six public meetings on the matter, said they hoped the Legislature would consider a statewide system.

County commissioners approved a rule-making committee that, in early 2016, will work to develop the annual fee, fines, penalty process and other rules. Committee members will include members of the public, business owners, community advocates and health department staff, the county noted. •



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# MSMP members share perspectives on gun violence, possible solutions

**SOLUTIONS** from page 1

The following are some of the verbatim responses received from MSMP members. As you'll see, they run the expected gamut. If you've not shared your thoughts with us, please consider doing so in the Forum section on MSMP's website, [www.msmp.org](http://www.msmp.org), or send an email to [amanda@msmp.org](mailto:amanda@msmp.org). All opinions count. We'll publish them in *The Scribe*, and take them into consideration as MSMP's Board of Trustees develops a position statement on this critically important issue. Our goal, as a responsible organization representing physicians in the region, is to reduce incidents of gun violence and make our communities safer.

## John Barry, MD

"The problems, as I see them, are mental illness and poor tools to manage conflict resolution. I don't have any solutions other than screening for both, treating the former and teaching conflict resolution in schools for the latter."

## Ken Burry, MD

"This is a very complicated issue and it has polarized the nation. Many of the gun deaths are suicide and there are other ways to accomplish it. Most of the gun violence is due to gang-related issues. Until we can take care of the social and mental health problems violent acts will be committed with or without guns. We will continue to have illegal guns in the hands of criminals, especially with a porous southern border."

## Leigh Dolin, MD

"I support responsible ownership and use of firearms, as do the vast majority of gun owners, but not the NRA. The last Oregon Legislature passed two bills that help—increased background checks and banning gun ownership for those convicted of domestic violence. Another bill that didn't make it through deserves our support. This would mandate that gun owners with children in the home keep guns in locked cabinets with the keys to the cabinets safely secured. Bans on private ownership of assault weapons also deserve our support, although I don't know of any specific proposals regarding that."

## Linda Humphrey, MD, MPH

"I totally support reining in guns while upholding the Second Amendment. In addition, the research agenda should be re-opened. I don't have any solutions other than electing the right people, but a loud voice from physicians' groups and public health may help. Thanks for sending this."

## Anushka Shenoy, MS

"Thanks for sending this out. Gun violence is a leading cause of death in our country. As physicians it is our responsibility to protect the health of our community members. As such we should support efforts to ensure that those who purchase guns have had thorough background checks, and also ensure that they will store the guns in a safe, locked place."

## Sandy Wilborn, MD

"Actions to decrease gun violence are overdue. Better monitoring of gun sales, heavy restrictions on the sale of assault weapons and those with large clips, and prompt prosecution of gun sellers who do not adhere to regulations would help. There should be gun use and safety instruction (or proof of competency) required for gun buyers. Lifting the ban on any CDC study about gun violence is also needed."

## John Takacs, DO

"Answering your request to comment on violence and firearm ownership recognizes it as a deeply involved and emotionally charged subject. My thoughts and feelings on this subject are shaped by many factors, including being a family physician, practicing at the foot of Mount Tabor for 28 years, seven of which were spent as a sworn Portland reserve police officer. Born and raised in the then-crime ridden lower east side of New York City, there were many educational experiences when guns were criminally misused, but also other examples where weapons were used to protect the innocent from harm, and bring peace and a sense of security to otherwise vulnerable families. My father worked in his little grocery store, suffering robberies and assaults even on his way to work in the early or late hours. Ultimately getting a carry permit for a legal revolver, he multiple times resolved

conflicts peaceably with its authority, and kept the family safe. When I was 18, he was killed by a shotgun blast to the chest in a store holdup. Wrestling with these issues, I recognize the importance of an individual's right for self protection, and of loved ones, and taking responsibility to be a defender of society when the normal rules of conduct are abridged by evildoers; and especially when uniformed guardians are unavailable to help.

It is not just an issue of good gun against bad gun, as an elderly or infirm person can, with a firearm, secure peace and safety against a stronger and non-firearm, weapon-wielding belligerent. I see a failure to address issues of quality education, permissiveness to antisocial and violent cultural and gaming influences as being more problematic; and the root cause for gun ownership proliferation, both by a criminally pathologic population and those seeking to protect themselves. As in our practice of medicine, preventive education and fostering healthy practices is the best way to wholesome health. Most of those criminally and pathologically oriented amongst us got that way growing up with negative influences and environments. Many people transcending similar deprived conditions, often to become stellar examples of socially responsible human achievement, can usually identify pivotal individuals and positive influences during their developmental years, counteracting the otherwise pervasive negativity of their environments. More loving work, recognizing each person's individuality, is the way to obviate violence that is often born from isolation, inequity and frustration. Aware educational and social programs paying more attention to individuals will also identify those whose predisposition to violence requires further evaluation and intervention.

Better screening for firearms purchases is logical, as long as implemented in the spirit of constitutional protections and not just proliferation control. While convinced a loving and peaceful attitude is transformative and socially progressive, I am deeply troubled by attempts to restrict my right to chose to own and carry a weapon, and of complicated rules about where it is legal to possess them, turning law-abiding and potentially peace-keeping citizens into lawbreakers, while

facilitating, not inhibiting, the criminal and pathologic. There are many other ideas and ways to discuss this and its related issues that I'm willing to engage in if asked."

## Xiao-Yue Han

"I think a great start would be to end the ban of federally funded firearms research. Without data, it's difficult to have an informed discussion and debate on effective firearms policies that balances constitutional rights and public safety."

## George Waldmann, MD

"To use a medical analogy, to treat a disease the vector and physiology of the disease must first be known. With gun violence we know the vectors, guns and mental illness, but we do not understand the "physiology" (the interaction between the two). Unfortunately, Congress has, thus far, prevented this disease from being studied in the same way that other diseases have been studied and cured. Until this happens we can talk all we want about limiting gun access, treating or locking up the mentally ill, etc., but this will not occur in the present, or probably future, U.S. political climate. So a new approach is needed. Such a study will not be easy but must be done if we are to come up with realistic and doable solutions."

## Samuel Metz, MD

"The MSMP would provide a valuable public service by advocating firearms policy change. Firearms, in the home and outside, produce preventable injuries and deaths. In other states, firearms targeting background checks, firearms storage in the home, and limited access to firearms by those convicted of domestic abuse legislation reduce injuries and deaths of children, reduce firearms killings of domestic partners, reduce overall suicide rates, and reduce firearms deaths of law enforcement officers.

An advocacy statement by the MSMP would be consistent with other physician organizations. I would be happy to participate in a committee preparing such a statement for consideration by the board and membership. How do other members feel about this?" •

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# Let's turn our knowledge and benevolence into action

Providers can help promote meaningful research that reduces gun violence

By **Brenda Kehoe, MD**  
For The Scribe

We must address gun violence as a public health crisis, in the United States and in our state.

According to the Council on Foreign Relations, on a worldwide basis, the United States fares poorly; the U.S., with less than 5 percent of the world's population, has about 35 to 50 percent of the world's civilian-owned guns, according to a 2007 report by the Switzerland-based Small Arms Survey. It ranks number one in firearms per capita. The U.S. also has the highest homicide-by-firearm rate among the world's most developed nations. The number of per-capita gun murders in the U.S. in 2012 was nearly 30 times that of the U.K., 2.9 per 100,000 compared with just 0.1 (the U.S.-U.K. figures were cited in a recent BBC News article). More people have died from guns in the U.S. since 1968 than in all the wars in American history. American children are 14 times as likely to die from guns as children in other developed countries, according to David Hemenway, a Harvard professor and authority on firearm safety.

The actual number of guns in the U.S. is not known officially but is estimated to be about 300 million, owned legally and illegally by about a third of the population. This equates to almost one gun for

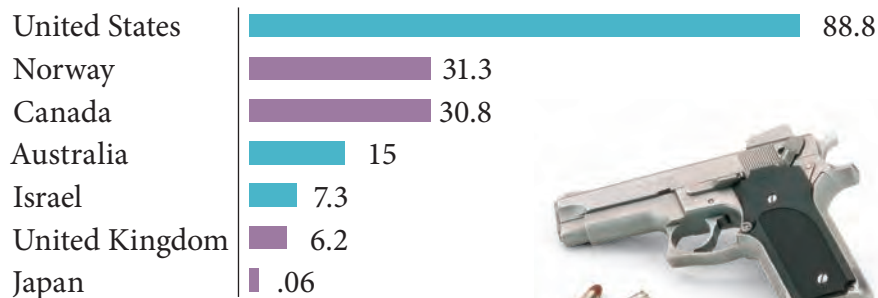
every man, woman and child in the country. Professor Hemenway calculates the U.S. firearm homicide rate to be seven times greater than that of Canada, the next first-world country on the list.

Federal law sets minimum standards for firearm regulation in the U.S., and the Constitution establishes the supremacy of federal law. However, individual states, including Idaho, Alaska and Kansas, have passed laws designed to circumvent federal policies, and have met no federal challenge.

The Gun Control Act of 1968 prohibited the sale of firearms to certain high-risk individuals, including minors, those with criminal records, the mentally disabled, unlawful aliens and dishonorably discharged military personnel. In 1993, the law was amended by the Brady Handgun Violence Prevention Act, which mandated background checks for all unlicensed persons purchasing a firearm from a federally licensed dealer. However, a loophole codified in the Firearm Owners Protection Act of 1986 effectively allows anyone, including convicted felons, to purchase firearms without a background check.

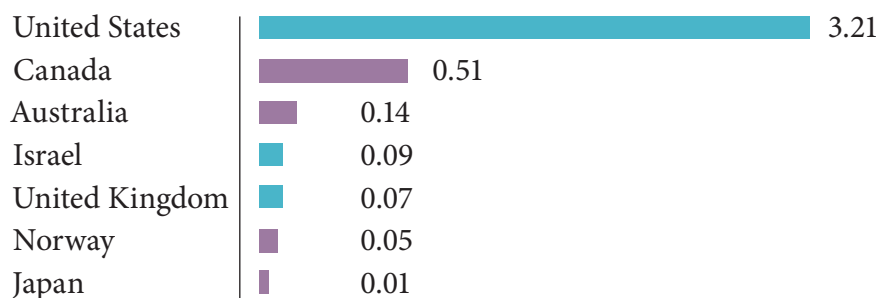
As of 2015, there were no federal laws banning semiautomatic assault weapons, military-style .50 caliber rifles, handguns or large-capacity ammunition magazines. A federal prohibition on assault weapons

## Firearms Per 100 People



Source: Small Arms Survey | Graphic: Hagit Bachrach

## Firearms Homicides Per 100,000



Source: UNODC | Graphic: Hagit Bachrach

See **ACTION**, page 18

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**ACTION** from page 17

and high-capacity magazines did exist between 1994 and 2004, but Congress allowed these restrictions to expire.

In Oregon, Senate Bill 941A, also named the Oregon Firearms Safety Act, requires universal background checks for firearm transfers. Eight jurisdictions currently require a background check to be conducted prior to any firearms transfer, including those between private citizens and at gun shows. This is known colloquially as a “universal background check.” Some states have additional restrictions, including handgun purchase permits, waiting periods, assault weapons bans and magazine capacity restrictions. Oregon currently mandates that all firearms transfers at both gun shows and gun dealers be completed with a criminal background check. Checks for private individuals, however, are “permissive.”

ORS 166.436 provides that, prior to transferring a firearm, a transferor *may* request by telephone that the Department of State Police conduct a criminal background check on the recipient. If a seller makes this request, he or she is then immune from civil liability for any use of the firearm from the time of the transfer, unless he or she knows, or reasonably should have known, that the recipient is likely to commit an unlawful act with the firearm. The Act makes a background check between private individuals mandatory. There are exceptions, including 1) transfers between law enforcement agencies; 2) transfers at firearms turn-in or buy-back events; 3) transfers to certain family members;

or 4) transfers as a result of the death of the owner. Violation of these provisions is classified as a Class A misdemeanor for a first offense (like a DUI or writing a bad check), and a Class B felony for second and subsequent offenses. In the event that a background check reveals a buyer’s ineligibility to possess a firearm, the Act allows the Department of State Police to notify the local sheriff of the attempted firearm transfer. Lastly, the Act allows judges to prohibit those undergoing “assisted outpatient treatment” from owning a firearm if, in the opinion of the court, there is a reasonable likelihood the person would constitute a danger to themselves or others as the result of the person’s mental or psychological state. This law passed, effective May 11, 2015.

According to Nicholas Kristof, Pulitzer Prize-winning author and columnist for the *New York Times*, cars are a good example of the public health approach that we should apply to guns. We have systematically taken steps to make cars safer: seatbelts, airbags, limited licenses for teenage drivers, changes in drunken driving rules and established traffic regulations, better crosswalks, safer bike lanes, auto safety inspections and laws prohibiting texting while driving. We’re not going to eliminate gun deaths in America. But a serious effort might reduce gun deaths by even one-third, and that would be 11,000 lives saved a year.

With regard to research into causation and gun safety, the gun lobby has largely blocked research on making guns safer. Mr. Kristof states that between 1973 and 2012, the National Institutes of Health awarded 89 grants for the study of

rabies, 212 for cholera and only three for firearms injuries.

In 1996, the NRA accused the CDC of promoting gun control by backing research into gun violence. The CDC was forced to impose a ban on firearm research in order to maintain federal funding. Recently, a CDC spokesman, Courtney Lenard, stated to the *Washington Post* that, “It is possible for us to conduct firearm-related research within the context of our efforts to address youth violence, domestic violence, sexual violence, and suicide, but our resources are very limited.” Congress has continued to block dedicated funding, making it impossible for the nation’s major public health research entity, CDC, to contribute.

The National Institute of Justice, an arm of the U.S. Department of Justice, funded 32 gun-related studies from 1993 to 1999, but none from 2009–2013, according to Mayors Against Illegal Guns.

The Second Amendment of the U.S. Constitution states: “A well-regulated Militia, being necessary to the security of a free State, the right of the people to keep and bear Arms, shall not be infringed.” Supreme Court rulings, citing this amendment, have upheld the right of states to regulate firearms. However, in a 2008 decision (*District of Columbia vs. Heller*) confirming an individual right to keep and bear arms, the court struck down Washington, D.C., laws that banned handguns and required those in the home to be locked or disassembled.

In summary, the **Medical Society of Metropolitan Portland** membership is agreed that the issue of gun violence is a serious public health issue, and that we

have a responsibility to speak out to promote the safety of our patients and their families. Like any disease or cause of suffering, we need an evidence-based public health approach. This requires us to create avenues for meaningful research on gun violence and its prevention. We must treat the problem as an epidemic and systematically eliminate the barriers to studying the issues.

Meaningful action should include broader screening and treatment for mental illness, providing tools for conflict resolution, and promotion of responsible gun ownership principles. These goals obligate us to address the social inequities that lead to lack of education, poverty, gangs and violence. Gun sellers who disobey regulations should be prosecuted. Physicians need to start conversations on guns in the home, gun safety, and the contributors to violence in our communities. It is possible to uphold the Second Amendment while still reducing the number of and access to guns, as well as creating rational restrictions on assault and large-clip weapons.

Safer guns have been developed in the past—why can’t we turn the formidable intelligence of Oregon to the task of creating smart guns?

As a community of professionals charged with safeguarding our communities, we can no longer stay silent. In order to make inroads into meaningful advances similar to what we’ve accomplished with HIV or heart disease we must take a stand, make a statement and believe in it. •

*Brenda Kehoe, MD, is immediate past president of MSMP’s Board of Trustees.*

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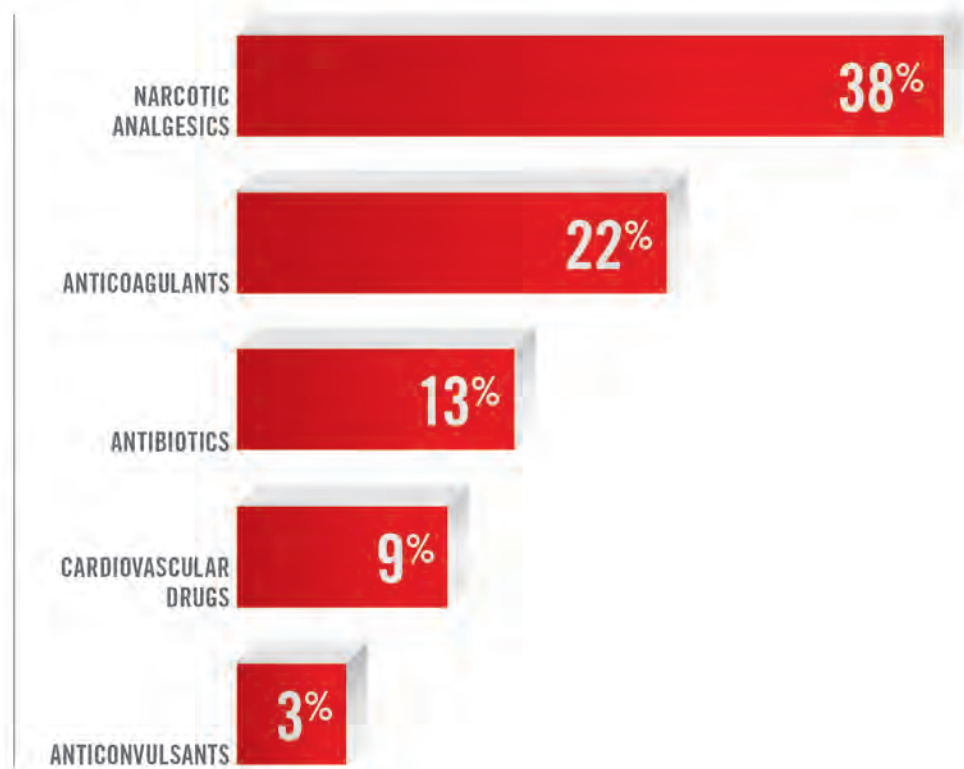


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