Thinking About the Unthinkable

By Nancy Boutin, M.D.

QUESTION: Which set of antonyms best describes Doug Eliason, D.O., Salem family practice doc?

a. Anticipation / Recollection
b. Doctor / Administrator
c. Soldier / Civilian
d. All of the above.

ANSWER: d. All of the above

Eliason, who joined the Salem Hospital medical staff in 1994 after nine and a half years of active Army duty, exchanges his civilian garb for an Oregon National Guard colonel’s uniform approximately 100 days per year. As Chief Medical Officer and Oregon Army National Guard Liaison, he “coordinates Guard issues,” filling a dual role as doctor and administrator.

The Guard, founded as a civilian militia in 1636 by English Colonists, developed a reputation during the second half of the 20th century as a place for weekend warriors to play soldier a few days a month or fly high power aircraft on the military’s expense account. During the Vietnam era, it was seen as a safe place to stay out of harm’s way – a Guardsman was more likely to face a swollen river or an American protester than a foreign combatant. All that changed when the US transitioned into an all-volunteer military. Anyone who reads the newspaper knows that Guard units, normally under the command of its state’s governor, are frequently mobilized federally to support the active military anywhere in the world. And the well being of those soldiers when they come home falls to officers like Eliason.

He performs a similar set of dual duties as Deputy Surgeon in the United States Northern Command (Northcom), under Captain James W. Terbush, M.D., “who is responsible for the integration of Department of Defense medical assets internally and with other agencies in support of military response...
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Smallpox, the Speckled Monster

By William Purnell, Jr., M.D.

In 1888 French Egyptologist Georges Daressy discovered the tomb of Ramses V, the fourth pharaoh of the Twentieth dynasty of Egypt, while excavating in the Valley of the Kings. Archaeologists later determined that Ramses V had died in 1141 BC at the age of 35 after reigning only four years. His mummy provided an explanation for Ramses’ short tenure. It revealed a face covered with pustules characteristic of smallpox, a viral disease that kills one in every three of its victims and which, until only recently, was one of the most devastating and highly feared scourges in human history.

Smallpox emerged in the Middle East or Asia eight to ten thousand years ago during the first (Neolithic) agricultural revolution. Its viral ancestor began as a disease limited to cattle. Early humans, exposed to this viral predecessor by close contact with their recently domesticated cattle, initially suffered little or no ill effect. But at some point in recent pre-history, a new and highly virulent strain of the cattle virus adapted to humans, crossing over as the modern smallpox virus with devastating results.

Civilization, with its permanent settlements and burgeoning populations, enabled the rapid spread of smallpox. The new strain proved so virulent that it changed the course of history through the ensuing millennia, right up to the last quarter of the 20th century. Recurrent epidemics killed countless millions of people, decimating entire cities, states and empires. Few if any individuals, peasant or king, were spared the ordeal of smallpox.

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Mummy of Ramses V, Pharaoh of Egypt, Reign 1145-1141 BC, Cairo Museum, Egypt

Electron micrograph of the smallpox virus
Generation Y makes up over 70 million people in the U.S. With those born between 1977 and 1994 included, they make up over 20% of today’s population. The largest generation since the baby-boomers, the Millennials are defined by their numbers. They will have a huge social and economic impact. I am already seeing the impact of this generation first hand as we hire young associates for our firm. Needless to say, the work dynamic sometime takes some getting used to – for both generations!

There are three major characteristics of the Millennial group: 1) They are racially and ethnically diverse, 2) They are extremely independent because of divorce, day care, single parents, latchkey parenting, and the technological revolution that they are growing up alongside, and 3) They feel empowered; thanks to overindulgent parents, they have a sense of security and are optimistic about the future.

The oldest members of generation Y are now entering the workforce. At the same time, the Baby Boom generation is retiring at a much older age than those of previous generations. This will bring intergenerational conflicts, as well as uncertainty about what the future of America’s workforce will be.

This month’s column I turn over to guest writer Jill Shitamoto. Jill is a legal extern at our law firm, and is diligently working towards a combined CPA/JD/MBA degree. As both a physician’s daughter and a card-carrying member of Generation Y, Jill shares her perspective on the differences between the Baby Boomers and her own generation. Here’s Jill:

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A few weeks ago, I was at dinner with my mother, my father, and one of his colleagues. Dinner conversations usually are the normal subjects; centered on daily events, upcoming activities, and sports (mostly golf, my father's addiction). This particular conversation, however, was quite interesting as we discussed the differences in attitudes between the “Baby Boomers,” and “Generation Y.”

It began as my father and his colleague, both pathologists in Hawaii, expressed their frustrations with a new physician in their clinic. The two of them looked at me and said, “Your generation! They have this sense of entitlement. They expect privileges without producing work.”

In a sense, they are correct. A child of two “Baby Boomers,” my life has been significantly different than theirs. Generation Y has been taught different things than our Baby Boomer parents. Baby Boomers were taught the value of hard work; Gen Y is learning about work-life balance. Baby Boomers were encouraged to maintain the family business and were restrained by their resources; Gen Y is out in the world, exploring everything and anything as potential opportunities.

Many “Gen Y-ers” are or have been financially dependent upon their parents. My parents both had jobs from before they can even remember; I started my first job around my junior year of high school. The Fair Labor Standards Act set minimum age, wage, and job restrictions to prevent child labor abuse. However, as our society has evolved from a manufacturing-based economy to an urbanized, corporate society, the FLSA has made children and young adults increasingly dependent. To illustrate, my parents had to foot the bill for their college education; I was encouraged to apply to every Ivy League school with the promise of financial assistance.

Another characteristic of Generation Y is extreme self-confidence; young adults in my generation distinguish and define ourselves based on our accomplishments. Public or private school? Valedictorian? Summa Cum Laude? Distinguished or Honor graduate? Due to ratings and rankings, some Generation Y adults feel that they deserve that spot at the clinic or firm because of what we’ve earned and learned during our education.

All of our lives we (Generation Y) have been pampered and groomed to think this way, to expect that many things will be given to us. As my generation enters the workforce, the experienced Baby Boomers need to mentor and train the Generation Y “newbies” because in a few years, these young professionals will be the successors carrying out the business legacy that you will leave behind. Allow us to earn the privileges and perks of work. Instead of accepting this young pathologist’s ideals, my father and his colleague should have made this Generation Y young adult work through the weekends. The Generation Y workforce needs to earn and work toward the desired position instead of expecting promotions. There is great value in having inexperienced, young workers struggle through problems, for both the mentor and the mentee.

Through my studies, I have learned that adapting to Generation Y workers in today’s workplace, and the demands that come with us, is mirrored in the Technology Adoption Life Cycle.

The companies who started the change to an increasingly digital, paperless world early are the Innovators.
School is out, summer is finally here and I am headed to Eugene eight of the next ten days to watch the Olympic trials for track and field. Before I go to watch others compete at one of my life passions, track, I want to cover some basics about three types of taxes: estate, gift and income.

First, let’s set the scene. Financial statements provide a way to measure accumulation of assets, liabilities, and net worth at a point in time – BALANCE SHEET – and measure periodic (monthly, quarterly, or annually) amounts of income and expenses – INCOME STATEMENT.

The federal estate tax looks at an individual’s balance sheet at their date of death and assesses a tax on the transfer of the accumulated net worth to the balance sheet of another individual. Net worth equals assets minus liabilities. The top estate tax rate is currently 45% and each of us is allowed a $2 million transfer exemption. Over the next eighteen months, expect to hear a lot about the estate tax. At present the $2 million exemption and the top tax rate are slated to change as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Exemption</th>
<th>Top tax rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>$3,500,000</td>
<td>45%</td>
</tr>
<tr>
<td>2010</td>
<td>zero</td>
<td>0%</td>
</tr>
<tr>
<td>2011</td>
<td>$1,000,000</td>
<td>55%</td>
</tr>
</tbody>
</table>

Heirs that receive assets through an estate are allowed to adjust the tax basis of those assets to the date of death value. However, with tax eliminated in 2010 heirs must use the carryover basis on inherited as-

Continued on page 7
sets rather than date of death value. For at least three years there has been talk about how the estate tax will be changed before 2010. Some believe a permanent exemption will be created between $3 and $5 million and the top tax rate will be between 30 and 45 percent.

The federal income tax uses the other financial statement, the income statement, and assesses a tax on the generation of taxable income. To complicate things, certain types of income may be fully or partially exempt from taxes and only certain expenses are deductible against income. Also, there are certain allowances called exemptions and standard deductions and certain expenses have to rise above minimum levels before they actually become a deduction. Currently the regular federal tax rates range from 10 to 35 percent on ordinary income and from 5 to 15 percent on capital gains. Of course, with this being an election year, there is a lot of speculation about tax rates and rules under a new administration.

Gift taxes, like estate taxes, focus attention on the balance sheet. I receive a lot of questions about gifting, the resulting taxes, and who pays. Gifts from an individual to another individual are, simply stated, a transfer of an asset from one individual’s balance sheet to another individual’s balance sheet. Like the estate tax, the gift tax (if applicable) is assessed against the person making the gift, not the person receiving the gift. Also, contrary to what many people think, making a gift does not create a deduction and receiving a gift does not result in taxable income. Hopefully, my use of the balance sheet as the financial statement involved in gifting reinforces that concept, in that you are just moving an asset from one balance sheet to another balance sheet and the income statement is not even involved. So, under what circumstances is there a gift tax? There are two types of exclusions that apply:

- **ANNUAL EXCLUSION** – currently $12,000; allows an individual to make gifts of $12,000 or less to any number of individuals during a calendar year.
- **LIFETIME EXCLUSION** – currently $1,000,000; allows an individual to make gifts in excess of the annual exclusion throughout their lifetime on a cumulative basis up to $1,000,000.

Therefore, gift taxes will only be assessed after a person exhausts their lifetime exclusion and only then on amounts that exceed the annual exclusion. The other significant feature to the gift tax system is that the use of the lifetime exclusion of $1,000,000 counts against your estate tax exemption of $2,000,000.

The summer months are a good time to meet with your advisors (attorney, CPA and investment) to plan for estate, gift, or income tax issues. Knowing the basics will help you prepare for a planning session.

Doug Parham, CPA is a partner with the firm of Boldt, Carlisle & Smith, LLC, Certified Public Accountants, which serves clients throughout the Willamette Valley and around Oregon from offices in Salem, Stayton, and Albany. He can be reached at (503) 585-7751 or at dparham@bcsllc.com. For more information please see www.bcsllc.com.
Those who accepted the change early on are the Early Adopters, followed slowly by the Early Majority and Late Majority. Lastly, and those most resistant to change, are the Laggards. By the time the Laggards have accepted this technology, there is already another new technology in the mix.

While Generation Y workers need to struggle and earn their stripes, to stay in the game and compete for the workforce, your clinic must be able to satisfy their unique demands: flex time, telecommuting, part-time options for rearing young children, and so on. Although catering to the demands of the new workforce seems to be, in essence, rewarding bad behavior, Gen Y workers will leave your clinic for other clinics that have adopted this new emerging workforce and you may lose out on some of the best and brightest young physicians. There is less of a “company loyalty” bone in the Generation Y body than in the Baby Boomer body. The Gen Y-er will go to where the demands and flexibility of the workplace best fit the demands of their preferred lifestyle.

Just like the work-life balance that Generation Y seeks, there needs to be a balance between the experienced Baby Boomer and the energetic Generation Y work force. There will always be value in the phrase “Respect your elders,” but many young workers have this sense of entitlement because of where we attended school, or who our parents are. But don’t give up on us. We are hard workers and some Gen Y-ers do recognize that our managers and executives are in their positions because they have worked hard and have invested time. Mentor us, guide us, teach us. Most of us are out there reaching for the stars and trying to change the world, because anything is possible – just like you’ve always told us.

Attorney Eden Rose Brown is dedicated to providing comprehensive, highly personalized, counsel in wealth preservation strategies, asset protection, family legacy design, and estate, tax and charitable planning. She holds the highest standards of scholarship, client service and lawyer accessibility. Eden has been honored as an Oregon Super Lawyer by her peers, and Worth magazine has twice selected her as one of the Top 100 Attorneys in the United States. Eden is a past director of the Marion-Polk County Medical Society Foundation, Willamette Humane Society, and the Chemeketa Community College Foundation. The Law Office of Eden Rose Brown is located at 1011 Liberty Street SE, near downtown Salem, with additional offices in Bend and Portland. Phone: (503) 581-1800 Email: Eden@EdenRoseBrown.com Web: www.EdenRoseBrown.com

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Legally Speaking . . . continued from page 5.
Many of the most prestigious medical organizations in the Pacific Northwest recognize our leadership and have chosen to endorse Northwest Physicians as their preferred provider of professional liability coverage. They’ve found a company that is committed to excellence and integrity in medical care, and together we strive for a common objective: a determination to advance and protect the practice of good medicine.

As you think about the organizations you respect the most, remember that each of these organizations is made up of people. Practicing physicians, healthcare professionals; people who have done their research and recognize top-flight service, aggressive defense of local physicians, and the kind of company that supports physician initiatives in legislative tort reform discussions.

These local organizations include:
- Association of Northwest Physicians
- Columbia-Pacific IPA
- Doctors of Clackamas County
- Eastern Idaho IPA
- InterHospital Physicians Association
- Jackson County Medical Society
- Lane County Medical Society
- Lane Individual Practice Association
- Marion-Polk County Medical Society
- McMinnville Physicians Organization
- Medical Society of Metropolitan Portland
- North Idaho Health Network, Inc.
- Quality Care Associates
- Tuality Health Alliance

Don’t you think it is time you joined with your colleagues who think supporting physicians is essential?
Tax-deferred annuities are sold, not bought. Especially in a down market like we are experiencing today. Our clients are being approached by annuity salespersons from banks, insurance agencies, and brokerage firms and we’re experiencing new clients seeking a second opinion about the latest generation of annuity products with certain guarantees.

Tax-deferred variable annuities are like a portfolio of mutual funds wrapped inside an insurance contract. They even offer a death benefit guaranteeing the amount of your contribution, or portfolio value, whichever is greater. Some even guarantee your purchase payment plus say, 5% per year, if you die. An annuity can also provide guaranteed income payments if you live too long. The money in it grows tax-deferred. At a later date, you can withdraw your money or you can take a series of payments over your lifetime, called an annuity.

Some annuities can also provide guarantees during the cash accumulation phase. The insurance companies call these “living benefits.” They promise, for example that no matter what your account value is at the time you are ready to annuitize the contract, you will be guaranteed a certain level of income based upon the account’s highest value over the past 10 years. This can sound pretty appealing in this market environment.

But before you take the leap, consider the following:

1. All variable annuities have an extra layer of fees over and above what a comparable mutual fund would have. These are typically 1.3% to 2.2% each year, depending upon the extra whistles and bells you add for death benefits. (However, some no-load contracts have mortality and expense charges of only 0.25-0.6% per year, but you won’t be offered one of those from a commissioned agent.) Those with guaranteed income minimum benefits (GIMB) have unusually high fees.

2. If you select any of the guaranteed income minimum benefits (GIMB) your investments will need to earn another 0.5% to 1.5% to break even each year. (Add that to the numbers above.)

3. If you select any of the guaranteed withdrawal benefits, you will need another 0.5% to .95% to break even each year on top of the numbers in #1 and #2 above.

4. The underlying investment funds have internal charges of .55% to 1.76% each year, depending upon the mix of funds you use. Of course, you would have similar expenses these internal expenses in a mutual fund, so this isn’t as important as the costs in items #2 and #3.

So what does all this mean? You have a huge handicap before you even earn a penny. Those extra whistles and bells really detract from your investment return. Taking the mid-point of the basic fee (1.95), plus .75% for a middle of the road GIMB, and a low end .5% for one of...
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Ron Kelemen is an independent CERTIFIED FINANCIAL PLANNER™ with 26 years of experience, and is listed by Medical Economics magazine as one of The 150 Best Financial Advisors For Doctors. He offers fee-only investment management and financial planning advice through The H Group, Inc., one of the largest independent registered investment advisory firms in the Northwest. 960 Liberty St. SE, Suite 210 • Salem, OR 97302 • (800) 285-6240 • website: www.PlanningVisionProcess.com

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**Tax-deferred variable annuities are like a portfolio of mutual funds wrapped inside an insurance contract.**

- **The GIMB sounds very appealing. But you often don’t get those guarantees until you have had the contract for 10 years.** Insurance companies generally don’t lose money. One of the ways they can offer these guarantees (in addition to the extra fees they charge) is that they offer you a lower annuity rate when those contracts are annuitized than if you purchased an immediate annuity with outside funds. So even if you lost money in an alternative portfolio invested elsewhere, and you purchased an immediate annuity with that lower value with the same company, the odds are high that you would get a higher monthly income.

An immediate annuity purchased at retirement can make sense in some cases. But for most people, saving money in less costly vehicles and then purchasing the annuity income stream at retirement is the way to go. Use your 401-k or retirement plan for efficient tax deferral. If you are really worried about risk, you can structure your investment portfolio to minimize it (the way an insurance company might do so). You could also spend less and save more. But paying extra (and often hidden) fees transfers the obvious potential risk of unknown magnitude to the less obvious—and guaranteed risk of an expensive insurance contract. There is no free lunch.

Ron Kelemen is an independent CERTIFIED FINANCIAL PLANNER™ with 26 years of experience, and is listed by Medical Economics magazine as one of The 150 Best Financial Advisors For Doctors. He offers fee-only investment management and financial planning advice through The H Group, Inc., one of the largest independent registered investment advisory firms in the Northwest. 960 Liberty St. SE, Suite 210 • Salem, OR 97302 • (800) 285-6240 • website: www.PlanningVisionProcess.com
The Greek historian Thucydides recorded one of the earliest examples of a pox-like epidemic, closely matching smallpox, in his History of the Peloponnesian War (431–404 BC). The plague began in Africa, spreading to Persia and in 430 BC to Greece. An estimated one fourth of the Athenian military force and civilian population were wiped out. The Antonine Plague of second century Rome and the surrounding countryside was another smallpox plague. It was brought to Rome by soldiers returning from Mesopotamia. Between 165 AD and 180 AD 3.5 to 7 million people died, one fourth to one third of the city’s population. A recurrent smallpox plague de-populated Rome between 211-266 AD, contributing to the fall of the Roman Empire. Rome was subsequently overrun by barbarian invasions.

Smallpox took its toll on the Far East after making its way to China via infected traders traveling the Silk Road. For centuries Japan had been protected by its isolation from smallpox epidemics on the Chinese mainland. That changed in 522 AD, however, when Buddhist missionaries from Korea brought smallpox with them while visiting the Japanese court. The 7th Century AD began Japan’s “Age of Plagues” which lasted from 700-1050 AD.

Crusaders returning from the Holy Lands carried smallpox to Medieval Europe. By the 15th Century smallpox was endemic in Europe. Twenty-nine year old Queen Elizabeth I of England contracted smallpox in October 1562. She survived both the disease and the therapy, consisting of heat treatments and scarlet blankets. But she lost most of her hair and eyebrows, and she was left with deep facial scars. Like other upper class women of her era who survived but were disfigured by smallpox, she resorted to wearing wigs (hers were “signature” red) and heavy makeup in compensation until her death in 1603. Many European royal families were less fortunate. In a period of 120 years beginning in 1654, eight monarchs, including Louis the 15th of France, Louis the 1st of Spain and Tsar Peter the 2nd of Russia, succumbed to smallpox.

The native populations of the New World were exposed to smallpox for the first time with the arrival of Europeans and Africans in the 16th Century. The effects were devastating. Spanish conquistador Hernan Cortez was greatly aided in his conquest of the Aztec Empire by the development of a smallpox epidemic in 1521. It began in the Aztec capital of Tenochtitlan, a city inhabited by over 200,000 people. The smallpox virus was probably carried to Mexico via an African slave who was aboard a Spanish supply ship docked in Cuba. The death rate in the native population reached 90%. “The corpses,” wrote Cortez’s biographer, “stank so hor-

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“I shall not be afraid of the terror by night,
Nor the arrow that flies by day,
Nor the pestilence that walks in darkness . . .”
Psalm 91:5-6

“... Indeed many people died of them (pustules), and many just died of hunger ... there was no one to take care of another ...”
Fr. Bernardino de Sahagun
Aztec smallpox epidemic of 1521, Florentine Codex
A virus is defined as a sub-microscopic infectious agent composed of encapsulated DNA or RNA that cannot reproduce or grow outside a host cell. Viruses are extremely small when compared to other infectious microorganisms such as bacteria, though variola is one of the largest viruses, measuring up to 12 one-millionths of an inch. Seen for the first time in 1947 by American scientists using electron microscopy, variola has a single double stranded DNA genome. The poxviruses are unique among the DNA viruses in that they replicate in the cytoplasm of host cells rather than within their nuclei. Smallpox has numerous “cousins” including swine pox, rabbit pox and camel pox. Its closest viral relative, molluscum contagiosum, is limited to humans. Other Orthopox viruses that infect humans are vaccinia, cowpox and monkeypox. Chickenpox is not caused by a poxvirus but by an unrelated herpes virus, Varicella zoster.

There are two forms of the variola virus, V. major and V. minor. The most lethal is V. major killing an average of 30% of its victims. V. minor is relatively benign with a 1% mortality rate. Smallpox is an infectious disease caused by the variola virus. Variola belongs to the genus Orthopox (true pox) and is a member of the family Poxviridae. The word “variola” comes from Latin, meaning “spotted” or “speckled.” The term “virus” is also of Latin origin, meaning “toxin” or “poison.” A “pox” is any rash consisting of pustules of skin lesions filled with pus. The name “smallpox” was coined in 15th Century Europe to distinguish it from the syphilis. Syphilis, which is of New World origin and caused by the gram-negative bacterial spirochete Treponema pallidum, was called the “great pox” because of the larger pus blisters it produced on the skin relative to smallpox.

Once inhaled, an incubation period of about twelve days begins. Variola invades and begins to replicate in the mucosal cells lining the mouth and throat, migrating to local lymph nodes. For several days typical viral prodromal symptoms occur. These include fever, headache and myalgias, nausea and vomiting. Within two weeks, a rash of small red spots (macules) presents on the mucous membranes of the mouth and throat followed by the face. The skin and mucosa are preferentially attacked. As the first wave of infected cells rupture, viruses spill into the bloodstream also spreading to the spleen, bone marrow and distant lymph nodes. The entire body quickly becomes covered by a mass of red speckles resembling fleabites. These then progress to pea-size vesicles and pustules. The victim is tormented with burning pain. A nauseating stench exudes from the body. The eyelids may be glued shut by pus. Blindness can follow if the cornea of the eye is attacked.
There are several clinical courses which smallpox may follow. Survivors of the “ordinary” form of smallpox develop scabs that drop off in a period of several weeks, leaving deep depigmented scars on the face and body. There is a “confluent” form of ordinary smallpox. It produces a coalescent rash in which the skin detaches in large sheets. This form has a 62% mortality rate. “Flat” and “hemorrhagic” forms of smallpox are rare (less than 10%) but highly lethal. Hemorrhagic smallpox is a manifestation of widespread systemic infection. It is called the “black pox” because severe bleeding develops in the skin and mucous membranes, becoming black before an agonizing death finally claims the victim.

Fortunately, today few patients or their doctors are faced with such grisly outcomes. Smallpox itself is history.

The last naturally occurring case was reported on October 26, 1977. Ali Maow Maalin, a 23 year-old cook in a small Somali village, was the last individual to acquire the disease through direct human contact. How was the speckled monster tamed? Is it really gone?

NEXT MONTH:
How the body’s immune cells fight off smallpox and the true story of a controversial technique to rally those cells into battle, introduced by a spirited English Lady.

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Ali Maow Maalin, 1977
Last smallpox victim

Ali Maow Maalin, 1977
Last smallpox victim

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Dividends
By Dean Larsen, CAE, Executive Director

In 2003 Emily Weimer was a senior at North Salem High School on her way to graduating as class valedictorian with a 4.0 GPA and a dream of someday becoming a physician. In pursuit of that dream she applied for the Medical Society pre-med scholarship. That year also happened to be the first time the scholarship committee elected to give a kicker scholarship to the pre-med winner upon their acceptance to medical school. Emily won the pre-med scholarship and went off to college that Fall. She completed her baccalaureate in 2007 and was wait-listed on her first application to medical school. When I contacted her this spring I was pleased to hear she has been accepted to OHSU and will begin medical school there this Fall. The following is Emily’s response to my letter and the kicker check:

Dear Scholarship Committee and MPCMS Members,

Thank you for your renewed support of my goal to become a physician. As a senior in high school, the award I received from the medical society was the first legitimate affirmation of my potential to successfully pursue a career in medicine. I say “legitimate” because I had plenty of encouragement from friends and family, but I knew no one with a medical degree. Thus, my hopes were but ephemeral dreams. Through the medical society, I was able to infuse those dreams with a bit of substance by shadowing in surgery and testing my motivations in the scholarship interview. Dr. Peter Bernardo, whom I had shadowed, continued his support by writing a letter of recommendation as part of my medical school application.

Now that I have been accepted to medical school, it seems strange and unexpected that my dreams have become a reality. The ongoing support of the medical society, however, reminded me I have been successful thus far, and so I have every expectation of excelling academically and professionally through formal medical training and beyond.

I will surely keep Salem in mind as I move closer towards completing medical training. As an aside, I have also assisted on medical missions to Ecuador and Uganda, so if any of Salem’s doctors are seeking assistants to travel abroad, please keep me in mind.

Thank you again for your support and very generous gift toward my education!

Sincerely,

Emily Weimer

The scholarship fund is supported entirely by proceeds from the annual vacation raffle, individual donations, and now sales of the ChartNotes® Collection. The entire amount of any private donation to this fund is tax-deductible as is 50% of the purchase price of the ChartNotes® Collection. If you wish to make a donation or purchase copies of the ChartNotes® Collection, call the Medical Society at 503 362-9669. The scholarships are a long term investment in local young adults and the future of medicine, but as Emily’s letter shows…it pays tremendous dividends.
What is a Professional Employer Organization (PEO)?

By Jenifer Sing, Account Manager, BBSI and Lonnie A. Wink, MBA, Human Resources Consultant, BBSI

A Professional Employer Organization (PEO) helps client companies cost-effectively outsource the management of payroll, workers’ compensation, human resources and employee benefits. PEOs help clients focus on their core competencies as well as manage their liability and risk to maintain and grow their bottom line. The PEO simply becomes the off-site human resources department. This arrangement is similar to any Fortune 500 company that has its HR staff physically located at its headquarters with many locations all over the country.

The concept of co-employment has been around for more than 20 years and was officially recognized by the IRS back in 1993 (see section 414N of the IRC). Under this arrangement the client is the employer for all day-to-day management of staff. The PEO becomes the administrative employer and is responsible for providing payroll, filing taxes and associated reports, record keeping and providing guidance with labor law compliance. In addition most PEOs offer HR consulting with their clients as a value added service to assist with daily employee issues that may arise.

Advantages of using a PEO:

• **Potential Cost Savings:** By bundling the overall costs of being an employer in Oregon through a PEO, many companies find they save between 6% and 19% of overall costs annually.

• **Risk/Liability Reduction:** Because PEOs technically “co-employ” all staff, they become the “employer of record” for most HR related issues including: Payroll, Workers Compensation, Risk Management, I-9 compliance, Tax Compliance, Terminations, etc.

• **Benefit Administration:** PEOs enable small employers to compete for potential talent by offering comprehensive benefit packages, and handling administration of those packages.

• **Human Resource Services:** Some of the HR related issues PEOs handle for client companies are: Unemployment Claims Management, ADA and EEOC, Terminations, Disciplinary Procedures, Job Descriptions, Performance Evaluations, Employee Handbooks, Employee Counseling, Wrongful Termination Avoidance, Harassment Issues as well as Consultation on a wide variety of HR related subjects.

**HR Responsibilities Without PEO**

<table>
<thead>
<tr>
<th>Payroll: Hours/Pay Rate/Tax Withholdings/Reporting, Deductions, Garnishments, Issuing Checks/Direct Deposits, Account Reconciliation, Customized Reporting, Vacation Pay, Sick Pay, Check Delivery, Cost Accounting, W-2’s, New Hire Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR Management: New Employee Processing, Screening, References, Job Descriptions, Reviews, I-9, W-4, ADA, FMLA, DOL, INS, Employee Manuals, Written Warnings, Disciplinary Notices, Terminations, Unemployment, Employment Verifications</td>
</tr>
<tr>
<td>Employee Benefits: 401(k) Plan, Cafeteria Plan, Health Insurance, Life Insurance, Disability Insurance, Vision, EAP, COBRA, Claims Management, Policy Negotiation, ERISA, HIPAA</td>
</tr>
<tr>
<td>Workers’ Compensation: Insurance, Fraudulent Claims, Large Premium Deposits, Costly Premiums, Claims Management, Loss Runs, WCIRB</td>
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</tbody>
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**HR Responsibilities With PEO**

<table>
<thead>
<tr>
<th>Payroll: Report Hours/Pay Rate</th>
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<tbody>
<tr>
<td>HR Management: New Employment Reporting to PEO, Reviews, Warnings, Disciplinary Notices, Terminations (with assistance from PEO)</td>
</tr>
<tr>
<td>Employee Benefits: Administered by PEO</td>
</tr>
<tr>
<td>Risk Management &amp; Safety: Safety Meetings, OSHA Compliance</td>
</tr>
<tr>
<td>Workers’ Compensation: Report Incidents to PEO</td>
</tr>
</tbody>
</table>

US Department of Labor Statistics predicts that by the year 2020, more than half of American employees will be employed by Professional Employer Organizations (PEOs). (www.napeo.com)

Between 1980 and 2000, the number of labor laws and regulations grew by almost two thirds, says the federal Small Business Administration, which estimated owners of small or mid-sized business spent up to a quarter of their time on employment-related paperwork. PEOs assume much of this burdensome responsibility and help companies comply with all these regulations. (www.napeo.com)
Below are two examples that show the difference between a traditional medical clinic handling all labor and risk related costs for employing staff and the potential cost savings involved when utilizing a PEO. The costs and savings involved when partnering with a PEO vary depending upon the salary levels of staff. When salaries of staff members reach certain levels, the tax rate changes and that savings is traditionally passed back to the Clinic.

**SAMPLE A**

ABC Clinic has 5 full time employees.
Total payroll cost is $144,000 annually. 
All employees are eligible for Medical and Retirement Benefits.

<table>
<thead>
<tr>
<th>Traditional Employer Related Costs</th>
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</thead>
<tbody>
<tr>
<td>Workers Compensation Code: 8832</td>
</tr>
<tr>
<td>Medical</td>
</tr>
<tr>
<td>Social Security and Medical Taxes: 7.65%</td>
</tr>
<tr>
<td>Federal Unemployment Tax: .80%</td>
</tr>
<tr>
<td>State Unemployment Tax: 2.4%</td>
</tr>
<tr>
<td>Workers’ Compensation Insurance: .43%</td>
</tr>
<tr>
<td>Administrative Overhead: 8.0%</td>
</tr>
<tr>
<td>(Includes HR Compliance, Payroll Time, Benefit Administration, Risk Management, HR Related Issues)</td>
</tr>
</tbody>
</table>

**Total Traditional Cost with no PEO:** 19.28%

**Example PEO Costs**

<table>
<thead>
<tr>
<th>Total PEO % Cost: 14.00%</th>
</tr>
</thead>
</table>

As you can see it is approximately 5.28% cheaper as a factor of gross labor costs to employ the services of a PEO as compared to the company's current related labor costs.

**Example Savings:**

<table>
<thead>
<tr>
<th>Annual Gross Payroll: $144,000</th>
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</thead>
<tbody>
<tr>
<td>% PEO Savings: 5.28%</td>
</tr>
<tr>
<td>Actual Annual Savings: $7,603.20</td>
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</tbody>
</table>

**SAMPLE B**

XYZ Clinic has 25 full time employees.
Total payroll cost is $1,068,520 annually. 
All employees are eligible for Medical and Retirement Benefits.

<table>
<thead>
<tr>
<th>Traditional Employer Related Costs</th>
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</thead>
<tbody>
<tr>
<td>Workers Compensation Code: 8832</td>
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<tr>
<td>(Includes HR Compliance, Payroll Time, Benefit Administration, Risk Management, HR Related Issues)</td>
</tr>
</tbody>
</table>

**Total Traditional Cost with no PEO:** 19.28%

**Example PEO Costs**

<table>
<thead>
<tr>
<th>Total PEO % Cost: 12.50%</th>
</tr>
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As you can see it is approximately 6.78% cheaper as a factor of gross labor costs to employ the services of a PEO as compared to the company's current related labor costs.

**Example Savings:**

<table>
<thead>
<tr>
<th>Annual Gross Payroll: $1,068,250</th>
</tr>
</thead>
<tbody>
<tr>
<td>% PEO Savings: 6.78%</td>
</tr>
<tr>
<td>Actual Annual Savings: $72,427.35</td>
</tr>
</tbody>
</table>

PEOs help tens of thousands of companies provide benefits such as health care plans, 401(k) tax-free savings accounts and other perks to working Americans. Forty percent of businesses that use PEOs upgrade their benefit packages as a result. PEO sponsored benefit programs can include major and supplemental health-care choices, including vision and dental care, employee assistance programs and even adoption assistance. Workers at small businesses with access to a 401(k) dropped from 28 percent to just 19 percent, the Small Business Administration estimates. However, an estimated 95 percent of workers in a PEO arrangement have access to a pension plan.
Seeking all Chemeketa RN Graduates To Celebrate 40 Years of Chemeketa Nursing

The Chemeketa Community College nursing program is looking to reconnect with its graduates in advance of a planned 40th anniversary celebration. The 40th anniversary reunion will be held Saturday, Sept. 13, at the Salem Campus at 7:00 p.m.

If you know a graduate of the Chemeketa nursing program please have them contact Connie Riecke at rnreunion@chemeketa.edu or 503-399-5266.

The nursing program provides a career ladder format that also qualifies students, after the first year, to test and become licensed practical nurses. The program periodically offers specialized courses to help registered nurses, licensed practical nurses and other health care personnel keep abreast of current knowledge and new developments in nursing. For more information about the program, please contact the nursing office at 503-399-5058.

Medical Director Opening

Liberty House is currently recruiting for a full time Medical Director to join our team.

The ideal candidate should be a BC/BE pediatrician or family physician with a strong interest in child abuse/neglect. Ability to work in a multi-disciplinary team and interest in care coordination required. Liberty House is a private, nonprofit organization, providing services since 1999 to assist our community in responding to suspected child abuse and neglect. The program is based on a medical model of care. Clinical teams provide assessments for over 300 children per year, including exams, interviews, support for caregivers, and referrals for indicated ongoing services. Team members work closely with partner agencies.

The basic functions and responsibilities of this position are as follows:

• Conducts medical evaluations of children for whom there are concerns of abuse or neglect and prepares comprehensive documentation in a timely manner
• Works as part of a team with interviewers and mental health specialists
• Testifies as needed in court on child abuse cases
• Maintains all required licensure, certifications, and insurance
• Trains, supervises and evaluates other medical examiners; including physicians, physician assistants and nurse practitioners
• Assures that Liberty House providers meet specified training levels
• Develops and maintains clinical standards to meet current research
• Develops programs
• Participates in policy development for Liberty House
• Responsible for Liberty House medical records
• Facilitates clinical team meetings and other administrative functions
• Assures quality and consistency of exams/reports
• Serves as one of the Marion County Designated Medical Providers
• Interfaces with local medical community
• Interfaces with medical providers at other child abuse assessment centers
• Interfaces with police and child protective service agencies
• May provide training and peer review to SANE (Sexual Assault Nurse Examiner) nurses in regional hospitals
• Consults and teaches on topics of medical evaluations to medical providers, law enforcement agencies, child protective services, schools and other community partners
• Serves on the local Child Abuse Review Team (CART)
• Maintains list of “consult physicians” (e.g. exam under anesthesia) and “referral physicians”

For a complete job description and to apply, please contact:

Gretchen Bennett
Executive Director, Liberty House
2685 4th St NE
Salem, OR 97301
Tel: 503-540-0288
Fax: 503-540-0293
gbennett@libertyhousecenter.com
to civilian disasters, combating terrorism and protecting Americans.” In layman’s terms—coordinating the agencies that respond to a disaster like Hurricane Katrina or the Twin Towers attack.

But Eliason’s 265 civilian days mirror his military ones. In both worlds he spends his time looking back and looking forward. As a community doctor, he encourages his colleagues to remember the sacrifices of military families by offering medical services to those covered by TriCare, whose bad rap he believes is no longer deserved. He also works through the Marion Polk County Medical Society to help mid-Valley docs dare to think about the unthinkable and prepare for the natural or man-made disaster that could occur in our own backyard.

Obviously, Eliason’s personal and professional lives refuse to sort into tidy little boxes; interests and agendas blur the lines in all directions. His own family has a disaster plan—food and water for a week, gas in the car, and a communication touchpoint. They’re also prepared for him to get called away for a disaster elsewhere or mobilization for active duty, which has happened twice since they moved to Salem. Colonel Eliason has served in some very dangerous places, including the Queen’s Palace in Tikrit, Iraq and the Pentagon in Arlington, Virginia.

In one of his jobs at the Pentagon, the mild-mannered Eliason and his cohorts routinely subjected their boss, the Assistant Secretary for Manpower and Reserve Affairs, to the infamous Murder Board. No, it’s not some kind of black-ops, banned interrogation technique. It’s actually much worse—preparation to testify before Congress.

Eliason, who himself testified once during his mobilization, says that the images on the evening news make the experience appear much more benign that it really is. “It looks like you’re just sitting at this nice wooden desk and the Congressmen are asking questions. What you don’t see until you get into the room is that this little desk is down here and they are way up here.” The witness actually sits down in a pit with congressmen and women arranged in ever-higher tiers, putting the witness at a decided disadvantage and discouraging any difficult or uncomfortable testimony.

But he enjoyed his time at the Pentagon, in part because he assisted one of the fastest fixes ever engineered by the US Military—finding a way...
for Guardsmen injured in the line of duty to get healthcare closer to home. "When you have a CNN moment," he says, "things get done very quickly."

In 2003, the national press discovered that, like soldiers in the regular Army, injured Guardsmen and Reservists were sent to military hospitals for treatment and rehabilitation. However, unlike regular Army, these soldiers’ families did not live on the base where their loved one was recuperating. In fact, in states like Oregon with no military base or hospital, the families might be hundreds of miles away. Stories broke of soldiers stuck far from home for months, living in temporary housing with little to do and no support. While some could get home on weekends, failure to report for "duty" Monday morning endangered their pay, access to healthcare, and/or disability status. Stuck in the CNN spotlight, the government pulled together a task force to find a solution and, as Oregon’s top doc, Eliason found himself Pentagon-bound.

"I worked with Congressional staffers," Eliason says, "especially when they had information issues they wanted to know. I worked with Department of the Army and Department of Defense personnel, both civilian and military – just a fascinating project because it involved so many different people within the government."

In a shockingly short time, the Community-based Health Care Initiative had been proposed, written, and passed by Congress, paving the way for care to be made available at VA facilities and at local doctors’ offices. "This was based on the premise that we have a robust medical system in America and our medical system in the military was strapped because of the war, so why not shift some of that care onto the civilian economy? We set up eight health care organizations around the nation and people were allowed to go back and live in their own homes, get care through doctors they already knew and trusted, but they were allowed to stay on active duty so their families continued to get benefits."

Of course, the plan requires willing community providers to care for the returning soldiers and their families. Private practices have the choice of which insurance carriers to accept, and so, which patients. Eliason contends that "Doctors never forget, and anyone who ever had a slow claim with CHAMPUS, Tricare’s predecessor, will remember that experience forever."

He suggests that Salem’s civilian clinics and private offices should “try taking a couple and see how it goes.” He thinks area doctors will be pleasantly surprised. Although, he admits, the reimbursement rate is lower than most private carriers, payment is guaranteed within one month. “If you have to work a claim over and over,” he says, “its value goes down even if the level of reimbursement looks better.”

“Besides, if you look at Tricare as just an insurance company, you’re missing the point,” Eliason contends. “It’s really an entitlement owed to men and women who have sacrificed for the good of the country.” By providing health care, which is reimbursed, those of us who haven’t faced the rigors of military service can pay back. "And they’re really interesting patients," Eliason says. “Many of them have done remarkable and varied things. I saw a guy the other day who was a World War II vet. He didn’t serve for a month or a year, he stayed until the job was done, and to discover now that he’s a second class citizen because doctors don’t like his insurance seems wrong."

With Community-based Health Care Organizations running in many states, and Warrior Transition Units operational, Eliason spends much of his uniform-time working on disaster preparedness with Northcom. Established out of the chaos of trying to organize responders to the myriad needs in New York City in the aftermath of the World Trade Center attack in 2001, Northcom serves as a coordinating hub for governmental agencies, federal, state and local. One of the biggest jobs, Eliason says, is building the trust with state governments, establishing communication and looking for joint training opportunities. “The time to start talking is before disaster strikes, not after.”

Despite his role, Eliason did not respond to Katrina with 11,000 Oregon State Guardsmen; he was busy in the other Gulf as Acting Division

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Surgeon at Forward Operating Base Danger in Tikrit. Nevertheless, he says, Katrina was the first test of Northcom and the mixed results underscore the importance of that early relationship-building and communication. “You never hear about Mississippi, where the devastation was every bit as bad as Louisiana,” Eliason says, “because the response worked well there. But there’s a little thing called the sovereignty of the state and the federal government can’t go into a state without the invitation of the governor – and the Governor of Louisiana just couldn’t see how bad things were the first couple of days. But once we were invited, we had people there within forty-eight hours. Now we know we have to have things in place, ready to move, as soon as we see the risk, even if we never end up using them.”

Eliason says he’s able to maintain his practice, and his far-flung Guard duties, because he gets “tremendous support” from his office staff, including a PA and an NP, and the Salem doctors who pitch in to support them when he gets called away.

If he gets his way, he may need even more of that community support. On Eliason’s desk sits an application for the position of Assistant Surgeon General for Army and Navy Guard and Reserve Affairs. If appointed, his uniform days will increase from 100 per year to approximately 150 as he takes on the D.C.-based duties. “It’s important work,” he says, “and I enjoy it. I like to think what I’m doing makes things better for Americans. Obviously, the things I do for the military benefit the military, but the things I do for Northcom benefit civilians in places that experience hurricanes, floods, and earthquakes. If I get the D.C. job, it will give me opportunity to establish policy that will make us more effective as a National Guard, and give me the visibility and influence to help find solutions for our soldiers who are coming home wounded. I found that work incredibly rewarding in 2004 and I’d like the opportunity to see that work through as the systems become more mature.”

When you consider the whole picture, the apparent antonyms that describe Doug Eliason stop being opposites and blend into spectrum of care, concern, and responsibility wrapped in a minimum of fuss and fanfare.

And all he asks of the rest of us is to open our practices a tiny crack. It seems like a pretty good deal.
Do you know a colleague’s story that really should be shared? If you do, we want to hear from you.

Nearly every edition of ChartNotes® since 2001 has featured a lead story about one or more of our members. ChartNotes® readership has steadily grown over the years to a point where our online readership alone now exceeds 3000 per month due in large part to the popularity of the lead articles. However, these stories have a purpose far beyond entertainment or increasing readership. They serve as a way to introduce the person behind the name, highlight common interests among our members, and ultimately foster better collegiality among local physicians. A side benefit has been the comments from patients who read ChartNotes® in a waiting room or online and discovered the “human side” of one or more of their physicians.

Nancy Boutin, M.D. has been the author of the majority of these stories over the last few years and she always does a great job. However, in order to write the story she first needs to know the story exists. It is often said that there are a million stories in the naked city, so it shouldn’t be difficult to come up with about a dozen a year from such a diverse group as our members. Go ahead; drop a dime on a colleague whose story really needs to be told. We don’t need much, just a name and a few words of description...we’ll take it from there and in true journalistic fashion we will never reveal our source!

It’s easy, just call Nancy or me, send me an e-mail at director@mpmedsociety.org, or drop a note in the Medical Society’s box in the Salem Hospital medical staff office. If you have enjoyed reading ChartNotes® over the last few years and want to see the lead articles about members continue then we ask that you take a minute to provide a lead.

Don’t let your colleague’s story remain a closely held secret. Trust me, you will feel very good when you reveal that secret storyline and see it in print for all to enjoy. ☝
“If you’re not at the table, you’re on the menu.”

That was the first lesson we learned when the MVIPA Board of Directors hired a consultant to help start a political action committee (PAC) in 2005. And it doesn’t take a rocket scientist to see the reality behind the quote. During the Kitzhaber years, doctors in this state had a powerful voice, first in the legislature and then the governor’s office.

Maybe we got a little complacent. Maybe doctors, who tend to see things in terms of good and bad, right and wrong, assumed that our citizen legislators would instinctively make reasonable decisions about medical issues. But as the legislature started carving up both the Oregon Health Plan and med-mal tort relief like a couple of Thanksgiving turkeys, we realized healthcare had become an entrée over at the capitol building. And, as the consultant explained, the fastest way to get off lawmakers’ menu is to get a place at their table.

The second lesson our PAC consultant taught us is that those chairs cost money – more money than an individual doctor is likely to contribute to his favorite candidate. A cynic might say that politicians sell themselves to the highest bidder. A political Pollyanna might say that legislators ought to welcome free medical advice and act on it. A realist will tell you that no matter how altruistic or right-thinking a candidate may be, they can’t put their agenda forward without getting elected, and elections cost a lot of money. State senate races with budgets over a quarter million dollars are becoming more common each election cycle. To get the attention of people you really want to influence, can cost up to $20,000 during a campaign—on the local level.

After we formed DOC PAC, we met with 2006 house and senate hopefuls. Pac/West Communications, our consultants and lobbyists, identified candidates likely to be in tune with our issues and who stood a chance of winning their races. We wanted to make sure we were, indeed, on the same wavelength, and to make ourselves bona fide human beings in the minds of the future lawmakers, not just names on a check.

Sitting down with us, they seemed to have a hard time grasping that actual, practicing physicians wanted to meet them. More than once we were asked, “You’re real doctors, right? I mean, like, you really take care of patients?” It felt a little like being a zoo animal on display, but we hoped that fostering some name/face recognition would lay the foundation for favorable interactions in the future.

And we found politicians very matter-of-fact about the financial realities of running for office. When we asked a candidate to tell us her feelings about medical malpractice reform, we thought it was just a formality; the woman was a registered nurse and very pro-healthcare. She considered for a minute and then said, “I’m sympathetic. But the best I can do is meet you halfway on this one — a neutral vote. The Trial Lawyers give me $3,000 a month and I can’t afford to lose that.”

Physicians need to buy into the concept that unless we take an organized, active role, nothing will ever happen. The wheels turn very slowly and we have to be available for every turn. The trial lawyers do well because they are there constantly, shaking and whispering in ears, which makes a big difference. And they’re willing to write checks in amounts that would make a doctor blush. They consider that the cost of doing business. But even in a few short sessions, with relatively modest contributions, people at the Capital are really starting to get to know who we are.

With these relationships we can educate lawmakers about complicated medical issues. We think when they understand, they’ll make good decisions – because it makes sense, not because they’re indebted. Our physicians also need to understand this is not about Republican or Democrat; it’s about issues. Sometimes people will cross over the lines in surprising ways for something they believe in. And if they’re on our side for this issue, that’s what’s important. We’re not a business PAC. We’re not an anti-abortion PAC. We are a PAC about the issues that affect doctors, like reasonable fees for what we do, health care for everyone, tort reform. As a group, we can agree on those things regardless of whatever other political agendas we embrace.

And for those doctors who say they don’t like the idea of trying to buy politicians, our consultants say not to worry; it can’t be done. The best we can do is rent one until the next cycle.
When you are in physical need, it is always good to know that there's a doctor in the house. And when you are in need of assistance in planning your financial future, it's comforting to know that a wealth care professional from Pioneer Trust Bank will always be there to assist you. Stop in someday soon and let us show you how much better banking can be.