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MAY 2014

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SOMBRERO

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On the Cover

Colorful mud may not be an oxymoron. Runoff of the Little Colorado River over Grand Falls on the Navajo Reservation stops at about Easter each year. Mist from the muddy water yields a rainbow when the light is right. (Dr. Hal Tretbar photo).

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Story and photos by Stuart Faxon

They’re darn near everywhere

When Valley ENT says, “Superior medical care, right in your neighborhood,” it’s not location hyperbole. They are the largest otolaryngology physician group in Southern Arizona.

In fact, they are the largest in Arizona.

They are in three Tucson locations: Silverbell Road near Carondelet St. Mary’s Hospital, Northwest on West Hospital Drive, and Foothills on Sunrise Drive. They are also in Marana, Green Valley, Sierra Vista, Nogales and Willcox. In 2007 they joined with a 10-practice group in Phoenix, so while the name stems from the Valley of the Sun, it’s also the Santa Cruz Valley.

“We’re proud as a group that we have such wide geographic coverage in top-flight OTO services,” Practice Administrator Glen Randolph said. Randolph was CEO at Thomas-Davis Clinics at the time they were sold.

Dr. Steven J. Blatchford was practice vice-president and board member until March, positions now held by Dr. Afshin J. Emami, who is also on the PCMS Board of Directors. Both could be said to have begun Southern Arizona’s phase of the practice. The organization has a “strong relationship” with Carondelet Health Network,” Dr. Blatchford said, “but we’re not owned or subsidized. We’re still a private practice.”

Allergy nurses Amy Dawkins and Danna Dorme go over patients’ charts at Valley ENT’s Silverbell Road practice.

Dr. Blatchford is a board-certified ear, nose and throat surgeon, head and neck surgeon, and allergist. Dr. Emami, second after Dr. Blatchford to join the practice, does ENT surgery while stressing sleep medicine and larynx/voice disorders.

Dr. James D. Gordon, ENT and head and neck surgeon and allergist, joined next. After him Dr. Adam Ray joined, board-certified in ENT and head and neck surgery. Last of the West Side location’s five physicians to join was Dr. David T. Miyama, ENT and head and neck surgeon and allergist.

They work with Certified Clinical Audiologist Amy Wheeler; Amy Dawkins, M.A., Danna Dorme, M.A., Nicole Lopez, M.A. and Regina Montano in the Allergy Department; and Office Manager Lisa Hernandez.

Dr. Blatchford was 16 years with St. Mary’s ENT, having joined in 1991 with doctors John Wagner and Eugne Falk, he explained. The practice had a main location near Carondelet St. Mary’s Hospital, with clinics in Green Valley and Nogales

“Around 1998, expansion became necessary to continue to accommodate HMO plans and their patients,” Dr. Blatchford said. “In 2007 we joined with a 10-practice group in Phoenix to form a statewide group as Valley Ear, Nose and Throat.” All billing is done from Scottsdale.

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As medicine ever evolves, so has the ENT specialty's growth been driven by technology, Dr. Blatchford said. "Technology for sinus surgery has evolved tremendously, for office procedures such as sinoplasty, ultrasound diagnostics, allergy testing, hearing testing and treatment, sleep apnea, and endoscopy."

Dr. Blatchford noted that technology has also driven stereotaxis (three-dimensional localization of the surgical operation); clinical materials that are much more comfortable for patients in treatment and recovery; point-of-service diagnostics in CAT scanning and ultrasound; state-of-the-art hearing aids; balance testing; and immunotherapy for sinus patients.

"The specialty has become so much more than just pulling out tonsils,"Dr. Blatchford said. "It evolved into head and neck surgery over decades, and we still cross over with other specialties in endocrine surgery, neuro-otology, and head and neck oncological surgery. When combined with all the other areas, this is one of the most diverse specialties in medicine. That's what makes ENT so much fun to practice."

The statewide group continues to seek expansion options in Arizona, Dr. Blatchford said. "In our practice here in Tucson, we actually cover more real estate in serving patients. It's the biggest division of the statewide group. We're like city-states. We can have the advantage of the statewide group while being able to practice with our own culture and identity."

Medical Assistant Kimberly Daly has been with Valley ENT as long as Dr. Steven J. Blatchford: They have practiced together for 23 years.

The mission

Valley ENT has a bold mission statement:

"The mission of Valley ENT, PC, is to provide a full range of otolaryngology and related subspecialty care to our patients in a caring and professional manner.

"We are the premier otolaryngology and related clinical subspecialty group serving Maricopa, Pima, Santa Cruz, and Cochise counties. We believe in providing quality and accessible care for our patients. We are committed to excellence in meeting our referring physicians' timely consultative service for their patients.

"We are a caring professional group that is committed to our patients. We will provide technical services for our patients that will aid the patient and the clinical staff in delivering cost-effective, timely, complete services

"We are committed to being the first and the best choice in otolaryngology and related clinical services in the locations we serve. We enjoy work as a professional team and are committed to one another's professional growth to be the best that we can through a team effort and patient-oriented programs and services.

"We stand for integrity, honesty, and fairness in our patient care activities and in our work with our colleagues. We respect our patients and valye our relationships with each of them.

"We will seek innovative programs and services to further serve our patients. We are committed to quality of care with a customer orientation, exercising prudent stewardship of healthcare resources in serving patient needs. We will utlilize technology to assist our patients in the best care that we can provide."

Editor's note: We don't want to imply by omission that Valley ENT is the sole Southern Arizona OTO practice or practitioners. Far from it. Our PCMS East Side OTO physicians are James Carlson of Carlson ENT, and at Tucson ENT, Robert Cravens, Robert Dean, David Hu, William LaMear, David Parry, Keith Soderberg, and Elias Stratigouleas. With The University Physicians are OTO doctors Mindy Black, Alexander Chiu, Stephen Goldstein, and Bruce Stewart. ■

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PCMS News

Calif. docs speed up cocci diagnosis

The *Fresno Bee* reported March 24 that California doctors have found a way to diagnose Valley Fever through DNA testing, allowing treatment of patients to begin almost immediately, officials said.

"Community Regional Medical Center in Fresno is performing the DNA test that can identify the disease in as few as five hours, rather than waiting more than two weeks for the results of blood tests, officials said," the paper reported. "There's still no cure for Valley fever, which can be deadly, but doctors said with early detection they can keep symptoms in check."

"Anything that helps diagnose it quicker is always a plus,' said Dr. Dominic T. Dizon, an assistant professor at the University of California, San Francisco, who is based in Fresno.

Coccidiomycosis "symptoms include fever, chest pain, coughing and other symptoms. In California," more than "4,000 cases were reported in 2012, with more than two-thirds found in Merced and Kern counties."

Doctors still use the blood tests to confirm the results of the new approach, but the DNA testing is proving to be accurate, the *Bee* has reported. "The testing takes advantage of technology the hospital obtained last year to detect infectious bacteria.

"Dizon and Marilyn Mitchell, who supervises the hospital lab, decided to try using the machine to diagnose VF. In the past six months, 255 samples were tested with success, Dizon said."

Volunteer opportunities

St. Elizabeth Clinic: The clinic at St. Elizabeth's Health Center (formerly St. Elizabeth of Hungary Clinic) depends on many physician volunteers. Physician staffing is needed for a half-day clinic every three months, or four clinics per year. Each clinic generates a few procedures such as echo, stress, or holter. If you're interested in volunteering, e-mail Dr. Charles Katzenberg at ckatzenberg123@gmail.com .

University Women's Clinics: The clinics provide free medical care for women and children. Physician volunteers provide basic family care such as gynecological and pediatric services. The clinics operate three Wednesdays per month near the UofA College of Medicine. At each clinic, the attending hears patient presentations by medical student volunteers, signs off on SOAP notes, and sees the patient afterward to draw up a final assessment and plan.

Those interested in volunteering may contact PCMS Student Member Juhyung Sun at 269.1376, or e-mail jsun00@email.arizona.edu.

PCMF CME dinnermeets

Pima County Medical Foundation has scheduled these CME events for its Tuesday Evening Speaker series. Dinner is served at 6:30 p.m. and the presentation is at 7.

Dr. Timothy C. Fagan, IM physician with ACP, pharmacology educator, and PCMS past-president, flanked by his wife, Mary Topmiller, N.P. and Dr. John Krempen at PCMS April 8, accepts one of three 2014 Pima County Medical Foundation Awards in recognition of Exemplary Lifetime Achievement in Furtherance of Medical Education (Stuart Faxon photo).

May 13: *Healthcare Update 2014* presented by Timothy Fagan, M.D. and Bill Mangold, M.D.

June 10: *Rheumatoid Arthritis* presented by Michael Maricic, M.D.

Sept. 9: *Dermal Fillers and Fat Stem Cells in Plastic Surgery* presented by plastic surgeon Dr. John Pierce.

Oct. 14: *New Medical and Surgical Treatments for Prostate Cancer* presented by Rick Ahmann, M.D.

Nov. 11: *Newer Anticoagulants and their Role in A-Fib, DVT, and Pulmonary Embolism* presented by Timothy Fagan, M.D.

'60-second' disaster training

Our Public Health Committee notes that most Americans younger than 60 have never learned some basic life-saving facts that were drilled into schoolchildren in the 1950s.

Even first responders, well-trained as they are for most emergencies, are likely to have no training for one of the worst, "unthinkable" disasters. Firefighters and police who work in the field have been very receptive to a "60 Second" training card (http://www.ddponline.org/storage/card.pdf). These are the key points:

If you see a bright flash, drop and cover.

If you just know this, you are better prepared than many first responders to survive the most devastating catastrophe of the modern age.

A bright flash will be followed in seconds to minutes by a blast wave. You are eight times more likely to survive and escape serious injury if you are lying down rather than standing up.

This is true regardless of cause: a giant meteor, an explosion in a munitions depot, or a nuclear explosion.

It is said that no policemen died when the atomic bomb fell on Nagasaki because they learned of the blast effect from survivors of Hiroshima who traveled to Nagasaki by train.

Being covered by anything, even an article of clothing or a newspaper, can protect against the thermal pulse.

You can see fallout. It looks like sand, ash, or grit. It is easier to see on a piece of paper or dinner plate. It loses 90 percent of its radioactivity in seven hours, and an additional 90 percent for every seven-fold increase in time: 99 percent in 49 hours, and 99.9 percent in two weeks. You may need to take shelter underground or behind thick walls.

Radiation monitoring instruments carried by first responders may alarm if someone in an apartment three doors away had a nuclear medicine scan, but may be saturated and worse than useless at dangerous levels. A rooftop monitoring station at the Medical Reserve Corps of Southern Arizona, first of its kind in the nation, is continually transmitting measurements (see http://www.tinyurl.com/lyw9tb.

Affordable instruments are available now, but inventory is very limited. The SIRAD (Self-Indicating Instant Radiation Alert Dosimeter) monitor created by the Department of Defense for first responders and the military works by instantly and permanently changing color as radiation is absorbed. Currently these monitors, which are the size of a credit card, are available at J.P. Labs (www.jplabs.com) for about $40.

Dr. Hector L. Garcia's 54 years of practice in Tucson make him the senior practicing physician in our community. The IM and cardiology physician-educator, 88, with his wife, Ligia, accepts a 2014 Foundation Award April 8 recognizing his furtherance of medical education (Stuart Faxon photo).

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Meet the newest member of Carondelet Heart & Vascular Institute Physicians.

Dr. Ram is an interventional cardiologist who provides the full spectrum of heart care. He completed an advanced fellowship at Cedars-Sinai Medical Center in Los Angeles. Dr. Ram is board-certified in Internal Medicine, Interventional Cardiology, and Cardiovascular Disease and has particular interests in coronary interventions along with structural interventions such as Transcatheter valve therapies (e.g. TAVR, MitraClip) and left atrial appendage closures for atrial fibrillation.

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A demonstration of how the monitors respond to radiation exposure may be seen at http://tinyurl.com/m6rzngc. Alternatives to SIRAD include the NukAlert (www.nukalert.com) key fob survey meter and the homemade Kearny Fallout Meter (search on Google).

The one action with the potential to save more lives than any other is to drop and cover.

Web reference: 60-Second Training Card: http://www.ddponline.org/storage/card.pdf

Referring patients to Pima Council On Aging

By Palmer Evans, M.D.

We call Pima Council On Aging "the place to go for help when you don't know where to start."

As a Pima Council On Aging Board of Directors member for four years, and the last two years as chairman, I have come to realize how accurately this tagline describes the organization.

PCOA's Helpline is answered by informed staff who are familiar with services, benefit programs, and community resources. They take the time to listen and understand the question or presentation of the problem. After determining the primary problem, staff refer the caller to the services PCOA provides directly, or to other agencies and programs in the community that can address the particular problem or need. Helpline staff also serve as the central point of intake for the Community Services System, which provides subsidized in-home (housekeeping, personal care) assistance to frail older adults.

PCOA staff assist with a diverse range of questions and problems. They connect older adults to home-delivered meals or community senior lunch sites; help locate needed transportation; answer questions regarding housing and long-term care options; arrange for home repairs or home adaptations; and assist with Medicare or other benefit enrollments.

Twenty-one per cent of all calls to PCOA's Helpline are from family caregivers. As physicians, we recognize the stress and physical strains they encounter. PCOA has programs to assist these individuals as well, in-home respite, support groups, training, and information about options.

PCOA has been a trusted community resource for older adults since 1967, but I still encounter people who are not aware of the services they provide. I invite you to learn more at www.pcoa.org and to add PCOA's Helpline number, 520.790.7262, and e-mail address, help@pcoa.org, to your list of referrals.

Together we can ensure that older adults and their family caregivers receive the assistance they need with daily living activities, long-term care planning, and benefit assistance.

Retired Physicians Forum starts 13th year in Fall

The Tucson Retired Physicians Forum, mysteriously long absent from these pages, is herewith absent no more.

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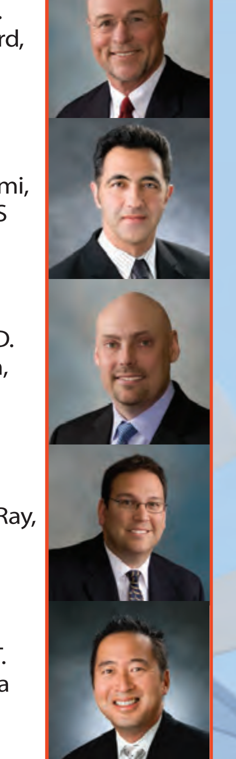

Dr. Richard P. "Dick" Switzer tells us not only that it still exists, but has just completed its 12th year of events and will begin again in Fall.

The Forum meets for lunch at Tucson Country Club at 11:30 a.m. on the Third Thursday of each month September through May. For information, especially if the schedule misses these pages, please e-mail Dr. Switzer at r_pswitzer@q.com or call him at 885.2134.

Writing PCMS position papers

Ever have a strong opinion about a health-related issue confronting the medical profession, and wish the Society would take a stand?

The Society, as part of its general policy to encourage members to speak out about issues, has established a procedure you can use in asking the PCMS Board of Directors to take a position on a subject of importance to the community or the profession.

State your views and forward them to Bill Fearneyhough by writing to him at the Society, 5199 E. Farness Drive, Tucson 85712, or e-mail billf5199@gmail.com. PCMS President Timothy Marshall will take the issue to the board for discussion. If approved for further study, physician leaders will be assigned to do background research and prepare a "position paper" for board approval.

When the paper is in final form, it will be published in *Sombrero*, presented to our national and Southern Arizona legislative delegation and, if appropriate, presented in resolution form at the annual meeting of the Arizona Medical Association. Media will also receive a copy.

Take this opportunity to speak out!

Dr. Jane Orient, executive director of the Association of American Physicians and Surgeons, PCMS Public Health Committee chair, and PCMS past-president, accepts a 2014 Foundation Award at PCMS April 8 recognizing her educational efforts as writer and editor. She holds the most recent Sapira's Art & Science of Bedside Diagnosis*, which she edits. Presenter is Dr. Anil Prasad* (Stuart Faxon photo).

Researchers study wearable sensors

Researchers at University of Arizona Medical Center are studying whether small, wearable sensors that measure a patient's activity, heart rate, wakefulness, and other biometrics can predict and prevent falls, one of the leading causes of injury to hospitalized patients, the university reported April 17.

"In an innovative study, researchers are using Zephyr BioModule sensors to continuously track patients' skin temperature, physical activity, heart rate, respirations and echocardiogram readings. The more than 2GB of patient data collected daily per sensor then is plotted against an algorithm that estimates fall risk.

"The technology will collect a massive amount of data regarding patient activity while in the hospital, and will help more accurately pinpoint which patients are most likely to fall. Although the study is solely collecting data for this phase, eventually the system can be used to alert nursing staff or even a family member when a fall seems imminent.

"More than 500,000 falls happen each year in U.S. hospitals, resulting in 150,000 injuries, according to an estimate from the National Patient Safety Foundation. This ongoing issue prompted UAMC's Administrator of Nursing Research and Practice Cindy Rishel, Ph.D. to ask for help finding a more innovative solution."

"We currently use the Heinrich II fall risk assessment to determine patients' risk for falling," Dr. Rishel said, "but it's not as thorough as we'd like, and often our assessment of risk is subjective when based on patient self-reporting."

UofA Associate Professor of Surgery, Medicine and Engineering Bijan Najafi, Ph.D., director of the Interdisciplinary Consortium on Advanced Motion Performance (iCAMP), and his team of engineers said they welcomed the challenge, the university reported.

"Each BioModule collects more than 2GB of patient data daily, which is used to assess fall risk. Zephyr Technology, from Annapolis, Md., agreed to lend UAMC the equipment and technology for the study, with any additional costs and manpower provided by iCAMP.

"The year-long study was kicked off in September 2013 in a hematology/oncology unit at UAMC's University Campus, a population chosen for their typically longer hospital stays and increased risk for falls and bleeding. 'Our patients enjoy being a part of research studies because they understand these things strengthen our ability to care for them,' said Jessica Schroder, R.N., B.S.N., clinical leader of the unit involved in the study. 'The Zephyr sensor is small and lightweight, and our patients like that it doesn't beep or blink at them like many other things they get hooked up to.'"

Najafi said, "We are lucky to have the support of the nursing staff in the participating unit, which is key to ensuring the final product is patient-centric. One of iCAMP's prior wearable technology, designed for fall prevention in patients' homes, was just honored at this year's mHealth Summit, the world's largest mobile health event, and we're hopeful that this new generation for inpatient application follows the same successful pathway." ■

Why does ESAR-VHP need you?

By Tim Seimsen
Executive Director, Medical Reserve Corps of Southern Arizona

In the wake of disasters and public health and medical emergencies, you may be one of our nation's health professionals who are eager and willing to volunteer their services. That's where the Emergency System for Advance Registration of Volunteer Health Professionals comes in.

The goal of ESAR-VHP, the Emergency System for the Advance Registration of Volunteer Health Professionals, is to eliminate the problems that arise when mobilizing health professional volunteers in an emergency response. ESAR-VHP works with states to establish a national network of state-based programs for pre-registration of volunteer health professionals. Working within this network of verified credentials and up-to-date information, volunteers are able to serve at a moment's notice to provide needed help in an emergency.

In times of crisis, hospitals, clinics, and temporary shelters are dependent upon the services of volunteer health professionals. However, on such short notice, employing volunteers' time and capabilities presents a significant challenge to hospital, public health, and emergency response officials.

For example, immediately after the attacks on Sept. 11, 2001, tens of thousands of people traveled to "Ground Zero" in New York City to volunteer and provide medical assistance. In most cases, authorities were unable to distinguish those who were qualified from those who were not, no matter how well intentioned the volunteers were.

There can be real problems associated with registering and verifying the credentials of volunteer health professional immediately following major disasters or emergencies, making a serious issue when every second counts. Specifically, hospitals and other agencies and organization, including Medical Reserve Corps, may be unable to verify basic licensing or credentialing information, including training, skills, competencies, and employment. Further, loss of communications may prevent contact with sources that provide credential or privilege information.

AZ ESAR-VHP is a registry for all Arizona health professionals including active, inactive, or retired practitioners, students enrolled in health-related curriculula, and health professionals already affiliated with MRC and other volunteer organizations.

This registry does not obligate you to volunteer in the event of an emergency. It does, however, verify your credentials in advance so that you may assist those in need when you are ready to volunteer. There is no registration fee and you can withdraw your registration at anytime.

To register now, go to http://www.azdhs.gov/volunteer/register.htm. For more information and to join MRC, notify the Medical Reserve Corps at 520.445.7035 or mrcsa@outlook.com.

Medical Reserve Corps partners with HOSA

The Medical Reserve Corps of Southern Arizona recently partnered with HOSA.

That looks like an acronym, but now stands alone for a combination of groups formerly called Health Occupations Students Associations, now referred to as future health professionals.

HOSA is the only national student-led organization that exclusively serves secondary, post-secondary, and college students in pursuit of careers in the health professions.

HOSA intends to develop leadership and technical skill competencies through a program of motivation, awareness, and recognition, which is an integral part of the Health Science Education instructional program . "The mission of HOSA," the organization says, "is to enhance the delivery of compassionate, quality healthcare by providing opportunities for knowledge, skill, and leadership development of all health science education students, therefore helping the student meet the needs of the healthcare community."

Medical Reserve Corps—Partner With a Purpose

"A quick snapshot reveals that more than 150,000 student members of HOSA in more than 2,700 chapters across the country," MRCSA noted. "In Arizona, 247 chapters count more than 7,300 high school and university students. Indeed, a dynamic force and a glimpse of the future of healthcare.

"Each summer the Office of the Surgeon-General and national Medical Reserve Corps provide internships in Washington, D.C. to top HOSA students. One of our Tucson students, who joined the local student MRC as a high schoool junior, and who is now a UofA student, was an OSG intern last summer.

"HOSA members have worked side-by-side with local public health nurses in back-to-school immunization clinics and in H1N1 immunization response. They have participated in emergency sheltering and point-of-dispensing exercises, and many have completed FEMA's Community Emergency Response Team training. Recently they supported the MRC-sponsored Emergency Civilian Casualty Care training."

MRCSA invites you to to meet these future health professionals during one of the coming MRC workshops, exercises, or community outreach events. For more information or to join MRCSA, call the Medical Reserve Corps at 520.445.7035, or e-mail mrcsa@outlook.com. ■

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Behind the Lens

Auto donation: A travelogue

By Hal Tretbar, M.D.

I'm sure you've seen or heard those advertisements about donating a car to a nonprofit organization or a charity. Do you know what happens if you do it, and what it means to the charity? I do now.

It is always hard to say goodbye to an old friend. Recently Dorothy and I said farewell to our 2001 Ford Expedition. It had served us well. We bought it used in 2002 with a little more than 10,000 miles on the odometer.

We were replacing our 2002 Honda Civic Hybrid and the Expedition with a 2014 Honda CRV. The Civic went to our granddaughter, who needed wheels.

We wondered what to do with the Ford with 116,000 miles on it. It was running well, had good tires, a newer battery and good air conditioning, but it needed new brakes. The 5.4-liter engine made about 12 miles per gallon.

I checked the vehicle's value on the Internet and found it was worth about $3,000 to $4,000. After a halfhearted attempt at selling, the best offer I had was $2,750. That was when we decided to give it to a nonprofit organization and take its value as a tax deduction.

In the auction area, our burgundy 2001 Ford Expedition was easily the most-ogled vehicle on the lot.

The Expedition didn't have a nickname. We just called it "The Ford." It was a big hulking SUV in burgundy with "Arizona pin-striping," a.k.a. long, tiny scratch marks on the sides from off-road travel through chaparral and catclaw.

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February 2014

Board certified and fellowship trained, Matthew J. Welch, M.D. joins Retina Specialists of Southern Arizona in early February.

Dr. Welch, originally from Minnesota, did his undergraduate training at the University of Arizona. He went to Illinois to complete his medical education and residency where he was appointed Chief Resident in Ophthalmology. Fellowship trained in Phoenix at Associated Retina Consultants, Dr. Welch specializes in treatment of diseases of the retina and vitreous, adult and pediatric, with compassion and skill. Dr. Welch is fluent is Spanish and is accepting appointments now!

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We took out the third-row seat and usually flattened the second row to put down pieces of carpeting to cover the six-foot-long cargo area. Our dog Scruffy loved being up front with his feet hooked over the edge. He was up far enough to see everything!

We could carry lots of camping gear. One of our favorite spots was setting up the tent in the campground under the fruit trees in Capital Reef National Park. We chose the time of year depending which fruit was in season. In the morning, deer would amble by to the sound of chirping birds.

The four-wheel-drive came in handy for sandy washes and for smashing through snow banks in Flagstaff. Oh yes, it cost more than $65 to drive from here to Flag.

The Ford was very dependable. Only once did something strange happen. We were on one of those washboard-rough, gravel roads on the Navajo Res. We were coming back from the Grand Falls on the Little Colorado River when a pickup passed us at breakneck speed. All of a sudden there was a “clink” noise and The Ford would not accelerate past 10 mph.

I looked under and over the engine area. I couldn’t find anything wrong. We were able to barely chug along for about 20 miles until we came to pavement. As soon as we hit the edge of the road there was a “clang” sound and the Ford drove normally. No one had been able to tell me where a rock must have jammed a throttle cable or part.

We considered donating the Ford to Arizona Public Media. We love the programming on both Channel 6 and the two FM stations. *Car Talk* with Tom and Ray Magliozzi, a.k.a. Click and Clack the Tappit Brothers, on KUAZ 89.1 FM, makes us laugh out loud. Garrison Keillor’s *A Prairie Home Companion* takes us back to our Midwest heritage. And who can’t relate to *Antiques Road Show* on KUAT Channel 6?

I called Arizona Public Media and they said yes, they accept vehicle donations. “All you have to do is call 1.888.400.2976 (AZPM) or 1.877.537.5277 and they will take care of everything,” they said. So what do we frequently do to help us make decisions? We Internet-searched “charitable car donations” and came up with donatingiseasy.org and several others. Donatingiseasy.org has represented at least 17 groups in Tucson. When we checked AZPM.org we found they worked with this organization.

Donatingiseasy org, is Charitable Auto Resources Inc., a 501(c)3 nonprofit organization in San Diego, Calif. since 2007. They and similar businesses are Organizers, the facilitators and monitors of all phases of the donation process. The Organizer accepts boats, airplanes, and almost anything with wheels including wheelchairs. The only thing the nonprofit recipient has to do is make the referral.

In the events sequence, you give basic information to the Organizer either over the phone or from the AZPM website. You give your name, addresses, location of the vehicle; description of the model, mileage, VIN, condition (any damage and is it running) and legal title status.

The Organizer evaluates the vehicle’s information. If it is a pile of junk or not running, they will contact a junk dealer on their list to make an offer and haul it away. If the vehicle is decent they will have it picked up within several days to be auctioned off. You are given an itemized Donation Receipt. The auction house collects a 10-percent buyer’s fee based on the selling price. The money

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from the auction goes to the Organizer who deducts their business expenses. About 70 percent of the sale price goes to the non-profit or charity organization. Letters are then sent to you and the IRS about the value of the vehicle. A thank-you letter from the recipient originates from the Organizer.

I talked at length with General Manager of Charitable Auto Resources Brian Caldwell. He was very open about every detail of their business and made sure that I knew they were a nonprofit themselves.

The Ford was picked up by T.L.C. Towing Service. The friendly, experienced, towtruck driver, Gregg Gibson, has worked with Sierra Auction Management for five years. He is a Notary Public and can notarize your statement on the back of the title about the number of miles on the odometer. Gregg gave us the donation receipt and said additional documents would be sent at completion of the donation.

Charitable Auto chooses Sierra Auctions on South Euclid Avenue in Tucson to auction donated vehicles because of their reputation for efficiency and honesty. Assistant Manager Lily Gloe helped explain the process of checking the vehicles' condition and displaying any problems on the windshield during the inspection day before the sale. She directed me to their website, sierraauction.com, where multiple photos of each of the 40-50 vehicles from various sources are posted. If the bids on a good vehicle are too low, they will hold it until the next monthly auction. They collect the 10=percent buyer's fee and help change the title.

I went to the lot on inspection day to say goodbye to our trusty companion. The Ford seemed to be king of the lot and was drawing lots of attention. The hood and doors were open. People were admiring the three rows of clean seats. The dipstick was checked before the key was turned and the engine roared to life in a sad *hasta la vista*.

Our travel buddy brought $3,200. This amount went to Charitable Auto. Brian Caldwell broke down their expenses for me. Towing cost $56. The title transfer fee was $15. A seven percent seller's fee, $224, was retained to cover their cost of business, for a total of $295. The final amount going to Arizona Public Media is $2,905 or 80 percent of the sales price.

Another similar nonprofit car donation program is Vehicle Donation to Any Charity. They work with a number of organizations in Tucson. There website, v-dac.com, breaks down their expenses. Because of management costs they have a sliding scale of what goes to the recipient. It goes from 44 percent for a vehicle in fair condition to 70 percent for a premium vehicle.

A third donation program I tried to check out is donateacar.com. Their website says they were established in 1992 and are the largest such service. They have a list of many first-class nonprofits that they have worked for. The site states that Donateacar is a service of Acute Recovery Services Inc., a paid solicitor. When you donate a vehicle through them, you are eligible to choose one of three awards: An airline ticket for two, three days in a resort, or a four-day cruise. You must pay an activation fee or have a minimal amount of purchases.

These things make me suspect a for-profit business with higher overhead. The site does not have any information about their expenses or what percentage of the sale goes to the charity. When I called their office and told them I was researching a story on car donations, the person on the phone said he would not answer any questions and referred me to their PR agency. Jenine, at the PR office, was personable and friendly. She said she would have one of her staff check out my questions and get back to me. Well, I'm still waiting for answers. All of these findings make me want to recommend one of the other nonprofit car donation organizations.

I asked AZPM membership person Bobbe Clark and Sue DeBenedette with PR, how much the vehicle donation program has helped. I was surprised to learn that they had received $553,144 since their program started in August 2006.

The annual amount ranges from $40,000 to $80,000. Last year was best, totaling $109,683. By March 14 of this year, $8,049 had been collected. During the last three fiscal years, 508 vehicles were donated for a total of $314,668. That breaks down to an average of $619 per vehicle.

To me, this means AZPM supporters are just donating clunkers. Come on, loyal Arizona Public Media fans! You can do better than that! ■

Neurology

Trends in dementia research, therapy

By Stuart Faxon

Diagnosis of dementia and its evaluation and assessment are tough. But everchanging new learning from research can mean more hope for patients, which naturally is the seed of the research plant. Dr. Geoffrey Ahern presented the picture at PCMS April 8 in his CME talk for Pima County Medical Foundation.

And he should know. As if going for title-length champ, Geoffrey L. Ahern, M.D., Ph.D. is Bruce and Lorraine Cumming Endowed Chair in Alzmeimer's Research Professor of Neurology, Psychology, Psychiatry, and the Evelyn F. McKnight Brain Institute, and director of the Behavioral Neuroscience and Alzheimer's Clinic of the University of Arizona Health Sciences Center. He has worked in research with many "big pharma" companies and with U.C. San Diego and the (Arizona) Alzheimer's Disease Core Center.

We know dementia as a progressive deterioration in mental functions, but with an important distinction, Dr. Ahern said. "It may be deterioration that interferes with daily living activities appropriate for the patient's age and background, or it may involve two or more areas of deficit: memory, language visuo-spatial skills, calculation, aprazia and asnosia, abstract reasoning and judgment, and behavior comportment."

Some dementia types are treatable, some not, and while Alzheimer's is most notorious, far from all dementias are Alzheimer's, Dr. Ahern emphgasized. That means a differential diagnosis with a list of considerations. The main categories, each with sub-categories, are:

- ✓ Degenerative diseases.
- ✓ Infectious diseases.
- ✓ Toxic metabolic disorders.
- ✓ Drugs and toxins.
- ✓ White Matter diseases.
- ✓ Intracranial mass lesions.
- ✓ Psychiatric disorders.
- ✓ Nutritional disorders.
- ✓ Vascular diseases.
- ✓ Trauma.
- ✓ Hydrocephalic dementias.
- ✓ Paraneoplastic: Limbic encephalitis.

Alzheimer's (AD), the most commonly diagnosed dementia form, is estimated to affect four million people in the U.S. alone, Dr. Ahern said. A 2001 estimate from the Alzheimer's Disease and Associated Disorders organization sees cases rising from 454 per thousand people in 2010 to 959 in 2050. Alzheimer's "usually presents in the sixth through eighth decades with an insidious and steady decline in gognitive function, usually starting with proboems in memory, language, and orientation and judgment. It then progresses over a two-to-20-year period to ultimately involve all areas of mental function. Death usually results from intercurrent illness."

Geoffrey L. Ahern, M.D., Ph.D. speaks at PCMS April 8 for Pima County Medical Foundation's evening speaker CME series (Stuart Faxon photo).

AD histopathological hallmarks are three: senile plaques, neurofibrillary tangles, and neuronal granulovacuolar degeneration, Dr. Ahern said. "Association cortex in the parietal, temporal, and frontal lobes is particularly affected. Loss of cholinergic activity reflects degeneration of forebrain cholinergic systems, especially the nucleus basalis of Meynert. In addition, serotonergic neurons in the median raphe, and adrenergic neurons in the locus coeruleus, lead to deficits in serotonin and norepinephrine, respectively."

Dr. Ahern went on to describe the amyloid hypothesis and neurofibrillary tangle formation using PET and MRI scan graphics. "In AD, neurofibrillary tangles are generally found in the neurons of the cerebral cortex and are most common in the temporal lobe structures, such as the hippocampus and amygdala," he said.

In genetic testing, on chromosome 191, apolipoprotein E (ApoE) is associated with late-onset familial AD, and with sporadic cases of AD in people older than 60, he said. On chromosome 21 amyloid precursor protein (APP) denotes Trisomy—AD in Down's patients. It is linked with familial AD. "Several mutations at this locus in members of families with h/o AD onset at a relatively young age."

The link between ApoE and AD "was first reported in 1993," Dr. Ahern said. "The ApoE-e4 allele [e is the closest on this keyboard to the appropriate symbol] is considered a major risk factor for AD. The ApoE genetic test determines which two alleles the patient has inherited, one each from mother and father. ... Individuals with two copies of e4 have an average age onset before 70. Those with no copies of e4 have an average onset age later than 85."

Among current AD treatments, Dr. Ahern noted the cholinergic deficit hypothesis. "The loss of cholinergic neurons in the brain is one of the major characteristics of AD. This has led to the so-

called cholinergic deficit hypothesis and various strategies aimed at reversing this deficit, including:

- ✓ Precursor administration (choline, phosphatidyl cyoline)
- ✓ Inhibition of acetylcholinesterase (ACE0, the enzyme responsible for breakdown of acetylcholine (tacrine, donepezil, rivastigmine, galantamine, etc.)
- ✓ Administration of diect-acting agonists (milamenine, xanomeline)."

He noted that "frontotemporal dementia (FTD) was at one point synonymous with Pick's disease. Now, the syndrome of FTD (or FTLD—frontotemporal lobar degeneration) has been divided into three to four subtypes: Behavioral Variant FTD, Primary Progressive Aphasia, Frontotemporal Dementia Associated with Motor Neuron Disease" and others classified as Tauopathy. He illustrated with brain imaging from Mayo Foundation for Medical Education and Research.

Behavioral Variant has near-baffling possibles including apathy/abulia; inappropriate behaviors; changes in comportment and loss of tact; overeating and food fetishes; problems in reasoning, judgment, organization and planning; OCD-like behavior and perseveration; and emotional dysregulation exhibited as depressed and flat, or manic and euphoric.

Progressive Non-Fluent Aphasia and Semantic Dementia ccount for 20 percent of all FTDs, Dr. Ahern said. The former displays slow, effortful speech and can be associated with left frontotemporal atrophy. The latter displays as loss of the meaning of words and semantics and may use substitutes such as "that thing." It is initially associated with damage to the left temporal lobe.

A differential diagnosis of dementia plus Parkinsonism is now possible. Dr. Ahern noted that it is primararily clinical, depending on clinical signs of Parkinson's iteslf, Huntington's disease, progressive suprenuclear palsy, and corticobasal degeneration.

In evaluating this and other possibilities in imaging, he noted that small infarcts may be missed by CT scanning, and that MRI is more sensitive here than CT and diffusion MRI can be used. Vascular studies, invasive or not, include B-mode ultrasound and Doppler, cardiac echo, and MR and conventional angiography. Serological studies include ESR, ANA, RF and RPR; protein C & S, Antithrombin III and homocysteine; and Lupus anticoagulant.

Dementia may also result from bacterial, fungal, or viral agents, Dr. Ahern said, resulting in encephalitis and/or meningitis, sometimes chronic. Chronic meningitis can be from syphilis, TB, cryptococcus, borrelia, coccidioides and other fungal parasites. In these cases "treatment should be aimed at the offending agent," Dr. Ahern said.

In dementia, "almost any body system can be the locus of the problem," Dr. Ahern said. These include:

- ✓ Cardiopulmonary disease of anemia with resultant anoxia.
- ✓ Hepatic encephalopathy.
- ✓ Uremic encephalopathy and/or dialysis dementia.
- ✓ Hypo- or hyperthyroidism.
- ✓ Hypo- or hyperparathyroidism.
- ✓ Cushing's or Addison's disease.
- ✓ Vitamin deficiencies, especially B12 and folate.

Common causes of dementia or encephalopathy are alcohol and drug abuse, and sometimes we forget that alcohol is still the scourge of society that it was when its national prevention failed. Then there are modern drug side effects from tranquilizers, antidepressants, lithium, anti-hypertensives, anti-convulstants, and OTC meds. All this is without the less-common toxic causes from our exposures to heavy metals, solvent and pesticide organic chemicals, and carbon monoxide.

To eliminate these in diagnosis we need to "obtain comprehensive medical and toxic exposure histories, look for signs of systemic illness, obtain appropriate lab studies, and EEG," Dr. Ahern said.

Lesser causes for dementia include depression, and Dr. Ahern suggested that the term "Dementia Syndrome of Depression" replace the term "pseudo-dementia." "Depression may cause a dementia picture characteristic of the 'subcortical' type," he said. " These patients may present with psychomotor retardation, stooped posture, and slow, hypophonic speech. Defects in attention/concentration, memory, orientation, motivation, and ability to abstract may be seen.

"During testing, they often respond to questions with 'I don't know', or 'I can't.' Conversely, they often complain of their deficits—'Doctor, my memory's getting bad'—a behavior not often seen in other dementias. Differentiation from other dementing illnesses may be difficult, but is of utmost importance, as these patients usually respond to anti-depressants," Dr. Ahern said.

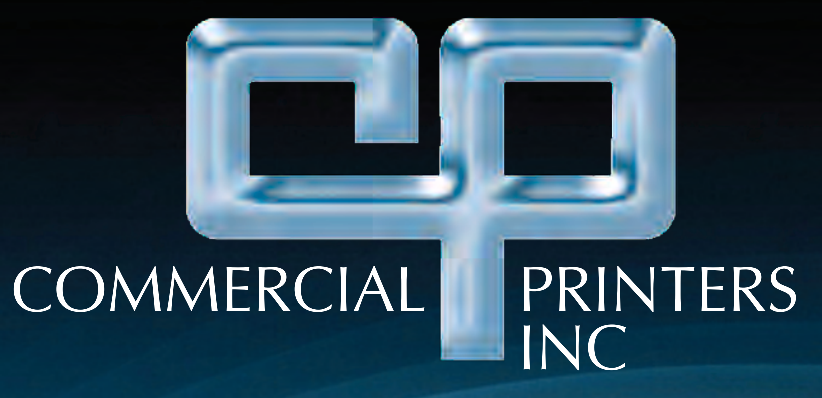
"Certain characteristics may be of use in the differentiation: An exact time of onset of the problems may be clearer to family members than in other dementias; a corollary of this is that a clear precipient may be known. A clearly-progressive course is not the rule. Other signs of depression—affective changes, insomnia, loss of appetite and libido, constipation—may be seen. An empirical trial of antidepressants may be indicated."

Returing to Alzheimer's and its newer treatments, Dr. Ahern named conceptual approaches including treatment of cognitive symptoms; treatment of behavioral signs and symptoms; slowing the rate of cognitive function decline; delaying the onset of illness; and prevention of the disease altogether."

Citing recent trials, Dr. Ahern named beta and gamma secretase inhibitors, aggregation inhibitors, immunotherapy, early treatment, insulin, and tau/neurofibrillary tangles as parts of future AD treatments.

"Therapy for Alzheimer's disease is moving in two complementary directions," Dr. Ahern said. "One is a transition from 'symptomatic' treatment to actual attack on the disease process proper," and other is "a realization that by the time AD presents itself in its full-blown form, the 'horse may already be out of the barn'. Therefore trials are being aimed at patients with mild AD/MCI rather than mild-to-moderate AD An even bolder theme is to try to prevents the disease from taking hold in the first place. In essence, this can be likened to vaccinating against polio.

"Finally, even if the amyloid hypothesis is wrong, an awareness of it allows researchers to move on toward different conceptualizations of the disease and, we hope, new and effective treatments." ■



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Getting sweet on Michelle

By Dr. George J. Makol

Most *Sombrero* readers will be surprised to learn that I am a really enthusiastic Obama fan.

No, not the Obama who thinks "foreign policy" is insurance on a Volvo, nor the guy who thinks the "Arab Spring" is a fountain in Cairo where people fill their water bottles, nor the one who told you that you could keep your doctor and your private insurance.

No, I am a fan of Michelle Obama.

We have had some special first ladies in past decades, from the elegant Jackie Kennedy, to possible future president Hillary Clinton, to the classy Laura Bush. Laura Bush was involved in promoting education, Hillary in healthcare, but Mrs. Obama is stepping up to combat perhaps the biggest problem we face as a country: obesity as a result of our daily diet.

Our foods are packed with sugar in some of its worst forms, including high-fructose corn syrup and sucrose. According to *National Geographic* last August, the average American consumes the equivalent of 22.7 teaspoons of sugar each and every day, which translates to 77 pounds a year per person! Sucrose is half glucose and half fructose, and while a modest amount of glucose can be stored in the liver as glycogen, fructose is converted not only to glycogen, but to fatty acids and triglycerides.

A 1996 study on a breed of rats used as a model for diabetes showed that a 10-percent fructose feeding as compared to a 10-percent glucose feeding caused an 86 percent increase in blood triglyceride levels. The same amount of glucose in the diet had no effect upon triglycerides.[1] Admittedly the rats had no choice in their diets, otherwise I assume they would have preferred cheese. Humans are not the same as rats and we do have choices, but what have we chosen?

Since my childhood, as the incidences of diabetes, hypertension, and heart disease have climbed, everyone blamed the whole problem on fats in our diet. So dutifully, we have reduced our intake of fats, but while doing so we have have ignored sugar and salt, and we are becoming an obese nation.

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A few years ago while visiting Denmark, I spent three days walking around Copenhagen and did not see one fat person (it was not tourist season). Admittedly food cost a fortune there, and everyone walked everywhere, as gas costs exceeded even the outrageous food costs. This solution will not work for us, as our cities are not built concentrically around a town center as most European cities are. In the U.S. if you are in a commercial center and walk three or four blocks you are smack in the middle of a residential area. In most European cities the shops are downstairs and residences upstairs, so one can really walk about for hours in a business district without stumbling into someone's yard.

The European model does not help us much. We would not put up with living where we could not find a place to park our cars, trucks, and RVs so that we could get out and walk. So here we join expensive gyms where we can park out front and then ramble five miles in place on a treadmill.

I go to the gym three or four times per week, but still as I have aged, I am seeing my weight creep up, along with a recent spike in my blood pressure. My doctor asked me to cut the salt in my diet, and lose 20 pounds. This is like asking Donald Trump to get a buzz haircut, or Chef Gordon Ramsey to attend a charm school. I really like to eat. But I did agree to try, and boy was I shocked to find out what I have been consuming!

The first week of my diet I grabbed a snack-sized microwave popcorn, with a picture of a pleasant looking gentleman in a bow tie on the package. As I pulled it from the microwave, my wife grabbed it and pointed out that this tiny package contained 660mg of sodium. This is about half the recommended sodium intake for a person per day. Do they just dump salt into a small bag and sprinkle a few popcorn kernels in? This is the amount of sodium you would get from six fast-food hamburgers, or from an entire turkey dinner, or from drinking approximately half the Indian Ocean. Is this Hoosier with the bow-tie trying to kill me?

I next discovered that a common 12oz. can of soda contains about the equivalent of 10 teaspoons of sugar. Does it really have to be that sweet? Ten teaspoons! Diet sodas cannot be the answer. Just ask any waitress how often a patron will order a huge slice of cheesecake and a Diet Coke. It would be easier just to leave the sugar in the sodas.

So what can we do about this? I am not a fan of government regulation; look at what happened with Prohibition in the 1920s. Besides, government regulation of human behavior seems to be out of favor, at least in some states. In Colorado, you can legally smoke marijuana, and then you actually think you must go out and have cheesecake and a Diet Coke! I doubt Coloradans will have, er, an appetite for regulated food contents.

So I like what Michelle Obama is doing, bringing attention to this serous problem. With education and consumer demand for healthier products, maybe I will not have to have a dietician follow me around all day and read my food labels. I can lose the weight, and then guiltlessly go out for a Diet Coke and a piece of cheesecake myself.

[1] Kazumi T et al. *Diabetes*, Vol 45, June 1996, p.806-811.

Sombrero *columnist George J. Makol, M.D. practices with Alvernon Allergy and Asthma, 2902 E. Grant Rd., and has been a PCMS member since 1980.* ■

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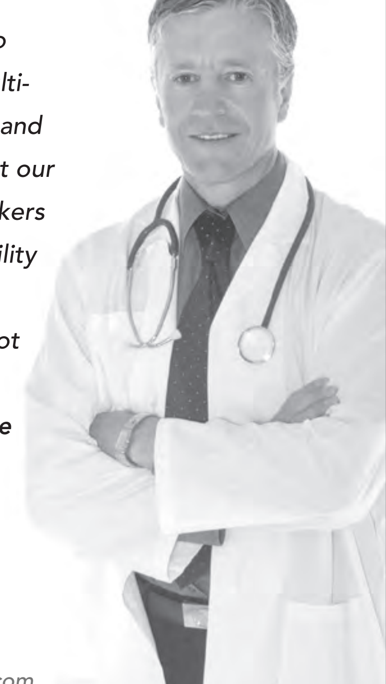

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In Memoriam

By Stuart Faxon with Laura Clymer

Dr. John T. Clymer, 1925-2014

Dr. John T. Clymer in 2012.

Dr. John T. Clymer, psychiatrist who joined PCMS in 1968, and who remained active in organized medicine while he practiced in Arizona for four decades, died peacefully March 19 at his Tucson home. He was 88.

"He was quick with a smile or a hearty laugh," his family told the *Arizona Daily Star*, "and when he was asked how he was, he'd often say, 'Peachy keen-o.' His encouraging and affirming nature touched many others beyond his family."

John Tuttle Clymer was born June 27, 1925 in Chicago to Irvin Lloyd and Edith Tuttle Clymer. He and Eloise Reese marrried in 1947, and organized medicine could hardly have asked for a more effective team.

He grew up in Michigan, attended Northwestern University in Evanston, Ill., and served in the U.S. Navy 1943-46. After World War II he earned his M.D. in 1952 at University of Michigan at Ann Arbor. He interned at Henry Ford Hospital in Detroit.

He and Eloise moved to Phoenix in 1954 so he could take a family practice residency at Maricopa County Hospital. Dr. Clymer was issued Arizona medical license No. 2547, and was in private general practice in Phoenix for 11 years.

When the Clymer family arrived in Phoenix, the population was about 150,000 and citrus groves still covered much of the landscape. Eloise recounts that for the first couple of years, Dr. Clymer set up his office in the converted carport of their modest, two-bedroom ranch house on 7th Street, just north of Glendale Avenue.

"We had a two-room office with a waiting area and examining room," Eloise said. As his family and medical practice grew, Dr. Clymer turned the entire house into his office, and the Clymer family moved into a new house not far away on Flynn Lane. "In those days, John charged $5 for an office visit and $10 for a house call," Eloise recalled. "Obstetric care was $150, which included delivery and pre- and post-natal care. We had an autoclave in the back room where we sterilized all the medical instruments."

Eloise and John Clymer at Arizona Inn on their 65th wedding anniversary in September 2012.

It was an interesting time to practice medicine in the Southwest. Dr. Clarence Salsbury, head of the Arizona State Health Department in the 1950s, and former medical director of the Ganado Mission on the Navajo Reservation, would recruit young doctors like John to make periodic visits with him to Kayenta, Window Rock, or wherever there might be a large gathering of people on the Reservation. They would administer immunizations, conduct medical exams, and test for tuberculosis.

In 1965 Dr. Clymer closed his Phoenix practice to pursue specialty training in psychiatry at Ypsilanti State Hospital in Michigan. In 1968, he and his family returned to Arizona, this time settling in Tucson. After a year as a staff psychiatrist at Southern Arizona Mental Health Center, Dr. Clymer began private practice in adult psychiatry. He was on staff at St. Mary's, Sonora Desert, and Northwest hospitals. He closed his private practice in 1993, but continued adult psychiatry at outpatient mental healthcare facilities in Tucson and Phoenix.

In 1997 he joined the staff at Southern Arizona VA Health Care System hospital and worked as a compensation and pension examiner until his retirement at age 85 in 2010. He believed it was an honor and privilege to serve his fellow veterans.

Dr. Clymer served as ArMA president in 1980-81, and later served on BOMEX (now AMB). He served as PCMS president in 1987. He was given PCMS's 1998 Rose Marie Malone Award for Service to Organized Medicine along with the late Dr. George W. King.

He was a member of the PCMS 50-Year Club, and in 2011 he was voted into Honorary Membership, a rare distinction, as there have been only six PCMS Honorary Members since 1904. He received the PCMS Lifetime Achievement Award in 2013. His dedication even extended to our building, which was in a sorry state pre-Project Restore.

"Dr. Clymer made an appointment to see me in January 2006," former PCMS Executive Director Steve Nash recalled. "He said the PCMS building was in need of major cleanup and repairs. At that time the roof leaked despite several patches, and the paint was faded and chipped. Groups renting the rooms on a regular basis left boxes of supplies wherever there was space, and the carpet looked like something in a Great Depression movie.

"When I told Dr. Clymer there was no money or time for repairs, he nodded with his tight smile and said, 'You will get the money and volunteers … leave that to me and Eloise.' He came

up with a plan and brought it to the PCMS Board of Directors early in 2006. He received permission to proceed, including a $30,000 solicitation from PCMS members. He raised nearly $60,000.

"Volunteers repainted the front patio, front doors, offices, and lobby. Stained ceiling tiles were painted or replaced. Lobby tiles were deep-cleaned and broken tiles replaced. New pots and a patio went in. Carpeting was replaced by new carpet and tiles. The parking lot was resurfaced. New AC units were installed. A new roof was put on. New tables and chairs were purchased for the main conference room. The kitchen cabinets were stained, a new oven/stove put in, and counters replaced. The Boy Scouts created a resource room as part of Dr. Steven Blatchford's son's Eagle Scout Project.

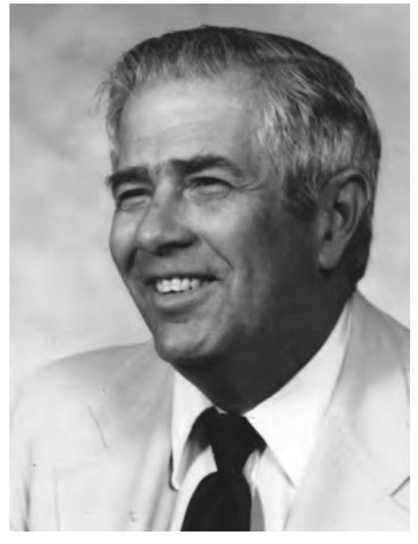
"The effort took two-and-a-half years, and Dr. Clymer was a part of nearly aspect, start to finish. There was no quit in him, or in his wife, Eloise. We held an open house to celebrate in summer 2008."

Dr. Clymer was a member of AMA, ArMA, the American Psychiatric Association, and the Arizona Psychiatric Society. He enjoyed bicycling, crosswords, classical music; writing letters-to-the-editor, studying theology, and observing his children at work in their chosen professions, the family told the paper. He was a faithful member of Casas Adobes Congregational Church, UCC.

He is survived by his wife of 66 years, Eloise (transformational editor of this magazine beginning in 1980); children Diane (Bill Perry) of Boulder, Colo., Brian (Patty) of Tucson, Julia (Tom Zandler) of Phoenix, Owen of Chandler, and Laura of Tucson; grandchildren Alexandra (Jon Burns), Marissa (Jon Saints), Samantha (Ben Krause), Andrew Perry, Emily Clymer, Marie Clymer, John Zandler, and William Zandler; three great-grandsons; four nieces; and three nephews.

Dr. Gabriel Cata, 1928-2014

Dr. Gabriel L. Cata, psychiatrist who joined PCMS in 1964 and was a member of our 50-Year-Club, died on March 29. He was 85.



Dr. Gabriel Cata in 1984.

"Gabe" practiced psychiatry in the Tucson area for 50 years, his family told the *Arizona Daily Star*. "He loved people, and he loved life. He was supremely good at what he did in his compassionate treatment of his patients. He was wonderful father, and loving friend to all who knew him. He will be greatly missed."

Dr. Cata sub-specialized in child psychiatry. Peter C. Crowe, M.D., pediatrician and Associate PCMS member, told the paper's Guest Book, "Gabe and I arrived in Tucson at about the same time, both caring for children. I had the greatest respect for him professionally, and liked him very much on a personal level. The world needs a lot more people like Gabe. My sincere condolences to his family."

Sister Maria Teresa of Kentucky wrote in, "What a gift he was for his patients! I worked with him at the Family Guidance Center in Nogales. May he rest in peace."

Call him refugee, exile, or just American, Cuba's loss was our gain. Gabriel Luis Cata, then called Gabriel L. Cata-Balais, was born June 26, 1928 in Jovellanos, Cuba. He graduated in 1953 from University of Havana Medical School, the same year Fidel Castro began his six year armed revolt against President Fulgencio Batista, whom Castro forces ousted on Jan. 1, 1959. Meanwhile Dr. Cata interned at Las Mercedes University Hospital in Havana, and in 1960-61 was chief of Hospital William Soler in Havana.

Castro's revolution was under a socialist banner, but soon organized along communist lines, the dictator later announcing that he was a lifelong "Marxist-Leninist." Dr. Cata's psychiatry residency found him at the Menninger School of Psychiatry at Topeka State Hospital in Kansas, completing at virtually the same time as Castro's victory. In 1960 Dr. Cata completed a fellowship in child psychiatry at Kansas Treatment Center for Children in Topeka.

A 1965 *Tucson Citizen* notice has Dr. Cata, medical director of the Tucson Child Guidance Clinic, speaking on Cuba to a youth group at Rincon Congregational Church. The notice said he came to the U.S. in 1954, visited Cuba in 1960-61, and came to Tucson in March 1964. By the end of the 1960s he was serving as president of the Tucson Psychiatric Society and was named a Fellow of the American Psychiatric Association.

He was also a member of the American Orthopsychiatric Association, the Cuban Medical Association in Exile, Medical Society of the United States and Mexico, ArMA, Arizona Psychiatric Society, Childbirth Education Association, Pima County Association for Mental Health, and Big Brothers of Tucson.

From the mid-1960s to late 1970s Dr. Cata served on PCMS committees including the Mental Health Committee, Public Health & School Medicine Committee, and Board of Mediation. He also served as attending medical staff for Palo Verde Foundation.

In the 1970s Dr. Cata served as a PCMS delegate to ArMA for three years. In 1979 he developed and led a group for parents called Individualized Approaches to Childrearing "to help parents understand their children as individuals with their own personal charactetistics" and "to help parents gain more insight into their family values and goals."

In 1992 Dr. Cata was elected vice-chairman of Tucson Psychiatric Institute's governing board. He was as active in community organizations as he was at PCMS, including memberships and offices in the chamber of commerce, school board, Better Business Bureau, Rotary, Knights of Columbus, Lions, Optimists, Campfire Girls, Tucson Rod & Gun Club, Tucson Festival Society, garden club and arts groups. He even found time for some lessons in jujitsu.

Dr. Cata's daughters Alicia Cata, Ellen Cata, Odaline Martinez, and Margaret Gundel; four grandchildren; and four step-grandchildren survive him. A memorial open house was given April 13 at The Forum. The family suggests that memorial donations be made to the charity of the donor's choice. ■

CME

May

May 9: The Association of American Physicians and Surgeons' 20th ***Thrive, Not Just Survive Workshop*** is at the Marriott Minneapolis Airport, 2020 E. American Blvd., Bloomington, Minn. 55425.

"Right now doctors are under attack from many different fronts," AAPS Executive Director Jane M. Orient, M.D. said. "Restrictions are being put upon doctors from those outside medicine as we struggle to care for our patients. Now is the time to put control of medicine back in the hand of patients and their physicians. I invite you to join me in Minneapolis May 9 to attend this workshop and learn physician-developed proven solutions to regain control of your practice."

CME accreditation is up to 7.5 hours Category 1 through New Mexico Medical Society with joint sponsorship of AAPS and Rehoboth McKinley Christian Health Care Services.

Title program is 12:30-6 p.m., followed by ***Politics & Your Practice 2014***, updates on physician-led initiatives in Washington, D.C. and nationwide to protect patient-centered medicine. Reservations: 952.854.7441, mention AAPS, or use link at aapsonline.org/mn

September

Sept. 13: *Acute and Chronic Leukemias 2014: A Case-Based Discussion* is at Mayo Clinic Education Center, 5665 E. Mayo Blvd.,Phoenix 85054. Accreditation is to be determined.

Activity is designed "to provide up-to-date information on practical, current and evolving therapies using real-case-based scenarios." Attendees will be able to discuss practical cases with faculty knowledgeable in specific specialties. Course has breakout sessions for one-on-one interaction between faculty and learners.

The one-day comprehensive symposium targets for hematologist and oncologist physicians, NPs, RNs, PAs and pharmacists. Full program details, including schedule, faculty, accommodations, and registration will be available four months prior to meeting date.

Website: http://www.mayo.edu/cme/hematology-and-oncology-2014s435 Contact: Lilia Murray, Mayo School of Continuous Professional Development, 13400 E. Shea Blvd., Scottsdale 85259; phone 480.301.4580; fax 480.301.8323. mca.cme@mayo.edu http://www.mayo.edu/cme

November

Nov. 12-15: The ***Multidisciplinary Update in Breast Disease*** is at One Ocean Resort & Spa, 1 Ocean Blvd., Atlantic Beach, Fla.; 1800.874.6000 or 904.249.7402. E-mail: sales@oneoceanresort.com. Website: http://www.oneocenresort.com/. Accreditation to be determined.

Course is multidisciplinary update in prevention, evaluation, diagnosis, management, and treatment of benign and malignant breast diseases and survivorship issues, and targets hematologists, oncologists, NPs, RNs, PAs, pharmacists, and anyone interested in diagnosis and treatment of hematologic and oncologic disorders.

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Pre-Conference Workshop: Radioactive Seed Localized Breast Surgery: An Alternative to Wire Localization: This workshop, consisting of didactic and hands-on skills sessions, for surgeons, radiologists and radiation safety officers is designed to provide a simulated environment for the placement of live seeds in the breast cancer patient.

Website: http://www.mayo.edu/cme/internal-medicine-and-subspecialties-2013s846

Contact: Lilia Murray, Mayo School of Continuous Professional Development, 13400 E. Shea Blvd., Scottsdale; phone 480.301.4580; fax 480.301.8323. mca.cme@mayo.edu http://www.mayo.edu/cme

January 2015

Jan. 23: *Clinical and Multidiscplinary Hematology and Oncology 2015: The 12th Annual Review* is at the Westin Kierland Resort, 6902 E. Greenway Pkwy., Scottsdale 85254. Accreditation is to be determined.

Course is comprehensive update and management strategies of issues in hematologic and oncologic malignancies, presenting new disease classification, treatments, and challenging cases. Topics include key hematologic diseases (dysproteinemias, acute and chronic leukemias, lymphomas), key solid tumors (breast, thoracic, GI, GU), and overlap topics of supportive, ancillary and diagnostic care. Breakout sessions for one-on-one interaction between faculty and learners are included.

Course targets hematologists, oncologists, NPs, RNs, PAs, and all interested in diagnosis and treatment of hematologic and oncologic disorders.

Website: http://www.mayo.edu/cme/hematology-and-oncology
Contact: Lilia Murray, Mayo School of Continuous Professional Development, 13400 E. Shea Blvd., Scottsdale 85259; phone 480.301.4580; fax 480.301.8323.
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Members' Classifieds

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PRACTICE OPPORTUNITY: Growing Sub acute and long-term care practice is looking for part time, full time or per diem Physicians (MD/DO-Internal medicine/Family Practice) to provide care in Post-acute care facilities (SNFs), assisted living, adult care homes in Tucson and Green Valley. Experience in these settings is a plus. Flexible hours, competitive salary, make your own schedule. Contact: Harbir Singh, MD, Pinnacle Healthcare. Phone: 247-7665, Fax: 204-1940.

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