



# North Coast Physician

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**"SNOW ON KNEELAND"**

*Stephen Kamelgarn, M.D.*

*The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication. hdncms@sbcglobal.net*

*North Coast Physician* is published monthly by the **Humboldt-Del Norte County Medical Society**, 3100 Edgewood Road, P.O. Box 6457, Eureka, CA 95502. Telephone: (707) 442-2367; FAX: (707) 442-8134; E-Mail: hdncms@sbcglobal.net  
Web page: [www.hdncms.org](http://www.hdncms.org)

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# Childcare

Join Y. Luh, M.D., FACS, FACR



In my more than 13 years in Humboldt County, I'm lucky to still be at my first and only job since residency. I've seen young physician families come and go. Granted, there were multiple reasons for the departure of these physician families; however, a major challenge is always childcare.

A few years ago, I recall talking to a young physician who had moved to the area a few months earlier and asked how things were going. He told me that he and his wife were having difficulty finding a baby sitter for his kids so they could have a date night. They had plans from the past weekend ruined due to a baby sitter canceling at the last minute. I told him that I definitely had my share of baby sitter fiascos.

It's tough for physician families with young children, especially if they have no extended family locally. Not only is the new physician getting to know their new practice, learn where all the amenities/stores are located, as well as trying to pass the oral boards (for those specialties that have one), and studying for the radiography and fluoroscopy licensing exam (only in California!), they're also dealing with the huge expense of relocation and getting established. And the new physician often is still paying off medical school loans. That doesn't leave much bandwidth for a social life--only to be sucked away by childcare responsibilities.

Maddie (aka Madeleine Ramos, MD, my spouse) and I have had some great and reliable baby sitters. But even with great and reliable baby sitters, we've had our fair share of baby sitting disasters. Although we had some great high school and college students who regularly provided baby sitting so that Maddie and I could enjoy some time to ourselves, we also had our share of those who canceled at the last minute--and the

reasons ranged from having a UTI to having an important/emergency outing with friends that s/he totally forgot about. But I believe nothing will ever top this story I told the young physician who was bummed about his childcare situation.

After settling down in Arcata, I managed to acquaint myself with a few Humboldt State University students. One of them, Kevin (name changed), was great in keeping me in the loop on events that took place on campus. Back in 2010, a well known comedian was coming to HSU, and I really wanted to see him. Kevin was able to get tickets for Maddie and me. Maddie arranged for a sitter, who we will call Valerie, whom we knew well and had a good track record with. It was Friday, and I managed to finish work early. I even got a chance to stop by the Van Duzer theater, see the event posters, and chat with a few of the HSU students who were organizing the event--it was going to be a fun evening. After dinner and a shower, our sitter arrived just in time. Just as we were about to head out the door, our daughter (who was 4 at the time), suddenly vomited--projectile fashion. Valerie jumped off the sofa, ran to the kitchen to grab a trash can, and as she ran towards our daughter, she fell forward, landing on her side, severely twisting her ankle. Valerie was moaning in pain and was barely able to get up. I thought, ... maybe I could still go by myself--NO! Bad daddy! Selfish husband!

Maddie took Valerie to Mad River Community Hospital (no fracture, just a bad sprain but still requiring crutches) and I stayed home with the kids. I had to call Kevin not to wait for us, and to either sell or give away our tickets. I was crushed--an evening ruined and naturally, I was mad at my daughter for starting the whole cascade (actually our fault for letting her eat left-

over sushi). Fortunately, everything worked out well, but it was a disaster when it occurred.

When it comes to social life, a young physician family can be radioactive (unrelated to my profession). Regardless of the amount of advanced planning, there are bound to be last minute issues that will pour ice water on any plans. This can make participating in events that involve tickets and assigned seating elusive. It's safer to invite childless couples, or those with grown children. Not only are they less likely to cancel due to a sick kid or baby sitter cancellation, they're also able to stay out a little later because they don't have to worry about getting back to their kids (or relieving the sitter). Several years ago, I remember inviting a young physician couple to a school dinner auction to sit at our table, and on the day of the event, not only was their child sick, but the baby sitter had also canceled on them. With fewer opportunities to network and connect with the community, many of these young families left the area to be closer to extended family. I'm sure many physicians and their spouses have stories about childcare fiascos, and some may even have a story to top mine. I'd love to hear them.

Nevertheless, the topic begs the question--should hospitals and/or large clinics provide childcare to physicians (and all health care professionals) who work there? It's been established that "hospitals are hurt when employees lack child care: Workers run late or are forced to take days off, their productivity falls, and turnover rates are high." [1]

This problem has been exacerbated by the pandemic with kids having to stay home for remote learning. They no longer

**"Childcare", Continued on Pg. 23**

# Waiting Is Hard

Emily Dalton, M.D.



To all you video game addicts, you cocktail party haters, you isolationists, you antisocial homebodies and hermits: 2020 was your year! Need an excuse to say home and avoid the crowds? Covid was the perfect cover. Need a reason to avoid travel? Blame Covid! However, now that the vaccine is here we all need to prepare to socialize again..at some point. The vaccine roll out is upon us, and proceeding steadily.

As a pediatrician I am very familiar with the ups and downs of giving vaccinations and the national plan for the COVID vaccine roll out raised some concerns for me. The plan, as I understand it, is that federally purchased vaccines get allocated to each state on a weekly basis, and from there get distributed to various hospitals (listed first), clinics and pharmacies in each county.

While hospitals are wonderful organizations, their focus is to run emergency rooms and care for in-patients. Historically they have not vaccinated large numbers of the general public, so they have no existing infrastructure for this type of project. Tasking them with a massive vaccine roll out when they are already overwhelmed with unprecedented numbers of ill patients doesn't seem like a very good idea..

Clinics and pharmacies are the other locations people go for vaccines, but again, these businesses are already occupied with their primary functions and the number of vaccines that need to be given out is massive. It's not easy to take on the task of giving hundreds of extra vaccines each day when you are already busy and understaffed. This morning (Jan 15) the New York Times had an uplifting story about a team of Walgreens employees who went to a nursing home and vaccinated the residents. The pharmacy team volunteered their time, which is admirable, but relying on volunteers to implement

this massive vaccine effort is not a good strategy. Skilled medical providers and pharmacists are already busy. How many days in a row are such pharmacy crews expected to volunteer? Who watches the store while they are gone? How must it feel to volunteer to help with the vaccine effort when the volunteers themselves may be much further down the line to receive a vaccine? Shouldn't vaccine volunteers have the right to receive a vaccine in exchange for their help?

While much appreciated, I am also concerned about the fact that the vaccine is "free". The gears of our health care system turn because people and organizations get paid for what they do. With no administrative funding provided, the vaccine program relies on private entities to hire staff and provide space for an endeavour that may or may not prove profitable for their businesses. What if they lose money doing this? If unprofitable, I imagine their enthusiasm for this project will evaporate pretty quickly. Besides, why should private insurance plans get off the hook from helping to pay for the vaccine? Isn't that their purpose? Additionally, if we all agree that it is good that the federal government provides free COVID vaccines for all Americans, why shouldn't the government provide all essential medical care for everyone? How can you rationalize one line item, and ignore the rest? But that is a topic for a different day.

Locally, according to the last public health news conference (January 14th), Humboldt County had received 12,500 vaccine doses of which 7,300 (or 60%) had been administered. According to Dr. Hoffman, most of the remaining vaccine was slated for appointments that had been scheduled. (On January 18th, National Public Radio reported that in all of California

only 25% of received vaccines have been given, so Humboldt County is doing really well compared to the rest of the state. A huge shout out to all the folks at public health and those involved in coordinating this effort!) This means that Humboldt county residents have received, on average, about 1,800 shots each week over the past month. The population of Humboldt County is about 35,000 and 19% are under 18, leaving approximately about 110,000 adults eligible for the vaccine. To vaccinate 80% of the eligible adult population with the two dose series would require 176,000 doses to be administered. Subtract the vaccines given and that leaves 163,500 doses yet to be given. At a rate of 1800 vaccines per week, it will take 90 weeks or well over a year and a half to finish. In order to get 80% of remaining eligible adults 2 vaccinations in a 6 month time span, you would have to give about 7,000 vaccines each week, which is approximately 4 times more than we are currently doing. Hopefully supply and manpower will increase to accommodate that level of intensity, but it is not clear that that will happen. The CDC website (<https://data.cdc.gov/Vaccinations/COVID-19-Vaccine-Distribution-Allocations-by-Juris/b7pe-5nws/data>) that lists vaccine allocations to each state reports numbers that are steady but not increasing. Patience will serve us well over the coming months.

As I was finishing this editorial, the Trump administration suddenly changed its recommendation from the ACIP endorsed tiered approach to one allowing everyone over the age of 65 access to the vaccine. Supposedly there was going to be a release

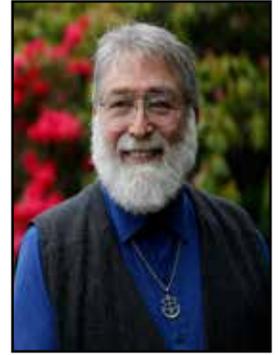
***"Hard", Continued on Pg. 21***

# SCOTT L. SATTLER, M.D.

## September 22, 1946 – January 13, 2021

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*by Caroline Connor, M.D., Lee Leer, M.D.,  
David O'Brien, M.D., and Ed Olsgard, M.D.*



It is a great honor for us to be invited to pen this remembrance of our dear friend, Scott Sattler. Scott was a force of nature. An institution. A kind, generous, polymath of a man. And a linchpin, to the four of us anyhow, of a bygone era of medicine: when small medical practices could not only survive, but thrive, when such practices were beacons of light in their local community. Along with Eureka Internal Medicine and Arcata Family Medical Group, Eureka Family Practice was such a place in Humboldt County. These practices are now long gone. But in their day, they provided care for most people in Eureka, Arcata, and McKinleyville. It is hard to imagine, at EFP, any of that happening without Scott. He was not just our official treasurer, but unofficially the heart and soul of the practice.

Scott and Ed first came to Humboldt County in 1973 after each had completed a rotating internship. Ed drove himself here. Scott, however, decided to hitchhike. To Hoopa. Where he had never been before. Just to check it out. While there, he met someone affiliated with a local medical clinic. While touring the clinic, a trauma patient was brought in. Scott helped stabilize the patient and get him loaded on the helicopter. The hospital administrator, who was also the ambulance driver, promptly offered Scott a job, which he accepted. When Scott was an intern he had met and fallen in love with Kathy Schettino, an RN at Santa Clara Valley Medical Center. After Scott had been working in Hoopa for a while, Kathy drove up after work one Friday to spend the weekend with him. She too had never been to Hoopa. She arrived in the Hoopa valley

at around 10 PM, knowing only that Scott was somewhere in Hoopa. Fortunately, she passed the local sheriff's substation, and the sheriff was out walking his dog. She flagged him down, he called Scott, and Scott met her a few miles up the road. One thing led to another, and soon they married and began the first leg of their beautiful lifelong adventure together: eight years in Hoopa. During that time, Kathy obtained her Nurse Practitioner license and the two of them worked side by side. Scott was on call every 3rd night. He did OB, trauma, psychiatry. Everything. They built a geodesic dome home in the valley and had many memorable adventures there. One that stands out is Scott's foray into veterinary medicine. Through some series of unfortunate events, Scott and Kathy's dog became ill and in the course of treatment suffered a cardiac arrest. Scott cracked his chest, performed cardiac massage, got a perfusing rhythm back, closed up the chest and inserted a chest tube. The dog recovered! This is the same dog that apparently chased a horse through the plate glass windows of the waiting room of Scott and Kathy's medical clinic. During the day. While shocked patients sat in their chairs waiting to see Scott or Kathy. The horse too survived.

Scott had a passion for women's health and reproductive rights. He apprenticed himself with a Planned Parenthood affiliate in the Bay Area to learn abortion, and as soon as Eureka's Planned Parenthood affiliate began offering abortions, Scott became one of the first providers. That is where he met Ed Olsgard, who was the PP medical director. Scott also learned and per-

formed vasectomies for many years.

Scott was a pilot, and as such periodically needed to have FAA mandated physical exams. One day at EFP, Ed noticed that Scott's name was on the schedule of one of his partners for an FAA exam. Ed told the partner to offer Scott a job. Which he did, during the exam. That was how Scott was recruited to and how he and Kathy joined EFP in 1983.

Fast forward to 1988, and there was a new doctor in town, working ER shifts at Mad River Community Hospital – David O'Brien. Ed and Scott became aware of his skill set and set out to recruit him. The recruiting venture entailed a bag lunch in a local park. An offer was made and accepted. One of David's favorite memories of Scott – which admittedly we have all heard and committed to memory – was Scott's aphorism "The key to caring for patients is to care for [about] patients." David goes on to say: "I have memories of the twinkle in his eyes, his sweet smile and kind spirit, loving and generous and always grounded in his spirituality. But whenever his values or beliefs were challenged, he had no fear and would fight for what he felt was right."

Scott was one of the first physicians Lee met when he moved to Eureka to begin solo practice in 1993. We all had busy outpatient practices and managed our own and the community's unassigned patients in the two Eureka hospitals. Of course, this also necessitated going to department meetings, staff meetings, and the like. This is how

**"Sattler", Continued on Pg 21**  
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### **“Sattler”, Continued From Pg 6**

Scott and the other principles of Eureka Family Practice, David O’Brien and Ed Olsgard, came to know Lee and he them. One day, Scott and Lee were both at a nursing station writing up notes and orders, and he let Lee know that if there was anything he and EFP could do to help, he should feel free to ask. Lee promptly asked if he could share call with the EFP doctors. After some consideration, which included a dinner at Ed Olsgard’s home, during which Lee was grilled (particularly by Scott) about his motivations and intentions -- they decided he was OK to share call with. In 1994, Lee joined the group as a full member and worked side by side with Scott for many wonderful years.

In 1996, we were joined by Caroline Connor, who had come to town on a recruiting visit. We all thought she would be a great addition and hoped she’d join the group, but she had other enticing offers that she was giving very serious thought to. It was largely because of Scott’s perseverance and relationship building that she ultimately chose to move to Eureka and join EFP. She recalls that he sent her endless emails. Many had to do with her concerns about Eureka’s weather. He assured her that it was not always gray and overcast here. So, he was capable of the occasional white lie in service of the greater good. Caroline and Scott became fast friends and maintained close contact up until the times of Scott’s demise.

And this was the core of EFP for many years. We shared call together. We had annual weekend retreats to the Benbow Inn to review the past year and plan the next. We rotated houses each holiday season to host the annual office holiday party. A mainstay of the party every year was the dessert contest. Each doctor was responsible for creating a dessert and presenting it anonymously to the staff for them to enjoy and to vote on as to the best of the season. There was no prize other than bragging rights. But still, we recall this event being more stressful than preparing for a Grand Rounds presentation. One year Scott (in our reasoned opinion) cheated. The party was at his house, and the last dessert presented to the assembled judges (our staff) was his flaming cherries jubilee. Everyone knew who had done that, and of course he was that year’s winner.

Scott was a full spectrum family physician, who did obstetrics for many years. He also developed unique specialty interests which included learning how to operatively and non-operatively manage varicose veins. Too, he had a special interest in melanoma and pioneered his own monitoring system for patients with multiple nevi: he videotaped their moles and sent the patients home with the video tape (in those days, VHS). He advised them to review the tapes and report back any time if they saw that something had changed. Then, at each regular follow up, they’d return with their tape, and review the tape and the current state of all the moles together. Anything that had changed significantly earned a biopsy.

Scott was very involved in hospital medical staff governance and served as Chief of Staff of the combined St. Joseph Hospital/General Hospital medical staff from 1989 – 1991. He, along with Ed Olsgard, were instrumental in stimulating St. Joseph hospital to implement a hospitalist program. Looking back on that issue through the lens of today it may seem surprising, but there was at the time tremendous resistance to hospitalists both from the hospitals (which couldn’t figure out how to afford them) and from the medical staff, which simply couldn’t fathom making such a change.

But Scott was far more than just a doctor. He had a very deep spirituality and spiritual practice. He was a practicing Sufi and led Sufi choirs around the world. He was one of the founding members of Six Rivers Planned Parenthood’s Clergy for Choice, and became a member of the National Clergy for Choice. Scott was very much interested in how we die, and how we can prepare for our deaths. As a member of the editorial board for the Medical Society’s monthly Bulletin Scott wrote editorials that reflected and expanded upon his interests in women’s reproductive rights and death and dying, among myriad other subjects. He was an amateur magician, whom we recall regaling more than one younger patient with the

old “pull a quarter out of your ear” trick. He loved joking and making puns. When the Eureka Inn hosted its first “Pun Off,” Scott entered and won. In later years, he served as a judge of the competition. His puns, though plentiful, were painful.

Scott is survived by his wife Kathy and their two daughters Shanti and Amelia, each of whom is married and has 2 children. The youngest grandchild, Lucia, was born on December 31, 2020. Scott was able to virtually meet and shower his love on Lucia in his final days. As Kathy points out, the proximate contrast between the baby’s new life and Scott’s passing is not lost on us. §

### **“Hard”, Continued From Pg. 4**

of stockpiled vaccine from federal reserves to support this recommendation, but when the state of Oregon tried to order some they were told there is no stockpile. My 86 year old mother lives alone in a small Oregon town, and she is upset because although the vaccine has been approved for her age category, she cannot get it. She has called her doctor’s office and local pharmacies but no one has anything to offer. She doesn’t use a cell phone and has a hard time navigating the internet, so if she cannot make contact by phone she could be left out. For her, each day that goes by without a vaccine is one more day of risk and isolation, and if I could have given her my vaccine I would have. Continuing to wait is really hard. §

responsibility among many players, so no one gets the full blame for the system not working.

**\*Social Distancing:** The commonsensical notion that keeping away from others will help slow the spread of the Corona virus. This simple public health measure has been known for thousands of years. However, in an act of magical thinking, millions of people feel that crowding airports and airliners to fly home for the holidays trumps commonsense, and because "it's Christmas," God will smile upon them, reality will be suspended and no one will get sick. We've seen how well that's been working, lately.

**Solo Practice:** A medically endangered species, about to be devoured by the health care cooperative monster.

**Specialist:** the apex of the medical pyramid. These are the physicians who command the high fees, and extravagant life style of the golf course. However, since they're only marginally higher on the food chain than the Primary Care docs (see above), their days may also be numbered -- to be replaced by robots and computer algorithms.

**Stat:** A word invented by television, to give dramatic impact to essentially boring TV medical dramas. However, in a case of Life imitating Art (or imitation art, as the case may be), real medicine has adopted the word, so now all physicians can feel like TV stars.

**Tort Reform:** Anathema to the trial lawyers of America. As opposed to health care reform, this is tinkering with our inalienable rights to sue the pants off one another, irrespective of the true facts of what may have occurred. Since the overwhelming majority of our legislators are lawyers and not physicians, we can see that tort reform will happen about the same time campaign finance reform is enacted -- possibly before the Tricentennial.

**Utilization Review (UR):** Yet one more level of administrative bureaucracy placed in the hospital environment to second guess the motivations of both physician and patient for the patient's presence in the hospital. When UR guidelines are carried to their logical extremes, we shall have a nation full of completely empty hospitals; a monument to a bygone era.

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**"Childcare", Continued from Pg 4**

have the structured all-day schedules we previously just dropped them into every morning. With schools closing in-person classes, many parents have been left without daytime childcare; they don't have the money to keep paying out of pocket for childcare (if this can be done safely). As a result, oftentimes child-care chores will fall to kids cared for by grandparents, who are among the highest-risk groups for contracting and dying from COVID. Obviously, this isn't a good idea.

In this day and age, families are moving around a lot more. The connections that formed in a village decades ago with several generations living in the same town, a strong network of church parishioners, neighbors who looked after each other and families with 2 parents--are all getting weaker. Gone are the days when, as a 10 year-old, I was able to spend an entire day riding my bike with the neighborhood kids, going to the beach, stopping at 7-11 for a Big Gulp, and ending up at someone's house to play video games--and my mom having no clue as to where I was until I was home for dinner. Ironically, I'd have a panic attack today if I didn't know where any of my kids are for more than 15 minutes. You see the disconnect? We want more child supervision today, but the social fabric that once provided that for free (when we weren't acting like heli-

copters), has faded.

This is a nationwide problem for both residents in training and practicing physicians, but we can really feel it in Humboldt. When grandparents are several flights away, childcare emergencies can wreak havoc on work productivity--forget the social life. Lean six sigma really doesn't take into account this variable when it comes to human resource management. There are social determinants of productivity, and a major determinant is childcare. Strange how little has been done on an institutional scale to address this very stubborn and persistent determinant of productivity--as long as we remain potent and fertile. Workplace childcare is actually a great business case. It would definitely help with physician recruitment/retention and partially, at least, address burnout.

Dr. Rija Siddiqui said it well in her Bloomberg piece: *"Employer-based day-care centers are not a novel idea, and most hospitals do advertise child-care options for its employees that are in close physical proximity. The problem is child-care options aren't set up to accommodate traditional work hours -- not the hours of doctors, nurses, respiratory therapists, laboratory technicians, sanitation services, or other health-care personnel."*

*"Many parents know the feeling all too well: A meeting ends well after you need to leave to pick up your child, and the panic and hurriedness ensues as you rush to daycare before closing time."*[2]

But as a physician, you can't just leave a patient because it's time to pick up your kid from day care. I've been guilty of being late picking up my kids with fuming day-care staff giving me the evil eye, standing at the door trying to close for the day. Of course, the responsibilities of patient care don't disappear when your child gets sick and you get that nauseating call from the school or daycare telling you that you need

**"Childcare", Continued on Pg. 24**

**“Childcare”, Continued From Pg. 23**

to pick up your child immediately. What do you do? Unless you have a spouse with a flexible schedule, or a family member to pick up the slack, you either cancel the rest of your clinic or try to sneak your kid into work (that's how some of us met each others' kids). There's gotta be a better way.

\* \* \*

After this pandemic is over, I hope we can come up with a structured way to provide predictable childcare for physicians and other healthcare professionals, if not for all healthcare employees. Otherwise, we'll still have to resort to Craigslist, word of mouth referrals, the Nextdoor app, or parents.

For social events, during pre-COVID times, the Humboldt Del-Norte Medical Society organized monthly Friday PM Rounds, typically on the first Friday of each month at some venue in Humboldt as an opportunity to meet other physicians in the community in a family friendly environment (depending on the venue, of course). It's been a great forum to meet new physicians and their families. We've had events at a lot of cool places (Ingomar, Baywood, Eel River Brewery, the Madaket (yes, the boat), the former Motorcycle Cafe, the Pub, Eureka Inn, Ramone's, a few physician homes, a food truck, and several office practices. I'm looking forward to having these events again in person. §

**NOTES:**

1. Ricks AE, Ricks S. “Hospitals Should Provide Day-Care for Children of Employees. JAMA. 1983;249(15):2090 - 2091. doi:10.1001/jama.1983.03330390082042

2. Siddiqi, R. “I’m a Hospital-Worker Mom, and I Need Daycare on the Job.” Bloomberg CityLab. May 8, 2020. Accessed 12/25/20. <https://www.bloomberg.com/news/articles/2020-05-08/health-care-workers-need-better-child-care-options>

**Attn. Young Physicians**

*Members who are under forty (40) years of age or within the first eight (8) years of professional practice after completion of formal training programs shall be eligible for membership in CMA's Young Physicians Section. Sign up today on CMA website - [www.cmadoes.org](http://www.cmadoes.org).*

*YPS Members can also join the Young Physician Section On-Line Discussion Forum.*

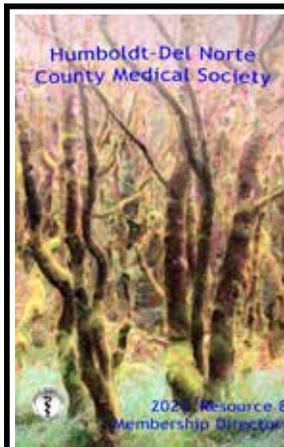
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**CPR IS A FREE MONTHLY E-MAIL BULLETIN FROM THE CALIFORNIA MEDICAL ASSOCIATION'S CENTER FOR ECONOMIC SERVICES. THIS BULLETIN IS FULL OF TIPS AND TOOLS TO HELP PHYSICIANS AND THEIR OFFICE STAFF IMPROVE PRACTICE EFFICIENCY AND VIABILITY.**

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# CLASSIFIED ADVERTISEMENTS & BULLETIN BOARD

## PRACTICE OPPORTUNITIES



**Refer to Practice Opportunities on our website for a list of Practice Opportunities for Physicians. Separate listing for Advanced Practice Clinicians is also posted. Recruitment Brochure; Links to Local Recreation; Links to Loan Repayment Programs; Norcal Medical Partners Facebook, and more....[www.hdncms.org](http://www.hdncms.org)**

## OFFICE SPACE NEEDED

Looking for Office Space in the Eureka or Arcata area. 2,500-3,000 sq ft. Please contact: Robert Soper, M.D. (707) 445-4705

### ARE YOU A CONSORTIUM MEMBER?

Medical Society Members -  
\$150.00  
Non-Medical Society  
Members - \$250.00

A self-supporting committee of the HDN Medical Society, our Consortium for Continuing Medical Education is accredited by the CMA Institute for Medical Quality to plan and accredit local programs to meet the needs of our physicians. Credit is provided for Grand Rounds, Tumor Board, Cardiac Cath Lab, UCSF Case Conference, Neo-Natal Resuscitation, etc. In addition to coordinating programs based on the feedback we get from the membership, we also work with the Humboldt IPA, Hospice, Public Health and other local agencies in coordinating CME credit for physicians.

**HELP IDENTIFY LOCAL  
EDUCATIONAL NEEDS**

**HELP SUPPORT LOCAL EDUCATION -  
BE A CONSORTIUM MEMBER**

**Interested in speaking at Grand Rounds?**

Contact CME Coordinator,  
Terri Rincon-Taylor  
442-2353  
[hdncme@gmail.com](mailto:hdncme@gmail.com)

## OFFICE EQUIPMENT FOR SALE

**EXAM TABLES** and other misc. office equipment for sale. Contact: Tim Paik-Nicely, M.D. (707) 616-9088.

## MISCELLANEOUS

**FIREWOOD for Sale.**

Contact Lee (707) 499-2805

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## Display Advertising Rate Schedule

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*DEADLINE: 15th day of the preceding month to be published*