

SPRING 2022

# THE message



*A Newsmagazine of Spokane County Medical Society*

**Encouraging and  
Supporting Diversity  
in Medicine**

**Corner of Love:  
Aiding Nicaraguan  
Refugees**

SCMS MEMBER HIGHLIGHT

**Kingsley C. Ugorji, MD**





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“Dr. Karen Noyes at the MultiCare Rockwood Clinic – Moran Prairie has been instrumental in my Primary Care Practicum experience. She embodies three characteristics that I hope to better incorporate throughout my career to better serve my future patients: curiosity, humility, and confidence. Dr. Noyes constantly utilizes these traits in clinic and that is why her patients feel heard, understood, and want to come back. She has taught me the value of creating a differential before walking in and agenda setting so that each patient visit is efficient and maximized. Even with a planned approach, Dr. Noyes displays a flexibility in her history gathering so that if she needs to adapt in the room, she can seamlessly transition. Also in the room, her willingness to learn from patient anecdotes to better understand a situation and come up with unique plans is something I admire. Dr. Noyes has aided my experience by personalizing it and helping me improve on a different skill each visit. I have been able to work on giving oral case presentations, writing-up histories of the present illnesses, and learning to consider less common diagnoses for common illness scripts. Her balance of challenging me and encouraging me has helped me grow tremendously. Spokane County is fortunate to have Dr. Karen Noyes, and I am blessed to be able to call her my Primary Care Practicum Preceptor.”

—Samartha Shrestha MS1  
UW School of Medicine

# President's Message



## EVERYDAY ADVOCACY AND THE MANY FACES OF VULNERABILITY

As SCMS President, I wanted to take this opportunity to write about one of our SCMS "Pillars" -- Advocacy. SCMS members have the opportunity to advocate at many levels - and every year we advance advocacy both

locally and at the state level through the WSMA. We submit resolutions and work toward better healthcare for the residents of Washington as well as advocacy for improvements in healthcare delivery and to support our SCMS members (physicians and physician assistants). As we look to the end of the Governor's mask mandate, I have had several experiences that made me think about "vulnerability" and everyday advocacy. Vulnerability through the lenses of COVID mask mandates, disability/equity, one aspect of patient vulnerability, and finally Brene Brown's take on vulnerability.

I've been in multiple meetings discussing the impact of the end of mask mandates. Many people are excited by the prospect of not having to wear hot, tight, restrictive masks. Of course, many "healthcare heroes" have been desperate for appropriate PPE and have worn masks for 12-hour shifts (and more). In clinic, I wear an N-95 for 4-5 hours straight, and by the end I am hot and thirsty. However, I also know many people who are "vulnerable" - they are immunosuppressed and haven't had a robust antibody response or can't get vaccinated (young children). To keep it short - we must remember and protect those individuals from ridicule. Lest you think this is unlikely, last summer a 3rd-year medical student was masked in a grocery store in rural [state] at the beginning of the delta surge. A woman cornered him and started yelling "you are disgusting." While I don't know what her assumptions or rationale were, I know it really rattled him. My ask? Please speak up and remind people to be kind and not to make assumptions. Please advocate to protect the vulnerable among us.

Similarly, a student with an uncommon, but not rare, environmental allergy, was exposed to the allergen in at a [state] university. The student became sensitized to the point of requiring high-dose steroids for a Steven's Johnson-like condition. Excluded from the learning environment, the university (unlike my institution, WSU) did not provide excellent online alternatives and s/he spent hours each day trying to access learning materials to keep up with classes. When classes were finally moved to eliminate exposure to the offending chemical (the following semester), both students and professors regularly approached he/her, commenting that they were inconvenienced and blaming he/her for

upsetting a wheel-chair-bound student. That student actually defended the vulnerable student. As healthcare professionals, I think we often assume that people are supportive of people with "disabilities" but we have so far to go! My ask - please advocate for access to education, and other societal benefits, for our patients with both obvious and hidden "disabilities"!

I also recently had a personal experience as a patient that made me rethink "vulnerability" at the most basic level. My annual eye exam confirmed that I have "moderate" dry eyes (I don't have an autoimmune condition) - enough to make long hours at the computer uncomfortable despite OTC eye drops and time-consuming hot packs. My ophthalmologist recommended another type of eye drops (or tear duct plugs, no thank you). Because appointments always seem to be rushed, and I (silly me) felt vulnerable about the future of my eyesight (with other words like "important," "risk," cataracts, glaucoma, etc., floating around), I didn't ask enough questions. At the pharmacy, my new prescription was over \$600, or over \$5000/year!!! The drops are cyclosporine - not a new drug. Why so expensive? I called to find out if I had "inflammation" and therefore really needed the drops, but the clinic did not respond to my question despite two phone calls and messages. The next week in my clinic I was lamenting, "How do people afford their medications?" and the nurses said, "Oh, just sign up for GoodRx." A specialist friend relayed that she tells all her patients to sign up for GoodRx and has a handout telling them how to handle expensive prescriptions and to contact their Representative/Senator to complain about why they have to sign up for discounts, etc. rather than just having lower prescription costs. My ask - advocate for simplification of prescription medication access!

Finally, the famed author/speaker Brene Brown has talked about the importance of being "vulnerable," but experience and research have shown that women and people of color who are "vulnerable" at work may actually be further disadvantaged. My ask - when colleagues reveal vulnerabilities, support them and be careful not to make assumptions about their abilities and skills! Advocate for policies that work toward inclusion for all of us.

I encourage you all to read the article by Ravneet Waraich in this edition of The Message. Her words should give us all hope that the next generation will move us towards a better world. Thank you for everything you do to advocate for improvements in our systems and your advocacy for your patients. ■

A handwritten signature in dark ink, appearing to read "DE DeWitt".

**Dawn E. DeWitt MD, MSc, MACP, FRACP, FRCP-London  
2022 SCMS President**



### MAY

**WSMA Leadership Dev. Conf.**  
May 20-21, Friday-Saturday  
Chelan, WA

**SCMS Board of Trustees Meeting**  
May 25, Wednesday, 5:30 pm

### JUNE

**SCMS Executive Committee Meeting**  
June 22, Wednesday, 5:30 pm

**SAVE THE DATE!**  
**SCMS Golf Classic**  
June 25, Saturday, 6:30 am,  
Scheduled Tee Times  
Indian Canyon Golf Course  
*Portion of proceeds to benefit  
SCMS Foundation*

### JULY

**SCMS Foundation Meeting**  
July 12, Tuesday, 5:30 pm

**SCMS Medical Education Committee Meeting**  
July 21, Thursday, 5:30 pm

### AUGUST

**SAVE THE DATE!**  
**SCMS Women in Medicine Symposium**  
August 18, Thursday, 6:00 pm  
Rockwood South Hill Event Center

### SEPTEMBER

**SCMS Board of Trustees Meeting**  
September 28, Wednesday, 5:30 pm  
(HOD Caucus)

**SAVE THE DATE!**  
**Medicine 2022**  
September 30, Friday,  
7:00 am—5:00 pm  
The Historic Davenport Hotel

### OCTOBER

**WSMA House of Delegates**  
October 1-2, Saturday-Sunday  
The Historic Davenport Hotel  
Spokane

**SCMS Foundation Meeting**  
October 11, Tuesday, 5:30 pm

**SCMS Medical Education Committee Meeting**  
October 20, Thursday, 5:30 pm

**SCMS Executive Committee Meeting**  
October 26, Wednesday, 5:30 pm

### NOVEMBER

**SCMS Board of Trustees Meeting**  
November 16, Wednesday, 5:30 pm

### DECEMBER

**SCMS Executive Committee Meeting**  
December 14, Wednesday, 5:30 pm

If you have any questions regarding an event, please call SCMS at (509) 325-5010 or email [shelly@spcms.org](mailto:shelly@spcms.org).

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# Kingsley C. Ugorji, MD

## Works at:

Community Health Association of Spokane (CHAS)

## Specialty:

Family practice with Obstetrics and Gynecology

## Why SCMS:

It's our only medical society, which ensures the delivery of high-quality medical care to the entire County. SCMS is a great advocate for physicians' wellbeing and patient safety through high quality, continuing medical education programs. SCMS also creates great avenues for physicians' interactions via events like the Annual Member Summer Cruise and SCMS Member Mixers, which I am looking forward to as the pandemic winds down.

## Top concerns in medicine:

Politics in medicine: - sometime politics have a serious negative impact to the practice of medicine. A very good but sad example is the negative way politics impacted the current COVID-19 pandemic, affecting vaccine uptake, good hand hygiene and use of facial covering. These negative impacts lead to more avoidable deaths during the current pandemic.

## Why my specialty:

Family Medicine is not just primary care for the individual. It's about building long term relationships with multiple generations within the family. I get to become part of my patients' family and share their joy during childbirth and their sorrow during the death of their loved ones. The obstetric component makes an already amazing specialty more fulfilling.



## When I'm not at work:

I spend time with my family doing outdoor stuff like playing soccer / swimming / basketball / fishing / biking / hiking / riding scooter. I also enjoy watching a lot of soccer especially if either Chelsea FC in the English Premier League soccer or Seattle sounder of the major league soccer are playing.

## Go-to unwind activity:

I always end my day at MUV fitness with 30 minutes cardio and 30 minutes of other activities like body weight and monkey bar.

## What I read:

African literature. My favorite author is Chinua Achebe, favorite books "things Fall apart" and "There Was a Country," and Pacesetter Novels "fiction written by notable African authors for young adolescence, I read the whole collection as a teenager and still find them very interesting to read till date.

## What you might not know about me:

I am a community leader and a titled traditional chief in my small town in eastern Nigeria. I therefore spend at least one month every year in the village with other chiefs in the community to deliberate on important issues concerning the wellbeing of the entire community. I also have over one hundred adopted children. "Laughs" I adopted only their education in the form of mentorship and annual scholarships for tuition assistance in a private Christian school in my community.

## Proud moments in medicine:

In the year 2000, about 1 year after graduation from medical school I was the only provider in the local emergency room in rural part of Nigeria. A family brought a 60-year-old male patient, he was found unresponsive by a family member, the only available history was that he was a diabetic, not



sure of the medications he was taking, glucometer was also not readily available. I knew that I was either dealing with hypoglycemic, or hyperglycemic coma. I did apply one of the clinical pearls that I learned medical school "small amount of sugar in the setting of hyperglycemia cannot be fatal, while small amount of insulin in the setting of hypoglycemia can be fatal". I immediately gave the patient 50 mL of IV dextrose D50, and the patient immediately regained consciousness and family thought it was a magician.

## Best advice:

In medicine Common things occur Commonly, more than 50% medical diagnosis can be made with a good history and physical examination alone, hence importance of good history taking and physical examination in medicine cannot be over emphasized. Secondly, "patients do not know how much you know but they know how much you care." Therefore care and compassion are the key and the most important factors in doctors- patient relationship. Patients will always follow the doctors' treatment recommendation if they believe that the doctor cared for them. They will immediately seek a second opinion, become noncompliant, and will likely not take your medication or any treatment recommendation no matter how good they are, if they leave the doctor's office feeling that the doctor / provider did not care or listen to them. One way to decrease or minimize noncompliance is to truly care for your patient. Sitting down for one minute and a simple heart and lung exam during an encounter may make all the difference.

## What's next:

Take advantage of modern technology and work smarter and not harder. ■



# Corner of Love: Aiding Nicaraguan Refugees



Left to right: A 5-year-old patient performing handstand; the entire group; an organization lead handing out school supplies.

**By: Jordan Tanner, MD**

"Yikes!," my wife yelled out from the bedroom as I was in the bathroom brushing my teeth. "What could it be?" I thought as I opened the door to the bedroom to find a scorpion nearly the size of my hand on the threshold. "That was definitely worth a scream!," I affirmed as I tried to corral the scorpion into an empty wastebasket to take outside. It was our first night staying in a small one bedroom, one bathroom cabana in the Costa Rican jungle. For the next week, we would quickly become accustomed to several foreign experiences as part of a joint medical and dental humanitarian trip in the region.

Our group was a motley crew of healthcare professionals composed of a general dentist, oral surgeon, endodontist, emergency medicine physician, dermatologist, pharmacist, and myself, a junior resident physician, all with the goal of providing healthcare to Nicaraguan refugees. For years our host organization, Corner of Love, had operated a charity in Nicaragua, providing basic household necessities, school supplies, clothing, and healthcare to the needy. However, all that changed in 2018 when the Nicaraguan President, Daniel Ortega, started a string of reforms that has since evolved into a repressive regime. Corner of Love found themselves without a home as all they had built was seized by the government. Since then, they found refuge just across the border in Costa Rica where they opened relief centers and began their mission anew, this time aiding fellow Nicaraguan refugees who, like themselves, were fleeing governmental oppression.

The morning after the scorpion incident was our first day of clinic. Two large buses with more than one hundred individuals and families arrived and in a mad dash the day was off. First, everyone was triaged by the organization head and given a slip indicating clothing and household necessities they were to receive, and if they were to see medical or dental. Then, after taking vitals and blood glucose screening, they proceeded to medical or dental. On the medical side we discussed ongoing medical problems, new medical problems, counseled and prescribed medications. From there, they proceeded outside to receive clothing and household supplies while our pharmacist filled prescriptions utilizing the organization's stockpile of donated and purchased medicines.

This resource-poor practice setting was eye opening compared to the States where one can have a CT scan performed with a click of a button. The stark contrast made it heartbreaking when we had to tell some of the patients that there was nothing we could do. Such was the case for the mother of a five-year-old boy. Her son suffered from nonfunctional lower extremities, presumably due to congenital contractures, and he moved around by scooting and crawling on his hands and knees. Intervention might have been possible in a resource-rich setting, but then and there all we could offer was our sympathy. However, this bright child did not let his disability keep him down and eagerly showed off his incredible strength and handstand abilities (see picture). Still, this experience kept me thinking about how some can have so much, and others have so little.





Left: Oral surgeon and his assistant working; Right: Our emergency medicine physician in the pharmacy

Other heart-wrenching stories were not the result of economic shortfalls, but a lack of human rights. One patient was formerly a police officer in Nicaragua during the governmental policy changes at which time he would not support the new regime nor oppress his fellow citizens.

For this he was beaten and arrested for 11 months. He was tortured during his imprisonment and fled Nicaragua after his release. He is now one of the many refugees who suffer PTSD from their experiences.

Incredibly, amid all these hardships the people were joyous. The children would run around outside the clinic playing, their parents were in high spirits, and everyone was deeply appreciative of the care and supplies they received. All we could do was try our best with what we had, and they were grateful for those efforts.

When I came to Costa Rica, I was half expecting experiences like the scorpion incident and was prepared for examples of misfortune. What I was not expecting was the collective show of strength and happiness by a people who have been consistently weathering the storm. They are an inspiration, and I hope to always retain the memories and lessons learned from their examples. ■

Spokane County Medical Society is pleased to announce

# WOMEN IN MEDICINE — SYMPOSIUM —

**THURSDAY, AUGUST 18, 2022**  
**6:00 pm — 9:00 pm**

## Rockwood South Hill Event Center

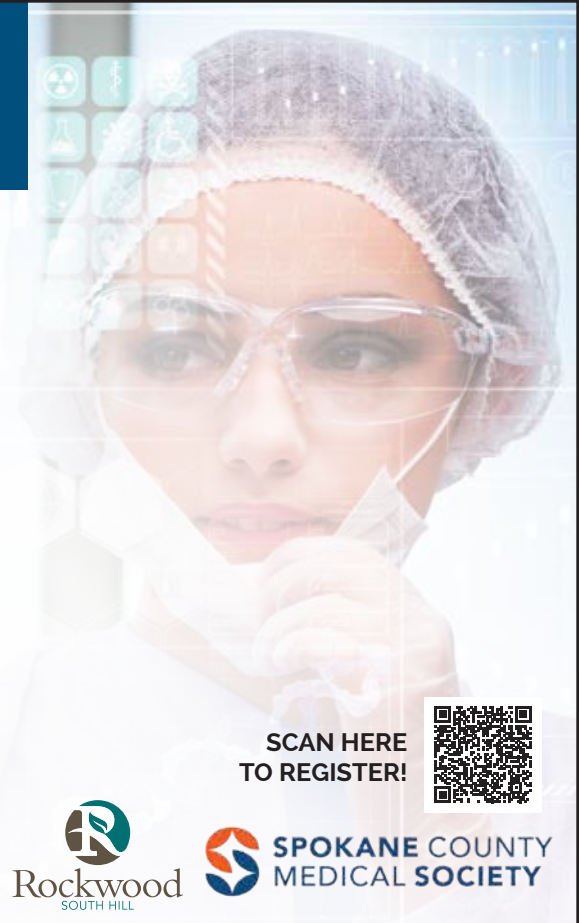
This is a unique opportunity for female physicians, physician assistants, residents, fellows, and medical/physician assistant students to hear expert speakers and network at a social event (*yes there will be food and drinks!*) focused on developing evidence-based leadership skills and closing the gender gap in healthcare. Our mission is to educate, inspire, and empower attendees by providing opportunities to support and engage with one another.

**SPACE IS LIMITED, REGISTER TODAY!**

### COST

Medical/Physician Assistant Students, Residents & Fellows <i>'up to the first 25 registrants, all others \$10</i>	FREE
SCMS members	\$20
Non-SCMS members	\$30

*Please consider sponsoring a female physician/physician assistant attendee for \$20 and bring your colleagues! All genders welcome! Please direct questions to Shelly Bonforti at shelly@spcsm.org.*



SCAN HERE  
TO REGISTER!



# Membership Recognition for March – May 2022

## Welcome New Members 2022

### PHYSICIANS

Michael Allen, MD  
Drostan Baker, MD  
Jacob Carl, MD  
Timothy Gay, MD

### PHYSICIAN ASSISTANTS:

Matthew Dubnicka, PA  
Deepa Krishnamurthi, PA  
Erik Leaf, PA  
Nicole Norton, PA  
Brendan Riordan, PA-C

**Thank you to the members listed below.** Their contribution of time and talent has helped to make the Spokane County Medical Society the strong organization it is today.

### 50 YEARS

Donald Schmutz, MD  
03/17/1972  
  
G. Bruce McClelland, MD  
05/06/1972  
  
Gordon Larson, MD  
05/12/1972

### 40 YEARS

Stuart Fealk, MD  
04/27/1982

### 30 YEARS

Russell Oakley, MD  
04/15/1992  
  
Thomas Schaaf, MD  
04/15/1992  
  
David Maccini, MD  
04/15/1992  
  
Thomas Prenger, MD  
04/15/1992

### 20 YEARS

Deborah Vermaire, MD  
03/27/2002

## In Memoriam




Joseph B. McManus, MD  
(June 1948-December 2021)

Michael S. Golden, MD  
(January 2022)

## RENEW YOUR MEMBERSHIP OR JOIN TODAY!

### Membership Has Meaning and Value



The SCMS is here to support you in your vitally important role in the family of medicine. Our mission is to fairly and objectively serve as a guardian of community health and wellness while leading and promoting the professional practice of medicine in our region. SCMS uses its resources and expertise, through collaboration and strategic partnerships, to facilitate the best community health possible for citizens of our region.

The need for an active county medical society has never been greater as we strive to carry a united voice on related healthcare issues in this region.

Call us at  
**509.325.5010**  
or visit our website  
to renew:  
[members.spcms.org/join](https://members.spcms.org/join)





# Vulnerability and Humility: Disability Justice and Ableism in Healthcare

By **Ravneet Waraich**  
**MD Candidate (2022)**  
**Elson S. Floyd College of Medicine**



As healthcare professionals, we are tasked with advocating for our patients. We do this every day. A single word, billing code, or diagnosis can change the trajectory of a patient's life. The power of our education and training is demonstrated through each seemingly benign action. Throughout my medical education, I have been learning and unlearning biases,

communication styles, and even biochemistry (though that's more relearning than anything else). It wasn't until I spent this last week educating myself on Disability Justice and ableism that I began to more deeply understand how our implicit biases and perceptions can systematically impact our patients, peers, mentees, and students.

Clinicians have the privilege of caring for patients with disabilities, an identity we will all have at some point in our lives. People with disabilities include those who have temporary or permanent physical, mental, intellectual/cognitive, or sensory impairments. Ableism is a system of social constructs and discriminatory practices that pose barriers to those with disabilities – anyone who deviates from our societal definition of “normal.” Ableism impedes a provider's clinical judgment as it biases how we presume people with disabilities live. This is where our role as clinicians and advocates becomes clear. We bear witness to the stories and narratives of countless people's stories, learning some of the most intimate details of their lives. In this way, we have a responsibility to continue educating ourselves – guided by humility.

According to a study titled “Physicians' Perceptions Of People With Disability And Their Health Care,” published in Health Affairs in February 2021, only 40% of surveyed physicians were very confident about their ability to provide the same quality of care to patients with disability. Even more striking, 82% of physicians in the same survey reported that people with significant disability have worse quality of life than non-disabled people. There is a wealth of data quantifying the disparities faced by disabled folx, but significantly fewer studies investigating the root causes of these disparities. As

we continue to learn what we can do better in healthcare, Dr. Joel Michael Reynolds, a philosophy and disability studies scholar, offers us “Three Things Clinicians Should Know About Disability.” He asks us to combine our clinical understandings with patients' lived experiences and approach people as experts in living with disabilities. We're asked to reflect on three things: (1) recognize your assumptions about quality of life, (2) understand the problem of ableism, and (3) appreciate the distinction between disability, disease, and illness.

As I continue on this journey educating myself on disability justice and challenging myself to recognize my ableist biases, I hope we can all extend this grace and humility to our patients, colleagues, students, family, and friends. We can begin to do so by holding our institutions, local governments, and ourselves accountable to creating a more just society. Let's transform our advocacy into inclusion and our inclusion into justice. ■



## IMMEDIATE OPENING: MEDICAL DIRECTOR

Located near Spokane, Wash., Lakeland Village Nursing Facility and Intermediate Care Facility provides training, education and health care to people with intellectual and developmental disabilities. Join us in transforming lives as the next Medical Director at Lakeland Village, where you'll develop an organizational structure for medical/clinical staff and improve service delivery.

### We are looking for professionals with:

- A license to practice medicine in Washington state, and certification by the American Board of Internal Medicine, Family Practice, Geriatrics, Pediatrics, Psychiatry or Neurology
- Experience in clinical supervision and program management, budgeting, resourcing and performance evaluation, and 5+ years post-doctoral experience

### We offer a salary of \$241,000 - \$291,000 annually. Other perks:

- Excellent retirement and deferred compensation plans
- Medical, dental, vision, life and long-term disability insurance
- Relocation assistance
- Flexible work schedules 40 hours per week, and generous paid time off

Send your CV to Anu Rao at [raoa@dshs.wa.gov](mailto:raoa@dshs.wa.gov) or apply directly to [www.careers.wa.gov](http://www.careers.wa.gov)  
 #2022-00146 or call at 360-972-6206



# Encouraging and Supporting Diversity in Medicine

*The Underrepresented in Medicine service-learning group at The University of Washington School of Medicine-Spokane continues to grow and expand since its 2016 launch.*

**By Cindy Hval**

When Melissa Rangel-Abeyta arrived at UW School of Medicine-Spokane in 2015, she was already breaking new ground.

"I didn't even learn about medical school until I was 17. I was the first person in my family to earn a college degree," she said. "I'm mixed-race, and I strongly identify with my Latina heritage."

Determined to encourage diversity in medical school applicants and to support those who were underrepresented on campus, in 2016, she launched Underrepresented in Medicine (URiM). URiM refers to an individual hailing from a racial, ethnic, or other disadvantaged population that is disproportionately represented within the medical community.

"There weren't these groups to connect with in Spokane, so I talked with Dr. Janelle Clauser (assistant dean for Foundations at the UW School of Medicine – Gonzaga University Health Partnership) about starting one, and she was so supportive," Rangel-Abeyta said. "At first it was just Dr. Clauser and I hosting events, but the response from fellow students was great."

The mission of URiM is to recruit and retain medical students from underrepresented backgrounds and foster an inclusive community for students and faculty. The Spokane service-learning group continues to grow and now includes Students for Equality, Diversity and Inclusion (SEDI) as well as UWSOM's Alliance for Equal Representation in Medicine (AFERM) groups.

One of URiM's first events was hosting a panel featuring diverse UWSOM-Spokane students. High school and community college students were invited to attend. "In talking with fellow medical students, I heard several say, 'I've never seen a doctor who looks like me,'" Rangel-Abeyta recalled. "Our initial panel included BIPOC and Bosnian students."

That first session became an annual fall event and grew to include a suture clinic, MCAT (Medical College Admission Test) prep workshops, as well as Q&A panels.

Dr. Rangel-Abeyta is currently completing her surgical residency in Chicago and was delighted to learn that the program she founded is thriving under continued student leadership.

Samartha Shrestha serves as the current director. URiM impacted him when he was an undergrad at Whitworth University. "I attended the fall event in 2018," he recalled. "The MCAT seminar gave me insight into time management on test day and offered a variety of ideas for test prep resources. I also took a seminar



Left: Samartha Shrestha, Right: Melissa Rangel-Abeyta

on writing your personal statement for your medical school application. I'm not a writer, so it was incredibly helpful."

Even more than the practical tools, Shrestha learned from panel members that medicine is a lifelong journey. Framing his education in that way allowed him to take a gap year, before entering medical school at UWSOM-Spokane. During that year, he was able to help in COVID vaccination clinics and even take a trip to Guatemala, working in a clinic there and sharpening his Spanish skills.

"I'm thankful for URiM—it helped me adjust my timeline and understand that the journey is always there," he said.

Getting involved with the group was a priority for him in this, his first year, at UWSOM-Spokane. "Marginalized groups have endured trauma that leads to mistrust of the medical community," Shrestha said. "URiM is an important step in reaching out to bridge that trust gap—it's about understanding the barriers others face."

Shrestha took over the leadership from Colby Weil-Lonigan, who worked hard in the midst of COVID-19 to expand the group's offerings. "We've kind of exploded in the last few years," she said.

Weil-Lonigan had attended two URiM fall sessions as an undergrad. "Hearing those personal stories from UW School of Medicine students was a fantastic experience."

Some of those stories reflected her own.

"I'm mixed race," she said. "My mom is an Indonesian immigrant and my Indonesian family didn't have health insurance. I saw the dichotomy and what white privilege brings you."



Her personal experience fueled her desire to affect change.

"Medicine needs to match the people it serves," said Weil-Lonigan. "We need to demonstrate that not everyone is a cookie-cutter medical student."

Under her leadership, URiM created a website, reached out to the Latinx group at Eastern Washington University, and launched 'Coffee Talks,' a series of casual gatherings with current medical students at the Schoenberg Center on the Gonzaga campus.

"I'm headstrong. I like to change things," she said. "URiM is now the biggest service-learning group on the Spokane campus."

Weil-Lonigan was connected with a medical student mentor through AFERM (Alliance for Equal Representation in Medicine) which traditionally provides mentors through the Seattle campus. "In 2021 we began matching UWSOM-Spokane students with Spokane medical residents for mentorship," she said.

AFERM also provides mock interviews and coaching for underrepresented or disadvantaged applicants invited to interview at UWSOM.

Josefine Bribiesca-Rodriguez is one of UWSOM-Spokane's mock interview leads.

"My father immigrated from Mexico and I'm the first family member to go to college. When you're younger, you really want to have a doctor who looks like you," she said. "I did the AFERM mock interview. I loved it—it was so helpful. It built confidence. I wanted to be part of the program."

The Spokane AFERM team has already done their first round of mock interviews with another round scheduled in the New Year.

"It was amazing," Bribiesca-Rodriguez said of leading the first round. "We met someone who did the interview and was already accepted to the UW School of Medicine."

Bribiesca-Rodriguez also serves as the SEDI (Students for Equality, Diversity and Inclusion) lead.

"While URiM reaches out into the community to recruit students, SEDI is more directed toward UWSOM-Spokane students," she explained. "We host SEDI walks with faculty and students, and coffee talks. It's a way to offer support and connection."

Dr. Rangel-Abeyta said she's humbled and gratified by the growth of the program she started.

"There's a continuing need for greater diversity and representation in medicine," she said. "There's still a lot of work to do. Sometimes it's exhausting championing for your community, but our goal is to take some of the weight from the shoulders of future students."

For more information about UWSOM-Spokane URiM and SEDI visit <https://cedi-web01.s.uw.edu/urim> ■

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# SARS-CoV-2 Omicron Variant: The Evolution

**By: Francisco R. Velázquez, M.D., S.M., FCAP**  
**Health Officer, Spokane Regional Health District**  
**March 14, 2022**



The COVID-19 pandemic has been a constant presence for over two years now. Globally, there have been more than 450 million confirmed cases and over six million deaths associated with COVID-19. SARS-CoV-2, the causative agent, was first identified in Wuhan, China in late 2019 (Wuhan-Hu-1). The original strain was relatively antigenically stable during the early months of the disease. By late 2020's, we had identified variants that were not

only more transmissible but could also escape some elements of the immune response. These are the product of numerous mutations which occur as often as every 11 days. To date, thousands of mutations have been identified around the world. Most have not had an impact on the biology of the virus, while some are responsible for the many variants that have caused significant disease around the world. The most recent being the Omicron variant.

In late November 2020, clinicians in South Africa described a rapidly developing clinical entity with symptoms such as a scratchy throat and fatigue without the loss of the sense of taste or smell commonly associated with COVID-19. This was the impetus behind research in Botswana and South Africa that identified a new variant with unusual genetic characteristics associated with this presentation. In addition, it was described in many vaccinated individuals. The variant, initially classified as B.1.1.529, was identified from a specimen collected on November 9, 2021. The variant was reported to the World Health Organization (WHO) on November 24, and subsequently labeled as a variant of concern. It was then assigned the 15th letter of the Greek alphabet, Omicron.

Since then, Omicron has been responsible for over 90 million infections in just 10 weeks. That is more COVID-19 cases than those recoded in all of 2020 and accounts for approximately 30% of all COVID-19 cases around the world. As of February of 2022, Omicron is classified in three main lineages: BA.1, BA.2, BA.3 and a sublineage of BA.1, BA.1.1, identified by the R346K substitution, which is also seen in the previously identified Mu variant (B.1.621). Sequencing data suggests that BA.1 emerged first followed by BA.2 and BA.3, all earlier strains identified in the Gauteng Province, South Africa where initial cases were described. This may suggest that the original Omicron lineages emerged from that area. There is still speculation about the origin of the variant, and questions about evolution in an

immunocompromised host with long exposure or a possible animal host remain unanswered. Recently the BA.2H7Y sub-variant of BA.2 has been described in Denmark containing an additional mutation (H78Y Orf3a) and now accounts for almost 30% of all sequenced cases in that country.

As compared to other variants, Omicron has a complex array of mutations. These include new and ancestral mutations, as well as unique combinations. Over 60 mutations have been described, including over 30 in the spike protein structure. Many of these mutations have raised concerns in terms of potential immune evasion. Data suggests that Omicron can evade post exposure as well as vaccine induced neutralizing antibodies, some monoclonal antibody agents, and convalescent plasma therapies. Research suggests that mutations found in the protein's receptor binding domain (RBD) along with mutations in the N-terminal domain (NTD), particularly those in the RBD region, are responsible for the structural reconfiguration that occludes highly immunogenic sites, the target for the antibody response. Thus, blunting the expected immune or therapeutic response. In addition, many of these mutations stabilize the spike protein through hydrogen bonds where a positively charged hydrogen interacts with a negatively charged atom in another molecule. These mutations have made Omicron's spike protein more positively charged as compared to Delta and other variants. Since the structure of the RBD region is critical to the binding process with the human ACE-2 cell receptor, it is speculated that the positively charged Omicron spike more effectively attaches to the negatively charged ACE-2 receptor. Combined with possible immune evasion, it would explain the higher transmissibility of this variant. Once binding occurs, there are two pathways for coronaviruses to enter the human cell. The first utilizes two host proteins, angiotensin-converting enzyme 2 (ACE2) and the cell surface transmembrane protease serine 2 (TMPRSS2). The TMPRSS2 activates the spike-protein domain by cleaving the S1/S2 sites. This step facilitates the fusion with the human cell. While other variants require both proteins, Omicron has the ability to bind to the ACE2 receptor only and utilize an endosome mediated path into the cell. Since not all cells have surface TMPRSS2, by avoiding this path, the availability of potential cell targets increases seven to ten times.

In terms of Omicron's transmission, we have observed an exponential growth rate, a sharp peak followed by a precipitous decline. Several studies point towards increased replication and evasion of immune defenses as the likely factors in this exponential growth. Whereas the Delta variant relied on increased viral load for enhanced transmission. Omicron seems to replicate about 70 times faster than Delta and the original virus. It also seems to replicate more efficiently in the upper respiratory track, which may be the reason for the less clinically severe presentation. Its contagiousness can also be contributed to large amounts of virus generating in the upper respiratory



track of infected individuals faster than with other variants. This rapid replication rate and the structural differences due to the various mutations in the spike protein contribute to Omicron's infectiousness which is postulated to be four times that of the original virus. Clinically, cases tend to be milder particularly in those vaccinated and boosted, although many cases of severe disease have been recorded. Research has shown a less effective replication rate in the lung tissue as compared to the original virus which may account for lesser symptoms. In addition, many reinfections, as well as breakthrough cases, have been confirmed. Those who have been boosted demonstrate the highest level of protection.

More recently we have seen a significant increase in the number of cases in Asia and Europe mainly attributed to the BA.2 sublineage. This variant is approximately 30% more transmissible, is outcompeting BA.1 in over 43 countries, and it

seems to be roughly one out of every five cases in the world currently. Several studies have identified significant genomic and virological differences between BA.1 and BA.2, such as a higher effective reproduction number among other differences. These prompt the question whether BA.2 should have its own Greek letter.

Many questions remain in addition to nomenclature. Will BA.2 cause an increase in cases in the United States as we realign public health guidance? Is the newly described "Deltamicro" variant, in which the hybrid genome has signature mutations from two lineages, further evidence of the recombinant capabilities of coronaviruses? Or is this the next evolution of the virus? Only time and genomic surveillance will tell. ■

## SCMS Appeal for Ukrainian Support

At the request of some of our members, SCMS' Executive Committee wrote to appeal to its members and medical colleagues, neighbors, and friends asking that they might donate to one of the reputable organizations that have been identified for Ukraine.

Many of us will have personal relationships with people in/from Ukraine. "Personally, our family hosted an exchange student from Ukraine who has now spent many family holidays with us," stated Dr. DeWitt, 2022 SCMS President. "She is now about 30 years old and is trapped somewhere in Mariupol with her mother." There are many reasons to donate to the Ukrainian people - and there are about 50,000 Ukrainian (and other Eastern European) immigrants and refugees living in the greater Spokane area. This tragedy is particularly poignant and tragic for our community.

While SCMS encourages those to donate to the organization of their choice, many people are concerned about the legitimacy of organizations. "We ask that you consider donating to the organizations closest to our mission as healthcare professionals (physicians and physician assistants)," stated Dr. DeWitt. "We believe these organizations to be legitimate (as based on our professional sources, The Spokesman-Review and The New York Times)."

Save the Children Ukraine is at the following web address: [www.savethechildren.org/us/where-we-work/ukraine](http://www.savethechildren.org/us/where-we-work/ukraine)

Doctors Without Borders (Ukraine)/Medecins Sans Frontieres: The main link is below, with the note on



the site: We are currently not able to earmark funds exclusively for our work in Ukraine, however, it is possible to earmark your gift to our Emergency Relief Fund. If you wish to earmark your gift to the Emergency Relief Fund, please contact us at (888) 392-0392 or [Donations@newyork.msf.org](mailto:Donations@newyork.msf.org).

**Doctors Without  
Borders Donation Site**





## Policymaking at the WSMA Starts with a Resolution, and the SCMS is here to help you!

Participating in the policy-making process is a powerful benefit of membership in the Washington State Medical Association. If you are a Spokane County Medical Society (SCMS) member who is also member of the WSMA, you can help guide WSMA's policy decisions and raise awareness of issues of importance to the practice of medicine in Washington by authoring a "resolution," a key policy driver for the association.

A resolution is a proposal asking the WSMA to take a position or act on an important issue. Any member can write a resolution—but the resolution must be sponsored by a WSMA delegate, alternate delegate or member of the board of trustees in order to be considered for adoption by the WSMA House of Delegates. Resolutions often start at the local level and are refined in concert with an author's county medical society (like SCMS) or their specialty society before being submitted to the WSMA. (If you are interested in asking the SCMS board to support a proposed resolution, please email [shelly@spcms.org](mailto:shelly@spcms.org).)

WSMA members can review, discuss and debate resolutions and other issues online throughout the year using WSMA's "virtual" reference committees, password-protected to ensure your privacy ([wsma.org/virtual-reference-committees](https://wsma.org/virtual-reference-committees)). In-person reference committees will continue to meet during the WSMA Annual Meeting in the fall to allow members an additional opportunity to offer input on policies being considered for action by the House.

The WSMA has made their private, online reference committees available year-round to give their members more time to discuss and develop proposed policy. Please note that to be considered for action at this year's annual meeting on October 1-2, you must submit your resolution via email to [hod@wsma.org](mailto:hod@wsma.org) by August 12 for review by the WSMA staff for it to be published in Delegate Handbook, with a final deadline of September 12th. If received after the final deadline, it will be distributed to the House of Delegates at the opening session of the meeting as a late resolution. Late resolutions require a two-thirds affirmative vote by the House to be accepted as official business.

Before writing your resolution, take a moment and research existing policy by reviewing the WSMA Policy Compendium at [wsma.org/the-organization](https://wsma.org/the-organization). The issue you wish to raise may already be addressed in current WSMA policy. Alternately, you may seek to modify existing WSMA policy.



The WSMA requires a resolution to fit an established format. For a look at the five basic elements that make up a resolution, and for guidance on how to write a resolution, go to [wsma.org/resolutions](https://wsma.org/resolutions).

At any time during the year, if you would like to upload your policy idea to the WSMA Virtual Reference Committees for review and discussion by your colleagues, please submit your idea in the resolution format.

While the online reference committees are available year-round, remember that to be considered at the WSMA Annual Meeting, you must submit the resolution by the September final deadline via email to [hod@wsma.org](mailto:hod@wsma.org). WSMA staff will review your resolution for any legal or legislative concern and will work with you to establish a fiscal note (the cost, if any, to implement the resolution if adopted). Staff will then post your resolution online to the reference committees for discussion prior to the annual meeting.

The 2022 Annual Meeting of the WSMA House of Delegates will take place in person this year Saturday, October 1, and Sunday, October 2, in Spokane at The Historic Davenport Hotel. Free for WSMA members, the meeting is not only your chance to help set the agenda of your state medical association, but it is also a wonderful opportunity to spend quality time with your colleagues and peers from throughout the state.

If you have never attended a WSMA annual meeting, visit [wsma.org/annual-meeting](https://wsma.org/annual-meeting) and learn about the how, when, where and why of this premiere policy-making event. Be sure to save the dates and be on the lookout for registration information and a meeting agenda in the coming months. ■





# Washingtonians Deserve Equal Access for Treatment of All Diseases

By Brenda S. Houmard, MD, PhD  
SRM Spokane, current, and  
Past President of SCMS, 2018



Infertility is defined as a disease of the reproductive system by the World Health Organization and affects 15% of our population. The needs of these couples who desire to establish and maintain a pregnancy are not currently being met. A lack of equality in accessing these services exist for many of our patients. As providers of medical care, we vowed to 'treat the ill to the best of one's ability.'

Denying people access to the services needed to treat their disease of infertility is unfair in our world.

Furthermore, there are many young people in this area who are diagnosed with cancer. Fortunately, there are many treatments that can save their lives; however, many of these

same treatments render them sterile. It is alarming that people can get coverage for many of the cosmetic side effects of their treatments, but not their future fertility. Young persons should not have to choose between their life and their future ability to be a biologic parent.

Several states in our country do require insurance coverage for fertility services, which allows people with less means to access this vital care. I am pleased that there is a new bill in the Washington State Legislature, the Washington State Building Families Act (HB 1730 and SB 5647) that would ensure health plans provide coverage for the diagnosis of and treatment for infertility, and for fertility preservation for those at risk of medically-induced infertility. As providers for health/wellness and warriors against disease, I hope you will join me in supporting this legislation and give hope to those suffering from the devastation of the disease of infertility. ■

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## GUEST OPINION

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The Spokane County Medical Society is gravely concerned about the implementation of the new legislation and changes to the Spokane Board of Health. The society represents a huge percentage of the physicians (M.D./D.O.) and physician assistants in Spokane. Our members deliver clinical care to most Spokane residents (including “greater” Spokane). Physicians with an M.D. or D.O. degree (and preferably experience with public health or an MPH) represent the highest and most appropriate expertise to ensure the health and safety of our community, and per the new legislation, the health care community should be represented appropriately. We have specific concerns that we hope the commissioners will address as they make future decisions.

When Gonzaga’s basketball team chooses players to attempt to reach the Final Four at the NCAA Tournament, it wouldn’t choose a tennis player, even a great one, for the team – because it wouldn’t win. This pandemic has killed more than 900,000 Americans, our relatives, friends, neighbors and patients. The current estimate for risk of death among people who remain unvaccinated is just under 10%. Imagine if the health board had made the decision not to support vaccination resources for Spokane. We could have lost well over 10% of our community members to the pandemic – not to mention the disaster that would have occurred if/when our health care system was completely overwhelmed. We need the very best public health experts to help us navigate the current and future challenges related to the pandemic and other public health issues (clean, safe air and water, access to safe public infrastructure that supports health, excellent medical care).

The county commissioners have excluded highly qualified M.D. physician candidates with extensive experience, including a physician from a highly regarded community health organization that focuses on medically underserved populations in our community. Instead, they have chosen a naturopathic physician. Naturopaths make up less than 5% of doctors in Spokane County, while M.D.s and D.O.s are 95% of our doctors. Naturopaths also do not have the extensive evidence-based medical training of M.D.s and D.O.s who are on the front lines of

fighting the pandemic in emergency rooms, urgent care centers and ICUs. Finally, the last naturopath the county commissioners chose for the board expressed opinions about recommended practices (masks, vaccinations, and social distancing) that conflicted with the policies of his own American Association of Naturopathic Physicians’ pandemic response.

The board should have broad, fair and equitable representation to ensure that it can fulfill its duties to the citizens of greater Spokane and oversee delivery of the “best practice” standards of public health action in our community by allocating resources strategically and appropriately. Shrinking the board from 12 to eight members consolidates decision-making about public health issues to a smaller number of people, who control public health funding. A smaller board runs contrary to the spirit of the new law, which was designed to expand representation of stakeholders on the board. By shrinking the board, the county commissioners have eliminated representation from Spokane and Spokane Valley.

We had hoped that the commissioners would scrupulously avoid acting in a politically biased manner in reviewing nominations and appointing members. Going forward, we hope that newly appointed members will support best practice standards of public health and medical care as determined by experts in the field.

Dr. Dawn DeWitt is a board-certified internist and president of the Spokane County Medical Society. ■





## COVID-19 Skepticism

*Reprinted from the Spokesman Review  
Letters for February 4, 2022*

By **Barry E. Linehan**



As a physician assistant working in an urgent care center throughout the COVID-19 epidemic, I do my best to dispel misinformation that puts my patients' health at risk. Yet there isn't a day that goes by where I am not confronted by skepticism about effectiveness of vaccines, mask wearing and social distancing in keeping a lid on the pandemic.

Most objections are anecdotal, often the equivalent of, "My uncle smoked two packs of cigarettes a day for 40 years and he never got cancer." I counter

with my own example. I am fully vaccinated and boosted, wear PPE in clinic, adhere to social distancing, and wear a mask most of the time when exposed to others. Urgent care is ground zero for COVID-19. The most serious cases go to the ER, but the vast majority of COVID-19 diagnoses during the most contagious period come through urgent care. I'm surrounded by the virus all day long. I have yet to test positive.

Even though I've done all the right stuff, there's still a 30% chance that I will test positive, primarily because of the vast number of mostly unvaccinated people who come through urgent care when they get COVID-19. If that happens, it doesn't mean that the science is all wrong. It just means that I am less likely to end up on a ventilator.

It's healthy to be skeptical. But if you want reliable answers about COVID-19, ask trained medical professionals you trust. ■

# SAVE-THE-DATE

Spokane County Medical Society presents

# MEDICINE 2022

Friday, September 30, 2022

Watch for details!

# Join Us in Chelan for the 2022 Washington State Medical Association Leadership Development Conference

The WSMA is thrilled to announce the 2022 Leadership Development Conference will be held in person this year, as we return to Campbell's Resort on Lake Chelan with COVID-19 safety precautions in place. This year's theme is building a strong team with a focus on diversity, well-being, and sustainability. As it does each year, the conference will feature top-notch faculty and engaging course content together with interactive sessions designed to enhance your leadership skills. And once again, attendees will be able to enjoy the resort's family-friendly, beautiful lakeside setting.

## KEYNOTE PRESENTER TAIT SHANAFELT, MD

This year we are proud to announce a truly remarkable keynote presenter in Tait Shanafelt, MD, the chief wellness officer, associate dean, and Jeanie and Stewart Richie Professor of Medicine at Stanford University. Dr. Shanafelt is an international thought leader and researcher in the field of physician well-being and its implications for quality of care. In his Thomas J. Curry Leadership Keynote Address "Physician Well-being 2.0: Where Are We and Where Are We Going," Dr. Shanafelt will discuss the key characteristics and mindset of his "Well-being 2.0" framework and help leaders accelerate the transition from Well-being 1.0 to Well-being 2.0 thinking. Participants will learn how to transition from awareness and insight to authentic action with a focus on physicians as humans.

### Guest speakers:

- Chris Bundy, MD
- Tammie Chang, MD and Karen DeLorenzo
- Imelda Dacones, MD, FACP
- Stu Freed, MD
- David H. Garcia, MEd
- Edwin Lindo, JD

- Dave Logan, PhD and Ashleigh Rodriguez, MSN, MMM
- Leo Morales, MD
- Mirna Ramos-Diaz, MD, MA, FAAP
- Lee Rubin
- Makrina Shanbour, MD

## DETAILS

Visit [www.wsma.org/LDC](http://www.wsma.org/LDC) for faculty and registration information, and to book your room reservations at special WSMA-discounted rates. Don't miss this opportunity to invest in yourself, build skills in quality improvement and leadership, and be energized through our networking sessions. We'll see you in Chelan!

## CME CREDIT

### Accreditation with Commendation

The WSMA is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

## AMA PRA CATEGORY 1 CREDIT™

The WSMA designates this live activity for a maximum of 10.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## AAFP CREDIT

Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.



2022

## WSMA Leadership Development Conference

May 20-21

Campbell's Resort  
Lake Chelan

WSMA



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- Proposals should not exceed two (2) pages.

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CONTACT INFORMATION / MAILING ADDRESS	
NOT-FOR-PROFIT REQUEST (Y/N)	
LIST OTHER FUNDERS	
DOLLAR AMOUNT REQUESTED	

### I. PROJECT ABSTRACT & PROGRAM DESCRIPTION

### II. DELINEATE HOW FUNDS WILL BE USED

### III. HOW DOES THIS REQUEST FULFILL THE MISSION OF THIS FOUNDATION

### IV. GOALS, OBJECTIVES & OUTCOME MEASURES (Written report to be submitted for inclusion in The Message within 1 year)

*To promote and support the development of future physician and physician assistant leaders within our community, and identify and fund important and innovative projects that advance the health of our community*

## MEETINGS/CONFERENCES/EVENTS

**SAVE THE DATE! SCMS GOLF CLASSIC**, Saturday, June 25, 2022, Indian Canyon Golf Course, 6:30 am scheduled tee times. A portion of the proceeds will go to the SCMS Foundation Grants Fund, providing formal leadership training for Spokane medical students and supporting local, non-profit organizations since 1996. Mark your calendar now!

**SAVE THE DATE! WOMEN IN MEDICINE SYMPOSIUM** at Rockwood Retirement Center on Thursday, August 18, 2022, from 6:00 pm to 9:00 pm. This is a unique opportunity for female physicians, residents, fellows, and medical students to hear expert speakers and network at a social event focused on developing evidence-based leadership skills and closing the gender gap in healthcare, hosted by the Spokane County Medical Society. Mark your calendar now!

**SAVE THE DATE! SPOKANE COUNTY MEDICAL SOCIETY PRESENTS MEDICINE 2022:** Friday, September 30, 2022, Historic Davenport Hotel. Mark your calendar now!

### Interested in placing a classified ad?

Contact Shelly Bonforti, SCMS Publications  
Phone: (509) 325-5010, Fax: (509) 325-5409  
or Email: [shelly@spcms.org](mailto:shelly@spcms.org)

**AL-ANON FAMILY GROUPS AND ALATEEN REFERRALS** Al-Anon and Alateen support groups are available in Spokane County for family members and friends of alcoholics at which men and women share experiences of solving common problems arising from living with or loving a problem drinker. Alateen meetings are for teenage family members and friends of alcoholics and are not suitable for teens with current drinking problems. For further information and meeting schedules contact [District2AlAnonOutreach@yahoo.com](mailto:District2AlAnonOutreach@yahoo.com) or (509) 456-2125. Al-Anon and Alateen support groups can supplement medical treatment and counseling therapy. Information provided by Al-Anon District 2 Public Outreach Committee.

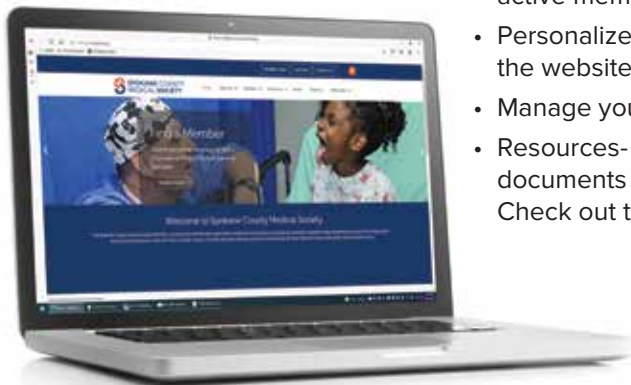
**COMPASSIONATE ADDICTION TREATMENT (CAT) SEEKING VOLUNTEER PROVIDERS** I am the medical director for Compassionate Addiction Treatment in downtown Spokane. CAT is a low barrier facility that provides medical assisted treatment with Suboxone for opioid addicted individuals and provides counseling and social services assistance. We are seeking additional volunteer providers that could work 4 hours a week seeing patients. The work is very gratifying, and the staff are dedicated to their mission helping this underserved population to climb back to a normal life. If you are aware of any providers looking for a meaningful volunteer opportunity, please contact me: Michael Mainer, M.D., Medical Director, [michael.mainer46@gmail.com](mailto:michael.mainer46@gmail.com), 509-951-3877.

**OVEREATERS ANONYMOUS** is a free 12 step program for people who wish to stop eating compulsively. If you would like more information, including no cost workshops for your staff, please contact: 509-328-9972. [www.oaregion1.org](http://www.oaregion1.org)

## SCMS Member Directory

AVAILABLE ON OUR  
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- Search the member directory listing - your contact information and our other active members are available in The Hub.
- Personalize your member listing page - your own information page on the website.
- Manage your membership and payments.
- Resources- being part of our association includes access to key sites, documents and other information to help you thrive in our community. Check out the resource area to learn more.



**Have Questions? Call Us! (509) 325-5010**

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# SCMS Golf Classic

**Saturday, June 25, 2022**

*Scheduled Tee Times — Starting at 6:30 am  
Tournament rules will be team scramble.*

Indian Canyon Golf Course | 4304 W West Dr, Spokane

**Registration Deadline  
Wednesday, June 22<sup>ND</sup>**

Sponsorship Company:	Contact Name:
Phone (preferred):	Email:

## Team Registration

Team Captain	Email
Player 2	Email
Player 3	Email
Player 4	Email

- ☐ I am a "Super Senior" (age 75+)
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Spokane County Medical Society

318 E Rowan Ave, Ste. 209, Spokane, WA 99207

Phone: (509) 325-5010 Fax: (509) 325-5409 | Email: [shelly@spcms.org](mailto:shelly@spcms.org)



Cancellations accepted until Friday,  
June 17, 2022. No refunds after that date.

**A portion of the proceeds will go to the SCMS Foundation Grants Fund, providing formal leadership training for Spokane medical students and supporting local, non-profit organizations since 1996.**





Wish you could consult with  
a psychiatrist on psychiatric or  
addiction issues for **FREE**?

**You can!**

The **UW Psychiatry Consultation  
Line (PCL)** is available 24/7 to help  
with the behavioral health care  
of your patients.

**877-WA.PSYCH (877-927-7924)**



## How does it work?

Call  
877-WA-PSYCH  
(877-927-7924)



Complete  
a brief intake



Consult with a UW psychiatrist about  
the mental health and/or substance use  
disorder of an adult patient (18+)



Receive written  
documentation of  
recommendations

visit [www.pcl.psychiatry.uw.edu](http://www.pcl.psychiatry.uw.edu) to learn more



**UNIVERSITY of WASHINGTON**  
PSYCHIATRY & BEHAVIORAL SCIENCES  
School of Medicine

Providers with patients under 18 will be directed to the Partnership Access Line (PAL); providers caring for pregnant or new moms will be directed to the PAL for Moms line. The UW Psychiatry Consultation Line is funded by the State of Washington.



**"You provide  
a great service  
for the communities  
in Washington."**

— provider in Okanogan County