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Official Publication of the Polk County Medical Society

# **VOLUME 85 No. 2**

Des Moines, Iowa March/April 2013

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# Bulletin MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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Cover Photo: The 1,000 prayer flags brought from home were decorated with photographs and remembrances of family and friends who had been affected by cancer. The red, yellow, blue, green and white flags danced in the Nepali breeze creating a sacred ceiling for the climbers' ceremony.

Articles and editorial inquiries should be directed to:

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# Above + Beyond Cancer: A Spiritual Journey to the High Himalaya by: Richard Deming, M.D.



Photo by Andy Fleming: Photo of the Above + Beyond Cancer team on their ascent of Mount Imja Tse in Nepal

Climbing a mountain is a metaphor that many cancer survivors use to describe their cancer journey. Most cancer survivors come through it with a new perspective on life. They learn a lot about themselves, gain confidence, and experience a deep sense of gratitude for having been given a 2nd chance at life. In the process

they also acquire courage and a desire to live life fully with passion and purpose.

On September 2, 2012, nineteen cancer survivors and seventeen caregivers began the journey of a lifetime. \*Above + Beyond Cancer:

# Obamacare

# Seen Through the Foggy Lens of History



Philip J. Colletier, M.D.

Some very wise colleagues of mine and I were having a discussion about the viability of the Affordable Care Act, Obamacare, and specifically ACO's last week.

In actuality, since their NCAA brackets had been shredded by the latest Cinderella teams, they no longer wished to perseverate about college basketball. The issue arose as to whether the latest health care reform efforts would have the legs to succeed, or whether the ACA would disintegrate, and be remembered in such company as Betamax and mullets.

I cautioned them, yet I did not possess the temerity to question their conclusions. I felt compelled to reeducate myself on health care reform. As is typical for me, I soon fell into the black hole of learning about the history of US reform efforts. Accordingly, please indulge me in my history geekness (credit; the Huffington Post, Wikipedia, Washington Post, and a 23 CD set "Don't Know Much About History" that the author has been passionately digesting.)

1912 - Former President Theodore Roosevelt was taking a sojourn after his presidency, big-game hunting in Africa, trying to not influence the primary race in the US. Alas, he could not stay away, on his return, he proclaimed that he was as strong as a bull moose. His resultant Bull Moose Party championed national health insurance. He

was unsuccessful in regaining the White House.

1935 - President FDR supports creation of national health insurance during the depression. Instead, he focuses on Social Security.

1942 - FDR freezes wages and prices during the war. This results in American business being forced to offer benefits to attract workers, and thus health insurance develops into a workplace benefit package, an expectation which endures to this date.

1945 - President Truman proposes a national insurance program supported by voluntary contributions. The AMA suggests this is socialized medicine, the idea goes nowhere.

1960 - JFK campaigns on health care reform, plan for the elderly does not make it through congress.

1965 - LBJ, with a partisan democratic congress, succeeds in creating Medicare and Medicaid, landmark legislation.

1974 - President Nixon suggests that businesses be required to insure employees, proposes federal funds to subsidize private health insurance. Initiative is sidetracked by Watergate.

1976 - President Carter encourages mandatory national health plan, sidetracked by the recession and energy crisis.

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1986 - President Reagan puts COBRA into law, requires employers to allow former employees access to company health plan for 18 months after departure.

1988 - Congress attempts to expand Medicare with prescription drug benefit. Seniors protest, repealed the following year.

1993 - Hillary Clinton develops 1300 page universal coverage plan requiring employers to cover workers, mandates health insurance for all. Opponents deride the plan as "Hillarycare" and become increasingly vitriolic. While on a bus tour to support the plan, she was occasionally required to wear a bulletproof vest. The plan did not receive enough support for a floor vote in House nor Senate. Health care industry and businesses protest, proposal abandoned September 1994.

1997 - President Clinton expands coverage for millions of children whose families incomes are too high for Medicaid, a new state-federal program.

2003 - President GW Bush and congress institute prescription coverage for Medicare

2008 - Hillary Clinton, running for Democratic presidential ticket, promotes health care plan, losing to President Obama, offering a less comprehensive approach.

2010 - Congress passes Obamacare, goal is to extend coverage to 30 million uninsured, insurers to accept pre-existing conditions, mandatory health insurance for all or face fine, assist low income individuals to obtain coverage. No Republican support.

2012 - Mitt Romney accepts "compliment" from President Obama dubbing him the "grandfather of Obamacare." Nonetheless, vows to repeal all of Obamacare and replace it.

June 2012 - Supreme Court rules individual mandate is a permissible tax in a 5-4 decision

November 2012 - Supreme Court revives

lawsuit against Obamacare on religious grounds. Challenge is brought by a Christian college arguing that a law requiring employee insurance could lead to forced funding of abortion, saying that would violate First Amendment and the Religious Freedom Restoration Act.

Given the above, a dizzying, schizophrenic history over the last century, it is understandable why some would be skeptical. The struggle in lowa to achieve an acceptable compromise on Medicaid expansion should be enough to give one pause as to the success of ACA implementation, this being only a very small piece of the puzzle. Another significant ongoing challenge; 40% of Americans still oppose Obamacare, and favorable ratings have fallen by 9%.

On a positive note, health-care costs have grown at abnormally low rates for the last three years. As we all know, the law contains several experiments designed to control health care spending, most notably Accountable Care Organizations. An ACO is characterized by a payment and delivery care model that seeks to tie provider reimbursements to quality metrics, resulting in reduced total cost of care for an assigned population of patients. Kaiser Permanente and Healthcare Partners Medical Group are two successful examples of ACO prototypes. Other similar projects (Physician Group Practice Demonstration - PGPD) resulted in minimal savings for 9 of the 10 participating medical groups.

Huge expense outlays have been made locally to implement ACO's and facilitate readiness, not the least of which is the adoption of Electronic Health Record systems. This brave experiment will require a paradigm shift in our approach to medicine. I am cautiously optimistic that the greater good will be well served with successful ACO implementation. Please share with us your thoughts and experiences, this is a brave new world and we will need professional courtesy and cooperation now more than ever.

# Is It Worth It? YES



# Kathie J. Lyman

Each year as you decide which organizations to belong to, and their value, the answer becomes more challenging. There are many groups you can belong to;

know, your time and resources are limited. As changes continue to evolve, you ask yourself what value do I get, can the Polk County Medical Society help me with them, will they continue to be important and thrive? You, the Polk County Medical Society members, have arrived at the same conclusion I have, YES, it is worth it!

The PCMS began in 1851 as your only local medical society for doctors in Central lowa. Through the 162 years, the PCMS has been there representing you through the many changes, from working out of covered wagons, hospitals, making house calls, starting group practices, for insurance companies, governments, the military, and wars. The core purpose of the PCMS remains the same; doctors working together for the betterment of public health and for their patients, providing timely, quality access to health care for all Central Iowans.

Doctors have always faced challenges as medicine and technology changed through the years, and the PCMS was always there representing you. 2013 is no different. Doctors are dealing with the changes from the ACA and other health care laws. Never in the 23 years as your Executive Director have there been so many legislative health care issues at the state and national level. The one constant, is that the PCMS is always here for their members, YOU. The PCMS works diligently to help ease the burden of the multitude of changes your practices face. Your local medical society is 100% driven by physicians who represent and support YOU and your practice.

We ADVOCATE locally and nationally for you and your patients. The PCMS board members, legislative committee, and staff have worked relentlessly with the lowa Legislators on the many bills that could affect the practice of medicine and your patients. We meet regularly with our lowa Congressional Delegation so that they are cognizant of the issues and bills that will affect doctors and their practice in lowa.

We assist patients seeking educational information on physicians. The PCMS provides accurate information on your education, training, and board certification to the patients of Central Iowa.

We assist patients seeking a new physician who must change insurance plans for any

# EXECUTIVE DIRECTOR'S MESSAGE

continued from page 7

number of reasons. They call PCMS to assure the physician they select has the credentials and expertise they are looking for and at a location by their home or hospital.

We monitor scope of practice and patient safety issues. The PCMS full time lobbyist work on your issues at the lowa Legislature and throughout the year.

We represent you on many local health care initiatives. The PCMS represents your practices on health related issues and programs to assure that decisions are made based with accurate physician data.

We represent you with local, and Central lowa businesses. The PCMS attends meetings and meets with representatives of local and Central lowa businesses so doctors have a voice on their health care issues.

We keep you current with PCMS activities, advocacy and colleagues through your Bi-Monthly Bulletin. The PCMS electronically sends you CMS and other legislative information to assist you with current and timely medical and legislative information.

We network with medical group managers and your office personnel to provide accurate and current information as it occurs.

We serve as a media liaison to maintain a positive image of physicians, and be responsive to provide accurate medical information to the public.

We coordinate and distribute the only Pictorial Membership Physician Directory that is the most comprehensive and accurate in Central Iowa.

We coordinate access to free specialty care for the uninsured and underinsured in Iowa through the PCMS Volunteer Physician Network (VPN) specialty care program.

We promote goodwill through a charity golf event benefitting lowa medical students annually as well as through other medical charities for the well being of the medical community.

We host an active website with information for patients and physicians, including legislative information, links to other medical sites, Volunteer Physician Network, foundation information, and other useful tools for our members and the public.

We provide opportunities for Camaraderie. The PCMS host Civic Center events, travel, golf, and social events to bring all of the PCMS doctors, their families, staff, and friends together on a regular basis throughout the year. Remember we are the only neutral venue for all of the doctors of Central Iowa where doctors can get together.

The Polk County Medical Society is as busy and relevant as ever. Each year we are committed and work diligently with you and for you on any and all issues that affect the practice of medicine. This is your local medical society and we could not be here without you. Thanks for committing to another year and trusting the Polk County Medical Society to represent you. Since the day I became your Executive Director, it continues to be an honor, privilege, and pleasure, to work for you, and with the physicians of Central lowa.

# NEW MEMBERS



#### Brown, Meredith, M.D.

Education: University of Alabama School of Medicine, Birmingham, AL Residency: Drexel University College of Med-Emergency Med, Philadelphia, PA Specialty: Emergency Medical Services

Dr. Brown currently practices at Mercy Medical Center, 1111 6th Avenue - Emergency Dept. Des Moines, IA



## Cornelder, David, D.O.

Education: Des Moines University, Des Moines, IA

Residency: Broadlawns Medical Center-Family Medicine, Des Moines, IA

Specialty: Family Practice

Dr. Cornelder currently practices at Broadlawns Medical Center, 1801 Hickman Road Des Moines, IA



# Foggia, Michael, D.O.

Education: University of Osteopathic Medicine and Health Sciences Specialty: Family Practice

Dr. Foggia currently practices at Broadlawns Medical Center, 1801 Hickman Road Des Moines, IA



#### Gilg, Nicola, M.D.

Education: Tulane University School of Medicine, New Orleans, LA Residency: Harbor-UCLA Medical Center-Family Medicine, Torrance, CA Specialty: Family Practice

Dr. Gilg currently practices at Broadlawns Medical Center, 1801 Hickman Road Des Moines, IA



## Gore, Malhar, M.D.

Education: University of South Florida College of Medicine Specialty: Family Practice

Dr. Gore currently practices at Broadlawns Medical Center, 1801 Hickman Road Des Moines, IA



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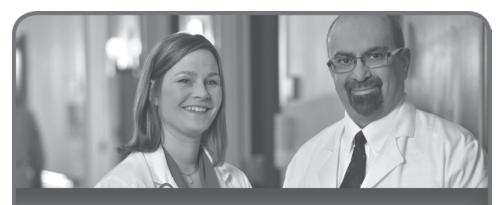


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# Polk County Medical Society Legislative Report > > March 2013



John Cacciatore



**Mary Earnhardt** 

The Iowa Legislature convened on January 14, 2013. The Republicans control the Iowa House, 53-47. The Democrats control the Iowa Senate, 26-24. Adjournment is scheduled for May 3rd.

PCMS has the following priorities for the 2013 legislative session:

- Support a Certificate of Merit/Medical Malpractice Reform;
- Increase Volunteer Physician Network (VPN) funding;
- Support Medicaid provider reimbursement rate increases and oppose cuts in reimbursement payments;
- Support widening Medicaid coverage (but remain concerned about funding after 2015):
- Oppose expansion of allied professionals scope of practice when physicians have patient safety concerns.

In Governor Branstad's Condition of the State

address in January, he expressed support for medical liability reforms. The Governor's vocal support in such a high profile speech is welcome. The House has proposed a bill addressing this concern – HF 579 – that PCMS, and others support. HF 579 has passed the House Judiciary Committee and is in the House Ways and Means Committee making it eligible for debate the remainder of the session.

The Volunteer Physician Network administered by PCMS receives funding to run this referral service for patients to receive free specialty care through the state sponsored lowa Collaborative Safety Net Provider Program. PCMS is working with Iowa Safety Net Providers and the Legislature to increase the funding to cover the increasing demands and cost of the program. The Senate is proposing to increase the appropriation by \$140,000 for the 3 programs that provide the specialty referral service, including PCMS.

The implementation of the federal Affordable Care Act provides a potential avenue to address physician concerns about Medicaid reimbursement and access to adequate health care coverage for patients. There is an effort to increase certain physician Medicaid reimbursement rates to their Medicare levels as part of health care reform. The Senate is proposing a 1.5% increase for physician reimbursement in the Medicaid program.

There is a growing debate between the Senate, health consumer and provider organizations with the Governor and the House about widening the population served by Medicaid. The Senate and many health consumer and provider organizations, including PCMS supporting the widening of Medicaid coverage for adults up to 138% of the poverty level per the Affordable Care Act to cover approximately 150,000 lives. Rather than expand Medicaid, the Governor is proposing to build off the existing lowaCare program and expand it. The Governor refers to his program as the Healthy Iowa Plan. The Governor's proposal provides coverage for adults up to 100% of poverty and will include approximately 89,000 lives (up from 70,000 lives covered in the IowaCare program). Adults between 100% - 138% of poverty would access subsidized health insurance coverage through the state-federal health insurance exchange. There are questions about how mental health coverage will be financed and it is unclear how access to care will be provided across the state. As of this writing, the Governor's proposal has not been introduced as legislation. On March 25th, the Senate passed their bill, SF 296, on a party line vote, 26 – 23.

Other bills of interest to PCMS:

SF 393 – Requires every newborn to receive a pulse oximetry screening test. PCMS supports

SF 373 / HF 418 - Creates identification and licensure disclosure requirements for providers seeing patients in clinical settings and in healthcare advertisements. PCMS supports

HF 581 - Creates licensure requirements for ambulatory surgical centers in Iowa. PCMS is monitoring.

SF 379 – Modifies the disciplinary procedures of the Board of Medicine, such as requiring half of the disciplinary panel to be licensed to practice or members of the Board. Other provisions provide the Board more clarity to execute the process. PCMS is monitoring.

SF 375 - Establishes a state-based health insurance marketplace – state health insurance exchange established in 2015. PCMS is monitoring.

SF 353 - Directs the Board of Pharmacy to adopt rules to allow pharmacists to administer vaccinations limited to influenza and natural disaster situations to individuals between the ages of six to seventeen and all CDC recommended vaccines to individuals over age 18 without a physician's order. Sent to Governor; PCMS opposed the initial version of this bill that was more expansive. The Family Physicians and Pediatricians narrowed the scope of the bill. PCMS is now monitoring.

HF 345 – Requires continuing education in vital statistics for certain medical professionals. PCMS is against and the bill has died in the House.

We will continue to keep the PCMS Board and members apprised of activities during the 2013 legislative session.



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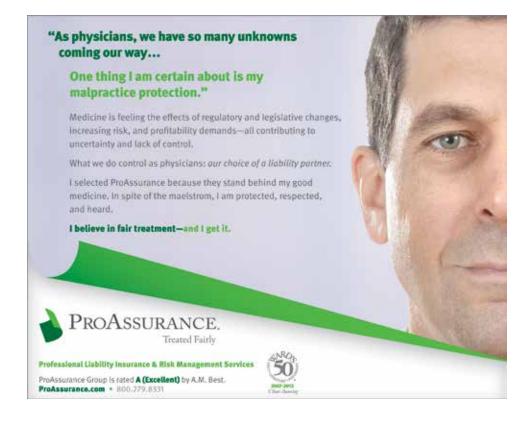
# DOCTORS IN THE NEWS



Congratulations to Gary Hemann, D.O., who was honored March 11th, 2013 with the 2013 Governor's Office of Drug Control Policy (Innovation, Determination and Excellence in Action) Award for reducing substance abuse.



Congratulations to Dale Andres, D.O., who was featured in the Des Moines Register Health Section February 27, 2013 for anticipating the benefits of a new collaborative effort to diagnose and treat people with diseases of the liver and biliary tract in central and western lowa.



continued from page 4



Three PCMS doctors joined the challenge. L to R: Dr. Laurie Kuestner, Dr. Richard Deming, Dr. Leah Dietrich, Dr. Charlie Lozier

A Spiritual Journey to the High Himalaya. From the outset it was designed to be a mind-body-spirit journey into the mountains of Nepal. A spiritual journey that would culminate in climbing a 20,000-foot ice and snow covered peak near Mount Everest.

The cancer survivors who joined this journey to the Himalayan Mountains were not mountain

climbers. None of them had ever aspired to climb mountains or to journey to Nepal. Most had never been athletes and had never pursued such a difficult physical challenge. They were not on this journey because they wanted to climb a mountain. They came because of the courage and confidence that they had gained on their cancer journey and a deep-seated desire to reach above and beyond what they had ever imagined possible.

#### FEATURE ARTICLE



The cancer survivors included 7 men and 12 women, age 22 to 72. They came from diverse backgrounds and professions; including, Catholic priest, Episcopal minister, medical oncologist, nurse, grade-school teacher, chef, guidance counselor, attorney, Army officer, and a college professor. The survivors had many different types of cancer: leukemia, lymphoma, breast cancer, prostate cancer, sarcoma,

testicular cancer, pancreas cancer, melanoma, thyroid cancer and brain cancer. Some of them had completed cancer treatment several years ago; others were still in process of undergoing treatment for incurable cancer.

A diagnosis of cancer forces one to contemplate mortality. It also has the power to encourage



# **Polk County Medical Society**

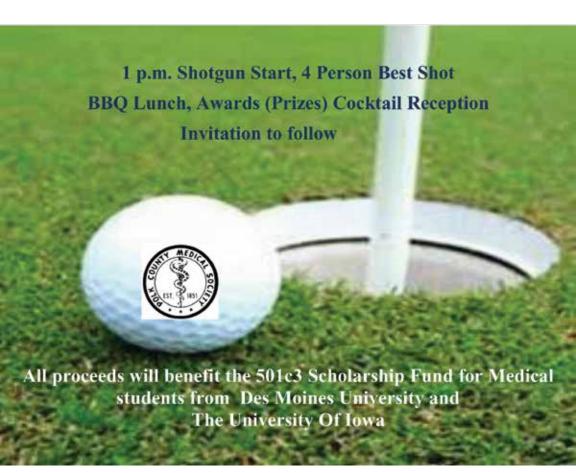
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#### FEATURE ARTICLE

continued from page 17



On the Khumbu trail near Namche, Dr. Deming stopped to interact with a young child from the village.

one to search for a deeper purpose in life and explore the spiritual nature of our universe.

This journey was to be much more than climbing a mountain, it was also to explore the spiritual dimension of cancer survivorship.

Our group included Catholics, Protestants, Mormons, Jews, Buddhists, Hindus and agnostics. I was interested in exploring how different religions interpreted the role of suffering in the human condition, especially as seen through the eyes of cancer survivors. I wanted to explore the relationship between suffering and compassion. All of the cancer survivors experienced suffering as they went through their cancer journey. I knew that this mountain adventure would expose each of us to some self-imposed suffering as we faced the challenges of steep terrain and high altitude.

The mountains did not disappoint us. The Himalayan Mountains are a formidable challenge to any traveler, let alone someone who has undergone radical surgery,

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Kayleen Hornbrook D.O.	Robert T. Brown M.D.	
Joseph Mc Gargill M.D.	Steven Harlan M.D.	26
Sara M. Shunkwiler M.D.	William R. Hornaday, Jr. M.D.	Julia Asner-Johnson D.O.
Stephen R. Stephenson M.D.	Leenu Mishra M.D.	Kevin C. Massick M.D.
Julie M. Vogel D.O.	Patricia Overton-Keary M.D.	
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4	15	Basaviah Chandramouli M.D.
Mark A. Preston M.D.	Matthew C. Brown M.D.	
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6	Nabil N. Faltas M.D.	Julie Anderson-Suddarth M.D.
Jennifer L. Gerrietts D.O.	Brian Waggoner M.D.	Jose' V.G. Angel M.D.
		Shannon Hood D.O.
7	19	Nancy J. Kane M.D.
Cheri N. Folden M.D.	Roger T. Liu M.D.	Brett J. Reimer D.O.
Matthew L. Hill D.O.	Craig R. Mahoney M.D.	
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8	20	Richard B. Gloor M.D.
Kent S. Quinn M.D.	David Herbst D.O.	Barbara L. Hodne D.O.
Gregory L. Smith M.D.		Amr S. Kamhawy M.D.
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9	Sara Upmeyer D.O.	
Geethalakshmi Mani M.D.		
Sally J. Studer D.O.	22	
	Gary T. Hemann D.O.	
10	Ziad Ismael M.D.	
Mark A. Reece M.D.	Elizabeth N. Mc Curdy D.O.	

#### NEW MEMBERS

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Hoffman, Bryce, M.D.

Education: University of Kansas School of Medicine, Kansas City, KS Residency: University of Iowa-Emergency Medicine, Iowa City, IA

Specialty: Emergency Medicine

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Specialty: Psychiatry

Dr. Iqbal currently practices at Broadlawns Medical Center, 1801 Hickman Road Des Moines. IA



Maanum, Scott, M.D.

Education: University of North Dakota School of Medicine, Grand Fors, ND Residency: Broadlawns Medical Center-Family Medicine, Des Moines, IA

Specialty: Family Practice

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Martin, Christopher, M.D.

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Education: Des Moines University Osteopathic Med Ctr, Des Moines, IA Residency: Blank Children's Hospital - Pediatrics, Des Moines, IA Specialty: Pediatrics



Dr. Norris currently practices at Blank Children's Hospital, 1200 Pleasant Street, Des Moines, IA

## Philson, James, D.O.

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#### Preston, Nicola, D.O.

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#### Puri, Dev, M.D.

Education: University of California-San Francisco, CA Residency: Mem. Sloan Kettering-Radiation Oncology, New York, NY Specialty: Radiation Oncology



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# Quinlan, Stephen, M.D.

Education: University of Iowa College of Medicine Specialty: Urological Surgery

Dr. Quinlan currently practices at Broadlawns Medical Center, 1801

#### FEATURE ARTICLE

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On the summit of Imja Tse (Island Peak) are 4 Sherpa guides and (Back row, L to R) Dr. Richard Deming, Yasmina Madden, Michael Brick, and Andy Fleming

chemotherapy and radiation treatments. It took 4 flights to get to Kathmandu, Nepal. After 2 days of exploring the temples, shrines and marketplaces of the Kathmandu, we flew in small planes up to the mountain village of Lukla. The airport runway in Lukla is very short and is bordered on one end by a 1,000 foot cliff and on the other end by a vertical mountain face. It is often referred to as "the world's most dangerous airport". Regardless of accuracy of that description, Lukla is certainly a memorable gateway to the high Himalaya. From Lukla we began an 11 day journey up the mountain trails.

We followed the Dudh Kosi River up the Khumbu Valley. The trail began in lush vegetation and traversed Sherpa villages and dense rhododendron forests. As the trail weaved its way up the mountain, the villages became smaller, the trees became less plentiful and eventually the trail left vegetation behind as it emerged onto the slopes of the high Himalaya. The trail became steeper and the physical demands of climbing the mountain became more difficult.



It is a group of climbers from another country that were descending the Imja Tse on the same route that we were on. They were about 100 yards ahead of our group. They are traversing the place on the glacier where there are lots of crevasse. They are roped together so that if one of them were to fall, the others could prevent him/her from falling too far.

As we walked each day with different survivors and caregivers we talked about their loved ones and some of their last days of life. It was a discussion that was filled with humor, anger, compassion, remorse and remembrance. As we hiked through the beautiful mountain setting, feeling more alive than we'd ever felt before, we took time to remember and realized that we shared a bond that was much deeper than the physical path we were travelling.

Although I often described our Above + Beyond

Cancer group as "19 cancer survivors and 17 caregivers," the truth is, we were truly 1 team with a common purpose. On the mountain the labels fell away quickly. We all shared the same path.

The team became cheerleaders for some on the steep uphill climb into Namche. We cheered, sang, hugged, pleaded, cajoled, pushed, pulled, lifted, tugged, and danced members up the mountain. I said, "Just one more step, a million more times. Can you do one more step?"

# FEATURE ARTICLE

We all succeeded with the help of others. Each teammate was aided, comforted, and encouraged by others on the journey, including the team of Sherpa that guided us. It's this mutual inter-dependence that is the true essence of any human experience.

The tremendous effort required to climb the mountain trails drained many of their physical energy. Everyone experienced, to a certain extent, bouts of bronchitis, diarrhea, nausea, vomiting, headaches, blisters, sore muscles and altitude sickness. The group also experienced the magnificent beauty of the world's highest mountains along with a sense of joy, adventure, awe, laughter, wonder, and fellowship. It's during times of difficulty that you learn the most about yourself.

The extreme environment of the expedition, combined with our higher purpose, helped create a strong bond. Strangers became friends, friends became soul mates, and everyone came together to achieve something extraordinary. We learned that we must all hold hands with sorrow and suffering, they can be good teachers, and none of us travel alone. This journey changed their lives. There was sorrow and suffering along the way, but no one traveled alone.

Along with me the other physicians who volunteered on this climb included: Dr. Laurie Kuestner, vascular surgeon at lowa Heart, Dr. Charles Lozier, internist at the lowa Clinic, Dr. Leah Dietrich, who was both a breast cancer survivor and a medical oncologist from La Crosse, Wisconsin. The 3 of them provided round-the-clock medical care for our team of 36. Their professional expertise and enduring compassion kept our cancer team going.

In his book, <u>Mount Analogue</u>, Rene Daumal wrote, "The Mountain is the connection between Earth and Sky. It is the path by which

humanity can raise itself to the divine and the divine reveal itself to humanity." Anyone who has spent time in the mountains knows that this is true.

Monsignor Frank Bognanno, pastor of Christ the King Catholic Church in Des Moines is a prostate cancer survivor and the oldest member of the Above + Beyond Cancer team. Father Frank is an amazing man. He is probably the fittest 72 vear-old that I know. Reverend Richard Graves. an Episcopal minister from Fort Dodge, was also on our team. He is a 62 year-old survivor of both testicular cancer and prostate cancer. He was cured of testicular cancer many years ago, but his prostate cancer journey has taken a more circuitous route. He is still undergoing treatment for what is likely incurable cancer. Both Father Frank and Reverend Richard proved to be wonderful teachers, as well as students, as we contemplated the spiritual dimension of our shared journey.

Regardless of what religion we consider "home," we all enjoyed the opportunity to come together in a quiet space for reflection and fellowship. Father Frank offered mass and Reverend Richard read selections from scripture. Everyone joined in the part of the mass where we show a "sign of peace" to those around us. That part took quite a while as all 36 of us took turns hugging each and every teammate.

During our journey through Nepal, we also had the opportunity to visit many temples and monasteries. We participated in prayer services and offerings, observed meditation and chanting, and received blessings from Buddhist and Hindu holy men. During our time in Nepal we received the sacrament of the sick from Father Frank, sacred prayer scarves from

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a Buddhist lama, and observed the Jewish Day of Atonement, Yom Kippur.

We took time each day to explore the concepts of suffering and compassion. It is the experience of our own suffering that encourages us to reach out compassionately to others who are suffering. During this mountain journey we all witnessed firsthand the daily interplay of suffering and compassion as we assisted each other on our journey up the mountain.

Each morning before we started our hike, Judith Allen, a 59-year old breast cancer survivor and professor of psychology at Drake, would lead us in beginner Tai Chi under the morning sun. It was a great way to connect with our bodies, our world and our teammates.

We hiked more than 100 miles together while in Nepal and climbed 3 mountains. The first "hill" we climbed was Nangkartsang, a mere 16,500-foot stroll. The 2nd peak was Chukung Ri, an 18,200-foot peak that challenged us all. The final mountain we climbed, Imja Tse (also known as Island Peak) is a glacier-covered mountain that rises to 20,305 feet above sea level.

Before ascending Imja Tse, We set up a base camp (16,600) feet at the foot of the mountain. We spent 2 nights in tents at base camp to get acclimated to the altitude. On the day before we climbed Imja Tse, we carried out an American Cancer Society Relay for Life. We had brought 1,000 prayer flags with us from home. Each flag was decorated with photographs and remembrances of family and friends who had been affected by cancer. We strung the flags on rope which we attached to rocks on the mountains that flanked our base camp. We walked 4 laps around our campsite that day with the 1st in celebration of the cancer

survivors, the 2nd for caregivers, the 3rd the most emotional in memory of those who had lost their lives to cancer, and the 4th was called Fight Back. We vowed that those who have died will not have died in vain.

Nights were cold in our tents as the temperature dropped below zero. None of us slept well as we anticipated the next day's climb. 20 members of our team along with 9 Sherpa guides departed base camp for the summit of Imja Tse at 1:30 a.m. The sky was clear and we traveled by the light of headlamps. As dawn blossomed, we made our way from the rocky trail onto the face of the glacier that covered the top 1/3 of the mountain. We stopped to put crampons on our boots and get ice axes from our backpacks. We then attached our harnesses to ropes and began the final ascent to the summit.

The team walked on bridges of snow and ice with 50 foot-long icicles dangling on either side of us. The final 300-foot vertical wall of snow required considerable effort as we used our arms and legs to climb to the top of the ridge. As the sun rose higher in the sky, we walked the final ridgeline to the 20,300-foot summit. We were rewarded with clear skies and an amazing view of the highest mountains in the world. We hugged, laughed and cried in a combination of exhilaration, exhaustion and gratitude. Who could ever have imagined that cancer would be the common bond that would bring us to the top of this mountain?

Everyone expected this adventure to be transformational, but none of us were prepared for the magnitude of the change that each of us experienced. Nepal's magnificent scenery, its welcoming culture, the physical difficulty of the journey and our group's higher purpose, all combined to make this journey transcendent.

### FEATURE ARTICLE



Arriving at the 20,300-foot summit of Mount Imja Tse in Nepal is Dr. Deming and in the background Laurie Kuestner and Dr. Charlie Lozier.

Since returning home and reflecting on the meaning and impact of this experience, regardless of the reason we participated, we have returned with enhanced self-knowledge and a greater appreciation for life. The journey enriched our lives and cultivated in us a deeper sense of confidence and compassion.

Now, more than ever, we choose to live our lives fully engaged and passionately committed. No matter how many days we have left on this earth, we do have today. It's only by reaching for something that's above and beyond what you think is possible that you have any idea what you can accomplish.

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Photo of Above + Beyond Cancer team trekking on the Khumbu trail in the Himalayan mountains of Nepal

\* Above + Beyond Cancer is a non-profit organization that provides cancer survivors with unique adventures that challenge them physically while simultaneously broadening their understanding of global cultures and fostering their personal growth. As a cancer

doctor, I have learned so much about life by witnessing the transformation that occurs when individuals and families face a cancer diagnosis. Cancer becomes a mountain to climb, but it also becomes a teacher and a catalyst to changing one's life.



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