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November/December 2018

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8



10



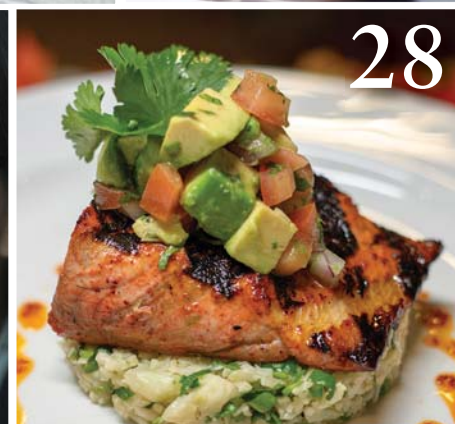
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ON THE COVER

Jack and Jessica, visiting from San Francisco
and protecting their eyes while they enjoy
a perfect fall afternoon on Dolores Street.

Photo: Paul Miller

EDITOR'S NOTE



greetings!

I TRUST your holiday season has gotten off to the best of beginnings and that your days are filled with health, love and happiness.

In that spirit, we're going to be unwrapping a few new features we hope you'll find useful and informative. We'll be keeping your favorites — Sorting it Out, In the Kitchen, and The Lighter Side, but we're adding Everyday Health Hazards, a series of columns on common mishaps, illnesses and owies, starting with how to safely thaw, cook and store that leftover turkey and gravy, and how long it's still OK to eat it after the big feast.

We're also going to introduce you to some longtime doctors in The Pro Files, and get their takes on how medicine has changed since they started practicing. In our next issue, we'll launch the Workout Corner, where we'll give different kinds of fitness routines a try, and report back to you on the theories behind them and how well they work.

May you have a joyous holiday season and a New Year full of your favorite things.

Elaine Hesser
Editor



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VISION LOSS AFTER A STROKE:

it's more common than you think

By ELAINE HESSER

WHEN PEOPLE think of a stroke and its aftermath, they usually think about paralysis and brain damage, or perhaps impaired speech. However, according to the National Stroke Association, as many as 67 percent of people also experience

some sort of visual problems after a stroke. Registered nurse Byron Merritt, CHOMP's stroke coordinator, said the number locally was more like one-third, but still significant.



Byron Merritt

A stroke is caused by loss of blood circulation to the brain, either because of a clot or, less commonly, because of a burst blood vessel, also called an aneurysm, or a leak in a vessel

that supplies blood to the brain. The effects on the person depend on where in the brain circulation was lost, and how severe the resulting damage is.

Stroke can affect the eyes in several ways. First, it can damage the optic nerves. You might think that because most strokes affect only one side of the brain, vision in just one eye would change. However, nerves from both eyes travel together through the brain, so if the stroke occurs in the right side of the brain, vision in the left half of both eyes might be impaired.

That condition, which is called hemianopia, would make it appear as if the left side of what you're seeing was blacked out (see page 16).

Sometimes only one-quarter of the field of vision in each is lost, which is called quadrantanopia.

If the nerves that control the muscles of your eyes are damaged, you may not be able to move your eyes in some directions, experience a drooping eyelid or have double vision. A visual midline shift — changing where your perception of the middle of your line of sight is — can occur, causing you to feel dizzy and off-balance. Unsteady or jittery eye movements, an enlarged pupil or dry eyes can also result from nerve damage.

Your eyes are only part of the vision equation. Your brain has to process and interpret the images you receive, so that the person you see isn't just a combination of physical features, it's your friend or brother-in-law.

Normally, this happens without you even having to think about it. In fact, your brain is quite good at screening out irrelevant information — visual and otherwise — that would quickly distract you as you went about your business all day. If you wear glasses, you probably don't notice them after you've put them on unless something goes wrong. That's your brain at work.

However, when the part of the brain that takes care of all that is hurt, it can result in visual neglect — you end up ignoring things in certain parts of your field of vision, even though you can see them. Some instances cited by the National Stroke Association include people only eating the food on half of their plates, or only shaving half of their faces. You also might have difficulty recognizing familiar people or objects as well. That condition is called visual agnosia.

Any or all of these problems can additionally interfere



WHO'S THAT HIDING BEHIND THOSE FOSTER GRANTS?

We hope it's you!

By SALLY BAHO

SUNGLASSES ARE much more than an accessory or a flashy fashion statement. They play a vital role in protecting your eyes and promoting healthy vision, and experts agree that you should wear them whenever you're outside, even if the sun is hidden behind the fog.

The ultraviolet rays of sun that are damaging to the eyes — UVA and UVB rays — are invisible, but do manage to penetrate clouds. This is why you want sunglasses that block 100 percent of those rays.

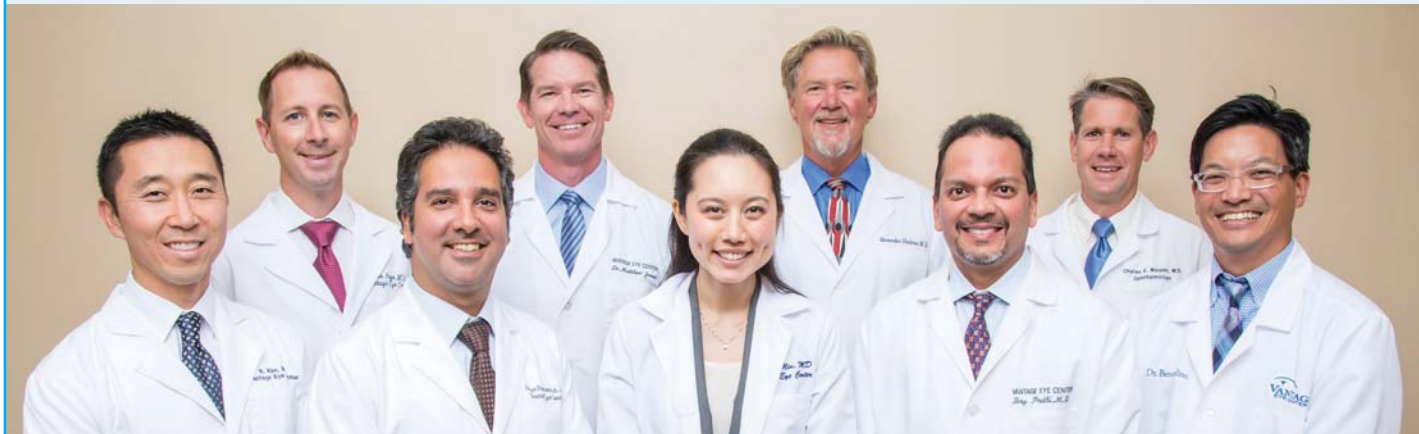
First off, sunglasses protect the sensitive skin around your eyes. Research has shown that 5 to 10 percent of skin cancer is found there. Wearing sunglasses, "Especially close-fitting or wrap sunglasses with larger lenses for better coverage will protect that delicate skin," explained

SUNGLASSES cont. on page 12



Pictured: Cameron Mitchell

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Jennifer Sablad, an optometrist at Eye M.D. in Monterey.

Excessive exposure to the sun can also cause small-but-visible callouses on the surface of the eye, on the white tissue near the iris. These are called pingueculas and, while they aren't harmful, they may create an unwanted freckle on your eyeball.



Jennifer Sablad

"When these pingueculas start growing onto the cornea (the transparent part of the eye that covers the iris and pupil) they are known as pterygium (pronounced tur-IJ-ee-um) and are also referred to as 'surfer's eye'," according to Sablad. At that point they may cause redness and discomfort or vision problems, and may need to be surgically removed.

Two other eye diseases that are normally thought of as age-related can be accelerated by excessive sun exposure — cataracts and macular degeneration.

"Cataracts are a natural clouding of the eye's lens, but this process can be slowed down by wearing sunglasses," explained Sablad. And so can deterioration of the macula, which is one of the most common causes of vision loss.

It's especially important to wear sunglasses when hanging out by the water or participating in snow sports, because the rays of sun reflect off the water and snow more intensely back into the eye, as in the aforementioned surfer's eye. Or maybe you have experienced snow blindness — technically known as photokeratitis — a painful but temporary loss of vision due to overexposure to the sun. It is essentially a sunburn of the eye. Ouch.

Sablad warned, "The peak time for UV damage is between 10 a.m. and 2 p.m.," when the sun's rays are the most intense, so certainly wear sunglasses during those times. And if the lenses are far from your eye, you may want to wear a hat or visor to ensure extra protection during prolonged exposure to the sun between midmorning and midafternoon.

So, how do you know which glasses are right for you? Dr. Leland Rosenblum, ophthalmologist at Monterey Bay Eye Center, explained that "there are three aspects to consider when choosing sunglasses: 100 percent UV blocking, visible tint, and polarization."

The UV blocking is a must, but don't be fooled by the darkness of the lens. Many lenses nowadays can be clear and still provide 100 percent UV protection.



Israel and Sadie Lagunas know that UV rays don't care how old you are — sunglasses are for everyone.

The second issue is the darkness of the tint, but this is in the eye of the beholder and simply for the wearer's comfort. Some people with lighter eyes may experience more sensitivity to sunlight and may want darker lenses, for example.

The last aspect when considering sunglasses is polarization, which "cuts down on glare, which can help with driving or people who work around water," according to Rosenblum.

And don't forget about the kids.

"Sun damage is cumulative, and statistics show that 50 to 80 percent of a person's lifetime exposure to sun damage happens before the age of 18," Sablad said, so be sure to encourage the children and grandchildren in your life to protect their eyes. And she went on to explain that "children's lenses are clear at birth and consequently more susceptible to ray exposure." So it might be good to consider some stylish shades for your kids or grandkids — besides, they look downright adorable.

Wearing sunglasses is a great way to keep your eyes healthy, whether you're an avid outdoors aficionado or just have a long commute to work. So, embrace your inner glamor girl, be it Jackie O or Doris Day — or Dirty Harry if you prefer — and protect your eyes. ☞

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The Lighter Side

Why cats are good for you

By ELAINE HESSER

MY CAT read the title of this piece and then looked at me like I was crazy. Actually, she does that quite a lot. But this time, I spoke for her (in what I imagine to be her voice) saying, “You mean humans need reasons why we’re good for them?”

“Yes, Tawny,” I said, “They’re not all so clever as you.” This is pretty much how all our conversations go.

She licked her paw and went back to playing with her toy bird that chirps like the real thing. It’s still working great. (Thanks a lot, whichever kitty auntie dropped that off for Christmas in 2013.)

Anyway, after decades of experience, totally biased observation and unscientific research, here are the

reasons cats are good for you:

First, our local cats are of superior intelligence. I know this, because when my sister talks in her New Jersey cat’s voice, it’s way dumber-sounding than my cat-voice. (But Auntie Elaine loves you anyway, Mickey.)

Cats offer free microdermabrasion treatments. I get skin-sanding sessions whenever Tawny has a spare moment. Or if I’ve been working out. Apparently, like most potential food substances, I taste better with a little salt.

Cats are excellent comedians. Their best routines have to do with falling like a stunt-feline from a lofty perch — for example, a nice, big Richard McDonald sculpture — and then standing up with a look that says, “I totally meant to do that.”

Due to their flexibility, they are also super yoga instructors. But several kitties have indicated that we should stop calling that one pose, “downward dog.” Clearly, it’s “downward cat.”

Scientists know that the animal’s desire to be on you is directly correlated to your body temperature. Here’s how to use that knowledge. First, determine where your beloved pet is, then refer to this chart:

LOCATION OF CAT

On carpet, in sunbeam

Sitting on your lap

Spread out over as much of you as possible

On your head, looking like a rather silly hat

YOUR BODY TEMPERATURE

Doesn’t matter

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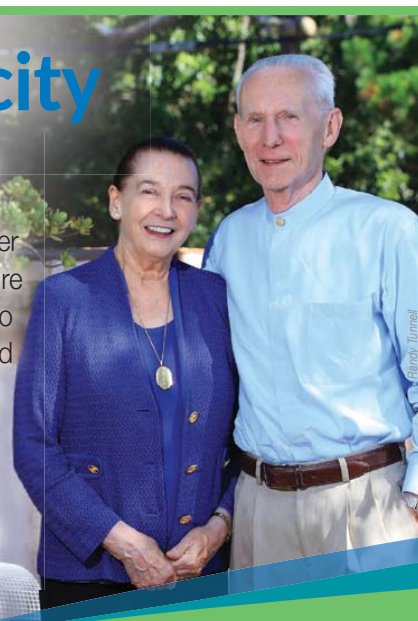
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with recovery from a stroke — imagine re-learning how to walk while adapting to dizziness or a limited field of view. Merritt said several things can be done to help, however.

A physical therapist and eye specialists can work with someone who's had vision damage to help restore what's been lost, if possible, or to compensate for the changes. Special glasses made with prisms can shift images and eye drops can help with dry eyes, for example.

Eye movement therapy can be used to train eye muscles, while visual restoration therapy uses flashing lights to stimulate nerve cells that are partially functioning at the edge of blind areas, to improve visual sensitivity. The Stroke Association said that in some cases, surgery can reduce double vision, while in others, an eye patch is a permanent solution.

Best of all, of course, would be to avoid a stroke altogether. CHOMP's stroke center says that you can help lower your risk by reducing or eliminating factors like smoking, high cholesterol, obesity and high blood pressure. Other factors, like family history, are out of your control.

Merritt emphasized that anyone experiencing symptoms of a stroke, like odd speech, sudden weakness, drooping facial features, or arm "drift" when one arm is raised, should immediately call 911.

He explained that a medicine called TPA, which he called a "clot-busting drug," can be administered, but only in the first 3 to 4 1/2 hours or so after the stroke. Its proper and prompt use may even lead to a full recovery. If there are larger blockages, CHOMP can send patients to Stanford to have them removed, but time is still of the essence.

"We'd rather have you come in right away, and if nothing's wrong, no harm, no foul," than wait to see if you feel better or the symptoms pass after while, Merritt said. Wise words indeed. ☞

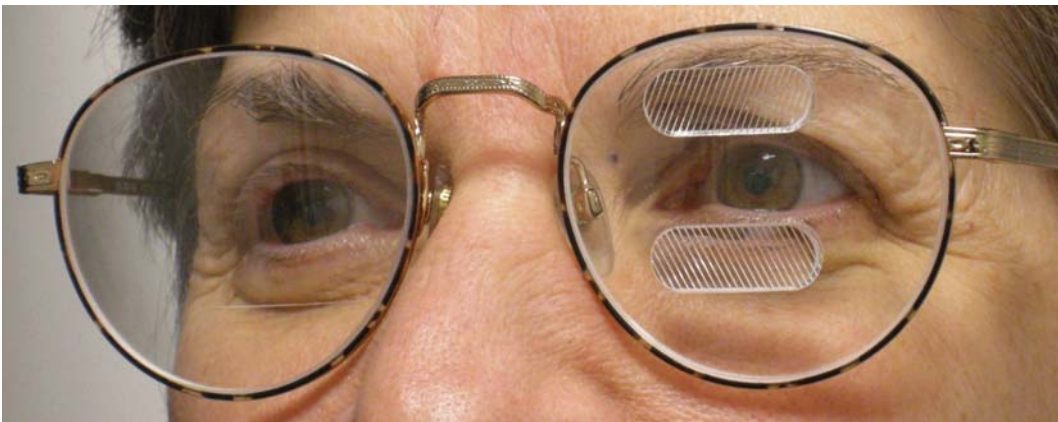
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THE *Pro* FILES

Eric J. Del Piero, M.D.

By ELAINE HESSER

HE'S SEEN a lot of eyes in the days since he opened his Monterey office in 1985. Ophthalmologist Eric Del Piero sat in his office behind an antique desk that he and his wife — and practice manager — Teresa found in a shop in Watsonville when they first moved back here. It's both beautiful and functional, just as you'd expect in a place where people deal with vision all day long. And to hear him tell it, it's almost the only thing that hasn't changed in his years of practice.

Del Piero is past president of the Monterey County Medical Society and served on the board of trustees of the California Medical Association, representing Monterey, Santa Cruz and San Benito Counties. He's won numerous awards and accolades, including being selected by his peers as Monterey County Physician of the Year in 2006 and 2007. You might say he's had a bird's-eye view of changes in the medical landscape.



Eric J. Del Piero

"It used to be like 'Cheers' around here," he said, referring to the 1980s sitcom about the friendly denizens of a Boston pub. "Everybody knew your name" when you went to the doctor, because "people had doctors, many times for decades." He explained that having a practitioner who knows his patients that well and for that long is a great advantage, although it's become quite a rarity these days.

"In general, medicine is different now because you have fewer and fewer physicians practicing in one place for long periods of time," he said.

Del Piero works closely with general practitioners, because most of his patients have vision problems

related to diabetes. His area of specialization within ophthalmology is treating problems of the retina and vitreous. The retina is the surface at the back of the eyeball that Del Piero said acts like the film in a camera — it "takes the picture" of what you see. Vitreous is the gel-like substance that fills the eyeball.

Diabetics with high blood sugar often have capillaries that become blocked, or occluded. If this happens in the eye, the body tries to compensate by growing new vessels inside the eye, where they can start to bleed. Surgery to correct the problem is now almost routine, although when Del Piero hung out his shingle more than 30 years ago, he was the only doctor around who did that type of work.

"The first day I was here, I had people referred in with vitreo-retinal diseases," he said. After training at Johns Hopkins and George Washington University, Del Piero completed a residency at UC Irvine, where he learned about all the different types of lasers that were coming into use in treating eyes. He estimated that that experience put him was about 10-15 years ahead of other ophthalmologists of that time.

He said that techniques in the field have been steadily improving to the point where he and other doctors now have the ability to provide care that's "so much better" than in the past. "The instruments we use now are one-fifth of the size of the ones we used in the 1980s," he said.

Progress in treating diabetics is marked by the fact that up until the late 1970s, when people were diagnosed with diabetes, Del Piero said their charts often were annotated with the instruction, "send for Braille," because doctors thought that blindness would be an eventual certainty for most of them.

There's also been a significant decrease in the number of retinal detachments, where the retina lifts away from the back of the eyeball and can cause blindness if not treated promptly. Del Piero attribut-

PRO FILES cont. on page 30



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Everyday Health Hazards

KITCHEN EDITION

By ELAINE HESSER

HOLIDAY FEASTS can be fraught with danger — mostly from overstuffing yourself. But there's also the danger of making a house full of friends and relatives sick if you don't prepare everything properly — and that especially goes for the turkey.

According to Randy McMurray, an environmental health specialist with the Monterey County Health Department, there's no spike in reports of food poisoning around the holidays. But then again, as he said, "No one turns in Grandma" for mishandling dinner.

Also, the Centers for Disease Control says that some kinds of food poisoning may not affect a person for as long as four weeks after the offending items are consumed. So, people who get sick three days after a bad dinner may blame the burger they had for lunch, instead of the real culprit.

Assuming you decide to go the frozen-turkey route, and don't drop an icy 20-pound boulder on your foot, your first safety challenge is thawing it. According to just about everybody on the planet, the best way to do that is in the fridge, and the fine folks at Butterball even have a handy-dandy calculator on their website for just that purpose. You type in the bird's weight, and it tells you how many days and hours you need to put it in the refrigerator.

You should place a frozen turkey in a pan on the lowest shelf, so that if it starts dripping raw poultry juices, it won't contaminate the other stuff in there.

Yes, you can also thaw it under cold running water, but you probably won't do that because the sound of a faucet left on for hours or days is also the sound of cash leaving your bank account.

Why can't you just set the danged thing on the kitchen counter? Because somewhere between rock-hard and ready-to-roast, it's going to pass for an extended period through a temperature zone where the bacteria lurking in the turkey will proliferate like hipsters at a cappuccino joint. While thorough cooking kills most kinds of bugs, there are a few that can take the heat, so keeping them under control during the big thaw is important.

OK, so it's three days later and your bird is ready to go, or you bought one fresh. Now what? Your next battle is with the evils of cross-contamination. That means that even though you're going to roast old Tom to a safe temperature of 165 degrees, all the stuff it touches before it goes in the oven will still be contaminated with its bacteria — including your hands.

McMurray said that frequent hand-washing through-

EVERYDAY HEALTH HAZARDS cont. on page 22



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out food preparation is key. How often? “Every time you change duties,” he said. In the language of commercial kitchens, that means when you go from rubbing down the turkey with butter to, for instance, setting out the cheese platter, you need to wash up.

Use soap and warm water for at least 20 seconds. If you don’t have a stopwatch by the sink, that’s about the time it takes to sing “Happy Birthday” through twice. Also, McMurray said, hand sanitizer is not as effective as the traditional approach, because while sanitizer does kill germs, it doesn’t remove small particles of food or drops of liquid that might be stuck to your hands or under your nails.

Cutting boards, counters, knives and anything else that’s come in contact with raw foods also have to be washed in hot soapy water before they can touch anything else that will be eaten. If you want to go the extra mile, McMurray said you can add 1/2 tablespoon of bleach to a half-gallon of water and make a sanitizing solution.

And by the way, you might think that fruits and veggies are “safe,” but consider this: When you slice through an onion or carrot that hasn’t been washed, you’re just driving the dirt — and whatever else was in the field — from the outside into the part you’re going to eat. If it’s thoroughly cooked after handling, the danger is all but eliminated, but be very careful with anything you and your guests will eat raw.

Now, back to the main dish. To stuff or not to stuff? Sorry, just don’t. When you put cold stuffing inside of a big cold bird, the bread absorbs the raw juices and then is insulated from the heat by the meat around it. Having said that, McMurray noted that if you must stuff the bird, bear in mind that that filling has to be



Wash your hands frequently, for at least 20 seconds each time.



Chilling leftovers promptly is key to enjoying them safely.

cooked to 165 degrees, by which time the meat will probably be as dry as the bones it’s falling off of.

Now, let’s say the bird has gone safely into the oven, been checked at its meatiest (thickest) point for doneness, and has been carved to perfection. Everyone’s down for a nap, including the cleanup crew. Set an alarm for two hours from the time the turkey came out of the stove, and stash the leftovers in the fridge by then, or sooner.

If you have gravy or hot soup, you don’t want to refrigerate them until they cool down to a uniform temperature of 70 degrees. Otherwise, the warmer stuff in the middle of the tupperware will get to bacteria’s happy breeding temperature and stay there for a bit before it cools to a safe 41 degrees. McMurray said that the best way to chill the chowder quickly — and safely — is to pour it into a shallow container and set that container in an ice bath.

Finally, there’s the ubiquitous post-feast question, “Can we still have a turkey sammich?” Assuming you’ve handled everything properly until it went into the refrigerator, McMurray said the answer for three to five days is “yup.” That limit also applies to all of your side dishes.

Now, where did we put that loaf of bread? 🍞

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SORTING IT OUT:

Is too much screen time bad for your eyes?

By SALLY BAHO

IT IS obvious that we all use screens much more than our grandparents. Whether you work at a computer, watch TV, use a smart phone, or read on your iPad, you are engaging in more “near work” than humans ever have. Near work is activity that engages the eye up close — think sitting close to a computer, reading a book or solving a crossword puzzle, versus strolling along the beach or watching a concert at Sun-set Center, where your eyes are focusing on faraway things.

Screen time is the amount of time you spend looking at a screen, and these days is the most common

near work people do. A 2018 report by The Nielsen Company said that adults in America spend about half of each day consuming media, including what’s displayed on tablets, smart phones, personal computers, video games and TVs.

This raises the question: Is it true, as your mom probably told you when you were a kid, that too much time watching TV, or anything else on a screen, is bad for your eyes?

According to Dr. Leland Rosenblum, an ophthalmologist at Monterey County Eye Associates, “There are two issues at play with screen time and vision: the issue of near work, and blue light.”

He said too much near work, which causes the muscles of the eye to flex in order to bend the eye’s lens to accommo-



Roger Husted



Leland Rosenblum

date its focus on an object near your face, is linked with nearsightedness (myopia).

“This is basic muscle fatigue. If any of the muscles

in your body are not used to doing something and you begin to use those muscles excessively, they are bound to get sore and wear out,” explained Rosenblum.

But while nearsightedness is known to be increasing in our society, the exact cause has not been established. While some eye doctors think it might have to do with everyone doing more and more near-vision tasks, it’s a highly contested point.

“We’re becoming more nearsighted as a population, but we don’t actually know why,” said Rosenblum.

Studies have shown that being outdoors slows the progression of nearsightedness. Two very specific aspects associated with being outside — sunlight and looking at/focusing on distant objects — were identified with helping to relax the eye and consequently release the strain on its muscles. A relaxed accommodation response from the eye — that is, looking at objects that are far away — slows the progression of nearsightedness.

The second issue connected with screens is blue light. All screens emit blue light, a higher-frequency light on the spectrum, which in theory is damaging to the retina in the back of the eye, “but the truth is, although we’re spending much more time on screens than ever before, we’re not seeing epidemic rates of retinal damage or blindness,” said Rosenblum. So, while there is a theoretical basis for blue light causing eye damage, there has not been evidence to support this notion.

Dr. Roger Husted, another ophthalmologist with Monterey County Eye Associates pointed out, however, that blue light is becoming less of an issue because, “newer screens emit less blue light than before.”

Husted also referred to a study that found that blink rates slowed tremendously when people engaged in near work.

“While a normal person blinks every 3-5 seconds, when they engage in near work and focus by looking

at a computer or watching TV, the study found that they may only blink once every 30 seconds,” Husted said.

Among other things, this can lead to dry eyes.

An indisputable fact about prolonged screen time, especially on the computer, is that it causes eye strain. Symptoms of eye strain are dry eyes and sometimes headaches, which both cause discomfort. Here are some suggestions Rosenblum has for people who experience eye strain from working on the computer for extended periods:

- Take a break
- Focus on a distant object every now and again
- Blink often to keep the eyes lubricated
- Use artificial tears
- Get your eyes examined regularly to make sure you don’t need glasses. And if you do, use them.

“While we suspect that near work, common in screen time, and blue light, emitted from screens, may cause eye strain or eye damage, the truth is we don’t know enough about it and we still have work to do,” Rosenblum concluded. Nevertheless, a good idea would be to give your eyes a break from those screens and get outside in the natural sunlight ... but don’t forget to wear your sunglasses. ☞



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itate, clear our minds and get plenty of rest. Regular mealtimes are worth speaking up for, too.

For all the talk of “nine lives,” cats are really quite cautious. For example, that tabby with a half-empty food dish understands he’s not far from starvation.

Following from that principle, and because they know you are a terrible hunter, cats will often share their kills with you, sometimes giving you the prized head of the prey.

If you need a break from that cell phone or laptop, they know it and will enforce it, using their whole bodies if necessary.

They recognize unseen dangers in everyday objects, quickly and efficiently batting them to the floor for our safety. (Someone once said they knew the Earth wasn’t flat, because if it were, cats would have knocked everything off it by now.)

The importance of good grooming has not escaped the friendly feline. However, they’ve been following the whole desal thing, and will object strenuously if you attempt to waste water on bathing them.

Assertiveness is another important quality to cultivate. As they say, “Ask for what you want, whether it’s a bit of salmon or a skritch behind the ear.”

Self-defense skills are vital, whether for crate avoidance or to signal that the belly-rub limit has been exceeded. Kitties know it is often important to seek a delicate balance between assertiveness and outright aggression in the employment of one’s weapons, too.

Cats are great advocates of free will and acting in your own best interest. Unlike dogs, who are frequently dressed up in ways that have nothing whatsoever to do with staying warm, if a cat wants to wear clothing, it will bloody well put it on for itself. And it will look tasteful.

They generally know how to enjoy intoxicating substances in moderation, but you still shouldn’t let them do “nip” alone.

A little-known fact is that cats can teach us to be thrifty and cautious shoppers. For example, they never order regrettable hats from the internet.

They’re considerate of those in the hospitality business. Rather than pooping willy-nilly on Ocean Avenue, a cat will consistently contain its leavings in a convenient box for you to dispose of.

Finally, feline listening skills are impressive. You see, they’re not ignoring you. They can simply hear the subtle difference between “Here, kitty,” with the subtext of, “I have a treat for you,” and “Here, kitty,” with the subtext of “it’s time for your shots.” Yes, for all their wonderful qualities, they are still anti-vaxxers. But no one’s perfect. ☞



Our panel of experts (from top): Tawny and Bodie of The Pine Cone, with special guest Mickey, from Ridgewood, N.J.



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THE Kitchen

ACHIOTE YELLOWTAIL WITH CAULIFLOWER "COUSCOUS" AND AVOCADO SALSA

IF YOU haven't tried riced cauliflower yet, here's a chance to give it a go. What is riced cauliflower? Finely grated cauliflower that cooks in a jiffy and has a lot fewer calories than regular rice — or in this case, couscous. And no, its flavor doesn't intrude on the rest of the dish. CHOMP's chef Chris Vicioso provided this south-of-the-border recipe for yellowtail with some big Latin flavors, his spin on cauliflower "couscous" and a side of avocado salsa.

INGREDIENTS

— Serves 6

2 pounds yellowtail (preferably from California or Mexico)

1/2 cup fresh orange juice

1/4 cup fresh lime juice

2 teaspoons achiote paste (a spice blend available in larger grocery stores)

1/4 teaspoon ground cumin

1/4 teaspoon dried oregano

1/4 teaspoon salt

Cut fish into 5-6 ounce portions, or ask your fishmonger to do it for you. In a small bowl, mix together orange juice, lime juice, achiote paste, cumin, oregano and salt. Coat each piece of fish with the marinade. Cover and place in refrigerator for 45 minutes.

Remove the fish from refrigerator 30 minutes before cooking and discard any leftover marinade. Preheat a grill to medium-high and coat it lightly with oil. Place the fish on the grill for five minutes on each side.

Cilantro Lime Cauliflower "Couscous"

1 1/2 pounds riced cauliflower (available in most grocery stores in the fresh or frozen produce section)

1 tablespoon olive oil

2 small garlic cloves, minced

1/4 cup green onions, chopped

1/4 cup cilantro, chopped

1/2 teaspoon salt

1/4 teaspoon pepper

1/4 cup fresh lime juice

Heat the olive oil in large sauté pan over medium heat. Add garlic and green onions. Cook until the garlic is fragrant and starts to turn golden brown on the edges. Add the cauliflower and raise the heat to medium-high. Season the cauliflower with salt and pepper. Cook approximately 5 minutes, stirring frequently, until cauliflower is tender. Remove from heat and stir in cilantro and lime juice.



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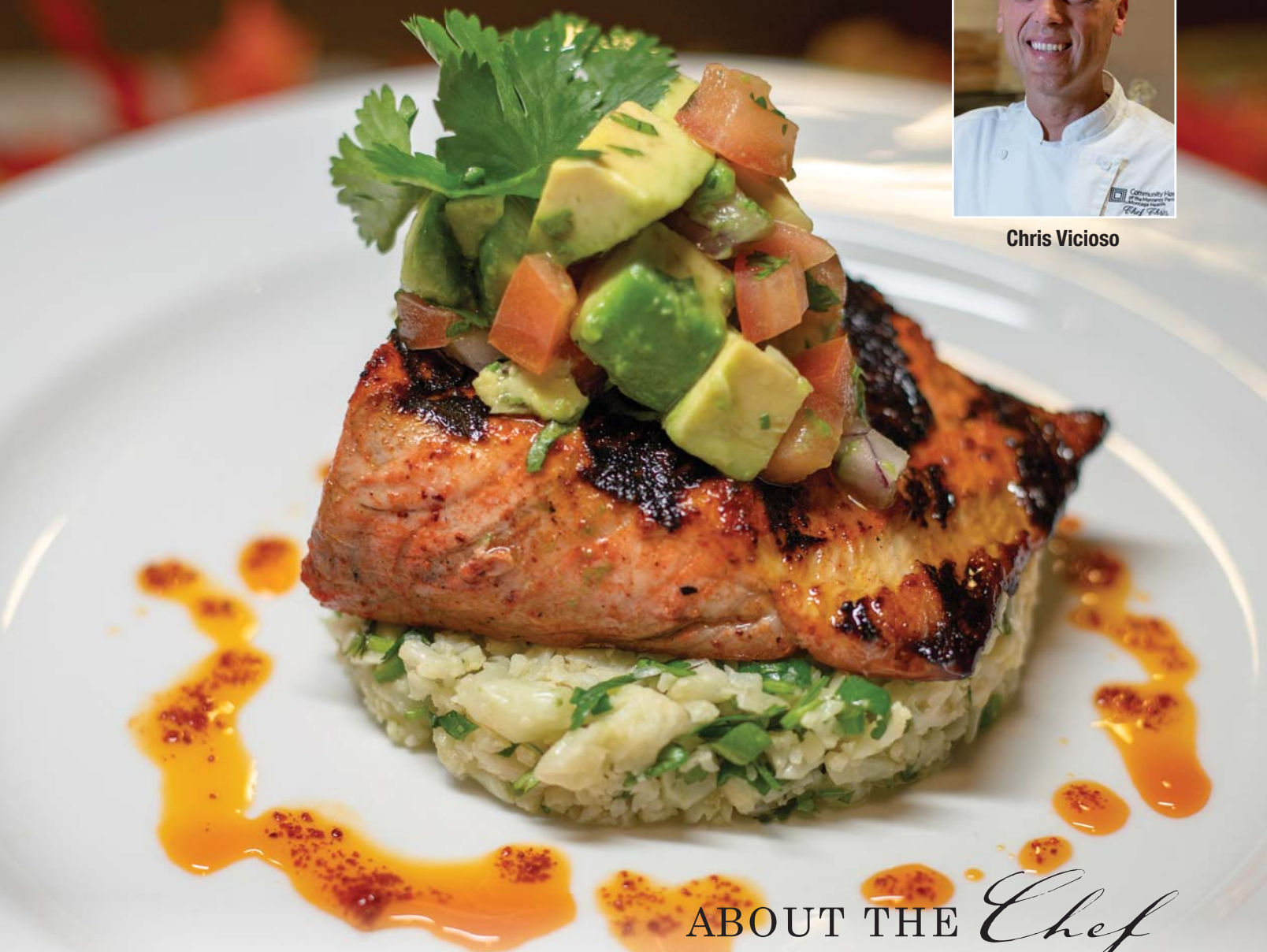


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Chris Vicioso



ABOUT THE *Chef*

Avocado Salsa

4 Roma tomatoes, seeded and diced

1/2 cup red onion, finely chopped

1/2 jalapeno, seeded and finely chopped

2 medium avocados, seeded, peeled and diced

3 tablespoons olive oil

3 tablespoons fresh lime juice

1/2 cup cilantro, chopped

Salt and pepper to taste

Place all ingredients into a mixing bowl and gently toss mixture. Divide into 6 servings and place on top of the fish.

CHRIS VICIOSO, executive chef at CHOMP, received his bachelor's degree in business in 2000. But after working just a short time in the business world, he was drawn to his passion — cooking. In 2003, Vicioso earned an associate's degree from Le Cordon Bleu in Pasadena, where he managed the kitchen staff and food preparation for a local resort. He then became director of food service and executive chef for a retirement community on the Monterey Peninsula before joining Community Hospital in 2016 as executive chef. He has created new menus for patients, employees, the Fountain Court Café, and at Westland House. Vicioso also helped Community Hospital become the first hospital in the nation to participate in the Monterey Bay Aquarium Seafood Watch program. In addition, he teaches Cooking for Life classes to the community, where he creates recipes and demonstrates how to prepare healthy dishes. ☞

ed the decline in detachments to improved cataract surgery techniques. He said that back in the old days, people would wait for their cataracts got really bad — or “ripe,” as he put it — before having surgery because retinal detachments afterward were so common.

He praised the improved communication among different types of medical practices. For example, retinal tears and detachments usually don’t hurt, which means people who have them might not go to an eye doctor. But they may mention in passing something that seems amiss — such as an increase in “floaters” in their field of vision — to their regular doc, who should not dismiss the complaint, but refer them to a specialist. Fortunately, Del Piero said, those referrals happen far more routinely than they used to.

If caught early, Del Piero said, a retinal tear can easily be treated in a 15- or 20-minute procedure in the doctor’s office, whereas if it becomes advanced, significant surgery may be required.

One thing that hasn’t changed “since the time of Hippocrates,” according to Del Piero, is the importance of the doctor-patient relationship. It’s something he’s passionate about. “It’s not the one-size-fits-all approach to healthcare,” he said. An eye exam — or any other kind — is “an intimate process,” and one that shouldn’t be rushed. “You have to treat the whole person,” he said, adding that eye problems can indicate the presence of other diseases.

Another constant is Del Piero’s love of his work. “I have the best job in the world,” he said. “Next to waking up next to my wife in the morning, coming here is the best part of my day.” Everyone should be so fortunate. ☞

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