Twenty-six flag pins snake across the bottom of a map of the United States thumb-tacked to a wall in Salem Hospital’s Pathology Department, pins stuck in places like Clovis, Shamrock, and Arkadelphia. Each represents the overnight stop on a cross-country bicycle ride organized by Pacific-Atlantic-Cycle Tour: Expeditions Across America. Each leg averages 112 miles and 3,500 feet of climb – but every first semester statistics student knows that means some days will be much longer and steeper. The company’s homepage warns, “If you are looking for an easy, flat, tailwind tour across America do not sign up for PAC Tour.”
OMA/CNA PHYSICIANS PROGRAM:
A STRONG PARTNERSHIP FOR MORE THAN 35 YEARS.

The OMA/CNA Physicians Protection Program provides:
• Local underwriting specialists and claim consultants
• Local counsel with health care liability expertise and experience defending Oregon physicians
• Risk management educational opportunities and instructional materials — created for doctors by doctors

By focusing on improving patient safety and reducing financial losses, we have returned over $53 million to OMA members as part of our unique profit-sharing program. If you’re looking for dependable medical professional liability insurance benefits and coverages from an A-rated national carrier … we can show you more."™

For more information on the OMA/CNA Physicians Protection Program, contact CNA at 800-341-3684.

www.cna.com
President’s Message

Season’s Greetings!

By William Purnell, Jr., M.D.

Mission Statement

Marion-Polk County Medical Society exists to:
Support physician professional and personal well-being.
Advocate for the health of the community.
Promote the highest ethical and professional standards.
Advocate for the independent relationship between patient and physician.

To everything there is a season. Ready or not, it is time to celebrate the Holiday Season once again and to ring in another New Year. And soon it will be time to welcome a new Marion-Polk County Medical Society President.

Our nominee for the two-year term beginning in January 2009 is Mark Gilbert, M.D. As a Marion-Polk County Medical Society board member and as a practicing physician at Kaiser Permanente, Dr. Gilbert has been an enthusiastic advocate for doctors and their patients. He has contributed to numerous state and national professional societies and to local community organizations. Mark will also bring to the presidency his keen interests in childhood health and in promoting healthy lifestyles through exercise and recreation.

Dr. Gilbert will preside over a dynamic and growing medical society. Through its many programs, events and publications, Marion-Polk County Medical Society fulfills its mission of advocating for the health of our communities, supporting physician professional and personal well-being, promoting the highest ethical and professional standards and championing the independent relationship between patient and physician.

Continued on page 15
Taking Stock, Taking Action

By Ron Kelemen, CFP® — The H Group, Inc.
Independent Wealth Management Solutions™
Board Member, Medical Foundation of Marion and Polk Counties

So what are you going to do about it? In this environment, doing nothing is so much easier, but perhaps more stressful. Here is my prescription for financial stress reduction: take stock and take action. It’s not all that different from diagnose and treat.

Taking Stock

Knowing where you stand will give you a better sense of what you need to do. Here are some very basic questions to help you organize your thinking.

1. What are my dangers? Lay them out on the table and put them into perspective. Some may be realistic, others just a nagging energy drain. Usually health, lack of family time, lawsuits, etc. come to mind for most physicians. In today’s news environment, we are all conditioned to think that we might lose our jobs and income. But with a couple of notable exceptions such as cosmetic surgery, many practices are relatively recession proof. Yes, patients may cut back on their visits or lose their insurance. But unlike an auto worker, you will still have a job.

2. What are my opportunities? These may be the flip side of your dangers. Certainly there are some good investment opportunities at this time. This may be an opportunity to reassess your goals, values, and to focus more upon family and relationships.

3. What are my financial weaknesses? All progress begins by telling the truth.

4. What are my financial strengths? You may be better than you think. Certainly, your ability to earn an income is one of them.

5. What is the current value of my investment portfolio?

6. How much do I owe on my residence, practice, student loans, credit cards or other loans?

7. What is a reasonable estimate of my annualized living expenses? Try to break this down between needs and structural obligations vs. desirable—but changeable—lifestyle expenditures.

8. What major expenses do I see on the horizon? These can be college, new roof, vacation, gifts, new vehicle, etc. Which of these are needs vs. wants, and can any of them be postponed?

9. How many years do you have until your desired retirement date? If it is quite a few years off, relax. If it is fairly soon, how set in stone...
Financial Planning . . . continued from page 4.

is it? Are you willing and able to work longer?

10. And how many years do you think you will live after you retire? Why am I asking this? Add your years to retirement to your projected years in retirement and you will quickly see that you have a long time horizon. You may be retired longer than you worked. Longevity and inflation risks are the two stealth retirement planning risks.

Taking Action

With answers to the above questions in mind, you are now in a better position to think clearly, put things into perspective, and take action. You cannot control what is happening in the world, but you can control your responses to it. So the second part of my prescription is to take action. Here are just a few things you should consider between now and year end:

1. Rebalance. If you had a portfolio of stocks and bonds, by default it has become more conservative. That is because stocks have gone down and bonds have held their value. Rebalance back to your original asset allocation. This is the way to sell high and buy low. And rebalance even within the bond category. Government bonds are way over-valued; corporate bonds are a bargain.

2. Net gains and losses for the year. This is a tax opportunity too good to pass up. Believe it or not, some mutual funds will declare capital gains from earlier this year. So realize some losses to match them. What losses you cannot pair with gains can be carried over indefinitely. And up to $3,000 per year can offset your ordinary income.

3. Consult with your tax professional. This may be a good time to adjust your quarterly estimates.

4. Max out 401k or other retirement plan. This is an historic time to buy low, both for your practice’s overall retirement plan and for your portion of it if you have 401-k provisions. If you are under age 50, you can contribute $15,500 to your 401-k. If over age 50, you can contribute $20,500.

5. Make equipment purchases. If this is going to be a high income year, and you need new equipment, this would be the time to take advantage of the Sec. 179 rules by putting new equipment into

Continued on page 12
In the past few months clients have been calling our office concerned over the nation’s banking crisis. They’re fearful because at least fifteen U.S. banks have gone under this year and experts predict the trend will continue. Folks ask us how, with gloomy news of bank closures and defaults, they can safeguard their assets. To help allay fears and to educate our clients and non-clients alike, I have gathered the latest banking rules to help explain how best to allocate your assets to avoid future bank problems.

The FDIC and You
The Federal Deposit Insurance Corporation (FDIC) is an independent agency of the United States government that protects against the loss of insured deposits if an FDIC-insured bank or savings association fails. FDIC deposit insurance is backed by the full faith and credit of the United States government.

FDIC insurance covers funds in deposit accounts, including checking and savings accounts, money market deposit accounts and certificates of deposit (CDs). FDIC insurance does not, however, cover other financial products and services that insured banks may offer, such as stocks, bonds, mutual fund shares, life insurance policies, annuities, or municipal securities.

There is no need for depositors to apply for FDIC insurance or even to request it; coverage is automatic.

Some Good News
It is worth noting that since the Federal Deposit Insurance Corporation (FDIC) began insuring banks in January 1934, no depositor has lost a single cent of insured funds as a result of a bank failure.

To reassure depositors in today’s financial climate, the FDIC has made a few policy changes. It simplified rules for revocable trusts, increased the level of insurance coverage per depositor from $100,000 to $250,000 for interest bearing accounts, and agreed to insure the full value of non-interest-bearing accounts until December 31, 2009.

Something you might not know is that the FDIC coverage of interest-bearing accounts can be increased - if the accounts are held in different ownership categories. These include single accounts, certain retirement accounts, joint accounts, and related accounts.
vocable trust accounts. The chart above sets out the primary ownership categories.

**Divide and Insure**

With the coverage chart in mind, let’s assume a wife and her husband need to deposit more than $250,000 into interest bearing accounts and want to use only one bank. Their money will still be fully insured provided their accounts meet certain requirements.

Here’s how it works:

1. Account A ($250,000) is a checking account opened under the husband’s name payable upon death to his trust.
2. Account B ($250,000) is a checking account opened under the wife’s name payable upon death to her trust.
3. Account C ($500,000) is opened as a joint account under both spouse’s names, payable upon the first spouse’s death to their living trust. Each owner’s share is insured up to $250,000.
4. Account D ($250,000) is a revocable trust account opened by the husband.
5. Account E ($250,000) is a revocable trust account opened by the wife.

Since retitling your accounts may negatively impact your current estate plan, please consult your estate planning attorney prior to closing and/or opening new accounts in order to maintain the integrity of your current plan.

**Living Trust Advantage**

One of the most interesting things we learned in writing this article with regard to living trusts is that FDIC insurance coverage is based upon the number of named beneficiaries of the trust and is not limited by the number of trust owners. For example, my client John Smith has named his 10 children as beneficiaries of his trust. This means John can place up to $2.5 million into his revocable trust account and the entire deposit would be fully insured. This is a huge advantage provided to those incorporating revocable living trusts as the cornerstone of their estate planning, over those who have will-based plans or no estate plan at all.

**For More Information**

Remember, since the FDIC was established nearly 75 years ago, no depositor has ever lost a single penny of FDIC-insured funds. If you have further questions about FDIC coverage, or how to divide your accounts to gain the greatest coverage, you can call us, talk to your banker, or visit www.myfdicinsurance.gov. We’re here to help.

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**Basic FDIC Deposit Insurance Coverage Limits**

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Coverage Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Accounts (owned by one person)</td>
<td>$250,000 per owner</td>
</tr>
<tr>
<td>Joint Accounts (two or more persons)</td>
<td>$250,000 per co-owner</td>
</tr>
<tr>
<td>IRAs and certain other retirement accounts</td>
<td>$250,000 per owner</td>
</tr>
<tr>
<td>Trust Accounts</td>
<td>$250,000 per owner per beneficiary subject to specific limitations and requirements</td>
</tr>
<tr>
<td>Corporation, Partnership and Unincorporated Association Accounts</td>
<td>$250,000 per corporation, partnership or unincorporated association</td>
</tr>
<tr>
<td>Employee Benefit Plan Accounts</td>
<td>$250,000 for the non-contingent, ascertainable interest of each participant</td>
</tr>
<tr>
<td>Government Accounts</td>
<td>$250,000 per official custodian</td>
</tr>
<tr>
<td>Non-interest Bearing Transaction Accounts</td>
<td>Unlimited coverage – only at participating FDIC-insured banks and savings associations**</td>
</tr>
</tbody>
</table>

*On January 1, 2010, the standard coverage limit is set to return to $100,000 for all deposit categories except IRAs and Certain Retirement Accounts, which will continue to be insured up to $250,000 per owner.

**Unlimited deposit insurance coverage is available through December 31, 2009, for non-interest bearing transaction accounts at institutions participating in FDIC’s Temporary Liquidity Guarantee Program.

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Attorney Eden Rose Brown is dedicated to providing comprehensive, highly personalized, counsel in wealth preservation strategies, asset protection, family legacy design, and estate, tax and charitable planning. She holds the highest standards of scholarship, client service and lawyer accessibility. Eden has been honored as an Oregon Super Lawyer by her peers, and Worth magazine has twice selected her as one of the Top 100 Attorneys in the United States. Eden is a past director of the Marion-Polk County Medical Society Foundation, Willamette Humane Society, and the Chemeketa Community College Foundation. The Law Office of Eden Rose Brown is located at 1011 Liberty Street SE, near downtown Salem, with additional offices in Bend and Portland. Phone: (503) 581-1800 Email: Eden@EdenRoseBrown.com  Web: www.EdenRoseBrown.com
Decreasing Employee Turnover and Increasing the Bottom Line

By Jenifer Sing, BBSI Account Manager

Businesses often realize a positive impact on their bottom line profitability and lowered expenses by utilizing the expertise of a professional staffing firm. Frequently, staffing firms poise themselves to operate in a manner that allows their client companies to realize significant savings relative to recruitment and retention.

A multitude of industries, both small and large, rely on staffing firms. These include manufacturing facilities, legal offices, Medical and Dental Clinics, retail establishments, and restaurants. In Healthcare specifically, clinics call on staffing companies that specialize in Healthcare when looking to fill a variety of positions: Registered Nurses, LPNs, Clinical Front and Back Office, Specialty Patient Care, Billing, and Technicians. Additionally, many organizations outsource their recruitment of Management Level Positions including Senior Administrators, CEOs, and Department Management.

While the concept of utilizing an outside recruiting source has been around for years, many new reasons exist to contract with professional staffing firms. When looking to streamline hiring processes and increase operating margins, the analysis of an organization’s staffing approach becomes increasingly significant.

Medical staffing firms offer several core options with their product, Talented Medical Professionals:
- Temporary (or Contract) Placements
- Temporary (or Contract) to Hire Placements
- Direct Placements

Temporary Placements generally assist with business fluctuations demanding a need for additional staff for a short period of time, such as employee vacations or leaves of absence.

Temporary to Hire Placements are an excellent option for Medical Practices and are used widely nationwide. Typically, when a medical firm utilizes a medical staffing organization to assist with their hiring, the medical staffing company recruits and presents several qualified candidates to its client. The Medical Firm then interviews and selects the individual they feel is most qualified for its open position. The newly placed employee works at the medical firm while still being employed and paid by the staffing company. Typically following 90 successful days, the employee becomes eligible for hire by the medical firm. The advantage to the Medical Clinic is the diminished initial recruiting expense (recruitment, job ads, interviewing time, etc.). If the selected and placed employee is not the right “fit”, the Medical Clinic can end the relationship at any time with little liability.

Direct Placements offer another option for Medical Clinics that want to eliminate their up-front recruiting time and associated costs when looking for talented support staff. The staffing service will recruit,
screen, interview, reference check, background check, and drug test qualified candidates. The medical staffing firm then determines the top two or three candidates for the Medical Clinic and submits administrative payroll and benefits are transferred from the Medical Clinic to the staffing firm. This strategy helps to control expenses, improve production, reduce unemployment costs, and manage risk.

On an average day in 2006 and 2007, U.S. staffing companies employed 2.96 million workers.
Source: The American Staffing Association

those individuals for the Medical Clinic’s review. Upon identifying the most favorable candidate, the Clinic hires that individual onto its own payroll and pays the staffing service a recruitment fee. This fee is usually significantly less than the average costs associated with hiring new staff and typically carries a guarantee of satisfaction.

When utilizing temporary staff or temporary to hire staff, all costs associated with processing and administering payroll and benefits are transferred from the Medical Clinic to the staffing firm. This strategy helps to control expenses, improve production, reduce unemployment costs, and manage risk.

Hiring the wrong person can cost a tremendous amount of money. Staffing firms follow rigorous screening procedures for Temporary Placements, Temporary to Hire, and Direct Hire Placements, which increases the Clinic’s chance of getting the right candidate. Candidates not only possess the skills and experience required for a specific position, but also exhibit personality traits necessary to flourish within the work setting.

Research indicates a tremendous need for talented health service individuals. The demand for Registered Nurses, Certified Medical Assistants, and other specialty positions is forecasted to increase significantly over the next 10 years. Because recruiting is their business, Medical Staffing firms have access to multiple sources that the average clinic is either unaware of or lacks the necessary resources to utilize. By partnering with a reputable, well-established Medical Staffing firm, Medical Clinics realize a decrease in hiring costs, lower employee turnover, diminished risk and increased likelihood of filling open positions with appropriate talent.

A Medical Staffing Firm’s ability to mirror a Clinic’s individualized needs throughout the recruitment process is paramount in selecting a staffing partner. Medical Staffing Firms offer myriad benefits; a Clinic’s choice in staffing partners is crucial to the ultimate success of its workforce, its patients, and its financial strength.

In Their Own Words:
Staffing Clients on Flexibility and Talent

“At the most basic level, staffing companies give us the flexibility to deal with the peaks and valleys in our business.”

“I can staff up quickly and service patients.”

“They have access to a very broad cross section of people willing to work for us that we wouldn’t otherwise have access to.”

“Given their networks and pipelines, staffing companies can provide us with candidates that we can’t get to.”
MORE LITERACY NEEDED:
Is Financial Education Your Second Language?

By Douglas C. Parham, CPA — Boldt, Carlisle & Smith, LLC

This is a public service announcement: INVEST TIME IN FINANCIAL LITERACY EFFORTS!!

The events in the financial and business community during the past few months have brought sobering reality to many Americans. The bad news hasn’t played favorites; it has cut across socio-economic lines to affect people all across our country. Now with the November 4th election past, it seems that a bit of silence and calm is upon us. Even if it is only the phone ringing less with unknown people and machines on the other end and less recyclable mail (that would be political junk mail) in the mail box each day.

So in this brief respite, before the holidays take their toll on us financially, what might we do in the interest of our own financial literacy? Many of us have been too busy educating children, caring for parents, and making ends meet to properly save for our own retirement. It is time to get back to the basics of financial literacy:

• Maintain a monthly household budget [where do those earnings go that are so neatly direct-deposited]
• Comparison-shop before making a purchase [another freedom of our

Continued on page 11
economy; to compare choices in the retail environment]

- Saving to achieve long-term goals [yes, it is more than okay to dream, work, save, and work some more before investing in long-lived assets]

There has been talk for years about the tendency of Americans to spend beyond their means. Well, as they say “talk is cheap” but it is not cheap when it comes time to pay up for the years of deficit spending that many have made a monthly habit.

It is not expected that you would make changes to your financial condition overnight, but it is time to review today’s habits and make adjustments or establish new habits that will get you back on track toward achieving long-term goals and living within each month’s resources. If you have been investing in stocks, bonds, etc. on a regular basis but also have been incurring consumer debt or home equity debt on a regular basis, it is time to re-evaluate. In fact, if you want an investment idea, look in the mirror. What I mean is, it is time to invest in yourself. Take time to summarize any debt you owe. A payment to retire debt should be considered as an investment that yields the rate of interest assigned to the debt. Usually that is a pretty good rate of return. While we are talking about financial literacy, now is an excellent time to prepare a personal balance sheet. What are your liquid assets (cash), what investment accounts do you own personally, what about real estate (personal or producing), does anybody owe you money (loans receivable), how about retirement accounts, and what are your liabilities (credit cards, home equity line of credit, mortgage, and other loans)? And before we finish the credit side of the balance sheet, have you used your good credit to guarantee a business debt or someone else’s debt? NOW is an appropriate time to evaluate your guarantee to see if it may be called upon in the near future. On your personal balance sheet, assets minus liabilities equals net assets or net worth. Monitoring the changes in your net worth annually or even quarterly can help you achieve your long-term financial goals.

Use your balance sheet as a tool. What can you do to strengthen your balance sheet? A strong balance sheet has assets that provide liquidity and earnings to find monthly household expenses, long-term assets that will provide retirement resources and liabilities that are minimal and/or funded by income-producing assets (including your day job).

Here are some websites to learn more about financial literacy:

www.feedthepig.org
www.360financialliteracy.org
www.valueyourmoney.com

As 2008 comes to an end or as 2009 begins, it is a good time to contact your CPA, financial advisor, and attorney for a joint (team) meeting to discuss and plan for taxes, net worth, retirement, and your estate.Doug Parham, CPA is a partner with the firm of Boldt, Carlisle & Smith, LLC, Certified Public Accountants, which serves clients throughout the Willamette Valley and around Oregon from offices in Salem, Stayton, and Albany. He can be reached at (503) 585-7751 or at dparham@bcsllc.com. For more information please see www.bcsllc.com.
Referral Reminder

As most of you are already aware, we are critically short of physicians taking new patients. On a daily basis we receive over 30 calls from people in the community asking for our assistance to help them to find a physician. This number does not include those accessing our website referral system, nor does it account for those calling into our automated line for a primary care physician.

Please ask your administrators and office managers to call or fax our office whenever your practice is open to new patients. We will promptly add you to our referral list. On the same note, if your practice is full please call our office so that we will know to remove your practice from the list until we are notified that you are open again to new patients. As you can imagine, to do this efficiently we will almost need to be notified on a weekly basis, but by working together we will be better able to serve the people of Marion and Polk Counties.

Thank you so much for your help on this. If you have any questions or comments please do not hesitate to call our office at (503) 362-9669. We will be happy to take any updated information or help walk your representative through the steps to update and access your clinic's information on our website.

Financial Planning . . . continued from page 5.

6. **Re-think your goals.** There is nothing like a crisis to sharpen one's thinking and create an atmosphere for revising goals. Numbers eight and nine above are good areas to start. What has to happen in the next 3-5 years for you to feel good about your progress? How do you want to be remembered?

7. **Update or revise your financial plan.** What will it take you to reach your goals now? A competent and comprehensive advisor can help you integrate all of your “take stock” items with your “take action” items.

8. **Focus on your team, patients, and family.** They need you more than ever.

9. **Take care of yourself.** Maybe you can’t do all of the above items, but this is one thing everyone can do. It’s like the oxygen masks in airliners—you must put your own mask on before helping others. Follow your own advice to your patients about diet, exercise, sleep and healthy pursuits.

**Thank You!**

This marks over 11 years and 134 columns as a ChartNotes® columnist. I hope you have learned from them as much as I have in the process of writing them. Thanks for your supportive comments and for giving me the opportunity to write them. I admire what you do, how you do it, and your solid dedication. It is truly an honor and a privilege to know and work with many of you. Enjoy the holidays, and may your call time be light!

Ron Kelemen is an independent CERTIFIED FINANCIAL PLANNER™ with 27 years of experience, and is listed by Medical Economics magazine as one of The 150 Best Financial Advisors For Doctors. He offers fee-only investment management and financial planning advice through The H Group, Inc., one of the largest independent registered investment advisory firms in the Northwest. 960 Liberty St. SE, Suite #210 • Salem, OR 97302• (800) 285-6240 • website: www.PlanningVisionProcess.com

Primary Care Physician Needed

Northwest Human Services believes the measure of a person is deeply rooted in their values, and the measure of an organization, deeply rooted in its people. We are looking for physicians who would like an opportunity to work with the underserved and vulnerable populations in Salem and Monmouth, Oregon. Northwest Human Services has a 37-year history of providing primary healthcare to those in need. We serve over 11,000 patients annually and provide over 60,000 visits.

If you are looking for an opportunity to either volunteer or work part-time or full-time as a primary care physician, please contact Debra McCurry, Human Resource Director at (503) 588-5828. NWHS offers competitive compensation and benefits, including FTCA (Federal Tort Claims Act) malpractice coverage.
Can MedAssist Help Your Patients Obtain Their Prescription Medications?

By Shirley Sproule, MedAssist Director

With a number of businesses cutting back in their labor force, more and more of your patients may find themselves losing their medical insurance and becoming eligible for MedAssist. We already have had a number of calls from doctors and their patients who have lost their insurance and are looking for help.

In 2001 the Medical Foundation of Marion & Polk Counties established MedAssist, a non-profit charity, to address the rising cost of prescription medications and its impact on our communities.

MedAssist helps eligible limited income and uninsured residents of Marion & Polk Counties gain access to free prescription medication made available through patient assistance programs sponsored by pharmaceutical companies.

Some of your patients may be eligible to receive MedAssist assistance if:
• Your patient is a resident of Marion or Polk County
• Income does not exceed 200% of the federal poverty level ($20,800 for a family of one, $28,000 for a family of two, etc.)
• Your patient does not qualify for Medicare, Medicaid, Oregon Health Plan or any Public or private prescription coverage
• Is an established patient of a physician or other health care provider.

The MedAssist staff compares the individual prescription drug needs of clients to the drugs available through these programs. Then MedAssist manages the paperwork required for both the patient and the physician to apply for and keep your patients enrolled in matched programs for as long as possible. The average time needed to process the initial application(s) and receive the appropriate medications is currently four to six weeks. Renewals are automatically taken care of through the office.

MedAssist currently has offices in Salem and Stayton and will soon be opening an office in Woodburn. If you or your staff have question, call us. In Salem the Doctor’s line is (503) 561-6042 or (503) 561-6043 (this is also a message line). In Stayton the number is (503) 769-3548. The Woodburn number is not available yet.

Project Access
Marion/Polk Counties

By Barbara Halsey, Project Access Administrative Director

Thanks to all of you who have expressed interest in the Project Access program we are in the process of developing for Marion and Polk counties.

The Medical Foundation Board, at its October meeting, recommended that we roll out the Project Access program on a pilot basis in April 2009. The program will begin with referrals from physicians who work at the Free Medical Clinic held at Walker Middle School on the first and third Saturdays of the month.

Dr. Bud Pierce, members of our ad hoc Project Access committee, and I will be contacting you to discuss both your sponsorship and participation in this program.

I enjoyed hearing from those of you who have already contacted me about Project Access. You can reach me at:

Barbara Halsey • Barbtomhalz@live.com • 503 931-4160
Calendar of Events

January 22, 2009

General Membership Meeting / Dinner
Dr. Uche & Mrs. Kary Odiatu
Health & Fitness Gurus

February 19, 2009

OMA Legislative Session Day at the Capitol

February 26, 2009

Medical Marriage
Guest Speaker
Michael F. Myers, M.D.

March 2009

Annual Rotary Food Drive

April 3, 2009

Medical Foundation Fundraiser

April 23, 2009

General Membership Dinner with Comedian Rex Havens

Save the Date!

The Medical Society urges our members to make plans to join the Oregon Medical Association and the Oregon Medical Association Alliance for the 2009 Legislative Session Day at the State Capitol on February 19, 2009. A full day of activities is planned, but a show of strength for the Morning Commencement by the Oregon Legislative Leadership would be the optimal time for participation if your day is limited.

As members of MPCMS you are in the heart of political territory, so please mark your calendars to join your colleagues in presenting a united front. Dust off the white coats or borrow one if needed. The visual impact will help to make a bold statement of support for your chosen profession.

For more information please contact Courtini Dresser at courtini@theoma.org, or Pat Webster at pat@theoma.org, or call (503)619-8000.

Classified Ads

For Sale • Huge Price Reduction!!!
B&B and vineyard 15 minutes from Salem.
20+ acres w/ 7 acres of grapes. Estate manor 3900SF on 3 levels w/ 5 BR - 4.5 BA. Fantastic views. Personal winery. Fish stocked pond. Walking trails. C/B Mtn West Andy Alsko 800-637-5263

Holistic Wellness Center

Physician Office Space
Available for short or long term lease. Located in Neurosurgeon’s office on Liberty St. S. close to Salem Hospital. Space includes approximately 200SF of private office space and additional workstation for support staff. For information call or email Judy at 503-581-5517 or judy@collada.mvipa.org
Marion-Polk County Medical Society, founded in 1866, has carried out its mission in various ways over the past 142 years. Today, it provides direct community assistance through administration of the MedAssist and newly formed Project Access partnership programs. MedAssist and Project Access help qualified patients obtain, without charge, needed prescription medicines and medical care. The fifth annual fundraiser in support of MedAssist and Project Access will be held at Salem’s Historic Elsinore Theatre on Friday, April 3, 2009. Sarah Ferguson, The Duchess of York, philanthropist, author and advocate, will be the featured speaker. This is an event you won’t want to miss.

Another project, the Medical Society’s annual scholarship program, offers merit based financial support to local high school graduates entering premedical and nursing programs. It is supported by the sale of raffle tickets for the “dream vacation” of your choice.

Marion-Polk County Medical Society also sponsors numerous social and community relations events. These include the popular General Membership Dinners featuring entertaining and inspirational speakers from all walks of life, the New Doctor’s Dinner and the Holiday Riverfront Carousel Event. The annual mini-internship program offers an authentic “medical reality” experience to participants from business, education and government by immersing them in real medical practices. Physicians have an opportunity to meet government leaders by participating in the Doctor of the Day program at the Oregon State Legislature and by attending the annual non-partisan political mixer.

Marion-Polk County Medical Society has recently begun collaborating with the Mid-Valley Independent Physicians Association (MVIPA) on several innovative projects. First, in an effort to alleviate the critical physician shortage in our communities, both organizations are sharing resources to help medical practices recruit new doctors.

Second, the Medical Society has begun assisting MVIPA in the management of its newly formed charitable organization, the Physicians Choice Foundation. This new foundation administers two important programs, the Marion-Polk Obstetrics Mentoring Services (MOMS) and the Salem Area Community Health Information Exchange (SACHIE). MOMS provides prenatal care to eligible pregnant women in need of support. These women suffer from alcohol or drug addiction. SACHIE is a program that will improve the quality of healthcare while reducing costs through implementation of a common area-wide electronic medical records system.

The programs and events enumerated above are but a few of the many ways Marion-Polk County Medical Society fulfills its mission. Addition-

Sarah Ferguson, The Duchess of York
Philanthropist, Author and Advocate
will speak at Salem’s Historic Elsinore Theatre
Friday, April 3rd, 2009

**Special Discount for Medical/Dental Society Members**

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President’s Message . . . continued from page 15.

ally, through its affiliation with the Oregon Medical Association and, by extension, the American Medical Association, the Medical Society provides a voice and a vote for its members on important issues and policies affecting the practice of medicine at local, state and national levels.

Last, but not least, are the Medical Society’s publications, including the award winning ChartNotes® newsletter. ChartNotes® provides timely information about Marion-Polk County Medical Society and features engaging articles about the medical field for its members, fellow health care professionals, patients and other interested readers. In addition to print copies, ChartNotes® can be accessed around the world via the Medical Society’s web page (www.mpmedsociety.org).

With apologies to historians, artists and my former English teachers, I took the liberty in my monthly ChartNotes® “President’s Message” of recounting a few stories from the vast treasury of medical history. These illustrated vignettes featured seminal events in medicine, the biographies of great physicians and the works of gifted artists. I sincerely hope that you enjoyed reading this column over the past two years.

It has been a tremendous privilege and an honor to serve as President of Marion-Polk County Medical Society. Speaking from first hand experience, I can assure my fellow Medical Society colleagues that they have much to be proud of in their association and even more to look forward to in the coming years.

Have a healthy and joyous holiday season! ☃

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Sarah Ferguson, The Duchess of York, will bring her notoriety and boundless energy to Salem as she speaks on behalf of Project Access and MedAssist, two programs that are critical to people living in our communities without health insurance.

Sarah Ferguson has faced numerous obstacles during her extraordinary life and in this very personal speech she talks candidly about some of her most formidable challenges, such as her parent’s acrimonious divorce, her difficulty adjusting to official life as The Duchess of York, her despair over the unrelentingly vicious British press, the heart-breaking failure of her own marriage, and the burden of massive personal debt she took on as a single working mother. Sarah credits her faith, values, and devotion to family, for enabling her to navigate crisis and grow from life’s experiences.

Overcoming Adversity
Sarah Ferguson has faced numerous obstacles during her extraordinary life and in this very personal speech she talks candidly about some of her most formidable challenges, such as her parent’s acrimonious divorce, her difficulty adjusting to official life as The Duchess of York, her despair over the unrelentingly vicious British press, the heart-breaking failure of her own marriage, and the burden of massive personal debt she took on as a single working mother. Sarah credits her faith, values, and devotion to family, for enabling her to navigate crisis and grow from life’s experiences.
Dr. Mark Magilner, Salem pathologist, thinks he knows what he’s in for. He’s ridden with PAC Tour before; training weeks in Arizona and New Mexico. He competes for a Portland bike club, Half Fast Velo. He’s taken cycling vacations in Europe. But 3000 miles at one go—with an elevation gain equivalent to summiting Mt Everest three times—is a much different undertaking. Thirty riders will join him on the crossing: doctors, college kids, lawyers, and retirees. At 43 years old and 7000 miles under his saddle this year, he figures he’s right in the middle of the pack.

Magilner has planned for this trip since 1976 when, as a kid in Philadelphia, he first heard about the 4200-mile transcontinental Bikecentennial. And this fall, he has enough accrued vacation time to leave his microscope hooded for one solid month.

**September 6 San Diego**

Magilner poses in front of a San Diego seawall in the middle a late-summer heat wave. He squints a little in harsh southerly sun that burnishes his cheek and bare head. Even the ocean seems too spent to mount a decent breaker. He clutches his beloved Colnago C-50, hand made in Italy to his exact measurements. Extensors in his forearms stand in bas-relief under skin tanned during earlier races and club rides. Blue dominates the picture—sea, sky, handlebars, water bottles, and the official PAC Tour jersey: a printed pastiche of picture postcards, front and back.

**September 7-9 Imperial Valley**

Riders gather in the dull, marine light of a motel parking lot for oatmeal, juice, and final instructions. Camera flashes turn safety reflectors into a scattering of small blazes. Organizers warn that desert temperatures may reach 120 degrees and that dry air will suck up more sodium and water than they can possibly appreciate. Riders should stop at the support tents located every twenty miles along the route, for salt tablets and rehydration.

The first sixty miles offers 4,000 feet of elevation gain and then a descent into the Imperial Valley. Irrigated fields give way to sagebrush gives way to miles upon miles of dun-colored dune. “Warning,” says a roadside sign, “Possible Drifting Sand Next 7 Miles. Drive with Caution.”

As the temperature rises, organizers pull ice-filled tube socks out of igloo chests. Bicyclists drape the frozen yokes over necks and shoulders. Melt water trickles down Cool Max jerseys and provides additional evaporative coolant. After 104 miles in 110-degree heat, collapsing in front of the motel air conditioner feels like heaven. Bikes and laundry need washing, as they will at every stop, but they can wait until the sun goes down.

**September 9-12 Arizona**

The previous night’s thunderstorm, complete with hailstones the size of lug nuts, should have washed the sky clean, but dingy gray clouds continue to obscure hilltops. Riders take the road in a landscape whose palette runs the spectrum from taupe to khaki to olive drab. Faded asphalt cuts through high desert filled with sage and scrubby pine. One of Magilner’s teammates takes to cataloguing road kill. He believes he has seen karmic justice when he spots the flattened carcass of a buzzard along the way. Tarantulas, on the other
hand, seem impervious to skinny bicycle tires and scuttle across the highway unperturbed.

The sky clears. Riders crest the summit and cruise the last 20 miles into town. Standing on the corner in Winslow, Arizona, all the PAC Tourists have their picture taken with a life-sized, guitar-toting bronze statue. It may be songwriter Jackson Browne or singer Glenn Frey or perhaps it’s any 70’s-era troubadour advising his generation to “take it easy.”

After five centuries, bike parlance for five one-hundred-mile rides newness has worn off. Several have started to think of gray motel parking lot mornings as daily replay of the movie “Groundhog Day.”

“I tried not to think of it as a 3,000 mile ride,” Magilner says, “or even 26 hundred-plus mile rides. I just had to get from one rest stop to the next. I just had to make 300 thirty-mile rides. I could do that.”

September 13-16 New Mexico
Straddling his Colnago, Magilner has a picture snapped in front of the road sign that welcomes the riders to New Mexico, “Land of Enchantment.” Red and green hot peppers decorate a warm yellow background, but black bike gloves and the Half Fast Velo team jacket zipped to Magilner’s chin tell the real-world story. Rolling out at dawn, the thermometer on his handlebars read 41, almost 80 degrees cooler than just a few days before—but with a 157-mile ride ahead, the early start makes sense.

Battling wind—the bicyclist’s invisible enemy—Magilner suffers a tire failure. Like anyone who spends time on a bike, he’s prepared for a flat. He has sealant, a CO2 cartridge, everything he needs to fix a tube. His tire, however, has shredded. He waits for the sag wagon to take him to the next rest stop for repair.

Back on the road to Roswell, riders come upon twenty-seven
radio antennae, each 80+ feet across lined up in a Y-shaped arrangement over the wide grassy plane. The dishes listen constantly to the sounds of the universe without even a proper name, just the descriptor “Very Large Array.” Given the proximity to Roswell, where one of Magilner’s fellow riders swears he sees a UFO, one has to wonder what they’re listening for.

September 17–18 Texas

Everything is big, including the neon cowboy. Where other places might have a steak house, in Amarillo the PAC Tour bunch stops at “The Big Texan Steak Ranch.” No one actually orders 72-ounce steak—famously free to anyone who can get around it. They still have a long way to go before they reach the Atlantic.

Texas presents cultural opportunities like museums dedicated to Route 66 and to barbed wire—the Devil’s Rope. Later, Magilner says he probably should have spent more time sightseeing, but some days he just keeps his head down: watching the trip computer, the daily PAC Tour direction sheet, and the asphalt rolling under his front tire. He’s used to 50-mile races, competing against other riders, planning strategy, and knowing when to break away, but 26 six-to-eight hour days in the saddle requires a different sort of mental discipline. He knows that riding in a pace line will cut his work by 40% when it’s his turn to draft, but he also knows it increases the risk of touching wheels. He has no interest in wrecking his bike or his body.

September 19–21 Oklahoma

Roadside shrubs, grown into small trees, reach across the abandoned Route 66, creating a leafy tunnel for the riders. First constructed in 1926, the “Main Street of America” has become ten feet of disintegrating concrete, replaced long ago by six-lane Interstates. The Burma Shave signs have all moved to museums or been bought by collectors.

Dust Bowl refugees rattled west along this road, but Magilner’s photos show anything but dust as he pedals across Oklahoma; tall grass and low trees cover rolling hills. The gusts that once blew exhausted topsoil now turn turbines at wind farms. The riders have their photos taken in front of a single gigantic blade lying on its side next to a parking lot, the base wider than the bicyclists are tall.

They know, better than most, that the wind and rolling hills mean some tough miles ahead. At least they’ve hit the halfway mark.

September 22–24 Arkansas

Previous bike tours have taken Magilner through Italy and France. There, after a few hours in the saddle, riders stop for a leisurely lunch at a café. Wine comes with each course and fresh-brewed espresso finishes the meal. Relaxed and refreshed, they remount, knowing similar gourmet fare awaits them at the end of the day.

At Cedar Vista, along the Talimena Parkway linking Oklahoma and
Snapshots from the Road . . . continued from page 20.

Arkansas, organizers serve lunch out of a motorized chuck wagon and riders eat fast, sitting on upturned five gallon buckets. The view, however, more than makes up for the gastronomic inequities. An emerald mantle undulates toward an impossibly distant horizon. The riders’ path cuts through forested slopes stretching over the next rise and the next, a tiered journey that resembles fairy tale illustrations.

Instead of an enchanted castle the next day, PAC Tour rewards the cyclists with something better—an easy 89-mile “recovery ride.”

September 25-26 Mississippi

“Two road signs worth saving: “Mississippi Welcomes You” and “Hitchhikers May Be Escaping Inmates.” In the photo, Magilner has his thumb out, of course.

The border between Arkansas and Mississippi runs down the center of The Big Muddy. With only four bridges along almost 300 miles of state line, traffic funnels across the two-lane span at Helena. For about a mile, half of it high above the swirling water, bike riders share the road with buses, big rigs, and family cars, the concrete barrier between bicycle and a long fall just about even with their center of gravity. Everyone makes it across with nothing more serious than white knuckles.

September 27-29 Alabama

A two-story brick school house with real draperies and only one window air conditioner to be seen, despite the Alabama heat. Stately elms reach for pale blue sky and cast shadows over bike riders eating yet another lunch beside the road.

Green planks turn the five gallon buckets into dignified benches. The building, now a community center run by the George C. Wallace Heritage Association, housed Barbour County High School, Wallace’s alma mater, up until 1961.

Dr. Mark Magilner

“I tried not to think of it as a 3,000 mile ride, or even 26 hundred-plus mile rides. I just had to get from one rest stop to the next. I just had to make 300 thirty-mile rides. I could do that.”

Continued on page 22
Magilner pedals past well-maintained antebellum homes in Eufaula near the Georgia border. Broad porches with picket railings, tall columns, boxwood hedges, and a generous helping of gingerbread make the houses look like a Hollywood version of the Deep South.

September 30-October 2 Georgia
Another watery state line, this one between Alabama and Georgia—the last state on PAC Tours ride to the sea. Taking the causeway over the Chattahoochee River doesn't whiten anyone's knuckles.

Stops along the highway focus on history. Plains, Georgia, provides plenty of photo op road signs celebrating Jimmy Carter—peanut farmer, President, humanitarian, and bicycle rider. The park ranger at the Carter family home tells Magilner that the President had been there just the day before. “If you see an old guy ridin’ down the road followed by a black SUV—it’s him,” the ranger says.

Maligner cruises the streets of Plains for several hours hoping to make contact. “It would have made the whole trip for me,” he says.

Fewer than 100 miles separate Magilner from the Atlantic Ocean, fulfillment of a childhood ambition, a visit with his parents, and a chance to step out of his pedals for as long as he chooses.

October 2 Tybee Island
Magilner poses on the beach with his parents. He still wears sunglasses and a helmet after a last leg ridden with the entire PAC Tour group. Harsh southerly sun shadows half his face. Clutching his beloved Colnago C-50, extensors in his forearms stand in bas-relief under skin tanned during 26 days of century rides. Blue dominates the picture—sea, sky, handlebars, water bottles, and the official PAC Tour jersey worn by Magilner and fellow riders as they celebrate on the sand.

EPILOGUE
Made it to Tybee Island yesterday about 2pm. Lots of people had family there to greet them, including my folks. It was a tiring trip, but worth every pedal stroke. Although I can’t imagine ever touching a bike again, I would rather turn around and pedal back to California than go back to work on Monday. :-) Final stats by my computer: 2925 miles in 26 days, (about 112 miles a day), 2 flat tires, 100,000+ vertical feet climbed. Oldest rider – 67 (female). Youngest – 21.
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