Dr. Casterline is a retired family practitioner. He graduated from the University of Oregon Medical School in 1948 and completed internship and residency at St. Vincent’s Hospital. He joined the Salem Hospital medical staff in 1950 and the Marion-Polk County Medical Society in 1951. He retired from active practice in 1986.

My English teacher told me to never begin a sentence with “I”, so, I won’t. However, after graduating from high school in Glasgow, Montana in 1935, I worked at a Deaconess hospital for board and room and a little pay, doing orderly work. One of my dear aunts living in the Hollywood area of Salem invited me to come out and stay with her and Uncle Ray and go to Willamette University as a pre-med. In January of 1937, I gathered up some things, including my savings of $60.00, and presented myself at the Willamette registrar’s office. With an additional five-dollar bill of Aunty Pearl’s to cover my lab fee, I took care of the full tuition for my first semester, although I do not recommend enrolling mid-year in a school with semesters!

Continued on page 14
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Margaret I. Handy, M.D.
Andrew Wyeth

by William Purnell, Jr., M.D.

“With watercolor, you can pick up the atmosphere, the temperature, the sound of snow shifting through the trees or over the ice of a small pond or against a windowpane. Watercolor perfectly expresses the free side of my nature.”

- Andrew Wyeth

M argaret Irving Handy, M.D. (1889-1977), portrayed by Andrew Wyeth in his 1949 work Children’s Doctor, was the State of Delaware’s first native-born female physician. She was also the first pediatric specialist in her home state. Dr. Handy practiced pediatric medicine in Wilmington, Delaware for fifty-two years. Throughout her career Margaret Handy championed children’s healthcare. She was highly esteemed within her specialty and beloved by her community.

Margaret Handy was born in Smyrna, Delaware to L. Irving Handy, an educator and lawyer who served in the U.S. House of Representatives, and Mary Bell Handy. Margaret received her primary and secondary education at public schools in Newark, Delaware and the Girl’s Latin School in Baltimore, Maryland. She graduated from Goucher College, Baltimore, in 1911.

Uncertain whether she wanted to enter a career in education or medicine, Margaret initially pursued teaching, which was then considered to be more proper for young women. Unfulfilled, and with her father’s encouragement, Margaret decided to enter the then male-dominated world of medicine. She was accepted into the program at Johns Hopkins University School of Medicine, graduating with an MD degree in 1916 at age 27. (Historically, Johns Hopkins University was a pioneer in admitting qualified women to medical school.)

Dr. Handy took her internship at the Woman’s Hospital in Philadelphia and her residency training at the Harriet Lane Hospital in Baltimore.

Returning to Delaware after residency, Dr. Handy established her pediatric practice in Wilmington.
Retire Now, Wait, or Fuhgeddaboudit?

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

February 7, 2008
8:58 a.m.

“Dear Ron: Given the shakiness of the stock market right now, I was wondering if I should postpone my July 2009 retirement to July 2010 or longer. What do you think?”

This is an actual email from a 25-year client with a rock-solid 2009 retirement on deck for which we have been planning for years. The date and time are also real. It’s also one of the lowest stock market points we’ve seen in 13 months and one of the largest one-day plunges. But he wasn’t alone. We’ve also heard variations of this question from acquaintances in social situations. It came from people with sufficient assets and reasonable goals.

On exactly the same day another client called and asked why I was saying in an MSN Money article posted that day to forget about retirement altogether. “What? I never said that,” as I did a quick search. But there it was, amidst all the gloomy stock market reports, big banner and all: Retirement—Fuhgeddaboudit. http://finance.sympatico.msn.ca/RRSP/Article.aspx?cp-documentit=6180381

As I read the article it came back to me. I was interviewed for it in early December 2007, but the article and my comments were about how much money one needs to accumulate for a comfortable middle class retirement. It had absolutely nothing to do with the headline. But it was a great headline that morning when it was posted, as stocks were tumbling. Unfortunately, many people only read the headlines.

These two events on the same day were a good reminder that rational people with trusted professional relationships are still susceptible to getting emotionally-driven financial advice from sources that don’t even know them. Our physician clients report similar experiences with their patients giving more credence to check stand publications and the Web than to in-depth knowledge of the patient and years of medical training and experience.

Now that the question has been asked, should you retire now, later, or never?

It all depends upon your situation. But in the spirit of a financial magazine, here are “The 10 Things You Must Consider (before our next issue hits the newsstands and we go off on a completely new ‘must-do’ track.)”

1. Avoid “circling the wagons” at retirement. You can’t spend your whole nest egg the first year of retirement. Keep your long-term money at work for your later years. Retirement is for the rest of your life. It could last 20-40 years. There will inevitably be several market corrections during the rest of your life. Never let short term events dictate your long term planning. Nothing stays the same.

2. Starting your retirement at the start of a bull market is better than starting at a market top, especially if your portfolio isn’t large enough at the start of retirement. For example, retirees in the early 1990s or in the last five years have fared much better than those who retired in 1999-2002. But if you have sufficient assets and a reasonable withdrawal rate, it doesn’t matter when you start.

3. If you are at or near retirement, insulate your retirement portfolio...
with cash reserves of at least 6-12 months. When the markets are going down, take your withdrawals from cash. That takes the pressure off your portfolio when you must sell investments at lower prices. For those within a year or two of retirement, it might be a good idea to allocate less in your tax deductible retirement plan and place more into a bank account. Of course, this takes some tax planning, and perhaps your retirement plan has a cash reserves or guaranteed option. But don’t overdo it—see # 1 above.

4. Before retirement you can control how much you save and spend. You have some degree of control in the amount of assets you have at the start of retirement by saving more or postponing retirement.

5. Down markets are an especially good time to invest for retirement. Buy your investments on sale.

6. Keep your options open. Could you work part-time, consult, do IMEs, or write? We know of a couple physicians who work only call one or two weekends per month, thus freeing up a lot of time while retaining health insurance and still bringing in an income. Others have done just the opposite by giving up call and/or surgery altogether.

7. If you are already retired, take charge of what you can control. That may mean postponing a trip, kitchen remodel, and gifts, or even slightly cutting back on your monthly retirement plan withdrawals. But seek advice before making unnecessary cutbacks. Consider tapping other resources temporarily, such as a savings account or CDs.

8. Consider all of your retirement income sources, not just the stock and bond market portion. Chances are a pension, real estate, part-time job, spouse income, bank accounts, etc., can take up the slack during a difficult market. And of course, a well-constructed diversified portfolio may also help minimize the effects of a down stock market.

9. It's hard to face the future with confidence with all the economic uncertainty these days. But amidst all this uncertainty, the one certainty is that we're mortal and we won't have good

Continued on page 7
Some of the regular readers of my column probably don’t need a refresher course on the subject of trusts. However, even the best trust experts are always seeking ways to explain legal and financial concepts to clients in ways that can easily be understood. I know for a fact, that this is something that members of the medical community also struggle with – how to break down complex professional jargon so that the layperson can understand it.

In this two-part series, we’ll provide a few of our favorite explanations for some of the concepts that we introduce and discuss during the estate planning process.

**What is a Trust?**

The legalese: To state it accurately, a trust is a legal relationship in which one party holds property that was entrusted to that party for the benefit of another. (Of course, it might not come as a surprise to you that there are better ways to explain things than using legalese.)

The Plain English version: A trust works like a basket. Someone puts property into the basket. That someone is often called the “trustor” or “grantor,” but our documents use the term “Trustmaker,” to make it really clear.” A second person (or institution) manages what’s in the basket and provides direction if the Trustmaker ever loses capacity. In most documents, that manager is referred to as the “trustee.” With our clients we refer to the trustee as the estate planning “quarterback,” as that is how important the Trustee is to making the trust work properly – the Trustee runs the plays in the playbook (the trust provisions) and controls the team and its assets.

The third person’s job is the one we all would like to have. Her role is to receive some benefit from the property in the trust. This person is known as the “beneficiary.” You can name any one or any organization or entity as a beneficiary, including other trusts, charities or multiple individuals.

The tricky thing about trusts is that one person can play more than one role at the same time. Similarly, more than one person can play the same role. For example, a married couple can be the Trustmakers and also serve as the trustees. In most living trusts, the same person or persons serve all three roles. For example, a married couple can be the Trustmakers and also serve as the trustees, and the surviving spouse may be the beneficiary. In most living trusts, the same person or persons perform all three roles: They put the property into the trust for their benefit and appoint themselves as managers.

**Trusts Come in Different Models**

Once you understand how the trust works and who the players are,
Legally Speaking . . . continued from page 6.

we will want to discuss the different types of trusts. Should your trust be revocable or irrevocable? Living or testamentary? Like cars, trusts come in different makes and models. Just as a father of six may select a minivan for his family rather than the two-seat sports car of his dreams, the Trustmaker must choose the model that best suits his or her needs and goals.

In the next part of this series, we’ll explain the different types of trusts with the goal of making them understandable for you.

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

Financial Planning . . . continued from page 5.

10. Retirement is a confidence game. You need to be confident that your assets will last longer than you do. You need the confidence that you will find meaning and fulfillment in retirement. You need to have the confidence to relax and enjoy it.

Like articles in the consumer press, the above are mere guidelines. They may not be applicable to your situation. The only way you will truly know if you can confidently retire or stay retired is to get a thorough analysis, taking all the relevant factors into account.

If you are within 2-5 years of retirement seek professional advice. Your retirement is too important to leave to chance or to generalized articles where the author doesn’t even know your situation.

I can read an article about cardiovascular health in the paper. Yes, I think I’m doing okay for my 57 years. But until I get a thorough checkup, I won’t have the confidence to go wilderness backpacking, skip a workout, or enjoy that omelet.

Ron Kelemen is an independent CERTIFIED FINANCIAL PLANNER™ with 26 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

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The Pursuit of Happyness, Chris Gardner’s autobiography, was published in May 2006 (Amistad/Harper Collins). The Pursuit of Happyness was also made into a critically-acclaimed film starring Will Smith, which was released in December 2006.

Chris Gardner’s remarkable story of struggle, faith, entrepreneurialism, and fatherly devotion and his inspiring message on how to break the cycles that hold you back, has catapulted him beyond the notoriety he has found on Wall Street.

Mr. Gardner will be the featured speaker at the 2008 MedAssist fundraiser on April 5th at the Elsinore Theatre. Sponsorship opportunities are still available. For ticket information and to reserve your seats, you may call 1-800-992-TIXX, log onto www.ticketswest.com, or call the Elsinore Theatre direct at 503-375-3574. For additional information you may also contact the Marion-Polk County Medical Society at 503-362-9669 or log onto our website at www.mpmedsociety.org.

Don’t miss this opportunity to hear the amazing and inspirational story of Christopher Gardner’s life from the man who lived it. ☺
Salem-Keizer Area Rotary Kicks Off Annual Food Drive for 2008

The Salem-Keizer Area Rotary is kicking off its 2008 Rotary Workplace Food Drive and we are looking to Marion-Polk County Medical Society members to make this one of our best years. Last year MPCMS member offices raised 4,611 pounds of food and $4,327.00, and this year new options for support are available, making it easier than ever to give.

In addition to food donations there is now a Monthly Giving option provided as an easy way to make a big difference. Automatic Monthly Giving from your checking account or with your credit card is a great way to have a big impact on hunger and to get food drive credit for your workplace. One time cash donations are also welcome.

What makes this such a positive way to participate is that you give an amount that is comfortable for you each month, but you and your workplace get to take credit for what your whole year’s worth of giving will total. And, you will be making a direct impact on helping local families who are hungry.

For every donated dollar, Marion-Polk Food Share is able to purchase approximately five pounds of food and get it to hungry families and children. A food box for an average family weighs 50 pounds, and that box provides at least a three- to five-day supply of food. For a monthly gift of $10, you can know that each month you are in effect getting a food box to a family that would otherwise go hungry. Nearly half (44%) of those eating from emergency food boxes are children. That is approximately 35,000 kids in the two counties. And, at the end of the year, Marion-Polk Food Share will send you a statement of your total giving to assist you with your taxes.

This will be the 19th year that area Rotary clubs have rallied to hold one of the region’s largest food drives. But this year, Rotary has a special focus on targeting the high number of local children who, at least once during the year, must rely on food from a Marion-Polk Food Share (MPFS) member charity. Children First puts the percentage of area children living in actual poverty at 21% in Marion

Continued on page 18

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Do You Know Who Your Dependents Are?

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

One of the more common elements of an individual tax return is the identification of dependents. Typically, your tax return dependents are your spouse and children. However, new rules (2005) may exclude certain children and may include other relatives. Also there may be circumstances where more tax benefit is gained by having certain children claim themselves and/or their siblings as dependents. Each dependent provides an exemption from taxation for up to $3,400 of income for 2007 ($3,500 for 2008). A dependent must satisfy the four question “qualifying child” definition or the four question “qualifying relative” definition.

A qualifying child will satisfy the following:
1. RELATIONSHIP – a son, daughter, stepson, stepdaughter, or a descendant of such relative or a brother, sister, stepsister or a descendant of such relative.

Note: foster and adopted children are also covered by the relationship test.

2. AGE – less than age 19 by December 31 of the tax year or a student and less than age 24 by December 31. A student is an individual attending, on a full-time basis for a minimum of five months in the tax year, a qualified educational institution or a qualified on-farm training program.

Continued on page 11
3. PRINCIPAL PLACE OF ABODE – the child must have the same principal place of abode as the taxpayer for more than one-half of the year.

4. SUPPORT – the child must not provide more than one-half of their own support for the year. Note, that it is no longer a requirement for the person claiming the child to provide them more than one-half of their support. The new requirement is that the child must not provide more than one-half of their own support.

Common circumstances that would fail the “qualifying child” tests are as follows:

a. A person satisfying the relationship, principal place of abode, and support tests but failing the age test because they were 19 or older and not a student.

b. A person satisfying the relationship, principal place of abode, and support test, still a student but 24 or older.

In these circumstances (and any others that fail the “qualifying child” tests) you move on to the next challenge – the “qualifying relative” definition:

1. RELATIONSHIP – child or a descendent of such child, brother, sister, stepbrother, stepsister, father, mother, an ancestor of your father or mother, stepfather, stepmother, son or daughter of a brother or sister (nieces and nephews), brother or sister of the father or mother (aunts and uncles), son-in-law, daughter-in-law, father-in-law, mother-in-law, sister-in-law, brother-in-law or an individual who has the same principal place of abode as the taxpayer and is a member of the taxpayer’s household for the tax year. Basically if Hallmark makes a birthday card for the individual, they would be your dependent.

2. GROSS INCOME – calendar year gross income must not exceed the exemption amount; $3,400 for 2007 or $3,500 for 2008.

3. SUPPORT – you must provide over one-half the individual’s support for the calendar year.

4. DEPENDENCY – the individual must not be the qualifying child of the taxpayer or any other taxpayer. The most difficult feature in the qualifying relative definition is usually the gross income test.

Prior to 2005, a four-part test similar to the “qualifying relative” definition was the sole measure to determine dependents.

The “qualifying child” definition became effective in 2005 and is used also for the child tax credit, head of household status, earned income credit and the dependent care credit. The $1,000 child tax credit and the dependency exemption are subject to phase-out based upon levels of adjusted gross income (AGI):

- Child tax credit phases out as AGI exceeds:
  - **Filing Status**
  - $110,000 . . . . . . . Joint
  - $75,000 . . . . . . . Single or head of household

- Dependency exemptions phase-out as AGI moves between:
  - **Filing Status**
  - $235,000 – 357,000 . . . Joint
  - $156,000 – 279,000 . . . Single
  - $195,000 – 318,000 . . . Head of household

Because of these phase-outs, a young adult (with income) living in his/her parent’s household who fails the “qualifying child” test may gain significantly greater advantage from claiming a younger sibling as a dependent. As with many businesses transactions, tax planning is all about structure. If you have an expanded household situation, consider the various options. Will you have additional dependents or will your household members be the beneficiary of additional dependents. If you know the questions for the two tests – qualifying child and qualifying relative – beforehand it may make it easier to pass either and gain a tax advantage.

If you are losing tax benefit due to phase-out or have no benefit because you are subject to alternative minimum tax (no dependent exemption), look around to see if there are possibilities for anyone else to benefit. By waiving the dependency exemption you open up the opportunity for a college student (with income) to make use of the education credits which would offset any regular tax they may have. However, a dependency exemption can only be claimed by the person entitled to the exemption. A dependent CANNOT claim an exemption for himself even if the person entitled to claim the exemption does not claim it or gets no tax benefit from the exemption.

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.
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President’s Message . . . continued from page 3.

There she helped treat patients during the 1918 influenza epidemic, opened a pediatric clinic and in 1921 became Chief of Pediatrics at the Delaware Hospital, serving until 1946. Handy began a children’s ward and a preterm nursery at the hospital. Dr. Handy, along with Norman Cutler, M.D., is also credited with establishing ophthalmology as a specialty recognized and certified by the state of Delaware.

In 1945 Dr. Handy collaborated with Margaret H. Trentman, a junior board member of Delaware Hospital, in founding the Mother’s Milk Bank. The milk bank program fed preterm infants as well as term infants who were unable to nurse and who were allergic to formula. Mrs. Trentman had lost a son in infancy because she could not nurse him. The milk bank, which operated for forty years, helped to nourish infants locally and around the country. In a letter to the editor of Pediatrics (1964; 33: 468) Dr. Handy wrote that frozen milk from the bank “has been sent as far away as California with excellent results,” was available “for premature and allergic infants” upon request and was supplied for research.

Dr. Margaret Handy was the recipient of numerous awards throughout her career. She was awarded an honorary degree of Doctorate of Science in 1955 from Goucher College and the University of Delaware and she was made a diplomate of the American Board of Pediatricians. Dr. Handy received the Elizabeth Blackwell Citation (Elizabeth Blackwell, 1821-1910, was the first woman to earn a medical degree in the United States; she founded the New York Infirmary for Women and Children), the Annie Jump Cannon medal from Wesley College (Annie Jump Cannon was an American astronomer who systematized stellar classification based upon star temperature) and the Josiah Marvel Cup from the Delaware Chamber of Commerce in recognition of her contributions to children’s medicine. Today, the Dr. Margaret I. Handy Annual Memorial Lectureship at the DuPont Hospital for Children in Wilmington, Delaware honors her memory as a pioneer in pediatric medicine.

Andrew Wyeth painted the Children’s Doctor in 1949 as a tribute to Margaret Handy. She is portrayed in warm hues with a reflective expression. Dr. Handy was the pediatrician who cared for Nicolas and James Wyeth, the two young sons of Andrew and Betsy James Wyeth. Once, when the Wyeth’s eldest son, Nicolas, became ill, Dr. Handy made multiple house calls, day and night, to the remote Wyeth homestead in Chadds Ford, Pennsylvania to treat him. Nicholas recovered and eventually followed family tradition by becoming a private art dealer. In his painting, Andrew Wyeth also

Margaret I. Handy, M.D. (1889-1977)

Continued on page 13
Andrew Wyeth (1917-present) used photo-realistic techniques to paint renowned landscapes, interiors and portraits in watercolor and tempera. Andrew Wyeth is the youngest son of N.C. Wyeth (1882-1945), the popular mural painter and illustrator of children’s classics, adventure stories, historic and patriotic poetry and magazine covers (including the Saturday Evening Post). Andrew Wyeth’s youngest son, Jamie Wyeth (1946-present), is a Contemporary American Realist painter of portraits, animals and landscapes who favors oil over watercolor and tempera media. His numerous portraits of well known public figures include John F. Kennedy (in an acclaimed posthumous depiction), Andy Warhol and Arnold Schwarzenegger.

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Life at Deaconess Hospital . . . continued from page 1.

Now came the push to get a job for board and room. About five blocks down Winter Street stood this beacon, the Salem Deaconess Hospital. The hospital in Glasgow had a Methodist influence, but this one had been founded by a small group of Mennonites led by Franz Wedel. Sister Anna Duerksen had been right alongside Franz in getting the hospital organized, and was indeed a major player in its day-to-day operation. She was the anesthetist, the housekeeper, the cook, the nurse, etc. You could often find her manning the switchboard in the evenings while shelling peas on her apron for the next day’s dinner.

Since I knew a lot about Deaconess hospitals, I paid a visit to Mr. Frank F. Wedel’s office, Franz’ son, hoping he would hire me as a night orderly. During the first three visits, my request seemed to fall on deaf ears. On my fourth visit he said, “OK, When can you start?”

Meals for the male employees were served family-style around a large circular table in a room in the basement across the hallway from the kitchen. I somehow found space for my chair among the day orderlies, Pop Hayward, the hospital engineer, E. Paul & Irwin (Irv) Wedel, fellow pre-med students Robert F. Anderson and Clay Racely, and others. As night orderly, my headquarters was the nurses’ station on 2 Main, a room that jutted out over the front entry. Photos that now hang in the South unit show the hospital as it appeared then. What they don’t show is the tennis court among the day orderlies, Pop Hayward, the hospital engineer, E. Paul & Irwin (Irv) Wedel, fellow pre-med students Robert F. Anderson and Clay Racely, and others. As night orderly, my headquarters was the nurses’ station on 2 Main, a room that jutted out over the front entry. Photos that now hang in the South unit show the hospital as it appeared then. What they don’t show is the tennis court that we hospital employees built about 1940. Bob Anderson pushed the idea; getting permission from Mr. Wedel, organizing the work crew, swinging the axes and shovels to get the trees and brush cleared away.

Irv, the middle of Frank’s three sons, attended Willamette with me. Though I had to earn his respect, a lasting friendship formed between us. We studied hard and worked hard. The hospital owned an old white Packard ambulance and when the call came for its service, there was usually a mad dash among us young eager bucks to see who could get to the driver’s seat. Irv also did a lot of handy work around the place and would drive a Model A pick-up truck out to a farm the hospital owned near Pratum to bring in veggies, fruit, and even some meat from a freshly butchered animal. I can still see him cutting it up for the cook.

With tutoring from Beth Newell, the lab tech, and able guidance from Bob Anderson, a couple years ahead of us in school, and E. Paul Wedel, who had done X-ray work at Good Samaritan Hospital in Portland, Irv and I became reasonably good lab and X-Ray techs. But one time, Irv was up on 3 Main using the portable X-ray machine to take a roentgenogram of a fractured hip through a spica cast. The exposure was necessarily rather lengthy, and as he was holding down the timer button, he glanced around to see how things were sounding. He absentmindedly reached up to sort of separate those two high voltage leads that go to the cathode tube, and BANGO, he got knocked to the floor.

Seventy years ago, we couldn’t have imagined the advances in medicine and technology that I’ve seen develop, but the doctors were still something to behold. First would have to be Dr. Fred Thompson, who graduated from Willamette Medical School way back when. He admitted the first patient after Deaconess Hospital was built in 1916, the same year that Irwin Wedel was born. Standing as straight as he could, Fred measured not much over 5’6”, but medically he was a giant.

Continued on page 15
On several occasions I saw him do an appendectomy in twelve minutes, skin to skin, with his trademark little “button hole scar” in the R.L.Q. Fred had a busy office, along with Ted Fortmiller and Ed Lebold. I ran blood sulfanilamide levels for them, did pneumococcus typing on Ted’s pneumonia patients, and once picked up a case of myelogenous leukemia on a routine CBC drawn for a fellow in for a hernia repair.

Charley Campbell had come on staff around 1935 with a specialty in Internal Medicine. He had an uncle, Dr Clemments, practicing in Salem whom he dearly loved and emulated. Charley was a cocky fellow with stethoscope draped over his neck, and I can still hear him in his penny loafers going “klift, klift, klift” down the hall. I don’t recall ever seeing Charley in doubt.

Ralph Purvine was another Board certified Internist, sort of like Charley. Ralph kept his stethoscope in his hip pocket and wore quieter shoes. He served as the school physician for Willamette University for several years. His mother, Dr. Mary Purvine, also had taken her training at Willamette University before the medical school moved to Portland, and worked quite closely with Fred Thompson for surgical cases. Of course, obstetrics was her long suit, as was true with the other lady doctors: Marion Follis-Mayo and Gussie Niles.

Other doctors, now long gone, seemed to be paired up. Steves and Hockett. Hockett was a redhead and had a brother who practiced in Corvallis. Steves was slender and had a rather narrow goatee. On one of my ambulance calls, I found him at the bedside of an elderly woman, taking her blood pressure with an anaroid sphygmomanometer. First time for me to lay eyes on one of those. Kurtz and Myers. The latter was always neat as a pin, but quite a fuss-budget. Kurtz acted as a sort of a roll model for me. I figured that if he could do this, so could I.

Charles Wood and Jack Ramage did general practice with lots of OB/GYN. The Ramage family ran a soda pop bottling works here in town. Charley had become Board qualified in OB/GYN, but apparently having too much fun and success to get the certification. Charley Wood was a most pleasant and generous gentleman. One night he came by the 2-Main nurses’ station, and began telling me, a first-year college student, all about a young woman he had just admitted. He gave me the history, his

Continued on page 16
physical findings, and all about what the lab tests showed. At that stage, I hadn’t a clue!

The first specialist I recall coming to Salem was Dr. Barlow, a urologist. He sported a shiny gold crown on one of his upper incisors. Bill Lidbeck was the pathologist. He had an office in the basement of the Livesley Building and also a pretty big spread out at the state mental hospital. He held clinics out there to showcase, for psychology students, some of the different mental diagnoses. He had scads of slides and pickled tissues stored there. Dr. Findlay specialized in Eye, Ear, Nose, and Throat. I recall many a little kid I took up to surgery and held down through the excitement stage of their drip ether anesthesia. After the War, Ed Lebold did an orthopedic residency at Oregon Medical School. Bob Anderson followed suit and joined him to form Salem Orthopedic.

There were the Salem Clinic, and The Doctors’ Clinic. The former was located down town while the latter was out by the General Hospital. Chet Downs and Hugh Dowd were originals in the Salem Clinic while Dick Ross and Verne Miller were the main guys at The Doctors’ Clinic.

Most of the approximately 50-60 doctors were on medical staff at both facilities. For years there had been a proverbial line drawn in the sand between the two facilities. The “Who’s Who” in Salem aligned with the General, while they referred to the Deaconess docs as the “Outcasts.” Sometime in the mid ‘30s, Fred Thompson got into a row over at the General with an administrator and their head surgeon, Doctor Ross. So Fred got an ambulance and moved all of his patients from the General down to the Deaconess, and he never set foot on the General Hospital grounds again.

It did my heart so much good to see that role reversed, not only because of my roots, but largely to see it happen with my buddy, Irv Wedel at the helm of what had become Salem Memorial Hospital. He indeed was one great administrator. From early on, he always got for the doctors whatever they needed to practice their best medicine and surgery. This hospital really took off, and has become as fine a facility as one can find in the state, and as fine a heart medical/surgical center as one can find in the nation.

But lots of borderline stuff went on back in those days, some of it raunchy. One incident might be labeled “prepaid medicine in the ‘30s.” An elderly man sat on a surgery table on 3
Main and appeared to be in too much agony to lie down. Beside him stood a couple of doctors with some papers. They made him sign to give over his farm before they would start the anesthetic. During those years, the county would hire a physician to give out what could be called “minimum adequate care” to those on welfare. This arrangement seemed to be quite well received by both the county commissioners and the latest new doc in town. I recall one such young doctor making an entry in a chart there at my headquarters. He wore a brown tweed suit with a short, straight briarwood pipe. He explained to me how to manage a diabetic coma by running in 5% glucose in saline while covering it with insulin. A doctor named Veers frequently deviated from good medical and surgical practices. It finally came to pass that a few of the “good guys” took things into their hands. As Charley Campbell described it, he, together with Dr. Clemments and a couple others, “visited upon him,” and convinced him that he had better leave town.

In addition to Salem doctors, doctors from outlying areas admitted to Deaconess, too. From Mill City, Jack Reed used to bring patients down. Rather short, he had a beer belly and wore a vest, gold chain, and a chin pipe. His son, Jack Jr., took over after WWII.

From Stayton came Robert P. Anderson and Grover Betzer, both GPs. Betzer was diabetic, and I recall that during some of those long surgical cases, the nurses fetched him orange juice. Dr. Stuckart also came down from Stayton. He had his right forearm amputated at its distal third and he did surgery anyway! The nurses had to help him get into his scrub suit and would have to scrub his good hand for the ten minutes. Oh, he could, and did, scrub his own stump. I recall having cleaned the nails and scrubbing that good hand of his on occasions. When he did not have a doctor to assist him, he just had the nurse act as his assistant.

The town of Woodburn had Dr. Gerry Smith, and after the War, Jim Deagan--both GPs.

For many years, Gerry ran his own little hospital there. He brought his heavier surgical cases to the Deaconess for Fred Thompson's help. When he finished a case, they loaded the patient into an ambulance and drove him back to Woodburn to recuperate. Sometimes he hadn't fully recovered from the anesthetic. Gerry was quite portly and I recall he got after me once when I declined an offer for a desert at a medical meeting. “Vern,” he said, “never turn down a desert. There might be someone else who would like a second one.”

In 1941 Irv, Sumner Gallaher, and I graduated from Willamette with Chemistry majors. Before I started medical school that fall, I found a job as night lab and X-ray tech across the river at Hahnemann Hospital for board and room--a habit I was finding hard to break. Bob Anderson had done the same thing when he started med school two years earlier and he put me wise to the opportunity.

When I returned to the Deaconess, Dr. Fred Thompson's presence at the surgical table was truly, for me, pleasantly memorable. In 1963, we shared the stage at the dedication ceremony for the (then) new West Unit. Fred had the most seniority and I was the current president of the Medical/Dental Staff. The construction of that unit destroyed the tennis court we had built, but it was a nice facility as long as it lasted. But progress and building just keep rolling along at the old Salem Deaconess Hospital.
Continued from page 9.

Recently, Northwest Physicians Insurance Company (NPIC), one of Oregon’s largest medical liability carriers and a subsidiary of The Doctors Company, announced a new initiative to improve patient safety and patient–physician communication using personal health records (PHR) and secure email. Under this new program, the 2,600 NPIC-insured physicians will receive patient safety points for connecting online with their patients using the online iHealth PHR service.

“We feel strongly that improved patient–practice communication can lead to enhanced patient safety, improved documentation and a more informed and educated patient, all contributing to reduced professional liability,” explained Dieter Zimmer, Vice President Patient Safety and Practice Support. “We are seeing increased market demand for these types of online services and we want to help our insured physicians adopt and use these tools to better and more efficiently connect with patients.”

The iHealth service includes a practice web site for physicians as well as integrated, interactive secure email and patient PHRs. The service also includes automated patient education and safety messages for patients, including same-day patient notification if their medicines are subject to FDA recall or warnings.

“We are thrilled to be working with NPIC to expand online patient-practice communication in Oregon and Idaho” noted Edward Fotsch, MD, CEO of Medem Inc., which provides the iHealth service. “Despite many efforts nationally to better engage patients using PHRs and the Internet, real uptake has been very slow.

Oregon Personal Health Records Led by Northwest Physicians Insurance Company

Liability Insurance reductions to Physicians for Improved Patient Communication & Safety

The following article was provided by N.W. Physicians Insurance Company

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We want to make this as easy as possible for our member offices to participate. The value of each dollar collected will be credited to your offices as 5 lbs of food collected, and food donations will be accepted as well.

For more information or for questions on how to donate, please contact MPCMS at (503) 362-9669. ☎
Join us for these upcoming Oregon Symphony Concerts in Salem

Tuesday, April 15, 2008

Gregory Vajda, conductor
- Sharon Kam, clarinet
Bartok: Music for Strings, Percussion & Celeste
-Mozart: Clarinet Concerto, A major
Strauss: Suite for Der Rosenkavalier

Concert sponsored by: Morrow Equipment Company

Tuesday, April 22, 2008

Norman Leyden, conductor
Renee Cleland, vocalist
Susannah Mars, vocalist

Laureate Associate Conductor Norman Leyden returns to the stage with his clarinet in hand to conduct a dazzling program of dearly loved pops standards. Joined by some of your favorite pops soloists, Norman revisits the unforgettable songs of Broadway and Hollywood, with music of Cole Porter, Irving Berlin, Rodgers and Hammerstein and more.

Concert sponsored by: Willamette University

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All concerts begin at 8 pm
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New Community Health Education Center Project Underway

By Sherri Partridge, Salem Hospital Foundation

Imagine a place where people will be informed, empowered and connected to accurate health information and community resources all in one location.

The Salem Hospital Foundation is raising $3.5 million dollars to create a new Community Health Education Center (CHEC). This state-of-the-art facility will be “the source” for medically accurate information and educational programs for our community.

The campaign will fund four components of the Center by transforming current space on the first floor of the hospital’s Family Birth Center into a modern educational facility that will include:

* Health Resource Center
* Wellness Kitchen
* Support Group Room
* Dr. J.A. King Staff Library

The Center is scheduled to open in mid-2009.

Trained health educators will be available to help people get started in their quest for health information. Whether people are interested in watching a video on a specific medical procedure, borrowing a book on a certain disease, or picking up a brochure about wellness classes, chances are they’ll find what they’re looking for in the Center.

The Foundation has currently raised 70 percent of the $3.5 million goal thanks to contributions from community members, physicians and

Continued on page 21
hospital employees. Of this amount, local physicians have given over 1 million dollars in support of the campaign for the CHEC.

“The Community Health Education Center will be a place for wellness—a place where people will learn how to prevent disease through the dedicated efforts of many outstanding health care professionals,” said Bud Pierce, M.D.

“We must shift our focus from purely disease treatment to disease prevention, as the ravages of cancer, heart disease, and diabetes can be greatly reduced through healthful living. And in order to do that, people must be given accurate information and practical instruction,” said Pierce.

For more information about how you can get involved in the Community Health Education Center project, contact the Salem Hospital Foundation office at 503-561-5576, or visit www.PartnerNeighborFriend.com.

**Oregon Personal Health Records . . . continued from page 18.**

Physicians have proven to be the key to actually connecting online with patients, and NPIC’s iHealth program is exactly the catalyst needed to move the patient-physician relationship online in Oregon and Idaho.

The NPIC iHealth program is available immediately to physicians in Oregon and Idaho, Northwest Physicians Insurance and Medem are also collaborating to expand the program to additional partners including area health plans and hospitals. The iHealth service is available for NPIC physicians at a discount as part of the initiative and costs physicians less than a dollar per day for the practice web site and all interactive features. Additionally, patient safety points directly impact premium credits for physicians who use the service, and are based upon a percentage of the total paid annual premiums.


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**About NPIC Insurance Company**
Northwest Physicians Insurance Company is a wholly-owned subsidiary of The Doctors Company based in Napa, CA. Originally founded in 1984 as Northwest Physicians Mutual, the Company insures more than 45% of Oregon's privately insured physicians. It is also the second-largest provider of professional liability coverage in Idaho. The Company is well-known for the leadership role it assumes in patient safety, driven by a commitment to physician governance and the delivery of high-quality healthcare. Northwest Physicians Insurance Company is endorsed by more than a dozen of the largest healthcare networks and physician organizations within its operating territory of Oregon, Idaho and Washington.

**About iHealth**
iHealth is a suite of integrated Web-based services proven to effectively engage patients in better managing their health. Powered by Medem, this comprehensive physician-patient communication resource includes the leading patient-owned and standards-based Personal Health Record (PHR), which provides a secure vehicle for communicating online with healthcare providers and is interoperable with EHRs, health plans, pharmacies and other health systems. iHealth’s online registration process also eliminates the medical clipboard, while patient-specific education, care management programs, FDA warnings and Health Risk Assessment tools improve the quality of information across the continuum of care. Founded by the American Medical Association and several national medical specialty societies, iHealth is supported by a broad constituency of industry partners, 45 medical societies, patient advocacy groups and government agencies. To learn more about iHealth, visit www.iHealthRecord.com.

**New Community Health Education Center . . . continued from page 20.**

For more information about how you can get involved in the Community Health Education Center project, contact the Salem Hospital Foundation office at 503-561-5576, or visit www.PartnerNeighborFriend.com.
We're Looking for a Few Good Docs

The Marion-Polk County Medical Society is in the process of establishing a Disaster Preparedness Task Force, and is asking any physicians with an interest in this area to consider participation on this task force.

The task force will be charged with review of current medical community and individual disaster plans, as well as formation of a workable plan for the medical community, outside the hospital setting, in the event of a natural or man-made disaster.

This group will be working closely with the other interested agencies within Marion and Polk Counties.

Any physician interested is asked to contact the Marion-Polk County Medical Society at (503) 362-9669.

Supreme Court Upholds Non-Economic Damages Cap in Wrongful Death Cases

This article first appeared in the February 22 edition of the OMA Stat newsletter. It is reprinted here with their permission.

On Friday, Feb. 22, the Oregon Supreme Court ruled that ORS 31.710 limiting non-economic damages in wrongful death cases to $500,000 does not violate Article 1, section 17 of the Oregon Constitution. The opinion states: “Because the common law does not, and did not in 1857, recognize a right to unlimited damages in wrongful death actions, the only relevant source of substantive law respecting damages is the statutory law, which expressly places a cap on non-economic damages. Thus, any right to a jury trial that plaintiff might have under Article I, section 17, cannot confer a right to a jury award of a kind or amount of damages that is contrary to that statutory law.”

There is no question that the Court is unequivocally committed to the framework of analysis it has pursued since the Lakin decision in 1999 and most recently voiced in the Clarke decision late last year. Given the direction the Court has taken, Hughes is a rare but welcome victory in that many medical malpractice actions involving wrongful death claims. Had the Supreme Court overruled the trial court and the Court of Appeals, malpractice insurance rates would surely have risen significantly. Securing the constitutionality of the cap on non-economic damages in wrongful death cases assures at least a modicum of stability in the market place. The decision can be found at: www.publications.ojd.state.or.us/S053447.htm.

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Mid-Valley Cancer Care Community Benefit

For the second year in a row, the Mid-Valley Cancer Care Community is holding a benefit night at the Pentacle Theatre. This is a major fundraiser for the MVCCC and they are asking for your support to make it another successful night.

MVCCC is a non-profit organization providing community-based, medically appropriate resources and support for people touched by cancer including patients, survivors and family members. They offer educational classes, workshops and support groups as well as private counseling, massage therapy, yoga, Qigong and guided imagery.

This year’s show is “Betty the Yeti” on June 17, 2008. This satirical comedy is about a logger facing a moral dilemma after meeting a female Sasquatch.

You are encouraged to support MVCCC through sponsorship of this event. To learn more about the 2008 sponsorship opportunities available, please contact Marie Levering, Executive Director, at (503) 391-4417.
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Such dedication makes us a leader; combining national prominence, Northwest service, and local control. To learn more, call us at (800) 243-3503, or visit us online at www.npictdc.com.
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us show you how much better banking can be.