



Fairchild Medical Center Foundation

444 Bruce Street
Yreka, CA 96097
(530) 841-6239
www.fairchildfoundation.org



Building A Healthier Community

MISSION STATEMENT

The mission of the Fairchild Medical Center Foundation is: to support Fairchild Medical Center by securing funding to provide exceptional health care to all in need

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Annual Donor Recognition Dinner

by Robin Bailey and Susan Ikenberry

Fairchild Medical Center opened its doors in 1997 following one of the largest fund raising efforts in Siskiyou County. We are grateful to the continued generosity and support of our community which helps us maintain and expand the services that we offer.

The FMC Foundation believes the Pinnacle of Giving Society will provide the greatest source of unrestricted support now and in the future. Through annual donations FMC Foundation will work to meet the needs and priorities of FMC by assisting with the purchase of equipment and providing funds for the expansion of services.

Every gift, no matter the size, to the FMC Foundation helps strengthen our mission to the advancement of health care in Siskiyou County.

As a Pinnacle in our Society, you belong to a distinguished "family" - a family of generous and dedicated individuals who strive to ensure that quality healthcare is available to every member of our community. Your generous gift is recognized annually and as your giving levels increase you will receive an invitation to the Foundation's Annual Dinner and presentation, which will share the accomplishments of FMC and the Foundation and give insight into the future endeavors and goals.



On March 11, 2004 FMC Foundation held the Fourth Annual Donor Recognition Dinner at Miner's Inn Convention Center. Guests arrived to the sounds of the Yreka High School Jazz Ensemble under the direction of Brian McKee. The dinner, catered by Olivera's Catering was beautifully presented and enjoyed by everyone.

Darrin Mercier, Chairman of the Planned Giving Committee thanked everyone for coming. Through the generosity of this year's donors, contributions exceeded \$38,000. Of this amount, \$15,000 was received from FMC employee contributions. Next year's goal is \$50,000.00.

Dwayne Jones, CEO of FMC spoke to the guests and stated that without the quality of care from the employees, we would not have the exceptional facility we have today. He informed the guests of the progress on the new Sleep Apnea Lab and the new CT Scanner in the Imaging Department.



An enjoyable evening was had by all, and we look forward to our fifth Annual Donor Recognition Dinner. If you would like information on how you can become a Pinnacles of Giving Donor, please contact the Foundation Office, at (530) 841-6239.

Fairchild Medical Center Foundation News is published four times a year by the Community Relations Committee of the Fairchild Medical Center Foundation for all community members, our employees, medical staff and friends of the Fairchild Medical Center. If you wish to be included or removed from future mailings contact the FMC Foundation Office, 444 Bruce St. Yreka, CA 96097

Clip and Mail "Together We Can Climb Any Mountain"

- Pinnacles of Giving Society**
- \$5,000 Mt. Shasta President
 - \$2,500 Marble Mountain Leader
 - \$1,000 Goose Nest Partner
 - \$500 Mt. Eddy Fellow
 - \$250 Black Butte Pioneer
 - \$100 Willow Creek Mountain Associate
 - Other _____

Name _____
Address _____
City _____ State _____ Zip _____

Enclosed is my tax deductible contribution of \$ _____ Payable to:

Fairchild Medical Center Foundation

Your tax-deductible gift will help maintain the highest quality health care for those we serve today and for future generations.

Focus on the Foundation

by Betsey Shuteroff

Foundation Welcomes New Board Members

Our Foundation is very pleased to welcome three new board members to our ranks. Our goal is to have involved and interested community spirited individuals join us in our efforts to promote provide quality medical care to our area, and our three new members are just such individuals.

Rose Cardoza has lived in Yreka since age 5 and as such is “almost a native”. She worked for a time in retail management after college, and in 1983 she returned to Yreka to assume her father’s school bus transportation business, which she continues to do. She also helped start and remains closely associated with “Finishing Touches Salon”. She has had close involvement in business in Yreka, where among many other activities she has served as Vice President and President of the Yreka Chamber of Commerce, and was active in the initial fundraising for the YMCA.

Rose is very community oriented. She loves to write, and is a regular contributor to local newspapers. She also has a great appreciation of the outdoors and loves Siskiyou County for the beauty and recreational opportunities we enjoy.

Rose comments that working with the Foundation “is my way of contributing to the hospital, which has given wonderful care to my family through the years”. We are delighted to have Rose’s enthusiasm and energy on board.

Tina Chenevert has also recently joined the Foundation Board. Tina has volunteered in the past for various events such as the Golf Tournament and Children’s Christmas Fair, “I enjoyed the people and the events and I wanted to be more involved” she commented.

She has lived in Siskiyou County for the past seven years having come from Mariposa County. She and her husband chose Siskiyou County as they think it is a “gorgeous rural area with a simplicity of life style”. She has worked as an attorney since 1981 and has diverse interests including being an EMT (Emergency Medical Technician) and volunteer fire fighter for over 20 years.

“I have been a patient at FMC and I just love the hospital, and so working with the Foundation is another way of supporting this institution we are so lucky to have.” It will be a pleasure to have Tina join us on the Foundation Board team.

Our third new board member is Jay Quisenberry. Jay has lived in Siskiyou County for the past 3 years, coming here from Eureka. Jay works at Scott Valley Bank as Assistant Credit Administrator.

Jay has interest in medical care and community health needs, and has a strong volunteer background in these areas. He has served as a member of the Board of Directors to a hospital in the past, and has served at a national level as board member of Kiwanis California-Nevada-Hawaii Foundation for Pediatric Trauma Prevention. He has particular interest in helping meet young children’s medical needs.

He feels that it is important to be involved in one’s community, and to take part “when and where you can”. Like our other new board members, Jay has had occasion to use our local hospital and says it is “a good organization” and wants to help achieve continuing excellence in our medical community.

We welcome our new Board members and look forward to working with them to continue the efforts and goals of the FMC Foundation.

LOCAL PHOTOGRAPHERS ADD TO FAIRCHILD MEDICAL CENTER FOUNDATION’S “ART IN THE HOSPITAL”

The Art in the Hospital project continues at Fairchild Medical Center with local photographers submitting their favorite photographs of Siskiyou County to be displayed in the hospital for public enjoyment.

The following photographs were selected: A photograph of a large frog lawn ornament with a real frog sitting next to it by Penny Wells-Thomas. The similarities between the real frog and the statute are humorous. David Small found a beautiful peacock in the Hornbrook area and captured the colors on film. A Landscape photograph of Montague by David Small shows the mixture of beauty and mystery. Cindy Small and her Scott Valley Bank Hot Air Balloon photograph captured the fun and excitement of the hot air balloons in Montague.



Please stop by Fairchild Medical Center to see these beautiful photographs on display.

Planning With Purpose. . .

GIVING YOUR BEST

By Darrin W. Mercier, Esq.

The growth and development of the Fairchild Medical Center Foundation has contributed greatly to the success of Fairchild Medical Center and the continued excellence it strives to maintain. That success is directly attributable to people such as yourself who share their good fortune by generously providing volunteering time, talents and gifts. As we are all aware, the level of insurance and governmental reimbursement will likely continue to decline, shifting the burden to our local community to support the superior level of healthcare we have come to expect and enjoy for our families and loved ones.



Most people I talk to express their support and dedication to our mission, but some hesitate to contribute because they assume the amount they can afford to give might not be significant enough to make a difference. This could not be farther from the truth. Every gift, no matter how big or small, is crucial to sustaining our mission today and in the future. In fact, there are many ways to give to your charity of choice other than cash gifts. The following are several common options:

Estate Bequests - You can leave a gift to a charity in your Will or Trust. This is an easy way to leave a legacy without limiting the assets available to you during life. Upon your death your estate may receive an estate tax charitable deduction for the value of the gift and set an example for your heirs to follow.

Beneficiary Designation Gifts - You can name a charity as the beneficiary of your life insurance, annuity, trust or IRA.

Life Insurance - This is a practical and affordable way to make a meaningful gift. You can gift a new or existing life insurance policy to a charity. The life insurance contract’s value and premiums, gifted to the charity, may qualify you for an income tax deduction. Upon your death the insurance proceeds go the charity.

Property Gifts - You can transfer ownership of an investment to your charity. Generally, you can receive a charitable income tax deduction for the gift you have made while you are living if you itemize deductions on your tax return. You may be able to reduce or eliminate significant capital gains and estate taxation through this type of gift as well.

Gift Annuity - You can transfer money or property to a charity in exchange for a fixed income for your and/or your survivors’ lifetimes. Generally, you can receive a charitable income tax deduction for the difference between the market value of the gift and the value of the retained annuity.

Zero Estate Tax Gift - Your Will or Trust can be designed to pass along the maximum amount of estate assets possible to your children after death, estate tax free, through a family testamentary bequest. The remaining assets then are transferred to a charity through a charitable bequest, also estate tax free.

Charitable Remainder Trust - You can gift money or property to an irrevocable charitable remainder Trust in exchange for an income during your and/or your survivors’ lifetimes. After your death, the remainder goes to the charity. You may defer, reduce or eliminate capital gains tax otherwise due on the sale of the assets. You may also receive an immediate charitable income tax deduction on the remainder interest on the property that passes to charity.

Wealth Replacement - Life insurance can be used to replace the value of a gift to charity by purchasing life insurance on your life equal to the value of the property you plan to gift. At death, the insurance proceeds go to your heirs income tax free. If a family member or an irrevocable life insurance Trust purchases the insurance, the proceeds may be estate tax free as well.

There are many ways to be charitable, these are just examples. You should always consult with legal and tax experts for advice before you put a plan into action or make a charitable gift. If you are interested in exploring any of these options, the Foundation has invested in the Crescendo program which can generate in-depth analyses of specific types of gifts which, in conjunction with the advice of your tax and/or legal professionals, can be a valuable tool in carrying out your charitable intentions without severely impacting your standard of living or compromising your heirs’ inheritance. The analysis is provided free of charge regardless of the charity of choice. If a gift is proposed, the Foundation will usually pay for your professional fees to accomplish the gift.

You do not need to be wealthy to help your favorite charity. Giving your best only takes a little planning. Plan to make a difference TODAY!

Don't Bug Me

by *Georganne DeMarco, RN*
Infection Control Nurse

AIDS An Update

Remember the scare "AIDS" brought us. We knew so little about this "NEW" disease, but too many people were dying. Over 20 years ago, AIDS (Acquired Immunodeficiency Syndrome) was first diagnosed in the United States. Caused by the Human Immunodeficiency Virus (HIV), this disease had been killing all people who contracted it.

The AIDS syndrome represents the late clinical stage of infection with HIV. HIV attacks the immune system - the body's defense against infection. The body cannot fight off opportunistic infections. Symptoms progression from infection with HIV to AIDS can include fever, weight loss, diarrhea of long duration, and general disease of the body's lymph system (swollen lymph nodes).

Transmission of HIV is through exchange of infected blood, body fluids that contain blood, semen, spinal fluid, vaginal fluids and breastmilk. This can happen when men have sex with men (homosexual), men and women have sex (heterosexual), reusing or sharing of needles (IV drug users), health care providers come in contact with patient's infected fluids and transmission from mother to baby during pregnancy, childbirth or breast-feeding. When AIDS was first reported, there were no tests available to detect the virus in blood. Some people contracted HIV from tainted blood transfusions or organ transplants. There are now more tests done on each unit of blood to assure the safety of our blood supply. Also people are screened for any risky life styles (i.e. IV drug usage, unprotected sex, men having sex with men) before blood is donated.

Originally thought to be the "gay" disease, there was much stigma attached to the diagnosis. However, it should be noted that the homosexual population has been helpful in finding out more about the disease and making it possible to develop medications to treat the disease. AIDS infections are growing among other groups now and not primarily the homosexual community.

After transmission, antibodies to the virus are usually detected within 1-3 months. Once infected, even before the disease is diagnosed the person is infectious, and can pass the virus on to others. Symptoms may not show up for 1 - 15 years after infection. By this time, it may be too late to prevent the disease from killing the individual. Early detection is vital, so that drugs can be given to stop the progression of the virus and so that other people are not infected by the individual. Once a diagnosis of HIV infection is made, that person will remain HIV positive. Remember he/she can transmit the disease to others if proper precautions are not taken.

There is no cure for AIDS. There is no vaccine. But numerous drugs have been developed to treat the symptoms of AIDS and to delay the onset of AIDS from HIV infection

If diagnosed early, medications have been developed to slow the progress of the disease from developing into fullblown AIDS. These medications are available in the USA and other developed countries. Unfortunately most underdeveloped countries cannot afford to obtain these drugs. So AIDS goes unabated.

Of the estimated 40 million cases of HIV/AIDS world wide by 2003, 25-28 million were in sub-Saharan Africa (accounting for approximately 2/3 of the World's total HIV/AIDS cases), 4.6 - 8.2 million in south and southeast Asia, 1.4 million in Latin America and 790,000- 1.2 million in North America. Globally, more than 14 million people had died from AIDS by 1999. 14,000 new cases are reported daily world wide. 95% of the cases are from third world countries.

Here are some things we can do to decrease the incidence of HIV transmission:

- ◆ Stress education about AIDS and how it is transmitted
- ◆ Avoid the virus by practicing sexual abstinence, or a mutual monogamous sexual relationship
- ◆ Use latex condoms in all other sexual situations
- ◆ Provide treatment for IV drug users, and needle exchange programs
- ◆ Provide anonymous/confidential HIV counseling and testing
- ◆ Counsel pregnant women early in their pregnancy regarding their HIV status and how to protect their baby
- ◆ Take care with all needles and sharp instruments, wear gloves and protective equipment when dealing with blood or bloody fluids from anyone.

There is no cure for AIDS, but with early diagnosis and prompt treatment, HIV need not devastate people. Getting medicines to treat HIV out to the whole world is needed. The world is getting smaller with international travel becoming common, wouldn't it be nice if we could protect ourselves and help the underdeveloped countries by helping to provide drugs and education to those countries.

REMEMBER, BE SAFE AND WASH YOUR HANDS!



Honey Wheat Bread 24 servings



Heart Warmers
by Susan Wade RD, CDE

This is a county fair blue ribbon winning loaf - it is delicate and soft.

1 (.25 ounce) package rapid rise yeast	1/4 cup honey
1 teaspoon white sugar	2 teaspoons salt
1/2 cup warm water	2 cups whole wheat flour
1 (12 fluid ounce) can evaporated milk	3 cups bread flour
1/4 cup water	2 tablespoons butter
1/4 cup melted shortening	

Dissolve yeast and sugar in 1/2 cup warm water.

Combine milk, 1/4 cup water, shortening, honey, salt and wheat flour in a food processor or bowl. Mix in yeast mixture, and let rest 15 minutes.

Add white flour, and process until dough forms a ball. Knead dough by processing an additional 80 seconds in food processor, or mix and knead by hand 10 minutes. Place the dough in a buttered bowl, and turn to coat. Cover the bowl with plastic wrap. Let dough rise for 45 minutes, or until almost doubled.

Punch down, and divide dough in half. Roll out each half and pound out the bubbles. Form into loaves, and place in buttered 9x5 inch bread pans. Butter the tops of the dough, and cover loosely with plastic wrap. Let rise in a warm area until doubled; second rise should take about 30 minutes.

Place a small pan of water on the bottom shelf of the oven. Preheat oven to 375 degrees F

Bake for 25 to 35 minutes, or until tops are dark golden brown. Butter crusts while warm. Slice when cool.

Classes

Diabetic Classes are offered free of charge.

Call 842-0817 to see when the next class starts

CPR classes are given on the 3rd Tuesday of every month. Learn how to perform CPR and the Heimlich Maneuver on adults and children in this one-session 4 hour class.

Call the Nursing Office at 841-6285 to reserve a space.

Congratulations to the Baby of the Month 'Footprints to the Future' Winners

January Baby: Claire Lewis
Mother: Barbara Lewis
Birthdate: January 1, 2004

February Baby: Renee Isabella Evans
Mother: Lavae Evans
Birthdate: February 18, 2004

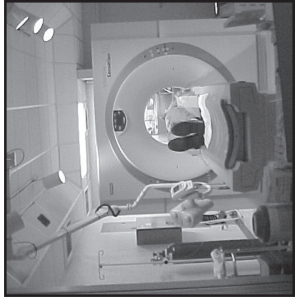
March Baby: Christopher Mark Gepner
Born: March 12, 2004
Mother: Leah Gepner



For footprint information call the Foundation Office at (530) 841-6239

Sensational Imaging – New At Fairchild Medical Center by *Michaela Novello*

In an on-going commitment to provide state of the art medical services to Siskiyou County residents, Fairchild Medical Center is premiering the new Siemens Somatom Sensation 16 Slice CT Scanner. The new scanner shortens the length of time the patient is in the scan room and provides images of a far superior quality than those previously. The procedures that will be performed are far less invasive than other imaging techniques and give less of a radiation dose to the patient.



You may be asking yourself, “What is a 16 slice scanner?” To understand most easily think of a peppermint stick with just one stripe spiraling down. It takes quite a few turns to get to the bottom. Now imagine you had a peppermint stick with 16 stripes all together spiraling down. You get to the bottom much more quickly. That is how the new scanner works. These 16 slices range from .75 millimeters to 1.5 millimeters in width. As the scanner spirals down the body it will create approximately 1,050 turns around the body.

The new scanner can create pictures 1-10 millimeters thick from the top of your head to the bottom of your feet in under 20 seconds. In the past, this scan would have taken a minimum of 20-30 minutes.

Once all the scans are taken, the next step is creating the pictures. The Sensation Scanner has four computers delegated to the reconstruction of the scan data into pictures. With the scans being so close together the technologist or radiologist can make them into pictures looking from any angle, from any side, and from any direction on the body. Bone can be removed to look only at organs or blood vessels. Blood vessels and organs can be removed to look at just bone. Colors and shading can be applied to different parts of the pictures to make calcium deposits in arteries show up more clearly.

One of the most useful aspects of the scanner is that patients won't have to travel to Medford or Redding to have an angiogram done. As those of you who have had an angio in Medford know, you have to fast for 8 hours, sign in as a short stay patient, go to the angio suite, have a large needle placed in the artery in your groin, spend an hour or more on the imaging table, go back to the short stay ward, lay there on a hard gurney for up to four hours with a ten pound weight on your groin, and once you go home have only quiet activities for the next 24 hours. Now you can check in to imaging as an out patient, go out to CT, lay on the scan table, have an IV placed in your arm, spend 5 minutes getting set up, 20 seconds to be scanned, a few minutes to take the IV out and get off the scan table and be on your way home. Most of the time you will spend more time waiting to be called for your exam than you will actually spend being scanned. What a change and how much easier on the patient.

Some of the other new procedures that are going to be offered are, Calcium Scoring of the coronary arteries to see if you are at risk for a myocardial infarction or heart attack. Lung nodule screening will be used to look for small tumors in the lung if you are at risk for lung cancer. Virtual colonography will be added in the next month or so. This exam will be used for patients who are unable to undergo colonoscopy or patients whose physician feels an out patient surgery colonoscopy is not necessary. There will still be a bowel cleansing preparation; however the exam will be accomplished with only a small amount of CO2 gas being introduced into the bowel and two quick scans being taken. Once the patient leaves, the radiologist will perform a fly through of the pictures. This advanced computer program allows the radiologist to image the interior of the colon and move through the inside of the colon looking around all 360 degrees of the bowel lumen. Polyps, masses and irritated bowel can be seen with this method. If a polyp or mass is found the patient will probably still have to undergo regular colonoscopy for removal of the abnormality.

Another new procedure that will be added is CT of the coronary arteries. This exam, much like an angiogram of the body, will also be done with only an IV in the arm. There are also some special medications that the patients physician will have them take to lower the heart rate and lessen the blurring of the pictures due to heart motion. The scanner automatically reads the heartbeat and performs the scan when the heart rests between each beat. Like the other scans, this cardiac scan will only take a few seconds of actual scanning time. The remaining 15 to 20 minutes of the time will be spent setting everything up for the test.

Board certified radiologists, Dr. Michael Maloney and Dr. Gary Wade, along with technologists Brian Cena, Jan Sinnott, Robin Bailey, and Mikie Novello look forward to providing this great new technology to all patients coming to the CT department.

Fairchild Medical Center Foundation
444 Bruce Street
Yreka, CA 96097



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*Save this date
September 12, 2004
10th annual
FMC Golf Tournament*

Contributions have been made to Fairchild Medical Center Foundation to honor following.

In Memory of Harry Layfield
Bernice Joling

In Memory of Roger Lukes, M.D.
Dr. & Mrs. Larry Meyer

In Memory of Wally Biegler
Dr. & Mrs. Larry Meyer

In Memory of Thad Payne
Carl & Patricia Cates

In Memory of Frank Wemple
Dwayne & Sandy Jones

In Memory of Dr. Richard LaCom
Dwayne & Sandy Jones
Dwight & Daisy Roberts
David & Betsey Shuteroff

In Honor of Jim Flett's Birthday
Laura Flett

In Memory of Dr. Roger Lukes
Dwight & Daisy Roberts

In Memory of Ruth Burton
Dwight & Daisy Roberts

In Memory of Larry Bacon
Dwight & Daisy Roberts
David & Betsey Shuteroff

**In Honor of My Father, Dr. Edward T.
Jewett, M.D.**
Betsey Shuteroff