In 1937, crooner Bing Crosby and his golfing buddies decided to establish a golf tournament in Rancho Santa Fe to raise charitable funds and create a good excuse to play golf. Ten years later, “The Crosby” golf tournament was relocated to Pebble Beach at the behest of local businesses hoping to invigorate the hospitality industry during the winter doldrums. The goal was to bring gregarious players to a gorgeous setting for great golf and, most of all, giving.

In 1937, the prize for first place was $300. This year, champion Brandt Snedeker took home $1.1 million and was ranked the fourth-best golfer in the world.

During the 1970s, the Monterey Peninsula Foundation (MPF) came into fruition as the nonprofit, charitable organization that stages the golf tournament. In 1986, nearly a decade after Crosby died, AT&T became the title sponsor of what was renamed the AT&T Pebble Beach National Pro-Am golf tournament.

The mission of the AT&T is to “stage the world’s premier PGA tour pro-am that brings the community together with global leaders in sports, entertainment, and industry to raise charitable funds which create opportunities for success.”

The purpose of the MPF is to see that it happens, and to distribute the funds raised through corporate sponsors, television broadcast revenue, and ticket sales.

“Not everyone realizes that all PGA Tour tournaments are for charity,” says Steve John, chief executive officer of Monterey Peninsula Foundation. “The PGA Tour makes stops around the country and leaves the money in the community in which events are played. A little known fact is that the PGA Tour gives more to charity than all professional sports combined. It is just about to reach $2 billion next year. Through a grant application process, MPF awards funds to Monterey County nonprofit organizations; among the leading recipients is Community hospital.”

Funding records, which date back to 1986 when AT&T became the title sponsor, indicate that for the first 10 years, Community Hospital received $50,000 a year from MPF. In 2000, MPF helped support a comprehensive diabetes education program, and also supported a hyperbaric medicine and wound care clinic the following year. By 2003, the hospital was looking to...
Change can be challenging. Yet, when we keep abreast of it, change can be productive, exciting, transformative. As a close bystander witnessing the rapid-fire revolution of healthcare delivery, I am reminded how important philanthropy is and will continue to be, as we move into a new era of medicine.

Through changes in the administration of healthcare, we are courageously navigating our way into uncharted territory. As we continue to take care of people proactively, augmenting preventive medicine and putting new models into place, we are keenly aware that the philanthropic spirit and consistent flow of support from our donors fuels progress and keeps us on course.

Legacy is our way of sharing the collaborative good works of Community Hospital and the community that understands the power of compassion, contribution, and care, particularly in the midst of change.

As we continue to respond to the needs of our community, balancing healthcare services both high tech and high touch, we know it is this very same community of donors whose generosity moves us forward. Amid the changing tides of healthcare, what remains steadfast is the commitment of our donors to the growth and stability of Community Hospital.

And we thank you.

Sincerely,

Albert J. Alvarez, Chief Development Officer
Community Hospital Foundation

Community Contribution
A conversation with Community Hospital Trustee Dr. Patrick Welton

Patrick Welton wasn’t sure what he wanted to do when he grew up, possibly become a professor or maybe do research. Ultimately, he traces his decision to a summer job that gave him direction and set him on a path to a career as a radiation oncologist. Between his sophomore and junior years in college, the self-supporting student had various jobs, including one in the Mc Ardle Laboratory for Cancer Research at the University of Wisconsin-Madison. By the time he began his senior year at the university, he had made the commitment to pursue a medical-doctoral degree program. He received those degrees at UCLA, where he met his wife, Annette, on her first day of nursing school. Welton later completed postdoctoral work in radiation oncology at Stanford University.

While pursuing their medical careers, Patrick and Annette also founded Welton Investment Corporation, which engaged the same interests medicine had: challenging and intriguing work, research and data interpretation, and the hope that someday it would be a platform to fund helping others. With the success of their company, the couple eventually retired from medicine, but continue their investment in the community and in Community Hospital.

What brought you to the Peninsula?

We first entertained coming here when I was recruited by Community Hospital as part of its earliest considerations to build the Comprehensive Cancer Center and expand its range of cancer treatments and services. The radiation oncology group sought a candidate and found me by placing a call to my chairman at Stanford, where I was serving as chief resident. I believe they were looking for someone who could come in and provide a steady hand in the current cancer department, while helping it grow by integrating a new range of services and modalities.

It was 1990, and I was in my fifth year at Stanford. I accepted the offer to join the medical staff at Community Hospital, so we rented a cottage in Carmel and began to immerse ourselves in our new community.

How have you come to know Community Hospital?

Apart from my daily work at the hospital, we became acquainted with the hospital on a more personal level when our son, Alex, was born at Community Hospital on Christmas Day, 1991. When an urgent cesarean section was required on a holiday evening, I had to assist and became involved at a whole new level. Two years later, on the day we closed escrow on a house in Carmel, our daughter, Mikaela, was born. We signed the escrow papers in the labor and delivery room. Both of our children are in college now.

I came to Community Hospital as a member of the medical staff, and spent the first seven or eight years rotating through different positions, including department chair of oncology. By 1998, I stopped practicing medicine full-time at Community Hospital while keeping active in medicine through my faculty position at Stanford. My role changed to former medical staff member and hospital supporter on a community basis. I have since worked as a friend of the hospital whenever Dr. Steve Packer or others call upon me. If I can help, I am always more than willing to do something — to volunteer or participate in idea generation.

I became reengaged with the hospital when I was invited to join the investment committee of the hospital’s foundation endowment. Since then, I have served continuously and am now chair.

I have always seen the hospital not just as a community resource but as the high-quality hospital it is by national standards. It takes only a short bit of...
The Art of Giving Back
George and Debra Couch Add Color to Community Hospital

During a meeting at Community Hospital’s Peninsula Wellness Center, George Couch, a former trustee and a foundation advisory board member, strolled past the lap and warm-water therapy pools and marveled at this community resource. It occurred to him, as he surveyed the expansive space that houses the pool, that it would look even more inviting if it were enhanced, in true Community Hospital tradition, with art. George and his wife, Debra, contemporary art collectors, broached the idea with Dr. Steven Packer, hospital president/CEO. A proposal to fund the acquisition of artwork was prepared and the couple, working with hospital art curator Amy Essick, decided on a ceramic triptych by local artist Sally Russell. Russell’s work, in the form of ceramic totem poles, is familiar to those who have visited the hospital’s Ryan Ranch Outpatient Campus.

“T was inspired to bring an exuberant palette into the largely monochromatic space to inspire and motivate our patients and members,” says Essick. “The pool area is largely composed of small square tiles. I thought of playing off the tile concept by making a big and colorful pattern for the walls. I was deeply motivated to bring in joyful color and patterns for our rehabilitation and bariatric patients and our Peninsula Wellness Center members, to encourage them in their health and wellness goals.

George and Debra Couch are absolute angels to gift our community in this way. Without our donors, the art doesn’t come to our environments.” Russell’s piece involves three handmade ceramic tile panels, not unlike her totems, but on flat surfaces. Each individual tile has personality and character in rhythmic, playful patterns, but it is the arrangement of the parts and their relation to each other that allows the work in its entirety to resonate with the room. The artwork, created in Russell’s signature bright colors and irregular textures, is presented in a stainless steel framework, giving it a lot of magnitude in the open space. “The hospital has a tremendous art collection, with its own curator,” says George Couch. “Having recently been a patient there, while going for walks I found the whole environment dramatically uplifted by the placement of magnificent art. If Community Hospital weren’t a hospital, it could be made into a resort.”

“Whether there as a patient or visiting a loved one, it is hard not to be taken with the quality and beauty of the art and how much it enhances the hospital, making it a more comfortable place to be,” Debra adds. “I think Community Hospital is one of the crown jewels among our community assets. The building is strikingly beautiful, and the quality of care is tremendous. It is our privilege to do what we can for Community Hospital.”

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One of the three ceramic triptychs by local artist Sally Russell displayed in the pool area at Peninsula Wellness Center. Funds for the art were donated by George and Debra Couch.
Executive Healthcare: A Thorough Approach

The spot on his lung was so small that most doctors, he felt, would have scheduled a return office visit in another six months to check its status. But Dr. Craig Geiler, despite knowing that it might be nothing more than scar tissue, was unwilling to court risk. He sought a definitive diagnosis through a series of tests, including a biopsy, which yielded the news: Bill Wiest had lung cancer.

Geiler scheduled an appointment for Bill to meet with cardiothoracic surgeon Dr. Gregory Spowart the very next morning, the Friday before Labor Day. After the holiday weekend on Tuesday morning, Bill underwent surgery to remove the lesion.

"It was Dr. Geiler's in-depth physical exam that revealed the problem in the first place," says Bill's wife, Margi. "We were so impressed by how quickly he moved on this. He didn't want to wait weeks or months to get to the spot out of Bill's body if it turned out to be cancer. This is why we both believe Dr. Geiler saved Bill's life. Because of such quick action, Bill did not have to have chemotherapy or radiation, and six months later, he remains cancer-free."

Bill's cancer was discovered during a routine annual check-up. The Wiests, who moved in 2006 from southern California to Carmel Valley, had left behind a 13-year relationship with their doctor. Reluctant to return to Southern California for routine medical care, they sought alternatives on the Peninsula.

"In talking with new acquaintances, two of whom sit on the Board of Trustees of Community Hospital," says Bill, "they told us about Dr. Geiler and the Monterey Program for Executive Health (MPPEH) he had established on the Peninsula, which, by reputation, offers equal or better care than the Mayo Clinic.

We made an appointment, sat down with him for a half-hour, and decided he was the person we felt we could trust. So we signed up for the program. Best decision we ever made."

The executive health program, with a concierge-type approach, is designed to motivate busy executives to monitor their health through a thorough, customized medical evaluation that caters to their needs.

"This program, started in January 2012, sounded a lot like what we had in Southern California," Bill says. "Since we had moved to the Peninsula, we wanted to establish a relationship with a local doctor we could call in case we had a problem. We had no idea I already had a problem. Dr. Geiler gave a more thorough exam than I was used to. He had my medical records; he knew I used to smoke and when I quit, and he wanted to do more in-depth tests. That's when he found the spot on my lung."

Bill spent 12 days in the hospital after his surgery, and Margi stayed with him the entire time. Once they returned home, the couple wrote a letter to the Board of Trustees, commending the Monterey Program for Executive Health and the hospital staff, including "doctors and nurses and everyone else; even the people who cleaned his room."

The Wiests also followed up their hospital stay by making a gift to Community Hospital, and asked that Geiler allocate the donation. He selected Tyler Heart Institute.

"I have heard from other people about bad experiences in other hospitals," says Bill. "But my experience was that every day I was there, every doctor, every nurse, everyone who came in my room, was friendly and helpful and seemed to have my best interest at heart. Everyone seemed as if this was more than just a job to them. I had no way to show my appreciation other than to tell them how I felt, until I got home, when we made our donation. The other thing we've done is tell all our friends to look into the executive health program, and many of them have."

"It was Dr. Geiler’s in-depth physical exam that revealed the problem in the first place . . . we were so impressed by how quickly he moved on this . . . Dr. Geiler saved Bill’s life."

Margi and Bill Wiest contributed to Community Hospital in gratitude for Bill’s care.

Monterey Peninsula Foundation . . . from front page

To learn more about the Monterey Program for Executive Health go to www.mpexecutivehealth.com or call 855-500-MPEH (6734).
The Art of Giving

DONOR RECOGNITION
The donor recognition wall at Community Hospital is not a typical acknowledgment of philanthropy. In place of a hierarchy of engraved brass plates, the wall is a sculptural installation that complements the vision and inspiration of hospital donors, whose names are inscribed in crystal over a backdrop of an impressionistic seascape. A lighting system operating behind cherry wood cabinetry illuminates the wall, varying from sunrise to moonlight, casting warmth and color or cool dusk, depending on the time of the day.

Community Hospital is honored and grateful to add to our recognition wall these donors whose recent contributions are an investment in our community.

Regina and Frank Amato
Robert N. Avery
Rosalie Bomignone-Wampuler
Burnham Foundation
Roger W. and Francesca Coleman
Charles de Guigné
Peggy V. Fossett
Kathleen M. Gowell
Jane and John McCoy

When we cast our bread upon the waters, we can presume that someone downstream, whose face we will never know, will benefit from our actions, as we who are downstream from another will benefit from that grantor’s gift. Maya Angelou

Intensive Inpatient Rehabilitation Opening at Community Hospital

After their daughter was paralyzed in a car accident in 2010, Katherine Jenkins, a Westland House nursing assistant, and her ex-husband, took turns driving back and forth every day for two months to Santa Clara, where she underwent intensive inpatient rehabilitation at Valley Medical Center. Today, such a unit does not exist on the Monterey Peninsula. Many patients choose not to travel, and instead receive either less intensive rehabilitation or choose not to travel, and instead receive either less intensive rehabilitation or less intensive rehabilitation.

An IRU provides aggressive physical, occupational, and speech therapy — a minimum of three hours a day — for patients with underlying medical complications as well as a range of conditions including stroke, brain and spinal cord injury, neurological disorders, and orthopedic issues. The goal of the IRU is to restore patients to their optimal level of independent functioning.

“When I heard about this, I thought, ‘Wow! That would have been really nice if there had been some place on the Peninsula for us to go,’” Jenkins says. “It would have been much easier.”

The 13-bed IRU will meet a large and growing need for restorative care. Patients typically experience excellent outcomes and fewer readmissions through the intensive, multidisciplinary approach.

Trustee Profile . . . from page 2

travel to other places to see how well-run, well-equipped, and well-staffed this hospital is. In my 23 years here, I have seen the hospital from every perspective — as a medical staff member, as a patient with my own family, as a committee member, trustee, and volunteer. And it has always operated at a high level, with new facilities and equipment keeping it there.

What has been the most rewarding part of your experience with Community Hospital?

Most rewarding almost certainly has been practicing medicine. However, I hesitate to use a superlative or describe any one aspect of my involvement in the hospital as most rewarding because these different perspectives aren’t really comparable. Seeing the Comprehensive Cancer Center come into being, spending time with longtime patients, and contributing to the continued growth of the hospital’s capabilities through its talented board — all were highly memorable and rewarding but sit in different silos of experience. I guess the most important point is that I have found my diversity of experiences most rewarding.

What do you hope and envision for the hospital during the next five years?

I hope the hospital stays on the track it’s on. It has a great degree of focus on excellence, which is measured in so many ways. Too often, the public perception assesses excellence in each new piece of equipment or new wing or special services, and Community Hospital has many of those, but excellence is often in the integration of care among the different levels of professional advisors, and in creating an environment for a seamless continuity of care.

Community Hospital takes its patient care seriously. It is a very professional organization, whose middle- and upper-level management takes on and achieves amazing projects that have a very big impact on lives in the community.

Especially with the changes in healthcare already upon us and those further challenges coming through the Affordable Care Act, it is essential to maintain excellence during times of change, which creates its own culture of excellence.

The pursuit of quality is a process, never-ending and never complete, which is an attitude I don’t think the hospital will ever lose.

The Art of Giving Back . . .

Following his father’s career as an executive with Anheuser-Busch, 40 years ago George Couch established Couch Distributing Company, now the largest beverage distributor on the Central Coast. Meanwhile, in 1985, Debra opened Debra C in Beverly Hills, her boutique of European designer apparel. In 2011, she opened a second store at The Crossroads in Carmel.

“Because Debra has a business in Los Angeles, we maintain a residence there,” says George. “A native of Los Angeles, she received her healthcare there, but a testament to Community Hospital that she decided to move her care to the Peninsula and work with the professionals here.”

“Not only do I appreciate the service and attention I receive, but the quality of the physicians here is unparalleled,” says Debra.

George and Debra have experienced situations from a bad case of the flu to George’s gall bladder emergency, in which they received care at Community Hospital.

“I don’t think there’s any question my life has been saved twice or maybe more at Community Hospital,” George says. “If I had ignored or let things go on, I could have been in serious trouble without the hospital. If something bad happens to me or to someone I love, I have full confidence in going to our hospital. Debra and I both feel that we owe Community Hospital.”

The Couches, who have contributed generously to Community Hospital over the years, look at giving from two viewpoints. From the perspective of giving back to the community, says George, they choose to promote an organization that provides first-quality care and encourages healthy living within the community, through outreach and a wide range of programs. From an altruistic standpoint, they feel good about supporting an organization that provides healthcare, often for patients unable to fully fund the cost of their care.

“From a more personal standpoint,” says George, “I want this hospital to be there for me, for my wife, and for my family and friends. I believe we can avoid catastrophic problems because Community Hospital is there to intervene on a local level. I can speak to this from experience, as can my wife and my brother. This is an investment worth making.”
CELEBRATING 1,000 HEARTS  A celebration was held at the Monterey Marriott to commemorate the hospital’s 1,000th heart surgery. Top left: Ezequiel Rodriguez-Chavez, 1,000th heart patient, and Dr. Richard Gray, medical director. Tyler Heart Institute. Bottom left: Surgeons Dr. Vincent Gaudiani and Dr. Gregory Spowart. Below: Heart surgery patients at the event.

ANNUAL MEETING  Left to right: J.R. Martinez, speaker; Robert and Leslie DeLuca; Betty Welge, Frances Enskine, and Donna Bresendine-McDowell; Davis Factor

VOLUNTEER SPRING LUNCHEON  Left to right: Connie Riley, Hospice of the Central Coast chaplain, Mary Castagna, Auxiliary president; George Spears; Jacqueline Hare