

## We Honor Veterans

Our service to patients at the end of life has given us the privilege of caring for many veterans. Truly, **"The Greatest Generation"**, our World War II veterans are leaving this earth rapidly now, many without sharing their legacy with anyone. We wanted to take the opportunity through our newsletter to share the legacy of our hero, Donald Potter.

At the age of 21 Donald enlisted in the Navy and was trained to be a Corpsman. Don states, **"That didn't last long because the Marines stole me from the Navy"**. Don became a Marine and was sent to the South Pacific Campaign as part of the first American offensive, the **"Battle at Tarawa"**. On November 20, 1943 thirty five hundred Americans stormed the island of Tarawa occupied by forty five hundred Japanese defenders in a battle lasting just 76 hours. The death toll was estimated at six thousand Japanese and Americans. As Don relates his story to me I notice a melancholy sadness and eyes start to tear. **"There were bodies floating everywhere"**.

An early complication to the amphibious invasion from the sea was a miscalculation of the tide. **"They dropped us off on the reef out of the Higgins boats because they could not get over the reef due to the low tide. We were supposed to swim and wade to the beach but the water was ten feet deep when we jumped off that reef. A lot of soldiers drowned because they were wearing heavy packs and carrying rifles. They never had a chance. The ones that didn't drown were being shot before they could get to the beach."** Don was able to convey with pride, attending to the medical needs of his fellow Marines while being shot at by snipers. **"All those bullets flying! Bullets whipping right past my head while I was stitching guys up. I never got hit! Can you imagine? There must have been a reason."**

Don did receive a Purple Heart and a Bronze Star while recuperating at Pearl Harbor from a gunshot injury to his leg he sustained in Saipan. He continued his military commitment, training physicians on combat first aid in San Francisco, was honorably discharged at the end of the war and came back to live in Chiloquin, his home town, where he has resided ever since. Thank you, Don for your service. We are honored to serve you, our Hometown Hero. Semper Fi.

Submitted by Don's nurse, Denise, with much, much respect.



## Well Said

### Tapping into one's inner well-being

What is a "good death"?

Have you ever heard someone refer to "a peaceful death with dignity?" It is the goal that hospice care seeks to attain for their patients in the final chapter of their life. Another way of considering this is to speak of "dying a good death." But what exactly is this? Who defines this? The patient or the caregiver? Perhaps there would be a myriad of definitions offered by clergy and counselors alike. One particular definition that caught my attention has to do with the term "existential maturity" which I came across in an article written by Judith Johnson. What follows is a brief excerpt .

" Existential maturity is a kind of peaceful acceptance of one's mortality and the relationship between generations of life that mitigates the pain of our transience by allowing an understanding of how we can die without entirely ceasing to exist."

- Linda Emmanuel



**Patrick Stroup**  
Spiritual Counselor

While there is no scale that exists to measure - it is safe to say that our culture would receive a very low score. An all-encompassing fear and avoidance of death permeates our culture and misdirects much of our energy into :

- Seeking the fountain of youth through "age management" rather than fully embracing all phases of life
- Being silenced rather than speaking up about our beliefs, thoughts, fears and concerns around dying and death
- Postponing and avoiding end-of-life planning rather than seeing the opportunity to influence the quality of life's end and to minimize confusion, stress, and suffering for loved ones.

The fear of death is at once culturally pervasive yet deeply private. The process of developing existential maturity involves recognizing and diminishing the underlying fear of uncertainty and the anxiety related to not knowing what is happening or what is going to happen. Although we desire to feel safe, secure and comfortable having all the answers, our existential situation does not provide us with any certainty.

Developing existential maturity requires moving our fears and anxiety to the background while enabling love, courage, compassion and authenticity to come to the foreground. One wise soul calls it "cultivating bravery" (Pema Chadron). When we choose to develop our own existential maturity, we also make a personal contribution to the collective process of transforming the culture of death-denial to one where we encounter death in a way that lovingly supports us as individuals, families, and society

(Adapted from an article by Judith Johnson - Author, Educator, Coach, Interfaith Minister: Huffpost Healthy Living; May 4,2012)

## Graduation Day



Many people are afraid of the term "hospice" when they first hear that they may be facing a life limiting illness. The criteria for hospice under Medicare regulations says that the doctor must certify that the person has a life expectancy of 6 months or less if the terminal illness runs its normal course.

Reality is some people won't live the full six months, some will live a lot longer, and some will improve and will no longer meet criteria. Last year 11% of our patients improved and no longer needed our services. "Graduation Day" is always a celebration for us and our patients.

Shown holding his "diploma" is one of our graduates, Bob Mezger, with his daughter, Sally. While he was on hospice services he finished his book, *A Forest History of the Oregon Klamath Basin, 1910-1980, With a Focus on the Klamath Indian Reservation*.

# Accreditation Certificate

We are pleased to announce that we have achieved Accreditation status from the Oregon Hospice Association. This program is voluntary and consists of a 3 day visit by surveyors who reviewed our entire program including patient care, governance, policies and procedures, employee performance, contracts, etc.. Surveyors also visited patients and their families. Achieving our Accreditation reinforces "Our care speaks for itself".



## 2012 Data

	2012	2011
Total Patient Served	169	183
Total Patient Days	14669	10561
Patients on Service 7 days or less	35 or 24%	52 or 28.4%

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## Volunteer Corner

I thought it would be fun to meet the different volunteers throughout the coming year.

Meet Susan (Susie) Burk, a volunteer since 2010. She is a true Oregonian – born in Eugene, grew up in Camas Valley, and moved to Klamath Falls with her husband Doug in 1967. She laughs at herself because she has never lived more than two hundred miles from her childhood home.

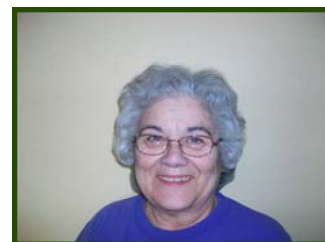
Susie likes hunting and camping. She says that her interests have changed over the years but hunting and camping are consistent. She used to ride four-wheelers at every chance and now she enjoys racing the clock working puzzles. She likes to do

things which she has not done before (NOT sky diving and NOT scuba diving) but almost anything else. She enjoys traveling, crabbing, digging for clams, and working in her garage.

She has worked in a variety of jobs from beautician to clipper operator in a veneer mill. She worked the longest (16 years) doing assembly at PMF.

Why did she become a volunteer for High Desert Hospice? Susie replied, "Because they do such good work. I liked all the people who were part of the team who helped us with Doug's illness. Besides I like people."

**National Volunteer Week  
April 21 – 27 –  
Thank you for making such  
a difference.**



~Call to Volunteer  
(541) 882-1636~