

HealthSigns

Summer 2012



High-tech care: WHHS is on the cutting-edge when it comes to technology **Page 3**



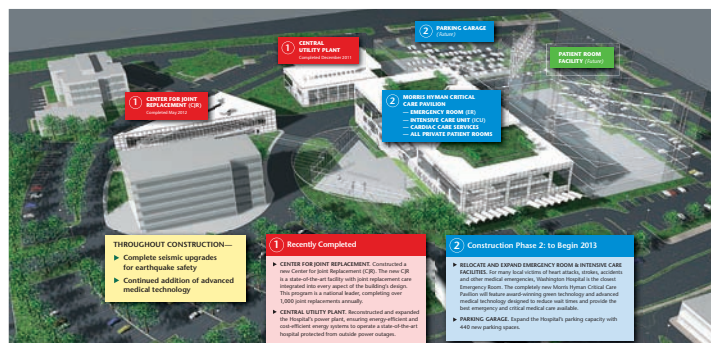
Pediatricians at WHHS are working to give kids a healthy start in life **Page 6**

Find out how to tell if it's heartburn or something more serious **Page 7**



Washington Hospital Healthcare System
2000 Mowry Avenue
Fremont, CA 94538-1716

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Expanding Care

Learn what the future holds for Washington Hospital Healthcare System. **Page 4**

Health Events

Classes, screenings and health fairs at Washington Hospital

August 2012

Radiation Safety: What You Need to Know

Date: Tuesday, Aug. 21

Time: 1 to 3 p.m.

Speaker: Bruce Nixon, M.D., radiologist

Where: Conrad E. Anderson, M.D. Auditorium, Rooms A & B

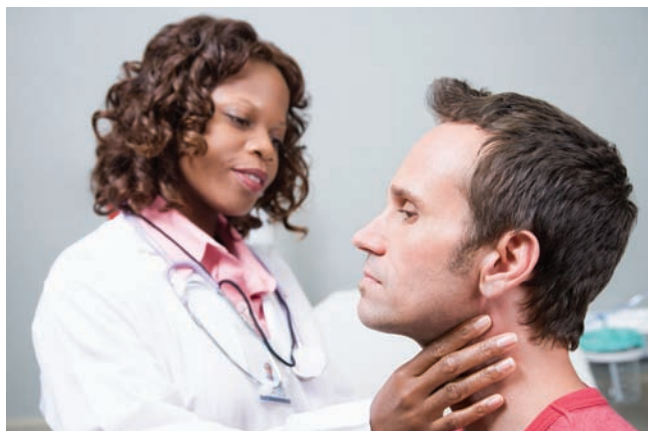
GERD and Your Risk of Esophageal Cancer: What Can I Do?

Date: Tuesday, Aug. 28

Time: 1 to 3 p.m.

Speaker: Mary Maish, M.D., thoracic surgeon

Where: Conrad E. Anderson, M.D. Auditorium, Rooms A & B



Washington Women's Center Classes

Classes focus on health topics that are tailored to meet a woman's needs. Classes take place at the Washington Women's Center, 2500 Mowry Ave. (Washington West). Call **510-608-1301** to register or visit whhs.com/womenscenter for more information.

Cancer in the Family—Am I at Risk?

Date: Tuesday, Sept. 4

Time: Noon to 1 p.m.

Speakers: Vandana Sharma, M.D., oncologist, and Nicki Chun, M.S., GSC, genetic counselor

Where: Washington Women's Center Conference Room

Induced Menopause

Date: Wednesday, Sept. 12

Time: 7 to 8 p.m.

Speaker: TBD

Where: Washington Women's Center Conference Room

Early Detection and Prevention of Female Cancers

Date: Thursday, Sept. 27

Time: Noon to 1 p.m.

Speaker: Vandana Sharma, M.D., oncologist

Where: Washington Women's Center Conference Room

September 2012

Stroke Prevention: Be Smart and Avoid Stroke

Date: Tuesday, Sept. 4

Time: 6 to 8 p.m.

Speakers: Ash Jain, M.D., cardiologist, and Doug Van Houten, R.N.

Where: Conrad E. Anderson, M.D. Auditorium

Diabetes Control: Back to the Basic Keys for Success

Date: Thursday, Sept. 6

Time: 7 to 8 p.m.

Speaker: Khalid Baig, M.D., family practice physician

Where: Conrad E. Anderson, M.D. Auditorium

Dietary Treatment for Celiac Disease: Learn About Gluten Sensitivity

Date: Tuesday, Sept. 25

Time: 1 to 3 p.m.

Speaker: Kim Alvari, R.D., registered dietitian

Where: Conrad E. Anderson, M.D. Auditorium, Rooms A & B



Washington Hospital's Stroke Program has been recognized for its commitment to excellence by The Joint Commission, American Heart Association and HealthGrades.

CHECK OUT OUR HEALTH AND WELLNESS CLASSES

Washington Hospital community seminars are free and open to the public. Seminars are held in the Conrad E. Anderson, M.D. Auditorium, Washington West, 2500 Mowry Ave., in Fremont. Register online at whhs.com or call Health Connection at **800-963-7070**.



State-of-the-Art Surgery

Washington Hospital is one of only three in the U.S. to have a BodyTom portable CT scanner



Washington Hospital recently opened a new surgical suite that features a BodyTom portable CT scanner, making it one of only three hospitals in the entire country to have one.



Sandeep Kunwar, M.D., a neurosurgeon and co-medical director of the Gamma Knife Program at Washington Hospital's Taylor McAdam Bell Neuroscience Institute, says having a state-of-the-art operating room allows Washington Hospital physicians to provide world-class care to patients.

As advances in technology continue to dramatically change the way surgeries are performed, Washington Hospital is on the forefront when it comes to state-of-the-art surgical equipment. The hospital recently opened a new surgical suite that features a BodyTom portable CT scanner, making it one of only three hospitals in the entire country to have one.

"The new operating room is really the operating room of the future," says Sandeep Kunwar, M.D., a neurosurgeon who specializes in minimally invasive brain surgery and is co-medical director of the Gamma Knife Program at Washington Hospital's Taylor McAdam Bell Neuroscience Institute. "It's very unusual for a community hospital to be on the leading edge with this type of equipment. But Washington Hospital is committed to the patient-first ethic, and having the best technology available today means we can provide world-class care to our patients."

The BodyTom portable 32-slice CT scanner provides three-dimensional images of the body right in the operating room. Before the arrival of the BodyTom, the patient had to be taken to the radiology department to have a CT scan. But now these scans can be taken in real time during the surgical procedure and the high-resolution images are displayed on huge monitors in the operating room.

"It's the very first of its kind on the West Coast," says Moses Taghioff, M.D., medical director of Peri-Operative and Strategic Surgical Services at Washington Hospital. "In our totally futuristic operating room we are able to obtain a CT scan almost instantly to help locate a small brain tumor."

Now during delicate brain and spine surgeries, patients don't have to be moved in order for surgeons to get a three-dimensional view of what is happening inside the body. For

example, when removing a brain tumor, neurosurgeons can see during the operation whether they have removed the entire brain tumor while they are still in the operating room rather than waiting until afterward to perform a CT scan.

GPS Tracking

"The BodyTom works with the Brain Lab Neuro Navigation system," says Jan Henstorf, M.D., an orthopedic surgeon who specializes in minimally invasive spine surgery and current past chief of the medical staff at Washington Hospital.

"Similar to a GPS used in a car, surgical instruments have a tracking device on them so surgeons can navigate through the brain and spine using the three-dimensional imagery."

The two programs talk to each other and immediately show us images, Henstorf adds.

"Just as you can see your car moving on the map, we can see our instruments inside the body, but with much higher resolution and clarity. While your car GPS is accurate within a few feet, this is accurate within a fraction of a millimeter."

Henstorf says the ability to navigate inside the body is not new technology, but being able to see 3-D images during surgery is state-of-the-art. "This is a huge step forward," he adds.

The new operating room also uses Global Care Quest, a clinically integrated system that allows surgeons to see lab results, X-rays, CT scans, angiograms and other relevant information on large monitors during surgery so surgeons can make informed decisions.

All of the equipment is on booms that come down from the ceiling, allowing them to be easily maneuvered to meet the individual needs of the patient and surgeon. The only

equipment standing on the floor is the operating table and CT scanner, both of which are mobile.

On the Leading Edge

Washington Hospital has a history of being on the leading edge of medical technology. For example, five years ago the hospital purchased the very first Leksell Gamma Knife Perfexion unit in the country, according to Taghioff. The Gamma Knife allows surgeons to remove brain tumors without opening the skull.

He says that a few years ago a team of surgeons from Washington Hospital went to the Ronald Reagan UCLA Medical Center to see the futuristic operating room there. Hospital administrators were determined to bring that same technology to Washington Hospital.

"What we witnessed was pure magic," Taghioff says. "Now we have those capabilities right here in Fremont. We can perform the most delicate and precise brain and spine surgeries with minimal risk to the patient. We have come a long way since I started at Washington Hospital in 1973. We have state-of-the-art technology at our fingertips and now this amazing operating room, as well as some of the best surgeons in the country. We have become a world-class medical institution." ●

HOW CAN WE HELP YOU?

To learn more about the services offered at Washington Hospital, and how our cutting-edge technology can help your health, visit whhs.com.



The Future Is Taking Shape at Washington Hospital

Plans for new emergency and critical care facilities move forward



Carmen Agcaoili, M.D., medical director of the Intensivist Program and co-medical director of the Intensive Care Unit (ICU) at Washington Hospital, says the expansions of the Critical Care Unit and the ICU will enhance Washington Hospital's ability to provide the best possible care for those patients who are most at risk.

Now that Washington Hospital has completed construction of a new Central Utility Plant and a new Center for Joint Replacement building, the next step in the hospital's master plan is to upgrade and expand its facilities via the Emergency Room/Critical Care construction project. Plans for the new three-story, 260,000-square-foot Morris Hyman Critical Care Pavilion have been submitted for approval to the state reviewing agencies, and construction is anticipated to begin in 2013.

When the current emergency room at Washington Hospital was constructed, the population of the Washington Township Health Care District was only 18,000 people. Today, Washington Hospital serves more than 350,000 residents, and the emergency room is the second busiest in Alameda County—exceeded only by Highland Hospital in Oakland.

“Our emergency room always operates at or above capacity,” says Ed Fayen, Washington Hospital's associate administrator of System Operations and Management Support Services. “Last year, we had more than 50,000 emergency room visits. An expanded emergency department is clearly a critical need, and that's why it is an essential component of our master plan, which is designed to meet the current and future needs of

our community. The new emergency room will be approximately four times its current size.”

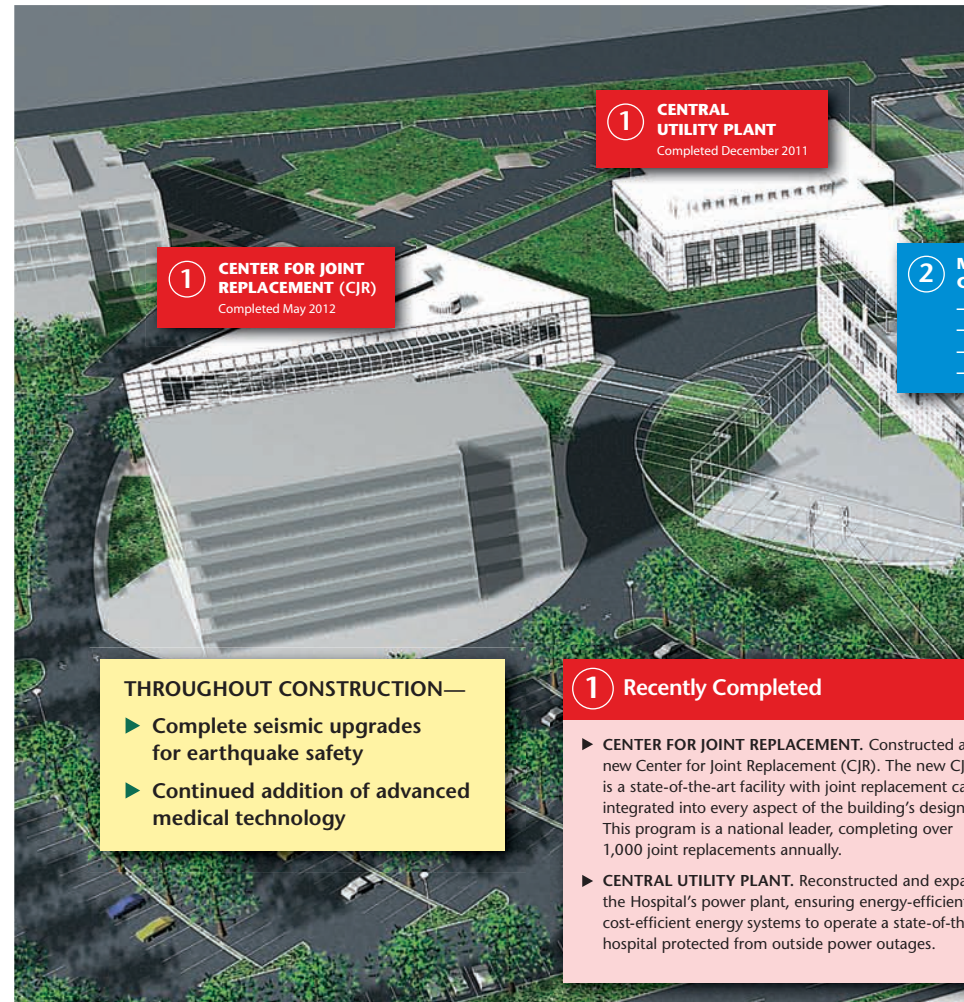
Fayen notes that the expanded and upgraded emergency room will also position Washington Hospital to apply to the Alameda County Board of Supervisors for designation as a trauma center. Currently, the closest trauma center to the Tri-City area is Eden Medical Center in Castro Valley.

Enhancing Care, Increasing Efficiency

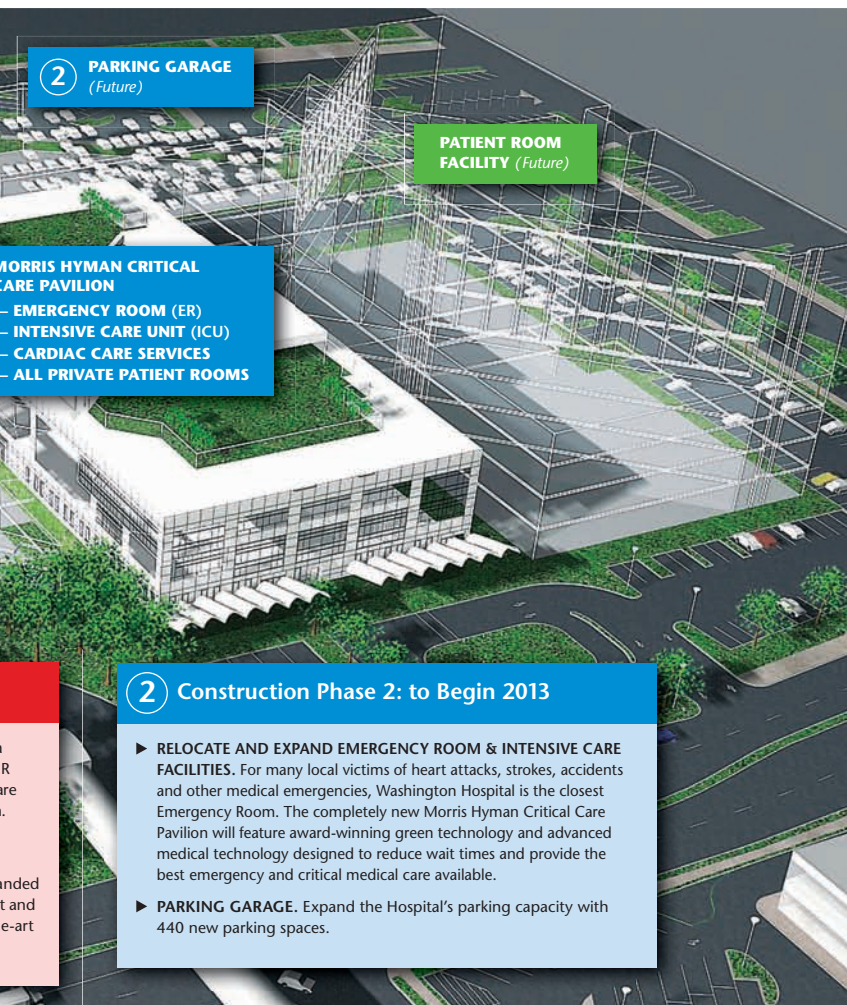
The other components of the new building—expansions of the Critical Care Unit (CCU) and the Intensive Care Unit (ICU)—will also enhance Washington Hospital's ability to provide the best possible care for those patients who are most at risk.

“Our current CCU has eight private rooms, while the ICU has two private rooms and 10 additional beds,” says Carmen Agcaoili, M.D., medical director of the Intensivist Program and co-medical director of the ICU. “We also have eight beds in private rooms upstairs in an ICU-overflow unit.

“Despite our current limited capacity, patients who require critical care services are rarely turned away,” she adds. “The new facility will expand the CCU/ICU capacity to 48 beds, all in private rooms and all on the same floor.



The Center for Joint Replacement building opened in May 2012. The new CJR building is a state-of-the-art facility with joint replacement care integrated into every aspect of the design.



2 PARKING GARAGE
(Future)

PATIENT ROOM FACILITY
(Future)

MORRIS HYMAN CRITICAL CARE PAVILION
 - EMERGENCY ROOM (ER)
 - INTENSIVE CARE UNIT (ICU)
 - CARDIAC CARE SERVICES
 - ALL PRIVATE PATIENT ROOMS

2 Construction Phase 2: to Begin 2013

- ▶ **RELOCATE AND EXPAND EMERGENCY ROOM & INTENSIVE CARE FACILITIES.** For many local victims of heart attacks, strokes, accidents and other medical emergencies, Washington Hospital is the closest Emergency Room. The completely new Morris Hyman Critical Care Pavilion will feature award-winning green technology and advanced medical technology designed to reduce wait times and provide the best emergency and critical medical care available.
- ▶ **PARKING GARAGE.** Expand the Hospital's parking capacity with 440 new parking spaces.



The new Central Utility Plant, completed in December 2011, provides energy- and cost-efficient systems for operating the hospital.

"The private rooms in the new building will be larger, providing the doctors and nurses with more room to perform medical procedures in the patient's room," Agcaoili says. "Having all single-occupancy rooms will also ensure greater privacy for the patients and more space for their family members to stay with them in the room. Because there will be more room for lifesaving equipment in each room, it also will increase our efficiency in providing critical care services."

The new CCU/ICU will have two large waiting areas for families, including several secluded alcoves with family/meeting conference rooms, all with Wi-Fi access. The facility will also feature an additional 68 Med/Surg beds and support space on the third floor.

"We believe this new patient- and family-centered facility will provide a more healing

environment for our critically ill patients," Agcaoili notes. "With our round-the-clock visiting hours, we have always encouraged families to be part of the critical care team, and having a modern, new facility that is more comfortable for these families will help improve that interaction."

Robert Alfieri, Washington Hospital's chief of Facilities Services, estimates that construction of the new Morris Hyman Critical Care Pavilion will take four to five years to complete.

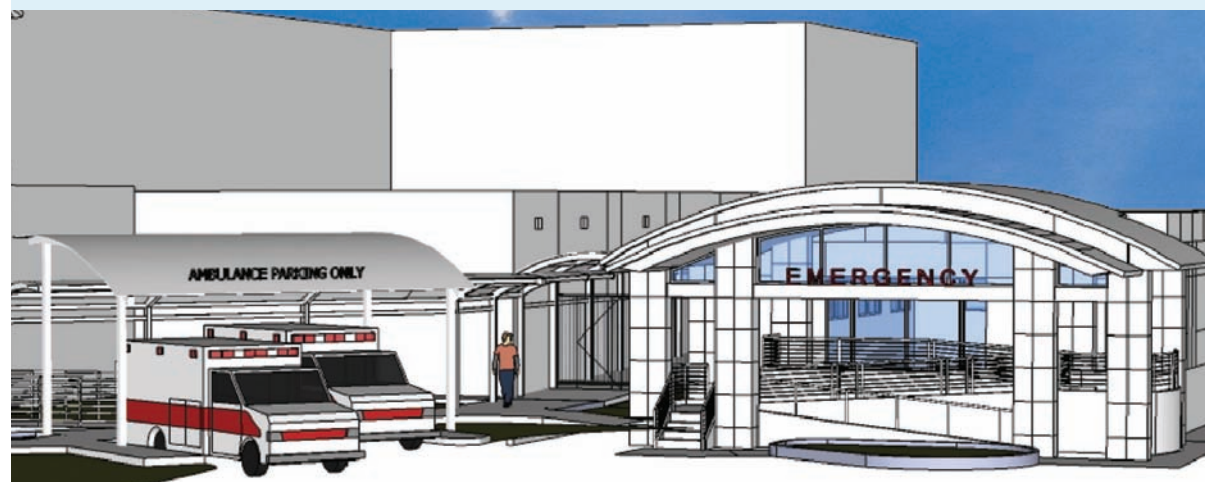
"Construction of the new building won't affect parking for patients and visitors or their access to the current hospital facilities," he says. "In addition to expanding our patient capacity and enhancing our ability to provide the highest quality patient care, the new facilities also will meet all the California state requirements for seismic safety." ●

Temporary Units Expand Emergency Room Access

To better accommodate the more than 4,000 patients who visit the emergency room at Washington Hospital each month and provide a better patient experience until the new Morris Hyman Critical Care Pavilion is completed, the hospital has added a modular building to expand the current ER. The modular building was completed this past June.

"The addition has added 2,000 square feet of space to our existing emergency room facility," says Robert Alfieri, Washington Hospital's chief of Facilities Services.

"There is a new entry point for the ER, although patients still come to the same location," he explains. "The modular building is being used for waiting areas and triage, which allows us to reorganize the current ER space to provide better care. The new configuration makes it easier to organize patient flow, which provides a nicer emergency room experience for our patients and reduces wait times."



KEEP UP WITH OUR PROGRESS

Visit whhs.com/construction to stay informed about the progress of Washington Hospital's construction projects, including construction video, time-lapse footage and Facilities Master Plan updates. To learn more about current and upcoming projects and upgrades at your community hospital, tune in to upcoming Washington Township Health Care District board meetings on InHealth, a Washington Hospital Channel, on Comcast Channel 78 or inhealth.tv.



Keeping Kids Healthy from the Start

Pediatricians stress the importance of preventive medicine



From left, Washington Township Medical Foundation pediatricians Amy Tun, M.D., Swetha Kowsik, M.D., and Courtney LaCaze-Adams, M.D. All three physicians are board-certified and are committed to keeping infants and young children healthy.

If there's one universal element that all parents share, it's that they worry about their children—and wonder what they can do to keep them healthy, safe and happy.

One of the best ways to help keep infants and young children healthy and lower their risk of illness is through immunizations and preemptive medicine, according to Swetha Kowsik, M.D., a pediatrician with Washington Township Medical Foundation.

Kowsik says that immunization is not only a cornerstone to wellness, but visits for routine vaccinations also help to cultivate a strong relationship between parents, children and their pediatrician.

"Immunizations have revolutionized health care and help keep children healthy for years," she explains, calling immunizations one of the most important preventive measures that parents can take for their child's health. "Beyond the health care benefits, immunizations are a vital part of a pediatrician's practice. They facilitate education and communication between the pediatrician, parent and child."

An Opportunity for Education

Each appointment for a vaccination, she says, is a learning opportunity for parents and an ideal time to ask questions of their child's health care provider.

"Families are asked to return multiple times for vaccinations—especially in the first year of life—so it is a way to foster a relationship between them and their health care provider. Each time a child comes in for vaccinations, it is an opportunity for the physician to educate the family."

While it's inevitable that children will get sick, many

potentially dangerous illnesses can be prevented through routine vaccinations, and she adds that preventing an illness—whether the flu or chickenpox—is always better.

"While our training allows us to treat children *after* they have acquired an illness, we have also been taught to equally—if not more—emphasize *preventive* medicine," she says. "The value of preventive medicine is that you often cannot predict whether a unique individual will have a mild or severe reaction to an illness, and prevention can avoid that."

The Pertussis Problem

Recently, according to Kowsik, community resistance to pertussis—whooping cough—began to decline. A highly contagious disease, whooping cough is transmitted through direct contact with fluids from the nose or mouth of infected people.

"In 2010, endemic levels of whooping cough were reached in California, resulting in 10 infant deaths," she says. "After this, a law was created requiring children entering seventh through 12th grades to show proof of a booster for pertussis before starting school. This booster is the Tdap vaccine, which covers tetanus, diphtheria and pertussis."

Reliable Resources

Kowsik says the best way for parents to stay up-to-date on their child's immunization schedule is to talk to their son or daughter's pediatrician. She adds that while the Internet is filled with resources regarding vaccinations, some of

these sources can be misleading and confusing. Some of the best websites to refer to regarding vaccinations are:

- cdc.gov/vaccines
- healthychildren.org (developed by the American Academy of Pediatrics)
- who.int/en (for a global perspective on vaccine-preventable diseases)

Additionally, she cautions parents to be wary of invalid or misleading research surrounding early childhood vaccinations, and she urges parents to have an open conversation with their child's pediatrician before coming to any conclusions. Ultimately, Kowsik says, vaccines are scientifically proven to prevent diseases that have caused so much harm and pain to children throughout the years.

"For the temporary pinch of a vaccine needle, children are granted years of protection from deadly diseases. It is our duty as pediatricians to care for our patients, and immunizing is one of the best ways of doing so." ●

FIND THE RIGHT PHYSICIAN FOR YOUR FAMILY

To find a pediatrician near you, visit Washington Hospital's website at whhs.com and click "Find My Physician," or call **800-963-7070** for a referral to a doctor.



A Pain in the Chest

Is it heartburn or something more serious?



Mary Maish, M.D., chief of thoracic and foregut surgery for Washington Township Medical Foundation, often performs minimally invasive laparoscopic surgery to relieve the symptoms of GERD, improve function and restore the anatomy.

Most people know what heartburn feels like. It's that uncomfortable, burning sensation in your chest that is also called acid indigestion. If you experience heartburn occasionally, it is not a cause for concern.

However, according to a recent study by the Gallup organization, an estimated 25 to 40 percent of healthy Americans experience a more serious form of acid reflux, called gastroesophageal reflux disease (GERD). It is estimated that up to 7 to 10 percent of adults have symptoms of GERD every day.

A Cause for Concern

The National Institute of Diabetes and Digestive and Kidney Diseases warns, "Persistent reflux that occurs more than twice a week is considered GERD, and it can eventually lead to more serious health problems."

"GERD is a constellation of symptoms that most often includes heartburn as well as a variety of other problems like regurgitation, bloating and an acid or bitter taste in the back of your mouth," describes Mary S. Maish, M.D., chief of thoracic and foregut surgery for Washington Township Medical Foundation.

"Other symptoms commonly associated with GERD are nausea, chronic ear infections, chronic cough, recurrent pneumonia, hoarseness and oral cavity problems, such as dental decay or malodorous breath."

There is a range of possible causes for GERD, with obesity being the most frequent culprit, according to Maish. Other possible contributing factors include stress or taking a medication that causes your stomach to empty more slowly. GERD can also be due to a hiatal hernia, which occurs when the upper part of the stomach rises up inside the chest.

If you have irritable bowel syndrome, with chronic abdominal pain, discomfort, bloating and alteration of bowel habits, this can also lead to reflux symptoms. In addition, anxiety-related problems like panic disorder can bring about symptoms of GERD.

How Do I Know If It's GERD?

"To confirm what you are experiencing is truly GERD, we have to perform four tests," Maish explains. "Unfortunately, none of these is very comfortable for patients, but together they give us the best picture of why the problem is occurring."

The tests include:

- Barium swallow—After you swallow a barium solution, X-rays are taken to get a good picture of the overall anatomy and function of your esophagus.
- Upper endoscopy—A thin, flexible plastic tube, with a light and lens on the end that acts as a tiny camera, is slid down your throat after you have been mildly sedated. This allows the physician to see the inside lining of your esophagus and search for abnormalities.
- Manometry—A catheter is slipped into your nose to check the pressure in the esophagus while you are swallowing liquids or semisolids. This will indicate how the esophagus and the sphincter valve between the esophagus and the stomach are functioning.
- pH monitoring—A catheter is inserted into your esophagus, resting there for one or two days while you go about your normal activities. This test measures how much acid and non-acid reflux material may be coming into your esophagus.

"Once the tests are completed, there is a variety of ways we can treat GERD, depending on the problem," says Maish.

Treatment Options

If the tests show no anatomic abnormalities, you can take drugs called H2 blockers or proton pump inhibitors. H2 blockers provide short-term relief by decreasing the acid production in your digestive tract. They are available by prescription or over-the-counter.

Proton pump inhibitors are available by prescription to relieve symptoms while also helping to heal the lining of the esophagus.

"If, however, you have an anatomic or functional problem of the sphincter valve between the esophagus and the stomach, or if you have a hiatal hernia, you may need surgery," Maish adds. "Today, we can do minimally invasive laparoscopic surgery to relieve the symptoms of GERD, improve function and restore the anatomy. This will prevent reflux from continuing to come back into the esophagus from the stomach."

Laparoscopic surgery for GERD takes about one hour. Afterward, patients stay in the hospital for one or two nights before going home and can usually return to work or other normal activities in about a week. Patients are restricted from doing any heavy lifting for about six weeks after surgery to allow for proper healing.

"If you continue to have symptoms of GERD without being diagnosed and treated, it can have potentially devastating results," Maish warns.

Ongoing reflux can lead to inflammation of the esophagus, which can result in scarring and narrowing. In extreme cases, it might be necessary to surgically remove the esophagus. Continued reflux can also lead to Barrett's esophagus, a premalignant condition that increases your chances of getting cancer of the esophagus.

"When we consider how to treat someone for GERD, we look at the whole person and determine if the surgical option will be the most beneficial for them," Maish says. "The important thing is that, through surgery, we can restore the barriers and prevent progression of the disease so that worse problems can be avoided. It's not just a matter of relieving symptoms." •

LEARN MORE ABOUT YOUR OPTIONS FOR TREATING GERD

Are you dealing with persistent heartburn? Say goodbye to the pain by finding the treatment that is right for you. Attend our seminar Aug. 28 with Mary Maish, M.D., to find out what your options are. Visit whhs.com for more information and to register.



Caring for a Growing Community



From emergency medicine to joint therapy, Washington Hospital keeps pace with the needs of Alameda County

Nancy Farber
Chief Executive Officer



The 37,000-square-foot Central Utility Plant now supplies all the necessary utilities to existing facilities and will support all functions of Washington Hospital's campus of the future.



Local residents, former patients and staff members toured the new Center for Joint Replacement building this past May.

During the past year, I have talked about our Facilities Master Plan for Washington Hospital Healthcare System and the two important buildings that have been under construction during this first phase. I have also discussed our plans for Phase II, which is the Morris Hyman Critical Care Pavilion that will house our much needed, expanded Emergency Room and Critical Care units.

Today, I'm very happy to tell you we've made great progress and have completed Phase I of the plan. The Central Utility Plant is up and running, and our new facility, called The Center for Joint Replacement, opened to patients in June. We have also continued the planning of Phase II of our Facilities Master Plan. Our construction plans for the new, three-story 250,000-square-foot Morris Hyman Critical Care Pavilion are undergoing final review with the state, and construction on that building is scheduled to begin in 2013.

When Washington Hospital opened in 1958, we served a community of 18,000 people; today we serve more than

350,000 residents and we anticipate this to increase over the next several years. The Washington Township Health Care District Board of Directors several years ago developed a long-range master plan to meet this anticipated future demand and California's seismic safety requirements.

The Central Utility Plant, which opened late last year, will have more than enough capacity to support all functions of the hospital's campus as it grows to meet future demand. It will provide power to our facilities during an earthquake or other emergency for up to seven days, and it is designed to meet the highest energy efficiency and emission standards. It is quiet, clean and safe, and it will save the district 480,000 kilowatt hours of electricity each year.

The new Center for Joint Replacement is an innovatively designed building that houses our new Institute for Joint Restoration and Research. HealthGrades, an independent health care outcomes rating company, recently awarded Washington

Hospital the Joint Replacement Excellence Award, placing us among the top 5 percent in the nation for the sixth year in a row and as the best hospital for joint replacement in the Bay Area.

The Morris Hyman Critical Care Center will answer this community's need for expanded emergency and critical care facilities. Last year, more than 50,000 patients were treated in our emergency room, the second busiest in Alameda County—exceeded only by Highland Hospital in Oakland. Our new emergency room will be approximately four times as large as our current emergency room, which will make us better equipped to meet the needs of the District residents. The new emergency room will also position us so that we can apply to the Alameda County Board of Supervisors for designation as a trauma center.

The new Critical Care/Intensive Care units will have 48 beds compared with our current capacity of 28 beds. All of the rooms in the new building will be private and larger in size, providing space for lifesaving

equipment, more room for doctors and nurses to perform medical procedures in the patient's room, and for patients to have greater privacy.

Despite our limited capacity at times, we strive to ensure that we meet the needs of our community every day and that our patients receive the best care possible. I will continue to update you as we progress in moving forward with Phase II of our long-range Facilities Master Plan. All of us at Washington Hospital are dedicated to making sure our residents have access to the very best care possible. With your help and support, we will continue to meet that goal.

WE WANT TO HEAR FROM YOU!

If you have questions about the topic of this column or about other WHHS services, please contact Community Relations at **510-791-3417** or visit **whhs.com**.



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