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The Spirit of St. Luke's, Spring 1999

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St. Luke's Receives Top Awards for Excellence in Health Care
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Dear St. Luke’s benefactors:

Lots of people these days wonder why health care organizations need charitable gifts. The popular notion is that hospitals are making more money than they can spend. Yet those of us who work in health care philanthropy know exactly how important charitable gifts are for our hospitals and health care systems. We know that with philanthropy we are helping to reduce costs, provide access to care for many people, and improve the quality of care for everyone.

In the question and answer article on decreasing reimbursement, which appears on page 11 of this issue of The Spirit of St. Luke’s, Michael Panosh, Vice President of Finance for Aurora Health Care’s Metro Region, answers some pertinent questions about why philanthropy is so essential to St. Luke’s. I encourage you to read that article and consider the important points Mike makes about these crucial issues.

Cost is a big concern in health care today. In most hospitals, patient revenues cover the basic cost of care a patient receives. Revenues from patient bills, as high as they may seem, do not cover the cost of research. They don’t cover the cost of the equipment the hospital needs to better diagnose and treat illness. They don’t provide for the chaplain who is available to families in crisis, or the many other things that we have come to expect as part of hospital care. Philanthropic gifts make up the difference. Thanks to you, our generous donors, we are able to provide for those extras.

Access to care is another pressing concern for many patients today, and in this area philanthropy makes another important contribution. Charitable gifts make it possible for us to provide care to people who would not otherwise have it. All over the Milwaukee area and in many different ways, St. Luke’s provides care for people without insurance, or without the means to pay hospital bills that are not covered by insurance. This is part of our commitment to the community. We could not fulfill this duty without the help of our donors.

The charitable clinics established by St. Luke’s Medical Center and Aurora Health Care, featured last year in an issue of The Spirit of St. Luke’s, are examples of how St. Luke’s has dramatically expanded access to health care in our community. One example of this commitment is the Madison Street Clinic. The Madison Street Clinic serves the uninsured and the homeless—individuals and families who because of barriers of poverty, homelessness, language, geography, immigration status, mental or physical illness, or unfamiliarity with health care resources are not able to be seen elsewhere.

Madison Street was originally created to provide care for the homeless; however, as it began operating, the staff discovered its primary population would be the working poor—people who have low paying jobs and no insurance. One hundred percent of the care provided at Madison Street is free care that St. Luke’s Medical Center provides. This is only one example of our continuing commitment to provide the best in health care to our communities. We believe in this country that everyone has a right not only to care, but also to the best possible health care based on need.

Providing the very best possible care also requires a commitment to quality. And here philanthropy makes another major contribution. St. Luke’s could not continue to provide high quality care without the support of our many friends and donors.
Quality demands substantial investments in clinical research, new equipment, and direct patient care. All three are needed to approach our ideal of providing the best care. As a not-for-profit charitable organization, St. Luke's reinvests all surplus revenues back into this mission. Every dollar is spent on improving health care. But even that isn't enough to meet the demand for better and better health care.

Patient or insurance billing could never provide enough money to ensure quality care for every patient. We are certainly not receiving the necessary dollars we need to meet the demand for both quality care and total access to care. This is primarily because the science of medical technology and the advancement of new and more effective ways to diagnose and treat disease are rapidly progressing. We are developing technology so fast that we can't possibly fund it all. Yet the demand is still there. We want more and better cures all the time. The quality of our care is increasing, but the demand is increasing even faster.

The quality difference is incalculable. People come here from all over the world to get the very best in health care at St. Luke's Medical Center in Milwaukee. We are fortunate to have medical centers of excellence providing the very best in health care when we need it. St. Luke's is a model hospital in its ability to translate the developments of research into treatment for the patient quickly and effectively. Underscoring this point, the feature article in this issue of The Spirit focuses on the prestigious Mercury Awards that St. Luke's has received for this excellence in patient care.

We are dedicated to providing quality treatment based on the latest research for patients with cancer, heart disease, diabetes, and many other life-threatening diseases. For this reason, physicians on the leading edge of medical research are anxious to affiliate with us. We do our very best to provide them with an environment where clinical research translates to treatment for patients.

**Philanthropy truly does make the difference.** Gifts from generous donors like you make many advancements and services possible at St. Luke's Medical Center that might not otherwise be possible. Without you, St. Luke's would be a very different place. My sincere thanks to all of you, who in the true spirit of giving, give from your heart.

Signed,

Brad Holmes
Vice President for Philanthropy

*THE SPIRIT OF ST. LUKE'S*
Medical care has become a complex issue for American consumers. There are so many choices to make and issues to consider. How do you choose a hospital or health care provider? Where do you go for the best care for a specific condition—such as heart disease, cancer, or orthopedic problems? How do you make informed decisions with so many different messages being delivered by the media and through advertising? How can you make wise health care choices in the midst of such a competitive and changing medical environment?

Now Milwaukee area residents have an objective, independent assessment to use in making these kinds of decisions. St. Luke's Medical Center has been recognized as a recipient of the prestigious 1998 Mercury Awards, which are sponsored by America's Health Network and HCIA, Inc. HCIA is a nationally recognized health care information provider. America's Health Network, based in Universal Studios in Orlando, Florida, offers 24-hour health and medical programming and reaches 8.5 million households across the nation through cable television and satellite distributors. St. Luke's received this recognition as the result of an independent study of the Milwaukee area's hospitals conducted by HCIA.

HCIA reviewed 24 months of statistical data on 17 Milwaukee area hospitals and examined more than 250,000 medical records. In addition to a "Total Facility" score for the hospital overall, each hospital also received a score for the three major service lines of Cardiology, Orthopedics, and Oncology. These service lines were chosen because consumers surveyed through focus groups and Internet research consistently expressed an interest in them. According to the sponsors of the awards, their major goal is to "offer consumers a starting point for making informed decisions about how they choose health care." The study evaluated quality of care, level of patient service, and market reputation.

St. Luke's Medical Center was a winner in all four Mercury Award categories. St. Luke's had the top scores in each category in the Milwaukee area.
St. Luke’s Medical Center was a winner in all four Mercury Award categories. The overall score for Total Facility and the three service lines was determined by summing the scores for eight measures, including breadth of services, length of patient stay, staff-to-patient ratio, costs and efficiency, reputation in the marketplace, drawing power outside of the marketplace, and rates of complications and death.

Hospitals were rank-ordered by their overall values and the top three in each service line qualified as

**Only one other hospital in the U.S.—the Cleveland Clinic, in Cleveland, Ohio—equaled St. Luke’s achievement of a perfect score in all four award categories.**

Mercury Award winners; however, it is important to emphasize that St. Luke’s had the top scores in each category in the Milwaukee area. In addition, out of 382 hospitals surveyed throughout the country in 1998, no other hospital scored better than St. Luke’s Medical Center in Milwaukee. Only one other hospital in the U.S.—the Cleveland Clinic, in Cleveland, Ohio—equaled St. Luke’s achievement of a perfect score in all four award categories.

The Mercury Awards report issued by HCIA said, “St. Luke’s treated the most complex cases in the Milwaukee market, while maintaining efficient length of stay and low costs. St. Luke’s offered the widest breadth of services, which helped to increase its drawing power.”

The Mercury Awards are especially meaningful because unlike most hospital rankings available in the past, which have reflected the opinions of small samples of patients, physicians, and employers, these awards rely on hard numbers to develop measures of care and services for each hospital surveyed.

The Mercury Awards also underscore the increasingly important role played by the consumer in health care today. The awards establish guideposts for what patients should expect from their health care providers. In the past, consumers did not have easy access to this kind of information and selected hospitals based on a variety of factors, such as advertising or convenience. The Mercury Awards give patients the specific facts and information they need to make the best choices for their medical care.

As important as facts and figures are, it is equally important to remember that these statistics translate directly into the care of human beings whose lives are frequently changed forever by their experiences.

**The Mercury Awards give patients the specific facts and information they need to make the best choices for their medical care.**

at a hospital. For each of these winning service lines—Oncology, Cardiology and Orthopedics—there are patients and families who benefited immeasurably from the excellence in medical care at St. Luke’s Medical Center. Some of their stories follow as we look at each service line recognized by the Mercury Awards.
Oncology

In the area of cancer, the Mercury Awards report said, "St. Luke's was a top performer in Oncology" and "offered a wide breadth of services, and its reputation as a leader in cancer care was boosted by its low mortality rate."

"I found that treating breast cancer isn't a black and white situation. Dr. Mikkelson was tremendously helpful. While she didn't make the decision for me, she presented the options and gave me the information I needed to make my own decision about treatment."

— Wendy Lundquist

Former patient Wendy Lundquist provides a personal testimony to the excellence of cancer care at St. Luke's. After a suspicious spot appeared on her annual mammogram and a surgical biopsy was recommended by another hospital, she chose to go to St. Luke's Medical Center for a second opinion. During an ultrasound test at St. Luke's, she was informed that they could do an ultrasound biopsy right then. The biopsy revealed a very small lump. Wendy emphasizes that the lump was so small it could only have been discovered by comparing her new mammogram to an earlier one.

Wendy, who had been happily approaching her 50th birthday later in the year, was shocked to discover this tiny lump was cancerous since she had always been a very healthy person. She exercised regularly, ate well-balanced meals, and had no history of breast cancer in her family. She and her husband, Byron, were enjoying life—managing the growth and success of their own company, moving between their two homes in Milwaukee and Naples, Florida, and traveling around the world together.

Because she was so pleased with the way her situation had been handled at St. Luke's during the biopsy process, Wendy decided to continue her treatment at St. Luke's. Since her tumor was not fast-growing, she spent two weeks after the diagnosis exploring her treatment options, with the support and advice of St. Luke's surgeon, Dr. Wendy Mikkelson, who specializes in breast surgery.

Wendy Lundquist recalls, "I spent time reading and talking to other women who had dealt with breast cancer. I found that treating breast cancer isn't a black and white situation. Dr. Mikkelson was tremendously helpful. While she didn't make the decision for me, she presented the options and gave me the information I needed to make my own decision about treatment."

Wendy decided to have a lumpectomy, where the lump and area around it are removed but not the breast, as would be the case in a mastectomy. The surgery went well and she stayed at St. Luke's one night. She also had follow-up radiation at St. Luke's daily for six weeks. Before
beginning the radiation treatments, she toured the radiology center and learned what she could expect during the treatments.

She says, "The radiation treatments went very well. The staff was friendly, helpful, and answered all my questions. Also, I was fortunate not to have many side effects." Wendy also emphasizes that the support of her husband and friends was invaluable during this challenging time. During the radiation treatments, although she felt more fatigued than usual, she was able to resume her active lifestyle of exercise and working hard.

Wendy says, "As difficult as the experience of having breast cancer has been, my experience at St. Luke's was very positive. I believe I received the best treatment for my kind of cancer and always felt very comfortable talking with the staff and my doctor about my options and treatments. I couldn't have asked for more support and concern. Overall, in addition to knowing the medical care is so outstanding, I found St. Luke's to be a very user-friendly hospital—from the valet parking to the genuinely helpful attitude of everyone on the staff."

From the physician perspective, Wendy's surgeon, Dr. Mikkelson, agrees with Wendy's assessment of St. Luke's. She says, "At St. Luke's, the diagnostic as well as the therapeutic aspects of a patient's care are coordinated in a way that's sensitive to the patient's situation and needs. Whether they've had surgery or chemotherapy or radiation therapy, my patients tell me the St. Luke's staff is very caring and that they were treated warmly and humanely. That goes a long way toward helping a patient recover."

Wendy's surgery was last summer and she continues to do very well. Several follow-up mammograms have shown no cancer recurrence. Everything points toward Wendy leading a long and full life. She emphasizes, "My cancer was caught early because of regular mammograms. I urge every woman to get on a regular mammogram schedule."

Cardiology

In the area of heart disease, the Mercury Awards report pointed out that St. Luke's "enjoys an international reputation as one of the top Cardiac Care facilities in the U.S., enabling it to attract patients from around the world, . . . treating more than double the number of cardiac patients than its competitors."

“I said good-bye to my husband of 42 years and my 5 children before they took me down for the transplant. I didn’t know if I’d make it.”

— Shirley Hrobsky

Audrey Blumenfeld, Regional Manager of The Karen Yontz Women's Cardiac Awareness Center at St. Luke's, recently interviewed two heart transplant patients—Shirley Hrobsky and George Sanidas—whose experiences make it very clear why St. Luke's is one of the best cardiac care facilities in the nation.
Shirley Hrobsky of Jefferson, Wisconsin, knew nothing about St. Luke’s Medical Center in 1993 when she was diagnosed with cardiomyopathy, a disease of the heart muscle that causes it to pump less efficiently. Several years earlier she had been told by a physician at a small community hospital that nothing was wrong with her and she should “see a psychiatrist and call in two weeks.” After several episodes of not being able to breathe and having more than 35 pounds of fluid removed from her lungs, a definite diagnosis of her serious heart condition was finally made.

She recalls, “By 1997, I was really going downhill. I was always so tired, couldn’t eat, and I just wasn’t living.” Although she was in desperate need of a new heart, she was turned away as an acceptable heart transplant candidate from a university-based hospital. Physicians said her lung pressure was too tight to be able to help her.

Miraculously, her hopes soared following breast cancer surgery, when a physician who had previously treated her encouraged her to go to St. Luke’s Medical Center for a second opinion. That recommendation led her to St. Luke’s heart surgeon Dr. Alfred J. Tector. At the time of her surgery, Shirley says her greatest fear was death. She says, “I said good-bye to my husband of 42 years and my 5 children before they took me down for the transplant. I didn’t know if I’d make it.”

But Shirley did make it. After one week in the hospital, Shirley was successfully transplanted in November, 1998. She says, “Dr. Tector and my coordinator, Paulette Schauer, gave me my life back. For the first time in my life I feel alive! I’ll never take my health for granted or feel I can’t do what I want. Life is so precious!”

A diagnosis of cardiomyopathy two and a half years ago came as no surprise to George Sanidas, a 61-year-old restaurateur who over the last 20 years has faced an uphill battle against heart disease. George’s heart problems stemmed from a heart attack at the age of 39, which was followed by open heart surgery. Over the years, his heart continued to deteriorate until only 14 percent of it was functioning efficiently. Not only has George fought heart disease, but ten years ago he also valiantly dealt with cancer of the lymph nodes.

“Dr. Tector and my coordinator, Paulette Schauer, gave me my life back. For the first time in my life I feel alive! I’ll never take my health for granted or feel I can’t do what I want. Life is so precious!”

— Shirley Hrobsky
In the area of Orthopedics, the Mercury Awards report said, "St. Luke's enjoys the strongest performance in the market for Orthopedic patient services by offering the widest breadth of services. It also earned the highest score in market share in the area, and had one of the lowest mortality and complications rates for this service line."

Robert Hammond's story illustrates the very positive difference orthopedic surgery can make in a person's life. Before Dr. Jeffrey Butler performed his hip replacement surgery about three years ago, Robert was only able to walk very slowly with a limp. Robert's family doctor, Dr. Kamer, referred him to Dr. Butler for surgery. Robert says, "I was very anxious to have the surgery because I was in so much pain. I wanted to be able to live a normal life and play golf and bowl again."

— Robert Hammond
"I was very anxious to have the surgery because I was in so much pain. I wanted to be able to live a normal life and play golf and bowl again." At the age of 67, Robert wanted to resume an active life for many years to come.

Robert recalls having immediate confidence in Dr. Butler's ability to perform the surgery that would renew his lease on life. He also remembers getting up the day after the surgery and walking. He says, "Everyone was amazed at how easily I walked right away." Robert only stayed at St. Luke's for three days and then continued his recovery at home.

A sign of how good Robert feels and how quickly he recovered is that he was playing golf several months after his surgery and made a hole-in-one. He says, "I told Dr. Butler that he's the one who really got the hole-in-one." Then, just to show it wasn't a fluke, Robert made another hole-in-one last year. Robert and his wife, Lois, who both retired from the Heil Company several years ago, are back to actively sharing their love of golf and bowling. They also enjoy fishing up north, going on cruises, and volunteering to run bingo games at their church.

Lois remembers her husband's quick recovery. She says, "I couldn't believe he could walk so well so soon, and without a walker. It was very hard to see him slow down when he had been so active, but it was really wonderful to see him back in shape and active again."

Robert is almost at a loss for words when he tries to express how much he respects Dr. Butler and St. Luke's Medical Center. He says, "I know some people still have some pain after hip replacements, but I don't have any. I move easily and can do just about anything I want to do. I just feel I couldn't have gone to a better surgeon or hospital."

— Robert Hammond

Lois and Bob Hammond were very pleased with Bob's quick recovery from hip replacement surgery at St. Luke's.
DECREASING REIMBURSEMENT INCREASES THE NEED FOR PHILANTHROPY

The Spirit of St. Luke's recently interviewed Michael Panosh, Vice President of Finance for Aurora Health Care's Metro Region, which includes St. Luke's Medical Center. The following questions and Mike's answers address the increasingly important issue of how decreasing reimbursement is affecting health care and St. Luke's Medical Center in particular.

Isn’t St. Luke's Medical Center a financially strong hospital?
While St. Luke's is certainly a successful, efficiently operated hospital, the financial strength of all hospitals throughout the country has been challenged in the last few years—and St. Luke's is no exception. Each year our cost of providing services increases due to inflation and changes in technology while our reimbursement from the Medicare and Medicaid programs and other third party payers decreases.

How have costs increased?
Inflation is expected to increase St. Luke's costs approximately 3.5 to 4 percent in 1999; salary and supply expenses are expected to increase 3.5 percent and 4.0 percent, respectively. In addition, the cost of staying on top of new technology, purchasing equipment, and conducting research continues to increase dramatically.

How is reimbursement being reduced?
While our expenses are going up, our rate of reimbursement from the Medicare and Medicaid programs is declining dramatically. The Medicare program, the federal entitlement program for the elderly and disabled, actually decreased its reimbursement to health care providers in recent years—a step that cut St. Luke's reimbursement by about $15 million in 1998. This decrease is due to the standard changes that are put in place by the Medicare program every October, but also due to the changes brought about by the Balanced Budget Act of 1997. This act is designed to decrease Medicare reimbursement over the six-year period beginning October 1, 1997. On average, Medicare payments have been reduced to approximately 46 percent of the typical hospital bill at St. Luke's.

Compounding the problem, Medicaid reimbursement is not increasing with the 3 to 4 percent rate of inflation. The Medicaid program, designed for those who don't have the ability to pay for health care, has only been increasing its reimbursement to providers between about 1 to 2 percent each year, creating a reimbursement shortfall.

In addition, other third party payers are also tightening their belts. Managed care organizations and insurance companies continue to reduce what they pay to health care providers. Also, more insurance companies are offering plans that have higher deductibles, coinsurance, and other out-of-pocket amounts, which increases amounts that patients are required to pay. This increase in self-pay amounts ultimately results in increased bad debts.

Another factor that affects St. Luke's reimbursement has been Wisconsin's W-2 program which tries to get unemployed residents back to work. Unfortunately, many W-2 beneficiaries who had previously been on Medicaid mistakenly understood that they were no longer eligible for
Medicaid coverage, although that is generally not the case. As a result of this confusion, bad debts have increased significantly.

Finally, as our general population continues to age, our payer mix is changing. While today the Medicare program accounts for approximately half of the gross patient revenue at St. Luke's, we fully expect this percentage to grow significantly in the years to come. This means decreased net revenue because the Medicare program only pays us 46 cents on the dollar.

Do you think reimbursement will continue to be reduced? If so, what will happen?
I expect continued reductions in reimbursement from the Medicare and Medicaid programs and other third party payers. During the next four years, we expect the Medicare program alone to cut our reimbursement by an additional $73 million. This forces us to find new ways to reduce costs and become more effective while still providing high quality care and outstanding service.

Reimbursement 1988-1998

What role is philanthropy playing at St. Luke's today?
Philanthropy is already playing a crucial role at St. Luke's. For instance, philanthropy has helped fund the immunotherapy program, which conducts research into leading edge cancer treatments, including gene therapy. Philanthropy has also helped fund vital clinical research and major equipment purchases in many other areas such as cardiac care, neurosurgery, and endocrinology. As technology moves forward, the need to provide this kind of funding will increase dramatically.

What role do you see philanthropy playing in the future of St. Luke's?
I think hospitals like St. Luke's will need to look to philanthropy to supplement the margins they generate so funding can be provided in a variety of important areas that can't be fully covered by funds from operations—such as buying capital equipment and funding research and new programs to keep the hospital on the cutting edge of technology as it is today.

What do donors need to understand about St. Luke's financial situation?
I have been a loyal donor to St. Luke's for many years. One of the reasons I continue to support St. Luke's is because it provides high quality care and outstanding service and is strong financially. When donors contribute to an organization, they should ask the following question: Is there a need for funds and will those funds be used effectively? With St. Luke's, the answer is a resounding "yes" or both counts. I'm very proud to be associated with St. Luke's.

How optimistic are you about philanthropy providing what St. Luke's is going to need in the future?
I am very optimistic about philanthropy making key contributions to the future of St. Luke's Medical Center. I'm so confident that we actually include philanthropic support in our annual operating budget. That is, we count on it. I believe St. Luke's donors have had tremendous faith in the hospital in the past and will continue to do so in the future.
The Women’s Initiative for St. Luke’s (WINS) continues to be very active with innovative projects and informative programming. The organization’s Health Care Journal has been completed and is available. This comprehensive working document provides an easy way to track your health history. It includes informational forms for the user to complete and keep current with sections on emergency health care, medical history, medications, and legal medical documents.

While we never plan for an illness, when an unexpected medical condition does occur, this comprehensive tool will help you prepare to effectively partner and advocate in your own health care. If you would like to purchase a Health Care Journal or learn more about becoming a member, please contact WINS director, Shawn Smith, at 649-5463.

In February, WINS sponsored “Shaping Women’s Hearts,” a presentation by Deborah Manjoney, MD, on women and cardiac disease. Dr. Manjoney is one of three female thoracic and cardiovascular surgeons in Wisconsin. Discussion points included information on which lipids are significant to heart disease, how to advocate effectively for your own health, and the role of antioxidants in preventing heart disease. More than 80 women attended this luncheon presentation at the Woman’s Club of Wisconsin.

In March, WINS sponsored a workshop on financial, investment, and estate planning, which was held in the Stiemke Auditorium at St. Luke’s. The workshop provided concrete information that participants could use to promptly implement individual plans of action. Presenters included June Schroeder, CFP, Liberty Financial Group; Elizabeth Freer, Senior Vice President, Capital Investment Services, Inc.; and Wendy Reed Bosworth, Partner, Foley & Lardner.

Register Now:
Stressed and Awake at 3 a.m. . . . not just for men anymore
Tuesday, May 11
7:30-9:00 a.m., Cost $10
Advanced Registration Required
Call Shirley at St. Luke’s, 649-7194

Benefits of WINS Membership
- Making a difference in health care and research
- St. Luke’s personal advocate partner
- Up-to-date information on health care issues
- Invitations to educational programs and events

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e-mail: Shawn_Smith @aurora.org
Would you like to give a very special gift to St. Luke’s Medical Center—one that will express your lasting concern for the health and welfare of your community? If so, perhaps you should consider an endowment fund. The endowment funds at St. Luke’s Medical Center are extremely important because they offer permanent financial resources and allow the hospital to make plans for the future, ensuring St. Luke’s future viability. Endowment funds make it possible for St. Luke’s to continue its high quality patient care for generations to come.

As the list of named funds on this page indicates, there are many ways to identify your fund. You can recognize it with your name or with the name of someone else, such as your parents. You can also designate your fund for a specific purpose such as education or research. A permanent plaque recognizing your named fund will be placed in St. Luke’s distinguished recognition area.

With a gift of $25,000 or more, a fund can be established in your name or a name of your choice. The contribution you make will remain intact, with only the income from the principal available for use. You and others may continue to build on your initial investment. You can commemorate anniversaries, birthdays, and other special occasions by adding to your fund.

You may establish a named fund during your lifetime with a gift of cash or appreciated property. A named fund can also be designated through a bequest in your will or by establishing a life income gift, where you retain the income during your lifetime. As a charitable contribution, your gift is tax-deductible as provided by law.

Your endowed fund will be professionally managed, and St. Luke’s Medical Center will ensure that your funds are used for the purpose you have specified. You will be kept up to date on your fund so you will have the satisfaction of knowing how your gift is helping others.

For more information on establishing an endowed fund, please call Laverne Schmidt, Office of Philanthropy, 414-649-7123.

**Named Funds at St. Luke’s Medical Center**

- Mitzi L. Dillworth Nursing Education Fund
- Merle and Eunice Eggen Designated Fund*
- Fred C. and Edna Goad Educational Endowment Fund
- Jahr Cancer Research Endowment Fund
- Knisely Clinical Pastoral Education
- Russell Rutter Nursing Education Fund
- Schildkraut Memorial Lectureship Fund
- Siebert Pastoral Endowment Fund
- R.L. Siebert Endowment Fund
- Walter Schroeder Chair of Nursing
- Walter Schroeder Endowment Fund
- William G. Schuett Cancer Research and Education Endowment Fund
- Security Cancer Lectureship
- William Worzalla Heart Research Endowment Fund
* established 1999
A significant contribution has been made to the Clinical Pastoral Education Department at St. Luke's Medical Center in the name of John and Joyce Koenitzer, longtime benefactors of the hospital, by their children. Their contribution will be used to dedicate a Lutheran Supervisory Residency at St. Luke's. The Residency will train Lutheran pastors to supervise ministers who are learning to work in health care settings.

The Koenitzer family owns and operates Helwig Carbon Products, Inc., which was started by Joyce's father, Walter Helwig, and then run for many years by John and Joyce. It is now managed by the Koenitzers' children, with their oldest son, Jeff, serving as CEO of the company. Helwig Carbon makes carbon brushes which generate electricity for generators of all sizes. John Koenitzer, who was on the Board of Directors of St. Luke's for almost 30 years, has a strong commitment to the hospital and was very instrumental in raising funds to establish St. Luke's Pastoral Care Department in the 1960s.

Harvey Berg, Director of St. Luke's Pastoral Care Initiative for the Office of Philanthropy, says, "We appreciate the Koenitzers' gift because it is very much needed to support our pastoral care training program. The Lutheran Supervisory Residency is a wonderful pilot project for us as we try to establish residencies in other faiths, too. The Koenitzers are a generous and dedicated couple who live out their faith through their charitable endeavors in the community. We want to thank them for this important gift that will make such a difference in the lives of so many people."
Michael and Jean Radosta have designated St. Luke's Medical Center as a beneficiary in their will because of the very positive experiences they have had as patients at St. Luke's and because they want to know their money is helping others.

Jean Radosta just spent several weeks at St. Luke's after complete hip replacement surgery and Michael Radosta had spinal surgery about eight months ago. Michael recalls, "I still remember the phenomenal care I received. I was scared when I went into the hospital, but I ended up having a very pleasant ten days. When I was released, my wife and I decided that we would leave our money to St. Luke's where we knew it would be put to good use. I know it takes a lot of money to run such a good hospital and we want to help out. I can't think of a better place for our money to go."

Jean Radosta is recovering well from her hip surgery and also gives the care she received "rave reviews." Michael emphasizes, "My wife and I are both very, very satisfied with the medical care and compassion shown us at St. Luke's."

Michael was born in Illinois but moved to Milwaukee when he was six years old. Jean has lived here her entire life. Michael enlisted in the airforce during World War II and flew 26 missions in Italy. He says, "I was one of the fortunate ones to make it back. I was glad to serve my country but also glad to come home and marry Jean."

For 47 years, Michael spent his career as a hair stylist and barber. He owned his own business, which he sold to an employee when he retired. The Radostas, who will celebrate 51 years of married life in June, have a daughter who is a nurse's aide in Stoughton, Wisconsin. In their leisure time, they enjoy playing golf and traveling.
Elden and Rose Parkkonen

Rose Parkkonen had a heart transplant at St. Luke’s in 1996 and is now leading a full and active life. Although they don’t travel much, the Parkkonens traveled from Champion, Michigan to Milwaukee, so Rose could have her transplant at St. Luke’s Medical Center. Her cardiologist in Michigan had recommended St. Luke’s because of its nationwide reputation in the cardiac area.

Rose says, “We always tell our friends here in Michigan about St. Luke’s and recommend they go to St. Luke’s for heart care.” Rose still comes back to St. Luke’s for biopsies and check-ups and her heart seems to be doing very well.

She says, “We support St. Luke’s because of the wonderful treatment I’ve received. The doctors were excellent and the staff in the transplant clinic is so caring. Because of the care I received at St. Luke’s I have a new lease on life. With our gifts we want to show how much we appreciate that care.”

The Parkkonens have both led satisfying, productive lives. Elden is retired from a career in electrical instrumentation in the mining industry. Rose worked as a nurse’s aide, devoting 35 years of her life to caring for the elderly. During her career, she received scholarships which allowed her to go back to school for her LPN degree. The Parkkonens also raised six children and now have five grandchildren.

Their favorite pastimes include spending time with their grandchildren and visiting their small cabin in the woods where Rose says, “We love to just sit, drink coffee, and watch the birds and squirrels.” Rose, who admits to being a “home person,” loves to cook, especially homemade bread, pies, and cakes. She says Elden likes to “putz around the house, fixing things” and he also enjoys reading anything about science.

Ruth Pallamolla

Ruth discovered St. Luke’s in the 1980s when a friend was hospitalized after having open heart surgery. At that time Ruth was already very familiar with cardiac problems because her husband had died from a heart condition in 1965 after being sick for a number of years. She says, “I was so impressed with all the new technology and remarkable care going on at St. Luke’s. So much progress had been made since the 1960s.”

Since that time Ruth has been treated for her own heart condition and had angioplasty performed at St. Luke’s. She has also been successfully treated for cancer at St. Luke’s. She says, “I would especially like to thank the outstanding physicians who treated me—Dr. Henry Gale, Dr. Frank Cummins, Dr. Donald Hackbarth, and Dr. Robert Taylor.

Because of the excellent care she has observed and received, Ruth decided to support St. Luke’s with her charitable contributions. She says, “St. Luke’s is at the forefront of technology, but it needs our support to stay in that position. I’ve experienced
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If you go south for the winter, the Office of Philanthropy would like to have your winter address. Then we can send your issues of The Spirit of St. Luke’s and other mailings directly to you. Not only will you receive your mail from us more promptly, but our office will save the significant costs associated with returned mail. You can mail your winter address, with the time period you will be at that address, to us or call at 414-649-7122. You can also use e-mail—see the e-mail addresses on page 16. Thanks so much for your help.

the expertise at St. Luke’s and I want to express my appreciation.”

Ruth worked for Kenosha County as finance director for 38 years before she retired ten years ago. For many years, she was also the primary caregiver for her mother. Ruth is still a very active, involved person, volunteering time as a member of a service club for professional women and serving on the board of directors of the Kenosha Hospice Alliance. In addition, she is involved in Serra, an organization that supports vocations in the Catholic religion. She also particularly enjoys spending time with her seven nieces and nephews.

Ruth’s great love is travel. This coming summer she is going to Alaska in June and to Scotland and Ireland in July. She recalls signing up for a Panama Canal cruise right after she was diagnosed with cancer. She emphasizes, “I believe in the power of positive thinking.”

Doreen Wheaton

Doreen, who is Property Management Coordinator for Aurora Health Care’s Metro Region, has worked at St. Luke’s Medical Center since 1979. She says, “It’s hard to believe I’ve been here more than twenty years, but this has been such a dynamic, exciting place to work that time has gone very quickly.”

Doreen emphasizes, “Since I’ve been involved with St. Luke’s for so long I know from first-hand experience that the Milwaukee area is very fortunate to have a hospital of this caliber.”

— Doreen Wheaton

this hospital. St. Luke’s needs our contributions to help with the funding of research and new technology to keep it the leading edge institution it is.”

Doreen has found her position as property manager to be challenging and exciting over the years. She says, “I continue to learn so much all the time. Every day is different. I’ve never had a boring day”. She has particularly enjoyed facilitating the purchase of property for the hospital’s recent expansion, working with visiting physicians from all over the world who come to observe at St. Luke’s, and also getting to know the medical residents who are frequently housed in the hospital’s accommodations.

In addition, Doreen particularly enjoys her involvement in Aurora’s holiday food drive which she says each year generates “many tons of donations” to needy programs throughout the city. She is also an avid traveler with a European cruise on the Rhine River planned for this summer. She finds much satisfaction in the success of her two grown sons who are pursuing careers as a chef and a lawyer.

Doreen, who grew up in Greenfield, says, “It’s interesting that as I look back on my life, I know that my ultimate goal was always to work at St. Luke’s. I couldn’t be happier working here.”
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The photographs on the following pages were taken at the Lifetime Philanthropists Luncheon.
The commitment from corporations and foundations is integral to the excellent programs, equipment and services we provide every day to our patients at St. Luke’s Medical Center. Through their contributions, we can successfully meet and anticipate the health care needs of the 27,000 inpatients and 366,000 outpatients who come to St. Luke’s each year.
Media Rounds is a regular section in The Spirit of St. Luke's. This section presents a sampling of stories involving St. Luke's Medical Center that have recently been published or broadcast. As you will see after reading these inspiring stories, the news media continue to respond to the public's desire for health-related news and information. We think our readers will be very interested to see the many exciting stories that are continually evolving at St. Luke's.

Greendale Personality—Dr. Jeffrey Niezgoda
Greendale Village Life
November 19, 1998
Interview by Susan Treu, of the CNI Newspapers

Jeff Niezgoda's experience with his oldest son, Geoffrey, born with a little-known birth defect, led him to found the Association for Bladder Exstrophy in Children.

He makes a difference

At St. Luke's Medical Center, he's known as the Medical Director of the Center for Comprehensive Wound Care and Hyperbaric Oxygen Therapy. But, there's another group of people for whom Dr. Niezgoda has been a symbol of hope. And it's because of his hard work for them and his son that he was recently awarded the American Medical Association's Young Physicians Award for 1998. "I was very honored," said Dr. Niezgoda.

Shedding light on the unknown

When the doctor's oldest son, Geoffrey, was born with a little-known birth defect called bladder exstrophy, he and his wife, Kathleen, were faced with a situation for which they were totally unprepared. "It's a condition in which the abdominal wall does not form properly. Geoffrey was born with his bladder on the outside of his body."

The Turning Point

After a year of feeling as though they were the only people in "the world in this situation," the Niezgodas were invited to a picnic seminar for families dealing with the birth defect and it changed their lives. "To see those kids running and playing was such a wonderful experience, we felt we had to do something to network with these families."

He founded the Association for Bladder Exstrophy Children (ABC), putting together a newsletter with valuable information. From an initial mailing list of 70 families, it quickly grew to 350 and then to 700. It now includes a phone number (919-554-3088), an e-mail address (exstrophy@aol.com), a mailing address (P.O. Box 1472, Wake Forest, N.C. 27588-1472) and a web site (www.bladerexstrophy.com). "The reason I keep doing this is feedback," he said. "It's been wonderful."
It's shocking but true. Even Santa Claus gets cussed out occasionally. "We run into a Scrooge now and then," says Dan Michalek. "I just smile and wave and keep going."

Michalek has been playing that right jolly old elf for 36 years each Christmas Eve at St. Luke's Medical Center. The other 364 days of the year, he is facilities program coordinator for the hospital's cath lab, the place where heart problems are diagnosed.

But, like the geese to Canada or the swallows to Capistrano, Michalek keeps coming back to St. Luke's each Christmas Eve in his full Santa gear. He has two reasons why. "You can't beat the feeling that you get from it," he says.

"There was this big burly guy one time, a construction worker who had fallen and broken his leg. He had tattoos everywhere, long hair," Michalek says. "He just cried and cried when I stopped in to see him. He was touched that someone took the time."

And the second reason Michalek suits up? Matthew, his elf. Michalek began his annual tradition of going to each room on Christmas Eve in 1962, when St. Luke's was just a hospital, a mere fraction of its current self. He was starting out his career as an x-ray technician and had mentioned to a friend that he was playing Santa for his nieces and nephews. "She said, 'Hey why don't you swing by here first and visit the kids?'" he recalls. So he did, coming back the next year, and the next, and the year after that.

After a few more years, he added a shopping cart decorated to look like a sleigh. Eventually, he added Matthew, his son who was eight years old the first year he dressed up in an elf costume that they borrowed from a department store. Once Matthew got over the shock that Santa was really his dad, he took to the spirit of the holiday and they've worked as a team ever since. "He's my second pair of eyes," the father says of his son.

In time, Matthew grew right out of that elf suit. But he stayed at his dad's side. "Each Christmas Eve, no matter what has happened during the rest of the year, we get together and make our rounds," says Michalek, reaching for a tissue to wipe his eyes. "You know what teenagers are like. Well we had some years."

Matthew, now 31, a computer-aided design operator in Menomonee Falls, cherishes his yuletide father-son outings too. "My dad and I have butted it out on many things," Matthew Michalek says. "But some things are too important to stay divided on. This is one of them."

There have been challenges. Snowstorms. Dan's back surgery. The heat wave of 1982, when sweat poured down Dan's corduroy suit. "I just sweltered that year," he says.

Each year, Mrs. Santa, alias Dan's wife, Ann Marie tends to the suit, cleaning and pressing it. They've gone swanky this year. "I've got a stylist now to do my hair and beard," Michalek sniffs.

It never ceases to amaze the Michaleks how happy most people are to see them. "They say to me, 'What do I owe you?'" he says. "I tell them, 'Nothing. You put some money in the plate next Sunday at church.'"

As Matthew sees it, giving a little time each Christmas Eve when others might be scrambling around looking for gifts is the least he can do. "We all get so caught up in our own lives," he says. "Going to the hospital makes you realize how much we have. It's a gift for me to see, really."
LIFE-SAVING TECHNOLOGY IS PERFORMED AT SLMC FOR COLON CANCER PATIENTS
WDJT-TV (CBS) Channel 58
10:00-10:35 PM CBS 58 News
November 10, 1998
Milwaukee, Wisconsin

Mike Strehlow, co-anchor: It's often called the hidden killer because people with colon cancer usually show no signs or symptoms until it's too late.

Renee Riddle, co-anchor: CBS 58's Elenora Andrews reports on cutting-edge medical technology right here in southeastern Wisconsin.

Elenora Andrews reporting: This is how Sue Mazur begins each day at the office. She's a computer programmer who has the luxury and independence of working from home. Now meet Steve Redmer, a college professor who used to have the freedom to pick and choose cafeteria style. Both of these independent people never knew they'd become so dependent on life-saving medical technology that Dr. James Klas performs here in the state's only anal-rectal physiology lab. That's where colon cancer patients can have life-saving procedures done that do not involve removing the colon.

Dr. James Klas (St. Luke's Medical Center): These are referred to as sphinter saving procedures. And they vary from the use of radiation therapy before surgery to shrink the tumors allowing a surgeon to get that extra margin—that extra distance beyond the tumor, so that the patient can be reconnected and not have a colostomy. It can mean that we can go through the anus, almost like a hemorrhoid approach. Or you have a hemorrhoid surgery: going through the anus and pulling the tumor out from below, not even requiring an abdominal operation.

Sue Mazur (colon cancer survivor): He did a J-pouch for me, an internal J-pouch. So he'd pretty much took the rectum and created a whole new reservoir.

Andrews: This colon saving technique really changed the way Sue cooks and what she can now eat. For a short while, it also changed the physical appearance of her body because she had an ileostomy.

Mazur: It's sort of like a Band-Aid. Only it's a circle, and you just paste it back—that's the part that goes on your skin. That was awkward. With an ileostomy, things keep moving, and so you kind of know what your insides are doing, which is interesting, but I don't need to know all that.

Andrews: Now there are also some new procedures involving colon cancer patients that are preventing trips to the operating room all together. Dr. Klas says they're not for everyone, but those who can benefit from it are very grateful.

Redmer: Many of the changes it brought on have been really good healthy changes.

Andrews: Steve's cancer is now in remission. As for Sue...

Mazur: Actually, I feel better than before I had the cancer. I'm eating better and exercising a lot. Life is good.

Andrews: And life will continue to be good for anyone else needing these state-of-the-art medical procedures.


Riddle: If you have any questions about colon cancer, you can call the Vince Lombardi Cancer Center Hotline at 1-800-252-2990.
ONCE A BRIDGE, NOW A ROAD: Bayside woman to wear heart pump for life

Milwaukee Journal Sentinel
November 3, 1998
by Neil Rosenberg, of the Journal Sentinel Staff

A Bayside woman has received the equivalent of an artificial heart, which researchers hope she will carry with her to her grave after she dies at a ripe old age of natural causes.

Beverly Barrie-Pykett is part of a national experiment involving 20 medical centers—including St. Luke’s Medical Center, where her surgery was done—to determine whether the device can be used permanently by some patients. Previously, it was used only temporarily by patients waiting for a heart transplant.

The device, known as a left ventricular assist system, is a portable electric device that allows the user to carry on virtually any normal daily activity, including relaxing—or not so relaxing—round of golf.

That’s exactly what Barrie-Pykett is looking forward to. A former junior varsity coach of girls’ tennis at Nicolet High School, she also was a race walker and avid golfer before her ailing heart gave out on her.

While she was walking with her dog earlier this year near her home, a pacemaker-defibrillator that was implanted a few months earlier after a heart attack activated and she passed out. She awoke in a ditch and struggled home, to where her dachshund, Pumpkin, had raced moments after she fell to alert family members.

Over the next several months, her heart continued to weaken from the damage of the heart attack—a condition known as congestive heart failure—and she became a candidate for the clinical trial of mechanical help for people suffering from congestive heart failure, said her surgeon, Alfred Tector.

Now, when Barrie-Pykett is out and about, her pump is operated by a battery pack that she carries in a purse-like container. It lasts six to eight hours; an alarm sounds when there are 15 minutes of power left. At home, it plugs into an ordinary electrical outlet. If all else fails, there is a hand attachment with which the pump can be manually operated.

Despite assurances of the machine’s quiet nature by the manufacturer, Thermo Cardiosystems Inc. of Woburn, Massachusetts, the wearer can feel a beat with each pump stroke. A hand placed lightly on the chest can feel distinct pulsations of the pump.

For comfort reasons, a user must sleep on his or her back. “It takes a while to get used to,” said a grateful Don Plass, 64, who received a unit in March and is waiting for a transplant. “It is still hard getting to sleep because I can’t lie on my left side.”

The decision to seek permanent-implant status for the pump comes in the larger part with the continuing shortage of donor hearts for those seeking transplants. It is estimated that 40,000 Americans younger than 65 could benefit from heart transplants, but fewer than 2,400 donor hearts become available each year in the United Network for Organ Sharing.

According to the American Heart Association, there are 70,000 people with end-stage heart disease who do not qualify for a heart transplant but are potential candidates for permanent use of such a device. Most of those have congestive heart failure, a gradual weakening of the heart’s ability to pump blood.

As a temporary “bridge to transplant,” the longest the pump has been used here was 418 days straight by Bob Wellenstein of Port Washington, who finally got a heart transplant in 1995. He continues to do well with his new heart.

Permanently implanted inside the body, the “heart” of the device, called a HeartMate, is a hockey-puck-sized sealed pump. The pump is plugged into the left ventricle of the heart, the organ’s critical pumping chamber, from which freshly oxygenated blood flows to the pump. The pump then pushes out the blood through the aorta, the body’s largest blood artery; from there it flows throughout the body’s tissues and organs. An electric line that attaches to the batteries or connects to the power base exits the body, as does a hollow tube to vent heat from the unit.

Until September, the only FDA-approved, commercially available, fully implantable left ventricular assist system was an air-powered version, which, for all practical purposes, does not allow the patient to leave the hospital. It has been used in about 1,300 cases.

The FDA approved the HeartMate and a similar electric left ventricular assist system made by Baxter Healthcare Corporation, called Novacor, in September, both for
"We believe mechanical assistance will be the preferred treatment for congestive heart failure in the future," Tector said.

The HeartMate costs about $60,000. The Novacor's price in the United States hasn't worked out yet, but the device costs about $75,000 in Europe, where it has been available for four years, according to a Baxter spokeswoman.

St. Luke's has implanted more than 100 LVA devices.

FOUR PACKER FANS NEEDING TRANSPLANTS TOOK TICKET PROMISE TO HEART

Milwaukee Journal Sentinel
Oct 26, 1998
By Meg Kissinger, of the Journal Sentinel

They were four guys with bad hearts, whiling away the hours at St. Luke's Medical Center, clinging to a dream. Get well, said the son of the oldest guy, and I'll take you all to a Green Bay Packers game next year. "It was a billion years away," says Tom Demski.

Sunday, Oct. 25, 1998. Packers vs. the Baltimore Ravens. "We'll even tailgate," one of them said for good measure.

The game was just a carrot, of course. The real prize was packed in ice, new hearts, the chance to stay alive. For each of them, at this time last year, that seemed out of grasp.

Ignatius Balistreri, or Iggy, as everyone calls him, is a ridiculous specimen of a heart patient. He was 34 when he came down with a virus after bow hunting one November Friday 3 years ago. "I couldn't breathe right," says Balistreri, a mechanic from West Bend. Tests showed that the virus had ruined his heart muscle. He would have to have a heart transplant or he would die.

Balistreri knew all about bad hearts. His own father had one and had died at the age of 58. The news of his own heart condition stunned him and his wife and their three young children. He's so young, they all said.

Doctors gave him a pager and told him they'd call when a heart became available. A year and a half later, one did. A 17-year-old girl from Iowa was driving her friends home from a party when a drunken driver plowed into them. "This is what she would have wanted," the girl's mother told Balistreri when they talked earlier this month, on the one-year anniversary of the transplant.

"Did she like applesauce and rice cakes?" Debra Balistreri wanted to know, because ever since the operation her husband has taken to eating applesauce and rice cakes. "I never had a rice cake in my life," says Iggy Balistreri. "Now I love them." Yes, said the girl's mother, she loved rice cakes.

Doctors were pleased with how Balistreri took to the new heart, but a few weeks later, his luck turned. Rejection.

"We were real worried for him," said Jim Stelling, who was staying down the hall, hooked up to a mechanical heart, waiting for his new heart.

Once his new heart stopped altogether. He "coded," as they say in the hospital, meaning they had to restart his heart or he would be dead. "It was touch-and-go for a while there," Balistreri says. "I don't remember much."

Slowly, he came around, and doctors started letting him go down the hall with the other patients, guys like Stelling and Demski and John Burkhardt, to watch the Packers play on TV. "Someday when you guys all get out of here, we'll go to the game," Jim's son, who is also named Jim, told the four of them.

"Yeah," said Balistreri. "If we ever get out of here."

Last week, a year and two weeks after his operation, Burkhardt went bow hunting again.

John Burkhardt died four times waiting for his new heart.

"I did. I died," he says. "Four times. Each time they had to bring me back."

Because he has the most common blood type, O, Burkhardt had to compete with many more people for the chance to get a new heart. He waited for 10 months for his transplant, all the while hooked up to a mechanical heart.

In his spare time, which was ample, he organized football pools. "I even got the priest involved," he says. "He kept winning, too. Finally, I told him, 'Father,
you can’t play no more. You’re getting too much help from the Big Guy.”

He’s never been to a Packers game, though he’s rooted for them all his life. “When Jim’s son made that promise, I paid attention,” he says. “It seemed like such a long shot back then.”

It was lonely watching other patients come and go all these months, he says.

Before he developed congestive heart failure in 1992, Burkardt, then 39, remodeled bathrooms. He hunted and fished. After his illness, the slightest exercise had him huffing and puffing. “I couldn’t walk across the room without losing my breath,” he says. Without a new heart, he would almost certainly be dead in a year or so.

He wrote a thank you note to the family of the woman whose heart now beat inside of him. She was 36 when she fainted last July at Six Flags Great America in Gurnee, Illinois. Aneurysm. She lingered on life support just long enough for her family and friends to hug her goodbye. Yes, the family told the hospital staff, go ahead and take her organs so that she will go on here on earth in one way or another.

“At last, I can go outside again, feel the sun on my skin and smell the fresh air and flowers,” he wrote her family. Last week the woman’s sister wrote him back. Maybe they could meet him soon?

It never occurred to Jim Stelling that he was about to die. But it crossed his family members’ minds about a thousand times each hour. He had just gotten back from a ski trip in Alta, Utah, in February 1997. “Beautiful country,” he says. But he could barely breathe. Idiopathic cardiomyopathy, his doctor said.

“That’s a fancy way of saying you don’t know why your heart isn’t pumping hard enough,” says Stelling.

He had heart surgery that June to reduce the size of his left ventricles, but it didn’t work. By the next January, they had him hooked up to a heart machine to keep him alive. “I guess I was about 24 hours away from dying,” he says.

His son, a lawyer from Naperville, Illinois, came up with the idea for the football game outing.

“We were like a team up there in the hospital,” Stelling says. “We sort of rallied around football. It was all the fun we were allowed to have there.” They would meet in the TV room and talk about the games for hours. “It helped take our minds off things, you know?”

Stelling, 57, a retired cash register technician, has three grown sons and a granddaughter, Nicole, who is 2.

“Without new hearts, we had no chance at all,” he says.

Stelling got his new heart on April 10, from a nurse from Tennessee.

Demski’s new heart arrived November 23, just hours after Amy Madsen, 26, died from injuries she suffered a day earlier in a car crash in Kenosha. One life ends; another is renewed.

But it was not easy. The heart wouldn’t beat right. The nurse called his mother at 3 a.m. on Thanksgiving to say he might not make it.

By the time the playoffs rolled around, Demski was on his way home, though he would come back often to visit. “You get so close to each other in there,” Demski says. “We’re all fighting for our lives.” His buddies became like brothers, he says. They knew when someone coded. “The nursing staff couldn’t tell because of patient confidentiality, but we knew,” he said. They could hear the machines beeping. They saw the carts being wheeled into the isolation unit.

Demski has grown close to the Madsen family, too. They walked together last week at the American Heart Association’s Walk on the Wild Side fund-raiser.

He’s on leave from his teaching job while he recovers and is working at the Eye Bank with organ donors, a group near and dear to his heart. “The fact the four of us are here at all is a real miracle.”

This football thing has gotten a bit out of hand, Stelling concedes. It started with the four of them. Now everyone wants to get into the act. They’ll all be at the tailgate party: his wife, two of their three boys, his granddaughter, Burkhardt’s mother, brother and sister-in-law, Demski’s mom and brothers, Balisterri’s wife.

When the game rolls around, the four cardiac care buddies will head up to the steps of Lambeau Field, where physical battles have been waged each autumn for 41 years, none more compelling that the ones they had to win just to walk through the gate.

Look for them in section 30. Row 56. Seats 7 through 10.

“That’ll be a real test of our endurance, working our way up 56 rows,” says Stelling.

Please, no jokes about the game being a heart stopper.

“We’ve been handling the Packers for years,” Stelling says. “We know what we are up against.”
Mike Gousha, co-anchor: A racing pulse, a fainting spell or chest pains. These could all be signs of an irregular heartbeat, a condition that could be deadly. Arrhythmia strikes without warning. Tonight in our cover story, Susan Kim tells us what it means when your heart skips a beat.

Barb Simpson: It happened that fast.

Susan Kim reporting: Barb Simpson is talking about her brush with death several years ago. The active thirty-seven-year-old, once a professional dancer and aerobics instructor, suddenly dropped dead when her heart stopped.

Simpson: The ventricles started to fibrillate very, very fast and my heart rate probably went up over three hundred beats per minute and all the blood rushed out of the heart. When that happens, the heart stops.

Kim: Dr. Masood Akhtar is one of the nation’s leading authorities on arrhythmia.

Dr. Masood Akhtar (cardiologist, St. Luke’s Medical Center): The biggest challenge is knowing who is at risk. Once you know that, then you can literally eliminate the sudden cardiac death related to the rhythm abnormality.

Kim: Dr. Akhtar says that irregular heartbeats are very common, affecting millions, but are most often found in older people with a history of heart disease. While many people ignore their occasional heart palpitations, Dr. Akhtar says that is not a good idea.

Akhtar: A fainting spell shouldn’t be ignored. It could be a warning of worse things to come.

Kim: But Barb Simpson sees nothing ahead but blue skies. Now the proud mother of four-month-old Julia, she knows she’s extremely lucky.

Simpson: If I ever had another problem, the defibrillator would deliver the shock automatically to my heart and put my heart back into steady rhythm.

Kim: And, she says, there is no mistaking when the unit is activated.

Gousha: For more information about arrhythmia or to get a free heartbeat survey, call the Institute for Cardiac Rhythms at 385-2385.
CHILLING TO CLINICAL DEATH HELPS DOCTORS CLEAR CLOTS: RARE SURGERY ON PATIENTS WITH LUNG ARTERY BLOCKAGE SAVES LIVES, SURGEON SAYS.

Milwaukee Journal Sentinel
December 20, 1998
By Neil D. Rosenberg, of the Journal Sentinel Staff

Two Wisconsin residents have successfully undergone rare surgery in which they were chilled into clinical death, allowing surgeons to painstakingly clean out residue of blood clots that had collected in lung arteries.

In both cases, a series of blood clots had caused each patient to develop a condition called pulmonary hypertension, a progressive disorder in which there is elevated blood pressure in the lungs because of diminished blood flow there.

"Their outlook was terrible," said Dianne L. Zwicke, the patients' cardiologist and a specialist in pulmonary hypertension. "They would have died of heart failure."

Both patients, Virginia Bird, 75, of Manitowish Waters in Vilas County, and Cordell Allen, 24, of Milwaukee, were so debilitated by the disorder they were tethered to oxygen lines 24 hours a day for more than a year. Even so, they were left breathless after climbing a flight of stairs or walking a half block.

So Milwaukee heart surgeon, Alfred Tector, together with the pioneer in this surgery, Walter P. Dembitzky of Sharp Memorial Hospital in San Diego, operated on the two in back-to-back surgeries December 7 at St. Luke's Medical Center. Dembitzky has done the procedure more than 700 times.

Clotting in the lungs, known as pulmonary embolism, is not all that rare, with about 600,000 cases a year, according to medical literature. But those resulting in pulmonary hypertension are just a tiny fraction—maybe several thousand a year.

But such patients are doomed to death without this surgery. Unfortunately, Zwicke said, not many physicians are aware that a patient with pulmonary hypertension may have had blood clots causing it. Or, even if they are aware, they don't realize there is surgery to repair the problem.

"It's a fix people don't know about," she said.

In her practice, she sees about 15 people a year who are candidates for surgery.

In recent operations on the two patients in Milwaukee, each was placed on a heart-lung machine, and by using cooled blood as well as ice directly placed inside the open surgical area, the patient was cooled to a chilly 66 degrees.

Tector said the cooling was needed because at times, the heart-lung machine had to be stopped, and the surgeon needed a field of vision that was relatively free of blood flow.

The disorder causes abnormally high blood flow through the bronchial arteries, and if surgeons operated while the blood was flowing and the heart beating, too much blood would obscure the area.

So they would work to clean out the clots for 15 minutes with the heart-lung machine turned off. With the body chilled to such a low temperature, the body's oxygen requirement to keep the tissue alive is drastically lower than normal. That allows a patient to survive without breathing or a heartbeat for that length of time.

After a period of cleaning out the pulmonary artery and branches of the clots—a tedious, meticulous undertaking that takes several hours—the heart-lung machine is turned back on for 15 or so minutes to re-oxygenate the body before being turned off again.

The pattern was repeated until the clots were all cleaned out.

Zwicke said the abnormally high pressure dropped in both patients immediately after the surgery, but it will be several months before they are normal. It also will take three to six months to wean the two patients off oxygen.

At that point, "They would all go back to normal. They will do just fine and have an excellent normal life," she said.

Zwicke should know because she already sent several dozen patients to San Diego for the surgery, before Tector decided to begin doing them here. All those patients have done fine, and one has gone ten years with no further problems, she said.

Meanwhile, Bird and Allen, despite some complications after the surgery, continue to improve—Bird at a somewhat faster rate than Allen. Bird was expected to be released from the hospital this week, Allen perhaps a few days later.
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“Enclosed is my gift.
Thank you for what
you are doing. Keep
up the good work.
Love and Best
Wishes.”
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Thank you for what
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Love and Best
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Mrs. Harriet Ziperstein

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“We have always felt close to St. Luke’s where my husband had open heart surgery 29 years ago. He was able to have a very good life. I feel a memorial to your Tribute Fund is a place he would like to see a gift given.”

— Grateful Wife, Big Bend, Wisconsin

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"Enclosed is a check.
Must comment on your
program this last
spring. It was great.
Enjoyed your
speakers very much
and very interesting.
Desserts were terrific."
— Grateful Patients,
Manitowoc, Wisconsin

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CHARLES SEEHAFER
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"This is my full pledge payment. Was glad to pledge. Hope it gave some help to some patients. Keep up the good work. I had open heart surgery at St. Luke's in 1981 and am doing pretty good."

Grateful Patient, Wautoma, Wisconsin

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“Enclosed please find our gift in honor of the excellent care provided by the Intensive Care Unit, the Cardiovascular Intensive Care Unit, and the 4th floor nursing staff to our sister. Their competence and caring was clearly evident and returned our sister to health quickly. The compassion of the Intensive Care Waiting Room staff should also be mentioned as they wonderfully anticipated and met our emotional and physical needs which eased our stress during this difficult time. Our heartfelt thanks to St. Luke’s for your services and dedication.”

— Grateful Family, Randolph, New Jersey
“Enclosed please find a check in memory of this remarkable man we called husband and father. I know the Vince Lombardi Cancer Clinic will make good use of it. I thank you for all the good things you have done and all the good things you will do in the future.”

— Grateful Wife, Franklin, Wisconsin

“We thank the Lord for St. Luke’s. Thanks to all the physicians and nurses. God bless all the people associated with St. Luke’s.”

— Grateful Patient, Oak Creek, Wisconsin
"Your inspiring letter thanking us for our memorial tribute prompted my sending this additional contribution to the Vince Lombardi Cancer Clinic. Thank you again for your caring support."

— Grateful Friends, Milwaukee
"Thank you for being there. It’s amazing to see what you’re accomplishing at St. Luke’s. I often think of Jesus saying, ‘These things I do are nothing compared to what you’ll be doing.’ At St. Luke’s this is true and in the not-too-distant future, you’ll be doing things we can’t even imagine today. We’re glad to contribute to your endeavors.”

— Grateful Patients, Champion, Michigan

“I had emergency heart surgery and I am doing very well! I praise the Lord and Dr. Kress’s team and all involved. Thank you, St. Luke’s! Yours in awe.”

— Grateful patient, Zion, Illinois
Engraved is my check to help in the work you are doing. I am grateful to the hospital and to Dr. Jack Manley for the care that I received in Milwaukee.” — Grateful Patient, San Benito, Texas

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Jerry, Cathie, Connie, and Jeff

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IN HONOR OF

MRS. DOROTHY KRECKLOW
CELEBRATION OF 95TH CHRISTMAS
Wally and Laverne Schmidt

“I am pleased that I was able to contribute and fulfill my pledge, knowing the excellent work being done at the medical center and the benefits derived by the patients. May your good works continue with the generosity of others who have also enjoyed the benefits and excellent care provided at St. Luke’s.” — Grateful Patient, Indialantic, Florida
For more information on becoming a member of the Lifetime Philanthropists, call or write Kelly Sachse, Regional Manager of Planned Giving, at St. Luke’s Medical Center/Office of Philanthropy, P.O. Box 2801, Milwaukee, WI 53201-2901. Phone: 414-649-7008.

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Mr. and Mrs. Edward G. Pruin
Mr. and Mrs. Michael A. Radosta
Mr. and Mrs. Ricky B. Ross
Mrs. Kelly W. Sachse
Mr. and Mrs. Charles L. Schick
Mrs. Laverne A. Schmidt
Mr. Ray E. Sherman
Mr. Theodore Siegmann

Mr. Richard W. and the Reverend
Dr. Barbara Jo Sorensen
Mr. and Mrs. Ralph R. Staven
Mr. and Mrs. Kenneth Stoll
Mr. and Mrs. James E. Sullivan
Mr. and Mrs. Sabin C. Taplin
Mr. William T. Terrelly
Dr. and Mrs. John A. Walker
Dr. John E. Whitcomb
Mrs. Kathleen Wickert
Mr. Henry E. Witte
Mr. and Mrs. Don Wood
Mr. and Mrs. Donald A. Zellmer
Wouldn’t it be great if the professional advisors you depend on to help you structure your charitable gifts had an easy way to access information on charitable giving?

Here in the Office of Philanthropy at St. Luke’s, we deal with charitable gift plans every day, but we realize your legal, tax and financial advisors may not. That’s why the Office of Philanthropy at St. Luke’s, in conjunction with our sponsor, Foley & Lardner, has created a new Internet-based information resource, the Planned Giving Design Center (PGDC). The web address of the site is www.pgdc.net/SIMC.

By using the power of the Internet, St. Luke’s PGDC provides professional advisors with the current and comprehensive information on charitable gift planning they need to give you the best possible advice regarding gift plans. And the service is free!

If you know of an attorney, CPA, trust officer, investment advisor, insurance professional, or any other financial services professional who might benefit from the PGDC, we would be glad to add them to our subscriber list. Simply give Kelly Sachse, Regional Manager of Planned Giving at St. Luke’s, a call at 414-649-7008.

Thank you!
Give a gift to St. Luke’s and receive...

Income for Life!

St. Luke’s offers charitable gift annuities at attractive rates.

Benefits include:
- Fixed income
- Dependable payments
- Partially tax-free payments
- Income tax charitable deduction
- St. Luke’s assets back the payments

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*Note: Two-life rates are slightly lower due to added life expectancy.

For a personalized illustration showing the benefits of a gift annuity for your situation, you may call Kelly Sachse, Regional Manager of Planned Giving at St. Luke’s, at (414) 649-7008, or write her at the Office of Philanthropy, 2900 West Oklahoma Avenue, Milwaukee, WI 53215.

As always, we encourage you to consult with your financial advisor about the tax implications for your personal situation.

St. Luke’s Medical Center
Office of Philanthropy
P.O. Box 2901
Milwaukee, Wisconsin 53201-2901

ADDRESS CORRECTION REQUESTED