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the SPIRIT OF ST. LUKE'S

A Day in the Life of a General Surgeon

WINTER 1997
St. Luke's Medical Center
Aurora HealthCare
a not-for-profit healthcare delivery system

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Cover: The cover of this issue features photographs of St. Luke's general surgeon Dean E. Klinger, M.D., engaged in a variety of activities throughout a typical busy day.
THE SPIRIT OF ST. LUKE'S
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Dear St. Luke’s benefactors:

Please take a moment to glance through the endowment fund contributions beginning on page 25 of this issue of The Spirit of St. Luke’s. You may be surprised to see so many funds in such a wide range of medical areas. Among others, our endowment funds include the Heart Fund, the Immunotherapy Endowment Fund, the Pancreatic Biliary Endowment Fund, the Vince Lombardi Cancer Clinic Fund, and the Cardiovascular Research Endowment Fund. These funds have been established because of donor interest in supporting specific areas of medical research and care. Many donors want to contribute in ways that have special meaning for them and their families. If you’ve recently recovered from heart bypass surgery or your mother lived a longer, better quality life because of immunotherapy treatment, it’s understandable you may want to designate your philanthropic contributions to those areas which have meant so much to you.

I’d encourage each of you to look at the funds we’ve established at St. Luke’s to see if any reflect your special areas of interest. If you would like to see a fund established, please call us. Endowment funds can be established in your name or in a family member’s name to support patient care or support a special area of medicine. And, of course, you can always consider the Greatest Need Endowment Fund.

The Office of Philanthropy staff believes it is particularly important to understand the increasing need for “endowment” funds. In an endowment fund, money is accumulated that produces interest. While the principal sum remains intact, the interest generated is used for philanthropic purposes. Each year at St. Luke’s, we have established endowment funds to make sure we can maintain excellence of medicine and patient care well into the future.

Universities have had endowment funds for many years because they’ve understood the importance of looking ahead to the educational needs of our future generations. Health care may have jumped on the endowment bandwagon belatedly, but there is still time to make a difference in the health care provided to ourselves, our families, and our friends for decades to come.

At St. Luke’s, through philanthropy, we have been able to purchase the leading edge MKM microscope which has revolutionized brain surgery and philanthropy has also provided medical training on the life-saving HeartPort equipment—both featured in previous issues of The Spirit. As the world of managed care develops around us, remaining at the forefront of technology in the future is not assured at St. Luke’s unless we follow in the same footsteps of universities and focus on building substantial endowment funds.

Before closing, I’d like to call your attention to the Pastoral Care Endowment Fund. This is one area where endowment funding may be especially crucial in the future because, as a non-revenue producing area, pastoral care is particularly vulnerable to budget reduction. Yet again and again at St. Luke’s and all over the country, we’ve seen that the spirituality of healing is as important as the medicine of healing. For more information about the Pastoral Care Fund, please contact Reverend Harvey Berg, director of pastoral care, at 649-7122.

As the holiday season approaches and the spirit of giving embraces all of us, what better time of year is there to make a difference in the lives of others through an endowment: contribution?

All of us in the Office of Philanthropy would like to wish you the most joyous of holiday seasons and thank you for your friendship and support throughout the past year. We wish you good health and many blessings during the coming year:

Brad Holmes
Vice President for Philanthropy
Recently The Spirit of St. Luke’s spent a day “shadowing” St. Luke’s general surgeon Dean E. Klinger, M.D. In preparation for the article which follows—“A Day in the Life of a General Surgeon”—Dr. Klinger answered some questions about his career as a general surgeon.

What kind of operations does a general surgeon perform?
General surgeons perform a wide range of procedures—from gastrointestinal surgery in the abdomen to vascular surgery which improves blood circulation to areas such as the legs or brain. We also operate for breast-related problems and do endocrine surgery which includes thyroid and adrenal glands. It’s important to realize that being a surgeon involves much more than performing operations. We’re also very involved in the pre-operative diagnosis and post-operative care of our patients.

What do you do during the day besides perform surgery?
During a normal week, I’ll work an average of about 75 hours. About 25 of those hours are typically spent in the operating room. The rest are spent in a variety of activities—seeing patients both in the hospital and in my office, going to meetings, consulting with other physicians, talking with patients’ family members, updating patient charts, doing paperwork—and then I have responsibilities related to the business of running our office.

Are your days fairly predictable?
Not at all. The hard part of trying to understand what my days are like is that no days are typical and everything changes throughout the day. About 20 percent of the operations I perform are unscheduled—basically emergencies that come up unexpectedly during the day. These cases might be appendectomies, perforated

“General surgeons perform a wide range of procedures—from gastrointestinal surgery in the abdomen to vascular surgery which improves blood circulation to areas such as the legs or brain.”

ulcers, ruptured aneurysms, or clots that develop in blood vessels resulting in poor circulation. I never know what my days will hold and I always have to be prepared to quickly change my schedule to handle the unexpected.

What is the most challenging aspect of being a surgeon?
The most challenging part of surgery is deciding who needs an operation. For example, do the patient’s abdominal complaints warrant an appendectomy, or does the patient just have a bad intestinal flu? Actually performing the operation is what I
"The hard part of trying to understand what my days are like is that no days are typical and everything changes throughout the day."

— Dean Klinger, M.D.

like best and what I find most enjoyable. The technical precision of performing surgery is always an exciting part of my day.

How does being a surgeon affect your family life?
You should talk to my wife about that. (In the article on page 10, Dr. Klinger's wife, Mary Klinger, reflects on her role.) From my perspective, she has gone through the tough times right along with me, yet she has to fend for herself at home. Being a surgeon is very disruptive to family life. We've been married since my junior year in medical school and even though we strive for a predictable routine during our family time together, it just doesn't happen. Sometimes I say to myself, "When did my kids get to be 6 and 12 years old?"

It's better now that I have several partners, all of whom are competent to care for my patients when I go on vacation or have a family obligation. Still, I am definitely not home nearly as much as I would like to be. It's a good week when I'm home one night a week for supper with my family. In more recent times, I have made my children's activities and achievements a priority. My wife and I usually drive separately. I'll try to leave the hospital to see my son's soccer game, but I know I may have to go back to finish up work. Thank goodness for cell phones! If a patient has an emergency, the patient comes first. My wife and kids understand that. I've got great kids and it's all because of my wife!

How do you deal with the stress of your job?
This is a job with tremendous highs and tremendous lows. Surgeons expect perfection but need to realize they are dealing with imperfect situations in an imperfect world. It's very gratifying to achieve the goals we have for all our patients, saving their lives or helping them live longer, better lives. As surgeons, we want that control, but in reality that's not always possible. Dealing with cancer or trying to beat the inevitable death of a patient . . . these are some of my struggles. You need to have enough self-confidence to know you did your best, but it's still not easy. When I have bad days, I depend on the relationships in my life—my wife, my partners, and my faith—to carry me through. As a surgeon, you have to accept the fact that some days are going to be hard. Fortunately, most patients do well and most days are good days.

Sometimes I say to myself, "When did my kids get to be 6 and 12 years old?"

What do you like about being a general surgeon?
I've always liked working with my hands, solving complex problems, and interacting with people. As a general surgeon, I have the opportunity to do all of these on a daily basis. I particularly like the diversity of general surgery. Surgical procedures are always being refined and perfected. Technology today allows us to learn how to do an operation better and with less patient discomfort. I particularly appreciate the opportunity to practice general surgery at St. Luke's. Having the support of such an outstanding staff—a staff so focused on taking good care of patients—makes my job much easier and more satisfying. It's an amazing privilege and responsibility to take care of people as a surgeon. I feel I've truly been blessed. God has given me the skills to do these things and I have a wonderful family supporting me. I really love what I do.
This article attempts to capture a "typical" day in the life of a general surgeon—not an easy task since a surgeon's days are rarely the same and never completely predictable. The day we've recreated is based on conversations with Dr. Dean E. Klinger and on his activities throughout a day in late October.

The day we've chosen for "shadowing" Dr. Klinger happens to be a particularly brilliant, crisp fall day in Wisconsin, but Dr. Klinger arrives as the sun is rising and won't be leaving the hospital until well after night falls. His schedule will change as the day progresses.

*The Spirit of St. Luke's* writer and photographer meet Dr. Klinger at a nursing station on the third floor of St. Luke's Medical Center at about 7:00 a.m. At a time when many people in Milwaukee are just getting up, the hospital is already abuzz with activity. Doctors are examining charts; nurses are checking on patients; breakfasts are being delivered; some patients are slowly walking up and down the hallways; and family members are calling on the phone to see how patients fared overnight. Dr. Klinger, sharply dressed in a navy blue sports coat, white shirt, and cheerful tie, is talking animatedly with other physicians. Another long day begins.

**7:30 a.m.**

Dr. Klinger consults with one of his partners, Dr. James V. Klas, about a particularly challenging surgery he has scheduled today. Dr. Klinger plans to assist Dr. Klas later in the morning.

**7:45 a.m.**

Dr. Klinger stops first at the radiology department. While examining several of his patients' X-rays with radiologist Dr. Peter Cooley, they discuss the diagnosis and possible treatment of each patient. Each case presents different challenges.

One patient, who had a heart transplant about ten years ago, is experiencing abdominal pain caused by a tumor. Dr. Klinger and Dr. Cooley try to decide what kind of tumor it is and how to treat it. They also examine several CAT-scans from another patient to see if a liver abscess is improving. Dr. Klinger points out that the challenge in this case is to determine what caused the abscess in the first place. Another set of X-rays is studied to see if a diabetic patient, who has already had a toe amputated, has another infection in his foot. Dr. Klinger had previously operated on this patient and the question now is—does he have a new problem and will he need further surgery or some other treatment?

**8:10 a.m.**

Dr. Klinger's morning rounds in the hospital begin. At any one time, he may have 8-10 patients hospitalized and he usually visits each of them at least once during the day. Because his office appointments today begin at 8:45 a.m., he cannot visit all of his patients now but will need to come back later to finish his rounds. On the way to see his first patient, Dr. Klinger stops in the hall to talk briefly with Bonnie Roth, RN, the nurse working for his practice who has been checking on patients already this morning.
8:15 a.m.

Two of the patients he visited on this particular day are profiled below. Dr. Klinger is very personable when visiting his patients, talking to them about their families and joking with them when appropriate. His manner is easy-going, congenial, and positive.

Michael Klinkiewicz. Dr. Klinger operated on Mr. Klinkiewicz the night before, taking out a portion of his colon because of diverticulitis. Mr. Klinkiewicz is sitting up in a chair looking surprisingly chipper for someone who has had surgery only 12 hours ago. Dr. Klinger looks at his chart, checking his vitals—blood pressure, heart rate, urine output. Dr. Klinger advises his patient on how to handle his day, advising him on how much water to drink and to gradually start walking. Mr. Klinkiewicz asks when he can go back to work and Dr. Klinger says, "if all goes well, two to three weeks." Mr. Klinkiewicz, who was referred to Dr. Klinger by his primary care doctor, emphasizes that he had been in severe pain for the last three weeks and is very relieved to have the problem solved through this operation. When asked how he feels right now, Mr. Klinkiewicz smiles and says, "God answered my prayers."

8:30 a.m.

Chuck Weber is in a sub-acute unit of the hospital as he recovers from a complex recurrent hernia operation. Because of his age and other complications, his intestines were slow to start working again and he has been slow to improve, although physical therapy and medications are helping him gradually get better. Dr. Klinger encourages him to keep up the physical therapy and points out that he continues to get stronger. Mr. Weber, who has undergone 19 different operations during his life, including heart bypass surgery, is philosophic about his lengthy recovery and many operations. He says, "What's going to be, will be."

8:45 a.m.

Before heading to his office for patient appointments, Dr. Klinger stops at the nursing station to check the charts of other hospitalized patients. He then moves very quickly down the long hallways leading from the medical center to his practice, Southeast Surgical, S.C., located on the fourth floor of Health Science 2, the physician office building adjacent to St. Luke's.

8:50 a.m.

Running only five minutes late, Dr. Klinger has his first office appointment with the sister of a patient who has peripheral vascular disease complicated by diabetes and alcoholism. He says the sister was primarily looking for support and ideas on dealing with the alcoholism. Dr. Klinger recommends further psychiatric help and praises the patient's sister for her efforts. He points out to us that he very commonly talks with his patients' family members.

After this family consultation, Dr. Klinger has 13 patients scheduled between 8:45 a.m. and 11:30 a.m.
when he is scheduled for surgery. While
the pace moves very quickly from
patient to patient, he seems relaxed
with each patient and focuses on each
case intently. There is no sense that his
patients feel rushed and they have gen-
erally not had to wait more than 15-20
minutes for their scheduled appoint-
ments. His manner is friendly, gentle,
and accessible. A sampling of his office
appointments follows.

9:00 a.m.  
**Frank Leranth.** Before his operation,
Mr. Leranth was in a wheel chair
because of sores on his feet and pain
in his legs. Dr. Klinger did a bypass
operation to return good circulation
to his legs. Now Mr. Leranth walks
and even bowls. Dr. Klinger suggests
ways to achieve less pressure on an
ulcer. Mr. Leranth points out that he'll
be 82 in December and Dr. Klinger
praises him, saying, "You're tougher
than nails," and asks him to come
back in six months.

9:35 a.m.  
**Earl Peaslee.** A month ago, Mr.
Peaslee had angioplasty and a stent
was placed in his right leg to improve
circulation. Now his right leg seems
to be greatly improved, but he still
has circulation problems and some
pain in his left leg. He says his feet
feel cool, but the majority of his prob-
lem with his legs now is related to
arthritis in the knee joints. Dr. Klinger
says an operation on his left leg is
optional at this point and he dis-
cusses the pros and cons of surgery.
Mr. Peaslee decides to postpone the
operation for now. Dr. Klinger advises
him to be sure and call if he has any
problems with his legs.

9:50 a.m.  
Dr. Klinger spends about ten minutes
between appointments on the phone,
returning messages from referring
physicians and patients.

10:10 a.m.  
**Henry Feiertag.** Mr. Feiertag is a
regular patient who has been seeing
Dr. Klinger almost every week for three
years. It's obvious that Mr. Feiertag has
an especially warm relationship with
Dr. Klinger as he proudly shows him
photos of his grandson and discusses
the Packers' latest victory. Mr. Feiertag
has had his right leg amputated
because of an infection caused by
poor circulation. He has a bypass
going from his left shoulder area to
his groin to improve circulation in
his ulcerated left leg. With a nurse's
assistance, Dr. Klinger examines
Mr. Feiertag's leg and changes the ban-
dage, telling him he's doing very well.

10:45 a.m.  
**Avanelle Cozart.** Mrs. Cozart, who is
85, is accompanied by her daughter.
She is doing well with physical
therapy after a femoral tibial bypass
operation on her right leg which
took place a few weeks ago. Dr.
Klinger points out that the highest
risk of the bypass clotting is during
the first year after surgery. He recom-
mends an ultrasound to see how well
the bypass is responding. Though she
came into the examining room in a
wheelchair, Mrs. Cozart is very enthusiastic about her improved ability to walk. She gets up and shows Dr. Klinger how well she walks. He jokes with her, asking why she's not scrubbing floors for her daughter yet since she's doing so well.

In addition to these profiled patients, Dr. Klinger's morning appointments also include the following cases:

- A woman whose breast cysts had been aspirated several weeks ago.
- A patient with peripheral vascular disease. An endarterectomy (cleaning out of the arteries) on the left leg had been performed several weeks before and he came in for a check-up after surgery.
- A post-operative check-up after hernia surgery.
- Follow-up for breast cancer surgery that took place two years before.
- New patient who had an operation on his carotid artery done in Canada. He has moved to Milwaukee and has come to Dr. Klinger about a possible complication.
- New patient, referred by an endocrinologist, with a very rare adrenal tumor. She will need a highly specialized procedure that has actually been pioneered by Dr. Klinger. Called a laproscopic adrenalectomy, this is a minimally invasive procedure for the removal of the adrenal glands.
- Follow-up on a patient who had an operation for colon cancer.
- New patient who will require the removal of her gallbladder.

**11:15 a.m.**
Dr. Klinger returns more phone calls.

**11:25 a.m.**
Dr. Klinger hurries out of the office for surgery scheduled at 11:30. He heads to the operating room area where he dons surgical "scrubs" and scrubs up for the operation.

**11:45 a.m.**
The operation has been going on for about thirty minutes as Dr. Klinger enters the operating room to assist Dr. Klas in a particularly complicated procedure. The patient is a relatively young man with recurrent rectal cancer. Dr. Klinger and Dr. Klas work very intently, surrounded by surgical assistants who work side-by-side with the surgeons to help in the operation. It becomes readily apparent while watching the operation that the flow in the operating room is like a well-oiled machine. Everyone functions well together. The anesthesiologist, Dr. Mark Aasen, monitors the patient throughout the procedure, with the assistance of anesthesia aides who help maintain the monitoring equipment. Surgical technicians hand instruments to the surgeons. Nurses run for special instruments, sutures, or medications that may be needed. While the complete focus of everyone in the room...
is on the procedure taking place, the atmosphere is calm, with soft music in the background. We're reminded of Dr. Klinger's observation that his most relaxing time of day is during surgery. At some point during the operation, the patient is taken down to the radiology area for an intraoperative radiation treatment. This surgery takes longer than originally anticipated, tying up much of Dr. Klinger's afternoon.

5:30 p.m.
The operation is finished and both surgeons agree it has gone very well. Dr. Klinger grabs a quick sandwich from a vending machine and eats it while walking to the emergency department to see a woman with a bleeding ulcer. The woman's blood pressure is low and there is no evidence that the bleeding will stop. He calls the operating room, asking them to prepare a room for the woman to have an operation to stop the bleeding.

6:00 p.m.
There is just enough time before this unexpected surgery for Dr. Klinger to finish his rounds of seeing hospitalized patients which he started much earlier in the day.

6:30 p.m.
Dr. Klinger heads back to the operating room to scrub up for the bleeding ulcer operation. The operation goes smoothly and the patient is sent to the Intensive Care Unit to begin her recovery.

8:00 p.m.
Dr. Klinger spends some time talking to family members of the woman who has just had surgery.

8:15 p.m.
Dr. Klinger catches up on paperwork related to the operations.

8:30 p.m.
Dr. Klinger spends 30 minutes on the phone talking long-distance with the children of a patient who will need an operation for recently diagnosed colon cancer.

9:00 p.m.
While he had two meetings scheduled for late afternoon—a general medical staff meeting and an informational lecture on lymph node biopsies—he has missed them both because of his altered schedule. He has also missed dinner at home with his wife and two children, not an unusual occurrence. He now spends time dictating information about each patient visit during the day. This dictation will be transcribed by his office staff and used to update patient charts. While he prefers to dictate immediately after each appointment, time constraints sometimes make this difficult.

10:15 p.m.
He arrives home. His children are askep. He and his wife have time for a brief discussion about their days before he goes to bed. He has an operation scheduled for 7:30 a.m. the next morning.
At first impression, being married to a surgeon sounds like it might be the ticket to an idyllic life, but, as Mary Klinger, wife of general surgeon Dean Klinger, attests, “it’s a love triangle—husband, wife, job!”

When Mary and Dean were married almost twenty years ago during his third year of medical school, they both had an idea of what to expect. Mary, who is a medical technologist, had firsthand experience with the responsibilities and pressures inherent in the field of medicine. They both knew that a surgical residency would be tough and that setting up a practice would be demanding. Mary says, “We knew Dean’s job would always be a factor in most aspects of our personal lives.”

She admits that some things have changed and that her husband is home more now than he has been in the past, but she emphasizes, “Certain things don’t change. Being a surgeon is a 24-hour time commitment most days of the week. We’ve learned that the only way to really get away is to leave town.”

Dr. Dean Klinger and his wife, Mary

The Klingers have two children, Jonathan, 12, and Katherine, 6. Dean is now able to spend more time with the children than in the past, but there are still occasions when he misses important family events. Mary says, “I know he is torn. He is completely committed to his patients and also to his family.”

She chuckles when she thinks of the phone ringing in the middle of the night and the beeper signals that have interrupted family occasions over the years. She says, “We might be in church or having a family conversation, but everything stops when the beeper goes off. Patients’ needs always take precedence.”

She continues, “The times I’ve become frustrated are few and far between because I know he wants to be with us, but I also know that meeting his obligations to his patients is an essential part of who he is and what he does.”

Because Dean is away from home so much, Mary has become the manager of the household and the decision-maker in all kinds of situations—from home repairs to children’s activities. She laughs again when she talks about the occasional friction that results when two people who are used to being in charge try to work together as equals in a family.

She says, “Sometimes I think it’s hard for Dean to make that transition from being a surgeon to being a member of a family. He’s used to being in charge in the operating room and I’m used to being in charge at home. This can result in some interesting interactions when he does come home. I think there’s a different kind of chemistry that occurs in a physician’s family.”

In summarizing her life as the wife of a surgeon, Mary says, “There are tremendous demands on a surgeon and on his family. While it may seem to others that we have the perfect life, the reality is that it’s a challenging life and it took a long time to get to this point—four years of medical school, six years of residency, and then many years establishing a successful practice, while raising a family at the same time. Throughout it all, there are ups and downs for both of us while we try to do our best for our family and for Dean’s patients. Sometimes it’s tough—like when I’m listening to him agonize over a particular case or when the children and I go to a family event alone, but overall it’s exciting and rewarding to be married to a surgeon like Dean. It’s particularly gratifying because I know Dean loves what he does and I know he is making such a positive difference in his patients’ lives.”
Dr. Francisco Martinez is serving his second two-year term as Chief of General Surgery at St. Luke’s—a position he holds as a result of being elected by his fellow general surgeons. He recently discussed surgery at St. Luke’s. What follows are highlights from this discussion on a variety of topics.

General Surgery:
General surgery is a medical specialty like gynecology, endocrinology, or orthopedic surgery. I think we have an identity problem in general surgery—mostly because the word “general” appears to be a contradiction with the concept of specialty; however, general surgery requires at least five additional years of training after medical school. (See Dr. Klinger’s description of general surgery on page 3 of this issue.) We are also finding many sub-specialties within the field of general surgery. How a person practices general surgery depends on the setting in which the surgeon practices. At a large medical center like St. Luke’s, general surgeons have a somewhat more limited focus than they might in a smaller, more rural hospital where they may set bone fractures or take out tonsils. At St. Luke’s we have other specialized surgeons who handle these procedures. Still, general surgery is the most diverse of the surgical specialties and that’s one reason I find it exciting and challenging.

Innovations in Surgery:
Throughout my 20 years as a surgeon, I’ve seen continual improvement in both techniques and technology, but expectations for surgeons are also at an all-time high. Our treatments for a variety of conditions have improved and patients are recovering faster. The changes we’ve seen have been very exciting. Minimally invasive surgery and laproscopic surgery are just two of the innovations we’ve embraced in recent years that have generally made surgery more comfortable and recoveries faster for many patients.

The Impact of Costs:
Today we are also paying more attention to the costs related to surgery. I think this is generally good. Patients get up and walk more quickly after their operations and they go home more quickly. I happen to believe this is best for most patients, but it’s also important that those of us in health care always have the patient’s care as our priority. The most important thing is how the patient is doing, not how many days he or she spent in the hospital or the length of the incision. If we can do what’s best for the patient and still reduce costs then that’s great. Achieving that kind of balance is very important and is a challenge we continue to
face. Certainly at St. Luke's our primary focus is on doing what's best for the patient.

**Board Certification:**
The great majority of surgeons at St. Luke's are board certified. Board certification is a voluntary certification that indicates you have the proper training and credentials, and have achieved a certain high competency level. To be board certified, a surgeon's training, including case load and experience during training, is reviewed and then the surgeon must pass very rigorous written and oral examinations. While certification is not required to practice surgery, it's a parameter by which we measure our expertise. Board certification used to last a lifetime, but about 20 years ago renewal every ten years was established as a requirement. Renewal involves passing a written examination given by a national body called the American Board of Surgeons.

**Surgery at St. Luke's:**
The caliber of surgeons at St. Luke's is outstanding, but keep in mind that it's not just the surgeons but the support staff that contribute to the strength of surgery at St. Luke's. Surgery is a team effort. St. Luke's is a good place to be a surgeon because you have excellent staff and administrative support along with leading edge technology.

"The most important thing is how the patient is doing, not how many days he or she spent in the hospital or the length of the incision."

St. Luke's is also a good place to be a surgical patient. St. Luke's is a growing institution with the vision and resources to provide outstanding surgical services.

**On Being Chief of General Surgery:**
This is a very time-consuming position, but I feel it's been an honor—both to be elected by my peers and to serve the patients at St. Luke's. If the person in this position had the time, it could be a full-time job, but I also have my own busy surgical practice. My main goal as Chief of General Surgery is to make sure that we maintain the highest standards of care for our patients at St. Luke's. We have quality guidelines that need to be continually reviewed and maintained. We have a very effective system of committees and sub-committees that monitor what's happening in surgery at St. Luke's.

*William R. Desbur, M.D., discusses scheduling with Lynn Frank. Dr Desbur was the first partner in Southeast Surgical, S.C., which was founded in 1980. Dean E. Klinger, M.D., who is featured in this issue, was the second surgeon to join the practice which now has six surgeons. Southeast Surgical specializes in vascular, colorectal, laproscopic and general surgery, and focuses on comprehensive patient care.*
The Women’s Initiative for St. Luke’s (WINS) was created to bring women’s talents and resources together to make an impact on women’s health care. As an educational resource center and window to St. Luke’s Medical Center, WINS was established on the premise that women have the ability and potential to forge advancements in the health of current and future generations through education and philanthropy.

The challenge for women today is to help change lives and save lives by making a difference in women’s health care for themselves, their families, and their community.

The acronym—WINS—is especially fitting for this visionary group of women because it captures the positive spirit and “winning” attitude created when women work together to make a difference. By becoming informed and involved, women can have a tremendous impact on their own health and the health of their communities. Countless statistics point to the importance of focusing on women’s health issues.

It is particularly appropriate that the WINS initiative has been launched at St. Luke’s—a medical center in a unique position to lead our community toward greater awareness of women’s healthcare issues. Because St. Luke’s is committed to staying at the forefront of advanced clinical care in such areas as cancer, heart disease, endocrine disorders, emergency medicine, and rehabilitation services, women living in the Milwaukee area have convenient access to innovative, leading edge treatments which may only be available at a few select medical centers across the country.

WINS members are interested in every facet of health care that affects women and their families. Throughout the past months, the following pertinent community programs have been sponsored by WINS: Care Giver Stress; Women and Cancer: Breast and Beyond; Healing Ourselves—Women at Mid-life; Heart Smart Shortcuts for Balanced Living; and, Stroke: Who’s at Risk and What’s New in Treatment. Additional dynamic programs are planned for 1998.

WINS has also recently started to develop an exciting and innovative advocacy program to support WINS members. As part of this program, specially trained nurses will be assigned to each WINS member as a resource for their healthcare questions and concerns. These advocates will also act as coordinators and resources for WINS members who are receiving care for themselves or family members at St. Luke’s.

The advocacy component of WINS was launched in great part as a result of the experience of St. Luke’s patient Cathy Zeiler. When Cathy, an active Milwaukee business woman in her 40s, was diagnosed with a rare ear tumor, she was understandably shocked. She became even more worried when she learned that she would need to have risky,...
complex surgery that could result in permanent disabilities.

To alleviate some of her fears, Cathy's close friend, Judy Drinka, who is also chair of the WINS Leadership Committee, helped organize a meeting with St. Luke's surgical nurses and other medical professionals who answered Cathy's questions about her anticipated surgery and recovery period. They also listened to her concerns and preferences regarding her care. As a result, Cathy embarked on her surgical experience with more confidence, knowing she had personalized support at the hospital—people who knew her and were looking out for her interests.

The good news is that Cathy's operation was very successful. She survived 16 hours of intricate surgery, involving several surgeons, including Dr. Arvind Ahuja and Dr. Steven Harvey. Her recovery at St. Luke's went well and she is now back to leading a busy, productive life. Cathy says, "It was wonderful to know that I had friends at the hospital as I faced this traumatic experience. My recovery was definitely enhanced by the support I received from my 'advocates' at the hospital. I can't say enough about my excellent doctors and the wonderful care I received at St. Luke's."

Judy Drinka says, "This is an example of how the advocacy program being launched by WINS can help patients. As health care becomes more complex, we hope that the advocacy program is developed as a model for the health care system. It could not be done, however, without the cooperation and vision of the exceptional professionals at St. Luke's who have volunteered to participate."

Judy continues, "The advocacy program is just one of several initiatives being planned by WINS. As WINS members, we hope to provide an opportunity for dialogue between the health care provider and consumer, and to encourage the use of resources to make a difference."

— Judy Drinka, chair.

WINS members, we hope to provide an opportunity for dialogue between the health care provider and consumer, and to encourage the use of resources to make a difference. We know that to make this happen, we will need human and financial resources and our program is focused, therefore, through philanthropy, on making a difference.

If you are interested in learning more about WINS, please call Laverne Schmidt at 414/649-7123.

Benefits of WINS Membership:

- Making a difference in health care and research significant to women
- St. Luke's personal advocate partner
- WINS quarterly newsletters
- Caregiver Journal, family record of medical history
- Invitations to educational programs and events
- The Spirit of St. Luke's informative magazine

WINS Leadership Committee:

Pat Apple
JoAnne Brandes
Nan Gardetto Cherek
Judy Drinka
Vicki George, R.N.
Sue Montgomery
Arleen Peltz
Marcia J.S. Richards, M.D.
Robyn Shapiro
Lynn Sileno
Laura Strain
Jean Sucher
Kay Sullivan
Dorothy Thomson
Sally Turner, R.N.
Debra Usinger
Barbara Jacobus Wells
Mary Wolverton
U.S. WOMEN'S OPEN

1998 U.S. WOMEN'S OPEN TO BENEFIT KAREN YONTZ WOMEN'S CARDIAC AWARENESS CENTER

Next summer Wisconsin will welcome 150 of the world's greatest women golfers for the U.S. Women's Open, a four-day competition that will be forever chronicled in the venerable history of golf. It's the biggest week in women's golf—anywhere—and it will be held at Blackwolf Run in Kohler, Wisconsin, from June 29 through July 5. The Karen Yontz Women's Cardiac Awareness Center at St. Luke's Medical Center has been chosen to be the recipient charity of this stellar event. This Center is one of only a few heart care centers in the country with heart care programs focusing on the special needs of women—programs so vital because heart disease is the #1 killer of women. For more information about the 1998 U.S. Women's Open Golf Championship, call 414-649-7403.

VINCE LOMBARDI BOARD GIFT PRESENTATION

The Vince Lombardi Memorial Classic Annual Board Meeting with the Cancer Services staff was held October 6, 1997. This meeting is held annually to highlight and review the past year's goals and accomplishments. The meeting also includes an educational presentation on how funds raised are being used and an overview of goals for the forthcoming year. At this meeting, Aurora Health Care Metro Region President, Mark Ambrosius, accepted a check from Lombardi Classic Director, Rick Wiederhold, for funds raised through the Vince Lombardi Memorial Classic and the Vince Lombardi Award of Excellence Dinner Ball.

Mark Ambrosius (left) accepts a check from Lombardi Classic Director Rick Wiederhold.

Incoming Lombardi Classic Director James Hazzard and his wife, Catherine, talk with Cancer Services staff members: Rev. Marcia Marino and Dr. Ann Lefever (left to right).

Lombardi board members at the Annual Meeting (left to right): Paul Warga, Joe Sileno, and Dorothy Warga.
Why We Give...

ALICE WITZ

Alice is the administrative assistant to Mark Wiener, the recently appointed administrator of St. Luke's Medical Center. She has worked at St. Luke's since 1993, starting in the medical staff office and later working in business development. Her current position involves a wide variety of tasks and gives her the opportunity to learn about many facets of the medical center. She says, "I love my job."

Alice emphasizes that as an employee she is able to see the excellence of St. Luke's firsthand and appreciates the expertise of the staff. She says, "I think there are three important things in life: your faith, your family, and your health. Before coming to work at St. Luke's, I think I took health care for granted. Now I realize how important it is to maintain superior health care and to keep up with changing technology and research, as St. Luke's does."

When asked why she supports St. Luke's with her contributions, Alice says, "I hope my small contribution as a member of the Employee Philanthropy Club can help. When contributions from many employees are put together, I think we can really make a difference in the lives of patients at St. Luke's. Every contribution helps."

Alice is married and has an adult son. Her favorite hobby is riding motorcycles with her husband and traveling to motorcycle rallies all over the country.

JOHN PAZUCHA

John's family has many ties to St. Luke's Medical Center. His association with the hospital dates back to 1949 when his son was born at St. Luke's. In addition, John and his late wife have been cared for as patients at St. Luke's throughout the years. John had three heart operations at St. Luke's, including heart bypass surgery performed early in 1997. His wife, Violet, was also treated at St. Luke's throughout her struggle with cancer. John emphasizes that he has been very impressed with the care both he and his wife have received. He says, "The support my wife received at the Vince Lombardi Cancer Clinic was marvelous."

St. Luke's is still very much a part of John's life. He visits his doctor at the medical center every few weeks and regularly attends community lectures. John says he has always appreciated the wonderful service and friendliness he has found at St. Luke's. Because of this, he and his wife included St. Luke's in their estate plan. John says, "I've seen St. Luke's grow and have seen many positive changes take place over the years. It's great to know that we will be helping other patients in the future."

John is retired after working 25 years at Wisconsin Electric. Besides spending time with his son, granddaughter and great-granddaughter, he now leads a full life working on his computer and traveling. In the last few years, he has traveled around Lake Superior and been to Branson, Missouri, the West Coast, and Canada. Recently he took a Canadian train ride to Vancouver. John particularly enjoys camping and has a trailer parked in the Wisconsin Dells where he spends much of every summer.

GEORGE O. HANSEN

When asked about his career, George O. Hansen, who is from Baltimore, Maryland, points out that he has had three careers—each lasting 31½ years. First he worked at the Exxon Corporation in the area of research and development. He left Exxon after 31½ years, to become president and CEO of First Financial Credit Union where he also stayed for 31½ years before retiring in 1995. His third career,
George and his wife, Mabel, are very proud of their two daughters and two grandchildren. Their grandson just graduated from college with a degree in electrical engineering and their granddaughter, who is in 8th grade, is, according to her proud grandfather, “a mathematical genius.” George and Mabel enjoy traveling to Monterey, California, at least twice every year.

JOANNE HAERTLE

Joanne Haertle and her three children run two family businesses located in Mukwonago—H & P Industries, which distributes medical supplies, and Triad Disposables, which manufactures and packages disposable medical products. Joanne and her late husband, Richard, began the family business in 1976. The businesses have grown to about 100 employees and have customers all over the world. Joanne, who focuses on the payroll and personnel segments of the business, says, “I’m very proud of my children and the success of our business.”

Joanne had five-bypass heart surgery in 1985 and has felt fine ever since. She says, “I’m extremely fortunate, but I know much of my good luck is due to my doctor and the care I received at St. Luke’s. Both my mother and father also received wonderful care at St. Luke’s. I truly believe in St. Luke’s and in supporting excellence in medical care. I feel that in our family we have been very lucky in our lives and I believe you should give back some of what you get. That’s why I support St. Luke’s.”

While business demands take up much of Joanne’s time, she does find time to enjoy her five grandchildren (with another one on the way) and to occasionally travel and play golf. She is also very committed to a variety of other charitable causes.
The Gift Programs of St. Luke’s Medical Center/Office of Philanthropy

Congratulations and thanks are extended to those whose names follow for sharing their resources. We salute them for their compassion and sense of community.

CORPORATIONS AND FOUNDATIONS
The commitment from corporations, foundations and community organizations 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.

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Abbott Laboratories
American Cancer Society, Inc.
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Journal Communications, Inc.
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Lombardi Foundation Trust
Vince Lombardi Memorial Golf Classic
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ST. LUKE’S PHILANTHROPISTS CLUB
St. Luke’s Philanthropists Club is an honorary membership organization established as a special way of expressing our appreciation to individuals who support the mission of St. Luke’s Medical Center with an annual gift of $100 or more within a calendar year.

CIRCLE OF BENEFACORS
Mr. and Mrs. John H. Barr
Mr. and Mrs. James H. Cary
Mr. and Mrs. Fred Gerschwiller
Mrs. Edna Good
Mrs. Joanne Haertle
Mr. and Mrs. Harry G. Henke
Mr. and Mrs. Robert J. Hyland
Mr. and Mrs. Walter F. Landowski
Mr. and Mrs. Gerald O’Rourke
Mr. William Sprinkmann
Mr. and Mrs. Kenneth Welsh, Sr.
Mr. and Mrs. Kenneth F. Yontz

DIAMOND
Mr. and Mrs. Robert E. Atkins
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Mrs. Joyce Sileno
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Mr. and Mrs. Donald A. Zellmer
Mr. Bernard C. Ziegler
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Mrs. Agnes Hamilton
Dr. Byron A. Helfert
Mrs. Merton E. Knisely
Mr. and Mrs. John E. Koenitzer
Mr. Terry J. Kohler
Mr. and Mrs. John H. Kressatoy
Ms. Rosemary Maglio
Mr. and Mrs. Robert E. Mueller
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Mr. and Mrs. Dal Stanecki

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Mr. and Mrs. Jan Thiry
Mr. and Mrs. Donald A. Zellmer
Mr. Bernard C. Ziegler
Mr. and Mrs. Gary V. Zimmerman

Every gift is like a precious gem
Annual participation in the St. Luke’s Philanthropists Club is designated at the following levels:

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For information on membership in St. Luke’s Philanthropists Club, please call Laverne Schmidt, director of development, 414-449-7123.

We are grateful to acknowledge Mr. and Mrs. Kenneth F. Yontz for their additional gift of $1,000,000 to advance the mission of the Karen Yontz Women’s Cardiac Awareness Center.
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 been recently 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.

**NEW TECHNIQUE USES ARGON GAS TO TREAT POLYPS**

**WDJT-TV Channel 58**
10:00 - 10:30 p.m. CBS 58 News
September 10, 1997
Milwaukee, Wisconsin

**Paul Plaskoski, anchor:** In tonight's "Daily Dose," a local hospital is using a new surgical technique to treat a variety of problems, including cancer. CBS 58's Saul Garza has that story.

**Saul Garza:** It looks like laser and works a lot like a laser too, but this instrument uses argon gas instead of intense light.

**Dr. Joe Geenen (St. Luke's Medical Center):** Puts argon gas out, and then we put some heat to that gas, and it causes heat to go into the tissue and desiccate or coagulate or destroy the tissue.

**Garza:** The Argon Plasma Coagulator can be used to treat polyps, abnormal growths, or tumors. It's also commonly used to stop bleeding.

**Geenen:** Say that's the stomach or rectum, where there's blood coming, and we want to stop it. And so, we get close to the tissue, and then it fires. And it makes a little white spot.

**Garza:** That's the procedure doctors performed on John Kucera. Several months ago, he had radiation treatment for prostate cancer. One of the side effects was heavy bleeding.

**John Kucera (patient):** It was a nuisance. You're afraid to go out. You never know what's going to happen. Hopefully, this will do it. I'm really hoping it will.

**Garza:** This Argon Plasma Coagulator is reportedly cheaper, safer, and faster than the traditional laser treatment. Patients are in and out of the operating room in about twenty to thirty minutes.

**Geenen:** The advantage is that it doesn't go very deep. So, you don't have to worry about a perforation. It doesn't cause a lot of smoke, so that you have trouble seeing with a laser. So, it works much easier.

**Garza:** The argon gas unit is fairly new. That's why, today, doctors are at St. Luke's conducting different procedures, using the machine. They are sharing their expertise with other doctors at a video conference at the Pfister Hotel. Doctors who use this coagulator for these types of procedures say argon gas is already making laser treatment obsolete. In Milwaukee, Saul Garza for CBS 58 News.

**Plaskoski:** And St. Luke's has been using the argon technique since June.
SHARING HEART TRANSPLANT EXPERIENCE LINKS GOLFERS

WTMJ-TV (NBC) Channel 4
The 10:00 Report
September 25, 1997

Mike Gousha, co-anchor: Two men who were once close to death now have a new lease on life, thanks to two heart transplants and a unique friendship. Tonight in “Cover Story,” our Mike Miller has a heart-to-heart with two men whose recoveries are well above par.

Mike Miller, reporting: To look at these two friends playing golf, it’s hard to believe they were both close to death just months ago. Andy Allen and Dick Gruenwald met while they were hospitalized at St. Luke’s Medical Center, waiting for heart transplants. Andy got his new heart in April, Dick in July. Today, their new hearts and their new friendship are both going strong.

Andy Allen (transplant recipient): For such a long time, Dick was in grave danger of losing his life. So, I worried about him every day, and I mean every day.

Dick Gruenwald (transplant recipient): Andy was in bad shape too, and he had his transplant. And God, he bounced back and was walking around. And I saw how fast he was recovering when he got home, and it was really encouraging.

Miller: Andy was fairly healthy until 1995, when he was diagnosed with a faulty heart valve. By early this year, he was told he’d need a heart transplant.

Allen: It’s an amazing process; the recuperative and regenerative facets of the body are just amazing. Here I am, it looks like nothing happened to me. In fact, I’m probably more fit and in better shape than I have been in twenty years.

Miller: For Andy and Dick, each day of life represents another miracle. Dick had a heart attack twenty years ago, followed by three open heart bypass surgeries.

Gruenwald: I couldn’t hardly do anything before the transplant. Now, I’m very active and very happy. I’m feeling fine, and my golf game isn’t good, but I just started up again. So, maybe that will improve too.

Allen: Life goes on, and I’m very happy to be where I’m at, at this point in time.

Miller: Both men know they’re extremely lucky to be alive.

Gruenwald: During the six months I was in the hospital waiting for a transplant, I saw five people pass away. That was awfully discouraging.

Miller: They hope more people will become organ donors to give others a chance.

Allen: Too many people don’t realize that in losing a life they can give a life.

Miller: For the Night Team, Mike Miller, Today’s TMJ 4.

Gousha: For more information on becoming an organ donor, you can call the Wisconsin Tissue Bank at 1-800-722-8230.
ST. LUKE'S MEDIA ROUNDS

AUORRA LAUNCHES BREAST HEALTH EDUCATION EFFORT WITH TMJ-4

WTMJ-TV (NBC) Channel 4
First 4 News
October 1, 1997

Mike Gousha, co-anchor: The results of two new studies on breast cancer were released just moments ago.

Carole Meekins, co-anchor: They suggest combination treatments may help thousands to become cancer-free for several years, even life. Now, those studies say younger breast cancer patients who get both radiation and chemotherapy have a one-in-two chance of being cancer-free for ten years or more. Now, that’s compared with a one-in-three chance with chemotherapy alone. Also, those who get the combination treatment have a better overall chance of survival.

Studies show one in every nine women will get breast cancer, and despite promising new treatments, mammograms are still a woman’s best chance of survival. Pam Seeber reports.

Pam Seeber, reporting: Laura Molleson, Breast Care Program, St. Luke’s Medical Center, does something doctors say every woman should do—get a mammogram. Most physicians recommend women get their first mammogram at age thirty-five, every other year after age forty, and every year after age fifty. More often if you have a family history of it. Early detection saved Carol Feller’s life.

Carol Feller (breast cancer survivor): And as he was examining my breast the doctor said, ‘Did I feel something there?’

Seeber: After three mammograms and an ultrasound, doctors found Carol’s cancerous lump. She had a lumpectomy and radiation treatment and is now cancer-free.

Feller: Some say it’s too expensive. I say, can you afford not to? Some think it might hurt. What’s a few seconds of discomfort compared to the pain their loved ones would have if they died?

Seeber: That’s why Laura is getting a yearly mammogram. This is an x-ray of Laura’s left breast. It shows normal breast tissue. This is an abnormal mammogram of another woman’s breast. Here’s the cancerous lump.

Dr. William Goell (St. Luke’s Medical Center radiologist): Mammograms, right now, are still our best tool for early detection of the disease. And, early detection is crucial for long-term survival.

Feller: And some women just think it’s inconvenient. And I think, how inconvenient would it be to die?


Meekins: And it usually takes about fifteen minutes to get a mammogram. And a reminder, October is Breast Cancer Awareness Month.

Gousha: And to help answer your questions, we have set up a phone bank today with staff members from Aurora Health Care professionals. They’re on hand taking your calls right now. They will be here until 6:30 tonight. You can reach them at 799-4444. Again, they will be here until 6:30 tonight.

And looking ahead to TMJ 4 News Now at 4:30, we’ll examine the importance of having a biopsy in breast cancer prevention.
URGENT CARE FACILITIES NOW A STAPLE IN EVOLVING MEDICAL FIELD

Franklin-Hales Corners Hub
May 29, 1997
Diane De Losh, Staff Writer

Technology has given us a world of cellular telephones, drive-through meals, and 10-minute oil changes.

It's also given us state-of-the-art health care services as well, services that have evolved to meet the constantly changing needs of patients. For the last decade, a service called "urgent care" has grown into a staple in the community.

**St. Luke's Health Care Center** offers urgent care in both New Berlin and Franklin. The New Berlin center is located at 14555 W. National Ave., and the Franklin center is located at 9200 W. Loomis Road.

Urgent care is the level of service between making an appointment with your doctor's office and visiting the emergency room. With most insurance plans, urgent care is a covered service.

Before the arrival of urgent care, if a patient needed to be seen by the doctor right away, but the condition wasn't a matter of life or death, options were limited. Urgent care now fills that need.

**Quick Care**
While heart attacks or other serious emergencies are still handled in hospital emergency rooms, things like checking blood sugar levels and minor cuts that need professional attention can be tended to at an urgent care facility.

"The idea of (urgent care) is being able to care for people expeditiously when they have the time," said Dr. Don Nadar.

Nadar is a physician in the urgent care centers at St. Luke's in New Berlin and Franklin. He is a board-certified family practitioner with eight years of experience in private practice. About three years ago he decided to focus his skills on urgent care.

As an urgent care physician, Nadar sees a variety of conditions. Cuts, animal bites, broken bones, ear infections, sprains and strains, respiratory problems such as bronchitis or asthma, urine infections, headaches and flu are all conditions appropriate for urgent care.

"We are open to any one at any age with any health problem," Nadar said.

He offered two examples of how urgent care serves people.

Recently, a man was out teaching his daughter to play golf. "He was hit in the eye with a large divot," Nadar said. "On the weekend, doctors' offices are closed."

So the man came to the urgent care center at St. Luke's to have the grass and dirt cleaned out of his eye. He was diagnosed with a corneal abrasion and treated.

Urgent care doesn't require an appointment, and it is much less expensive than a visit to the emergency room, Nadar said.

The other situation described by Nadar concerned a man in his 60s who came into the center with a cough. After some careful questioning, Nadar discovered that the man had chest pain severe enough to wake him up at night.

After a chest x-ray and some related tests, Nadar suspected the man might be a good candidate for a heart attack. The patient was sent directly to the hospital.

It turned out that the man had 99 percent blockage in an artery.

**Assistance is There**
The man had bypass surgery, and came back to thank Nadar for discovering the blockage before it was too late.

After being seen in the urgent care center, people are referred to their regular physician for follow-up care.

St. Luke's urgent care center is open on weekdays from 10 a.m. until 9 p.m., on Saturdays from 9 a.m. until 5 p.m., and from 10 a.m. until 3 p.m. on Sundays.

St. Luke's in Franklin is open the same hours, with the exception that it opens at 8 a.m. on weekdays instead of 10 a.m.
TPA REVERSES EFFECTS OF STROKE FOR SOME PATIENTS

WTII-TV (FOX) Channel 6
Fox Six Prime Time News
May 27, 1997

Mike Bartley, co-anchor: A new drug, used to treat heart-attack victims—a drug that's been around for years—is now government-approved to treat some strokes.

Jane Skinner, co-anchor: And when it can be used for this new purpose, it can make a huge difference in the outcome. Here's Julie Feldman, with tonight's Medical Breakthroughs.

Donna Norgal (stroke victim): When it was happening, I didn't realize that was happening. I fell asleep, and this arm just kept going back and forth. And, I thought, I must be having a nightmare.

Julie Feldman, reporting: Often, victims of a stroke have no idea they're having a stroke. They may not understand the urgency. By the time Donna Norgal got to the hospital, she had no use of her right arm or leg. Fortunately, she got treatment during a 'golden window' of six hours, so doctors could use the drug TPA. It busted the clot which was blocking the blood flow to Donna's brain; it gave her back the use of her right side.

Norgal: It was amazing.

Feldman: Within twenty-four hours, she was able to squeeze a nurse's hand.

Norgal: And then, little by little, my fingers started—I could feel them again.

Dr. Arvind Ahuja, M.D. (St. Luke's Medical Center): In her case, she had a major stroke, right there . . .

Feldman: Donna's doctor showed us where the blood clot lodged in her brain. A catheter was threaded through a main artery in Donna's arm, all the way up to the clot, and the TPA broke it up.

The doctor explains, in basic terms.

Ahuja: So, TPA is actually 'Drano' that you put into that tube—that arm, that can get to that blood vessel and open—unclog that blood vessel.

Feldman: He calls it 'Drano' only because of its ability to bust up fibrous protein that makes up a clot. Even in medical circles, this drug is referred to as 'the clot buster.' It's been around for years, originally designed to treat heart attack victims.

TPA is used with great caution to treat stroke; here's why: when vessels are starved of blood for too long, they can deteriorate to the point where they'd rupture if blood flow was restored. But if given within six hours of when your symptoms start, TPA can save your life.

This series of x-rays, from another patient, show a clear lack of blood to the brain. You should be seeing vessels where it's white. Now, watch what happens after TPA is given: you can actually see how, during an hour and a half, blood flow is restored.

Ahuja: As you had a chance to see with Donna, who came in, who had difficulty moving one side of the body. And after that drug, she was able to move that body—like almost normal.

Norgal: And these are two family photographs.

Feldman: After a close call, Donna says she appreciates things important to her more than ever, and credits TPA for giving her a second chance. Julie Feldman, Fox Six News.

Skinner: It is imperative that you get to the hospital immediately when suffering from stroke—that's the only time doctors can consider using TPA.

And Donna asked us to share with you some symptoms to watch. First, difficulty in speaking; weakness or numbness in your arms or legs; loss of vision; severe headache, and dizziness.

TPA was approved by the federal government for treatment of strokes just last fall.
Annie Balentine, co-anchor: The annual Lombardi Memorial Golf Classic drew thousands to the North Hills Country Club today, including Brett Favre and Olympic gold medalist, Dan Jansen.

Terry Stanton, co-anchor: It also drew fans hoping to catch a glimpse of those celebrities. But most importantly, it raised money for the battle against cancer.

Jo Anne Paul, reporting: It was a golf classic that drew classics, like Packers’ Hall-of-Famer Ray Nitschke, who not only wowed the crowd with his golf, but with his sense of humor as well. Brett Favre, with his daughter by his side, drew applause even before he took his first shot.

Who did you really want to see?

Pam Nacholl (spectator): Brett Favre.

Paul: But the real celebrities were the cancer patients themselves. People like Monica Wolfgang, who was diagnosed with breast cancer almost two years ago to the day, yet after a double mastectomy and a bone marrow transplant, is still in the battle of her life.

Dr. Jonathan Treisman (Vince Lombardi Cancer Clinic): We would be struggling to do the same treatments that we’re currently doing, and really not developing new and interesting research and treatment ideas.

Monica Wolfgang: I have attended this before I had cancer, and never thought I’d be on the receiving end of it.

Paul: At the North Hills Country Club, Jo Anne Paul, Today’s TMJ Four.
GENETIC MARKERS USED TO IDENTIFY PANCREATIC CANCER

WITI-TV (FOX) Channel 6
TV 6 News Five
June 13, 1997

Mike Bartley, co-anchor: Unlike some other forms of cancer, once symptoms of pancreatic cancer appear, the disease cannot be cured.

Julie Feldman, co-anchor: But if doctors can pinpoint who will get the disease long before it begins, they can treat it early, and perhaps even save lives. There is a doctor in Milwaukee who is trying to find people who may get the disease in the future, to let them know now. Medical reporter, Joanne Williams, talked with him. Here is today's Five O'clock Check-Up.

Joanne Williams, reporting: Tim Benson's father, John, died of pancreatic cancer last year. At first, doctors thought he just had a problem with his gallbladder. Then they investigated a constriction in his bile duct. Then, the cancer was diagnosed.

Tim Benson (potential study participant): I did see what my dad went through and I wouldn't want anybody else to go through that.

Williams: A lot of emotional memories came flooding back when Tim and his mother Dorothy talked about the disease. Pancreatic cancer can sneak up on you.

Dorothy Benson (John Benson's wife): I saw that picture and I thought, 'I wonder if that was the beginning: those back spasms and backaches.'

Williams: By the time any symptoms develop, it's usually too late.

Dr. Joseph Geenan (St. Luke's Medical Center): Usually when they have symptoms, the prognosis is very bad. About ninety-five percent die within a year or two.

Williams: But Dr. Joseph Geenan is hoping to develop a way to predict the disease before it starts.

Geenan: If we can diagnose it early, the cure rate is twenty to forty percent with surgery.

Williams: That's why he is beginning a study to determine if a genetic marker can pinpoint people who may develop pancreatic cancer.

Geenan: So if we detect this gene, then we may operate on these people earlier to try to prevent them from getting cancer.

Williams: People like Tim Benson, because his father died of the disease, he and his two brothers may be at risk for developing it, too. So Tim is going to take part in the study.

Tim Benson: My brothers and I have an interest in this.

Dorothy Benson: We have a hope.

Tim Benson: We do have the genetic predisposition to these things; we want to know about it.

Geenan: If we can find this gene and follow them carefully, we may be able to pick it up early enough so they can be cured, and not develop cancer.

Dorothy Benson: That could save my kids' lives.

Williams: Or your grandchildren.

Dorothy Benson: ... or my grandchildren, you bet.

Williams: Joanne Williams, Fox Six News.

Feldman: Three groups of people are needed for the study: those who have family history of the disease, like the Bensons; people who already have pancreatic cancer; and people who suffer from chronic pancreatitis.

To find out about the study and how to enroll, call Carol, St. Luke's Medical Center; number is 649-6093.
300TH HEART TRANSPLANT CELEBRATED AT ANNUAL PICNIC
WTMJ-TV (NBC) Channel 4
The 5:00 Report
August 19, 1997

Mike Gousha, co-anchor: Success rates for heart
transplants are higher than ever, and today, dozens of
recipients from around the state are celebrating, at an
annual picnic organized by St. Luke's Medical Center.

Our Lisa Cabrera is live at Jackson Park, with more
on that.

Lisa Cabrera, reporting: Mike, this picnic, and all
the people who are here, are celebrating three
hundred successful heart transplants at St. Luke's
Medical Center, in Milwaukee. And the recipients who
are here today talk about the special friends they've
made, and bonds that they have formed, that will last
a lifetime.

Joan Marks (heart transplant recipient): I was sick
for about fifteen years with heart problems.

Cabrera: Joan Marks received a heart transplant two
years ago, and she considers herself lucky. When a
seventeen-year-old man died in a car accident, he gave
Marks the gift of life: his heart. She carries his photo in
her wallet.

Marks: I've met my donor family; we've become very
close; we see each other at least once a month.

Cabrera: Joan Marks received a heart transplant two
years ago, and she considers herself lucky. When a
seventeen-year-old man died in a car accident, he gave
Marks the gift of life: his heart. She carries his photo in
her wallet.

Richard Gruenwald (heart transplant recipient):
I'm very, very grateful, and everything's going great. I'm
doing my walking and exercises, and eating like a horse.

Cabrera: The same goes for Joan Marks, who says
she'll never forget the young man who lost his life,
that made hers happier and healthier, a feeling only a
few truly know.

Marks: We all have a bond, you know? There's a bond
between all the recipients. And it's something that
nobody else could understand.

Cabrera: There are probably close to one hundred trans-
plant patients that are here, getting ready to enjoy some
food on the grill. And they're expected to have entertain-
ment here. They're really hoping that some of their stories
will, maybe, encourage some other people to become
organ donors. They say that that's very important.

Gousha: It's still truly amazing that this works, that,
medically, this works, Lisa. But it's really a great success
story, and a lot of living, walking, talking examples of
how successful it is.

Cabrera: And how far they've come with all these
medications and everything.

Gousha: Yes, absolutely.
NEW PROCEDURE IMPROVES PANCREAS FUNCTION FOR CYSTIC FIBROSIS PATIENT

WDJT-TV (CBS) Channel 58
CBS 58 News at 10:00
August 16, 1997

Paul Piakoski, anchor: A young man's bout with a deadly disease may finally be over. Tonight, Adrian Dorrity has the story of a young man, who for the past several years, has been forced to travel hundreds of miles to Wisconsin to be treated for a disease that, doctors say, has no cure.


Adrian Dorrity, reporting: Dale Phillips lives in Lincoln, Maine. He's been coming to Milwaukee for five years, to St. Luke's Medical Center, for treatment of cystic fibrosis. Dr. Joseph Geenen is Dale's physician.

Dr. Joseph Geenen, M.D. (St. Luke's Medical Center): It's a disease in children that affects both the lungs and, in Dale's case, the pancreas. The pancreas does two things: one, it secretes insulin; and if the pancreas is damaged, you can develop diabetes. The other is that it makes enzymes and bicarbonate—which helps neutralize the acid in the stomach—and then the enzymes help digest our food.

Dorrity: Dale is not able to digest his food properly. And when he eats, it hurts.

Phillips: It feels like, I never know when it's going to come back on. So, I still do everything, but it just got that way.

Dorrity: Today, Dale's worries may be over. He's undergone a new treatment to help his pancreas work better.

Geenen: We try to relieve the obstruction that's caused by these secretions by putting either a little stent—a little tube, like a little straw—or cutting the opening, so that the pancreas can drain better.

Dorrity: Lori Phillips is Dale's mother.

Lori Phillips (Dale's mother): I feel great—for Dale. Like I said, he's the one that's really gone through all of this. And if this worked for him, that's all anyone could ask for.

Dorrity: It will be a sad good-bye for Dale . . .

Dale Phillips: I think he did something that probably saved me from coming back over here.

Dorrity: But a sweet beginning to a healthier life. In Milwaukee, Adrian Dorrity, CBS 58 News.

Piakoski: And doctors at St. Luke's are hopeful that new treatment will be equally successful with other patients.
If you ask family practitioner, David P. Gaus—once a “wannabe” accountant, a former Ann Landers personal scholar, current University of Wisconsin Medical School professor in St. Luke’s Family Practice Residency program—where he wants to go, the answer is not Disney World.

It is Pedro Vincente Maldonado, a small, rural town of about 3,000 people, 90 minutes and 10,000 feet below Quito, the capital of Ecuador.

And that is where he is going Wednesday, to offer medical help to residents, and—perhaps—to reform medical care throughout Ecuador, which is twice the size of Wisconsin and located in northwestern South America.

How long will he be gone? “Forever, maybe longer,” he says with a serious smile.

Gaus, 35, has been moving toward this venture for a long time: before he met Landers, before he decided he wanted to become a doctor, and long before he met and married his Ecuadorean wife.

A Milwaukee boy who grew up near 76th St. and Burleigh St., Gaus attended Marquette High School and then Notre Dame University. He was about to graduate in 1984 with a major in accounting when he decided “that was the last thing I wanted to do.”

So after graduation, he made his first trip to Ecuador, to an agency called the Working Boys’ Center in Quito.

“The name is a misnomer,” Gaus said. It is an agency, operated by a Jesuit, that helps develop families and family skills, from providing literacy programs to vocational training. While there, Gaus instructed teenage girls about domestic abuse and how to avoid it, taught gym, and helped run a sandwich shop.

In the process, he fell in love with Ecuador.

Gaus also met a physician who was an expert in parasitic diseases, and that helped him decide to go to medical school.

But because he did not have enough money for tuition, Gaus wrote an impassioned letter to the Rev. Theodore M. Hesburgh, then Notre Dame president, explaining how he had found his calling but needed financial help to return to Notre Dame for two years to take premed courses.

Hesburgh later read the letter at a gathering of 2,000 in Chicago, attended by Landers, the famed advice columnist.

“Father Hesburgh and I have been friends for over 40 years,” Landers recalled in a telephone interview. “He told me about this young man from Notre Dame who longed to be a doctor, but he didn’t have enough money to put himself through medical school. Ted never asks for anything, but people are compelled to respond. (Gaus) seemed like a generous and giving man.”

So she ponied up $20,000 for two years of premed tuition, and through her intercession, a pharmaceutical firm paid Gaus’ medical school tuition at Tulane University.

He returned to St. Luke’s for his family practice residency and stayed on as a faculty member the past two years.

But he returned periodically to Ecuador and nurtured an idea that has now bloomed. Together with two Tulane buddies—a medical graduate and another with a public health doctorate—they are setting up a clinic in Pedro Vincente Maldonado.

And Gaus is not returning alone this time. He married Elizabeth, who he met in Ecuador, in 1989. They have a child and are expecting another.

This new venture will not be an ordinary clinic. It will be a public-private partnership designed to improve the country’s primary care health system.

Although medical care in Ecuador generally is free and provided by the government, many clinics are “poorly run and inefficient,” Gaus said. The three hope to develop their clinic into a national model for Ecuador: a clinic offering full primary care and training.

The new program, dubbed Andean Health & Development, will set up a basic laboratory, upgrade equipment and have an adequate stock of medications.

But a major change is that residents will be charged
for some services they now get for free.

Charging nominal sums will improve personal responsibility for health, based upon studies that show residents, despite their poverty, can and are willing to pay in return for better care, Gaus said.

For example, although midwives deliver most babies, they don’t take blood pressures of the mothers in labor and sometimes allow labor to go on for days, he said.

The clinic will provide training for new healthcare workers. Gaus also plans a network of private doctors in the area who would care for clinic members at a discount.

Gaus and his colleagues will not do it alone.

They plan to rotate UW medical students through the clinic. The goal is for 15 to 20 students to work for six weeks each year as part of their medical education.

“They will learn what it is to work where there is not much technology, how to depend on your skills as a diagnostician,” skills that are just as valuable in rural or medically underserved areas of the United States as in Ecuador, Gaus said.

HEARTPORT OFFERS LESS PAIN AND QUICKER RECOVERY

WDJT-TV (CBS) Channel 58
CBS 58 News
May 23, 1997

Mike Strehlow, anchor: A Kenosha woman went home today, just three days after having a new form of heart surgery. Joyce Lupi is the first person in Wisconsin to undergo surgery that uses small incisions during the operation, instead of opening the chest walls. Doctors at St. Luke’s Medical Center say the HeartPort minimally-invasive cardiac surgery causes less pain and takes less time for patients to heal.

Joyce Lupi (heart patient): Basically, I feel good. I haven’t had that much pain or anything. So I’m real happy that it’s over with.

Strefflow: Since Joyce’s operation, two other patients have also undergone the same operation at St. Luke’s.
NEW TREATMENT OFFERS HOPE TO BREAST CANCER PATIENTS

WTIT-TV (Fox) Channel 6
Fox Six News at Five
June 10, 1997

Melodie Wilson, co-anchor: Every day, little steps are taken toward progress in the fight against breast cancer.

Mike Bartley, co-anchor: Today in the Five O’Clock Check-up, Julie Feldman tells us about good news for women whose cancer has returned and spread.

Julie Feldman, reporting: Thousands of women are diagnosed with breast cancer every single year. Now, a new treatment is being tried at St. Luke’s Medical Center. It’s giving women a new chance at life.

Joanne Williams, reporting: You know the saying, “stop and smell the roses.” Since Mary Kay Rossmeier’s breast cancer came back last year, she has taken that to heart.

Mary Kay Rossmeier: I go walking in Whitnall Park, the botanical gardens, and I go for walks and watch the birds and just really enjoy life every day because I don’t know how long I’ll be healthy.

Williams: She’s feels healthy now, thanks to a new way of treating her cancer. It uses high doses of chemotherapy, a bone marrow transplant, and the natural cancer-fighting substance called Interleukin II; brand name Proleukin.

Kristin Kemp, R.N. (St. Luke’s bone marrow coordinator): We’re hoping to stimulate the immune system so that our own immune systems can fight off the cancer.

Williams: Breast cancer is defined in stages. Stage four breast cancer is the worst kind. There is no stage five. The treatment is designed for this kind of disease. The kind that has invaded from the breast to other parts of the body.

Kemp: For some women, this possibly could be their last chance.

Williams: So when Mary Kay discovered her breast cancer was stage four and had spread to her spine, she decided to get the new treatment. Mary Kay’s just the third person to receive this treatment. It’s something new for her kind of cancer. Bone marrow transplant coordinator Kristin Kemp explains how the treatment boosts the body’s own cancer fighting weapons, called T Cells.

Kemp: And then we give them Interleukin II to help support the T Cells in their life span so that they can seek and destroy the cancer more.

Williams: So far, only a half-dozen women have used the treatment. It takes several months to complete, but all the women are doing fine. Like Mary Kay, they’re getting the chance to enjoy life with a renewed appreciation. Joanne Williams, Fox Six News.

Feldman: If you or someone you know has this kind of breast cancer, talk to your doctor. You can get more information about this new treatment from the Vince Lombardi Cancer Center at St. Luke’s Medical Center. The number: 649-7200.
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"People think that if they were rich they would contribute to charities. My experience has been if you don't start giving away your money when you have very little, you won't do it when you get a lot."

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“In believing in others, we are believed; in supporting others, we gain followers; and in recognizing the value of others, we are honored.”

— Solon B. Cousins

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“Let us all take more responsibility not only for ourselves and our families, but for our communities and our country.”

— Bill Clinton

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"Our greatest need and most difficult achievement is to find meaning in our lives."
— Bruno Bettelheim

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Bold print indicates an increased gift.
+ Deceased

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— Victor Hugo

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Gifts Received June Through October, 1997

Gifts received after October 31, 1997 will be recognized in our Spring 1998 issue.

To memorialize or honor a loved one, the family may wish to designate St. Luke’s as the recipient of gifts. In letting friends and relatives know of your wishes, may we suggest the following wording for the newspaper:

The family requests memorials be made to St. Luke’s Medical Center.

If you would like to receive St. Luke’s Tribute Fund Booklet, which is a convenient and meaningful way to honor or remember friends and family members, please call the Office of Philanthropy at 414-649-7317.

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It is not the creation
of wealth that is
wrong, but love of
money for its own
sake. The spiritual
dimension comes in
deciding what one
does with the wealth.”
— Margaret Thatcher

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— Benjamin Spock

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"Honey is of no value till 'tis used."
—Elizabeth Cooper

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“We are to give in sincerity.
Sincerity of purpose, real kindness of heart,
is the motive that heaven values.”

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— Henry Drummond

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Mr. and Mrs. Frank Weinrich
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"The highest service  
we can perform for  
others is to help them  
help themselves."  
— Horace Mann  

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"Small deeds done are better than great deeds planned."

— Peter Marshall

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There is an aura of victory that surrounds a person of goodwill.

—James L. Fisher

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"The greatest legacy one can leave is having lived a good life."
— Kevin Dougherty

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"If we change the way we think of charity, our personal lives will be richer and the larger world will be improved. When we give cheerfully and accept gracefully, everyone is blessed."
— Maya Angelou

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In terms of downright happiness, it is my experience that the returns-per-minute from giving are far greater than the returns from getting.

—David Dunn

"Love what you do, and feel that it matters. How could anything be more fun?"

—Katherine Graham

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If you have provided for St. Luke’s Medical Center in your estate plans, but are not among those listed, please let us know. We would be pleased to welcome you as a member of the Lifetime Philanthropists.

For more information on becoming a member of the Lifetime Philanthropists, call or write Kelly Sachse, director of planned giving, at St. Luke’s Medical Center/Office of Philanthropy, P.O. Box 2901, Milwaukee, WI 53201-2901. Phone: 414-649-7008.

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**The Tribute Fund**

**A MEANINGFUL WAY TO HONOR OR REMEMBER FRIENDS AND FAMILY MEMBERS**

The **Tribute Fund** at St. Luke's Medical Center provides you with a meaningful way to honor or remember a family member or friend, a caring nurse, dedicated physician, or anyone special to you. A gift can be made in memory of someone special or in recognition of a significant event, such as an anniversary, birthday, a retirement, or recovery from illness.

Contributions to the **Tribute Fund** are a meaningful remembrance, for they help to meet the immediate and ongoing needs of the hospital and its patients. Your Tribute gift will be an expression of your spirit of giving and caring for that special someone.

When you make a contribution to the SLMC **Tribute Fund**, you will receive an acknowledgment of your gift. Notification also will be sent promptly to the person or family you designate (no mention of the amount of the gift is made). All Tribute gifts will be recognized in **The Spirit of St. Luke's**.

To request a **Tribute Fund** booklet, please call Joan, Office of Philanthropy, at 414-649-7317.

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**Your Help Is Needed!**

If you would like to help us with some of our mailings during the year (stuffing envelopes, folding, etc.), please call Shelly at 649-7194.

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**You Win! Charity Wins!**

For a win-win strategy, call Kelly Sachse at 649-7008.

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**YES, I want to support excellence in health and patient care at St. Luke's Medical Center with my gift of:**

- $25  
- $50  
- $100*  
- $250*  
- $500*  
- Other $ ______

I wish to make a pledge of $ ______ For a period of ______ year(s)
To be paid _____ Annually _____ Semi-annually _____ Quarterly

*With your gift of $100 or more, you are invited to become a member of St. Luke's Philanthropists Club. You will receive an invitation to the Annual Dessert Gala and your name will be recognized on a unique display in St. Luke's distinguished recognition area.

**St. Luke's Philanthropists Club—Suggested Gift Plan**

<table>
<thead>
<tr>
<th>Giving Level</th>
<th>Annual Contribution</th>
<th>Quarterly Contribution</th>
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<tr>
<td>Garnet</td>
<td>$ 100</td>
<td>$ 25.00</td>
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<tr>
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<tr>
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<tr>
<td>Crystal</td>
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<td>$125.00</td>
</tr>
<tr>
<td>Diamond</td>
<td>$1,000</td>
<td>$250.00</td>
</tr>
</tbody>
</table>

Please make your check payable to St. Luke's Medical Center and return this form with your gift.
Thank you for your generosity throughout the year. We wish you a joyous holiday season.
With the dramatic rise in the stock market over the recent past, many people have benefited from the increase in the value of their assets, like stocks or mutual funds. Because of this, more and more people are choosing to make their charitable gifts using these types of appreciated assets, taking advantage of the double tax break allowed by the federal government. People giving appreciated assets to charity receive a charitable income tax deduction for the full fair market value of the asset given (not the amount originally paid) and avoid the capital gains tax on the increase in value. Those who make a gift by December 31st of this year and itemize deductions can reduce their income taxes for 1997, in some cases substantially.

Example: Joan and Jim decide to give St. Luke’s $15,000 of appreciated stock earmarked for heart research in gratitude for the care Jim received during his stay for heart bypass surgery. They had purchased the stock 20 years ago for $5,000.

As a result of their gift, Joan and Jim receive a charitable income tax deduction of $15,000 on their tax return, even though they only paid $5,000 for the stock. In addition, they will not pay any capital gains tax on the $10,000 increase in value (the $15,000 fair market value less $5,000 original cost). Before Joan and Jim decided to give the stock to St. Luke’s, they had considered selling the stock as an alternative. But with the 20 percent capital gains tax rate (the new capital gains tax rate passed in the Taxpayer Relief Act of 1997), Joan and Jim would have to pay $2,000 tax on their $10,000 increase in value. And without the $15,000 charitable income tax deduction from their gift, they would pay an additional $5,940 of ordinary income tax since they are in the top income tax bracket of 39.6 percent.

By giving this $15,000 gift to St. Luke’s, Joan and Jim will save taxes totaling over half of their gift ($2,000 capital gains tax plus $5,940 ordinary income tax = $7,940). Joan and Jim are helping to advance heart research and treatment at St. Luke’s, and they are also benefiting by receiving valuable personal income tax savings that substantially cut the out-of-pocket cost of their gift.

As you do your year-end planning, we hope you will consider making good use of the income tax charitable deduction. Your year-end gift can significantly reduce your income taxes, while providing meaningful support for the patients and programs at St. Luke’s. Please contact Kelly Sachse, director of planned giving and a certified financial planner, at 649-7008 if you are interested in learning more about how a gift of appreciated property will allow you to touch other people’s lives through your philanthropy, while providing you with valuable tax savings.

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
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ADDRESS CORRECTION REQUESTED